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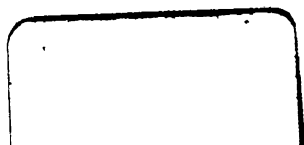
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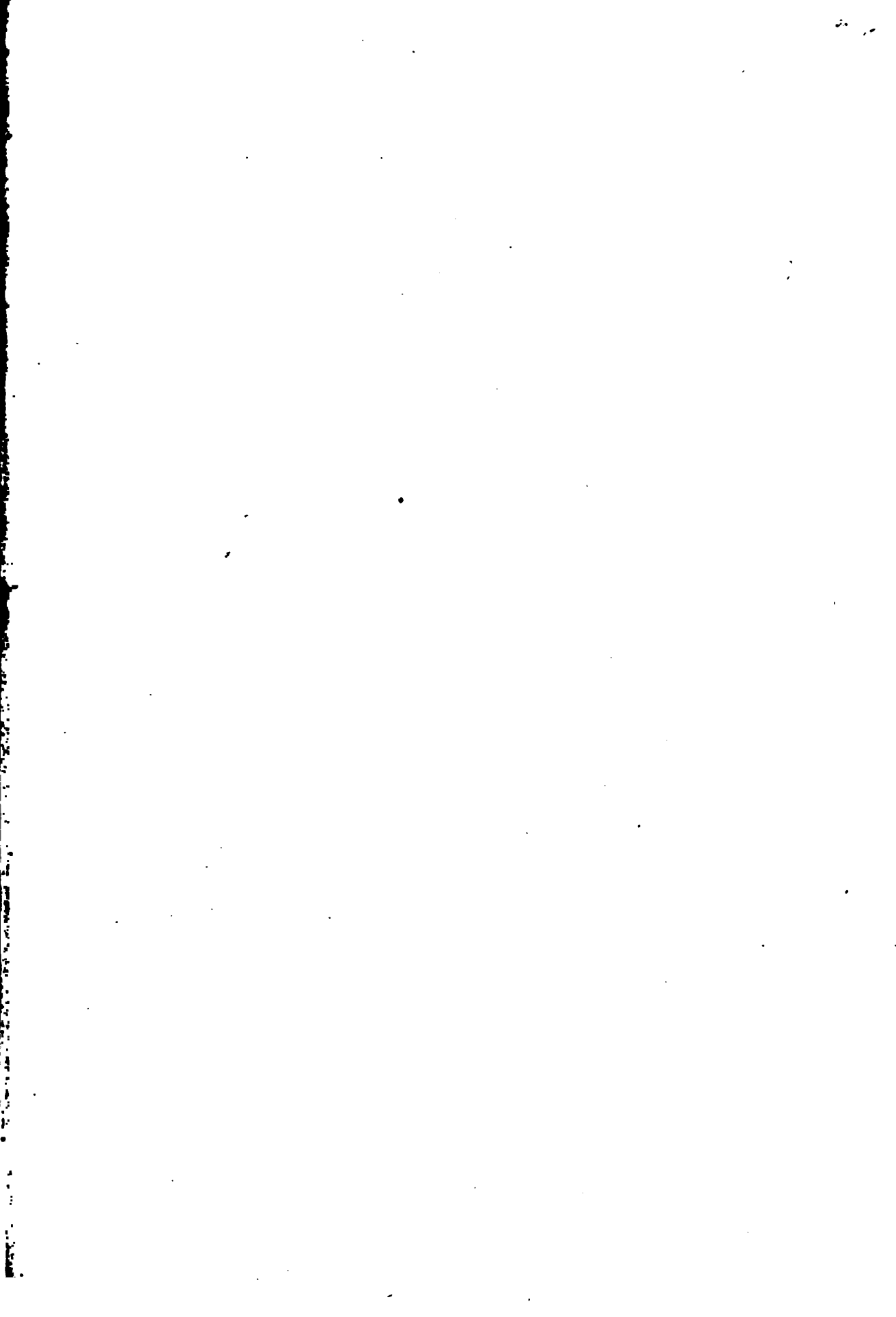
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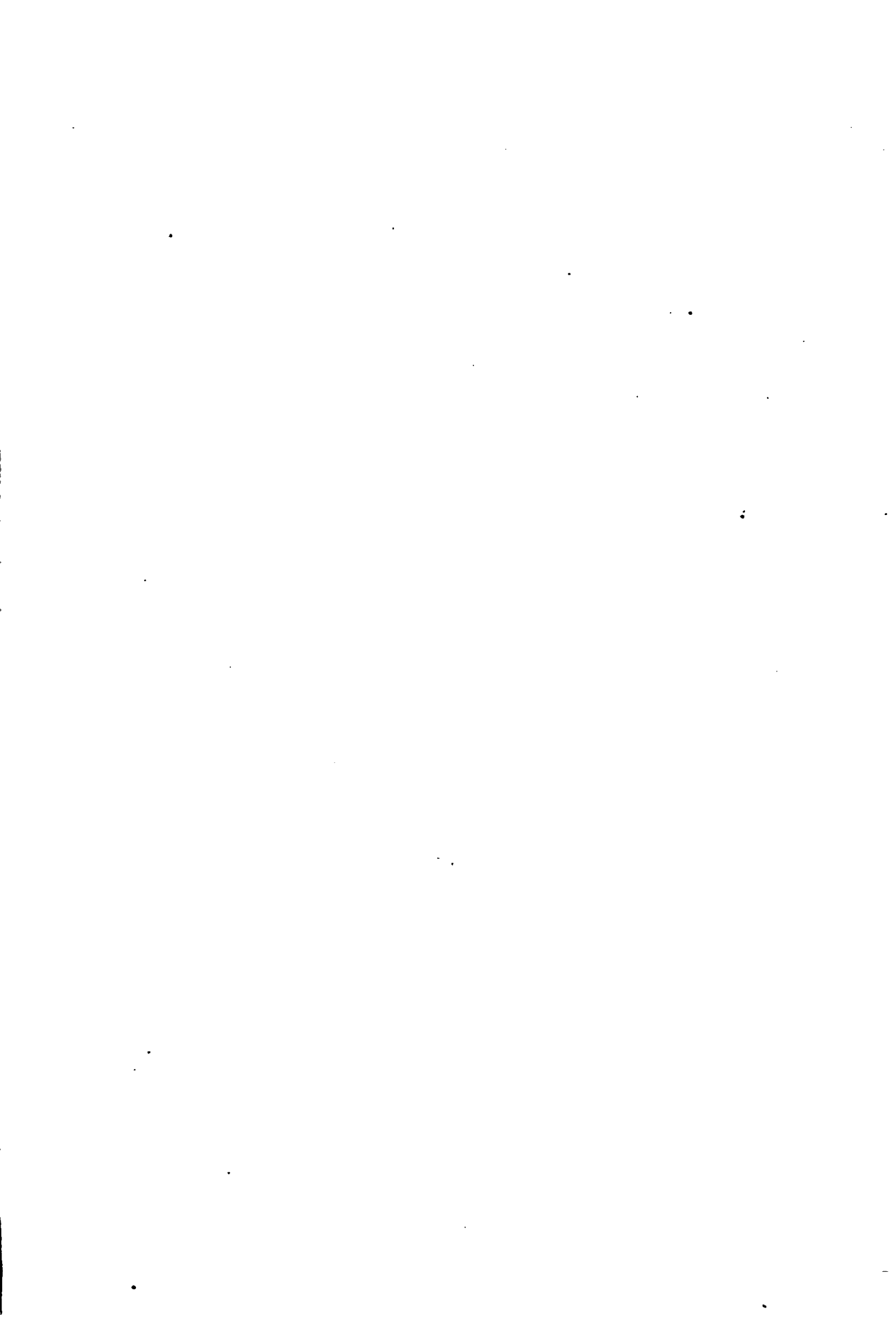
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I N D E X .

VOL. XXXII. NEW SERIES. VOL. LXXXIII. OLD SERIES.

JULY TO DECEMBER, 1881.

A

Aberdeen medical school, 370
Ablation of fibroid tumours, 406
Abscess of the breast, 385
Academy of medicine for Ireland, 460
Action of digitalis, 368
Acute glaucoma, 539
Adelaide hospital, 414
Admission of lunatics into Irish asylums, forms in use, 283
Alcoholic drinks, influence of, upon health, work, disease, and upon the succeeding generation, Dr. Andrew Black, 21
Alford, Mr., death of, 38
Alleged thefts by a medical student, 17
Alpine hop bitters, 539
Alterations in Indian medical service, 525
Amaurosis, quinine in, 156
Ambulance stations, 350
American opinion on late President's case, 413
American prize questions, 199
Ammonia, liquid, 437
Anal sphincters, paralysis of, 194
Anatomy, professorship of, in the Irish college of surgeons, 505
Ancient pharmacy, 369
Anæsthesia, diffused, Dr. Moorhead, 512
Angina and albuminoid, 483
Annandale, Prof., on quackery, 179
Anorexia nervosa, Dr. Dowse, 95, 147
Another professional scandal, 433
Anthrax inoculation (translation), Dr. A. H. Jacob, 234
Antiseptic catgut, 395
Antiseptics, improved, 558
Anti-vaccination laws, 413

Anti-vivisection essays (review), 376
Anti-vivisection fanaticism, 497
Anti-vivisection prosecutions, 547
Appendix, caudal, in a man, 194
Appointments, recent, 565
Appointments—See last page of each No.
Army competitive, the marking at the, 303
Army medical department, 204
Army medical department report, 405
Artisan's dwellings in Dublin, 306
Asphyxiation, instantaneous, 195
Aural surgery, 197
Austria sanitary congress, 283
Ayob Khan's troops, 157

B

Beginsky, Dr., pathology of rickets, 295
Bath hospital, the, 374
Bath, portable, 485
Beach, Dr., types of imbecility, 25
Bengal, health of, 175
Bequests to hospitals, 201
Berkeley, Dr., death of, 528
Bernhardina alpine hop bitter, 529
Berry, Mr., on vaccination, 382
Bevan, Dr., death of, 528
Biliary calculi in India, Dr. Cullimore, 4
Billing, Dr., death of, 223
Biological sciences, the connection of, with medicine, Prof. Huxley, 141
Births—See last page of each No.
Black, Dr., notes on Spanish hospitals, 402

Blaine gold medal, 500
Blood, circulation of, Dr. Rutherford, 401
Books and reading for students, 232
Boylston prizes, 133
Breath, on holding the, Dr. Mac Cormac, 274
Brewer, Dr., death of, 419
BRITISH HOSPITAL, Monte Video—gastrotoomy, Mr. L. A. F. Cury, 521
BRITISH MEDICAL ASSOCIATION.—meeting at Hyde, first general meeting, suppression of criticism, 169; next meeting place, address in medicine, 170; Irish graduates' dinner, mayor's soirée, notification of infectious diseases, 171; public dinner, otology, 172, 552
Bristowe-Hutchinson operations, 213
Broca, memorials of, 483
Bromide of potassium in epilepsy, 100
Bromism, 540
Brown, Dr., death of, 311
Buchanan, Dr., aids to epidemiological knowledge, 467
Bullet detector, 212
Burdett, Mr., hospitals under state supervision, 316; on hospitals, 374
Buzard, Dr., differential diagnosis between certain hysterical conditions, and myelitis, 3

C

Cab, novel medical, 441
Calculus in the female bladder, Dr. MacDonald 93, 115

Calf lymph, 36, 86, 87, 138, 181
Cancer, radical cure of, 523
Candour, professional, 252
Carbuncle, carbolic acid in, 369
Cardiac symphysis, 541
Cameron, Dr. C. A., M.P., 314, 338
Carte, Dr., death of, 311
Caudal appendix in man, 194
Celluloid, 370
Census, 562
Census in France, the, 438
Charteris, Dr., value of recent investigations in the treatment of disease, 379; on the germ theory, 521
Cheap, v.e.y, 530
Chicago faster, the, 197
China, medicine in, 426, 440, 471
Chloral, death from, 499
Cholera, hypodermic injection, 416
Choleraic fever, 409
Clarke, Dr. A., influence of alcoholic drinks upon health, work, disease, and the succeeding generations, 21
Clerical abduction case, 287

CLINICAL RECORDS.

Four cases of carcinoma uteri, Dr. Godson, 6; some cases in hospital practice, Dr. McNaughten Jones, 44, 70; new method of operating for pneumonia, Dr. Lewis, 71; sarcoma of the maxilla, Mr. Baker, 97; congenital disease of the heart, Dr. Semple, 125; oxaluria, with symptoms of vesical calculus, sounding for stone, followed by reflex paralysis cured, Mr. Norton, 148; carcinoma uteri, 167; vaginismus, Dr. M. Duncan, 191; dry gangrene, Prof. Macnamara, 191; strac-

ture of the urethra, Mr. Norton, 209; right hemiplegia, Prof. Vulpian, 280; mitral stenosis, Dr. C. H. Jones, 290; gastro-tomy, Mr. L. A. Fleury, 321; gunshot wounds at Majuba hill, Surgeon-General Longmore, 342; acute synovitis of knee, Mr. Knaggs, 363; extensive ulceration of the thigh, 364; three cases of gout, Dr. Duckworth, 384; two gall stones passed through an abdominal abscess, Mr. Norton, 404; notes of operations, Mr. L. Ormsby, 464, 420, 449; calculus vesæ in girls, Mr. Parker, 470; epithelioma of tongue, Mr. Hepburn, 491; case of gangrene, Dr. Rawdon Macnamara, 513; uræmic convulsions in scarlatina treated by pilocarpine, Dr. F. O'Reilly, 536

CLINICAL SOCIETY OF LONDON.—

Traumatic rupture of an ovarian cyst, large oödontome moved from the lower jaw, 343; Charcot's joint disease, 344; strangulated hernia, double hæmorrhagic pleurisy, with formation of cholesterol, 366; two cases of malignant stricture of the œsophagus in which gastro-tomy was performed, with special reference to œsophagotomy in narrowing of the tube, 387; case of excessively high temperatures, 388; five cases of cancer of the œsophagus, in four of which gastro-tomy was performed, 428; case in which a pebble was removed by tracheotomy from the right bronchus, 430; two cases of dire transfusion of blood for hæmorrhage in typhoid fever, 472; three cases of continued fever with affection of the spleen, in two of which an extremely high temperature occurred before death, 478; talipes equino-varus treated by re-section of a portion of the tarsal bones, 513; four cases of myxœdema, 514

Cocoa nut as a remedy for tape-worm, 498
Colocynth in colic, 395
Colonial medical appointments, 184
Colour-blindness, 200
Compulsory notification of infectious diseases, 551
Condensed milk, 500
Congress, international medical, 29, 99
Coombs, Dr., notes from a country practice, 363
Coroner's bill for Ireland, a, 562

CORRESPONDENCE.

(For Scotland and Foreign see under these heads).

Bath hospitals, the, 374
Burdett, Mr., on hospitals, 356, 374
Calf lymph, 36, 56, 87, 133, 151
"Despair," 462
Domestic medicine, international congress, 59
"Fair" and "free" trade in science, 463
Germ theory of disease, 549
Homœopaths, consulting with, 375, 397, 416
Homœopathy and homœopaths, 291
Hospitals, Mr. Burdett on, 356, 374
Hypodermic injection as a prophylactic in cholera, 416
I later, Prof., on "transfusion," 506
Marking at the army competitions, 203
Mediterranean fever, a, 417
Notification of infectious disease, 356, 374, 435, 105, 548
Origin of vaccinia, 87, 129
Royal college of surgeons of England, presidency of, 19
Supply of medical specialities to dispensaries, 243

Shampooing in liver engorgement, 357
St. Bartholomew's hospital inquiry, 506
"The doctor in the witness box," 416
Vaccination, 375
Vaccinia, origin of, 87, 129

Coxsalgia, 335, 452
Crown representation for Ireland in the medical council, 505
Cullen, Dr., Cyprus regenerate, 425
Oullimore, Dr., biliary calculi in India, 4; hypertrophy of the spleen, 133
Current topics, notes on—See notes.
Cyprus as a field for practice, 520
Cyprus regenerate, Dr. Oullen, 425
Cyst, oily, 158

D

Dangerous precedents, 235
Deaths.—See last page of each No.
Defence association, the medical, and medical reform, 304
Dental caries, 453
Derangement of menstruation, Dr. Meadows, 487, 509, 531
Despair, 409
Diarrhœa of children, 211
Diet, monotony of, 107
Digitalis, action of, 368
Dipsomania, 49
Diphtheria, 219, 548
Diphtheritic poison, the, 495
Diseases of children (review), 113
Disinfectant, cheap and effectual, 114
Dissolution of "the nervous system," Dr. H. Jackson, 68, 380, 390, 421
Dolan, Dr., rabies and hydrophobia, 23, 41; recent research on micro-organism, 469
Domville, Dr., death of, 419
Dougall, Dr., zymotic poisoning, 423
Dowse, Dr., anorexia nervosa, 36, 147
Drunkard, legislation for the habitual, Dr. N. Kerr, 341
Dublin, health of,
Dublin sanitary improvements, 11
Dundee royal asylum, 53
Durham university medical graduates association, 39
Dust nuisance in Edinburgh, 178
Dwarf, a new, 413

E

Eczema of the scalp, 530, 540
Edinburgh colleges of physicians and surgeons—pass lists, 160, 463
Edinburgh convalescent home, 36
Edinburgh, mortality of, 17
EDINBURGH OBSTETRICAL SOCIETY—
funic hæmorrhage during labour, 337
Edinburgh school, the, 568
Edinburgh university, 113, 139, 332
Electricity, dangers of, 545
Emigrant fees, 393
England, retrospect, 551
Encaustic, nocturnal, 371
Epidemic fighting, 337
Epidemiological knowledge, aids to, Dr. Buchanan, 4-7
Ethics of specialism, 178
Evangelisation of France, 528
Extension apparatus, 441

F

Fallopian tubes, passage ovum

from the ovary into the, Dr. Kinkaid, 226
False certificates of death, 546
Farr, testimonial, the, 177
Faster, a new, 15
Fellowships of the royal Irish university, 493
Female guardians, 547
Ferguson's speculum modified, 39
Fever den, a model, 390, 417
Fever in private houses, 413
Fever hospitals, royal commission on, 477
Fever in Dundee, 290, 354
Fever in India, Surg. Gen. C. A. Gordon, 186, 205, 226, 276, 298
Fever, recent reports on, 311
Filaria sanguinis hominis, 365
Fistula, a urinary, 493
Fossiline plasters, 435
Fothergill, Dr., on urine of cardiac dropsy, 117; on malt extract, 313
Foulis, Dr., death of, 419
Foulis memorial, 463
Fourteen months in Canada, Dr. Wallace, 189
France, 47, 73, 100, 150, 196, 211, 223, 232, 202, 221, 346, 335, 406, 422, 452, 498
France, the census in, 458
"Free" and "fair" trade in science, 430
Fresh obstruction, 407
Funic hæmorrhage during labour, 537

G

Garfield, President, 233, 235
General medical council, 532
Germ inoculation, Dr. C. Cameron, M.P., 314, 338, animal vaccination, 363
Germ theories of disease compared, Dr. C. A. Gordon, 446
Germ theory, the, 554
Germ theory of diseases, Professor Pasteur, 145
Germ theory of disease, 549
Glasgow medical school, 569
Glottidis, œdema of, 269
Gotre, 211
Gotre, treatment of, 414
Gordon, Surg. Gen., on fever in India, 186, 205, 226, 276, 298; germ theories of disease compared, 446
Gout, notes on, Dr. Myrtle, 94
GOVERNMENT CIVIL HOSPITAL,
CEYLON—Ovariectomy, Dr. F. Van Der Smagt, 278
Griffith, Mr., death of, 242
Gun-shot wound, Mr. Hillis, 341
Guy's hospital, 196, 267

H

Hackney smells, 537
Harveian lectures, 509, 531, 541
Harveian oration, Dr. Meadows, 487, 507, 531
Harveian society of London, 550
Hayden, Dr., death of, 397
Headaches, 306
Healthy womanhood, 501
Helmholtz, Prof., 563
Hemming, Mr. D., death of, 523
Herb bitters, 529
Hereford county asylum, 193
Hermaphroditism, 100
Hernia (inguinal), 508
Hernia, strangulated, 150
Hernia, vaginal, 493
Heroes of Majuba Hill, 351
Hill stations in India, 156
Hillis, Mr., gun-shot wound, 341
Histological anatomy, 219
Hip-joint, the early detection and

treatment of disease of the, Mr. M. Owen, 511, 532
Home surgery, 527
Homicides in lunatic asylums, 536
Homœopathy and homœopaths, 291
Homœopaths, consulting with, 196, 326, 375, 397, 416
Hone, Mr., poisoning of, 183
Horse sausages, 289
Hospital commission, the, 451
Hospitals under state supervision, Mr. Burdett, 316
HUDDERSFIELD INFIRMARY—Acute synovitis of knee, Mr. Knaggs, 363
Hughlings Jackson, Dr., dissolution of the nervous system, 68, 380, 396, 421
Hunterian collection, the, 450
Hutchinson, Jonathan, Prof., laws of inheritance in relation to disease, 1, 32, 41, 65; address in surgery, 161
Huxley, Prof., connection of biological sciences with medicine, 141
Hydrarthrosis of both knees, 54
Hydrophobia, 349
Hydrocele, treatment of, 493
Hypogastric lithotomy, 452

I

Iliocy, cranial characteristics of, Dr. Shuttleworth, 225
Imbecility, types of, Dr. Beach, 25
Inaugural address, International Medical Congress, Sir James Paget, 89
Index-catalogue of the library of the Surgeon-General's office, U. S. A. (review), 291
India, military hospitals in, 499
India and Imperial departments amalgamation of, 312
India, hill stations in, 155
Indian medical service defence fund, 231
Industrial schools, 457
Infectious diseases, notification of, 111, 286, 356, 374, 493, 506, 543
Inheritance, laws of, in relation to disease, Prof. Jonathan Hutchinson, 1, 22, 41, 65
Insanity, causes of, 476
Intelligence, new test of, 107
Introductory, the, 284, 432
International medical congress, 29, 99
International medical congress, 551
INTERNATIONAL MEDICAL CONGRESS '82.—Address on medicine, By Sir W. Gull, Bart., 118; address on surgery, By John Eric Erichsen, F.R.S., 120; address on obstetrics, By Alfred H. M'Clintock, M.D., 121; address on pathology, By Samuel Wilks, M.D., 123; A general account of the proceedings, 127; the state dinner at the Mansion House; Penn's; the conversazione at Guildhall; excursion to Folkestone; Normansfield; visit to Croxden sewage farm; a babel of tongues; localization of function 120; oology; surgery of the kidney; litholaxy, the ophthalmological section 131
Ireland, health of, 561
Ireland—retrospect of, 561
Ireland, surgical society of, 483
Irish college of physicians and medical reform, 31
Irish college of surgeons, 397
Irish college of surgeons, council of, 417
Irish educational affairs, 568
Irish pharmaceutical society, 450
Irish medical education, reform of, 306
Irish poor-law medical officers tenure of, 408
Irish medical literature, 675
Irish union hospitals, 372
Isle of Wight as a sanitarium, 181

J

Jackson, Dr. H., dissolution of the nervous system, 68, 880, 899, 421
James, Dr. Prosser, analytical reports on the principal mineral waters of Europe, 8, 27, 48, 78, 100, 126, 161, 494, 518
Japan, medicine in, 483
Joints, diseases of (the review), 365
Judicial inconsistency, 214

K

Kerr, Dr. N., stimulants in work-houses, 298, 360, 383; legislation for the habitual drunkard, 341
Kidneys, menstruating by, 194
Killing no murder, 58
Kilmarnock fever hospital, 17
King and Queen's college of physicians, 278, 463
Kinhead, Dr., passage of ovum from the ovary, 226

L

Lady doctors, the, 177
Le CHARITE HOSPITAL—Eight hemiplegia, Prof. Vulpius, 230
Lea pollutions, 807

LEADING ARTICLES.

Anti-vivisectionist collapse, 454; fanaticism, 497
Andi alteram partem, 455
Bristowe-Hutchinson orations, 218, 218
Charteris, Prof., on the germ theory, 531
"Choleraic fever," 409
Dangerous precedents, 285
Despair, 409
Diphtheritic poison, 495
Dublin, health of, 287
Dublin sanitary improvements, 11
Entries of students at Irish medical schools, 542
Fbaria sanguinis hominis, 385
"Free" and "fair" trade in science, 480
Fresh obstruction, 406
Garfield, President, 283, 325
Germ theory, 531
Guy's hospital, 195
Harveian lectures, 441
Homoeopathic squabbling, 849
Homoeopaths consultation with, 196, 326
Hot weather regimen, 51
International medical congress, 127, 128, 129, 130, 131, 132
Introductory, the, 284, 324, 423
Irish college of physicians and medical reform, 31
Judicial inconsistency at the late exhibition, 214
Medical defence association and medical reform, 104
Medical registration, 476
Medico-sanitary exhibition, 51; awards, 544
Moral fever den, 3, 390
Morality of doctors, 32
Notification of infectious diseases, 2-6, 455
Ophthalmic teaching in Dublin, 367
Provident medicine, 74
Provincial hospital teaching, 214
Reform of medical education in Ireland, 102
Reform of Irish medical education, 305
Representation of Ireland on the medical council, 456
Royal commission on fever hospitals, 477; on medical reform, 367, 389

St. Bartholemew's hospital inquiry, 478
Sanitary supervision of Dublin, 285
Scandal, another professional, 453
Schools, punishment in, 303
Snake poisoning, antidote for, 391
Social science congress, 323
Speculation, ethics of, 173
Student bribery, 53
Superannuation of poor-law medical officers in Ireland, 496
Superstition and medicine, 152
Surgeons, royal college of, the presidency of, 9
Term of office of Irish poor-law medical officers, 407
"Thought reading," 10
Traps for fools, 620
Union hospitals as teaching institutions, 236
Uterine therapeutics, 79
Vaccine lymph, 30
Very special pleading, 347
Welcome, 103
Zymotic diseases, 216

Leith, health of, 159
Lancaster county asylum, 192
Lettie's diaries, 549
Life assurance (review), 418
Ligature, the cat-gut, 556
Linacre chair, the, 480
Lincoln lunatic asylum, 192
Lingual nerve, stretching of the, 452
Lister, Prof. on "transfusion," 805
Literary notes and gossip, 35, 182, 310, 440, 503
Literature, Scotch, 571
Lithopodion, 8
Little, Dr., death of, 19
Living on skin diseases (review), 233
Liver, hyperemia of, 322
Liverpool medical chirological journal (review), 291
Locomotor ataxia, 352
London university, pass list of, 118, 139
Lower jaw, sarcoma of, 428
Lymph, relative value of calf and human seed vaccine, 30
Luke, Mr., death of, 174
Lunatic asylums in New Zealand, 45
Lunacy department, 45, 192, 232, 320, 475, 538
Lunacy in New Zealand, 475
Lunacy law assimilation, 564

M

McClintock, Dr., death of, 377
MacCormac, Dr., holding the breath, 374
Macnamara, Dr. Rawdon, death of, 291
Macdonald, Dr., calculus in the female bladder, 98, 115
Madden, Dr., death of, 523
Madden, Dr., post-partum hæmorrhage, 273
Madness and murder, 447
Majuba hill, gunshot wounds amongst the men at, 342
Malacoth, Chinese, 303
Malt extracts, Dr. Fothergill, 313
Malpraxis, 302
Marriages—See last page of each No.
Materia medica (review), 418
Mather's plasters, 39
Matriculation at the royal Irish university, 331
Meadows, Dr., menstruation and its derangements, 487, 509, 531
Measles at Cardonald, 483
MEATH HOSPITAL AND CO. DUBLIN INFIRMARY—Brief notes of operations, Mr. L. Ormby, 27, 404, 478, 449; dry gangrene, Prof. Macnamara, 191; epithelioma of tongue, Mr. Hepburn, 491
Mecca pilgrimage, the, 352

Medical acts, commission on, 338
Medical duellist, a, 487
Medical education in Ireland, reform of, 102
Medical news, 19, 39, 113, 139, 463
Medical reform, 567
Medical reform, royal commission on, 367, 389
Medical registration and erasure of names, 476
Medical scandal, a, 547
Medical specialties, supply of, to dispensaries, 243
MEDICAL TEMPERANCE ASSOCIATION—Practical treatment of dipsomania, 49; use of stimulants in workhouses, 452
Medicine and superstition, 152
Medicine in China, 426, 449, 471
Medico-parliamentary, 183
Medico-sanitary exhibition, 51, 108
Medico-sanitary exhibition awards, 544
Menstruation and its derangements
Dr. Meadows, 487, 509, 531
Mesmeric hypnotism, 106
Micro-organisms, Dr. Dolan, 469
Milk-poisoning, 46
Military and state medicine (review), 222
Milk adulteration, 329
Mineral waters of Europe, analytical reports on, by Mr. C. E. Titchborne and Dr. P. James, 8, 27, 48, 78, 100, 126, 161, 494, 518
Mist. pepsina c. bismuthi, 39
Mr. Burdet on hospitals, 266, 374
Moorhead, Dr., diffused aneurism, 512
Morality of doctors, the, 32
More fever den, 411
Myelitis, differential diagnosis between certain hysterical conditions and, Dr. Buzzard, 8
Myrtle, Dr., notes on gout, 94
Myxodema, 7; four cases of, 514

N

Naval medical warrant, 11
Needle-holder, a new, 457
Nerve stretching, 493
Nerve stretching in tetanus, Mr. W. I. Wheeler, 534
Netley school, the, 329
New feeding bottles, 39
New Jersey, health report (review), 303
New remedies, 331
New year's gift-books, 573
Nicotine, poisoning by, 394
Nitrous oxide gas, 540
Nocturnal enuresis, 371
NORTH-EASTERN HOSPITAL FOR CHILDREN—Congenital disease of the heart, Dr. Temple, 125; calculous vesica in girls, Mr. Parker, 470
Norton, Mr. A. F., new and reliable operation for webbed fingers, 459
Notes from a country practice, Dr. Coombes, 362

NOTES ON CURRENT TOPICS

Academy of medicine for Ireland, 460
Action of digitalis, 368
Action upon the fetus of medicine taken by the mother, 370
Ad eundem exemptions, 200
Adelaide hospital, Dublin, 414
Ambulance stations, 350
America, intense heat in, 241
American degress, 241
American adulteration act, 84
American ophthalmological society, 241
American opinion on the late President's case, 413
American prize questions, 199
Angina and albuminuria, 482
Antiseptic catgut, 395

Annual election at the Irish college of physicians, 358
Antiseptic ovariotomy, 240
Anti-vaccination law, 413
Anti-vivisection fanaticism, 523
Anti-vivisection prosecution, 567
Army hospital corps, 185
Army medical department, promotion in the, 165, 177
Artisans' dwellings in Dublin, 308
Aural surgery, the teaching of, 197
Auriculo-mastoid oily cysts, 190
Austrian sanitary congress, 238
Awards to public vaccinators, 185
Ayob Khan's troops, 157
Bath hospital, the, 350
Benevolent college, royal medical, 18
Bengal, health of, 175
Bequests to medical charities, 134
Blaine gold medal, 500
Boycotting an Irish dispensary, 289
Boylston prizes, 138
British association for 1882, 199
British medical association, 524; in its relations with homoeopaths, 394; visit to the Isle of Wight, 158
Broca, memorials of, 480
Brussel's royal academy of medicine, 555
Burned to death by vitriol, 83
Cancer, radical cure of, 523
Castle, Mr., testimonial to, 368
Carbolic acid for carbuncles, 369
Carpenter, Dr., on vaccination, 54
Celluloid, 370
Census in France, 458
Change of the address of the gen. medical council, 329
Chicago faster, the, 197
Chinese malacoth, 306
Chloral, death from, 499
Clairvoyant diagnosis, 413
Clerical abduction case, 287
Cod-liver oil, to mask the taste of, 319
Coffee Palace movements, the, 199
Colic, colocynth in, 395
Collective investigation committee of the British medical association, 393
College election, the, 15
Colonial cause celebre, 305
Colour-blindness, dangers of, 200
Coming meeting of the social science congress, 213
Commitment of pauper lunatics, 238
Condensed milk, 500
Confidences of the physician, the, 459
Conflict between metropolitan asylums board and local authorities, 395
Consultation with homoeopaths, 371
Convalescent home for scarlet fever, 12
Cork pilocarpine case, 83
Coroner for co. Monaghan, 435
Creditable representation of the profession, a, 239
Cremation abroad, 395
"Crown's quest" verdicts, 34
Dalrymple home for imberlates, 56
Dangers of schools, 240
Diphtheria, treatment of, 219
Donations to English medical charities, 458
Donations to hospitals, 174
Drink and lying, 241
Drinks for the temperate, 220
Dublin, health of, 371
Dublin hospital board, 459
Durham university, 412
Dwarf, a new, 413
Dwellings for the poor, 393
Edinburgh volunteer review, 176
Election at the royal college of surgeons, 31, 81, 154, 219
Election of a councillor at the Irish college of surgeons, 436
Electricity, dangers of, 545
Elimination of the pancreas, 369
Emigrant fees, 393
English ho pital bequests, 201
Enlargement of Irish lunatic asylums, 526
Entries, the, 372
Epidemic fighting, 327
Examiners at the royal college of surgeons, 523
False assumption of medical titles, 176

Exophthalmic goitre, 198
False certificates of death, 546
Farr testimonial, the, 177
Fatal street accident to a physician, 490
Female guardians, 547
Fever dens and disinfectants, 525
Fever in India, 481
Fever in private houses, 412
Foreign medical visitors, 13
Fractures in hemiplegia, 393
French medical M.F.S., 288
French opinions on the international medical congress, 518
French social problem, the, 500
French trichina scare, 525
Fumigations of tincture of iodine, 414
Galvano puncture in aneurism, 523
General medical council and the royal commission, 460
Glasgow royal infirmary, 82
Glass-blowers and their diseases, 289
Goitre, treatment of, 414
Gore, Mr., death of, 414
Government expenditure on the Irish poor-law service, 156
Guy's again? 370
Guy's hospital again, 132
Hæmorrhagic pills, 198
Hackney smells, 327
Hayden, Dr., 329, 353, 411
Headaches, 306
Health congress, 545
Health of Dublin, 56
Health of foreign cities, 289
Health of Ireland, 288
Heart on the right side of body, 498
High thermometric readings, 393
Hill stations in India, 155
Hip-joint, amputation at the, 499
Histological anatomy, 219
Hypocopathy, 353
Hop-bitters, 307
Horse sausages, 289
Hoepfeli Sunday fund, 495
Hospitals and the state, 328
Hunterian collection, the, 459
Hydrocele, treatment of simple, 498
Hydrophobia, 349
Hydrophobia, supposed cure for, 56
Hygiene of light in schools, 156
Hypodermic injection of cold water, 501
Hysteria, predisposition to, 352
Impertinent questions, 14
Imprisonment for not reporting infectious diseases, 82
Increase of poor-law medical work in Ireland, 16
Incurables, hospital for, 57
Infection of milk, spread of, 436
Indian medical items, 238, 327, 351, 372
Indian medical service, 105, 219, 307, 459; defence fund, 394; alterations in, 525
Indian native army hospital corps, 135
Indian medical officers, deaths of, 458
Industrial schools, 47
Inner circle railway, 240
Inspection of university lodgings, 155
Insurance, prize essay on, 54
International dosimetry, 175
International exhibition, 81, 157
Involuntary homicide, 85
Ireland, health of, 413
Irish apothecaries' hall, 177
Irish college of physicians, 370
Irish pauperism, cost of, 107
Irish pharmaceutical society, 350
Irish registration prosecution, 500
Japan, medicine in, 458
"Jerry" fire extinguishing apparatus, 484
Jews, sanitary statistics of, 239
Killing no murder, 56
Lady doctors, the, 177
Lecture attendance in the queen's colleges, 329
Leech, curious species of, 500
Legal starvation, 187
Librarian's congress, 241
Linsacre chair, 490
Linsacre professorship, the, 55
Liquid ammonia, accident with, 437

Locomotor staxia, 352
London college of surgeons and the medical acts commission, 436
Luke, Mr., death of, 174
Lung capacity of children, 498
MacCormac, Dr., distinction to, 196
MacCormac, Sir Wm., 217
Madness and murder, 457
Madras medical school, 175
Majuba hill, heroes of, 361
Manchester royal infirmary, 368
Mandle, Dr., death of, 56
Malthusian league, a medical, 83
McClintock, Dr., of Dublin, 290, 329, 411
Mecca pilgrimage, the, 352
Medical acts commission, 431
Medical bequests, 289
Medical amenities in the United States, 217
Medical defence association, 57
Medical duellist, a, 437
Medical evidence, fees for, 481
Medical foreigners, death amongst, 48
Medical recipient of the Victoria cross, 350
Medical reform, royal commission on, 107
Medical sanitary exhibition, 34
Medical services, the, 134
Medical Scandal, a, 547
Medical society of college of physicians of Ireland, 414
Medical society of London, 38
Medico-psychological association, 134
Melancholy accident, a, 33
Miasmatic hypnotism, 106
Metropolitan hospital fund, 497
Metropolitan hospital Saturday fund, 523
Metropolitan hospital Sunday fund, 13, 83, 133
Metropolitan provident medical association, 57
Metropolitan water supply, 199
Military hospitals in India, 499
Military officers on medical duties, 371
Monotony of diet, 107
More anti-vice, 458
More fever dens, 411
Myopia in schools, 15
Naval medical service, 289
Naval medical warrants, 11
"National selection" of the Irish poor law medical officer, 58
Necrosis of temporal bone, 198
Needle holder, a new, 457
Neglect of death registration, 12
Neglect of medical registration, 136
Nerve stretching, 198
Netley school, the, 329
New batch of brigade surgeons, 135
New faster, a, 15
New medical knights, 241
New scheme of examination of the Irish college of surgeons, 217
New scheme of education Irish college of surgeons, 328
New test of intelligence, 107
Nicotine, poisoned by, 394
Nitrite of amyl, 240
No accounting for taste, 105
Nocturnal enuresis, 371
Notification of infectious disease, 850, 435
Notification of infectious disease at Edinburgh, 546
Obliteration of the common bile ducts, 177
Oedema glottidis, 369
Oily cyst, 156
Openings, the, 308
Ophthalmic neatorum, 435
Ophthalmic teaching in Dublin, 524
Ophthalmological society, 35
Otolary, education in, 395
Otorrhœa, treatment of, 290
Ovariectomy in Cork, 57
Overcrowding in London, 413
Ovariectomy of milk cows, 239
Overplus in the profession, 460
Paget, Sir Jas., 499
Papaya and papaina, 106
Paraguay tea, 240
"Pass and pluck," 105
Pasteur, M., 523
Pathological society of Dublin, 437
Patent medicine revenue frauds, 546
Patients in Irish workhouses, 16

Pauperism in Ireland, 155
Peatson, Dr., death of, 15
Penalties of milk adulteration, 319
Pharmaceutical congress, 35 83
Pharmacist's grievances, 133
Pharmacy, an ancient, 369
Phthisis, treatment of, 541
Physicians, royal college of, 106
Platelayer's risks, 306
Poisonous patent medicines, 372
Poison vending by deputy, 481
Poisons bill, amendment of the sale of, 82
Poor-law medical officers' association, 157
Population of Ireland, 14
Pork, the dangers of, 328
President's progress, the, 198
Presidency of royal college of surgeons of England, 55
President of the United States, 106
Prize questions, 392
Private provident dispensaries, 12
Professional candour, 352
Prolonged meetings, 392
Proposed compulsory notification at Liverpool, 500
Provincial magisterialism and small-pox, 81
Public health, the, 175
Public medicine at the British medical association, 153
Quack, a lady, 289
Quadruple birth, 35
Queen's university in Ireland, 389
Queen's university students, 459, 479
Quinine amaurosis, 156
Rabies, new facts concerning, 308
Railway disaster, the, 154
Rather too much, 156
Registration of medical practitioners, 308
Religious aspect of the contagious diseases act, 33
Requisition for drug supplies, 238
Rolleston memorial, a, 15
Rome, health of, 330
Royal society, 436, 498
Royal Irish university, 354, 458
Return of health officers, 434
Royal college of surgeons, president of, 411
Royal society, the, 498
Rotunda hospital, 436
Resound in aural surgery, 422
St. John's ambulance association, 394
St. Luke, medical language of, 82
St. Matthew, Bethnal green, 413
Sanitary and social problems, 200
Salicylates, treatment of rheumatic fever by the, 437
Salivary globules, 16
Sanitary institute of Great Britain, 54
Scandinavia, doctors in, 480
Scarcity of dwellings for the poor in Dublin, 239
Schutzenberger, Prof., 353
Scientific cabinet minister, a, 458
Scientific garrotting, 523
Sclerosis of the eye, 178
Scott, Dr., 219
Sequel, a curious, to suicide, 547
Sewage farming, 393
Sewage farming, the cost of, 437
Sickly children dependant on the state, 329
Sinclair, Sir Edward B., accident to, 435
Site of the royal Irish university, 460
Skin grafts from the dead subject, 154
Small-pox epidemic, 83
Smok exhibition, 457
Social science congress, 13
Sotriés at college of surgeons, Dublin, 288
Spiegelberg, Dr., death of, 176
Sponge grafting, 436
Sprains, treatment of, 308
Stanley, Dean, death of, 81
State honours to the profession, 14
Station hospitals in India, 134
Stimulants in Irish workhouses, 328
Street comfort, 174
Sunderland conspiracy case, 459, 547
Surgical society of Ireland, 371
Surgical society of Ireland, retirement of Dr. Richardson from the secretariate, 457
Surgeon poisoned, a, 546

Suicide, extraordinary, 525
Suicide of a surgeon, 218
Superannuation, 15, 34
Tammn, how to give, 240
Tetanus, nerve stretching in, 352
Thames and Lea pollution, 307
Thought reading on its trial, 199
Toothache, remedy for, 350
Torture in the United States, 545
Tsetse fly, the, 155
Unqualified assistants, 230
Unpleasant patient, an, 413
Uterus, excision of cancerous, 479
Vaccination fees, 373
Vaccination question, the, 287
Vaccination, neglect of, 525
Ventnor, health of, 81
Veterinary surgeons bill, 82
Veterinary surgeons act, 307
Victoria cross, the, 14
Vienna, sanitary congress in, 230
Vienna tragedy, the, 523
Vital statistics, 434
Vivisection, 33
Vivisection act, administration of, 225
Vivisection legalised, 14
Vulcanised india-rubber bandage, 156
Vulpian, M., resignation of, 596
War office gazette, the, 104
Warning to coroners, a, 238
Warning to doctors, a, 349
Who is Dr. Beard? 157
Whooping cough, benzoin of soda in, 501
Whooping cough, bromate of ammonium in, 288
Widows and orphans of medical men, relief of, 371
Wimbledon mystery, 546
 Windsor review, the, 33
Women at the London university, 199
Women candidates, 184
Women doctors in France, 431
Wool sorters' disease, 200
Zoedone, profits of, 308

Notices, 20, 40, 60, 85, 114, 140, 160, 184, 204, 224, 242, 292, 312, 333, 357, 378, 398, 420, 442, 485, 507, 529, 573
Notification of infectious diseases, 111, 206, 286, 374, 453, 505, 543
Notification of infectious diseases at Edinburgh, 546, 548
Novel medical cab, 441
Novelties, 331
Nursing, past, present, and future, 193

Obituary, Scotch, 571
OBITUARIES—Dr. Little, 19; Mr. Alford, 38; Dr. Ward, 60; Dr. Billing, 223; Mr. Griffith, 242; Dr. Macnamara, 291; Dr. Reid, 292; Mr. Postgate, Mr. Carter, Dr. Brown, 311; Dr. McClintock, Dr. Rawson, 377; Dr. Hayden, 397; Dr. Donaville, Dr. Brewer, Dr. Foull, 419; Mr. D. Hemming, Dr. Bevan, Dr. Madden, Dr. Berkeley 530; Mr. Reid, 539
Obscene literature, 118
OBSTETRICAL SOCIETY OF DUBLIN—President's inaugural address, 474
OBSTETRICAL SOCIETY OF LONDON—Placenta prævia complicated by a large myoma, case of myxodema, 7; lithopedion, 8; use of stimulants in workhouses, 452
ODONTOLOGICAL SOCIETY—Causes of dental caries, constitutional and local, 453; poisoning by arsenical paste, preparation of nitrous oxide gas, 540
Ophthalmic teaching in Dublin, 367, 397
Ophthalmic teaching in Ireland, 223
OPHTHALMOLOGICAL SOCIETY—Acute glaucoma, cerebral,

tumour, chorea, unilateral exophthalmos, 539
Opium, Mr. Parsons, 229, 274, 296 318
Original communications, 1, 31, 41, 61, 89, 115, 141, 161, 185, 205, 225, 247, 268, 313, 335, 359, 379, 399, 421, 443, 487, 509, 531
Orthopedic surgery (review), 484
Oreous lesions, 406
Otorrhoea, treatment of, 290
Our medical literature, 183
Ovarian cyst, traumatic rupture of, 343
Ovariectomy in Cork, 57
Ovariectomy, Mr. N. Mayne, 67
Overplus in the profession, the, 460
Owen, Edmund, Mr., treatment of hip-joint disease, 511, 532
Owens, Dr., paracentesis thoracis by aspiration in acute pleurisy (translation) 26, 46, 72, 98, 149
Oxford university, 39

P

Paget, Sir James, inaugural address international medical congress, 89
Paracentesis thoracis by aspiration in acute pleurisy (translation), Dr. Owens, 26, 46, 72, 98, 198
Parsons, Mr., on opium, 229, 274, 296, 318
"Pass and pluck," 106
Pasteur, Prof., germ theory of disease, 145
Papaya, 106
Paraguay tea, 240
Parapneumia in Ireland, 155
Pneumia, infiltration of the, 73
Percussion of the skull in diagnosis of disease of the brain, 340
Pharmacist's grievance, 183
Pharmacy, ancient, 369
Phthisis, injection of water in, 452
Phthisis, treatment of, 501
Physicians in Ireland royal college of, pass lists, 19, 463
Physicians of London, royal college of, pass lists, 113, 393
Pills, hæmorrhagic, 198
Pilocarpine injection, 562
Pilocarpine in croup, 161
Placenta previa complicated by a large myoma, 7
Platelay's risks, 306
Pocket surgical case, 599
Polyp of the uterus, 428
Pneumonia, dwellings of the, 393
Poor-law medical affairs, 563
Poor-law widows and orphan's fund, 564
Pork, the dangers of, 323
Portable bath, a, 455
Postgate, Mr., death of, 311
Post office reform, 40
Post partum hæmorrhage, Dr. More Madden, 373
Power on the arteries (review), 485
President of the royal college of surgeons, 9
Professional pocket book, 549
Prolonged meetings, 392
Provincial hospital teaching in Ireland, 214, 236
Provident medicine, 78
Prize quest on, American, 190
Public medical affairs, 661
Punishment in schools, 303
Pure wine, 136
Pylorus, extirpation of, 567

Q

Quack, a lady, 289
Quacks of the old times, 57
Quadruple birth, 35

Queen's university in Ireland, pass list, 377
Questions, impertinent, 14
Question, prize, 392
Quinquina, 498
Quintuple birth, 482

R

Rabies and hydrophobia, Dr. Dolan, 23
Railway disaster, the, 154
Ranula, treatment of, 47
Rather too much, 156
Rawson, Dr., death of, 377
Red-tickets, 566
Redwood's prepared cocoa, 529
Regimen, hot weather, 52
Registration and erasure of names, 476
Retrospect of the year, 551
Reid, Dr., death of, 292
Reid, Mr., death of, 529
Re-vaccination fees, 594
Review, the Windsor, 83
Reynolds, Dr. R., specialism in medicine, 335
Rickets, pathology of, Dr. Baginsky, 295
Roberts, Dr., clinical lectures on symptoms, 465, 490
Robertson, Dr., perussion of the skull in diagnosis of the brain, 320
Rolleston memorial, 15
Rome, health of, 240
Rosbach water, 179
Royal commission, 553
Royal commission on fever hospitals, 477
Royal Irish university, 562
Rutherford, Dr., circulation of the blood, 401

S

St. Andrew's graduates association, 40
St. BARTHOLOMEW'S HOSPITAL—Four cases of carcinoma uteri, Dr. Godson, 6; sarcoma of maxilla, Mr. Baker, 97; carcinoma uteri, Dr. M. Duncan, 167; vaginismus, Dr. M. Duncan, 191; three cases of gonorrhoea, Dr. D. Duckworth, 384
St. Bartholomew's hospital inquiry, 478, 506; reports (review), 291
St. George's hospital reports (review), 137
St. MARY'S HOSPITAL—Oxaluria with symptoms of vesical calculus, sounding for stone, followed by reflex paralysis cured Mr. Norton, 143; stricture of the urethra, Mr. Norton, 209; mitral stenosis, Dr. C. H. Jones, 299; two gall stones passed through an abdominal abscess, Mr. Norton, 404
St. Mary's hospital medical school, 357
Fungulus hominis, flaria, 556
Sanitary institute of Great Britain, 10
Sanitary supervision of Dublin, 285
Sarcoma of the lower jaw, 423
Scandinavians, doctors in, 480
Schools, dangers of, 312
Schools, punishment in, 303
Sciatica cured by nerve stretching, 150
Scientific garrotting, 522
Sclerosis of the eye, 173
Scotch medical charities, 567
Scotch medical societies, 570
Scotland, retrospect, 567
Serious charge against a Sunderland practitioner, 441
Sewage-farming, 393

SCOTLAND, correspondence from.—Public medical appointments, 16; Combe lectures, 16, 38, 58, 179, 331, 354, 415, 439; mortality of Edinburgh, 17; Kilmarnock fever hospital, 17; alleged thefts by a medical student, 17; husband's liability for medical attendance on his wife, 17; Edinburgh convalescent home, 36; suspected milk-poisoning, 36; Edinburgh royal maternity, 53; southern hospital for Glasgow, 58; Blackie, Dr., death of, 59; Peebles hydro-pathic establishment, 84; Spence, P. of, presentation to, 4; Aberdeen milk epidemic, 85, 159, 242, 482; Nicholson, Prof., and his students, 112; small-pox at Arbroath, 112, 242, Glasgow dispensary, 113; obscene literature in Glasgow, 118; obstetrical society of Edinburgh, 118; wines pure, 126; honours to the medical profession, 136; health of Leith, 159; anti-vivisection in Edinburgh, 159, 201; north of Scotland medical association, 178; Kilmarnock water supply, 178; "dust nuisance in Edinburgh," 178; Annandale, Prof., on quackery, 179; Queen, visit of, to the royal infirmary, 201; review, casualties at the, 202; electric light in Edinburgh, 202; water for the troops, 202; meteorological stations in Scotland, 221; Cambridge, Duke of, and the Edinburgh infirmary, 221; Dundee, fever in, 290, 354; Clark, Dr., on temperance, 290; overdose of laudanum, death from, 290; Stark, Dr., of Glasgow, 290; sanitary science in Aberdeen, 309; lunatic, assault by a, 300; Aberdeen university, of, 309; rectorship of, 310; Dumfries, gun accident in, 329; Stanley, Dean, and St. Andrews, 310; Sterling, Mr., A. B., the late, 310; infirmary buildings, old, Edinburgh, 310; fever epidemic at Braxburn, 330; Dumoon convalescent home, 31; Macdonald, Dr. Angus, 331; munificent bequests, 331, 462; infandum dolorem remove, mortality in Glasgow, 331, 354; sick children, hospital for, 354; students text-books, 354; Edinburgh health society, 355, 373; university court, Edinburgh, 373; Fifa and Kinross lunacy board, 373; royal dispensary, Edinburgh, 373; Greenock, scarlet fever in, 373; Edinburgh, school of medicine, 396; natural history chair, Edinburgh, 396; Dick's veterinary college, 396; Rutherford, Prof., and anti-vivisection, 396; self-supporting provident dispensaries, 396; medical society of Edinburgh, 415; clinical surgery, class, of, 415; medical jurisprudence, 416; rectorial contest, Aberdeen, 416, 439, 462; Moody and Sankey's visit to Glasgow, 439; natural history chair, Edinburgh, 439, 462; Edinburgh literary institute, 439; Glasgow ophthalmic institution, 439; St. Andrew's university, 440; religious education of students, 461; valuable appointment, a, 461; police surgery in Edinburgh, 461; Robertson, Dr., death of, 461; health lectures, Edinburgh, 462; Foulis memorial, 462; pharmaceutical society, Edinburgh, 462; illegitimate births in Scotland, 482; anatomy class, Edinburgh university, 482; Edinburgh, health of, 482, 501; measles at Cardonald, 483; Thomson, Sir W., 483; womanhood, healthy, 501; MacKendrick, Prof., on vegetarianism, 502; Glasgow maternity hospital, 502; infectious disease, notification of, 502; Edinburgh college of physicians, 503; infectious disease act in Edinburgh 536; a well merited rebuke, the odium medicum, hints on, home surgery, Edinburgh health society, 527; MacKendrick, Prof., Aberdeen university, "the evangelisation of France," 528; new regulations for extra-mural lectures in Edinburgh, 54; "healthy womanhood," Glasgow university authorities and the students, matriculation of students at Edinburgh university, Aberdeen university, "diphtheria," health lectures at Edinburgh, 543

Sewage-farming, cost of, 457
Shampooing in liver engorgement, 375
Sheppard, Dr., resignation of, 476
Shuttleworth, Dr., cranial characteristics of idiocy, 325
Skin-grafts from the dead subject, 151
Small-pox at Arbroath, 112, 242
Small-pox epidemic, 85
Smoke exhibition, 457
Smith, Mr. E. B., sanitary condition of Turkey, 307
Snake poison, an antidote for, 391
Social science congress, 302, 323
Social science congress in Dublin, 563
Societies, transactions of—See under title of each society.
South London pharmacy school, 573
Spanish hospitals, notes on, Dr. Black, 402
Special, 47, 73, 99, 150, 193, 231, 179, 232, 322, 365, 385, 405, 429, 449, 471, 493, 540
Special report on international medico-sanitary exhibition, 61, 75, 108
Specialism, ethics of, 173
Specialism in medicine, Dr. B. Reynolds, 335
Spleen, hypertrophy of the, Dr. Cullimore, 188
Sponge-grafting, 436
Sprains, treatment of, 308
Squabbling, homeopathic, 349
Stimulants in workhouses, Dr. N. Kerr, 343
Stretching nerve, 498
Student bribery in the royal Irish university, 53
STUDENT'S NUMBERS.—Military and naval service, 246; civil public service, 247; assistance, 249; education of the student, 250; English universities, 253; London med. schools, 255; special schools, 258; metropolitan hospitals, 259; English provincial schools, 260; technical education in England, 261; Irish qualifications to practice, 261; official regulations of Irish licensing bodies, 262; Irish provincial schools, 263; Irish diplomas in dental surgery, 269; medical education in Scotland, 270
Suicide, a curious sequel to, 546
Suicide, extraordinary, 525
Sunderland conspiracy case, the, 459, 547
Superannuation, 15, 3
Superannuation, 563
Superannuation of poor-law medical officers in Ireland, 496
Superstition and medicine, 152
Surgeon poisoned, a, 546
Surgeons of Edinburgh, royal college of, pass list, 19, 429, 463, 485, 529
Surgery, address in, Prof. Hutchinson, 161
Surgical society of Ireland, 493
SURGICAL SOCIETY OF IRELAND.—President's address, 492, 515; nerve stretching, 537
Stanley, Dean, death of, 81
State, hospitals and the, 328
Street comforts, 174

Symptoms, clinical lectures on, 465, 490
Syrup of the six hypophosphites, 332

T

Tapeworm, cocoa nut as a remedy for, 498
Temperance breakfast, 228
Temperate, drinks for the, 220
Temperature, excessive, 558
Temporal bone, necrosis of, 198
Tetanus, 352
Thames pollution, 307
"Thought reading," 10
Throat disease (review), 508
"The doctor in the witness-box," 416
Therapeutics of the ancients, 281
Thyroectomy, 540
Titchborne, Prof. C., analytical reports on the principal mineral waters of Europe, 8, 27, 45, 73, 100, 124, 151, 494, 518
Toothache, a remedy for, 350
Traumatic infective disease, etiology of (review), 302
Transactions of societies—See under title of each society.
TRANSLATIONS.—Dr. O. A. Owens, paracentesis thoracis, 56, 46, 72, 98, 149; Dr. A. H. Jacob, anthrax inoculation, 324; germ origin of tubercle, 301
Traps for fools, 520
TRIM FEVER HOSPITAL.—Uremic convulsions in scarlatina treated by pilocarpine, Dr. F. J. O'Reilly, 536
Tubercle, germ origin of, 302
Tumours, surgical treatment of intra-peritoneal, Mr. Spencer Wells, 185

Turkey, sanitary condition, Mr. R. B. Smith, 307
Typhus, 428
Typhoid fever, 555

U

Union drugs, 545
Union hospitals and the royal university, 18, 40, 132
University of Dublin, 19, 39
University of Edinburgh, pass list, 113, 129, 332
Universities, St. Andrew's, Glasgow, Durham, Aberdeen, &c.—see under each title
University of Dublin, 19, 39
Unpleasant patient, an, 412
Urethral fistula, 100
Urinary fistula, 493
Urine of cardiac dropsy, Dr. Fothergill, 117
Urticaria, corrosive sublimate in, 73
Uterine therapeutics, 73, 79
Uterus, excision of the, 557
Uterus, liniment in prolapsus of the, 408
Uterus polyp of, 428; prolapsus, 540

V

Vaccines—see last page of each No.
Vacancy on senate of royal Irish university, 417

Vaccination, 54, 375
Vaccination, Mr. Berry, 332
Vaccination questions, the, 237
Vaccination shield, 332
Vaccine, origin of, 37, 139
Vaginal hernia, 493
Value of recent investigations in the treatment of disease, Dr. Charteris, 379
Ventnor, health of, 81
Very special pleading, 347
Veterinary surgeons' act, 307
Veterinary surgeons' bill, 53
Victoria cross, the, 14
Victoria hospital, Netley, extensive ulceration of the thigh, Dr. Young, 364
Vienna tragedy, the, 523
Visceral rheumatism, 47
Visitors, foreign medical, 113
Vital statistics of the country, 424
Vivisection, 33, 447
Vivisection and anti-vivisection, 553
Volunteer review at Edinburgh, 176
Vulva, cystic tumour of the, 385

W

Wallace, Dr., fourteen months in Canada, 139
War office gazette, 104
Ward, Dr. F. M., death of, 60
Warning to coroners, a, 238
Warning to doctors, a, 349
Warrant, naval medical, 11
Water company, defaulting, 230
Water for the troops, 202
Water, injection of cold, 385
Webbed fingers, new and reliable operation for, Mr. Norton, 439
Wells, Mr. Spencer, surgical treatment of intra-peritoneal tumours, 185

Welcomes, 102
WESTMINSTER LOCK HOSPITAL.—Case of gangrene, Dr. R. Macnamara, 518
Wheeler, Mr. W. L., nerve-stretching in tetanus, 584
Who is Dr. Beard? 157
Whooping-cough, 501
Widows and orphans of medical men, society for the relief of, 43
Windsor review, the, 33
Wimbledon mystery, the, 546
Women candidates at the university of London, 134
Women doctors in France, 481
Women, school of medicine for, 159
Wool-sorters' disease, 200, 279
Workhouses, stimulants in, Dr. N. Kerr, 296

Y

Year, books of the, 558
Year's losses, the, 560

Z

Zealand, New, lunatic asylums in, 46
Ziemssen's cyclopaedia (review), 202
Zoedone, profits of, 308
Zymotic diseases, two theories (review), 14
Zymotic disease, theory in relation to, 216
Zymotic poisoning, Dr. Dougall,

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CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.	A Course of Lectures on the Laws of Inheritance in Relation to Disease. Delivered at the Royal College of Surgeons of England. By Jonathan Hutchinson, F.R.C.S., Senior Surgeon to the London Hospital	1	14
	Clinical Lecture on the Differential Diagnosis between Certain Hysterical Conditions and Myelitis. Delivered at the National Hospital for the Paralyzed and Epileptic. By Thomas Buzzard, M.D., Biliary Calculi in India. By D. H. Cullimore, M.K.Q.C.P., F.R.C.S., Physician North-West London Hospital; Surgeon Indian Army, Retired	4	14
	CLINICAL RECORDS.		
	St. Bartholomew's Hospital—Four Cases of Carcinoma Uteri. Under the care of Dr. Godson. Reported by Mr. Sidney Davies, B.A., Clinical Clerk	6	14
	TRANSACTIONS OF SOCIETIES.		
	OBSTETRICAL SOCIETY OF LONDON— Placenta Prævia complicated by a Large Myoma	7	14
	Case of Myxodema	7	14
	Lithopædion	8	14
	THE MINERAL WATERS OF EUROPE—The Medical Press Analytical Reports on the Principal Bottled Waters. By C. C. R. Tichborne, LL.D., F.C.S., F.I.C., with Notes on their Therapeutical Uses. By Prosser James, M.D., M.R.C.P. Lond., &c.		
	LEADING ARTICLES.		
THE PRESIDENCY OF THE ROYAL COLLEGE OF SURGEONS	9	14	
"THOUGHT-READING"	10	14	
DUBLIN SANITARY IMPROVEMENTS	11	14	
NOTES ON CURRENT TOPICS.			
The Naval Medical Warrant	11	14	
Private Provident Dispensaries	12	14	
A Convalescent Home for Scarlet Fever ..	12	14	
Neglect of Death Registration in the South Dublin Fever Hospital	12	14	
The Coming Meeting of the Social Science Congress	13	14	
The Royal Medical Benevolent College ...	13	14	
The Metropolitan Hospital Sunday Fund	13	14	
Foreign Visitors to the International Medical Congress	13	14	
Impertinent Questions	14	14	
State Honours to the Profession	14	14	
The Victoria Cross	14	14	
Changes in the Population of Ireland	14	14	
Legalised Vivisection	14	14	
A New Fæster	15	14	
A Rolleston Memorial	15	14	
The College Election	15	14	
Death of Dr. Peatson, of Manchester	15	14	
Myopia in Schools	15	14	
Superannuation	15	14	
Salivary Globules	16	14	
Patients in Irish Workhouses	16	14	
SCOTLAND.			
Public Medical Appointments—Combe Lectures—Mortality of Edinburgh—Glasgow Branch of the British Medical Association—Kilmarnock Fever Hosp.	16	14	
LITERATURE.			
Tenth Annual Report of the Sanitary Commissioner with the Government of India ..	17	14	
CORRESPONDENCE.			
The Presidency of the Royal College of Surgeons of England	19	14	
OBITUARY			
NOTICES TO CORRESPONDENTS			

WITH TITLE-PAGE AND INDEX

Original Communications.

A COURSE OF LECTURES

ON

THE LAWS OF INHERITANCE IN RELATION TO DISEASE.

Delivered at the Royal College of Surgeons of England,
June, 1881.

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LECTURE III.

THE accidents occurring to the fetus in utero, result in peculiarities the transmission of which is an exceptional matter; but every peculiarity, other than those so produced, is distinctly heritable, whatever may be the nature of it. In the case of certain features single members of a family may be affected by them to the exclusion of other members of the same family, or there may be at some time a blazing up of the feature, whereby many persons may be influenced from a common ancestor. It holds, however, that the more commonly observed deformities are more frequently inherited than those of an unusual kind, and in instances of single family prevalence we are entitled to entertain the supposition that a chance union between relatives more or less distant, together with the influence of prepotency, can explain the phenomena described.

The theory of physiological units enunciated by Herbert Spencer, and amplified into the doctrine of pangensis, offers a solution of the remarkable latency of characters already referred to, by which a feature once prevalent may remain undeveloped through several generations, and by-and-by exhibit itself in an undoubted fashion. This also helps us to understand the infrequent inheritance of deficiencies, the units of reproduction of lost parts being naturally suppressed or lost. Agassiz and Darwin's ex-

planation of the effect produced on successive births by the influence conveyed to the mother during a single intercourse, makes no endeavour to throw light on the special causes of inherited diseases, but it contains, nevertheless, the suggestion that malformations occurring in after generations may very well be associated with other and congenital defects. In the existing stage of our knowledge on this point it must suffice to insist, however, that any feature is transmissible.

The question now arises whether peculiarities acquired after birth are transmissible to the descendants of the affected individual; but it is essential in this connection to distinguish between structural and functional changes. That functional endowments are heritable is amply shown; as, for instance, in pointers; and, on the other hand, we have as conclusive proof that changes of form produced subsequently to birth are not inherited, else how can we explain the continued reproduction of the lamb's tail and the Jew's prepuce? In relation to this the experiments of Brown-Sequard on the artificial production of epilepsy have been cited in opposition to the law of non-inheritance; but here we must decide that it is not the lesions that are transmitted but the nervous (functional) mobility which results in them. Neither has the author of these experiments himself attempted to add the weight of his authority to the oft-quoted but unreliable facts tending to demonstrate the reproduction of postnatal structural changes in descent.

The tendency to breed true becomes evident wherever malformations or diseases are once firmly established. Hence we meet with the frequent one-family prevalence of a particular affection, e.g., coloboma; epileptic guinea-pigs, deaf-mutes, and ichthyotic individuals, all afford illustrations of the tendency to breed true when once a feature is firmly established.

Dr. Adam's "unconditional transmission" has reference to spontaneous intra-uterine diseases, and not to those due to inherited tendency, and many examples can be adduced of peculiarities, such as hæmophilia and deaf-mutism, which attain their maximum at an early age of the individual. Tendency to tissue disorganisation rather than to defect of structure is set up, and subject to the law of

modification in the direction of the consequences produced. Step by step in our inquiries we steadily advance from a consideration of the physiological activity of the organs and tissues, on to that of heredity and the transmission of disease, the gradations being in a natural way from the simple to the complex.

Ichthyosis is a disease affecting the skin, which at one time attained much more serious and repulsive proportions than is likely ever to happen again, by reason of the primitive sanitary precautions adopted by those who inherited the complaint. Several examples of exaggerated *ichthyosis* are recorded, these persons having formerly "served as" objects of popular exhibition under the name of porcupine men. There are several well-authenticated accounts of inheritance of the disease; and four members of the well known Lambert's family inherited it, which, however, showed itself on the male side only. Notwithstanding, there cannot be said to be any law of limitation as to sex, relating to it; but the disturbance on the skin set up in *ichthyosis* is markedly associated with retinitis pigmentosa, and with deaf-mutism. The disease includes many varieties of skin affection, such as dryness, roughness, &c., occurring in infancy and persisting throughout the life of the individual. It varies somewhat in different cases from pityriasis to papillary overgrowth, and may be diffused over nearly the whole body; it is certainly all but invariably congenital. In mild cases it may make its appearance as late as the second year of life; but even in such instances there is a congenital appearance of the skin to indicate the inheritance of the tendency. Of *ichthyosis* it may be said (1) That it frequently occurs in several successive generations; (2) That it may be exaggerated in particular members of a family; and that (3) It may show a partiality for one sex rather than another. In one example of the disease transmitted to a third generation, the grandfather who was the subject of *ichthyosis*, had three sons and three daughters. The second daughter had two sons, the eldest daughter one son, all being affected with the disease, transmitted thus from the grandparent through one generation to the succeeding one. Many similar histories have been collected, and in most examples it has been found that exposed surfaces like the palms of the hands, tips of elbows, and soles of the feet are left free from the disease, but it may be developed on all the cutaneous surface: A girl, aged 13, one of five children, presented this appearance who as an infant had suffered extremely, and whose father had six brothers and sisters, he alone suffering, of them all, from skin disease (a form of psoriasis). His father and grandfather, however, had been similarly affected, and the example offered by this family history of *ichthyosis* being inherited from a progenitor whose only skin affection was psoriasis is a very good one, and affords an admirable illustration of the effects following from the activity of the law of prepotency in certain cases. The influence of sex limitation would seem to be suggested by the transmission from father to son, and mother to daughter, where this takes place; and the single family prevalence so frequently recognisable might indicate confinement of the power to a single parent. Always, however, the transmission of a strong tendency is followed by early development of the characters of the disease; and it is reasonable to assume that later manifestations of psoriasis afford indications that the affected individual inherits a tendency to disease, which, at an early period of life, might have become *ichthyosis*. Intervening forms undoubtedly connect the two diseases, in spite of their apparently distinct characters. *Ichthyosis* may be a diffuse dermatitis, occurring during intra-uterine life, its intensity depending on early commencement. Some years ago, a case was exhibited by Mr. Waren Tay, in which there was a congenital affection of the palms and soles of the patient, in character resembling psoriasis; and as an instance of the remarkable diminution of potency due to transmission, can be cited the history of a family suffering from scleroderma. In the first generation observed five members were afflicted, and two free from disease. In

the second generation, one, and in the third, three were subject to scleroderma. In the fourth generation, consisting of four families, only a single member out of each exhibited the symptoms of the affection.

Hæmophilia.—On this subject Dr. Wickham Legge has summed up in an exhaustive volume all the information we possess. It does not correspond to the hæmorrhagic diathesis, and must be confined to cases in which inherited transmission is provable, and in which there is a tendency to bleeding shown at early periods of life. In the opinion of the lecturer, however, it might be made to include some exceptional cases of late hæmorrhagic diathesis. The facts of inheritance collected in reference to hæmophilia are so convincing that to some observers it would appear that all individuals affected by it can trace, in some way, their source from a common origin; but this theory is negatived in great part by the fact that individuals so affected are distributed with about equal rareness and frequency in all parts of the world. One feature in connection with it is, indeed, very remarkable, and that is, the strong sex limitation evinced. As with colour blindness, it is usually found in severe forms in males only; and there is a great tendency with it to atavistic inheritance. Males, moreover, do not transmit it; and we find that when it is developed, the mother of the child in whom it is present comes from a family amongst which the affection has made its appearance. The reason for this is, possibly, traceable to the early age at which hæmophilic males succumb; and we may, perhaps, too, trace some connection between the disease and *gout*, by reason of the tendency to inflamed joints in the subjects of hæmophilia—a connection shown by many observers to really exist.

Colour Blindness.—This, which is much more frequently found in men than in women, and is very common among Jews, presents many puzzling features to account for. It is remarkably hereditary, and Dr. Wilson, who has given much time to its study, declares that for each case observed at least one other occurs, as is true also of *ichthyosis*. Colour-blindness, however, is not entirely confined to the male sex, although united testimony agrees in ascribing it much more commonly to males than to females. The classes most usually affected are the uneducated, Jews, and Quakers. At birth, possibly, there may be no more than a proneness to the condition in the infant, which, however, becomes intensified into actual defect at a very early age. It is certainly not associated with any structural omission, either in the eye or brain, nor can it be cured when it is definitely developed. There are facts tending to prove that an affected female may transmit the tendency to her offspring, and that succeeding generations are then influenced in direct descent; but such an occurrence is, nevertheless, very uncommon. That the male parent may transmit the disease to sons is generally observed, as also that daughters very commonly escape, the exemption being due in some degree to sexual prepotency, but also to the fact that the colour-sense in the female is both more definitely developed, and more rigorously cultivated than is the case with males. The comparative neglect of the colour-sense among Jews and Quakers, too, will serve to explain the frequency of colour-blindness in those two races during the period of education. In the case of Quakers, too, education has played an important part, and many whose colour-sense has been offended by the subdued colouring of quaker surroundings have, from time to time, removed themselves from the sect, thus intensifying the tendency in the remaining members. As well will this explanation apply to the absence of a musical sense which is associated with colour-blindness very often. Mr. Hutchinson suggested that intermarriage among Jews and Quakers has strengthened the hereditary tendency to this defect. Its non-occurrence among highly cultivated classes is an undoubted fact, and tends to illustrate the high perceptibility of the sense.

CLINICAL LECTURE

ON THE DIFFERENTIAL DIAGNOSIS BETWEEN CERTAIN HYSTERICAL CONDITIONS AND MYELITIS.

Delivered at the National Hospital for the Paralysed and Epileptic.

By THOMAS BUZZARD, M.D., F.R.C.P.

(Concluded from page 560, last vol.)

I LATELY saw, in consultation, in the course of a week, three ladies, each of whom had been thought to be suffering from hysterical paralysis, although, in two of the cases, there had been some difference of opinion on this point, on the part of those who had seen the patient.

The first case was that of a lady, *set.* 42, who had been confined five months, and for two months previous to the birth of her child, had complained of pain about one of her shoulder-blades, which had gone on increasing ever since. For the last six weeks she had gradually lost all power in her legs. More than one consultant had expressed the opinion that she was suffering from hysteria, and she had been treated accordingly, being made to get up daily, with help, and receive a cold douche bath. There was no doubt that she had shown symptoms of hysteria, apart from the pain and loss of power which had been ascribed to this cause. I found her lying in bed on her right side, unable to move her legs, which occasionally were spasmodically contracted. The legs presented no abnormal appearance, being neither flabby, nor at all wasted. Sensibility was not affected to any appreciable extent. When I dorsalflexed the left foot, there was strongly marked foot clonus, and the tendon reflex was generally very excessive. Coming now to examine the spinal column, I found a sudden angular curvature about the sixth dorsal vertebra, which was tender when touched. Pain was described as being dreadful in this neighbourhood, and extending along the ribs from this point. The bladder was powerless, and the urine ammoniacal. There was a commencing bed-sore on one buttock. The prone position was ordered, and opium administered. Four days afterwards she had rigors, and her temperature was 102°.

Ten days later I saw her again. She had improved somewhat (doubtless from the recumbent position) as regards the paralytic symptoms, and had acquired some command over the bladder, when she was seized again with rigors, fever, and delirium, and died a few days afterwards, apparently from pyæmia. The case was one of slow compression of the cord from disease of the vertebra, which was probably due to malignant growth. I can quite understand that earlier in the case there would be great difficulty in diagnosis, owing to the presence of strong hysterical symptoms, and the absence of any but the subjective symptom of organic disease, furnished by the patient's complaint of pain. But when I saw the patient, the signs presented left no doubt whatever. The ammoniacal urine and bed-sore (accompanying paraplegia) afforded positive evidence of organic disease affecting the spinal cord.

The second patient was a young lady, of about 25 years of age, who three months previously had been attacked with feverishness, aching in the legs, and pain in the back. The next morning she was weak on her legs, and complained of malaise. On the following day she was paralysed in both legs. There had been nothing wrong with the bladder, no loss of sensibility, and no cramps.

I found the patellar tendon reflex absent in each limb, and the muscles of both thighs thin and flabby. On percussing the vastus internus of either limb, there was no contraction. On the right side the tibialis anticus and peroneus longus muscles reacted to percussion, but not in the left leg.

Powerfully supported on either side, she could maintain the upright position, and walk after a fashion, there being some power of lifting the knees by the iliac-psoas muscle. The feet, however, were both dropped. The cutaneous reflex, from the soles, was good on each side.

Now it happened that this lady was under the care of a gentleman who is thoroughly well versed in neurological medicine, and in the scientific application of electrical currents. Anything, therefore, that I learned from him as to the electrical reactions could be depended upon. I heard that when he had last applied electrical tests (some

weeks, I think, before I saw the patient), reaction of degeneration had been typically marked in the muscles of the legs, which would only show the slightest possible action to the strongest induced current. The "reaction of degeneration," and the varying degrees of response to mechanical and electrical stimulation, showed conclusively that the case was not one of hysteria. There can be no doubt that the case is one of anterior polio-myelitis; there will probably be recovery to some, but not to a perfect extent.

The third case was one of an extremely interesting and important character for the opportunity of examining which I have to thank my friend, Dr. Playfair. The lady was 25 years of age, and I saw her last October.

Her history, as I learned it at the time, was briefly this:—There had been more or less uterine trouble (chronic endometritis) for four or five years. Three and a-half years ago, after the death of her husband, she had suffered from pelvic cellulitis, and the formation of an abscess, which discharged through the bladder and vagina.

Two years and a half ago she gradually lost the use of her legs; the paralysis being, in a few months, complete. It was preceded by cramps, and some loss of sensation. Nine months ago she began to get a similar loss of power in the left arm. The least attempt to raise her, I was informed, caused faintness and sickness, and bending the thigh upon the trunk occasioned great pain.

I found the patient in bed, lying on her back, and unable, according to her account, to move her legs at all. She was asked to try, but failed to produce any movement. The feet were dropped. The legs were very thin, presenting an appearance of general leanness, rather than of a specific muscular atrophy. There had never been any tendency to bed-sores. There was no spinal curvature or marked tenderness, but the patient said she had had pain referred to the lower half of the dorsal region of the spine. A catheter had been employed to empty the bladder for two years. The urine had always been acid. The use of the catheter had, it should be said, arisen in connection with the local bladder troubles from the abscess.

I found the patellar tendon reflex present, though not strongly marked, in each limb. The reflex from the soles of the feet was absent, and tickling was not felt. The legs were not contracted, but the joints were rather stiff. After wetting the limbs thoroughly with warm water, I applied strong induced currents to the muscles of the thighs and legs. She said that she did not feel them. There was a certain amount of contraction, but not a free response. There was evidently a good deal of resistance to the current in the skin, which was covered by a thick layer of epithelium, was rubbed up, and this in flakes, when the skin was sponged vigorously with warm water.

A strong constant current, slowly interrupted, was now applied to the muscles, and this she felt very much. A return was then made to faradism, and the currents were now felt acutely, and the muscles responded much more actively than they had done. Moreover, now, when very strong and painful currents were employed to the legs and feet, she used the muscles of her thighs freely, in what was evidently a quasi-voluntary effort to escape the pain of the application.

As regards the left arm, this lay motionless by her side, the forearm crossing her chest. The limb was neither rigid, nor peculiarly lax. It was like the limb of a person who neither aids nor resists movement. When I engaged her attention by examining her gums and throat, and, meantime, held up this limb, the arm did not drop, but subsided slowly and gradually to the bed when I let go of it.

A strong opinion was expressed that the condition was hysterical, chiefly on the following grounds. The gradual loss of power, with loss of sensation if it were organic, must have been due to more or less diffuse myelitis, involving grey as well as white matter. The situation of this must have been either in the lumbar portion of the cord, whence the nerves proceed to the lower extremities, or at some point above this. Had it been in the former, the patellar tendon reflex would have been absent, and the muscles would have lost their faradaic excitability. If it had been above there would necessarily have been by this time descending degenerative changes in the lateral columns, which would have shown themselves by more or less rigidity and exaggerated reflex. Had myelitis been so extensive as to involve the whole of the lower half of the cord in softening, there must have been bed sores and difficulties with the

rectum. The result of the case has justified the opinion which was arrived at by those who consulted upon it. Under careful feeding, moral treatment, and faradisation of the skin with the wire brush, the patient speedily regained the use of the arm, was shortly afterwards able to walk to a certain extent, and is now, as I learn, quite recovered.

In this case, as I have seen in many belonging to the class of hysteria, the epidermis, which had arrived at extraordinary thickness, apparently from disuse of the limbs, offered great resistance to the passage of electric currents. In these circumstances a more than usual amount of care in thorough soaking and rubbing of the skin, as well as in selecting the motor point, is necessary in order to avoid fallacies. (a) This woman's legs were very thin. There is, I think, a very common notion that the existence of wasting negatives hysteria. But a disused limb is of course liable to emaciate. The only way to distinguish with certainty between this wasting and that which arises from change in the trophic centre in the spinal cord, or from disease of a nerve-trunk, is by observing the condition of faradaic excitability, and seeking for any qualitative changes on interruption of the voltaic current. I have reason to think that not a few cases of anterior acute polio-myelitis occurring in young females pass as examples of hysterical-paraplegia, owing to omission to test carefully the state of the muscles by electric currents. Such cases may sometimes recover in the course of several months, and then the result is supposed to prove the truth of the diagnosis.

Absence of reflex from the sole of the foot is a very constant symptom in hysterical paraplegia. Where this co-exists with normal electrical contractility of the muscles of the lower extremities and normal tendon-reflex the case may be looked upon with suspicion, although this is not of itself sufficient to exclude organic disease. A persistency in the application of a stimulus to the sole will, in hysterical cases frequently, but not always, succeed in a few minutes in provoking a response.

Preservation of the roundness and firmness of a limb is often thought to be incompatible with paralysis. This is a dangerous error. In the case of Pott's disease, which I have referred to (the patient died a few weeks afterwards), the lower extremities were rounded, well nourished, and firm to the touch. In cases of localised myelitis of the dorsal region of the cord, followed by descending sclerosis of the lateral columns, there is frequently unusual firmness and tonicity of the lower extremities, which may appear indeed, to be models of muscular development. This is, important to remember, as hysterical imitations of lateral sclerosis are not uncommon. The most frequent, however, and at the same time the most difficult of distinction, is a condition closely resembling disseminated cerebro-spinal sclerosis. This must be reserved for future consideration.

BILIARY CALCULI IN INDIA.

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THE late illness of the Governor-General of India, and the news recently received in this country of the death of Mr. Adam, the Governor of Madras, after a few months residence in that presidency, are facts, the significance of which are of considerable importance, not only to statesmen of mature age and ripe experience at home, but also to the people of India, and our other tropical dependencies. The welfare of the latter is so obviously

(a) As the motor point frequently varies as regards its position from that indicated in works on electro-therapeutics, I am in the habit of testing in the following manner: The limb having been very thoroughly wetted and rubbed with hot water, and the induction machine arranged to give a somewhat stronger current than is necessary in health, one rheophore is applied to an indifferent part of the body (as e.g., the sacral region), and the other is moved about the skin of the limb at the part where the motor point is expected to be found. It will soon be perceived, by comparison, at what point of application the most energetic contraction is excited. The skin is then marked at this spot with a wetted aniline pencil, and the operation is repeated on the opposite limb as well as the other muscles. The motor points having thus been ascertained, it is easy, by graduating the machine, to discover the weakest current which will cause contraction and compare it with that required in health.

bound up with, and depending on the choice of, the former, that whatever tends to form their decision, in accepting high appointments abroad, becomes a subject of surpassing, nay, of national importance. Hence an inquiry concerning the influence of climate in causing the disease, which in one instance terminated fatally, and in another was of a very alarming character, is at present not only not out of place, but very desirable. In any remarks I may offer I wish it to be clearly understood that they are made in the abstract, and deduced from the general history of the diseases in question, without any special reference to the individual cases just alluded to. And indeed, as regards the death of Mr. Adam, any such reference is impossible, for beyond the fact mentioned in the Indian lay newspapers, which are full of the subject, that he died from biliary calculi, and that his medical advisers, stated that it was a "melancholy satisfaction" to know that his death was in no way hastened by the effect of climate, I have no information. Yet even here it is possible from an investigation into the etiology, cause, and prognosis of cholelithiasis to do much towards placing on a settled basis the effect of climate in the production, and more as regards the termination of this disease. And this is the task to which the weight, I might almost say the entirety, of this paper is devoted; for the case of the Marquis de Ripon may be dismissed as one of fever from the combined influence of heat, over-fatigue and malaria acting, perhaps, more intensely and with greater facility on a constitution as yet unacclimatised, but to which all who in India allow devotion to duty to outrun their discretion are liable. The moral is that, like a general in action, very high officials should be cautious in exposing themselves to unnecessary personal danger.

Now, with reference to the influence of climate on the production of biliary calculi, the balance of practical experience will lead us, I think, to the conclusion that a tropical climate does not conduce or predispose to this disease, and that it rarely, if ever, acts as an exciting cause. As practical experience, however, is limited or uncertain, we are reduced to argumentative reasoning, and following this method it is difficult to escape the conviction that in hot climates Europeans are more subject to the development of cholelithiasis than in temperate ones, while as regards termination of this disease there can be no question that they are subjected to infinitely greater risks. Thus, it is not desirable that a person suffering from biliary calculi, say in this country, should go to India in hopes of cure or relief, and most certainly should he avoid such a course if his constitution is impaired, or if he be well up in years.

In looking into the literature of this subject, I find that as regards any connection between the occurrence of gall stones and climate, there is no allusion either in pages of Charcot, Frerichs, or Aitken. I am not sure whether Murchison refers to the subject or not, but my impression, if my memory be correct is, that he does not. Von Schuppell in *Ziemssen's Cyclopaedia* states, that the disease is of most frequent occurrence in Hanover, Hungary, Swabia, and England, while in Vienna one-tenth of all the bodies examined contain calculi. It is said to be rare in Finland and Holland, and on this latter account cannot be connected with malaria. As regards the frequency of calculi in hot climates, the general supposition appears to be, that it is rare in the tropics because, and because only, of the supposed prevention of its development by the abundant secretion of bile, a fact that cannot be gainsaid in case of new arrivals, but in favour of which there is very little reliable evidence either as regards the native or acclimatised European foreigner. Even here the opinions of competent observers are decided.

Thus while Annesley and Twining mention its occurrence in India, and Saint Vel believes that cholelithiasis is as common in very hot climates, as in temperate climates, and equally so in the black and the white races, we find on the other side that Hirsch in Germany considers it rare in the tropics, and Morehead in Bombay only saw four cases

in forty years. Such is the sum of direct experience as regards the influence of climate in the etiology of gall stones, and while it leans a little towards a not unfavourable view of the effect of hot climates, yet speaks with such an uncertain sound as obviously to be of little use in helping us to a solution of the subject in hand. To such an extent is this so, that it is necessary to try and effect it in a philosophical manner.

In the first instance, let us ask ourselves what are the conditions essential to the formation of gall stones? The first is some departure from the normal constitution of the bile, and the second is a retardation of the rapidity of its flow. Either of these, if excessive, will be effectual; but the former is the more to be dreaded, not only because it tends to produce the latter, but is also a condition whose removal is more difficult; and as regards hot climates, particularly in cases of beef-eating, beer-drinking, sedentary Europeans, must obviously be of more frequent occurrence than in temperate regions.

That the evils likely to accrue from an altered state of the bile may be prevented, or rather retarded, by the increased rapidity of its flow, is highly probable; but nevertheless, whenever the former condition predominates, the compensatory influence of the latter (supposing it to take place), like compensation elsewhere, can only be temporary. Hence, we might conclude without further proof, at all events, unless, as regards the young and the active, that cholelithiasis is more likely to be brought about in hot than temperate climates. But if we pause to investigate the causes, predisposing and active that tend to bring about the essential conditions I have this moment referred to, we cannot fail to be convinced that this disease, like most other hepatic affections, is called into being more frequently in the tropics than in Europe. Its course is also more beset with shoals and quicksands, and there can be little doubt that its safe arrival in port is attended with risks in the tropics that, in point of magnitude, are as the monsoons of the Eastern seas to the trade winds of temperate latitudes. The progress of biliary calculi in temperate climates is always favourable, and it would be no matter of surprise to know that it is not equally so India.

The causes that predispose to the formation of gall stones are:—1st. Old age, on account of the greater quantity of cholesterol in the blood. 2nd. Protracted ill-health, when the bile, becoming stagnant, assumes an acid reaction, and is therefore less efficient in keeping the cholesterol, &c., in solution. The acidity of the bile, which is always increased by a meat diet, and never occurs under an exclusively vegetable diet, is an active agent in the decomposition of the chlorate of soda, the principal solvent of the matters—cholesterin, cholepyrrhin, &c., which go to make up the structure of calculi. 3rd. Good social position from sedentary habits and luxurious dietary. 4th. Heredity. 5th. Atheromatous degeneration of the arteries. 6th. Diet. Meat diet in excess undoubtedly conduces to gall stones, but as to the influence of caloreficient food or alcohol, there is no reliable evidence. While on this point I may mention the injurious effect of a long continued interval between meals, which by resting the gall bladder, stops the flow of bile, and favours deposits. 7th. Sedentary habits which accounts for its greater frequency (three to two) in the female than the male sex. Under this head is included confinement to bed on account of illness, fractures, and surgical operations. 8th. Bad hygienic conditions, as shown from the fact mentioned by Glisson, that cows which suffered from biliary calculi in winter, when fed in houses, got rid of them in summer, when put out to pasture. 9th. Anatomical changes in the liver and gall ducts, together with tumours, inflammation, cancer, &c., which, encroaching on the lumen of the ducts, help to cause the retention of bile. 10th, and last, and more frequently than all others, catarrh of the bladder and biliary passages.

Of the causes here enumerated, some are, no doubt, in operation as frequently in temperate as in tropical climates, while others, on the contrary, particularly as regards Euro-

peans (and it should be borne in mind that their number in the East is fractional in comparison with the classes at home who suffer most from this affection), occur much oftener in the tropics, owing not only to the nature of the climate, but also to the difficulty or want of energy in taking regular exercise. Amongst this class women, and middle aged-men who lead a sedentary life, associated with epicurean proclivities, including an excessive meat diet (and good vegetables are difficult to obtain), stand prominently forward.

But a still more frequent cause, and one which is out of all comparison, more frequent in the tropics, is catarrh of the bladder and biliary passages, following, and due to, as Murchison tells us, in many cases to congestion of the liver, a disease so intimately connected with hot climates, either on account of the high temperature *per se*, or in combination with irritating injesta, as meat and beer has to stand without any explanation, almost in the relation of cause and effect. As catarrh of the bile ducts is not however, always depending on, or associated with, congestion of the liver, the frequency of the latter as a cause in this connection becomes important. Whenever, says Dr. Murchison, there is jaundice as well as light coloured-stools, there is catarrh of the ducts as well as congestion. Though in the earliest stage of congestion there may sometimes be an increase in the flow of bile of a dark acid character, very soon the secretion is stopped, and there is constipation, light coloured stools, and more or less jaundice, or at all events bilious discoloration of the skin and conjunctivæ. This is, I think, the rule, so that in cases when there is not constipation from the beginning, the onset of the latter, with the other symptoms due to retention of bile may be considered coincident in point of time with the inception of catarrh of the bladder and ducts. The causative effect of congestion being thus made clear, a careful examination into the mode of formation of calculi, will demonstrate to a certainty, the frequency of their catarrhal origin.

Now, lime which enters so largely into the composition of the nucleus of gall stones, is not a constituent of bile, but of mucus of the gall bladder, and the process of stone formation is somewhat as follows: 1st. There is swelling of the mucous membrane, and as inflamed organs are no longer efficient there results a paralysed state of the bladder and ducts, which causes not only a retardation of the flow of bile, but, as was explained before, by interfering with the functions of the bladder allows the retained bile to become acid, which acidity is promoted by an excessive secretion of mucus. In this way is established a state of affairs eminently calculated to facilitate the formation of stones by chemical change, viz, the decomposition of the solvent cholate of soda, which is at once followed by a deposit of the matters held in solution, a nucleus of aggreion being found in the mucus and lime already referred to. 2nd. Foreign bodies, shreds of detached mucus, &c., may act as centres, the process being completed in the manner just described. Thus, we see, how clearly congestive condition explain the formation of calculi, and as the connection of the former with tropical climates has already been demonstrated, there can no longer any doubt that not only do not tropical climates afford any protection from gall stones, but on the contrary the chances of their development are greater there than at home.

So much as regards the influence of hot climates in relation to the causation of biliary calculi. In conclusion, I shall now say a very few words as regards the same influence on the termination of this affection. A very few words will suffice, for at this period the risk is so much greater, that a plain statement will make it self evident to all.

This affection is, under all circumstances, and in all countries, of an eminently chronic character. It is slow, equally, in its dormant state, as during its more active and varied manifestations. The usual result is recovery, either by expulsion of the calculi, or their solution in the bladder. They sometimes crumble away, and break up into *débris* from a supposed destructive action of certain bacteria. They are most frequently expelled whole, even under the influence of so-called solvent remedies, as

turpentine, ether, &c., whose action is probably more antispasmodic than chemical. Recovery is generally perfect, all stones being expelled, and when relapses recur, we cannot be sure if all the original stones were got rid of. Now and again, however, we find ulceration, inflammatory obliteration of ducts, and other complications that lead to permanent jaundice and wasting, followed by death, after periods ranging from six months to two years.

"Death during the paroxysm" says the author, in Ziemssen's "Cyclopædia," is rare; "indeed, it more frequently causes a fatal issue from the stones giving rise to perforation or rupture of the bladder, or ducts, to diffuse cholecystitis, with hectic or pyæmic fever, to purulent hepatitis, to pylo-phlebitis, or, by impaction from ilius, or perforation of the intestine. The patient is subject to manifold dangers, and even after a period of quiescence the disease may recur. The prognosis should be guarded but hopeful, for many protracted and grave cases terminate in recovery under the influence of well-regulated therapeutic measures."

Such are some of the tendencies to a fatal issue that have to be guarded against in this disease, and that their nature is, in almost every instance, of a form calculated to be influenced more deleteriously in the tropics, than in Europe few will dispute. Purulent hepatitis, diffuse inflammation, pyæmia, &c., are all more necessarily fatal in hot countries, where death is often the result of an unequal struggle between the waning powers of an exhausted constitution and the encroachments more or less rapid of low forms of diffuse abdominal disease.

On this account, however, it is not contended that people in good health should not go to India. I advocate no proceeding so quixotic, but simply maintain that those well up in years, when showing a tendency to biliary calculi should remain at home. And there is a greater reason to follow this course if they are new to hot countries, for then it is impossible to foretell how the climate will influence them; but this much is certain, that in addition to the diseases of temperate climates, they will meet with others specially connected with the tropics. If this quotation from Dr. Hunter's book, "Health in India,"

"Better fifty years in Europe
Than a cycle of Bombay,"

be a correct estimate of the relative value of life for the young and vigorous, the nature of the risks to those predisposed to the disease under consideration, when no longer young, will be more easily estimated.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Four Cases of Carcinoma Uteri, occurring in the Out-patient Department.

Under the care of DR. GODSON.

Reported by MR. SIDNEY DAVIES, B.A., Clinical Clerk.

I.—SOPHIA N., æt. 37, had been married twenty-one years, and had borne eleven children. She had had no miscarriages. She had never been to the department before, having had no previous obstetric complaint. Her last child was born a year and nine months previously. She had been losing blood for eight weeks, and had bled profusely the day before she came to the hospital. Since her last confinement she had never ceased to lose blood for more than a week at a time. When not losing blood she had a fetid watery discharge.

The patient came complaining of pains in the lower part of her back, which she had suffered more or less continuously since her last confinement. She stated that latterly she had lost flesh. She had a cachectic appearance.

On making a vaginal examination, Dr. Godson found the cervix destroyed, leaving an opening leading to an ulcerated

cavity. She was ordered haustus ferri et ammon. cit. (S. B. H. Pharmacopœia) ter die; and to relieve the pain—

R. Chloral hydrat. gr. x.;
Liq. morphia, ℥x;
Aq. menth. pip., ʒj. Omni nocti sum.

II.—The second case was that of Mary H., æt. 62, who had been married thirty-six years, had borne two children, and had two miscarriages. The last child was born thirty years before, and the last miscarriage happened a year before that. She was employed as a monthly nurse. Her menopause occurred at the age of forty.

The history of her illness was as follows:—Two years ago she began to lose blood, and since then has never been more than a week free from blood-loss. About two months ago she lost a great deal—almost (she said) like a miscarriage.

The patient came complaining of dreadful pain in the lower part of her back, continuing during the last two months. There had been no loss of blood during that time, but in its place a discharge which she likened to "green waters," and inodorous. The pain was worse in bed, and she slept but little. She had lately lost much flesh. Her left leg had been swollen during the last two months. Bowels not constipated; urine scanty, scalding when passed.

Dr. Godson made a vaginal examination, and found the vaginal wall ulcerated, and the cervix destroyed, and replaced by granulations, which bled on contact.

On inquiry the patient stated she had always been healthy, and a sister had died at the age of seventy. There was no family history of carcinoma. Like the first case she had a cachectic appearance.

She was ordered—

R. Chloral hydrat., gr. x.;
Haust. pot. bromid. co., ʒj. Omni nocte.

III.—The third case was Elizabeth M., æt. 42. She had been married seventeen years, had borne five children, and had one miscarriage, five months ago (alleged). The last child was born five years ago.

Patient gave the following history:—Six or seven months ago, when a few weeks over her monthly period, she had a flooding which lasted three weeks; clots were expelled from the uterus, but there was no other evidence of a miscarriage. Since then she had lost blood in considerable quantities every fortnight until seven weeks ago, when she had an attack of "inflammation," which had confined her to bed till the day she presented herself at the hospital. There had been no blood-loss since then, but a fetid watery discharge. There had been no pain lately but she could not sleep for restlessness. Bowels sometimes constipated, sometimes relaxed.

Vaginal examination by Dr. Godson: Cervix was found to be destroyed; there was a large opening in the vaginal roof, with indurated edges, leading into the cavity of the womb.

Dr. Godson pointed out the following features in this case:—1. The first symptom was bleeding, no pain being suffered till some time after. 2. There was no hereditary disease. 3. The patient had never had ill-health, or any womb trouble.

She was ordered—

R. Ammon. carb., gr. iij.;
Haust. ferri et ammon. cit. ʒj. Ter die sum.
R. Chloral hydrat., gr. x.;
Pot. bicarb., gr. x.;
Aq. menth. pep., ʒj. O. n.; si opus sit;
and pil. col. c. hyosecy., gr. x. P. i. n.

IV.—Jane S., æt. 35, was the fourth case. She had been married sixteen years, borne seven children, and had one miscarriage four months ago (alleged). The last child was born fourteen months before. She had menstruated a fortnight before. The catamenial flow had been very profuse since the last confinement. She had nursed her child fourteen months.

The patient came complaining of bearing down of the womb, which interfered with walking. She had a constant desire to micturate. There was pain in the lower part of her back. During the previous fortnight she had had a profuse fetid discharge.

On vaginal examination, made by Dr. Godson, the cervix uteri was found to be destroyed, the vaginal wall infiltrated

and very hard, the affected part reaching almost to the meatus urinarius. In the roof of the vagina was a large opening leading into an ulcerated cavity.

Dr. Godson called attention to the facts of there being no family history of carcinoma, and that the first symptom was a great loss of blood, mistaken by the patient for a miscarriage. Pain had only been a leading symptom during the last four weeks.

Patient was ordered—

- B. Liq. morphie, ℥x;
Haust. ferri et ammon. cit., ℥j. Ter die sum.
B. Chloral. hydrat., gr. x;
Liq. morph., ℥x;
Aq. m. p., ℥j. Omni nocti sum.

Remarks.—These four cases, taken at random from the practice of the last few months, though presenting no unusual features, are interesting as illustrating several points on which Dr. Godson is fond of insisting. Thus, in none of them was any family history of carcinoma obtained. They all appeared to have previously enjoyed good health, none having presented themselves in the obstetric department before. The first symptom noticed in all the cases was loss of blood, which, in two cases, was of such a nature as to be mistaken for a miscarriage. In the two cases in which the pain was not severe cachexia was marked, illustrating Dr. Godson's theory that cachexia is anemia plus pain. Lastly, it may be remarked that in all the cases the disease was too far advanced when they presented themselves for any operative interference to be deemed advisable.

N.B.—Haustus ferri et ammon. citratis (S. B. H. Pharmacopœia) contains: Ferri et ammon. cit. gr. viij.; ammon. carb., gr. ij.; spir. chlorof., ℥x.; inf. quassia ad. ℥j.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 1st, 1881.

DR. MATTHEWS DUNCAN, President, in the chair.

DR. GODSON presented a cast of the child's head, showing a depression after delivery by forceps, which he had shown at a previous meeting of the Society.

DR. GALABIN showed microscopic sections from two cases illustrating the history of cancer of the internal surface of the body of the uterus. They showed a transition from cylinder epithelioma to carcinoma. The tissue was removed by curette. In the first case, in which the uterus was movable, and but slightly enlarged, there was proliferation of glands with up-growth of processes from their walls filling up the lumen. In the second case in which the uterus was fixed and nodular, there was in addition infection of the stroma with epithelial masses. He had found this cancer of the body of the uterus relatively not uncommon in virgins, but he had hardly ever met with the ordinary cancer of the cervix, where there was proof of virginity.

DR. WILTSHIRE related a case in which, after thorough removal of the malignant growth, and the use of perchloride of iron, the patient, a lady 60 years of age, lived three years all but one month, when cancer of the body of the uterus was diagnosed. Removal was desirable when practicable.

DR. CLEVELAND hoped that the time would come when such an exact diagnosis of the disease in its early stage might be established as to warrant recourse to more radical measures than had been carried out by Dr. Wiltshire, namely the entire removal of the uterus.

DR. HEYWOOD SMITH added his testimony to Dr. Galabin's as to the relative frequency of cancer of the body of uterus in virgins, and cited a case of a lady, aged 50. He considered that such cases could be disposed of early enough, the uterus should be removed, leaving the cervix as a stump.

MR. DORAN urged the importance of the fact mentioned by Dr. Galabin that cancer of the cervix was almost peculiar to impregnated women, since it was among such that the numerous forms of erosion were so frequently found. The cure of such a form of erosion as preceded cancer might absolutely avert malignant disease.

THE PRESIDENT considered that total extirpation of the uterus was at present too dangerous an operation. He had known a case of cancer of the cervix in a virgin.

DR. WILTSHIRE showed the uterus, fetus, and placenta from a case of utero-vaginal rupture. The placenta, which was prævia, was found in the vagina, and the head, which was low down, was delivered by the obstetric house surgeon. The patient rapidly sank. The uterus was large and thick, containing many small fibroids.

MR. ALBAN DORAN showed, for Dr. Bantock, a large thick walled, single cyst of the great omentum, removed by operation. The symptoms had resembled those of ovarian cyst. Once the cyst had ruptured and filled again, and several times it had been tapped. At the operation there was great difficulty in separating the cyst from its connections. A fold of muscle separated the cyst from the pelvic organs, which were absolutely normal. The patient was doing well four days after operation.

DR. GODSON showed "Marshall's Patent Sectional Feeding Bottle," which had a movable front, enabling the fingers to be introduced to clean the interior.

DR. HICKINBOTHAM ON

A CASE OF PLACENTA PRÆVIA COMPLICATED BY A LARGE MYOMA.

The patient was a delicate primipara, of small stature, at full term. She had previously aborted. She had been in labour six hours, and had lost much blood. The os was dilated large enough to admit two fingers. The placenta presented completely; no edge could be felt, and through its centre, which seemed to be the thinnest part, a rounded mass was felt, and supposed to be the fetal head. The author decided to break through the centre of the placenta, with the view of turning. Having torn through it, he discovered that the round mass was a large tumour, upon which the placenta was attached. The delivery of the placenta was therefore completed, after which the hæmorrhage greatly abated. Version was performed, the after-coming head perforated, and extraction effected with the aid of the crochet. A terrible attack of septicæmia followed, and for a fortnight I almost despaired of the patient's life. The tumour sloughed, and became protruded through the os. On the tenth day a softened and fetid portion was extracted, and the remainder painted with pure carbolic acid. In three months the uterus was freely movable, and its cavity of normal length, but the patient had not again menstruated at the end of eleven months. If the placenta had not been prævia the author would have preferred Cæsarian section.

DR. BARNES said that no general rule could be laid down for labour complicated by fibroid tumours. Sometimes necrosis occurred when the tumour did not obstruct delivery, and the cases might do well. Sometimes the tumour might be pushed out of the way, and delivery effected by craniotomy or turning; or enucleation might be available. In extreme cases Cæsarian section might be necessary, and in such cases it should be considered whether Porro's method of removing uterus and ovaries would not be best.

DR. HICKINBOTHAM said that the size and wide base of the tumour precluded enucleation. He did not agree with Dr. Barnes as to the advisability of removing the uterus, considering that the results of the operation had been very unsatisfactory; but he thought it would be sufficient to remove the ovaries and Fallopian tubes in performing Cæsarian section.

DR. MANSRELL MOULLIN ON

A CASE OF MYXŒDEMA.

The patient was aged 38, mother of four children. At the commencement of her last pregnancy she had been troubled with swelling about the eyes, which continued for a month or two. Shortly after delivery the swelling about the eyes re-appeared, and from this period she dated her present symptoms which were those characteristic of myxœdema, as recently described, the urine being free from albumen.

DR. GERVIS had had three cases of myxœdema referred to him to examine the pelvic organs, but found nothing abnormal. Two had passed the climacteric, but one had not.

DR. WILTSHIRE suggested that the patient should be shown. The affection was, he believed degenerative, and often occurred about the approach of the climacteric.

THE PRESIDENT had two examples of the disease now under his care. One was a married lady under 40, who had borne children, but came to him on account of amenorrhœa. In the other patient, æt. 40, the periods were regular and copious, but the disease was described as beginning with exophthalmus and amenorrhœa for a year.

Dr. BARNES

NOTE ON THE SO-CALLED LITHOPÆDION, BEING A SUPPLEMENT TO THE AUTHOR'S PAPER ON SO-CALLED "MISSED LABOUR."

The author had examined the specimen in the Hunterian Museum from Dr. Chertton's historical case—undoubtedly one of extra-uterine foetation—and it had been minutely examined by Mr. Doran. The abdominal viscera and thoracic organs were quite soft, but impregnated with lime salts. The stem and subcutaneous tissue of the front of the thorax and abdomen were thick and infiltrated with lime salts, so as to feel gritty and friable. The same structures in the posterior part of the body were very thin, and converted into calcareous plates. Another specimen in the Hunterian Museum, without a history, but apparently a foetus of not more than seven months' development, had also been examined by Mr. Doran. It showed a more advanced calcification of the shrunken soft parts. The surface was brittle and not remarkably hard. The lungs were powdery, and effervesced with hydrochloric acid. In a specimen in St. Thomas's Museum the oyst-wall was calcified, and there were calcareous plates in the skin. The viscera and muscles were soft.

The PRESIDENT said that the paper impressed him with the necessity for greater care than he and other authors had used in applying the word lithopædion. The observations confirmed the remarks which he had made on the reading of Dr. Barnes's paper—that there was never a stone-child really, but only petrification of the membranes and adjacent foetal tissues.

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TIGHBORNE, LL.D., F.O.S., F.I.C.,
President of the Pharmaceutical Society of Ireland, Lecturer
on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

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

(Continued from page 555.)

Tarunus.

THIS water is derived from a well-known spring, situated at a short distance from Frankfort-on-the-Maine. As it has been lately analysed by Taylor, we give his analysis, only converting the original figures into grains per gallon for the sake of comparison.

Chloride of sodium	...	...	180.04
Chloride of potassium	...	...	18.90
Carbonate of calcium	...	...	95.90
Carbonate of magnesium	...	...	12.32
Carbonate of sodium	...	...	1.40
Sulphate of calcium	...	...	4.06
Silica	...	...	traces
Alumina	...	...	traces
Phosphate of calcium	...	...	traces
Total solids	...	...	312.62
Carbonic acid (given as compressed)	...	...	202.58
Carbonic acid (in solution)	...	...	121.45

We have ourselves examined this water for nitrogenous organic matter, and find it fairly free therefrom. It will be seen that in it the alkalinity is greatly due to

the carbonates of the alkaline earths, and would be useful where bone constituents are wanting.

The skeleton analysis of 10 ounces ($\frac{1}{2}$ pint), gave

Total Solids.	Antacids.	Salines.	Purgatives.
19 $\frac{1}{2}$ grs.	6 $\frac{1}{2}$ grs.	12 $\frac{1}{2}$ grs.	None.

This water is peculiar, although pure; it is calcareous and non-purgative, and therefore should only be adopted under medical advice as a table-water.

Harzer Water.

We are at a loss to find out much information about the source of this water. It, however, seems to be making ground. It contains—

Bicarbonate of sodium	...	...	10.12
Carbonate of calcium	...	...	17.13
Carbonate of magnesium	...	...	3.62
Chloride of sodium	...	...	49.08
Chloride of potassium	...	...	0.28
Sulphate of sodium	...	...	1.13
Silica	...	...	0.12
Lithia (minute trace)	...	...	0.01
Total solids	...	...	81.49

Free carbonic acid, not determined.

Skeleton analysis of 103 fluid ounces, $\frac{1}{2}$ pint.

Total Solids.	Antacids.	Salines.	Purgatives.
5 1-10th grs.	2 grs.	3 1-10th grs.	.07 grs.

It will be observed that this water is one in which the sodium saline predominates with a well-marked alkalinity, due to bicarbonate of sodium, as evidenced by its action in phenol-ptalein. At the same time it is a comparatively light table water. It is quite pure as regards nitrogenous organic matter. The taste of this water is pleasant; in fact, we may say that it belongs to those waters which possess a special per cent. flavour. It is stated that this water has a large sale on the Continent, and that the consumption was 1,000,000 bottles in 1879, and has probably largely increased. The ingredients in this water are very nicely balanced. It is a strongly effervescing water.

Apollinaris.

Apollinaris water, according to the original analysis, is stated to contain 178 grains of solids per imperial gallon, 88 grains of which are carbonate of sodium. We find that this water is a little stronger than this, giving 258 grains, when thoroughly dried, at 212° F.

It contains—

Bicarbonate of sodium	...	...	106.21
Chloride of sodium	...	...	50.23
Sulphate of sodium	...	...	24.02
Phosphate of sodium	...	...	trace
Sulphate of potash	...	...	1.41
Carbonate of magnesium	...	...	45.00
Carbonate of calcium	...	...	28.80
Ferric oxide	...	...	1.00
Alumina	...	...	0.80
Lithium	...	...	minute trace
Silica	...	...	1.21
Free ammonia	...	...	trace
Nitric acid	...	...	trace

Total solids, dried at 212 ... 258.68

Free carbonic acid not determined.

Skeleton analysis of 10 fluid ounces, $\frac{1}{2}$ a pint.

Solids.	Acids.	Salties.	Purgatives.
16·1-10th grs.	11 $\frac{1}{2}$ grs.	3·1-10th grs.	1 $\frac{1}{2}$ grs.

The proprietors make a great point of contrasting this water with seltzer water, as it possesses similar constituents, but combined in happier proportions by the chemistry of nature. The italics are so in the circular.

The strong points about Apollinaris water are first, its freedom from organic impurities; secondly, its pleasant aerated character, and the fact that if the source of supply is so copious, it will probably be fairly constant in composition.

The original analysis runs (marked old analysis), when calculated to the imperial gallon,

Carbonate of soda	...	...	87·99
Chloride of sodium	...	...	32·62
Sulphate of soda	...	...	21·00
Phosphate of soda	...	...
Salts of potash	...	...
Carbonate of magnesium	...	...	30·94
Carbonate of lime	...	...	4·13
Oxide of iron and alumina	...	...	1·40
Silicic acid	...	...	0·56
Total			178·63 grs.
Free and semi-combined carbonic acid			27·75
Combined carbonic acid			8·7

We have some further remarks to make upon this water in our next.

THE proposition to fill one of the vacant nights of the approaching Congress by a fête at the Botanical Gardens has been favourably considered by the Reception Committee and by the Council of the Botanical Society, who referred the application to a Committee. It will be seen that the Corporation of London will, at a cost of £2,000, entertain the Congress at a *soirée* in the Guildhall.

AN examination of candidates for Commissions in the Medical Department of the Royal Navy will be held at the University of London, on Monday, 15th August, 1881, and the following days. Candidates must attend at 11 o'clock on 11th August, for preliminary examination as to their fitness for the service.

SIR JOHN LUBBOCK finds that ants are sensitive to the ultra-violet rays, and carefully carry away their larvæ from under its influence. *The Journal of Science* is of opinion that insects enjoy a different, and probably wider, range of vision than do vertebrate animals.

AN Examination of Candidates for Commissions in the Medical Department of her Majesty's Army, will be held at the London University, on the 15th August next, and following days, at 10 o'clock a.m.

DR. C. J. NIXON, Physician-in-Ordinary to the Lord Lieutenant of Ireland, received the degrees of LL.B. and LL.D. at the recent "commencements" of the University of Dublin.

ACCORDING to M. Tayon the production of wool in sheep is inversely as the secretion of milk.

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THE

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JULY 6, 1881.

THE PRESIDENCY OF THE ROYAL COLLEGE OF SURGEONS.

OUR contemporary, the *Lancet*, having made the discovery that bluster and swagger combined are very likely to defeat its object with regard to the Presidency of the Royal College of Surgeons now resorts to truckling, and seeks to cajole Mr. Wilson into the belief that it may possibly redound to his credit and increase his reputation if he will only consent to make way on this occasion for the wonderful councillor the *Lancet* wishes to set up. If our contemporary is just now so very oblivious of Mr. Erasmus Wilson's special qualifications for the Presidency of the College, our readers will, we are sure, excuse us making an attempt at enlightenment.

If Mr. Wilson had never been a successful practitioner in, and a great writer on, dermatology, his rank as teacher and an eminent writer on anatomy and surgical anatomy (the author of the "Vade Mecum" and joint editor of "Quain and Wilson's Anatomical Plates") would have fully entitled him to fill the office of President of the Royal College of Surgeons. Besides these qualifications he has written much and well on numerous physiological and other scientific subjects which, as we stated last week, have given him the position of a Fellow of the Royal Society and other learned Societies.

We would ask, Did not Mr. Wilson fill at one time the office of editor, or—as it is called in the absence of a responsible editor—sub-editor of the *Lancet*? What, then, at that time was the opinion of that consistent journal of Mr. Wilson's qualifications; then, when he was the intimate and valued friend of the late Mr. Wakley?

The consistency of the *Lancet*, however, cannot, in one respect, be denied, for it has earned and maintained the reputation of turning upon and abusing every friend and supporter it has ever had when it has obtained all that could be had from their services. Another characteristic of the *Lancet* will, no doubt, be illustrated on this occasion: It is generally recognised and remarked on that the praise of the *Lancet* is damaging, whilst its abuse is always the prelude of success. When the Fellows of the College re-elected Mr. Wilson as a member of the Council they virtually recognised his claim to the office of President in the Council, a claim which will be successful notwithstanding the unjust and ungenerous sneers of his *quondam* friends.

“THOUGHT-READING.”

THE performances of Mr. Bishop, who has introduced an American amusement into this country under the name of “Thought-reading,” are commented on in a recent number of the *New York Medical Record*, which, while admitting Mr. Bishop's claims to be entitled “a very clever young man,” yet fails to quite fully endorse the latter's supposition that he is the fortunate possessor of some occult power. Of course it may, by and bye, turn out that we have in our midst a gentleman endowed in some remarkable manner with a sense to which it is difficult to ascribe a distinguishing name; but, on the other hand, it is by no means less probable that the explanation of Mr. Bishop's skill in divining the direction in which individual secretiveness has been displayed by assuming him to have the faculty of appreciating infinitesimal variations of muscular form in the subject of his experiments will be found correct. On this theory, the term “thought-reading” is an entire misnomer, and the fitter description of the phenomena observed during the *séances*, would be that summed up in the term “muscle-reading.” It is worth while, however, to learn that the idea of this explanation, though of course it spontaneously originated in the minds of all those correspondents who contributed letters on the subject to the daily papers, and particularly to the *Standard*, immediately after Mr. Bishop's first appearance as a “Thought-reader,” is contained in several essays and works published prior to the sensational entertainments of which we have recently heard so much. Our American contemporary assists us in this matter, by recalling that so far back as 1877, there appeared in the *Popular Science Monthly*, a full account of the whole subject, by Dr. G. M. Beard, who not only thoroughly investigated the matter, but gave to it that rational explanation the recreation of which by so many independent authorities is not least among the marvels associated with the new study. The New York paper, naturally enough, remarks on the fact that we in England are but repeating what has already been accomplished on the other side of the

Atlantic: it was, perhaps, unnecessary to add that the act was an unconscious one.

Whatever the explanation of the phenomena characteristic of Mr. Bishop's performances may be; whether, that is, they are to be classed among the natural, physiological consequences of certain definite interactions between mind and body, or are to be forthwith relegated to the chaos of mysterious immaterialities, the number of which in existence at any one time may be taken as a fair indication of the educational standard of that time, one fact in connection with them is important and suggestive. We refer to the eagerness with which a certain section of “Society” has accepted and adopted the idea of Thought-reading; and we cannot help connecting with this the suggestion that its influence is an unhealthy one to bring to bear on minds already weakened by indulgence of tastes and fancies so discordant with vigorous development of the mental faculties as are the æsthetic nonsenses of the day. The miserable effeminacy of the beings representative of “culture” with whom we have unhappily been brought into contact has tended only to the development of utter disgust in our minds for the tawdry pretensions put forward by the sect. Originating mainly in the disordered fancies of a few ill-regulated minds, and acquiring importance only from the avidity with which distortions are at all times seized on and perpetuated by ill-regulated and unoccupied minds, æstheticism, at first the vision of a warped, ungenerous imagination, has grown with every fresh addition to the ranks of its disciples, and gathered into itself the stray abortions of genius that mark the progress of the age as much as the fruition of great works. That alone, indeed, which gives the craze such strength as it possesses is the fact that, of the numbers who are æsthetics, some few—but very few—have minds which, under a healthy *régime*, could have been productive of good and noble achievements; but which, warped and ruined by the ridiculous surroundings of the æsthetic creed, serve only to intensify by their incapable efforts the appearance of degeneracy the whole scheme exhibits. Of the rank and file of the æsthetic army, as of every hysterical school before, the majority are men of feeble intellectual development, and women of that ultra-sympathetic type which, when unoccupied by conventionality, is one of the forms of disease most prone to excite disgust and pity in the mind of the physician. That people such as these should find in “thought-reading” an occupation for themselves and an excitement for their friends is not a matter to call for any unusual surprise. There is much in the idea, and in the execution of it, to prove attractive to the emotionally-diseased. It will add a new topic to the only too limited stock of ideas already in the possession of the school, while the opportunities afforded by it for variations on the strictly limited vocabulary endorsed by æsthetic approval must be an additional reason to weigh in its favour.

We cannot resist a conviction that the state of English society at the present moment is such as to demand an earnest attempt in behalf of its regeneration. The hysterical element has been permitted to exert an influence on its development the effects of which we are experiencing in no inconsiderable degree; and the suppression of all

that aggravates a tendency to the continuance of pernicious excitement should be promptly determined on. In this direction something may be done by divesting of their mysterious surroundings every question the incomprehensibility of which serves to excite the susceptibilities of aesthetes or other hysterical individuals. The task is not, in every case, a simple one, it must be admitted; but in respect to the latest craze of "thought-reading," there should be very little trouble in forthwith reducing it to the level of scientific explanation, in accordance with the demonstrations of it afforded when the effort was first made to erect it into an independent mystery. Mr. Bishop himself is naturally impressed with the belief that his special powers depend on something much more inscrutable than a specially-acute muscular sense; but this assuredly affords no reason why physiologists should accept his supposition, and proceed to work from it rather than from the point of reason and knowledge. We cannot afford now to yield in the slightest degree to the pressure constantly being exerted by æsthetic and other opponents to scientific advance. Whatever may be the meeting ground of science and hysteria, let the battle be fought out forthwith on it; and further let the firmness which would be prominent in clinical treatment of individual cases be no less manifest in dealing with it in the mass. At any rate, we would make an imperative demand for the destruction of illusions, before dealing with the illusioned; the removal of the cause would do much to diminish the area over which it produces effect; and wherever science can do good by this means there is a field for scientific workers. At present æstheticism is among the most promising areas for both individual and collective effort.

DUBLIN SANITARY IMPROVEMENTS.

THE citizens of Dublin have watched with considerable interest and anxiety the inquiry which has just been held by the Local Government Board, into the manner in which the extensive public sewerage works some time past in operation have been carried out; and it is with a feeling of relief that they have learned that, with some trifling exceptions, their construction is satisfactory. Anything else would have been a grave calamity; for there is no greater sanitary evil than defective public sewerage; and the more so because the evil is to a great extent concealed from view, and is principally shown by its deadly yet stealthy effects. It is to be regretted that practical sanitary improvement in this city proceeds with so halting a pace, and notably in regard to the general pavement of the entire city. A loan has been obtained from Government for this most desirable object; but, if we judge by the progress during the present year, the present century will elapse before it is entirely accomplished. One of our greatest wants, however, is a proper system of at least weekly removal of house refuse from all dwellings, rich or poor, throughout the whole city by the sanitary authority. In every other large town in the United Kingdom such refuse is removed, often every day; and is never allowed to accumulate. In Dublin the Public Health Committee does little but discuss this matter; and as a consequence in all the best houses, with a few exceptions, there is a receptacle called

an "ashpit," full of refuse and garbage of the most offensive description, and frequently under the very windows of the dwelling. These ashpits are, in fact, open cesspools of solid sewage; and if permitted to exist in London would bring the death rate of that teeming hive of humanity in close approximation with that of our own metropolis. In well-ordered Dublin mansion, these ashpits are cleaned out once a-year; in most cases they are allowed to accumulate until they overflow into the adjacent premises. They ought not to be permitted to exist on any terms; and we would point out in this regard the example of Glasgow. In that city there has long been the usual system of constant house scavenging, with dépôts throughout the city; but the corporation have just abolished these dépôts, and now remove the refuse at once to a station outside, where it is manufactured into a valuable manure which finds a ready sale, and to a certain extent relieves the sanitary rates. The late Lord Palmerston defined dirt to be matter in a wrong place; and the definition holds true, if house refuse, which nearly altogether consists of the dust of coal ashes mixed with bones and other animal and vegetable *debris*. They contain most of the elements of good manure; and we trust that here, as in Glasgow, it will be converted from a public local nuisance into a general benefit. We respectfully commend this question to our sanitary friends.

Notes on Current Topics.

The Naval Medical Warrant.

THE recent regulations for medical officers of the Royal Navy purport to explain several points regarding which the latest warrant was acknowledged to be vague and unsatisfactory. It was felt that as a matter of fact nothing whatever, as a right, was conceded by that warrant, and, accordingly, the further explanatory clauses were awaited with a good deal of anxiety. It cannot be said that the qualifications required by candidates were of a high order. But are the inducements now offered of a nature to encourage zeal and desire for self-improvement in the service, or to ensure contentment on the part of men who adopt that career? For example, are chances of promotion to the higher ranks to remain as at present? There is nothing in paragraph 1 to guarantee that they are. Selection for promotion "for ability and merit" (paragraph 3) may be made a powerful weapon for evil to men passed over, if in some very rare instances it is justified in the case of individuals. With regard to promotions to the rank of Fleet Surgeon and Staff Surgeon (paragraph 4), there are so many conditions attached to the rules on the subject that experience alone will show how far "their lordships' discretion" and "their lordships' approval," repeatedly quoted therein, lean towards liberality or the reverse. With regard to retired pay, considering the restrictions in the way of promotion to the rank of Fleet Surgeon, it would seem fair that as in the army voluntary retirement on £1 per day, without such trammels, should be simply conceded in the Navy. Under the orders as now promulgated, no medical officer can calculate upon being a Fleet Surgeon at all. And so,

with regard to the clauses under paragraph 13, there are so many conditions attached in reference to voluntary retirement and withdrawal, as to virtually do away with any right on the part of officers conceded to claim a distinctly expressed privilege. And so on, more or less, with regard to the remaining paragraphs of the regulations now issued. But there is one point on which there is no uncertain sound given. It is expressed in paragraph 25, and runs thus:—"When an officer retires or withdraws on a *gratuity*, his widow and children will have no claim to pension or compassionate allowance"—a proviso surely cruel towards the unfortunate persons referred to. It is but right to accord credit to the Board of Admiralty for a desire to benefit the general service over which it presides. Considering, however, the tone and phraseology of the regulations now referred to, it remains to be seen how far young medical men may be prepared to accept the conditional terms therein held out to them.

Private Provident Dispensaries.

THE following narrative is instructive; we trust it will be a warning to all who are connected with institutions of the same character. We have spoken so frequently about the doubtful value of self-supporting dispensaries, conducted as private enterprise, that we need hardly again insist upon the desirability of abolishing all such speculations. Facts of the kind we now submit to our readers will do more than arguments in revealing the true nature and advantages (!) of these pseudo-charitable undertakings. We hope our readers will keep their eyes and ears open, and send us any extracts they may see in papers, or furnish us with similar facts which may have come to their knowledge, so that we may lay them before the profession. The *Medical Press and Circular* will take the place of the pillory. Names, once submitted to this moral punishment, and thus advertised gratuitously, will acquire a professional reputation, and a species of notoriety, which may prevent similar *laches* in the future. At the Manchester County Police Court, on Thursday last, William Hollingworth, the keeper of a peoples' dispensary at 134 Ashton New Road, Bradford-cum-Beswick, was fined £5 and costs for having issued a false certificate of death in contravention of the Registration of Births and Deaths Act, 1874.—Mr. H. T. Crofton prosecuted on behalf of Mr. Mark Ogden, superintendent registrar of the Prestwich Union. Mr. Beaumont, who appeared on behalf of the defendant, applied for leave to appeal against the decision of the Bench, but the matter was allowed to stand over for the present.—Thomas Giddings, consulting surgeon to the dispensary, then appeared in answer to a summons charging him with having committed perjury in a case similar to the above, which was heard last week and which was dismissed. He then stated that on the 25th April last he had attended a certain child at the surgery which died on the following day. He saw the child as he was passing through the room, and made some suggestions as to the medicine to be tendered to it, and gave other advice in regard to its treatment. Evidence was now given to the effect that the defendant had not prescribed for the child at all. The stipendiary said a *prima facie* case had been made out

against the defendant, who was committed for trial at the assizes, bail being allowed.

A Convalescent Home for Scarlet Fever.

It is a matter of surprise that hitherto neither public nor private benevolence has provided a refuge for convalescents from scarlet fever, yet great need prevails for such an institution, both on account of the large number of this universally shunned class themselves, and the general public amongst whom they become scattered, at the great risk of spreading the disease and spreading it broadcast. The leading members of the profession are unanimous as to the benevolent and sanitary nature of the measure of the founding an institution for the reception of persons recovering from scarlet fever, and a benevolent-minded lady, Miss Wardell, at length succeeded in bringing the Lord Mayor of London, and a number of the leading clergy, to move in the matter, the chief magistrate convening a meeting at the Mansion House to promote this laudable object. Last week a large meeting took place in furtherance of the object. The Lord Mayor was supported by the Earl of Aberdeen, Sir Rutherford Alcock, Sir J. Risdon Bennett, Dr. Andrew Clark, Mrs. and Miss Gladstone, Mr. Puleston, M.P., the Hon. A. F. Kinnsaird, and numerous influential members of the clerical and medical professions, when the following resolutions were unanimously passed:—

1. "That, in view of the great mortality from scarlet fever in the metropolis, and the spread of infection from patients in varying states of convalescence, especially amongst the working classes, where isolation from the healthy is impossible, the establishment of convalescent homes for such cases is of the greatest importance, as a means of checking the spread of infection, and as an aid to the more rapid recovery of the patients themselves; and this meeting pledges itself to promote the establishment of such homes."

2. "That, in order to carry out the objects contemplated in the first resolution, the following persons be nominated members of the 'The Scarlet Fever Convalescent Home' Committee, with power to add to their number:—The Lord Mayor, M.P., A. N. Agnew, Esq., Sir Rutherford Alcock, K.O.B., the Rev. R. C. Billing, M.A., Major-General J. T. Boileau, R.E., F.R.S., W. A. Broadbent, Esq., M.D., Andrew Clark, Esq., M.D., the Rev. S. F. Cumberlege, M.A., the Rev. J. Oswald Dykes, D.D., J. Hill Gibson, Esq., M.D., the Hon. and Rev. E. Carr Glyn, M.A., Hugh E. Hoare, Esq., Hugh H. Seymour, Esq., A. P. Stewart, Esq., M.D., Miss Mary Wardell, Hon. Sec."

3. "That a Medical Council be appointed to advise on all medical and sanitary matters, and that the following gentlemen be nominated: Dr. Andrew Clark, Dr. Broadbent, Sir Joseph Fayrer, Dr. Hill Gibson, Dr. A. P. Stewart, Dr. Wm. Squire, and that the members of the Medical Council be *ex-officio* members of committee."

A considerable sum towards the proposed Institution was announced, and the meeting terminated with a vote of thanks to the Lord Mayor.

Neglect of Death Registration in the South Dublin Fever Hospital.

In his latest Report the Irish Registrar-General complains that "as no returns have been received from the South Dublin Union Fever Hospital at Kilmainham for either of the last two weeks, and as the cases of typhus

reated in that institution have been for some time past numerous, no correct estimate can be formed of the total number of typhus patients at present in the Dublin hospitals. The incompleteness of the hospital statistics is to be regretted, but as all efforts to obtain the Kilmaham returns were unsuccessful, it is unavoidable."

Considering that the officers of this hospital are under control, primarily of the board of guardians, and secondarily, of the Local Government Board, we are rather surprised that neglect of duty so gross as to elicit this protest from the Registrar-General should be permitted. It is to be hoped that the remonstrance has ere this had its effect.

The Coming Meeting of the Social Science Congress.

which is to be held next August in Dublin is being organised under the auspices of one influential committee. The standing committee has suggested that in the Health Department the following special questions be discussed :

1. Is it desirable that hospitals should be placed under state supervision ?
2. Is it desirable that hospitals should be established for paying patients ? and if so, on what conditions ?
3. What is the best mode of enforcing the isolation of cases of infectious disease ?
4. How far has the prevalence of disease been affected ?
5. What, if any, additional legislation is necessary for the preservation of the health by those engaged in industrial occupations ?
6. Is any further legislation desirable in order to more effectually prevent the over-crowding of houses, which originally constructed as residences for one family, but which have been subsequently occupied by several families ?

The Royal Medical Benevolent College.

In our notice of the Report of the Council of the Royal Medical Benevolent College there was one circumstance which we omitted to comment upon, and that was the munificent gift of a member of Council, Mr. F. France, F.R.C.S., of a perpetual presentation to the Royal Asylum of St. Anne's Society, in favour of the orphan daughters of medical men who have practised in England or Wales. Mr. France has by deed vested the nomination in the Council of the College for the time being, requiring of them that "on comparing the claims of the respective candidates, that one is to be chosen by the electors which shall appear, in their deliberate judgment, the most deserving and necessitous ; but the selection shall not be by competitive examination, the object being, not to reward juvenile cleverness, but to assist the meritorious in time of widowhood and distress in obtaining a sound religious education for their children." As soon as the purchase of the presentation was completed, the Council nominated the sister of one of the successful candidates at the last election—Chloe E. Harris, the daughter of the late Dr. George S. D. Harris, of Leighton Buzzard, who died suddenly at his post of duty, leaving a widow and a large family totally unprovided for. We hope so good an example set by Mr. France may lead to the foundation of other similar scholarships.

The Council also had the pleasure of receiving last year a legacy bequeathed by the late Dr. W. C. Hood, for the purpose of providing exhibitions or prizes for the benefit of the pupils. It has been determined to utilise this bequest for the establishment of two exhibitions of the annual value of £15 each, to be tenable for two years, by boys who, having been pupils of the College for at least two years previously, and having matriculated at the London University, shall continue at the College with a view to pass their Preliminary Scientific, M.B., or First Bachelor of Science examination, before they leave. These exhibitions will in future be known as the "Ann Hood Exhibitions." The first was awarded last autumn to F. O. R. Stedman.

There will be, at Christmas, a few vacancies for exhibitioners of the class established in 1865. They must be "sons of some of the less fortunate members of the medical profession," and they pay only £30 a year for board and education, instead of the usual charge of £48 or £51, according to age, and are also excused the entrance fee and the subscription to the Exhibition and Scholarship Fund required from all other pupils. Applications for the admission of boys as candidates must be sent in by the middle of November, and the exhibitioners will be selected from the approved candidates according to the result of a competitive examination, to be held on some appointed day in December. All particulars can be obtained from the Secretary, at the office.

The Metropolitan Hospital Sunday Fund.

ALTHOUGH it is far too soon to attempt a forecast of this year's collections on Hospital Sunday, the amount already received, during the first fortnight, and up to the time of our going to press, exceeds former years by some two or three thousands. The sum total already exceeds £27,000, and as there are many collections, and probably some few private donations, yet to come, we trust it will not only prove to be the largest collection, but that it may go far towards meeting the estimated deficiency of £50,000 required by the hospitals and dispensaries to enable these institutions to utilise at least a portion of the beds which cannot be used for want of funds.

Foreign Visitors to the International Medical Congress.

AMONG others the following important delegates have been formally appointed. By the German Empress, Prof. Kuster ; by the King of Spain, Dr. Don Nicasio de Landa and Dr. Ferradas ; by the King of the Netherlands, Dr. Snellen and Dr. Guys ; by the War Department of the Prussian Government, Generalarzt Dr. Coler, Generalarzt Dr. Roth, and Oberstabsarzt Dr. Starke ; by the War Department of the United States Government, Dr. Billings ; by the War Department of the Government of Norway, Dr. C. Smith ; by the Austrian Government, Dr. R. Schnitzler ; by the Bavarian Government, Prof. Ranke ; by the Belgium Government, Dr. Pigeolet ; by the Swiss Confederation, Dr. Joël ; and from Rome, Signor Baccelli, the Minister of Public Instruction, will attend. Prof. Virchow has intimated his intention of being present. The duty of unveiling the Harvey

Memorial at Folkestone, on Saturday, August the 5th, has been entrusted to Prof. Owen.

Impertinent Questions.

IN the House of Commons on June 28th, Mr Corbet asked the Attorney-General for Ireland if his attention had been called to an inquest on the body of Mr. Thomas Cooke, who died of apoplexy at Baltinglass, County Wicklow, on the 9th inst., as reported in the *Leinster Leader* on Saturday last, from which it appears that for several hours after the apoplectic seizure, Mr. Cooke was not attended by a duly qualified medical man; that Dr. M'Dowell, the dispensary doctor at Baltinglass, who attended the case, when asked by a highly respectable juror if he was at home when sent for, replied that "he would not answer impertinent questions;" that the coroner (Mr. Philip Newton), when asked by another juror had he received a medical certificate as to the cause of death, replied "That was an impertinent question;" that during the progress of the inquest, which appeared to have lasted from 12 o'clock noon till four o'clock next morning, the coroner refused for several hours to send for the doctor, though pressed by the jury to call him as a witness; that he refused to receive the following verdict; "That the deceased died on the morning of the 9th inst. from an attack of apoplexy, and that we consider the reply of Dr. M'Dowell in refusing to say whether he was at home or not when he was called on to attend deceased, most unsatisfactory;" whether it further appears from the report that the coroner caused the jury to be locked up in the court house until they brought in a verdict drawn up by him at 4.45 a.m.; whether the Dr. M'Dowell in question has charge of the dispensaries at Baltinglass, Ballytore, and Stratford-on-Slaney, as well as of the poor-house at Baltinglass; and whether the proceedings at the inquest were legal, and if they were not, whether he will take steps to prevent a recurrence of similar proceedings on the part of public officials? The Attorney-General for Ireland in replying, said that his attention had been drawn to the subject, and he found on inquiry that the facts were substantially as stated in the question, except that the inquest did not last until four o'clock in the morning, but until half-past one. In looking through the accounts of the incidents that occurred, he did not find that there was any illegality in the proceedings. He found that Dr. M'Dowell filled the offices mentioned.

State Honours to the Profession.

WE are pleased to chronicle the fact that Her Majesty the Queen, recognising the eminent or heroic services of the following members of the Army Medical Department has been pleased to confer upon them the dignity of Companions of the Order of the Indian Empire, viz.:—Surgeon Major Oliver Barnett, Army Medical Department; Surgeon John Anderson, Army Medical Department, Surgeon to the Governor General of India; Surgeon Major E. J. Waring, late Madras Medical Service; Surgeon C. W. Owen, Bengal Medical Service; Surgeon Major C. Morehead, late Bombay Medical Service; and Deputy Surgeon-General Norman Chevers, M.D., formerly Principal Medical College, Calcutta,

The Victoria Cross.

THE Queen has signified her intention to confer the Victoria Cross upon Surgeon John Frederick M'Crea, 1st Regiment Cape Mounted Yeomanry, for conspicuous bravery in South Africa. The heroism for which Mr. M'Crea was recommended, is thus described:—"For his conspicuous bravery during the severely contested engagement with the Basutos, on the 14th January, 1881, at Tweefontein, near Thaba Teen, when, after the enemy had charged the burghers in the most determined manner, forcing them to retire with a loss of 16 killed and 21 wounded, Surgeon M'Crea went out for some distance, under a heavy fire, and, with the assistance of Captain Buxton, of the Mareteug Contingent, conveyed a wounded burgher named Aircamp to the shelter of a large ant-heap, and having placed him in a position of safety returned to the ambulance for a stretcher. While on his way thither, Surgeon M'Crea was severely wounded in the right breast by a bullet notwithstanding which, he continued to perform his duties at the ambulance, and again assisted to bring in several wounded men, continuing afterwards to attend the wounded during the remainder of the day, and scarcely taking time to dress his own wound, which he was obliged to do himself, there being no other medical officer on the field. Had it not been for this gallantry and devotion to his duty, on the part of Surgeon M'Crea, the sufferings of the wounded would undoubtedly have been much aggravated, and greater loss of life might very probably have ensued." Surgeon M'Crea who has thus gained this coveted decoration, was a student of Guy's hospital.

Changes in the Population of Ireland.

THE Registrar-General for Ireland in his latest weekly report says that in 1871 the total population of the Dublin Registration District and the fifteen Provincial Urban Sanitary Districts embraced in his returns was 794,732; it appears that at the date of the recent Census the inhabitants of these localities amounted to 844,793, being an increase of 50,061 or 6.3 per cent. The increase in the Dublin District was 16,105 or 4.8 per cent. (1.7 per cent. in the city and 13.6 per cent. in the suburbs), and the net increase in the provincial urban districts, 33,956 or 7.4 per cent. the population having increased in Dublin city and each of its suburban districts, and in Belfast, Londonderry, Newry, Dundalk, Sligo and Clonmel, and decreased in Cork, Limerick, Waterford, Galway, Drogheda, Kilkenny, Wexford, Lurgan, and Queenstown. The greatest proportional increase in any of the fifteen provincial urban districts was in Belfast, 33,259 or 29.1 per cent.; and the greatest proportional decline was in Drogheda, namely, 944 or 7.4 per cent. The increase in Sligo was only 0.9 per cent., and the decrease in Cork and Wexford only 0.4 and 0.2 per cent. respectively.

Legalised Vivisection.

A HOUSE OF COMMONS return just issued shows the number of experiments performed on living animals during the year 1880 by medical men and others licensed under the Act. The experiments were in most cases performed at laboratories connected with the universities in England and Scotland, or at hospitals or veterinary insti-

tutions. The experiments numbered 311, of which only 114 can have been the cause of any pain, and of these all but 17 were of a kind involving no more pain than is experienced by ordinary vaccination. The painful part of the proceeding in the 17 cases involving pain was made under *æsthesia*, and no appreciable suffering can be said to have been inflicted beyond confinement until the wounds healed or until the animals were killed. The most important results have been acquired in the elucidation of an obscure and fatal disease termed anthrax, which attacks sheep and cattle, and also persons engaged in wool sorting. Of this series of experiments 29 were undertaken at the instance of the Royal Agricultural Society, and 40 at that of the Medical Department of the Local Government Board.

A New Faster.

CHICAGO is happy now in the possession of the latest candidate for fasting honours in the person of a man named Griscom. This individual, is pursuing a voluntary abstinence, and, by latest advices, had accomplished sixteen days successfully. His daily consumption of water amounts to two pints, and we are told that arrangements are made for the regular examination of his excreta. A physician is in constant attendance, accompanied by one or more reporters from the Chicago press, and so far as information is afforded, precautions against fraud are very effectually ensured. With the "Tanner" performance, however, fresh in mind, it is impossible to avoid something like misgiving in respect to the scientific value of any experiment of this kind, though why it should not be quite faithfully conducted is not at all easy to see. There are a good many details of the Chicago faster that encourage a feeling of confidence in him nevertheless. Thus he is reported to have lost, during the sixteen days, a weight of twenty-five and a quarter pounds, the loss at the thirteenth day having been three quarter pounds less. His initial weight was one hundred and ninety-seven and a quarter pounds. It is hopeful, too, that the experiment is not being made a money concern, visitors being excluded from witnessing it. At the end of the sixteenth day the mind was reported unaffected, temperature normal, and heart and blood showing nothing abnormal.

A Rolleston Memorial.

IMMEDIATELY after the funeral of the late Professor Rolleston at Oxford, an informal meeting of his old pupils and friends was held at the University Museum to consider what means should be taken to perpetuate his memory, and a committee was then formed to commence the work of executing a fitting memorial. In connection with this a meeting is convened for to-day (Wednesday), at the house of Dr. Shepherd, 17 Great Cumberland Place, W., at 3 o'clock, to which all friends and pupils of Dr. Rolleston are invited. The committee will, doubtless then, be in a position to make some definite proposition, and the further fulfilment of the scheme will be indicated. We would commend to the consideration of this meeting an admirable suggestion made in the *Students' Journal* of Saturday last, to the effect that the memorial should take the form of a scholarship or prize tenable at any

metropolitan hospital, and open to competition at Oxford each year, among the students proceeding from the university to a hospital. We feel sure this would be a most popular prize, and even though a sum of money is collected too small to found a scholarship, this need not be preventive of carrying out the plan in some form. The excellent sketch of the late Professor, made by Mr. Miller in 1877, might possibly be reproduced. It would be carefully treasured by every one who was fortunate enough to be amongst Rolleston's friends.

The College Election.

THE election of three Fellows of the Royal College of Surgeons of England to fill the vacancies on the Council, will take place to-morrow, Thursday, the 7th July. We have little to add to what has already been said in these columns on the election, but that a sharp contest will ensue, for, at any rate, the third place is certain. We could feel a more direct interest in it if we felt any assurance that a new election meant a tendency to sweep away the old anomalies of the College; past experience, however, hardly helps to justify the conclusion, and we must be content to wait patiently till such time as the voice of public opinion in the profession compels the removal of abuses from the College. That the election to-morrow will result in the success of three good men is certain from the character of the whole list of candidates.

Death of Dr. Peatson, of Manchester.

WE regret to learn that Dr. Joseph Peatson, of Manchester, died during the past week somewhat suddenly. The deceased was in practice in Manchester, and had been, for a long number of years, connected with the Lock Hospital of that city, where he was affectionately regarded by a large circle of personal friends. Though but rarely a contributor to medical literature, Dr. Peatson yet did a considerable amount of valuable work, and leaves behind him a large collection of manuscript material, which, it is hoped, may be utilised for publication.

Myopia in Schools.

IN consequence of the alarming extent to which myopia is increasing in schools in France, a special commission has been nominated by the Minister of Public Instruction, the duty of which will be to pay attention to the influence exerted by school arrangements on the progress of myopia. It will also be required to suggest means for removing the evil under which school-children in France now suffer, and generally to report on the topics associated with the subject. The commission is named "De l'Hygiène de la vue dans les Ecoles."

Superannuation.

ON Thursday week, Mr. Dodson stated, in the House of Commons, in answer to Mr. Sclater Booth, with regard to certain anomalies in the superannuation of Poor-law officers, that some amendment of the law was required. At present the matter was within the discretion of the guardians, and the Local Government Board could not interfere.

Salivary Globules.

Nature records that Stricker's examination of salivary globules, under high powers of the microscope, leads him to reject the supposition of so-called Brownian (molecular) movement in salivary corpuscles. He finds the globules possess a complete, distinctly visible, network, and the granules, hitherto described, are thickened points of intersection of the threads forming the reticulum. During the life of the corpuscle, there is permanent fluctuation of the threads, which, under the influence of concentrated solutions of salt, ceases, the reticular arrangement, at the same time, disappearing.

Patients in Irish Workhouses.

In the House of Commons on Tuesday week, Mr. A. Moore moved for a return of the number of patients attended in Irish workhouse infirmaries and fever hospitals during the past year; of the number of paid and pauper nurses, and the average number of lunatics and idiots in the workhouses. The return was ordered.

WE understand that H.R.H. the Prince of Wales will visit Brighton to open the Children's Hospital at Brighton on the 21st inst. His Royal Highness has not visited the town since 1866.

THE *Citizen* states that small-pox has broken out at Holloway Gaol, but the sufferers, few in number, were promptly removed to hospital, the Home Secretary remitting their terms of imprisonment, which were short.

A TELEGRAM, received at Toulon, announces that yellow fever prevailed, with great severity, at Martinique. The hospital at Fort de France was full of patients, and the epidemic was expected to continue until the setting in of winter.

ON the occasion of the International Medical Congress being held in London, in August, the Court of Common Council has resolved to invite the members to a *conversations* in the Guildhall, at an expense not exceeding £2,000.

A MEDICAL paper at Leipsic has been fined 100 marks and costs, at the suit of 75 homœopathic doctors, for publishing a lecture delivered to a Berlin medical society in which homœopathy was denounced as quackery and swindling.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Plymouth 9, Wolverhampton 11, Nottingham 13, Sunderland 14, Brighton 14, Hull 14, Salford 15, Oldham 15, Newcastle-on-Tyne 16, Leicester 16, Portsmouth 17, Bristol 17, Edinburgh 17, Glasgow 18, Birmingham 18, Leeds 18, Manchester 18, London 19, Sheffield 20, Bradford 20, Norwich 21, Liverpool 23, and Dublin 24.

THE general fatality of measles, scarlet fever, and fever showed a decline, and was considerably below the average last week in the large towns. The 31 deaths from diph-

theria included 14 in London, 8 in Glasgow, and 6 in Portsmouth. Small-pox caused 93 more deaths in London and its outer ring of suburban districts, 4 in Liverpool, one in Bradford, but not one in any of the other large towns.

IN the principal foreign cities the rates of mortality according to the latest official weekly return, were in—Calcutta 23, Bombay 38, Madras 39; Paris 24; Geneva, 13; Brussels 22; Amsterdam 24, Rotterdam 16; The Hague 25; Copenhagen 19, Stockholm 23, Christiania 23; St. Petersburg 62; Berlin 26, Hamburg 22, Dresden 23, Breslau 29, Munich 33; Vienna 32; Buda-Pesth 35; Turin 26; Venice 25; Alexandria 32; New York 28, Brooklyn, 19, Philadelphia, 18, Baltimore, 17 per 1,000 of the various populations.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

PUBLIC MEDICAL APPOINTMENTS—VACANCIES DECLARED.—Vacancies in the office of physician and surgeon to the Royal Infirmary, Glasgow, and that of teacher of anatomy, physiology, medicine, materia medica, midwifery, pathology, and mental diseases, are officially declared, and applications invited by the profession. It is high time that the profession should understand whether these announcements are to be received as a farce, or treated as seriously as their nature would seem to justify. It is neither more nor less than a deliberate insult to the profession to declare such vacancies, and put candidates to the trouble and expense which a candidature entails if the conclusion is a foregone one, that the retiring occupant of the office is to be re-elected *ad infinitum*. The man who, during five years, has manifested no special suitability for the position occupied, should certainly not be re-elected. He has no claims whatever, either on the directors or the public, and simple nepotism should not be brought prejudicially to operate on a noble field for the cultivation of medical science. It is alleged that the directors of the Royal Infirmary, by thus declaring vacancies at the end of every five years, command the power of dropping an unsuitable occupant of any given office; and it is reported that on the present occasion they are anxious to get rid of Dr. Fleming, and one or two other pronounced failures as lecturers. This may be highly commendable in itself; but under a general invitation to the profession to apply for these vacant situations, the object, however good, is only achieved, if at all, at the expense, possibly, of very general insult. We advise the profession to treat these announcements, emanating, as they do, from the directors as genuine, and to make application accordingly. To refrain from doing so simply constitutes and perpetuates a rule distasteful to the profession. The office of extra-dispensary physician to the Western Infirmary is also announced as vacant. It is not likely that there will be many applications for it, as it is understood that Dr. Brock, having paid his homage to the clique for the statutory period, has been admitted into the confraternity of the professional saints, and will thus, as his reward, receive this sop.

COMBÉ LECTURES.—On the 28th ult., Dr. Andrew Wilson delivered another of this course of lectures in the Church of Scotland Training College, Chambers Street, to a large audience of ladies and gentlemen. The lecture was mainly devoted to a description of the working of the valves, which

be illustrated by means of a bullock's heart. In speaking of the nervous regulation of the heart, Dr. Wilson took occasion to refer to the valuable knowledge which had accrued to physicians from experimentation upon live animals.

EDINBURGH.—MORTALITY OF THE CITY.—The number of deaths in Edinburgh for the week ending with Saturday the 25th ult, exclusive of six country deaths, was 72, equivalent to an annual mortality of 17 per 1,000. In the previous week the number was 114, and in the corresponding week last year 84. Five fatal cases of scarlatina, and 8 of whooping-cough were reported from the Old Town, and 1 of scarlatina, 1 of measles, and 1 of whooping-cough from the New Town. The Southern suburbs continue free from zymotic disease.

GLASGOW BRANCH OF THE BRITISH MEDICAL ASSOCIATION.—At the recent meeting of this Association Branch at Glasgow, the constitution of the Medico-ethical Committee, prepared by the Council, was submitted for approval, and after adjustment unanimously adopted. *Inter alia* it states that "It shall be the object of the committee to promote fair and honourable practice, to exercise a judicious supervision of matters touching medical interests, and, by its moral influence to prevent abuses in the profession." Dr. Joseph Coats and the Junior Mystic (Dr. James Finlayson), are prominent members of this branch of the British Medical Association; and when one considers the avowed objects of the Medico-ethical Committee, and the attempt, not very long ago, made and repeated, to professionally damn a professional brother—for what! The commotion said to agitate celestial circles on the return of the penitent is vividly suggested.

KILMARNOCK FEVER HOSPITAL.—Lady Harriet Bentinck, who lately succeeded to the Portland Estate at Kilmarnock, has sent a donation of £200 to the Extension Fund of the Fever Hospital and Infirmary.

THE ALLEGED THEFTS BY A MEDICAL STUDENT.—On Saturday the 25th ult., the Edinburgh Detective Department in the course of their inquiries regarding the diploma forms found in the possession of Cecil George Paul, the medical student, to whose case we referred to in our last issue, ascertained that in April last he got these printed on vellum by a firm in town, and paid £3 for ten copies. Shortly afterwards, it is said, he gave the same firm an order for fifty copies of the first examination certificate forms, seven of which were found in his lodgings. Towards the end of April he is alleged to have produced to the printer who received the above orders a seal which bore to be that of the Faculty of Physicians and Surgeons of Edinburgh, and ordered one similar, stating, however, that as he was going to study in Glasgow he desired the name of that city to be substituted for Edinburgh. The seal has the appearance of having been used, and as there are seven of the diploma forms and forty-three of the certificate forms missing much anxiety is felt by the medical profession regarding the matter. From inquiries made at Glasgow, it has been ascertained that the diploma forms bear no resemblance to the genuine ones issued there, although the seal is similar in appearance to the one which was in use there prior to 1864.

A HUSBAND'S LIABILITY FOR MEDICAL ATTENDANCE ON HIS WIFE.—Sheriff-Substitute Hallard has given judgment on the case raised by Dr. Wielobycki, George Square, Edinburgh, to recover £107, as the balance of his account for medical attendance upon the wife of Isaac Atkinson, tailor and clothier, St. Andrew Square, Edinburgh, residing at Portobello. The account extends over the period from December 1871 to March 1881, and the sum sued for was the balance of £128, after deducting £21 received at different times to account. Payment was resisted on the ground that the defendant had never

employed Dr. Wielobycki, and that the doctor had made the attendance solely on the personal credit of Mrs. Atkinson, who had separate means exclusive of his (defendant's) rights as husband. The Sheriff-Substitute, after having considered the evidence which was led on 15th current, has given decree against the defendant for £90, and expenses.

Literature.

TWO THEORIES OF "ZYMOTIC DISEASES." (a)

NOT the faintest trace of evidence presented itself in favour of the presence of bacteria or other foreign organisms in the blood of cholera. All the phenomena observed by microscopic examination were ascribable to alterations, relative or absolute, in the normal elements of the blood; not to the presence of any new or extraneous bodies of such a nature as to be detected by microscopical research. We are well aware that these statements are likely to be received with some incredulity by a large number of the members of the medical profession, made as they are at a time when views regarding the important and almost necessary influence of germs, bacteria, microzymes, &c., in the development of epidemic disease are so widely diffused and so much quoted. Bacteria may be found in specimens of blood obtained from the bodies of animals killed while in full health. With the high temperature of the hot months (in India), a development of bacteria may take place within a very few hours in the blood of animals into the system of whom no such bodies had been previously artificially introduced. The results of experiments do not manifest that freedom of the healthy tissues and fluids from the elements of bacteria which is maintained by some of our most distinguished observers. The occurrence of vibrios in the mesenteric glands in cases in which death had resulted on injection of choleraic fluids into the circulation was recorded. Similar organisms were observed in several specimens of blood obtained from healthy animals at intervals after death. Many authors use the word "microzymes" to include a heterogeneous mass of minute bodies, organic and inorganic, living and dead. There appears to be a tendency to assume on very insufficient grounds that such organisms are necessarily the causes of all diseases of an epidemic or communicable character, and consequently to recognise as vegetable parasites all minute particles of an undetermined nature occurring in the fluids and tissues in such diseases. It is possible that all the diseases ascribed to vegetable parasites may, in reality, be due to such organisms, but the proof of it has yet to be adduced, and it is no real advance to ascribe them to such an origin on insufficient ground. This theory has attractions for many on account of the apparently simple explanation which, if true, it would afford of the multiplication of disease poisons. Until it be proved that living substances can withstand immersion in a fluid at a temperature of 212° F. of some minutes' duration, we have no hesitation in stating that the morbid phenomena which we have observed to follow the introduction into the animal economy of strained solutions of choleraic and normal alvine discharges, and of other decomposing animal substances, are not the result of infection with a material, the poisonous properties of which are dependent on its possessing vitality.

Such are the results of a long series of carefully made and no less carefully detailed, experiments conducted in India. These particulars are given almost verbatim, as they occur in the tenth annual report by the sanitary commissioner at Simla, and they represent as nearly as possible the views entertained by a large number of medical men both in India and in England, as to what in brief is designated the true specific origin of certain epidemic diseases.

On the other hand, notwithstanding the results of these investigations, and of others equally demonstrative, there is in England a strong band of men, holding the very highest professional reputation, who maintain the opinion that certain forms of epidemic diseases, more especially fevers,

(a) 1. Tenth Annual Report of the Sanitary Commissioner with the Government of India. 2. Ninth Annual Report of the Local Government Board.

arise as a result of specific "poison" or "germs" of that disease being received into the system, and that they are propagated similarly by means of such poisons or germs multiplying in, and discharged from, the alvine canal of the affected person, being received into the system of others. To this key-note, as it were, the second report now before us is attuned. It may, therefore, be of interest to follow as briefly as possible the nature of the evidence therein brought forward in support of the views advocated. Between the 23rd September, 1879, and 23rd October of the same year, there occurred among 262 boys on board the *Cornwall*, 43 cases of some sort or degree of illness; 18 from decided—most of them serious—illness, with one death. Out of this number twenty-five other boys were slightly ill. Some of these may not have been ill at all, but owing to pain, may have imagined themselves so. All the serious cases—and some of the slighter ones—had a disease which was properly described as a "continued fever." In most instances the symptoms were clearly indicative of enteric disturbance; in some cases diarrhoea, rose-coloured spots, and hæmorrhage, to a greater or less extent, from the bowels. From these data the disease was regarded as one of enteric fever, presenting perhaps an unusual number of abortive cases, and possibly complicated with malingering. Accordingly, a search for causes of enteric fever was instituted, and with the following results. Dinner seemed to suggest a clue. Suspicion, once aroused, settled naturally on pork. If pork had had to do with the outbreak, some of that suspected might have been trichinised, and the disease, therefore, from which the boys suffered might not have been enteric fever at all, but trichiniasis. The theory of trichiniasis was accordingly put to the test of further inquiry, but no confirmation of it was at first to be found. Microscopic examination of the pork in the "harness cask" failed to find any trichina. The temperature charts of cases showed that beyond doubt many of the boys had suffered from continued fever; but as to the precise nature of that fever, they gave no information. It did not seem that trichiniasis could be set aside, though evidence affirmative of it was thus far wanting. It became increasingly evident that a large proportion of the fever cases might be more safely ranged under some general name, such as "simple continued fever," than under the specific name of enteric fever. Application having been made to the Home Office, the body of the unfortunate boy who had died was disinterred, and submitted to further examination, and the search for specific organisms resumed. No such anatomical changes as are characteristic of enteric fever towards the end of the third week were found. But in the fibres of the abdominal muscles was found a wandering living trichina, and further search discovered these parasites in large numbers in the muscles examined. Doubt could no longer exist that the boy died from acute trichiniasis. The boy had on one occasion received from his home a small piece of fresh roast pork; it was a remnant of what had formed the dinner of his mother and sister, neither of whom had subsequently suffered from any illness. This being so, "it seemed inevitable that the American pork on board the *Cornwall* was the source whence the trichina disease had been derived." Yet no affirmative statement on points in relation to this supposition could be justified. Among the outcomes of inquiry, it was stated that one of the most important is the circumstance that an outbreak of trichiniasis has, in many respects, sped an outbreak of enteric fever. Although, however, symptoms doubtless referable to trichiniasis could be elicited from many of the boys, still such symptoms had been very imperfectly developed. No better designation for the majority of the cases (pathology apart) could be found than "simple continued fever." Then follow details; first, of "symptoms observed during the outbreak that might have been referable to enteric fever." In the second of that might, in an outbreak of trichiniasis, be expected, but which, in the *Cornwall* outbreaks, were by no means prominent. In the third, on "some nematoids found in the body of the boy who died on board that vessel." The significance of the latter remarks is enhanced by comparison with those an abstract of which has already been given. Thus it is observed (p. 68) that the outbreak was first looked upon as one of enteric fever, with perhaps an unusual number of abortive cases, and possibly complicated with malingering; that subsequent inquiry tended to discredit the notion that the disease was of the nature of typhoid fever, and led to the suspicion that it might have been one of trichiniasis;

yet that careful inquiry "failed to elicit information suggestive of trichiniasis, and failed to a like degree to support a theory of enteric fever." Then comes the statement (p. 71) with reference to the specimens previously described; that an "examination" of them had convinced the very eminent microscopist to whom they were submitted "that the parasite is not trichina spiralis, but a new nematoid not previously encountered within the human body." The new form alluded to "is most closely related to the genus *Rhabditis*, and to those of the genus *Pelodera* (p. 72). In the genus *Pelodera* three forms are recorded as being found in damp earth and decaying substances. In the spring of 1866 some earth was taken—a kind frequently examined before without its yielding any nematoids; a small piece of uncooked mutton, about the size of the top of a finger, buried therein, the mutton previously examined without finding any nematoids. In the course of a few weeks the earth and mutton were found to be swarming with minute nematoids, which, if not belonging to the genus *Pelodera*, were some closely allied forms. In respect to the latter point the observer added that he was "not quite certain" (p. 74). What, then, are the actual points brought into prominence by the particulars thus briefly summarised? They are the following, namely, that in the latter part of the autumn season a certain number of boys suffered from simple continued fever, some with, others without, bowel disorder, but in all respects similar in nature to attacks such as affect boys, and girls also, during that particular season. But in supercession of such simple explanation, a search took place for causes specific in their nature. First, the disease was complicated with malingering; then it was trichiniasis; then it was not trichiniasis; then it was from presence of a "new nematoid," and finally the "new nematoid found in the tissues of a body that had been interred during some six weeks or so, were declared to be the same as, or a form allied to, others found in healthy mutton after three weeks' interment in clean earth. To such lengths do modern theories carry their faithful votaries.

No less startling are the conclusions arrived at with regard to another outbreak of fever, a minute report of which immediately follows. In January, 1879, a sudden outbreak of fever occurred in Caterham Valley and Redhill. During that month and February the number of cases recorded was 352, of which 21 proved fatal. As the result of some inquiry the belief (p. 78) was entertained that the disease had been conveyed by means of the water supplied by the Caterham Water Works. Of 47 persons attacked during the fortnight January 19th to February 2nd, 45 resided in houses supplied with water by that company. At Redhill, of 96 houses infected, 91 drew their water supply from the company's mains. Thus, it is added (p. 81), all the facts ascertained afforded very strong presumption that the outbreak had been caused by that water; and then follows (p. 84) in detail an account of the circumstances upon which that relief was based. During the latter part of 1878, and beginning of 1879, the Caterham Waterworks Company constructed an adit from one of their old wells up to the new bore, which was then being sunk. The adit was 455 feet deep in the chalk, six feet by four in diameter, and ninety feet in length. J. K., a man, æt. 32, worked in the adit as a "loading man," he being employed in attaching to a rope let down from above, the buckets by which the excavated chalk was raised to the surface, and in again receiving those buckets, when lowered, full of bricks and cement required for the work in progress. J. K. was discharged on December 14th, but resumed his work on the 29th of the same month. When he returned to work he was in perfect health. On 5th January he suffered from loss of appetite, recurring attacks of shivering, alternating with a feeling of heat, aching all over, and diarrhoea. Subsequently he suffered from giddiness. His diarrhoea compelled him to evacuate several times while in the adit, his "shift" of work at a time being from eight to twelve hours. So matters went on until January 20th, when work stopped. On the 21st he was unable to get out of bed. He had spent the 26th and 26th December, 1878, at Croydon, but the evidence of his having been "exposed to the poison of enteric fever" at that place was entirely negative. It was also incomplete and unsatisfactory (p. 86), and yet the circumstance was taken as a fact that J. K. had been ill with enteric fever while working from 5th January till the end of the month in the adit as already described. According to his statement (*id.*) he had used the bucket as a closet when it was

empty, when half full, and when full. When full, he however first took out some of the chalk. He admitted that in its descent the bucket occasionally came into somewhat violent contact with the walls of the wells, and that "some portions of his emanations probably did so also." The bucket, which was merely emptied out above, then received materials for the works below (p. 37). "Here, then," it is added, "were the stools of an enteric fever patient, from about January 5th onwards getting into the Caterham Company's water, and distributed with the water to the district served by the company."

What are the circumstances that present themselves in connection with this case? An absolute want of evidence that J. K., either had enteric fever or that prior to his illness he had been exposed to infection of specific fever of any kind; consequently the conjectures based upon either theory necessarily give way. As examples of special pleading to indicate a foregone conclusion, the Reports herein alluded to are peculiarly suggestive and valuable. But they so completely dwell upon this one phase of etiology of the diseases indicated to the relative neglect of other circumstances related thereto, that for the time being there is much reason to fear that in this respect real progress in these respects has undergone a check.

Correspondence.

THE PRESIDENCY OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Whilst agreeing with your able defence of Mr. Erasmus Wilson's claims to the Presidency, and your condemnation of the *Lancet* for its "irresponsible frivolity" and ignorance in the matter, permit me to quote the following from the columns of your contemporary of Saturday last. The writer would seemingly have discovered that he had trodden on dangerous ground, and wished to get out of the dilemma by a strong infusion of assurance and soft soap.

He now says, "his (Mr. Erasmus Wilson's) services to the College have, in the past, been so conspicuously unselfish that we shall not be surprised, if, at the last moment, he voluntarily waives his claim to the Presidency of the College this year. In 1869 he not only gave the sum of £5,000 to found a chair of Dermatology, but accepted the duties of professorship himself, and discharged them for nine years, and to show that it was no favour, received regularly the yearly stipend of the College."

Does this mean that Mr. Wilson invested £5,000, and drew the interest on his own money? Were there any other advantages from holding a chair at the College?

The writer then adds:—"When Mr. Wilson ceased lecturing, the Council resolved, with Mr. Wilson's sanction, to abolish the professorship. To Mr. Wilson belongs the honour of not only founding a Chair of Dermatology, but of being the first and only professor of this subject the College has ever had, or is likely to have."

After Artemus Ward, we ask, "Is this writ satiric?" If serious, then Mr. Wilson may say, "Save me from my friends."

Interpreted mischievously, the paragraph implies that Mr. Wilson helped to blow his own trumpet, and then, lest any one else should use the instrument, broke it, which insinuation is, to those who know Mr. Wilson best, simply despicable.

The *Lancet* speaks of Mr. Wilson's "ingenuous disposition." If this paragraph be true, the adjective might be changed by adding another letter to it.

There is a story told of this eminent dermatologist, which, if not true, is *ben trovato*. When he first devoted his attention to skin disease, he is said to have asked the advice of the proprietor of the *Lancet*, the late Mr. Wakley, as to how he was to proceed to fame. That astute man of the world observed: "Write about Skin, lecture about Skin, talk about Skin, until you become so connected or associated with the subject, when you enter a room all the ladies and gentlemen will begin to itch, and scratch themselves."

I have the honour to be, Sir,

Yours obediently,

A FELLOW OF THE COLLEGE.

Obituary.

DR. LITTLE, OF LIFFORD.

THE announcement of the death of the above gentleman, which took place last week at his residence, Combermore House, Lifford, will be received with regret in Donegal, Tyrone, and Derry, but more especially in the former county, where he was extensively known and universally esteemed. Although able to attend to his professional duties up to within a day or two of his death, it was apparent to the immediate friends of Dr. Little for some time past that he was not in that robust state of health which he usually enjoyed; but beyond this slight indication of failing strength, so early a termination of life was entirely unexpected, his age being only sixty-seven. Dr. Little was an Arts graduate and M.B. of Dublin University, and a Fellow of the Irish College of Surgeons of the year 1844. He held formerly the situations of dispensary doctor and physician to the district fever hospital in Letterkenny, and on being appointed physician and surgeon to the Donegal County Infirmary and County Prison he moved to Lifford, where he succeeded to an extensive and lucrative practice, and resided for over twenty-five years. He was eminent in his profession, and as an operating surgeon had few equals. In private life he was known as a warm-hearted and genial friend, and gained the friendship of a very wide circle of acquaintances. He contributed to the *Medical Times* a paper on the cure of Subclavian Aneurism by Manipulation, and to the *Dublin Hospital Gazette*, a case in which he excised two-thirds of the Inferior Maxilla.

Medical News.

University of Dublin; School of Physic.—At the Trinity Term examination for the degree of Bachelor in Surgery (B.Ch.), held June 20 and 21, the following candidates passed in order of merit as under:—

Jenekan, Francis John.
Irwin, James M.
Young, L. uls T.
Myles, Thomas.
Donnelly, Thomas.
Grant, Donald St. John.
Hull, Edward G.
Elliott, William S.

Nangle, Edward C.
MacCarthy, William F.
Macgulligan, John W.
O'Hara-Hamilton, Thomas W.
Robinson, James J.
Miller, Alfred.
Gloster, Charles.
Moore, Reginald H.

Cochrane, Edward.

Royal College of Surgeons of England.—The following candidates were admitted Licentiates in Dental Surgery of the College at a meeting of the Board of Examiners on the 27th of June.

Amoore, John S.
Davis, Charles D., M.R.C.S.
Ewbank, Francis, M.E.C.S.,
Harris, U.A.C., M.B.C.S.,
Here, William.
Mathews, William.
Oakley, Archibald H.

Pidgeon, William J.
Price, Rees.
Rose, Frederick.
Stuck, Thomas J.
Toshill, Walter.
Trueman, Charles E., M.R.C.S.,
White, Henry F.

College of Physicians in Ireland.—At the June examinations the following obtained the licences in Medicine and Midwifery of the College:—

MEDICINE.—Thomas Hobbs Crampton, Charles James Douglas, Robert James Fayle, Michael Edward Fitzgerald, Thomas Geary, Patrick Joseph Austin Kelly, Daniel Francis Butler Reardon, James Steele Swan.

MIDWIFERY.—Thomas Hobbs Crampton, Charles James Douglas, Michael Edward Fitzgerald, Thomas Nunan, Daniel Francis Butler Reardon, James Steele Swan.

The undermentioned Licentiates have been admitted Members:—

Peter Aloysius Cutler, Alexander Samuel Faulkner, William Carroll, William Doyle.

Sanitary Institute of Great Britain.—At an examination held by the Sanitary Institute of Great Britain on June 2nd and 3rd six candidates presented themselves, and the Institute's certificate of competency as local surveyor was awarded to Samuel S. Grimley and to Arthur Whitcombe; and the Institute's certificate of competency as an inspector of nuisances was awarded to John Tatem Cowderoy, to Joseph Rains, and to William Wilkinson.

NOTICES TO CORRESPONDENTS.

CALF LYMPH.

In reply to the letter of Mr. Collins in our last issue, we have received letters from Dr. Worlombot, Dr. Wyld, Dr. Drysdale, and Prof. George Fleming. This correspondence, which is unavoidably held over this week in consequence of the Index, will appear in our next.

INQUIRE.—It is a fact that a medical man has voluntarily exposed himself to the bite of a rattlesnake. He nearly lost his life in consequence. The same medical man has since allowed himself to be bitten by a coral snake without any poisonous effect. His method of preparing himself to render a bite harmless will doubtless be reported in full after some further experimentation.

MR. WELLSTED.—1. The *National Anti-Compulsory Vaccination Reporter* is edited by Mrs. Hume-Rothery, of Cheltenham. 2. We are not aware of the existence of the other publication named.

SANTAS.—The idea is not a new one, on reference to our columns for April 20th you will see we have been anticipated.

M.A. OXON.—The Sanitary Company to which you refer is started under good auspices, but we cannot give any details as to its suitability as a pecuniary speculation. Public companies are all more or less a risk.

DR. JENNINGS.—We don't think any one entertains the hope that the Medical Act will be touched this Session.

DR. J. E. R.—It is a matter of discretion with the authorities. A question to the same effect was put in the House of Commons on Friday last when Mr. Dodson stated that persons once fined under section 81 of the Vaccination Act were not liable to be again fined within twelve months on the same order, but a magistrate had power, when the first order had not been complied with, to make a fresh order. The Local Government Board had, he said, pointed out to the local guardians their discretion in the exercise of the power of instituting repeated prosecutions.

ATLAS has been replied to in a private note.

A MEDICAL OFFICER OF A WORKHOUSE asks: 1. Is the medical officer of a workhouse subordinate to the master of the house? 2. Has the medical officer the power of removing a pauper attendant from his wards in cases of irregularity without applying to the master, or, if not, how is it to be done in case the master refuses to remove the attendant? 3. In case of any irregularity on the part of the attendants or others in hospital is not the nurse bound to report the matter to the medical officer when making his rounds?

1. Certainly not. The medical officer is, in his own department, responsible to no one but his Board of Guardians and the Local Government Board. 2. The medical officer has a right to suspend a ward attendant subject to the approval of his Board, and the master has nothing to say to the matter. 3. Certainly, and the nurse should not be retained if she omits this part of her duty.—ED.]

F.R.C.S.—It is a fact, and what is not a little extraordinary, the patient recovered after the operation. We are promised details of the case shortly.

ONE WHO SUFFERS FROM THE SYSTEM.—We are collecting information from all parts, and intend devoting a series of articles to the subject shortly.

PATHE.—Your bookseller has rightly informed you, the number is out of print.

DR. BENNETT.—The subject occupied Mr. Jonathan Hutchinson's sixth lecture. It will appear in our columns in due course.

AN ANXIOUS ONE.—Yes, the climate is bracing and the water good; the sewage nuisance has been removed by an excellent system of drainage.

ABUTUS asks: Will you kindly tell me when a patient dies, whose life has been assured, say for £1,000, and when called on to fill the certificate of cause of death, &c., for the insurance company, is it the custom of the medical attendant to claim a fee, and if so, what is the usual amount, and who is liable—office or executors?

[A death certificate must be given to the registrar of deaths for the district under 26 Vic., cap. 11, Sec. 46, and the insurance company may obtain a copy of this registration at a nominal cost. If a special certificate is required a fee should be paid by the executors, or by the company if the demand for it comes from them.—ED.]

NEWSPAPER PARAGRAPHING.—A correspondent sends us the *Morning Post* of Friday, July 1st, in which the following announcement appears: "Sir Benjamin S. Phillips, having completely recovered from the effects of the recent operation performed upon his tongue by Mr. John Astley Bloxam, has left his residence in Portman Square for 18 Queen's Gardens, West Brighton." Our correspondent wishes to elicit our opinion upon what he styles "a bad form of quackery." In this expression we should coincide did we imagine Mr. Bloxam had himself sent, or caused the paragraph to be sent, to the newspapers; but we opine such would not be the case. It bears upon it the stamp of that "irresponsible frivolity" which gossiping paragraphs in the so-called fashionable papers generally betray.

SURGEON.—The appointments of Surgeon on board ship are generally made for longer voyages than your vacation admits. Your only chance is by writing to the Secretary of two or three of the Atlantic Companies at the Liverpool offices, offering your services. Otherwise you had better advertise in the shipping-papers, or the *Times*' newspaper.

LEX asks: 1. I am summoned as an ordinary witness in an assault case, am I obliged to give evidence without a fee. Can I refuse giving evidence unless my fee is forthcoming? 2. Kindly at same time to inform me are the clerks of unions obliged to notify the coming of

auditors to the medical officers of workhouses in order that they may prepare their sickness and mortality books?

1. If the case is a police prosecution you must attend and you will get the regulation fee from the Castle. If it is a civil action you are technically obliged to attend, but if your fee is not secured you may absent yourself without much risk of consequences. If you attend and are sworn in you must give evidence, but may appeal to the Judge who, probably, will not order you to testify unless you are paid.—ED.]

OBSTETRICAL SOCIETY OF LONDON.—This (Wednesday) evening, at 8, Specimens will be shown by Mr. Heath, Dr. Godson, and others.—Mr. Braithwaite, "Non-capsulated Fibroids resembling Retained Placenta."—Dr. Galabin, "On a Case of Cancer of Cervix, followed by Septicæmia, with symptoms resembling Diphtheria."—Dr. Godson, "On four Cases of Spasmodic Dysmenorrhœa with Sterility, successfully treated by Dilatation."

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—This evening, at 8.30. Annual General Meeting for Electing Officers and Council and receiving Treasurer's Report.—Mr. J. E. Adams, "On Endocarditis, with Embolic Panophthalmitis."—Dr. A. Bralley and Edmunds, "On Certain Ocular Changes in Bright's Disease and Similar Changes from Local Causes."—Mr. Snell, "Hemeralopia, with Patches on Conjunctiva."—Mr. Spencer Watson, "On Intraocular Tumour, ending fatally six years after Excision of the Eye."—Mr. Nettleship and Dr. Edmunds, "On Central Amblyopia in Diabetes; Microscopical Examination."—Mr. Nettleship and Dr. Fox, "Sequel to a Case of Multiple Growths on Irides."—Dr. Knaggs (by Mr. Swaney), "On a Case of Vaccinal Ophthalmia."—Living Specimens and Card Specimens at 8 o'clock.—Mr. Brudenell Carter: Result of Ophth. Neuritis from Injury to Head. Mr. McHardy: Case of Persistent Hyaloid Artery. Mr. Miles: (1) Specimens of Disease of the Vitreous; (2) New Instruments.

THE "PRACTICAL TREATMENT OF DIPSOMANIA."—The discussion of Dr. Alford's paper on this subject has evoked such considerable interest that it was again adjourned until Friday next, at 4 p.m., in the rooms of the Medical Society of London, 11 Chandos Street, Cavendish Square. Dr. Richardson will preside. Dr. Alford's paper will be found in our issue for June 8. All interested in the subject are invited to attend.

Vacancies.

Charing Cross Hospital Medical School.—Applications for the newly created Chair of Practical Physiology to the Dean before Wednesday, July 13.

Kilkenny Union, Tiscotin Dispensary.—Medical Officer. Salary, £160, and £20 as Medical Officer of Health. Election, July 18.

Stockton-upon-Tees Hospital.—House Surgeon (non-resident, doubly qualified. Salary, £200 per annum. Applications to the Secretary by August 9.

St. Bartholomew's Hospital.—Two Casualty Physicians. Particulars obtainable of the Clerk. Applications to be sent in by July 8.

East London Hospital for Children.—Resident Medical Officer. Salary, £200, with board. Applications to the Secretary at Shadwell, E., before July 18.

Somerset Lunatic Asylum.—Medical Superintendent. Salary, £500, with furnished residence. Applications to the Clerk at Wells, Somerset, endorsed "Superintendent Candidate," before July 20.

Newton Abbot Union.—Medical Officer for the 12th District. Salary £40, with the usual extras. Applications to the Clerk by July 11.

Omagh Union.—Medical Officer. Salary, £100. Election, July 16.

South Dublin Union, Donnybrook Dispensary.—Medical Officer. Salary, £125, and £30 as Medical Officer of Health. Election, July 12.

Appointments.

BARNETT, C. F.R.C.S.E., Medical Officer for the Third District of the Bath Union.

BATHEBURY, E. L., M.B., M.R.C.S.E., Medical officer to the Berkhamsted District and Workhouse of the Berkhamsted Union.

BENHAM, H. A., M.B., C.M., Assistant Medical Officer to the Royal Lunatic Asylum, Dundee.

BORLAND, J., M.B., C.M., Medical Officer for the St. Peter's West District of St. Mary's (Inlington) Parish.

BRANFORD, H. S., M.B., M.R.C.S.E., Senior House Surgeon to the Torbay Hospital and Provident Dispensary.

CARSWELL, J., L.R.C.P.Ed., L.F.P.S.G., Physician to Anderson's College Dispensary, Glasgow.

Births.

CABLE.—July 1, at Royal Hill, Greenwich, the wife of G. H. Cable, M.R.C.S., of a son.

NORMAN.—June 28, at Horrabridge, S. Devon, the wife of W. H. Norman, L.R.C.P., M.R.C.S., of a son.

PIEY.—June 27, at Rydal Villa, Clevedon, Somerset, the wife of G. F. Price Pley, M.R.C.S., of a daughter.

RENNER.—June 29, at 80 Portadown Road, London, W., the wife of Charles Renner, M.D., of a son.

Deaths.

ATKINS.—June 26, Alfred Atkins, L.R.C.P.E., of New North Road, London, N., in his 68th year.

BRABAZON.—June 30, Julia Emily Ensell, third daughter of Dr. Brabazon, 12 Darlington Street, Bath, aged 22.

BRITTON.—June 25, at 16 Victoria Square, Clifton, Bristol, Eliza, the wife of Frederick Britton, M.D.

DAVIES.—June 27, at Yorktown, Surrey, William Davies, M.R.C.S.E., aged 75.

MURDOCH.—June 13, at Pembroke Road, Dublin, Sidney Murdoch, L.K.Q.C.P.I., aged 41.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 13, 1881.

CONTENTS.		PAGE	PAGE	PAGE
ORIGINAL COMMUNICATIONS.				
The Influence of Alcoholic Drinks upon Health, upon Work, upon Disease, and upon the succeeding Generation. By Andrew Clark, M.D., F.R.C.P. Lond., Physician to the London Hospital, &c.	21	THE MINERAL WATERS OF EUROPE—The Medical Press Analytical Reports on the Principal Bottled Waters. By C. O. R. Titchborne, LL.D., F.C.S., F.I.C., with Notes on their Therapeutical Uses. By Frosser James, M.D., M.R.C.P. Lond., &c.	27	Involuntary Homicide 25 Quadruple Birth near Strabane 25 International Pharmaceutical Congress .. 25 Medical Society of London 25
A Course of Lectures on the Laws of Inheritance in Relation to Disease. Delivered at the Royal College of Surgeons of England. By Jonathan Hutchinson, F.R.C.S., Senior Surgeon to the London Hospital	22	The International Medical Congress	29	SCOTLAND. Edinburgh Convalescent Home for Children 26 Suspected Milk-Poisoning at Glasgow 26 The Mortality of Glasgow 26 The Mortality of Edinburgh 26 The Combe Lectures 26
Prophylaxis of Rabies and Hydrophobia. By Thomas M. Dolan, F.R.C.S. Ed.	23	LEADING ARTICLES.		CORRESPONDENCE. Calf Lymph—Letters from W. J. Collins, Dr. Warlomont, George Wyld, M.D., Charles R. Drysdale, M.D., George Fleming, F.R.C.V.S. 26
On Types of Imbecility. By Fletcher Beach, M.B., M.R.C.P., Medical Superintendent of the Darnley Asylum	25	THE RELATIVE VALUE OF CALF AND HUMANISED VACCINE LYMPH 30 THE IRISH COLLEGE OF PHYSICIANS AND MEDICAL REFORM 31 THE MORALITY OF DOCTORS 32		OBITUARY. Mr. S. Shute Alford, F.R.C.S. 28
CLINICAL RECORDS.		NOTES ON CURRENT TOPICS.		NOVELTIES. Modified Ferguson's Speculum (Patent) .. 29 Syr. Hypophos. Comp. (Fellows) 29 Day's New Feeding Bottle 29 Mather's Plasters 29 Hewlett's Mist. Pepsinæ c. Bismuth 29
Meath Hospital and co. Dublin Infirmary. Brief Notes of Operations under the care of L. H. Ormsby, F.R.C.S.	26	The Windsor Review 33 A Melancholy Accident 33 Vivisection 33 The Religious Aspect of the Contagious Diseases Acts 33 Crowners' Quest Verdicts 34 An American Adulteration Act 34 Superannuation of Poor-law Officers 34 Election at the Royal College of Surgeons of England 34 The Medical Sanitary Exhibition 34 The Ophthalmological Society 35		NOTICES TO CORRESPONDENTS 40
TRANSLATIONS.				
On Paracontosis Thoracis by Aspiration in Acute Pleurisy. By Dr. Georges Dieulafoy. Translated by C. A. Owen, M.D. L.R.C.P. Ed., L.R.C.S.I., &c.	16			

Original Communications.

THE INFLUENCE OF ALCOHOLIC DRINKS UPON HEALTH, UPON WORK, UPON DISEASE, AND UPON THE SUCCEEDING GENERATION. (a)

By ANDREW CLARK, M.D., F.R.C.P. Lond.,
Physician to the London Hospital; Consulting Physician to the
East London Hospital for Children, &c., &c.

DR. ANDREW CLARK prefaced his address, which he said was an informal one, by premising that his audience, crowded as it was, would agree with him that this question of alcohol was of the first importance to us as a nation and as individuals; and hence a great responsibility rested upon the shoulders of those who professed to come forward and speak upon it with authority. The first requisite was that such a person should know it; and the second, that in the desire to forward a particular cause, he should not be led away from a solemn and reverent love of the truth. Now he ventured to say that he knew something about this question. For twenty-five years he had been physician to one of the largest hospitals in this country (the London Hospital), and there, as elsewhere, it had been a part of his business in life to ascertain the influence which alcoholic drinks exercised upon health; and he had, with deep interest and attention, striven to get at the truth of the matter. In the first place, let him distinctly say that alcohol was a poison, as were also strychnia, arsenic, and opium; but in certain small doses strychnia, arsenic, and opium were useful in special circumstances; and in very minute doses alcohol could also be used without any obvious prejudicial effect upon health. He was not going to discuss what these minute doses were, save to say that they were very minute. A perfect state of health (and it was rarely to be found) could not be benefited by alcohol in any degree, and in nine times out of ten it was injured

(a) An address delivered on Thursday, July 7th, in the Hall, Great Portland Street.

by it. It could bear it sometimes without obvious injury, but be benefited by it *never*. He said this not as a total abstainer, though he earnestly hoped that all the rising generation would be. Instead of the ideal state of health which might be enjoyed, save for the nature of our surroundings, the sins of our parents, and our own sins, there was a sort of secondary health possessed by most of us, and what did alcohol do for this? He had two answers to give:—That this sort of health bore apparently with the alcohol better than the other, and sometimes seemed as if benefited by it: and this was exactly the sort of health that formed the great debating-ground of different people with respect to the use of alcohol. Second, there were some nervous people, always ailing, yet never ill—for whom he had a profound sympathy—who seemed to derive great comfort from alcohol, and to these he had sometimes said, "Take a little beer or wine, but take great care never to go beyond the minute dose." He did not defend this, but simply stated it to show what he thought. As to the influence of alcohol upon work, Dr. Clark went on to encourage his hearers to try the experiment of total abstinence, and observe the result in regard to work. Let them, however, try it fairly, and not allow themselves to be deterred from it by the evil prognostications of friends. He was certain that if this experiment were tried each individual present would come to the conclusion that alcohol was not a helper of work, but, on the contrary, a hinderer. Now, as to the effect of alcohol upon disease: He went through the wards of his hospital to-day, and asked himself how many cases there were due to natural and unavoidable causes, and how many to drink, and he came, after careful thought, to the conclusion that seven out of ten owed their ill-health to alcohol. He did not say that these were excessive drinkers or drunkards. In fact, it was not the drunkards who suffered most from alcohol, but the moderate drinkers who exceeded the physiological quantity. The drunkard very often was an abstainer for months together after a period of intemperance, but the moderate drinker went steadily to work undermining his constitution, and preparing himself for premature decay and death. He had no means of finding out how many

victims alcohol claimed each year, but certainly more than three-fourths of the disorders of fashionable life arose from the drug of which he was speaking.

Finally, Dr. Clark dwelt upon the heredity of alcoholic taint, and closed by saying that sometimes when he thought of all this 'conglomeration of evils, he was disposed to rush to the opposite extreme, to give up his profession, to give up everything, and to enter upon a holy crusade, preaching to all men everywhere to beware of this enemy of their race.

A COURSE OF LECTURES
ON
THE LAWS OF INHERITANCE
IN RELATION TO DISEASE.

*Delivered at the Royal College of Surgeons of England,
June, 1881.*

By PROF. JONATHAN HUTCHINSON, F.R.C.S.,
Senior Surgeon to the London Hospital; President of the
Pathological Society of London, &c.

LECTURE IV.

Retinitis pigmentosa is a disease of peculiar interest to the student of heredity. It is associated with so many characters which give it importance, that the attention of physicians is pre-eminently attracted to it. It is to be found in patients apparently perfectly healthy, and the lecturer instanced one case which came under his observation at Moorfields: It was that of a young man, who, having seen the progress made by the defect in other cases, and recognising the same symptoms in himself at their outset, described himself as "going blind," and then, in despair, added his conviction that no cure of his condition was possible. These mournful cases can be certainly diagnosed by the aid of the ophthalmoscope; but even before this instrument was invented the clinical features of the disease had been thoroughly well recognised, and Dr. Adams in his work instanced several examples of its hereditary transmission.

Retinitis pigmentosa rarely appears at birth, although we are amply justified in assuming that the tendency to it is present at this stage of existence. It commences at a very early age, however, and gradually assumes serious proportions. The actual oncoming of total blindness may be deferred for as long as forty or fifty years, in this respect presenting a marked contrast to deaf-mutism, which, as we have seen, speedily develops its worst powers. The two diseases are in many ways related, and may co-exist in the same individual.

Dr. Adams mentions the case of a family of which the members were wont to be afflicted with deafness, but in those who were left sound to the age of sixteen or eighteen, the defect failed to make an appearance. In *retinitis pigmentosa* the choroidal structure is interrupted, and the retina is gradually obscured by a dense pigmentary deposit; the vessels of the organ shrink up, and when once the series of events becomes established, it pursues a certain and inevitable course to the end. We may entertain the sure conviction, moreover, that each patient thus affected is related to others similarly afflicted, and that the laws relating to it are precisely those which apply to other inherited diseases. It is very common among Jews, Liebreich having proved this conclusively as a result of his observations among the inhabitants at Berlin. His researches, conducted with the assistance rendered by the ophthalmoscope, all tended to confirm the conclusions deduced from clinical investigations, and especially that *retinitis pigmentosa* and deaf-mutism observe a close relationship. In Berlin the number of deaf mutes among Catholics, who prohibit consanguineous marriages, amounted to 1 in 3,000, while the proportions were 1 in 2,000 among Protestants, with whom such marriages were not forbidden; and among the Jews, who encourage intermarriage with

blood relations, the numbers rose to 1 in 400. And further, Liebreich discovered that deaf mutes were mostly found in families containing other members affected in the same direction. From the tenacity with which *retinitis pigmentosa* clings to those families in which it has once established itself, it would seem to be intensified by consanguineous marriages; but before this is definitely accepted to be its predisposing cause, inquiries should be made into the family history of affected persons. As the result of such inquiry in 23 cases of the disease, Mr. Hutchinson found that eight could produce no evidence of previous taint; ten presented history neither of the disease nor of consanguineous marriage. In two cases there was good evidence afforded that no tendency to the disease had exhibited itself during three generations, but one instance, that of a quaker family, gave proof of an opposite character. In this there had been intermarriage between two first cousins, and the descendants of these are at present the subjects of advancing *retinitis pigmentosa*. Other examples from the records of the Moorfields Hospital could be adduced to show the effects of consanguinity in forwarding the development of the disease; and considering the doubtful character of the evidence at any time attainable from the accounts given by patients, and the difficulty of gathering accurate information concerning the antecedents of families in which the disease occurs, together with the direct evidence of inherited tendency which from time to time occurs, the conclusion is justified that consanguineous marriages favour the production not only of *retinitis pigmentosa*, but also of deaf mutism.

In spite of its apparent pathological isolation, *retinitis pigmentosa* is allied to certain forms of choroiditis, and to disease of the optic nerve, the character to be relied on being early occurrence in families which exhibit a tendency to other forms of inherited disease. The history of such tendency may be difficult, or even impossible, to make out, or there may be a well-marked tendency present in the family to other derangements of the optical structure, such cases being by no means rare. One such is related of a lady, who, always myopic, had a sister, father, aunt, and uncle, all of whom suffered from some affection of the eye. In another of Mr. Hutchinson's cases, two sisters who were under his care in 1875, were subjects of an affection of the eyeball when eight months old, and in them the ophthalmoscope showed a choroidal affection, which, however, did not extend so far as to set up *retinitis pigmentosa*. In these cases there was no history obtainable of inheritance or of consanguineous marriage, and the children of the patients were free from disease. In another case brought to his notice ten years ago, that of a child, Mr. Hutchinson discovered several exceptionally interesting features in the eye of the patient. There was a deposit of pigment, stellate in form, with extensive atrophy of the choroid, this being usually absent in regular *retinitis pigmentosa*; and there were other peculiarities present in this organ. The mother said that of eight living children four were similarly affected. Paraplegia had occurred in childhood, the sexual development had been arrested, and in three male children mammae had definitely grown. In 1870 a letter carrier brought his child to the hospital for treatment, which was suffering from blindness; and five years after he brought a second child afflicted in the same way. These children were members of a family of ten, of whom five were either blind at birth, or became so soon afterwards, while the remaining five had good sight. There was no obvious cause for the occurrence, the family history revealing an account neither of inherited defect nor of consanguineous marriage. Cases of a similar nature have frequently been recorded in which the history of the affection in former generations is entirely wanting, and in which, too, there is no record of consanguineous marriages to explain the tendency. Sometimes, though but rarely, we meet with the fact of consins marrying to account for it; and when this is so, it usually happens that more than one individual of the family suffers.

Deaf-mutism may be transmitted by either parent to

either sex. Though frequently termed congenital, it usually is developed some time after birth, and the assumption that for this reason it is not really a congenital disease has given rise to the belief that intermarriage among deaf-mutes need not necessarily be prohibited. The existence of the condition is commonly noticed in Ireland, in which country both intermarriages and consanguineous marriages meet with more or less encouragement—a fact to which we are entitled to look for explanation of the frequency observed. Where once established in a family, the defect is transmitted without necessarily being attended by any reduction of the other faculties; but where it occurs *de novo* it is most often attended with feeble intellectual development, and a dulling of the special senses. It is, notwithstanding all that has been said, however, surprising to how small an extent the transmission of deaf-mutism takes place in the case of those intermarriages among deaf-mutes, which are, in great part a result of the association of numbers of congenitally-afflicted persons of this class in the training institutions devoted to their rearing and education. The facts appear in the light of an exception to the known laws of heredity, and demonstrate a tendency to atavism, the full meaning of which we do not as yet exactly appreciate. A careful examination of the data at our disposal, however, may serve to remove some of the exceptional divergences which appear. Dr. Adams quotes instances of perfectly-endowed children, the offspring of deaf-and-dumb parents; and American statistics show that only ten per cent. of children of deaf-mutes preserve their parents' defects. According to other tables the proportion is given as one to three, while the experiments of Mr. Elliott, whose large opportunities of forming a conclusion on the point, derived from a lengthened residence as master of a large deaf-and-dumb training institution, gives his opinion great weight, declares that the numbers vary within wide limits; he also describes intermarriages as very common among deaf-mutes. The Irish Commissioners report that the number of children born from deaf-and-dumb parents is small; and on all hands the different accounts presented on the subject make it an extremely difficult matter to determine the exact relation borne by the parents to their offspring in this particular. The facts, at their best, indeed, only prove that it is a difficult matter to transmit peculiarities of this description, a fact but for which the number of those born thus seriously afflicted must be largely excessive. It should be added that the statistics relating to Ireland are not borne out by those collected from other sources; and Mr. Hutchinson concludes, after a careful review of all the evidence bearing on deaf-mutism, that the defect is undoubtedly transmissible; and although it is well to keep fairly in mind all that has been adduced to prove the infrequent occurrence of such transmission, it is advisable to recollect also that the assertion of a latent power will always be attended, after a period of inactivity, with increased development of the hidden tendency, as numerous well-authenticated cases sufficiently testify.

The diseases illustrated in this and the preceding lectures possess a high importance from the demonstrations they afford of the pathological bearings of the subject under treatment. They are probably but the most prominent instances of inherited maladies, and we may anticipate that the truths discovered concerning them will by-and-by be equally applicable to other forms of disease in the future. We cannot doubt that, while intra-uterine changes bring about such conditions—of the eye, for instance—as are observable at birth, other organs, as the heart, veins, &c., may be, possibly in some slight degree only, influenced by the action of similar sets of conditions. Thus, surely, might we offer an explanation of the apparently inscrutable constitutional differences affecting various persons, whereby one is poisoned by the smallest dose of a drug (*e.g.*, iodide of potassium) which, on another, reacts beneficially; or whereby usually-nutritive foods like honey, eggs, &c., are impossible to be taken through some peculiarity of individual structure.

Defects without number may be set up during life *in utero*, and, once established, be transmitted from generation to generation unfailingly. Moreover, the type of defect once established, it may intercross with others, to the production of mongrel diseases. These set up complications without number, and bring about the possibility of the inheritance at once of the original constitutional defect, and of all those hybrid diseases induced by the chance meeting between it, and such other maladies as it has met during the term of its perpetuation.

The exciting causes of hereditary malformations and diseases are numerous and complicated. Among them may be enumerated unsuitable marriages, former occurrence of diseases, and neglect or over-excitement of functions. Functional changes once duly fixed by pathological changes, are transmitted from individual to individual, and that which at the outset ranks only as an idiosyncrasy may by-and-by develop into a determinate disease. An instance of this is afforded by a form of amaurosis due to excessive tobacco smoking, the tobacco here acting not as the actual producing cause of the disease, but as an excitant of the tendency to defect when once originated.

Diathesis is a convenient term which, when qualified by such adjectives as "catarrhal," "bilious," &c., serves to indicate a tendency to the development of certain definite conditions under appropriate fixed circumstances. Diathesis is a habit of body wholly distinct from actual disease, the appreciation of which is of the highest importance to the physician. It is a peculiar feature discernible in family transmission, and is worthy of most attentive study. The tendency to chilblains runs in families, and is transmissible, but the tissues, after youth is past, seem less sensitive to the changes induced in them. Struma is affiliated with this condition, and, rightly understood it has no direct relation to the tubercular diathesis. In the same way lupus is, in its origin, allied with chilblains, for all its after-course is so entirely different. In these forms of disease the tendency is determined by a constitutional peculiarity—a tissue tendency which is, in effect, the diathesis, and the nature of which is determined by the conditions of inheritance and transmissibility.

PROPHYLAXIS OF RABIES AND HYDROPHOBIA. (a)

By THOMAS M. DOLAN, F.R.C.S. Ed.,
Halifax, Yorkshire.

MR. PRESIDENT, VICE-PRESIDENTS, AND GENTLEMEN,—From the year 1870 to 1877 395 deaths were registered from hydrophobia in England and Wales. This represents a large sacrifice of life from what should be a preventable disease, so that I may well be excused for harping on a favourite string, and introducing to your consideration some new thoughts on rabies and hydrophobia.

If we look at the annexed table we shall see how these deaths have been distributed, and through the courtesy of the Registrar-General of England I have been enabled to draw it up.

We may readily draw some conclusions from the following table, and one of the most striking is the high death-rate in the north-western and York divisions, and we must naturally ask the cause leading to this excessive mortality in the districts embraced by these columns.

Hydrophobia depends upon rabies in the dog. Rabies has been extremely prevalent during the years 1870 to 1877 in Lancashire and Yorkshire, and when we remember the densely-populated towns, with dog-loving inhabitants in these counties, their geographical position, we need not wonder that if rabies once obtained a footing in this part of England, it should spread over the whole island. It has spread east and west, north and south;

(a) Paper read before the British Medical Association at Cambridge.

DEATHS FROM HYDROPHOBIA IN EACH COUNTY OF ENGLAND AND WALES, 1870 - 1877.

	POPULATION.								TOTAL.	
		1851.	1870.	1871.	1872.	1873.	1874.	1875.		1876.	1877.
England & Wales	17,927,609	32	56	39	28	61	47	53	79	395
DIVISIONS.										
1 London	2,362,236	..	1	1	1	9	6	6	16	40
2 South Eastern	1,623,416	..	..	..	..	5	1	7	7	25
3 South Midland	1,284,332	..	1	..	..	1	..	1	11	14
4 Eastern	1,113,382	..	..	..	..	1	1	2	2	6
5 South Western	1,803,251	..	..	..	..	..	..	3	9	12
6 West Midland	2,186,573	..	3	8	5	7	7	1	2	33
7 North Midland	1,215,501	4	5	4	1	4	4	8	1	24
8 North Western	2,488,438	12	22	16	15	17	17	8	19	126
9 York	1,739,047	10	16	6	2	16	10	14	1	74
10 Northern	969,126	6	6	4	4	2	1	6	3	32
11 Welsh	1,126,697	..	2	..	..	..	..	4	3	9
1.—LONDON.										
Middlesex, part of	1,745,601	..	..	..	..	..	..	..	..	..
Surrey (part of)	432,435	..	1	1	1	9	6	6	16	40
Kent (part of)	134,300	..	..	..	..	..	..	..	..	..
2.—SOUTH-EASTERN DIVISION.										
1 Surrey (part of)	202,521	..	..	..	..	2	1	2	2	7
2 Kent, part of	485,021	..	..	..	..	1	..	3	3	7
3 Sussex	339,604	..	..	..	..	2	..	2	1	5
4 Hampshire	402,046	..	..	..	..	..	..	4	4	4
5 Berkshire	199,224	..	..	..	..	..	..	..	2	2
3.—SOUTH MIDLAND DIVISION.										
6 Middlesex, part of	150,606	..	..	..	..	1	..	1	2	2
7 Hertfordshire	173,902	..	..	..	..	..	..	1	2	3
8 Buckinghamshire	143,665	..	..	..	..	..	..	2	2	4
9 Oxfordshire	170,247	..	1	..	..	..	..	..	3	4
10 Northamptonshire	213,844	..	..	..	..	..	..	..	..	..
11 Huntingdonshire	60,319	..	..	..	..	..	..	..	..	..
12 Bedfordshire	129,895	..	..	..	..	..	..	3	3	3
13 Cambridgeshire	191,991	..	..	..	..	..	..	..	..	..
4.—EASTERN DIVISION.										
14 Essex	341,130	..	..	..	..	1	1	2	2	6
15 Suffolk	336,138	..	..	..	..	..	..	..	..	..
16 Norfolk	433,710	..	..	..	..	..	..	..	..	..
5.—SOUTH WESTERN DIVISION.										
17 Wiltshire	240,931	..	..	..	..	..	..	1	1	2
18 Dorsetshire	177,097	..	..	..	..	..	..	2	..	2
19 Devonshire	584,775	..	..	..	..	..	..	4	4	4
20 Cornwall	368,173	..	..	..	..	..	..	1	1	1
21 Somersetshire	462,232	..	..	..	..	..	..	3	3	3
6.—WEST MIDLAND DIVISION.										
22 Gloucestershire	419,514	..	..	..	..	..	..	..	..	..
23 Herefordshire	99,120	..	..	..	..	..	..	..	..	..
24 Shropshire	219,504	..	..	1	2	2	..	..	..	5
25 Staffordshire	630,545	..	3	5	2	4	5	1	2	22
26 Worcestershire	258,733	..	..	1	..	2	1	..	..	2
27 Warwickshire	479,157	..	..	1	1	1	1	..	..	4
7.—NORTH MIDLAND DIVISION.										
28 Leicestershire	235,920	..	..	1	..	..	1	..	1	8
29 Rutlandshire	24,272	..	..	..	..	..	..	..	..	..
30 Lincolnshire	406,286	..	..	..	..	..	..	..	..	..
31 Nottinghamshire	294,330	3	3	3	..	2	2	..	..	13
32 Derbyshire	260,693	1	2	..	1	2	1	1	..	8
8.—NORTH-WESTERN DIVISION.										
33 Cheshire	421,137	2	3	..	1	2	1	..	3	12
34 Lancashire	2,067,301	10	19	16	14	15	16	8	16	114
9.—YORK DIVISION.										
35 West Riding	1,814,082	9	15	5	1	12	8	10	1	61
36 East Riding (with York)	251,560	..	..	..	1	3	2	1	..	7
37 North Riding	193,405	1	1	1	..	..	..	3	..	6
10.—NORTHERN DIVISION.										
38 Durham	411,679	4	5	4	1	1	..	6	2	23
39 Northumberland	303,568	1	1	..	3	1	1	..	1	8
40 Cumberland	195,491	..	..	..	..	..	..	..	..	..
41 Westmoreland	53,387	..	..	..	..	..	..	..	..	..
11.—WELSH DIVISION.										
42 Monmouthshire	177,133	..	..	..	..	..	..	..	1	1
43 South Wales	607,456	..	1	..	..	..	..	2	2	5
44 North Wales	402,111	..	1	..	..	..	..	2	..	3

NOTE.—The causes of death for 1878 are not abstracted.

and as a result we have the large number of deaths from hydrophobia shown in the table I submit to you.

I think it self-evident that there is a necessity for more severe and stringent precautions in reference to dogs. Can rabies be stamped out? or, if that is impossible, can it be limited or checked? These are the questions we have to consider. I think we can give a positive and decided answer to the second one. The answer to the first question depends on the reply we can give to two points.

1st. The incubative period of rabies.

2nd. The spontaneous origin of rabies.

It would be easy to frame a general code for the stamping out of rabies if the malady had a definite period of incubation, or if its spontaneous origin could possibly be denied.

Now, what do we know of incubation? what of the *de novo* question? for upon these two points the framing of a stamping-out code depends.

1st. Incubation in the dog. Upon this point I must content myself with the opinions of two of the best authorities in Europe on rabies, viz., Bouley and Fleming. Bouley tells us (article, "Rage," p. 162, "Dict. Ency. des Sciences Medicales") that the duration of the incubation of rabies in the large ruminants, varies from twenty to sixty or seventy days, and that forty days may be considered as the average. In twenty cases collected by himself, the period of incubation was found to be as follows:—

From 20 to 25 days	...	...	4
" 25 " 30 "	...	...	2
" 30 " 40 "	...	...	7
" 40 " 50 "	...	...	5
" 50 " 60 "	...	...	2

Haubner, from statistics of 234 cases, established the period of incubation in the bovine race in the following ratios:—Three months, ten per cent.; four months, eight per cent.; and for the surplus an incubation of nine months. Yet this limit, according to Haubner, might be extended, for he cites cases where the duration of incubation has been a year and two months, and two years and six months.

Fleming, in his work on "Rabies and Hydrophobia," thus sums up his data:—"From these statistics and facts it will be seen that nothing can be said with certainty, or in a positive manner, as to the length of the interval which elapses between the receipt of the injury and the appearance of rabies, and that it is therefore hazardous to say, when a dog has been wounded by one that is rabid, at what period it may be considered safe from an attack of the disease, as there are no reliable limits to this latent period. Young dogs are sooner affected than old ones."

Considering, then, that it is impossible to fix definitely the period of incubation, we have the first difficulty in the way, for the quarantine necessary would have to be of indefinite length.

2nd. Spontaneous origin of rabies.

Bouley and Fleming both have pronounced their opinions on this subject. At page 92, of the article previously quoted from, Bouley says:—

"Contagion alone is proved. Contagion then is the certain and probably the only cause of rabies, whatever disagreement there may be on this point, there is unanimity in regarding it as the preponderating cause. It is contagion we have to keep in view, in prescribing sanitary measures against this formidable malady, for if it were possible, as Professor Saint Cyr truly tells us, to destroy on the same day, and on the same hour, all dogs affected with rabies, in the patent or latent stage, there would be a great chance of stamping out, by the same blow and for ever, rabies."

Fleming, on the other hand, thus expresses himself:—"Taking into consideration the history of the disease, and the circumstance so frequently attending its advent and progress, we are constrained to agree with those

veterinarians who maintain that it is spontaneously developed."

We have here difficulty the second, so that we cannot safely say it can be stamped out. We must then have recourse to a possible plan of checking or limiting it, which, I hope to prove, will be almost tantamount in its results to a stamping out process.

(To be concluded.)

ON TYPES OF IMBECILITY. (a)

By FLETCHER BEACH, M.B., M.R.C.P.,
Medical Superintendent of the Darenth Asylum.

THE author referred to the different systems of classification of cases of imbecility (b) which have been adopted, mentioning particularly that of Esquirol, whose system is based upon the power of speech possessed, and that of Bucknill and Tuke, who classify cases according to the degree in which the reflex and volitional functions are manifested. He then brought forward one which is based upon certain characteristics found to exist in those cases under his care, a classification which he had found useful in demonstrating the disease to students and others. Under this system cases are classified under the headings of Congenital and Acquired Imbecility, including under the former those occurring at the time, under the latter those supervening after birth. The following is the classification which he has adopted.

IMBECILITY.

- | Congenital. | Acquired. |
|------------------------|------------------|
| 1. Simple congenital | 1. Eclampsic |
| 2. Microcephalic | 2. Epileptic |
| 3. Hydrocephalic | 3. Hydrocephalic |
| 4. Scaphocephalic | 4. Paralytic |
| 5. Paralytic | 5. Inflammatory |
| 6. Cretinism | a. Hypertrophic |
| (sporadic and endemic) | 6. Traumatic |
| | 7. Cretinism. |
| | (endemic) |

The points to be observed in diagnosing imbecility in infancy and in childhood were then given, and cases illustrating the different types related.

It was shown that, under the heading Simple Congenital Imbecility, cases of a very low and others of a fairly high type were included, and reference was made to the vaulted palate which is often found in patients when the imbecility is congenital. The supposed cause of microcephalic imbecility was alluded to. It was formerly held that this was due to the sutures of the skull closing in prematurely, and so hindering the growth of the brain, but in contradistinction to this is the fact that, many microcephalic imbeciles have been found with open sutures. In those cases where the sutures have closed in before birth, the question still remains, whether the brain ceased to grow because the sutures were closed, or whether the sutures closed in because the brain ceased to grow, or whether the brain and its coverings ceased to grow from a common cause. Cases of hydrocephalic imbecility where the head was hydrocephalic at the time of birth, were considered and the difference between the hydrocephalic and rickety head was pointed out. Scaphocephalic imbecility includes cases who have a keel-shaped head, but whether this is produced by difficult labour or not, the author was unable to ascertain. Paralytic imbeciles were shown to make good progress mentally, and but little physically, and an interesting case was related of a boy who was born with paralysis of the right side, the mother when pregnant having fallen with great violence, striking her side against

a wall and becoming insensible. In that patient there was flattening of the side of the cranium opposite to the paralysis. The characteristics of sporadic cretinism were mentioned, the broad face, pug nose, thick lips, full and flabby cheeks, short arms and legs, and large hands and feet found in such cases being especially pointed out. The chief difference between sporadic and endemic cretinism was shown to be, in the former, usually the absence of a thyroid gland and generally fatty tumours in the posterior triangles of the neck.

More improvement was stated to take place in cases of acquired than in those of congenital imbecility, and the reason for this was explained. Congenital imbeciles are born with brains deficient in quality as well as often in quantity. Whether training does or does not increase the number of cells is a moot point; but if it simply improves the quality of those present, although improvement may occur, the author could not see that recovery could be expected to take place. In acquired imbecility we have a brain which, though often highly sensitive and easily upset by slight causes, is, no doubt, of normal structure at first, and in course of time in many cases regains its normal condition, in the same way as does the brain of a lunatic. Exception must, of course, be made to those patients who are subject to frequent and repeated fits and in whom treatment has no effect. Eclampsic imbecility was shown to be due to convulsions coming on soon after birth, continuing some years, and then ceasing, but leaving the structure of the brain so altered that the child becomes imbecile. In most of the cases which had come under the author's notice there had been intemperance, or a history of insanity, apoplexy, or epilepsy in the parents, and the child had been handicapped as it were in the race of life and had less chance of recovery from the fits without loss of intellect. Under the heading Epileptic Imbecility, are included some cases where with cessation of fits the greatest improvement takes place, and others who go on from bad to worse, and finally end in utter dementia. A case of acquired hydrocephalic imbecility was related, and then acquired paralytic imbecility was entered upon. Under this class were included patients who had become so after birth, either from repeated fits, infantile paralysis, cerebral apoplexy, or atrophy of the brain. In these cases, as in those born paralysed, there is mental improvement under training, if the patient is not subject to fits, but the paralysed limbs make little progress towards recovery. Mention was made of the fact that Schroeder van der Kolk had collected several cases where there was found shortening and atrophy of the limbs and atrophy of the opposite side of the brain. One such patient had been seen by the author. In the majority of cases of this kind more or less imbecility existed, although this was not always the case. Schroeder van der Kolk says, "Everything, in my opinion, depends upon the more or less healthy state of one hemisphere of the brain. If, as from the nature of the case, seldom occurs, the inflammation and affection of the pia mater has not extended to this hemisphere, if the grey matter under the cerebral convolutions has here continued perfectly sound, there is no reason why the remaining hemisphere should not be able to act without impediment in the exercise of those functions which are necessary to our mental powers, just as one eye sees as sharply though the other be lost. But when the grey matter is injured in both hemispheres, particularly anteriorly, disturbance of the intellectual faculties will be inevitable." Inflammatory imbecility was said to be due to measles, typhoid fever, and other acute diseases, as a result or complication of which inflammation of the brain or membranes was produced, not sufficiently grave to be fatal, but serious enough to cause mental impairment. "The amount of damage done to the intellectual forces," as Dr. Ireland says, "must be mainly dependent upon the intensity of the morbid process." This, unfortunately, we have seldom a direct opportunity of measuring as the patient does not come to us till long after the disease has passed away. If one of the diseases above mentioned

(a) Abstract of a paper read before the Harveian Society.

(b) The word imbecility is used in preference to that of idocy, to avoid the confusion which the use of the two terms has been found to produce when describing cases to those unacquainted with the subject, and it includes all patients whether of low or high type. For further particulars, see *Lancet*, November 30th, 1878.

occur in a child previously disposed to imbecility by being born of parents whose family history shows the existence of marked neuroses, there would be the greater liability of imbecility following. The reason for placing hypertrophic imbecility in this class was shown to be because the post-mortem appearances of the patients who had died of this disease in the Darent Asylum show that there is, or has been, chronic inflammation of the brain. The difference between hypertrophy of the brain and chronic hydrocephalus was then pointed out. Traumatic imbecility includes cases where from a fall or blow on the head the patient has become imbecile. Under this heading would also come cases so produced from injuries to the head produced by narrowness of the pelvis and prolonged labour. The degree and nature of imbecility so produced must vary with the amount of the destruction of nervous tissue. Sometimes the injury to the mental power is permanent, sometimes it disappears more or less slowly; in some cases a trifling injury causes grave disorder, in others what appears to be a great injury leaves no visible effects behind. Hereditary predisposition has, no doubt, much to do with this. Endemic cretinism was alluded to, and the description of the three classes into which these cases were divided by a Commission appointed by the Sardinian Government was given.

Clinical Records.

MEATH HOSPITAL AND CO. DUBLIN INFIRMARY.

BRIEF NOTES OF OPERATIONS

Under the care of LAMBERT H. ORMSBY, F.R.C.S.,
Lecturer on Clinical and Operative Surgery.

(For these Notes we are indebted to Mr. PERCY NEWELL.)

OPERATION I.—*Case of Venous Nævus on Face Treated by Ligature.*—Kate P., a baby, *æt.* 4 months, admitted to Meath Hospital, June 12th, 1880, suffering from a large venous nævus, about the size of a shilling piece, situated on the temple at the left outer margin of eye. *History.*—The mother states she did not notice it until three weeks after the child was born, and that it has been gradually increasing in size ever since. The skin and cellular tissue were implicated, and on firm pressure being applied with the fingers, the blood could be pressed out of it, thus considerably diminishing the size of the tumour. Treatment adopted was strangulation of the tumour by means of a hempen ligature. Operation performed June 13th. The tumour was compressed firmly by the fingers of the operator until it became very pale, and considerably smaller in size; two needles were then passed at right angles through the base of the tumour, and a stout ligature was then placed round the tumour behind the needles, and tightly tied. In ten days the tumour dropped off, leaving very little mark.

OPERATION II.—*For Large Diffused Ganglion in Palm of Hand.*—Mary Anne R., *æt.* 22, servant, admitted to Meath Hospital, 15th May, 1881, with large diffused ganglion, involving the sheath of the flexor tendon of second finger, extending into palm of hand. *History.*—States that she hurt her finger severely three years ago, and that the swelling remained there ever since; it was very painful, and signs of fluctuation of the fluid enclosed in the ganglion were quite apparent. On admission the treatment adopted was, pressure by means of a splint cut to the shape of the fingers, and well padded and bandaged to the forearm; but the swelling in no way decreased in size. Operation performed on June 15th, the patient being placed under the influence of ether. Mr. Ormsby made a free incision into the tumour, and let out a quantity of fluid having the consistence and colour of synovial fluid. Smart hæmorrhage

followed, which was arrested by pressure. The hand was then placed on a splint and carefully bandaged, and since the operation the treatment has been progressing favourably, no inflammation of the flexor tendon, nor suppuration of the forearm, followed the incision.

OPERATION III.—*For a Case of Perforation of the Prepuce due to Neglected Phymosis, complicated with Chancres.*—John S., *æt.* 64, admitted to Meath Hospital, 15th June, with perforation of prepuce, due to ulceration and neglect of soft chancres on the glans penis beneath the prepuce. On admission the prepuce was found to be in a state of slough. The glans had made its way through the upper part of the prepuce, and a portion of it was only attached to the penis by a small piece of healthy tissue. Operation performed on 15th June, 1881. The prepuce was then eventually removed all round the organ, and the skin and mucous membrane carefully drawn together by sutures. All hæmorrhage was arrested, and black wash was then applied to the chancres brought into view by removal of the sloughing prepuce. This completed the operation.

OPERATION IV.—*Circumcision for Congenital Phymosis.*—J., *æt.* 16, was admitted to Meath Hospital on June 15th, 1881, suffering from congenital phymosis of a very aggravated character. The prepuce was contracted in front of the glans penis and the preputial orifice was so tight and small as to admit with very great difficulty a No. 1 catheter. The boy had never had gonorrhœa, but found a difficulty to expel the urine rapidly during micturition. Besides, the pent up preputial secretion at times produced a great deal of irritation. Operation performed on him: the patient was placed under ether, and the prepuce was well drawn forwards by a forceps. Two needles, armed with ligatures, were then passed through the prepuce behind the forceps, which were held obliquely, looking downwards and forwards. After the needles were passed, the elongated prepuce was divided in front of the forceps with one sweep of the knife. The forceps was then removed, but it was found that the prepuce was to a great extent permanently adherent to the glans, which complicated the operation somewhat, and gave the operator considerable trouble to separate its attachments evenly round, which, however, was done, and the orifice of the urethra and glans were then brought into view. The skin and mucous membrane were then brought together by sutures, and strips of wet lint applied, all bleeding being arrested. The boy made a very good and rapid recovery.

Translations.

ON PARACENTESIS THORACIS BY ASPIRATION IN ACUTE PLEURISY.

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Translated by C. A. OWENS, M.D., L.R.C.P. Ed.,
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(Continued from page 563, last vol.)

CHAPTER II.

Accidents following Paracentesis Thoracis.

(Continued.)

RECENTLY, the method of operation by aspiration has been held guilty. It is pretended that aspiration is too powerful, and it lowers pleural tension; and that, by the use of such means, the fluid is voided too precipitately. I need not seek far to show how little foundation there exists for these accusations. I have only to consult the records of cases, and I find conclusively that in sixteen cases of albuminous expectoration, in which the method of operating is given (thesis of Dr. Terrillon), the operation was done twelve times with a trocar without aspiration, and only four times by aspiration; and in six fatal cases, which I

have already mentioned, the operation was done three times with a trocar and three times by operation. These figures are the best advocate in favour of aspiration, since the most numerous accidents have occurred without it, they appeal more loudly than theories relating exclusively to differences of tension, and compel us to seek the cause of the accidents elsewhere than in the operation. (I do not refer to the manipulation, but to the operation itself.)

But if these accidents have nothing to do with the operation, to what are they due? If we in the first place analyse the six cases in which the operation was followed by death, we find that five of them were cases of complicated pleurisy. In the first (Gombault) the opposite lung was partially fibrous, shrunken, and bound down on all sides by adhesions, the result of old inflammation. In the second (Girard), the patient was affected with acute rheumatism and double pleurisy. In the third (Béhier), there was besides the left pleurisy, tubercular broncho-pneumonia on the right side. In the fourth (Dumontpallier), the patient had, besides right pleurisy, bronchitis and adhesion of the left lung. In the fifth (Bouveret), the patient who was cyanotic and in a state of asphyxia, had old tubercular pleurisy with adhesions, and between six and seven pints of fluid. If I now examine the less formidable accidents of pulmonary œdema and albuminous expectoration, followed by cure (thesis of Terrillon), I still perceive that most of these cases occur in complicated pleurisy. Thus, in cases Nos. 13 and 17 (Lassègue) the patients had also disease of heart, aortic lesions, mitral disease, œdema of the lower extremities, &c. In Case 3 (Buquoy) I find cardiac hypertrophy, with aortic and mitral murmurs. In No. 15 (Lancereaux) it is said that the patient, who was very chlorotic, was in the fourth month of pregnancy, and subject to chronic bronchitis and night sweats. In Case 7 (Marotte) the patient was also affected with pulmonary tubercle. And as regards accidents following paracentesis, when the pleurisy was uncomplicated, I notice that these mishaps always coincide with the *immediate issue of a large quantity of fluid*—9½ pints (Marotte) Case 7; in Fausillon's case, No. 18, 5 pints; and in observation No. 9 (Moutard-Martin) 5 pints, and in other cases 3½ pints.

Thus it will be seen that the slight, grave, or fatal cases of pulmonary œdema and albuminous expectoration after paracentesis have been invariably associated either with the complications of pleurisy (heart disease, bronchitis, tubercle, numerous and old adhesions, double pleurisy), or with the immediate issue of a large quantity of fluid, but more frequently with these two causes combined. But apart from these conditions I look in vain for accidents in the cases of simple pleurisy, and I seek them in vain in the thousands of cases in which the amount of fluid withdrawn at one time from the chest has not exceeded 1½ or 2 pints; they do not exist. I demand of my confreres if it is not so? When they have to treat a case of simple pleurisy, and, *above all*, when the amount of fluid withdrawn has not exceeded 1½ or 2 pints, have they ever observed the slightest hitch in the operation? For myself, I declare that in the 150 cases of paracentesis by aspiration which I have performed, or had carried out in my presence, I have never noticed the slightest complication, and have never seen the shadow of an accident. However, I err slightly in saying "never," for once this happened. At the hospital—La Pitié—in the service of Dr. Gallard, for whom I was acting, with Mr. Darolles as intern, I took in a healthy young man with acute pleurisy, there being considerable effusion. The symptoms being urgent, I performed paracentesis by aspiration, and, as is my usual practice, I stopped the flow of the fluid at a pint-and-a-half; two days afterwards I withdrew another pint-and-a-half. The patient considered that he was already cured, and begged "that they would finish emptying." In another two days I, therefore, had a final aspiration performed by one of the pupils, but instead of arresting the flow at a pint-and-a-half, I yielded to the request of the patient, withdrawing 2½ pints of fluid. In half-an-hour after the operation this young man was seized with pulmonary congestion, with fits of coughing; and he threw up three ounces of albuminous expectoration. Fortunately, the matter ended there; he soon began to improve, and cure followed rapidly. Now, in this case, if the issue of 2½ pints sufficed to cause this slight accident in this patient, when on two occasions the withdrawal of 1½ pints had been absolutely safe, what would have happened, I ask, if at one operation I had removed the whole 5½ pints?

It is certain that lamentable consequences would have resulted; and for once I regretted having somewhat broken the rule I had myself imposed. It was a good lesson, and I shall not forget it.

I, therefore, have the conviction, based for the one part on the more or less unfortunate cases which I have detailed, and on the other part on the 150 cases which are the result of my own personal observation, that the pulmonary congestion, acute œdema, and albuminous expectoration may always be avoided. The particular operation chosen matters little; the essential point is never to withdraw more than 1½ pints of fluid at a time. The rule should be to empty considerable effusions at repeated intervals, the rule becoming still more strict in dealing with old or complicated pleurisies.

In fact, to withdraw at one time 3 or 4 pints of fluid is to suddenly remove from the lung that which for several weeks has compressed it, and rendered it bloodless. The blood returns precipitately into the vessels, the air into the alveoli; and the violent congestion which thus results may cause the accidents which I have just described.

In certain cases, the lung on the sound side shares in this congestion, and may even be the principal cause of the symptoms (Bouveret). The reason is that the effusion when considerable does not only compress the lung on the side affected, but it masses together the mediastinal organs and the pulmonary vessels; the sudden resumption of the pulmonary circulation, if the effusion be too rapidly or too completely emptied, becoming a cause of danger. On the other hand, in limiting to 1½ pints as a maximum, and to a smaller quantity in special cases, the quantity of fluid withdrawn at one time, the lung returns gradually to the functions which have been in abeyance, is not taken by surprise by the pulmonary circulation suddenly set at liberty; and respiration, as well as aëration, are re-established without shock.

The No. 2 aspiratory needle is so innocent, its management is so simple, the puncture it makes being so little painful, that a patient ought certainly not to be exposed to the drawbacks which I have just enumerated, when the operation may be repeated in one or two days without any trouble, making two or three punctures instead of one.

For the rest all details will be fully considered under the head of "Method of Operating" (Chap. 4).

(To be continued.)

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,

President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,

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(Continued from page 9.)

Apollinaris (continued).

APOLLINARIS WATER, although comparatively new, is one of the best known and is extensively used in this country, owing to the mode in which it has been advertised, and also to undoubted merits of its own.

It flows, according to the statement of the proprietors, from a spring in the valley of Ahr, near Neuenahr, in Germany. It has been stated from personal inspection that from the well issues a supply of mineral water amounting to 6,000 large bottles per hour, equal to 40 millions per annum. None other than the natural gas

is said to be used in charging the bottles and jars. In this respect the Apollinaris Brunnen was one of the first natural aerated springs put upon the market. It springs according to the circulars from a deep, rocky source. Again the directors say, "Apollinaris being a *pure natural product* possesses many obvious advantages as a table beverage over ordinary artificial aerated waters." We must demur to such a theory, because there are hundreds of mineral and other *pure natural* waters which are perfectly unfit for table use.

There seems to be two qualities of Apollinaris water in the market—1st. Bottled under single pressure. 2nd. Bottled under double pressure. We presume this first water is bottled under the pressure obtainable at the surface.

In speaking of the amount of carbonic acid present in this water, and the peculiar mode in which the above-quoted aëration is expressed, we must dwell for a moment upon the subject of the genuineness of the Apollinaris water, as it very materially concerns a series of articles like the present, which have been constructed with a view of determining the merits of, and *bona-fides* of, such preparations. It is no secret that the genuineness of Apollinaris water has been disputed. In other words, it has been stated that Apollinaris is a made-up water—being in fact not only artificially aerated, but more or less added to as regards its constituents. If so, it would be our bounden duty to expose such an imposition; whilst, if it is not so, we have every right to try and to clear away any mystery. We are of opinion that the expressions quoted have led to a misapprehension as regards this point. We refer to "bottled under single and double pressure."

The amount of carbonic acid stated in the analyses (see original analyses) corresponds to the amount of free and combined carbonic acid as found at the mouth of the spring—*i.e.*, on the surface of the water. The water, while in the depth of the earth, contains a larger quantity of carbonic acid corresponding according to a well-known scientific rule to the height of the column of water pressing upon it.

The slight difference in favour of the carbonic acid of the water in glass bottles as compared with that in stone jugs is owing to the fact that the transparent bottle can be filled with water up to the necessary height, and immediately corked without the admission of any air. While a wooden plug has for a moment to be inserted into the stone jug, in order to expel a sufficient quantity of water to allow the jug to be corked without bursting. We have steadily set our faces against the use of stone-ware jars for mineral waters, believing that the undoubted superiority of glass in every respect, both as regards the keeping of the water, its freedom from earthy impurities, and other causes, too numerous to now recapitulate, are quite sufficient to do away with this relic of barbarism. The great inducement (*i.e.*, the dearness of glass) is now gone. It is,

therefore, with some surprise that we see a large and important company encouraging such a mistake as to cater for the old-fashioned prejudices of the ignorant.

As regards the genuineness of the Apollinaris water there can be little doubt. The natural carbonic acid gas, being used for charging the bottles, and producing a water which, when bottled, exerts a considerable pressure, is one of the two reasons which have given rise to the statement: The water seems to be obtained at a depth of 70 feet below the surface of the earth, and calculating from the quantity of free carbonic acid gas in the water at the outflow of the spring, it follows in accordance with the physical laws, that the water when drawn must be as much supersaturated with carbonic acid as if subjected to a pressure of more than two additional atmospheres. Considering that the spring at its outflow has a temperature of 17° R., its origin on the basis of the so-called Henry's principle must be supposed to exist at a depth of 920 feet. Here it would have 29 times the quantity of carbonic acid gas that the water shows at its outflows.

These remarks will explain the fact of enormous exhalations of carbonic acid at the spring, which are so great that in the absence of strong winds it is found impossible to descend the stairs leading to the pit surrounding the spring, further than within eight to nine feet above the pavement. When the water rises to the surface the gas escapes from the water; but as the spring is covered by a metal cylinder, the gas is carried into a hermetically closed reservoir, from whence it is forced again into the water, under such pressure as will represent the pressure exerted at the depth from whence the water is taken. If this is a correct explanation, we consider such a procedure not only eminently scientific but perfectly legitimate, and thus disposes of the statement of its being similar to an artificially aerated water.

The good reason for the statement that Apollinaris water is artificial is the small addition of chloride of sodium—which is openly acknowledged. This is the statement put forward by the company:—"A small quantity of chloride of sodium (never exceeding 1 in 1,000 parts) is added to the water, or the corks are soaked in a solution of salt. It had been noticed that when mineral waters had been bottled for a length of time, sulphuretted hydrogen was developed, owing to the reducing action of the cork on the small amount of sulphate of soda contained in such waters. As a preventive, Professor G. Bischof's proposal to make the aforesaid addition was acted upon. The change made by the addition in the composition is so trivial, that attacks based upon it are not worthy of serious consideration.

(To be continued.)

M. PASTEUR, who has a prospect of winning one of the three vacant seats in the French Academy, will receive it is believed, the Grand Cross of the Legion of Honour in the promotions which will accompany the 14th of July National Fete.

THE INTERNATIONAL MEDICAL CONGRESS.

The following is the programme of the arrangements for the International Medical Congress, to be held in London next month.

General Arrangements.—An informal reception will take place at the College of Physicians, on August 2nd, from 3 p.m. to 6 p.m., at which the Executive and Reception Committees will meet the members of the Congress. The opening meeting of the Congress will be held in St. James's Hall, on August 3rd, at 11 a.m. The other general meetings will be held in the University of London.

The offices of the Reception Committee are in the College of Physicians, north-west corner of Trafalgar Square. The office of the Reception Committee at the College of Physicians will be open for the Registration of members on and after Monday, July 18. Members are requested to call as soon as possible after their arrival in London. Every possible information will be given as to the prices and situation of convenient hotels and lodgings.

Members wishing to take part in any excursions, or to visit any of the private and public places of interest open on the occasion, must enter their names in the proper book, at the College of Physicians, at the earliest opportunity, in order that the necessary arrangements may be made.

Members of the Congress are admitted free, on presentation of their tickets of membership, to view the International Medical and Sanitary Exhibition at South Kensington, at which will be exhibited the various materials and apparatus employed in the prevention, detection, cure, and alleviation of disease.

The following is the Daily Programme:—

Tuesday, Aug. 2nd. 10 a.m. to 6 p.m.—Registration of members and issue of tickets, Royal College of Physicians, 8 to 6 p.m.—Reception of the members of the Congress by the Executive and Reception Committees at the Royal College of Physicians.

Wednesday, August 3rd. 8 a.m. to 6 p.m. 11 a.m.—First general meeting, St. James's Hall: Address of welcome by the chairman of the Executive Committee; sec.-gen's report; election of officers, election of hon. presidents of the Congress; election of hon. presidents of the Sections; inaugural address by the President of the Congress. 3 p.m.—Meeting of the Sections, Constitution of the Sections; and other business. 9 p.m.—*Conversazione* at South Kensington Museum, given by the English members' of the Congress to the foreign members.

Thursday, August 4th. 10 a.m. to 1 p.m.—Sectional meetings. 1.30 to 3.30 p.m.—Visits to hospitals. 4 to 5.30 p.m.—Second general meeting, theatre of the University of London. 6.30 p.m.—Banquet given to a certain number of the members of the Congress by the Lord Mayor of London at the Mansion House.

Friday, August 5th. 10 a.m. to 1 p.m.—Sectional meetings. 1.30 to 3.30 p.m.—Visits to hospitals. 4 to 5.30 p.m.—Third general meeting of University of London: Address by Dr. Billings, Washington, U.S., on "Our Medical Literature." 9 p.m.—*Conversazione* at the Royal College of Surgeons.

Saturday, August 6th. 10 a.m. to 1 p.m.—Sectional meetings. 4 to 7 p.m.—Reception at Kew Gardens by Sir J. D. Hooker. 4 to 7 p.m. Garden Party by Mr. and Mrs. Spencer Wells, at Golder's Hill, Hampstead. 6.30 p.m.—The United Hospitals Club will entertain a party at dinner at the Star and Garter, Richmond Hill.

Sunday, August 7th. 10 a.m.—A service in Westminster Abbey: sermon by Dean Stanley. 8.15 p.m.—Service in St. Paul's: sermon by Canon Liddon. 2 p.m.—The Royal Botanic Society's Gardens, and the Gardens of the Zoological Society, in the Regent's Park, will be open free to members on this, and on every day of the week, on presentation of their tickets. The Royal Gardens at Kew may be visited on Sunday, from 9 a.m. till sunset; and Hampton Court Palace and Gardens from 2 p.m. till sunset.

Monday, August 8th. 10 a.m. to 1 p.m.—Sectional meetings. 4 to 5.30 p.m.—Fourth general meeting: Address by Professor Volkmann, Halle. 6.30 p.m.—Dinner given to foreign members of the Congress by the Society of Apothecaries. 9 p.m.—*Soirée* in the Albert Hall, and the International Medical and Sanitary Exhibition, South Kensington.

Tuesday, August 9th. 10 a.m. to 1 p.m.—Sectional meetings. 2 p.m. to 3 p.m.—Fifth general meeting, theatre of the University of London. Address by Professor Huxley,

F.R.S., D.C.L., London "The Connection of the Biological Sciences with Medicine". 3 p.m.—Concluding meeting of the Congress.

After the concluding meeting, the members, accompanied by their friends, will proceed to Victoria Station, for High Level Station (London Chatham and Dover Railway), where special trains will be in waiting at four o'clock to convey them to the Crystal Palace. After a visit to the Palace and grounds an informal dinner will take place in the concert room, about seven o'clock. At dusk, the fountains will play during a display of fireworks, which may be viewed by members of the Congress from the Queen's Corridor.

The following places of interest may be visited by members of the Congress, on conditions which can be ascertained at the office of the Reception Committee:—

The Hunterian Museum of the Royal College of Surgeons, Lincoln's Inn Fields, 8 a.m. to 5 p.m. The Library of the Royal College of Surgeons, 10 a.m. to 4 p.m. The Library of the Royal Medical and Chirurgical Society, 53 Berners street, W., 1.30 p.m. to 6 p.m. The Tower of London, 10 a.m. to 4 p.m. The Royal Mint, Tower hill. The Bank of England. The Royal Botanic Society's Gardens, Regent's park, 9 a.m. till sunset. The Gardens of the Zoological Society, Regent's park, 9 a.m. till sunset. The Royal Gardens at Kew, 1 p.m. till sunset. Hampton Court Palace and Gardens, 9 a.m. till sunset. Newgate Prison, Old Bailey. The General Post Office, St. Martin's-le-Grand. The British Museum, Great Russell street, Bloomsbury, W.C., Monday, Wednesday, and Friday, 10 a.m. to 6 p.m.; Saturday, 12 noon to 3 p.m. The National Gallery, Trafalgar square, W.C., 10 a.m. to 6 p.m. The South Kensington Museum, S.W., Monday, Tuesday, and Saturday, 10 a.m. to 10 p.m.; Wednesday, Thursday, Friday, 10 a.m. to 6 p.m. The Soane Museum, Lincoln's Inn Fields, W.C., daily, 11 a.m. to 5 p.m. The Dulwich Gallery, Dulwich, S.E., daily, 10 a.m. to 5 p.m. The Natural History Museum, Cromwell road, South Kensington, S.W., daily, from 10 a.m. to 6 p.m. Stafford House, the residence of the Duke of Sutherland, St. James's, S.W. Apsley House, the residence of the Duke of Wellington, Hyde park corner, W. Bridgewater House, the residence of the Earl of Ellesmere. Hertford House, the residence of Sir Richard Wallace, Manchester square, W. Dudley House, the residence of the Earl of Dudley, Park lane, W. Dorchester house, the residence of R. S. Holford, Esq., Park lane. W. Messrs. Barclay and Perkins' Brewery, Southwark, S.E. Messrs. Maudslay's Works, Westminster bridge road, S.E., daily, 2 p.m. to 5 p.m., except Saturday. Messrs. Penn's Engine Factory, Greenwich, S.E. Messrs. Siemens's Telegraph Construction Works, Woolwich. The Royal Arsenal, Woolwich. The Docks. Buckingham Palace. Windsor Castle. Hampton Court Palace and Gardens. The Houses of Parliament.

Excursions—Friday, August 5th. 12.45 p.m.—Mr. John Penn will receive a certain number of members on board a special steamer at Charing Cross Pier, in order to proceed down the river to Greenwich, and, after luncheon there with Mr. Penn, to visit the engine works of the Messrs. Penn, returning either by water or rail to Charing Cross.

Saturday, August 6th. 2 p.m.—A certain number of members will leave Charing Cross Station by special train, provided free of cost, to witness the unveiling of the Harvey Statue at Folkestone. After the ceremony, the Mayor and Corporation of Folkestone will entertain the visitors at a banquet in the Town Hall. 2 p.m.—Under the guidance of Dr. Langdon Down, a party will visit Hampton Court Palace and Gardens, proceeding thence by river to Hampton Wick, where they will be entertained by Dr. Down at a garden party at his residence, Normansfield. The members can reach Hampton Court either by the road, the river, or the rail. A special train will leave Waterloo Station (South-Western Railway) at 2 o'clock.

Sunday, August 7th. 1.30 p.m.—A special train will leave Victoria Station (Brighton and South Coast Railway) for Boxhill, situated in a beautiful part of the County of Surrey. At Burford Lodge, close to the station, Sir Trevor Lawrence, Bart., M.P., will receive a party of the members of the Congress at luncheon. The train will return from Boxhill to London at 6 p.m.

Monday, August 8th. 11 a.m.—Visit to the Docks, under the guidance and hospitality of Sir George Chambers, Chairman of the London, St. Katherine's and Victoria Dock Company. A limited number of members will proceed to St.

Katherine's Dock house on Tower Hill at 11 a.m., where the indigo and tobacco floors will be inspected; and in the adjoining London Dock, the ivory, drug, spice and wool floors, and the largest wine vault. From the Shadwell Basin, a steamboat will then take the party, for whom Sir George Chambers will provide luncheon on board, down the river to Victoria Docks. Having passed through the Royal Victoria and Royal Albert Docks, the party will return by the river to Charing Cross Pier.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JULY 13, 1881.

THE RELATIVE VALUE OF CALF AND HUMANISED VACCINE LYMPH.

THE widespread and serious outbreak of small-pox that has been prevalent for some months, has once more drawn attention to the value of vaccination as a protective measure, to its coincident dangers, and also to the identity of small-pox and vaccinia, or rather to the question as to whether they are identical. Of the value of vaccination, there can be no doubt whatever that, when properly performed, it is as protective as any measure of this kind can be. Clinical and everyday experience are altogether in favour of this view; the amount of evidence in this direction is absolutely overwhelming. But to be an efficient protection vaccination must be perfect, not only as to the time and the manner in which the operation is performed, but also with regard to the character and quality of the vaccine matter used for inoculation. If ordinary circumspection is exercised, the risks of vaccination are almost *nil*; but this circumspection must be

extended not only to the way in which the operation is performed, but also to the source of the lymph employed.

Whether the vaccine virus may become contaminated or enfeebled by its passage through countless generations of human beings—whether human disorders of an inoculable character may become engrafted on the vaccine malady, and be transmitted by vaccination to future generations,—or whether, in its transference from one individual to another, it may become degenerate, and thus lose its protective influence—are questions of the deepest moment, and which await solution.

But pending an affirmative or negative response to them is it not reasonable to suggest that, if any doubts whatever exist as to the contamination or diminished potency of the inoculating material, recourse should be had to the original source of this virus—to the natural vaccine disease in the bovine species? That this malady is still prevalent, and that lymph for vaccination purposes is obtained direct from cows affected with the so-called “spontaneous cow-pox,” is shown in the recent exhaustive treatise on “Human and Animal Variolæ,” (a) by Mr. Fleming, wherein we have the relations existing between the variolous disease of different animal species, and their dissimilarities pointed out. One startling fact brought out by Mr. Fleming's researches is that human small-pox and the cow-pox are two independent maladies, as distinct in their pathology and pathological anatomy as any two transmissible diseases possibly can be. We have said that this is a startling fact, and the truth of this is evident when it is known that nearly all, if not all, the medical authorities in this country believe that cow-pox is only small-pox conveyed from man to the cow. It would appear that early in this century certain experimenters, as Thiele, Badcock, Ceely, Burrows, and one or two others, fancied they had, by inoculating cows with small-pox matter, produced veritable vaccinia in them and from this suppositious vaccine disease matter was collected and extensively used for vaccination purposes. From what Mr. Fleming states—and his statement is certainly supported by everything we know with regard to the specific character of these transmissible disorders—it is utterly impossible to produce vaccinia from human variola. In their chief features the two diseases are remarkably distinct, and all recent attempts to transform one into the other have failed. Experiments on the largest scale have been conducted in France, Italy, England, and other countries, but all have failed to produce cow-pox by inoculating cows with small-pox matter.

It is very extraordinary that the facts and arguments brought forward by Mr. Fleming should not have been present to the medical authorities in this country who believe in the, as they appear, very misleading experiments of Mr. Ceely, who seems on one occasion to have mistaken the foot-and-mouth disease of cattle for transmitted small-pox. Vaccinia, according to Mr. Fleming, is a local, benignant, and inoculable, but non-infectious disease, while small-pox is a general, eruptive, very fatal, and extremely infectious disorder. Mr. Ceely and his

(a) “Human and Animal Variolæ.” By George Fleming, F.R.V.S., President of the Royal College of Veterinary Surgeons. London: Baillière, Tindall & Cox. 1881.

followers would have us believe that the latter, by one transference to the cow, can become converted into the former, and, when re-transferred, to mankind, it never assumed its original characters, though planted in its native soil, and cultivated through generations of people. Surely, on the face of it, such a notion is absurd.

Not only is this so, but Mr. Fleming, extending his observations to all the domesticated and wild creatures, demonstrates that each has a form of variola peculiar to itself, and that, while the variola of one species may be protective to another species against its variola, yet that this does not hold good through all the species. Sheep-pox, for instance, when inoculated in man; will not protect him from an attack of small-pox, though the resemblance between the two kinds of variolæ is of the closest kind; neither will vaccination protect sheep from sheep-pox.

If it be admitted that Ceely, Badcock, and others did not engender cow-pox by inoculating cows with small-pox matter, the question arises—What did they produce? There is only too much reason to apprehend that they only produced a localised small-pox eruption, and that the virus they obtained from it was not that of vaccinia, but of small-pox. When we know that this virus was largely employed to vaccinate children, we can form our own conclusions as to the result.

In the meantime, no efforts should be spared to obtain material for vaccination from the original source—the natural cow-pox. In Mr. Fleming's pamphlet, we observe that cases occur in various parts of the Continent, as well as in the north of Scotland; and, probably, if inquiries were made, they would be found to exist in England or Wales. We do not believe in the possibility of producing vaccinia from small-pox, nor yet have we much faith in the supposed advantages resulting from retro-vaccination. We therefore hold that if any change is to be made in the system of vaccination, that should commence with vaccine lymph derived from the natural cow-pox.

The extensive correspondence in our present issue confirms the idea that the subject of these remarks is of wide-spread interest, and that a healthy spirit of inquiry is abroad, which cannot but be productive of good.

THE IRISH COLLEGE OF PHYSICIANS AND MEDICAL REFORM.

At a special business meeting of the College, recently convened to consider the minutes of evidence to be submitted by the registrar on behalf of the College to the Royal Commission on the Medical Acts, the following resolution was adopted, namely:—"That it be an instruction to the registrar to state to the Royal Commission that this College is prepared to accept legislation based upon the following lines:—1. That no person shall be allowed to hold a public appointment until he shall have passed a public examination conducted under the authority of the Government. 2. That no candidate shall be admitted to such public examination without the production of diplomas in medicine, surgery, and midwifery from bodies authorised to confer the same."

This very peculiar pronouncement by the College places it, we believe, in a position of complete isolation,

not only from all other licensing bodies, but from the policy which reformers have regarded as practical or possible. The College, in fact, adopts Mr. Errington's Bill, a measure which has hitherto been thought to have had not a single admirer, save the late Sir Dominic Corrigan, who gave birth to it, and the hon. member who performed the delivery and subsequently nursed the bantling.

It will be observed that the Irish College of Physicians proposes that there shall be a State examination (not necessarily a conjoint examination), superior and subsequent to all collegiate examinations, and that no one shall be admitted thereto until he has obtained a triple diploma from one or more Colleges. But the resolution adopted does not say that there shall be any uniformity of standard of examination, curriculum, or fee amongst the examinations for these diplomas, so that it would seem that the College contemplates with serenity the indefinite perpetuation of the existing Dutch-auction system of competition amongst the nineteen licensing bodies. This competition—be it observed—must necessarily be increased by the superposition of a State examination upon the diplomas, and for the simple reason that the State examination would deprive all inferior examinations of any *prestige* whatever. As no diploma would have any validity for the public service, it is manifest that the student would seek the easiest and cheapest he could possibly find, and would rest his professional *prestige* altogether upon the State examination. Why should he pay a shilling more, or expend an hour's more work than is absolutely indispensable to obtain a diploma which would be immediately superseded by the State examination? Certainly his desires would be toward the nine and eightpenny license of the Irish Apothecaries Hall, or the year and nine months curriculum of other licensing bodies, rather than the more extended and expensive diplomas of the Irish Colleges of Physicians or Surgeons.

This, however, is not the only nor the chief objection to the Corrigan-Errington scheme. It will be seen that it proposes that this State examination shall be required only in the case of practitioners "allowed to hold a public appointment." This means that, while the Poor-law medical officer or army surgeon would be required to submit to the State test, private practice should be unreservedly open to diploma holders who had passed no examination, save that of his college—degraded as that examination would be by the influence to which we have already referred. Thus would be created within the profession two recognised ranks of practitioners, the State examinées, whose competency, was guaranteed, struggling for life in competition with the diploma holders, whose competency was an unknown quantity, but who were, nevertheless, legally entitled to kill or cure the general public. We need hardly descant upon the chaotic outcome of such a system, and the certainty that all the evils under which the profession now groans would be aggravated thereby.

We find ourselves totally unable to comprehend the line of reasoning by which the Irish College of Physicians could have arrived at such a singular conclusion. Reasons, we assume, must have been forthcoming, though

they have not been appreciable to us. We cannot, however, but regret that the College, as an influential representative of Irish medical opinion, should go before the Royal Commission with a programme which is not likely to have the support of any party in either the obstructive or the reform camps. It would, we think, have been more diplomatic to take up a policy in which the College could hope for the co-operation of admirers of some shade of opinion.

THE MORALITY OF DOCTORS.

WE referred in a recent issue to the fact that Dr. W. B. Carpenter was announced as having in preparation a reply to the ignorant nonsense which, under the title "Morality of the Medical Profession," had appeared in the April number of a comparatively new magazine called the *Modern Review*. We ventured to comment on the advisability of not paying any serious heed to the malignant splutter contained in the anonymous essay, and we feel that Dr. Carpenter will at least agree with us now that he has incurred by his act a celebrity of connection such as it is inconceivable he had any idea of courting. Side by side with the dignified and scholarly protest of the late Registrar of the University of London, the current number of *Modern Review* contains a second reply to the original slanderous article, purporting to be written by "Two of the Profession," and which, from its ridiculous pretentiousness, as well as from its flagrant offences against the highest canons of medical conduct, deserves to be ranked as equally ill-judged with the production that called it forth. Dr. Carpenter has, indeed, imported into his share of the discussion the authority attaching to a well-known name—that at once of a scientific *savant*, of one holding an unassailable position in the social world, and of a highly-esteemed gentleman. As would be expected, his reply to the charges brought against the profession of which he is a member is remarkable for the calm unhesitating assurance of the vindication it conveys; and in so far as it is the utterance of a great and experienced mind, it is invaluable. Whether, however, Dr. Carpenter has been well advised in assuming the task he has imposed upon himself—entirely apart, that is, from the question whether any notice at all of the anonymous revilings had been politic—we still presume to doubt, notwithstanding the intrinsic excellence of the reply. We cannot conceal the patent fact that it is the *practice* of medicine that is aspersed by all the numerous calumniators who have arisen of late. They are utterly ignorant of the commonest, most elementary, scientific principles by which that practice is guided; they are animated, as a rule, by some fanatical jealousy that blinds their better nature; and their eagerness to defend some mistaken theory develops into splenetic hatred of all that apparently interferes with the development of their cherished schemes. Hence it is that anti-vaccinators, anti-vivisectionists, homœopaths, and humbugs of every description, whose influence is derived from negation of established truths, are banded together in pursuit of a common enemy—the educated man of medicine. Zealous by reason of their sublime ignorance, they are absolutely incapable of attacking the object of their hatred through discussion of the

science which is the light of medicine; and they are thus compelled either to resign the combat, or to engage in other tactics. Foiled in every encounter where unenlightenment has entered the lists against truth and knowledge, they have now turned furiously on the only point seemingly left open to them, and that is the practice of the profession. It has unfortunately happened that, at exceedingly long intervals, acts of an irregular description have been committed by men holding medical qualifications; but can this be matter for serious wonder when we reflect that the number of practitioners in the kingdom exceeds 24,000? Of no profession or calling can it be said that so few of its members are found forgetful of the duties they owe to the world and to themselves as is the case with the profession of medicine. We do not propose, however, in this place, to defend it from the insults that are being heaped on it on every side; we are anxious rather to urge the consideration of the question—How far is it likely to avail to descend to justifications or explanations which it is an indignity to expect, as to utter? There may be some reason in acceding to an outspoken request for information when that request is made in good faith, with an honest intention, and unshielded by deceitful anonymity. But when calumnious falsehoods are written about us by those who pen their words behind the cowardly cloak of concealment, who are too profoundly ignorant of the subject they dare to discuss, to save themselves from constant commission of most absurd mistakes. Then surely it had been far more becoming the dignity of medicine to leave unnoticed and uncared for the libels of unknown foes. That the truth of this reflection has not been appreciated is, we take it, one chief reason why the libellers of medical men proceed from time to time to fresh outrages. It has been brought to our knowledge, indeed, that within the past few weeks the number of local newspaper correspondents who have been inspired with a burning wish to introduce reform into the practice of medicine, and to expose its many evils, have undergone a large accession. One such may be taken as a sample of all. Each is penned by someone enjoying the most perfect ignorance of the subject of his communication, and every one is signed with a *nom-de-plume*. This is at once instructive and suggestive. The amiable alacrity with which far-seeing editors of magazines of doubtful circulation agree to admit to their pages articles concerning the truth of which they must be very exceptionally placed to be enabled to decide, but which bear evidence of a likelihood of exciting disgust and reprisal from those whom the malign is primarily to blame for the injustice done to the profession of late. It is a matter for much congratulation that the high-class reviews do not descend to the tactics indulged in by such as appeal to a less cultured order of readers; but this ought not to satisfy us that the possible harm is any the less in extent. It is just the unintelligent classes who are most influenced by a sensational appeal to their feelings; they are guided only by the impulse of the moment, and whoever will play upon their susceptibilities is assured of a generous following. Interested agitators are too well aware of this weakness to omit the opportunity of turning it to their own advantage; and it is to them we are indebted for the evil outpourings of malicious envy that the general public are being supplied with on the subject

of medical men and morals. Once more, then, would we insist on the wisdom—nay, the necessity—of neglecting the silly vapourings, even though they do present harm. In time the authors of them must reveal themselves and their purpose, and the revelation will be condemnation.

We congratulate Dr. Carpenter on his able and eloquent reply. We deeply commiserate him on being associated in the matter with two anonymous lights (?) of the profession. These gentlemen (?) are earnest in what they say, possibly, but there is too much assertiveness about their production for it to possess weight. Both "entirely disapprove of vivisection, save, &c.;" "One is a strenuous advocate for the abolition of the Contagious Diseases Acts," &c. These anonymous friends to medicine, who are they?

Notes on Current Topics.

The Windsor Review.

THE arrangements in connection with the Volunteer Ambulance Corps were planned by Surgeon-Major Shelton, of the Army Medical Department, the Corps being under the command of Surgeon-Major Gasteen, A.M.D. Two field hospitals were established in the Great Park, one being placed under the shade of the trees at the rear of the rendezvous of the First Army Corps, and the second to the rear of the Second Army Corps, near Bear's Rails. Each hospital was composed of about seven tents, with sets of panniers and field companions, bearers, water-bottles, and other requisite appliances, three waggons, with six large stretchers and twenty field stretchers, one general service waggon, two water carts, and all other appliances. Their services proved very valuable, as the number of cases receiving treatment amounted to about a hundred and fifty. Ten of these were said to be from sunstroke. The other casualties comprised sprains, contusions, and faintings, most of which received immediate medical relief in the field, the more serious cases being removed to the hospitals for careful treatment. All but eight of the sufferers were able to rejoin their corps or leave for their homes in the course of the evening, the worst case, one of sunstroke, being eventually removed to the Guards' Hospital at Windsor, while the Adjutant of the 1st Surrey Artillery, who fell from his horse and received a severe contusion on the back, remained in the field hospital at the Cavalry Exercise Ground until Sunday afternoon, when he was removed to his own home in London.

It was curious to notice the effect of a case of syncope upon other members of the same corps. Doubtless many men who were fatigued and inclined to faint, bore up against their feelings, but immediately gave way on witnessing the first case of syncope. In one corps no case of fainting occurred until about four o'clock, when it was immediately followed by four others in the same company. Some of the cases of syncope were very prolonged, the patients lying pulseless, and without any attempt at respiration. Artificial respiration was performed with success. Great credit is due to the authorities for the arrangements made. Water was laid on for men and horses in all parts of the rendezvous, and large quantities of ice supplied,

whilst the other requirements of the men were, in nearly all regiments, well attended to by the quartermasters.

A Melancholy Accident.

It is with very deep regret we announce the death of Mr. Stephen S. Alford, F.R.C.S., whose frequent contributions to our columns have made his name familiar to our readers. Mr. Alford's death was caused through an accident; he having been knocked down by a luggage train while crossing a level at Dudding Hill station, on the Midland Railway. The occurrence took place a few days since, and resulted in the fracture of several ribs, and such injuries to one foot as necessitated its amputation by Mr. Erichsen, who was in attendance on the sufferer. Mr. Alford, however, never rallied fully, but succumbed to shock three days after the occurrence. An obituary notice by an esteemed contributor, one who had intimate personal knowledge of the deceased, will be found in another column.

Vivisection.

THE anti-vivisectionists will be afforded excuse for an alarming accession of rage and declamation in the report from the inspectors appointed under Government to examine into the experiments conducted by physiologists supplied with licenses to pursue knowledge. The total number of such experiments in 1880 was 311. Experiments performed by persons holding certificates authorising them to operate upon unanæsthetised living animals, amounted in number to seventy-nine. Sixty-nine of these were simply indentations, and wholly painless, in thirty-eight being succeeded by no ill-effects. The remaining ten will, of course, form the basis of anti-vivisection anathemas, but in none of these ten cases was any pain inflicted more than that caused by passing a needle through a fold of skin. The experiments "performed on living animals, free to feel pain but powerless to avert torture," and which are so carefully pictured to the vulgar crowds in low shops, and on the hoardings of towns, were conspicuous by their absence; indeed, stranger to relate, no physiologist seems to have availed himself of the opportunity by unnecessary cruelty, and this will doubtless puzzle the anti-vivisection party to account for. The report effectually demonstrates the absurdity of the restrictions imposed on science by the Act.

The Religious Aspect of the Contagious Diseases Act.

WE note with satisfaction that *The Church of England Pulpit*, an influential representative of religious journalism, has spoken out honestly against the goody-goody antagonism to the Contagious Diseases Acts. "The Acts," it says, "are designed solely to prevent a most fearful contagious disease, which besides breaking up the health of the patient himself, is always passed on to a future innocent wife and children, as well as to the children's children for several generations. These Acts have been most successful in preventing a terrible disease, and we cannot, after a most careful consideration of all the evidence that has been adduced, see anything unjust, immoral, or unscriptural in their provisions. Their main provision

is that women in the scheduled districts, who make a trade of prostitution, are not allowed to carry on such a trade whilst they are in a state of disease, which they are sure to communicate to others; but are to be sent into hospital and treated at the public expense until they are cured. This is an interference with personal liberty, but not greater than that to which thousands of the poor who contract small-pox are subjected. The trade is also interfered with, but not one whit more than any other dangerous trade. In fact, the great moral advantage of this legislation is that it restricts and discourages prostitution. We should be glad to see the Acts extended to all large towns.

"Crown's Quest" Verdicts.

A RULE *nisi* for a *certiorari* has been granted by the Queen's Bench in London, to set aside an inquisition held by the Coroner for Somersetshire in the matter of a man—the Quartermaster-Sergeant in the 1st Somerset Militia—who was taken ill suddenly, suffered from sickness, and of which illness he died. In April the coroner's jury sat on the body. There was an absence of direct evidence as to the cause of death, but the jury returned a verdict that the deceased had "died suddenly by the visitation of death." On a post-mortem examination being subsequently made at the request of the relatives, a large quantity of arsenic was discovered in the body, and in consequence the finding of the jury was not considered satisfactory; moreover, the coroner had written a letter, verified by affidavit, that in his opinion there ought to be further inquiry. The inquest will be quashed, and another coroner's inquiry held.

An American Adulteration Act.

At the commencement of the present month an "Act to Prevent the Adulteration of Food and Drugs" came into force in the State of New York, which presents some points of interest in its definitions. To commence with, the term "drug," as used in the Act, includes all medicines for internal or external use. A drug is deemed "adulterated," (1) if, when sold under a name recognised in the United States' Pharmacopœia, it differs from the standard of strength quality, or purity laid down in that work; or (2) if, when sold under a name not so recognised, but found in some other pharmacopœia or standard work on materia medica, it differs materially from the standards there laid down; or (3) if its strength or purity fall below the professed standard under which it is sold. The State Board of Health, which is entrusted with the supervision of public analysts and chemists under the Act, is also charged with the duty of from time to time fixing the limits of variability permissible in any drug or compound the standard of which is not fixed by any national pharmacopœia. The penalties under the Act are for the first offence fifty dollars, and one hundred dollars for a second or subsequent offence. The Act is almost identical with one that has been recently passed by the Legislature of the State of New Jersey.

SURG.-MAJOR SANDFORD MOORE, M.A. and M.B. Lond., was admitted a member of the Bar, Inner Temple, on the 29th ult.

Superannuation of Poor-law Officers.

IN the House of Commons on Friday week Mr. Slater-Booth asked the President of the Local Government Board whether his attention had been called to the anomalous condition of the existing law and practice relative to the superannuation of Poor-law officers, by recent cases which had occurred in the two adjacent unions of Farnham and Alton, a superannuation allowance having been granted in the former union, and refused in the latter, to an officer of advanced age and long service; and whether he had it in contemplation to propose an amendment of the law with a view to greater uniformity in future.—Mr. Dodson: My attention has been called to these two cases, and I cannot but regret that they were not dealt with by the guardians of the two unions on the same favourable principle; but, as the right hon. gentleman is aware, the grant of superannuation allowance is entirely within the discretion of the guardians, the Board having no jurisdiction to require them to grant a superannuation in any case; and it would be a matter requiring very serious consideration, to undertake to propose an amendment in the law which would deprive the guardians of their discretionary power.

The Election at the Royal College of Surgeons of England.

THE result of the election for members of the Council on Thursday last was as follows:—Paget, 228 votes, with 1 plumper; Hulke, 137 votes, with 9 plumpers; Heath, 133 votes, with 5 plumpers; Croft, 113 votes, with 18 plumpers; Harrison, 87 votes, with 12 plumpers; Walton, 72 votes, with 5 plumpers. Sir James Paget was, therefore, re-elected; and Mr. Hulke and Mr. Heath were elected to replace Messrs. Walton and Wheelhouse, the latter gentleman not offering himself for re-election. The provincial candidate fell short of election by nearly fifty votes, but as his Fellowship dates some six years later than that of any other candidate, he could scarcely have expected any other result. The very large number of votes polled by Sir James Paget show an almost unanimous opinion on the part of the Fellows that Sir James should still hold office; whilst the few plumpers recorded in his favour are accounted for by the fact that it was confidently expected he would be returned.

The Medical Sanitary Exhibition.

THIS Exhibition, which is to be opened next Saturday under the auspices of the Council of the Parkes Museum of Hygiene, at South Kensington, promises to be a gigantic success. The opening ceremony takes place in the Royal Albert Hall, when the President, the Right Hon. Earl Spencer, K.G., will take the chair at 4.30 p.m., supported by the Right Hon. Earl Granville, K.G., the Right Hon. John G. Dodson, M.P., Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President Elect of the International Medical Congress; John Eric Erichsen, F.R.S., President of the Royal College of Surgeons. The admission on the opening day will be five shillings; afterwards, one shilling each day. The Exhibition will be open for a month, during which time we shall devote a series of special supplements to a description of its exhibits.

The Ophthalmological Society.

THE first annual meeting of this Society was held on Wednesday last (July 6th), when Mr. Streatfeild, Treasurer, read a report which showed the finances of the Society to be in a satisfactory condition. The President (Mr. Bowman), in a short address, passed in review the history of the Society during the past year, the first of its existence; he referred in congratulatory terms to the debate on optic neuritis, and to the report of the Committee on Colour-Blindness; and stated that one hundred and forty-one members had now joined the Society, and that of this number about fifty were physicians not specially engaged in ophthalmic practice. The meetings had been well attended, both by members and by visitors; and the supply of papers and cases had been well kept up. The plan of showing specimens and living patients by card has been found to work well. The following gentlemen were elected to fill the offices of the Society in the ensuing session. *President*—William Bowman, Esq., F.R.S., LL.D. *Vice-Presidents*—George Critchett, Esq.; *J. W. Hulke, Esq., F.R.S.; J. Hughlings Jackson, M.D., F.R.S.; *Argyll Robertson, M.D. (Edinburgh); *Frederick Mason, Esq. (Bath); *Augustin Prichard, Esq. (Clifton); *Treasurer*—J. F. Streatfeild, Esq. *Secretaries*—Stephen Mackenzie, M.D.; E. Nettleship, Esq. *Other Members of Council*—James E. Adams, Esq.; *Edwyn Andrew, M.D. (Shrewsbury); W. A. Brailey, M.D.; R. Brudenell Carter, Esq.; *Thomas Buzzard, M.D.; *John Couper, Esq.; W. R. Gowers, M.D.; C. Higgins, Esq.; Henry Power, Esq.; J. Vose Solomon, Esq. (Birmingham); Waren Tay, Esq.; *T. Shaldford Walker, Esq. (Liverpool). The gentlemen whose names are marked with an asterisk (*) were not in the Council, or did not hold the same office during the preceding year. It is hoped that the first volume of the *Transactions* will appear in October.

Involuntary Homicide.

A RATHER interesting suit was lately brought before the Tribunal Correctionnel, Brussels. The defendant, a medical practitioner at Etterbeck, was accused by the children of a late patient of having hastened the death of their father by mistaken treatment. The treatment in question was a sub-cutaneous injection of five milligrammes of morphine, which caused intoxication, the injection being used as a palliative, the patient suffering from rheumatic pains.

The opinions of the medical men who appeared as witnesses were favourable to the defendant, especially the opinion of the medical expert appointed by the Court, who, having made a post-mortem examination, declared that the patient had been suffering from heart-disease, articular rheumatism, and intestinal cancer; that the puncture had not penetrated a vein; and that the patient had succumbed to one of these various diseases; and added that the amount of morphine injected would act simply as an anodyne. The tribunal, in conformity with the evidence given, pronounced the following judgment:—"Seeing that the charges laid against defendant have been in no wise substantiated, and taking into consideration the rashness and hastiness of the plaintiffs in bringing so prejudicial an accusation against the defendant, the Court fully acquits the defendant and condemns the plaintiffs to

pay to him the sum of 1,000 francs damages, this sum having been claimed by defendant in proper legal form."

We have been informed further that the action would probably not have been taken had not the plaintiffs been instigated thereto by a treacherous professional rival.

Quadruple Birth near Strabane.

THE wife of a farmer, near Strabane, was safely delivered last week of four sons at a birth by Dr. J. C. Boyd. The mother and infants are doing well, and the latter appear to be quite healthy. Is there a similar case on record where four living and healthy children were born together?

Dr. Boyd, Strabane, was, in the same week, unanimously appointed physician and surgeon to the Donegal County Infirmary, *pro tem*.

International Pharmaceutical Congress.

THE president, vice-president and council of the Pharmaceutical Society of Great Britain have invited the members and associates of the Society to meet the visitors to the Congress at a *conversazione* to be held at the House of the Society on the evening of Saturday, the 30th inst., at 7 o'clock.

On Tuesday, the 2nd of August, there will be a banquet at Willis's Rooms in honour of the foreign visitors to the Congress, who will be entertained by the members of the Pharmaceutical Society and their friends. An excursion of the Congress is being organised for Thursday, August 4th.

Medical Society of London.

It is intended to elect the following gentlemen as Honorary Fellows:—Professor Bamberger, Dr. J. H. Billings, Dr. Bigelow, Professor Billoth, Professor Charcot, Professor Da Costa, Dr. Emmett, Professor Haller, Professor von Nussbaum, Professor Tarnier, Professor Verneuil, Professor Volkmann. Professor Raynaud, whose death has recently occurred, would also have been proposed for a similar honour.

THE arrangements for the jubilee meeting of the British Association, to be held from August 31st to September 8th, at York, under the presidency of Sir John Lubbock, are now complete.

IN the *New York Medical Record* Dr. J. Waner states that he has found Fowler's solution of arsenic, given in drop doses on an empty stomach, the best remedy in the sickness of pregnancy, when this is purely sympathetic in character, the effect being almost magical.

THE gold medal presented by Dr. Hayden, physician to the Mater Misericordiae Hospital, Dublin, for competition among the clinical students, was presented last week at the conclusion of the session. Mr. T. Donnelly, B.A., T.C.D., was awarded the prize.

ON the 13th October, on which day Professor Virchow will have completed his sixtieth year, a fête will be held in honour of his having completed the twenty-fifth year of his

professorship. Virchow was appointed, in May, 1856, ordinary Professor of Anatomy in the University of Berlin in which chair he has since continuously taught.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Plymouth 13, Salford 13, Hull 14, Nottingham 16, Sheffield 16, Birmingham 17, Dublin 18, Sunderland 18, Norwich 18, Wolverhampton 18, Manchester 18, Brighton 18, Bristol 18, London 19, Edinburgh 19, Portsmouth 19, Newcastle-on-Tyne 20, Leeds 21, Leicester 22, Bradford 22, Glasgow 23, Oldham 24, and Liverpool 25.

In the principal foreign cities the rates of mortality, according to the latest official weekly return, were in—Calcutta 22, Bombay 36, Madras 39; Paris 26; Geneva, 17; Brussels 20; Amsterdam 21, Rotterdam 16; The Hague 16; Copenhagen 26, Stockholm 23, Christiana 22; St. Petersburg 61; Berlin 30, Hamburg 23, Dresden 22, Breslau 40, Munich 40; Vienna 31; Buda-Pesth 33; Turin 27; Venice 18; Alexandria 33; New York 27, Brooklyn, 17, Philadelphia, 18, Baltimore, 19 per 1,000 of the various populations.

FROM diseases of the zymotic class last week in the large towns measles showed the largest proportional fatality in Liverpool, Glasgow, and Bristol; scarlet fever in Leicester and Nottingham; and whooping-cough in Birmingham, Leicester, and Portsmouth. The 27 deaths from diphtheria included 18 in London, 3 in Liverpool, 3 in Glasgow, and 2 in Portsmouth. Small-pox caused 56 more deaths in London and its outer ring of suburban districts, 5 in Liverpool, one in Brighton, one in Oldham, and not one in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

EDINBURGH CONVALESCENT HOME FOR CHILDREN.—A convalescent home for children was opened on the 4th inst. at Gilmerton, Edinburgh, under encouraging auspices. A large number of ladies and gentlemen interested in the undertaking met in the afternoon at the Home, which was tastefully decorated for the occasion by the inmates of the Ravenscroft Convalescent Home for Adults, which is quite near, and is the parent of the Children's Home, both being under the same management and supported in the same way, by voluntary contributions. The Rev. Dr. Sandford commended the Institution to the liberality and sympathy of all friends of the poor, and trusted that their expectations regarding it would be fully realised. The Home, which is beautifully situated in the village of Gilmerton, has a splendid view of the country to the south.

SUSPECTED MILK-POISONING AT GLASGOW.—Early on the morning of the 7th inst. at the Orphan Home, James Morrison Street, the boys and girls to the number of forty were affected with symptoms of irritant poisoning. Some of the boys, less severely affected, went to their work and had to return to the Home from their employment. Dr. T. Brown Henderson was speedily in attendance, and the urgent

symptoms were soon relieved. Some of those who partook of the suspected article—milk—were not, or very slightly, affected; but those who had taken it more freely were more seriously ill. Dr. Russell, the medical officer of health, in the course of the afternoon made an inquiry into the existing state of matters, and into their probable cause. The symptoms from which the children suffered were violent purging and vomiting, with irritation of the stomach. Samples of the milk were taken for analysis. The result has not yet been made public.

THE MORTALITY OF GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 2nd inst., were at the rate of 24 per 1,000 per annum, against 22 in the preceding week, and 22, 21, and 23 in the corresponding periods of 1880, 1879, and 1878.

THE MORTALITY OF EDINBURGH.—The number of deaths during the week ending Saturday was 78, exclusive of eight country deaths, or 18 per 1,000 per annum. This is 12 below the weekly average of last year. Last week the deaths numbered 72, while in the corresponding week last year the number was 93. Five deaths from scarlatina and two of whooping-cough occurred in the New Town, while in both Old and New Town one fatal case of fever is reported. The southern suburbs still remain free of zymotic diseases. During the week 147 births were registered, of which 10 were illegitimate.

THE COMBE LECTURES.—In the Combe lecture, which was delivered in the Watt Institution on the 7th inst., Dr. Andrew Wilson spoke on the subject of ventilation and the importance to health of keeping sweet and pure the air in houses and cities. In pure air, such as was found on the summit of the Scotch hills, the proportion of carbon found was between 3 and 4 volumes in 10,000. In observations which were made in 1864 as to the quantity which accumulated in crowded halls, it appeared that in the Chancery Court, the standard being 10,000 volumes, it was 19·3; in the gallery of the Strand Theatre during a performance, 10·1; while in two pits of London Theatres it attained to 25·2 and 32·0 respectively. Fresh air was as much a factor in healthy life as wholesome food.

Correspondence.

CALF LYMPH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The recent epidemic of small-pox in the metropolis has put a practical aspect on the question as to the relative values of calf and humanised vaccine lymph.

Before resorting to the employment of the bovine virus I deem it essential to ascertain the source and nature of this lymph, which is being so warmly advocated and widely advertised.

My investigations have led me to the conclusion that calf or animal lymph is a name applied indifferently to at least three different commodities possessed of the most entirely different properties.

1. There is the lymph obtained by Messrs. Ceeley, Badcock, Burrows and Thiele, by inoculating the cow with the human small-pox virus; this, however, it would appear from the conclusive experiments of the Lyons Commission, never produces cow-pox, when it produces anything, it is true small-pox, and capable of propagating that disease by infection.

2. There is the lymph obtained by inoculating the calf with ordinary humanised, retro-vaccination as it is called; a plan which fails at the outset, since it does not insure the elimination of the much dreaded human impurities.

3. And this is the common source, there is the lymph got from cases of spontaneous cow-pox, and propagated on a series

of heifers. This (bovine disease apart) would commend itself warmly to the minds of many, but strange to say, this very lymph has been denounced in no measured terms by "the immortal Jenner" as unprotective against small-pox (pp. 7 and 8 of Jenner's Inquiry.)

I trust you and your readers will kindly explain my difficulty, and set me right if I be in error.

I am, Sir,

Yours obediently,
W. J. COLLINS, B.Sc., M.R.C.S.

St. Bartholomew's Hospital,
Smithfield, 20th June, 1881.

* * The above letter appeared in our issue for June 29th, to which the following replies have been received.—ED. M. P. & C. :—

1. L'enquête lyonnaise a donné le dernier coup à l'idée représentée par Messrs. Coely, Badcock, Burrows et Thiele, laquelle enseignait que la variole de l'homme, confiée par inoculation à la vache, est restituée par celle-ci à l'état de vaccin. *CELA EST FAUX.* Quand on insère à un veau de la matière variolique, il fournit de la matière variolique. Il donne du cow-pox quand c'est du vaccin qu'on a semé. Jamais un individu n'a pu communiquer la variole pour avoir été vacciné. Jamais un veau n'a pu donner le vaccin pour avoir été variolé.

Le préjugé n'en existe et n'en persiste pas moins; les gens du monde se le passent et le repassent, et il se trouve des écrivains médicaux pour le soutenir et le relever, même au moment où l'on devrait le croire près de disparaître. Pour eux, la vaccine peut donner lieu à la variole. Cette prétention est fautive de tous points et nous allons le démontrer.

Il existe deux maladies distinctes et parfaitement connues aujourd'hui, quoi qu'on en puisse dire : la variole des animaux et la variole des gens. La première s'appelle *vaccine* (horse-pox ou cow-pox, selon qu'elle se rencontre chez le cheval ou chez la vache); la seconde se nomme *variole* ou petite vérole.

Les recherches récentes ont établi que LE VACCIN doit ses propriétés à un germe actif, s'attaquant aux chevaux et aux animaux de l'espèce bovine, et y produisant, par voie d'absorption générale (horse-pox ou cow-pox dits *spontanés*), une maladie offrant des caractères parfaitement déterminés.

On semble douter que le cow-pox puisse naître par infection générale, et l'on préfère attribuer les cas dits *spontanés* au transport direct, aux plaies des jambes des chevaux ou au pis des vaches, du virus variolique des mains des ouvriers ou des ouvrières de ferme. Mais depuis quatre-vingts ans que cette supposition court les livres, depuis les milliers de cas de horse-pox ou de cow-pox dits *spontanés* découverts de par le monde, où a-t-on jamais pris, en flagrant délit, cette main variolée? On en est encore à la découvrir et cependant les enquêtes n'ont pas manqué.

L'éruption qui se présente dans le horse-pox ou le cow-pox fournit un produit qui s'inocule spécialement au cheval, à la vache et à l'homme, et fournit à son tour un produit également transmissible; mais, ce qui caractérise ce dernier, c'est qu'il ne se communique pas à l'homme par voie d'absorption générale. On a vu le cow-pox régner épidémiquement dans les fermes. A-t-on jamais vu la maladie s'y communiquer à l'homme par infection miasmatique et y donner lieu à une éruption fébrile généralisée? Jamais.

Pour la VARIOLE HUMAINE, c'est le contraire; elle se transmet d'homme à homme par voie d'infection générale, mais jamais de cette façon d'homme à animal. Elle s'inocule au cheval et à la vache—et aussi à quelques autres animaux—par voie d'inoculation, mais point par une autre. On a vu la variole sévir épidémiquement avec la dernière rigueur dans des lieux occupés par des troupeaux nombreux. Où les a-t-on vu prendre la maladie par voie d'infection générale, c'est-à-dire participer à l'épidémie? Nulle part.

Est-il permis d'inférer de là qu'il y a deux virus distincts, celui de la variole des bêtes et celui de la variole des gens? Bien que les microbes signalés dans ces dernières années, dans l'une et dans l'autre, soient absolument semblables dans leurs propriétés morphologiques, on voudra bien nous accorder sans doute que les vaisesemblances sont en faveur de cette supposition.

Nous concluons de ce qui précède que, lorsqu'on se sert de la matière procurée par le procédé de Coely, on fait de la *variolation* et non de la *vaccination*. Il se peut que les

inoculés n'y perdent rien, puisque la première protège au moins autant que la seconde. Mais, est-il besoin de la faire remarquer? cette pratique est de nature à alimenter la variole par voie de contagion, et ne voit-on pas l'influence qu'elle a pu et dû avoir sur la propagation ou l'impatrimonisation de la maladie, partout où ce pseudo-vaccin était employé, en Angleterre et dans tous les pays qui avaient la naïveté de s'y aller pourvoir de ce produit, qui parfois n'était pas autre chose que du virus variolique.

Tout cela est bien fait pour donner à penser. Et qui nous dit que ceux-là qui ont écrit récemment, dans toute la sincérité de leur âme, nous le voulons croire: "*Ne vaccinez pas beaucoup d'enfants, en même temps dans le même endroit*" ou: "*Semez le vaccin vous récolterez la variole*" n'ont pas eux-mêmes fait de la variolation, sans s'en douter, et alimenté ou éternisé ainsi la maladie.

Cette explication est la seule que nous puissions accepter. Qu'on nous montre, en ce pays où les vaccinations se font toujours par fournées nombreuses, un seul cas où elles aient fait naître la variole et nous nous déclarerons vaincus; mais nous ne craignons pas que ce défi soit relevé. *On ne peut pas plus récolter la variole en semant le vaccin ni le vaccin en semant la variole que de l'orge en semant du blé.*

2. La *rétro-vaccination*, c'est-à-dire la culture du vaccin par le passage de celui-ci à travers la génisse, est certainement un bon moyen d'épuration et de multiplication. On objecte que l'on n'y trouve par de garanties suffisantes de l'élimination des impuretés humaines. C'est vrai, mais, en ce qui concerne la syphilis du moins, les garanties sont absolues, car la génisse est incapable de l'accepter et par conséquent de la donner; et c'est là le point essentiel. Pour les autres "impuretés," nous ne voudrions pas être aussi affirmatif, encore bien que nous ayons personnellement une grande confiance dans l'épuration procurée; mais enfin, il y a là un alea que l'on ne peut ni méconnaître, ni contester, un scrupule qu'il faut respecter. *Aussi avons-nous rejeté en principe la rétro-vaccination*, qui est d'ailleurs peu fidèle dans ses résultats, les souches ainsi produites ayant de grandes tendances à l'éteindre prématurément.

3. Le vrai procédé de *vaccination animale* est celui qui consiste à inoculer le cow-pox spontané à des veaux quand il s'en présente des cas, et à transmettre le produit ainsi obtenu à d'autres veaux et ainsi indéfiniment *sans que jamais il passe à travers un organisme humain.* C'est le procédé de culture suivi depuis treize ans, à l'Institut vaccinal de l'Etat, en Belgique. Les veaux employés sont des animaux bien sains, reconnus tels par des vétérinaires experts, et âgés de six semaines à trois mois. Chaque soir, nous en expédions, soit en tubes, soit sur pointes, à notre agent, à Londres (M. Darke, 3 Hemming's Row, St. Martin's Lane) qui le distribue, dans le Royaume-uni, 18 heures après qu'il a été recueilli, et les résultats obtenus ont dépassé toutes les prévisions: 90 pour cent, de succès dans les revaccinations.

On objecte que Jenner, l'immortel Jenner, a contesté au vaccin ainsi obtenu une vertu vraiment protectrice contre la variole. Jenner, tout immortal qu'il soit—et pour être génial on n'est par infallible—s'est simplement trompé. *Depuis seize ans que la plupart des vaccinations et des revaccinations se font, en Belgique, par notre vaccin, pas un seul des sujets ainsi imprégnés ne nous a été signalé comme ayant été atteint de la variole.*

DOCTEUR WARLDMONT.

Bruxelles, le 28 Juin 1881.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your journal of June 29th, Mr. Collins correctly states that lymph derived from the inoculation of heifers with human small-pox matter must produce, not vaccinia, but a modified variola. But he does not appear to prove that the retro-vaccination of calves with human lymph is nearly, if not altogether, impossible.

The source of calf lymph now so extensively in use on the Continent, in England, and in America, is derived from instances of spontaneous vaccinia transmitted through a succession of calves by vaccination from calf to calf. Jenner was a great man, but he was not infallible, and he held some views regarding the origin of vaccinia in the heifer, which are now abandoned. If he taught that spontaneous vaccinia, as transmitted through heifers, was, when inoculated on the human subject, an inefficient protection against small-pox, he was in error; as it has been frequently demonstrated that a human

being, so vaccinated, cannot, within a given period, be, by artificial means, inoculated with small-pox matter.

Moreover, it has not yet been shown that any individual during the last ten years, who has been vaccinated with calf lymph, has ever taken small-pox.

While on this subject, I may add that the only objection I know to the use of calf vaccine is the irregularity of its action; for while most of the vesicles produced are of a convenient size, I have yet met with a considerable number of cases where they have become as large as a shilling, and accompanied by some excoriation. These excoriation, however, so far as I have seen, have always healed benignly.

I remain, Sir,

Your obedient servant,

GEORGE WYLD, M.D.

12 Great Cumberland Place, Hyde Park,
29th June, 1881.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to your correspondent, I may say that the lymph of retro-vaccination has now been acknowledged by the best authorities to be non-protective. The present evidence goes to prove that vaccinia is a modification of human variola, and that Coely, Badcock, and Thiele were right, and the Lyons Commission wrong. The Beaugenz lymph is known to be thoroughly reliable and protective. It has been used for many years past by the best vaccinators in Europe and the United States, and is used by Dr. Renner in London with perfect success.

I may add that on June 21st I vaccinated *from calf lymph* thirteen patients—young women, from sixteen to twenty years of age; a week later (June 28th), I found all had taken perfectly. The lymph came from Utrecht, in Holland.

I am, Sir,

Your obedient servant,

CHARLES R. DRYSDALE, M.D.

Woburn Place, London.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I do not intend to offer an opinion as to the relative values of calf and humanised vaccine lymph, but I may state that Jenner was in the wrong when he asserted that vaccine lymph—*i.e.*, lymph obtained from cows affected with so-called "spontaneous" vaccinia—is unprotective against small-pox in man. He contradicted his own evidence, and that of others. Human small-pox is not vaccinia, and cannot be converted into that malady. All recent attempts to produce this conversion in France, Italy, and England, have yielded; and the two affections are widely and specifically different. This I have shown in my recently-published pamphlet on "Human and Animal Variolæ." Inoculating cows with small-pox matter, and re-inoculating people can have only one result—but not that of producing the vaccine vesicle.

I am, Sir,

Yours obediently,

GEORGE FLEMING, F.R.C.V.S.

The War Office, July 1st, 1881.

Obituary.

MR. S. SHUTE ALFORD, F.R.C.S.

STEPHEN SHUTE ALFORD, whose tragic fate in the midst of a career of active usefulness has sent a thrill of sorrow through wide professional and philanthropic circles, was an excellent type of an honourable Christian practitioner. Last week he was run over by a railway train, sustaining injuries necessitating partial amputation of both feet, and gradually sank, till he expired in a few days. Mr. Alford was a little over 60, but when so suddenly cut down was the very incarnation of industry and vigour. He has been in practice in Hampstead for nearly forty years; and the high esteem in which he was held by his patients and the

public has been evidenced by the deep interest with which the progress of his illness has been watched, and the widespread consternation at the fatal termination. He was a cousin and brother-in-law of the late Dean Alford, who had married his sister, and leaves a family of three, one of whom, Mr. Frederick Alford, was in partnership with his father.

Mr. Alford was the beau ideal of an untiring, courteous, and intelligent physician. He was the soul of honour, and in the wonderful tenderness of his heart there was no room for envy, hatred, or uncharitableness. He was utterly devoid of selfishness, the affairs of others ever having the first place in his affections. Though of late years his name was much before the public, this was the unavoidable consequence of his remarkable labours in social reform, and was greatly against his own desire. Modest and unostentatious, he was ever ready to acknowledge the deeds of others, and to give others the credit when he himself really did the work.

Mr. Alford was a marvel of industry. He was a member of the Hampstead Vestry, and a devoted Christian worker. In many professional associations he was a busy actor; and in such movements as the establishment of genuine provident dispensaries, he was an assiduous promoter. At the recent election for the Middlesex coronership he worked indefatigably and successfully for the medical candidate. In various departments of temperance effort he laboured with unflagging energy. He was a member of the Council of the Medical Temperance Association, having thrown himself with characteristic zeal into the total abstinence reform. His numerous and thriving coffee-stalls in the north of London are a living proof of the warm interest he took in this valuable method of counteracting our national vice. But to the movement for Legislation for the Control and Cure of Habitual Drunkards, Mr. Alford devoted his best endeavours, and consecrated his most unremitting exertions. When the late Dr. Dalrymple "fighting fell," his mantle seemed to have fallen on Mr. Alford, who thenceforward threw himself heart and soul into the agitation. The question of dipsomania he made peculiarly his own. At Social Science Congresses, British Medical Association gatherings, and innumerable other influential assemblies, did Mr. Alford read papers, or deliver addresses on behalf of the cause he had so deeply at heart. For years he had been the life and soul of the Habitual Drunkards' Legislation Society; and though bitterly disappointed at the inefficiency of the Act passed in 1879, through the good offices of Lord Shaftesbury and Dr. Cameron, rejoiced in its enactment as the affirmation of a principle. The pamphlets Mr. Alford published have done much to awaken the public to the claims and the needs of habitual inebriates, and our columns have again and again been enriched with contributions from him on this favourite subject. In his anxiety to become master of the successful treatment of dipsomania, Mr. Alford spent a few months recently in the United States and Canada, personally visiting and residing at a number of Transatlantic inebriate retreats. A synopsis of his observations thereon was presented to the Social Science Association, and obtained extended circulation. Mr. Alford literally died in harness; he was struck down while on his way to visit a patient; and to the last the Dalrymple Home was near his heart.

A few weeks ago we published his comprehensive and lucid opening of a discussion on "The Practical Treatment of Dipsomania," at the Medical Temperance Association. The paper excited so much interest that two adjournments of the discussion was found necessary. Mr. Alford was to have replied on Friday, but, alas, his place was vacant.

Thus has lived and died a true English gentleman. "Being dead, he yet speaketh" in the works of mercy and of love he has left behind him. The noblest tribute to his memory would be the realisation of the dream of his life—the establishment, under the provisions of the Act of 1879, of the projected Dalrymple Home for Habitual Inebriates. Can the profession of which he was so single-

minded a member leave the most cherished desire of his heart unfulfilled?

WE regret to learn by telegram from Demerara, of the sudden death of Dr. Ward, late M. P. for Galway.

THE evidence of Mr. John Marshall, F.R.S., of London, Dr. Waters, of Chester, Dr. Haldane, of Edinburgh, and Dr. Byass, of Cuckfield, was taken before the Medical Act's Commission last week.

A SEVERE epidemic of diphtheria has suddenly broken out at the fashionable bathing place of Stadsborg, near Copenhagen. Numerous deaths have taken place, and visitors are flying away panic-stricken.

Novelties.

MODIFIED FERGUSON'S SPECULUM (PATENT).



usacc.

WE are informed that this modification was suggested by Dr. J. H. Aveling, and it may be a useful one; but we fail to see the necessity of patenting so tiny an idea. The following is the description sent us: This altered form was made in consequence of the frequency with which the ordinary speculum is rendered useless and dangerous by its bevelled edge becoming denuded of its protective covering of varnish by friction, and the chemical action of solutions. When it has taken place a sharp rough edge presents itself. In this modification, instead of having the bevelled edge ground, it is fused, and being thus made smooth, no covering of varnish is required. The silvering and varnishing are stopped an eighth of an inch from the edge, leaving a bare polished rim of glass, which cannot be affected by any ordinary

Cleanliness and economy are secured by this modification. It is more cleanly because the slightest flaw in the varnished edge of the ordinary instrument offers a home for septic or specific discharges. It is more economical, because the speculum cannot be rendered useless by its bevelled edge becoming roughened and sharp. Mr. Hicks, of Hatton Garden, is the maker.

SYR. HYPOPHOS. COMP. (FELLOWS).

THIS syrup was devised by Mr. Fellows, a Canadian chemist, as a combination of the hypophosphites with several bases, his object being to include in a single dose the medicines prescribed by his physicians for his own case. It comes to us strongly recommended by Canadian and American physicians, and possesses some points which, we think, will make it acceptable in this country. Thus the bases iron, quinine, and strychnine, well-known to be often useful in combination, are supplemented by manganese, calcium, and potassium. Manganese is an excellent adjunct to iron. Calcium and potassium, while supplying the wants of the economy, have been specially commended as bases for administration in the form of hypophosphites. The use of these salts has certainly increased of late years, and there are cases in which the combination with iron, quinine, and strychnine would seem to meet the indications. There is another point in this preparation which distinguishes it from others, viz., its slight alkaline reaction, which must make it frequently far preferable to the acid syrups which, in default of such a preparation as this, have been employed. No therapist now pretends that phosphoric acid is possessed of the properties attributed to the hypophosphites.

DAY'S NEW FEEDING BOTTLE.

THE Medical Officer to the Royal Hospital for Children and Women, Mr. E. Overman Day, seems prolific in ideas for the improvement of existing appliances. A few months since he contributed to our columns a new "Hip-joint Splint," which possessed decided merit. To day he sends us an improved feeding-bottle, which he has named the "Ne plus ultra." This bottle is made by Messrs. Edmunds, 31 Stamford Street, S. E., and is decidedly the most perfect feeding bottle we have seen. The entire contrivance is in two pieces only, i.e., the bottle and the tube; there is no cork or separate rim required; no corners in which milk can lodge and get sour in the hands of a careless nurse; no chance of a kink in the tubing; and no fear of illness to the child from decomposition, if the brushes which are supplied with the bottle are used for the purposes of cleansing.

MATHER'S PLASTERS.

MR. JOHN MATHER, the well-known manufacturing chemist, of Manchester, has brought the making of plasters to a pitch of perfection not yet attained by any other firm. Those sent to us by Mr. Mather possess in a high degree the regular smoothness and pliancy so much to be desired in surgical work, and all forms of the dressing are prepared and kept for use. The capsicum and belladonna plasters are most excellent applications, while the mustard plasters made by the same manufacturers will be found superior to most of those hitherto employed. These plasters, too, are porous, and are made in continuous lengths. They are, indeed, incomparably the best we have employed.

HEWLETT'S MIST. PEPSINÆ C. BISMUTH.

THE valuable properties of bismuth in many forms of dyspepsia are sufficiently well known, and Mr. Hewlett has done good service by perfecting a mixture containing in complete solution this body, together with liquor bismuthi, opium, hydrocyanic acid, and nuxvomica. The solution is perfectly mixable with water, and is not at all unpalatable to take. It has been employed with the best results in several cases of obstinate atonic dyspepsia, and should become a favourite remedy in the greater number of cases of gastric mischief. The dose is half a drachm to a drachm, and water alone is required to be added to produce a reliable and elegant medicine.

University of Oxford.—The following gentlemen passed the first M.B. examination at a meeting of the Examiners on July 1st:—

Chadwick, Chas. Montague, B.A., Oriol College and London Hospital. Dixey, F. A., B.A., Wadham College and University College Hospital. Ellison, W. A., B.A., University College and St. George's Hospital. Grosswell, A. B.A., Christ's Church and St. Bartholomew's Hosp. Growse, William, B.A., Pembroke College and Guy's Hospital. Korshay, J. E., B.A., University College and St. Thomas's Hospital. Peck, R. H., B.A., Exeter College and University College Hospital. Phillips, Francis Barclay, W., B.A., Balliol College and Guy's Hospital.

University of Dublin.—The following degrees were conferred last week by Earl Cairns, Chancellor of the University:—

Bachelor in Medicine.—Thos. Arthur Baldwin, Edward Cochrane, Thomas Donnelly, Thomas James Downes, William Solomon Elliott, Charles Gloster, Donald Grant, Thos. W. O'Hara Hamilton, Dawson Henry, Edward Gordon Hull, Achmuty Irwin, James Murray Irwin, Francis John Jencken, Thomas White Lewis, William C. Lucas, William Fennell M'Carthy, Alfred Miller, John W. Macquillan, Reginald Lawson Moseley, Thos. Myles, Augustus Nickson, Henry B. Pope, J. Allman Powell, Thomas Stauton, Jonas C. Stawell, Augustus W. Woodroffe.

Bachelor in Surgery.—Edward Cochrane, Thomas Donnelly, Wm. Solomon Elliott, Donald Grant, Charles Gloster, Thomas W. O'Hara Hamilton, Edward Gordon Hull, James Murray Irwin, Francis John Jencken, Wm. Fennell M'Carthy, John Macquillan, Alfred Miller, Thomas Myles, James Johnston Robinson.

Doctor in Medicine.—Wm. Hume Hart, John Charles Hogan, John Francis Houghton, Alfred Hubert Kelly, Achmuty Irwin (Honoris causa).

Master in Obstetrics.—Thomas Donnelly, James Murray Irwin.

Licentiate in Medicine.—Reginald Moore, Edw. Cuthbert Nangle, Ludovic Tarleton Young.

Licentiate in Surgery.—Reginald Moore, Edw. Cuthbert Nangle, Ludovic Tarleton Young.

Durham University Medical Graduates' Association.—The first annual meeting of the above Association was held in the Divinity Lecture Room of the University of Durham on the 28th ult., when a code of bye-laws was framed, and other business transacted. The members afterwards dined together

(by the kind permission of the Reverend, the Master of University College) at the High Table in the Hall of University College. The next annual meeting will be held in London. The following are the officers for the ensuing year, 1881-82:—

President: G. B. Philpott, M.A., M.D., F.R.C.P. *Vice-Presidents:* Luke Armstrong, M.D., W. Travers, M.D., F.R.C.S. Eng. *Council:* W. C. Arnison, M.D., H. T. Bowman, M.D., M.S., W. J. Tyson, M.D., F.R.C.S. Eng., Bedford Fenwick, M.D., Stodford Morton, M.D., W. S. Porter, M.B., D. Drummond, M.A., M.D., R. R. Wilson, M.D., J. R. Dodd, M.D., S. Feilden, M.D., G. P. Goldsmith, M.D., Hon. Sec. for the North and Treasurer, W. P. Mearns, M.B., Hon. Sec. for the South, H. R. Milson, M.D.

St. Andrew's Graduates' Association.—The 13th Anniversary Session of the Association was held at the house of the Medical Society of London on Wednesday, the 6th inst: The following gentlemen were elected officers and Council for the year ending June 30, 1882:—

President of Council: Dr. B. W. Richardson, F.R.S. *Treasurer:* Dr. Paul. *Secretary:* Dr. Leonard Sedgwick. *Council:* Dr. Holman, Mr. Menzies, Prof. Pettigrew, Drs. Seaton, Bransby Roberts, Christie, Cleveland, Dudfield, MacIntyre, Royston, Wiltshire, Cooper Rose, Falls, Mott Gramshaw, Semple, Samuel Hill, Dale, Kerahaw, Archibald Cholmely, Davey, Gordon, C. B., Stedman, Crosby, W. H. Day, Griffith, Wynn Williams, Alderson, Cassells, Corner, Lush, M.F., Rhys. Williams, Gillespie, Wilkinson, Longhurst and Henty.

Post-Office Reforms.—It is understood that a Bill will be introduced enabling the Post Office to begin next year with a sixpenny tariff for telegrams. It is also hoped to commence the system of delivering parcels by post next October. A stamp at the minimum rate of 6d. is to be issued, and parcels up to 4lbs. weight are to be accepted, the Post Office and the railways to share the amounts paid.

The British Association.—It has been resolved at a meeting of representatives of various educational institutions held in Birmingham, to invite the British Association to hold their annual meeting for 1883 in that town.

NOTICES TO CORRESPONDENTS.

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

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

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DR. MILNER FOTHERGILL, DR. LANGDON DOWN, DR. NORMAN KERR.—Many thanks.

DR. K. (Rotherhithe).—We have not commented on the speech referred to in your letter because the meaning implied by the speaker, as demonstrated by gesture, tone of voice, &c., was probably very different to that which may be inferred from the newspaper report.

DR. MYRTLE (Harrogate).—Your "Notes on Gout" are marked for early insertion.

G. P.—No practitioner dispensing his own medicines is eligible as a candidate for the office of membership of the Council. It may seem hard that such should be the case, but either by the bye-laws, or by a clause in the Charter, such is prevented.

DR. STANLEY.—Yes, during the meeting of the International Medical Congress in August.

MR. J. HOOPER.—There is an interesting article in the last number of *Brain* "On Allochiria," by Dr. Obersteiner, which will probably afford some clue to the peculiar case now under your observation.

MR. PLANT.—"As old as the hills," sorry we cannot devote space to so obvious a copy.

A LADY'S VIEW OF THE CONTAGIOUS DISEASES ACT.—A few days ago a lady called upon one of the leading physicians in London with the object of seeking his advice. After concluding her case, she plainly asked of him why medical men were so unanimously in favour of an Act to prevent the spread of syphilitic contagion, and she endeavoured to dissuade him from employing his influence in that direction. After some argument, she expressed the point which most troubled her mind, which was that should the danger of syphilitic infection be diminished she entertained fears lest her husband might be tempted to stray from the paths of virtue.

DR. RIDGE.—Too crowded for insertion in the present number. Hope to find space in our next.

L.R.C.P. is referred to the discussion and leading article "On Vaccination" in the present number.

A FELLOW OF THE COLLEGE.—The election at the College is referred to in our "Current Topics." Forty-nine voters plumped.

DR. J. K. E.—We intend to report fully both on the Sanitary Exhibition and the International Medical Congress.

UNION HOSPITALS AND THE ROYAL UNIVERSITY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—Allow me to press on my *countrymen* to give effect to No. 2 and 3 of the Conference resolutions published in your issue of the 15th of June. I would also ask the standing committees (whose members it would be inconvenient to summon just now) to give in the names of those willing to go to London to give evidence before the Royal Commission on Medical Monopolies and generally in defence of provincial interests. The names will then be forwarded to the chairman for selection. I hope the great opening presented by the new College of Surgeons' regulations will be availed of by Union hospital men.

Casbel, July 6, 1881.

Yours truly,
THOS. LEFFAN.

Vacancies.

Hospital for Women, Soho Square, London.—House Physician. Salary, £75, with board. Applications to the Secretary before July 19.
Kennington Union, W.—Dispenser for the Workhouse Infirmary. Salary commencing at £130. Applications (forms to be obtained by letter) at the Offices of the Clerk to the Guardians before July 22.

Kilkenny Union, Tiscoffin Dispensary.—Medical Officer. Salary, £160, and £30 as Medical Officer of Health. Election, July 18.

North Stafford Infirmary, Stoke-on-Trent.—House Surgeon. Salary, £120. House Physician. Salary, £100. Each with board. Applications to the Secretary before August 17.

Somerset Lunatic Asylum.—Medical Superintendent. Salary, £500, with furnished residence. Applications to the Clerk at Wells, Somerset, endorsed "Superintendent Candidate," before July 25.
Stockton-upon-Tees Hospital.—House Surgeon (non-resident, doubly qualified). Salary, £200 per annum. Applications to the Secretary by August 9.

Appointments.

BROWN, M. L., M.B., Junior Assistant Medical Officer to Hayward's Health Asylum.

CHRISTIE, J. W. S., L.R.C.P. Ed., L.R.C.S. Ed., Assistant Medical Officer to the Leaveness Asylum, Walsford.

DE BERRY.—A. C. C., L.R.C.S.I., L.K.Q.C.P.I., House Surgeon to the Bourbridge Dispensary.

FIRTH, C. M.B., F.R.C.S.E., Medical Officer for the Eighth District of the Norwich Union.

GLASSER, —, M.D., House Surgeon of the Bolton Infirmary.

KELLAND, J., M.B., C.M., L.R.C.P. Ed., Medical Officer to the Alderbury Union.

LINT, F., L.R.C.P. Ed., M.R.C.S.E., Medical Officer for the East Woolwich District of the Woolwich Union.

LINDARD, S. R., M.R.C.S.E., Resident House Surgeon to the Darlington Hospital.

LLOYD, J., F.R.C.S.E., M.B., M.S., Casualty Surgeon to the Queen's Hospital, Birmingham.

MACKENZIE, J. G., L.R.C.P.L., M.R.C.S.E., Ophthalmic Surgeon to the Royal Free Hospital.

MASON, G., M.R.C.S.E., Medical Officer of Health for the Wisbech Urban Sanitary District.

MARSEY, W., L.R.C.P. Ed., M.R.C.S.E., Medical Officer for the Castle Donington District of the Shardlow Union.

MILLS, R. J., M.B., C.M., M.R.C.S.E., Medical Officer for the Second District of the Norwich Union.

OLIVER, J., M.B., House Surgeon to the Durham County Hospital.

PARKER, W. E., B.A., M.B., M.R.C.S.E., Assistant House Surgeon to the Northern Hospital, Liverpool.

PAUL, F. T., F.R.C.S.E., L.R.C.P.L., Honorary Surgeon to the Royal Southern Hospital, Liverpool.

SIMPSON, W. J. R., M.D., C.M., Medical Officer of Health for Aberdeen.

THOMAS, E. W., M.R.C.S.E., Medical Officer for the Bitton District of the Keynham Union.

WARD, G. S., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer, for the Fifth District of the Hertford Union.

WILLIAMS, J. A., M.B., C.M., House Physician to the London Hospital.

NAVY MEDICAL SERVICE.—The following have been gazetted Surgeons: Henry B. Guppy, to the *Lark*; James H. Beatty, to the *Isabella*; H. S. R. Sparrow, to the *Boscawen*; A. Kidd, to the *Dido*; O. P. Browne, to the *Fleet*.

Births.

BROWNBRIGG.—July 5, at Hill House, Gravesend, the wife of J. A. Brownrigg, M.D., of a daughter.

FERGUSON.—July 6, at St. Peter's, Jersey, the wife of Surgeon-Major E. P. Ferguson, A.M.D., of a son.

MEREDITH.—July 6, at 24 Week Street, Maidstone, the wife of John E. Meredith, M.D., of a daughter.

NEARY.—July 5, at 30 Holles Street, Dublin, the wife of Dr. E. J. Neary, Howth, of a daughter.

Deaths.

ALFORD.—July 5, at 61 Haverstock Hill, N.W., from injuries received on the Midland Railway, Stephen Shute Alford, F.R.C.S., aged 59.

BEALES.—July 8, at Conington, Georgiana, the wife of Robert Beales, M.D., J.P., aged 38.

BIDDLE.—July 2, at Addison House, Edmonton, Henry Cooper Biddle, M.R.C.S.E., aged 46.

JENKINS.—June 15, at Castle Green, Llanawel, E. Jenkins, L.R.C.P. Edn., L.R.C.S. Edn., L.S.A.L., aged 40.

FRATTON.—June 24, at Manchester, J. C. Fratton, M.D.

WHITTED.—June 25, at Twickenham, Middlesex, from typhitis, John Whitted, M.D. Edin., aged 23.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 20, 1881.

CONTENTS.		PAGE		PAGE	
ORIGINAL COMMUNICATIONS.		THE MINERAL WATERS OF EUROPE—The Medical Press Analytical Reports on the Principal Bottled Waters. By C. C. R. Titchborne, LL.D., F.C.S., F.I.C., with Notes on their Therapeutical Uses. By Prosser James, M.D., M.R.C.P. Lond., &c.	48	Killing no Murder	56
A Course of Lectures on the Laws of Inheritance in Relation to Disease. Delivered at the Royal College of Surgeons of England. By Jonathan Hutchinson, F.R.C.S., Senior Surgeon to the London Hospital	41	TRANSACTIONS OF SOCIETIES.		Death of Dr. Mandl	56
Prophylaxis of Rabies and Hydrophobia. By Thomas M. Doan, F.R.C.S. Ed.	43	MEDICAL TEMPERANCE ASSOCIATION— Practical Treatment of Dipsomania	49	The Dalrymple Home for Inebriates	56
CLINICAL RECORDS.		LEADING ARTICLES.		Ovariotomy in Cork	57
Some Cases in Hospital Practice. Under the care of Professor McNaughton Jones Surgeon, Cork County Hospital, &c. ..	44	THE MEDICO-SANITARY EXHIBITION	51	The Medical Defence Association	57
DEPARTMENT OF LUNACY.		HOT WEATHER REGIMENT	51	Hospital for Incurables	57
Lunatic Asylums in New Zealand	45	STUDENT-BRIBERY IN THE ROYAL IRISH UNIVERSITY	53	Metropolitan Provident Medical Association	57
TRANSLATIONS.		NOTES ON CURRENT TOPICS.		Prize Essay on Insurance	57
On Paracentesis Thoracis by Aspiration in Acute Pleurisy. By Dr. Georges Dienlaffoy. Translated by C. A. Owen, M.D. L.E.C.P. Ed., L.R.C.S.I., &c.	46	Dr. Carpenter on Vaccination	54	Natural Selection of the Irish Poor-law Medical Officer—"The Survival of the Fittest"	58
SPECIAL.		The Sanitary Institute of Great Britain ..	54		
France	47	The Linacre Professorship, Oxford	55	SCOTLAND.	
		The Presidency of the Royal College of Surgeons, England	55	Glasgow Death Rate	58
		The Royal Academy of Medicine of Brussels	55	Edinburgh Royal Maternity and Simpson Memorial Hospital	54
		A Supposed Cure for Hydrophobia	56	Proposed Southern Hospital for Glasgow ..	58
		Health of Dublin for the Past Month	56	The Combe Lectures	58
				The late Dr. George S. Blackie	59
				CORRESPONDENCE.	
				The International Congress of Dosimetric Medicine at Madrid	59
				OBITUARY.	
				Dr. F. M. Ward	60
				NOTICES TO CORRESPONDENTS	60

WITH MEDICO-SANITARY SUPPLEMENT.

Original Communications.

A COURSE OF LECTURES

ON

THE LAWS OF INHERITANCE IN RELATION TO DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1881.

By PROF. JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; President of the Pathological Society of London, &c.

LECTURE V.

It has been already sufficiently explained how tendencies to disease become inherited according to the action of definite laws, and also that a particular malady may be hereditarily transmitted, and be apparent at the same time as others (and particularly intellectual) abnormalities show themselves; the facts bearing on this connection are such as to add weight to the belief that consanguineous marriages are no inconsiderable factor determinant of the total result. Certain diseases are transmitted with such unerring certainty that we cannot but be forcibly struck by the persistence with which they appear, even after one or more generations in direct descent escape, and frequently, too, without the manifestation of any other defect in the individual. The importance of remembering this in connection with the question of complex diseases is extreme, and it should be borne well in mind.

The future classifiers of diseases, it must be assumed, will be guided by causation rather than by external appearances, and the nosology of the succeeding generation will ascribe the foremost importance to *origin* when arranging diseases into groups. It must, of course, follow that very dissimilar diseases, in appearance, will be brought into close association with one another, as being related, and the task is one of the first magnitude to carry

out. It affords, however, a magnificent field of labour for the family physician, whose experience of large numbers of cases would open up a most extensive field of observation, wherein to study the application of laws previously familiarised to him; those, viz., which regulate the transmission of morbid tendencies or peculiarities through generations. The phenomena of conditional and unconditional inheritance, as insisted on by Dr. Adams, will likewise have an essential bearing on the conclusions arrived at in this inquiry. These terms have been well-chosen, the one implying the *certain* development of the characteristic symptoms of an inherited disease; the other expressing the dependence of its appearance on the existence of conditions affecting the susceptible individual, and favourable to the exhibition of the disease at some period or other during the existence of the former. Importance, moreover, attaches to the manner in which inherited tendencies combine with other affections subsequently produced, the degree of influence thus exerted being capable of variations within very wide limits. Lastly, the classifier of diseases must carefully estimate the modification of heritable qualities set up by conditions to which the subject of them is submitted in after life.

The individual is liable to be diseased from three separate sources, viz.: (1) directly, from germ to germ; (2) from the effect of influences *in utero*; and (3) from independent causes operating after birth.

In a former lecture single family prevalence was explained as being due to the inheritance of peculiarities of which no account had been preserved, but, as has been already hinted, there may be a law, hitherto undiscovered, by the action of which such occurrences are brought about. Else is it all but impossible to understand how, as in a family of which four out of eight members were born with exactly the same form of idiocy, and which possessed no record of either inherited tendency to intellectual aberration or of consanguineous marriage, some marked disease appears in the same form in several members of a family. Heredity may be safely considered to be secured when in several generations there has been a steady increase of the diseased state, the repetition serving to fix its characters, and to enable it to prevail independently of external con-

ditions. This becomes an unconditional inheritance. The strength of the tendency can be gauged by the period of its exhibition, being strong when apparent during infantile or intra-uterine existence, and progressively weaker as its development is seen to be dependent on circumstances apart from it.

The chilblain diathesis referred to in the last lecture is very commonly inherited, and it is highly necessary to appreciate the importance it has in relation with other maladies it is so frequently associated with. Similarly with the catarrhal diathesis, by which is meant a tendency to excessive secretion from an internal mucous membrane, due to a reflex irritation. This is a usually spontaneously terminable complaint, the phenomena of which admit of explanation, as being of nervous origin.

A common cold may be taken as the type of a large family of widely spread affection. The term "catarrhal," however, ought to be rigidly restricted to this class of diseases, and not, as is improperly done at present, be indiscriminately applied to any mucous and purulent discharge, the name being a misnomer when used to describe the latter kind of inflammation, as, e.g., in so-called catarrh of the bladder, &c.

Rheumatism.—In subjects of the rheumatic diathesis there is a constant tendency to "catch cold" in the joints, this being the primary symptom of the disease. Acid sweating, &c., are results secondary to the cold, and consequent on it, exposure sufficing to bring the latter about. There is a natural termination to this, spontaneous cure being the normal sequel, but we may encounter chronic rheumatism in the same way that we meet chronic catarrh, and the tendency to rheumatism may be seriously complicated by the existence of other diseased condition.

Gout is very difficult to define, or to explain satisfactorily in accordance with the laws of inheritance. Its peculiarity may best be described as an unhealthy condition of the blood due to accumulation in it of uric acid and of salts; probably, too, in gouty patients, there is some kidney affection advancing gradually to definite disease of that organ, and with this and the increased tension endured through it in the arteries they undergo structural changes; indeed, it may be said that all the tissues of the gouty subject undergo changes which result in their being variously modified, all being of necessity influenced by the condition of the blood circulating through them. They are likewise considerably influenced by the inherited tendency to gout transmitted, as this assuredly is, from generation to generation; and on such persons as are thus affected cold immediately acts as a test of their condition, and through the effects it produces will demonstrate which tissues of the body are most susceptible or most changed. Gout, in fact, is concerned with all the structures, showing preference for none in particular, and the most certain and useful information about it we can hope to obtain will be that gained from a study of its origin; that is how it has been primarily induced. This inquiry would lead to the conclusion that it has been gradually bred in past generations, and by the action of the same causes as are in this present time serving to intensify it. In fact, gout is now being bred amongst us by the perpetration of errors in diet, &c.; but it is a difficult matter, nevertheless, to initiate it in those who possess no inherited tendency to the disease, and it requires to be perpetuated through several generations in order to acquire a high degree of potency. That gout, however, is hereditary is unquestioned, and thus we have in it a disease acquired originally by indiscretions in diet, and attaining powers which ensure its transmission to succeeding generations. As has been seen, diatheses are influenced by conditions obtaining during the life of the individual, and are modified by other diatheses. Hence, the probable result of intermarriage of a rheumatic person with one in whom gout had developed, would be a hybrid affection exhibiting the phenomena of both gout and rheumatism, and thus the term "rheumatic gout" is quite justified. It is, moreover, a term which ought

properly to be applied to a large number of so-called gouty subjects, and when there is this occurrence of disease possessing the twofold characteristics, there has undoubtedly been a transmutation of diathesis during transmission.

Hæmophilia is remotely allied with gout, but the view that it is so is opposed by Dr. Legge, notwithstanding that some of his own cases, as quoted by him, tend to support the assumption that hæmophilia is a direct but distant ancestor of gout, thus showing how the tendency to disease of a particular tissue (arterial in this case) will persist from generation to generation. A previous example of the same phenomenon was given in retinitis pigmentosa.

"Transmutation in transmission" is well shown in a case described in Mr. Hutchinson's lectures, delivered in 1880, on Gout, in which the patient was the subject of articular disease of the phalanges, the distal bone undergoing destruction. After existing for ten years, the affection subsided so far that inflammation in the finger disappeared, but *iritis* developed itself, and progressed to such an extent that one eye was entirely destroyed, so far as sight was concerned, and the fellow organ was much impaired. In this case the patient was young, the location of the disease was determined by cold, and there was little doubt that he inherited a gouty tendency. There are several cases, moreover, on record, of destructive iritis, so similar to it in detail, and many with the history of inherited gout, that they warranted the conclusion already drawn in support of transmutation in transmission.

Leprosy is very closely comparable, as a diathesis, with gout. It is a heritable disease, and in the opinion of Mr. Hutchinson is primarily due to two acting causes, viz., inheritance and fish-diet, the older authors testifying to the truth of this conviction. It will be at once remarked, that the dietetic origin of the malady bears strict relation with the preponderating cause of gout, and in many respects there is a wonderful similitude between the two diseases. The contagiousness of leprosy, which has been often insisted on, cannot be said to be clearly shown, but in those districts where leprosy persons form a considerable number of inhabitants, it is commonly incurred. The same may be predicted of gout itself; and of both maladies the distinctive symptoms are, definite but slow progress; constitutional affection of a non-contagious character; and possibility of cure by rigid exclusion of articles of diet favouring the tendency to disease, together with entire alteration of the conditions amid which it develops. Since leprosy is capable of initiation, *de novo*, by undue indulgence in fish food, and avoided by abstinence from it, we cannot obtain any definite aid in determining the causes of its production through consideration of the law of atavism. Thus a leprosy person may have had parents entirely free from the disease, while the grand parents were afflicted with it; or in other ways its production is capable of explanation without invoking the data of inheritance. Moreover, the tendency to transmission of leprosy is not a strong factor, for we find that Norwegian emigrants in whom it has been developed do not necessarily transmit it to their offspring, when separated from the localities in which they were surrounded by conditions favourable to the existence of the affection.

Cancer. The popular opinion to the effect that this distressing disease is always transmitted to the offspring of cancerous individuals is not supported by the conclusions arrived at by those who, like Sir James Paget, Mr. Birkett, Mr. Marrant Baker, and others have specially investigated this question. Indeed it has been shown that only one out of every six cases is due to direct inheritance, and we should be led to anticipate this from the knowledge we possess that cancer (including under this head all forms of malignant new growth) is a disease of old age especially; and it has been already conclusively demonstrated, that the more certainly transmissible complaints are such as occur in early life, those of advanced age being among the more rarely inherited forms.

PROPHYLAXIS OF RABIES AND HYDRO-PHOBIA. (a)

By THOMAS M. DOLAN, F.R.C.S. Ed.,
Halifax, Yorkshire.

(Continued from page 25.)

I SHALL consider preventive measures under two heads.

1. As influenced by individual actions.

2. By general action, both being set in motion by some central machinery or driving power.

By individual action I mean the concurrence of dog owners which may be compassed in many ways.

a. By making dog owners feel the responsibility resting upon them from the possession of a dog, a responsibility which entails duties not only to the animal, but to society. A dog should be well cared for, well fed, have proper nourishment, be supplied with water, kept clean, or in other words be hygienically treated, so that it is evident the animal will gain by my measures. Society will be protected by the enforcement of this responsibility, and by the extra care bestowed on the canine race.

b. By popularising a true knowledge of the symptoms of rabies amongst dog owners, so that they may either at once recognise the disease, or if their dogs seem unwell, have recourse to a veterinary surgeon or to the police.

I shall thus again secure for the dog extra supervision. In the *Medical Press and Circular Reports*, 1877, the following passage occurs, suggesting an easy method of diffusing such knowledge:—

“Dog owners, when they receive their tax-papers should be provided with printed and easily understood instructions as to the proper method of keeping their dogs healthy, and how to detect the symptoms of rabies. They will thus be informed of the preservative and sanitary police measures, which they should comply with, in order to prevent the disease. All this might be printed on the back of the tax-paper, which could, in addition, be made a valuable means of arriving at certain important information, such as the age, sex, breed of the licensed dog.”

In the *Union Medicale*, July 6th, 1878, p. 27, Bouley says on the same point:—

“Such a description popularised, would be of the greatest efficacy against contagion. I have often seen the contagion transmitted by small house pets, whose condition at the commencement of the malady did not inspire any distrust in persons ignorant of the first symptoms.”

It would also be well to vulgarise the best methods of treating dog bites, whether inflicted by animals rabid or not.

c. By insisting on each dog being furnished with a collar with the name and address of the owner legibly stamped thereon.

d. At certain periods, when rabies may be imminent, dog owners should muzzle their favourites, or when exercising them, lead them by a string.

e. By the spread of information about dogs and their value, their proprietors would be taught how to treat them with one regard to their habits and wants.

With pain I have often seen a large retriever or mastiff in a house where the animals have scarcely had room to turn, and where exercise has been almost out of the question. Again I have noticed water dogs in the possession of families living miles away from a running stream or a supply of water, where the animals could indulge in their favourite pleasure, or almost element.

Mongrels, curs, and other animals, which are allowed the range of the streets to obtain their own living are really deserving of our sympathy.

In the densely populated towns of Lancashire and Yorkshire, this class of dog abounds, and we have an explanation of the cause, why Lancashire and Yorkshire enjoy such an unenviable prominence in the mortality from hydrophobia.

(a) Paper read before the British Medical Association at Cambridge.

The working man has a right to love and possess a dog; but dogs are luxuries; those who cannot afford to keep them, and those who are too negligent to take care of them should not keep them.

By all means let every one have a dog; but let him select a good and pure breed, and let him take proper care of it, with a full sense of his own responsibility, and with fines and penalties in the background, so that he may not forget it, for, as so well expressed in the *Medical Press and Circular Reports*, p. 209, “Fines and penalties would affect the dog owners’ pecuniary interest, unfortunately so much more powerful than those of a sanitary character, for they thus learn, in the words of M. Bouley, ‘That the fear of a diseased dog is not only the beginning of wisdom, but wisdom itself.’”

f. Dog owners should be bound to report to the police the absence or straying of their dogs, or the outbreak of rabies amongst them.

g. Penalties should be enforced for exciting or otherwise ill-treating a dog.

h. The dog tax should be increased.

I hope for good results from individual action, especially when this is supplemented by united action. United action will be secured by general action applicable to the whole of England, to be carried out by the various local authorities acting under central direction, so that at any time, and by one general order, the whole machinery for the purpose in England would be set in motion, and the same action would be taken, and the same measures adopted, by all the local authorities at the same time. We have now permissive legislation; we must substitute for that compulsory legislation.

The Dog Act, 24th July, 1871, is very imperfect; for instance, under the first clause the police may sell or destroy the dogs detained by them. They may thus assist in spreading the very disease they are striving to eradicate, by selling a dog with rabies in its incubatory or latent stage. This dog may be carried miles away to form there a fresh focus or centre for contagion. It is contagion we have to contend against, and we cannot make war against contagion with rose-water. I do not desire to carry on a crusade against dogs, as some pseudo-humanitarians imagine.

We must not allow a false humanity to stand in the way of legislation. Let there be tears for the dog, but let there also be tears and compassion for the victims of dog disease, and for the thousands who lead a life of fear and apprehension in consequence of dog bites.

I am really the true friend of the dog; my legislative measures will tend to increase the dog’s value and happiness; will ensure for him better provision, and his life in the future will be almost undisturbed by the extinction of the disease, which has been such a stigma to his race, and which has caused such widespread misery, not only amongst the canine, but the human, species.

Another fault in the Dog Act is, that the local authorities act independently one of another; thus, though restrictions may be placed upon dogs in Preston, yet there may be no restrictions upon dogs immediately outside the jurisdiction of the Preston authorities. We sin, not through lack of knowledge, but through our apathy in not applying the information we possess.

A short Act, such as I propose, would speedily check the disease, and I believe it can hardly admit of argument that such an Act is needed in justice to mankind, and in justice to the dog:—

PROPOSED ACT.

WHEREAS it is expedient that further protection should be provided against dogs.

Be it enacted by, and with the advice and consent of, in this present assembled, and by the authority of the same as follows:—

I.—From and after the passing of this Act any police officer or constable may take possession of any dog that he has reason to suppose to be savage or dangerous, straying on any highway, and not under the control of any

person, and may detain such dog until the owner has been found or claimed the same, and paid all expenses incurred by reason of such detention.

The owner of such dog, taken possession of by any constable, shall be informed by letter, stating the fact of such dog having been taken possession of, at his usual or last known place of abode.

When any dog taken in pursuance of this Act has been detained for three clear days, where the owner cannot be found, as aforesaid, or for five clear days where he is so known without the owner claiming the same, and paying expenses incurred by its detention, the chief officer of police of the district in which the dog was found shall cause such dog to be destroyed.

The owner shall be summoned, and be liable to a penalty not exceeding £3, and pay all expenses. All dogs detained under this section shall be properly fed and maintained at the expense of the local rate.

II.—Any court of summary jurisdiction may take cognisance of a complaint that a dog is dangerous, and not kept under proper control; and if it appears to the court having cognisance of such complaint, that the dog is dangerous, the court may make an order in a summary way directing the dog to be destroyed, and any person failing to comply with this order, shall be liable to a penalty not exceeding twenty shillings for every day during which he failed to comply with such order.

III.—In order to assist the police in establishing ownerships, all dogs shall wear a collar with the name and address of the owner legibly stamped thereon, and such collar shall be a proof of ownership.

Any dog found wandering without a collar shall be seized and detained by the police. If unowned it shall be destroyed after three days' detention, and should the owner be found, the dog, if healthy, shall be restored on payment of expenses, and a penalty not exceeding £5.

IV.—The local authorities shall, if a mad dog, or a dog suspected of being mad, is found within their jurisdiction, issue, and when made revoke, an order placing restrictions on all dogs during such period as may be prescribed in such order throughout the whole of their jurisdiction as follows: (1) All dogs shall wear a properly-constructed muzzle, or be led by a string, during such period as order may direct. Any person failing to comply with such order shall be liable to a penalty not exceeding twenty shillings. (2) Any dog found wandering by the police without a muzzle shall be at once seized and detained, the owner of such animal to be liable to a penalty not exceeding twenty shillings. (3) One notice of such order shall be published at the expense of the local rate.

The provisions in this Act contained as to the detention and destruction of dogs found at large in contravention of any order made in pursuance of this section.

V.—The local authorities shall assist and combine in any general action taken by other local authorities to restrict the spread of rabies, even though the malady may not be present, and in the jurisdiction of such authority, such general order will be announced from the Privy Council, and published in the *Gazette*.

VI.—All dog owners shall report to the police the occurrence of rabies amongst any animal they may possess, either dog, cat, horse, or cow, under a penalty not exceeding twenty shillings within twenty-four hours.

VII.—Dogs owners shall be responsible and liable for any damage done by their dogs, owing to their own imprudence or negligence.

VIII.—Dog owners shall report to the police the absence, straying, or loss of their dogs, under a penalty not exceeding twenty shillings.

IX.—Any person wilfully exciting a dog, or otherwise irritating it, shall be liable to a penalty not exceeding three months' imprisonment.

X.—A register shall be kept at all police stations of all dogs destroyed, either for rabies, or by order of a chief constable, or of a court of summary jurisdiction, and a return of the number of dogs destroyed shall be published annually, specifying reasons for destruction as aforesaid.

XI.—On application from a veterinary school of medicine, or from a veterinary surgeon, or any legally qualified medical practitioner, the police shall hand over any bodies of dead animals they may possess for dissection; but a guarantee must be given that the body is required for that purpose, and that when done with, the remains shall be burnt.

XII.—The bodies of all dogs destroyed by the police shall be burnt.

It may be objected against this act, that the penalties are too high, and that it puts too much power in the hands of the police; but to these objections I can only reply that it is only by high penalties we can ensure protection for the dog and the public, and as regards the police, I know of no more suitable or trustworthy men for the task. The police are interested in the subject already, and through the courtesy of the various chief constables, I have been able to collect some useful statistics as to the prevalence of rabies in all parts of England. The West Riding of Yorkshire figures painfully in the mortality from hydrophobia during the years 1870 to 1877.

By means of the police returns I have been able to draw up some valuable returns, and if all the chief constables in England had furnished me with such accurate and voluminous returns as those kindly supplied by Captain Stuart Russel I should have been able to present you with a table showing the number of suspected and rabid dogs destroyed in England during the years 1870 to 1877. In conclusion, I must say a few words about hydrophobia. As we know, it is a specific disease depending upon rabies in animals, so that if we eradicate or prevent it in the lower species we protect the higher.

As regards preservative measures after bites, I think we should return to the practice of Paulus Aegineta and encourage bleeding, so that when a patient comes to us with a dog bite it would be well to incise the wound, use suction of some kind to encourage the flow of blood, and then cauterize the wound.

In the *Lancet* and *British Medical Journal* of 1880, I have more fully developed this idea, so that I need not waste your time by repeating my already published observations.

These suggestions I offer in the words of the old Latin poet, and must conclude in his words:—

“ Rectius istis candidus imperti,
Si quid novisti,
Si non his utere mecum.”

Clinical Records.

SOME CASES IN HOSPITAL PRACTICE.

Under the care of Professor McNAUGHTON JONES,
Surgeon, Cork County Hospital, &c., &c.

CASE I.—*Caries of Tarsal Bones—Removal of Greater Part of Os Calcis, Outer Malleolus, Head of Astragalus, and Cuboid Bones.*—These bones were removed on May 27th. Esmarch's bandage was used; the operation was bloodless. On removal of the elastic bandage there was very severe hæmorrhage from the cavity of the os calcis; finally this had to be plugged to stop the bleeding. The operation was performed under spray with antiseptic precautions. The plugging interfered with the result, but the patient has done well. In an operation of excision of the wrist (Lister's) not long since, Prof. Lister found the same result after the use of Esmarch's bandage—severe hæmorrhage from the bone-ends, which resisted all efforts to stop it until the canals were plugged with small wooden plugs.

CASE II.—*Lacerated Wound of Hand; Outer Third of Palm torn off—Forefinger torn off—2nd and 3rd Metacarpal Bones Fractured and Luxated—Severe Hæmorrhage.*—Prof. Jones saw the case two hours after the receipt of the injury. The hand had a horribly mangled appear-

ance, the result of the explosion of a gun-barrel. There was severe hæmorrhage. Under ether he removed the forefinger, and the second and third metacarpal bones; fashioned the hand, covering the exposed parts; the entire being thoroughly antisepticated, and the dressing conducted under spray. Any bleeding vessels were twisted, and, after considerable trouble in transplanting, the skin was brought together, and the torn tendons were removed. On April 17th the patient complained of tightness of the chest, pain in the back and in the epigastrium; his countenance wore an anxious expression; altogether he appeared as if threatened with some tetanic symptoms. The next day these increased, and continued for one week, when they subsided and the patient lapsed into a drowsy condition. During all this time he was kept on chloral and bromide of potassium, with tobacco infusion, applied under a light carbolic poultice to the hand. On April 17th an erysipelatous blush appeared on the forearm, and spread to the arm. This was treated with oleste of mercury and morphia dressing. Finally all the symptoms disappeared. He left hospital on May 28th, and the hand is now quite restored, all the wounds having healed. There was no doubt that the patient was threatened with tetanus, and that the symptoms were held in abeyance by the treatment.

CASE III.—*Ovariectomy. — Operation; Recovery.*—N. O., æt. 18, unmarried; tumour growing from left ovary for over twelve months; measured thirty-nine inches round umbilicus on admission to hospital. Operated on June 29th, under bichloride of methylene. No adhesions. Usual steps carried out. Hardly any blood lost. A few peritoneal vessels ligatured with silk-worm gut; pedicle tied, looped, and dropped back; no hæmorrhage; not a bad symptom, and recovery perfect on tenth day. Twenty-three pints of fluid in cyst. This case is interesting as being the first successful case of hospital ovariectomy performed in Cork.

CASE IV.—*Extraordinary Accumulation of Pus in Peritoneal Cavity; Cured by Incision and Drainage.*—J. C., æt. 32. Admitted as a case of ovarian tumour, ten weeks after labour; history of pelvic peritonitis after delivery. On careful exploration Prof. Jones expressed a doubt as to the tumours being ovarian. The history of pain and enlargement commenced a week after confinement. There was enormous distension on admission, April 15th. The patient was aspirated on the 16th, and nine pints of pus drawn from the peritoneal cavity. This quickly re-secreted, and on May 2nd five pints more were taken to relieve the sense of hyper-distension, and consequent uneasiness. On May 13th the abdomen was opened antiseptically; all the pus evacuated through an incision of about two and a-half inches. The peritoneum was greatly thickened; it was hooked carefully up and held in contact with the abdominal parietes; then a Keith's glass drainage tube was passed, and held in position in the wound by sutures; the peritoneum was stitched from within out to the abdominal wall and secured; a drainage tube with a wire coil inside was attached to the glass tube, its other end resting in a bucket of carbolic water (10 p.c.) placed at the side of the bed. The pus drained into this, no air being permitted to enter, for nearly three weeks. The glass tube was taken out each day, and the wound dressed under spray after the first week, the orifice being carefully cleansed, and the rubber tube well washed out with carbolic solution every day, the end being corked under the carbolic water whenever the latter had to be changed. Suffice it to say that the patient has lost, at the lowest calculation, some thirty pints of pus since she came into hospital. For the last five weeks the opening has been kept patent to secure drainage by a bunch of horsehair carried well into the cavity. All the pus is gradually disappearing. A hard pelvic mass filling the brim remained after the removal of the pus, but this has also disappeared, having evidently broken down since the opening was made. There are many interesting points about this most interesting case, but the above facts are sufficient

for the present to record its occurrence. The woman is now quite strong and well, has a good appetite, and is only anxious to leave hospital. All through the case has been treated antiseptically.

CASE V.—*Curious Case of Compound Fracture of the Humerus at Both Extremities by "Contre coup," with Compound Fracture at Elbow-joint.*—The patient, a woman, æt. 54, was brought into hospital on January 26th. She had a portion of the humerus protruding immediately above the olecranon fossa, and an ugly, jagged wound of about one inch in length at this spot. On examination it was clear that there was a supra-condyloid fracture of the humerus; at the same time the shoulder-joint was found greatly swollen, and the bone had also evidently been badly broken, it being difficult to say, from the great swelling, the exact nature of the injury. The woman had fallen, in the frosty weather, downstairs, some three or four steps, saving herself by her elbow. The limb was put up by Prof. Jones in immovable apparatus, the protruding piece of humerus, which was quite loose, having been removed, and the wound washed with a strong carbolic solution (1 in 20). A firm cap was placed over the shoulder, and all secured with angular splints and tripolith, the wound itself having first been closed with protective and antiseptic dressing. It healed quickly; no supuration. On the final removal of the fixed dressing there was found at the upper end of the humerus just beneath the coracoid process a loose portion of bone under the skin. It was at first difficult to say what this was. The problem, however, was solved when, under ether, the detached portion was removed, and found to be the outer half of the bicipital groove of the humerus for the extent of about two inches, with the adjoining bone. The cephalic vein was torn in its removal, but the hæmorrhage was easily controlled by two ligatures. This is a unique case of fracture—fracture of both extremities of a long bone, with separation (longitudinally) of a portion of both ends, and a compound fracture accompanying.

(To be continued.)

Department of Lunacy.

LUNATIC ASYLUMS IN NEW ZEALAND.

IN New Zealand, as in this country, as regards lunatics the cry is "Still they come!" Year by year since 1873, when Dr. Frederick Skæ, the able and successful Commissioner in Lunacy for the colony, first obtained trustworthy statistical data, there has been a progressive increase in the number of the registered insane, the increment for that year having been 55, and for 1879 101. As the proportion of the insane to the estimated general population in New Zealand is now (Maories excluded) 1 in every 445 persons, it is evident that the increase in the number of lunatics has been out of all proportion to the expansion of population. As immigrants are generally a hardy set of people, robust in mind as well as in body, and as they do not carry with them to the Antipodes any members of their families who are in a state of mental dilapidation, it is difficult to understand why the propagation of mental diseases in New Zealand should be as rapid as it is, unless we attribute it to the excitement and trials which are incident to a new start in life, and to the intemperance which so often prevails extensively in new settlements. Dr. Skæ wisely refrains from committing himself to any theory as to the nature and origin of the increase in the number of lunatics whom he has to supervise, and contents himself by pointing out that some time must still elapse before the burden of lunacy in New Zealand becomes as grievous as it is in the mother

country. The proportion of lunatics to the population in New Zealand is, as we have said, 1 in 445; whereas, in England, it is 1 in 360, and in Scotland 1 in 392. The table of the causes of insanity in the cases coming under observation appended to Dr. Skae's report gives countenance to our supposition as to the sources of the increase of lunacy, for there it appears that in 84 out of 399 cases in which the cause of the mental overthrow was ascertained, intemperance, alone or in combination with other morbid agencies, such as hereditary predisposition, sexual excesses, or domestic calamities, was responsible for the disease, while in a large proportion of cases emigration, disappointment, troubles, solitude, bereavements, anxiety, exposure, and other conditions likely to be connected with a struggle for existence in a new land, are set down as the starting points of the insanity.

One satisfactory feature in Dr. Skae's report is the evidence afforded by it that the large majority of patients admitted to asylums in New Zealand are of the most curable class; that is to say, they have not previously been insane, and their disease has not lasted more than three months at the date of their admission. Comparatively few belong to the least promising class, consisting of those who have suffered one or more previous attacks, and have been insane for more than a year at the time when asylum treatment is resorted to.

The asylums of New Zealand are eight in number, and contained at the end of 1879 1,056 lunatics—695 males, and 361 females. The largest of them is the asylum at Dunedin, which contains upwards of 300 patients; and the smallest is that at Napier, which contains under twenty. All of them are overcrowded. They, together, contained, at the beginning of last year, 259 patients over the number they were calculated to contain, and must therefore have been encumbered to a most inconvenient degree, if not to such an extent as to endanger the health of their inmates. This highly condemnable state of affairs will be remedied shortly by the opening of new wings, now in process of construction, at the Wellington Asylum for 50 patients, at the Auckland Asylum for 107, at the Christchurch Asylum for 100, and at the Otago Asylum for 300. But although the additions thus in progress will relieve immediate pressure, and meet the requirements of the colony for about three years if lunacy does not hasten its rate of increase in an unprecedented manner, they will not obviate the necessity for the erection of further new buildings on a large scale. The buildings now in use at Dunedin, Wellington, and Napier are altogether unsuitable for their purpose, and must be relinquished at no distant date, some of them being mere temporary sheds, never intended for permanent occupation. The colony ought certainly, when it is about it, to provide, in place of the buildings which must be abandoned, lunatic hospitals of an approved type, replete with all modern appliances for the treatment of the insane, and of dimensions such as to render all clobbering, crowding, or enlargement unnecessary for a dozen years to come. Makeshifts are not economical, and the wisest plan is to provide beforehand for an inevitable increment of lunatics in a complete and efficient manner. The best advice and guidance are at the command of the colony, which possesses an eminently practical commissioner in Dr. Skae, and some pride should be felt in creating hospitals for the insane which shall vie with those of Europe, and supply to the afflicted beings to be consigned to them all the comforts and alleviations, and prospects of recovery to which their pitiable condition entitles them. The new asylums, and,

indeed, all the asylums in New Zealand, should be placed forthwith under the care of competent medical superintendents, as that is the only sure way of effecting the reforms which are urgently needed in them. Medical men with the necessary experience in the treatment of mental disease, and of asylum administration, are not likely to be met with in New Zealand, and ought therefore to be procured from England. There are many thoroughly well qualified assistant medical officers in English asylums who, for £600 or £700 a-year, would be willing to emigrate to New Zealand, and undertake the responsible charge of the asylums there. It is monstrous that an asylum like that at Dunedin, containing upwards of 300 patients, should be left without a resident medical officer. "No one," says Dr. Skae, "can shut his eyes to the absurdity of 300 diseased brains being under the charge of anyone but a resident physician." At the Christchurch Asylum a resident medical superintendent has been appointed, the services of Mr. Bacon, formerly assistant in the Warwick County Asylum, in this country, having been secured. It is earnestly to be trusted that the Government will, without further delay, extend a similar advantage to the other asylums of New Zealand, or, at least, to the three largest of them.

The total expenditure on the management and maintenance of the insane in New Zealand for 1879 was £35,360. The average cost of maintenance per head was £33 9s. 10d., or, deducting sales and repayments, £29 10s. 6½d., which must be pronounced a very modest sum when the wages paid to nurses and attendants in that colony are kept in view. At Wellington attendants receive £147 per annum with rations, and nurses £50 per annum with rations also. The lowest wages paid at any asylum in New Zealand is at Auckland, where attendants receive £60 and nurses £42 per annum, with board and washing.

Translations.

ON PARACENTESIS THORACIS BY ASPIRATION IN ACUTE PLEURISY.

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Translated by C. A. OWENS, M.D., L.R.C.P. Ed.,
L.R.C.S.I., &c.

(Continued from page 27.)

CHAPTER II.

Syncope and Asphyxia, Thrombosis and Cardiac, and Pulmonary embolism.

Besides congestion and acute œdema of the lung with or without albuminous expectoration, the medianism of which we have just studied, and the lesions of which have been frequently noted post-mortem, there exists another series of accidents more indirectly associated with paracentesis, and not so intimately connected with it; liabilities,—on the one part of syncope with or without cardiac lesion, on the other of asphyxia with or without thrombosis and embolism of pulmonary vessels. The following is a "résumé" of some cases bearing upon this species of accident.

No. 1. (Trousseau and Pidoux). Left pleurisy in a gouty subject; Trousseau let out 4½ pints of serum. The patient broke the rules and got up several times, and in trying to return to bed, died of syncope 24 hours after the operation.

No. 2 (Goyuel). Patient with left pleurisy, pericarditis, orthopnea, cyanosis, and extreme debility. Two and a half pints of fluid withdrawn—patient after two attacks of fainting, finally carried off by syncope. At the autopsy 2½ pints of fluid found in the pleura, and pericarditis.

No. 3 (Chaillon). A woman six weeks after confinement, with left pleurisy, and shortly after seized with venous

thrombosis of face. The operation gave vent to 2½ pints of fluid, with immediate benefit; but next day the patient died suddenly.

No. 4 (Besnier). A patient with right pleurisy, pain excessive, extreme weakness, and malignant symptoms from the first. Paracentesis decided upon, and the operation performed with every precaution. The puncture gave issue to 9 or 10 oz. of horribly foetid sanious fluid, indicating gangrene of pleura. The patient died of pleurisy while the operation was proceeding.

No. 5 (Legroux). Left pleurisy with great effusion—excessive dyspnoea and commencing cyanoea. Three and a half pints of fluid withdrawn. The patient was seized with cough and brought up some white and pink sputa. Three quarters of an hour afterwards he died.

No. 6 (Vallin). A patient with pleurisy and considerable effusion. Five pints of purulent fluid withdrawn. The operation was well borne, and the patient died suddenly twenty-four hours afterwards.

No. 7 (Guyot). Left pleurisy—6 pints of fluid withdrawn. Patient died three days afterwards of syncope. At the autopsy a fatty heart and a clot in the pulmonary artery were found.

No. 8 (Vergely). Case of pleuro-pneumonia. The pleurisy became purulent. General condition very grave, pulse intermittent. Cardiac clots dreaded. Paracentesis gave vent to about 1½ pints of pus. Half an hour afterwards patient died suddenly. At the autopsy cardiac clots were found which had been diagnosed during life.

I could multiply these cases, but it is unnecessary. I determined to group in this second category the accidents which differ from those of acute pulmonary oedema, and of albuminous expectoration, because they have a different origin, and their relations with paracentesis have nothing in common. The pulmonary oedema and albuminous expectoration following paracentesis, which I included in the first list, all resemble each other, save in their intensity; they are simple, grave, or fatal; but the conditions of their etiology are identical; they present themselves under the same aspect; they follow paracentesis closely; they are directly provoked by it, and thanks to the precautions given above, happily they may be avoided. The accidents of the second group are of a very different nature: in these cases the pleurisy is often complicated; some are purulent, others accompanied by pericarditis, gangrene of pleura, cardiac clots, thrombosis of pulmonary artery; death supervening sometimes after the operation, sometimes the next day, and even three days after. We wish to know how far paracentesis is responsible for these drawbacks. As regards the first group (acute oedema and pulmonary expectoration) paracentesis was evidently the cause of the symptoms. But how far is it responsible for the other accidents? A perusal of the very remarkable case of Dr. Vergely (No. 8), and the judicious observations accompanying it, shows that the cardiac clots were diagnosed during life, and that every precaution had been taken to prevent failure; so that death followed as a consequence of the existence of the cardiac clots, and not as a consequence of the operation. In case No. 7 of Dr. Guyot, the patient did not die until the third day after the operation, and at the post-mortem examination fatty degeneration of the heart was found, with a clot in the pulmonary artery. Must the operation be accused of this? Certainly not. In case 3 of Dr. Chaillon, it is said that the patient, six weeks after confinement, had thrombosis of the veins of the face; and although no autopsy was made, is it not probable that death, which followed twenty-four hours after the operation, was caused by a thrombosis or embolism of the pulmonary vessels? Here are, therefore, very analogous, if not identical facts, proving that clots in the heart and pulmonary vessels may lead to death by syncope or rapid asphyxia, at periods more or less remote from the operation; and on the other hand it has just been shown, while studying the causes of sudden death in the course of pleurisy, that this fatal termination is often due to the formation of pulmonary or cardiac clots (Vallin, Blachez, Vergely), clots which may in their turn become a source of cerebral embolism and of hemiplegia, so that the pathology of these accidents is the same in both cases, whether paracentesis has been performed or not; and it may even be questioned whether performed earlier, it might not have diminished the risk of formation of clots and thus lessened the danger.

Nevertheless, this question has been raised. As para-

centesis permits the return of the circulation to vessels which have been deprived of it, if these vessels are the seat of thrombosis might not the clot be transformed into an embolism by the sudden return of the circulation? I am aware of no facts on which such a theory could be based.

The other cases, notably those of Drs. Besnier and Legroux, gave rise to interesting discussions at the Medical Society of Hospitals. Dr. Legroux's patient had frothy sputa and pulmonary congestion, which symptoms resemble those in the first group of accidents, I consider with those of Dr. Desnos who reports the case, that it is not the operation—the aspiration which can be assigned as their cause, any more than it can be in Dr. Besnier's, in which the patient had gangrene of the pleura, and who exhibited from the first debility, prostration, and "other symptoms of malignity."

What conclusions may be drawn from this discussion? That paracentesis performed in certain abnormal pleurisies, occasionally gives rise to grave accidents; that there are complications, as cardiac clots, old adhesions, gangrene of the pleura, and symptoms of malignity, which should render a guarded prognosis and the adoption of every precaution, necessary; at the same time the existence of these complications is not by any means a contra-indication to the performance of the operation, if the symptoms are urgent; and it is in such cases that a medical man equal to the occasion and assuming the responsibilities of it, should be able to decide without hesitation, but with certainty, that competent interference if powerless to prevent evil, is at least incapable of aggravating it.

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

VISCERAL RHEUMATISM.—At a meeting of the Academie de Médecine M. Woillez read the report of a work by Colin upon visceral rheumatism. Along with others, the author found that pleurisy of a rheumatic nature could be distinguished by a peculiar friction sound having for seat the junction of the superior with the middle third of the axillary region. This symptom M. Colin considers as indicating an arthritic affection although the patient may not have had previously any rheumatic trouble. The friction sound resembles the dry crepitation of the first stage of pulmonary tuberculosis, and is especially marked on the right side. The sign appears to him symptomatic of all pulmonary affections of an arthritic nature.

THE TREATMENT OF RANULA.—An important discussion took place before the Société de Chirurgie on the treatment of ranula in which nearly all the members took part. M. Delens recited a case in which the cyst was excised and cauterised, but at the end of two months it returned. This fact, he believed, resulted from the migration of the sublingual ranula through the muscular fibres of the floor of the mouth and developing a cyst in the buccal cavity. M. Trelat for many years excised with the scissors in the case of small ranulae, and where they were more voluminous he treated them by puncture and the injection of iodine. M. Després treated every kind of ranula by the drainage, and always with success. M. Varneuil observed that he tried many methods in the treatment of ranula, but with varied success. He adopted the plan of slow section, for which purpose he passed a curved needle charged with a double thread of silver wire through the cyst, and united both ends in a firm knot. In five or six days the section was effected. M. Labbé did not doubt the success obtained by M. Després by his method, but he considered that to keep a seton in the mouth for six months to cure a ranula constituted a veritable infirmity. M. Després, in replying, said that he never knew a patient to complain of it. M. le Dentu said that M. Auger employs the injection of two drops of chloride of zinc in the deliquescent state into the cyst without previously evacuating it. This treatment always succeeds; there follows a sharp inflammatory reaction, but it is by no means dangerous. The inflammation subsides in five or six days, and at the end of ten days the cure is complete. For small ranulae one drop of the liquid

suffices, and if the cyst is very voluminous it is preferable to draw off a little of the contents before introducing the chloride of zinc. M. Gillette could not agree with M. le Dentu in considering that chloride of zinc was not attended with danger and that it was always successful. He had seen M. Auger at the Hôpital Beaujon inject three drops and the pain was so intense that patient tried to jump out of the window; and after all the cyst returned and was eventually excised.

MURIATE OF IRON IN CHRONIC DISEASE OF THE SKIN.—Dr. Casarini has collected a certain number of observations of chronic disease of the skin in which the external employment of the muriate of iron had been of incontestable utility. He employed the dose of thirty or forty drops in the form of lotions or mixed lard as an ointment. The diseases of the skin in which this agent appeared to be most efficacious are sub-acute and chronic psoriasis, eczematous lichen, and in eczema when all inflammation had disappeared. The conclusions of the author are as following: 1st. Perchloride of iron is the most active remedy against purpura hemorrhagica and simple purpura. 2nd. It is very useful against the cachetic chloro-anæmic state which frequently accompanies certain diseases of the skin, rhyphia, oöchymosis, and impetigo. 3rd. Externally it exercises a prompt and favourable action in scrofulous and syphilitic ulcers (constitutional syphilis). 4th. Employed as a pomade perchloride of iron is an energetic remedy against squamous affections of the skin, notably psoriasis.

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,

President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 9.)

ADELHEIDSQUELLE.

A Bavarian spring situated near Heilbrunn; is largely imported. It has been analysed by Pettenkofer, whose analysis we give, calculated to grains per imperial gallon:

	Grains.
Chloride of sodium	380.68
Bromide of sodium	3.67
Iodide of sodium	2.19
Chloride of potassium	0.20
Sulphate of sodium	0.48
Carbonate of sodium	62.16
Carbonate of calcium	5.84
Carbonate of magnesium	1.44
Carbonate of iron	0.72
Alumina	1.42
Silica	1.47
Phosphate of lime, trace	
Organic matter	1.60

Total 461.87

Carbonic acid not determined.

Skeleton analysis of half-a-pint, or 10 fluid ounces:—

Solida.	Salinea.	Antacida.	Purgativa.
23.8½ grs.	23.8½ grs.	4½ grs.	.03 grs.

The Adelheidsquelle water is a very strong saline water, with a well-marked alkaline character, due to the carbonate of sodium. It contains comparatively little lime. It also possesses the peculiarity of containing a considerable quantity of alkaline iodides and bromides; therefore, will probably be used more as a medical water than as a table water. It is, however, as a composition based upon the lines of the table waters, and is therefore placed amongst them.

GEROLSTEIN.

At a short distance from the ruins of Castle Casselburg, between the rivers Kyll and Moselle, is an artesian well, called the Schlossbrunnen Gerolstein.

This artesian well is sunk to a considerable depth in a bed of limestone and alate. The country would appear to be a district of extinct volcanic craters, and it is probable that the Schlossbrunnen Gerolstein derives, as stated in the circulars, its chemical components—the saline and alkaline ingredients, from layers of basalt and porphyry. It is stated that this water being obtained by sinking the artesian well in the Eifel volcanic mountains that it is perfectly free from all organic matter, or impurity. The circular also states that unlike most mineral waters it is wholly impregnated with its own natural gas, or carbonic acid which rises in volumes from the shaft and rocky fissures. "The Gerolstein water is not tampered with in any way, but is delivered in the same state exactly as it flows from the spring." Although the springs are reputed as being valuable medicinal springs from the 13th and 14th century the artesian well was not opened with a view to its commercial dissemination until the year 1876, we may say that although this water is old in local reputation, it is not so well known as many others in its bottled form.

Although not many years since this water has been introduced into this country, it would seem that it has received a considerable amount of royal and high-class support. This means very little. Perhaps no class is as sensitive to a name as the higher classes. Let a company get hold of a good name, and the upper circle follows like a flock of sheep. Our remarks, however, do not apply to the Gerolstein water, and they would be quite out of place were it not for the extensive manner in which such a system of advertising is used in the mineral water world.

The Gerolstein water is comparatively a mild antacid water, giving no permanent alkaline reaction until boiled some time with phenol-phtalien, showing that the alkalinity is nearly equally distributed between alkaline bicarbonates and the carbonates of the alkaline earths. It is remarkably pure, and stood these searching tests for the presence of nitrates and nitrites, diphenylamines, and metaphenylein diamine. It is quite free from nitroge-

nous organic matter. It has been already stated that the Gerolstein Company only charge this water (which is strongly aerated) with the natural carbonic acid gas obtained from the spring; but they invite inspection of the spring and works. One of the recommendations of the Gerolstein water is that, combined with great purity, from the small amount of solids contained therein, it may be indulged in freely: at the same time, it must be always borne in mind that its action will be slightly aperient, but this, to many thousands, will be hailed as a grateful characteristic of Gerolstein.

Gerolstein water contains—

Bicarbonate of sodium	...	...	72.71
Carbonate of lithium	...	...	10
Carbonate of calcium	...	...	42.6
Carbonate of barium, trace			
Carbonate of magnesium	...	...	24.2
Carbonate of iron (ferrous carbonate)	...	...	0.10
Carbonate of manganese, trace			
Sulphate of potassium	...	...	0.20
Sulphate of sodium	...	...	8.21
Chloride of sodium	...	...	12.26
Bromide of sodium	...	...	0.11
Iodine, trace			
Phosphoric acid	...	...	0.02
Silica	...	...	3.03
			163.54

Free carbonic acid not determined.

Skeleton Analysis of Half-a-pint (10 Fluid Ounces).

Total Solids.	Antacids.	Salines.	Purgatives.
10½ grs.	8½ grs.	½ gr.	½ gr.

Correction.—Harzer water: read "pergant flavour," for "per can flavour."

(To be continued.)

Transactions of Societies.

THE MEDICAL TEMPERANCE ASSOCIATION.

THE adjourned discussion on Mr. S. Shute Alford's paper on

THE PRACTICAL TREATMENT OF DIPSO MANIA,

which appeared in our issue of June 8th, was resumed at the Medical Society of London on Friday July 8th. There was again a large attendance.

DR. RICHARDSON, M.D., F.R.S., President, in the Chair.

THE PRESIDENT alluded, in touching terms, to the untimely end of Mr. Alford, which was the result of an accident on the Midland Railway at Dudding Hill Station on July the 2nd, and said that he was sure the whole of the medical profession would be unanimous in the feeling of regret which the Association felt at the loss it sustained by Mr. Alford's decease under such trying circumstances. For a moment it was a subject of consideration whether it might be becoming to proceed with the debate that afternoon, but on the motion of Dr. Alfred Carpenter, seconded by Dr. Norman Kerr, it was unanimously agreed to resume the discussion, the sense of the meeting being that it would be more honouring to the memory of the deceased gentleman, who, as Dr. Kerr remarked, had devoted the best part of his life, and consecrated his highest energies to the question, to go on, and endeavour to investigate the subject which he

had begun, and with regard to which he had always evinced so great enthusiasm. It was then resolved, on the motion of the President, to send a letter of condolence and expression of deep sympathy, on the part of the Association, to the family of Mr. Alford, in their great and sudden bereavement.

SURGEON-GENERAL FRANCIS reopened the debate, and in the course of his speech, said that there were two distinct forms of drink craving, one in which the craving was created and developed by circumstances, and the other in which it was hereditary. He looked upon dipsomania as a disease, in the same sense as he believed neuralgia or ague were diseases. It was essentially nervous constitutions that were most liable to attacks of drink craving. With regard to the treatment of dipsomania, it was the same, both in those cases where it was created, and those that were hereditary, and he believed the superintendents of "homes" would bear him out in the opinion that cases of a hereditary nature were far more difficult to cure than those where it was created (hear, hear.) It would be found to be one of the most important features in the education of the young to carry into practice the recommendation of Dr. Norman Kerr, to bring the young up on total abstinence principles, at the same time to see to it, that the teachers themselves should be instructed, scientifically and otherwise, on all questions relating to the use of alcohol, thus creating in them a hearty interest in the temperance movement. In regard to the question of vegetarianism, that had been touched upon at a previous meeting, in relation to the Brahmins and Hindoos, he could only say that the reason why drinking was not so common among them was because it was purely a matter of religion.

DR. ALFRED CARPENTER said that the loss of self-control was at the bottom of habitual drunkenness. It was, at this point, that the victim of drink often asked for help when he found the power over his diseases waning. The resisting power of the individual was absolutely *nil* the moment that any grain of alcohol found its way into the tissues of the body. The slightest amount was like the effect of motion upon water cooled below 32 degrees in perfect quiet. There was an immediate production of ice, and the sensible production of heat. In the case of alcohol it set up drink-craving in all its force. The cure of dipsomania depended upon two conditions, the personal habits of the patient himself, and his hereditary tendencies. In the case of those where the habit was acquired, the cure would be comparatively rapid, and provided means were taken to instil proper principles as to the knowledge of the chemical action of alcohol, there ought to be no relapse when the patient came out of the home where he ought to be attended; but in hereditary cases the result might be very different. It took a lifetime to change these conditions, and yet they knew that practice would be made perfect, and that the hereditarily nervous man might, by proper education, get rid of his nervousness. There was the work of the home to inculcate such maxims, and bring the patient along a course of self-control under proper teaching, as might eliminate even hereditary tendencies, and restore the man to his original purity and mental power. He believed they could do this. To doubt it was to doubt the power of their noble profession in its first lines of work, and to lose sight of the fact that the work of the medical profession was more often hygienic and educational than one connected with the mere administration of drugs, and providing antidotes of diseases. They might depend upon it that the prevention was of far more importance than cure, and that it was the remedy of dipsomania. (Hear, hear.)

DR. HALL thought that it had not been sufficiently brought before the public by the profession, that the condition of the mind of an habitual drunkard was such that he was often not responsible for his actions, and although we were making great efforts in the right direction, where was the institution of hospitals in which the poor drunkard would be treated medically for his disease? He could not send a case to the workhouse, or the parochial infirmaries, because the patient would be refused admission. Drunkenness was looked upon there as a matter of vice. But he believed if there were hospitals established for drunkards, where they could go without the necessity of making application, and all the formalities that rendered the machinery of public and charitable institutions so clumsy, and where the disease would be properly treated as a disease, incalculable good would be done. (Hear, hear.)

Mr. FREDERICK JOHN GRAY, of Rugeley, said that his whole experience led him entirely to sympathise with Mr. Alford's views. He was quite satisfied that men who had been drinking for some years, and especially those who had done so for some depressing cause, whose nervous system was entirely exhausted, could not be restored to health by a few months' treatment. He had also come to the conclusion that in private houses, the only service they could be to drunkards, would be where that class of them who had been hard drinkers, and who were anxious and willing to do their utmost to help the medical man to cure them. But there was another class they could be of no service to, but that retreats would be found of great use in bringing them back to health if properly conducted. This was the class of men who liked drink, and had been drinking for many years, and who cared very little about their position or family ties. If they were long enough confined in retreats, where all drink was compulsorily kept from them, they might be restored to health, after which moral suasion might be brought to bear upon them with a view to keeping them from returning to their old courses.

Surgeon-Major POOLE thought that dipsomania was not only a disease, but also a vice, and he believed that homes for inebriates would be most valuable, because the medical element might be brought in contact with the clerical or religious element, and so the dipsomaniac would have a double influence at work in effecting a cure upon him.

Dr. R. PARAMORE felt that the religious element in the cure of dipsomania was a most important one. Unless they could make a man feel that he was responsible to a higher being than himself, there was not so much motive in his denying himself. No person could possibly be reclaimed unless the religious instinct was touched. He felt certain that dipsomania was a disease, and its victims required to be acted upon by all the moral and physical means in their power, so that they might give up their intemperate habits.

Dr. RICHARDSON then summed up the debate, and said that with the exception of Dr. Edmunds, there had been a singular unanimity of thought and feeling on this question. It had been his duty to perform the office of chairman many times in his life, he had almost said hundreds of times, but he did not recollect a prolonged debate of this kind, in which there was such a general unanimity of feeling and judgment as in this instance, and he believed that if the subject were argued fairly with Dr. Edmunds himself, he would, in the main, join with all that had been said. When Dr. Edmunds was speaking on the last occasion, and remarked that dipsomania was not to be considered as a disease, he, the speaker, wrote down on a piece of paper, "What is a disease?" which Dr. Edmunds, seeing, made a comment upon. Well, he said, that that was a disease which was attended with some definite pathology. That he fancied could not be disputed by anyone. Then came the question whether dipsomania was attended with any particular pathological indication, and he thought if they brought the matter to this crisis, they were, at once, forced on physical grounds to admit, that dipsomania was unquestionably as marked a disease as any other form of malady which they come in contact with. The medical man summed up all the symptoms in the same way as he would sum up the symptoms of pneumonia, bronchitis, peritonitis, or typhoid or typhus. These were considered diseases, because of the recurrence of their symptoms in the same form, and so with regard to dipsomania, the recurrence was so striking that there would not be a difference of opinion between any two of them, what the nature of the case was, and so he saw no means of getting out of admitting that it was a disease. When they came to the pathology, as indicated in the changes which took place in the body, they found certain marks which were perfectly indicative of diseases. Dipsomaniacs had changes going on in various organs of their body, which were essentially typical of the condition in which they were. For example, there would be, in all of them, at one time, a very equal, and at another time, a very slow and feeble rush of the heart. They would listen to the heart one moment, and the impulse would be so great that it struck hard upon the ribs, and they would get a continued sound, so that they could not distinguish one series of sounds from the other, and they would find in another case the heart so feeble that they could scarcely distinguish the sounds at all, though as regarded the change in the mechanical working of the heart, it was most distinct in its character, and, in every sense, pathognomonic. If they came again to the great vessels, they found changes

taking place in them. They found the arteries at one time relaxed, and at another, distended; they found, sometimes, a full and bounding pulse, and often a feeble one, and all that was indicative and pathognomonic of disease. If they came to a more minute examination of the phenomena, they found some changes going on in the nervous system, which, though they might be temporary in character, were as distinct as those changes which marked hysteria or tetanus. If they defined this as a disease, then they had to consider it as such, and to consider it in relation to treatment, and here was one of the most remarkable phenomena in relation to dipsomania, that it recurred under very slight promptings. Not the effect of ipecacuanha upon persons who were easily subject to the form of asthma; not the mere breath of that was more striking than the action of alcohol on certain singularly constituted individuals. Dr. Richardson, in support of this theory, related a melancholy case of a woman who had been an abstainer for fifteen years, but who, under a severe pressure of work and anxiety, fell into a syncope, and was treated by her medical attendant with brandy, which, for the moment, she tasted; it gradually exercised its former influence over her, that it ended, if not, in her death, in her being immured in an asylum. With regard to the question of treatment, he believed they were all pretty unanimous. Such a case as that which he described, would elench every argument that had been delivered in that room, that there was no cure whatever for such cases, but abstinence to the last day of their lives. (Cheers.) He entirely agreed with Mr. Alford, that anything that produced a physical or mental depression, would turn the scale, and give rise to the desire on the part of a reclaimed drunkard, to go back to his former habit of drinking, and that desire would lead him back to the acute stage, and, finally, the acute stage would lead to absolute relapse; as, for instance, the effect of the East wind, which Mr. Alford had mentioned, and which he (the speaker) looked upon as a very interesting, and a profound observation, because he felt quite sure, having looked over his own books for a lengthened period, that cases of dipsomania were much more frequent in the spring weather than they were in summer. He took it in the management of such cases, after removing stimulants, that the next best thing was to provide, as far as possible, every comfort, and everything that would conduce to the support of the patient. He quite agreed with the observation made by one of the speakers, that deficiency of sleep tended to bring about a relapse, and he therefore agreed with all that had been said as to the importance in treating patients in giving them plenty of food, sleep, and warmth, and relieving them of all the distressing causes that had a tendency to produce exhaustion, and therefore a tendency to the taking of stimulants. Now, coming to purely medical details, what were the best means of making those people sleep when under treatment? What right had they to give patients a substitute of any sort for alcohol? He confessed he saw very little good in substitutes himself; yet sometimes they got conditions of the stomach which seemed to require something to stimulate its action. If there was great acidity, as often happened, nothing answered so well as a mixture of carbonate of ammonia (five grains), tincture of capsicum (ten minims), with a little infusion of hops to make up the draught, which he found answered exceedingly well. If there was not acidity, and if the alkalies produced irritation, and even heart-burn, he generally resorted to a draught composed of five minims of tincture of nuxvomica, with an infusion of hops, and ten minims of nitro-muriatic acid. Very frequently, when there was an immense thirst, as there often was in those people, he found an infusion of henbane, with half an ounce of liquor ammoniæ acetatis, and from three to four grains of bicarbonate of ammonia in half a pint of water, to be taken at bed-time, very efficacious. If there was a great deal of nervous restlessness, from twenty to thirty grains of bromide of potassium might be added. This would be found to be an excellent narcotic in place of chloral, which he at one time believed in, but which his experience did not confirm as being a useful drug. It led to a desire for alcohol, its action being very much the same, while opium produced great nausea and constipation, accompanied with biliousness. One other point which he wished ever to be kept in mind was that the skin should be kept in good action, and in moments of depression exceedingly useful results would follow from Turkish baths. He wished he could agree with those speakers who thought they found a panacea for drunkenness in religious influence. There was no doubt it was beneficial in some cases, but in others, notably the

MEDICAL PRESS AND CIRCULAR SPECIAL REPORT

ON THE INTERNATIONAL MEDICAL & SANITARY EXHIBITION, SOUTH KENSINGTON.

INTRODUCTORY.

THE 1881 meeting of the International Medical Congress having been fixed to be held in London, the occasion seemed a most fitting one for bringing together a collection of articles illustrative of the present position and recent progress in medicine and surgery and their allied sciences. This idea having been broached, the question of carrying it out was considered by the Committee of the Parkes Museum of Hygiene, and the result of their exertions has been the formation of an exhibition, in every respect, more complete and elaborate, in so far as it is concerned with sanitary and medical science than any which have preceded it. It should be said that the chief share in this gratifying termination to their labours is entirely due to the disinterested and unceasing exertions of the Committee of the Parkes Museum, and that no small part of the work accomplished has been borne by the Secretary, Mr. Mark H. Judge. From the earliest inception of the idea to perpetuate the name of the late Dr. Parkes, in connection with that branch of science, to which his whole life had been devoted, Mr. Judge has been indefatigable in endeavouring to secure a great and lasting success for the scheme; and it may, perhaps, be well to recapitulate briefly the principal aims held in view by the exhibition committee of the museum. They estimate that a sum of £30,000 will suffice to establish the Parkes Museum as a permanent National Institution, and enable the public to enjoy for ever all the advantages which it is capable of affording; and when it is stated that the temporary accommodation hitherto so generously accorded by the Council of University College will not be much longer available, were it even sufficient, and that a new home for the museum is most urgently needed, the Executive Committee have every confidence that their appeal will meet with a liberal response, and that the means will not long be withheld for raising a memorial building which shall be worthy both of the nation, and of the great man whose name the museum bears.

The present exhibition will undoubtedly be productive of an addition to the funds of the museum, both through the success that will certainly attend it, and by serving to excite a keen public interest in the object it is designed to serve. It is held in the galleries opening on to the gardens of the Royal Horticultural Society at South Kensington, and also, in part, in the Albert Hall. The space it commands has been amply sufficient to meet all requirements made of it, and is of a nature to admit the most advantageous disposition of the objects, arranged with a view to easy examination by visitors.

The opening ceremony took place on Saturday last, and, at this time, the public have access to the collection on every week day, between 10 a.m. and 7 p.m., until August 13th.

The opening ceremony was attended by about 2,000 persons, who showed considerable interest in the Exhibition immediately the formalities attendant thereon were gone through. At half-past four o'clock Earl Spencer took the chair in the Albert Hall, supported on the platform by Earl Granville, K.G., Sir James Paget, Bart., Mr. Erichsen, the Executive Committee of the Parkes Museum, and a goodly sprinkling of the profession. The first event in the programme was an inaugural address by the Lord President of the Council, Earl Spencer, who subsequently called upon Dr. G. Vivian Poore, the Honorary Secretary, to read the report of the Museum; a statement of the Exhibition Committee followed, read by the Secretary, Mr. Mark H. Judge.

Earl GRANVILLE then delivered a very telling and, in some parts a most amusing, speech, of which the following is a fair *résumé*: He said, My Lords, Ladies, and Gentlemen,—At a moment when London has its hands so full of business and

pleasure, your presence here in such large numbers is very clearly significant of the interest which is excited by the objects of this Exhibition. I must admit that when I received the card of invitation, and found insidiously inserted on the back of it that Lord Granville was expected to deliver an address, my heart sank within me. I was, however, much comforted also by thinking of the practice which is usual at some of our best theatres, where the managers, desirous of meeting the wishes both of those who like a quantity for their money and of those who like to dine before their theatrical amusements, advertise the great piece of the evening to begin at eight o'clock, and then insert in smaller letters that there will be some trifling play acted beforehand. I think the object of the promoters was that I should say some light and airy nothing in order to pave the way for one of those admirable addresses into which Sir James Paget condenses so much valuable scientific, yet useful information. I think it was Dr. Parkes himself who defined hygiene as the art of preserving health—that is to say, of giving the most complete action to the mind and body for as long a period as is consistent with the laws of life. We all sometimes, voluntarily or involuntarily, think and talk of health. I venture to think that if any of you here present have ever been rash enough in company to admit you had some indisposition, that you found the majority of that society immediately insisted on prescribing for your diet, for your regimen, and especially their own favourite pills. I remember myself, some years ago, having a severe attack of gout at Rome. I was immediately inundated with prescriptions, not only in English and Italian, but also in French, German, and even in Russian. The Cardinal's Secretary honoured me with a prescription based upon his own experience, and a northern Foreign Minister gave me exactly the opposite advice, the unhappy result of this combination being that I could not get well until I had left that glorious old city for good. This last Easter, in the daily papers, it was announced that I had a serious attack of gout, but, luckily, at least, for me, the report was without foundation; but I have been most deeply touched by constantly, I may say weekly, daily, and hourly, receiving letters of advice on that most interesting topic. I have been advised to drink whisky. I have been advised to drink claret, and I have been advised to adhere to the most rigid teetotalism. I have been advised to live generously. I have been advised almost to starve myself; and one gentleman, whom I will not suppose to be a dentist, advised me to obtain a complete apparatus of artificial back teeth. (Laughter.) The moral I gather from this is that in maintaining the health of an individual study alone, or experience alone, is not sufficient. I believe that you require science, art, and experience to be of use in such matters. And if this is the case with the health of an individual, how much more is it true with regard to the health of large communities? Lord Spencer referred to the satisfactory statistics which have been produced in the recent census; but that census shows how we are increasing in numbers. I think with regard to this metropolis alone that the numbers are very near that enormous quantity of something like 4,000,000 of inhabitants. I dare say many here remember the observations of Archbishop Whately with regard to the great problem of affording food to such a great agglomeration of human beings in such a comparatively small place. How easy it has been done by the self-interest of individuals! How impossible it would be for the Government to do it efficiently, and without enormous waste, if they attempted the solution of that problem. But besides food and air, there is water, almost as necessary, both for cleanliness and for drink, and for its operation against fire, and in this city we are most imperfectly provided in respect to those requirements. The sanitary question is one of very great difficulty, but it is perfectly essential that the principles should be perfectly understood, not only by the specialists, but that they should be disseminated in order to produce a healthy public opinion on such matters as these. I think that is exactly the sort of information on sanitary science which an Exhibition like this, the outcome of the Parkes Museum, is so admirably intended to provide. I may perhaps be allowed to say that her Majesty's Government are perfectly alive to the necessity of this great sanitary reform movement; but you are aware that the present Session of Parliament is barren of this sort of legislation. I am, however, happy to say there is one measure, with regard to the flooding of rivers, which appears most essential to the health of both towns and villages, which we have got to that point when we have a very strong hope to be able to pass it into law.

Sir JAMES PAGET then followed. He spoke very touchingly and eloquently of the labours of his deceased friend, Dr. Parkes, who, he said, for many years prior to his decease, had laboured as few men could, with the knowledge that at any moment the disease from which he suffered might have a fatal termination. This magnificent exhibition was the outcome of that once great and noble man, which would, he hoped, perpetuate his memory to all time. Sir James said he was also interested in this exhibition because it was coincident with the International Medical Congress, in which he had already taken a very active part, and for which he would probably have to labour still more. The two would, he said, be visited by hundreds of medical and scientific men from all parts of the world. Already more than 600 foreign physicians from America, Asia, and Europe, had signified their intention of being present, and whatever success might attend the Medical Congress, the credit of nine-tenths of it would belong to that most persuasive and indefatigable of hon. secretaries, Mr. MacCormac, of St. Thomas's Hospital. There was no ignorance so intense, remarked Sir James, as the ignorance of self-satisfaction; but when the labours of Mr. Simon and other members of the Local Government Board were taken into account, we had very much to show for the results of the teaching of sanitary science in this country during the last few years. Such exhibitions as the one which they were assembled to open must do much to promote the knowledge of sanitation. Amongst the exhibitors themselves a wholesome rivalry in the attainment of what was as near perfection as possible was set up. Mutual criticism of each others' appliances was likely to bring out the weak and strong points in such things, and perhaps exhibitors looked at each other's goods with keener eyes for defects or improvements than were possessed by the eminent judges of the awards. A spirit of emulation was set up, and the public in the long run were the gainers. Sir James spoke at some length on the various ways in which the Exhibition would help in education, and concluded by saying that he hoped that the success of the Exhibition would be such as to help in placing the Parkes Museum of Hygiene on a more permanent footing, seeing that that Institution sought to perpetuate the work to which Parkes devoted the best years of his life.

After the conclusion of Sir James Paget's speech, which was listened to with wrapt attention, Earl Spencer formally declared the Exhibition open. A vote of thanks to the chairman was then proposed by Mr. George Godwin, F.R.S., seconded by Mr. Erichsen, F.R.S., and carried, and the company adjourned to the Exhibition.

We propose issuing a series of Special Supplements, containing a description of the Exhibition, in the *Medical Press and Circular*. The space at our command will necessarily cause these remarks to be very often of limited extent, but we shall hope to be able, at any rate, to draw attention to the more prominent features of the collection. We shall commence with an account of certain of the

DRUGS AND PHARMACEUTICAL PREPARATIONS.

We do not know who is responsible for the arrangement, or rather want of arrangement, in the space allotted to various exhibitors; certain is it that in some cases it is lamentable, and likely to cause considerable dissatisfaction. For instance, two of the best and most extensive exhibits of drugs and medicinal preparations, Messrs. Savory and Moore and Messrs. Burroughs, Wellcome and Co., are placed quite away from all the rest, upon another floor, and with an almost inaccessible entrance. Here, also, are placed all but one of the exhibits of surgical and dental instruments and appliances—a most important section of the exhibition—in an out-of-the-way gallery which few will find without much trouble, and to reach which visitors have to pass out at the turnstile ticketed "Way Out." Surely some better arrangement than this can be come to? The injustice was plainly visible at the opening, when the lower courts were thronged, and this Western Gallery had scarcely an occupant, for the simple reason that no one knew how to get to it. Downstairs an insignificant case of surgical instruments, by Messrs. Hilliard, of Glasgow, was the sole representative of this important branch, while cases of heroic proportions, by the leading

makers in the United Kingdom, were consigned to an unapproachable gallery. We ask, why was this little case separated from all the rest, and made to do duty among exhibits of other classes, as if the rest were unworthy of consideration?

But—to return to "drugs"—were it for no other reason, the exhibition would be worth a visit from all who can make it convenient, for its display of novelties in pharmaceutical preparations alone. Such a representative assemblage of products from the leading houses in this country and the United States has certainly never before been seen. With pills and parvules of every make and hue, the uninitiated will almost imagine that the inhabitants of the three kingdoms have here enough and to spare for the rest of their natural lives. Here should any enterprising visitor wish to test the merits of the various pills shown he will be gratuitously supplied at each stall, and if he succeed in reaching the end of the quadrant, he will probably not question their powers, or return "by the way in which he came." Of mineral waters too he can have his fill, as Earl Spencer remarked, "from the beautiful appollinaris to the bitterest of all bitter waters." Various non-alcoholic preparations are also gratuitously tendered, and the visitor can test his palate with *Vin Sante* or *Sparkling Hedozone*, with Evans' and Leschers' *Montserrat Lime Juice Cordial*, or an equally delicious importation of *Specialité Lime Cordial* of Messrs. Feltoe and Sons. Then, too, he can taste the rival malt extracts, for all are here; the well-known *Maltine*, *Kepler*, *Loeflund*, *Allen* and *Hanbury*, *Corbyn*, and the *Hoffs*, all anxious that the visitor should "taste and try, but not to buy," for buying is not allowed during the first three weeks of the Exhibition.

We will now proceed to give our readers some idea of the nature and extent of the exhibits in this department.

ALLEN & HANBURY.—This well-known firm have, at No. 164, in the Western Quadrant, a very handsome stall, on which are exhibited an extensive collection of the articles for which they are celebrated. They show a new patent vaporiser for use in whooping-cough, the medicament employed in it being cresoline. The instrument is the invention of an American, and consists of a metal tray, supported over a lamp, cresoline, a product of coal-tar, allied to phenol or carbolic acid, being placed in the former, and vaporised by the heat of the lamp. The inhalation of vapour of cresoline is said to have an extraordinary effect on whooping-cough, causing it to rapidly diminish in intensity, and disappear. It is servicable also in asthma, and possesses the additional advantage of being a powerful disinfectant. It may be adopted in this country with much possible benefit; the apparatus is neat, handy, and cheap.

Medicated Throat Pastilles.—These are an elegant preparation from formulae, suggested by Dr. Prosser James, and are twelve in number, containing morphia and ipecacuanha, separately and combined, camphor, lithia, potassium, chlorate, iron, &c., &c. They are put up in bottles and boxes, and are admirably adapted to be prescribed in cases where such remedies are required in an attractive and readily accepted form.

Cod-liver Oil, as prepared by Messrs. Allen and Hanbury, and named by them "perfected" has long been favourably received by the profession; in addition, they show a very fine oil made by the ordinary process, and for which they were awarded medals at Philadelphia and Paris; both these oils are most excellent preparations, the perfected variety being possibly superior on account of its "non-repeating" properties.

Tonga, for which so considerable a reputation has been secured on account of its influence over facial neuralgia and a number of very beautifully made tinctures, &c., are noticeable features on this stall, the last of whose contents to which we would call particular attention being the *Patent Malted Farinaceous Food*, in which the malt is present in a soluble, concentrated, and most active form.

CORBURN, STACEY, & Co's stand, No. 173, is a handsome and perhaps the most artistically-arranged, collection of

drugs and pharmaceutical preparations in the Exhibition. This firm exhibits samples of the pure chaulmogra oil, which has been found so remarkably efficacious in a large number of skin diseases. Though until comparatively recently employed by only a few English surgeons, it is now rapidly coming into favourable notice, and Messrs. Corbyn, Stacey, & Co. have made arrangements to enable them to supply the pure material in any required quantity. They have, also, various samples of *Chian turpentine*, for which Prof. Clay, of Birmingham, claims specific properties in cases of cancer. The *Syrup of Chloral*, manufactured under Dr. O. Leibrieck's guarantee, is also to be seen on this stand, together with the same physician's *Pepsin-Essenz*, probably one of the most reliable preparation of pepsine extant. Attention should be given to the cases containing medicated *pesarics and bougies*, which are as exquisitely finished by Messrs. Corbyn, Stacey, & Co., as any that can be cited. *Astonia Constricta Bark*, a valuable anti-periodic, used in Queensland, as a substitute for quinine. *Atherosperma Moschata Bark*.—The oil obtained from this bark, known as Australian sassafras on account of its odour, has long been used in Australia as a diaphoretic and diuretic in asthma and pulmonary affections. *Fluoric Acid*.—A two per cent. solution of thirty per cent. acid has been much recommended by Dr. Woakes, and has, in his hands, been highly successful in the treatment of g \ddot{u} itre or bronchocoele. *Papaw Leaves, Papaw Juice, and Papaine* have the power of digesting cooked meat, or hard-boiled white of egg, and appear in this to surpass pepsin. Unlike pepsin, they do not act in acid solutions. *Stigmata of Maize* has a most evident action in many affections of the bladder, recent or chronic. In gravel, chronic cystitis consecutive to gravel, and in mucous muco-purulent catarrh the best results are obtained. *Liq. Ferri Iodid, and Liq. Ferri Bromid*.—These beautiful green liquors, for the ready preparation of syrup, remain unchanged by exposure to light and air. *Quebracho Bark*.—Very fine young bark. *Oil of Eucalyptus*.—This has recently been used by Prof. Lister as an antiseptic, in place of carbolic acid. The same firm act as agents for Valentine's preparation of meat juice, samples of which are on view, and in which dieticians will probably be much interested.

RICHARDSON AND Co. (Leicester).—The stand occupied by the exhibits of Messrs. John Richardson and Co., of Leicester, is numbered 163, and will at once strike the eye of the visitor on account of the elaborateness which it displays. The principal item in the list of things displayed is, of course, the *Soluble Pearl-Coated Pills*, with which the name of the firm is associated. The number of different formulæ according to which these pills are prepared, amounts to nearly 700, and for elegance of appearance they are certainly not excelled by even the best of other makers. The manufacturers claim for them perfect and speedy solubility when introduced into the body, complete preservation even in the hottest climates, and the avoidance of unpleasant taste by virtue of the coating which surrounds the pill-mass. A selection of these pills, together with the more commonly required tinctures, &c., are contained in the compact, handy, and wonderfully useful *emergency cases* made by Messrs. Richardson for pocket carriage, and for the table. Among the special articles shown on this stall we would mention the *Thymol Soap*, a safe and pleasant antiseptic toilet requisite; *Excelsior Cod-Liver Oil*, the well-known *Tincture of Gelsemium*, and *Richardson's Liquor Picis Comp.*, this latter being an exceedingly useful remedial agent in the treatment of foetid sores, ulcers, &c., and in most skin affections. A complete and useful catalogue of Messrs. Richardson's goods has been specially prepared for distribution amongst visitors to the Exhibition, and may be obtained at their stall.

MESSRS. F. NEWBERRY & SONS, No. 165, exhibit a case chiefly filled with the articles for which the Philadelphia firm of W. R. Warner and Co., are celebrated. The special exhibit is, naturally, the *Sugar-Coated Pills*, against which so many other varieties of coated pills have been introduced. Messrs. Warner have continued the use of sugar as an envelope because experience has convinced

them of its superiority over gum, chalk, gelatin, &c., in this respect. They urge, moreover, that the tendency of sugar to attract moisture leads to the softness of the pill being preserved, and on the point that no direct application of heat being necessary to dissolve the covering itself they also insist. The round form, too, is preserved by them, as being more easily swallowed, and as not being subject to the charge of inelegance associated with pills other than round in shape, and covered with a substance permitting the colour of the drug to be seen through it. *Ingluvin*, introduced by Messrs. Warner some time ago, a substance obtained from the gastric membrane of the fowl, and employed in the same manner as pepsine, is exhibited, and samples may be obtained for trial on application. The *Parvules* are elegant preparations of the chief drugs given in the shape of pills, and intended for children. Each parvule contains the minimum juvenile dose of the particular remedy included in it; and the introduction of this plan of prescribing has been attended with much convenience to practitioners. We cannot fail to admire the excellent finish and beauty of the Parvules manufactured by Messrs. Warner, and the stand whereon they are exhibited will prove a very attractive feature in the Western Quadrant.

MESSRS. MACKAY, MACKAY & Co., whose stall is at No. 239, exhibit a large number of new remedies and special preparations that will be interesting to the physician. Of these, perhaps, the best known is the *Quinquinine* (registered), containing the pure alkaloids of the official cinchona barks. It costs only half as much as sulphate of quinine, and in many cases may be effectually substituted for it, the dose being the same as for the older remedy. The history of the Peruvian bark-tree is one of great interest, and the world has long been indebted to the mountainous regions of the Andes for these barks from which the inestimable quinine is prepared. The story of the reckless destruction of cinchona trees has often been told, and serious fears, far from being unfounded, were entertained, that some day the supply of Peruvian bark would fail us. To ensure a constant and never failing supply, the attempt was made to cultivate these trees in India and elsewhere, an attempt, as our readers well know, which has been crowned with marvellous success. Of the alkaloids found in the Peruvian barks, quinine has, for a long time, been looked upon as the only one of value, and, therefore, barks containing the largest percentage have, and still will, realise the highest price. The other alkaloids have almost been looked upon as mere bye-products. The results, however, of the Madras, and other medical commissions, have done much to place these other alkaloids on their proper bases, and it is now generally agreed that in febrifugal value, quinidine is equal to quinine, cinchonidine slightly less efficacious, and that cinchonine is certainly less valuable, but that if administered in larger doses, the desired result is obtained. The isolation of quinine, existing, as it does, in much smaller percentage than is the case with the other alkaloids is a costly and troublesome one, and a preparation, containing a mixture of all the alkaloids, seems to point a way out of the difficulty, and some progress in this direction has already been made in India; and also in this country. The growing importance attached to bismuth in cases of stomachic disturbance has caused a large number of special preparations containing bismuth in solution to be made. One such is offered by Messrs. Mackey, in which the metal is combined with chloroform, nux vomica, and hydrocyanic acid, with or without morphia. The solution, to all appearance, leaves nothing to be desired, and will probably commend itself to general approval. On this stall also is a very elegant preparation of Hamamelis, a hæmostatic which English practitioners are beginning to appreciate more widely than hitherto. Messrs. Mackey have registered the name *Saxcere*, which they apply to a pure white or yellow wax, designed to serve as the basis for ointments, &c. It is (*Saxcere alba*) colourless and odourless, does not turn rancid, and exerts no injurious action on the skin or system. The last

article we would direct especial attention to on this stall is the *Mistura Ceri Comp.*, a new and soluble compound of ammonio-citrate of cerium with chloroform, nuxvomica, and hydrocyanic acid. This is given as a specific against the vomiting of pregnancy, and as an alleviator in carcinoma, &c. It is a very beautiful preparation, and deserves to be widely made trial of.

MESSRS. MOTTERSHEAD & Co. (Manchester).—The important contents of this stall, No. 24, are the preparations introduced by Mr. Bengier, and designed for the assistance of persons suffering from deranged digestion. The *Liquor Pancreaticus* is a solution containing the two ferments, proteolytic and diastatic of the active pancreas, and by its means food may be so prepared as to be available for immediate absorption following ingestion. Alone, the same *Liquor Pancreaticus* has been administered with unmistakable success, and since the notice these products obtained at the hands of Dr. William Roberts in the Lumsleian Lectures, their employment has been attended with the most satisfactory results. Mr. Bengier offers a number of substances, ready peptonised for invalid use, samples of which are exhibited by Messrs. Mottershead, and can be examined at their stall. Among them we would enumerate the *peptonised beef and wheat jellies*, and the *pancreatised farinaceous food*. But little need be said in commendation of these articles, since the success attending their employment in those cases to which they are specially adapted, have proved incontestably that they are pre-eminently adapted to the purpose they are designed to serve. The *Continuous Current Leclanche Battery*, exhibited by Messrs. Mottershead & Co., will repay examination. For purposes of Faradism in clinical work, there is probably nothing more reliable or satisfactory; the simplicity, ease of working, and graduating power it possesses combine to make it a most efficient assistant to the physician.

MESSRS. SCHIEFFELIN & Co. (New York).—The articles intended for exhibition by this well-known firm were, unfortunately, lost in the wreck of the steamship *Britannic*, so that any complete account of them is impossible as yet. A duplicate series, however, is we are informed, on the way from America, and it is hoped that by the end of the week the case will be completely filled. The speciality on which Messrs. Schieffelin base their claim to attention is *soluble pills and granules*, samples of which were shown on the opening day of the exhibition. These are most beautifully made pills, coated with an inert, soluble compound, which may be found by trial to dissolve almost immediately on the tongue, thereby bringing their coated pills on a level, as to efficacy, with the best uncoated articles. In addition, the envelope is perfectly transparent, whence the exact colour and appearance of the pill-masses are at once disclosed to the eye, and it becomes an easy matter to distinguish the different pills from one another, and thus prevent mistakes arising, such as may occur when the outside of all the pills employed is the same. By careful manipulation the exact equality of the pills of a kind is maintained, and the materials employed in their manufacture are the best obtainable. Remembering the many pills claiming the approbation of the profession, and the bases on which the claims made depend, it is almost impossible to avoid the conclusion that those of Messrs. Schieffelin combine all the qualities sought in a good pill, while in appearance they yield to none for elegance and shape. They are, moreover, permanently protected, and retain their qualities for years. They are made in four hundred varieties. We hope to speak further, bye-and-bye, of the other exhibits prepared by Messrs. Schieffelin and Co.

MR. R. W. GARDNER, of New York, exhibits a *Syrup of Hydriodic Acid*, in the preparation of which he has overcome the difficulties hitherto experienced with this substance, and has succeeded in obtaining an *unchangeable* fluid available for internal administration.

MESSRS. BURROUGHS, WELLCOME, & Co., who occupy No. 2 stand, show a large assortment of the preparations in connection with which their names are so familiarised

to dispensing practitioners. Among these a somewhat recent addition is the *Burroughs' Hazeline*, consisting of an alcoholic extract of the fresh, green *Hammamelis Virginica*, or witch hazel. The success achieved by the use of this agent in America has induced its introduction to this country. It is now being more and more extensively employed as a hæmostatic, and, in the form of a lotion, in rheumatic affections. It is attended with good results in the treatment of hæmorrhoids, and in many ways seems destined to be serviceable in practice. *Syrup of Hypophosphites* and *Beef and Iron Wine* are also among the exhibits on this stall, the former still holding its reputation, part of which may very well depend on the beautiful appearance of the preparation. The same firm also exhibit that well-known malt extract, "The Kepler," with its various combinations, so familiar to our readers as not to need recapitulation here. At this stall also there is an extensive display of Wyeth's Compressed Tablets, and Wyeth's Compressed Soda-Mint Tablets, each tablet of this latter contains four grains of bicarbonate of soda, a quarter of a grain of carbonate of ammonia, and a sixth of a drop of oil of peppermint. They are well adapted for cases of dyspepsia with flatulence, acidity, and heartburn. The soda and carbonate of ammonia act as antacids, whilst the antiseptic action of the peppermint checks butyric acid fermentation. The Ovoid Pills of McKesson and Robbins, of New York, are also shown with much elaborateness, and very beautifully made little pills they are, certainly a wonderful improvement on the old-fashioned bolus. Most of the preparations of this very enterprising firm, a firm, by the way, noted for its prompt production of American pharmaceutical novelties, have been so recently described in our columns, that a further detailed description is unnecessary. The "Enterprise" Drug Mill and Tincture Press supplied by Messrs. Burroughs and Wellcome are cheap and extremely useful instruments, and may be seen at the stall containing the firms' exhibits.

CHESEBOROUGH MANUFACTURING COMPANY.—The stand of this Company is No. 119, in the Western Arcade, and contains a considerable array of the articles manufactured from the universally-known Vaseline. This bland, inodorous, tasteless substance, retains its position as a basis for ointments, and it is made to serve many other purposes in an equally satisfactory way. There are shown at the exhibition a number of jars containing ointments made up four or five years ago, and which preserve to this time all the features they originally possessed. They have undergone no decomposition, smell sweet, and, to appearance also, are perfectly unchanged. The other preparations, such as soaps, confections, camphor ice, &c., &c., into the composition of which vaseline enters, are similarly permanent productions, and all are elegant and attractive to the view. The contents of the stand appropriated to the Cheseborough Manufacturing Company are among some of the most interesting in the whole exhibition.

In addition to the articles noticed in the foregoing pages, there are many others bearing on the department of drugs and pharmacy. Some of those hitherto unnoticed will be included when we speak of the other exhibits displayed with them by the same exhibitors; and of the rest it need only be said that though there are a large number of most deserving articles shown, it is impossible, in a brief descriptive account, to take note of all. We have striven to call attention to the points which we deemed most likely to prove attractive to our readers, and this endeavour we shall carry through the whole of these special supplements. In the one to be issued with our next number we propose to commence by a description of the waters shown at the Exhibition, and follow this by some account of the sanitary apparatus, reserving till August 3rd an account of the surgical instruments and appliances.

Roman Catholic religion, which, instead of preaching doctrines of hopefulness, was so imperative in its dogmas, and the ministers of which were so certain and sure of all that they said that it gave rise to a disturbance of the mind, which sought relief in alcoholic stimulants. The effects of brooding over doubtful points in theology were very often most injurious. He quite agreed with Surgeon-General Francis as to the importance of trying to get all reclaimed drunkards to join and take an interest in the temperance movement. Having dwelt for a short time upon the desirability of introducing persons who were inclined to drinking habits into good society, or, after having found out their peculiar proclivities, whether they might be artistic, musical, literary, or whatever they might be, to induce them to engage their attention with such healthy pursuits, Dr. Richardson referred to the relation which smoking had to the encouragement of drinking habits, and said that if his experience was not wrong, there was no safety to the dipsomaniac who indulged in the use of tobacco. He believed that smoking at times gave temporary relief, but it was a danger of the most potent kind. Sometimes it produced confirmed dyspepsia, palpitation of the heart, and inability to take food, from which exhaustion followed; and there was a desire excited for something else in the shape of drink to stimulate, and so the drinking habits began and went on from bad to worse.

The speaker concluded his remarks by saying that he had not made up his mind as to whether there should be any intermediate institution between that which was conducted by such competent men as Dr. Stewart (Bristol), Messrs. Gray (Bugeley), Clark (Folkestone), and others, who devoted their lives to this admirable work of curing dipsomaniacs, and that institution which exclusively belonged to the State. He was not at all sure whether they should not request the Government to completely reorganise county asylums with a view to the admission of dipsomaniacs. (Hear, hear.) That seemed to him to be the basis on which they ought to find a resting place, so far as institutions for the inebriate were concerned. At the same time, he would not say a word to discourage any plan that Mr. Alford had suggested in his paper, especially for the present; but for the future he felt sure that first-class homes at the houses of accomplished medical men, and Government homes for the poor in agricultural districts, far removed from all temptation, were the bases on which they must ultimately rest for the successful treatment of dipsomania. (Applause.)

The meeting then broke up.

A SENSATIONAL double suicide has taken place at Niagara. A Mrs. Sadie Stewart and her family medical attendant, Dr. E. H. Howie, disappeared several days ago. Their bodies have been found in the Niagara river.

At the annual meeting of the Royal College of Surgeons of England on Thursday last, Mr. Erasmus Wilson, F.R.S., was elected President of the College, vice Mr. John Eric Erichsen, F.R.S., whose term of office had expired.

St. PETERSBURG is probably the most unhealthy city in the world. For three years past the weekly death-rate has been higher than any other city, and last week it exceeded the birth-rate by three-hundred and sixteen—an excess sufficient to depopulate the city in a few years.

THE "hot wave" reported in the Western States and along the Ohio Valley of North America has now, it appears, passed on to the Atlantic seaboard, and the heat has been terrible, of which we have experienced some sensation during the past fortnight in this country. Between five and six hundred deaths from sunstroke were reported in the United States last week. Three hundred and sixty deaths occurred in Cincinnati alone.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 20, 1881.

THE MEDICO-SANITARY EXHIBITION.

THE arrangements made for ensuring the success of the great International Medical and Sanitary Exhibition at South Kensington have been of the most admirable kind; and the result is as much a subject for congratulation to the committee entrusted with the onerous duty of carrying out the numerous details connected with it, as to the profession and the public, who are enabled to observe so easily and comfortably the grand collection of implements and materials now open to their inspection. The verdict already passed on the Exhibition is one that will be echoed by every visitor to it, and to the effect, viz., that it is incomparably the best and most complete of any that have been hitherto held. The committee of the Parke's Museum of Hygiene did not, probably, at first contemplate the magnitude of the undertaking they entered upon when they arrived at the determination to organise the Exhibition now opened. That they have succeeded so admirably in bringing together so goodly and representative an array of exhibitors, is eminently creditable to them; and it may be safely asserted that the advantages to scientific medicine and hygiene that must result from their energetic labours will be large and lasting.

On Saturday afternoon the interesting ceremony of declaring the Exhibition open took place in the Albert

Hall, the invitations thereto having been very numerous accepted by the leading members of the profession, and the whole proceeding having been of the most enthusiastic description. The Lord-President of the Council, Earl Spencer, K.G., occupied the chair at the meeting, and, in an able and felicitous address, he dwelt on the points in connection with the work of the day most likely to excite the attention of his audience. It needed not his eloquent defence of the need of sanitation, and the dignity of prevention in medicine to arouse a sympathy with the object in hand, for one of the most gratifying proofs possible that the Exhibition is regarded in its true light as an event of high importance to medicine, is the hearty unanimity of medical men regarding it. The opening ceremony could not have been more carefully arranged than it was to show the progress made in recent years with respect to sanitary measures; and Sir James Paget and Mr. Erichsen lent much weight to the proceedings by the carefully considered speeches with which they introduced the subject each had prepared.

We have no occasion in this place to enter into any descriptive account of the exhibition itself, since this will be contained in the special reports, of which the first is issued with the present number of the *Medical Press and Circular*. But it is, perhaps, right and proper that we should express the deep sense we have of the perfect success with which the whole of the arrangements have been made. In a work of such vast proportions it would have been little to cause surprise had difficulties presented which it had been found all but impossible to overcome; that they have arisen, and in numbers, we need not to be assured; but that they have been most successfully overcome, a single visit to the Exhibition will most conclusively demonstrate.

The task of the judges entrusted with the duty of making awards in the various sections has necessarily been a severe one; and in this instance, possibly more than on any previous occasion, has the labour of adjudication been complicated by the excellence of the articles claiming attention. In the department of manufactured drugs especially is this the case, the elegance and perfection of competing exhibits being of a kind to strike the most superficial observer. Perhaps this particular branch is that which will prove most attractive. There is at any rate much in it that is of absorbing interest, many of the preparations presenting features that will excite the greatest admiration among practical physicians. One great feature, indeed, of exhibitions, such as the International Medical and Sanitary, is the influence they must of necessity exert in stimulating the ingenuity and performance of manufacturers.

We have evidence in abundance, at least, that this is the effect apparent in the past, and to an infinitely larger and more important extent may it be anticipated to follow from that which is, *par excellence*, the exhibition of the age. Medicaments and pills, and preparations of natural ferments, have attained a rank of importance among the aids to treatment, of which some appropriate idea may be gathered from the numerous beautiful articles of this class exhibited by various firms of druggists. And also, in the shape of appliances, mechanical and chemical, for better conducting the practice of physic and surgery, the

improvements shown on the stalls of various exhibitors cannot but excite a wonder at the advance that is always being made.

The building in which the Exhibition is located is admirably adapted to the purpose, and admits of close and complete observation of every article that is shown. The time allotted for its continuance is wisely fixed; and as it will allow of our foreign visitors to the Congress viewing it entire, it will add additional interest to the proceedings of that body. That it will be directly beneficial in every respect to the welfare of mankind, we will not venture to doubt; and this in the direction of suggesting improvements, as much as by immediately informing the public mind on the subject and method of sanitary progress.

HOT WEATHER REGIMEN.

THE few days of tropical heat we have recently experienced are sufficient to teach us that more hot weather is in store for us. In consequence of the rapid changes of temperature in our variable climate, it is impossible for the inhabitants of the United Kingdom to adapt themselves to the different changes in their weather. By the time the question of great heat has forced itself upon their attention, the weather usually changes, and winter things appear in the outfitters' shops. Now, of course, this violent oscillation is paralysing, and prevents those measures being taken, which a little more stability in the climate would render certain. On the supposition that some persisting warm weather is before us, something may be said about how to meet it.

There is little to be said against a tall hat; perhaps, indeed, there is more to be said for it in hot weather than at any other time. It is not the wearers of "chimney-pot hats" who suffer from sunstroke. As a rule, it is the field labourer who is so stricken down. He, probably, wears a thin straw hat, which is well enough, except in intense heat. When the sun's rays come beating down upon his head, he needs something more. The best thing available is a green leaf, cabbage, or other; or some thick leaves, like those of the dock, for instance, placed within the hat. Their hair usually prevents women from sunstroke; possibly, too, they do not deteriorate themselves so much with alcohol. But a cabbage-leaf might be pinned or fastened into their bonnets with advantage.

As to clothes, the working classes are not so badly off as those persons whose avocations in life compel them to wear black broad-cloth. Professional men, ministers, and medical men especially, are compelled to wear a species of "uniform," which is well enough at ordinary times; but which becomes decidedly objectionable in tropical heat. If it be absolutely necessary that they wear black, might not alpaca be regarded as a permissible alternative? Certainly, it does not convey the same impression of neatness of apparel which black broad-cloth gives; but surely this might be waived as a non-essential when the temperature in the shade mounts over 70° Fahr.

The Germans dismiss their schools when the thermometer registers a certain heat. Could we not relax some of our conventional rules for a like reason? Nor need a puggaree necessarily be white: a light grey hue might be used to indicate a professional man. By such

modifications of raiment life might be rendered less intolerable during our brief outbursts of intense heat.

More unfortunate, still, is that civil servant, the police-constable. He must wear clothes which are not liable to be easily torn in a scrimmage, else his prisoners would readily place him *hors de combat* on the score of decency. Then his helmet must be sufficient to withstand a pretty good blow, otherwise it is useless. Now it is not suggested that a supply of cabbage leaves be furnished daily for the force; that might be incompatible with the traditions of Scotland Yard. But something ought to be done to render the regulation helmet less unbearable in hot weather. As to the clothing, of course, there is the argument to be met that a policeman has to go on duty so long at once; that he, therefore, can not run home to put on some more clothes if the heat changes suddenly to cold; but could not garments made of hemp be substituted for the thick woollen cloth in which he is at present clad? A lighter summer suit, of material not easily torn in a fray, yet infinitely cooler than his present uniform, might surely be provided for the force in the day in summer; if the present garments are retained for night-duty. A police-officer is expected to be vigilant and active when on duty, but in order that he may be both, he ought to be clad accordingly. How can he be expected either to be Argus-eyed, or fit to chase a thief, if he is swathed in thick woollen garments under a temperature like that of Bengal.

There are other aspects of the subject which interest all of us; and one is the management of our rooms, and especially bed-rooms in hot weather. It is desirable always to permit as much fresh air as is practicable into bed-rooms. The bed-clothes should be thrown off, and exposed to the air, the denuded bed being thus left to sweeten. Of course, in the heat of the day, the contents of the room become baked. Now this is an advantage; but it becomes a questionable one when the chambermaid comes round at the wonted hour, and shuts down the window, and prepares the room for the night, which she does methodically without regard to the temperature. She shuts up the heated room, and when its occupants come to bed, it feels like an oven. Sleep, of course, is broken, restless, and unrefreshing under these circumstances; even if the windows are thrown open, the heated room cannot cool with its occupants at a temperature of 100°, or perhaps more. Why that useful, but thoughtless domestic cannot keep the windows open when the cooler evening air is coming in, leaving the bed clothes as they are; or if they have been replaced, once more exposing them, and the bed to the air, it is difficult to say: except that the women of British households decidedly object to innovations. If the windows of the shadier side of houses were thrown wide open at sun-down in hot weather, there would be comparative comfort for us all.

The water in the curette is lukewarm, and, therefore, unpalatable. Why can not a thick woollen knitted belt be made, and after being saturated with water, pinned round the bottle, which can then be placed in the draught at the open window; or a pair of worsted stockings would do at a pinch. The evaporation cools the water until a refreshing acceptable draught is attainable. The hotter

and drier the night, the greater the evaporation: so that a very hot night provides a cool draught.

There is still one subject left, which only concerns the comparatively affluent, and that is, a "dinner party" in tropical heat. It is, of course, too much to ask that the fish, the joint, and the puddings, and pastry, be cold; with just the vegetables hot. But is it necessary to keep the windows close shut; to have the waiters closing the door instantly after them, so that not a tangible breath of cooler air can possibly make good its ingress into that heated chamber? That hot-joint shall come up after hot-joint; that the perspiring guests shall feel fainting with heat, and the exhaustion of the oxygen of the room. Yet memory tells us of such experiences, when heat apoplexy seemed imminent, and it became vitally necessary to explain to the hostess some elementary laws about body-temperature, and the requirements of the organism. It is too much to hope that such social torture is no longer to be endured; and that in the hot weather, presumably before us, no series of unhappy guests will have their lives so threatened by ignorance, and a slavish regard to conventionality. But could such torture not be somewhat mitigated by the exercise of a little common sense on the matter.

Why can not the "coesy" be utilised in summer. As a non-conductor of heat, we use it to keep the tea-pot and its contents hot in cold weather. It is just as useful to keep cold water cool in hot weather. Some iced-water is brought up in a glass, or jug, in excess of what is required. It is usually left on the table, first for the ice to melt, and then the water to grow lukewarm. Put the coesy over the vessel, and a draught of cold water is possible several hours afterwards. Where ice is scarce, or costly this use of the coesy is very desirable.

STUDENT-BRIBERY IN THE ROYAL IRISH UNIVERSITY.

THE Academic Council of the University of Dublin at a recent meeting adopted the following resolutions:— "That the unlimited number and high scale of prizes proposed by the Senate of the new Royal University for students in arts or in professional schools is without precedent, and, if legalised, would, in the opinion of the Council, seriously interfere with the interests of the University of Trinity College, Dublin." "That the secretary be instructed to send copies of this resolution to the chancellor, and representatives in Parliament of the University." This expression of opinion by the University of Dublin is at once necessary and timely, and we earnestly trust that it will have its effect upon the leaders of opinion in Parliament. The truth is that by the number and amount of the prizes which the new University proposes to grant it is simply seeking to buy up students at the public expense, and at a price monstrously disproportionate to their value. The Royal Irish University is created to supersede the Queen's University, and to remedy the shortcomings of that institution, and yet we find that its first act is to assume in a tenfold worse form the system of student-bribery which was the opprobrium of that University. This latter institution gives away over £1,000 a year of public money in medals, but these

inducements are a mere trifle in comparison with the scholarships, exhibitions, and other substantial rewards given annually by each of the Queen's Colleges. Every College awards eight junior scholarships in the medical faculty alone, besides a variable number of exhibitions and numerous money prizes, and every medical student might also compete for a great number of similar rewards conferred for proficiency in the Arts course. It was, in fact, stated in Parliament some years ago and, we believe, not denied, that the orders of merit were more abundant than the students, and there was a stock of decorations on hand sufficient to give every pupil of a Queen's College a monetary mark of honour. This system was bad enough—because it held out inducements to boys of low grade socially as well as educationally to seek entrance to the learned professions, and because the educational barrier was not maintained by the University high enough to counteract the evil effect of this system of bribery, and consequently the medical and all other professions in Ireland suffered a decadence of prestige.

The arrangements proposed for the Royal Irish University are a hundredfold worse than this. The scholarships and prizes are to be unlimited in number and stupendous in amount, and the wholesale purchase of students is to be carried on, not, as in the Queen's University, chiefly out of private endowments, but out of the public purse. A student who can maintain a first place (and there may be any number of first places) during his medical studies will receive money, cash down, to the amount of £160, in other words, he will be provided with his whole education gratis, and have £50 in his pocket when he is finished; and honour takers in the second and third classes will receive proportionate emoluments.

We emphatically protest against the allocation of public money to the purchase of medical students, and we unhesitatingly say that a student so bought is worth very little to the public. In our opinion, the student who works simply to get money lacks the quality which would make him a great or even a useful man. If the £160 is to represent its equivalent in honour and in attainments every student obtaining it ought to be examined up to the standard of a wrangler or a University scholar. If not, we insist that it is a gross misappropriation of public money to use it to attract business to an educational institution. The principle of this system of bribery is wrong, the practice of it most injurious to the cause of education; and we earnestly trust that those who have charge of the public purse will see that—in the interest of the Royal Irish University and of the Irish people—it ought to be left to earn its own popularity by the educational prestige which it may deserve.

In the principal foreign cities the rates of mortality, according to the latest official weekly return, were in—Calcutta 18, Bombay 30, Madras 35; Paris 29; Geneva, 22; Brussels 22; Copenhagen 20, Stockholm 22, Christiania 13; St. Petersburg 55; Berlin 30, Hamburg 23, Dresden 26, Breslau 29, Munich 27; Vienna 28; Buda-Pesth 36; Rome 28, Naples 40; Alexandria 43; New York 27, Brooklyn, 19, Philadelphia, 16, Baltimore, 20 per 1,000 of the various populations.

Notes on Current Topics.

Dr. Carpenter on Vaccination.

DR. W. B. CARPENTER has recently published a small pamphlet, entitled "The Truth about Vaccination and Small-pox," in which he puts succinctly before the public the question involved in the long-pending controversy, Vaccination *v.* Small-pox. We would especially commend the reasoning from statistics contained in Dr. Carpenter's little work, and that portion of it wherein he demonstrates the "protective" power exerted on those who are vaccinated. He makes good use, in this connection, of the experiments made by Pasteur with the charbon virus on sheep, and which have been frequently referred to in these columns. The usefulness of Dr. Carpenter's pamphlet is undeniable, and the high authority his name obtains among the general public should assist in inculcating the truths he so earnestly expounds. Dealing with the oft-repeated objections of the anti-vaccinators, he insists on the probability that permanent eruptions, other than actual specific rashes, would have been produced under any circumstances; and in the case of syphilis, he repeats, what in medical circles is so well-known, that its communication to healthy children is very rare. On this same subject, he writes:—"Now that vaccinators are fully aware (which they previously were not) of the importance of only propagating cow-pox from the very healthiest children, it may be confidently expected that they will not again occur. Do we abstain from drinking water, because it is sometimes poisoned by lead; or from making use of chloroform, because, in very rare cases, its administration proves fatal? What we do, is to take all the care we can to ensure the purity of our water-supply; and, if we have occasion to use chloroform for the avoidance of suffering, to have it administered by the most skilful hands." The pamphlet ought to do a large amount of good.

The Sanitary Institute of Great Britain.

At the anniversary meeting of the Sanitary Institute of Great Britain, held in London, at the Royal Institution, on Thursday, July 14th, the Right Hon. Earl Fortescue in the chair, an address was delivered by Prof. F. S. B. F. De Chaumont, M.D., F.R.S., Chairman of the Council, entitled "Modern Sanitary Science," which he divided into four questions:—1st. What are the objects of sanitary science, and on what principles is it based? 2nd. How are those objects to be carried out, and how are the principles to be applied? 3rd. What has been achieved up to the present time? and 4th. What are the prospects for the future?

At the close of the address the Chairman, the Right Hon. Earl Fortescue, called upon Dr. Carpenter to propose a vote of thanks to Prof. F. S. B. A. De Chaumont, M.D., F.R.S., which was seconded by G. J. Symons, F.R.S. Earl Fortescue, in putting the motion, spoke of the pleasure with which he had listened to the address, and fully endorsed the wisdom of the paper, and spoke of the interest he had formerly taken in the sanitary condition of the army. A vote of thanks to Earl Fortescue was moved by

Mr. W. H. Michael, Q.C., and seconded by E. Chadwick, C.B.

The medals were then awarded to the successful exhibitors at the Exhibition held at Exeter Hall in October last, which were as follows:—

Medals to: Mr. Carter, 6A New Cavendish Street, London, for Invalid Furniture. Messrs. Colman and Glendenning, Chalk Hill Works, Norwich, for School Furniture. Mr. Hunt, 43 City Road, Bristol, for his Patent System of Autopneumatic Ventilation. Mr. Moore, Sekford Works, St. James's Walk, Clerkenwell, London, for Gas Louvre Ventilators. Mr. Moser, Southampton, for Dry Closet, suitable for Ashes or Disinfecting Powder. The Sanitary and Economic Supply Association, Limited, Gloucester, for Dr. Bond's Patent Eathermic Ventilating Gas Stove. Messrs. Tylor, J., & Sons, 2 Newgate Street, London, for Patent Flushing Rim Lavatory Basin and Apparatus. Mr. Webb, Worcester, for his method of impregnating wood with colours in patterns. The Wilson Engineering Company, Goswell Road, London, for the Wilson Portable Close Cooking Range. Mr. Bean, Direct-acting Valveless Waste Preventer. Messrs. Doulton and Co., Lambeth, London, Ventilating Tile Stove.

The Silver Medal given by the Exeter Gas Company was awarded to Sanitary and Economic Supply Association, Limited, for Dr. Bond's Patent Eathermic Ventilating Gas Stove.

A large number of certificates for meritorious exhibits were also awarded.

Dr. A. Carpenter, Dr. H. C. Burtlett, E. Chadwick, C.B., Dr. B. W. Richardson, F.R.S., Earl Bathurst, W. H. Michael, Q.C., Rev. E. Wyatt Edgell, B.A., and Earl Fortescue, were among those present.

The Linacre Professorship, Oxford.

THE Linacre Chair of Physiology, vacated by the lamented death of Dr. Rolleston, will, it may be hoped ere long be filled by the appointment of a successor to the late holder. That a more worthy occupant can be found is impossible; but that Prof. Huxley, who is announced as a candidate for the post, will be at least no unworthy follower of Rolleston must be admitted. The stipend attached to the chair is £800 per year, out of which, however, a demonstrator has to be partly paid, to the extent of £200. The new professor, it may be anticipated, will be elected by some one or other of the Colleges of Oxford to a fellowship, the income from which will go to augment the income of the professorship. Whether, with this addition, the temptation will be sufficiently great to a person of Professor Huxley's eminence, remains to be seen. It must not be forgotten that the duties of the Linacre professor include the delivery of twelve lectures in the University Museum of Oxford in each of the three terms of the academical year (the two short summer terms being reckoned one), and that the other duties are not entirely imaginary. That the influence of the great English biologist would react for inestimable good on Oxford, and on the progress of science in this country, cannot for a moment be doubted, and on every ground we trust the rumour of his candidature may be correct.

The Presidency of the Royal College of Surgeons, England.

THE choice of the Royal College of Surgeons in respect to its principal official, fell, on Wednesday last, as we have insisted that it should, on Mr. Erasmus Wilson, the eminent dermatologist, and we only echo the feelings of

the great majority of the profession, in congratulating Mr. Wilson upon his elevation to the presidency,—an appropriate reward for a long life of usefulness to the profession and the College. That anyone more capable or more interested than the successful candidate could have been chosen will certainly occur now to no one to suggest; and certainly to no one could the duty of worthily maintaining the honour and dignity of the College of Surgeons during the approaching Congress have been entrusted. Mr. Wilson has done an immeasurable amount of good to the College over which he now presides, and it should be a matter for general congratulation that he has been chosen to fill the most honourable position on the Council of an institution in whose behalf he has made such considerable sacrifice.

The Royal Academy of Medicine of Brussels.

THE following are the questions proposed by this Academy for competition. 1. Determine the nature of the influence of innervation on the nutrition of the tissues; prize, a medal of the value of £40; essays to be sent in by January 1st, 1882. Determine experimentally the influence exercised by desiccation, employed as a preservative agent, on the simple medicines of the vegetable kingdom; prize, a medal of the value of £24. Show the part played by live germs in the etiology of diseases, based on recent experiments; prize, a medal of the value of £80. Elucidate by clinical facts, and, if necessary, by experiment, the pathogenesis and therapeutics of diseases of the nerve-centres, and principally of epilepsy; £320 sterling. Bónuses of from 300 to 1,000 francs may be awarded to writers who may not deserve the prize, but whose labours may be considered worthy of recompense. A sum of £1,000 sterling may be given, besides the prize of £320 sterling, to the writer who shall have made decisive progress in the therapeutics of diseases of the nerve-centres—such, for instance, as the discovery of a cure for epilepsy. The programme of the competitions for the years 1881-1882 is as follows. Sentin prize for three surgical questions: 1. On the retention of urine studied in its largest expression, from the point of view of its causes and its curative and palliative treatment; the indications, the counter-indications, the advantages of, and objections to, each plan of operation; prize, £20 sterling. 2. On the comparative value of different dressings now used for extensive surgical wounds; prize, £20 sterling. 3. Determine the indications and counter-indications for the various surgical methods applicable to inguinal and crural hernial strangulations of every kind, deriving them from the anatomic-opathological and etiological study of these strangulations, and basing them on a critical and methodised discussion of all the methods of treatment known at the present time; show the advantages of these different plans, as well as the improvements, to which they have given rise; prize £80 sterling.

THE Managers of the Metropolitan Asylums District, under the Chairmanship of Dr. Brewer, paid their annual visit on Saturday to the Asylum for Imbeciles, situate at Caterham. After a thorough inspection the Medical Superintendent and the officers in charge were congratulated upon the excellent condition of the various department and the health of the patients.

A Supposed Cure for Hydrophobia.

M. ROMANET DU CAILLOT recently brought before the French Geographical Society a pamphlet by l'Abbé Lesserteur on the "Hoang Ham," a plant used in Tonquin in cases of hydrophobia, leprosy, &c. This plant, which has been classed by M. Pierre de Saignon among the strychnia, may possibly be of use to explorers in tropical countries. M. Lesserteur gives an account of the cure in Tonquin of the bite of the black viper by means of this plant, and two cases of the cure of the bite of the cobra-capella in India; the bite of the cobra is simply death within the half-hour. M. Feron, missionary in India, writes as follows: "A boy, about 17 years of age, was bitten on the heel by a cobra; in a few minutes his leg swelled as far as the thigh, and in less than ten his sight was completely lost. The first three pills restored his sight and reduced the swelling of the leg to below the knee; two more reduced it to the sole of the foot. At the end of half an hour no pain was felt except that occasioned by the lesion of the tendon achilles, which disappeared on cicatrisation of the wound."

The Health of Dublin for the Past Month.

THE death-rate which was 34·6 per 1,000 persons living in March, and 31·78 in April, fell to 27 in May. In June a further decline to 24·22 took place. The zymotic death-rate which was low in March, April and May, fell below 2 per 1,000 persons living in June. Compared with June, 1880, June, 1881, shows a remarkable improvement. The Report of Dr. Cameron is as follows:—

	1880.	1881.
Ratio of deaths from all causes per 1,000 persons living ...	39·35	23·7
Ratio of deaths from zymotic diseases	11·45	1·96

Comparing the four weeks ended 25th June, 1881, with the corresponding period for 1880, with respect to deaths from the seven principal zymotic diseases and admissions into hospitals, the improved sanitary condition of Dublin is perhaps still more strikingly exhibited.

No. of deaths caused by	June, 1880.	June, 1881.
Small-pox	59	Nil
Whooping-cough... ..	30	2
Measles	31	1
Scarlet Fever	25	6
Fevers	29	26
Diarrhoea	6	5
Diphtheria	5	1
	185	41

The deaths from the seven principal zymotic diseases were less than one-fourth of the number that occurred from these maladies in June, 1880.

Admissions into Hospitals.

	June, 1880.	June, 1881.
Small-pox	248	Nil
Typhus Fever	39	96
Typhoid Fever	19	7
Scarlet Fever	60	10
Measles	90	Nil
	456	113

As compared with May, 1881, there was no increase in the death-rate from typhus fever, whilst there was a great falling off in the number of deaths caused by typhoid fever.

As compared with May, there was a falling off in the admissions of typhus fever and typhoid fever patients.

Disinfection of Clothing, Bedding, &c.

The results of some observations which I have recently made, induce me to suggest that in future no feather beds, hair mattresses, or straw palliasses should be disinfected at the hot-air chamber. The highly-heated air does not penetrate the interior of these articles. In the case of the mattresses, they might still be continued to be disinfected, provided they were first ripped open and the hair fully exposed.

With respect to straw palliasses, I would suggest that those upon which typhus or scarlatina patients (small-pox exists no longer in Dublin) had lain, should be burned and their owners compensated. It would be most desirable to have utterly destroyed these infected masses of straw, which I have no doubt are often the vehicles of contagious disease. The Public Health Committee have given me a general authority to order the destruction of infected clothing and bedding, but I prefer to have the subject of the systematic burning of palliasses specially dealt with by the Committee. If the owners of feather beds and hair mattresses were willing to provide new coverings, the old ones could be removed at the disinfecting chamber, and the exposed hair and feathers might then be disinfected in wire cages.

Killing no Murder.

RED-TAPE, red-coats, and pipe-clay could go no further in wantonness and cruelty than that so recently enacted at Aldershot. When, apparently for a mere love of display, or that of finding a day's amusement for fashionable people, battalions of soldiers were marched out on a sandy desert, and kept out for six hours under a tropical sun, without drink or sup of any kind, that their powers of endurance may be tested; and then, after hours of fatigue drill, marched back again to die of sun-stroke by the way, or in hospital. Is no one answerable to the country for this shocking waste of costly human life? Can no Mr. Holt, so careful of dog and cat life, be found to bring this matter fairly before Parliament, where, up to this moment, there has been a manifest desire to stifle the matter, because, forsooth, a Royal duke might be compromised?

Death of Dr. Mandl.

By the recent death of Dr. Mandl, the science of laryngology has lost one of its luminaries. Dr. Mandl's work on the larynx is one of the best and most complete in the French language, and the coloured illustrations are very faithful representations of the conditions depicted. France has lost several eminent scientific men recently. M. Maurice Raynaud, whose death is also just announced, was to have taken part in the coming Congress.

The Dalrymple Home for Inebriates.

DR. NORMAN KEER has been appointed Hon. Sec. to the Committee of Management of the proposed Dalrymple Home for Inebriates, in succession to the late Mr. S. S. Alford, F.R.C.S. A strong effort is being made to raise the necessary funds for the acquisition and equipment of a suitable house and grounds. It is hoped

that many will testify their appreciation of the late Mr. Alford's devotion by liberally contributing to this undertaking; £5,000 is needed. Donations may be sent to Dr. Alfred Carpenter, J.P., Duppas House, Croydon, Surrey; or to the Hon. Sec., Dr. Norman Kerr, 42 Grove Road, Regent's Park, London, N.W.

Ovariectomy in Cork.

On June 29th, Dr. Macnaughton Jones operated at the County Hospital, on a girl, *æt.* 18. The tumour grew from the left ovary, the cyst contained 23 pints of fluid; there were no adhesions; the pedicle was ligatured and looped and dropped back. On the 10th day the sutures were removed. The case has made an uninterrupted recovery. This is the first successful case of ovariectomy performed in a Cork hospital.

There is another curious case of recovery in the County Hospital from accumulation of pus in the peritoneal cavity. A woman, *æt.* 37, mother of five children, admitted as being the subject of ovarian tumour, but found on aspiration that her peritoneal cavity was full of pus, consequent on pelvic peritonitis coming on after labour. When aspirated the first time 9 pints of pus (10 weeks after labour) were drawn off; and when again, the hyperdistension was extreme, 5½ pints—then Professor Macnaughton Jones made an incision into the peritoneal cavity, with antiseptic precautions, evacuated all the pus, drained by means of a Keith's glass tube, with an India rubber tube attached, into carbolic water. No air was admitted to the peritoneal cavity (the peritoneum was united by sutures to the abdominal parietes), drainage was thus kept up for three weeks; horse hair was then used to keep the opening patent. This woman is nearly well, discharge has almost entirely ceased, her appetite is good and her spirits, and she is anxious to go home.

The Medical Defence Association.

The Council of the Association is making arrangements to hold a representative meeting of the Medical profession at Exeter Hall to discuss the question of medical reform, and to pass resolutions thereon. The resolutions which may be adopted at the meeting will be duly laid before the Royal Commission on the Medical Acts, and it is hoped will have an important influence on the report of the Commission. It is probable that Dr. Richardson, the President of the Defence Association, and Mr George Brown the Honorary Secretary, will be invited to give evidence before the Royal Commission as to the alterations necessary in the Medical Acts to meet the views of the medical profession.

The Hospital for Incurables.

On Saturday last the Duke and Duchess of Connaught opened the new wing of the Royal Hospital for Incurables which is situated at West-hill Putney-heath, the foundation stone having been laid by the Prince of Wales some two years ago. The new wing is a building of two storeys, and comprises female patients' dining-room, assembly-room male and patients' day apartments. After a long inspection of the various rooms which have been constructed, their Royal Highnesses proceeded to the new assembly-room, where the opening ceremony was performed.

About seventy purses, containing sums of money varying from five to ten guineas, were handed to the Duchess as contributions towards the £11,500 required for defraying the building expenses.

A banquet followed the opening ceremony, at which subscriptions (including a donation of 25 guineas from the Duke and Duchess of Connaught) amounting to £526 were announced by the Secretary.

Metropolitan Provident Medical Association.

A MEETING under the auspices of this society took place on Saturday, at Grosvenor House; Mr. Stansfeld, M.P., in the absence of the Duke of Westminster, presided. The object of the Association is to extend to the working classes in every part of London and its environs the advantage of medical treatment, including skilled and tender nursing, and a recommendation to a special hospital where the case requires it. By means of the society members will have a choice of doctors from a duly-qualified medical staff, and whole families may join and insure against the risk of heavy bills, which it is often difficult to pay.—The secretary reported that the Duke of Westminster had taken 500 fully paid-up shares in the company.—The chairman laid before the meeting a *resume* of the objects which the society had in view. The company would have a capital of £50,000 in £1. shares, and wherever possible they would avoid building, but would take over dispensaries as they stood.—Sir A. Allcock moved a resolution approving of the plan of the association.—Sir Sydney Waterlow seconded the resolution, which was adopted.—Another resolution was also carried, declaring that the Metropolitan Provident Dispensaries Joint-Stock Company, Limited, deserves the support of all who are interested in social progress in London. We shall revert to the subject in our next.

A Prize Essay on Insurance.

THE Equitable Life Assurance Society of the United States announces that it will give prizes of £100 to the author of the best essay on the subject named below; and £25 to the author of the second best essay.

Subject: Life Assurance! With special reference to its influence in promoting habits of economy, thrift, and sobriety; and the consequent repression of intemperance, poverty, and crime. Its bearing upon the reduction of the poor rate, the cost of repression of crime, and in stimulating the productive industry of the country; and hence the national benefit conferred on the community in lessening taxation, while giving increased power to pay; and finally, its influence upon our social surroundings, in strengthening family ties, and rendering sacred the home.

The essay is not to exceed, when printed, the length of thirty-two octavo pages of type, to be sent to the undersigned not later than October 1, 1881, unsigned, but marked with a *nom de plume* or number.

A committee consisting of the following gentlemen have consented to adjudicate upon the essays sent in: S. O. Hall, F.S.A.; Cornelius Walford, F.I.A., F.S.S.; Thomas Hughes ("Tom Brown"), Q.C., F.S.A., *Umpire*.

Their award in writing, and the accepted essay, will be public. The name of the authors will not be published without their assent.

The Society reserves the right of awarding a third prize of £10 to any writer recommended by the "Selection Committee," as having produced an essay of merit, although it may not have conformed entirely to the preceding conditions.

"Natural Selection" of the Irish Poor-Law Medical Officer.—"The Survival of the Fittest."

HERE is a specimen of the way that Irish dispensary elections are managed, culled from the local paper.

"Kilkee is exercised on the subject of the election of a dispensary doctor in the room of the late Dr. Rowan. There are two candidates for the vacant situation, each of whom is championed by one or other of the two curates of the parish. On Sunday morning last, one of the curates was about addressing the congregation in sustainment of his favourite, when there was a regular stampede from the gallery of the church, and the gate which had been locked, was broken, the dissentients disappearing from the precincts of the church. Brass bands and canvassing parties are the order of the day.

"*Kilkee Dispensary, Election of Medical Officer.*—The adjourned meeting of the Kilkee Dispensary Committee was held yesterday for the purpose of electing a medical officer for the district. A great deal of interest was attached to the election and a band paraded the town. Coroner O'Donnell presided at the meeting, which was largely attended. Mr. O'Donnell proposed the election of Dr. Hickey. Dr. Studdert was proposed by Mr. Drew. On a division being taken there appeared: For Dr. Hickey, 13; for Dr. Studdert, 11. The result of the poll was received with great enthusiasm, bon-fires being lit, and the town illuminated.

MR. J. H. WHARTON has resigned his post as Senior Lecturer on Surgery in the Ledwich School of Medicine, Dublin.

MR. O'SHAUGHNESSY will on Friday next ask what are the steps necessary to place the Royal University of Ireland—in the words of the eleventh section of "The University Education (Ireland) Act, 1879"—"in a position to confer degrees."

THE Medical Acts' Commission met at 2 Victoria Street Westminster, on the 8th, 9th, and 11th, instant. The evidence of Mr. John Marshall, Dr. D. R. Haldane, Dr. T. S. Byass, and Dr. Edward Waters, was taken. There were present:—The Earl of Camperdown, (chairman), the Bishop of Peterborough, Mr. W. H. F. Cogan, the Master of the Rolls, Sir William Jenner, Mr. Simon, C.B., Professor Huxley, Professor Turner, Mr. Bryce, M.P., and Mr. John White (Secretary).

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Portsmouth 11, Bradford 12, Norwich 15, Bristol 15, Brighton 16, Sunderland 18, Salford 13, Leeds 19, Plymouth 19, Oldham 19, Sheffield 19, Edinburgh 19, Dublin 20, Leicester 20, Nottingham 20, Birmingham 21, London 21, Manchester 21, Hull 21, New-

castle-on-Tyne 22, Glasgow 22, Wolverhampton 23, and Liverpool 22.

FROM diseases of the zymotic class in the large towns last week measles showed the largest proportional fatality in Liverpool; scarlet fever in Norwich, Leicester, Nottingham, Sunderland, Edinburgh, and Hull; and whooping cough in Birmingham, Leicester, and Wolverhampton. The 19 deaths from diphtheria included 8 in London, 5 in Glasgow, 2 in Edinburgh, and 2 in Portsmouth. The highest death-rate from fever occurred in Brighton. Small-pox caused 84 more deaths in London and its outer ring of suburban districts, 3 in Liverpool, 2 in Brighton, one in Hull, and one in Newcastle-upon-Tyne; no fatal case was registered in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

DR. R. E. CRAINE has been appointed Medical Officer to the Charlestown and Lime-kilns Medical Association, and Parochial Officer and Public Vaccinator for that district.

GLASGOW DEATH-RATE.—The death-rate of Glasgow for the week ending with Saturday the 9th inst. was 23 per 1,000 per annum.

EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.—Dr. Keiller has been medical officer on duty at this hospital during the present quarter. He will be succeeded on the 1st of August by Dr. J. Halliday Croom. The Medical Board has elected Mr. Barclay Thomson, M.B. & C.M., and Rodger Kirkpatrick, M.B. & C.M., as house-surgeons for that quarter, in succession to Alexander Bowie, L.R.C.P. & S. Edin., and G. W. W. Ashdown, M.B. & C.M., M.R.C.S.

PROPOSED SOUTHERN HOSPITAL FOR GLASGOW.—Dr. Ebenezer Duncan of Crosshill is most unwearied in his agitation in favour of a hospital and medical dispensaries for the south-side of Glasgow. Unfortunately for the scheme its necessity is an idea not entertained by the great bulk of practitioners resident in this district; while it is felt throughout Glasgow generally, that we have too many hospitals and dispensaries, and that there is far too much gratuitous work done, both for the interests of the profession, and the moral well-being of the public. At a meeting of the Glasgow Town Council held on the 14th inst., Dr. Duncan was the spokesman of a deputation which urged on the council the necessity of the proposed hospital. The Lord Provost assured the deputation that their memorial would receive due consideration, which, after some consideration was remitted to the Parks Committee.

COMBE LECTURE.—The penultimate lecture of this course was delivered on the 12th inst. by Dr. Andrew Wilson, in the Training College, Edinburgh, in presence of a numerous audience. Discoursing on the nervous system, the lecturer explained and differentiated the cerebro-spinal and the sympathetic or ganglionic systems, pointing out the distinction between the nerves and nervous force, and touching upon some of the more remarkable aspects of the subject, such as that of the localisation of thought. Some interesting information was given with reference to the brain. Having mentioned that the average weight of the brain in the adult male was 48 ounces, the lecturer cited the cases of several distinguished men, among them the late Sir James Simpson,

whose brains had exceeded that weight, in two instances, by 15 or 16 ounces, and in the case of Sir James Simpson, by 6 ounces. Intellectual power, however, did not depend on the weight of the brain, but on its quality, which was determined in great measure by heredity. Robert Burns and Sir Walter Scott, judging by their type of head, had not more than the average weight of brain. In cases of idiocy the brain sometimes did not weigh more than 16 ounces. After the age of 40 the human brain decreased in weight at the rate of about one ounce in ten years. The lecture was concluded with an explanation of the functions of the cerebellum.

THE LATE DR. GEORGE S. BLACKIE.—The *American* records the death at Nashville on the 19th of June of Dr. George Stodart Blackie, Professor of Chemistry in Nashville Medical College, and sketches his distinguished career in the country of his adoption. The deceased was half-brother to Professor Blackie, of Edinburgh University, and was born in Aberdeen, April 10, 1834. He graduated with highest honours in Edinburgh University in 1855, and afterwards proceeded to Bonn, at which University he also graduated. He was fond of botanical study, and in 1855 received a gold medal from Edinburgh University for the best herbarium in the University. "The Flora of the Rhine" and "Contributions to the Medical Flora of Tennessee" embody the results of some of his researches in this line of study. In 1856 he visited America, where his reputation had preceded him, and there he was received very warmly, and elected a professor in the University of Nashville. In the following year he settled permanently there, filling the chair of Chemistry and Materia Medica, in the medical department of the University, and also being Professor of Botany in the literary department of that institution until the war between North and South.

Correspondence.

THE INTERNATIONAL CONGRESS OF DOSIMETRIC MEDICINE AT MADRID.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Knowing the interest you take in all that relates to progress, I send you a few particulars of this important gathering, at which I was present.

The first international congress of dosimetric medicine, both human and veterinary, was held at Madrid from May 20th to 25th. It was attended by a large number of Spanish and French physicians, who took a lively interest throughout in the proceedings of the Congress. The Spanish Government being desirous that great publicity should be given to the dosimetric method of treating disease, placed the Congress under its patronage. It instructed its ministers at the various Courts to confer with the Governments as to the appointment of delegates to attend the Congress. In Spain the Town Councils in many cities sent one or more delegates to the meeting, defraying all their expenses. Several European countries were represented by the following gentlemen:—Dr. Lamy and Dr. Felix Paquet, for France; Dr. Arthur Allbutt, of Leeds, for England; Dr. Drotzhe, for Belgium; Dr. Aicardi, for Italy; and Dr. Oliveira Castro, for Portugal. M. Hugot represented the veterinary profession in France.

The Congress being held at the same time as the fêtes of St. Isidore and the Centenary of Calderon, the learned physicians were enabled to combine science and pleasure, and to see the capital of Spain at its best. Great hospitality was shown by the Madrid physicians to their confrères, who were highly pleased with all they saw. Each expressed his opinion that Spanish medical science was on a par with that of other European countries.

On Friday, May 20th the Congress opened with great solemnity. The Spanish and foreign delegates were received at the entrance of the Central University by Dr. Juan Acosta, sub-inspector of the Royal Navy. They were then conducted by the officials of the University to the large and beautiful

hall where degrees are conferred, and precisely at one o'clock the chair was taken by His Excellency the Minister of Public Instruction. His Excellency was supported on the platform by the venerable and illustrious author of the dosimetric system, Dr. Burggræve, of Ghent, Dr. Valledor, President of the Society of Dosimetric Medicine, of Madrid, and other gentlemen. The Hall was crowded by physicians, and by a large number of ladies and gentlemen specially admitted by ticket. M. Chanteaud, of Paris, the founder of the dosimetric pharmacy, also occupied a place of honour along with the learned Rector of the University.

His Excellency the Minister of Public Instruction pronounced a short but eloquent discourse on the value of medical science to the life of man and animals, and dwelt particularly on the advantages of the dosimetric system of medicine in the treatment of disease. He showed that the fostering of medical science should be the first care of all Governments, as upon health depended the welfare of nations. He was followed by Dr. Valledor, who paid a high tribute of respect to the author of the method, the learned Burggræve. He eloquently demonstrated the value of the labours of the doctor to suffering humanity, and showed that the whole system consists essentially in the jugulation or cutting short of disease by means of the most active medicaments, the alkalis, metallic salts, and metalloids.

Dr. Burggræve, who, notwithstanding his 76 years, looked remarkably well, and spoke with great energy and eloquence, then gave an able exposition of his system. He paid a high compliment to the Spanish Government for its liberality in taking under its patronage the Dosimetric Congress. He also referred to the unremitting labours of Dr. Valledor, who for some months had been most active in his efforts to make the Congress a success. He also desired it to be known that without the aid of his friend M. Chanteaud, of Paris, dosimetry would not have been so successful, as it was by his great skill as a chemist and pharmacist that the powerful dosimetric granules had been produced. The learned professor of Ghent concluded amidst great and prolonged applause.

On May 21st the foreign delegates were introduced to Senor Pajares, the Rector of the Central University, and that day, and also on the 23rd and 24th, the members met from two o'clock till six p.m. in one of the faculty halls of the University for the purpose of reading papers and discussion thereon. During the three days many very interesting and practical clinical papers were read by various gentlemen, the most noteworthy by Drs. Paquet and Fontaine, of France; Dr. Arthur Allbutt, of Leeds, England; Dr. Burggræve; Dr. Phipson, of London; Dr. Palanca, of Malaga, and other gentlemen. These papers touched on most diseases as successfully treated by the dosimetric method. Pelagra and its treatment was one of the subjects specially discussed. There was also on the first day a long discussion on homœopathy. Dosimetry, however, was demonstrated to be superior to the mythical system of Hahnemann, and to be allopathy reduced to common sense, and based on clinical and physiological experimentation. All the three meetings were well attended by physicians and students.

On Wednesday, May 25th, the Congress terminated by a grand banquet celebrated at the Hotel de la Rosa. Many distinguished physicians and professors were present at the banquet. The Madrid press and literary society was also represented. The banquet was well served and the toasts were numerous. Dr. Burggræve toasted Spain and Spanish medical science. Dr. Valledor replied well and eloquently for Belgium and the foreign strangers. Dr. Arthur Allbutt replied on behalf of England, M. Chanteaud and Drs. Paquet and Fontaine for France, Dr. Castro for Portugal, besides many other toasts, all of which were most enthusiastically received, with numerous "bravos." The Congress terminated most successfully. Among other attractions the foreign delegates had opportunities for visiting the hospitals of Madrid, the Royal Stables, and other places of interest from a medical point of view. Great results were arrived at from this first great gathering, and a basis was formed for a rational system of medicine. It was proved beyond all doubt that the treatment of disease dosimetrically was superior to the old methods, and that all acute diseases could be successfully jugulated. Acute disease must have an acute treatment; chronic disease a chronic treatment. The more rapid the disease the more rapid the treatment. As the public become educated in rational medicine, disease will not be permitted to enter its

organic stage, but will be jugulated whilst it is still dynamic. The Madrid Congress marks a new era in medical science.

ARTHUR ALLBUTT, M.R.C.P. Edin., &c.
(Late Delegate to the Congress).

24 Park Square, Leeds.
June 14th, 1881.

Obituary.

DR. M. F. WARD.

We announce with much regret the death of this gentleman, best known as having represented Galway in Parliament from the years 1874 to '79. Dr. Michael Francis Ward was a son of the late Timothy Ward, Esq., Merchant, Galway, and of Katherine, daughter of John Lynch, Esq., of Galway; he was born in the year 1845, being, therefore, at his death only 36 years of age; he was educated at the Roman Catholic College of St. Ignatius and the Queen's College, Galway, where he matriculated in 1861. During the brief period of his life which he devoted to the practice of his profession in Ireland he occupied the offices of Surgeon to the Infirmary for Children, Buckingham Street, Dublin, and Curator of the Anatomical Museum of the Catholic University. As a diplomatist he was noted for an unusually vigorous mind and for his great energy and enthusiasm in the political cause which he represented. Had he been able to pursue the promising career in public life which lay before him he would undoubtedly have achieved a first-class position as a diplomatist, but his health broke down, and, after an attempt to recover it in a foreign climate, he died at Demerara, a fortnight since.

Society for Relief of Widows and Orphans of Medical Men.—The Quarterly Court of Directors was held on Wednesday last, under the Presidency of Sir George Burrows. A sum of £1,302 was voted to the 61 widows and 12 orphans now on the list of recipients of grants; the expenses of the quarter were £41 14s. One fresh application was made by a widow for a grant, and her claim was admitted. Two orphans ceased to be eligible through age for any further assistance; one new member was elected, and the death of one reported. It was resolved at the meeting to send a circular to all the medical men residing in the area, comprised between the old and new limits of the society, now extended to an area of all places within 20 miles of Charing Cross.

NOTICES TO CORRESPONDENTS.

J. G.—The work has been undertaken with a view to exposing, and, if possible, removing what has grown to be an intolerable scandal in the practice of medicine. Any information you can tender will be useful, and you need be under no fear that unnecessary publicity will be given to any one connected with the abuse. We had already followed your suggestion, and with good results.

A PUZZLED DOCTOR.—The advice given by your senior was thoroughly sound. It is always best to avoid such contingencies, and when forced on you by circumstances, bow to necessity, but without unduly derogating from the dignity of your calling.

AMNOSITAS.—The article was written by a gentleman who assures us that his only acquaintance with the subject is through channels open to all who will "run and read." A little reflection will convince you how unworthy is the insinuation you stoop to utter. Any criticism you will favour us with shall receive our best attention. But when you write please do so with a flavour of discretion.

A STUDENT.—The meetings of the Congress will be open to students under certain conditions. Apply to the Hon. Secretary-General.

MR. BARCLAY.—Send the cases you mention, and they shall be considered. "Remarks" will of course be desirable, especially since your experience will enable you to discuss the symptoms in the light of their pathology. The influence of alcohol is perfectly understood by *dabblers* in science, but they who have devoted the labours of a lifetime to its study confess ignorance of all but the elementary outlines of the subject. We are disposed to put trust in the latter class of observers.

MR. MORRANT BAKER'S "Two Cases of Sarcoma of the Maxillæ, Removal, Recovery," received with thanks.

MR. HANCOCK.—We have not space to give the list of certificates: the list to whom medals were awarded will be found in another column.

AN INTERESTED ONE.—The list of awards at the International Medical and Sanitary Exhibition at South Kensington is not yet determined on, and will not probably be known before the end of the week.

DR. B.—Thanks, proof will be sent in time for our next.

A STUDENT (Glasgow).—We are much obliged by your note. We

would have preferred the information from yourself, and will be glad of authentic information on the subject from time to time. The "rows" between a certain lecturer, his assistant, the students, and the directors of the infirmary amount to a scandal. Why don't the students memorialise the directors against the re-election of the incompetent lecturers in question? Yes, we understand that the gentleman referred to still lectures to the old women. Nobody ever disputed the eminent suitability of this appointment.

MR. C. E. T.—A note has been made of the circumstance.

ANONYMOUS has forgotten to enclose his card. We cannot deal with matter of such serious import unless the same be substantiated with the name and address of the sender, not necessarily for publication, but as evidence of good faith.

DR. ANGE MACDONALD'S paper "On Calculus of the Female Bladder" is marked for early insertion. The illustration has been duly received with thanks.

MR. ODLING will find the subject fully referred to in another column.

DR. E. C. DUDLEY (Chicago).—Our "Exchange List" is already inconveniently full, sorry we cannot increase it by the addition of your excellent journal.

DR. ALLBUTT.—Sorry you should have cause to complain, but our space has been so much in request that delay was unavoidable.

MR. E. J. W.—Mr. Prescott Hewett was in attendance.

AN ARMY MEDICAL OFFICER.—The list of officers who are to be promoted under the new Scheme of Army Organisation has not yet been completed, but the whole of the arrangements will, we understand, have been made within the next few days, and it is believed that the official announcements will appear before the end of the month. The *Gazette* containing the list will be the most voluminous one ever published by the War Office, and that Department is considering what steps it would be desirable to take to keep it within reasonable bounds.

CALF LYMPEH.—Further correspondence will appear in our next issue.

Vacancies.

Birmingham Queen's Hospital.—Resident Surgeon. Salary, £50, with board. Applications under cover to the Secretary by August 2.
Carnarvon Infirmary, Bangor.—House Surgeon. Salary, £100, with board. Applications to the Secretary before August 11.
Kensington Union, W.—Dispenser for the Workhouse Infirmary. Salary commencing at £120. Applications (forms to be obtained by letter) at the Offices of the Clerk to the Guardians before July 22.
North Stafford Infirmary, Stoke-on-Trent.—House Surgeon. Salary, £120. House Physician. Salary, £100. Each with board. Applications to the Secretary before August 17.
Royal Hospital for Diseases of the Chest, City Road.—House Physician. An allowance at the rate of £80 a year in lieu of board. Applications to the Secretary by July 22.
Stockton-upon-Tees Hospital.—House Surgeon (non-resident, doubly qualified). Salary, £200 per annum. Applications to the Secretary by August 9.

Appointments.

DENHAM, Dr. K. Medical Officer to the Donnybrook Dispensary.
HARTLEY, C. M.R.C.S.E., Medical Officer for the High Easter District of the Dunmow Union.
JEFFERSON, Mr. A. House Surgeon to the York County Hospital.
LUEN, J. R., L.R.C.P. Ed., M.R.C.S.E., Medical Officer to the new Infirmary, St. Marylebone.

Births.

FOURACRE.—July 16, at 20 Tollington Park, London, N., the wife of R. P. Fouracre, M.R.C.S., of a daughter.
HILL.—July 14, at 55 Wimpole Street, the wife of Mr. Berkeley Hill, F.R.C.S., of a daughter.
RAPER.—July 12, at Great Wakering, Essex, the wife of W. A. Raper, M.D., of a son.
WOLSELEY.—July 16, at Castleton, Cheshire, the wife of C. B. Wolseley, M.D., of a daughter.

Marriages.

BAKER—PUDDICOMBE.—July 12, at Silvertown, Devon, Walter Baker, youngest son of the late Emanuel Baker, M.D., of York Place, London, to Eugenia Morgan, only surviving daughter of Edward M. Puddicombe, M.R.C.S., of Silvertown.
HAY—SHEPHERD.—June 28, at the Parish Church, Bridport, W. H. Hay, M.D., to Grace, widow of A. C. Shepherd, of Aakeswell.
WATHEN—EDWARDS.—June 30, at Stoke Bishop Church, near Bristol, John H. Wathen, L.R.C.P.E., of Clifton, to Edith Mary, eldest daughter of Alderman George W. Edwards, of Bristol.
WAUGH—BROWNING.—July 13, at St. Mary's Church, Abergavenny, John Waugh, B.A., M.B., M.Ch., T.C.D., of Toddington, Bedfordshire, to Lilly Lavinia, second daughter of the late S. Browning, Esq., of Abergavenny, Monmouthshire.

Deaths.

ASH.—July 13, at Great Malvern, Adelaide, the wife of John Ash, M.D., in the 44th year of her age.
FLEMING.—July 12, at South Lodge, Champion Hill, London, Dr. J. N. Fleming, aged 52.
GOLDIE-SCOTT.—July 9, at Craigmuir, Kirkcudbrightshire, N. B. Helen Mary Dorothy Goldie-Scott, eldest daughter of the late Thomas Goldie-Scott, M.D., of Craigmuir, Deputy Inspector-General of Hospitals.
ILDERTON.—July 9, at Fairfield, near Manchester, Frederick Walter Ilderton, M.R.C.S.E., M.R.C.P.E., aged 55.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 27, 1881.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
A Course of Lectures on the Laws of Inheritance in Relation to Disease. Delivered at the Royal College of Surgeons of England. By Jonathan Hutchinson, F.R.C.S., Senior Surgeon to the London Hospital	65	in Acute Pleurisy. By Dr. Georges Dieulafoy. Translated by C. A. Owen, M.D. L.R.C.P. Ed., L.R.C.S.I., &c.	72
Ovariotomy. By Nathaniel Mayne, Surgeon to Longford Infirmary	67	SPECIAL.	
Remarks on Dissolution of the Nervous System, as Exemplified by Certain Post-Epileptic Conditions. By J. Hughlings Jackson, M.D. F.R.C.P. F.R.S., Physician to the London Hospital, and to the National Hospital for the Epileptic and Paralyzed	68	France	73
CLINICAL RECORDS.		THE MINERAL WATERS OF EUROPE —The Medical Press Analytical Reports on the Principal Bottled Waters. By C. C. B. Tichborne, LL.D., F.C.S., F.I.C., with Notes on their Therapeutical Uses. By Prosser James, M.D., M.R.C.P. Lond., &c.	
Cork County Hospital. Cases Under the care of Professor McNaughton Jones Surgeon, Cork County Hospital, &c.	70	LEADING ARTICLES.	
Jefferson Medical College Hospital, Philadelphia. A New Method of Operating for Phimosis. Under the care of Dr. E. J. Lewis	71	PROVIDENT MEDICINE	74
TRANSLATIONS.		UTERINE THERAPEUTICS	79
On Paracentesis Thoracis by Aspiration		NOTES ON CURRENT TOPICS.	
		The Health of Ventnor	81
		Death of Dean Stanley	81
		Provincial Magisterialism and Small-pox	81
		Royal College of Surgeons of England	81
		The International Exhibition	82
		The Glasgow Royal Infirmary	83
		Imprisonment for not Reporting Infectious Diseases	83
		The Veterinary Surgeons' Bill, 1881	83
		The Medical Language of St. Luke	83
		Amendment of the Sale of Poisons Bill ..	83
		Burned to Death by Vitriol	83
		A Medical Malthusian League	83
		The Small-pox Epidemic	83
		International Pharmaceutical Congress ..	83
		The Cork Filocarpin Case	83
		The Metropolitan Hospital Sunday Fund ..	83
		SCOTLAND.	
		Glasgow University—Presentation to Dr. James A. Adams	84
		Health of Edinburgh	84
		Peebles Hydropathic Establishment	84
		Presentation to Professor Spence	84
		Edinburgh University Court	85
		The Aberdeen Milk Epidemic	85
		LITERARY NOTES AND GOSSIP	
		CORRESPONDENCE.	
		Vaccination Question—Letters from Mr. W. J. Collins, Dr. George Wyld, Dr. Drysdale, and Dr. Charles Renner	
		NOTICES TO CORRESPONDENTS	

WITH MEDICO-SANITARY SUPPLEMENT.

Original Communications.

A COURSE OF LECTURES ON THE LAWS OF INHERITANCE IN RELATION TO DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1881.

By PROF. JONATHAN HUTCHINSON, F.R.C.S.,
Senior Surgeon to the London Hospital; President of the
Pathological Society of London, &c.

LECTURE VI.

Small-pox.—At the time when small-pox was a much more common disease than it is at present, there existed a general belief to the effect, that a pregnant woman who contracted variola might communicate the disease to the foetus she was bearing. Although there may exist now a doubt in some quarters concerning the accuracy of this belief, the principle is, nevertheless, well established, that specific fevers may be, and are, communicated from mother to child during the period of gestation. From innumerable observations relating to small-pox infection, there have been deduced an array of facts which have a most important bearing to the student of heredity, and not least among these is that which has proved the variation between the periods of incubation of mother and child, amounting, in some cases, according to Dr. Streeter, to eight or ten days, the demonstration of this lying in the evidence afforded by mother and child respectively, the one presenting the desquamative, the other, the eruptive stage, at the time of birth of the child. During the transfer from mother to foetus, some inexplicable change is exerted over the virus, whereby its influences are modified to the extent of affecting its power to set up its specific effects. The experience of obstetricians in connection with this subject, possesses much interest; and we have the evidence of Morisao, that he was born with small-pox

pustules on his body, his mother having exhibited no signs of being attacked by the disease. On the other hand, there have been recorded several cases in which the children of parents who have had small-pox during their pregnancy, have been born with protection against the disease; and there are other records of twins born under the same circumstances, one of whom has been afflicted at birth with the disease, while the other escaped its influence. The proof that these are veritable cases of intra-uterine affection is further found in the effects of vaccination, which, on one of such twins, will be efficacious, being without result on the other. The intra-uterine protection may lose in effect in time, and instances of this are to be found in those cases where, in children born covered by the scars of small-pox, inoculation is successfully performed early in life; some such cases in which this operation has succeeded in the third or fourth year being related.

Variola may be accepted as the best example of specific contagious fevers; and the facts true about it, may, with much probability of truth, be asserted of all the fevers of which it is a type. Foetal affection through the mother, however, does not always take place as a consequence of the latter contracting a specific fever, but in every case of such transference, the element of time intervening between the period of contagion and the period of exhibition, is of the utmost importance; and particularly so in regard to syphilitic disease.

The *particulate* theory of *syphilis*, that, viz., its transmission is due to the direct carriage of minute particles, as in the exanthemata generally, and not by fluid contact, is that theory alone on which it is possible to explain all the observed phenomena of the disease.

In regard to *syphilis*, certain oft-quoted statistics are too familiar to need repetition, while the enumeration of isolated cases can have no value in determining conclusions bearing on its influence and effects; unusual cases, also, which are interesting in themselves, generally admit of explanation as being fallacious in some important respect; and what will have the greatest weight and weightiest bearing on any inquiry concerning *syphilis* will always be general impressions formed from

widespread experience of large numbers of cases. The conclusions justified on these grounds go to show that, contrary to the opinion formerly prevalent on the communicability of syphilis from father to offspring, it is distinctly heritable, and the child of a syphilitic father and perfectly healthy wife may be, and, in fact, frequently is, born with unmistakable symptoms of primary syphilis, the infection having resided as a *particulata* virus in the male element or sperm cell. In dealing with this question the term inheritance may be advisedly replaced by the expressions "germ-infection" and "sperm-infection," to signify infection of the child through the mother or father respectively, as a consequence of their blood-contamination by the elements of syphilis at the time of impregnation. The process is thus one of real contagion, and the consideration of it is surrounded with all the difficulties that beset the discussion of any ordinary question of contagious infection. In the same way as an adult or other person may escape the influence of contagion in his immediate neighbourhood, so the foetus resulting from a fruitful intercourse between two persons of opposite sexes, one of whom is the subject of syphilis, may escape its influence. A woman, however, who has recently contracted syphilis will bear a syphilitic child, but a distinction must nevertheless be drawn between "germ-infection" and "foetal-infection," the latter being consequent on the mother's contraction of the disease subsequently to conception, the time intervening being immaterial to the result. In such a case the child suffers in the same way as though germ-infection had occurred, the development of the disease being the same in either case, judged by the symptoms observed after birth. This has been proved by numerous observations conducted by Mr. Hutchinson, one case having been watched by him for sixteen years. In this the date after conception at which the mother got her chancre was known to him, and the symptoms exhibited by the child pursued exactly the same course as if it had received the syphilitic taint by direct contact at the earliest possible period. This subject, indeed, is one in which much careful investigation is required, and will repay labour spent on it; and it will be well in connection with it to adopt the term "infantile syphilis" as more appropriate than "inherited syphilis."

The evidence bearing on the fact that the father can transmit syphilis to his offspring is overwhelmingly convincing, and facts have proved beyond all possibility of doubt that children born of a syphilitic father and non-syphilitic mother may be themselves syphilitic. The continuance of an opposite opinion can only be regarded as a survival of the old superstition, to the effect that the office of the male parent during the procreative act is a very imperfect one.

If *both* parents are syphilitic the course of the disease in the child is in no degree more severe, but its occurrence is more absolutely *certain*. Some persons formerly believed that the parents transmitted their disease to their offspring in the same stage at which it existed in them; but this is emphatically contradicted by almost universal experience. It runs the same course in all children alike, though that *younger* children may possibly suffer to a less extent than the older ones in the same family, was an opinion Mr. Hutchinson once entertained, but has modified, in accordance with his observation of cases, to the belief that older children suffer much more *constantly*. Although younger ones, if affected at all, suffer equally with the more senior members of the family.

The confusion of meaning attached to the term "tertiary stage" makes it a difficult matter to discuss the liability to transmission of syphilis in this stage. It may be accepted that the tissue changes initiated when the tendency to cure no longer marks a secondary stage, are *not* transmitted; and more than this it is hardly possible to say, until a consensus of opinion agrees to assign definitive meanings to the expressions, which, used in their present acceptation, vary almost with every observer who employs them to give an account of his investigations.

The effect which syphilis produces on the foetus *in utero* vary within very wide limits. At times its life is entirely destroyed, and abortion results. In the majority of cases, however, the syphilitic virus is absorbed into the body of the foetus, and develops no change in it until a definite period after birth has ensued, this time admitting of incubation of the poison during extra-uterine existence. It is thus unusual for a child to be born with the signs of syphilis actually on it; but such exceptions do sometimes occur, and in the present state of our knowledge it is impossible to account for them. The symptoms ordinarily present are well known; they approximate to those of the secondary stage in the adult, but with a much increased frequency of severe bone diseases, as has been demonstrated by recent researches in England and on the Continent. The distinctions apparently thus set up are only apparent, and as, for example, between rickets in children and bone affections in the adult, are due to the different soil in which the poison is sown in the two subjects.

The confusion, it may be added, which has arisen by associating together syphilis and rickets, is due probably to the common occurrence of the two diseases in young children.

Children born with the syphilitic diathesis may run through the secondary stage, and remain for a length of time perfectly healthy. Then, by-and-bye, changes in their tissues will take place; interstitial keratitis may evidence itself at any time up to thirty years of age. May this be looked on as a fresh outbreak of virus lurking in the blood? Then, again, recovery may ensue, and the body remain subsequently perfectly healthy. This series of events occurs only in such as have been born with the disease present in them; never in the case of those who have *acquired* it. As a general rule, the symptoms of inherited syphilis pass quite into abeyance, first coming quickly to a head. It may coexist with scrofula, psoriasis, &c.; and in such cases it may be cured, leaving the skin disease behind; or it may *simulate* them—a point of great importance in its bearing on the question of treatment.

The latency of the secondary period when it occurs is to be ascribed to the influence of some counteracting remedy; and as it is a very unusual phenomenon, all accounts involving belief in it should be cautiously received, such as those—e.g., in which children are said to be covered with an universal eruption, at a time considerably later than it should have appeared, in accordance with the known laws of syphilis.

The latency of *tertiary* symptoms may be delayed indefinitely, as in the adult; and the occurrence of nodes may be set down as due to a relighting-up of the disease. The nervous system is often, too, affected after prolonged latency, while the resulting condition may be almost indefinitely varied.

The question whether a severe attack of syphilis in the parent will produce a severe symptom in the child is effectually settled. No difference is produced in any way, and the prevalence of the opposite opinion is due to the fact that the child inherits the idiosyncrasies and constitution of the parent, with the syphilis, the course of which may be modified thereby. Also the popular impression that a *recent* attack in the parent affects the child, is true only in so far as it renders the *liability* to infection *certain*. The course run by the disease is precisely the same as if due to an old infection. The difference of degree with which different children are affected is to be ascribed to constitutional peculiarities and idiosyncrasies.

THE thirty-sixth annual general meeting of the Medico-Psychological Association will be held at University College on Tuesday, August 2, under the Presidency of D. Hack Tuke, F.R.C.P. The dinner of the Association will take place at 7.30 p.m., at the Freemason's Tavern.

OVIARIOTOMY.

By NATHANIEL MAYNE,

Surgeon Co. Longford Infirmary.

E. M., *æt.* 25, of healthy appearance, married, had three children, the eldest aged about four years; the second, dead (still-born), born about two years and a-half ago, the youngest now aged one year and seven months.

She "first observed a slight swelling in the left side, about four years ago, accompanied with severe shooting pains." The tumour gradually increased in size till about three months before she sought admission to hospital; for the last two months the increase in size was very rapid; she has not menstruated since the birth of her last child.

On examination, in addition to the usual symptoms of ovarian dropsy, there was a solid mass distinctly felt in the left hypochondriac region, which closely resembled an enormously large spleen. Owing to the rapid growth, the poor woman was most anxious to have the operation performed, which was done on the sixth day of May last. During the operation, any vessels which bled, were at once twisted, consequently there was little or no hæmorrhage.

On opening the peritoneum, I endeavoured to tap the tumour, using "Spencer Wells'" trocar, but owing to the extreme thinness of the cyst walls, the fluid gushed out, causing extensive laceration. Finding that only a small quantity of the contents escaped, I examined, with my finger, the interior of the tumour, which was made up of a number of smaller ones, each of which I opened.

The contents, both in colour and consistency, closely resembled the raw white of egg. A considerable part of the tumour was solid. One portion, that felt externally, was shaped like the spleen, and cutting somewhat like india-rubber. Another part, lying across the spine and right ovary, was of a greyish-black appearance. When removed the tumour weighed ten pounds two ounces; the fluid contents, which were saved in a tub, measured within a few ounces of fifteen quarts. The anterior surface of the tumour was firmly adherent to the peritoneum; the right ovary was healthy.

On raising the tumour out of the abdomen, I tied a strong silk ligature round the pedicle, which was about an inch in length, and cut it off. I then applied a second ligature, tying it with the "Staffordshire knot." The ends of the ligatures were then cut off close, and the stump returned into the abdomen; any fluid or blood being carefully removed with sponges. The surfaces of the peritoneum were then brought together by six fine sutures, the needle being introduced about half-an-inch from the margins of the wound. The external walls of the abdomen were then brought into apposition by four sutures; all the ligatures and sutures were of carbolised silk. The wound was dressed with lint, wet in one in forty solution of carbolic acid. The reaction was prompt. The patient cheerfully expressing her thankfulness at having the operation over, she was put to bed, and had a suppository of morphia *mur.*, half-a-grain, one to be given three times a day. On that evening there was sickness of stomach; she vomited once.

May 7th.—Vomited twice; tongue dry and furred. Pulse 140; temp. 101°; passed a quiet night.

8th.—Slept well; no pain. Pulse 144; temp. 101.2°.

9th.—Vomited once during the day; passed a considerable quantity of wind per anus. Pulse 120; temp. 100°.

10th.—Complains of pain in right hypogastrium; borborigna, anxious, but unable to pass wind per anus. Considerable leucorrhœa and tenderness on passing finger into vagina. Pulse 144; temp. 101.1°.

11th.—Suffered severely from pain during the night; urine scanty and turbid; ordered a turpentine stupe, which she only allowed on for about three minutes. Considerable tympanitis. Pulse 140; temp. 102.3°.

12th.—Vomited twice; passed a considerable quantity of wind, which gave great relief. Pulse 130; temp. 101°.

13th.—On passing up the suppository this morning, I

found the rectum loaded. Considerable tympanitis; uterus greatly enlarged and painful; great sickness of stomach, for which I gave hydrocyanic acid, and bismuth in infusion of calumba. Gave enema of warm olive oil, sixteen ounces, with two drachms each of *spt.* turpentine, and tincture of assafœtida. In about an hour a large quantity of fœces came away. Pulse 144; temp. 100.3°. In evening, pulse 156; temp. 103°.

14th.—During the night there were four semi-solid motions. Feels much better; all unpleasant symptoms relieved; wound perfectly healed; sutures removed. Pulse 136, temp. 100.3°.

15th.—Bowels were moved five times since last night. Gave brandy and egg mixture; also *mist. cretæ co.* with catechu. Pulse 144, temp. 101.2°.

16th.—Bowels moved eight times during the night. Great pain in the right hypogastrium; rubbed over seat of pain a liniment composed of turpentine and *lyn. hydrarg.* (B.P.), equal parts; continue treatment of yesterday. Pulse 136, temp. 100°.

17th.—Diarrhœa continued; evacuations of a dark watery nature, with a considerable amount of mucus; very severe pain and tenesmus, accompanied with distressing vomiting; the intestines greatly distended with flatus; their movements and shapes could be distinctly seen owing to extreme thinness of abdominal walls. Continue liniment; ordered suppository of lead and opium instead of the usual ones of morphia; nourishment, consisting of beef-tea, brandy four ounces, and egg mixture, given by rectum. Pulse 144, temp. 98°.

18th.—Diarrhœa somewhat relieved. Continue treatment. Pulse 144, temp. 100°.

19th.—Suffers severely from great distension of intestines. Diarrhœa checked. Passed a long tube with some difficulty, which allowed some flatus to escape, which was very offensive; gave great relief. Pulse 144, temp. 100.

20th.—Omit liniment; gave sulphate of quinia, three grains in each enema; increased brandy to six ounces. Pulse 152, temp. 101.

21st.—Had nine very liquid motions during the night, accompanied with considerable escape of flatus, which gave very great relief; distension of intestines entirely disappeared; sickness of stomach ceased; expresses herself quite relieved. Pulse 124, temp. 98.

22nd.—Bowels moved twice. From this day temperature remained normal, but pulse ranged from 100 to 125.

27th.—On this morning pulse 132, temp. 100. Complains of great pain and soreness in left side of neck and shoulder. There is considerable swelling, and the glands of that side greatly enlarged. Applied hot poultices, which gave great relief, but the swelling continued for some days.

30th.—From this date the patient rapidly regained her strength, and left the hospital on the 11th June, declaring herself to be in better health than she had been for years.

For several days the patient had nothing but ice, iced milk, and two ounces brandy. From the 17th to the 23rd all nourishment was given per rectum, enemata being given every third hour.

July 22nd.—The patient came to see me this day, and to let me know that on the 13th inst. she menstruated "quite naturally, which seemed to get rid of a load she felt for some days." She is a picture of robust health, and walked from her own home—a distance of five miles.

I have never seen it recommended to join the surfaces of the peritoneum as was done in this case, and did it considering there would be less risk of danger, as pus would not be so liable to enter the abdomen from the external wound, and that there would be less risk of wounding the intestines in applying the sutures in abdominal wall, and that it would be more conducive to the recovery of the patient having the serous surfaces in close apposition. From the date of the operation there was no trace of pus or suppuration.

REMARKS ON DISSOLUTION OF THE NERVOUS SYSTEM, AS EXEMPLIFIED BY CERTAIN POST-EPILEPTIC CONDITIONS.

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Physician to the London Hospital, and to the National Hospital
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(Continued from page 399, last vol.)

SECTION III.—Three degrees of the post-epileptic condition.

In the full and methodical investigation of the condition of patients after epileptic paroxysms we have more than post-epileptic actions to take note of. For there are, in some cases, states "above" actions, in other cases states "below" actions. There is "above" actions an elaborate mental state, or an "epileptic ideation;" there is what we may otherwise name an epileptic "dream," or "reverie," or "dreamy state." The state meant is commonly called an "Intellectual aura." Next in many cases "below" actions ordinarily so-called there are apparently (a) only respiratory, circulatory, and other "vital" or organic operations.

Many examples of the "dreamy state" will be given later. A common one is the feeling which the patient calls variously "reminiscence," "a sort of remembrance," &c. Then, it is admitted by everybody that actions of different kinds and of different degrees of elaborateness follow some epileptic seizures, (b) and it is notorious that after some very severe seizures the patient lies seemingly a mere "vital" mechanism. To anticipate I believe the highest state, the "dreamy state" follows the slightest (c) fits; that the actions follow severer seizures, and that the lowest states in which there are apparently only "vital" operations, follow the severest.

I spoke only of Actions in the general remarks of Section 2, because, so far as I know, the highest states, those "above" actions—and the lowest states—those "below" actions have not been yet considered as having anything in common with post-epileptic actions ordinarily so called, for reasonable comparison and contrast.

Actions are taken count of separately, and usually only violent maniacal actions are considered, although the slight elaborate and merely busy doings after epileptic paroxysms admit of far easier analysis. It is obvious enough that, superficially regarded, the three conditions are vastly different phenomena. But in a scientific investigation we must make the widest comparative study of post-epileptic states which we can methodically do. We must not cut off "Ideation" from the top and "Vital Operations" from the bottom of the scale; this would be too coarse a process of simplifying our subject by ignoring the difficulties which directly confront us.

To resume, there are three degrees of the post-epileptic condition. There is the nascent or incipient perception or action, which we have called Ideation or "dream," (d) abnormal of course, there are actions commonly so called, and there are Vital Operations not commonly called actions. The reader can take this division into three degrees to be an entirely arbitrary one. I hope,

(a) Perhaps the reader will wonder why I use the word "apparently" in this sentence. I use it because I think there is proof that some mental states, or else complex nervous activities corresponding to what in health would be elaborate mental states, continue during very deep coma, and because I have known a few well organised and yet elaborate actions to occur in people comatose, even fatally comatose, from cerebral hemorrhage. The reader is asked to bear this in mind when the word "apparently" is used in similar contexts.

(b) Some physicians believe that an attack of mania may replace an epileptic seizure.

(c) The terms slight and severe are used here rather loosely. They will be defined carefully later on.

(d) Ideation in health or in disease is of course a psychological state. Perception is I submit simply a further development of Ideation, or of part of it. The state called Ideation is a far more complex state than it is popularly taken to be.

however, to show that it is, so far at least as degrees 1 and 2 are concerned, a natural one, that is one answering to the constitution of the nervous system.

That there are degrees, or as we may say sub-degrees, of each degree, is of course not denied; it will be especially insisted on with regard to the second degree, when we come to consider the clinico-pathological explanation of post-epileptic states. Thus in the second degree there are at one end of the scale actions which are very elaborate, and which to bystanders may seem purposive; such, for an example, as laying and lighting a fire in a bread-pan, and at the other end, the patient lies on the floor, sprawling, kicking, and shouting.

The reader is to remember that the physical conditions implied by the psychical states are in all cases the things we have ultimately to deal with. For, manifestly there is no reasonable comparison or contrast to be instituted betwixt the "dreamy state," a state of mind, and the "vital operations when the latter are considered as neuromuscular phenomena as states of body; such comparisons or contrasts are, on any view of the relations of mind to body, grotesque and absurd. Nor do we make comparisons and contrasts betwixt the three conditions superficially. The dreamy feeling of "being somewhere else," such an action as laying and lighting a fire, and the "vital" operations persisting in post-epileptic coma, are manifestly exceedingly different; for all that, we may show, I think, that they signify different "depths" of dissolution. But we have more to say on post-epileptic conditions before this can be attempted.

SECTION IV.—The symptomatic condition in each degree is double.

We have, so far, spoken of the three degrees of the post-epileptic condition as if they were positive states only. There is a negative state with each positive state; in each degree the patient's condition is thus duplex. No explanation of any one of the three conditions is adequate which does not take count of the co-existence of the two absolutely opposite elements. Along with the Ideation there is defect of consciousness; with the actions there is loss of consciousness; with the "vital" operations there is coma.

Thus, in the first degree the patient, who has the "dreamy" state, usually tells us something of his condition, which, rendered into scientific language, means defect of consciousness; for an example, he tells us that he "becomes dim to his surroundings," or if he does not speak so definitely he usually uses some expression more indirectly and yet conclusively implying defect of consciousness. We must note *all* that our epileptic patients tell us as to their state of consciousness in, or at the onset of, their seizures. A patient will say he is not unconscious, and will yet spontaneously give details which show that he is defectively conscious. Thus, after saying that he is not unconscious, he will add with a significant "but," that "although he hears people talking he does not know what they say, or that he does not know where he is, or that he is confused and can't think."

Second degree—That the patient who acts after a seizure has nearly always loss of consciousness is admitted.

Third degree—That the comatose man is apparently out of relation to all but the most uniform of his surroundings is manifest.

SECTION V.—On Nomenclature of the Negative Elements.

There is a difficulty as to the nomenclature of the negative elements to be now considered.

The three degrees of negative affection of consciousness are, in clinical language, Mental Confusion, Insensibility, and Coma. The term loss of consciousness is also a clinical one, and is used synonymously with insensibility in clinical conferences. Literally taken, it means that there is no consciousness left, and implies that there could not be a lower degree of it in coma. It is, in this paper, borrowed from clinical medicine to mean (as one of the three negative states), a negative affection of consciousness standing betwixt defect of consciousness and coma. There is no

other term that I know of than this awkward one, to use here for what clinically seems to be a second degree of affection of consciousness; one which is more than "mental confusion" and less than coma.

The reader may perhaps suppose that there are only two degrees of negative affection of consciousness; defect and loss of consciousness, and that what is in this paper called coma, is simply loss of consciousness, plus paresis, especially of vital organs, or speaking more carefully and precisely, that coma is loss of consciousness, and paresis of vital and other organs, in addition to the paralysis implied by loss of consciousness. Were we to consider the physical side only, we should shirk the difficulty in nomenclature. What is psychically a state of consciousness is physically an adjustment of the organism to the environment, nascent or actual. (a) We could then say that on the physical side in the first degree there was loss of the most special adjustments of the organism to the environment; in the second degree of these and of the more general, and in the third loss of all excepting the most general adjustments. The reader will, I hope, now see what was meant by the statement in the preceding paragraph; "paralysis implied by loss of consciousness." For if the physical basis of consciousness be activity of sensori-motor arrangements effecting adjustments of the organism to the environment, paralysis is implied by all negative affections of consciousness after epileptic seizures at least. The objection that "as a matter of fact" there is no paralysis in most cases of post-epileptic defect or loss of consciousness, but often the very opposite condition, will be considered later on.

We may name these three duplex conditions respectively Highest, Middle and Lowest post-epileptic conditions. They are rudely analogous to healthy dreaming, to ordinary somnambulism, and to deep sleep. They are supposed to be significant of three "depths" of Dissolution, each beginning in the highest nervous arrangements of the Nervous System.

SECTION VI.—*Justification of the Study of the Three Degrees in Relation.*

It seems to me evident that all three degrees should be considered in relation one to another. We may see all three in the same patient in connection with one full paroxysm. At or close upon the onset of the seizure he is defectively conscious and he has the "dreamy state;" next he loses consciousness; when the paroxysm is over he is comatose; there is the third degree, apparently mere vital operations persisting in coma; next, on partial restoration from coma, he begins to act elaborately,—second degree. It may seem that the statement as to the three degrees here (first degree, third degree, and second degree), are inconsistent with other statements made. But it is not really so; for the actions, second degree, ensue in such a case as that instanced when the patient comes round to what we call loss of consciousness; actions ensue, when there is a return to a higher level of Evolution; when, in other words, the Dissolution has become "shallower." Then, if the above is considered to be unsatisfactory, we might take other cases in which there is the dreamy state in or after a very slight fit, the actions after a severer one, and only "vital" operations after one severest. These different degrees are owing indirectly, to differing degrees of severity of the epileptic discharge. The term "severe" is vague, but suffices for the present. What it is to cover will be mentioned later on. (See *Brain*, January, 1881.)

SECTION VII.—*No Dreamy State in Some Cases.*—It is particularly to be borne in mind that it is not asserted that there is ideation ("a dreamy state") at or about the

onset of all epileptic attacks; on the contrary, it is asserted that in some cases there is none—or rather, I would say, some patients remember no dream. Is there, nevertheless, an "unremembered dream" in these cases? Some would doubtless consider an unremembered dream to be equivalent to nothing; or, at any rate, that there is total lack of evidence of the existence of any sort of mental state when the patient, on recovery, remembers nothing.

SECTION VIII.—*On Range of Concomitance of Psychological and Nervous States.*—The question mooted in the last section is not one to be carelessly dismissed as being nonsensical. Whilst accepting the ordinary doctrine that psychological states are different from, and yet concomitant with, nervous states, nothing was said for or against the doctrine of Lewes, that active states of all nervous centres have a psychological side. The question is, how far down in the nervous system there are psychological states during nervous activity. Is the brain the organ of mind, or only the chief part of that organ? I give no opinion on this difficult question. In a footnote to Section III. I have referred to the possibility that if there are no mental states when nothing is remembered, there may be activities of special and complex nervous arrangements of the highest centres, which may issue in special and complex movements of elaborate actions. In other words, the patient who acts after a fit, and remembers nothing on recovery, may, for the time, be a mere mechanism or automaton, without any sort of consciousness. For example, of the man who, after one of his seizures, lay and lighted a fire in the bread-pan, and who knew nothing of it on recovery, the reader may suppose, either that the patient had at the time ideas of the bread pan, of the paper, matches, &c., and some conscious intention, or that there were mere activities of the nervous arrangements, which, had he been well, would have been attended by the conscious states mentioned. When speaking of difficulty of nomenclature, as to degrees of negative affections of consciousness, the very same question was raised. Let me re-state the question:—Mental states have always concomitant physical states—that is, active states, discharges of, or liberations of energy by, nervous elements; but can we say the reverse—that nervous states always have concomitant psychological states? Observe, psychological states are not functions of any nervous elements, but attend the functioning of at least some nervous arrangements of those, at least, by which the most special, &c., adjustments of the organism as a whole to the environment is effected. That consciousness arises during the activity of the highest arrangements (of those by which most special, &c., adjustments are effected) is not disputable. But now comes the question—Is there any sort of subconsciousness or sensibility or any sort of psychological state, however rudimentary, attending functioning of any lower nervous arrangements? And, if this be answered in the affirmative, comes the further question—How low down in the nervous system is the concomitance?

I express no opinion on this most difficult question. But were I to make an abrupt limit to the concomitance of psychological with nervous states I should place the lower limit at the lower Motor (Hitzig and Ferrier,) and lower Sensory (Ferrier's) centres.

The following statements are chiefly anticipatory, and are made now, as it is impossible to write on so complex a subject as the present in simple linear order. The reader is asked to take them on trust for a while.

SECTION IX.—*The Nature of the Negative Elements.*

(a.) *Physically.*—The negative element in the symptomatology is what the epileptic discharge produces; it is the Dissolution, and answers directly to loss of so much. We speak of it further from several different standpoints, but as referring to the highest post-epileptic condition or first degree only. *Pathologically*, it is so much exhaustion (effected by the prior epileptic discharge) of so many nervous elements of the highest centres. *Physiologically*, it is so much loss of function of so many nervous arrangements of the least organised, the continually organising,

(a) It occurs to me that it may be objected that during some mentation, say dreaming, there are no corresponding adjustments of the organism to the environment. According to the dictionary meaning of words this is so, but there are during that mentation, nascent adjustments, discharges of those central elements which were formerly concerned in actual adjustments. Hence the use in the text of the expressions "nascent" and "actual."

centres. *Anatomically*, there is loss of use of so many of the most special and complex sensori-motor arrangements, of those, that is, effecting the most special adjustments of the organism as a whole to the environment. The same remarks apply in principle to the middle and lowest condition; there being in them deeper involvements of the nervous system.

So far, we have spoken variously of the physical condition of the three negative elements; now for their correlative negative psychological condition.

(b.) *Psychically*.—Clinically, according to degree, there is mental confusion, insensibility, or coma. Popularly there is defect in the highest intellectual faculties, or loss of them, or apparently total extinction of all mental faculty. Scientifically we say there is, according to degree, defect of consciousness or loss of consciousness (see Section v.), or coma.

Although we have, in order to emphasize the difference betwixt psychical states, spoken of them separately, yet to prevent the possibility of misunderstanding we will remark further on the difference. It is possible that it may be asked, How can you say that the neuro-muscular phenomena spoken of as effecting adjustments of the organism to the environment, constitute consciousness, or what is equivalent, that the loss of so many of the nervous arrangements which serve in effecting such adjustments is loss of consciousness? The reply is, that nothing of the kind was said; on the contrary, the very simple affirmation was and is made that consciousness *attends* activity of certain nervous arrangements, and ceases when those nervous arrangements are *hors de combat*. That consciousness attends activity of some nervous elements is disputed by nobody. What the nature of the relation is nobody knows; in this paper we speak of concomitance only. To say that those elements are of sensori-motor nervous arrangements adds nothing to the difficulty of the question, and yet clears up much of the difficulty in studying disease.

SECTION X.—*The Nature of the Positive Element.*

(a.) *Physically*.—The positive element is physically activity of lower nervous arrangements, which are, except for over activity, healthy. So that we cannot speak as to the Pathology of the positive element, at least so definitely as we did of the negative element. Yet they are often abnormal from over-activity—healthy except, figuratively speaking, for “insubordination from loss of control;” then the positive condition is hyper-positive. To say of nervous arrangements that they are healthy and yet abnormal is perhaps verbally contradicting. I mean that they are not directly affected by any morbid process; they are no more diseased than the heart and the rest of its nervous system is when it goes faster on cutting the pneumogastric nerve. The discharge has done nothing to the nervous arrangements concerned in the positive state, except in the indirect way of removing control from off them by exhausting their higher, or “controlling” nervous arrangements. Indeed, it will be urged in various parts of this work that elaborate positive mental symptoms are never the direct result, or rather concomitant, of any pathological process whatever, although it may be also urged without any inconsistency that they are always the indirect result of some pathological process. I say “elaborate” positive mental symptoms, because I believe that crude sensations do arise during epileptic discharges. With such exceptions, pathological processes cause directly negative mental symptoms.

SECTION XI.—*The Nature of the Positive Element (continued) Illustrated by a case of partial aphasia.*

Believing that all symptomatic conditions are duplex, I will illustrate the nature of the positive element in a common case, and for simplicity one outside our proper subject. A man from local softening of the brain has that defect of speech which consists in uttering wrong words—he says, for one example, “chair” for “table.” No one objects to the clinical statement that softening “is the cause” of

the defect of speech. But strictly speaking it is simply impossible that softening of the brain can cause any wrong utterances; for softened brain is no brain; so far as function, good or bad, is concerned it is nothing at all. I submit that the wrong utterances occur during activity of parts *not* softened, but healthy. Yet plainly the wrong utterances would not occur if the softening had not happened. The softening answers to the patient's negative condition, to his inability to utter the right words; the wrong utterances are owing to activity of remains of the speech nervous arrangements and hence are abnormal. Similarly the positive elements of the several post-epileptic states are not the direct results of any pathological process. But they would not have occurred had not the negative pathological condition of higher nervous arrangements been established. But it is an abuse of language to say that the negative condition is the cause of the positive phenomena, for that implies that nothing causes something. The positive manifestations are indirectly caused, or rather are “permitted.”

Clinical Records.

CORK COUNTY HOSPITAL.

Under the care of Professor McNAUGHTON JONES,
Surgeon, Cork County Hospital, &c., &c.

(Continued from page 45.)

CASE VI.—*Lipomatous Tumour situated underneath the Latissimus Dorsi Muscle, and over the Lumbar Fascia.*—Prof. Jones removed a lipomatous mass from this situation about the size of the closed fist. Having pretty rapidly formed, and giving a sense of fluctuation, the tumour was aspirated, but no fluid escaping, it was determined to incise the mass. The fibres of the latissimus dorsi were found spread out over the tumour. These were cautiously divided, when the tumour was seen lying on the lumbar fascia, and overlapping the quadratus lumborum muscle. It was readily removed antiseptically with speedy recovery.

Severe Compound Fracture of Joints.—There were several severe cases of compound fracture of joints treated by antiseptic dressings, and put immediately up with plaster of Paris or tripolith, the latter dressing with felt strips giving a light and beautiful support to the joint. All recovered without suppuration, and with good motions. Tripolith is an admirable substitute for plaster of Paris in Sayre's spinal jacket.

CASE VII.—*Tetanus—Treatment by Calabar—Death.* There was one case of tetanus admitted under Prof. Jones' care—a man, æt. 35, admitted ten days after the injury, a crush of the hand, with laceration of the dorsum, caused by a horse falling on him. He was admitted with opisthotonus and trismus. He lived for eight days in hospital, dying ultimately of this terrible affection twelve days after the first appearance of the symptoms. He was at first treated by bromide of potassium and hydrate of chloral. This was afterwards changed for the calabar bean treatment—morphia with calabar bean—but without avail. Most of the cases treated in the County Hospital of late years have been given calabar bean, and the results, save in one case have all been unfavourable.

Pilocarpine in Syphilitic Headache.—In a case of fearful cranial pain due to syphilis, in which there was choking of both papillæ, with blindness of one eye, staggering gait and megrim, cerebellar tumour was diagnosed. The subcutaneous injection of hydrochlorate of pilocarpine (the one-third to half of a grain administered daily) was craved for to afford relief from the violent pain. In another case of double optic neuritis from alcoholic excess, where there was also cranial pain, the subcutaneous injection daily of one-third of a grain of muriate

of pilocarpine was followed by marked benefit, both in the symptoms and the disease itself. There was no bad effect ever noticed. The administration of the drug was followed by the usual physiological effect.

Removal of Half the Tongue for Epithelioma at the Base.—A pensioner, admitted on July 2, for an extensive epitheliomatous patch extending to the base of the tongue, and involving the left side for half its extent. Prof. Jones removed half the tongue on July 4. The cheek was divided as far as the masseter, and a ligature passed through the flaps to hold these well apart. The gag was then applied, and a ligature passed at either side of the raphe at the tip of the tongue. These ligatures were useful in holding the separate halves apart, as the tongue was divided. This was done under bichloride of methylene. The remainder of the operation was continued without any anæsthetic. The tongue was cautiously divided from tip to base with a scalpel and a blunt-pointed scissors. The vessels (some of which bled freely), were secured by torsion, only one ligature to a large vessel at the base of the tongue being applied. The base was then secured with the ecraseur wire, when all bleeding was controlled, and the remainder of the operation was bloodless. The patient is doing well.

Aneurism of the Inominate and Subclavian Arteries Treated by Iodide of Potassium Internally, Milk Diet, Subcutaneous Injection of Ergotine, Ice to Tumour—Consolidation—Relief.—Patient, a corn porter, admitted on November 6, 1880. No history of syphilis; addicted to drink. Traced the source of his illness to a fall of a bag of corn on the right shoulder some months previously. He complained, on admission, of pain shooting down the arm, and intermittent pain in the shoulder. The tumour involved the manubrium, the cartilages of the first and second ribs, intruded into the episternal notch, and pressed forward the sternal end of the clavicle, luxating it, and displacing the sternal origin of the sterno-mastoid muscle. The tumour pulsated; there was a visible heave of the entire mass, and a hard systolic bruit. The tumour was equally expansive in all directions. The skin over the most prominent part of the tumour was red. The right radial pulse was not as full nor as strong as the left, and the carotid of the right side pulsated more feebly. There was cough, hoarseness, and some dyspnoea; there was no dysphagia, no inequality of the pupils, though before he left hospital a distinct periodical inequality was recorded. The treatment while in hospital might be summed up thus:—Absolute rest in bed. Milk diet, principally with fowl broth and dry bread. Iodide of potassium increased gradually to fifteen grains every fourth hour, day and night. Injection of ergotine (three to five grains of ergotine with glycerine and water to ten minims), first into the deltoid, then into the immediate neighbourhood of the tumour, every day; ice kept constantly to the tumour. This treatment was continued until December 7, when the patient left hospital, insisting on going out, as he felt so much relieved. He returned to his work, and is, we believe, employed at it ever since. Though the skin was red on admission, and there appeared some danger of rupture of the sack, the ice was constantly kept applied, save on a few occasions when it was being renewed, the patient rather liking its application. The tumour became gradually firmer and distinctly smaller; the visible heave disappeared, and the pulsation was much less. He lost the cough and the hoarseness. Mr. Sandford saw him six weeks after leaving hospital; he was not disimproved, continuing at his work without inconvenience.

Catarrh of Middle Ear—Suppuration—Perforation of Membrana Tympani—Arrest of Discharge—Cerebellar Abscess—Death.—In the Cork Fever Hospital there was an interesting case admitted as fever, but with an old history of catarrh of the middle ear. The discharge had lately ceased. The patient complained of violent pain in the occipital region, which continued all through the illness. She had jerkings of the right leg and right arm; spasmodic and convulsive movements of the muscles of

the right side of the face, which threw it occasionally into violent contortions. At times she would scream loudly and call out for relief from the pain of her "poor head." Professor Jones looked on the case from the first as one of cerebellar abscess of the left side of brain. The post-mortem examination, made with the resident, Mr. Blair, and myself, confirmed the diagnosis. There was a perforation of the drum; the middle ear was full of pus, which also was found in the labyrinth. There was a large abscess involving the right lateral hemisphere of the cerebellum, the peduncle, and crus. The patient died comatose.

[I have to thank Mr. Arthur Sandford for the brief synopsis of these cases, more complete particulars of some of which, with some other very interesting cases that have lately passed under observation, I hope shortly to furnish.]

JEFFERSON MEDICAL COLLEGE HOSPITAL, PHILADELPHIA.

A New Method of Operating for Phimosia.

Under the care of Dr. R. J. LEVIS.

Reported by H. AUGUSTUS WILSON, M.D.

At a recent surgical clinic, held in the Jefferson College Hospital, Dr. Levis showed the class his new procedure in the operation for phimosis.

The accompanying cut illustrates the instrument devised for the purpose. It is four inches long, and somewhat resembles the ordinary mathematical dividers or compasses. The legs have blunt terminations, and on their outer surfaces, for a distance of an inch and a half, are deeply serrated, with teeth set backward, to prevent the mucous membrane from slipping when traction is made. By means of the thumb-screw the blades are forced apart and retained in that position throughout the operation.

The method of using the instrument is to insert it closed within the prepuce, passing it well up to the corona of the glans. By turning the thumb-screw the blades are widely separated, thus making tense the mucous membrane. Traction is then made upon the instrument, and at the same time the outer elastic skin is drawn backward, and divided near its junction with the mucous membrane, by a circular sweep of a knife. After division the integument is retracted, exposing to view the mucous membrane beneath, which is then freely cut with scissors quite close to its attachment to the glans, leaving only sufficient to hold sutures. To this stump of mucous membrane the cut edge of skin is attached by three or four points of interrupted suture.

A cord or a few turns of a narrow roller bandage may be tightly applied as a tourniquet around the root of the penis, to render the operation bloodless. Any bleeding vessels may be ligated, but usually the hæmorrhage is not sufficient to render ligation necessary.

The after treatment is the same as after the more ordinary operations.

The method so frequently adopted of removing an equal amount of mucous membrane and skin, or, as is more apt to be done, because of its elasticity, removing an excessive quantity of the normal outer skin, is open to serious disadvantages, which this procedure will avoid. The prepuce, after such operations, instead of lying normally in folds behind the corona, is, as a not uncommon result, stretched too tensely over the body of the organ, rendering erection sometimes painful, often difficult.

The writer has recently seen a case where, as a result of a faulty operation for phimosis, the penis was without integumentary covering for about one-half of its extent, and the organ, thus deformed, was a source of great annoyance to the patient, preventing him consummating a marriage engagement.

The object of this improved procedure is to remove nearly



all of the inelastic mucous membrane, in which structure the constriction generally lies, and to leave as much as possible of the elastic skin to cover and protect the glans penis. The removed and morbidly tight mucous membrane is substituted by the elastic skin, as far as necessary. The ready convertibility of the skin into mucous membrane, and *vice versa*, is recognised in operations about the nose, mouth, and other parts where the skin and mucous membrane are joined. The instrument may be obtained from the surgical instrument makers.

Translations.

ON PARACENTESIS THORACIS BY ASPIRATION IN ACUTE PLEURISY.

Par Dr. GEORGES DIEULAFOY,

Professeur Agrégé à la Faculté de Médecine de Paris; Médecin des Hôpitaux; Lauréat de l'Institut (prix Montyon).

Translated by C. A. OWENS, M.D., L.R.C.P. Ed.,
L.R.C.S.I., &c.

(Continued from page 47.)

CHAPTER III.

Can the Operation of Paracentesis Thoracis change a Serous Effusion into a Purulent One?

THE transformation of a serous into a purulent fluid is certainly one of the gravest accusations which can be brought against paracentesis. Why, it is said, should a patient be exposed to the dangers of suppuration when the effusion would doubtless be spontaneously absorbed, and why should such responsibility be incurred? This opinion, sustained with talent and ability (Chauffard), is based on facts which are sufficiently numerous to admit of observation. A patient has a large effusion, a puncture is made, and from 2 to 2½ pints of lemon-coloured fluid are withdrawn, which is neither doubtful nor suspected, and which appears, at first sight, to be of standard quality. Two or three weeks elapse, and the fluid is reproduced; another puncture is made, and this time a purulent or putrescent fluid is found, and paracentesis accused of it. Trousseau opposed this accusation strenuously when made by Stokes and Watson. Drs. Potain and Moutard-Martin, with others, whose opinion is of the highest, support Trousseau's verdict. Dr. Vergely, in the course of a discussion at the Medico-Chirurgical Society at Bordeaux, cleverly supported the same views; but the accusation brought against paracentesis exists none the less, the proofs accumulated for its defence not having always seemed sufficient. In fact, the etiological conditions of purulent pleurisy are unknown. We know well that certain pathological states—measles, scarlet fever, and the puerperal state, predispose to serous effusions becoming purulent; we also know equally well that tubercular pleuro-pneumonia is accompanied, but more rarely than was supposed, by purulent effusion; but when we have to penetrate the mysteries of the generation of pus, our knowledge is very limited; and notwithstanding all our foresight, do we not see strong and healthy people develop empyema, while others only have simple pleurisy?

I asked myself whether, by studying the histology of pleural fluids at different periods of their evolution, I should not be able to discover their formation or transformation, and this is what frequently repeated experiments demonstrated. Even the simplest and clearest fluid in acute pleurisy contains, at least, 500 to 600 red corpuscles to each cubic millimetre, whilst the white corpuscles are 15 or 20 times less numerous. There may be counted 1,500, 2,000, or 3,000 red corpuscles in each cubic millimetre without any appreciable modification of the colour of the fluid, a pleural effusion not assuming a pink colour, and not really attracting attention till it contains from 5 to 6,000 red corpuscles to each cubic millimetre.

This accumulation of red corpuscles in the pleural fluid is not caused by the wound of the operation, for I have proceeded as follows:—The No. 2 aspirator needle, having been introduced into the intercostal space decided upon, I aspirate, at first, from 6 to 9 ozs. of fluid, in order to wash out the corpuscles which may have accumulated in the needle during its passage through the tissues, and it is then that a

drop of the fluid is immediately placed under the microscope, and submitted to examination, the enumeration of the corpuscles not being made till 2 or 3 minutes later, in order to allow them to settle. These repeated experiments lead me to believe that any acute effusion, which only contains from 500 to 2,000 red corpuscles to a cubic millimetre is a simple pleurisy, without any tendency to suppuration, while the higher figures of 4,000 to 5,000 red corpuscles to a cubic millimetre nearly always indicate the future purulence of the pleural fluid.

In other words, I believe that empyema begins by being at first a *histologically hæmorrhagic* pleurisy, and in this the pleura follows the general law regulating inflammation of organs and tissues. Here, as elsewhere, the phlegmasia is arrested now at the stage of hyperæmia and engorgement, and now it borders upon that of purulence. Thus, in pneumonia, grey hepatization is always preceded by red hepatization and congestion. A whitlow, and an abscess, only reach suppuration after a period of congestion; and it is the same in pleurisy. It has, like pneumonia, its phase of engorgement, which is generally not exceeded, and in which case the fluid only contains a small number of red corpuscles; but if this stage should be followed by suppuration, the nature and violence of the hyperæmia are shown in the great number of red corpuscles present in the fluid. What is the duration of this initial period? and where does purulence commence? I cannot say, not having sufficient data.

I think, therefore, that an acute pleurisy is destined to be purulent, or not purulent, from its outset. If a puncture be made in the first stage of its evolution, and we rest satisfied with a superficial examination of the fluid, we conclude that we are dealing with an effusion of a simple, serous description, clear and lemon-coloured, while, in reality, it is already histologically hæmorrhagic, and will become purulent in time; and in the same case, if another puncture is made later on, paracentesis is wrongly accused of having transformed a serous into a purulent fluid, without perceiving that the effusion has merely been tapped *at two stages of its evolution*, the operation having nothing to do with the transformation. Therefore, I do not believe in the purulent transformation of a fluid under the influence of the aspirator. I do not allude to those cases, which do exist, where the puncture has been made with dirty needles, perhaps used to empty some purulent collection a short time before; but I mean paracentesis performed under good conditions, and this, I believe, to be perfectly innocent of the purulent transformation of pleural fluids.

Dr. Peter, in a communication which he proposes to make to the Academy of Medicine, gives the results of his interesting observations on the comparative thermometry between the healthy and diseased sides in pleurisy, during the period of effusion, and after the performance of paracentesis. He has noticed that the temperature of the diseased side is raised from some tenths of a degree to one degree, after the operation of paracentesis; and this elevation of temperature is explained by the over-activity of the circulation in those parts where the flow of blood had been absent or incomplete before the removal of the fluid. Dr. Peter then inquires whether this return of the visceral and parietal circulation could not be accompanied by the passage of blood corpuscles into the pleural cavity, and if this might not determine a tendency towards purulence. I think not, for as a matter of fact, when it occurs to me to empty a simple effusion in two or three sittings, the pleural fluid examined after the second and third puncture, contains neither more corpuscles nor more fibrine than it did after the first, a further proof that the distance is great between hyperæmia and inflammation. Paracentesis, in permitting the return of the blood and the sudden resumption of function, causes a temporary hyperæmia, which is shown by an elevation of temperature, which elevation is the more marked, the greater has been the amount of fluid withdrawn at one time, but this state of hyperæmia remains as such, and does not become an inflammation. However, generally, inflammation is not merely an exaggerated congestion, it is something more; it is less a question of quantity than of quality, and numbers of pulmonary congestion never reach pneumonia (pneumonic fever), although if pneumonia itself commence as a congestion, it is a special congestion, I dare not say *specific*! These facts appear to me applicable to pleurisy.

In describing the evolution of pleurisy, and its two phases, I did not intend to exclude the cases in which the pleurisy

is purulent from the first; but ought not this last form, of which little is known, be included in the second pleurisy? As regards the more or less hæmorrhagic fluid which characterises the first period of pleurisy, it has been seen that it is designated *histologically hæmorrhagic* to distinguish it from pleurisies, which are *unmistakably hæmorrhagic* (wounds, cancer, hæmatoma of pleura) which may continue in the hæmorrhagic state, and may be occasionally cured, after one or more punctures, without becoming purulent. Nevertheless, there are cases of legitimate empyema, which commence by being not histologically, but decidedly hæmorrhagic, and I can cite three very recent cases of this. One in a patient for whom I was consulted by Dr. Baret, another in the wards of Dr. d'Heilly, and a third in a patient of Dr. Straus. All this signifies that the history of hæmorrhagic pleurisy is still only in its infancy.

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

INFILTRATION OF THE PENIS.—At the *Société de Chirurgie* M. Lamelongue related the case of a child, two years old, who was brought to the hospital not having micturated for forty-eight hours, and presenting infiltration of the penis and scrotum. Catheterism practised through an incision made in the canal, the meatus not being able to be discovered, gave the sensation of a foreign body in the spongy portion of the urethra towards the origin of the penis. M. Lamelongue having introduced a small curette extracted a small calculus. The child quickly recovered. An interesting point in this case was that no evil results followed the infiltration. M. Sée believed that these cases were very rare. The calculi were composed of two parts, one central formed of uric acid, the other cortical. They were formed in the kidneys. They were generally congenital. The same member took part in a discussion on the use of the elastic bandage, and gave in succinct detail the cases in which he considered it efficacious. In œdema of the upper or lower extremities, in sero-plastic infiltrations, consecutive to certain diffuse inflammations, in the stiffness of the fingers, the result of phlegmon of the hand, in serous effusion into the joints and in particular hydrarthrosis of the knee, elbow, or ankle-joint, in circumscribed or diffuse phlegmonous inflammation, and in certain wounds, M. Sée found the elastic bandage to give the greatest satisfaction. To avoid accidents compression of the soft parts ought to be gentle so as not to obstruct the circulation. Each turn of the bandage should overlap the preceding one for about an inch; except in certain cases the bandage should be taken off every second or third day. The pressure thus exercised is gentle but continued. The elastic bandage acts again by its impermeability hindering the evaporation of the liquids and maintaining completely humid the surface of the wound, it also acts as antiseptic in hindering the approach of germs.

M. NICAISE stated that grey caoutchouc irritated the surface of wounds on account of the excess of sulphur it contained, so that surgeons have abandoned even in drainage tubes the grey elastic in favour of the black which was purer.

UTERINE THERAPEUTICS.—Recamier was one of the first, if not the first, to employ a therapeutic procedure in the treatment of certain affections of the mucous membrane of the uterus, which consisted in scraping off by means of a curette, which since bears his name, the granulations that formed on that membrane, and thus not only modifying the surface, but provoking speedy cicatrisation. This method to-day in the hands of M. Richet of the Hotel Dieu continues to render the greatest services in the cases of menorrhagia due to granular affections of this organ. Long after Recamier Hebra generalised this method of scraping (*grattage*) in applying it to a number of skin affections, but especially to lupus. The results were satisfactory, and it was remarkable to see how the degeneration of the tissues was completely arrested. But Hebra recommended that the operation should not cease before arriving at the healthy parts. Mr. Vidal, of St. Louis Hospital, has modified this operation considerably, and obtains equally satisfactory results. Instead of tearing

through the softened tissues as Hebra, he scarifies them, in every sense making the linear incisions as close as possible. These little wounds close very quickly and the cicatrix is not visible. The operation can be renewed as often as necessary. M. Trélat employs this same procedure in the treatment of cold abscess. He takes up in totality what is called the pyogenic membrane. Cicatrisation is rapid.

CORROSIVE SUBLIMATE IN URTICARIA.—M. Labbe employs, with success in urticaria, lotions of corrosive sublimate, of which this is the formula: Bichloride of mercury, 15 grains; water, four ounces; alcohol, q. s.

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.O.S., F.I.C.

President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 49.)

BELLTHAL.

THIS spring, in the valley of Moselle, is recommended as a light table water.

It contains—

Bicarbonate of sodium	22.54
Bicarbonate of potassium	5.83
Carbonate of magnesium	13.93
Carbonate of calcium	40.13
Chloride of sodium	1.53
Sulphate of sodium	1.10
Nitrate of sodium	0.23
Carbonate of iron	0.12
Carbonate of manganese	0.03
Ammonia trace	
Phosphate of calcium	0.01
Alumina	0.02
Silica	0.30
Total solids	85.78
Free carbonic acid not determined.	

Skeleton Analysis of Half-a-pint (10 oz. fluid).

Total Solids.	Antacids.	Salines.	Purgatives.
5½ grs.	5 grs.	1-10th gr.	1-10th gr.

We cannot recommend this water. It is of an antacid nature, chiefly owing this property to the presence of a rather large proportion of alkaline earths, whilst the presence of ammonia, nitric acid, and phosphates being so well-marked is an objection to its general use as a table water. It deposits on standing a slight sediment in the bottle, which chiefly consists of iron.

WILHELM'S QUELLE.

This is another of the aerated mineral waters of the same character as those lately considered. The spring is situated in a beautiful district, mountainous in the extreme.

Kronberg is the nearest point. The Sauerborn, or mineral spring, gives rise to the name of the valley of Sauerborn. It is an isolated but beautiful spot. "Perchance, when summer heat held sway, the lonely solitude of the spring might be broken by the inhabitants of Kronberg, who came to fill their pitchers at the source." The Wilhelms' Quelle was known as far back as the Sixteenth Century, and at that period was in great request, according to the account of the proprietors. It is mentioned by Tabernae Montanus, a celebrated natural philosopher of his day, in a work published in 1584, at Worms, viz., "The Water Treasury." The spring was first enclosed in 1618. This enclosure was renewed in 1790, and finally improved and rebuilt in 1878. The valley is covered with springs, which gush forth in all directions. Many of these, however, differ much in composition; for instance, there is one strongly chalybeate, and another which is described as being "saturated with salt." The circular issued with this water contains a curious statement. It says, "This is the only table water which contains iron in the peculiar form of the protoxide, being exactly in the same form as the iron contained in the human blood." We should be inclined to say that in mineral waters the iron is invariably in the proto- or ferrous form when in the spring, but naturally becomes oxidised by age. This does not, however, occur so readily in the waters, which are decidedly aerated by carbonic acid gas.

A number of analyses of this water have been made, including one made by Fresenius in 1878. This analysis seems very exhaustive, and is stated to have been partially performed at the laboratory of Wiesbaden. Another has been performed by Prof. Atfield, of London. We give the analysis in this book as based upon their analyses. In Fresenius's report he goes into minute details which the larger quantity of water at his disposal enabled him to determine, but to them we have added a few points from observations made by our own examinations. It contains in the gallon—

Bicarbonate of sodium	...	...	5.49
Bicarbonate of lithium	...	...	0.30
Carbonate of barium	...	...	0.24
Carbonate of strontium	...	...	0.02
Carbonate of calcium	...	...	29.54
Carbonate of magnesium	...	...	6.75
Chloride of sodium	...	...	117.53
Chloride of potassium	...	...	2.48
Bromide of sodium	...	...	0.04
Iodide of sodium	...	...	Trace
Sulphate of sodium	...	...	1.57
Phosphate of sodium	...	...	0.06
Carbonate of protoxide of iron	...	...	2.00
Carbonate of magnesium	...	...	2.00
Silica	...	...	7.00
Ammonia	...	...	Trace

Total 175.02

Free carbonic acid gas not determined.

Skeleton analysis of half a pint (10 oz. fluid).

Total Solids.	Antacids.	Salines.	Purgatives.
10½ grs.	2½ grs.	7 grs.	1-10th gr.

The water is perfectly free from nitrogenous organic matter and is highly aerated. We have given the magnesium here as it appears in the Fresenius analysis, that is as being associated with carbonic acid, but this is not strictly correct as it is evident that a small portion of magnesium is associated with the chlorine. To make this change, however, would entirely disarrange the analysis; and it is too small in quantity to merit much consideration.

Wilhelms' Quelle is a very pure table water, strongly saline in its character, which owes its antacid properties chiefly to carbonate of calcium.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 27, 1881.

PROVIDENT MEDICINE.

THE many difficulties surrounding the means whereby the non-paying patients are now enabled to obtain medical and surgical advice and the medicine they are in need of have been so frequently exposed that they have at length been fully appreciated, and an effort has been made to

MEDICAL PRESS AND CIRCULAR SPECIAL REPORT

ON THE
INTERNATIONAL MEDICAL & SANITARY
EXHIBITION,
SOUTH KENSINGTON.

DRUGS, PHARMACEUTICAL AND DIETETIC PREPARATIONS.

(Continued from page 64.)

THE number of articles designed to meet the requirements, both of invalids and of persons in sound health, exhibited at South Kensington, is very considerable—too much so, in fact, to permit of anything approaching to an exhaustive account to be given of them here. We can only attempt to name and briefly describe the more prominent among them, and those especially to which importance attaches from the influence they are able to exert in a medical sense. Among these we may place

MESSRS. SAVORY AND MOORE, whose beautiful case stands prominently forth as No. 3 in the Western Quadrant, provide an attractive display of pharmaceutical preparations, the excellent qualities of which have earned for this enterprising firm a reputation of world-wide extent. Many of the exhibits will demand notice subsequently, in connection with the surgical instruments and appliances; but we may mention here, as worthy of particular attention, the thin, elegant, *Gelatine Medicated Preparations*, introduced by this firm, and which enable a large number of drugs and remedies to be carried about in the pocket, in a concentrated form. These gelatine squares each contain a known quantity of the particular ingredients, held in the gelatine, of which also a given amount is contained in each disc, thus admitting of accurate measurement in emergency; and for employment as injections in cases of ophthalmic disease, &c., their value cannot be over-estimated. The medicine chests, one of which was specially designed by Messrs. Savory and Moore for the Khedive of Egypt, will well repay examination; as likewise the "Medical Field Companion," which for lightness and completeness is quite unequalled. The *Disinfecting Carbolic Acid Vaporiser* is an ingenious little instrument, which efficiently fulfils the object of its invention. A number of *Fluid Extracts of Drugs* are shown, the perfection of which will at once strike the visitor. And among the prepared articles we would particularly notice the *Essences of the digestive ferments*, the *Infants' Malted Food*, and *Peptonised Fluid Meat*, samples of all these being on exhibition.

BRAND'S SPECIALITIES FOR INVALIDS, this being the title by which the essences and soups, &c., manufactured by Messrs. Brand and Co. are known. These are shown on Stall 104, and include essences of beef, mutton, veal, and chicken, concentrated beef-tea and soups, extracts of beef, &c., and meat lozenges. All these articles have attained a world-wide reputation, which is justified by their excellence, and by the unmistakable value they possess as adjuvants to the recovery of invalids. Of the soups especially may it be said that they combine all the elements essential in a dietetic of this particular nature. They are highly palatable and pleasant, and suited to the most delicate stomach; while they are extremely rich in nutritious material. The essences, which are prepared by Messrs. Brand in a manner that secures the most perfect result yet attained with such foods, are admirably calcu-

lated to assist the efforts of the physician whose attempts are directed to recuperating the energies of his patient. The stall devoted to these exhibits is stocked with an array of samples to which attention may be advantageously directed.

THE AYLESBURY DAIRY COMPANY, No. 112.—The stall containing samples of the products of the Aylesbury Dairy is a most interesting one, and contains several novelties in the way of food stuffs, recently introduced to the notice of the profession. Of these *Artificial Human Milk*, prepared by removing casein from cow's milk, has produced already something like a revolution in the treatment of young children, for whom it is pre-eminently adapted, on account both of its purity and its constant composition. *Koumiss*, too, is now prepared by this Company, in quantities to meet the growing demand for it; and its incomparable excellence as a food in many cases of gastric irritability, during the progress of which all food but it is refused, have caused it to be regarded with extreme favour. The *Peptonised Milk*, also, produced by treating cow's milk with liquor pancreaticus, is an excellent agent for employment by delicate and dyspeptic individuals; and as prepared by the Aylesbury Dairy Company, leaves nothing to be desired. Specimens of the Company's various products can be seen and examined, and the opportunity to do so should not be lost.

KOPF'S EXTRACT OF MEAT AND COMPRESSED FOOD COMPANY.—The articles prepared by the Kopf's Company will be found on Stall 115, where a comprehensive array of the various articles is shown. Perhaps the most interesting of them, because of the wonderful cheapness and excellence combined in them, are the consolidated soups, made up in small tins, each holding sufficient for any ordinary working man's meal, with bread. The essence of beef produces an admirable, invalid's beef-tea; and one article, unique of its kind, the "Exquisite" biscuit, is likely to be appreciated by every one, hale or maimed, who makes trial of it. A noteworthy exhibit of this Company is the series of extracts for travellers, comprising tea, coffee, and chocolate extracts, from which these beverages can be immediately produced by the aid of boiling water. They enable a considerable amount of the substance to be carried in a small space, and are really excellent when tried. Among the ordinary biscuits may be mentioned the *Cooked Beef*, *Essence of Beef*, and *Extract of Beef* varieties, and the *Travellers' Biscuits*, for use on journeys. This Company supplies a useful meat lozenge, in pretty little pocket boxes, which should become popular with railway travellers. The purity and general excellence of all the articles manufactured by Kopf's Consolidated Food Company is one of the chief points in connection with them; and the extreme cheapness of many of their products, in conjunction with their guaranteed purity, makes them one of the most interesting of the foods exhibited.

HOFF'S MALT EXTRACT.—There are two stands in the Exhibition whereat the rival Hoff's Malt Extracts are displayed, No. 190 being that of Mr. Leopold Hoff, who shows a novelty in the shape of an *Extract of Malt Jelly*, to which the highest commendation may be awarded. This article is of a most pleasant taste, and in appearance resembles an ordinary, dark, wine jelly, while by appropriate flavouring the slightest taste of malt can be avoided. The substance being in a highly concentrated form, a small amount is equivalent to a larger quantity of other extract; and there is a freedom from stickiness, while at the same time it is solid, that makes it an eminently pleasant food. As being an agreeable and efficient substitute for cod-liver oil, this form of malt extract should meet with a large share of favour, for it is undoubtedly, in all respects, vastly superior to the other candidates in the market. The same exhibitor shows *Malted Chocolate*, *Candy*, &c., which are all palatable compounds of malt extract.

MESSRS. GALE AND Co. show a large collection of pharmaceutical preparations, many of which are already among the most frequently employed agents of the physician, and all of which are excellent examples of careful and elegant manufacture.

THE MALTINE COMPANY (Limited) have a large collection of the articles for which they are so well-known. The properties possessed by *Maltine* are such as to permit of its being associated with a number of agents, of high value as food stuffs and as remedies. The method by which maltine is manufactured secures for it a superiority, which, it is asserted, no other similar preparation can be said to attain to. The testimony in favour of it is certainly considerable and weighty, and the compounds of maltine exhibited on stand No. 200 are of a kind to excite the most favorable criticism. *Maltine wine* is a very pleasant and useful beverage, containing the important elements of maltine in a very agreeable form; *maltine, with cod liver oil and iodine*, is a very effective preparation which, for children suffering from scrofula or skin disease, affords a most important assistance towards recovery. Constipation, or diarrhoea resulting from imperfect nutrition are readily attacked by *maltine with pepsin and pancreatine*, and for dyspepsia also this preparation is of signal service. A large number of other preparations of this body with other substances may be seen at the stall, and information concerning them afforded to enquirers.

JOHANN HOFF'S MALT EXTRACT.—The malt extract of Mr. Johann Hoff is exhibited in the western arcade, together with the diplomas, certificates, &c., by which Mr. Hoff defends his claims to be the original inventor of the extract. This is a liquid substance which for a long time was the only form in which the malt could be preserved. It undoubtedly does possess very high value as an article of diet, and the medical profession fails not to recognise its merit. Whether, however, other forms of malt extract may not be better suited for the use of invalids, is a subject which experience only can properly test, and it is a matter on which there will ensue the outspoken opinion to be anticipated in any trial of the comparative merits of candidates for public favour. It is to be regretted that any unfriendly rivalry should exist between those who aim at relieving the sufferings of the afflicted, in whatever way; but this should neither prevent us from awarding the honour of discovering the mode of preparation of malt extract, nor blind us to perceiving improvements on the original substance that may be introduced by another than the original inventor. Malt extract is an admirable assistant to the practitioner of medicine, and he is likely to prescribe that form of it most fitted to the case in which he deems it is requisite. Mr. Johann Hoff's extract is an excellent form of the article, and those who do not as yet know it, will do well to make trial of it at the stall on which it is exhibited.

BONTHRON'S DIABETIC FOOD.—Near to Mr. Hoff's stall will be seen a table on which are displayed several samples of bread and biscuits prepared for the consumption of sufferers from diabetes. The manufacturer of this form of bread is Mr. Bonthron, of 106 Regent Street, who has admirably succeeded in producing a palatable and digestible form of gluten bread, which is far superior to the tasteless mass which it used to be the doom of diabetic patients to devour. The biscuits are even attractive in appearance, and made in different forms, the characteristics of which are the varying amounts of gluten and starch they contain respectively. The introduction of these improved aids to the diabetic are a distinct advance, and cannot fail to add very much to the comfort of those who are compelled to eschew starch and sugar in quantity.

DAVIDSON'S COMPOUND COD-LIVER OIL EMULSIONS.—On Stand 205 will be found a number of samples exhibited by Mr. Davidson, of Dundee, and consisting of various

kinds of cod-liver oil emulsions. In them the oil is so treated as to be palatable, easy of digestion, and readily combined with other remedial agents. The formulæ on exhibition include the compound emulsion of cod-liver oil, containing oil, pepsine, and hypophosphite and lactophosphate of lime; oil and quinine emulsion; phosphorised emulsion; and an emulsion containing, with the oil, both phosphorus and quinine. These preparations are evidently well and carefully made emulsions, in which the taste of the cod-liver oil has been effectively hidden. The same exhibitor shows samples of concentrated rennet, which is beautifully clear, and which also is thoroughly reliable.

MESSRS. YOUNG & POSTANS, No. 214, show a number of extremely elegant preparations of granular effervescing compounds of more important medicinal agents. The well-known *citrate of iron, with quinine, strychnine, bismuth, arsenic, &c.*, are all to be found on their stall, and also the phosphorised cod liver oil, in connection with which the firm has achieved an unmistakable success. The *phosphorus emulsion*, and *phosphide of zinc pills* will be found here too, "put up" with carefulness and elegance of appearance, for which Messrs. Young and Postans have achieved a deserved reputation. We may commend to especial notice, however, the effervescing granular compounds named above, and which are a speciality with this firm of manufacturers; and which, moreover, they have brought to a perfection that will excite general admiration, on account both of the elegant appearance they present, and the excellence of the result obtained by their use.

LLOYD'S UNIVERSAL FOOD.—This food, exhibited on stall No. 103, consists of the most nutritious and finest selected cereal grains and pulse, combined with the active constituents of pure fresh malt meal, in such proportions as to render the mixture as nearly as possible chemically identical with the constituents of the human body itself. It is valuable both in health and sickness, and is alike suited to the youngest child, the robust adult, and the weakest invalid. It is quickly and easily made palatable and attractive. This new food possesses certain special qualities which adapt it for breakfast use instead of bread-and-milk or bread-and-butter, while as custard, or with stewed fruit, or as a pudding, it can be highly recommended. It is very nutritious and easily-digested; in all cases of weak digestion, constipation, &c., it may be judiciously administered.

DELACRE'S EXTRACT OF BEEF COMPANY (Limited) have a stand where specimens of their excellent, and now well known preparations are shown. The "extractum carnis" may be described as meat broth from which the water has been evaporated; it contains all the substances from which meat broth derives its special qualities, such as creatin, savcin, the chlorides, phosphates, &c., and includes the principles of meat, except fibrin, albumen, gelatin, and fat.

The salting, smoking, and drying processes are never likely to compete with that of extraction, and even if fresh meat can eventually be brought to England in low temperature chambers, the importance of "extractum carnis" will in no way be interfered with, as it must always be a valuable stimulant for convalescents, and children, and useful to exploratory expeditions, public establishments, travellers and sailors, since pampered cattle have none of that unwholesome fat found on artificially fed beasts, they are especially well adapted for the production of Delacre's "extractum carnis," and as the cost of cattle is very much less in the River Plate than in Australia, the latter country cannot compete in this article with the two great companies of the Uruguay

The Delacre Company claims for its extract that it is carefully and laboriously prepared, and is proved by numerous prize medals received at Paris, Sydney, Melbourne, &c., to be of much value. The burnt taste

common to most extracts has been avoided by this Company by means of certain improvements, whilst nothing but pure distilled water is used in the preparation. The extract contains in each pound all the soluble nutritious constituents of about 36lbs. of best beef, exclusive of bone and fat; and it is perfectly soluble in hot or cold water.

MINERAL WATERS AND BEVERAGES.

THE number of beverages ranged on stalls side by side in the Western Quadrant is a striking testimony of the alacrity with which inventors and manufacturers have responded to the sudden demand for summer drinks which followed the introduction of the well-known Zoedone a few years ago. Some of these have stood the tests of trial very fairly, and may now be reckoned as established in the favour of the public, while others there are, that cannot be said to have yet made themselves very generally appreciated. The qualities of all are so much alike that any separate notice of each is hardly possible. There is a fairly representative show of these articles at the exhibition, and doubtless many new friends will be gained for sundry of them, by the occurrence of opportunities like those now offered for judging the merit they possess. There is the less reason, moreover, for us to enter into a lengthened account of the waters, since the important members of the series have been, or will be, included in the special "Analytical Reports on the Principal Bottled Waters," prepared for the *Medical Press and Circular* by Professor Tichborne and Dr. Prosser James. However, we will briefly draw attention to the following, which were all we observed in this department:—

Harzer Water.—This is among the more recently introduced waters, and possesses qualities which will probably place it in the foremost rank as a table beverage. It is a most pleasant drink, being soft, palatable, and pure to the taste, is reported free from nitrogenous flavour, and to possess a special pungent flavour. For gouty or rheumatic persons it is of great value, and the growing success it is encountering, is a strong proof in favour of its natural claims.

Gerolstein Natural Mineral Water.—This water is a sparkling, bright, and pleasant drink, especially useful when a beverage is required free from any injurious properties, and the absence from it of the soapiness to be found in some waters adds to its excellence for table use.

Apollinaris and Hunyadi János.—These well-known waters need to be only mentioned as being among the exhibits; as are also *Glendowa Water*, a new, sparkling, natural mineral water, which is well spoken of; and *Bellthal Natural Mineral Water*. In the class of medicinal waters we may direct attention to the *Flitwick Water*, obtained from the natural mineral springs at Flitwick, near Ampthill, in Bedfordshire. This water is strongly impregnated with iron, and with sulphate of magnesia and soda, and has been used with much success in cases of neuralgia, scrofula, rheumatic gout, &c. The "Victoria" *Offner Mineral Water*, a powerful purgative, is also here, this water being remarkable for the large percentage of magnesium sulphate contained in it.

Visitors to the Exhibition should not fail to taste a little iced *Vin Sants*, a highly refreshing and pleasant aerated beverage, into the composition of which there enter the hypophosphites of lime, iron, soda, and potash. *Hedozone*, a non-alcoholic manufactured drink, made from distilled water, and of similar composition to Zoedone; *Tverero Champagne*, an aerated effervescent drink, possessing a strong and agreeable flavour of ginger, prepared by the Newry Mineral Water Company.

Mr. BURK, of Stuttgart, shows a case containing specimens of his *Medicated Wines*, the chief kinds being Pepsine Wine, a prepared Greek white wine, *Cinchonic Cocoa Wine*, a combination of cocoa and Peruvian bark, and *Ferruginous cinchonic wine*, which contains one per cent. of ammonia citrate of iron.

We may mention here also the *Limejuice Cordial* introduced by Messrs. FELTOL & SONS, under the name with which their sherry is associated, namely, the "Specialité." This is a delightful preparation of the lime, and is preferable to most other forms for its clear flavour and elegant appearance. It is prepared by the manufacturers both as the plain juice and as the syrup, and in either state it is entirely free from the mustiness which so often accompanies the taste left on the palate after limejuice has been taken.

The MONTSERRAT COMPANY exhibit samples of their limejuice, which has attained a considerable reputation for purity and excellence, and which is fully deserving of the favour in which it is held. The productions of this Company—Messrs. Evans, Sons, and Co., of Liverpool—are so widely known and appreciated, and have, moreover, been fully reported on by us when they first introduced their Montserrat Lime Juice and Lime Cordial to the profession, that further remarks would be superfluous. We need only add that these preparations are as beautiful and as valuable dietetic articles as ever. Those who have been accustomed to use or to prescribe them would do well to retain their allegiance.

SANITARY APPLIANCES AND ENGINEERING.

THERE is nothing, perhaps, which so unmistakably marks the progress made in the last few years in the science of hygiene as do the almost innumerable improvements and inventions devised to meet the demands made in respect of health and convalescence. The requirements of the body are not only understood at the present time, but are so efficiently provided for that, as far as regards the actual appliances at hand to secure the benefits to be derived from pure air, pure water, and pure food, the society of to-day is in a position to which the preceding generations could hardly dare ever hope to aspire. Nor ought we to forget that chief stimulus to that industry which has provided us with so many valuable results, was given by him, to the honour of whose memory the great Exhibition at South Kensington is itself designed. Dr. Parke was pre-eminently the hygienic authority of his age; he was beyond all who lived and worked with him; instrumental in creating that revolution against dirt and disease, of which such sanitary exhibitions as the present are a fitting demonstration. Could he but have witnessed the array of sanitary machines which greets the eye of the visitor to South Kensington, he would rejoice at the advance that has been made, and he would be first to declare that the whole constitutes a splendid illustration of the resources of practical hygiene. We can, with this number, give only a notice of a very few of the exhibits under the heading above, nor can we undertake to do more than point out those objects which have excited our special admiration, or have appeared to be specially adapted to the purposes in view. The number of articles shown is so very large, that, although no one, probably, is not undeserving of detailed notice, yet we are reluctantly compelled to confine our descriptions to the few most important exhibits; and first we will mention the

FILTERS.

Of these there are a good many different forms shown, the *Silicated Carbon Filter Co.* having an attractive array of elegantly shaped and efficient filters on their stall. These filters are simple in construction. The filtering medium is easily cleaned; and there is no portion of the apparatus which can undergo decomposition. The silicated carbon filter is made in an almost endless variety of forms, and can be adapted to any and every requirement; while the prices charged for them are not unreasonably high. The constant supply filter made by this Company can be fixed in the course of the supply pipe, and from it can be drawn either filtered or unfiltered water at pleasure. This costs three guineas, but requires no re-filling or other

attention, and is an admirable adjunct to the water tap of dwelling houses.

Maignen's "Filtre Rapide" is an ingenious instrument by which water can be very rapidly filtered from all suspended impurities. The essential portion of it is a filtering cloth, on the surface of which is deposited the medium employed for filtering the water—*Maignen's Carbo-calcis*—and over which the fluid passes. The simplicity of construction of this filter enables it to be very readily cleansed and repaired, or renewed in fact; and it can also be adapted to the filtration of large quantities of water for immediate use, as by an army while marching. The compactness and lightness of the parts render it extremely portable.



The accompanying figures represent an ordinary form of the filter, entire and in section.

Patent Granulated Carbon Filter.—This, the invention of Major Crease, is the form of filter approved by the Army and Navy Medical Department, and it is claimed for it that it is an unfailling filter, the medium employed being easily cleansed, and capable of regulation, according to the degree of impurity in the water to be filtered. It consists of an especially-granulated carbon, prepared by a patent process which secures to it properties that signally increase its purifying power. It contains 88 per cent. of calcic phosphate, with a little sulphide or oxide of iron, 2 per cent. silicated carburet, and 10 per cent. of carbon. The filters are made in various styles, to meet the necessities of different users, but all, alike, possess the particular merit on which their excellence depend. The filtering material can be purchased at any time, and renewed in the filter, which may thus become practically everlasting.

Maguire's Renewable Animal Charcoal Filter, is among the best of the older forms of carbon filters, and for the greater number of domestic purposes it is as well adapted as any other make. It is also cheap and simple in make, so that it is easily cleansed and renovated.

Doulton & Co. show, on the handsome stall devoted to the display of their wares, the *Manganous Filter* of Dr. Bernay, and also Bailey Denton's patent automatic strating filter. These are admirable filters, and as fitted by Messrs. Doulton in the beautiful pottery manufactured by them, they are especially attractive.

Other exhibitions of filters are, Defries & Sons, No. 433; Henry Chapman & Co., 399; E. and J. Gardner, 398; Hooper and Co., 432, who show compressed vegetable filtering carbons for use by travellers, &c.; Mr. W. Ramsay, 352; Sanitary Engineering and Ventilation Company, 286; the Spongy Iron Domestic Filter Company, &c.

DISINFECTANTS.

The work of rendering pure the water and atmosphere which are so essential to existence, is no small part of the duty imposed upon the hygienist, and in respect to the

latter element, he is often at a loss how to meet and overcome the "dangers of a smell." How much of the disease of large towns is due to the reeking odours engendered in the slums and alleys that disfigure it, only they can tell who are familiar with the sicklied inhabitants of these parts. They, too, can tell how much is done to stay the spread of sickness among the thickly-populated regions by the prompt and judicious use of appropriate disinfectants; and not only in such situations but even in every house the influence of disinfectants is an important—and now well-recognised—one. For use in the sick room *Calvert's Carbolic Vaporiser* is an admirable little instrument, consisting of a receptacle for carbolic acid, which is submitted to a heated iron contained in a box below it. For disinfecting large spaces this instrument is an excellent device, and its smaller sizes will be found of the greatest service in private houses and hospital wards. One thousand cubic feet can be disinfected by the No. 1 size, which vaporises four ounces of the carbolic acid at a time; but for greater spaces larger makes are obtainable. So many diseases have, by experience, been found amenable to the influence of carbolic acid, and this agent has such an important bearing on the proceedings of the surgeon, that the introduction by Messrs. Calvert of this mode of employing it is, indeed, a "happy thought," and one of which the consequences cannot fail to be satisfactory in every way. The soaps and powders containing more or less of the agent, carbolic acid, with which the name of F. C. Calvert is associated all over the world, are too well known to need any notice, all the preparations of this established firm having acquired a well-deserved and lasting reputation for excellence and elegance.

Jeyes' Perfect Purifier is one of the more recent additions to the list of disinfectants. It consists of a preparation of creosote, which is described as non-poisonous and non-corrosive, and for which perfect antiseptic and purifying properties are claimed. The *Jeyes' Sanitary Company* manufacture numerous articles containing the disinfecting body, such as *Sanitary Powder*, *Soaps*, *Wood Preserver*, &c. Samples of these may be seen at the Exhibition, and an account of them obtained.

Sanitas.—The *Eucalyptus globulus* as an air-cleanser had been widely recognised before the inventor of *Sanitas* sought to utilise the principle contained in it for sanitary purposes. The success attending his endeavours, however, has been so well marked that *sanitas* is now a staple article of commerce, and is extensively employed by those who object to the strong odours attached to such disinfectants as carbolic acid, &c. *Sanitas* is a peculiarly agreeable body; it possesses a pleasant, not too penetrating, smell, and is perfectly innocuous, and leaves no unpleasant stain. It is, too, a perfectly reliable agent and preservative, thus being brought into close rivalry with the most important of the subjects by which these properties are possessed. As a preventive against cattle disease of all kinds, and for use as a deodoriser in dog-kennels, &c., *sanitas* has been most successfully employed, and it can be thoroughly relied on for all purposes of disinfection and purification. A large number of toilet requisites are prepared from *sanitas*, and are, many of them, equal to the perfumed soaps, &c., supplied for these purposes. All the compounds of *sanitas* are elegant in appearance and pleasant in use.

Fragrant Disinfectant, manufactured by Hamilton, Long, and Co., Dublin, and exhibited by Messrs. Young and Postans, is a delightful disinfectant, designed for use when the peculiarly oppressive odours emanating from the more ordinary fluids would prove injurious or intolerable. It is completely efficacious as a deodoriser and as a disinfectant, and when employed as a scent, on the pocket-handkerchief, is an effectual preventive against contagion. It is a great improvement, and one that will be successfully employed in the future.

remove them. We have on more than one occasion referred to the Association named the "Metropolitan Provident Medical Association," and have sketched the outline of its design. A recent meeting of this Association was held, when it was declared to be duly before the public as a joint-stock company, the liability of whose shareholders is limited to the amount subscribed by him in respect of the number of one-pound shares held in his name. The funds thus provided are to supply a capital fund of £50,000, out of which it is intended to purchase and fit up as dispensaries in all parts of the metropolis where such an institution would prove of service to the inhabitants. In such cases, as there are already existing institutions fitted in a way to meet the approval of the Association's officers and which can be secured, these will be at once appropriated to the service of the sick poor. In other circumstances new buildings will be erected; and it will be at once apparent that for an undertaking of such magnitude to have any hope of success it must be supported by a considerable capital.

We have previously expressed a conviction that the scheme will be productive of great benefits. There can be no question that a chief objection to the present system of out-door hospital relief is of the worst possible nature; its tendency is towards a wholesale pauperisation of the applicants who resort to it, and any scheme having for its object to create an independent spirit among the sick poor must be attended by an improving influence that will be for the general welfare. The strain that is felt by such institutions as—the London and Guy's Hospitals—are situated in densely populated districts is at times more serious than can be met by the resources of the hospital, and inquiry as to the causes, operating at times like this, will reveal the fact that a considerable proportion of the overflow consists of persons who would have been able and willing during the period of health to contribute something towards laying up for themselves the certainty of treatment when overtaken by illness. The Provident Dispensary Association makes ample provision for the wants of this class of people. By payment of a small regularly-collected sum of money the advantages of skilled attendance will be secured whenever required, and there will be created the very desirable feeling that the labour and time expended on him are *purchased* by the invalid, and are not the gratuitous services granted to non-paying patients. Thus a stronger sense of his own independence will be encouraged in the breast of the subscribing member of the institution; and at the same time there will be on the part of the paid medical officer a sense of responsibility and *claim* on his best endeavours which, from the nature of his services, can never be experienced by the regular hospital physician or surgeon.

We need not again dwell upon the constitution of the association, or the rules by which it will direct its efforts; all the more important of these were detailed in a very recent number of the *Medical Press and Circular*. But it will not be out of place to insist once more on the absolute necessity that the committee shall be guilty of no error of judgment in electing the members of the various dispensary staffs. These will, so the rule defines, consist of some or all of the medical men resident in the neighbourhood of the dispensary. From the list thus

composed the members of the dispensary will be at liberty to select each his own attendant. The payment of these will be determined by the number of visits paid during the year, and in addition those allotted to the duty of periodical attendance as out-patients' physician and surgeon will receive a definite remuneration on account of it. These regulations possess the merit that they do not force any one particular practitioner on a patient, but we consider that all in this direction is not secured when so much is gained even. Why it may be asked may not the patient be permitted a perfect freedom of selection? Be allowed to invoke the assistance of any medical man, who is willing, it must be of course understood, to accept the treatment of the case with the knowledge that his remuneration on account of it will be strictly in accordance with a prescribed rate of payments to be determined at the end of the year, and based on the profits made by the dispensary of which the patient in respect of whom he claims is a member. It may be at once conceded that only by reason of the numbers who will come to him as dispensary patients can a surgeon be adequately remunerated through them; but this will in no way militate against the scheme for freedom of selection, because it will be open to every person to refuse to visit a patient whose residence is at too great a distance to be easily reached. It is probable, however, that ere twelve months' experience of working has been gained by the Association it will see the necessity for modifying several of the rules under which it commences operations; and we venture to think those governing the constitution of its professional staff will first come under review.

For the rest, we hope that the scheme of the Association will be successfully carried through, and that the further intention of extending its operations to the large towns will ere long be fulfilled. That it will be advantageous in its results to the non-pauper poor we cannot doubt, and we wish it now, as we have wished it before, all prosperity.

UTERINE THERAPEUTICS.

THERE are few things more characteristic of an untutored intellect than the propensity to "discover" unlooked-for and startling phenomena, as associated with common-place and trivial causes. Speaking generally, it is a case in which either the intelligence or the veracity is open to the gravest suspicion. That a pernicious and demoralising amount of interference with the genital apparatus of females is chargeable against certain practitioners is likewise a proposition to the truth of which, we are sorry to believe, assent will be accorded by the best men in the ranks of our profession. Etiology is the most vulnerable department of medical science; and next to this comes the alleged influence of remedial agents on perverted function or diseased condition. Too frequently, one property of a given agent is selected, to the exclusion of all its other properties, and this agent, to the exclusion of all agents of the same class, is isolated, and its virtues inordinately and ignorantly lauded, to the extent of obscuring the fractional portion of truth which the philosophical mind alone desiderates. It thus occurs in the science of medicine that, to a great extent, prin-

ciples are lost sight of in the maze of particulars, and the infinitude of cases. Whether the *nimia diligentia* in uterine therapeutics is an outgrowth of the luxuriousness of our age, or a profitable pathological continent discovered by the necessities of physicians who claim this department as their own, we will not presume to say; but this much is certain—in no department of medical science are we more frequently treated with novelties, astounded with the alleged consequences of the most trivial deviation from health, or amazed at the unlooked for efficacy of particular methods of treatment. Ignorant persons and remiss thinkers join heterogeneous and distinguish related qualities merely as they find them accidentally associated or casually separated.

To some extent these views have been suggested to us by the perusal of a remarkable paper in an old and esteemed contemporary, from whom better might reasonably have been expected, "On an Improved Method of Treating Uterine Displacements." We confess we were not prepossessed in favour of this paper by the fact that its author astounded not a few of us recently by his wonderfully successful treatment of certain cases by chloride of calcium, his dissipation of fibroid tumours of the uterus by ergotine, or the inelegant English and bad grammar of the paper itself. On these, however, it would be neither profitable nor pleasant to descant further. We pass, therefore, to the "discovery" which our author has made, which, if it be confirmed, is entitled to rank with the best achievements of an age truly prolific of astounding scientific accomplishments.

That uterine displacements *do* exist few of us will seriously doubt; that they exist to the extent that is so frequently alleged, and exert so pernicious a constitutional effect as uterine pathologists seem to believe, is a totally different question. When a gentleman in general practice states that in the course of two years he has treated over two hundred such cases, amongst which, as he states, were "every form and, I think I may add, every gradation of displacement . . . and . . . confidently assert that in every case great relief was obtained, and in the majority of cases a complete cure was and is the result," various conclusions will doubtless be drawn by disinterested parties. Assuming the accuracy of the diagnosis, &c., all practitioners who have the well-being of their patients at heart cannot fail to be solicitous as to the means by which this remarkable success was achieved, and we are not certain that the majority will not participate somewhat in our wonder when we learned that the remedial agent consisted of an application of a mixture containing "glycerine 80 oz., alum 10 oz., and carbolic acid (without which no modern compound can be perfect) 1½ oz.!" It has been frequently observed in medical science that the elaboration of the theory is the difficulty—with the facts there is none; they come readily enough to hand. So we are presented with a beautiful theory as to the beneficial effects of this mixture, and we confess that, with a mixture containing carbolic acid, it is perfectly refreshing to note that spores are unmentioned! The theory of our learned and astute author runs thus:—"It is well known to gynecologists that glycerine employed on cotton tampons has a most beneficial effect in stimulating the capillary circulation of the uterus and pelvis;

moreover that it acts as a depleting agent, inasmuch that it drains the blood of a certain portion of its watery constituents, by virtue of its great affinity for water." In cases of uterine displacements there is hypertrophy, and the application of this mixture, by depleting the uterus, restores the organ (the long-suffering organ!) to its pristine integrity. The explanation is charming in its simplicity and captivating in its clearness; but it involves one or two propositions the truth of which we would like to see indisputably demonstrated. Admitting that glycerine has an affinity for water—say in a tea-cup—and that uterine displacements are associated with hypertrophy, does it follow that the application of glycerine to an hypertrophied uterus will withdraw its watery constituents from the blood, where they exist in normal affinity with its other constituents, to the extent of diminishing its size, and thus reimposing it in its former position? Supposing a quantity of glycerine applied to the uterus remove its own bulk of the serum of the blood (which we have no hesitation in saying we do not for a moment believe), is the general or local circulation thereby arrested? Is there not sufficient serum remaining in the body to equalise the specific gravity of the blood? But it may be alleged, What matters it if the theory be nonsense if the facts remain? That is exactly what we wish confirmed by eminent obstetricians, and with our experience of the former "cures" of our author before us, our scepticism may possibly be excused.

As a fair specimen of the style and philosophy of our author the following may be quoted, the italics being ours. "Let me now turn to the treatment of versions and flexions of the uterus; and perhaps I may be permitted to remark, *without the slightest wish on my part to exhibit a spirit of boasting*, that I have treated quite a number of cases which, before coming to me, had been subjected to the general routine of pessaries and stems, without deriving any benefit whatever, and *which have*, after a few applications of the tampon, *expressed themselves* as feeling great relief." The details of "a most miserable looking object," suffering from the absorption of fecal accumulations in the rectum," are then given, with the usual gratifying results.

This paper was read before a society of well-educated gentlemen (we fail to find the discussion reported), and as it contains much that seems to us passing strange, we shall be curious to watch whether the culture of Modern Athens will confirm its observations, or treat it with callous and culpable indifference. Meanwhile, for ourselves, we confess to being lost in wonder, if not love and praise, at the therapeutic strides being made in the latter period of the nineteenth century.

In the principal foreign cities the rates of mortality according to the latest official weekly return, were in—Calcutta 19, Bombay 31, Paris 26; Geneva, 26; Brussels 22; Amsterdam 18, Rotterdam 20, The Hague 23; Copenhagen 16, Stockholm 22, Christiania 22; St. Petersburg 56; Berlin 31, Hamburg 22, Dresden 24, Breslau 42, Munich 33; Vienna 31; Prague 37; Buda-Pesth 27; Rome 25, Turin 32; Alexandria 37; New York 30, Brooklyn, 20, Philadelphia, 19, Baltimore, 27.

Notes on Current Topics.

The Health of Ventnor.

It is satisfactory to note that a recent report from the Ventnor Local Board Sanitary Commission shows that town to have benefited by the strictures passed upon its sanitary arrangements, twelve months ago, by Dr. Ballard, medical officer of health. This report shows that all the points complained of by Dr. Ballard have been attended to. A systematic house to house inspection has been carried out, and sanitary certificates have been issued to such as were, in the opinion of the inspectors, in a fit condition to be the habitations of human beings. This proceeding is one that ought to commend itself to every sanitary authority in the kingdom, and it would be well if steps could be taken for invariably insisting on the production of such a certificate by every householder in every parish. The Ventnor Local Board have also adopted a system of ventilation of the sewers in the town, whereby a nuisance formerly experienced, and due to the escape of sewer gas through the house-drains, has been remedied—a very essential requirement where health is to be preserved. A careful examination, further, has been made of all the wells whence any part of the water supply of Ventnor is drawn, and every one which presented any evidence of pollution whatever has been closed by the order of the local board. A suggestion, that this board should in future exact rigid compliance from builders with the rules laid down in respect to the construction of houses, is an admirable one, and if duly carried out, we shall have ample opportunity of applauding the foresight which insisted on its necessity. In every way the Ventnor people, and intending visitors to that place, are to be congratulated on the sanitary enthusiasm of its governing authorities.

Death of Dean Stanley.

EVERY class and every rank of English society has received with unfeigned regret the announcement that the Dean of Westminster is dead. The late Dean Stanley, throughout a long and eventful public career, had never, save, perhaps, on one recent occasion, acted so as to incur the unpopularity that one in his position could hardly hope to avoid at times; and it is no more than the truth to say of him that he was universally beloved by all, from the sovereign to the peasant. The medical profession has cause to mourn in him one who was deeply interested in the promotion of its interests, and who had shown his anxiety for its welfare by undertaking to conduct a special congress service on Aug. 7 next, in Westminster Abbey. Dean Stanley died after about twelve days of illness, erysipelas having brought about the fatal result. The attack was ushered in by vomiting and bilious sickness, to which succeeded, in a few days, slight sore throat, and following this erysipelatous inflammation, which began at the bridge of the nose, and thence extended over the right side of the face. Subsequently the inflammation spread to the left side, and then generally to the scalp and the right arm, reaching to the elbow. Thenceforward the end hastened on, and death supervened on Monday night, the 18th inst., at twenty minutes

to twelve. Sir Wm. Jenner saw the patient in conjunction with Dr. Harper, who was the late Dean's regular attendant, and for whom he entertained a warm friendship. By the wish of the deceased, his last resting-place is beside his late wife, in the Abbey, which was ever the first object in his thoughts, and over which he exercised such constant care.

Provincial Magisterialism and Small-Pox.

A CASE occurred at the Newcastle-on-Tyne Police-court last week which affords a good illustration of the way by which, through magisterial ignorance small-pox may be propagated. The Medical Officer of Health for Newcastle, Mr. H. E. Armstrong, had summoned the parents of a child for permitting him to be abroad while still in a state to convey the infection of small-pox. The evidence that this offence had been committed was conclusive, the affected child having been called in from the road for examination by the officer. It also transpired that the mother made her appearance during the interview, having come into the bar (the house being a public inn) straight from the bedroom in which another child was at that time lying with small-pox. In the face, however, of all this, the magistrates—one of whom, by the way, is a medical man—dismissed the summons, one of them making the inquiry whether Mr. Armstrong changed his clothes after seeing a fever patient, and apparently finding in this an ample excuse for the conduct of the woman, whose curiosity brought her from the bed of a small-pox patient to listen to every chance conversation in the bar of her house. So long as this utter disregard of all sanitary rules is encouraged by magistrates so long is it useless for the most energetic officer of health to attempt to check the communication of disease; and we cannot but regret the great unwisdom exhibited by the Newcastle bench on this occasion.

Royal College of Surgeons of England.

THE receipts of the Royal College of Surgeons from Midsummer day 1880 to Midsummer day 1881 amounted to £16,848 17s. 6d.; fees paid by students on examinations for the primary and pass membership, and fellowship, and dental licence amounted to £13,872 8s. The receipts from rent of chambers adjoining the College, and dividends on stock, amounted to £2,553 9s. 5d. Admissions to council, court of examiners, and of members to the fellowship yielded £168 10s.—a very small sum from the latter in comparison to past years, to be accounted for by the fact of many old members of the college dying off. From trust funds £246 14s. The expenditure for the year amounted to £16,380 13s., the principal item under this head being fees paid to courts and boards of examiners, and members of the council, viz., £6,761 13s. Salaries and wages to the large staff of officers and servants in the three departments (college, museum, and library), £4,076 1s. 2d. Taxes, rates, and diploma stamps cost £1,395 14s. 2d. In the "extraordinary expenditure" there is £112 15s. 2d. for the biennial oration and festival, in addition to £49 5s. 4d. received from that trust fund. The balance at the bankers at Midsummer Day last amounted to £852 19s. 1d.

The International Exhibition.

THE number of persons visiting the Exhibition at South Kensington is said to be far smaller than had been anticipated, a fact for which it is difficult to account. The Exhibition itself is one to attract large numbers of interested sightseers, and to the members of the medical profession it is especially full of objects with which they must be concerned. Though the time allotted for the duration of the show is tolerably lengthy, opportunity should be taken of leisurely inspecting the many exhibits while there exist the facilities for doing so. The interest of the general public in the exhibition is being excited, and it needs only a little judicious advertising to become a universal centre of attraction. For the sake of the many exhibitors, who have gone to much trouble and expense in connection with the affair, we shall be glad to see a much more lively appearance in the Exhibition Courts than they have as yet presented.

The Glasgow Royal Infirmary.

THERE is at present a vacancy in the staff of physicians to this ancient institution, for the filling of which several candidates are already in the field. We have not received the list, and can therefore only mention the claims of the one whose testimonials are before us. It is somewhat difficult to speak of one, for whom there is a feeling of personal friendship, without some apparent show of partiality; nevertheless, in wishing for the success of Dr. Donald Campbell Black, we can truthfully advance in his favour that a more highly educated physician, or a more honourable man in his professional conduct, it would be difficult for Glasgow to select. He has now represented this journal in Scotland for several years, and though at times his language in our columns has been quoted as severe, we believe that in every case the reform of the system he has sought to expose has been the sole object in view.

Imprisonment for not Reporting Infectious Diseases.

THOSE of our profession in Ireland who read that Dr. Oulman, of Brooklyn, *The New York Medical Record* informs us, having refused to pay a fine of 50 dollars imposed on him for failing to report a case of small-pox, has been sent to gaol, will, with good cause, congratulate themselves on their narrow escape from the Bill to extend to Ireland the notification system. The *Record* thinks that the law which compels physicians to report cases of infectious disease, whether they will or not, and with insignificant compensation for the trouble, is arbitrary, and without any foundation in equity. In any case, the prosecution of Dr. Oulman is seriously contradictory of the asseverations of the advocates of the notification system, that, in the happy land of notification, all is harmony and salubrity. The roseate reports of these gentlemen remind us of the "once on a time" when little pigs ran about with knives and forks stuck in their backs crying out, "Who'll eat me?" Too delightful for belief. Upon voluntary notification, the *Local Government Chronicle* has the following observations:—

"Pending any general legislation making the notification

of infectious diseases compulsory, which may be done by the voluntary action of sanitary authorities and medical practitioners. More than one sanitary authority has adopted the practice of paying fees to medical men for certificates. The Dorking Local Board, at the suggestion of their medical officer, Dr. Jacob, have resolved to pay a fee to any medical practitioner who furnishes them with the earliest information of the first case in any house within their district of small-pox, typhoid, or any other infectious disease of a like character. However imperfect the returns may be where the duty of making them is not imposed by law, they are likely, so far as they go, to be of service in enabling the authority to arrest the spread of the disease; and the general adoption of arrangements of this kind, if they prove a success, may be expected to pave the way for general legislation on the subject. It is, however, to be regretted that the fee offered in the above case, and also in that in which it was cited as a precedent, is only *one shilling*.

The Veterinary Surgeons' Bill, 1881,

INTRODUCED into the House of Lords by Lord Aberdare, resembles, *mutatis mutandis*, the Pharmacy Acts. The Royal College of Veterinary Surgeons takes much the same place as the Pharmaceutical Society. No one not registered will be able to recover fees for services rendered as a veterinary surgeon, and an unregistered person using the title veterinary surgeon, or any similar title, is liable to a penalty of £20. Persons who have been practising veterinary surgery for five years before the passing of the Act will be entitled to registration on payment of such fees as the Royal College decides, but only in a separate class as "existing practitioners," and such registration gives no rights to membership of the College.

This Bill, which has passed the Lords, was read a second time last week in the House of Commons, after an appeal by Dr. Lyons for the establishment of a Veterinary College in Ireland, to which Mr. Forster replied that the subject had the attention of the Lord Lieutenant.

The Medical Language of St. Luke.

THE Rev. W. K. Hobart, of Londonderry, an ex-scholar of Trinity College, Dublin, is about to publish, by subscription, a work showing, from internal evidence, that the "Gospel according to St. Luke," and the "Acts of the Apostles," were written by the same person, and that the writer was a medical man. The work consists of an examination of words and phrases peculiar to these parts of the Bible, compared with the use of the same words and phrases in the works of the Greek medical writers, viz.:—Hippocrates, Aretæus, Dioscorides, and Galen.

Amendment of the Sale of Poisons Bill.

A BILL has just been introduced into the House of Lords by the Duke of Richmond entitled the Sale and Use of Poisons Bill, 1881. It extends several parts of the Pharmacy Act, 1861, forbids the sale of a scheduled poison to persons under 21, or to persons representing themselves or known to be servants, under a penalty of £10. Whenever a poison is sold to a servant, a copy of the entry in the poison register must be posted to the master. A false declaration of name, address, or the purpose for which the poison is required renders the purchaser liable to a fine of £5 for the first, and £10 for subsequent offences. The poison register shall be open at all reasonable hours to the

inspection of any justice, constable, or police officer, under a penalty of £10. These provisions are not to interfere with the business of apothecaries, of members of the College of Veterinary Surgeons, nor with the wholesale or patent medicine business. The following poisons are to be added to Part I. of Schedule A of the Pharmacy Act:—Hellebore, butter of antimony, oil of vitriol, spirits of salts, nitric acid, and salts of copper.

Burned to Death by Vitriol.

A MAN, named Sellars, employed as a teamster, met with his death last month in a shocking manner at Farnley, near Leeds. He was in charge of a lorry loaded with 15 carboys of vitriol, in attempting to turn the corner of a road rather sharply, the waggon tilted over. Sellars was knocked down, the carboys broke all around him, drenching him with sulphuric acid. He was rescued as speedily as possible by a bystander, and was found to be shockingly burnt. A portion of the skin and muscles of his left upper arm near the shoulder had been destroyed for some distance, laying bare the bone. The left foot and ankle were similarly destroyed, as were also several other parts of his body. Shock to the system caused by the extensive destruction of tissue caused death in about two hours.

A Medical Malthusian League.

A MEDICAL branch of the Malthusian League has been started in this country with the following objects:—

1. To aid the Malthusian League in its crusade against poverty, and its accompanying evils, by obtaining the co-operation of qualified medical practitioners, both British and Foreign. 2. To obtain a body of scientific opinion on points of sexual physiology and pathology involved in the "Population Question," and which can only be discussed by those possessing scientific knowledge. 3. To agitate for a free and open discussion of the "Population Question" in all its aspects, in the medical press, and thus to obtain a recognition of the scientific basis and the absolute necessity of Neo-Malthusianism.

The Small-pox Epidemic.

THE decrease, both in the number of cases and mortality in connection with the outbreak of small-pox in London, is, we are happy to record, continuing. The number of deaths is now more than 50 per cent. less than it was a month since, whilst the authorities do not relax, in any particular, their vigilance or control. On Saturday last, a deputation from Hackney, where a temporary structure had been erected, waited upon the Asylums Board to protest; but Mr. Howell, and Sir E.J. Currie, met them with such common sense remarks, that the spokesman appeared to be quite taken back. After the usual formalities had been gone through, Mr. Howell wished to know whether the deputation was aware of the fact that in their hospitals, where several thousands of patients had been treated, and where all the nurses and other members of the staff had been re-vaccinated, not one of the attendants, although living in an atmosphere of small-pox, had contracted the disease, and, a reply having been given in the negative, expressed his opinion that that fact ought to be sufficient to allay any apprehension that might be felt

if the people would only protect themselves by re-vaccination.

Sir E. H. Currie said that of 32 patients now on board the *Atlas*, 50 per cent. of those from Hackney were unvaccinated. Sir E. H. Currie further said that before the site was purchased by the Metropolitan Asylums Board it had been used as a dust yard, and had in its centre an undrained w.c. Will the fact that 50 per cent. of the patients from Hackney were unvaccinated, or that awkward fact for anti-vaccinators, that not a single attendant, although breathing an atmosphere of contagion in the small-pox hospitals, without contracting the disease, be sufficient to satisfy the public that the remedy is in their own hands.

International Pharmaceutical Congress, 1881.

THE following is the programme, as far as it has been at present arranged by the committee appointed to organise it:—

Monday, August 1, 11 A.M. to 4 P.M., with adjournment of one hour for luncheon at one o'clock.—Address of welcome by the President of Pharmaceutical Society of Great Britain. Election of President, Vice-Presidents, and Secretaries of Congress. Reading and discussion of papers. The executive committee will make arrangements to take the guests for an excursion down the river Thames.

Tuesday, August 2, 11 A.M. to 1 P.M.—Reading and discussion of papers. 2 P.M. to 4 P.M.—Presentation of the Hanbury gold medal to Professor Flückiger, who is expected to be present. Reading and discussion of papers. Banquet at Willis's Rooms at 6.30 for 7 P.M.

Wednesday, August 3, 11 A.M. to 1 P.M.—Reading and discussion of papers. 2 P.M.—Concluding business of Congress. Address from President of Congress. The arrangements for the evening of Wednesday are not yet complete.

Thursday, August 4.—An excursion from Henley to Maidenhead by water, including, it is hoped, a visit to Cliveden.

Applications for tickets for the excursion must be made immediately, as the number of tickets is limited.

The subjects to be discussed are expected to come under the following divisions, namely:—1. Equalisation of the Strength of Official Pharmaceutical Preparations containing Potent Drugs. 2. Pharmaceutical Education. 3. Pharmacopœia Revision.

The Cork Pilocarpin Case.

MR. CRAWFORD, the plaintiff in this well known case, has withdrawn the notice which he had given for a new trial in the action at the current Cork Assizes. The matter is therefore now at an end.

The Metropolitan Hospital Sunday Fund.

THE fund now amounts to over £32,000. With money still coming in, we may be sure that it will be the largest collection yet made, although below what was generally anticipated, it would attain to.

At the Cork Assizes on Wednesday, John Kellegher, a pauper inmate of Cork workhouse, was sentenced to five

years' penal servitude for a murderous assault with a poker on Dr. Wall, the visiting physician.

THE Pharmaceutical Council, having applied to the Royal Commission on the Medical Acts for a hearing, were asked to indicate the purport of the evidence they wished to offer. They have found it impossible to agree on any subjects for submission to the Commission, and have therefore, for the present, withdrawn their application.

THE Bradshaw lecturer this year at the London College of Physicians is Dr. Vivian Poore. The subject chosen is, "Nervous Affections of the Hand," and the date of delivery Thursday, August 15, at 5 p.m.

LAST week Professor Spence was presented with his portrait—the gift of "the members of the medical profession of Great Britain and Ireland and the Colonies." Dr. Haldane, President of the Edinburgh College of Physicians, made the presentation. A replica of the portrait is to be hung in the College of Surgeons of Edinburgh.

THE annual rates of mortality last week in the principal large towns of the United Kingdom were—Bradford 12, Wolverhampton 16, Brighton 16, Edinburgh 17, Salford 17, Bristol 18, Sunderland 18, Norwich 18, Sheffield 18, Glasgow 19, Plymouth 19, Birmingham 20, Nottingham 20, Oldham 20, Portsmouth 21, Hull 21, Dublin 21, Leicester 21, Manchester 22, Newcastle-on-Tyne 22, London 24, Leeds 26, and Liverpool 28 per 1,000 of the population.

MR. W. MACCORMAC has quite recently received from King Ludwig of Bavaria the Knight's Cross of the first class of the highest military order of Bavaria, for eminent services rendered during the war of 1870-71. He has also received a Cross of Commander of the Order of Takovo, for services rendered in Serbia during the Turko-Servian campaign, at the battle of Alexinatz, and in the distribution of the extensive ambulance material and medical aid rendered from English sources during that campaign.

THE Council of the Medical Defence Association having been invited by the Royal Commission to state the views of the Association on the subject of medical reform, has decided to call a representative meeting of the profession to discuss the question and pass resolutions thereon. The meeting will be held at St. James's Hall, on Friday, 29th inst., and the chair will be taken by the President, Dr. B. W. Richardson, F.R.S., at 4 o'clock, p.m. The Council trusts that independent members of the profession will attend in large numbers, as their representations at this critical moment may have the most important influence on future legislation.

FROM diseases of the zymotic class in the large towns last week measles showed the largest proportional fatality in Liverpool and Sheffield; scarlet fever in Hull, Nottingham, Sunderland, and Leicester; and whooping-cough in Leicester, Newcastle-upon-Tyne, and Manchester and Salford. Diphtheria caused 6 more deaths in

Portsmouth; and the highest death-rate from fever occurred in the same town. Small-pox caused 56 more deaths in London and its outer ring of suburban districts, 2 in Liverpool, and one in Brighton. The fatality of diarrhoea showed a further considerable increase, especially in London and Leeds; the annual death-rate from this disease was equal to 4.0 per 1,000 in London, and averaged but 1.7 in the provincial towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

GLASGOW UNIVERSITY—PRESENTATION TO DR. JAMES A. ADAMS.—On the 15th inst., being the termination of the summer medical session at the University of Glasgow, Dr. James A. Adams, demonstrator of anatomy, was presented, by Mr. Mavor, medical student, on behalf of his fellow students of the osteology class—about one hundred in number—with a handsomely-mounted and fitted oak secretaire, with a suitable inscription, in token of their warm personal regard, and of their high appreciation of his lectures on osteology. From what we know of Dr. Adams we feel quite persuaded that this gratifying acknowledgment is a well-merited one, and does equal credit to the students, who, as a class, are kind-hearted and generous, and not slow to appreciate merit and gentlemanly courtesy.

EDINBURGH—HEALTH OF THE CITY.—Only 66 deaths (exclusive of 9 country deaths) were reported during the week ending 16th inst., equivalent to an annual mortality of 15 per 1,000. This number is 24 below the weekly average of last year. Of the 66, 10 occurred in the southern suburbs, 33 in the Old Town, and 23 in the New Town. Only 4 deaths were due to zymotic causes.

PEARLES HYDROPATHIC ESTABLISHMENT.—This magnificent institution was formally opened on Friday, the 15th inst. It is situated in a charming country, is a model of perfection in all its arrangements, no less a sum than £80,000 having been expended on the house and grounds, and is under the able medical superintendence of an accomplished medical gentleman, Dr. Donald MacGregor. We feel confident that such attractions as the house and locality present will be duly appreciated by the public.

PRESENTATION TO PROFESSOR SPENCE.—On the 18th inst., Professor Spence was presented with his portrait in the Hall of the Royal College of Surgeons of Edinburgh. Mr. Imlach, President of the College, in the chair. The portrait is the gift of "the members of the profession of Great Britain and Ireland, and the Colonies." Dr. Haldane, President of the Royal College of Physicians made the presentation. He said that it had been resolved that the most appropriate form their movement could take would be that of presenting Professor Spence with his portrait, and without the least effort, and by appealing only to the members of his profession, a sufficient sum was raised to fulfil all they desired, and now they had the portrait before them by one of the leading artists. It was no ordinary honour now conferred on Mr. Spence, for to be held in such esteem by such a circle of friends showed that the man must be in the highest degree worthy of such an honour. After referring to Professor Spence's distinguished career as a surgeon, Dr. Haldane, in the name of the subscribers presented the portrait. Professor Spence suitably acknowledged the gift. A vote of thanks having been given to Mr. James Irvine, the artist, and to Mr. Imlach, and the

committee, the proceedings terminated. A replica of the portrait is to be hung in the Royal College of Surgeons, and each subscriber is to receive an etching of the work by Durand of Paris. We beg to congratulate Professor Spence. His reputation and the esteem in which he is held, are "based on none of the ephemeral visions of modern surgery," but on long and honorable faithfulness to duty, and a genuine loyalty of science properly so-called.

EDINBURGH UNIVERSITY COURT.—At a meeting of this court, held on the 18th inst., Dr. Sampson Gamble was recognised as a teacher of medicine in Glasgow, whose course of lectures on practice of medicine should qualify for graduation in medicine in the University under ordinance No. 8, section 6. Arrangements under which Dr. Blair Cunningham had been appointed to act as examiner in pathology at the July examination were approved. Likewise, arrangements under which Dr. H. Alleyne Nicholson had been appointed to conduct the class of natural history for Professor Wyville Thomson during the current session were approved.

THE ABERDEEN MILK EPIDEMIC.—Readers will probably remember that in the beginning of April last an epidemic of a peculiar nature broke out in Aberdeen among a large number of families who were supplied with milk from a certain dairy. The attacks were sudden and severe, among the symptoms of the disease being a shivering followed by violent fear, a swelling and pain of the glands and muscles of the neck. It was also attended with biliousness, sickness, often with vomiting, and a great degree of febrile excitement. The disease, which was new to the faculty in Aberdeen was regarded by them as being dependent on organic poison in the milk. The Board of Supervision sent down two commissioners to inquire into the outbreak, previous to which important microscopic observations had been made as to the nature of the organic poison by Professor Cossar-Ewart, and Dr. Walker, of Aberdeen, specimens of the milk secured at the time of the outbreak and the fluids, &c., obtained at the *post mortem* examination of one of the fatal cases being thus examined. It was subsequently considered necessary for the due prosecution of these observations that experiments on some of the lower animals should be instituted, and for this purpose licences were obtained for both observers. These experiments were of a delicate nature, requiring time for their adequate investigation, and it was the delay thus occasioned which has prevented the commissioners from making their report earlier. A record of Professor Ewart's observations was received by the commissioners a few days since, and when Dr. Walker's completed analysis reaches them a joint report will be issued.

Literary Notes and Gossip.

VISITORS to the International Medical Exhibition at South Kensington will find medical literature fairly represented. The three principal medical publishers, Messrs. J. and A. Churchill, Messrs. Baillière, Tindall, and Cox, and Messrs. Smith and Elder, have stands at the end of the Western Quadrant—a novelty in exhibitions which we never remember to have previously seen. At these stands bibliophiles may examine books without any interruption or attempt at sale. Other classes of literature are scarcely represented at all. Messrs. Trübner and Mr. Bogue have small stands, but the great scholastic houses—Longmans, Macmillans, &c.—are conspicuous by their absence.

SPEAKING to an American surgeon, who is over here for the International Medical Congress, on the subject of literary plagiarism, he remarked, "Few of us pretend to write anything original; we either haven't the time or we

haven't the mind. You Europeans leave us nothing to do, and so instead of pretending to take you down a stripe we take a book that we guess will suit our purpose, make a few foot-notes, and stick another name on the title-page. The book is none the worse for it, and its new author is helped like a lame dog over a tall stile."

THIS admission has certainly the merit of frankness, and although we took it as it was probably meant, truth, nevertheless, underlies many a joke. A stronger illustration of this cannot be found than by referring to the last number of the *American Journal of the Medical Sciences*, page 233, for July. The reader will here find a criticism of an "Illustrated Descriptive Anatomy," a book brought out as original in 1881 by Dr. Ranney, adjunct professor of anatomy in the University of New York, whereas the same book, almost *verbatim, et literatim, et punctuatim*, was published in 1845, as a translation by Dr. Pattison of Professor Masse's celebrated "Anatomical Plates."

THE writer of the said criticism winds up his most crushing review by saying that he had just received a circular from the publishers to the effect that the omission of the late author's name was omitted "through a clerical error." A remarkable clerical error certainly to have escaped the notice of the type-setter, proof-reader, Dr. Ranney himself, and the publisher; a remarkable clerical error, too, which substituted the *soi-disant* author's address at the foot of the preface for that of the deceased writer. We are glad Dr. Ramsey is not to deliver the address on "Our Literature" at the coming Congress!

A RIVALRY of some importance to the surgical world and to students between the two principal medical publishers in the United States is about to result in the publication of two encyclopedias of surgery. Messrs. Lea and Co. are, with the assistance of about thirty surgeons, editing the last edition (1872) of "Holmes's System of Surgery," whilst Messrs. Wood and Co. announce an "International Surgery," by various authors. The former will be ready in the autumn, complete in three volumes; the latter will be published quarterly, after the manner of Zeimssen, and will be complete in six volumes.

A YEAR or so ago Messrs. Wood and Co., of New York, announced the publication of "A Library of Standard Medical Authors." The idea was to issue a series of volumes monthly by various authors and on various subjects for a subscription price of so much for the whole year. In the first series published, many of the works were by English authors and had already appeared in this country, but success attended the enterprise in the States, and a second series has been started, this time in the United Kingdom and America simultaneously, Messrs. Wood and Co., being the publishers in New York and Messrs. Sampson Low and Co. the agents for this country. The first eleven volumes are now ready for delivery, and the price of the twelve complete is four guineas.

NONE of the present issue are works of English authors, which is an advantage to intending subscribers, many of whom would probably already possess them. Of the eleven volumes ready for delivery (together or monthly, at the option of the subscriber) five are translations from the French, two from the German, and four are American. Of course, much may be said both for and against the issue of a series of miscellaneous works unpurchasable separately. On payment of his subscription of £4 4s. in advance the subscriber gets each volume for seven shillings, which for several of them is decidedly cheap. On the other hand, there may be but one of the whole which interests him, and to get this he must subscribe for the dozen. Publishers can hardly expect that an oculist will have a gynaecological work forced on him, or a pure physician one on operative surgery, for which reason we consider the system objectionable.

WE presume it is too late now to counsel the publishers to issue each volume on its own merits. Why should the

production of some unknown aspirant to fame be dragged in on the coat-tails of Trousseau? Doubtless, the method will attain notoriety for some whose books might be lost in oblivion, but it is somewhat hard on Trousseau. We doubt the wisdom of issuing this "Library of Standard Medical Authors" unless readers are allowed to choose and to pay for what they require; to attempt to compel them to subscribe for others than those they need will, we feel sure, result in failure; and the better books of the series will as a consequence remain unread. For the information of those interested we annex a list of eleven out of the twelve volumes to hand for 1881-82: "A Treatise on Therapeutics," by Drs. Trousseau and Pidoux, vols. I., II., III.; translated by D. F. Lincoln, M.D. "A Treatise on Foreign Bodies in Surgical Practice," by Alfred Poulet, M.D., vols. I., II. "A Treatise on Diseases of the Nervous System," by M. Rosenthal; translated by M. Putzel, M.D. "Diagnosis and Treatment of Ear Diseases," by A. H. Buck, M.D. "Minor Surgical Gynaecology," by Paul F. Mundé, M.D. "The Materia Medica and Therapeutics of the Skin," by Henry G. Piffard, M.D. "The Venereal Diseases," by E. L. Keyes, M.D.

MRS. ERNEST HART contributes to the *Quarterly Journal of Microscopical Science* an interesting paper on the enumeration of the blood corpuscles under the microscope. The practical value of an exact enumeration of these corpuscles in the diagnosis and prognosis of anæmia is of considerable importance in medical practice. What was wanted was a reliable method of counting these minute and variable bodies, and this difficulty has at length been overcome. Mrs. Hart explains the several methods proposed by Melasser, Hayem, and Gowers, and in what particulars these fail to ensure accuracy. The first-named, the best of the three, she has improved upon, and will doubtless come into general use, from the fact that it can be depended upon when used with any microscope and without specially arranged apparatus.

UNDER the editorship of Dr. Frank Crisp, the *Journal of the Royal Microscopical Society of London* maintains its high position, as an able exponent of the science. The current number, equal in bulk to most ordinary sized octavo volumes, furnishes the microscopist with a complete *résumé* of all that pertains to his favourite study, as well as to the various allied departments of natural history, as zoology, botany, &c., which, from being widely scattered throughout serials, would otherwise remain almost inaccessible to the student and general reader. Besides this we find, *in extenso*, numerous valuable papers: one "On the Estimation of Aperture in the Microscope," by Professor Abbe, who has treated the subject in so exhaustive a manner as to leave no longer room for doubt on the increased value of aperture obtained by the immersion system. There are other articles of interest, "On a New Rhizopoda Dialines discovered in the London Clay," &c.; and what is of some interest to the profession, the experiments of Dr. Thin, to develop the spores of *Trichophyton tonsurans*, the ringworm fungus, and the method of distinguishing between a growth of adventitious fungus, and that of *Trichophyton*. The fact is an important one, that "the spores of the latter will not grow when immersed in vitreous humour, or other fluid of like density, whilst they do grow when only moistened by it," explains why inflammatory exudation from the blood-vessels cures ringworm of the scalp.

A LOVING hand has here reproduced (Lectures, by Professor Cryan, F.K.Q.C.P.I., M.R.I.A., edited with a memoir, &c., by Robert Reilly. Dublin: M. H. Gill and Son, medium 8vo, pp. 81) two Public Addresses, delivered by the late lamented Professor Robert Cryan, and which, at the time, attracted marked attention and favourable comment. The little volume begins with an interesting biographical sketch of their author, in which the career of one who rose to public esteem and professional eminence by honest hard work, is described in terms of simple truthfulness. Throughout a long progress, Robert Cryan made hosts of attached friends, and not a single enemy; and, if his retiring and unassuming merits were principally recognised by his own profession, that circumstance will not strike a less responsive chord in the hearts of his old colleagues and pupils, when they read Mr.

Reilly's touching "In Memoriam" Ode. One of these addresses was delivered to the medical staff and students of St. Vincent's Hospital on the opening of the Session 1871-2, in the presence of a large number of the lay friends of the Institution, Lord O'Hagan, Lord Chancellor of Ireland, in the Chair, and deals with the (at that time) recent advances in clinical medicine. The other was addressed to the Faculty of Medicine, and the medical students of the Catholic University, on the inauguration of their Seventeenth Session, and treats of the general humanitarian aspects of the medical profession. At the time we listened with gratification to both these addresses, and, it is now with pleasure, mingled with deep regret, that we once more go over the words of "a voice that is still." The lectures are illustrated with suitable and interesting foot notes by the editor, who has brought to his task an amount of feeling and judgment, of which Dr. Cryan's friends will all approve.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, June 22nd:—"Rheumatism: its Nature, Pathology, and Treatment." By T. J. MacLagan, M.D. "On Cancer: its Allies and other Tumours." By F. A. Parcell, M.D. "The Use of the Laryngoscope." By Gordon Holmes, L.R.C.P. Ed. "How to make the Best of Life." By J. Mortimer Granville, M.D. "Therapeutic and Operative Measures for Chronic Catarrhal Inflammation." By T. F. Rumbald, M.D. "Retrospect of Medicine," vol. lxxxiii. Edited by Drs. W. and J. Braithwaite. "The Harrogate Waters." By G. Oliver, M.D. "Venereal Diseases." By E. L. Keyes, M.D. "Minor Surgical Gynaecology." By Paul F. Mundé, M.D. "The Diseases of the Nervous System." By M. Rosenthal. Translated by L. Putzel, M.D., 2 vols. "Materia Medica and Therapeutics of the Skin." By H. J. Piffard, M.D. "Diagnosis and Treatment of Diseases of the Ear." By A. H. Buck, M.D. "Trousseau's Therapeutics." Translated by D. F. Lincoln, M.D., 3 vols. "Treatise on Foreign Bodies in Surgical Practice." By Alfred Poulet, M.D.

Correspondence.

CALF LYMPH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The interesting correspondence which my letter has evoked, and your extremely able leader on this subject, show that the questions I ventured to raise were not altogether inopportune; for while on the one hand Dr. Warlomont, Dr. Wyld and Mr. Fleming agree in condemning Mr. Ceely's "small-pox lymph," Dr. Drysdale on the other hand, with "nearly all, if not all, the medical authorities" in this country at his back, affirms his belief in the essential identity of small-pox and cow-pox, and declares Mr. Ceely to be right and the Lyons Commission to be wrong.

The careful perusal of Mr. Fleming's recent work, and the recent report of the Lyons Commissioners, can, I think, leave no reasonable doubt in an unbiassed mind, that a great blunder has been committed, that a vast amount of this "small-pox lymph" has been disseminated under the name of vaccination, and the law for enforcing vaccination made the means of breaking the law forbidding inoculation; a procedure which cannot fail to strengthen the hands and augment the agitation of the anti-vaccination party.

With regard to retro-vaccination, your correspondents are unanimous in their disparagement of it, Dr. Wyld believes it to be impossible, Dr. Drysdale says it is non-protective, while Dr. Warlomont "damns it with faint praise."

The only points which are not so clear to me as they seem to your correspondents, are those of the safety and efficacy of the "spontaneous cow-pox," for let it be remembered, Jenner's opinions, though by no means infallible, were nevertheless arrived at by inoculating with small-pox those who had been previously vaccinated; have Dr. Warlomont and Wyld submitted their prophylactic to this very critical test? Negative evidence however extensive, cannot be placed on an equality with positive experiment, and I may add, that I for one, am aware of at least two cases in which fatal small-pox followed vaccination with calf lymph.

That the lymph of spontaneous cow-pox is innocent of syphil.

its contamination is a great and indisputable advantage. The other dangers with which it has been charged are Mr. Fleming considers "unworthy of consideration," with the possible exception of one—viz., tuberculosis. That bovine tuberculosis may be communicated to man through the milk, has been pointed out by Dr. Creighton in his admirable monograph; that it cannot be communicated by the inflammatory lymph of a vaccine vesicle remains to be proved.

In conclusion, I would remark that, considering the rigour with which the Vaccination Acts are enforced, it is at least reasonable to demand that the vaccination provided, should be at once genuine in its source, harmless in its action, and thoroughly protective against small-pox.

I am, Sir,

Yours obediently,

W. J. COLLINS, B.Sc. M.R.C.S.

St. Bartholomew's Hospital, E.C.

July 14th, 1881.

CALF VACCINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With regard to Dr. Drysdale's remarks that the best authorities are now agreed that vaccine is only a modified form of human variola, I would beg to say:—

1. The analysis of this question is very difficult.
2. The continental interpretation is, that the two viruses are distinct.
3. It is difficult to inoculate a heifer with human small-pox; that only one attempt in ten succeeds.
4. The result is the production of modified variola, not vaccinia.
5. This seems to be proved, by the fact that, although you can easily inoculate a second heifer from the first, you have very great difficulty in inoculating a third from the second, and you cannot succeed in inoculating a fourth heifer from the third heifer.
6. It is quite the reverse with spontaneous vaccinia, for from this source, you can vaccinate an endless succession of calves or heifers without any difficulty.

I am, Sir,

Yours obediently,

GEORGE WYLD, M.D.

12 Great Cumberland Place,
Hyde Park.

THE ORIGIN OF VACCINIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Warlomont's letter has interested me most extremely, and the more so, because when I last had the honour of conversing with that illustrious authority on animal vaccination at Cambridge, last autumn, he had not made up his mind as to the origin of vaccination. Neither had I at that date, as I knew what had been written by the Lyon's physicians. However, it happened that I had a very long conversation with the late Mr. Ceely, of Aylesbury, at Cambridge, and he most kindly went into the subject of the production by himself of true vaccine vesicles on the cow by the inoculation of the matter of small-pox on the udders. Again and again did he assure me that he had on several occasions succeeded in this experiment, and that he had afterwards vaccinated many children with the lymph from these vesicles. A sceptic before, I remained convinced; and, therefore, unless Mr. Warlomont has something more to tell us than we have heard from MM. Chauveau, Viennois, and Meynet, I can only say that the positive experiments of Ceely must be taken to have proved the point that vaccinia is merely human small-pox modified in some way by transmission through the cow.

Mr. Badcock, of Brighton, is the only other living witness to this truth with the exception, I think, of Dr. Greene, of Birmingham. Both of these gentlemen, I would suggest, should be asked to take part in your debate.

Some two years ago I was so full of enthusiasm about this interesting question as to propose to the Council of the Medical Society of London that it should appoint a committee to carry out further experiments to settle the question; but the members of the Council were not equally interested

and would not take it up. And yet, in the country of Edward Jenner, it is strange that the matter remains undecided.

Your obedient servant,

CHARLES R. DRYSDALE, M.D.

17 Woburn Place, London, W.C.

July 22, 1881.

CALF-LYMPH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The more the relation between vaccinia and small-pox is discussed, the more it is to be expected will the belief in their identity be exposed as erroneous. The practical difficulty of inoculating cows with variola matter, and the vast difference of the products of cow-pox, the speedy deterioration and death in subsequent generations of the product, if any, in the case of variolation, as well as the occasional coincidence of quite regular small-pox and vaccinia in the same individual are certainly highly important differential features. But the proof becomes conclusive by the fact that when human beings inoculated with the products of variolation of heifers, not vaccinia but small-pox was the result in the first and following removes. The expected transformation of the small-pox virus into vaccine virus had not taken place, and could not take place because it is not possible to transform one specific virus into another virus of different character.

Propagating vaccinia is therefore widely different from practising inoculation. The value of vaccination is based upon the remarkable and indisputable fact of their antagonism by which an attack of the one protects against the other, and although vaccinated persons are no more submitted to the test of inoculation, they have stood the test of their immunity by exposing themselves in the natural way to the infection with small-pox during epidemics. This test is perhaps more conclusive than the experiment which requires a certain skill and carefulness in the operator, and not unfrequently fails. The protection afforded by true animal vaccination is evident from the vast experience of Drs. Warlomont and Martin, which extends over many years and many thousands of cases. I have personally heard from Dr. Martin that he took great pains to find out whether small-pox had ever followed vaccination performed by himself, and that he did not find one case. This can certainly not be called a negative evidence, but is at least equal to positive experiment. Your correspondent, Mr. Collins, states that he knows of two cases in which fatal small-pox followed vaccination with calf-lymph. As he evidently takes great care in studying the question, he certainly knows that his statement without particulars cannot claim any value. If, for instance, the small-pox in his case broke out before the protection of vaccination was established, or if the operation had been unsuccessful for some reason or other, there is nothing unusual in his assertion, which as it stands is very apt to mislead and produce misapprehension as to the alleged dangers of cow-pox lymph. Professor Fleming does not under-estimate them when he considers that supposed to arise from entozootic asthma "to be unworthy of consideration," for the simple reason that such a disease does not exist.

There are certainly transferable diseases in the bovine species, which might give rise to dangers; but these are so easily recognised, that they are practically nil, if only ordinary care is employed in the selection of the animals. Besides, it is a general experience that whenever the vaccinated animals get out of health, no vesicles result, and sometimes even the animal remains susceptible, and can be successfully vaccinated after recovery. A simple diarrhoea is often sufficient to stop the development of vesicles.

The only possible exception is tuberculosis, which however, differs from the corresponding disease in man, inasmuch as it is extremely rare in the young, and this is the reason why I select young calves for vaccination in my establishment.

Finally, I heartily agree with your correspondent's conclusion, namely, that the vaccination should be at once genuine in its source, harmless in its action, and thoroughly protective against small-pox. And for this reason "animal vaccination" should be adopted by the profession and the Government!

Yours, &c.,

CHARLES RENNER, M.D.

228 Marylebone Road, London W.

NOTICES TO CORRESPONDENTS.

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

DR. C.—We do not approve of such schemes, and do not care to lend countenance thereto by our presence.

MR. BARCLAY.—About sixty passed in the Honours division last month at the University of London, about 800 in the first division, and about ninety in the second division Matriculation Examination. We have not space for any lists but medical in our columns.

A DISGUSTED POOR-LAW OFFICER.—Your case reminds one of the story told of the late Frank Buckland, who, when endeavouring to carry a turtle by railway, and about to put it under the seat, was met by the guard's official ruling, "dogs is dogs, cats is cats, but turtles is insects." We fear that a change of guardians, with the possibility of a gentleman being amongst them, is your only hope.

MR. F. PERCIVAL.—It would be a tedious and withal an expensive process to submit every preparation to analysis. We are unaware of the composition of "Myocum" advertised in our columns, but we have applied to it a very practical test, and find it perfectly answers the purpose for which it is sold—viz., an effective fly-catcher. We believe there is nothing Japanese about it except in name; it has the appearance of liquid caoutchouc, appears to have an attractive aroma for flies and insects of all kinds, and sticks them most firmly the moment of contact.

MR. S. GIBSON.—The discussion was approvingly referred to in our issue for July 13.

"CORONER'S INQUESTS."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Might I trouble you to answer the following queries in your issue for next week.

1. Is it legal for a coroner or a crown sergeant of the police to remove the body of a person accidentally killed, a distance of about three miles from the place where the accident occurred to a livery stable, instead of the nearest house licensed for the sale of spirits (as stated in the Coroner's Ireland Bill) and which would be a distance of about half a mile from where the body was found?

2. Having done so, to summon the medical dispensary officer of the adjoining district to give evidence at the inquest instead of the medical officers of the district, in actual practice at, or near, the place where the death had occurred, and who had first examined the body.

3. If this practice is illegal what steps should be taken to prevent its recurrence?

I remain, Sir, yours faithfully,
H. D.

[1. Under the Coroner's (Ireland) Act, sec. 86, "it shall, and may be lawful for the coroner to direct that the dead body shall be brought to the nearest convenient public house," and to fine the owner if he refuses to allow it to remain there. We believe this section binds the coroner, and that removal of the body elsewhere is illegal. 2. The medical officer of an adjoining district, unless he be the nearest to the place of inquest, is not, in our opinion, the person whom the Act orders to be summoned. 3. Have the coroner's-mileage fees and the fees of the medical witness challenged before the Grand Jury and the Judge when they come up for *stat*. The principle involved is important, and the breach of the law by coroners is very common, so that the matter ought to be contested for the sake of the profession.—ED.]

MR. WM. YOUNG.—Your statistics on vaccination are both illogical and fallacious. Old reports which have been many times previously disproved are brought in as new facts; and inasmuch as men do not care to be continually taking the trouble of exposing the same, you pretend to assume that your *preaching* is gospel, and the *stence* of more sensible people acquiescence.

DR. HARRIS.—To hand at the moment of going to press; will refer to the subject in our next.

THE MEDICAL ACTS' COMMISSION.—At the meetings of the Commission, held July 22nd, 23rd, and 25th, the evidence of Prof. Spence, Prof. Gamgee, Dr. B. Hunter Semple, Dr. Pittman, and Mr. Christopher Heath was taken.

AWKWARD FOR ANTI-VACCINATORS.—At the meeting of the Bristol Sanitary Authority on Friday last the medical officer reported an outbreak of small-pox in Clifton College. A pupil belonging to a family which the medical officer says is "afflicted with a superstitious belief in the imaginary evil effects of vaccination," was allowed to visit his home in a neighbouring town. On his return to the College he became ill with small-pox, and was isolated.

MR. HAYES would do well to make an inspection of the exhibits in the sanitary section of the International Medical and Sanitary Exhibition, South Kensington, when he will see that his invention has been anticipated by at least two others.

A READER.—1. Messrs. Macmillan are the publishers. 2. We have not yet seen the book, but believe it was published by Messrs. Lea and Co., Philadelphia, last month. You will probably be able to get a copy at Baillière's or Trübner's.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Please inform in your next issue of the *Medical Press and Circular* whether one who had obtained, before the passing of the Pharmacy (Ireland) Act of 1875, the Degree of Licentiate of the College of Physicians and Surgeons, Edinburgh, can, according to that Act, keep a shop for the sale of medicine, and, if so, whether he can dispense or compound any other prescriptions except his own.

Yours truly,
QUARRERUS.

July 28, 1891.

[By sec. 30 of the Act, "Any person registered as a legally qualified medical practitioner who, in order to obtain his diploma, shall have passed an examination in pharmacy, is exempted from the prohibition against keeping open shop for retailing, dispensing, or compounding poisons" in Ireland. We presume the examinations of the Edinburgh Colleges include this subject. If so, the holder of their diploma may keep open shop and dispense prescriptions for all comers.—ED.]

ASSISTANT SURGEON.—Yes, the operation did take place and was successful; we are promised a detailed report.

DR. HENRY DRUMMOND (of Springsure, Australia) now in this country, will oblige by communicating his address to the London Editor of the *Medical Press*. An important letter is awaiting him.

A VISITOR.—Dr. Paul Mundé is, we believe, at present in Germany, we saw him a week since, he expects to be in London again at the Congress; a letter addressed to the American Exchange will find him.

MR. W. B. (Leeds) will receive a private note.

THE PRACTICAL TREATMENT OF DIPSO MANIA.—In Dr. Richardson's speech on the "Treatment of Dipsomania," reported in our last issue, an error occurs which requires correction. In the passage on the influence of religion on the dipsomaniac class, the reading given in our last should be corrected as follows: "He (Dr. Richardson) wished from his heart he could agree with those speakers who thought they found a panacea for drunkenness in religious influence. There was no doubt religion was most beneficial in some cases, but much depended on the kind of religion that was taught. If that were gloomy and threatening, and hopeless, it sometimes led back to the use of stimulants. He had noticed, notably, as a psychological fact, that the Catholic religion, which was most imperative of all in its teachings, and the ministers of which spoke with great decision, excited effect which was often a very determinate aid to reform. But the effects of religious brooding over doubtful points in theology were most injurious."

Vacancies.

Birmingham Queen's Hospital.—Resident Surgeon. Salary, £50, with board. Applications under cover to the Secretary by August 2.
Carnarvon Infirmary, Bangor.—House Surgeon. Salary, £100, with board. Applications to the Secretary before August 11.
Lambeth.—Medical Officer of Health for the Parish. Salary, £300. Full particulars of the duties on application to the Vestry Clerk.
North Stafford Infirmary, Stoke-on-Trent.—House Surgeon. Salary, £120. House Physician. Salary, £100. Each with board. Applications to the Secretary before August 17.
Ripon Dispensary.—Resident House Surgeon. Salary, £60, no board. Applications to the Hon. Sec.
Stockton-upon-Tees Hospital.—House Surgeon (non-resident, doubly qualified. Salary, £200 per annum. Applications to the Secretary by August 9.

Appointments.

MASSEY, W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Castle Donington District of the Shardlow Union.
MULLER, J. W., L.K.Q.C.P.I., Resident Medical Officer to the Wilton Fever Hospital, Salford.
NELL, E. F., M.R.C.S.E., Medical Officer for the Penarth District of the Cardiff Union.
NEWMAN, A. C., M.R.C.S.E., Medical Officer for the Harwell District of the Wantage Union.
PAUL, F. T., F.R.C.S.E., L.R.C.P.L., Honorary Surgeon to the Royal Southern Hospital, Liverpool.
PATNE, H., M.R.C.S.E., L.R.C.P.Ed., House Surgeon to the Ashdon-under-Lyne Infirmary.
ROSS, D., M.D., L.R.C.S.Ed., Medical Officer to the Parish of Fortree, Isle of Skye.
SHAPLEY, H. T., M.B., C.M., L.R.C.P.Ed., M.R.C.S.E., Surgeon to the Police of the Borough of Leamington.
SPREAFIELD, J. F., F.R.C.S.E., Professor of Clinical Ophthalmic Surgery at University College.
SYMES, J., L.R.C.P.Ed., L.R.C.S.I., Medical Officer of Health for the Briton Ferry Urban Sanitary District.
TREHARNE, J. L., M.R.C.S.E., Medical officer for the Spottlands District of the Cardiff Union.

Births.

DAVIS.—July 8, at Clare View, Newport, co. Mayo, the wife of Hugh A. Davis, M.D. of a son.
HOLDER.—July 19, at Sudbury, Suffolk, the wife of J. Sinclair Holder, M.D. of a son.
SANDERS.—July 18, at Sharow, near Ripon, the wife of Surgeon-Major E. C. Sanders, Indian Medical Department, of a daughter.
SAUNDERS.—July 15, at Pietermaritzburg, Natal, the wife of Surgeon W. E. Saunders, A.M.D., of a son.
SMITH.—July 21, at 15 Imperial Square, Cheltenham, the wife of W. Robert Smith, M.D., F.R.S. Edin., of a daughter.

Marriages.

WOOD—HOLBERTON.—July 20, at the Church of St. Peter and St. Paul, Teddington, Edward J. Wood, M.B. Cam., of Yalding, Kent, to Ethel Vaughan, eldest daughter of Vaughan Holberton, Esq., of Hampton, Middlesex.

Deaths.

WALSH.—July 9, at Brewod, Stafford, Samuel Walsh, B.A. (T.C.D.), M.B., L.R.C.S.I.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 3, 1881.

CONTENTS.		PAGE		PAGE	
ORIGINAL COMMUNICATIONS.					
International Medical Congress—Inaugural Address delivered at St. James's Hall, Wednesday, August 3rd, by the President, Sir Jas. Paget, Bart., F.R.S., Serjeant-Surgeon to Her Majesty the Queen, &c.	89	Lafoy. Translated by C. A. Owen, M.D. L.R.C.P. Ed., L.E.C.S.I., &c.	98	"Pass and Pluck" at the College of Surgeons	106
Calculus in the Female Bladder. By Angus Macdonald, M.D., F.R.C.P., &c., Physician to, and Clinical Lecturer on Diseases of Women, Royal Infirmary, Edinburgh	98	SPECIAL.		The President of the United States	106
Notes on Gout. By Andrew Scott Myrle, M.D., Consulting Physician to the Harrogate Bath Hospital	94	The International Medical Congress—Daily Programme	99	Increase of Poor-law Medical Work in Ireland	104
Anorexia Nervosa. By Thomas Stretch Dowse, M.D., F.R.C.P. Ed., Physician to the Hosp. for Epilepsy and Paralysis	95	France	100	Papaya and Papaina	106
CLINICAL RECORDS.		THE MINERAL WATERS OF EUROPE—The Medical Press Analytical Reports on the Principal Bottled Waters. By C. C. R. Tichborne, LL.D., F.C.S., F.I.C., with Notes on their Therapeutical Uses. By Prosser James, M.D., M.R.C.P. Lond., &c.		Royal College of Physicians, London	108
St. Bartholomew's Hospital—Two Cases of Sarcoma of the Maxilla—Removal—Recovery. Under the care of Mr. Morant Baker. Reported by Sidney Davies, B.A.	97	LEADING ARTICLES.		A Monotony of Diet as a Cause of Fever Epidemic	107
TRANSLATIONS.		WELCOME		A New Test of Intelligence	107
On Paracentesis Thoracis by Aspiration in Acute Pleurisy. By Dr. Georges Dieu-		REFORM OF MEDICAL EDUCATION IN IRELAND		Royal Commission on Medical Reform	107
		LAND		Cost of Irish Pauperism	107
		THE MEDICAL DEFENCE ASSOCIATION AND MEDICAL REFORM		Medico-Sanitary Exhibition	108
		NOTES ON CURRENT TOPICS.		LITERATURE.	
		The War Office Gazette		Diseases of Children	112
		The Indian Medical Service		SCOTLAND.	
		No Accounting for Taste		Professor Nicholson and his Students	113
		Mesmeric Hypnotism		Health of Edinburgh	113
				Outbreak of Small-pox at Arbroath	112
				Small-pox in Aberdeen	112
				Mortality in Glasgow	113
				Edinburgh Obstetrical Society	113
				Medical News	113
				NOTICES TO CORRESPONDENTS	114

WITH MEDICO-SANITARY SUPPLEMENT.

INTERNATIONAL MEDICAL CONGRESS.

INAUGURAL ADDRESS,

Delivered in St. James's Hall, Wednesday, August 3rd, by the President,

Sir JAMES PAGET, Bart., F.R.S.;

Serjeant-Surgeon to Her Majesty the Queen; Surgeon to His Royal Highness the Prince of Wales; Consulting Surgeon to St. Bartholomew's Hospital.

It is not necessary to defend the meeting of an International Congress. Such meetings have become one of the general customs of our time, and have thus given evidence that they are generally approved. Let me rather suggest to you some thoughts as to the work which, being in Congress, we have to do, and the spirit in which it may best be done, so that the good effects of our meeting may last long after our parting.

In the largest view of our design it may seem to be that of bringing together a multitude of various minds for the promotion and diffusion of knowledge in the whole science and art of medicine, in their widest range, in all their narrowest divisions, in all their manifold utilities. And this design, I cannot doubt, will be fulfilled; for, although the programme tells of selected subjects for discussion, and defines the order of our work, yet knowledge will be promoted in a much wider range in the meetings without order, which will be held every day and everywhere—meetings of men with all kinds of mental powers and all forms of knowledge and skill; everyone ready, alike to impart and to acquire knowledge.

It is safe to say that in the casual conversations of this coming week there will be a larger interchange and diffusion of information than in any equal time and space in the whole past history of medicine. And with this interchange will be a larger increase, for in the mart of knowledge he that receives gains, and he that gives retains, and none suffer loss.

The increase will be the greater because of the great variety of minds which will meet. As I look round this hall, my admiration is moved not only by the number and total power of the minds which are here, but by their diversity—a diversity in which I believe they fairly represent the whole of those who are engaged in the cultivation of our science. For here are minds representing the distinctive characters of all the most

gifted and most educated nations; characters still distinctly national, in spite of the constantly-increasing intercourse of the nations. And from many of these nations we have both elder and younger men; thoughtful men and practical men; men of fact and men of imagination; some confident, some sceptic; various, also, in education, in purpose and mode of study, in disposition and in power. And scarcely less various are the places and all the circumstances in which those who are here have collected and have been using their knowledge. For I think that our calling is pre-eminent in its range of opportunities for scientific study. It is not only that the pure science of human life may match with the largest of the natural sciences in the complexity of its subject matter; not only that the living human body is, in both its material and its indwelling forces, the most complex thing yet known; but that in our practical duties this most complex thing is presented to us in an almost infinite multiformity. For in practice we are occupied, not with a type and pattern of the human nature, but with all its varieties in all classes of men, of every age and every occupation, in all climates and all social states; we have to study men singly and in multitudes, in poverty and in wealth, in wise and unwise living, in health and all the varieties of disease; and we have to learn, or at least to try to learn, the results of all these conditions of life while, in successive generations and in the mingling of families, they are heaped together, confused and always changing. In every one of all these conditions man, in mind and body, must be studied by us; and every one of them offers some different problem for inquiry and solution. Wherever our duty or our scientific curiosity, or, in happy combination, both, may lead us, there are the materials and there the opportunities for separate original research.

Now, from these various opportunities of study, men are here in Congress. Surely, whatever a multitude and diversity of minds can, in a few days, do for the promotion of knowledge, may be done here. Everyone has something he may teach, much more that he may learn; and, in the midst of an apparent utter confusion, knowledge will increase and multiply. It has been said, indeed, that truth is more likely to emerge from error than from confusion, and, in some instances, this is true; but much of what we call confusion is only the order of nature not yet discerned, and so it may be here. Certainly it is from what seems like the confusion of successive meetings such as this that that kind of truth emerges which is among the best moving and directing forces in the scientific as well as in

the social life—the truth which is told in the steady growth of general opinion.

But it is not proposed to leave the work of the Congress to what would seem like chances and disorder, good as the result might be; nor yet to the personal influences by which we may all be made fitter for the work, though these may be very potent. In the stir and controversy of meetings such as we shall have there cannot fail to be useful emulation; by the examples that will appear of success in research, many will be moved to more enthusiasm, many to more keen study of the truth; our range of work will be made wider, and we shall gain that greater interest in each other's views, and that clearer apprehension of them, which are always attained by personal acquaintance and by memories of association in pleasure as well as in work. But as it will not be left to chance, so neither will sentiment have to fulfil the chief duties of the Congress.

Following the good example of our predecessors, certain subjects have been selected, which will be chiefly, though not exclusively discussed, and the discussions are to be in the sections into which we shall soon divide.

Of these subjects it would not be for me to speak, even if I were competent to do so; unless I may say that they are so numerous and complete that—together with the opening addresses of the Presidents of Sections—they leave me nothing but such generalities as may seem commonplace. They have been selected, after the custom of former meetings, from the most stirring and practical questions of the day; they are those which must occupy men's minds, and on which there is, at this time, most reason to expect progress, or even a just decision, from very wide discussion. They will be discussed by those most learned in them, and in many instances by those who have spent months or years in studying them, and who now offer their work for criticism and judgment.

I will only observe that the subjects selected in every section involve questions in the solution of which all the varieties of mind and knowledge of which I have spoken may find their use. For there are questions, not only on many subjects, but in all stages of progress towards settlement. In some the chief need seems to be the collection of facts well observed by many persons. I say by many, not only because many facts are wanted, but because in all difficult research it is well that each apparent fact should be observed by many; for things are not what they appear to each one mind. In that which each man believes that he observes there is something of himself; and for certainty, even on matters of fact, we often need the agreement of many minds, that the personal element of each may be counteracted. And much more is this necessary in the consideration of the many questions which are to be decided by discussing the several values of admitted facts and of probabilities, and of the conclusions drawn from them. For, on questions such as these, minds of all kinds may be well employed. Here there will be occasion even for those which are not unconditionally praiseworthy, such as those that habitually doubt, and those to whom the invention of arguments is more pleasing than the mere search for truth. Nay, we may be able to observe the utility even of error. We may not, indeed, wish for a prevalence of errors; they are not more desirable than are the crime and misery which evoke charity. And yet in a Congress we may palliate them, for we may see how, as we may often read in history, errors, like doubts and contrary pleadings, serve to bring out the truth, to make it express itself in clearest terms, and show its whole strength and value. Adversity is an excellent school for truth as well as for virtue.

But that which I would chiefly note, in relation to the great variety of minds which are here, is that it is characteristic of that mental pliancy and readiness for variation which is essential to all scientific progress, and which a great international Congress may illustrate and promote. In all the subjects for discussion we look for the attainment of some novelty and change in knowledge or belief; and after every such change there must ensue a change in some of the conditions of thinking and of working. Now for all these changes, minds need to be pliant and quick to adjust themselves. For all progressive science there must be minds that are young, whatever may be their age.

Just as the discovery of auscultation brought to us the necessity for a refined cultivation of the sense of hearing, which was before of only the same use in medicine as in the common business of life; or, as the employment of the numerical method in estimating the value of facts required that minds should be able to record and think in ways previously unused; or, as the acceptance of the doctrine of

evolution has changed the course of thinking in whole departments of science; so is it, in less measure, in every less advance of knowledge. All such advances change the circumstances of the mental life, and minds that cannot or will not adjust themselves become less useful, must, at least, modify their manner of utility. They may continue to be the best defenders of what is true; they may strengthen and expand the truth, and may apply it in practice with all the advantages of experience; they may thus secure the possessions of science and use them well; but they will not increase them.

It is with minds as with living bodies. One of their chief powers is in their self-adjustment to the varying conditions in which they have to live. Generally, those species are the strongest and most abiding that can thrive in the widest range of climate and of food. And, of all the races of men, they are the mightiest and most noble who are, or by self-adjustment can become, most fit for all the new conditions of existence in which by various changes they may be placed. These are they who prosper in great changes of their social state; who, in successive generations, grow stronger by the production of a population so various that some are fitted to each of all the conditions of material and mode of life which they can discover or invent. These are most prosperous in the highest civilisation; these whom Nature adapts to the products of their own arts.

Or, among other groups, the mightiest are those who are strong alike on land and sea; who can explore and colonise, and in every climate can replenish the earth and subdue it; and this not by tenacity or mere robustness, but rather by pliancy and the production of varieties fit to abide and increase in all the various conditions of the world around.

Now, it is by no distant analogy that we trace the likeness between these in their successful contests with the material conditions of life and those who are to succeed in the intellectual strife with the difficulties of science and art. There must be minds which in variety may match with all the varieties of the subject-matters and minds which, at once or in swift succession, can be adjusted to all the increasing and changing modes of thought and work.

Such are the minds we need; or, rather, such are the minds we have; and these in great meetings prove and augment their worth. Happily, the natural increase in the variety of minds in all cultivated races is—whether as cause or as consequence—nearly proportionate to the increasing variety of knowledge. And it has become proverbial, and is nearly true in science and art, as it is in commerce and in national life, that, whatever work is to be done, men are found or soon produced who are exactly fit to do it.

But it need not be denied that, in the possession of this first and chiefest power for the increase of knowledge, there is a source of weakness. In works done by dissimilar and independent minds, dispersed in different fields of study, or only gathered into self-assorted groups, there is apt to be discord and great waste of power. There is, therefore, need that the workers should from time to time be brought to some consent and unity of purpose; that they should have opportunity for conference and mutual criticism, for mutual help and the tests of free discussion. This it is which, on the largest scale and most effectually, our Congress may achieve; not, indeed, by striving after a useless and happily impossible uniformity of mind or method, but by diminishing the lesser evil of waste and discord which is attached to the far greater good of diversity and independence. Now, as in numbers and variety the Congress may represent the whole multitude of workers everywhere dispersed, so in its gathering and concord it may represent a common consent that, though we may be far apart and different, yet our work is and shall be essentially one; in all its parts mutually dependent, mutually helpful, in no part complete or self-sufficient. We may thus declare that as we who are many are met to be members of one body, so our work for science shall be one, though manifold; that as we, who are of many nations, will, for a time, forget our nationalities and will even repress our patriotism, unless for the promotion of a friendly rivalry, so will we in our work, whether here and now or everywhere and always, have one end and one design—the promotion of the whole science and whole art of healing.

It may seem to be a denial of this declaration of unity that, after this general meeting, we shall separate into sections more numerous than in any former Congress. Let me speak of these sections to defend them; for some maintain that, even in such a division of studies as these may encourage, there is a mischievous dispersion of forces. The science of

medicine, which used to be praised as one and indivisible, is broken up, they say, among specialists, who work in conflict rather than in concert, and with mutual distrust more than mutual help.

But let it be observed that the sections which we have instituted are only some of those which are already recognised, in many countries, in separate societies, each of which has its own place and rules of self-government and its own literature. And the division has taken place naturally in the course of events which could not be hindered. For the partial separation of medicine, first from the other natural sciences, and now into sections of its own, has been due to the increase of knowledge being far greater than the increase of individual mental power.

I do not doubt that the average mental power constantly increases in the successive generations of all well-trained peoples; but it does not increase so fast as knowledge does, and thus, in every science, as well as in our own, a small portion of the whole sum of knowledge has become as much as even a large mind can hold and duly cultivate. Many of us must, for practical life, have a fair acquaintance with many parts of our science, but none can hold it all; and for complete knowledge, or for research, or for safely thinking-out beyond what is known, no one can hope for success unless by limiting himself within the few divisions of the science for which, by nature or by education, he is best fitted. Thus, our division into sections is only an instance of that division of labour which, in every prosperous nation, we see in every field of active life, and which is always justified by more work better done.

Moreover, it cannot be said that in any of our sections there is not enough for a full strong mind to do. If anyone will doubt this, let him try his own strength in the discussions of several of them.

In truth, the fault of specialism is not in narrowness, but in the shallowness and the belief in self-sufficiency with which it is apt to be associated. If the field of any specialty in science be narrow, it can be dug deeply. In science, as in mining, a very narrow shaft, if only it be carried deep enough, may reach the richest stores of wealth and find use for all the appliances of scientific art. Not in medicine alone, but in every department of knowledge, some of the grandest results of research and of learning, broad and deep, are to be found in monographs on subjects that, to the common mind, seemed small and trivial.

And study in a Congress such as this may be a useful remedy for self-sufficiency. Here every group may find a rare occasion, not only for an opportune assertion of the supreme excellence of its own range and mode of study, but for the observation of the work of every other. Each section may show that its own facts must be deemed sure, and that by them every suggestion from without must be tested; but each may learn to doubt every inference of its own which is not consistent with the facts or reasonable belief of others; each may observe how much there is in the knowledge of others which should be mingled with his own; and the sum of all may be the wholesome conviction of all, that we cannot justly estimate the value of a doctrine in one part of our science till it has been tried in many or in all.

We were taught this in our schools; and many of us have taught that all the parts of medical science are necessary to the education of the complete practitioner. In the independence of later life, some of us seem too ready to believe that the parts we severally choose may be self-sufficient, and that what others are learning cannot much concern us. A fair study of the whole work of the Congress may convince us of the fallacy of this belief. We may see that the test of truth in every part must be in the patient and impartial trial of its adjustment with what is true in every other. All perfect organisations bear this test; all parts of the whole body of scientific truth should be tried by it.

Moreover, I would not, from a scientific point of view, admit any estimate of the comparative importance of the several divisions of our science, however widely they may differ in their present utilities. And this I would think right, not only because my office as President binds me to a strict impartiality and to the claim of freedom of research for all, but because we are very imperfect judges of the whole value of any knowledge, or even of single facts. For every fact in science, wherever gathered, has not only a present value, which we may be able to estimate, but a living and germinal power of which none can guess the issue.

It would be difficult to think of anything that seemed less likely to acquire practical utility than those researches of the few naturalists who, from Leeuwenhoek to Ehrenberg, studied the most minute of living things, the Vibronides. Men boasting themselves as practical might ask, "What good can come of it?" Time and scientific industry have answered, "This good: those researches have given a more true form to one of the most important practical doctrines of organic chemistry; they have introduced a great beneficial change in the most practical part of surgery; they are leading to one as great in the practice of medicine; they concern the highest interests of agriculture, and their power is not yet exhausted."

And as practical men were, in this instance, incompetent judges of the value of scientific facts, so were men of science at fault when they missed the discovery of anaesthetics. Year after year the influences of laughing gas and ether were shown: the one fell to the level of the wonders displayed by itinerant lecturers, students made fun with the other; they were the merest practical men, men looking for nothing but what might be straightway useful, who made the great discovery which has borne fruit not only in the mitigation of suffering, but in a wide range of physiological science.

The history of science has many similar facts, and they may teach that any man will both be wise and dutiful if he will patiently and thoughtfully do the best he can in the field of work in which, whether by choice or chance, his lot is cast. There let him, at least, search for truth, reflect on it, and record it accurately; let him imitate that accuracy and completeness of which I think we may boast we have, in the descriptions of the human body, the highest instance yet attained in any branch of knowledge. Truth so recorded cannot remain barren.

In thus speaking of the value of careful observation and records of facts, I seem to be in agreement with the officers of all the sections; for, without any intended consent, they have all proposed such subjects for discussion as can be decided only by well-collected facts and fair direct inductions from them. There are no questions on theories or mere doctrine. This, I am sure, may be ascribed, not to any disregard of the value of good reasoning or of reasonable hypotheses, but partly to the just belief that such things are ill-suited for discussion in large meetings, and partly to the fact that we have no great opponent schools, no great parties named after leaders or leading doctrines about which we are in the habit of disputing. In every section the discussions are to be on definite questions, which, even if they be associated with theory or general doctrines, may yet be soon brought to the test of fact; there is to be no use of doctrinal touchstones.

I am speaking of no science but our own. I do not doubt that in others there is advantage in dogma, or in the guidance of a central organising power, or in divisions and conflicting parties. But in the medical sciences I believe that the existence of parties founded on dominant theories has always been injurious; a sign of satisfaction with plausible errors, or with knowledge which was even for the time imperfect. Such parties used to exist, and the personal histories of their leaders are some of the most attractive parts of the history of medicine; but, although in some instances an enthusiasm for the master-mind may have stirred a few men to unusual industry, yet very soon the disciples seem to have been fascinated by the distinctive doctrine, content to bear its name, and to cease from active scientific work. The dominance of doctrine has promoted the habit of inference, and repressed that of careful observation and induction. It has encouraged that fallacy to which we are all too prone, that we have at length reached an elevated sure position on which we may rest, and only think and guide. In this way specialism in doctrine or in method of study has hindered the progress of science more than the specialism which has attached itself to the study of one organ or of one method of practice. This kind of specialism may enslave inferior minds: the specialism of doctrine can enchant into mere dreaming those that should be strong and alert in the work of free research.

I speak the more earnestly of this because it may be said, if our Congress be representative, as it surely is, may we not legislate? May we not declare some general doctrines which may be used as tests and as guides for future study? We had better not.

The best work of our International Congress is in the clearing and strengthening of the knowledge of realities; in bringing, year after year, all its force of numbers and varieties of minds to press forward the demonstration and diffusion

of truth as nearly to completion as may from year to year be possible. Thus, chiefly, our Congress may maintain and invigorate the life of our science. And the progress of science must be as that of life. It sounds well to speak of the temple of science, and of building and crowning the edifice. But the body of science is not as any dead thing of human work, however beautiful; it is as something living, capable of development and a better growth in every part. For as in all life the attainment of the highest condition is only possible through the timely passing-by of the less good, that it may be replaced by the better, so is it in science. As time passes, that which seemed true and was very good becomes relatively imperfect truth, and the truth more nearly perfect takes its place.

We may read the history of the progress of truth in science as a paleontology. Many things which, as we look far back, appear, like errors, monstrous and uncouth creatures, were, in their time, good and useful, as good as possible. They were the lower and less perfect forms of truth which, amid the floods and stifling atmospheres of error, still survived; and just as each successive condition of the organic world was necessary to the evolution of the next following higher state, so from these were slowly evolved the better forms of truth which we now hold.

This thought of the likeness between the progress of scientific truth and the history of organic life may give us all the better courage in a work which we cannot hope to complete, and in which we see continual and sometimes disheartening, change. It is, at least, full of comfort to those of us who are growing old. We that can read in memory the history of half a century might look back with shame and deep regret at the imperfections of our early knowledge if we might not be sure that we held, and sometimes helped onward, the best things that were, in their time, possible, and that they were necessary steps to the better present, even as the present is to the still better future. Yes—to the far better future; for there is no course of nature more certain than is the upward progress of science. We may seem to move in circles, but they are the circles of a constantly ascending spiral; we may seem to sway from side to side, but it is only as on a steep ascent which must be climbed in zig-zag.

What may be the knowledge of the future none can guess. If we could conceive a limit to the total sum of mental power which will be possessed by future multitudes of well-instructed men, yet could we not conceive a limit to the discovery of the properties of materials which they will bend to their service. We may find the limit of the power of our unaided limbs and senses; but we cannot guess at a limit to the means by which they may be assisted, or to the invention of instruments which will become only a little more separate from our mental selves than are the outer sense-organs with which we are constructed.

In the certainty of this progress, the great question for us is what shall we contribute to it? It will not be easy to match the recent past. The advance of medical knowledge within one's memory is amazing, whether reckoned in the wonders of the science not yet applied, or in practical results in the general lengthening of life, or, which is still better, in the prevention and decrease of pain and misery, and in the increase of working power. I cannot count or recount all that in this time has been done; and I suppose there are very few, if any, who can justly tell whether the progress of medicine has been equal to that of any other great branch of knowledge during the same time. I believe it has been; I know that the same rate of progress cannot be maintained without the constant and wise work of thousands of good intellects; and the mere maintenance of the same rate is not enough, for the rate of progress of science should constantly increase. That in the last fifty years was at least twice as great as that in the previous fifty. What will it be in the next, or, for a more useful question, what shall we contribute to it?

I have no right to prescribe for more than this week. In this let us do heartily the proper work of the Congress, teaching, learning, discussing, looking for new lines for research, planning for mutual help, forming new friendships. It will be hard work if we will do it well; but we have not met for mere amusement or for recreation, though for that I hope you will find fair provision, and enjoy it the better for the work preceding it.

And when we part let us bear away with us, not only much more knowledge than we came with, but some of the lessons

for our conduct in the future which we may learn in reflecting the work of our Congress.

In the number and intensity of the questions brought before us, we may see something of our responsibility. If we could gather into thought the amounts of misery or happiness, of helplessness or of power for work, which may depend on the answers to all the questions that will come before us, this might be a measure of our responsibility. But we cannot count it; let us imagine it; we cannot even in imagination exaggerate it. Let us bear it always in our mind, and remind ourselves that our responsibility will constantly increase. For, as men become in the best sense better educated, and the influence of scientific knowledge on their moral and social state increases, so, among all sciences there is none of which the influence, and, therefore, the responsibility will increase more than ours; because none more intimately concerns man's happiness and working power.

But, more clearly in the recollections of the Congress, we may be reminded that in our science there may be, or, rather, there really is, a complete community of interest among men of all nations. On all the questions before us we can differ, discuss, dispute, and stand in earnest rivalry; but all consistently with friendship, all with readiness to wait patiently till more knowledge shall decide which is right. Let us resolutely hold to this when we are apart: let our internationality be a clear abiding sentiment, to be, as now, declared and celebrated at appointed times, but never to be forgotten; we may, perhaps, help to gain a new honour for science, if we thus suggest that in many more things, if they were as deeply and dispassionately studied, there might be found the same complete identity of international interests as in ours.

And then, let us always remind ourselves of the nobility of our calling. I dare to claim for it, that among all the sciences, ours, in the pursuit of truth, offers the most complete and constant union of those three qualities which have the greatest charm for pure and active minds—novelty, utility, and charity. These three, which are sometimes in so lamentable disunion, as in the attractions of novelty without either utility or charity, are in our researches so combined that, unless by force or wilful wrong, they hardly can be put asunder. And each of them is admirable in its kind. For in every search for truth we can only exercise curiosity, and have the delight—the really elementary happiness—of watching the unveiling of a mystery, but, on the way to truth, if we look well around us, we shall see that we are passing among wonders more than the eye or mind can fully apprehend. As one of the perfections of nature is that, in all her works, wonder is harmonised with utility, so is it with our science. In every truth attained there is utility either at hand or among the certainties of the future. And this utility is not selfish; it is not in any degree correlative with money-making; it may generally be estimated in the welfare of others better than our own.

Some of us may, indeed, make money and grow rich; but many of those that minister even to the follies and vices of mankind can make much more money than we. In all things costly and vainglorious they would far surpass us if we would compete with them. We had better not compete where wealth is the highest evidence of success; we can compete with the world in the nobler ambition of being counted among the learned and the good who strive to make the future better and happier than the past. And to this we shall attain if we will remind ourselves that, as in every pursuit of knowledge there is the charm of novelty, and in every attainment of truth utility, so in every use of it there may be charity. I do not mean only the charity which is in hospitals or in the service of the poor, great as is the privilege of our calling in that we may be its chief ministers; but that wider charity which is practised in a constant sympathy and gentleness, in patience and self-devotion. And it is surely fair to hold that, as in every search for knowledge we may strengthen our intellectual power, so in every practical employment of it we may, if we will, improve our moral nature; we may obey the whole law of Christian love, we may illustrate the highest induction of scientific philanthropy.

Let us, then, resolve to devote ourselves to the promotion of the whole science, art, and charity of medicine. Let this resolve be to us as a vow of brotherhood; and may God help us in our work.

Original Communications.

CALCULUS IN THE FEMALE BLADDER. (a)

By ANGUS MACDONALD, M.D., F.R.C.P., F.R.S.E.
Physician to, and Clinical Lecturer on, Diseases of Women, Royal Infirmary, Edinburgh.

THE following case presents several points of interest which appear to me such as warrant its being brought before the notice of this Society, and being made the text of some observations upon this important subject.

The patient was a domestic servant, residing at Bathgate, et. 18. She was admitted into ward 23, Royal Infirmary on the 28th of February, 1881, complaining of frequency of micturition, which was at the same time associated with great pain.

The increase in frequency had been progressive, the act being now performed every half-hour or thereabouts. The pain also had gradually become more intense.

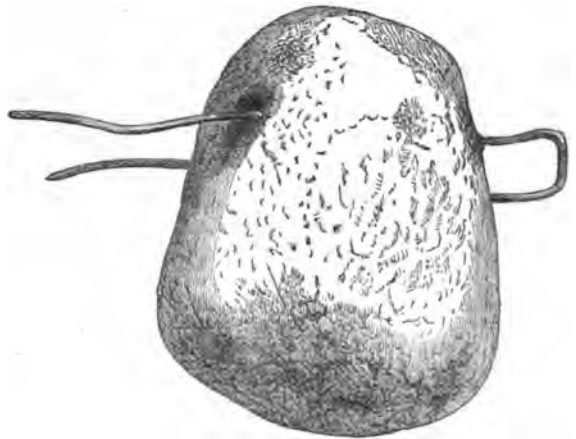
Her menstruation began at sixteen; was of a twenty-eight days type, and usually continued a week. With the exception of the urinary system, the patient on admission presented a clean bill of health. On physical examination it was observed that both labia minora were loose, long, pendulous, and prominent. The hymen, though only slightly notched on right and left, was readily distensible, and annular in shape. The patient, notwithstanding these peculiarities, denied emphatically the practice of masturbation. The urethral orifice appeared perfectly normal. There was some scalding of the insides of the thighs, and a urinous disagreeable odour about the patient and her clothes.

The vagina was observed to be loose and roomy, admitting two fingers. The uterus was felt to be displaced towards the right and posteriorly. The vaginal portion of the cervix was soft, and the outer os patulous, but so far as uterus could be explored, it seemed otherwise normal. The sound entered its cavity $2\frac{1}{2}$ inches, and caused no pain.

Projecting against the anterior vaginal wall, but situated more towards the left than the right, and displacing the uterus, as above described, there was found a mass of stoney hardness, about the size of a goose's egg, somewhat flattened from before backwards. This mass projected close to the upper end of the urethra, and over its surface the bladder wall appeared to be moveable. On touching the mass with a sound introduced through the urethra, a grating noise was heard, and the instrument was felt to impinge against a rough stony surface. Examination of the urine proved that its reaction was alkaline, and that it contained a copious amount of crystals of the triple phosphate, some pus cells, and also a few crystals of oxalate of lime.

It being now clear that we had to deal with a vesical calculus, the question how it should be removed had to be determined. It was clearly too large to think of removal by dilatation of the urethra. The operation of lithotripsy might have been tried, but would have been somewhat difficult on account of the size of the stone. Further, it would have been fraught with danger on account of the extreme condition of irritability in which the mucous membrane of the bladder was found; and, moreover, we feared the presence of a troublesome nucleus, as so frequently occurs in such cases. The operation of vaginal lithotomy, on the other hand, being exceedingly easy in the adult female, presented the most favourable solution of the problem. Accordingly, the last proceeding was resolved upon, and on the 2nd of March proceeded with in the following manner:—The patient having been anaesthetised, was placed in the semi-prone position. The perineum was drawn back by means of a Sim's speculum. A sound was introduced through the urethra, and its point made to project against the base of the bladder in the mesial line, half an inch or so from the neck of the organ. The point of the sound was now cut down upon

by the stroke of a pair of scissors. The one blade of a probe-pointed straight scissors was now passed through the opening into the bladder, while the other occupied the vagina. The opening was extended backwards in the mesial line in the direction of the cervix uteri for fully $1\frac{1}{2}$ inches. I ought to have observed that when the patient was put under chloroform for the operation, and I was able to manipulate the tumour freely (which I could not do on the day of her admission, on account of the excruciating pain complained of), it was noticed that the anterior lower part of it was more moveable than the rest. The impression conveyed to my mind was that a portion had broken loose from the main mass of the calculus, or that there were two stones. On opening the bladder, however, I found I had been mistaken, for so soon as I passed my finger into its cavity I found it pricked through coming in contact with one of the sharp ends of this hair-pin (stone shown, *vide* drawing). With some difficulty I



managed to guide the two ends of the pin so as to bring them both out at the wound. Originally they had pointed more forwards than the anterior angle of the incision, and after an ineffectual attempt to remove the stone by an ordinary lithotomy forceps, I grasped the two free ends of the hair-pin in a strong needle holder, and was able to utilise them so as to facilitate the removal of the stone.

On effecting this object it was found that the mucous membrane of the bladder was so unhealthy, and so encrusted with calcareous deposits, that I resolved not to sew up the wound at once. I washed out the bladder thoroughly with a weak carbolic acid solution, and then had the patient put to bed. The bleeding during the operation was quite inconsiderable, and after the operation it was positively *nil*.

From this date the patient was entirely relieved of her pain. The wound gradually contracted of itself, but after waiting for four weeks in expectation of a complete closure we found there was still an opening at the anterior end of the incision to the extent of about half an inch in length. Accordingly, I then rawed and brought together the edges by means of several twisted silver sutures. A winged catheter with tubing attached to it was passed into the bladder and remained there without causing any inconvenience till the 8th day, when the stitches were removed. The wound was now found to have completely healed. When coloured fluid was passed into the bladder not a trace of it escaped per vaginam. The patient was able to retain her water for four or five hours at a time, had no pain, and was dismissed cured.

The patient at first denied all knowledge of how the hair-pin could have entered her bladder, but on being pressed with questions she confessed to having introduced it about fifteen months previously. At first it gave her little or no annoyance, but gradually she began to experience difficulties in connection with micturition, as already explained.

(a) Read before the Obstetrical Society of Edinburgh.

This case, otherwise interesting in several particulars, appears to me the more appropriate as a contribution to this Society, inasmuch as it represents a subject which has never been considered by it. With the exception of a case of stone in the female bladder successfully removed through the urethra by Dr. Peter Young, an account of which was communicated by him to this Society in May, 1861, the question does not seem to have been dealt with in the course of the existence of the Society.

The fact that stone is a rare affection in the female partly accounts for this. The readiness with which stones of an ordinary size may be removed through the urethra may also be credited with a certain amount of the omissions. There is little doubt that the shortness of the female urethra and its comparatively large calibre, as also the anatomical conditions of the female bladder, which do not give rise to a stagnating pouch as is the case in adult men, are important elements in determining the relative infrequency of the disease. At any rate, there is no question about its being very rare. Various estimates of its relative infrequency are given, most being agreed with Mr. Pollard (a) that it is more than twenty times less frequent in the female than in the male. It would further appear that the infrequency would be still greater were it not for the introduction of foreign bodies into the bladder, which foreign bodies ultimately become nuclei round which calcareous matters are deposited. During the four years in which I have served in the Edinburgh Royal Infirmary and during which a multitude of female disorders have come under my notice, this is the only case of stone in the bladder which I have seen.

I would like in a single line to draw attention to the striking fact that this hair-pin could have lain in this woman's bladder fifteen months, and during some ten of these should have given rise to little uneasiness. This fact is certainly a strange one and goes to support the view which I have held for years, and which was so ably advocated of late before this Society, viz., that the female bladder when empty is not in a state of active contraction but rather of loose collapse. For it stands to reason that if this patient's bladder had been powerfully, or even forcibly, contracted the first time it was emptied after this hair-pin was introduced, it could not fail to have been penetrated by the sharp free ends of the pin. The history of foreign bodies in the bladder includes many similar structures, yet penetration of the bladder wall seems very rare. Thus, needles of various kinds, pins, &c., are frequently found in the bladders of both sexes. Donné, *Moniteur des Hôpitaux* No. 126-7-8, for 1856, adds to the account of a woman who had introduced the handle of a stiletto into her bladder, the particulars of 391 cases. An odd list it makes in all conscience. It includes 78 portions of catheters and lithotripsy instruments, 82 needles, pins, or tags, 6 bone or ivory needles, 6 ear-picks, 3 ivory whistles, 1 ivory spindle, 1 ivory stiletto handle, 15 leaden balls, 3 small keys, and 8 metallic fragments of various kinds, 12 bones or splinters of bone, 10 pieces of pebble or chins, 6 penholders, 15 needle cases, 10 pieces of tobacco pipes, and 4 portions of glass tubing, besides other curious structures that we need not stay to mention. Of course, the catheters and lithotripsy instruments would find their way into the bladder by accident, but the greater portion of the others must have been intentionally introduced under depraved sexual excitement, or for some other foolish reason. It has to be observed that Donné's cases refer to both sexes.

From some more recent observations recorded, as, for instance, *Medical Times and Gazette*, vol. ii., 1865, p. 284, a hair-pin seems a favourite foreign body in the female bladder.

(To be continued.)

(a) Holmes's System of Surgery.

NOTES ON GOUT. (a)

By ANDREW SCOTT MYRTLE, M.D.,
Consulting Physician to the Harrogate Bath Hospital.

I SHALL take it as granted that we are all thoroughly conversant with the cause, symptoms and natural course of an honest acute attack of gout, as it appears in its favourite resorts; certain impurities, principally uric acid, get arrested in their passage through the small vessels, a block is established and the result local inflammation of a specific character, with this there is more or less functional disturbance of the digestive, circulatory and nervous systems, but if left to itself the disease runs a pretty uniform course, the patient's sufferings not being so much in keeping with the severity of the local symptoms as his idiosyncrasy; by and by pain, heat, redness and swelling disappear, and the person is not only as well as ever but, as Dr. Cullen wrote ages ago, "enjoying greater ease and alacrity in the functions of mind and body than he had done for a long time previously." In dealing with all such cases of acute gout, I maintain that any attempt to mitigate the symptoms or cut short the fit by any kind of treatment whatever is a mistake, the patient should be asked to grin and bear, and told simply to rest the part and wrap it up in cotton wool; if the appetite is normal I do not make the slightest change in diet, in fact, I act on the principle of fanning the flame so that the fire shall burn itself out in a legitimate manner and place. By adopting this course, I find patients make good and rapid recoveries, and enjoy better health and a longer interval between their attacks than by any other. Treat such cases with purgatives, alkalies, colchicum, and I grant that the symptoms will be quickly ameliorated, cut short or arrested but what follows, the patient generally does not make so good or rapid recovery, and is more liable to a relapse; or the disease returns at an early date, it may be in a less violent, but also in a less healthy, fashion. The treatment has scotched not killed the snake. I have been speaking of acute gout, as it affects the joints of the hands and feet, we must bear in mind that it does not always confine itself to these parts, but not infrequently seizes on some internal and important organ. The stomach, bowels, kidneys, bladder, heart and brain may suddenly become its seat, the symptoms when such happens are most alarming, and require prompt and powerful measures to be immediately resorted to for their subjugation, unfortunately they are not so readily recognised and thus may be allowed to run a fatal course; one of the most constant features of internal gout is the very marked depression of the ganglionic centres, the patient looks as if he had been the subject of *shock*, such as we witness in severe accidents. What is called flying gout I have generally found associated with a loaded condition of portal system with decided hepatic derangement, and speedily removed by treatment directed to remedy this condition.

Suppressed or poor gout is one of the most unsatisfactory forms either to have or treat—and as far as rheumatic gout goes I have only one remark to make and that is the value I attach to glycerine given instead of sugar with tea, coffee, milk, puddings, or even whiskey punch. It never turns acid, as you know, is miscible with all kinds of food and drink, and as a hydro-carbon acts both as a food and fuel, many have been enabled by its use to pass better winters, and escape attacks of bronchial mischief, which before using it they were prone to.

I need say nothing as to the strong hereditary nature of gout, or to the fact that it frequently appears for the first time in families.

The causes which favour its development are good living, excessive use of stimulants, especially those of a saccharine sort, and indolence, to these I would add bad air—these are allowed to be the common factors of the gouty diathesis, but they are by no means the only ones. I have met with lots of cases where we have neither had

(a) Paper read before the Yorkshire Branch, June 29th, 1881.

hereditary tendency, gross living or intemperate habits with slothfulness to account for it, men and women who have become martyrs to it because they have been subjected to bitter trials, sorrow, anxiety and worry with physical exhaustion, anything which depresses the vital powers may prove the exciting cause of gout, whether one is predisposed to it or not.

Dr. Clifford Allbutt in his address to the Medical Chirurgical Society of the West Riding last session spoke to the fact that gout was frequently found to exist as a neurosis; this year I met with a case which exemplifies this in a remarkable way. During the Indian Mutiny in 1857, a powerful smart young officer was chosen to perform a most difficult, dangerous and arduous duty—he was given important dispatches, and had to carry them 70 miles, through a district infested by rebels; he had to accomplish his journey in one day and return with the answer the next; this he did, but on his reaching headquarters, he was so prostrate he had to be lifted from his horse and carried to his bed; next morning he was removed to the hospital, and shortly after was attacked with acute gout in both great toes, ankles and thumbs. No member of his family was ever known to have suffered from any form of gout, and he has never been very long free from it since. I have several times seen children weakened by acute illnesses, show all the signs of acute gout during the early days of their convalescence without their parents ever having exhibited the slightest trace of being of gouty constitution.

I would ask the question, is gout more frequently met with now in proportion to the increase of the population, than in our own recollection? Like myself some of you may be able to carry your minds back 20, 30 or even 40 years. I shall tell you my professional experience; from 1839 till 1844 I was daily in the habit of seeing patients, as an apprentice and student, in private and hospital practice in Edinburgh—during that time I don't remember seeing one case of acute gout. I never heard one word regarding it from my master or teachers, and in my text books I found it once spoken of as having some connection with stone in the bladder.

From 1844 till 1859, when I was in practice in Scotland, I met with one case of acute primary gout and one case of recurrent. Since 1859 I have been in practice in Harrogate, where gouty patients are sent in hundreds, but these I shall leave out of my calculation, and confine myself to my resident practice, and here I find I have seen on an average about 7 fresh cases per annum, among a class in every way similar to my patients in Scotland, where in 15 years I saw two cases, here I have seen in the same term 105. Among the visitors, I find that Scotland and Ireland furnish more gouty cases than England. I mention this because, about the year 1760 Dr. Gregory, the most celebrated physician of his day, and Professor of Practice of Physic in Edinburgh University, whilst on a visit to London, assured his medical friends that, during his life he had only seen two cases of gout. All this time it was very common in London. The fact that Dr. G. only saw two cases shows that the disease must have been almost unknown in the North a hundred years ago, and now every Scotch village surgeon is as familiar with it as we are. Has gout increased in like ratio in England? I am fully persuaded it has, and is rapidly on the increase. What can we attribute this increase to?

1st. I would observe that English and Scotch have been for centuries given to strong drink, and, whenever they could get it, fond of good living. Too much value has been attached to Abernethy's remedy against gout—"Live on sixpence a day, and earn it." We must fall back on other factors of gout than alcoholic drinks and generous diet, and ask ourselves, Are there at present any conditions of life in operation which did not exist during our grandfathers' time, and can those conditions in any way account for the increase of certain diseases, among which gout holds a prominent place? I think the answer is not far to seek; our whole conditions of life and mode of

transacting both public and private business have changed. Our ancestors led comparatively sleepy lives; they had none of that constant mental excitement and physical hurry-scurry which must be kept up in these days if any one desires to be in the race; consequently, they felt nothing of the strain put on mind and body, and the exhaustion induced in both, which we commonly meet with; and to this exhaustion of nerve force I think we may reasonably attribute a portion of the victims of gout.

I would point to another possible cause, one which, in my own mind, I have little doubt about, and that is, excessive tea-drinking. Let me call your attention to the following facts in regard to the increase of gout and the consumption of this article. Tea, you all know, was introduced into this country about 200 years ago. For long it was only to be met with as a curiosity, and was not found in any but the houses of the rich as a common beverage, early in this century—in fact, until the monopoly, which the East India Company held regarding its importation, was abolished in 1833, tea-drinking was not to be seen in every dwelling, and it is at least remarkable that since 1833 gout has increased enormously. I must confess that I think Richard Cobden was not far wrong when he expressed his opinion that tea was a slow poison which would lead to the rapid degeneracy of the race, and I have long felt convinced that I have seen as much mischief result from intemperance in tea-drinking as I have from dram-drinking.

In conclusion, let me say a few words on a new tap opened for the sole benefit of the thirsty public. I shall be curious to watch what may happen during the next ten years after we have got our systems fairly saturated with those marvellous drinks which Limited Liability introduces to us, those beautiful, sparkling, refreshing, and invigorating beverages at 5s. 6d. per dozen, more agreeable than champagne, and, in my opinion, a hundredfold more injurious. In those trashy compounds I believe we shall find a new source of dyspeptic torments and an additional factor of gout. I once was bullied into tasting some stuff with a fine sounding name and gorgeous get-up—from the little sip I took I can honestly advise every one who has any respect for his inside to avoid all drinks whose names, whatever their beginnings, end with the letters L. N. E., O. N. E., or A. D. E., and stand by the good old-fashioned beverages of our youth. If stimulants are to be taken, and I believe to a certain extent they are necessary, you will find sound beer, good wine, and old spirit more wholesome, more suitable to the climatic conditions under which we live, than any other and not one whit more gouty.

ANOREXIA NERVOSA.

By THOMAS STRETCH DOWSE, M.D., F.R.C.P., Ed.
Physician to the Hospital for Epilepsy and Paralysis; formerly
Physician Superintendent Central London Sick Asylum.

SIR WILLIAM GULL, in an address on medicine delivered at Oxford in the autumn of 1868, (a) was the first physician in this country to draw the attention of the profession to the more special features and correct treatment of this disease, and again in the year 1874 we find in the *Clinical Society's* "Transactions" another paper on this subject by the same physician. Dr. Lacéque wrote upon anorexia hysteria about the same time, and his observations may be found in the *Medical Times and Gazette* for September 27, 1873. Dr. Whytt, in his works, writes of a "nervous atrophy." He says a marasmus or sensible wasting of the body, not attended by sweating or any considerable increase of the excretions by urine or stool, a quick pulse or feverish heat, may deserve the name nervous, and this disease seems to proceed in a great measure, if not solely, from some change in the nerves of the stomach and bowels. Dr. Fenwick, in his excellent work "On Atrophy of the

(a) *Lancet*, August 1868.

Stomach," devotes a chapter or two to "anorexia nervosa," and he gives notes of many cases which go to prove how little is known of this affection. For instance, Dr. Fenwick cites the case of a girl, of 15 years, suffering from this disease, and who was stated by a physician to be dying of consumption, but who rapidly recovered upon being compelled to take nourishment frequently. He also quotes the case of a girl, aged twelve years, who was admitted into the London Hospital, and said to be suffering from tubercular meningitis, but she got perfectly well after forcible feeding was had recourse to. Dr. Fenwick states that anorexia nervosa seems to be confined to young persons, the oldest he has met with being only 25 years of age. I have, however, seen exceptions to this statement, and I shall give one case at the end of my paper. Dr. Forbes Winslow has considered this affection from a psychological point of view (and so have most psychologists) in his recent work entitled "Fasting and Feeding Psychologically Considered." This work is full of literary and general information, but it does not refer especially to the particular class of cases which we now have under consideration.

Sir William Gull says that the subjects of this affection are mostly of the female sex, although it may occasionally be found in males, and Dr. Fenwick states that it is much more common among the wealthier classes than amongst those who have to procure their bread by daily labour. In reference to the pathology of this disease very little seems to be known. In a case of Dr. Fenwick's (a young man of 19 years), on post-mortem examination all the organs were found healthy excepting the cæcum, where a small ulceration existed.

In a case of Dr. Wilks, where death occurred, he says: "On a most careful search through the body not a particle of disease of any kind was found, the intestine was healthy throughout, and indeed from the necropsy alone it would have been difficult to have discovered the cause of death." Sir William Gull (Clinical Society's "Transactions," 1874) says: "Although the two cases I have given have ended in recovery, my experience supplies one instance at least of fatal termination to this malady, where the post-mortem examination itself revealed no more than thrombosis of the femoral veins, which appeared to be coincident with œdema of the lower limbs." Death apparently followed from starvation alone.

In the recorded post-mortem examinations of the distinguished physicians whom I have just quoted, I do not think sufficient attention has been paid to the microscopical examination of the nervous system, and particularly of the medulla oblongata, and although I consider the term "anorexia nervosa" very appropriate, yet I cannot help thinking that in many of these cases there is some functional derangement of the pneumogastric nerve, such in fact as may warrant the use of the term "pneumogastric neurose," but I cannot lay stress upon this point from any other than clinical observation, and a few rare instances where the pneumogastric nerve upon post-mortem examination has been found diseased. Dr. Johnson, in the year 1837, publishes in the "Economy of Health," a very interesting case of anorexia nervosa, which appeared to be due to organic disease of the brain. "The sister," he says, "of the celebrated Mrs. Siddons (Mrs. Whitlock) died under my care from starvation without its attendant sufferings of hunger and thirst. An aneurismal enlargement of the vessel in the brain pressed upon the origins of two particular nerves—the eighth and ninth—those which give power to speech, swallowing, and digestion; the consequence was an inability to speak, to swallow, and to digest. Fortunately, the paralysis of one of these nerves (the eighth) prevented the sense of hunger, and though this unfortunate lady lived five weeks after the failure of swallowing was complete, she suffered not from hunger or thirst." Dr. Forbes Winslow, in his work just referred to, says: "The student of mental diseases is in a good position for estimating the effect of fasting on the animal frame. There are few among the patients who pass under his notice that do not at some

time or other exhibit the features peculiar to this condition; the records of asylum physicians are full of them; and there are to be found in them the accounts of phases and moods that will repay minute investigation.

Dr. Fenwick, in writing upon the pathology of "Anorexia Nervosa," says: "The emaciation forms a remarkable contrast to the large amount of fat always present in the subjects of atrophy of the stomach, whereas in the disorder we are now considering the blood is starved of all its constituents, whilst in degeneration of the gastric glands only the albuminous materials are defective, and the fat consequently accumulates on the tissues."

From the statements which I have just made relative to the observations of others concerning the nature of this disease, I think there can be little doubt that it is engendered through an arrest of function on the part of certain nerves, similar to what we find in hysteria, catalepsy, and some forms of melancholia, and that this arrest of function is more pronounced in these cases in the pneumogastric nerves, and possibly in the medulla oblongata itself.

Schroeder Van der Kolk (a) states that in cases of melancholia, with increased desire for food, he has generally, at the same time, observed a great irritation of the medulla oblongata, so that pressure on the upper part of the neck could not be borne; also that he has proved pathologically that when the pneumogastric nerves have been inflamed, irritated, or softened, there has been a more or less complete absence of the feeling of hunger. This learned psychologist believes that these conditions of anorexia and melancholia are not unfrequently brought about by an overloaded state of the colon with retained fæces and masses of scybala, and with a general engorgement of the chylopoietic circulation, or from undue sexual excitation. I should say, from my own experience, that such a conclusion is highly probable, and I believe that if many of these cases were treated primarily by aloetic purgation, and less sympathy on the part of immediate relatives, we should hear very little more about them.

The following case, which came under my care in the summer of last year, is highly interesting and extremely typical in its main features of anorexia nervosa.

A. T., æt. 14, was admitted into the Hospital for Epilepsy and Paralysis on July 6, 1880, with the following history:—

Her parents are healthy and strong persons, so are her brothers and sisters.

There was no difficulty about her birth, but she was considered a very delicate child; and during infancy cod-liver oil was given to her because of weakness.

Although delicate, thin, and weak, she has never, until the affliction from which she has, it is hoped, now permanently recovered, suffered any serious illness, excepting the measles when about 8 or 9 years of age.

About two years ago, however, a number of small boils erupted upon several parts of her body, particularly about the region of the anus and the back of the thighs. She also at the same time had a swelling from the throat. She was taken to a medical man, and he said the nature of her "constitution" caused the eruptions. Some medicine was given to her, and the swelling from the throat was painted; and in a short time the eruption and the swelling disappeared, never having been seen before, and have not been seen since.

In the early part of last summer she began to decline, said that she could not swallow food, and exhibited great obstinacy of disposition. The advice of a doctor was obtained, but she refused to take his physic; or if she did take any at all it was at very irregular periods, few and far between. She would cry at the slightest opposition to her wishes, and often without any apparent reason. Being a delicate child, she had always been treated with more indulgence than the rest of the family. She had, in fact, been allowed to do nearly as she liked; and in her sullen fits at this time she would never speak to her mother

(a) Mental Diseases, Schroeder Van der Kolk.

except in tones of the greatest insolence. She grew from bad to worse; and in February last she went thirteen days without taking anything besides a little water—at least, not to anybody's knowledge. She became so weak that her parents sat up with her for nearly a week; and one night they thought she was dying. It is supposed she had a fit on one occasion, and it was thought she was dead. After this, her mother used an enema to her; but this caused her great pain, and its use was discontinued. Somehow or other, after this she grew stronger, and was able to partially dress herself, and later on to come down stairs with only slight assistance, while for some time before she had been carried up and down. As before remarked, she was very sullen. She would never begin a conversation, nor join in one; and it would sometimes be difficult to get a reply from her, even in a monosyllable.

Her father proposed several times on doctors' advice and his own judgment to obtain admission for her into the County Hospital at Colchester; but his propositions came to nought, for it was protested right and left that the girl would never endure the journey.

She remained in the same condition for some time—sometimes a little better, sometimes a little worse, sometimes eating a little, but oftener nothing at all for days—till about the middle of May last, when she expressed a strong wish to go to London to see her brother. The doctor advising that her wish should be gratified, she accordingly was brought to London, having to be supported and lifted in and out of the different conveyances. Her brother and his wife tried what a little firmer treatment would do, and as far as it went it succeeded pretty well. They resolved to try her with beef-tea. At first she resolutely declined, as usual, to take it; and quiet means failing, they proceeded to employ force. And the girl struggled violently, so much so that she laid on the floor before she was overcome, causing them to be greatly astonished at such an unlooked-for display of strength. Eventually the liquid was forced down her throat. After this scene she took beef-tea twice a day, freely, though slowly; but she could not be induced to take more solid food. Gentle persuasion and stern command were equally unsuccessful. She would cry incessantly, and moan and whine in a most distressing manner, particularly when her mind was unoccupied. It was found she was better when her mind was engaged, and she was therefore kept employed as much as possible.

(To be continued.)

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Two Cases of Sarcoma of the Maxilla—Removal—Recovery.

Under the care of Mr. MORRANT BAKER.

Reported by SIDNEY DAVIES, B.A.

1. *Sarcoma of Lower Jaw—Removal—Apparent Recurrence in Upper Jaw.*—William B., æt. 16, was first admitted into St. Bartholomew's Hospital on Aug. 16, 1878, under the care of Mr. Baker. He was a sailor by occupation.

The patient stated that whilst in Japan a tumour was taken away from the right side of his lower jaw; that was about the middle of April. He didn't notice any return of it until after he returned to England.

On admission he was found to have a scar just below the body of the jaw of the right side, which ran from near the angle to the mental foramen. The bone could be traced without interruption from the symphysis to the angle, and the whole moved together when he opened and shut his mouth. It was thought that there might be some loss of bone on the outer side of the jaw, but it could not be certainly determined. The molar teeth were gone. The cheek was full and soft, much more prominent than on the right side. In the parotid region there was a slight swelling of

firm consistence, very ill defined. No distinct tumour could be felt. There was no enlargement of the neighbouring glands. The patient did not complain of any pain, nor did he give any history of injury. The family history was good, and he himself had enjoyed previous good health.

A linseed poultice was ordered to be applied to the right cheek.

On the 22nd August the patient was taken into the theatre for a consultation. The general opinion was that the swelling was due to inflammatory infiltration and thickening of the soft parts, and it was decided to continue poulticing and to watch the case. Some of Mr. Baker's colleagues, however, thought that there was a recurrence of the tumour that had been removed.

The following notes were subsequently made on the case:—

Sept. 4th.—The right cheek is slightly warmer than the left. The swelling has slightly increased during the last few days.

12th.—The cheek is evidently more swollen than on admission. A firm swelling projects from the entire outer surface of the right ramus of the lower jaw, which is most prominent just below the coronoid process. The cheek is not adherent to the tumour.

Mr. Baker again took the patient to the theatre for consultation with his colleagues, when an unanimous opinion was expressed that the swelling was a recurrent tumour of the lower jaw, and it was advised to remove the entire right half of the jaw.

14th.—Mr. Baker removed the right half of the inferior maxilla from the lateral incisor to the condyle. There was very free hæmorrhage from the deep parts after the removal, which was stopped by the application of the cautery and perchloride of iron. The usual mode of operating for removal of the lower jaw was adhered to, and carbolised catgut sutures were used. A tolerably firm sarcomatous tumour occupied the ramus of the jaw; it was about 2½ inches long and ¾ inch thick. The bone was expanded in the form of a thin shell on either side of it, and between the bone and the tumour was a thin layer of cartilage.

15th.—Temp., 102.3; pulse, 121. No hæmorrhage.

16th.—The cheek is somewhat swollen. Temp., 100.8; pulse, 108.

17th.—Cheek rather more swollen. The incision looks a little red and tense. Temp., 102; pulse, 108.

18th.—Temp., 101.

20th.—Temp., 101.1. The cheek is less swollen. There is a purulent discharge through the centre of the incision.

22nd.—Tumour examined microscopically; it consisted of a somewhat abundant connective tissue reticulum, enclosing small round cells. There were numerous small hæmorrhages into the substance of the tumour. *Diagnosis*—Round-celled sarcoma. There were no myeloid cells.

Oct. 14th.—Wound nearly healed. Patient is up. To-day an erysipelatous blush was noticed about the wound. The patient recovered from the erysipelas and was discharged cured. He remained well for two years.

On May 11th, 1881, he was again admitted into the hospital. He said that about six months ago he noticed a swelling on the front of the right superior maxilla. It increased in size slowly, and on admission formed a rounded prominence of the cheek.

The tumour appeared to spring from the front of the maxilla. It could be felt in the mouth external to the alveolus, but it made no swelling on the palate. The right nostril was free, and the floor of the orbit was not invaded. The tumour was firm, and even on the surface not movable, and not adherent to the soft parts over it. There was no glandular enlargement, and the patient's health was robust. The scar of the last operation was sound. There was no reproduction of bone. At a consultation it was unanimously recommended to remove the upper jaw.

18th.—Operation. Mr. Baker laid back the cheek as for the major operation for removing the upper jaw. The tumour, however, which was attached to the scar of the former operation, was chiefly seated in the pterygo maxillary and spheno-maxillary fossæ, and, after some trouble, the tumour, which had well-defined walls, was enucleated quite clearly from the parts in which it was embedded. The superior maxilla was not itself affected; the appearance of its being affected, which existed before the operation, was due to the tumour having pressed on and flattened the pos-

terior and external walls of the bone, so that the convex surface had been made concave.

23rd.—Wound quiet and closing well.

June 4th.—The wound has healed throughout, leaving very little deformity. Patient discharged healed.

Remarks.—The interest of this case mainly centres in the apparent recurrence in the upper jaw of a sarcomatous growth removed with the lower jaw. The event proved that the anomaly was only apparent. Mr. Baker made his incisions such, that, in the event of the tumour being, as it proved to be, disconnected with the upper jaw, it might be separated without injuring the jaw; the result showed that he was right in so doing.

2. *Sarcoma of Upper Jaw encroaching on Orbit—Removal—Recovery after Abcission.*—Miles C., st. 48, gunsmith, was admitted into St. Bartholomew's Hospital on May 26, with the following history:—

In February last he first noticed a swelling on the cheek. Early in May he went to the Leicester Infirmary where he was advised to have the upper jaw removed; but as the senior surgeon of the Infirmary thought the disease cystic, a puncture was made in the palate, and blood was evacuated. He refused, however, to be operated on in Leicester Infirmary.

Condition on admission.—There is a tumour of the right upper jaw. It forms a prominent swelling on the cheek, which extends backwards to the zygomatic suture. It deflects the nose to the left, and the outer wall of the right meatus is seen to be in contact with the septum. The tumour is felt to encroach to a slight extent upon the floor of the orbit. The right eye is raised so that the lower border of the right iris is on a level with the lower border of the left pupil. There is some œdema of the lower lid. The conjunctiva is slightly suffused, and the patient says that the eye pricks when the lids are long open. The tumour encroaches on the gums corresponding to right alveolar border, and all the upper teeth of that side are loosened. There is a rounded swelling on the hard palate close to the right alveolus, and when one finger is laid on the cheek and another on the swelling of the palate, fluctuation is obtained between the two. All other parts of the tumour are firm. There is no glandular enlargement. The patient suffers occasional pains in the cheek. There was no family history of cancer or tumour.

The patient had always been well until the time of the Afghan campaign, when he got intermittent fever.

On May 30th Mr. Baker removed the upper jaw by the major operation under chloroform. Three lint plugs were inserted, and the lips of the wound united by silver and horse-hair suture, and one hair-lip pin. Patient was very faint after the operation.

31st.—The three plugs were removed in the afternoon. The wound was syringed with solution of Condy's fluid. Temperature rose after the operation from normal to 100° 3. To-day, morning temperature, 100° 5; evening, 102° 2.

June 1st.—Temp., morning, 101° 6; evening, 104° 4. Slept well. Hair-lip pin removed.

3rd.—Temp., 102. There is a small ulcer on the upper segment of the cornea. Slight conjunctivitis. Ordered weak solution of atropine to eye, and

Hausus quina. ter die

Wound quiet.

4th.—Conjunctiva more inflamed. Ulcer spreading; some tumefaction of eyelids. Temp., 101° 3.

6th.—Much œdema of the lids. The corneal ulcer is extending. Temp., 99° 5.

7th.—Mr. Power, Ophthalmic Surgeon, saw the patient, and reported as follows on the eye: "Ulcer of cornea circular, occupying the superior internal segment of the cornea; not very deep; base transparent, margin defined by a layer of puriform mucus; not much pain. A weak carbolised oil to be applied, and the cornea protected by a watch-glass."

The general condition of the patient is not satisfactory. Temp. normal.

9th.—Condition improved. His last two nights have been good. Corneal ulcers extending.

11th.—œdema of eyelids unchanged. Lymphatic glands at the right angle of the jaw much enlarged and tender. Temp. rose again to 104 in the evening.

12th.—The ulcer of the cornea now appears to implicate the whole of that structure. The wound is doing well. It is now healed.

The patient was removed to the ophthalmic ward, when abscission was performed by Mr. Vernon. He now gets up and goes out.

Translations.

ON PARACENTESIS THORACIS BY ASPIRATION IN ACUTE PLEURISY.

Par Dr. GEORGES DIEULAFOY,

Professeur Agrégé à la Faculté de Médecine de Paris; Médecin des Hôpitaux; Lauréat de l'Institut (prix Montyon).

Translated by C. A. OWENS, M.D., L.R.C.P. Ed.,
L.R.C.S.I., &c.

(Continued from page 73.)

CHAPTER IV.

Method of performing Paracentesis Thoracis by Aspiration in Acute Pleurisy.

AFTER having considered the indications for puncture of the chest in acute pleurisy, and discussed the objections which have been raised against it, I now come to the operation of paracentesis thoracis by aspiration. Up to the year 1869 there was one mode of procedure: it was that bequeathed to us by my respected master Trousseau. He punctured in the 6th or 7th intercostal space counting from above downwards, about 1½ or 2 inches from the external border of the great pectoral muscle, that is in the axillary region. He first made a small incision in the skin to facilitate the entry of the trocar, then, at one stroke, he pierced the chest wall by means of Reybard's trocar. This trocar was fitted with a valve of gold-beaters' skin to prevent the entrance of air into the chest on inspiration. The fluid escaped from the chest at first by jerks and then by dribbling, and in the course of the operation the patient was generally seized with a fit of painful coughing; sometimes "violent, unyielding, and severe," which Trousseau considered useful to favour the flow of the fluid externally, and which, in certain patients, was prolonged through a portion of the day. It must be added that not seldom towards the end of the operation the fluid was found to be coloured red by its mixture with blood. Thus performed paracentesis of the chest without being a very difficult or painful operation, required nevertheless some ability on the part of the surgeon and some resignation on the part of the patient; it was, moreover reserved for urgent cases and was practised by a comparatively small number of medical men.

In 1869 when I applied the principle of aspiration to the treatment of morbid fluids, effusions of the pleura were the first to benefit by it; there was no pain; the trocar, &c., and primary incision were replaced by the prick of a needle which was so insignificant that when the operation was finished there remained not a vestige of it, and the fluid instead of being forced out in jerks during very painful fits of coughing, passed out, almost without the patient's knowledge, from the thoracic cavity into a receptacle in which a vacuum had been prepared. Thus simplified paracentesis became numbered among the resources of the most timid and most inexperienced practitioners; it became the easiest of all operations; and I ought to add that in my wards, there is no student, however little advanced in his studies, who does not perform it under my guidance. But, bear in mind, the extreme simplicity of the operation does not preclude the necessity for observing certain rules which must not be departed from, and possibly it is because they have not been sufficiently followed that accidents have arisen which should have been prevented. How, and according to what principles should the operation of paracentesis be performed on a patient with pleurisy?

The patient should be seated on his bed, with his arms crossed on his chest, or better stretched out before him. The operator first marks on the skin in ink or pencil the spot on which the puncture should be made, and I recommend the 8th intercostal space, in a line dropped from the inferior angle of the scapula. It may be seen that the spot chosen is placed lower and further back than in the old operation; I find it offers the advantage of reaching the fluid in a more dependent position, and also of avoiding the risk of encountering the lung which floats much above this level. The operation should be

done with No. 2 needle, and not with a needle or trocar of larger diameter. Its permeability is to be ascertained by means of a silver wire and a jet of water; then the needle cleaned and oiled is attached to the aspirator by means of an india-rubber tube—the necessary vacuum is made in the apparatus, and the operator proceeds to make the puncture. To do this, the index finger of the left hand is placed in the intercostal space decided upon, so as to press the upper rib with its lower edge; thus making use of the nail or end of the left index finger as a conductor, and holding the aspirator needle in the right hand like a pen, it is made to penetrate the intercostal space and pleura at one sure stroke. Therefore it is the left index finger upon which devolves the most delicate part of the operation, since it is this which defines the intercostal space and which also forms a conductor for the needle. When introduced into the tissues the needle is thrust in for about an inch in depth, the corresponding tap of the aspirator is opened, and the fluid having passed through the crystal index appears in the apparatus. If the fluid does not come, the needle has not been put in far enough, and it may be pushed in without fear, because the vacuum will show the moment the fluid is reached, with certainty. At the moment the puncture is made the needle is introduced perpendicularly to the wall of the thorax, but as it is thrust in its point should be inclined upwards and outwards: upwards because of the upward curvature of the convexity of the diaphragm; and outwards because the lung is pressed inwards. When the aspirator is full it is emptied by shutting and opening the corresponding taps, and this pause of a few seconds is beneficial to the lung, which for an instant suspends its movement of expansion, and is thus not induced to unfold itself too rapidly. This manoeuvre is repeated six or eight times according to the size of the aspirator, and when about a pint and a half of fluid has been withdrawn, which is easily known, as the aspirator is graduated, the flow must be stopped. When the operation is finished and the needle withdrawn it is hard to find any traces of the prick in the skin, and no dressing, not even a piece of diachylon, is required.

With the rack-aspirator holding $4\frac{1}{2}$ ounces a pint and a half of fluid may be removed without hurry in twelve minutes; and when the operation is performed methodically, the patient should not have the slightest cough, nor experience the least pain, nor any uneasiness whatever. If the pleurisy is complicated, if the field of aeration is narrowed by cardiac or pulmonary lesions, if pleural adhesions are supposed to exist, if *above all* during the operation the patient experiences a sensation of tearing or of *pain within the chest*, it is preferable, seeing we can operate again to-morrow, to suspend the flow even if only 10 or 12 oz. have been withdrawn. But these precautions, which cannot be too closely observed in complicated pleurisy, constitute the exception in the simple form. The operation is hardly finished before the patient begins to feel benefit from it; respiration becomes easier and deeper, and the signs on percussion and auscultation are modified. What is to be done now, and what steps are to be taken with regard to fluid left in the chest? If the effusion is very large, if it exceeds 4 or 5 pints, the operation should be repeated the next day, or the next day but one, another pint and a half being withdrawn, and so on till the whole of the effusion is removed. But if the quantity of fluid as frequently happens does not amount at first to more than $2\frac{1}{2}$ or 3 pints, what is to be done? Is it necessary to repeat the operation for a few ounces of fluid? To this I reply that it has frequently occurred to me, in dealing with effusions estimated at about 2 or $2\frac{1}{2}$ pints, to remove only a pint and a half or so, and to leave the remainder, and this proceeding has not prevented a rapid cure taking place. I consider therefore that another operation is only indicated when the fluid left in the pleura reaches half a pint; below that figure we must refrain.

(To be continued.)

The annual rates of mortality last week in the principal large towns of the United Kingdom were—Bradford 14, Oldham 15, Edinburgh 15, Brighton 16, Bristol 17, Norwich 17, Salford 17, Plymouth 18, Birmingham 18, Wolverhampton 18, Sheffield 19, Portsmouth 19, Manchester 22, Hull 22, Sunderland 22, Glasgow 22, Liverpool 22, Dublin 24, Newcastle-on-Tyne 25, Leicester 25, Leeds 25, London 26, and Nottingham 29 per 1,000 of the population.

Special.

THE INTERNATIONAL MEDICAL CONGRESS.

The following is the daily programme, complete up to our going to press:—

Tuesday, Aug. 2nd.

- 10 a.m. to 6 p.m. : Registration of Members.
- 3 to 6 p.m. : Informal Reception at the College of Physicians.
- 9.30 p.m. : Conversazione given by President of Odontological Society to the Members of the Odontological Section.

Wednesday, Aug. 3rd.

- 11 a.m. : General meeting at St. James's Hall; Chairman Sir William Jenner. The Prince of Wales will declare the Congress open. Inaugural Address by Sir James Paget.
- 3 p.m. : Meeting of the Sections.
- 4 to 7 p.m. : Musical Promenade in Royal Botanic Society's Gardens.
- 4.30 p.m. : General Meeting. Address by Professor Virchow.
- 9.30 p.m. : Conversazione at South Kensington Museum.

Thursday, Aug. 4th.

- 10 a.m. to 1 p.m. : Meetings of Sections.
- 1.30 p.m. : Visits to Hospitals.
- Demonstration of Natural History Collection at South Kensington by Professor Owen.
- 2 p.m. : Meeting of Sections.
- 4 p.m. : General Meeting. Reading of the late Professor Raynaud's Address by his friend Dr. Féréol.
- 6.30 p.m. : Banquet given by the Lord Mayor at the Mansion House.

Friday, Aug. 5th.

- 10 a.m. to 1 p.m. : Meetings of Sections.
- 12.45 p.m. : Visit to Mr. Penn's Works at Greenwich.
- 1.30 p.m. : Visits to Hospitals.
- Demonstration of Natural History Collection at South Kensington by Professor Owen.
- 2 p.m. : Meetings of Sections.
- 4 p.m. : General Meeting. Address by Dr. Billings.
- 8 p.m. : Conversazione at the Guildhall.
- Soirée at the Royal College of Surgeons, free to members of the Congress.

Saturday, Aug. 6th.

- 10 a.m. to 1 p.m. : Meeting of Sections.
- 12.15 p.m. : Excursion to Croydon Sewage Farm.
- 1.45 p.m. : Excursion to Folkestone—Unveiling of Harvey Memorial Statue.
- 2 p.m. : Excursion to Hampton Court, and Garden Party at Normansfield, given by Dr. Langdon Down.
- 4 to 7 p.m. : Reception at Kew Gardens by Sir J. D. Hooker. Garden Party at Hampstead, Given by Mr. and Mrs. Spencer Walls. Garden Party at Wimbledon, Given by Mr. and Mrs. Saunders.
- 6.30 p.m. : Dinner at Richmond, given by the United Hospitals Club.
- Reception by the Foreign Secretary to the Foreign Members of the Congress.

Sunday, Aug. 7th.

- 10 a.m. : Full Choral Service and Sermon in Westminster Abbey.
- 3.15 p.m. : Full Choral Service, and Sermon by Canon Liddon, in St. Paul's Cathedral.
- 1.30 p.m. : Excursion to Boxhill, Luncheon at the Residence of Sir Trevor Lawrence.
- The Gardens of the Royal Botanic Society, Zoological Society, and at Kew and Hampton Court, will be open to Members of the Congress.

Monday, Aug. 8th.

- 10 a.m. to 1 p.m. : Meetings of the Sections.
- 11 a.m. : Visit to the Docks.
- 2 p.m. : Meetings of Sections.
- 4 p.m. : General Meeting. Address by Professor Huxley.
- 6.30 p.m. : Dinner given by the Master and Wardens of the Society of Apothecaries.
- 9.30 p.m. : Conversazione given by the Royal College of Surgeons.

Tuesday, Aug. 9th.

10 a.m. to 1 p.m. : Meetings of Sections.

2 p.m. : General Meeting.

4 p.m. : Visit to Crystal Palace; informal Dinner, and Display of Fountains and Fireworks, &c.

The General Meetings will all be held in St. James's Hall; the Sections meet in the University of London, Burlington House, the Royal Institution, the Asiatic Society's Rooms, and the Royal School of Mines; the various Offices of the Congress are in the Rooms of the Royal College of Physicians, Pall Mall East. Members will be required to show their tickets at each meeting.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

URETHRAL FISTULA.—At a recent meeting of the Société de Chirurgie M. Poncet related the case of a man who came to him with a lesion of the penis producing a urethral fistula. This individual, suffering from hypospadias, introduced into his urethra certain foreign bodies, amongst others a gold watch-chain, which caused considerable swelling of the prepuce and a fistula. M. Poncet was able to close the fistula by paring the edges and introducing deep and superficial sutures. This treatment succeeded admirably, but the patient on leaving the hospital deliberately tore open the cicatrix.

HERMAPHRODISM.—Another member reported a very curious case of hermaphroditism. A man, born of healthy parents, was registered in his district as belonging to the female sex. At the age of thirteen menstruation commenced, and at the same time the breasts were seen to develop themselves, and "she" was observed to have inclinations common to her sex at that period. She got married, but copulation was never able to take place. Her husband died in 1871. Since that time her ideas changed; she had several mistresses with whom coit was regularly accomplished. She shaved every second day; the face is not very masculine, yet the body in its outline approached nearer that of the male sex. The penis is no larger than that of a child twelve years old. There is hypospadias. In each labium can be felt a rudimentary testicle. There is no vagina nor uterus. This hermaphrodite belongs to the class of the imperfect bi-sexual hermaphrodites of Geoffrey St. Hilaire. M. Pozzi believed it was more the case of a man with hypospadias than a true hermaphrodite. The infundibulum between the labia was due to the attempts at copulation. The feminine voice and the voluminous breasts were not astonishing as the same are observed in eunuchs. He believed that hermaphroditism is getting very rare. For the last twenty years not one true case was demonstrated. M. Pozzi was sustained in his views by all the other members with the exception of M. Tilleux, who thought that hermaphrodites really existed.

BROMIDE OF POTASSIUM IN EPILEPSY.—In a classical book styled "Nouveaux Eléments de Matière Médicale et de Thérapeutique," the authors declare that in the treatment of epilepsy in adults drachm doses of bromide of potassium should be given daily, and gradually increased to two or three or even six drachms in the twenty-four hours. This opinion, constituting a grave error and fraught with danger, induced M. Ferraud, who has been a close observer of the results obtained at the Salpêtrière Hospital by M. Sequard de Saulle, devoted his *thèse* to the treatment of this disease as followed by this physician. In comparing the years 1879 and 1880 M. Ferraud divides the epileptics into three categories; the first comprises those patients who for some considerable time have had no more attacks; the second in which the attacks have sensibly diminished by half or more; and the third group comprises those who have been only slightly relieved. Of seventy-nine patients twelve belong to the first group, fifty-one to the second, and sixteen to the last. M. de Saulle commences with thirty or forty grains, at the most, of bromide of potassium in the twenty-four hours, and after the first fortnight according to the case increases it by eight grains. At the end of the second fortnight another slight increase was made so that at the end of from three to six months the daily dose of from sixty to ninety grains for women and

eighty to one-hundred-and-twenty grains for men was attained. These doses should if possible not be exceeded. Under any pretext the salt should not be increased too rapidly for fear of inducing bromism. As soon as a patient remained one year without an attack the medicine was given every second day during the first fortnight of each month and every day for the second. At the end of two years if the patient still remained free from attack the bromide was given but every fourth day during the first fortnight of each month and every day during the second, and so on. M. de Saulle believes that the reason that medical men are so much discouraged in the treatment of this disease lies in the fact that, as soon as a slight amelioration is observed the dose is diminished progressively. He has at present four epileptics who for more than twelve years have not had one attack yet they have not entirely suspended treatment. Bromide of potassium has been accused of weakening the memory, but this effect is only observed where the daily dose exceeds three or four drachms. In any case M. de Saulle when he reaches the dose of ninety grains orders two or three cups of strong coffee to be taken in the day as a preventive. He has thus never seen any evil results from the salt.

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.

President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 74.)

BIRRESBORN.

THIS spring, which is used as a table water, is situated in the Eifel Mountains, in Rheiniah Prussia. It was analysed in 1875 with great care by Fresenius, and we give his figures, calculated to grains per gallon :—

Bicarbonate of sodium	199.570
Bicarbonate of lithium	0.231
Carbonate of calcium	19.103
Carbonate of barium	} 0.010
Carbonate of strontium... ..	
Carbonate of magnesiium	76.501
Carbonate of iron	2.458
Carbonate of manganese	0.046
Biborate of sodium, trace	
Sulphate of potassium	3.646
Sulphate of sodium	9.514
Chloride of sodium	25.033
Bromide of sodium	0.025
Iodide of sodium	0.0003
Phosphate of sodium	0.015
Nitric acid, trace	
Phosphate of alumina, trace	
Silicic acid	1.717
Total solids	337.869
Free carbonic acid	

Skeleton Analysis of 10 oz. fluid (½ pint).

Solids.	Antacids.	Salines.	Purgatives.
21 grains.	18 grains.	1½ grains.	1 grain.

This is a table water of very marked alkaline character, and slightly purgative.

HARROGATE KISSINGEN.

Although this water is almost strong enough to be considered a medicinal water, we have inserted it here owing to two causes. It is based on the lines of a table-water, although rather concentrated (604 grains per gallon), and is also artificially aerated, to make it more palatable. We believe that this last is done at the suggestion of Prof. Attfield, who has lately examined this water. He reports as follows:—"After my experiments on the modes of keeping out the mischievous oxygen of the air, and of adding solvents of the chalybeate components of the Harrogate waters, I have no hesitation in recommending simple aëration of the waters by a due quantity of carbonic acid gas immediately they come from the spring, and, of course, immediately bottling. Aërated Harrogate waters would take immensely with the public."

This spring has been repeatedly analysed. In 1845, by West, in 1854, by Hofmann, in 1867, by Muspratt, and by Attfield in 1879. There has been very little change, as evidenced by these analyses, which were all performed by reliable men.

The total solids in the pure spring seem to have come back to the old figures of the original analyses performed in 1845, namely, about 875 grains, whilst they fluctuated to 908 and 991 in 1854 and 1867. It is interesting to remark in connection with this spring that excessive rainfalls do not, from the records, appear to influence the composition. It would, probably, be the case in most of the similar mineral springs which, in nine cases out of ten, come from considerable depths. If a water were influenced by such rainfalls, it would give indications of surface drainage. The water is fairly chalybeate, but still this chalybeate character seems to be steadily increasing, although we have not found quite as much iron present as given in Prof. Attfield's analysis. Thus the iron in 1854 was 1·34; in 1867, 1·79; and in 1879, 4·6.

It contains in the mild bottled form—

Chloride of sodium	...	...	...	465·63
Chloride of potassium	...	...	...	15·00
Chloride of magnesium	...	...	...	45·42
Sulphate of barium	...	...	...	0·35
Sulphide of sodium	...	...	...	trace
Carbonate of barium	...	..	...	1·46
Chloride of strontium	...	...	...	0·59
Chloride of calcium	...	...	...	61·18
Carbonate of calcium	...	...	...	6·09
Carbonate of iron	...	...	...	6·09
Silica	...	...	...	2·50
Lithium	...	...	...	...
Ammonia	...	...	...	0·10
Total	...	...	...	606·62

Skeleton analysis of 10 ounces fluid (½ a pint.)

Total Solids.	Salines.	Antacids.	Purgatives.	Iron.
38 gra.	34 gra.	1 gr.	3 gra.	½ gr.

The presence of sulphides, although very naturally to be expected, is here observed for the first time. The Harrogate Kissingen is a mild chalybeate water, possessing very little aperient properties; in fact, only what would be about sufficient to control the action of the iron. The Harrogate Kissingen is perfectly pure, gives only an alkaline reaction with phenol-phtalein after boiling some time, and even that is not permanent. It has no action upon diphenylamine or metaphenylene-diamine, proving the absence of nitrates, or nitritis. Nor does it contain any nitrogenous organic matter. It is artificially aerated by carbonic acid gas.

From the next analysis it will be seen that this spring bears a remarkable resemblance to the Bavarian Kissingen, and is a bitter water.

KISSINGEN (BAVARIA).

Rakoczy.

Chloride of sodium	...	...	...	407·543
Chloride of potassium	...	...	...	20·008
Chloride of magnesium	...	...	...	21·265
Chloride of lithium	...	...	...	1·401
Sulphate of magnesium	...	...	...	41·187
Sulphate of calcium	...	...	...	27·225
Carbonate of magnesium	...	...	...	1·192
Carbonate of iron (ferrous oxide)	...	...	...	2·210
Phosphate of calcium	...	...	...	·392
Silica	...	...	...	·903
Nitrate of sodium	...	...	...	·651
Bromide of sodium	...	...	...	·586
Carbonate of calcium	...	...	...	74·267
Total solids	...	...	...	599·64

Skeleton Analysis of 10 oz. fluid (½ pint).

Solids.	Salines.	Antacids.	Purgatives.	Iron.
37½ gra.	29 gra.	4 gra.	3½ gra.	14 gra.

In the principal foreign cities the rates of mortality according to the latest official weekly return, were in—Calcutta 17, Bombay 30, Madras 32; Paris 32; Brussels 27; Amsterdam 20, Rotterdam 23, The Hague 20; Copenhagen 23, Stockholm 19, Christiana 11; St. Petersburg 59; Berlin 37, Hamburg 22, Dresden 26, Breslau 44, Munich 32; Vienna 27; Prague 32; Buda-Pesth 35; Rome 29, Turin 25, Venice 18; Alexandria 30; New York 39, Brooklyn, 30, Philadelphia, 19, and Baltimore, 33 per 1,000 of the various populations.

We are asked to state that the Consumption Hospital, Brompton, will be open to-morrow (Thursday), at 2 p.m., to members of the International Medical Congress; and the committee of management and physicians will be present to receive visitors and conduct them over the new hospital, where there are 137 beds, and show the various new appliances for the treatment of chest diseases.

REGISTERED FOR TRANSMISSION ABROAD.

THE

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 3, 1881.

WELCOME.

It is with a feeling of the liveliest satisfaction that we address a hearty welcome to the distinguished visitors who will, for the next week, be our guests and companions. The sense of England's indebtedness to those very foreigners who are at this moment in our midst, of the benefits that we, in common with the whole world have derived from the achievements they have perfected, and of the inestimable value of the work they have accomplished, suffices to raise in us a more than usual warmth of feeling, and to cause us to regard the foreign members of the International Medical Congress as doubly our brothers and our friends. The fame of British hospitality has penetrated to every nook and corner of the world, and from almost every crevice of the globe have there come to our shore members of the profession of medicine, ready to accept what they full well know will be offered to them with eager hands and willing hearts. We trust, indeed, that the keenest recollection our friends from abroad will take away with them from us, may be the remembrance of the universal goodwill they have experienced; and that their first regret on departing may be heralded with a sigh that the pleasures they have enjoyed are past. We have on every hand, made far reach-

ing preparations for the comfort of our visitors. We have had in view their interest also, and a magnificent co-operation of many able hands and minds has resulted in arrangements whereby pleasure may be amply secured by such as will accept it, along with the labour that engages them. Let our guests then receive the offerings made to them in the generous spirit that has prompted them; and by availing themselves to the utmost of the invitations and opportunities showered on them, may they rest assured they will most fitly and amply repay the anxious endeavour to do them the honour they so richly deserve.

We cannot help but feel a not inconsiderable pride on the array of names that went to make the list of those who were present at to-day's opening ceremony; and we would have their owners be convinced that the representatives of English medicine are conscious of the dignity that is conferred on our great national centre of professional interests, by the presence in it of the men who have in America, and in Europe, striven hard in honourable rivalry with our own pioneers of progress. Indeed, the association together of leaders boasting different nationalities, leaders whose pursuit has the same aim, and who are actuated by the same ennobling motives, is no small part of the triumphs pointed by such a meeting as the Congress promises to be. We are glad that this is fallen to us to say; and we are more than happy in the consciousness that every individual who takes part in the proceedings of the meetings is alike certain with ourselves of the truth of these remarks.

We have, it almost seems to be forgotten, a national Association of medical men in the British Medical Association, the annual meetings of which are a periodical proof of the strength and reality of professional brotherhood. Among native practitioners this however could not be supposed to exert more than a local influence on the scientific progress of medicine; but that it has been an important influence results sufficiently testify. Similarly, it has been the case also with international works in other countries; and though we can occasionally judge how much is due to these limited combinations of workers, we are able to gauge its full value only when, as at present, we have in one united gathering, what are really the choice spirits of all the smaller, more circumscribed ones.

England welcomes and is proud to receive this great band of workers in a common cause; and every visitor to the Congress may be satisfied to know how it is the earnest wish of all, that for this week he will regard London as his home, and every Londoner as his friend.

REFORM OF MEDICAL EDUCATION IN IRELAND.

A PEACEFUL revolution in the educational prospects of the coming generation of the profession in Ireland—not the less thorough and comprehensive because it has been peaceful—has been completed by the Council of the Irish College of Surgeons in Ireland within the past week. The new scheme of education and examination to which we have frequently referred in these columns in the course of the past two years, has been at length finally

revised and adopted by the Council, and ordered to be promulgated as the future law of the College; and, inasmuch as a considerable majority of the medical students who obtain their education in Ireland pass through the portals of that Institution, we are justified in attaching the first importance to the reform which the new scheme embodies. The space at our disposal does not enable us to give the text of the future educational code of the College, but—for the better understanding of what has been decreed, and of the effect of it upon the Irish student of the future—it is necessary that we should sketch the chief principles of the scheme.

The Irish College of Surgeons will admit no future candidate to its license—who commences his studies after this date—unless he is over twenty-one years of age, nor will it recognise any certificate of medical study unless the student has passed his preliminary examination, and has registered himself as a student in the books of the Branch Medical Council. Heretofore, this latter proceeding has been discouraged by certain teachers and school registrars, and neglected by the student, and that neglect has been connived at by the Branch Medical Council, so that, as far as Ireland is concerned, the Medical Student's Register had come to be altogether unreliable, in consequence of its omitting from its columns a large proportion of the Irish student class. The teachers discouraged registration because they did not wish to be tied down to any fixed time for the entry of students for lectures, and it is notorious that certain school registrars did not hesitate to accept entries of students in January, February, or March for courses of lectures which commenced in the previous November, which were certainly never attended, and probably never paid for. Such a proceeding as this cannot be characterised in any other terms than as a disgraceful and dishonest evasion, and we repeat that its frequent occurrence in certain Irish schools was notorious, and yet, though its prevalence must have been well known to the Irish members of the General Medical Council, that body looked on and took no steps whatever to enforce either antecedent preliminary examination, or student registration, or adult age, or four actual years of medical study, all of which were "recommended" by them as requirements to be strictly enforced.

To these four years of study the new scheme of the Irish College of Surgeons now, for the first time, gives reality. Heretofore, the student entering his name for the first time in the November of any year might (and often did) obtain his final qualification in thirty-three months (or two years and nine months) afterwards. Henceforth he will not be admitted to the final examination until forty-five months have expired from his registration as a student.

The regulations to which we have as yet referred are all in the direction of increased but necessary stringency, and, for the first time, these requirements, which have existed in name only for many years, will be strictly enforced. There is really, however, no increased incubus placed upon the average student thereby, because, notwithstanding the laxity which has prevailed, it was comparatively rare for a student to qualify before he had attained his majority, or to complete his education before

his fourth year; and, therefore, these regulations will really operate not against the student, but against the teacher, school registrar, or apprentice farmer who has hitherto profited by the non-enforcement of these rules.

For the student himself the new scheme is intended to be, and, we doubt not, will prove to be, an immense relief to the student, while it will afford a powerful incentive to him to work steadily and educate himself, without any one excessive effort, to be a good working practitioner. Heretofore, the whole of the student's labours and anxieties were concentrated in the last six months of his third year. Even the first, or preliminary "half" of his examination, could not be taken until his third winter had closed, and from the day he entered his name as a student until that period, he had neither necessity nor inducement to work. Thus during his first two years and a-half idleness and dissipation were, so to speak, thrust upon him, and during the last six months superhuman effort and consequent failure were the result. Now we have too high an opinion of the Irish medical student to believe that this sort of thing is desired by him. Like other items of humanity, he will work or he will idle, according as facility and temptation to either course is held out to him. Under the existing system it would be wonderful if there were not many students who learn little, fail ignominiously and repeatedly, and ultimately abandon the profession as a hopeless aspiration, having spent the best years of their life, and much of the hard-gotten earnings of their parents, in the attempt to achieve admission to it. In future in Ireland every student will be encouraged and compelled to distribute his studies evenly over his four years. He will commence, fresh from school, and presumably in diligent mood, with the study of preliminary scientific subjects, such as he can study without entering at a medical school, and without which his medical study must be unintelligible and laborious to him. Of these subjects he must show his knowledge by examination before he goes on to elementary studies in medicine and surgery, from which he will advance by successive steps through the full arena of his professional subjects to the final clinical and practical tests which will qualify him to treat disease. From each stage he must pass by examination before he can enter upon the next, but he will have in all cases two chances of doing so, and in exceptional cases a further supplemental examination if he deserves it. Examinations will be held in the July and October of each year, immediately after the termination of his year of study; if he be prevented going for the first, or fail to pass, he can offer himself for the second, and, if he can show any sufficient cause for not having presented himself for the second, he may still be allowed to "supplementalise" and pass in a special subsequent examination. Considering that at each of these examinations he will be tested not, as at present, in a large number of advanced subjects, but in a few to which his attention has been specially devoted during his past year, we fully believe that the student himself will appreciate the relief which the system affords him, and will be anxious to avail himself of its provisions.

We have endeavoured to point out how much of medico-educational reform may be hoped for from the new system which the Irish College of Surgeons has de-

creed. We look to it, however, to produce another equally important change at which it has not been specially aimed, but which will follow as a necessary consequence. The scheme, we rejoice to believe, is the death-blow of the nefarious credit fee and apprentice-farming systems which were begotten by, and have flourished under, the existing arrangements. Henceforth every year's certificate must be produced, and, *ergo*, must be paid for, before the student can go for the examination of that year. The lecturer will at the latest receive at the end of the course the fee which he ought to have been paid on the entry of the student for the lectures, and there will no longer exist the monetary inducements to put off to the end of the third year the payments of the entire course of study. This reform—with all its attendant benefits to the student, to the teacher, and to medical education is, of itself, a sufficient justification for the new scheme, and a cause for heartfelt thankfulness.

We rejoice that—at length—the Irish College of Surgeons has done itself justice and thoroughly purged the “evil humours” of Irish medical education. Too long it has waited upon the faltering “recommendations” of the General Medical Council, and too long hesitated to grapple with the many interests which have sustained and perpetuated the gross abuses of the dying Irish system, but, at length, the work has been accomplished, uncompromisingly, honestly, and thoroughly, and, in our satisfaction at the prospect of the future, we desire to forget that, credit-fees, apprentice-farming, sham certificates, cramming, and student victimisation have ever existed in Ireland.

THE MEDICAL DEFENCE ASSOCIATION AND MEDICAL REFORM.

A MEETING of this Association, held for the purpose of eliciting the views of the profession upon the subjects respecting which evidence will be required by the Royal Commission, was held in St. James's Hall on last Friday, Dr. B. W. Richardson, acting as President, and many influential and earnest medical reformers taking part in the proceedings. We are obliged to content ourselves with publishing the following resolutions, which were adopted, omitting unavoidably the substance of the very forcible arguments adduced by the various speakers in their favour:—

1. That in the opinion of this meeting entrance to the Profession of Medicine should only be by the holding of a State License.
2. That in the opinion of this meeting there should be one Examining Licensing Board for each division of the United Kingdom; that the examinations of each such Board should be of uniform standard, and should include as subjects for examination Medicine, Surgery, Obstetrics, and Hygiene.
3. That any person who shall have passed the examination of any of the three Examining Boards should be entitled to receive a State License fully qualifying him to practise all branches of medicine.
4. That no one shall be entitled to practise for gain unless he is registered, and that no one shall be entitled to be registered unless he possesses the State License.

5. That in the opinion of this meeting, no scheme of medical reform will be acceptable to the Medical Profession which does not provide for the direct representation of the Profession on the General Medical Council; and for a reduction in the number of the bodies represented in the General Medical Council which are interested pecuniarily in granting diplomas.

It will be observed that these resolutions are upon the same lines, and declare the same principles, as those which the profession through other representative organisations have expressed. A “State” license is spoken of as the only adequate qualification for practice, but from the second resolution it would seem that a conjoint or co-operative license is intended to be included in this term, and that uniformity of educational standard throughout the kingdom is considered to be absolutely indispensable. The fourth resolution goes to the extent of absolutely prohibiting unqualified practice for gain, and thus expresses the opinion of the Association that Parliament ought not to be satisfied with forbidding the use of medical titles by unqualified persons. Lastly, the Association declares firmly for direct representation, and for the disfranchisement of certain effete medical licensing bodies. These are, substantially, but not in detail, the propositions upon which all medical reformers have insisted. If viewed as an expression of opinion of the Association, they are judicious and necessary. If viewed as the working policy of the Association in Parliament they will, we fear, not be realised. The licensing bodies are powerful; the disinclination of the House of Commons to interfere with vested interests is great, and the prejudice in favour of free trade in medical practice is strong among its members. “State” examination and quack annihilation are, no doubt, excellent in principle, but at present, we fear, unattainable; and we think the Association will act wisely if, having firmly expressed its opinion, it contents itself with achieving a good, practicable, conjoint examination—a stringent prohibition of all use of medical titles—and a good measure of direct representation. Above all things, we counsel unanimity of purpose within the profession. If every doctrinarian insists in having his own little corner no battle will be won; and as all medical reformers are agreed in great principles, we earnestly advise that details, however important, shall not be allowed to stop the way.

Notes on Current Topics.

The War Office Gazette.

FROM a medical point of view the great military *Gazette* of last week presents several points of importance. One of these is the very large number of officers compulsorily retired, the reduction thus occasioned in the very highest ranks being actual, as regards effectives; as regards all others not so, but rather that men in every respect physically fit for the performance of duties towards which their whole education, training, and experience have been directed, should be thrown into idleness with incompetent means, in order that younger and less ex-

perienced men should be promoted to, and paid for doing, the work of their several ranks. It is something new to learn that, as a rule, gentlemen are physically unfit for active life at forty, forty-two, fifty, or fifty-five years of age, as it would appear that regimental officers are considered to be. Look at professional men, merchants, and country gentlemen in England; see many such men in the hunting field, on the highland hills, or among the glaciers of Switzerland, and this view scarcely obtains support. Turn to the history of wars in India and elsewhere, but, best of all, turn to the results of actual experience, and these prove that the men who best withstand the fatigues and hardships of campaigns, whether as soldiers or as officers, are not the young, impulsive, full-blooded, but the older, more hardened, and more wary. In times of great sickness, too, and of epidemics, not only are the relatively young men more liable to become affected than the old, but in emergencies to be unequal to the occasion—in other words, to “lose their heads.” So on first arrival in the tropics. As with soldiers so with officers, sickness, inefficiency by medical reasons, and through indiscretions, occur for the most part among the young and less “seasoned” men.

There is no doubt whatever that not only in battle, and on field service generally, much mutual help has arisen from that feeling of *camaraderie* which in bygone times formed the strongest of all bonds between the several ranks composing a regiment. In the *Gazette* we look in vain for the entity once named and numbered as a regiment; and we wonder how can a sentiment depending upon that entity exist when the thing itself in which it is developed has ceased to be.

The Indian Medical Service.

THE Indian Medical Service Defence Committee have lately circulated a long letter addressed to the Secretary of State for India, pointing out where they consider that, in a recent dispatch from the Viceroy in Council, they have been misunderstood, and their “accuracy most unjustly impugned.” The Committee admit that in almost every instance their grievances, as expressed in previous communications, have been practically acknowledged by measures being taken for their removal, but they are still sore at the repudiation of their inferences that the Indian Medical Service will in future be practically subordinated to the Army Medical Department. They quote certain facts in support of this, the most telling being that, out of seven principal medical officers in the second Afghan campaign, only one was an Indian officer, a proportion certainly not in accordance with the respective strength of the two services. It appears, too, that the names of the Indian medical officers mentioned in dispatches were originally suppressed, it is said, by an oversight, and that out of seven C.B.’s the Army Medical Department monopolised six.

The inequality of pay between the two services, and the effect on promotion by the suppression of certain administrative appointments, are also insisted on. It is satisfactory, however, to learn that while some further modifications on these points are prayed for, the opposition with which the Indian Medical Service was threatened by the teaching and examining bodies is now

withdrawn. It is admitted that the Civil Branch has been undoubtedly improved, although, according to the belief of the Committee, the Military Branch has been seriously depreciated. The latter was to some extent inevitable in amalgamating the two services, and so doing away with a dual administration in each of the three Presidencies.

But in their representation the Committee scarcely dwell sufficiently, we think, upon the comparative comfort of a career in India and that in the Army Medical Department, involving rapid changes from country to country; from bad to worse, and to the intense unpleasantness of duty at home under the present order of things. As for the civil duties, the sooner a local service becomes united the better.

No Accounting for Taste.

IN the interesting and instructive paper on “Calculus,” which Dr. Angus MacDonald contributes to our columns, he gives an analysis of the cases of introduction of foreign bodies into the urethra which were collected by M. Donné and published in the *Moniteur des Hopitaux*. He adds to the account of a woman who had introduced the handle of a stiletto into her bladder, the particulars of 391 other cases. An odd list it makes in all conscience. It includes 78 portions of catheters and lithotripsy instruments, 82 needles, pins, or tags, 6 bone or ivory needles, 6 ear-picks, 3 ivory whistles, 1 ivory spindle, 1 ivory stiletto handle, 15 leaden balls, 3 small keys, and 8 metallic fragments of various kinds, 12 bones or splinters of bone, 10 pieces of pebble or china, 6 pen holders, 15 needle cases, 10 pieces of tobacco pipes and 4 portions of glass tubing, besides other curious structures that we need not stay to mention. Of course, the catheters and lithotripsy instruments would find their way into the bladder by accident, but the greater portion of the others must have been intentionally introduced under depraved sexual excitement, or for some other foolish reason. It must be observed that Donné’s cases refer to both sexes.

“Pass and Pluck” at the College of Surgeons.

THE vicious system of publishing annual returns of the numbers of candidates from the various schools of medicine, passed and plucked by the Examiners of the Royal College of Surgeons of England, has been followed in the present year, and the result has just been officially announced. Real friends of medical reform had hoped that this utterly useless proceeding might have been allowed to decline into disuse, but in vain. That the whole arrangement is an utter farce but few venture now to deny, the more especially since absolutely no gain has resulted from it so far as the progress of education is concerned. An amusing proof of the nonsensical character of the returns is afforded in the fact, that the two centres which occupy admittedly the highest position as teaching institutions, are among those placed, by the vagaries of the College Examiners, in the lowest place on the list. It is almost time that the warnings more than once repeated by eminent teachers of medicine and surgery, to the effect that the College of Surgeons should reflect on the injury it is doing to the cause of medical education in this country, should be heeded, and the consequences

be delayed that are the certain outcome of the policy that is being pursued. For most that is bad in connection with the teaching of students here, the College of Surgeons is certainly to be blamed, and it would be of the utmost benefit to scientific medicine if the pernicious influence it exerts could be effectually checked.

The President of the United States.

THE wound which the would-be assassin of President Garfield inflicted on his illustrious victim has not yet been so far advanced on recovery as to remove the doubt, felt from the outset, that there was the gravest danger to be apprehended from it. The intense sympathy universally experienced with the sufferer has naturally created a general desire to believe the best; and even the surgeons in charge of the case would seem to have shared this feeling, if we may judge from the very meagre accounts afforded by them of their patient's progress. The nature of the injury, however, is such as to prevent any reliable prognosis in regard to it. The bullet fired at the President still remains in his body, and in such a position that it can hardly fail to be an excitant of inflammation so long as it occupies its present site. That this recurrence of inflammatory attacks is to be anticipated, has been already shown by the experience of the past ten days; and with the existence of such a cause of disturbance, allied very possibly with other foreign bodies, such as shreds of clothing, there must continue a risk that the natural consequence of suppressed suppuration, pyæmia, will at some time arise. Against this gloomy view, we have the extraordinary constitution of the patient, and the recognised skill of his attendants, to combat the influence of the disease; and with a fervent wish that ultimate success may attend the efforts made in his behalf, we can do no more than anxiously await the evidence that a favourable turn has been taken; this being probably to be looked for either with the actual removal of the embedded bullet, or its effectual encapsulation within the body.

Mesmeric Hypnotism.

MM. BOURNEVILLE and REGNARD have investigated this phenomenon in the Salpêtrière Hospital, and have shown that the so-called mesmeric sleep can be produced by gazing fixedly on almost any object, particularly in young impressionable females. They relate curious instances of the power so acquired over patients; and we are glad to see a subject up to this time abandoned to charlatans now scientifically investigated. The whole thing appears to us to be a form of hysteria—male or female; but it is at present the subject of a great sensational trial going on in the French metropolis, in which a French lady of very high rank is endeavouring to annul the marriage of her daughter with the son of Musurus Bey, the well-known Turkish ambassador in London. The young lady corresponded in the most affectionate terms with Musurus, junior, who induced her to go to London and marry him before a registrar. The mother states that she was under mesmeric influence throughout the whole affair. M. Charcot is engaged as an expert to investigate and give evidence in the case.

Increase of Poor Law Medical Work in Ireland.

It appears from the report of the Irish Local Government Board just issued, that during the year 1881 there has been in Ulster an increase of 9,627 cases prescribed for at the dispensaries, and an increase of 1,813 of those attended at their own houses.

In Munster there has been an increase of 8,847 cases prescribed for at the dispensaries, and of 5,736 of those attended at their own houses.

In Leinster there has been an increase of 2,241 cases prescribed for at the dispensaries, but a decrease of 2,373 of those attended at their own houses.

In Connaught there has been an increase of 7,198 cases prescribed for at the dispensaries, and an increase of 4,066 of those attended at their own houses.

The totals show a net increase of 37,155 cases for all Ireland, including both classes, as compared with previous years.

Papaya and Papaina.

DR. E. BOUCHUT on these medicines reports that he injected a solution three times into an adenoma of the neck, into one point and into many points according to the size of the tumour. At the end of two hours the pain was very great and attended with a violent fever. After three days the ganglia softened and were converted into abscesses, which may be opened with a bistoury. In three days more the abscess healed.

In three cases of cancer of the breast and in one of the inguinal ganglia, after castration in the hospital of St. Louis, the injections of papaina were efficacious.

M. Bouchut, in further experiments with papaina, finds that it is a tæniifuge, for after administration to a child, segments of tapeworm, 25 c.m. long, and in a partially digested state, were voided. In the Mauritius it has long been known as a remedy for round worm, and it seems probable that this new remedy may have a future before it as an anthelmintic.

Royal College of Physicians, London.

AT an ordinary meeting of the Royal College of Physicians of London held on Thursday last, July 28th, Dr. Pitman read a communication from the Medical Act Amendment Commission, in which the opinion of the college was requested as to

1. Whether it is desirable to make any alteration in the present licensing system; and, if so, to state of what nature such alteration should be.

2. Whether the present constitution of the General Medical Council is satisfactory.

Dr. Pitman then submitted, for the consideration of the College, a letter which he had drafted in answer to this communication. This letter stated in effect, in answer to the first question, that the College adhered to the well-known conjoint scheme; and to the second, that the College had no opinion to offer. Dr. Pitman explained his answer to the second question by the probability that the opinions of the Fellows on this subject would be so numerous as to be practically useless.—Drs. Quain and Priestley supported the adoption of this letter, with the amendment that the words "does not desire to offer an opinion" should stand,

instead of the original wording.—Dr. West considered that the opinion of the majority should be taken on this important question.—Dr. Wilson Fox questioned the necessity of the College adhering to the conjoint scheme.—Sir Wm. Jenner pointed out that there was no alternative between the conjoint scheme and a Government Board, independent of the Corporations.—Dr. Barnes proposed, and Dr. Shepherd seconded, that the words "is not prepared" should be substituted for "does not desire," in the answer to the second question. Dr. Barnes argued that it was to be regretted if the College should seem to preclude all discussion of a matter which was of so great interest and importance to the public and to the profession.—Dr. Barnes's amendment was lost by 22 to 18; and Dr. Pitman's letter, with Dr. Quain's amendment, was then adopted.

Drs. Sieveking, Greenhow, Andrew Clark, and Beale were elected censors; Dr. F. J. Farre, treasurer; Dr. Pitman, registrar; and Dr. Munk, Harveian librarian; and the examiners in the various departments were appointed.

A Monotony of Diet as a Cause of Fever Epidemic.

In the lately issued report of the Irish Local Government Board it is stated that the attention of the Board was drawn by inspectors to the fact that in districts where the fever was prevalent one of the predisposing or exciting causes had been the monotony of diet; the staple article of food appeared to be Indian meal made into stirabout, always cooked in the same way, while few were able to get flour, bread, or potatoes; the power of resisting contagion was said to have been lowered by this circumstance, and as the germs were carried from house to house the disease was easily propagated. The Board therefore, addressed a circular to the boards of guardians recommending them, when out-door relief was given, to vary the food as much as possible, substituting oatmeal for Indian meal on some days of the week, bread on other days, and to make such other change in the daily food as might be practicable.

A New Test of Intelligence.

DR. DELAUNAY, of Paris, says that, to ascertain the qualities of a cook, it is sufficient to give her a plate to clean, or sauce to make, and watch how she moves her hand in either act. If she move it from left to right, or in the direction of the hands of a watch, you may trust her; if the other way, she is certain to be stupid and incapable. Similarly the intelligence of people may be gauged by asking them to make a circle on paper with a pencil, and noting in which direction the hand moved. The good students, in a mathematical class, draw circles from left to right. The inferiority of the softer sex (as well as of male dunces) is shown by their drawing from right to left; asylum patients and children do the same. In a word, *centrifugal* movements are a characteristic of intelligence and higher development; *centripetal* are a mark of incomplete evolution. A person, as his faculties are developed may come to draw circles the opposite way to what he did in youth. Delaunay has some further extraordinary conclusions as to the relative positions of races in the scale of development from the way they wind their watches and make their screws.

The Royal Commission on Medical Reform.

THE Commission met for the last time until after the recess on Friday, Saturday, and Monday last. The witnesses on the list for hearing were Mr. Charles Macnamara, of the Westminster Hospital, one of the chief members of the Medical Reform Committee of the British Medical Association; Dr. Pocock, of Notting Hill, who is heard on behalf of the foreign graduates; Professor Gairdner, as spokesman for Glasgow University; Mr. Thomas Cooke, of the well-known School of Anatomy in London; and Dr. Billings, of New York, who, it was anticipated, was able to afford the Commission valuable evidence as to American diplomas. The taking of evidence will be resumed in October, in order that a report may be ready before Parliament meets. We do not believe that any definite conclusion has been arrived at upon either principle or detail of that report, but there is, we have reason to think, a strong leaning in the minds of certain of the most influential members in favour of establishing a "Staats Examen," either by the co-operation of licensing bodies or by Government intervention, leaving the licensing bodies to give their higher degrees on what terms they please, but restraining them from giving any qualification to practise.

The Cost of Irish Pauperism.

In the year ending March 31st, 1881, there has been an increase of £37,774 in "in-maintenance and clothing," an increase of £36,311 in "out-door relief," an increase of £361 in cost of "deaf, dumb, and blind," an increase of £1,203 in "salaries and rations of officers," and an increase of £6,363, in all other expenses, making a total increase of £82,012. The increase in the total number relieved has been 158,622.

WE learn that sporadic cases of yellow fever have occurred in Demerara, and that an increase of the disease is apprehended by the medical officers in charge.

ON reference to the weekly official returns of the rates of mortality in foreign cities, it would seem that St. Petersburg, Breslau, New York, Naples and Berlin show much the highest death-rates at the present time, whilst Prague, Paris, and Baltimore are close upon their heels.

THE President of the Local Government Board, Mr. Dodson, has arranged to receive a deputation from the medical officers of health, the Social Science Association, and the Parliamentary Bills Committee of the British Medical Association, on the subject of the tenure of office of medical officers of health, on Thursday next, at 2.30, at the offices of the Local Government Board.

WE are asked by the Secretary-General to announce that there will be a clinical morning for rare cases of skin diseases in the Skin section of the International Medical Congress on Saturday, August 6th, commencing at 10 a.m. Gentlemen are invited to communicate with Dr. Thin, 22 Queen Anne Street, W., as soon as possible, their intention to demonstrate rare cases of skin disease.

MEDICAL PRESS AND CIRCULAR SPECIAL REPORT

ON THE
INTERNATIONAL MEDICAL & SANITARY
EXHIBITION,
SOUTH KENSINGTON.

Continued from page 78.)

PHARMACEUTICAL PREPARATIONS, DRUGS, &c.

BURROUGHS, WELLCOME, AND Co., No. 2 Western Gallery and No. 147 West Quadrant.—This is one of the most extensive and interesting collections in the whole Exhibition, it consists of many new and practical improvements in medicine and pharmacy.

This firm represents the principal drug houses of America, and, in introducing their "latest improvements in pharmacy" to the profession, have adopted a line of practice not hitherto followed by English firms—viz., that of presenting examples of new preparations to practitioners who desire to test them, and by not advertising in any but medical and pharmaceutical journals. This latter will commend itself, as members of the profession are thus assured that their expressions of approval of any preparation will not be published in the lay press. The exhibits of this firm comprise—

Hazeline, the active principle of Witch Hazel (*Hamelis Virginica*), is a valuable astringent remedy, wonderfully efficacious in checking internal or external hæmorrhages, and for allaying inflammation; it is particularly valuable in the treatment of bleeding-piles, and, as a surgical dressing, it deserves attention.

The *Burroughs' Beef and Iron Wine* is a very valuable nourishing tonic, especially desirable for delicate patients who cannot retain ordinary foods; its flavour has been greatly improved and is very agreeable.

The *Burroughs Inhaler* is an ingenious and convenient device for inhaling chloride of ammonium fumes; by its use the chloride of ammonium is brought in more intimate contact with the mucous surfaces of the passages of the nose and throat than by any other form of inhaler.

The following houses are also represented:—

JOHN WYETH AND BROS., Philadelphia.—*Wyeth's Compressed Hypodermic Tablets* are entirely new, and are now shown for the first time. Each little tablet contains as a vehicle quarter of a grain of sulphate of sodium, with morphia, atropia, and other alkaloids usually employed for hypodermic medication.

The use of sulph. soda is an advantage over other vehicles, as it promotes absorption without causing pain or irritation, and acts as a disintegrator, forming an almost instantaneous solution with three drops of water.

Wyeth's Compressed Tablets, Chlorate of Potash, Muriate of Ammonia, and various other drugs for throat affections. They are vastly superior to the ordinary sugar or paste lozenges, and on account of their very small size may be easily retained beneath the tongue while using the voice.

Dyalised Iron.—Wyeth's Iron has an established reputation, and is a thoroughly reliable preparation; it has steadily gained favour with the profession.

MCKESSON AND ROBBINS, New York. *Capsuled Ovoid Pills*.—The ovoid shape is a positive advantage over the round form, as patients, even small children, take them easily after finding it impossible to swallow round pills, even if coated. These pills are completely and hermetically sealed by the continuous covering of gelatine, they do not have pin holes or other openings penetrating the covering as we have noticed in some other pills. They are quickly soluble, and certainly the most important improvement yet made in the manufacture of pills.

KEPLER EXTRACT OF MALT Co., London.—The Kepler Malt is very delicious to the taste, and has been found by analysis to be exceedingly rich in diastase, and consequently is a valuable digestive agent. The Kepler Malt, combined with cod-liver oil, is the most palatable and easily digested of any form we have yet seen for administering cod-liver oil.

LAWTON AND Co., Boston, U.S.A.—*Lawton's Absorbent Cotton* has been pronounced by some of our most eminent surgeons the very best absorbent for taking up discharges; it is very fine and soft, and acts instantly.

FELLOWES AND Co., New York.—*Comp. Syrup of Hypophosphites* is a decided nerve tonic.

ALFRED BISHOP, London.—*Bishop's Granular Effervescent Citrate of Caffeine* is gaining favour as a remedy for headache.

SYMES AND Co., Liverpool.—*Lac Bismuthi and Lac Bismuthi et Cerii*.—A desirable form for administering these valuable remedies.

MURRAY AND LANMARE, New York. *M. and L.'s Florida Water*.—This hygienic toilet water possesses decided antiseptic properties. When sprayed through the sick room it destroys offensive germs, purifies the atmosphere, and leaves a delicious and refreshing fragrance.

SURGICAL INSTRUMENTS AND APPLIANCES.

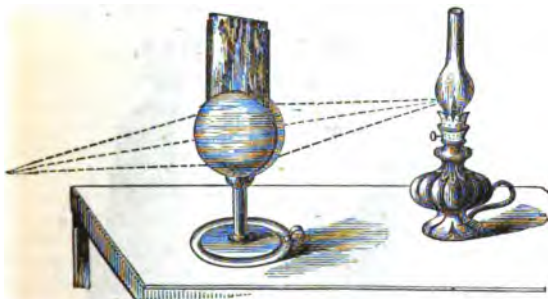
THE collection of surgical instruments and appliances which has been brought together at this Exhibition is one of the strongest proofs that could be afforded of the progress that is being continually made in the art of surgery, and of the ever active endeavours of inventors and mechanicians to perfect the means whereby operations on the living subject may be more readily and more successfully conducted. Apart, moreover, from the actual instruments of action, those of precision are here exhibited in number and variety to excite the admiration and interest of the observer, and to demonstrate the rapidity with which the limits of diagnosis are being constantly extended. We do not doubt, indeed, that very many visitors to the Exhibition will experience a degree of astonishment at the array of novelties and improvements presented to their gaze; while a feeling of surprise, also, will be excited at the number of beautiful objects which, from a practical surgeon, will claim both interest and attention. Nor, though the exhibitors are of both home and foreign nationalities, need the English exhibitor feel any danger of comparison between the articles that are the produce of makers here and abroad. The instruments of English manufacture possess their own special features of excellence, as do those sent from other countries. There is much to admire in all, and their association in contiguity brings them only into honourable rivalry; and it cannot, from their very perfections, exhibit them in invidious distinction.

It is a somewhat difficult matter to decide how best to arrange a description of the articles to be dealt with in this place; but we shall, perhaps, best succeed in directing attention to the most important objects by pursuing the plan hitherto selected, and treating of them under the heading of the exhibitor's name. At No. 231 will be found the stall of

MR. P. BOURJEAURD, inventor of the elastic spiral appliances, who shows a case full of the apparatus in connection with which his name is so honourably known. The special air pads perfected by Mr. Bourjeaurd, and adapted for use in the various forms of hernia, have been widely acknowledged as presenting many features of superiority; but even these admirable instruments have received additional improvements, by the adjustment to the pad of a screw-spring, by which the pressure of the cushion can be accurately regulated, and which, in conjunction with the accessory supporting apparatus of the truss, converts the whole apparatus into the most perfect and ingenious arrangement ever devised for the relief of ruptures. The truss should receive the careful inspection of

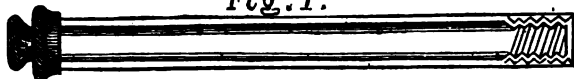
every surgical visitor to the Exhibition. Another special improvement of the same exhibitor is his spiral elastic stocking, which is made in such a way as to avoid the defects of the ordinary knitted stocking, and which, further, is so constructed that the actual compression is exerted chiefly over the affected part. This is effected by constructing the stocking in sections of varying strength, and the whole is so beautifully and evenly made, that by means of it the best possible results of treatment can be secured. A special suspensory bandage, and respirator, to be found on the same stall, will repay examination; but we would especially recommend that the truss and stocking be not neglected.

Messrs. W. B. HILLIARD AND SONS.—The silver *Trachea Tubes* designed by Dr. Foulis are exhibited by this firm; these tubes are made of silver, without any projections to cause irritation of the wound, and being so simply adjusted as to present no difficulties, are well adapted to assist the comfort of the patient on whom tracheotomy has been performed; and the shape of the instrument also is adapted to secure the best results. Dr. Foulis's *Laryngoscope*, consisting of a glass globe filled with clear water fixed on a stand, and surmounted by a small mirror (see figure), is an admirable



substitute for the more complicated apparatus, while the results achieved by its employment after practice will compare very favourably with those following the use of expensive instruments. It is extremely cheap, being sold for 7s. 6d. complete. The *Hospital Foot Spray Machine*, made by Messrs. Hilliard, is an efficient and ingenious little apparatus for disinfecting during change of dressings, &c., and may advantageously replace the larger machine, except in important operations. The bellows is worked by the foot while the left hand holds the bottle and directs the spray, the right being left free. Dr. Pinkerton's *Splinting* is a light, elegant, durable, and universally serviceable material, out of which any form of splint can be cut with a pocket-knife, and for making rectangular splints, &c., Messrs. Hilliard manufacture a special screw and nut, of which a supply can be carried in the waistcoat pocket. Dr. Gray's *Metrotome* contains four

Fig. 1.



concealed blades running on a uterine stem, each blade cutting-surface measuring half-an-inch; it is a decidedly improved form of the instrument, and with the *Uterine Anchor* of the same inventor is a thoroughly reliable in-

Fig.

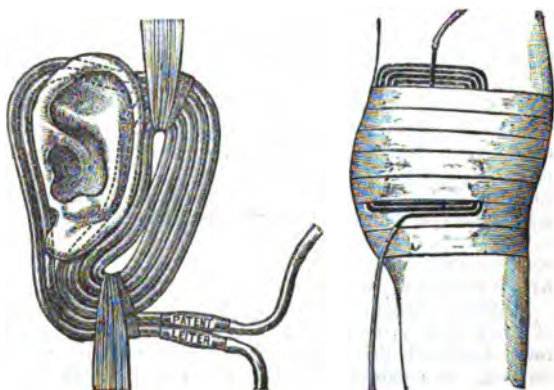
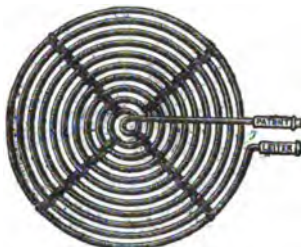
2.



strument. We append a figure of Dr. Whittaker's *Disarticulating Stethoscope*, which is a compact and useful variety of the instruments capable of being carried in the waistcoat pocket, and occupying no more room than a

coin and an ordinary pencil. It is not in any way a complicated instrument, and cannot get out of order. Of the many improved portable stethoscopes invented of late, it is probably the most easily carried.

Messrs. KROHNE AND SESEMAN exhibit on stand 45 a collection of the surgical instruments manufactured by them, many of which combine mechanical improvements over which this firm exercises control. The implements here shown are all most finished specimens of cutlery, and are many of them very elegant models of surgical instruments. Among these, special attention should be given to the *endoscopic instruments* devised by Lieter for examining the hollow viscera; to an instrument invented by Prof. Hughes to test the sense of hearing, and named after him, *Hughes's Audiometer*; and to an aluminium hip-splint (Thomas's) in which extreme lightness is combined with rigidity. A large number of other objects are to be seen on the stall, many of them likely to be of considerable interest, such as stricture dilators, splints, camps, dressings, &c., &c. Messrs. Krohne and Seseman are the only manufacturers of *Lieter's* patent pliable metal temperature regulators, by means of which any required part of the body can be submitted to any particular constant temperature. These regulators consist of pliant metal tubing, which can be shaped to fit any part of the body, and through which water of the required temperature can be passed, syphon-fashion, from a raised receiver. In connection with it a special heating apparatus is also made, and the whole contrivance affords one of the most elegant and useful apparatuses we have seen for some time; the subjoined figures illustrate the contrivance. *Lieter's Patent Glass Irrigator* is shown by the same firm; it is an ingenious and useful arrangement for irrigating wounds and washing out cavities.



Messrs. ARNOLD AND SONS show several novelties introduced by them to the profession. Of these, the exploring aspirator, manufactured in accordance with the suggestion of Dr. Hensley, is already favourably known on account of its combining several distinct advantages over other instruments in use. The *Instantaneous Vaccinator*, for speedy performance of vaccination, and an ingenious combination of knife and fork, termed the *Desideratum*, and some admirable curved scissors, which can be depended on for doing their work when operating for vesico-vaginal fistula, all deserve to be noticed. Of the other exhibits, we would mention especially the

autopsy cases, which are well fitted for work, and also a bag containing most of the articles required in minor surgical operations.

Messrs. MILLIKIN and DOWN show a very interesting skeleton fitted with artificial ligaments of elastic webbing by means of which the mode of reducing dislocations may be demonstrated. Several articles suggested by Mr. Bryant are displayed, among them being improved *Talipes Shoes*, and a most useful and ingenious sinus scissors. A very interesting exhibit, too, is Mr. Howse's new flexible silver-wire trachea tube, which combines flexibility with rigidity; and also Mr. Golding Bird's trachea dilator. Messrs. Millikin and Down have several admirably arranged patterns of pocket cases, the contents of which in many instances present novel features of great improvements. The whole stall is well filled with interesting objects, and the visitor will do well to give it a considerable share of his attention.

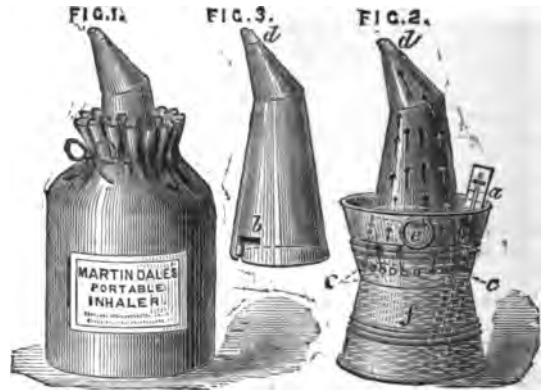
Messrs. MAYER & MELTZER exhibit a remarkable novelty in the form of a *registering clinical thermometer*, with which, it may be anticipated, unusually accurate observations may be made. This machine has the form of a watch, and possesses a glass-protected face, on which the temperature it records is marked by a delicate hand. By this most ingenious arrangement the inventor, Mr. Mayer, asserts that immediate and highly accurate observations may be made, while its durability and compactness give it a great superiority over the ordinary instrument in use. We cannot but think that if the readings are to be depended on in actual use, and this can be determined only by fair trial, this thermometer will prove of great service in clinical work; it undoubtedly reflects much credit on the inventor. An improvement in *tracheotomy tubes* is introduced by Messrs. Mayer and Meltzer, by constructing a stem to a gauge of four invariable sizes, thus ensuring accurate fitting of parts of tubes of the same size. A spray engine, with self-filling boiler, is worthy of notice, as also is a new *universal truss*, fitted with self-adjusting pads, a new elastic, hard, light, and durable substance termed *coraline*, being used in its manufacture. A very fine and delicate *forceps*, designed for extracting foreign bodies from the urethra, *meatus auditorius*, &c., is shown, and is so constructed as to permit freedom of action on the part of the operator, in an admirable manner. A *rhinoscopic mirror*, pessaries, and perforated leather splints, contained in this case, ought also to be carefully examined. *Mackenzie's œsophagoscope*, for examining the œsophagus in stricture of that organ, is a useful instrument; and for purposes of class demonstration, a pelvis or an adjustable stand, with a mannikin, will be found of much service.

Messrs. WEISS & SONS show a magnificent collection of instruments, the workmanship of which is of the most excellent description, and leaves nothing to be desired. In common with almost all the other exhibitors in this section, they have on their stall a number of carbolic spray producers, and with them a new lamp is combined, which, for the purpose of evolving a more intense heat, is provided with four or six wicks. The spirit from which the flame is derived is contained in a reservoir protected by a reflector. Another improvement consists in the dispensing of the separate reservoir for medicated lotions, &c., which are enclosed in an enlargement at the base of the spray. In another portable engine, by an ingenious arrangement the handle is fitted with a boiler, which, when empty, liberates a spring extinguisher to the lamp, whereby damage to the machine when all the water it contains is evaporated, is avoided.



The fitted cases of instruments for various purposes, shown by Messrs. Weiss & Son, are most beautiful examples of what such things should be, and especially would we commend to notice their ophthalmic and operating cases. The oculist can nowhere, perhaps, find himself so admirably provided for as by this firm, and the operating surgeon, too, will find nothing better for his purpose than the major and minor cases fitted by them. Among the more notable special instruments may be mentioned a convenient but powerful litho-clast, manufactured at the request of Sir H. Thompson, a very perfect and complete galvanic cautery, which, in spite of the disfavour into which this instrument is growing, might very well tempt to its use; an exploring knife, on a model suggested by Mr. Holden, and remarkable for length and great narrowness of blade; several improved *écraseurs*; and an assortment of rubber bandages and syringes, with hard vulcanite pistons.

MR. W. MARTINDALE shows a portable inhaler which is admirably adapted for inhalation, by its means, of hot medicated air. The apparatus is of tin, with an earthenware mouth-piece. It is provided with a woollen covering, which allows it to be handled without burning the fingers. It is in two parts, attached by means of a bayonet catch. When in use, the lower chamber is filled with water at the required temperature (about 140° to 150° F.),



until the holes, *c c*, establishing communication between the interior and the outside channel, are about a quarter of an inch below the surface of the liquid. *d d* is an earthenware mouth-piece; *e* is a ring handle. When charged for use, the patient will inhale medicated hot moist air, which has been fully charged and heated by passing through the hot medicated liquid in the interior. The act of inhaling, which will be accompanied by a gurgling noise, is done with great ease, as, although the liquid becomes thoroughly agitated, the column of water to be displaced is not deep, and the air passes freely through a number of holes. The exertion on the part of the patient is thus reduced to a minimum. The portable inhaler is light, not easily broken, and, including the thermometer, it packs in a parcel 7 in. + 5 in. + 5 in. For many purposes it will prove a most useful and efficient apparatus. Mr. Martindale also exhibits a number of articles connected with the practice of anti-septic surgery, among them being *chromic catgut ligatures*, made after the plan recommended by Mr. Lister. *Eucalyptus gauze*, which the same surgeon suggested as a non-irritating substitute for carbolic, and other articles, all of which will prove interesting to visitors, are exhibited.

Messrs. SOUTHALL, BROS., and BARCLAY, of Birmingham, are the proprietors of several very important and highly valuable specialties, specimens of which are to be seen on their stall, No. 225. The *Ladies' Sanitary Towel*, consisting of a pad of absorbent cotton wool, rendered antiseptic by boracic acid, is a very great advance on the old-fashioned napkin, and the use of it in lying-in hospitals and by the general public has already been attended by advantages which it is impossible to over-

estimate. The elegance and comfort combined in these towels is likewise as considerable as the safety conferred by their use. *Tenax*, an absorbent and antiseptic substance, is a vastly improved substitute for the old-fashioned oakum employed in dressing wounds, &c. It possesses the tarry smell of oakum, but is of a light brown colour and has a much softer and finer texture. Discharges are absorbed and retained by it, and offensive odours destroyed. Its inexpensiveness and efficiency should recommend it largely where economy is an object. *Absorbent and Antiseptic Pads* are made by this firm that perfectly fulfil the conditions implied by their name. They are well and suitably made, and are very absorbent, while they effectually disinfect the discharges with which they come into contact. They are also elastic, and thus facilitate the application of pressure on the part they are adjusted to. *Prepared Splints*, made from millboard, are exhibited by Messrs Southall and Co., which possess the advantage of drying rapidly, being easily softened and moulded, and admitting of repeated use after cleaning. They are cheap and useful substitutes for the more expensive splints. Improved *Hospital Strapping* is also shown, which remains pliable and may be applied without the necessity of previous warming.

Messrs EVANS and WORMULL have a *Folding-Double Inclined-Plane Splint*, made of galvanised iron, consisting of back-piece, sides, and foot-rest, an oval opening accommodating the tendo achillis and heel. Various movements are secured by means of joints and screw-bolts, and by its use bandages are rendered unnecessary, except for the foot. Dressing of the wound can be easily accomplished, and in most positions it is readily seen, while the use of a cradle is optional, the sides of the instrument sufficiently keeping off the bed-clothes. This splint will be found very useful for many purposes, and especially in hospital and tent practice. *Spanton's Hernia Instrument* is devised for the immediate radical cure of hernia. It consists of a screw which, the hernia having returned, is made to pierce the covering of the protruded intestine, and is after some manipulation left in a position where it will excite inflammation along the canal whence the hernia descended. From this it is removed after time has elapsed sufficient to set up an amount of induration which will prevent further descent of the intestine. The results obtained by Mr. Spanton have been very encouraging, and there seems good reason to think the operation may be generally resorted to with advantage, more particularly on young people and congenital cases. Mr. Spanton has also devised an *Improved Suture Needle*, which Messrs. Evans and Wormull manufacture. It is shaped, as is the hernia instrument, like a corkscrew, and is particularly adapted for use in situations where space is limited, as in operating for fistula, cleft palate, &c. The *Surgical Dressing Basins* made by the same firm are very useful appliances for the dressing of wounds, ulcers, &c., which require the application of fluids. They are made with a variety of curves, and in such a manner that they may be applied to any part of the body so as to catch the lotion or dressing with which the injured surface may be sponged. By use of them much unpleasantness, due to wet, &c., of bedding and clothing can be avoided, and for home employment particularly they are calculated to be of service.

Messrs. MATTHEWS BROTHERS display a large and beautiful assortment of steam spray producers, the workmanship and elegance of which will well repay careful examination. This firm has introduced several very important and excellent improvements in the construction of these engines, whereby their efficiency and appearance are both considerably added to. We would especially suggest examination of the "inflex apparatus," the only drawback to which is the price it has been necessary to put upon it. The other exhibits of Messrs. Matthews include their cases of instruments, hypodermic syringes with a lancet-shaped point of solid gold, an ingenious bullet forceps by means of which bullets of different sizes may be extracted, and some rubber-coated lead suture buttons provided with projections for the attachment of wires. There are very

many articles on this stall that will be found to repay inspection, but which need not be separately mentioned.

Messrs. JAMES ALLEN and SON.—This firm is well known in connection with the manufacture of portable Turkish baths, vapour and hot-air baths, bronchitis kettles, &c.; and the continual improvements introduced by them in the articles which constitute their specialities justifies the confidence with which they are everywhere regarded. A ventilating croup kettle and several varieties of bronchitis kettles are shown; the former is constructed to admit both air and steam to a bed, and is intended for use chiefly in cases of diphtheria. If needed, the steam can be medicated, a special apparatus being included with the kettle for this purpose. This kettle possesses many important advantages that should lead to its being generally used where the ordinary bronchitis kettle is made to do duty. The make and finish of all the goods exhibited by Messrs. Allen are of the first kind, and the spray engines shown by them, while being well manufactured, strong and good-looking machines, are also less costly than the majority of such instruments fitted with expensive accessories.

Dr. G. H. PHILIPSON, of Newcastle-on-Tyne, contributes a most interesting relic to the exhibition, in the shape of the *Original McIntyre's Splint*, the following description of which Dr. Philipson has been kind enough to write for us, specially:—The splint is made of brass throughout, and is perforated with holes in order to lighten it. The thigh-piece is lengthened by one plate sliding in the other, being fixed by a clamp screw. The leg-piece, consisting of thin rods, is lengthened by means of shifting the foot-piece, this working on a screw. The joint between the thigh and leg-pieces is double saddle-shaped, and is fixed by a clamp behind. There is a slot at the top of the foot-piece for attaching the tapes of the sock which suspends the foot and ankle. By the arrangement of altering the length of the thigh and leg pieces, the splint is applicable for the treatment of various fractures and injuries of the lower extremity.

FOSSILINE, a novel hydro-carbon jelly, which is superior to other petroleum preparations in consistence and smoothness, is shown by Messrs. Evans and Co., the inventor being Mr. Savar, whose name is adopted to distinguish the various articles into the composition of which fossiline enters. Among these we would especially commend the patent fossiline plaster, which immediately adheres without warming, and is an excellent form of adhesive; also the fossiline corn-plasters, these little pads being the most perfect and pliant of any we are acquainted with. We propose to speak further of these novelties after making trial of them in practice.

NOTIFICATION OF INFECTIOUS DISEASES.

At the far end of the Session of Parliament an attempt is being made to slip through the House of Commons a Bill to compel the profession to notify to the Sanitary authority the occurrences of each case of infective disease which comes to their knowledge. The Bill is introduced by Mr. Hastings, Sir Trevor Lawrence, and Dr. Farquharson, and is identical in terms with the Irish Bill to which we have so frequently referred, except that the notification fee is fixed at half-a-crown, instead of the symmetrical shilling at which Mr. Gray assessed the value of medical services in Ireland. The Bill has been read a second time and, if not blocked by an opposing motion, may get through before Parliament rises. As it does not extend to Ireland, the incompatibility of it with the wishes of the medical profession is not so evident, but as we know that the profession in England is by no means decided as to the expediency of such a measure, we think it necessary to warn them that the passing of the measure is imminent. We learn that the Irish Medical Association has taken steps to prevent the extension of the Bill to Ireland, apprehending that some enthusiastic member might steal a march by moving the omission of the clause which exempts that division of the kingdom.

Literature.

DISEASES OF CHILDREN. (a)

DR. DAY'S work on the Diseases of Children will be welcome to those who cannot find all they wish for in the manuals extant on this subject: such as have been written by West, Churchill, Hiller and Eustace Smith, in our own country, and by Bouchut, Vogel and Steiner abroad.

Instead of dealing with diseases of childhood individually and in detail, Dr. Day has chosen, and wisely we think, to discuss the more important among them. To the execution of this task, the author has devoted an extensive personal experience in clinical work, both in hospital and private practice. The student or practitioner, who needs a helping hand, strengthened by the knowledge of recent research, will not be disappointed if he turns to these pages; for he will find therein a painstaking collection of scientific facts reduced to practical usefulness, by being submitted to the judgment of an impartial and well balanced mind.

In the chapters before us, will be found such a mass of valuable information, derived from the best authorities, and illustrated by personal experiences, that it would be impossible to do justice to them by a short critical review. Suffice it to say, that, most of the essays will well repay a careful reading, and many a practitioner will find old hospital contemporaries quoted among recent authorities; this gives to Dr. Day's book an interest in perusal which many will be pleased to acknowledge. Conjointly with valuable theoretical information on children's diseases, the author supplies accurate and valuable assistance for the selection and use of therapeutical remedies.

In the chapter on "Milk, Diet, and Hygiene," especial reference is made to milk as a probably potent means of transmitting disease, where such milk has undergone putrefactive changes before ingestion into the body; as well as being the means of introducing as an aliment, germs of specific diseases. The researches of Professor Low, of Cornell University, the typhoid epidemic of 1873, and others similar in kind serving as illustrations.

Several valuable hints are given as to diet in infancy and childhood. The directions however, for the administration of cows' milk to infants are wanting in definition. We notice too, in other parts of the book, a want of definitions as regards treatment—the outcome probably of condensation. In the desire not to omit anything of importance, an author runs the risk of bewildering by an *embarras de richesses*. A student especially, and the practitioner in a less degree, wants to know the best treatment available and so far as may be the reasons for its employment. The directions for diet, are followed by a somewhat erratic section on the administration of drugs and remedies, which appears to supply the place of the information one looks for, and would gladly find on the important subject of hygiene.

In the chapter on Typhoid Fever, the author disavows "any belief in infantile remittent fever, as caused by a separate and distinct poison, or that the disease differs in its nature or causes from that of typhoid." He then enters upon an argument which appears to clash with the "belief" previously expressed. The knowledge of the strong tendency of all febrile diseases to remission during some part of the day, establishes emphatically the non-existence of any entity in disease, such as "infantile remittent," and it is difficult to realise the necessity of making an exception in favour of modified typhoid. Some medico-chirurgical questions, of great interest medically, are ably discussed, such as croup and diphtheria, the non-identity of which the author maintains. Intussusception and invagination are also carefully considered. The paragraph on the important subjects of typhilitis and peri-typhilitis, is surprisingly brief, and we can well imagine that surgeons will question the propriety of trusting to Nature if an abscess form, to establish an opening either into the bowel or externally through the abdominal wall, "even on the assurance of the chance of recovery being greater in the former than in the latter case." Even the opponents of Listerism will admit the immense advantage and safety it confers upon all abdominal affections needing surgical aid, and among these we doubt not may fairly be included suppuration within or about the cæcum.

(a) "On the Diseases of Children." By W. H. Day, M.D. London: J. and A. Churchill.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

PROFESSOR H. ALLEYNE NICHOLSON, AND HIS STUDENTS.—The students who have attended the natural history class of the University of Edinburgh during the Sessions 1879-81, on the 25th ult., presented Professor H. Alleyne Nicholson with an address as a token of their respect and esteem for him. On behalf of nearly 500 students who subscribed the address, which was beautifully illuminated, Mr. R. E. Horsley, Mr. J. S. Turner, and Mr. S. D. Hallows made the presentation. The address, after expressing the admiration of the students at the manner in which the Professor had conducted the class, said: "Your uniform kindness and tact in inciting your often wearied followers to fresh efforts have won their well-merited application. The interest you have imparted to your lectures, the fidelity with which you have endeavoured to remove the difficulties from our path have enabled us to follow the intricacies of zoological science more readily by far than we had ventured to hope. We are sure your example and perseverance will be a guide to many, and will ensure to them a solid foundation for their future studies." Dr. Alleyne Nicholson then returned thanks to the unexpected and handsome mark of their regard presented to him, which was an evidence, although that was not needed, of the complete harmony and good feeling which had always characterised their relations.

EDINBURGH.—HEALTH RETURNS.—The deaths in Edinburgh during the week ending with Saturday, the 23rd ult., numbered 61, deducting 8 country cases. This shows an annual death-rate of 14 per 1,000, and a decrease of 20 deaths as compared with the same week last year. Four deaths occurred from zymotic diseases, none of them occurring in the southern suburbs.

ARBROATH.—THE OUTBREAK OF SMALL-POX.—The Sanitary Inspector having reported to the Board of Supervision the outbreak of small-pox in Arbroath, Dr. Littlejohn, Medical Officer of the Board, visited Arbroath on the 23rd ult., and made inquiries into the matter. He inspected the temporary hospital, constructed of wood, to accommodate about twenty patients, which has been erected near the Infirmary, and is now ready for occupation. It is understood that he expressed himself satisfied with it. There are understood to be about twenty cases of small-pox at present in Arbroath, and it is thought they all originated from the recent case on board the Norwegian vessel in the harbour. Almost all the cases are mild. Three of these are under treatment in the cottage hospital, and the others in their own houses. On the recommendation of the local authority a considerable number of the inhabitants have been revaccinated. A case has occurred in Edinburgh in connection with this outbreak. A young man who left Arbroath to spend a few days in Edinburgh was taken ill of small-pox in the city. His case is being treated in the Edinburgh Small-pox Hospital.

ABERDEEN.—SMALL-POX.—Intimation was brought to the French Consul at Aberdeen, on the 27th ult., that a seaman on board the *St. Pierre*, fishing-boat, belonging to Boulogne, was suffering from small-pox. The latter was lying at the time some distance off the Aberdeen Harbour, and the Sanitary Inspector at Aberdeen having been communicated with, orders were given that the man should be removed from the ship to the Canningar Hill Hospital, at Aberdeen, and this was done in the course of the day. The

disease was well developed. The crew of the boat consisted of twenty-one persons.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 28th ult. were at the rate of 23 per 1,000 per annum, against 23 in the preceding week, and 25, 19, and 25 in the corresponding periods of 1880, 1879, and 1878.

HAWICK MILK SUPPLY AND ENTERIC FEVER.—An outbreak of enteric fever has taken place in the southern part of Hawick, where the houses are all new. At a meeting of the local authority, held on the 28th ult., the Superintendent of Police reported that in nearly every case the houses had taken in milk from the same farm, where the fever prevailed leaving no doubt whatever in the minds of the authority that the milk had been the medium of transmitting the disease; and it was resolved to prohibit the farmer in question from sending any further supply of milk to the town in the meantime.

GLASGOW HOSPITAL AND DISPENSARY FOR THE DISEASES OF THE EAR.—A meeting of the Directors of this Dispensary was held in the premises, Buchanan Street, on the 28th ult., Charles M. King, Esq., presiding. It was stated that upwards of 300 cases a month passed through the hospital and dispensary, and that brain diseases affecting the ear were on the increase. It was also mentioned, we think erroneously, that Glasgow was the first city out of London where an institution of the same kind had been established. The chairman, in the name of the directors and Dr. Cassells, the superintendent, then presented special certificates to the following four students:—Mr. James Robertson, senior assistant, Mr. John McCall, Mr. W. Bradley Violette, Mr. George Haddon. Mr. Richard Robb, Mr. John Wyllie, and Mr. Robert Steele were presented with certificates from Dr. Cassells. We are concerned as to the increase of ear diseases from affections of the brain; of the converse we have been a long time satisfied—that the influence of ear diseases on brain was decidedly on the ascendant!

CHARGE OF CIRCULATING OBSCENE LITERATURE IN GLASGOW.—It seems, after all, that the Glasgow authorities are capable of being roused to a sense of duty in the matter of quack leaflets. It is surely, however, unkind that an example should be made of a stranger when Dr. Samuel Levenston's bills continue to be largely circulated, as formerly. At the Central Police Court of Glasgow, on the 28th ult., an American "Professor" and two accomplices were charged with distributing indecent or obscene leaflets, in contravention of the Glasgow Police Act, section 135, which portion seems more honoured in the breach than in the observance. "Professor" Hale admitted circulating the leaflet, but pertinently added in extenuation that at the present time there are being sold and circulated in Glasgow leaflets and books far worse than his. On a promise to cease circulating the leaflets the charge was withdrawn. We are truly grateful to America, and have cause to be so, for much that has benefited the human race. We can do with the sewing-machine, and her magnificent bullocks; but she would command more universal gratitude if she retained such cattle as her quack ministers and quack doctors to luxuriate in the quietude of her own magnificent bosom.

THE EDINBURGH OBSTETRICAL SOCIETY.—An immense amount of native oratory seems to be lost to Glasgow (we noticed some of it last week) through the attraction of the Edinburgh Obstetrical Society. We are tempted to ask the questions, Are Glasgow audiences not sufficiently appreciable? Are they too critical? Or do they too justly value the lucubrations of the peripatetic men-mid-

wives, to be deemed worthy of inheriting the first-fruits of the juvenile scientific labours? When two nights, at a scientific society, are spent over the composition of a soap, one night over that of a lotion, and so on, the passing notice of a smile is hardly sufficiently significant of contempt. The "talkee talkee" resolves itself into the following phases: The "rising obstetrician" has listened with profit, pleasure, and admiration, to the paper just read. For his own information, however, he would like to ask a question: "Has his friend, Dr. ——— ever tried such-and such a drug? He does not quite agree with the conclusions drawn as to the ovarian hyperæsthesia, preferring rather the elucidation of Professor ———, of Jena or Vienna, whose practice it has been his good fortune to witness," and so on *ad infinitum*. We wish the Edinburgh Obstetrical Society joy of the contingent of rising Glasgow obstetricians who grace and adorn its meetings.

Medical News.

Royal College of Physicians of London.—The following candidates having passed the required examinations, were admitted members on July 28th.—

Anderson, James, M.D. Aberdeen
 Fenwick, Bedford, M.D. Durham
 Gulliver, George, M.B. Oxford
 Hadden, Walter B., M.D. London
 Uthoff, J. Caldwell, M.D. London
 Marriott, Peter W., M.D. St. And.
 Thurnfeld, T. W., M.D. Aberdeen
 Tooth, H. H., M.B. Cambridge

Admitted Fellow:—

Siordet, James Lewis, M.B. London, Meantons

The following were admitted Licentiates on July 28th.—

Barrat, Herbert James	Jones, Robert Dennett
Barton, William Edwin	Laimbeer, Frederick James
Bradshaw, Oswald George D x	Lewis, William Henry Phillips
Butler, Thomas Edward	Marsh, Frank
Clark, William	Neatby, Edwin Awdas
Clegg, Walter Thomas	Starling, Edwin Alfred
Copley, William Henry	Sutherland, William Rose, M.D.
Corlett, William T. M.D. Wooster	McGill
Crook, John S ddon	Sykes, Matthew Carrington
Hitch, Frederick	Tidswell, Herbert Henry
Inger, John William	Wells, Alfred Ernest

University of London.—The following have passed the first B.Sc. Examination:

FIRST DIVISION.

Beare, Thomas Hudson	Scott, Charlotte Angus
Bowman, Henry Claxton	Shore, Lewis Eric
Forsyth, John	Stroud, Henry
Hodgkinson, Mary	Tarn, Albert
Leon, Joseph Abraham	Waddell, John
Le Tall, Benjamin Bower, B.A.	Williams, Walter Collingwood
Mitchell, Alice	Winter, Henry Smith
Riley, John Thomas	Wright, Mark Robinson

SECOND DIVISION.

Barber, Charles Alfred	Morgan, Thomas Matthew
Benham, Wm. Bland Shoppee	Moul, Frank
Beak, Marian	Orchard, Henry Langhorne
Corner, Samuel, B.A.	Porter, John Wynne
H-y-s, Rowland George, B.A.	Estchious, Henry Andrew, M.A.
Hunton, Sidney Walker	Shipley, Arthur Everett
Jones, Samuel Cromwell	Small, Evan William
Lawson, Thomas Atkinson	Staples, Henry John
Moy, William Page	Tomaselli, Giovanni Domenico
Merson, John	Webb, Mary Isabella
Molony, John	

Edinburgh University.—MEDICAL EXAMINATIONS.—The following candidates have passed in the final examinations for medicine:—

J. F. Bateson, R. C. Bennett, Thos. Northwick, William Brydon, F. B. S. Corser, W. R. Dalzell, O. V. Delapina, Robert Fearas, J. M. Ferguson, Frank Fraser, W. B. Fry, J. L. Gibson, Alex. Grant, F. W. Grant, Wm. Harding, Alfred Harbey, S. Harwood, S. W. Haynes, J. M. Hoffman, E. J. Lawson, R. J. J. Macdonald, Samuel Mackay, T. G. McLaughlan, J. D. Malcolm, Jas. Mill, H. F. Mudie, T. F. Myles, B. O. Norfor, Jas. Orr, A. A. Paikell, G. C. S. Perkins, D. W. L. Ritchie, J. R. S. Robertson, G. V. E. Rhan, J. M. Ross, Johannes Sauer, W. O. Scholtz, W. J. Sinclair, S. W. Smith, John Sotley, B. T. Sutherland, A. H. Thomas, John Valentine, E. B. O. Walker, Alfred Ward, A. F. L. Wells, J. H. Williams, H. J. Wolsley.

The following have passed their examinations in anatomy and institutes of medicine:—

H. M. Hardcastle, E. B. Hector, R. D. Helm, D. de N. Hugo, H. Ley, G. M. Reid, A. A. Robinson, C. G. Thorp, J. E. Godfrey.

NOTICES TO CORRESPONDENTS.

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

READING CASES.—Cloth board cases, gilt-lettered, containing 28 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE TO SUBSCRIBERS.—We would ask the forbearance of our readers for the delay in issuing this week's number of the Journal. We have purposely withheld its publication for twenty-four hours in order to present those who were unable to be at the Congress with Sir James Paget's Inaugural Address, feeling confident that with this before them the delay would be of little moment compared with the pleasure experienced in reading it.

CORRESPONDENTS are asked to extend their indulgence for omissions in the present number, owing to pressure of Exhibition and Congress matter.

D^r. WORLDMONT (Bruxelles).—Proof of your communication not received at time of going to press.

DR. MILNER FOTHERGILL's paper shall appear in our next.

MR. STONE will find a very interesting paper in the August number of the *Spectalist* on "Abdominal Section" by Mr. Lawson Tait.

DR. MORTON.—We believe it has not yet been settled who is to deliver the sermon in Westminster Abbey on Sunday next in the place of Dean Stanley deceased.

MR. WOOD.—The practice is one which is open to very serious objections, and is certain eventually to become a source of grievous annoyance.

SANITARY INSPECTION OF HOTELS.—A correspondent asks if a great public need would not be served by the discussion at the International Congress of compulsory inspection of hotels. With so many foreign visitors over here, he thinks that it would be an assurance to them that their health and comforts were considered. To the suggestion we can only reply that such discussion, even if there was time for it, would be of no practical value, as our visitors will have left us before any resolution could be carried into effect. Moreover, the principal hotels of the metropolis are excellently provided with sanitary appliances that visitors need be under no fear of contagion, or other calamity incident to bad drainage or water. We would, however, caution them to be careful what hotels they select on the Continent, as sanitary arrangements are in many of them quite unknown. Inspection and registration has been recently introduced into some of the Roman hotels, and which we shall be glad to hear that a similar system has been established in other cities.

HOSPITAL FOR CONSUMPTION, BROMPTON.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I enclose, with the committee's compliments, a card to view the new building on Monday next. I shall also be glad to send cards to any of your readers who may desire to be present on that day upon receipt of application.

Your very faithful servant,
HENRY DOBBIN, Secretary.

MR. W. B. (Infirmary, Leeds).—If the article is short and concise we shall be pleased to receive it.

MR. BAILLY WALKER.—The article "Dietetic Study," by Billinger, of Halle, has been received, and shall be noticed.

DR. CULLMORE's paper is unavoidably held over for want of space. Each week for the last month we have given an extra sheet, but have been unable to keep pace with the demand.

DR. A. C. will find the subject referred to in our issue for July 20.

NATIONAL DENTAL HOSPITAL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me, through your columns, to make known that all members of the International Medical Congress are cordially invited to inspect this hospital, which will be open daily from 9 a.m. to 7 p.m. during the season.

I have the honour to be, Sir,
Your obedient servant,

149 Great Portland Street, W.
ARTHUR G. KLUGH, Sec.

MR. TALBOT.—We tried to read Lord Clifton's absurd letter through, but stopped short at this passage: "The fact that the unvaccinated die in the high ratio of 85 to 50 per cent to cases is valueless, unless you can prove that the rate of vaccinated mortality has been sufficiently low to lower the original pre-vaccinal rate of deaths to cases. This is not the case, taking the grand total without reference to vaccination." We wonder what kind of argument would satisfy Lord Clifton and his followers in the Anti-Vaccination League.

A CHEAP AND EFFECTUAL DISINFECTANT.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It may not be uninteresting to some of your readers to know that a mixture of the *nitrate of lead* and *common salt* constitutes a very inexpensive and effectual disinfectant. Take half a drachm of the *nitrate of lead* dissolved in a pint or more of boiling water, and add to it a bucket of water in which is dissolved two drachms of *common salt*; mix them together and the solution is ready for use.

A cloth or sheet dipped in it and hung up in a room will at once

purify it, and likewise, if thrown down a sink or closet, as it soon destroys all those unpleasant and noxious odours which are generative of disease.

The advantages consist in its cheapness and the facility with which it can be made. I am, Sir, yours, &c.,

West Cliff, Ramsgate. E. MARLETT BODDY, F.R.C.S.

A CALCULATION.—An American medical journal has found that there are from 100,000 to 200,000 hairs in a woman's head. The number of hairs in a man's head depends considerably on the time he has been married.

DR. S.—Branches of the Metropolitan Provident Medical Association are now in working order at 5 Lamb's Conduit Street, W.C., and at 3 Leicester Street, Leicester Square, London. Similar institutions are in existence in some provincial towns having an excess of income over expenditure.

A VISITOR.—You will be able to examine the work mentioned at the International Medical and Sanitary Exhibition at South Kensington.

Vacancies.

Carnarvon Infirmary, Bangor.—House Surgeon. Salary, £100, with board. Applications to the Secretary before August 11.

Hampstead Provident Dispensary, New End.—Medical Officer. Applications to be sent to the Secretary, J. W. Fenn, 23 High Street, Hampstead, not later than August 6.

National Dental Hospital, Great Portland Street, W.—Dental Surgeon and Lecturer on Dental Surgery and Pathology. Applications to the Secretary on or before August 10.

North Stafford Infirmary, Stoke-on-Trent.—House Surgeon. Salary, £120. House Physician. Salary, £100. Each with board. Applications to the Secretary before August 17.

Stockton-upon-Tees Hospital.—House Surgeon (non-resident, doubly qualified). Salary, £200 per annum. Applications to the Secretary by August 9.

Appointments.

BLANEY, J., M.R.C.S., Medical Officer of Health to the Falmouth Union Rural Sanitary Authority.

FOX, T. C., M.B. Lond., Physician to the Skin Department of the North West London Free Dispensary for Sick Children.

GAIRDNER, J., M.R.C.S., Medical Officer to the Welford and Alveston Districts of the Stratford-on-Avon Union.

GOULD, A. F., F.R.C.S. Eng., M.B. Lond., Surgeon to the North West London Free Dispensary for Sick Children.

GUNN, R. M., M.B., C.M. Edin., Surgeon to the Eye Department of the North West London Free Dispensary for Sick Children.

JONES, J. T., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer to the Llanelli District of the Oswestry Union.

KIRBY, T. C., L.K.Q.C.P.I., M.R.C.S., Consulting Physician to the North West London Free Dispensary for Sick Children.

LAYCOCK, G. L., M.B., C.M. Edin., Physician to the North West London Free Dispensary for Sick Children.

Ogilvie, L., M.B., C.M. Edin., Physician to the North West London Free Dispensary for Sick Children.

PRESTON, W., M.B., M.Ch. Edin., Medical Officer to the First District of the York Union.

RINGER, S., M.D., F.R.C.P. Lond., Physician to the North West London Free Dispensary for Sick Children.

Births.

HARRISON.—July 23, at 23 Gable Terrace, Liverpool, the wife of D Harrison, M.R.C.S., M.K.Q.C.P., of a son.

MILWARD.—July 24, the wife of W. Clement Milward, Surgeon A.M.D., of a son.

Deaths.

PHILLIPS.—July 29, at Woodbridge, Suffolk, Elizabeth, widow of B. Phillips, F.R.C.S., F.R.S., aged 84.

PROCTOR.—July 21, suddenly, Balhelvie, R. F. S. Proctor, M.B., C.M. Aber., aged 34.

RIORDAN.—July 18, at Ivy Bank Villa, Gravesend, the infant son of Surgeon-Major Riordan, A.M.D.

TAYLOR.—July 24, at the residence of his father, David Taylor, M.R.C.S., Kennington Park Road, S.W., Arthur Taylor, M.B., M.R.C.S., late of Wanganui, New Zealand, aged 37.

TIDY.—July 24, at 3 Mandeville Place, London, W., Violet, wife of Charles Meymott Tidy, M.B., and second daughter of Dr. Horace Dobell, of Harley Street, W., aged 27.

TURNBULL.—July 24, at Neckergat, Belgium, Alexander Turnbull, M.D. Ed., aged 86.

WILSON.—July 25, suddenly, at Stockton-on-Tees, John Wilson, L.F.P.S. Glas., L.R.C.P. Ed.

SOCIETY for the RELIEF of WIDOWS and ORPHANS of MEDICAL MEN.—Established 1758. Incorporated by Royal Charter 1864. Registered medical practitioners residing in London, or within a radius of twenty miles, may, in case of their death, secure their widow an income of £51, and as-bastance for their children up to the age of fifteen, by becoming members of the Society. Funded capital, £76,495 1s. 5d. For particulars apply to J. B. BLACKETT, Esq., Secretary, who attends at the office, 53 Berners Street, every Wednesday and Friday, from 4 to 5 p.m.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 10, 1881.

CONTENTS.		PAGE	PAGE	PAGE
ORIGINAL COMMUNICATIONS.				
Calculus in the Female Bladder. By Angus Macdonald, M.D., F.R.C.P., &c., Physician to, and Clinical Lecturer on Diseases of Women, Royal Infirmary, Edinburgh	115	THE MINERAL WATERS OF EUROPE—The Medical Press Analytical Reports on the Principal Bottled Waters. By C. E. Titchborne, LL.D., F.C.S., F.I.C., with Notes on their Therapeutical Uses. By Prosser James, M.D., M.R.C.P. Lond., &c.	126	Metropolitan Hospital Sunday Fund
The Urine of Cardiac Dropsy. By J. Milner Fothergill, M.D., Senior Assistant Physician to the City of London Hospital for Diseases of the Chest	117	LEADING ARTICLES.		
THE INTERNATIONAL MEDICAL CONGRESS				
Address on Medicine. By Sir W. Gull, Bart., President of the Section	118	—A General Account of the Proceedings	127	The Pharmacist's Grievance
Address on Surgery. By John Eric Erichsen, F.R.S., President of the Surgical Section	120	The State Dinner at the Mansion House	128	Boyleston Prizes
Address on Obstetrics. By Alfred H. M'Clintock, M.D., President of the Obstetrical Section	121	Penn's	128	Medico-Psychological Association
Address on Pathology. By Samuel Wilks, M.D., President of the Pathological Section	123	The Conversation at Guildhall	129	Bequests to Medical Charities
CLINICAL RECORDS.				
North-Eastern Hospital for Children—Cases of Congenital Disease of the Heart Under the care of Dr. C. E. A. Sample ..	125	Excursion to Folkestone	129	Women Candidates at the University of London
NOTES ON CURRENT TOPIOS.				
Guy's Hospital Again	132	Normansfield	129	Station Hospitals in India
SECTIONAL PROCEEDINGS—				
A Babel of Tongues				
Localisation of Function				
Oology				
Surgery of the Kidney				
Litholaxy				
The Ophthalmological Section				
Our Medical Literature				
SCOTLAND.				
Pure Wines				
Glasgow Royal Infirmary Appointments ..				
Edinburgh University Prizes and Degrees				
Probable Honours to the Medical Profession in Edinburgh				
LITERATURE.				
St. George's Hospital Reports				
CORRESPONDENCE.				
Calf Lymph—Letters from Drs. Warlomont and C. E. Drysdale				
NOTICES TO CORRESPONDENTS				

Original Communications.

CALCULUS IN THE FEMALE BLADDER. (a)

By ANGUS MACDONALD, M.D., F.R.C.P., F.R.S.E., Physician to, and Clinical Lecturer on Diseases of Women, Royal Infirmary, Edinburgh.

(Continued from page 94.)

DIAGNOSIS OF STONE IN FEMALE BLADDER.

The diagnosis is peculiarly easy. The modern practice of careful abdomino-vaginal examination renders the exploration of the bladder by touch both easy and thorough. In this way the existence of a foreign body in the bladder, its size and connections as also its mobility or otherwise can usually be determined with great accuracy. To confirm the diagnosis, if need be, in most adult cases the index finger may, without danger to the patient, be passed along the urethra and the stone felt. But that is only seldom necessary, and a better test of the character of the stone can be got by passing a sound and feeling the peculiar sensation which the calcareous matter communicates to the instrument as well as hearing a grating noise. This can be done without subjecting the patient to either the pain or the risks of forcible dilatation of the urethra. In addition to these means we have the indications afforded by the irritation which the stone causes in the bladder, the pain on micturition, and the occasional interruption of the flow caused by the stone when it happens to fall down against the entrance to the urethra. The condition of the urine, especially its microscopical characters, is also to be considered. In the present case the size of the stone and the disturbance it gave rise to rendered the diagnosis specially easy.

TREATMENT.

As to treatment, in our case the size of the stone precluded entirely any thoughts of removing it by the urethra; whilst at the same time it equally clearly showed that the supra-pubic operation was unnecessary. This being so, there remained only to decide between the operation of

lithotripsy and vaginal lithotomy. The looseness and largeness of the vagina were in favour of the latter. My own want of special skill in lithotripsy, and the fear that a troublesome nucleus would be found in the centre of the stone, which would render that operation difficult as well as dangerous, along with the unhealthy condition of the bladder, induced me to avoid lithotripsy; and the sequel proved that it was a happy circumstance for the patient that I did not have recourse to it. I accordingly determined to perform vagino-vesical lithotomy, which I effected as above described.

It is now universally agreed that in such cases, if the condition of the mucous membrane be healthy it is better to sew up the wound at once, as the edges readily heal; but in the present instance the mucous membrane was in an inflamed condition, and was coated over with a layer of calcareous debris, so that I did not deem it advisable to sew up at once, fearing that if I did so the patient would suffer from chronic cystitis, with all its drawbacks and disasters. It will be observed that Nature's efforts went far to fill up the huge gap through which the stone was extracted, so that the operation for final closure of the wound was a small one indeed.

A word or two, now, in conclusion, upon the general treatment of stone in the female bladder. First, as to removal of stone after forcible dilatation of the urethra. Notwithstanding the careful limitation by Simon and others of the amount of dilatation to which the female urethra may be safely exposed, I find among my professional friends a melancholy looseness of opinion still prevalent. I showed this stone to a good many professional friends, and I was particularly struck by the large number of them who, thoughtlessly, I daresay, yet with undoubted sincerity, asked me whether I had removed it by dilating the urethra. Now, I would wish to emphasize the fact that, though the female urethra is largely dilatable, yet it cannot be dilated beyond a certain tolerably well defined amount without landing the patient in incontinence of urine for life. The amount to which the urethra can be dilated with safety is given by Simon (a). For an

(a) Read before the Obstetrical Society of Edinburgh.

(a) Volkmann's "Sammlung Klinischer Vorträge," No. 88.

adult woman a circumference of 6 to 6.25 cms., or 2 3-8ths to 2 7-16ths inches, corresponding to a diameter of 1 9 to 2 cms., or three-quarters of an inch nearly. For a young woman from 15 to 20 years, a circumference of 5.6 to 6.3 cms., or 2 3-16ths to 2 7-16ths inches; corresponding to a diameter of 1.8 to 2 cms., or barely three-quarters of an inch. For girls from 11 to 15 years of age, the highest degree of safe dilatation is, on the same authority, a circumference of 4.7 to 5.6 cms., or 1 7-8ths to 2 1-8th inch, corresponding to a diameter of 1.5 to 1.8 cms., or 9-16ths to 11-16ths of an inch nearly.

These observations agree with those made by Dr. Alexander Ogston (a), Dr. Emmet, and a host of other observers. Indeed, as an average indication it may with safety be stated that the urethra of an adult woman will allow of dilatation, provided it is carefully conducted, to the extent of passing the index finger, or to something decidedly less than an inch in diameter; but that anything beyond that amount is liable to land the patient in persistent incontinence of urine. The experience of authors in regard to the proportions of dilated cases which become sufferers from incontinence is very various. Emmet found this sequel in two out of eleven cases; while Noggerath had only two in seventy-five, or 2.66 per cent. Ogston (*op. cit.*) records a case of persistent incontinence in his own practice, in which he had removed through the dilated urethra a stone, whose smallest diameter was an inch; and he also refers to two other similar cases, one of which occurred in the practice of Dr. Davidson, of Warrle, in which the smallest diameter of the stone was 1 1/4 inch; and another in the practice of Dr. Paterson, of Inverury, in which the smallest diameter was 1 3-10ths inch. The cause of the incontinence from over-dilatation is somewhat difficult to establish. It would appear, from cases recorded, that the urethra will admit of much laceration without permanent incontinence ensuing, so long as the tear passes in the direction of its length. But that if the rupture passes across that direction, then comparatively a small amount of injury will be followed by incontinence, because the cicatrix thus arising prevents the mutual adaptation of the urethral folds at the neck of the bladder, by which, rather than by any sphincteric arrangement which the urethra possesses, the woman is enabled normally to retain her water.

If this be true, and the view is strongly urged by Emmet, it follows that urethral dilatation contains an element of uncertainty, sufficient to make us all very careful in having recourse to it, whether with the view of improving a cystitis, for the removal of foreign bodies from the bladder, or for establishing a doubtful diagnosis. At the same time, it is perfectly clear, from the results obtained by Lane (b) Emmet, Noggerath, and Dr. Alex. Ogston, that the original limit of Simon, viz., a diameter of 3/4 of an inch in an adult woman cannot be greatly exceeded without leading to disaster, whilst from accidental causes in regard to the direction of tear, in may even happen that less dilatation may be followed by troublesome incontinence. It is fortunate that we possess in the index finger an instrument at once the most suitable for effecting dilatation of the urethra, and a guide to that amount which is usually practicable within the limits of safety.

Most authorities who have performed this operation frequently, are, I think, satisfied that rapid dilatation under anæsthesia, first with the little finger guided on a sound, and then with the index, is preferable to all other measures, whether with tent, or with dilatating instrument, in order to secure safe and rapid dilatation. I have kept no record of the number of times, but I am safe to say

that I have for therapeutical or other purposes, performed this operation more than twenty times, and I am glad to say I never yet met with other than temporary incontinence.

VESICO-VAGINAL SECTION.

This operation in the adult woman is so easily performed that it ought to exclude all other methods, not excepting dilatation of the urethra, except in those cases in which the stone is small enough to pass the urethra without requiring it to be distended beyond a diameter of 3/4 of an inch, and in those very rare cases, where the stone is too large to pass through the vagina, when the suprapubic operation is necessitated. Lithotripsy comes in as a fair competitor for vesico-vaginal lithotomy, and will be preferred or rejected very much, according to the faith which the operator possesses in his own skill in conducting the operation, and the view he holds of the operation of vesico-vaginal fistula. Most gynecologists have much greater experience of vesico-vaginal fistula than of stone, and knowing the ease with which the vesico-vaginal wound may be closed, and the nearly complete absence of risk attaching to vesico-vaginal lithotomy, will be inclined, I think, with me, to prefer the latter operation to lithotripsy. Pure surgeons, on the other hand, confident in their skill as lithotritists, may be expected to prefer lithotripsy to vaginal lithotomy.

In performing the operation of vesico-vaginal lithotomy, the patient may be either placed in the lithotomy, or in the semi-prone position.

The only essential precautions needed, are to make sure that the incision shall be made in the mesial line, so as to avoid injury to the ureters, and not to commence the incision too near the neck of the bladder, in case we should thereby injure the retentive power of the organ.

I adopted, in the present instance, the method of Emmet, which consists in clipping down, with the stroke of a scissors upon the point of a uterine sound, made to project the bladder and vaginal wall a little behind the neck, and then to continue the opening thus effected, directly backwards, by means of a probe-pointed straight scissors.

This method has the disadvantage that it clips away a small portion of the mucous membrane of the base of the bladder, and in that respect, to some extent, interferes with healing afterwards.

Accordingly, I cannot help thinking it would be preferable to cut down, with the point of a knife, upon a grooved sound, and afterwards to enlarge the opening with scissors, as Dr. Emmet recommends. The opening is brought together with silver sutures, provided the mucous membrane is healthy. But if, as in our case, we have cystitis, the best means of curing the cystitis is the rest and cleanliness afforded by the patent fistula. Nothing could have been more satisfactory than the results in our case, both in relieving the patient from pain, and restoring the mucous membrane of the bladder to a healthy condition.

In some of these cases the opening through which the stone passes will be found to close of itself. In all of them it will greatly contract, but in most of them a subsequent operation will be required to complete closure.

The ease with which a vesico-vaginal wound can be closed up has led to great simplification of vesico-vaginal lithotomy, which was wont to be looked upon with terror, in consequence of the fistulae that were found to follow it. Even in bygone days, however, a certain proportion of such cases were found to spontaneously heal. Thanks to the labours and genius of Dr. Marion Sims, a vesico-vaginal fistula, except when associated with much destruction of the bladder and vaginal tissue, really gives us no concern.

LATERAL OPERATION FOR LITHOTOMY.

3. This operation, which appears in modern times, at least, to have been introduced by Dr. Andrew Buchanan (a), of Glasgow, where it was successfully performed by

(a) *Edinburgh Medical Journal*, July, 1879, p. 27. By a slip of the pen Dr. Ogston misquotes Simon in his above valuable paper, by giving the diameter of 11-16ths of an inch as applicable to girls from 5 to 11 years, instead of, as Simon has it, from 11 to 15 years—a sufficiently important difference; for to dilate the urethra of a girl of five to a diameter of 11-16ths of an inch would certainly be disastrous.

(b) *Lithotomy in the Female*. *Lancet*, 1863. Pp. 36 and 57.

(a) *Lancet*, Jan. 1863. P. 68.

him in six cases, and where, also, it has been successfully performed by Dr. George Buchanan (a) and Dr. Morton, consists in cutting into the left labium minor, and carrying the incision, which commences about half-an-inch above the meatus urinarius, downwards and backwards, parallel to the left pubic ramus. Before commencing the incision, a grooved staff is first passed into the bladder, and this is employed as a guide for conducting the deep incision. The knife is made to enter the groove of the staff as near as practicable to the point where the bladder and urethra meet. The incision is then continued downwards into the bladder, till it admits of seizure, and removal of the stone. It will thus be seen that the operation is very much similar to that of lithotomy in the male. This operation leaves the vagina intact, and is suitable in the case of young girls, in whom vesico-vaginal lithotomy is impracticable.

4. The vestibular operation, and the operation for dividing the urethra, either from behind forwards, or from before backwards, may be dismissed as possessing now-a-days only an historical interest.

5. Lithotripsy is more easily performed in the female than in the male, and appears very suitable for the case of stones, that are soft, and not too large. The recent improvements in this operation promise to make it still more suitable for the female. It presents nothing very special in its execution from the operation in the male. The main objection to its performance is the great danger of finding a nucleus that would give trouble as in the present instance. Suppose, in this case, the stone had been crushed, the hair-pin, twisted most likely and disfigured, would have landed us in a state of matters that could only have been treated by vagino-vesical lithotomy after all, with the addition of extreme risk of tear, or other injury of the bladder.

SUPRA-PUBIC OPERATION.

6. I need only state that this operation is only warranted when the stone is so large that it cannot pass through the vagina, and that, though it is a dangerous operation, the use of Listerian precautions robs it of much of its danger.

THE URINE OF CARDIAC DROPSY.

By J. MILNER FOTHERGILL, M.D.

Senior Assistant Physician to the City of London Hospital for Diseases of the Chest.

There are few more instructive matters clinically, physiologically, and therapeutically, than the alterations in the renal secretion in cardiac dropsy. First of all, there is the question of its bulk. It is scanty, high-coloured, and of high specific gravity. What has the colour to do with the bulk? Only this; that practically a pale urine, except when it contains sugar, is never of very high specific gravity. The secretion of urine solids and of pigment are not the same thing; but they run closely together, so closely, indeed, that for all practical purposes an inspection of the urine will tell its condition exactly enough; if necessary, the sense of smell may be used to corroborate the information afforded to the eye. It is scanty in bulk—that is the main point to notice about it. It is a concentrated urine, in fact. Then, further, it usually contains a quantity of lithates, sometimes of fawn colour, but more frequently like brick-dust, sometimes intensely red. Such is the character of the urine in mounting dropsy. When under treatment the bulk of the urine increases, which it will in favourable cases and under appropriate treatment, then the urine returns to the normal condition, or approaches thereto. It is increased in bulk, and is less intense in colour, and of a lower specific gravity; while the sediment disappears.

Now, as regards the bulk of urine: This is a very important matter clinically, yet not sufficiently insisted on as it ought to be. Speaking broadly, the bulk of urine is proportionate to the tension in the arteries. When the radial artery is slack and compressible the renal secretion is

scanty; when the radial artery is tense and incompressible then the bulk of urine is larger, unless there be some obstruction to the flow in the kidney itself. This relation of bulk of urine to arterial tension should be made a distinct matter in clinical teaching. In fevers, where the pressure within the artery is low, the bulk of urine is small, and its colour is high; there is, indeed, a concentrated urine. On the other hand, in an attack of hysteria the artery is tense, and the attack passes away with the voiding of a large quantity of limpid, pale urine—a dilute urine, indeed. Then, in the middle stage of chronic Bright's disease, where there is a tense artery with a distinctly hypertrophied left ventricle, there is found a free secretion of urine, of low specific gravity and pale in colour. Indeed, here we have the very opposite state of urine to that found in dropsy of cardiac origin. The strong hypertrophied left ventricle and the tense artery furnish a dilute urine. When the heart fails and the artery is imperfectly filled, then the blood pressure within the arteries is low, and a scanty concentrated urine is the consequence. When the heart fails in the later stages of the cirrhotic or gouty kidney; or otherwise the gouty heart, according as we look at the case from the point of view of the kidney or the heart, the condition of an hypertrophied ventricle and high arterial tension in time merges into a failing heart and low arterial tension. The readiest evidence of this change in the internal morbid condition is the alteration in the urine: the dilute urine slowly passes into the concentrated urine.

The clinical acumen of Sir William Jenner first pointed out distinctly the grim significance of this alteration in the urine. It marks the progress of the case from the time when the features were those of the gouty heart and kidneys in an early stage, till they are lost in those characteristic of cardiac failure. Except that the hard walls of the artery tell of the atheroma which goes hand in hand with the hypertrophied heart and the high arterial tension, the aspect of a case of failing hypertrophy and of one of primary mitral disease is identical in its main features. When under the influence of cardiac tonics the heart regains somewhat of its vigour—the change in the urine is the first herald of improvement. Many men say, "I know the digitalis is doing good, when the bulk of urine increases under its administration." They are quite right as to the association; but not quite accurate as to their phraseology. It is because the digitalis is increasing the vigour of the cardiac contractions and thus the arteries are being filled with blood, that the bulk of urine is increased. Here the increase in the arterial tension is evidenced by an increase in the bulk of urine. When under a continuance of the treatment the bulk of urine once more drops, then it testifies that the heart wall is far decayed—the temporary improvement from the stimulus is passing away, never to be restored. This fall in the bulk of urine under treatment is most ominous, and tells that the case is moving into its final phases.

Along with this question of bulk is linked that of albuminuria. In the cirrhotic, or gouty kidney albumen is rarely found; it is fitful in appearance, and found usually only at long intervals. Then it is found more persistently; after a while a trace is only present. Then, as the heart fails, and the bulk of urine falls, the amount of albumen is greater. That is, when the veins are full, and the arteries are comparatively empty, the bulk of urine falls, there is, indeed, a concentrated urine. As the venous congestion becomes more pronounced, the quantity of albumen in the urine increases. A scanty urine, high-coloured, and containing albumen, marks the failure of the heart-walls. Under digitalis, or other cardiac tonic, the heart gains tone, the bulk of urine rises, and the albumen disappears, partly or altogether. When the bulk of urine falls, the treatment being continued, then albumen, the herald of evil, is once more found. It increases in quantity, and the prognosis of the case goes hand-in-hand with it. To put it tersely, the fall in the bulk of urine is the accompaniment of low arterial tension, of an imperfectly-filled artery; the albumen is the tall-tale index of venous fulness. The relations of the increase of the albumen with the decrease of the bulk of urine, are most important—clinically—whether in hospital or in private practice. Such albuminuria is strictly cardiac or venous, and is distinct from any appearance of albumen which pre-existed as the accompaniment of the mischief in the kidneys.

Then comes the question of the lithates, the deposit, or sediment in the urine. It is not to be taken for granted that

the deposit is wholly composed of uric acid, in combination with some base or basyle, soda or ammonia; but it is convenient to keep this well in the focus of vision. Any admixture of triple or other phosphates is practically immaterial. Lithates are usually found along with a concentrated urine, but not in the concentrated urine of severe exercise, or of free perspiration, however induced. They are the accompaniment of a concentrated urine, the result of disease, *par excellence*.

Lithates indicate imperfect oxidation of nitrogenised matters. Nitrogenised waste reaches its most complete oxidation in the form of urea. Less perfectly oxidised it is found as uric acid. The oxidation of albuminous bodies is one of the functions of the liver. When the liver is embarrassed then the oxidation of albuminoid substances is interfered with. In cardiac failure, whether due to primary valvular disease or to failure of once-existing hypertrophy, in connection with gouty kidneys, the liver is gorged with venous blood. This venous engorgement cripples the liver in its functions, and the imperfect oxidation of albuminoids is manifested by the presence of lithates in the urine. It is not that lithates are a necessary accompaniment of concentrated urine, as said before; but that the presence of lithates tells that venous congestion is crippling the liver in its capacity to burn the waste albuminoids. The lithates, like the albumen, tell of venous fulness. ("*Indigestion and Bilioussness.*")

Now, the presence of lithates is an important matter as regards the dietary of the patient. It is customary to feed the patient up under these circumstances. The strongest of beef-tea, calf's-foot jelly with sherry, or meat essence, or compressed meat juice. Certainly, the desire to feed the tissues, and to restore the tone of the heart is a most creditable one. But the question arises: How far is this crippled liver equal to the digestion of albuminoids? It is one thing to administer albuminoid food to a patient; it is another thing to aid interstitial nutrition—otherwise, to feed the tissues. Albuminoid food, which is not perfectly and completely digested, certainly does not, and cannot, feed the tissues. But it can add most distinctly to the amount of albuminoid waste to be got rid of. Now, it is not desirable to add to the latter.

How, then, should the patient be dieted? So as to give the maximum of tissue-nutrition with the minimum of nitrogenised waste; to feed the kidneys without overtaxing the oxidising powers of the liver and the excretory capacity of the kidneys; that is what is to be aimed at. When the liver is persistently engorged with venous blood from cardiac or pulmonary incapacity, as is well known, there is an increase of connective tissue throughout it. This, added to the venous fulness, further cripples it functionally. Less of the albuminoids taken as food are thoroughly digested. Consequently two things follow—(1) the tissues are imperfectly nourished, and (2) the blood is laden with waste nitrogenised material. This latter, by obstructing the flow of blood through the arterioles, adds to the work of the heart, increasing the opposition to be overcome on each ventricular contraction; consequently, when the amount of nitrogenous waste in the blood is reduced the opposition to be overcome is lessened, and the ventricle has more opportunities given for recovering itself. The less the amount of waste—in other words—the less the left ventricle has to do, the less work to perform; while, on the other hand, the more perfectly the food is digested, and the better the tissue-nutrition. Two great ends, then, are attained by dieting the patient in accordance with the enfeebled assimilative organs, for it must be borne in mind that not only are the liver and kidneys embarrassed by the venous fulness, and their functional activity impaired; but the venous fulness also affects the stomach, and lessens its functional capacity. Consequently it is well to place the patient on a milk dietary—completely in some cases, mainly in others. By so doing two great ends are achieved; the tissues are better nourished, including the heart, and there is less nitrogenised waste in the blood, thus lessening the work of the heart.

In the treatment of cardiac dropsy, then, the indications for treatment are—*a*, To increase the vigour of the cardiac contractions, by digitalis, or agent of allied properties; *b*, to lessen the venous fulness by cathartics, or free diaphoresis; and *c*, to so diet the patient as to secure the maximum of tissue-nutrition with the minimum of nitrogenised waste in the blood.

The International Medical Congress.

INTRODUCTORY ADDRESS ON MEDICINE.

Delivered by SIR WM. GULL, BART., M.D., D.C.L.,
LL.D., F.R.S.,

President of the Section.

GENTLEMEN, FRIENDS, AND COLLEAGUES.—I am deeply sensible of the honour conferred upon me in being called upon to preside over this Section, and I offer you my cordial thanks.

Happily the duties will not be arduous, since the general Addresses which have been arranged and admirably allotted relieve me of the responsibility of attempting to develop before you the actual position of medicine, or the probable lines of its future progress.

As the International Medical Congress assembles in England for the first time under the auspices of Queen Victoria, so I am reminded that three hundred years ago, under Queen Elizabeth, Bacon enunciated for the first time, in the simplest terms, the position of the student of Nature in relation to the work before him.

Prone as we mostly are to easy satisfaction on imperfect evidence, and to rest in the *experientia fallax*, it is something that we are all agreed in aim and means, and admit that there is but one source and test of knowledge, "the observation of the order of Nature." We have no principles, but facts; no eclecticism, but of these; and nothing touching the conditions of humanity is foreign to our consideration.

Anatomy, physiology, and pathology have an impersonal and scientific object. Their aim is wide and general. The facts with which they deal are subject to no deflection from affection. Great or small, they have all an equal value. Pathology even denies its name in the presence of that which is universal, merges into physiology, and sees that "whatever is, is right." But far otherwise is it with clinical medicine, where the welfare of the individual alone has to be considered. We call ourselves physicians, and cannot be too jealous of the title and of all that it includes; but we are *medici* or curers of disease. Hence, together with the highest duties which science imposes, there are the various personal claims of humanity, augmented by suffering and charged with every disturbing element that weighs upon the heart of man; but at the same time for us with every high and quickening motive. These are warring influences, and to correct them we have often with effort to bring our clinical questions into relation with that which is impersonal and above passion.

It is an agreeable fancy on these occasions to suppose that civilisation may have been differentiated into its various nationalities, less for the strife of war, than that each nation might contribute, according to its genius, to the progress of the sciences. It may be utopian to see it thus; yet a review of the past two or three centuries would suggest as much. That scientific congresses have met, and that they continue to meet, promise better things to come out of the social chaos, as the imagination realises organisation springing up amidst the strife of the elements in an early world.

To Italy and the South we owe the early development of anatomy. The illustrious names of Morgagni, Galvani, Scarpa, and others, many of whom have left their names for ever inscribed on our textures, bear early and continued witness of this. And although we Englishmen will ever be tenacious of vindicating for our Harvey the immortal honour of having first demonstrated the circulation of the blood, we equally admit that Italy was his teacher of anatomy. And no less did Italy lead the way in morbid anatomy, as testify the pages of Morgagni in his treatise "*De Causis et Sedibus Morborum.*"

To Germany and the North we are largely indebted for analytical progress. Their profound investigation in chemistry, and their exhaustive researches into minute anatomy and histology, have gone far to solve the problems of organic composition and organic structure. I will not support my position by citing illustrious names. Happily, many whom I should have to mention are still among us; but biological science will never forget Leeuwenhoek and

Ehrenberg, Berzelius, and Liebig, nor the labours of the modern schools.

France, with her rare synthetic faculty, seems specially gifted for promoting the science of physiology. I have but to recall the name of Bichat, and to point to the refined investigations of Bernard, and to those of his successors of to-day. And with France I may join Switzerland, whose Haller gave the earliest and strongest impulse to the study of the laws of living things, as a separate science; though, as in the case of Harvey, his lamp was lighted abroad in the famous school of Leyden.

The English genius is perhaps more fitted for the Historical method and its obvious lessons. But perhaps I ought not to say obvious, for not rarely have the English been satisfied with records without inferences. There are, however, splendid instances of both; of the one in the museum of Hunter, and of the other in the works of Darwin.

But here you will be ready to exclaim "Siste!" for who in the least acquainted with the progress of the biological sciences in different schools at the present time would venture to claim for either some special fitness over the rest for any line of pursuit, and when the spirit of each can say like Goethe's Natur-geist:—

"In Lebensfluthen, im Thatensturm
Wall ich auf und ab
Wehe hin und her!"

Some have prophesied that the advancement of the Biological Sciences will leave medicine a barren waste in their midst; but such a result, in the natural course of things, cannot happen. There is an indissoluble union between all the sciences which, for medicine especially, human interest will ever strengthen. The past history and the present state of our profession give us abundant assurance of this. It is not too much to assert that the study of medicine will for all time attract a large proportion of the best thinkers and workers of the world. It has ever been so; and what has been doubtless shall be in the time to come. Besides, almost every germ of scientific thought has sprung in some way from medicine; and I have only to remind you that some of the most illustrious physiologists and pathologists of to-day are members of our own profession. And if from the delicacy, intricacy, and the demands made upon all the powers of the intellect by the extent and character of their investigations, they have, as it were, turned aside from immediate clinical work, they are still so much in union with us, that we daily at the bedside avail ourselves of the results of their labours, and gratefully acknowledge that they are our ministering angels, ascending angels, ascending and descending upon the ladder of science in the furtherance of all good practice.

Clinical medicine, however, of itself, affords opportunities for the study of Pathology, which are in some respects at least unique. Through it, and through it alone, we become acquainted with the first deviations from normal function. From such early beginnings we may trace the development of pathological processes, until the organism is finally, and in different ways, overwhelmed by them. I need only suggest those chronic lesions which spring up from conditions *ab intra*. In the latter stages of these degenerative processes we are apt, without their history, to be so impressed with the more prominent mechanical results, that these would seem to us the original and essential conditions; as to the Nile-worshipper, the river is a power in itself.

It is well for the progress of clinical medicine that its lines of investigation are thus intimately interwoven with the more scientific departments. It saves us from the dangers of separatism, and our colleagues from those of pharisaism; and it quickens our observations where they might otherwise be thought insignificant. If we cannot weigh and measure the data before us, we may still advance the solution of some of the more difficult problems of our conditions by critical and exact records. How much has been done in this field of late, especially in cerebral physiology, need not now be told. Every fact to the clinical physician has its value, though it may be of a different order to the phenomena of gravitation. A tone of the voice, the play of the features, the outline and carriage of the body, are to him as invariably related to the central conditions which they reveal as are the grosser facts of nature.

The work of the next few days, so far as it is foreshadowed by the list of promised papers, will raise some important pathological questions. You will be asked to consider peripheral lesions, having their origin in nerve-centres—lesions which have, for the most part, been hitherto chiefly con-

sidered primarily humoral and chemical, but now referred to "trophic changes of nerve-origin." On this point it may not be uninteresting to notice how "Solidism" is widely re-asserting itself in the science of living things—not as an *a priori* system, but through the progress of our knowledge. The proximate conditions of pyrexia are no longer vaguely referred to nerve, but to definite nerve-centres; hyperæmia and inflammatory changes to sympathetic lesions; abnormal chemistry to the great respiratory centres; the strange conditions of Addison's disease, with its characteristic pigment, to the supra-renal bodies, themselves probably but nerve-centres, and related, at least by structure, to the system of the pituitary gland; epilepsy, supposed in Hippocratic times to be due to extraneous maleficent spiritual influence, is traceable to apparently trifling changes in a few grey nerve-cells. The specific fever-processes notoriously owe much of their character and intensity to the nervous system. Their relation to time, their occurrence only in warm-blooded animals, the great mortality they cause through nerve-exhaustion, and the immunity they leave behind them, indicate that, whatever may be the nature or mode of operation of their several poisons, it is by implication of nerve-elements that fever obtains its chief clinical characteristics.

Further, in the advance of "Solidism," what can interest us more than the recent investigation on contagion? Perhaps no more important step has been made in practical pathology than the proof that some at least of these contagia are organised solids. This discovery, which it has tried the patience, experimental skill, and scientific criticism of the best observers to establish, has brought us at length within view of that which has hitherto been so mysterious. To have been able to separate, though imperfectly, the contagious particles—to have come to the conclusion that no fever-poisons are soluble—is a hopeful preliminary towards forcing them to yield up the secret of their nature.

If "Solidism" as a theory of organic processes wanted confirmation, we could point to nothing more striking than the present established views on putrefactive changes, and to the amazing fact that the normal textures and fluids of the body resist decomposition, unless invaded by microscopic organisms.

May we not hereafter find that all organic chemistry is the resultant of mechanical changes in organic solids?—all Nature, in fact, as Newton asserted, but the Great First Cause. Of this we are admonished on all sides. Histology, physiology, pathology, clinical medicine, teach us more and more the supreme importance of *form* and *relation*.

Lesions extending from alteration of the blood vessels will also come under consideration. Of course the more common facts relating to aneurism and valvular disease, or such as are thrombotic or embolic, need not be discussed; but there is a contribution which raises the question how far primary, general arterial tension may be a starting point at least in renal pathology.

The etiology of typhoid fever will be raised at one of our meetings. This cannot but enforce a rigid criticism of the infective processes, and of the differences between the states of simple pyrexia, septicæmia, and the specific fevers.

The pathology and treatment of gout, rheumatoid arthritis, and rheumatism, to which, in one form or another, the English seem rather especially prone, will also come up for discussion. Whether they have humoral sources has of late become more and more doubtful.

Of the pathology of acute rheumatism we may be said to know but little beyond its clinical records and its symptoms; but, unhappily, this has not always been sufficiently recognised, and too often a dangerous polypharmacy has rushed into the cure where science has not yet advanced her foot.

The forms of renal diseases, for a long time included, with little exception, under the term, "Bright's Disease," will undergo a further degree of analysis. It was a happy omen of this when they moved from the singular into the plural form, "Bright's Diseases;" and we may hope now for a more methodical sub-division of them, making their clinical recognition more easy and their therapeutics more precise.

In the matter of diagnosis we have invited contributions on the pathonomic and diagnostic value of the localisation of disease in the brain and spinal cord, which will be an

occasion for a review of our knowledge of *cerebral* and *spinal mechanism*, and for further elucidating the pathology of the different conditions of blood, blood-vessels, and connective tissue concerned in the nutrition and diseases of these great nerve-centres. Brain-texture proper seems but little liable to primary disease. As the nervous lamina takes the lead in embryonic evolution, so it would seem that its equivalent in the adult maintain a degree of resistance to morbid change throughout life.

Time fails me to speak of all that we hope to undertake. Any one paragraph of our programme would more than consume the time at our disposal. It must not therefore be inferred that the importance attached to any one of the subjects is in proportion to the prominence given to it in this hasty review. The treatment of disease, for instance, is a subject too large and weighty to speak of in general terms. In some minor points it will come before us, as in a paper on the advantage of High Altitude in the Treatment of Pulmonary Phthisis.

An organisation such as our own, which it has taken countless ages to evolve, must reasonably require incalculable time for its scientific analysis; and the same may be said of the infinite and varying conditions by which it is maintained, and upon which its existence constantly and immediately depends. At best we know but a few proximate facts, yet these in judicious hands have afforded a good harvest of practical results: what better fruit we may gather when science has penetrated deeper into the laws of our being, and all that affects it, it is impossible to forecast.

In the spirit of the exhortation given by the President in his address to-day, and in the slightly altered words of Bacon, with whom I began, let me conclude by saying, "It were a Heaven upon earth to have the mind illumined by knowledge, to move in charity, and turn upon the poles of truth."

INTRODUCTORY ADDRESS ON SURGERY.

Delivered by JOHN ERIC ERICHSEN, F.R.S.,

Surgeon Extraordinary to Her Majesty the Queen, Emeritus Professor of Surgery in University College, President of the Surgical Section.

GENTLEMEN,—Surgery is never stationary. To be stationary while all around us is in movement would be practically to retrograde. But movement does not necessarily mean advance. The general direction of the movement may undoubtedly be forwards, but the factors of that movement do not all equally tend to progress. When the history of Surgery comes to be written,—and this has never yet been done,—it will be found that the surgery of the nineteenth century has not been uniform in its progress in all departments; that its advance has not been continuously in one line, but its progress has been materially affected by the prevailing bias of the professional mind of the day. Anatomical at one time, physiological at another the tendency of the surgery of the present day is influenced in one direction by the mechanical spirit of the age, and in another by the advanced Pathology which is one of its chief medical characteristics. Yet the continuous advance of our Art is undoubted. The gain that thus results has been definitely secured to surgery and to mankind. It can never be lost. Every conquest that has been made is permanent. Year after year some new position has been won, often, it is true, after a hot conflict of opinion; but once occupied it has never been abandoned. Thus our standpoint has ever been pushed on in advance. For knowledge in science is cumulative, to its stores each generation has added, and skill in art is a tradition that is hereditarily transmitted from master to pupil, if not by the individual, yet by the profession to which he belongs, from which he has acquired, and to which he bequeaths it, augmented and perfected by his own labour. With the knowledge of our predecessors we are familiar. What they have done has been transmitted to us, and we can readily accomplish. In what we can do we may be sure our successors will not fail.

It is well that from time to time this advance should be measured, this gain weighed. The business of this Section is not only to measure the extent of the advance, but to determine the value of the gain, and to do this, not so much by the novelty of the practice, or by the brilliancy of its exposition, as by an estimate of its intrinsic merit, as shown

by its proved utility. Our business here, has to do with practical considerations, having reference to the recent advances in, or the future lines to be followed by, modern surgery.

The executive of this Section has proposed eight subjects for the consideration of its members. It is hoped that these will be found to include the more important surgical questions that are at present most prominently before the profession. The short time at our disposal, which will scarcely enable us to do full justice even to these subjects, has prevented the possibility of our bringing forward other and perhaps equally interesting questions; but some of these will be found to have received consideration in the papers which will be read, either *in extenso* or in abstract, as time may allow.

I will now briefly refer to the more important subjects that have been set down for our consideration.

(1) In no department of surgery has a more marked or a more brilliant advance been made of late years than in that which concerns the operative treatment of Intra-Peritoneal Tumours.

The establishment of Ovariectomy as a recognised surgical operation has now long been a matter of history; but the perfection of safety to which it has of late years been carried, by the improvement of its details, has led the way to a vast and rapid extension of operative surgery for the cure or relief of various diseased abdominal organs. The uterus and the spleen, the stomach, the pylorus and the colon, have each and all been subjected to the scalpel of the surgeon; with what success has yet to be determined; and it is for you to decide whether some, at least, of these operations constitute real and solid advances in our Art, or whether they are rather to be regarded as bold and skilful experiments on the endurance and reparative power of the human frame—whether in fact they are surgical triumphs or operative audacities. There must, indeed be a limit to the progress of operative surgery in this direction. Are we at present in a position to define it? There cannot always be new fields for conquest by the knife; there must be portions of the human frame that will ever remain sacred from its intrusion, at least, in the hands of the surgeon. May there not be some reason to fear lest the very perfection to which ovariectomy has been carried may lead to an over-sanguine expectation of the value and the safety of the abdominal section, and exploration when applied to the diagnosis or cure of diseases of other and very dissimilar organs, in which but little of ultimate advantage, and certainly much of immediate peril, may be expected from operative interference?

(2) In the discussion of the next great question, I would submit that we may, with advantage, direct our attention less to the mere mechanical—the simple operative part of the business, the details of which are now well understood, than to the consideration of those higher questions as to the diagnosis and nature of the various forms of renal disease, in which Nephrotomy and Nephrectomy may be respectively used, with a reasonable hope of relief or cure. And in considering the prospects afforded by these operations in the improvement of the health and the mitigation of the sufferings of the patient, it is surely not the least interesting point for us to study the after-physiological effects produced on the system by the extirpation of so important an eliminatory organ as the kidney.

(3) We naturally pass from the consideration of operations on the kidney to that of those which implicate the bladder; and in doing so we have specially to direct our attention to the question as to what advances have of late been made in Lithotomy and Lithotripsy.

In Lithotomy we see much of change, possibly something of novelty, but not so certainly anything of real progress. Have we indeed advanced one single step either in the perfection or in the results of that operation since the days of Cheselden, of Martineau, or of Crosse, not to mention the names of more recent but equally illustrious surgeons and successful operators? The revived median, the combination of it with Lithotripsy, the supra-pubic, whether done antiseptically or not, have certainly not been very encouraging in their results, and can scarcely claim to be considered in the light of an advance on the old lateral operation in skilful hands.

But yet we must admit that these methods of Lithotomy may deserve this consideration—that possibly in some forms of calculus, and in certain conditions of the urinary organs, a wise eclecticism may be exercised in the choice of one or other of them.

In Lithotrity, however, it is probable that a great and real advance has been made, and certainly it is undoubted that a complete revolution has been effected by the enterprise and skill of one of our American brethren, for it cannot be questioned that "Bigelow's operation" has completely changed the aspect of Lithotrity, and there is every reason to believe that it constitutes one of those real advances in a method which marks an epoch not only in the history of the operation itself, but in the treatment of the disease to which it is applicable.

But here a fertile field opens up for our deliberation. We have to consider not only in what cases, as regards the mere size of calculus, "Bigelow's operation" may safely be used; but also, and far more important than this, the ultimate result both upon the bladder and the kidney of prolonged intra-vesical instrumentation. The mere question as to the comparative advantages of removal of stone by one or by several sittings, is dwarfed by the more important one of determining the state of the bladder that results, not perhaps so much as concerns the life as the future comfort of the patient. It is here that information is much needed, and it is here that unfortunately, but for very obvious reasons, the lithotrist himself may in many cases be unable to furnish it.

(4) Pre-historic man was, doubtless, a victim of injury before he became the sufferer from disease, and the treatment of wounds constituted probably the first effort of the healing art. From the earliest dawn of human intelligence the attempt to cure a wound must have suggested itself to man, and yet at the close of the nineteenth century we are still discussing the best methods of doing this, and the causes of their failure. There is still difference of opinion and of practice amongst surgeons, not only as to the comparative advantages of the "open air" method, and that in which all atmospheric contact, is carefully guarded against; of the "dry" and of the "moist" system of dressing; as to whether the "antiseptic method" in a modified form suffices, or whether the more elaborate system of local treatment before, during, after an operation, which has been devised by the skill and worked out by the unwearied labour of Lister, be essential in all cases of operation wound. Not, of course, for its primary union—for this may be obtained by any and every of the methods mentioned. If it be contended that this system is necessary for the safety of the patient, and the due healing of the wound in some cases, has it been proved to be equally essential in traumatic lesions of all tissues, of all organs, and of all regions? These are questions that may well deserve the consideration of this Section. But there are others of a yet wider character that must also engage our attention in any discussion on the best methods of securing primary union in wounds, for it is impossible to fail to recognise in the general constitutional state of the patient, a most important factor in this direction; and we should be taking a narrow view of this many-sided question if we did not give due weight to the influence of those hygienic conditions which, if faulty are inimical, or even destructive to, the due performance of those actions which are necessary for the maintenance of the organism in a healthy state, and for the proper nutrition and consequent repair of the tissues of the body. Is there no fear that in some of the modern systems of treating wounds we are in danger of expending all our precautions in the prevention of the local and of ignoring the risk of a constitutional infection?

(5) The treatment of Aneurism is one of those great questions which, from an early period in the history of modern surgery, has occupied the attention of practitioners, and has undergone no little fluctuation. A few years ago the battle between the ligature and compression appeared to have been decided in favour of the latter; but the invention of improved ligatures, made of various kinds of animal tissue, and applied with antiseptic precautions, has once more inclined the balance of professional opinion towards the Hunterian operation. But now again the practice of compression has received renewed strength from the employment of Es-march's elastic bandage in the cure of certain forms of external aneurism, and it is for you to determine in what cases it can be used with advantage, and in what way a cure is effected by its means. For in the treatment of aneurisms, as in that of so many other surgical diseases, the wiser and more scientific course is to follow a judicious system of selection in the method to be employed in each particular case, rather than to subject all to one unbending line of practice.

(6) The treatment by Re-section of some forms of chronic

and otherwise incurable joint diseases, has in certain articulations, and at suitable ages, met with the universal approbation of surgeons, and the wide extension of the principles of "conservative surgery," is one of the most striking evidences of advance in our art in modern times. Re-section has, however, of late years come to be extensively applied to the treatment of cases of articular disease which formerly were subjected to procedures of a less heroic character; and it will be for the members of this Section to weigh carefully the wisdom of such a measure, and to contrast its results, both as regards life of patient and after utility of limb, with those which may be obtained from the employment of milder means, such as absolute immobility with extension, and, possibly, in some cases, simple incision of the articulation.

(7) In considering the relations between Adenoma, Sarcoma, and Carcinoma in the mammary gland of the female, I would venture to submit that this subject has to be discussed here from its clinical rather than from its pathological side. We have here less to do with the ultimate structure of the tumours, with their histological affinities, with the parts that are played by epiblasts and mesoblasts, with what epithelium or connective tissue cells can or cannot do, than with their clinical history, their differential diagnosis in their earlier stages, the best time for their removal by operation, and the possibility in recurrence of the substitution of one form of disease for another. With these, and such questions as these, we, as clinical surgeons, may advantageously occupy ourselves.

(8) The last subject set down for discussion is one that has practical bearings of an importance that cannot be over-estimated. There are few questions of the present day of deeper surgical or social interest than the far-reaching, the apparently illimitable, and most pernicious, extension of a syphilitic contamination of organs and of tissues; of the modifications impressed by it on other diseases that are the local developments of diatheses, whether strumous, tubercular, rheumatic, or gouty. Does the diathesis exercise any influence upon the form assumed by the syphilitic disease, and to what extent does it modify the characters presented by it in its primary and its secondary affections, more especially when the latter manifest themselves upon the skin or in the bones; how far are gummata and caries, psoriasis, and rupia the consequences of a constitutional impress, influencing the direction of the syphilitic poison? To what extent may rickets and grey granulations be the ultimate products of the syphilitic taint? These and various other questions will probably occupy the attention of those who enter on the discussion of this wide-spreading subject.

We hope to be able to take the discussion of two questions on each day, so as to work through the eight in the time allotted to us. In addition to these there are various detached papers on subjects which are of much interest, but which scarcely admit of being classified under one or other of the above heads of discussion. These we shall take up as time and opportunity admit, but their number is so great that it is to be feared that full justice can scarcely be done to all, and that it will be unavoidable, on account of the limited time at our disposal, that a large number be read in abstract.

INTRODUCTORY ADDRESS ON OBSTETRICS.

Delivered by ALFRED H. MCCLINTOCK, M. D., LL.D., &c.,
President of the Obstetrical Section.

IN opening the obstetric section of this seventh International Medical Congress, the first and most gratifying duty that devolves upon your President, is to offer an earnest and hearty welcome to those obstetric members who have come from other nationalities, and from distant British colonies, to take part in this—the largest convention of medical men that has ever, perhaps, assembled together at any one time or place.

I present this cordial salutation, not only on the part of the officers and council of the particular section over which I have the honour to preside, but also on the part of the ob-gynecians and gynecologists of England, Scotland, and Ireland.

We are proud and happy to meet here on British ground so many of our brethren from various parts of the civilised world, but especially from Germany, France, and America, and to accord them a friendly greeting, not only out of respect for their individual merits and high reputation, but as repre-

sending those great obstetric schools over which the names of Mauriceau, Levret, Bandillocque, and Dubois; of Roederer, Siebold, Nagelé, Kiwisch, and Scanzoni; and of Bard, Dewees, Meigs, and Hodge, have severally shed such imperishable lustre!

Not the least of the important objects contemplated in this Congress, is the interchange of friendly feelings among its members. I am fully persuaded that our reunions will be attended, not alone with benefit to us all by the attrition of mind with mind,—but that new friendships will be formed, and old friendships confirmed, and that sentiments of mutual respect and regard will be developed, so as to strengthen the bond of brotherhood which should unite us as fellow-workers in the same department of medicine.

Allow me before going further, to express my deep sense of the unexpected, unmerited dignity which the Congress has conferred by putting me into the position of President of this most important Section; I feel it to be the highest and most flattering honour of my long professional life. Such a compliment more than repays one for forty years of labour and devotion; for it sets the seal of approval by contemporaries on my past life, and leaves nothing further or higher to aspire to in the way of professional distinction. At the same time, gentleman, this feeling of just pride and exaltation is mingled with a very poignant sense of incapacity, and I might well shrink from the responsibility of the post, but that in the discharge of its duties, I shall have the aid and co-operation of such accomplished men as those who constitute the Vice-Presidents and council of the section; they in truth are the giants on whose shoulders I am raised to the exalted position it is my good fortune to occupy in this Congress.

Inasmuch as this is the first occasion of the International Medical Congress meeting in London, it may not be inappropriate if I pass in review some of the more prominent among the many eminent obstetricians who lived and practised in this city, who, by their writings, teaching and discoveries, have contributed in no small measure to the development of midwifery and gynaecology, as well as to the medico-surgical fame of London.

I must, however, study brevity, being desirous, if possible, to keep within the fifteen minutes allowed for the readings of communications, so as to set an example of obedience to the rules of the Congress.

In this retrospective glance, I find only one name standing out in the sixteenth century:—Thomas Raynald, the translator of Eucarius Rhodion's celebrated treatise "*De partu Hominis*." The original English edition, by Raynald, appeared about 1540, and was the first distinct treatise on Midwifery in the English language, and for over a hundred years was the sole guide and text book of obstetric practitioners, male and female.

In the early part of the seventeenth century, the immortal William Harvey (*tanto nomini nullum par eulogium*) stands forth conspicuous, the splendour of his fame increasing as years roll on. He spent most of his time here, being physician to the King; and he delivered courses of lectures at the Royal College of Physicians, on anatomy and surgery. As a practitioner we know from the testimony of his contemporaries that Harvey excelled in midwifery, and in the treatment of female diseases.

Before the publication of his celebrated exertations, on generation, parturition, conception, &c., there were, according to Dr. Aveling, "but three works on midwifery in our language; these were translations from Rhodion, Rueff, and Guillemeau. His was the first book on Midwifery written by an Englishman, printed in our own language, and the influence which it had upon the practice of the time would with difficulty now be estimated. His claim therefore to eminence in our department of Medicine is beyond question." With this conviction on our minds, we shall the more heartily yield our applause when his magnificent memorial statue is unveiled at Folkestone, the place of his nativity, on Saturday next—a ceremony I may remark, which has with good taste and judgment been purposely so arranged that this great Medical Congress may take a part in showing honour and respect to the memory of one of the greatest discoverers in the science of medicine, and, consequently, one of the greatest benefactors to the human race.

Contemporary with Harvey was another remarkable man—Peter Chamberlen—the inventor of the midwifery forceps, indisputably the most valuable instrument of the whole *armamentarium chirurgicum*. Unfortunately for him, however, the brilliancy of his reputation is obscured by the

unworthy selfish conduct which caused him to keep the instrument a secret for the aggrandisement of himself and family. He was father of Dr. Hugh Chamberlen, the translator into English of Mauriceau's works. There is a handsome monument to the memory of this Dr. Hugh Chamberlen in Westminster Abbey, erected by his patron and friend the Duke of Buckingham. No less than five generations of the Chamberlen family were eminent in the medical profession here; and Dr. Peter, who attained a great age, had been physician to five English sovereigns.

Towards the close of this seventeenth century, Richard Wiseman, "Sergeant Chirurgion" to Charles I., published his treatise on surgery, in which he gives an excellent description of pelvic abscesses, consequent on parturition. He thus anticipated Puzos' essay on the same disease, and put forward much more rational and correct views as to its pathology.

The eighteenth century was destined to see a marvellous development of midwifery, as well as of many other arts and sciences. As might therefore be expected, London can boast of several eminent obstetricians at this period.

In chronological order, the first to be mentioned is Dr. John Arbuthnot, F.R.S., and F.R.C.P., physician to Queen Anne. Although he has left no enduring evidence of obstetric superiority, yet he was an eminent accoucheur in his day, and reflected infinite credit on our order by his rare literary talents, his deep scholarship, and his exalted social position. He was skilled in everything that related to science, and held a prominent place among the ablest writers and wits of that Augustan age; one of whom (Swift or Pope) Alludes in his poetry to

"Arbuthnot's soft obstetric hand."

A man who was considered a friend and an equal by Parnell, Gay, Bolingbroke, Swift, and Pope, could not fail to adorn any pursuit to which he devoted his vast intellectual powers. Speaking of him, Swift said, "He has more wit than we all, and his humanity is equal to his wit." A higher tribute could not have been paid him.

The next to be mentioned is Dr. John Maubray, not on account of any peculiar merit in either of his works—"The Female Physician," and "Midwifery brought to perfection,"—but because he is reputed to have been the first public teacher of midwifery in this country. He lectured, Dr. Denman tells us, at his house in Bond Street, so far back as the year 1724.

Nearly contemporary with Maubray was Dr. Edmund Chapman. He was the second public teacher of Midwifery in this city, and is entitled to our lasting gratitude for having been the first to publish to the world a description of that "noble instrument" (to use his own phrase), the obstetric forceps, the secret of which the Chamberlens kept to themselves for over fifty years. This he did in the "*Edinburgh Medical Essays*," and subsequently in his treatise "*On the Improvement of Midwifery chiefly with regard to the Operation*;" the operation meaning the application of the forceps. The first edition of this book came out in 1733.

About this same period also lived Sir Richard Manningham, F.R.S., a man of considerable learning and of great reputation as a successful midwifery practitioner. He was author of some obstetric works of temporary consequence, and his claim to remembrance arises from the circumstance that in the year 1739, he opened a ward in the Parochial Infirmary of St. James', Westminster, exclusively for the reception of parturient women, which was the first thing of the kind in Great Britain. Shortly afterwards the idea was taken up and enlarged upon elsewhere, and the great Lying-in Hospital of Dublin was founded by Dr. Bartholomew Mosse; being the first hospital of the kind in the British Dominions.

The very same year that Sir Richard Manningham opened his obstetric ward in St. James' Infirmary, as we have just seen, a surgeon from a small country town in Scotland established himself here in London as an accoucheur, who ultimately affected the greatest reformation that had yet taken place in the principles and practice of obstetrics. This man was William Smellie, a name always to be respected wherever Midwifery is cultivated as a science. For twenty years Smellie practised and taught here; and published the first volume of his celebrated treatise in 1751, and his splendid anatomical plates in 1754. Amongst his pupils who later on became eminent in the same branch of medicine, were William Hunter, Denman, David McBride (of Dublin,) John George Roederer (subsequently Professor of Midwifery

at Gottingen), Dr. James Lloyd, of Boston, U.S., and Dr. William Shippen, afterwards Professor of Midwifery, in the Pennsylvania University: this last being, according to Professor Parvin, "the two first American obstetric practitioners." Most gladly would I linger over the life and works of this great man, but I must content myself with a few sentences.

Smellie possessed a wonderful capacity for work, and a clear judgment; but beyond and above this he was endowed with a singularly accurate perception of facts, which made him a correct as well as a close observer of Nature. Herein lay the secret of his unrivalled success as a reformer and improver of midwifery. He himself felt this to be so, for in reviewing his practice, he says, "I diligently attended to the course and operations of Nature which occurred in my practice, regulating and improving myself by that infallible standard." (Case 186 Sydenham Society Edition). Truly, he was, in the words of Dr. Hugh Miller, a "noble character and an example of earnest living."

A couple of years after Smellie settled in London there came to live with him a young man from the Scottish county—Lanarkshire—of which Smellie himself was a native. This young man was no less a person than William Hunter—a name familiar to you all—whose plates and descriptions of the human gravid uterus have gained their author a foremost rank among obstetric writers. By his great reputation as a lecturer and as an anatomist, aided no doubt by his prepossessing appearance, polished manners, and cultivated mind, Hunter proved a successful competitor of Smellie's in practice. Like him, he also gave special courses of lectures on midwifery; MS. notes of which are to be found in many libraries. Dr. Matthews Duncan tells us the College of Physicians possesses two pretty complete volumes of such notes.

In 1748, Hunter was appointed Surgeon and man mid-wife to Middlesex Hospital, and soon afterwards to the British Lying-in Hospital; for though the Physicians claim him as belonging to themselves, yet it cannot be disputed that Hunter was a Surgeon and member of the Corporation of Surgeons of this city.

Besides being a rival, he was in some respects a contrast to Smellie. The school of obstetrics founded by the latter, was not inaptly described by the late Tyler Smith, as the mechanical school, from the importance it attached to the resources of art in aiding parturition. Hunter, on the other hand, placed extraordinary reliance on the powers of nature, and trusted too much to tincture of time. Hence his followers have been designated the physiological school; and through the influence of his commanding authority, they formed a large section of the profession, and could boast some great names.

Although we may regard Hunter as one of ourselves, and appropriate much of the glory with which his name is invested—"yet it is necessary (as Dr. Duncan observes) with a view to justice to point out that his obstetrical fame is chiefly anatomical, and that his greatest claim on our admiration and gratitude arises from his anatomical work and influence" (Harveian address, 1876).

It is a just boast of the English School of Midwifery that what, in the truest and strictest sense, is "the most conservative of all the resources of our art," was first formally admitted a place among obstetric operations, in this city and about the year 1756. The recognition by the profession of the artificial induction of premature labour, was the outcome of a medical conference held at the time and place just mentioned. Who was the first, or most strenuous advocate of the operation at that conference, does not appear; but we do know that the first to put it in practice, was Dr. Macaulay, a midwifery practitioner of this city. It is natural and just, therefore, to identify his name with this most beneficent measure, and to accord him a prominent place among the many distinguished accoucheurs who lived and practised here.

One of the greatest ornaments of that physiological school of accoucheurs—founded we may say by William Hunter—was Thomas Denman, a man of remarkably sound judgment, great prudence, and of the highest moral integrity. Throughout half a century he lectured and practised in this city. His work, entitled "An Introduction to the Practice of Midwifery," is well known to most of you. It has many peculiar excellencies, but to my mind the chief is his classification of labour, which is at once comprehensive, pathological, and practical, and thereby serves the highest purposes of any system of classification.

Did time permit, I could multiply these brief sketches so as

to include many other London obstetricians who lived since the commencement of the present century, of less note, it is true, but yet men who stood far above mediocrity, and who, by their writings, their teachings, and their practice, materially aided the advancement of midwifery and gynecology. I must content myself, however, with a mere recital of their honoured names, viz.: John Clarke, Osborne, Leake, Bland, Merriman, Charles Clarke, Gooch, David Davis, Blundel, John Ramsbotham, Granville, Ashwell, Lever, Looock, Waller, Murphy, Tyler Smith, Oldham.

These men all lived so near our own times (at least, those of us who, like myself, have reached the grand climacteric), that the bare mention of their names, at once recalls the titles and natures of their respective contributions to the funded capital of our professional knowledge.

Of the living obstetric celebrities, who make this city the scene of their work and their influence, I purposely refrain from speaking:

"My thoughts are with the dead; with the n
I live in long past years,
Their virtues love, their faults condemn,
Partake their hopes and fears;
And from their lesson seek and find
Instruction with an humble mind."

SOUTHEY.

But, to a more worthy occupant of this chair at some future meeting of the Congress, after we have played our little parts in life's drama, I bequeath the grateful, pleasing task of supplementing the above list with the names of those eminent London obstetricians and gynecologists, whom to meet and to know, is assuredly the most gratifying of the many privileges connected with this great international gathering.

INTRODUCTORY ADDRESS ON PATHOLOGY.

Delivered by SAMUEL WILKS, M.D., F.R.S.,

Physician to Guy's Hospital; President of the Pathological Section.

I WELCOME all of you here to-day. But are we not already of one brotherhood? Has not a common bond long ago united us in one family? Although we may not have shaken hands, we have joined in spirit, or perhaps, some of us have even been in more direct communication by means of winged words. Amongst all the ties which link man and man together, some of the closest are those forged by science. A special scientific inquiry will find two minds closely akin, although separated by thousands of miles, nationalities, or tongues. In our own department of pathology it creates a thrill of satisfaction to feel that the study of some morbid process may have led some of us to the discovery that another investigator, of whose existence we had been hitherto ignorant, has his thoughts and occupation in perfect union with our own, and that although oceans and continents may separate us, our minds are both attuned to the same string. It is not surprising that the vast subject which more immediately occupies us can never cease to interest man in all its details, whilst he has a resting-place on this globe.

I would fain have inaugurated this Section with a general address, but have refrained from doing so, daring not to sacrifice to platitude our too precious time when so much practical work has to be accomplished.

I cannot, however, but occupy you a few moments in order to take a glance at the immensity of the subject before us, embracing questions as it does in which humanity will be for ever interested, viz.,—those referring to disease, decay, and death.

Our subject, in a word, is Pathology. Pathology has received various definitions, the most common being that which contrasts it with physiology; for as the latter is regarded as the science of healthy organic life, so the former has been held to be the science of the unhealthy or of the abnormal course of life contrasted with the normal. This division of vital action into normal and abnormal is true in a superficial sense, and might be made theoretically to stand as a definition, but it is by no means applicable to our practical science of pathology, nor can it be made of any value as an expression of diagnostic knowledge in treating the thousand ills of which flesh is heir to.

In the first place, it must be admitted that the changes

which occur in every organic structure, as years roll on, are to be regarded as normal, unless we take an imaginary or ideal standard of a being living in some former golden age, where nought was known but perpetual youth, and regard every departure from this as morbid. Although we do not frame such a picture to ourselves, but know that the various changes in the bones, the cartilages, the lungs, the brain and other parts which take place in age, are in harmony with the dictates of Nature, yet how often are we called upon to treat these as forms of disease? They are, however, no more unnatural or pathological than the sere and yellow leaf which falls from the oak in autumn.

If, however, these senile changes occur prematurely, they will then be abnormal, and may be strictly regarded as morbid. Herein is one form of a pathological condition with which we have to deal—a premature decay arising from the various causes which bring the organism to an end, either from their operating with unusual force or from some inherent weakness in the body, which is unable to moderate their action. Now, if all these potent influences, instead of driving the mechanism too quickly, and so bringing it prematurely to an end, concentrate their forces upon one organ only, that organ would become, in ordinary parlance, diseased; but the process there set up may be of exactly the same nature as time would otherwise have produced. In comparatively young persons, for instance, we meet with fibroid and fatty changes of the heart and vessels, distension of the air-cells, alterations in the structure of bones and joints, which resemble in every respect those which age would have ordinarily induced. Therefore, many of the conditions which we call disease seem nothing more than the result of the concentration on a particular organ of all those agencies which, under ordinary circumstances, bring about senile changes. These changes, therefore, although senile in character, are abnormal, and therefore may be rightly regarded as pathological.

The pathologist, therefore, cannot but regard the body in the first place in its physiological relations with its surroundings, and mark the alterations which time produces. The physiologist is aware that the production of force must be accompanied by loss elsewhere, seeing that gain and loss are equal, and, therefore, in observing organic life he must regard the destructive processes as well as the formative. Life seems to depend upon changes continually going on in relation with the atmosphere in which all living bodies are steeped. The burning of the fuel in oxygen supplies the forces necessary for living processes; we, therefore, although alive, are constantly being consumed. During so many years the body is undergoing combustion, or we might say, slow destruction, and this process occurs much more rapidly in some persons and in some animals than in others. Why one creature should live longer or burn out sooner than another is not clear; why, for example, should a dog be worn out in ten or twelve years, its limbs be stiff, its sight and hearing impaired, its intellect obtuse, and senile changes be discoverable in its brain and elsewhere, when a parrot may take a century for the production of the same destructive changes? Why tissues of the same composition should wear out in one animal after ten revolutions of the earth, when it takes a hundred revolutions to destroy similar ones in another, is by no means apparent. In man, if the destructive and reproductive changes are normally counter-balanced, the ordinary duration of life is reached. If the balance be not kept, the destructive agencies may be in the ascendancy, and life be shortened. If any of the ordinary surroundings which are always exerting their influences upon us as various kinds of air, food, moral and mental moods, be in any way noxious, they may in time tend to premature death, and if they should act in such a manner as to cause localised organic changes, we should style these changes disease. There can be little doubt that a large number of maladies in England, as gout, Bright's disease, &c., are induced by mere excesses or inequalities in a mode of life which is considered ordinarily correct. It ought to be one of our studies to consider the relations of the human race to the soil, and observe all the circumstances which centuries have induced to bring about this normal or healthy relation between them. We might then observe the effects of the concentration of some of the more untoward of the influences which ordinarily environ it, as well as inquire into the effects of transplantation into another country. It seems that all the usual surroundings of life in civilised society, acting in undue proportion or in a

more determined manner, induce a very large number of the diseases which we are called upon to treat.

In considering all these agencies working for what we call evil, and leading to destruction, we must not overlook an opposing law—that of reparation. Not only do we observe a production of living force in necessary association with a dissolution of material, but an ever-existing tendency towards the re-making of the injured tissues. We can scarcely think of a morbid change in the body which is not attended by another which has an opposite tendency. Every phthisical lung showing destruction of the tissue exhibits at the same time the attempt to limit the process and to save life by shutting off the escape of air from the lung, or sealing the ulcerated blood-vessels.

Then, again, in considering the definition of disease, after having observed how large a number of maladies are produced by the influences of all our ordinary surroundings, we have to recognise those external causes of an extraordinary or specific character which prey upon the human frame, and often bring its machinery to an end. Now, if these causes are obviously parasitic, we are not witnessing so much the case of disease as the spectacle of one animal preying upon another. As regards the parasite, it is pursuing its normal life history, and as regards the patient or the host, he is simply being destroyed; the difference in his mode of death from that which would result from the onslaught of a wild animal would consist merely in time. If a man fall a victim to the bite of a cobra, he is not said to die of disease; but the term is applicable if he die of glanders. There is this difference, however, in the latter case—the poison is not a natural one, even in the infecting animal. If, however, in these infectious diseases the morbid cause be an animal or vegetable organism, although microscopic, then we really have to deal with the operation of one living being acting upon another, and the so-called specific malady exhibits nothing more than the natural course of life of certain specific organisms. The term, disease, according to the definition, is here again scarcely applicable.

All these abnormalities of the human organism, under whatever conditions they may arise, suggest that as every branch of biological science is being studied in relation to the lower organisations, and according to the law of evolution, so must pathology become the subject of a large field of inquiry, and be made to embrace the diseases of all animal and vegetable life. The comparison of disease in man and animals may throw much light upon its nature, and it is remarkable that so few persons have been stimulated to the work, by considering the long controversy which has taken place as to the relation between vaccinia and variola, or hydrophobia and rabies. A true human pathology should have its basis in comparative pathology. Here lies a mine of wealth but little worked. As at the present time every structure and function of the human body is being studied in reference to its antecedents in the lower animals, so there can be no doubt that the various morbid changes to which it is liable, may be also profitably discussed in reference to similar actions in more simple forms of life. The truth of this has been clearly seen by philosophers who have had no special acquaintance with our department of science. Thus Buckle, in his "History of Civilisation in England," says: "The best Physiologists distinctly recognise that the basis of their science must include not only the animals below man, but also the entire vegetable kingdom, and that without this commanding survey of the whole realm of organic nature we cannot possibly understand even human physiology, still less general physiology. The Pathologists, on the other hand, are so much in arrear, that the diseases of the lower animals rarely form parts of their plan, while the diseases of plants are almost entirely neglected, although it is certain that until all these have been studied, and some steps taken to generalise them, every pathological condition will be eminently empirical on account of the narrowness of the field from which it is collected." This is almost as true now as when written several years ago; but we are pleased to think that our countryman Sir James Paget, has already removed this slur upon our scientific procedure by his lecture on "Elemental Pathology," in which he shows the importance of observing the resemblances between the changes in the various tissues of man and the vegetable world, and also the deductions to be drawn therefrom.

Again, if the specific diseases be due to organisms, and the hypothetical *contagium vivum* be a reality, it must be subject to the same laws as other organic matter; and if the doctrine

of evolution be true, it must have numerous relations with families of its own kind, and perhaps with others which are now obsolete. This idea has occupied the minds of several medical men in this country, and it will no doubt further fructify in their hands. (a)

A highly contagious disease prevailing in a particular locality may be exhibiting differentiation of some more simple, less virulent, and widely spread disorder. For example, a slightly contagious epidemic sore-throat might in course of time develop into a more virulent one until it culminated in diphtheria; and if this disease be due to an organism, the latter might have found a more genial soil for its development, or be altered by propagation and time, so that new properties might at last have been added to it. There may be a progressive development of infectiveness. Then, again, the doctrine of natural selection might obtain in the fact of some specific diseases remaining amongst us, while others have become obsolete. The same law, too, if allowed its full operation might tend still more than it does to the subjugation of many hereditary diseases; for as these appear in youth, and often cause death, they would fade away by a process of self-destruction. As regards the specific diseases, we see again how the most susceptible persons would be struck out by the poison and the least susceptible remain, so that the poison would be modified in its virulence. We witness this fact in the more moderate characters of the exanthemata in all civilised nations, in comparison with the more profound effects produced by them in nations where the disease had been hitherto unknown, as, for example, the fatality in the Pacific Islands of our comparatively mild British measles.

Besides the maladies which are induced by the evil influences of our ordinary surroundings, and those due to specific causes just named, there is a class of disease styled new growths, which take a very large share in adding to man's mortality. The advance made in our knowledge of these structures is very considerable, and is still rapidly progressing towards a determination of their origin and the discovery of their relation to the normal tissues. These investigations are assisting us in discarding some of our older notions regarding their constitutional and malignant nature, and proving that many are accidental in their origin, and therefore may possibly be averted.

In the brief remarks, we see how the simple definition of Pathology as a deviation from the healthy standard fails in its application, and how wide is the range of subjects included in its domain. What these are, you, gentlemen, are about to illustrate in the different subjects which you will bring before the section.

Clinical Records.

NORTH-EASTERN HOSPITAL FOR CHILDREN, HACKNEY.

Cases of Congenital Disease of the Heart.

Under the care of Dr. C. E. ARMAND SEMPLE.

CASE 1.—Louisa C., *æt.* 7, was admitted on September 8, 1880. Father healthy; mother had had rheumatic fever nine years before the present date, and still suffered from rheumatic joints; three other children apparently healthy. The mother stated that the child appeared to be healthy and strong at birth, it was only when two weeks old that she first noticed that its "breath was bad," and that it "panted for breath," and at this time it began to lose flesh and get thin. The child frequently turned blue, its face and hands were quite livid, so that the mother used to think that it was about to die. She had been under care at the out-patient department of the hospital, off and on, from six months to three years old, with cough, dyspnoea, and typical cyanosis, chillings of the finger ends, &c. The cardiac dulness was very extensive, reaching to the anterior border of the axilla. There was also a systolic murmur at the apex external to the nipple. At 3½ years in addition a rolling presystolic murmur was heard which was thought to indicate some subsequent

endocarditis (leading to mitral stenosis), and taken into consideration with the great dilatation of the left auricle and ventricle, and the previous regurgitation was probably secondary to the abnormal connection between the left and right cavities. For the last few years she had suffered from attacks of syncope with coldness, shiverings, nausea, and increasing lividity; however, she did not "actually faint." During the winter months she was always more or less blue, cold and "marbly," and suffering with attacks of shivering and shortness of breath.

On admission she was fairly well nourished, her growth somewhat stunted. There was no marked cyanosis, no lividity of face, mottled redness of cheeks which were plump, lips dark cherry red, no marked distension of the large veins of the neck, the small superficial veins enlarged, especially over the chest. The external surface of forearms and front of chest, back of hands and feet, were a little more deeply coloured than natural.

The feet were not noticeably cold; there was a slight amount of clubbing of the nails of the fingers, together with blueness; there was no distress of breathing, but she had a slight cough.

Chest.—Lower ribs were much everted, giving rise to a very deep groove at the level of the ensiform cartilage.

Heart.—Apex beat diffused over a large area, very distinct in 3rd interspace 2 inches external to the nipple in outer axillary line in the 6th interspace, and also to some extent in the 7th space between antero- and post-axillary borders. Area of dulness from 3rd cartilage above and outwards 2½ inches external to the nipple, almost to axillary border, but did not reach to the right border of the sternum. Over the pulmonary artery the 2nd sound was reduplicated, the first element of reduplication being marked by the loudest, and extending down the left border of the sternum. Over the ensiform cartilage was a rolling systolic murmur and reduplication also was heard here. At the apex a loud rushing systolic bruit was audible of quite different quality to that heard at the ensiform cartilage, and a fourth sound heard in addition to the reduplication. The reduplication being followed by another sound, in fact, a triplication. The systolic bruit was fully audible in the back. She was discharged on November 4, 1880, no untoward symptoms during her stay in the hospital being noted.

She was admitted again on December 15, 1880, in a low feeble condition, but the lividity had not increased; she was suffering from an acute attack of nephritis, presumably scarlatinal, although no history of any fever previously to admission could be obtained. The heart murmur did not now alter very much in character. She was again discharged on February 27, 1881, greatly improved.

CASE 2.—Oswald C., *æt.* 10; father healthy; one grandmother died of heart disease. Mother healthy, 7 other children, youngest, *æt.* 7, said to have had shortness of breath and palpitation of the heart, the rest healthy. The mother said that from birth he was a strong healthy child with a "lovely colour," colour in the centre of each cheek, and the lips cherry red. Said the lips turned bluish whenever he ran about or exerted himself, shortness of breath from 4 years old if he walked much. Two years previous to admission he was sent to school in Yorkshire, and in the first winter he complained of the cold, and his face was a little blue; the second winter his face became very blue and cold, and he was unable to walk on account of bad chilled feet. He returned home to London the next summer very blue and wasted, and his forehead quite black, scarcely recognisable by his mother, and for a time regained strength. The blueness somewhat disappeared, but the shortness of breath that he had had continued. On admission to the North-Eastern Hospital on Jan. 18th, 1881, he was a bright cheerful boy. Both his cheeks and nose were of a deep crimson blue colour, tongue coated with fur, an ulcer the size of a sixpence on the lower lip; fingers not clubbed, but the nails very rounded and filbert-shaped, and of the same colour; toes of a faint livid tint, crimson, mottling of extremities even when warm in bed.

(a) Dr. Airy, D. Throne, &c.

He does not complain of the cold weather; slight dyspnoea on exertion; chest well formed.

Heart.—Impulse very diffused over 3rd, 4th, 5th interspaces, from the nipple line to sternum, most distinct in 5th space, $\frac{1}{2}$ -inch external to sternum; over this area a distinct grating thrill was to be felt; the area of dulness normal; at apex a loud rolling systolic bruit; at the base an intense loud superficial rasping systolic bruit; very loud 2nd, 3rd, and 4th interspaces, and cartilages adjoining edge of sternum; no reduplication of the 2nd sound, which is obscured but traceable more to the left side of the chest, but still very audible in the axilla and back. Discharged on January 17th, 1881, somewhat improved; face less livid.

CASE 3.—Percy M., æt. 10; father healthy; mother died six months previously of heart disease. Up to three years of age nothing unusual was noticed about the child. He was about that time observed to be short of breath after walking or running; up to one month before admission he attended school in the city, walking there and back from his home in Bethnal Green every day; subsequently he became quite unable to walk that distance on account of his shortness of breath, and at last it was quite a labour to him to walk at all. He gradually became worse; before admission he suffered from pain in the left side of the chest, which he described to his father as "thumping;" no blueness of lips, &c., has ever been noticed; but he had a very high colour at times after coming home from school; there was no history of rheumatic or scarlet fever, or of any pains at the joints. On admission to the Children's Hospital, on April 30th, 1881, he was a remarkably well-nourished child, with a well-developed chest; there was no cyanosis nor congestion of the lips, face, &c.; nails a little rounded; no pains, and apparently in perfect health.

Heart.—Area of dulness above at upper border of 3rd rib, and extending almost horizontally outwards $\frac{3}{4}$ inch external, and across the angle downwards to apex, beat in 5th interspace external to nipple, not beyond left border of sternum; over the 3rd left costal cartilage was heard a very loud rasping systolic bruit, superficial and localised, but, nevertheless, feebly audible on left and in left supra-clavicular fossa. Pulsation in 2nd and 3rd interspaces, close to sternum very distinctly visible, and over this and the surrounding area a grating systolic thrill was to be felt. At the apex there was a soft systolic murmur, audible in the axilla of a different character to that at the base, longer and more booming; 2nd sound both at apex and base inaudible. Left the hospital June 18th, 1881.

The Mineral Waters of Europe.

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

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.

President of the Pharmaceutical Society of Ireland, Lecturer
on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,

Lecturer on Materia Medica and Therapeutics at the London
Hospital, Physician to the Hospital for Diseases of the
Throat, &c.

(Continued from page 101.)

Saint Galmier.

THIS establishment is at Loire, in France. There are three or four sources, but the particular one we have examined is marked Source Nouvelle (*cachet or*). The

other waters are Source Badoit (green seal), Source André (blue seal), and Source Centrales (yellow seal). The Source Nouvelle contains—

Carbonate of magnesium and	}	...	34.00
Carbonate of calcium			
Bicarbonate of sodium...	...	...	18.66
Bicarbonate of potassium	...	...	4.23
Carbonate of strontium	..	...	8.49
Carbonate of iron	...	...	0.63
Carbonate of manganese, trace			
Sulphate of sodium	...	...	5.53
Sulphate of calcium	...	...	12.10
Chloride of sodium	...	...	15.12
Chloride of magnesium	...	...	3.10
Chloride of calcium	...	...
Nitric acid	...	...	1.83
Phosphoric acid, trace			
Lithium, trace			
Silica	...	...	4.20
Total solids	...	...	107.89

Skeleton Analysis of $\frac{1}{2}$ pint (10 fluid ounces).

Total solids.	Antacids.	Salines.	Purgatives.
6 $\frac{1}{4}$	3 $\frac{1}{2}$ grs.	1 gr.	1 $\frac{1}{2}$ grs.

Although not a very strong water, St. Galmier is complicated in composition. It is strongly antacid in character, but chiefly owing to the magnesia and alkaline earths; it is therefore peculiar in this respect. It, however, contains a marked quantity of carbonates of the alkalies, and therefore gives a decided reaction after boiling with phenolphthalein. It is quite pure, and contains no nitrogenous organic matter, and is worthy of a place amongst the first-class table waters. The ingredients are very equally divided in character.

ROSBACH.

The Rosbach springs are situated at Rosbach, near Homburg. Prof. Wanklyn reports that he personally inspected these springs in the autumn of 1878. He states that "the spring from which the Company draws the water is covered with a metallic hood so as to catch the natural carbonic acid, which escapes along with the water, and with which the bottles are charged." This seems to be the favourite method adopted for charging the water with the natural gas by all similar companies, but we must confess to a surprise that no better and more scientific method has been adopted. It seems to us very like the system of letting the deer escape for the pleasure of recapturing him again. According to Prof. Wanklyn, the rate of flows of this spring is 27 litres per minute, equal to 18,000,000 full bottles in the year.

It is certainly a very extraordinary testimonial for the same authority to state as follows:—"It will be seen that the Rosbach waters may be taken daily, in considerable quantities, with perfect safety, WHICH CANNOT BE SAID OF ANY OTHER MINERAL WATER at present before the public." The capitals are not ours, but are so in the report. The extraordinary part of this sentence (the reader may take it

in either sense) is that we find Prof. Wanklyn's name to published reports of other table waters which speak of them in the most complimentary terms.

The only published analysis of this water is the one put forward by the Company. To issue such a meagre analysis is absurd, and if they wish to gain public confidence the proprietors will do well to produce a more detailed account of its composition. It contains, according to Prof. Wanklyn—

Chloride of sodium	...	...	...	Grains.
Carbonate of calcium	...	...	...	83.0
Carbonate of magnesium	...	...	...	25.7
				12.6
				121.3

Skeleton Analysis of Half-a pint (10 oz. fluid).

Solids.	Saltines.	Antacids.	Purgatives.
7½ grs.	5 grs.	2¼ grs.	—

We have no doubt that in a general and rough sense the above represents the composition of this water, but if it did so exactly it would not be necessary for the public to pay for such a water, as it could be so easily imitated, owing to its simplicity of composition. We have not the quantity or time for a thorough examination, having only one small bottle at our disposal, which we have devoted simply to the determination of the absence, or presence, of organic impurities. We find this water to be fairly pure in this respect. It gives no evidence of nitrogenous organic matter. But at the same time the examination was quite sufficient to show that it is much more complicated in composition than the simple formula given above. In fact, there are certain ingredients which *must* be present in a mineral water which are not given in the above analysis.

One of the peculiarities of the Rosbach spring is the comparative absence of sulphates. In the analysis given no sulphates are present; this, however, is not absolutely correct as regards the bottled water, which certainly contains sulphates, although in comparatively small quantities.

In the principal foreign cities the rates of mortality, according to the latest official weekly return, were in—Calcutta 22, Bombay 35, Madras 33; Paris 33; Brussels 25; Amsterdam 23, Rotterdam 22, The Hague 26; Copenhagen 22, Stockholm 20, Christiania 17; St. Petersburg 56; Berlin 47, Hamburg 25, Dresden 29, Breslau 54, Munich 31; Vienna 27; Prague 36; Buda-Pesth 36; Venice 24; Alexandria 41; Brooklyn 36, Philadelphia, 28, and Baltimore 44 per 1,000 of the various populations.

THE annual rates of mortality last week in the principal large towns of the United Kingdom were—Wolverhampton 12, Oldham 12, Plymouth 13, Edinburgh 14, Portsmouth 15, Dublin 17, Bristol 17, Sheffield 17, Norwich 17, Bradford 18, Salford 18, Brighton 19, Glasgow 19, Newcastle-on-Tyne 21, Manchester 22, Birmingham 23, Sunderland 24, London 27, Hull 28, Liverpool 29, Leeds 29, Nottingham 29, and Leicester 36 per 1,000 of the population.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, AUGUST 10, 1881.

THE INTERNATIONAL MEDICAL CONGRESS.

A GENERAL ACCOUNT OF THE PROCEEDINGS.

THE success which has attended the meetings and excursions in connection with the Congress, has been of a nature to justify the almost exaggerated expectations that have been formed in respect of it. We have been privileged to receive and to entertain a large number of men, eminent in other countries as physicians and surgeons, than have ever before been gathered into any one place. We have been enabled to hear and to associate with most of the men who, on the Continent and in America, have identified themselves with all that is great and glorious in the science and art of medicine; and though it has unfortunately occurred that some few whom it would have delighted us to honour, e.g., Billroth and Gross, have been prevented from witnessing the magnificent proportions to which the Congress has attained, yet the full assurance that they have been with us in the spirit, and shared by anticipation the advantages we have enjoyed in reality, takes from the disappointment created by their absence. We have, in a word, been partakers in, and contributors to, the most gigantic triumph or

jubilee that medicine has ever celebrated. And we cannot here omit to point the moral that is largely printed in the events by which the week just past will be for ever memorable. In it the position of medicine among the professions, its title to be ranked the noblest and most ennobling, has been most irrefutably established; and it has been most conclusively shown to the world that the medical man is indeed what the earnest advocate of his deserts has ever insisted on his claim to be considered as at least the equals of those who occupy a place among the ranks of other professions. No one, perhaps, who was present at the impressive gathering assembled in St. James's Hall to hear the telling address delivered by Sir James Paget, will ever forget the sensations produced in him by the obvious deference paid by the best and highest of our land to the representatives of the medical profession. The prevalent feeling among the multitude is, it must be admitted, one that we must seriously deprecate, and which has been mischievously stimulated by the utterances of slander-mongers in notoriety-hunting journals. The most effectual blow possible to be struck at the pernicious influence exerted by these detractors, has been delivered, and in the results that will follow from the seventh International Medical Congress, we shall find the surest proof of a reaction favourable to the interests and legitimate claims of medical men to the gratitude of the general public. As concerns the foreign visitors who have been present with us, we may be assured that the hospitality extended to them will be among the most grateful recollections they will retain of this occasion; and numerous though they have been, there is, we trust and believe, no one of them who has not, in one form or other, received most practical demonstration of the friendliness and brotherly feeling with which English scientific men regard the medical men of other countries. We cannot hope to give anything approaching to a detailed account of the festivities that formed so graceful a feature of the week, but in a few words we may be able to indicate their nature and extent. In a similar manner we will endeavour to sketch the direction and amount of the more serious labours accomplished at the sectional meetings, but of all that has taken place we must be permitted to declare that the utmost success attended the public and private efforts to promote the happiness, and stir the interest, of the body of members of the Congress.

The General Reception Committee were busily employed during the greater part of Monday and Tuesday in receiving and acknowledging the visitors, who, thus early, came in considerable numbers to record themselves as members of the Congress. The arduous nature of their special work is to be judged when the numbers of those who enrolled their names are understood; but, thanks to the almost ubiquitous presence of Mr. MacCormac, the most energetic and most urbane of secretaries-general, this not unimportant duty was perfectly and pleasantly accomplished. On the Wednesday the actual work of the Congress commenced with the delivery of Sir James Paget's address, and, as we have said, the direct share in the vast meeting at St. James's Hall taken by the Prince of Wales was an emphatic vindication of the dignity and status of the profession thus honoured by his actual presence. A lunch

was subsequently given by Sir James Paget to a number of foreign members, at which the Prince of Wales attended, as did he also at a dinner given in Willis's Rooms in the evening, by Sir Wm. Gull, to about one hundred visitors to the Congress. A very largely attended *conversazione* at South Kensington Museum the same evening closed the day's entertainments, all of which were successfully carried out.

THE STATE DINNER AT THE MANSION HOUSE.

THE very cordial and most generous welcome extended by the City of London to the Congress, was a circumstance, not only one of the most attractive incidents of the assembly for the pleasure it afforded to the members, but for the *prestige* which it gave to the Congress in the eyes of foreigners and the public. That this meeting of the profession should be, as it has been, actively supported by Royalty, and by the almost regal "pomp and circumstance" of the civic magnates of the greatest metropolis in the world is something of which the profession may be proud, even though they may consider these distinctions of less importance than the scientific achievements to which the Congress was devoted. If the Lord Mayor and Corporation of the City of London had not felt that medical men and medical affairs occupied a chief position in public affairs, they would certainly not have agreed to the lavish expenditure of money, thought, and energy which their entertainments involved. The banquet given by the Lord Mayor at the Mansion House was necessarily restricted, almost altogether, to the chief foreign, and extra-metropolitan visitors to the Congress, inasmuch as only 260 invitations could be distributed amongst 3,000 members.

It is hardly necessary for us to say that the banquet lacked nothing of the splendour which marks all the state entertainments of the City of London. His Lordship, William MacArthur, M.P., was supported by the President of the Congress, Sir James Paget, by Professor Langenbeck, and by most of the delegates from foreign countries to the meeting. His Lordship's speeches were chiefly devoted, as may be supposed, to offering a hearty welcome to the Congress, and to a eulogy of those master minds who had come from all parts of the world to contribute their *quota* to its success.

His Lordship's speeches were commendably brief, excellently expressed, and delivered with much oratorical skill and verve. Sir James Paget's remarks were worthy of his repute as a speaker and a scholar, and the addresses of the foreign representatives were, as a whole, eloquent and interesting. The entertainment will, without doubt, live in the recollection of those who partook of his Lordship's hospitality.

PENN'S.

LITTLE breathing-time has been left our foreign visitors, and those who have sedulously worked or pleased up to the programme, will have plenty of food for reflection hereafter. The name of Penn has become almost historical in all that relates to marine engineering, and the works which bear this name are among the great sights of London. On Friday last, a shipment, in which the foreign element predominated, left London for Green-

wich by steamer provided by the firm for the purpose of inspecting their enormous engineering works, and lunching with the head of the establishment. The Thames is certainly not picture-que between Westminster and Greenwich, but what it lacks in this direction is amply filled in by its miles of shipping, its gigantic wharves and warehouses, and its wealth of stores, not to be found elsewhere in the world. Our visitors were both amused and amazed as the steamer wended its way through the intricacies of myriads of craft, the never-ending lines of ships loading and unloading, the swarms of labourers as busy and as crowded as bees round a hive. The works also offered an irresistible attraction to the more mechanical portion of members, but all seemed satisfied with the fare provided, and returned to town early enough to undertake fresh work or pleasure according to their bent.

THE CONVERSAZIONE AT GUILDHALL.

THE reception, *par excellence*, of the Congress was that held by the Lord Mayor on Friday evening at the Guildhall. Hither flocked between three and four thousand members, many of them with their ladies. Those who came early were received in semi-state at the entrance, but later on this formality was done away with, the Lord Mayor, sheriff, and some of the members of Parliament for the city adjourned to the Concert Hall, and later arrivals roamed about the spacious library, ante-rooms, the Guildhall and crypt, with the utmost freedom and enjoyment. Here might be seen representative men of our common profession from all parts of the world, with here and there a visitor from the celestial empire, from Japan, Siam, Bengal, &c., dressed in costume strangely differing from the great majority, but withal, lending a picturesqueness to the gathering not soon to be forgotten by those who had the pleasure of being present. After the concert the Lord Mayor made a tour through the building, and, as he passed through the throngs everywhere to be found, he was received with loud cheers, in token of appreciation of his hospitality and that of the citizens of London, which has certainly been munificent throughout. Prodigious sums are spoken of as having been voted by the corporation for giving the members of Congress fitting receptions, and when the banquet of the previous night, and the *conversazione* of Friday, at which the best of wines flowed like water, be taken into account, the cost could only be met by several thousand pounds. But whatever this may be, certain it is that the hospitality was profuse and the appreciation thereof sincere.

EXCURSION TO FOLKESTONE.

On Saturday afternoon a special train, provided by the liberality of the South-Eastern Railway Co., conveyed a large number of English and foreign members to Folkestone, where one of the most interesting ceremonies in connection with the Congress took place in the unveiling of a statue of Harvey resulting from the labours of the Tercentenary Committee. The ceremony was performed by the venerable father of comparative physiology, Professor Owen, O.B., who, in the speech wherein he declared the statue to be transferred to the Mayor and Corporation of

the town in which Harvey was born, uttered an eloquent and unanswerable defence of vivisection as an aid to scientific advance. It may be hoped that the fanatic and ignorant persons who make it an aim to harrass the scientific investigator, and who band themselves into "Anti" Societies for the purpose of impeding his endeavours, may be brought to study the truth and principles that were enunciated with such peculiar force by the foremost of living anatomists. Rather than relate at wearisome length the well-known history of Harvey's labours and difficulties, Professor Owen chose more wisely to describe the bearing of experimental research on the advances made in medicine and surgery. Hunter's discovery of the effects produced by ligaturing the carotid artery of the stag, and the immediate application of the knowledge acquired by vivisection in this instance to the cure of a popliteal aneurism, formed one example of the *results* which anti-vivisectionists ignorantly deny to have followed the practice of the art they decry. How eloquently and how scathingly the tyrannical proceedings of the blind and wilfully ignorant band who are constantly struggling to place obstacles in the way of scientific progress, were denounced by Professor Owen, will be familiar to all who have had the felicity of sitting beneath him in the theatre, or of following his lead in the pursuit of truth. With him, they will indignantly assert the majesty of science, and the incomprehensible benefits it has conferred on the treatment of disease; while, with him, they will declare and believe that such untold good as has resulted has been *non ex libris sed ex vivisectionibus*, so far as the surgeon's art, at least, is concerned.

The guests who had been present at the unveiling of the statue proceeded thence to the Town Hall, where was laid a plentiful collation, to which ample justice was done, a selection of music being played during the entertainment. The party returned to town at 8.15, reaching Charing Cross at 10.30, after a most enjoyable and interesting excursion.

NORMANSFIELD.

On the banks of the Thames contiguous to Richmond, is an establishment which has grown from a small house to a mansion of gigantic proportions. Here may be found from one hundred and fifty to two hundred children of the imbecile class, whose parents belong to the upper and middle ranks of society, and who are content to place their unfortunate offspring under the enlightened treatment of Dr. Langdon Down. This establishment is called "Normansfield," and thither repaired several hundred members of the Congress and their ladies on Saturday last, in response to the invitation of Dr. and Mrs. Langdon Down to a garden party in the extensive grounds attached. The excursion was by special train to Hampton Court, the party being here met by Dr. Down, Sir Thomas Nelson the City Solicitor, and president of the United Thames Drainage Board, the Mayor and Town Council of Kingston, and the Chairman of the East Moulsey Local Board, and were conducted through the palace and grounds of Hampton Court; Sir Thomas Nelson kindly acting as spokesman, explaining with considerable tact in English and in excellent German, the various objects of interest in and around that historic

pila. On emerging from this, two steamers provided by Dr. Down were at the gates to take the party down the river to his residence, where had assembled about five hundred of the surrounding medical men, and resident gentry, and as the weather was everything that could be desired, and the hospitable host and hostess had provided every luxury in the shape of refreshment and amusement, a most pleasant day was spent, one that will be long remembered by the assembled visitors. The patients, it may be remarked had been sent to the Crystal Palace for the day, so that the guests might roam about the establishment without hindrance, and the remarks of the foreign elements were most laudatory of the perfect arrangements of this model asylum. The dormitories, kitchens, kindersaal, and other offices were voted by them better than anything of the kind they had seen in their several countries, whilst the new hall recently built for amusement during week days, and for divine service on Sundays, was greatly admired for its elegance and completeness. In this building we overheard two Germans remark: "What practical people these English are, instead of building two, they build one place, which serves for amusement in the week, and for religion on Sunday." Probably we shall hear more of our insular characteristics after the Congress is over, than we are even aware of possessing, but this we can safely say, that all the remarks heard in tongues many and various, have been kindly, and not the least so, those relating to the charming garden party at "Normansfield."

VISIT TO CROYDON SEWAGE FARM.

UPWARDS of 130 members proceeded on Saturday to the Sewage Farm, at Croydon, over which they were conducted by Dr. Alfred Carpenter, who subsequently presided at a luncheon given by himself on the farm. A number of interesting speeches were delivered, the chairman affording the guests assembled much satisfaction by announcing to them that all the good things they had partaken of with such evident relish were, in effect, so much transformed sewage, having all been produced on the estate. The question of sewage farming was somewhat fully discussed, and the whole of the demonstration formed a very interesting experience for the Continental members of the Congress, who were present in considerable numbers.

On Sunday Mr. Erasmus Wilson entertained fifty visitors at Margate, and Sir Trevor Lawrence received a party to luncheon at his residence at Box Hill.

The Royal College of Surgeons held a *conversazione* at the College in Lincoln's Inn Fields, on Monday evening, which, in spite of wet weather, was fully attended, great numbers of member making their way to it from the numerous farewell dinners which were the order on Monday.

SECTIONAL PROCEEDINGS.

THE sections were duly constituted on Wednesday afternoon, and in many cases the introductory addresses were delivered on that day. The regular work of the session, however, commenced on the following (Thursday) morning, and has regularly continued since each day. In most of the sections the attendance has been large

throughout, but the chief attractions have appeared, as might have been expected, to lie in the Surgical, Medical, Obstetric Medicine, and Pathology Chambers. It would be quite impossible to give any complete account of all that has gone on at the successive sittings; a mere enumeration of the papers read would alone occupy all the space at command, and we can only call attention to a few of the leading incidents.

A BABEL OF TONGUES.

ONE of the unavoidable drawbacks of the Congress has been again and again regretted by the many foreign and English members who have been unfortunately debarred from following the discussions in the various sections, on account of the multiplicity of languages adopted by speakers. It was, however, essential to permit freedom of choice in this respect to all, and in spite of the curious result produced on those who patiently gazed in unresponsive wonder at first one and then another unintelligible expositor of foreign science and practice, it is impossible to regret the consequences now that all is over. The student of the ludicrous might any day of the meeting have found in every section rich subject of amusement in the polyglot expression of interest successfully encouraged on the countenances of the respective presidents. The calm current of a debate would occasionally suffer from the occurrence of a little scene not to be dissociated from the circumstances, but, on the whole, matters worked smoothly along, with only occasional amusing *contretemps*.

LOCALISATION OF FUNCTION.

Much interest was excited amongst physiologists by the announcement that a discussion would take place in the section devoted to physiology, between Professor Goltz and Dr. Ferrier. This was commenced by the former, who spoke in German, and who emphatically declared his unshaken belief in the unreality of the "centres," in favour of which Dr. Ferrier contended. In a lengthy and powerful speech, which lasted over forty minutes, Prof. Goltz explained the numerous experiments on which his conclusions had been based, and finally detailed the history of a dog which he had brought with him to London, and in which he had successfully destroyed all the so-called cerebral centres, except the anterior frontal region of the brain. Yet this animal, eight months after the last operation, performed all the movements in all but a normal fashion; and displayed no change, save one of affected intelligence, and that but slight. On the other hand, Dr. Ferrier insisted on the real existence of centres of localisation, and produced his monkey in proof. This animal had been submitted to an operation in which the centre for movement of flexion of the fore limbs is situated, and it exhibited unmistakable symptoms of motor paralysis answering to the situation of the lesion. To the objection previously raised by Goltz that insufficient time had been allowed in his earlier experiments for recovery from intercurrent disturbances, Dr. Ferrier explained that it was then many months since the monkey had been submitted to operation. The exhibition of these two animals in the afternoon was a remarkable proof of the fallacious nature of arguments from consideration of comparative results; and it will probably tend to convince all

who witnessed it, that while it is impossible to regard the matter in dispute as any nearer settlement than before, it yet assuredly indicates how little reliance can be placed on deductions drawn from a study of widely-separated groups of animals rather than from multiplied experiments on those of the same species. Apart, however, from all this, the demonstration was a vastly interesting one, and we can only regret the apparently barren result as yet attained by the two distinguished exponents of opposite views as to localisation.

OTOLOGY.

Mr. Dalby's address to the Otological section commenced by welcoming the foreign members of the Congress, and pointed out that in Otology, more, perhaps, than in other branches of medicine or surgery, it was desirable that those practising it should have an opportunity of meeting and exchanging their views, for the reason that from two distant countries, Germany and America, most recent research in the scientific part and many advances in the practice of the speciality had proceeded.

He then proceeded to consider the subjects which had been specially chosen for discussion at the section. Amongst the classes of cases with regard to the pathology of which varying views are held, must be considered those of what is called proliferous catarrh of the tympanum, and this is included in the first question proposed for discussion: "The value of operations in which the tympanic membrane is incised." On this point great divergence of opinion exists, some surgeons never incising the membrane at all, others only in acute tympanic inflammation when there is evidence of pus, others empty it for evacuating mucus as well as pus, and others again empty it in cases in which the membrane is connected to the ossicles or to the tympanic wall by adhesions.

The second subject selected for discussion, "Morbid growths within the ear," includes long enlargements and exostosis, polypus, benign or malignant, and also the treatment of perforation of the membrane, as these almost always accompany and cause the growth.

The third subject, "The loss of hearing, where the external and middle ears are healthy," embraces a large number of cases. Under this head come syphilitic cases, so-called Meniere's disease, cases of deafness due to sudden nervous shock, &c. The obscure and often unmanageable symptom, tinnitus, will also be considered; the sudden and total loss of hearing due to mumps, diphtheria, &c., and many other causes.

SURGERY OF THE KIDNEY.

The Surgical Section was the scene of a lively and important series of debates, of which that on the surgery of the kidney was among the most fertile of suggestion. In connection with it, Mr. M. Baker, Mr. Barker, and other well-known surgeons, discussed the feasibility and advantages of nephrectomy, nephrotomy, and Mr. H. Morris' revival of nephro-lithotomy. The general conclusion to be drawn from the debate is distinctly favourable to the performance of those operations through which the kidney is relieved by direct exploration of its substance. With few exceptions, there was a universal expression of opinion

to this effect, and it cannot but be a gain to surgery that so common a determination is prevalent to push the resources of art to the extremest limits.

LITHOLAPAXY.

The surgery of the bladder formed a fitting subject for discussion after the conclusion of the debate on renal operations; and it, too, was an instructive demonstration of the advantages which have followed from the adoption of a plan of treatment which would, at one time, have been stigmatised as rashly heroic. The testimony of the most eminent surgeons was a unanimous approval of Bigelow's method of removing vesical calculi at a single sitting, and Sir Henry Thompson was not the least of those who expressed their admiration for the ingenious and distinguished surgeon's skill. In the surgical section there were a number of highly important and valuable papers read on different subjects, and several discussions were opened up on subjects of the first interest to surgery. Thus the question of early or late excision of joints in strumous individuals excited a keen debate, the general tendency being to approve the former treatment as safer. This can be taken as a sample of the problems before the section; the debates were, throughout, of the deepest interest.

We had intended to give a brief heading to all the salient features of the sectional proceedings during the week, but to do justice, even with brevity, to all, is an impossible matter; and we can now only add that Dr. Sayres' demonstrations on the pro-plastic jacket were a rich treat to visitors to the section on diseases of children; that a brilliant, and, at times, almost rancorous discussion was carried on in the obstetric section on Oöphorectomy; that Dr. Billings delivered an address of incomparable eloquence and power on Friday afternoon before a general meeting of the Congress; that in the Medical Section, albuminuria was exhaustively discussed; and that in all the different rooms no hour passed without events occurring to chain the interest of the hearer. In later numbers we shall deal more fully and more justly with the doings of the Congress.

THE OPHTHALMOLOGICAL SECTION.

The proceedings of this section have, under the presidency of Mr. Bowman, and the secretariat of Drs. Brailey and Nettleship, been conducted with great earnestness, and have yielded good scientific result. The deliberations of the section were especially directed to the discussion of the genesis of sympathetic ophthalmia, which was initiated by Professor Snellen. A most interesting debate as to whether the disease was reflex or the result of definite pathological change, and though no decisive verdict was arrived at, the balance of opinion seemed decidedly in favour of the pathological view. The application of antisepticism to eye surgery was also discussed at great length, upon an address by Professor Homer, of Zurich; and colour-blindness was also submitted to debate by papers communicated by Dr. Littreacht, of Ghent, and Dr. H. Bulé, of Christiana. Dr. Nieden, of Boehmm, also communicated an interesting paper on the causes of nystagmus in miners.

In the ante-room of the section Dr. Javal, of the Sorbonne College, Paris, exhibited and demonstrated a valu-

able addition to the *armamentarium* of the ophthalmologist, in the shape of an optometer for the detection and measurement of astigmatism. Two white objects are placed in front of the patient, fixed at a given distance from each other, upon an arm, which can be rotated, so that the objects describe a circle round the axis of vision. These objects are reflected from the patient's cornea, and if the cornea be normal the reflections will always occupy the same relative position towards each other. If, however, an astigmatic meridian exists, the images of the objects will become super-posed, and the extent of that super-position, being indicated on a dial, gives both the amount of the astigmatism and the angle of the faulty meridian.

In the Museum of the Congress there were exhibited some objects worthy of notice. The instrumental novelties are chiefly confined to refracting ophthalmoscopes, of various patterns. Dr. Nieden exhibits a series of unbreakable artificial eyes, which are, however, unsatisfactory in colour. A very beautiful series of wax models of actual dissections of the ametropic eye are also shown, the myopic eye being especially well shown.

The proceedings of the Section have impressed us very forcibly with two considerations: first, that to learn much from an International Congress one must be master of every known language; second, that practical eye surgery has suffered eclipse by the importance attached at such a meeting to abstract questions of ocular pathology. A paper or a speech delivered in our own language, or conversant with any of the problems of practical eye surgery was, in the sittings of the section, a blessed relief from the Babel of tongues and the repetition of physio-anatomical disquisitions. Far be it from us to discourage the enthusiasm of the German school, or to depreciate the value of their labours and their thought on these subjects. Such investigations are indispensable to the progress of ophthalmology, and have produced grand results, but the question for the managers of the Section at future Congresses is—whether so much time ought to be devoted to the elaboration of theory, and so little to the development of practice; and whether a little curb might not be advantageously applied to the enthusiasm of our foreign *confrères*.

OUR MEDICAL LITERATURE.

DR. BILLINGS, of Washington, was honoured by a very considerable audience on Friday to listen to his address on "Our Medical Literature," and fully rewarded were all who managed to escape the pomps and vanities elsewhere, or the labours of the sections, by hearing one of the most able, exhaustive, and certainly the most racy oration of the Congress. Of course the subject was attractive and capable of profound elaboration, and as editor of those magnificent volumes now being compiled for the Surgeon-General's Office at Washington, Dr. Billings was *facile princeps*, and succeeded most admirably.

He estimated that one-thirtieth part of the world's literature belongs to medicine and the allied sciences, Medical literature owning 120,000 volumes and twice as many pamphlets, with a yearly increase of 1,500 volumes, and 2,500 pamphlets. Of the 180,000 educated medical men scattered over the world, 11,600 contribute to this

mass of literature, the United States having the larger actual per-centage, and England being outdone by the Germans and French, as well as by the Americans. Reckoning, however, the number of physicians in each country, France shows the greatest, and the United States the smallest proportion. Referring to the short lives of most new medical journals, he adduced figures to show that in 1880 there were 24 deaths and 78 births. But Great Britain (John Bullish even here) "is the most stable of all;" her old journals being on very secure foundations, and new ones not often started.

On the subject of general medical literature he remarked that in days of old, when the profession of medicine, or of a single medical specialty, was an inheritance in certain families, a large part of their knowledge and the efficiency of their remedies was thought to depend upon these being kept a profound mystery. Among the precepts of magic there was no more significant one than that which declared that the communication of the formula destroyed its power, and that hence attempts to reveal the secret must always fail. We have changed all that. Every physician hastens to publish his discoveries and special knowledge, and a good many do the same by that which is not special, or which is not knowledge. For the individual in a degree—for the nation or the race in a much greater degree—the literature produced is the most enduring memorial. And thus in our great medical libraries each of the folios or quaint little black letter pamphlets which mark the first two centuries of printing, or of the cheap and dirty volumes of more modern days with their scrofulous paper and abominable typography, represents to a great extent the life of one of our profession and the fruit of his labours, and it is by the fruit that we know him. The learned orator concluded his address with a trite verse from the Talmud, which reminds one of the first aphorism of Hippocrates. "The day is short and work is great—the reward is also great and the master presses. It is not incumbent on thee to complete the work, but thou must not therefore cease from it."

Notes on Current Topics.

Guy's Hospital Again.

WE very much regret to observe that Guy's Hospital is once again the subject of public comment and newspaper reports. How far it is unjustly elevated at this time as an object of public inquiry we must wait to have determined by the result of an adjourned investigation as to the circumstances attending the death of a patient of that institution. It is alleged that deceased died from pyæmia set up by burns which had been improperly treated, and for the relief of which he applied at Guy's Hospital. The case was refused admission as an in-patient, and was seen only in the out department of the hospital. The medical evidence given at the inquest attributes death to blood-poisoning consequent on improper treatment of the wounds, and the coroner, Dr. Danford Thomas, rightly deeming the matter of importance, adjourned the inquiry for a week. It is charged

upon the Hospital that irresponsible officials saw and treated the case, and that it was attended to throughout the time that it continued as an out-patient by the same officer. We repeat that we can offer no explanation as yet, but we do sincerely feel regret that the ill-fated charity is thus again brought to unfavourable notice. The conclusion to this inquiry will be looked for with painful interest, and we trust it may effectually relieve the hospital of the unpleasant shadow now upon it.

Metropolitan Hospital Sunday Fund.

A MEETING of the Council of the Hospital Sunday Fund took place last Friday at the Mansion House, under the presidency of the Right Hon. the Lord Mayor. The principal business of the meeting was that of receiving the awards of the Committee of Distribution to the several institutions, and of sanctioning the payment of £27,402 to ninety hospitals and four institutions classed as hospitals, £2,513 to fifty dispensaries, and the setting aside of £610 for the purchase of surgical appliances during the ensuing twelve months. We have before stated that the sum collected this year exceeds by upwards of a £1,000 that of any other year's collection. On this occasion, as there is an increase of ten in the number of institutions brought into the list of those participating, it necessarily prevented any great increase in the several awards to the larger hospitals, but as money is still coming in, Dr. Glover thought £500 more might well be distributed amongst the dispensaries. The Bishop of London, on moving the adoption of the report, congratulated the Council on the gratifying circumstance that so few complaints had reached them respecting the administration of the Fund; and when a doubt arose, a few kindly words of explanation had on all occasions tended to smooth the way to a somewhat higher award than would otherwise have been made. This showed that a feeling of comparative unanimity had at length been arrived at. There was one other subject which, although not directly a part of the Hospital Sunday Fund, grew out of it. It was shown by the recent census returns that London had largely increased in population. This naturally suggested a question for consideration for philanthropists whether the hospital accommodation of the metropolis had kept pace with the growth of population. Then, as to the distribution of hospitals, whilst a decrease of population appeared to be taking place in the central part of the metropolis, the outer ring was increasing rapidly. Nevertheless, the fact was overlooked, and it was most inadequately provided with hospital accommodation. This must be especially felt in cases of accident and emergency. This also brought into notice another want in times of need—that of an efficient ambulance service, and which those interested in the matter believed should be provided without much delay.

Mr. Jabez Hogg informed the meeting that the want of peripheral, as distinguished from central, accommodation for the sick poor, had for some time occupied the attention of the medical profession, and in consequence a committee convened by the British Medical Association had not long ago determined to bring the question before the Home Secretary, and ask him for a Parliamentary Committee of Inquiry for the purpose of fully investigating this subject, as well as that of the management of hospitals, so that this

matter was in a fair way of receiving a thorough sifting. As for ambulance accommodation, London would do well to follow the example of New York city, where was to be found a most efficient ambulance system in operation. The police were in telephonic communication with every hospital, as well as fire-engine station, and the moment an accident occurred, an ambulance was in readiness to convey the suffering to the nearest hospital. A well-deserved and cordial vote of thanks to the Lord Mayor, for the interest he had manifested in the Fund, brought the meeting to a close.

The Pharmacist's Grievance.

THE Pharmaceutical Congress, which was held last week, afforded an opportunity for official expression of the dissatisfaction the pharmacists feel at their exclusion from the Pharmacopœia Revision Committee. The occurrence is an amusing episode in the history of the week, and a good deal of quiet enjoyment will have been obtained by medical men from a perusal of the report in which the address appeared. It is apparently a very sore point with the chemists that doctors are able to dispense with their services in determining the direction in which improvements in the pharmacopœia are required. Likewise too are they outspoken in denunciation of the work they are so benevolently anxious to assist in remodelling. We cannot, however, resist the conviction that a body so zealous in complaint might be capable of performing, itself, something in the direction of the improvement it bewails the continued absence of. If the Pharmaceutical Society is able to mark the weakness of the legitimate pharmacopœia, it might exhibit itself in a favourable light by undertaking and carrying out the reforms it advocates. We will undertake to assure it that if it produces a better and more reliable work than that which is the outcome of "mere doctors," the latter will not be slow to adopt it in preference to what the Pharmaceutical Society, we feel sure, regards as an effete and worthless performance.

Boylston Prizes.

THE Boylston Committee which is appointed by the President and Fellows of Harvard University, has proposed the following questions for competition among intending candidates for the Boylston Prizes of 1882:—

1. Sewer-Gas, so-called (the gas found in sewers): What are its Physiological and Pathological Effects on Animals and Plants? An Experimental Inquiry. The author of a dissertation on the above subjects, considered worthy of a prize, will be entitled to a premium of three hundred dollars.
2. The Therapeutic Value of Food, administered against, or beyond, the Patient's Appetite and Inclination. The author of a dissertation on the above subject, considered worthy of a prize, will be entitled to a premium of two hundred dollars.

The following are the questions proposed for 1883: 1. Measles; German Measles; and their Counterfeits. 2. The Differential Diagnosis of Abdominal Tumours; especially those connected with the Genito-Urinary Organs. The author of a dissertation, considered worthy of a prize, on either of the subjects proposed for 1883, will be entitled to a premium of two hundred dollars. Each dissertation must be accompanied

by a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached. The writer of each dissertation is to transmit his communication to the President of the Committee, D. H. Storer, M.D., 182 Boylston Street, Boston, Massachusetts, in a distinct and plain handwriting, and with the pages bound in book form. The dissertations for 1882 must be received on or before the first Wednesday in April, 1882; and those for 1883 on or before the first Wednesday in April, 1883. Any clue by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition. Preference will be given to dissertations which exhibit original work. All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

Medico-Psychological Association.

THE Thirty-sixth Annual general meeting of this Association was held in London on Tuesday, August 2nd, at University College, under the presidency of Dr. Hack Tuke. At the morning sitting, the proceedings included a vote of thanks to Mr. J. W. Mould, the retiring president, and the resignation by Dr. Clouston of his post as an editor of the *Journal of Mental Science*. At the afternoon meeting the President read an address in which he reviewed the history of Lunacy Legislation and Treatment during the last forty years. At its conclusion the Earl of Shaftesbury, who was present, moved a vote of thanks to Dr. Hack Tuke, adding from his own experience, detailed particulars in corroboration of the statements contained in the address. Dr. Bucknill seconded the vote and it was carried with acclamation. The members of the Association dined together in the evening at the Freemasons Tavern, where they were joined by several distinguished guests including Mr. Justice Fry, Dr. Tambarini, Dr. Benedick, Dr. Boville, Professor Motet, &c., &c.

Bequests to Medical Charities.

UNDER the will of Mr. McGavin, the Royal Infirmary, and the Western Infirmary, Glasgow, will receive £1,000 each. Mr. William George Campbell, formerly a Commissioner in Lunacy, has bequeathed £300 each to St. George's Hospital, the Consumption Hospital, Brompton; Queen Charlotte's Lying-in-Hospital; and the Fund for Discharged Persons from Asylums, Hospitals, and Licensed Houses, in connection with the Commissioners in Lunacy. Mr. W. Grimwood Mantle, late of Leicester Square, London, bequeathed £1,000 to Charing Cross Hospital; £500 to the Royal Hospital for Incurables, Putney; £200 each to the Westminster Hospital; the Royal Free Hospital; the Cancer Hospital, Brompton; St. Peter's Hospital for Stone; the Paralytic Hospital, Queen's Square; and the Ipswich Hospital; and £100 to the Lowestoft Hospital.

We understand that an addition has been made to the number of Leith charities by the placing of a sum of

£18,000 under trust, with directions to the trustees—two-thirds of the revenue for the maintenance of a ward in the Leith Hospital, to be called the "Stead Medical Ward," subject to certain specified conditions, and one-third for the relief of persons suffering from incurable disease, natives of Leith being preferred.

Women Candidates at the University of London.

THREE students of the School of Medicine for Women, passed the preliminary scientific M.B. examination of the University of London, viz, Miss Bernard, Miss Alice Palmer, and Miss Webb. Three also were examined at the first M.B. examination, and all were successful, two passing in the first division, Mrs. Scharlieb, Miss Prideaux, and Miss Tomlinson.

Station Hospitals in India.

WE understand that the new station hospital system will be shortly introduced into all the Indian military establishments. A considerable saving will be thus effected in *personnel*, instruments, &c., with increased efficiency. Dr. Crawford, Surgeon-General H. M. Forces, and principal medical officer to the Government of India, has just completed his annual tour of inspection, and is now back again in Simla.

The Medical Services.

ACCORDING to the published lists of surgeons on probation at Netley for the Army and Indian Medical Services respectively, the highest number of "marks" obtained by candidates for the former was 2,320, against 5,210 for the latter; the lowest, 1,345, against 2,990 for the Indian. That is, the probationer for the Indian service whose qualifications may be supposed to be represented by the minimum number of "marks" was in that respect 670 ahead of the maximum awarded to the probationer whose name heads the list for the British service.

If this comparison represents the estimation in which these services are severally held by young medical men, the conclusion to be drawn therefrom is that, on the one hand the disadvantages of an Indian career, as pointed out by certain recent representations, are certainly not of a nature to deter men of very high qualifications from seeking to adopt it; on the other hand, all the high expectations as regards the medical service of the British army which have been raised by recent Warrants has so far resulted in attracting to its ranks candidates whose qualifications are represented by the figures already given. Among the whole number there is shown to be a sliding scale, from 5,210 downwards to 1,345—the range thus shown, equal to 3,865 degrees of excellence—in other terms, 1,543 greater than the highest number awarded to the candidate who heads the list of those for the British Medical Service. Among the names of successful candidates for the Indian Service are several which have an Oriental ring about them.

THE twenty-fifth anniversary of Dr. Rudolf Virchow's appointment as Professor in the University of Berlin is to be celebrated on October 13th.

The Army Hospital Corps.

THE designation of officers of the Army Hospital Corps has been changed. Formerly they were known as apothecaries and purveyors, more recently as captains and lieutenants of orderlies and now they are transformed into quartermasters. Although they don't like the change of title, they express no urgent desire to revert to their old original designations; they cling, however, to the more military titles—not indeed with the affix as until very recently borne, but with the prefix "Honorary,"—which prefix admits of being easily and conveniently dropped when occasion requires, as doubtless would often happen. If it be intended that the particular titles borne by officers shall in some degree indicate the nature of those officers' duties, surely the titles now sought are less appropriate than either of the two first stated in this note. And, if the officers charged with the care of hospital stores, the clothing and payment of orderlies, are really to be dubbed captains, &c., surely medical officers who are now charged with the command and discipline of those men ought also, and will doubtless, claim to have similarly military titles. We do not suppose that their status is likely to be advanced in consequence; but, nevertheless, the possibility of such a change begins to loom in the distance.

Awards to Public Vaccinators.

In the House of Commons last week, Mr. Dodson, replying to Mr. Burt, said that the principle on which awards were given to public vaccinators was that an inspector of the Local Government Board should be satisfied by a careful personal examination of a considerable number of children, that the results of vaccination were up to the prescribed standard of merit; that was to say, that scars should cover a certain area and be well marked. Further, the inspector was required to see that the public vaccinator had been punctual in his attendance at the vaccination station, and that the cases had been duly certified and registered; and if these conditions had not been complied with the rewards were withheld. Notwithstanding anything that Mr. Burt may say, the system of awards has worked admirably, and the expenditure thereupon has been more than repaid to the public by the increased efficiency of vaccination. It is difficult to understand, however, why Ireland should be denied the benefit of arrangements which have worked so effectually elsewhere. In that division of the kingdom there is no inspection of vaccination nor any rewards for effective performance of the operation. The vaccinator is paid a given fee per head for his cases, and, of course, the tendency must be for unsystematic practitioners to content themselves with making a scar of some sort, it being of no immediate interest to them whether or not the patient is effectually protected against small-pox.

Indian Native Army Hospital Corps.

MEDICAL officers in charge of the various hospitals have received orders to take steps immediately to attest qualified men for the above corps, and to weed out ineffectives from their present hospital establishments—a reform long since needed in our great tropical dependency.

"Neglect of Medical Registration."

THE frequency of the complaints made to us of the erasure of names from the "Medical Register" makes it desirable that we should remind those who complain that in most cases the fault is purely their own, and they deserve no sympathy. By the 14th Section of the Medical Act they are liable to have their names erased from the "Register" if they fail to answer the Registrar's inquiries, in regard to their addresses. It is clearly made known to them that they should be careful to answer such inquiries; and that all that is required of them is to state in the Form whether the printed address (cut out of the "Register," and pasted thereon) is correct, or if not, to correct it. Although it is difficult to conceive that anybody would, by the neglect of so easy a duty as this, incur the liability thereby entailed on him, yet it is to be feared that some of our readers have neglected it, so that, unless they communicate with the Registrar they may, in the next edition of the "Register," fail to find their names.

New Batch of Brigade Surgeons.

THE Gazette of the Military Department, Government of India, dated Simla, 17th June, announces the promotion of twenty-four surgeons-major of the Indian Medical Department to the rank of brigade-surgeon, their commissions ante-dated to the 27th November, 1879. The greater number of these officers are under twenty-five years' service, viz., Surgeons-major Dale, Simpson, Hutchinson, Pitchall, Currie, Singer, Sutherland, Eteson, Watson, Cowie, Palmer, Lock, Rouse, Jackson, Garden, Walker, Watson, Matthew, Fairweather, Pickton, Bird, Martin.

A GENTLEMAN has offered to give £1,000 towards the establishment of Convalescent Homes for Scarlet Fever Patients, near London, provided nine others will each contribute a like amount this year.

THE *Charity Record* computes that including hospitals of every kind and workhouse infirmaries, but excluding lunatic asylums, there are, in the metropolis, about 30,000 beds available for diseases and accidents, and 1,474 permanent beds for infectious fevers.

THE cities which have at present the highest death-rate are St. Petersburg, Berlin, Breslau, Naples, Baltimore and Alexandria, all of which show, what in this country would be considered an extreme epidemic rate, a mortality of from 40 to 60 per 1,000 of their populations.

FROM diseases of the zymotic class measles showed the largest proportional fatality in Liverpool and Sheffield; scarlet fever in Hull, Nottingham, and Leicester; and whooping-cough in Birmingham. The fatal cases of diarrhoea, which had increased from 73 to 652 in the five preceding weeks, further rose to 795 last week; the death rate from this disease last week ranged from 0.7 in Plymouth and Wolverhampton, to 6.7 in London and Hull, 8.6 in Nottingham, 9.4 in Leeds, and 15.3 in Leicester. Small-pox caused 44 more deaths in London and its

outer ring of suburban districts, 3 in Liverpool, one in Glasgow, and one in Brighton; no fatal case of this disease was recorded in any of the other towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

PURE WINES.—It unfortunately amounts to a truism that generally speaking there is no article of commerce to a greater extent subjected to adulteration than wine. This arises, doubtless, from various causes, prominent among which must be recognized the large consumption of wine, and the desire on the part of so many to obtain the bouquets of high-class wine at a small and often inadequate price. This is certainly unfortunate for the physician, for apart from his proper *armamentarius medica*, to no other article has he more prompt recourse in cases of exhaustion and debility from various causes than to what he believes erroneously to be the genuine juice of the grape. We fail to see why any other taste than that of the genuine wine should be encouraged or administered to; while we are perfectly persuaded that instead of being productive of benefit, dyspepsia and other gastric and liver derangements result frequently from the employment of too highly fortified and sweetened wines. The physiological value of the vegetable acids to the human system in giving an impetus to oxygenation and consequent metamorphosis of tissue is too well known to every educated physician to be dilated upon. All wholesome wine ought to contain these acids in their natural state. The process of "fortification" and "plastering" to which so many wines are subjected precipitates the natural tartrates, and thus detracts from their value as medicinal agents. Certain Greek wines, which have recently been brought under our notice by Messrs. Denman, of Piccadilly, London, present the commendable feature of being pure, of not having been so treated, and of thus being valuable to the extent of their purity. In addition to this their bouquet is peculiarly agreeable, particularly that of St. Elie, Santorin and Kephisia; and we have no hesitation in saying that the medical profession is under a debt of gratitude to Messrs. Denman, which a more extensive knowledge of these wines will cause to be duly appreciated.

GLASGOW ROYAL INFIRMARY APPOINTMENTS.—The uncertainty which prevails in the profession regarding the frequently recurring announcements as to vacancies at this valuable institution is bearing manifest fruit. For the past two months an advertisement inviting candidates for numerous offices at the infirmary appeared in the daily and medical papers. It was fairly enough contended in the profession that if there are no vacancies candidates should not be invited to apply; should not be put to the trouble and expense of instituting a canvass. In harmony with this view we understand that application for the office of physician to the house and that of lecturer on medicine was formally made by one candidate. There were no applicants for the numerous vacancies, and the candidature in question was not prosecuted on the representation being made that the advertisement was purely formal, and that the occupants of all the offices were sure to be re-elected—in short, that there was no vacancy. At the eleventh hour, the day before the election, Dr. Wallace Anderson is prosecuting a canvass, with the information, then only made public, that Dr. Wood

Smith intended resigning. Several of the directors went to the meeting quite unaware of this being the fact, and were considerably surprised when the announcement was made. The directors seem to have been paid in their own coin. They invited applications from the profession when they believed there was no vacancy, and a vacancy turns up wholly unexpected by them with but one candidate seriously an applicant. This course seems manifestly unjust to the directors, who, by the conduct of Dr. Wood Smith, were precluded from selecting from any number the most suitable candidate for the position; and it is equally unfair to the profession to be thus taken unawares. This is really a pretty *coup d'état*. The directors are building a magnificent medical school, and we sincerely trust that they will not have cause to regret having acted as they have done.

EDINBURGH UNIVERSITY PRIZES AND DEGREES.—Last week the capping ceremony took place under the presidency of the Lord Justice-General, Chancellor of the University, when the annual distribution of prizes were awarded to the successful candidates. The Ettes prize fell to Barclay Josiah Barron; the Blaney prize to David Hepburn; the Goodsir prize to Dr. Matthew Hay; the Wightman prize to Francis William Grant; and the Forensic prize to Robert L. Orr. Degrees were conferred in the following classes:—Doctors of Medicine, 35; Bachelor in Medicine and Masters in Surgery, 126; Bachelors in Medicine 8; Masters in Surgery, 1. Professor Annandale afterwards delivered an address on "Quackery."

EDINBURGH EXTRA-MURAL SCHOOL.—At a late meeting of the lecturers of the Extra-Mural School, Edinburgh, Dr. Alexander Miller was selected as the orator of the School to deliver the Introductory Address next October.

THE COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH—DOUBLE QUALIFICATION EXAMINATIONS.—At the recent examinations for the final the numbers daily rejected are alarming. On one day only three out of twelve passed; on another, six out of twelve failed; and the other days do not show a better per-centage of success. The colleges are determined to deal sharply with the "chronics," and many who have come to hold the Edinburgh Colleges in little estimation have learnt a lesson they will not soon forget. We are able to state that the questions put to the candidates were, as a rule, fair and searching.

PROBABLE HONOURS TO THE MEDICAL PROFESSION IN EDINBURGH.—There is considerable speculation here as to the honours which Her Majesty may confer on the members of the medical profession during her visit to Edinburgh this month. Some suggest Mr. Spence, Surgeon to Her Majesty in Scotland and Professor of Surgery in the University; others Professor MacLagan. Several other names are mentioned, but these are evidently the playthings of idle gossip. With regard to Professor Spence, any honour conferred by her Majesty would be gratefully acknowledged by the profession. Medicine has been so honoured in the person of Sir Robert Christison, and it would be only fitting that the claims of surgery should be acknowledged in the person of the foremost surgeon in Scotland. It would be an honour also to the University, the tercentenary of which we are preparing to celebrate next year. The claims of Professor MacLagan to any special mark of her Majesty's favour are not easy to understand. Professor MacLagan is an upright and honest gentleman, but he does not hold that prominent position in the medical profession occupied by Professor Spence.

Literature.

ST. GEORGE'S HOSPITAL REPORTS. (a)

THIS volume of reports is one on the publication of which we may offer our hearty congratulations to the staff of the hospital, and especially to the editors, Dr. Thomas T. Whipham and Mr. Pick. It has rarely been our lot to examine a series of hospital reports so important and instructive, or one that gave so much clear evidence of thoroughly good work done. Did our space permit of it, we would gladly endeavour to give a summary of the various reports of the several departments of the hospital. As a proof of the full and exhaustive nature of these departmental reports, if they may be so termed, we may mention that they occupy 471 pages of the volume. If we were to single out any one of these reports for special commendation, it would be, we think, that of the surgical registrar, Mr. W. H. Bennett.

The original communications, which are ten in number, fully sustain the high reputation of St. George's Hospital. They commence by an obituary memoir of the late Mr. Thomas Tatum, who, for twenty-eight years, was surgeon to the hospital, and "whose memory will ever be treasured by St. George's Hospital as that of a warm-hearted friend, an earnest teacher, and an eminent surgeon." Though not a voluminous writer, what he did contribute, justly remarks his biographer, "was, like the man, sterling, and as tried gold. His article on Injuries and Diseases of Muscles in Holmes' System of Surgery is a clear and forcible exposition of all that was known at that time of a class of injuries and diseases which had attracted little attention, but to which he had devoted much study." He was a brilliant operator, and a fluent and impressive lecturer.

Mr. Holmes contributes a valuable clinical record of great practical interest. The first is a case of ilio-femoral aneurism, which was, in the first instance, treated by compression applied to the common iliac artery. This failing, and during the progress of gangrene of the leg and foot, the iliac artery was tied with an animal ligature (Mr. Barwell's.) In consequence of the gangrene, amputation had to be performed, first of the leg, and subsequently of the thigh. Double pleurisy then set in, and also thrombosis of the other leg, but, notwithstanding, the patient ultimately recovered.

The chief points which Mr. Holmes directs attention to in this remarkable case, are: "1. The rapid growth of the aneurism; 2, the failure of compression, although well borne by the patient, and unusually efficient; 3, the consequent occurrence of gangrene, and the threatened rupture of the aneurismal tumour; 4, the Hunterian operation on the artery, and the kind of ligature employed; 5, the long-deferred amputation; and 6, the various perils from which the patient ultimately came out safe." In the deligation of the iliac artery, the particular form of animal ligature, recommended by Mr. Barwell, was made use of, and although fears were entertained by Mr. Holmes that the fluids in the wounds would soon soften, and relax the knot, experience proved that the fear was vain. It is of importance to learn from so high an authority as Mr. Holmes, that "nothing could have answered better than this ligature," and gives "much encouragement for the use of the same or similar substances in future."

The second case recorded by Mr. Holmes, is one of an old fracture of the patella, which was reunited with wire sutures under antiseptic treatment. Very alarming constitutional symptoms supervened after the operation, notwithstanding the careful antiseptic precautions adopted, nor did success attend the attempt to keep the wound aseptic. The patient ultimately recovered, the knee being "completely stiff," and a "good deal of thickening about all the bones which formed it, especially the tibia." The progress of this case, after operation, was such as to make Mr. Holmes come to the conclusion that "the operation is not so safe as the occurrence of a few successful cases has led its advocates to declare." We think there are few surgeons of practical experience that will not endorse this opinion, having regard especially to the fact that patients who have sustained this fracture, and in whose cases there has been a wide separa-

tion of the fragments, obtain subsequently excellent use of the limb, and which is not, as a rule, "completely stiff."

The third case is also one of much clinical interest. It is one in which a sub-periosteal resection of the tibia in which the ankle-joint was also implicated, was successfully performed. The portion of bone removed measured 8 inches. It was in a crumbly softened condition at its lower end, "and, from this point, inflammation extended into the medullary cavity, which was occupied in its entire length by inflammatory products." The result of the case was very gratifying; "the knee-joint was sound. He could bear some weight on the limb, and walk without pain. His health was good." The two most noteworthy features of interest in the case are 1, that the whole diaphysis was not removed, a section of the bone having been made below its upper epiphysis; and 2, that the abscess had made its way into the ankle-joint before the operation.

The surgical value of sub-periosteal resection is, in our opinion, much more evident in cases such as the above, than in those where the procedure is adopted in cases of caries of any of the articulations. In truth, the favourable anticipations that were entertained of sub periosteal resection of joints, held originally by Langenbeck, Ollier, and their pupils have not, in our experience, been realized. The case is different where the diaphyses of bones entirely, or a part, have to be excised.

In a clinical lecture on the treatment of wounds, Mr. T. Pickering. Pick gives an interesting and exhaustive account of the various changes and improvements that have taken place in this department of surgery during the last twenty-five years. We quite agree with the author in thinking the introduction of metallic sutures to have been a "grand step" in the onward progress of surgery, but we notice with regret that the name of our distinguished American confrère, Marion Sims is not mentioned in connection with this important advance. In the author's estimate of torsion, we cannot at all agree. It is quite contrary to our experience to observe that the twisted end of the vessel "becomes, in itself, a foreign body, and constitutes a formidable source of irritation." We feel confident, however, a surgeon of Mr. Pick's ability will, on obtaining a larger experience of torsion, modify his views on the value of this mode of securing arteries.

In a very admirable and exhaustive essay, Mr. Edward Stirling draws attention to the occasional occurrence of certain eruptions of the skin which occur after recent operations and wounds. He points out, we think, that these eruptions are of a two-fold character, and fairly establishes the following points:—"1. That in a large proportion of cases the eruption in question is that of scarlatina. 2. That it occurs so frequently as the immediate sequel of an operation or injury, as to warrant the assertion that it is in some way, connected with the presence or infliction of the wound. 3. That the disease when it occurs under these circumstances, often departs from the normal type of scarlet fever. 4. That simple non-infectious rashes may, in like manner, occur in the traumatic state, and that the cause of these also must be referred to the existence of the wound or injury."

The occurrence of either scarlatina or scarlatina-like eruptions after surgical operations do not, however, as a rule, occur with at all the same frequency that Mr. Stirling would have us believe. He observes that in a period of about twenty years at Great Ormond Street Hospital, the number of cases of scarlet fever intercurrent in surgical cases was 168, and "out of these 31 were cases of operation." He observes, also, that he is "convinced that this is nothing like a true ratio, and that the number of cases occurring after operations should be increased." We are bound to say this does not tally with our experience. In one of sixteen years' duration in a purely surgical hospital, we cannot recall to recollection a single instance of scarlatina occurring as an immediate sequence to the performance of a surgical operation. The comparative frequency with which it occurs after operation in Ormond Street Hospital, is eminently suggestive of a defective sanitary condition in that Institution.

It is interesting to learn the scarlet fever which Mr. Stirling has so frequently observed following wounds, "undergoes certain deviations from the normal type of this disease." Among these may be mentioned the shorter duration of the premonitory fever, and the frequent absence of sore throat. The affection appears to be more frequently

(a) "St. George's Hospital Reports." Edited by Thomas T. Whipham, M.B., F.R.C.P., and Thomas Pickering Pick, F.R.C.S. Vol. X. 1879.

connected with the minor, rather than the surgical operations. Other cases of eruptive diseases, such as urticaria, erythema, and herpes, are also given, which are believed to depend on disturbed vaso-motor action, the result of reflex nervous irritation. Mr. Stirling's paper is undoubtedly of great clinical interest and importance.

Mr. John H. Morgan contributes a very valuable paper on some minor points to be attended to in the diagnosis of the early stages of hip-joint disease. The lameness is due to a two-fold cause, partly to "an effort to avoid the pain which follows any jarring of the injured surfaces of the joint, and compression of the inflamed synovial membrane," and also to a certain amount of shortening, which follows from involuntary muscular contraction, and causes flexion of the knee and hip. The lameness and peculiarity of progression is distinguished from that observed in other abnormal conditions, such as partial paralysis, locomotor ataxy, and congenital laxation, one of the chief differences being that in these latter conditions the lameness is constant, whereas in hip-joint disease, in its early stage, it is hardly perceptible after rest. The various phenomena connected with the disease, and which are associated with reflex nerve influence, are fully discussed. These are the pain referred to in the knee through the medium of the obturator, the locking of the joint due, in the first instance, to muscular action, resulting from nerve irritation, "the vital ankylosis," as the late Prof. E. Adams used to term it. At a later stage, the condition resulting from arm irritation is replaced by a permanent stiffness, resulting from a deposit of interstitial connective tissue, which "knits together the tendons, the muscles, and the parts immediately surrounding the joint."

Another condition, connected with the effects of reflex action, is also discussed, and that is, the altered oblique position of the pelvis, which causes the ilium of the affected side to be raised to a higher level than that of the opposite. This is, doubtless, due not only to voluntary muscular action, but also, according to Mr. Morgau, to a constant muscular contraction in obedience to reflex nerve irritation of the muscles, which raise the ilium.

Wasting of the limb, which is, as a rule, so constantly present, even at an early period of the affection, is, according to Sir J. Paget, far in excess of that which would result from disease of the muscles alone; and to this the name of "reflex atrophy," which seems dependent on disordered nervous influence, and often appears proportionate to the coincident pain, as if it were due to the disturbance of some nerve centre, irritated by the painful state of sensitive nerve fibres. (Clin. lect.) Many interesting cases, illustrative of the truth of this, are given.

Mr. Wyndham Cottle contributes a thoroughly practical and interesting communication on "Herpes Gestationis," the affection described by Mr. Erasmus Wilson under the name of "Herpes Circinatus Bullosus." The records of the cases that have been noted by various dermatologists—Hebra, Hardy, and others—induces the author to consider herpes gestationis as a neurosis depending upon uterine irritation. He divides the cases into two classes—(1) those in which the eruption declared itself within a few days of delivery only, while the period of gestation had been comparatively free; and (2) those in which the rash had appeared early in the pregnancy, and had persisted till after parturition. The disease is characterised, according to Mr. Cottle, by its occurring only in connection with pregnancy; that it commences usually as an erythema, which vesicates at the height of the eruption; that it is accompanied by intense itching and distress; follows the course of no bones; generally commences on the arms; is followed by more or less staining of the skin, and generally recurs with each succeeding pregnancy. From the recorded examples of this disease, and from the one which he has himself detailed, Mr. Cottle is disposed to think the affection should be "regarded as a vesicating erythema, rather than that it should be grouped with the herpetic or bullosus classes." He proposes, and we think with sufficient reason, to designate the affection "Erythema gestationis."

There are other valuable communications in this volume, which, did space permit, we would gladly refer to more particularly. Among these may be mentioned Mr. Gaskoin's paper on "Ichthyosis," on "Tubercular Meningitis," by Mr. Howard Barrett, and on "Trismus Infarctum," by Mr. William Bruerton. These papers possess much merit, and will well repay perusal.

We cannot say more of this volume of "Hospital Reports" than express our strong opinion that it is in every way worthy of the noble institution from which it has issued.

Correspondence.

CALF LYMPH.

AU REDACTEUR DE LA MEDICAL PRESS AND CIRCULAR.

MONSIEUR.—L'argumentation serrée et correcte de M. W. C. Collins (*voy Medical Press and Circular* de Juillet 27th) rend si difficile le rôle de la réplique, qu'il me sera impossible de la faire complète. Il soulève, en effet, après avoir écarté les autres propositions au sujet desquelles notre accord semble parfait, la question de savoir si le vaccin animal (calf lymph) préserve de la petite vérole, et nous demande de le prouver. Jenner s'était prononcé dans l'autre sens, vraisemblablement, mais sans le dire explicitement, après avoir procuré la variole à des sujets ainsi vaccinés, et M. Collins nous demande si, à ces faits positifs, nous en avons à opposer d'autres que de négatifs.

Nous devons convenir que non. Jenner vivait à une époque où l'on pouvait faire *in anima vili* l'expérience de la variolation; aujourd'hui l'on ne le peut plus. Notre seul moyen de contrôle direct consiste à revacciner les sujets déjà imprégnés un première fois et à constater le résultat de ces revaccinations. A cet égard, notre conviction est faite, et elle se fonde bien, dans ces limites, sur des faits positifs.

Mais il ne nous est pas permis d'assimiler une vaccination à l'essai livré à l'espèce humaine par la variole, surtout quand elle existe à l'état épidémique. L'expérience n'est donc pas complète, et nous le reconnaissons avec la plus entière franchise.

Et c'est pour cela que nous appelons l'enquête sur ce point si important. J'ai terminé ma note du 21 Juin 1881 par ces mots: "Depuis seize ans que la plupart des vaccinations et des revaccinations se font, en Belgique, par notre vaccin, pas un seul des sujets ainsi imprégnés ne nous a été signalé comme ayant été atteint de la variole." Qu'on nous comprenne bien, nous n'avons pu vouloir parler et n'avons parlé qu'au sujet des sujets ayant été vaccinés ou revaccinés plus ou moins récemment avec succès.

Et nous avons fait à cet égard la sollicitation que voici à l'Académie royale de médecine de Belgique, dans la séance du 30 Mars 1879: "J'ai dit précédemment qu'aucun cas semblable ne m'avait été signalé. Je le répète, et jusqu'ici aucun des nombreux médecins que j'ai interrogés à ce sujet ne m'a contredit. N'y en a-t-il pas eu? Cela me semble impossible. Quoi qu'il en soit, je fais appel à M.M. les médecins des hôpitaux et de l'assistance publique pour éclaircir ce fait qui, à raison des déductions auxquelles il conduit, demande à être sévèrement vérifié."

Cet appel est resté et demeure encore sans réponse. Ce n'est là, c'est bien vrai, qu'un fait négatif, mais qui donc voudrait en méconnaître la haute signification?

Les choses en sont là. Aujourd'hui, M. Collins signale, au courant de la plume, "two cases in which fatal small-pox followed vaccination with calf lymph." Le cas est grave, mais il vaudra nous permettre d'attendre, avant d'y attacher quel qu'importance, la relation complète de ces deux cas malheureux. Cette relation devra établir:

1. Que les sujets n'étaient pas déjà en puissance de variole quand la vaccination a été pratiquée.
2. Que celle-ci était de date récente et avait été suivie d'un succès incontestable.

Et quand cela aura été bien établi, on aura simplement acquis la preuve que la vaccination animale est passible de défaillances comme la vaccination humaine. Ce sera un fleuron de moins à sa couronne, pas autre chose.

M. Collins, après avoir rappelé travaux, de M. Creighton, tendant à établir que la tuberculose, bovine peut se transmettre à l'homme par l'usage du lait du vache, fait observer avec beaucoup de raison que la possibilité de transmettre cette diathèse par le moyen de la lymphé inflammatoire d'une vesicule vaccinale n'en reste par moins à démontrer.

Rien n'est plus juste. Il faut noter, en effet, que les transmissions directes de la tuberculose—autre que l'immense majorité d'entre elles sont sujettes à caution—ont été

obtenues par l'inoculation de la matière tuberculeuse seule. A notre connaissance, on n'a jamais, n'importe où, parlé de la transmission obtenue à l'aide du sérum d'un animal tuberculeux. Il faudrait donc se rejeter sur l'inoculabilité de la tuberculeuse constitutionnelle. Or, il n'existe absolument aucun fait—nous disons aucun—ni aucune preuve à l'appui d'une transmission de cette nature.

M. Collins termine en demandant qu'en Angleterre, où la loi concernant la vaccination est si rigoureuse, la matière employée soit pure dans sa source, inoffensive et préservatrice. Le vaccin de veau répond à ces trois conditions, et si, au point de vue de la durée de la préservation, il pouvait rester du doute, l'expérience belge dès à présent acquise nous paraît de nature à le réduire à de bien faibles proportions.

DOCTEUR WARLDMONT.

Bruxelles, 28 Juillet 1881.

THE ORIGIN OF VACCINIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

18.—There are so many assertions made about the origin of vaccinia that I am convinced that most of your readers have not seen (as it is a rare work) Mr. R. Coely's "Observations on the Variolæ Vaccinæ," which was published at Worcester in 1840. From notes which I took, when I last had the advantage of conversing with that lamented gentleman at Cambridge, in the autumn of last year, 1880, and from the work above mentioned, I am able to solve some of the points alluded to by your correspondent of July 27.

1. Vaccination of the cow with humanised lymph was often practised by Mr. Coely (p. 70) with perfect success. "Sometimes every puncture succeeded." This is surely a sufficient reply to one of your correspondents, who alleges that it is extremely difficult to get retro-vaccination to succeed.

2. Affinity of cow-pox and small-pox.—Coely noted (p. 94) that cow-pox occurred when variola was prevalent. This had been stated before by Dr. Sunderland (*Med. Gaz.*, Nov. 9, 1831), and has recently been re-stated by Professor Simmonds at the debate on vaccination in 1880. On February 1st, 1839, Coely inoculated three sturks with small-pox virus of the 7th or 8th day, on large points—the teeth of a comb—charged twelve hours previously. The sturks were about ten months old. In the case of the first of these animals, seven punctures were made near the left side of the vulva, and fourteen points inserted. This experiment was not a decisive one. In the second sturk, seven punctures were inoculated near the left side of the vulva with fourteen points. On February 15th this animal was re-inoculated with small-pox on the left side of the vulva. On the third day after this there was nothing remarkable seen; but on the 5th the four upper punctures became enlarged and elevated, and, on the sixth day, all presented the appearance of vaccine vesicles. The third experiment was a failure. No eruption was noticed on the animals as resulting from the inoculation with variola on them.

"The lymph taken from the vesicles in experiment 2 (p. 111) on the different days was used with different degrees of effect; but when successful, produced perfect vaccine vesicles."

3. Effects of the lymph. Mr. Coely quotes (p. 118) from the *Quarterly Journal of Medical Science of Calcutta*, 1837, how that, in one case a vaccine disease from cows in Tilhet had ultimately turned into variola, and his anxiety was increased for a time by the fact that his assistant, Mr. Taylor, had punctured his finger when opening the variolous pustula in the first experiment. On the 5th day a papulo-vesicular eruption appeared at the part, and then papulis on the face, which reached their acme on the 6th day. There were slight vesicles with straw-coloured summit. Mr. Coely calls this modified vaccine, with roseol and vaccine lichen, and most vaccinators have seen many cases of this kind. The lymph taken from the second experiment was inoculated on the arms of four subjects, and these succeeded. Mr. Coely says, "In no adults, except in the case of my assistant, Mr. Taylor, was there any attendant eruption; nor in any child the slightest approach to anything of a varioloid character. Roseola, stropulus, lichen, were the principal eruptions" (p. 138) and, he continues, "The effects of the lymph have been well observed at Cheltenham, where it has been extensively used by Mr. Coles and many other surgeons. It was in use many months at the Small-Pox and Vaccination Hospital in London; and it has been attentively observed at Bristol by Mr. Keim, also at the Cow-Pox Institution of Dublin, and by many private practitioners."

Mr. Coely mentions (p. 140) that Dr. Thiele, of Kasan, in Russia, had been successful in the same way in 1836. He selected milk cows and inoculated the udder with variola (*British and Foreign Medical Review*). Mr. Badoock, late of Brighton (still alive), did the same, and Dr. Greene, of Birmingham, also.

I don't understand how the negative experiments of the Lyons physicians or others can set aside these positive experiments. But I do affirm that it is time that fresh experiments on a large scale were made in this country to set the matter at rest. Until that is done, we shall have continual uncertainty as to how it is that vaccinia preserves from variola, and all sorts of assertions about its origin, which will be merely hypotheses.

I am, sir,

Your obedient servant,
C. R. DEBDALE, M.D.

17 Woburn Place, W.C., London, July 28, 1881.

Medical News.

University of London.—The following candidates have passed the first M.B. Examination:—

FIRST DIVISION.

Black, Robert
Cave, Edward John
Dane, Louis Albert
Gordon, Edward
Gostling, William Ayton, B.Sc.
Grayling, Arthur
Hind, Wheelton
Horrocks, William Henry
Hull, Walter
Jones, John Harvey
Lawrence, Laurie Asher
Martin, Albert

Merrifield, Sydney Sargent
Perez, George Victor
Prideaux, Frances Helen
Reynolds, Ernest Septimus
Roughton, Edmund Wilkinson
Scharlieb, Mary Ann Dacomb
Shore, Thomas William, B.Sc.
Targett, James Henry
Thomson, Theodore
Thorburn, William, B.Sc.
Wilson, Thomas
Womack, Frederick, B.Sc.

SECOND DIVISION.

Bailey, Charles Frederick
Bennett, Frederick William
Black, William Jones
Brown, Arthur Thomas
Brown, William Henry
Caiger, Frederick Foord
Carnaley, Matthew
Champ, John Howard
Cook-y, Edmund Percival
Cuff, Robert
Dudley, William
Evans, William Arnold
Evans, Willmott Henderson, B.Sc.
Fletcher, John
Floyer, William Wadham
Glover, John Philip
Green, Charles David

Hewer, Joseph Langton
Hill, George William
Knight, Frederick
Maugham, James
Meyer, Charles Hartvig Lomo
Milton, Herbert Meyrick Nelson
O'Kane, Michael
Paley, Frederick John
Parry-Jones, Maurice
Powell, John Joseph
Short, Thomas Sydney
Slater, Drues John
Spencer, Herbert Ethelie
Tomlinson, Emily
Turner, Alfred Jeffers
Vann, Alfred Mason
Wemyss, Edwin James, B.A., B.Sc.

SECOND DIVISION—EXCLUDING PHYSIOLOGY.

Grose, Charles
Hart, Herbert Wheatley
Marriner, William Herbert Lister

Shillito, Henry
Tilly, Alfred

FIRST DIVISION—PHYSIOLOGY ONLY.

Dent, Harry Lord Richards

SECOND DIVISION.

Fox, Robert Fortescue
Parry, Robert

Richmond, Charles Ernest

University of Edinburgh.—The following candidates received the Degree of Doctor of Medicine:—

Adam, John, M.A. Edin.
Alexander, Reginald Gervaise, M.A., Cantab.
Clarke, Henry Joy, M.B. and C.M.
Clouston, Charles Stewart, M.B. and C.M.
Coille, David, M.B. and C.M.
Coldstream, Alexander Robert, M.B. and C.M.
Cox, Joshua John, M.B.
Davison, James Thomas Richard, M.B. and C.M.
Deverell, Henry George, M.B. and C.M.
Douglas, Charles Edward, M.B. and C.M.
Gibson, George Alex., B.Sc. Edin.
Hay, Matthew, M.H. and C.M.
Lamb, William, M.B. and C.M.
Lawson, Robert, M.B. and C.M.
Low, Alexander Bruce, M.B. and C.M.
M'Brice, Peter, M.B. and C.M.
Macnaughton, William Alexander, M.A. Edin.
M'Donald, Duncan, B.Sc. Edin.

M'Neill, Roger, M.B. and C.M.
Miller, William Birkmyre, M.B. and C.M.
Moodie, Robert, M.B. and C.M.
Murray, James, M.B. and C.M.
Oram, Arthur M., M.B. and C.M.
Oswald, Henry Robert, M.B. and C.M.
Pountney, William Edward, M.B. and C.M.
Shaw, Oliver Cromwell, M.B. and C.M.
Sanctuary, Thomas, M.B., 1878
Smith, Andrew, M.B.
Thomson, David George, M.B. and C.M.
Trotter, Leslie Batten, M.B. and C.M.
Turner, William, M.B. and C.M.
Williams, William Henry, M.B. and C.M.
Williamson, Robert Lamley, M.B. and C.M.
Wilson, John, M.B. and C.M.
Woodhead, German Sims, M.B. and C.M.

School of Medicine for Women.—A garden party was given at the School of Medicine for Women on Friday afternoon. An excellent band was in attendance. The gardens of the School were very prettily decorated, and a large number of eminent medical men, both British and foreign, were present.

NOTICES TO CORRESPONDENTS.

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

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

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

IRISH MEDICAL DIRECTORY, 1882.—We are asked to announce that all those who have received the annual circular will very much oblige by its *immediate* return whether any corrections be required or not, both to ensure correctness and to save the Editor much unnecessary expense and trouble.

DR. N. K.—It was not sent by us, but we will utilise the matter in an early number.

MR. M. H. J.—Received too late to be of any service.

A NOVEL PLEA.—On July 1st a firm of Calcutta undertakers was proceeded against for debt, and the sole reason pleaded by the attorney for delaying payment was the scarcity of interments. "If," said he, "people did not die faster than they were then doing, how could his clients live?" We were scarcely prepared to hear of such a state of extreme healthiness in Calcutta, but are nevertheless rejoiced if it be so.

QUACKERY.—A correspondent sends us a local paper in which the advertiser, a Mr. G. M. Dorman, offers advice to the public on the ground that "he has fortunately come into the possession of the secret of mixing certain most valuable and powerful medicines." Our opinion is, that a man who attempts to deceive the public thus should be at once prosecuted by his college.

A MEDICAL STUDENTS' CLUB FOR DUBLIN.

To the Editor of the Medical Press and Circular.

DEAR SIR,—Would you be so kind as to permit me, through the medium of your most worthy columns, to give rise to a want that is much felt by medical students, especially in such cities as Dublin.

It is a movement I am sure that will meet and be approved of by every one that is concerned in the welfare of the medical students, and I am confident will be supported by all of them.

We hear every day of clubs and societies being formed for different trades and professions but it has come to this date of the world without having one formed for the benefit of medical students where they might go and spend their leisure hours instead of traversing the streets from end to end and thereby exposing themselves to every temptation.

I am not sufficiently experienced to dwell on this subject, but I hope that a move may meet the eyes of those in whose power it lies to aid such a movement.

Yours, &c.,

A BEGINNER.

[The suggestion of our correspondent is worthy of careful consideration. It is, without doubt, a very unsatisfactory state of things that the student, after his day's work is over, has no resort but either his own uninviting lodgings, or else the streets of the city, the billiard-room, or perhaps the public-house. Those who expect that a student will go home every evening to doze over a book and regale himself with a solitary and comfortless cup of tea, look for too much virtue from the average student, and we assert that a serious responsibility rests upon the system which provides no more rational and respectable enjoyment for the student than his lodgings afford, and which drives him into the streets with all their allurements and dangers. But the remedy which our correspondent suggests is extremely difficult of attainment. A medical student's club would inevitably degenerate and die if it did not fulfil certain requirements: firstly, it must be managed with all the firmness of university discipline, and any ebullition of rowdiness must be at once repressed or visited with expulsion; secondly, it must be absolutely independent of the association or influence of any particular school, grinder, or clique, and perfectly free to all well-conducted students; thirdly, it must be perfectly unsectarian; and fourthly, its management must be thoroughly judicious, neither lax nor over rigid, nor goody-goody. As to the method by which a scheme so desirable might be realised, we suggest that a committee might be constructed by the election of (say) three representative student delegates from each of the five schools, the establishment being managed by a warden, and, to a certain extent, controlled by a governing board made up of one of the responsible teachers from each of the schools. The aspiration may, perhaps, be considered as visionary as Dr. Richardson's "Hygeia," but if leaders amongst the teachers were impressed with the fact that their duty towards the student and the student's guardian included something more than the taking of his money and cramming into him a certain *quantity* of medicine and surgery, we might not be so far from its realisation.—ED.]

PRACTICAL CHRISTIANITY IN THE PROFESSION.—Last week, after the capping ceremony at the University of Edinburgh, Prof. Annandale delivered an instructive address on "Quackery," which he wound up with such a common-sense view of the relations of medicine to religion, that we are happy to endorse and to reproduce it: "Specially in your walk in life," said he, "avoid theological discussions and politics. All of you have, I trust, confidence in some form of Christian religion, and what I would say to you is, support your own form of belief and everything connected with it to the best of your means; sympathise with and aid your own clergyman, and all other clergymen of whatever denomination, for our profession and theirs can do much and good work in common; be at all times tolerant to the religious opinions and feelings of others, and keep in remembrance one great principle of the Christian religion, 'Let brotherly love continue.'"

MY LIVER.

AN American correspondent sends us the following:—

What makes this world so drear and sad?
Why am I never, never glad?
What is it drives me nearly mad?—
My liver!

Why do I moan and sob and sigh,
And wish—ah! wish—that I might die!
Why would I pass from earth? oh! why?
My liver!

What is it on my breath doth seize;
Then comes in form of cough and wheeze;
Then makes me think I've Bright's disease?
My liver!

Whence is this spinning in my head?
Why are my pulses almost dead?
Why doth my stomach feel like lead?
My liver!

What makes me sausage eschew,
And buckwheat-cakes, and mince-pies, too,
And ev'rything that's nice? Boo-hoo?—
My liver!

What is it, day and night intent
On every sort of devilment,
Loth all the ills to me present?—
My liver!

Vacancies.

Beeth Union, Yorks.—Medical Officer for the Winkler District. Salary, £40, with extra fees. Applications to the Clerk to the Guardians before Aug. 17.
Brighton and Hove Dispensary.—Resident House Surgeon. Salary, £140. Applications to the Hon. Sec. by September 5.
Leeds General Infirmary.—House Surgeon. Salary, £100, with board. Applications to Dr. Clifford Albutt, Leeds, by Aug. 18.
Macclesfield Infirmary. Senior House Surgeon. Salary commencing at £100, with board. Applications to the Chairman by Aug. 13.
North Stafford Infirmary, Stoke-on-Trent.—House Surgeon. Salary, £120. House Physician. Salary, £100. Each with board. Applications to the Secretary before August 17.
Sussex County Hospital, Brighton.—House Surgeon. Salary, £20, with board, and fees additional from pupils. Applications to the Secretary before Aug. 24.

Births.

BURROUGHS.—Aug. 1, at St. Etienne, Loire, the wife of Hastings Burroughs, L.E.C.S.I., &c., of a son.
PHIPPS.—Aug. 8, at Clairville, Manchester, the wife of G. C. Phipps, M.D., F.R.C.S.E., of a daughter.
REYNOLDS.—Aug. 8, at 7 Spencer Terrace, Kilmainham, the wife of Surgeon-Major Reynolds, V.C., of a son.

Marriages.

KNOTT—BALCOMBE.—Aug. 4, at St. Peter's Church, Dublin, John Freeman Knott, F.R.C.S.I., of 34 York Street, Dublin, to Philippa Annie, eldest daughter of Lieut.-Colonel Balcombe, of 1 Marine Crescent, Clontarf.

Deaths.

ANDERSON.—July 23, at Mountingent House, near Johnswell, R. H. Anderson, M.D., aged 68.
BURKE.—Aug. 2, at his father's residence, Queenstown, Castle Dalkey, Dr. Burke, aged 31.
BURTON.—Aug. 1, at 48 Rich Terrace, Richmond Road, West Brompton, Thomas Beard Burton, M.R.C.S., aged 38.
COLAHAN.—July 31, at 7 Castle Avenue, Clontarf, Patrick J. Colahan, M.D.
FORSTH.—July 25, William Forstth, L.R.C.P., L.E.C.S., of 113 St. Martin's Lane, Charing Cross, aged 69.
GEORGE.—Aug. 4, at Surbiton, Caroline, widow of Edward George, M.D., late of Sandgate, Kent, aged 78.
HAYMAN.—July 26, at Ramsgate, Philip Charles Hayman, M.R.C.S., formerly of Axminster, Devon.
HENDERSON.—July 20, at Cranfield, Great Malvern, Emily, the wife of Andrew Henderson, M.R.C.S., of Great Malvern.
KELLY.—Aug. 2, at his residence, The Gardens, Peckham Rye, Surgeon-Major J. P. Kelly, Retired List Bengal Army, aged 61.
LAXON.—Aug. 1, at Coventry, Elizabeth, widow of W. Laxon, M.D. M.R.C.P., aged 82.
PERN.—Aug. 2, at Botley, Southampton, Harriette, wife of Alfred Pern, F.R.C.S., aged 33.
WILLIS.—Aug. 4, at Hove, Brighton, Thomas Willis, M.D. Cantab, M.R.C.P. Lond., aged 77.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 17, 1881.

CONTENTS.		SPECIAL.		PAGE		
THE INTERNATIONAL MEDICAL CONGRESS		France	150	Rather too Much	154	
The Connection of the Biological Sciences with Medicine. By Professor Huxley, LL.D., F.R.S., Secretary to the Royal Society, and Vice-President of the Congress		THE MINERAL WATERS OF EUROPE —The Medical Press Analytical Reports on the Principal Bottled Waters. By C. E. Tichborne, LL.D., F.C.S., F.I.C., with Notes on their Therapeutical Uses. By Prosser James, M.D., M.R.C.P. Lond., &c.		156	Oily Cyst of the Mastoid Region	156
The Germ Theory of Disease. By Professor Pasteur .....		.....		156	Quintine Amaurosis	156
145		.....		156	The Use of the Vulcanised India-rubber Bandage	157
ORIGINAL COMMUNICATIONS.		LEADING ARTICLES.		157	Who is Dr. Beard?	157
Anorexia Nervosa. By Thomas Stretch Dowse, M.D., F.R.C.P. Ed., Physician to the Hosp. for Epilepsy and Paralysis 147		SUPERSTITION AND MEDICINE		158	International Medical and Sanitary Exhibition	157
CLINICAL RECORDS.		NOTES ON CURRENT TOPICS.		158	Ayooob Khan's Troops	157
St. Mary's Hospital—Orchitis, with Symptoms of Vesical Calculus—Sounding for Stone, followed by Reflex Paralysis—Cured. Under the care of Mr. Norton 148		Public Medicine at the Meeting of the British Medical Association		153	Poor-law Medical Officers' Association, England and Wales	157
TRANSLATIONS.		College of Surgeons of England		154	The British Medical Association—Visit to the Isle of Wight	158
On Paracostic Thorax by Aspiration in Acute Pleurisy. By Dr. Georges Dieulafoy. Translated by C. A. Owen, M.D. L.R.C.P. Ed., L.R.C.S.I., &c.		Skin Grafts from the Dead Subject		154	Compulsory Notification of Disease	158
149		The Railway Disaster		154	Vivisection	158
		Inspection of University Lodgings		155	Homoeopaths	158
		Pauperism in Ireland		155		
		Promotion in the Army Medical Department		155	SCOTLAND.	
		Hill Stations in India		155	Registrar-General's Returns	159
		The Trésés Fly		156	Health of Leith	159
		Hygiene of Light in Schools		156	Health of Edinburgh	159
		Government Expenditure on the Irish Poor-law Service		156	Anti-Vivisection Meeting in Edinburgh ..	159
					The Aberdeen Milk Epidemic	159
					Royal Colleges of Physicians and Surgeons, Edinburgh	160
					NOTICES TO CORRESPONDENTS	160

The International Medical Congress.

THE CONNECTION OF THE BIOLOGICAL SCIENCES WITH MEDICINE. (a)

By Professor HUXLEY, LL.D., F.R.S., Secretary to the Royal Society, and Vice-President of the Congress.

THE great body of theoretical and practical knowledge which has been accumulated by the labours of some eighty generations, since the dawn of scientific thought in Europe, has no collective English name to which an objection may not be raised; and I use the term "medicine" as that which is least likely to be misunderstood; though, as every one knows, the name is commonly applied, in a narrower sense, to one of the chief divisions of the totality of medical science.

Taken in this broad sense, "medicine" not merely denotes a kind of knowledge, but it comprehends the various applications of that knowledge to the alleviation of the sufferings, the repair of the injuries, and the conservation of the health of living beings. In fact, the practical aspect of medicine so far dominates over every other that the "healing art" is one of its most widely received synonyms. It is so difficult to think of medicine otherwise than as something which is necessarily connected with curative treatment, that we are apt to forget that there must be, and is, such a thing as a pure science of medicine—a "pathology" which has no more necessary subservience to practical ends than has zoology or botany.

The logical connection between this purely scientific doctrine of disease, or pathology, and ordinary biology is easily traced. Living matter is characterised by its innate tendency to exhibit a definite series of the morphological and physiological phenomena which constitute organisation and life. Given a certain range of condition, and these phenomena remain the same, within narrow limits, for each kind of living thing. They furnish the normal and typical characters of the species; and, as such, they are the subject-matter of ordinary biology.

(a) The closing Address of the International Medical Congress, delivered in St. James's Hall, Tuesday, August 9th.

Outside the range of these conditions, the normal course of the cycle of vital phenomena is disturbed, abnormal structure makes its appearance, or the proper character and mutual adjustment of the functions cease to be preserved. The extent and the importance of these deviations from the typical life may vary indefinitely. They may have no noticeable influence on the general well-being of the economy, or they may favour it. On the other hand, they may be of such a nature as to impede the activities of the organism, or even to involve its destruction.

In the first case, these perturbations are arranged under the wide and somewhat vague category of "variations;" in the second, they are called lesions, states of poisoning, or diseases; and, as morbid states, they lie within the province of pathology. No sharp line of demarcation can be drawn between the two classes of phenomena. No one can say where anatomical variations end and tumours begin, nor where modification of function, which may at first promote health, passes into disease. All that can be said is, that whatever change of structure or function is hurtful belongs to pathology. Hence it is obvious that pathology is a branch of biology; it is the morphology, the physiology, the distribution, the stiology of abnormal life.

However obvious this conclusion may be now, it was no-wise apparent in the infancy of medicine. For it is a peculiarity of the physical sciences, that they are independent in proportion as they are imperfect; and it is only as they advance that the bonds which really unite them all become apparent. Astronomy had no manifest connection with terrestrial physics before the publication of the "Principia;" that of chemistry with physics is of still more modern revelation; that of physics and chemistry with physiology has been stoutly denied within the recollection of most of us, and perhaps still may be.

Or, to take a case which affords a closer parallel with that of medicine. Agriculture has been cultivated from the earliest times; and, from a remote antiquity, men have attained considerable practical skill in the cultivation of the useful plants, and have empirically established many scientific truths concerning the conditions under which they flourish. But it is within the memory of many of us that chemistry, on the one hand, and vegetable physiology on the other, attained a stage of development such that they were able to furnish a sound basis for scientific agriculture. Similarly, medicine took its rise in the practical needs of

mankind. At first, studied without reference to any other branch of knowledge, it long maintained—indeed, still to some extent maintains—that independence. Historically, its connection with the biological sciences has been slowly established, and the full extent and intimacy of that connection are only now beginning to be apparent. I trust I have not been mistaken in supposing that an attempt to give a brief sketch of the steps by which a philosophical necessity has become an historical reality may not be devoid of interest, possibly of instruction, to the members of this great Congress, profoundly interested as all are in the scientific development of medicine.

The history of medicine is more complete and fuller than that of any other science, except, perhaps, astronomy; and if we follow back the long record as far as clear evidence lights us, we find ourselves taken to the early stages of the civilisation of Greece. The oldest hospitals were the temples of *Æsculapius*; to these *Asclepeia*, always erected on healthy sites, hard by fresh springs, and surrounded by shady groves, the sick and the maimed resorted to seek the aid of the god of health. Votive tablets or inscriptions recorded the symptoms, no less than the gratitude, of those who were healed; and from these primitive clinical records the half priestly, half philosophic caste of the *Asclepiads* compiled the data upon which the earliest generalisations of medicine as an inductive science were based.

In this state pathology, like all the inductive sciences at their origin, was merely natural history; it registered the phenomena of disease, classified them, and ventured upon a prognosis wherever the observation of constant co-existences and sequences suggested a rational expectation of the like recurrence under similar circumstances.

Further than this it hardly went. In fact, in the then state of knowledge, and in the condition of philosophical speculation at that time, neither the causes of the morbid state nor the *rationalis* of treatment were likely to be sought for as we seek for them now. The anger of a god was a sufficient reason for the existence of a malady, and a dream ample warranty for therapeutic measures; that a physical phenomenon must needs have a physical cause was not the implied or expressed axiom that it is to us moderns.

The great man whose name is inseparably connected with the foundation of medicine, Hippocrates, certainly knew very little—indeed, practically nothing—of anatomy or physiology; and he would probably have been perplexed, even to imagine the possibility of a connection between the zoological studies of his contemporary, Democritus, and medicine. Nevertheless, in so far as he, and those who worked before and after him in the same spirit, ascertained, as matters of experience, that a wound or a luxation or a fever presented such and such symptoms, and that the return of the patient to health was facilitated by such and such measures, they established laws of nature, and began the construction of the science of pathology. All true science begins with empiricism—though all true science is such exactly in so far as it strives to pass out of the empirical stage into that of the deduction of empirical from more general truths. Thus, it is not wonderful that the early physicians had little or nothing to do with the development of biological science; and, on the other hand, that the early biologists did not much concern themselves with medicine. There is nothing to show that the *Asclepiads* took any prominent share in the work of founding anatomy, physiology, zoology, and botany. Rather do these seem to have sprung from the early philosophers, who were essentially natural philosophers animated by the characteristically Greek thirst for knowledge as such. Pythagoras, Alcmeon, Democritus, Diogenes (of Appollonia), are all credited with anatomical and physiological investigation; and though Aristotle is said to have belonged to an *Asclepiad* family, and not improbably owed his taste for anatomical and zoological inquiries to the teachings of his father, the physician Nichomachus, the "*Historia Animalium*," and the treatise "*De Partibus Animalium*," are as free from from any allusion to medicine as if they had issued from a modern biological laboratory.

It may be added, that it is not easy to see in what way it could have benefited a physician of Alexander's time to know all that Aristotle knew on these subjects. His human anatomy was too rough to avail much in diagnosis, his physiology was too erroneous to supply data for pathological reasoning. But when the Alexandrian School, with Erasistratus and Herophilus at their head, turned to account

the opportunities of studying human structure, afforded to them by the Ptolemies, the value of the large amount of accurate knowledge thus obtained to the surgeon for his operations, and to the physician for his diagnosis of internal disorders, became obvious, and a connection was established between anatomy and medicine, which has ever become closer and closer. Since the revival of learning, surgery, medical diagnosis, and anatomy have gone hand in hand. Morgagni called his great work, "*De Sedibus et Causis Morborum per Anatomen indagatis*," and not only showed the way to search out the localities and the causes of disease by anatomy, but himself travelled wonderfully far upon the road. Bichat, discriminating the grosser constituents of the organs and parts of the body one from another, pointed out the direction which modern research must take; until, at length, histology, a science of yesterday, as it seems to many of us, has carried the work of Morgagni as far as the microscope can take us, and has extended the realm of pathological anatomy to the limits of the invisible world.

Thanks to the intimate alliance of morphology with medicine, the natural history of disease has, at the present day, attained a high degree of perfection. Accurate regional anatomy has rendered practicable the exploration of the most hidden parts of the organism, and the determination during life of morbid changes in them; anatomical and histological post-mortem investigations have supplied physicians with a clear basis upon which to rest the classification of diseases, and with unerring tests of the accuracy or inaccuracy of their diagnoses.

If men could be satisfied with pure knowledge, the extreme precision with which, in these days, a sufferer may be told what is happening, and what is likely to happen, even in the most recondite parts of his bodily frame, should be as satisfactory to the patient as it is to the scientific pathologist who gives him the information. But I am afraid it is not; and even the practising physician, while nowise underestimating the regulative value of accurate diagnosis, must often lament that so much of his knowledge rather prevents him from doing wrong than helps him to do right.

A scooner of physic once said that nature and disease may be compared to two men fighting, the doctor to a blind man with a club, who strikes into the *milie*, sometimes hitting the disease, and sometimes hitting nature. The matter is not amended if you suppose the blind man's hearing to be so acute that he can register every stage of the struggle, and pretty clearly predict how it will end. He had better not meddle at all until his eyes are opened, until he can see the exact position of the antagonists, and make sure of the effect of his blows. But that which it behoves the physician to see, not indeed with his bodily eye, but with clear intellectual vision, is a process, and the chain of causation involved in that process. Disease, as we have seen, is a perturbation of the normal activities of a living body; and it is, and must remain, unintelligible so long as we are ignorant of the nature of these normal activities. In other words, there could be no real science of pathology until the science of physiology had reached a degree of perfection unattained, and indeed unattainable, until quite recent times.

So far as medicine is concerned, I am not sure that physiology, such as it was down to the time of Harvey, might as well not have existed. Nay, it is perhaps no exaggeration to say that within the memory of living men, justly renowned practitioners of medicine and surgery knew less physiology than is now to be learned from the most elementary textbook; and, beyond a few broad facts, regarded what they did know as of extremely little practical importance. Nor am I disposed to blame them for this conclusion; physiology must be useless, or worse than useless, to pathology, so long as its fundamental conceptions are erroneous.

Harvey is often said to be the founder of modern physiology; and there can be no question that the elucidations of the function of the heart, of the nature of the pulse, and of the course of the blood, put forth in the ever-memorable little essay "*Du Motu Cordis*," directly worked a revolution in men's views of the nature and of the concatenation of some of the most important physiological processes among the higher animals; while, indirectly, their influence was perhaps even more remarkable.

But, though Harvey made his signal and perennially important contribution to the physiology of the moderns, his general conception of vital processes was essentially identical with that of the ancients; and, in the "*Exercitationes de*

Generations," and notably in the singular chapter "De Calido Innato," he shows himself a true son of Galen and of Aristotle.

For Harvey, the blood possesses powers superior to those of the elements; it is the seat of a soul which is not only vegetative, but also sensitive and motor. The blood maintains and fashions all parts of the body, "idque summâ cum providentia et intellectu, in finem certum agens, quasi ratiocinio quodam uteretur."

Here is the doctrine of the "pneuma," the product of the philosophical mould into which the animism of primitive men ran in Greece, in full force. Nor did its strength abate for long after Harvey's time. The same ingrained tendency of the human mind to suppose that a process is explained when it is ascribed to a power of which nothing is known except that it is the hypothetical agent of the process, gave rise in the next century to the animism of Stahl; and, later, to the doctrine of a vital principle, that "asylum ignorantie" of physiologists, which has so easily accounted for everything and explained nothing, down to our own times.

Now, the essence of modern, as contrasted with ancient, physiological science, appears to me to lie in its antagonism to animistic hypotheses and animistic phraseology. It offers physical explanations of vital phenomena, or frankly confesses that it has none to offer. And, so far as I know, the first person who gave expression to this modern view of physiology, who was bold enough to enunciate the proposition that vital phenomena, like all the other phenomena of the physical world, are, in ultimate analysis, resolvable into matter and motion, was René Descartes.

The fifty-four years of life of this most original and powerful thinker are widely overlapped on both sides by the eighty of Harvey, who survived his younger contemporary by seven years, and takes pleasure in acknowledging the French philosopher's appreciation of his great discovery.

In fact, Descartes accepted the doctrine of the circulation as propounded by "Hervæus, medecin d'Angleterre," and gave a full account of it in his first work—the famous "Discours de la Méthode"—which was published in 1637, only nine years after the exertion "De Motu Cordis;" and, though differing from Harvey in some important points (in which, it may be noted in passing, Descartes was wrong and Harvey right), he always speaks of him with great respect. And so important does the subject seem to Descartes, that he returns to it in the "Traité des Passions," and in the "Traité de l'Homme."

It is easy to see that Harvey's work must have had a peculiar significance for the subtle thinker, to whom we owe both the spiritualistic and the materialistic philosophies of modern times. It was in the very year of its publication, 1628, that Descartes withdrew into that life of solitary investigation and meditation of which his philosophy was the fruit. And, as the course of his speculation led him to establish an absolute distinction of nature between the material and the mental worlds, he was logically compelled to seek for the explanation of the phenomena of the material world within itself; and having allotted the realm of thought to the soul, to see nothing but extension and motion in the rest of nature. Descartes uses "thought" as the equivalent of our modern term "consciousness." Thought is the function of the soul, and its only function. Our natural heat, and all the movements of the body, says he, do not depend on the soul. Death does not take place from any fault of the soul, but only because some of the principal parts of the body become corrupted. The body of a living man differs from that of a dead man in the same way as a watch or other automaton (that is to say, a machine which moves of itself), when it is wound up, and has in itself the physical principle of the movements which the mechanism is adapted to perform, differs from the watch, or other machine, when it is broken, and the physical principle of its movement no longer exists. All the actions which are common to us, and the lower animals depend only on the conformation of our organs and the course which the animal spirits take in the brain, the nerves, and the muscles; in the same way as the movement of a watch is produced by nothing but the force of its spring and the figure of its wheels and other parts.

Descartes' treatise on man is a sketch of human physiology in which a bold attempt is made to explain all the phenomena of life, except those of consciousness, by physical reasonings. To a mind turned in this direction, Harvey's exposition of the heart and vessels as a hydraulic mechanism must have been supremely welcome.

Descartes was not a mere philosophical theorist, but a hard-working dissector and experimenter, and he held the strongest opinion respecting the practical value of the new conception which he was introducing. He speaks of the importance of preserving health, and of the dependence of the mind on the body being so close that perhaps the only way of making men wiser and better than they are, is to be sought in medical science. "It is true," says he, "that as medicine is now practised, it contains little that is very useful; but, without any desire to depreciate, I am sure that there is no one, even among professional men, who will not declare that all we know is very little as compared with that which remains to be known; and that we might escape an infinity of diseases of the mind, no less than of the body, and even, perhaps, from the weakness of old age, if we had a sufficient knowledge of their causes, and of all the remedies with which nature has provided us." (a) So strongly impressed was Descartes with this, that he resolved to spend the rest of his life in trying to acquire such a knowledge of nature as would lead to the construction of a better medical doctrine. (b) The anti-Cartesians found material for cheap ridicule in these aspirations of the philosopher; and it is almost needless to say that, in the thirteen years which elapsed between the publication of the "Discours" and the death of Descartes, he did not contribute much to their realisation. But, for the next century, all progress in physiology took place along the lines which Descartes laid down.

The greatest physiological and pathological work of the seventeenth century—Boerll's treatise "De Motu Animalium"—is, to all intents and purposes, a development of Descartes' fundamental conception; and the same may be said of the physiology and pathology of Boerhaave, whose authority dominated in the medical world of the first half of the eighteenth century.

With the origin of modern chemistry, and of electrical science, in the latter half of the eighteenth century, aids in the analysis of the phenomena of life, of which Descartes could not have dreamed, were offered to the physiologist. And the greater part of the gigantic progress which has been made in the present century is a justification of the prevision of Descartes. For it consists, essentially, in a more and more complete resolution of the grosser organs of the living body into physico-chemical mechanisms.

"I shall try to explain our whole bodily machinery in such a way, that it will be more necessary for us to suppose that the soul produces such movements as are not voluntary, that it is to think that there is in a clock a soul which causes it to show the hours." (c) These words of Descartes might be appropriately taken as a motto by the author of any modern treatise on physiology.

But though, as I think, there is no doubt that Descartes was the first to propound the fundamental conception of the living body as a physical mechanism, which is the distinctive feature of modern, as contrasted with ancient physiology, he was misled by the natural temptation to carry out, in all its details, a parallel between the machines with which he was familiar, such as clocks and pieces of hydraulic apparatus, and the living machine. In all such machines there is a central source of power, and the parts of the machine are merely passive distributors of that power. The Cartesian school conceived of the living body as a machine of this kind; and herein they might have learned from Galen, who, whatever ill-use he may have made of the doctrine of "natural faculties," nevertheless had the great merit of perceiving that local forces play a great part in physiology.

The same truth was recognised by Glisson, but it was first prominently brought forward in the Hallerian doctrine of the "vis insita" of muscles. If muscle can contract without nerve, there is an end of the Cartesian mechanical explanation of its contraction by the influx of animal spirits.

The discoveries of Trembley tended in the same direction. In the fresh-water *Hydra* no trace was to be found of that complicated machinery upon which the performance of the functions in the higher animals was supposed to depend. And yet the hydra moved, fed, grew, multiplied, and its fragments exhibited all the powers of the whole. And, finally, the work of Caspar F. Wolff (d), by demonstrating the fact that the growth and development of both plants and animals take

(a) "Discours de la Méthode," 6e partie, ed. Cousin, page 193.

(b) *Ibid.*, pages 193-211.

(c) "De la Formation du Fœtus."

(d) "Theoria Generationis," 1759.

place antecedently to the existence of their grosser organs, and are, in fact, the causes, and not the consequences of organisation (as then understood), sapped the foundations of the Cartesian physiology as a complete expression of the vital phenomena.

For Wolff, the physical basis of life is a fluid, possessed of a "vis essentialis" and a "solidascibilitas," in virtue of which it gives rise to organisation; and, as he points out, this conclusion strikes at the root of the whole istro-mechanical system.

In this country the great authority of John Hunter exerted a similar influence, though it must be admitted that the too sibylline utterances which are the outcome of Hunter's struggles to define his conceptions are often susceptible of more than one interpretation. Nevertheless, on some points Hunter is clear enough. For example, he is of opinion that "Spirit is only a property of matter" ("Introduction to Natural History," page 6), he is prepared to renounce animis (*loc. cit.*, page 8), and his conception of life is so completely physical that he thinks of it as something which can exist in a state of combination in the food. "The aliment we take in has in it, in a fixed state, the real life; and this does not become active until it has got into the lungs, for there it is freed from its prison" (Observations on Physiology," page 113). He also thinks that "It is more in accordance with the general principles of the animal machine to suppose that none of its effects are produced from any mechanical principle whatever, and that every effect is produced from an action in the part—which action is produced by a stimulus upon the part which acts, or upon some other part with which this part sympathises, so as to take up the whole action" (*loc. cit.*, page 162).

And Hunter is as clear as Wolff, with whose work he was probably unacquainted, that "whatever life is, it most certainly does not depend upon structure or organisation" (*loc. cit.* page 114).

Of course it is impossible that Hunter could have intended to deny the existence of purely mechanical operations in the animal body. But while, with Borelli and Boerhaave, he looked upon absorption, nutrition, and secretion as operations effected by means of the small vessels, he differed from the mechanical physiologists, who regarded these operations as the result of the mechanical properties of the small vessels, such as the size, form, and disposition of their canals and apertures. Hunter, on the contrary, considers them to be the effect of properties of these vessels which are not mechanical, but vital. "The vessels," says he, "have more of the polypus in them than any other part of the body," and he talks of the "living and sensitive principles of the arteries," and even of the "dispositions or feelings of the arteries." "When the blood is good and genuine the sensations of the arteries, or the dispositions for sensations, are agreeable. . . . It is then they dispose of the blood to the best advantage, increasing the growth of the whole, supplying any losses, keeping up a due succession, &c." (*loc. cit.*, page 123).

If we follow Hunter's conceptions to their logical issue, the life of one of the higher animals is essentially the sum of the lives of all the vessels, each of which is a sort of physiological unit, answering to a polyp; and, as health is the result of the normal "action of the vessels," so is disease an effect of their abnormal action. Hunter thus stands in thought, as in time, midway between Borelli on the one hand, and Bichat on the other.

The acute founder of general anatomy, in fact, outdoes Hunter in his desire to exclude physical reasonings from the realm of life. Except in the interpretation of the action of the sense organs, he will not allow physics to have anything to do with physiology.

"To apply the physical sciences to physiology is to explain the phenomena of living bodies by the law of inert bodies. Now this is a false principle, hence all its consequences are marked with the same stamp. Let us leave to chemistry its affinity, to physics its elasticity and its gravity. Let us invoke for physiology only sensibility and contractility." (a)

Of all the unfortunate dicta of men of eminent ability, this seems one of the most unhappy when we think of what the application of the methods and the data of physics and chemistry has done towards bringing physiology into its present state. It is not too much to say that one-half of a modern text-book of physiology consists of applied physics and chemistry, and that it is exactly in the exploration of the phenomena

of sensibility and contractility that physics and chemistry have exerted the most potent influence.

Nevertheless, Bichat rendered a solid service to physiological process by insisting upon the fact that what we call life in one of the higher animals is not an indivisible unitary archæus, dominating, from its central seat, the parts of the organism, but a compound result of the synthesis of the separate lives of those parts.

"All animals," says he, "are assemblages of different organs, each of which performs its function, and concurs, after its fashion, in the preservation of the whole. They are so many special machines in the general machine which constitutes the individual. But each of these special machines is itself compounded of many tissues of very different natures, which, in truth, constitute the elements of those organs" (*loc. cit.*, lxxix.). "The conception of a proper vitality is applicable only to these simple tissues, and not to the organs themselves" (*loc. cit.* lxxxiv.).

And Bichat proceeds to make the obvious application of this doctrine of synthetic life—if I may so call it—to pathology. "Since diseases are only alterations of vital properties, and the properties of each tissue are distinct from those of the rest, it is evident that the diseases of each tissue must be different from those of the rest. Therefore, in any organ composed of different tissues, one may be diseased and the other remain healthy; and this is what happens in most cases" (*loc. cit.*, lxxv.).

In a spirit of true prophecy, Bichat says "We have arrived at an epoch in which pathological anatomy should start afresh." For as the analysis of the organs had led him to the tissues as the physiological units of the organism, so, in a succeeding generation, the analysis of the tissues led to the cell as the physiological element of the tissues. The contemporaneous study of development brought out the same result, and the zoologists and botanists, exploring the simplest and the lowest forms of animated beings, confirmed the great induction of the cell theory. Thus the apparently opposed views, which have been battling with one another ever since the middle of the last century, have proved to be each half a truth.

The proposition of Descartes, that the body of a living man is a machine, the actions of which are explicable by the known laws of matter and motion, is unquestionably largely true. But it is also true, that the living body is a synthesis of innumerable physiological elements, each of which may nearly be described in Wolff's words, as a fluid possessed of a "vis essentialis," and a "solidascibilitas;" or, in modern phrase, as protoplasm susceptible of structural metamorphosis and functional metabolism; and the only machinery, in the precise sense in which the Cartesian School understood mechanism, is that which co-ordinates and regulates these physiological units into an organic whole.

In fact, the body is a machine of the nature of an army, not of that of a watch, or of a hydraulic apparatus. Of this army, each cell is a soldier; an organ, a brigade; the central nervous system, head-quarters and field-telegraph; the alimentary and circulatory system the commissariat. Losses are made good by recruits born in camp; and the life of the individual is a campaign, conducted successfully for a number of years, but with certain defeat in the long run.

The efficacy of an army, at any given moment, depends on the health of the individual soldier, and on the perfection of the machinery by which he is led and brought into action at the proper time; and therefore, if the analogy holds good, there can be only two kinds of diseases—the one dependent on abnormal states of the physiological units, the other on perturbation of the co-ordinating and alimentative machinery.

Hence the establishment of the cell theory in normal biology was swiftly followed by a "cellular pathology," as its logical counterpart. I need not remind you how great an instrument of investigation this doctrine has proved in the hands of the man of genius to whom its development is due, and who would probably be the last to forget that abnormal conditions of the co-ordinative and distributive machinery of the body are no less important factors of disease.

Henceforward, as it appears to me, the connection of medicine with the biological sciences is clearly defined. Pure pathology is that branch of biology which defines the particular perturbation of cell life, or of the co-ordinating machinery, or of both, on which the phenomena of disease depend.

Those who are conversant with the present state of biology will hardly hesitate to admit that the conception of the life of one of the higher animals as the summation of the lives

(a) "Anatomie Générale," 1., page liv.

of a cell aggregate brought into harmonious action by a co-ordinative machinery formed by some of these cells, constitutes a permanent acquisition of physiological science. But the last form of the battle between the animistic and the physical views of life is seen in the contention whether the physical analysis of vital phenomena can be carried beyond this point or not.

There are some to whom living protoplasm is a substance, even such as Harvey conceived the blood to be, "summâ cum providentia et intellectu in finem certum agens, quasi ratiocinio quodam;" and who look, with as little favour as Bichat did, upon any attempt to apply the principles and the methods of physics and chemistry to the investigation of the vital processes of growth, metabolism, and contractility. They stand upon the ancient ways; only, in accordance with that progress towards democracy which a great political writer has declared to be the fatal characteristic of modern times, they substitute a republic formed by a few billions of "animulæ" for the monarchy of the all-pervading "anima."

Others, on the contrary, supported by a robust faith in the universal applicability of the principles laid down by Descartes, and seeing that the actions called "vital" are, so far as we have any means of knowing, nothing but changes of place of particles of matter, look to molecular physics to achieve the analysis of the living protoplasm itself into a molecular mechanism. If there is any truth in the received doctrines of physics, that contrast between living and inert matter, on which Bichat lays so much stress, does not exist. In Nature, nothing is at rest, nothing is amorphous; the simplest particle of that which men in their blindness are pleased to call "brute matter" is a vast aggregate of molecular mechanisms, performing complicated movements of immense rapidity, and sensitively adjusting themselves to every change in the surrounding world. Living matter differs from other matter in degree and not in kind; the microcosm repeats the macrocosm; and one chain of causation connects the nebulous original of suns and planetary systems with the protoplasmic foundation of life and organisation.

From this point of view, pathology is the analogue of the theory of perturbations in astronomy; and therapeutics resolves itself into the discovery of the means by which a system of forces competent to eliminate any given perturbation may be introduced into the economy. And, as pathology bases itself upon normal physiology, so therapeutics rests upon pharmacology, which is, strictly speaking, a part of the great biological topic of the influence of conditions on the living organism, and has no scientific foundation apart from physiology.

It appears to me that there is no more hopeful indication of the progress of medicine towards the ideal of Descartes than is to be derived from a comparison of the state of pharmacology, at the present day, with that which existed forty years ago. If we consider the knowledge positively acquired, in this short time, of the *modus operandi* of urari, of atropia, of physostigmin, of veratria, of cascæ, of strychnia, of bromide of potassium, of phosphorus, there can surely be no ground for doubting that, sooner or later, the pharmacologist will supply the physician with the means of affecting, in any desired sense, the functions of any physiological element of the body. It will, in short, become possible to introduce into the economy a molecular mechanism, which, like a very cunningly contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched.

The search for the explanation of diseased states in modified cell life; the discovery of the important part played by parasitic organisms in the aetiology of disease; the elucidation of the action of medicaments by the methods and the data of experimental physiology;—appear to me to be the greatest steps which have ever been made towards the establishment of medicine on a scientific basis. I need hardly say they could not have been made except for the advance of normal biology.

There can be no question, then, as to the nature or the value of the connection between medicine and the biological sciences. There can be no doubt that the future of pathology and therapeutics, and therefore that of practical medicine, depend upon the extent to which those who occupy themselves with these subjects are trained in the methods, and impregnated with the fundamental truths of biology.

And, in conclusion, I venture to suggest that the collective sagacity of this Congress could occupy itself with no more

important question than with this. How is medical education to be arranged, so that, without entangling the student in those details of the systematist which are valueless to him, he may be enabled to obtain a firm grasp of the great truths respecting animal and vegetable life, without which, notwithstanding all the progress of scientific medicine, he will still find himself an empiric?

THE GERM THEORY OF DISEASE.

Translation of an Address delivered at the Meeting of the International Medical Congress.

By Professor PASTEUR.

GENTLEMEN,—Two motives have brought me to London. The first was to gain instruction, to profit by your learned discussions; the second was to ascertain the place now occupied in medicine and surgery by the germ theory. Certainly I shall return to Paris well satisfied. During the past week I have learned much, and shall carry away with me the conviction that the English are a great people, and as for the influence of the new doctrine, I have been not only struck by the progress it has made, but by its triumph. I should be guilty of ingratitude and of false modesty if I did not accept the welcome I have received among you and in English society as a mark of homage paid to my labours during the past five-and-twenty years upon the nature of ferments—their life, their nutrition, their preparation in a pure state by the introduction of organisms (*ensemencement*) under natural and artificial conditions—labours which have established the principles and methods of microbism, if the expression is allowable. Your cordial welcome has revived within me the lively feeling of satisfaction I experienced when your great surgeon Lister declared that my publication in 1857 on milk fermentation had inspired him with his first ideas on antiseptic surgery. You have re-awakened the pleasure I felt when our eminent physician Dr. Davaine declared that his labours upon charbon (splenic fever or malignant pustule) had been suggested by my studies on butyric fermentation and the vibron which is characteristic of it. Gentlemen, I am happy to be able to thank you by bringing to your notice a new advance in the study of microbi as applied to the prevention of transmissible diseases—diseases which for the most part are fraught with terrible consequences, both for man and domestic animals. The subject of my communication is vaccination in relation to chicken cholera and splenic fever, and a statement of the method by which we have arrived at these results—a method the fruitfulness of which inspires me with boundless anticipations. Before discussing the question of splenic fever vaccines, which is the most important, permit me to recall the results of my investigations of chicken cholera. It is through this inquiry that new and highly important principles have been introduced into science concerning the virus or contagious quality of transmissible diseases. More than once in what I am about to say I shall employ the expression virus-culture, as formerly, in my investigations on fermentation, I used the expressions, the culture of milk ferment, the culture of the butyric vibron, &c. Let us take, then, a fowl which is about to die of chicken cholera, and let us dip the end of a delicate glass rod in the blood of the fowl with the usual precautions upon which I need not here dwell. Let us then touch with this charged point some *bouillon de poule*, very clear, but first of all rendered sterile under a temperature of about 115° Centigrade, and under conditions in which neither the outer air nor the vases employed can introduce exterior germs—those germs which are in the air, or on the surface of all objects. In a short time, if the little culture vase is placed in a temperature of 25° to 35°, you will see the liquid become turbid, and full of tiny microbes, shaped like the figure 8, but often so small that under a high magnifying power they appear like points. Take from this vase a drop as small as you please, no more than can be carried on the point of a glass rod as sharp as a needle, and touch with this point a fresh quantity of sterilised *bouillon de poule* placed in a second vase, and the same phenomenon is produced. You deal in the same way with a third culture vase, with a fourth, and so on to a hundred, or even a thousand and invariably within a few hours the culture liquid becomes turbid and filled with the same minute organisms. At the end of two or three days' exposure to a temperature

of about 30° C. the thickness of the liquid disappears, and a sediment is formed at the bottom of the vase. This signifies that the development of the minute organism has ceased—in other words, all the little points which caused the turbid appearance of the liquid have fallen to the bottom of the vase, and things will remain in this condition for a longer or shorter time, for months even, without either the liquid or the deposit undergoing any visible modification, inasmuch as we have taken care to exclude the germs of the atmosphere. A little stopper of cotton sifts the air which enters or issues from the vase through changes of temperature. Let us take one of our series of culture preparations—the hundredth or the thousandth for instance—and compare it in respect to its virulence with the blood of a fowl which has died of cholera; in other words, let us inoculate under the skin ten fowls, for instance, each separately with a tiny drop of infectious blood, and ten others with a similar quantity of the liquid in which the deposit has first been shaken up. Strange to say, the latter ten fowls will die as quickly and with the same symptoms as the former ten; the blood of all will be found to contain after death the same minute infectious organisms. This equality, so to speak, in the virulence both of the culture preparation and of the blood is due to an apparently futile circumstance. I have made a hundred culture preparations—at least, I have understood that this was done—without leaving any considerable interval between the impregnations. Well, here we have the cause of the equality in the virulence. Let us now repeat exactly our successive cultures with this single difference, that we pass from one culture, to that which follows it—from the hundredth to, say, the hundred and first, at intervals of a fortnight, a month, two months, three months, or ten months. If, now, we compare the virulence of the successive cultures, a great change will be observed. It will be readily seen from an inoculation of a series of ten fowls that the virulence of one culture differs from that of the blood and from that of a preceding culture when a sufficiently long interval elapses between the impregnation of one culture with the microbe of the preceding. More than that, we may recognise by this mode of observation that it is possible to prepare cultures of varying degrees of virulence. One preparation will kill eight fowls out of ten, another five out of ten, another one out of ten, another none at all, although the microbe may still be cultivated. In fact, what is no less strange, if you do take each of these cultures of attenuated virulence as a point of departure in the preparation of successive cultures and without appreciable interval in the impregnation, the whole series of these cultures will reproduce the attenuated virulence of that which has served as the starting point. Similarly, where the virulence is null it produces no effect. How, then, it may be asked, are the effects of these attenuating virulences revealed in the fowls? They are revealed by a local disorder, by a morbid modification more or less profound in a muscle, if it is a muscle which has been inoculated with the virus. The muscle is filled with microbes which are easily recognised because the attenuated microbes have almost the bulk, the form, and the appearance of the most virulent microbes. But why is not the local disorder followed by death? For the moment let us answer by a statement of facts. They are these: the local disorder ceases of itself more or less speedily, the microbe is absorbed and digested, if one may say so, and little by little the muscle regains its normal condition. Then the disease has disappeared. When we inoculate with the microbe the virulence of which is null there is not even local disorder, the *natura medicatrix* carries it off at once, and here, indeed, we see the influence of the resistance of life, since this microbe, the virulence of which is null, multiplies itself. A little further, and we touch the principle of vaccination. When the fowls have been rendered sufficiently ill by the attenuated virus which the vital resistance has arrested in its development, they will, when inoculated with virulent virus, suffer no evil effects, or only effects of a passing character. In fact, they no longer die from the mortal virus, and for a time sufficiently long, which in some cases may exceed a year, chicken cholera cannot touch them, especially under the ordinary conditions of contagion which exist in fowl-houses. At this critical point of our manipulation—that is to say, in this interval of time which we have placed between two cultures, and which causes the attenuation—what occurs? I shall show you that in this interval the agent which intervenes is the oxygen of the air. Nothing more easily admits of proof.

Let us produce a culture in a tube containing very little air, and close this tube with an enameller's lamp. The microbe in developing itself will speedily take all the oxygen of the tube and of the liquid, after which it will be quite free from contact with oxygen. In this case it does not appear that the microbe becomes appreciably attenuated, even after a great lapse of time. The oxygen of the air, then, would seem to be a possible modifying agent of the virulence of the microbe of chicken cholera—that is to say, it may modify more or less the facility of its development in the body of animals. May we not be here in presence of a general law applicable to all kinds of virus? What benefits may not be the result? We may hope to discover in this way the vaccine of all virulent diseases; and what is more natural than to begin our investigation of the vaccine of what we in French call charbon, what you in England call splenic fever, and what in Russia is known as the Siberian pest, and in Germany as the Milzbrand. In this new investigation I have had the assistance of two devoted young *savants*—MM. Chamberland and Roux. At the outset we were met by a difficulty. Among the inferior organisms, all do not resolve themselves into those corpuscle germs which I was the first to point out as one of the forms of their possible development. Many infectious microbes do not resolve themselves in their cultures into corpuscle germs. Such is equally the case with beer yeast, which we do not see develop itself usually in breweries, for instance, except by a sort of scissiparity. One cell makes two or more, which form themselves in wreaths; the cells become detached, and the process recommences. In these cells real germs are not usually seen. The microbe of chicken cholera and many others behave in this way, so much so that the cultures of this microbe, although they may last for months without losing their power of fresh cultivation, perish finally like beer yeast which has exhausted all its aliments. The anthracoid microbe in artificial cultures behaves very differently. In the blood of animals, as in cultures, it is found in translucid filaments more or less segmented. This blood or these cultures freely exposed to air, instead of continuing according to the first mode of generation, show at the end of forty-eight hours corpuscle germs distributed in series more or less regular along the filaments. All around these corpuscles matter is absorbed, as I have represented it formerly in one of the plates of my work on the diseases of silkworms. Little by little all connection between them disappears, and presently they are reduced to nothing more than germ dust. If you make these corpuscles germinate, the new culture reproduces the virulence peculiar to the thready form which has produced these corpuscles, and this result is seen even after a long exposure of these germs to contact with air. Recently we discovered them in pits in which animals dead of splenic fever had been buried for twelve years, and their culture was as virulent as that from the blood of an animal recently dead. Here I regret extremely to be obliged to shorten my remarks. I should have had much pleasure in demonstrating that the anthracoid germs in the earth of pits in which animals have been buried are brought to the surface by earthworms, and that in this fact we may find the whole etiology of disease, inasmuch as the animals swallow these germs with their food. A great difficulty presents itself when we attempt to apply our method of attenuation by the oxygen of the air to the anthracoid microbes. The virulence establishing itself very quickly, often after four-and-twenty hours in an anthracoid germ which escapes the action of the air, it was impossible to think of discovering the vaccine of splenic fever in the conditions which had yielded that of chicken cholera. But was there, after all, reason to be discouraged? Certainly not; in fact, if you observe closely, you will find that there is no real difference between the mode of the generation of the anthracoid germ by scission and that of chicken cholera. We had, therefore, reason to hope that we might overcome the difficulty which stopped us by endeavouring to prevent the anthracoid microbe from producing corpuscle germs and to keep it in this condition in contact with oxygen for days, and weeks, and months. The experiment fortunately succeeded. In the ineffective (*neutre*) *bouillon de poule* the anthracoid microbe is no longer cultivable at 45° C. Its culture, however, is easy at 42° or 43°, but in these conditions the microbe yields no spores. Consequently it is possible to maintain in contact with the pure air at 42° or 43° a *mycelienne* culture of bacteria entirely free of germs. Then appear the very remarkable results which follow. In a month

or six weeks the culture dies—that is to say, if one impregnates with it fresh *bouillon*, the latter is completely sterile. Up till that time life exists in the vase exposed to air and heat. If we examine the virulence of the culture at the end of two days, four days, six days, eight days, &c., it will be found that long before the death of the culture the microbe has lost all virulence, although still cultivable. Before this period it is found that the culture presents a series of attenuated virulences. Everything is similar to what happens in respect to the microbe in chicken cholera. Besides, each of these conditions of attenuated virulence may be reproduced by culture; in fact, since the charbon does not operate a second time (*ne récidive pas*), each of our attenuated anthracoid microbes constitutes for the superior microbe a vaccine—that is to say, a virus capable of producing a milder disease. Here, then, we have a method of preparing the vaccine of splenic fever. You will see presently the practical importance of this result, but what interests us more particularly is to observe that we have here a proof that we are in possession of a general method of preparing virus vaccine based upon the action of the oxygen and the air—that is to say, of a cosmic force existing everywhere on the surface of the globe. I regret to be unable from want of time to show you that all these attenuated forms of virus may very easily by a physiological artifice, be made to recover their original maximum virulence. The method I have just explained of obtaining the vaccine of splenic fever was no sooner made known than it was very extensively employed to prevent the splenic affection. In France we lose every year by splenic fever animals to the value of 20,000,000*fr.* I was asked to give a public demonstration of the results already mentioned. This experiment I may relate in a few words. Fifty sheep were placed at my disposition, of which twenty-five were vaccinated. A fortnight afterwards the fifty sheep were inoculated with the most virulent anthracoid microbe. The twenty-five vaccinated sheep resisted the infection; the twenty-five unvaccinated died of splenic fever within fifty hours. Since that time my energies have been taxed to meet the demands of farmers for supplies of this vaccine. In the space of fifteen days we have vaccinated in the departments surrounding Paris more than 20,000 sheep and a large number of cattle and horses. If I were not pressed for time I should bring to your notice two other kinds of virus attenuated by similar means. These experiments will be communicated by-and-bye to the public. I cannot conclude, gentlemen, without expressing the great pleasure I feel at the thought that it is as a member of an international medical congress assembled in England that I make known the most recent results of vaccination upon a disease more terrible, perhaps, for domestic animals than small-pox is for man. I have given to vaccination an extension which science, I hope, will accept as homage paid to the merit and to the immense services rendered by one of the greatest men of England, Jenner. What a pleasure for me to do honour to this immortal name in this noble and hospitable city of London!

Original Communications.

ANOREXIA NERVOSA.

By THOMAS STRETCH DOWSE, M.D., F.R.C.P.Ed.,
Physician to the Hospital for Epilepsy and Paralysis; formerly
Physician Superintendent Central London Sick Asylum.

(Continued from page 97.)

WHEN I first saw her I at once recognised her condition. She was thin and emaciated, and was unable to stand without assistance; the eyes were downcast, and the cheek bones were prominent from the wasting of the cheeks; and the angles of the mouth were drawn down, so that she looked the picture of misery. The voice was scarcely audible, and the least thing would make her cry. She was taciturn, shy, and reserved; she did not complain of pain. There was a general morbid state of functional inactivity; all her movements were slow, and her mind was equally inactive. The breath was offensive, the tongue fairly clean, the bowels obstinately confined, and the evacuations were pale and clay-coloured. The temperature was never over 98° Fahr., and frequently below it; the extremities were cold and of a bluish colour;

the special senses were normal; the pupils of the eyes were sluggish, and did not contract readily to light. Pulse 120. Resp. 20. There was no marked *anæsthesia* of the fauces; no globus or other hysterical symptoms. Of course the great feature in the case was her disinclination to take food, and I had frequently to threaten that I should resort to feed her by forcible means; but fortunately this mode of procedure was avoided. She was in the hospital for over two months, and her condition upon her admission and upon her departure was very striking and characteristic. (*See illustrations.*) She had gained

No. 1.



Drawn from pen and ink sketch, showing state of patient before treatment.

No. 2.



Drawn from the original photograph, showing the state of the patient after treatment

very considerably in weight, and instead of being taciturn and reserved, she was cheerful and agreeable to all around her, and took her food without any reserve or hesitation. The cure was unquestionably brought about by the frequent administration of fluid nourishment. I made it compulsory upon her to take three eggs, one pint of the strongest

beef-tea, three pints of milk, and three ounces of brandy (all beaten up together) at frequent intervals during the twenty-four hours. The nurse upon several occasions experienced the greatest difficulty in overcoming her objection to food; but firmness and persuasion at last conquered, and in the course of a few weeks very little difficulty was experienced. As soon as this took place she rapidly improved, and left the hospital quite well. No medicine was administered, excepting half a drop of croton oil occasionally, to relieve the bowels.

Diagnosis.—The diagnosis of anorexia nervosa may be confounded, as Dr. Fenwick has so clearly pointed out, with phthisis, tubercular meningitis, and tubercular peritonitis, but mistakes in diagnosis are not so liable to occur if every feature of the disease be taken into consideration; for instance, the mental state of the patient must not be lost sight of, and it will almost invariably be found that the patient is abnormally restless and active, or taciturn, sullen, and reserved. The temperature of the patient may be looked upon as an important aid in differential diagnosis, for it is more frequently below the normal than above it; but I fear the nature of the pulse cannot be considered equally diagnostic. In Sir William Gull's cases the pulse was very slow, and I have found this condition to exist in several of my own cases; but in the case which I have just detailed, the pulse was 120 per minute for some time until nutrition was re-established. There can be no doubt that in past times, even if such does not exist at the present day, these cases of anorexia nervosa have been looked upon as cases of consumption, catarrh of the stomach, indigestion, and cancer, and that the patients have really died from inanition and starvation when continuous feeding would have saved their lives, and for this reason it is highly important that no mistake in diagnosis should arise. Dr. Fenwick says: "I have twice known nervous anorexia diagnosed as tubercular meningitis, and in one of these instances the mistake was committed by a well-known hospital physician, who had devoted special attention to diseases of the nervous system. I cannot, however, for my own part, see how such a mistake should arise if proper and due care be taken. There are conditions of anorexia nervosa which are unquestionably associated with tubercular phthisis, and especially tubercle in a latent form, and under such circumstances, the diagnosis is by no means easy; but the absence of cough, night sweat, and absolute defective nerve power, will, in most cases, decide the question."

Treatment.—This is unquestionably the most important point which the physician has to consider, and it is really astonishing to see with what remarkable rapidity these apparently hopeless and helpless cases are restored to perfect health when they are placed under proper and appropriate treatment, even when death seems inevitable. I think it will be admitted that the patient who is dying of starvation, because she willingly and persistently refuses food, cannot be looked upon as of sound mind; at all events, for the time being, I think it is wise that such a patient should be placed away from her immediate friends, and be nursed by one who will act with resolution, kindness, and determination. I have often found it to be a very difficult matter to effect my purpose in this respect, and in some cases it has not been found absolutely necessary; but in others I have found myself powerless to do my patient any good whilst she has been subject to the sympathy and irresolute action of her immediate friends. It has been truly said that in some cases, "It is cruel to be kind."

Then the case should be placed under the care of a highly-trained nurse, who would of course be held responsible for the proper carrying out of the treatment. I know there are many physicians who are inclined in the first instance to treat these cases as atomic dyspepsia, to limit the diet to certain articles of food, to administer mineral tonics—maltine, Easton's syrup, pepsine, and so on. I am bound to say that this, in my experience, is anything but the appropriate treatment. There is no

want of saliva or gastric juice, but there is an atony about the secreting glands as there is about the body generally, and they want stimulating by the frequent introduction of food into the stomach, and it matters not whether the food be solid or liquid so long as food be taken; but it is much more easy to make a patient, under such circumstances, take fluid rather than solid nourishment, and although I should be strongly opposed to the administration of alcohol alone in any form, yet I am so thoroughly impressed with its value in these cases, in combination with eggs, milk, and strong meat stock, that I order the patient to take as much as three or four ounces of brandy in the twenty-four hours. Food of such kind as that just mentioned should be given every two hours.

The temperature of the body should be maintained and the extremities, particularly the feet, should be kept as warm as possible, and bottles of hot water should be applied to them, as well as to the spine and under the armpits, if the urgency of the case demands it.

The bowels are usually costive and the motions are clay-coloured, and to alter this I give one grain of grey powder night and morning, and a warm aloetic purge, with valerian and potassio-tartrate of soda every third morning. Shampooing the limbs and the spine every night and morning, and the daily use of the flesh gloves and a tepid soap and water bath, are decided adjuncts in effecting a cure. There is such a distinct difference between this disease and other conditions due to anæmia, that I am not at all inclined to use the salts of iron or the phosphatic salts. About three or four years ago I was requested by Sir W. Gull and Mr. Whitmore to take charge of a gentleman, æt. sixty, who was suffering from anorexia nervosa; and it was with the greatest difficulty that he could be persuaded to take nourishment of any kind. He was greatly emaciated, and so weak that he had scarcely any power to turn in bed, and upon careful examination no organic disease of any kind could be detected; neither from sign nor symptom was any disease suspected; his mind was perfectly clear, memory good, yet there was this strange aversion to taking food; he was quiet and reserved, rather than taciturn or morose. At times he suffered great agony from fear of impending death, and then the respirations became hurried and panting; he improved greatly by the frequent administration of fluid nourishment, and was asking for certain kinds of food from choice, but he became suddenly more weak and died from asthenia; and, rather strange to say, that his father died in a similar way, after having refused to take any kind of food for weeks. Cases like these are of great interest, and certainly belong to the borderland of insanity, although they differ in great measure from the cases of confirmed melancholia with anorexia, which are so frequently seen in the wards of the lunatic asylum.

Clinical Records.

ST. MARY'S HOSPITAL.

Oxaluria, with Symptoms of Vesical Calculus—Sounding for Stone, Followed by Reflex Paralysis—Cured.

Under the care of MR. NORTON.

JUNE 8th.—The patient, æt. 44, was a healthy-looking man, with a strong constitution. About ten years ago felt slight pains in lower part of back on the left side; and about the same time experienced pains in penis and perineum (and slightly in testicle) after passing water, which was no longer clear, as before. As time passed on these pains grew worse; he had medical advice at Weymouth, upon which occasion a stone was sounded for in the bladder, but was unable to be detected. In August last he passed about a tablespoonful of blood after making

water, and has occasionally done so since. He continued work until May 15th last, when he was in such pain that he had to go home and remain quiet. This he did for three weeks; but finding that no improvement was taking place he came to London, and was received into this hospital. Patient contracted gonorrhoea twenty-seven years ago, but had no signs of stricture or any other evil result. Upon admittance the patient complained of pains in the penis and perineum after passing water, and also in the testicles, but to a less extent, and of intermittent pains in back, extending from the last rib to crest of ilium (especially on the left side); the pain sometimes extends right across the back. When wishing to make water he has no power to retain it.

9th—His urine is cloudy, and is slightly alkaline when first passed.

10th—Mr. Norton sounded for stone, but none could be detected. Characteristics of urine: Pale orange colour; sp. gr. 10.25; alkaline reaction; under the microscope crystals of oxalic acid may be seen, and a few pus cells; there is a trace of phosphates, but no albumen.

11th—Patient passed a very bad night; had rigors from 5 p.m. yesterday until 3 a.m. this morning; temp. M. 99.

12th—Patient much better.

13th—Experiences less pain after micturition; but still has great pain in back.

21st—Mr. Norton again sounded for a stone, but none could be detected.

22nd—Patient had a very bad night; had rigors from 10 p.m. yesterday until 2 a.m. this morning; suffered a good deal of pain in lower extremities; temp. M. 101.8.

23rd—Patient still complains of great pain in back and lower extremities; had rigors at 3 p.m. yesterday, and also during the night; temp. M. 101.6.

24th—Had rigors yesterday afternoon and during the night. He is very weak at the present time, and has lost a great deal of power over the lower limbs, and has difficulty in speaking; the tongue deviates to the right side when protruded, and there is slight ptosis of the left upper eyelid. Has only partial sensation in his legs and feet, especially the right, which latter he is unable to lift from off the bed. Double vision; hyper-vascularity of left side of forehead, left eye-ball, and left side of head and neck. Dr. Handfield Jones saw the case, and was inclined to look upon it as reflex paralysis, arising from the sounding the bladder for stone.

25th—Slept badly last night, but has had no more rigors.

26th—Had a slight rigor at 5 a.m. this morning; has not regained the use of lower limbs; mouth is drawn over slightly to the right side.

27th—Patient slept pretty well last night, but his mind wandered at times.

28th—Tongue still protruded to the right; vascularity of left side of face less marked; ptosis less marked; has double vision this day. To all appearance power is increasing.

29th—Patient is a little better; has more power over lower limbs.

30th—Progressing favourably; no ptosis, and no hyper-vascularity of left side of face; tongue does not deviate to the right when protruded.

July 1st—Perfectly recovered use of right leg; strained left shoulder, cannot raise it to his head without lifting with other arm.

4th—Has very little pain either during or after micturition; pain in back a little better.

7th—Pain during and after micturition has ceased.

13th—Had great pain in left testicle during the night; temperature went up to 102. Much better in the morning; temp. 100; pain completely gone.

14th—Slept well; left testicle much swollen; pain in back worse.

19th—Pain in back has increased since the swelling of testicle.

21st—Testicle has resumed its normal size; patient has no pain.

26th—Progressing favourably.

30th—Dismissed cured.

The treatment consisted of alkalies with buchu in the commencement, but was soon changed for acid tincture of iron.

Translations.

ON PARACENTESIS THORACIS BY ASPIRATION IN ACUTE PLEURISY.

Par Dr. GEORGES DIEULAFOY,

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Translated by C. A. OWENS, M.D., L.R.C.P. Ed.,
L.R.C.S.I., &c.

(Concluded from page 99.)

CHAPTER IV.

Method of performing Paracentesis Thoracis by Aspiration in Acute Pleurisy.

CERTAIN practitioners are in the habit of emptying the effusions to the last drop, resulting sometimes in a pink coloration of the fluid and violent fits of coughing. I find this custom useless when the flow of the fluid into the aspirator slackens, and when I perceive that the flow is drawing to a close I finish the operation without regard to the few ounces which may remain in the pleural cavity. Such is the mode of proceeding which I always practice, and which seems to me absolutely free from danger. Some objections have been raised against it; I propose replying to these, at the same time touching upon some particular points in the operation.

I must first observe that there is not much in the choice of an aspirator; the vacuum may be variable or invariable, it matters little provided the flow is not continuous or precipitate. If I incline to the use of a rack aspirator it is because it seems to me to fulfil the conditions required, first for aspiration and then for the treatment of those diseases in which it becomes necessary to combine injections with aspirations, such as empyema, suppurating hepatic cysts, &c.

But as there is a great deal in the choice of an aspirator needle; and it has been seen how I insist on the use exclusively of needle No. 2, of which the calibre is hardly the one-twentieth of an inch. Many objections have been made to this needle; it is said it only permits a slow current of fluid, that it is easily stopped up, and that its sharp point may wound the lung. What foundations are there for these objections? It is said that such a fine needle retards the flow and so prolongs the operation. In reply that this objection is altogether for the patient's benefit, for it is the tardiness of the flow which allows the lung to unfold itself without shock and without those fits of coughing sometimes so painful, which accompany the old method of operating. The objection is even of advantage to the operator, for if he loses a few minutes by the slowness of the flow he regains them amply in occupying no time in preparation for the operation, adjusting the gold-beaters skin, and the action of the trocar. Moreover, even with No. 2 needle, the flow is not so very slow, since, I repeat, a pint and a-half of fluid may be aspirated in twelve minutes. Thanks to the smallness of its calibre, No. 2 needle traverses the intercostal space without any difficulty and without any fumbling, which is not without importance, for sometimes under the influence of fear or pain the patient compresses his ribs, almost obliterating the intercostal spaces. The prick made by this needle is so fine that the wound it produces never becomes fistulous, and one need never fear inflammation of the skin extending to the pleural cavity.

The notion that such a fine needle easily gets stopped up is purely imaginary, and falls before facts; if it were a case of purulent effusion it would be different, but in simple pleurisy the needle never becomes choked. Many operations may be performed without witnessing such an occurrence; and if it should happen a stroke of the piston suffices to remove the foreign body, such as fibrin or a piece of membrane, and the operation is resumed. The third objection made to the needle is that the lung may encounter its point and be wounded in its movement of expansion. To avoid this Dr. Castiaux conceived a trocar with a guarded point; Dr. Potain also uses this instrument. I must say that I have never seen such an accident, nor, I believe, has anybody else. The lung, squeezed back and compressed against the spine by the fluid, unfolds itself slowly; it does not advance towards the chest wall and meet the needle so rapidly—far from it. However, there is a slight manoeuvre as simple as it is easy of performance, which

will meet all difficulties; it consists in gradually withdrawing the needle as the liquid flows, then inclining it in such a way as to bring it parallel with the wall of the chest, and thus all danger is removed. In short, the small calibre of needle No. 2, the facility with which it passes through the tissue, its complete harmlessness, the absence of pain, and the simplicity of the operation, are all facts which plead in its favour and compel me to prefer it to the trocar. Other objections have been made to aspiration; it is pretended that the vacuum when it is too complete or too perfect sucks out the fluid with such force that it lowers the pleural tension, and that certain accidents, as pulmonary oedema, albuminous expectoration, tearing of false membranes, and intra-thoracic hemorrhage, may result from this, which amounts to saying that it is no better to perform paracentesis with an apparatus in which the vacuum is badly formed and incomplete than with one in which it is well formed. At first sight the objection seems to have some show of reason in it, but there is an error in the interpretation of facts. I have already demonstrated that the accusations made against aspiration have a false bearing; I build up no theories; I collect facts; I have classified the accidents supervening on paracentesis done with or without aspiration, and I showed that the greater part of these accidents are associated with paracentesis done in the old way, without aspiration. Let it not be said, therefore, that these accidents are directly attributable to exaggerated pleural tension caused by aspiration because I shall in that case refer to identical accidents occurring with Reybard's trocar when the tension was the same inside and outside the chest. Nevertheless, I was the first to recognise that in aspiration imperfectly carried out there are real drawbacks; but it is not in regard to the quality of the vacuum but the quantity. It is not because one and a-half pints of fluid have been withdrawn with a well-made vacuum, but because five pints have been removed even with an incomplete vacuum or even without any at all. Let it be well understood that it is not the aspiration which is injurious, but the manner in which it is performed; and as I have often said we must know how to regulate the vacuum. For example, here is a patient who for five, six, or eight weeks has been affected with an effusion of five or six pints in the left side of the chest, the heart and pulmonary vessels are turned aside, the lung is flattened, the cardio-pulmonary circulation is embarrassed, and all at once the five or six pints of fluid which have hampered for so long the performance of the functions of these organs are suddenly removed, and the circulation returns immediately with the precipitation into the pulmonary vessels, the air entering the alveoli; and then we are surprised at accidents happening! What surprises me is that more do not occur. No, it is not aspiration, or a vacuum too perfectly formed which must bear the reproach of these drawbacks, but operations prolonged beyond reason and badly conceived, together with the employment of too large trocars; it is in a word due to resorting to an imperfectly understood operation, to a manoeuvre which, without taking into consideration sufficiently the nature of the pleurisy, its age, complications, &c., allows a considerable effusion to be too rapidly and too completely withdrawn from the cavity of the thorax. This is why, I must repeat it once more, the secret of safety to the patient, and comfort to one's self in operating consists in using No. 2 needle and in limiting, according to each case, the quantity of fluid withdrawn at a sitting. Paracentesis thus performed becomes nothing more than a prick of a needle, as easy to make, as insignificant, and as convenient as the punctures made daily with Pravaz's syringe.

I may be pardoned being so emphatic in my conclusions, my excuse being that the facts which I advance are neither based on theories nor on hypotheses; they rest upon a considerable number of observations. The abuse into which the operation has for some years fallen, the discussions undertaken on the subject of accidents following it; the diverse interpretations, sometimes erroneous, given to these accidents; the discredit thrown by some writers not only on aspiration, but even on paracentesis; all these reasons prompted me to reopen this question, to study its bright as well as its dark side, and to formulate clearly the convictions to which I have been led.

CHAPTER V.

Résumé of Paracentesis Thoracis by Aspiration.

Paracentesis by aspiration as a treatment in acute pleurisy is absolutely harmless when performed with No. 2 needle, and when the amount of fluid withdrawn at one time does not exceed one and a-half, or even less, bearing in mind the complications of pleurisy.

The accidents in connection with paracentesis of which it has been accused, differ in nature, and may be placed in three divisions:—

Those of the third class—the so-called transformation of serous into purulent fluid—cannot be attributed to paracentesis; they are the result of the natural evolution of legitimate purulent pleurisy, and not in any way the consequence of a provoked transformation of the fluid.

Those of the second category—syncope and asphyxia, due to thrombosis and embolism of the heart and pulmonary vessels,

gangrene of the pleura, and malignant disease—ought not to be laid at the door of paracentesis, seeing that they may be observed independently of all surgical interference, before as well as after paracentesis. They are therefore *amenities* of pleurisy and not the operation.

The accidents in the first class—acute oedema of the lung, pulmonary congestion, with or without albuminous expectoration—are those which alone can be directly or indirectly attributed to paracentesis, and it is precisely these which may be foreseen and avoided. In fact, they are always associated either with the immediate issue of a large quantity of fluid, or with complications, but more frequently with both these causes combined; whence the rule to limit the quantity of fluid withdrawn at one sitting, and to proportion it to the complications of the case.

This I believe to be the question of paracentesis reduced to its real worth; the mode of operation is unvarying; it is only the indications for the operation which are variable, and these may be given in two words: Paracentesis is either *urgent* or *disputable*. Urgency can and should only be based on an estimate of the quantity of fluid effused. In all other cases paracentesis is a matter of question, and subject to the consideration and discernment of him who is studying the course and nature of the disease; and this appreciation varies so to speak with each pleurisy, for there are few diseases so capricious in their nature or so variable in their evolution.

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

STRANGULATED HERNIA.—At the last meeting of the Société de Chirurgie M. Verneuil drew the attention of the Society to the algidity observed in cases of strangulated hernia. In a patient recently admitted into hospital the autopsy showed pulmonary congestion and a double nephritis of an aggravated form. Another case was that of a woman, who for eight years had a small hernia. On the 15th June she felt symptoms of strangulation, and forty-eight hours afterwards was placed under his care. The clinical assistants endeavoured to reduce the tumour under chloroform, but without taking the temperature. At the end of a few minutes the patient was observed to get cold, and the anæsthetic was stopped; on placing the hand on the tumour it returned to the abdominal cavity with facility. A spica bandage was applied, and some stimulants were given. The temperature was taken half an hour after the reduction; it was found to be not more than 95 deg. A few hours afterwards the woman died without any other symptom. There was no urine in the bladder, no trace of peritonitis. The lungs were congested. M. Verneuil concluded from these and other observations that algidity was a frequent cause of death in these cases, and that the thermometer ought always to be applied before administering chloroform which was counter indicated in pulmonary congestion. M. Després said that he always took the temperature before operating, and always found it below the normal. M. Labbé thought the precept suggested by M. Verneuil could be followed by unhappy consequences in that it furnished a pretext to those who oppose any operation. M. Verneuil, however, did not wish it to be understood that he considered algidity and pulmonary congestion as counter indicating an operation; on the contrary. But he was wont before operating to combat the congestion by revulsives, subcutaneous injections of ether, &c.

REBELLIOUS SCIATICA CURED BY NERVE STRETCHING.—The patient was a man of forty-five years of age, of good constitution without any hereditary antecedent. The sciatica, from which he has suffered for sixteen years, resisted all the ordinary means of treatment, and had lately become greatly accentuated, the pain being so excessive that sleep was impossible. Morphic injections proved useless. Stretching of the nerve was proposed and resorted to. An incision was made over the track of the nerve from the lower border of the gluteus maximus. The muscles were separated, and the nerve, isolated with care from the surrounding parts, was drawn forward and forcibly stretched. The wound healed by first intention. Since the operation, which took place four months ago, the patient has been entirely free from pain. Dr. Gen has collected seventy-three cases of nerve stretching with the

following results :—Traumatic neuralgia, six cases, four successful, one ameliorated, and one unsuccessful; idiopathic neuralgia, fourteen cases, ten successful, three ameliorated, one death from hæmorrhage; clonic spasms and contractures, six cases, four successful, two unsuccessful; tetanus, sixteen cases, seven successful, seven ameliorated but death followed, two no benefit. In thirty-seven cases collected by another doctor, sixteen times the operation was performed on the sciatic nerve, five times on the median, four times on the tibial, four on the brachial plexus, one on the suborbital, one on the facial, and one on the lower dental nerve. The best results were obtained in the cases of sciatic neuralgia, and in general in all the cases of neuralgia of traumatic origin.

PILOCARPINE IN CROUP.—Croup in infants is well known to be difficult to get under, and in them tracheotomy is always followed by death. The employment of topics is very difficult because unless they are brought to touch the vocal cords the effect intended will not be obtained. Amongst the numerous remedies recommended against this disease, the injection of pilocarpine may be ranked with some of the latest, and it has this advantage, it is practised with facility. It is thus that M. Damaschino treated an infant of one month, and with success. Two subcutaneous injections were made every day of ten drops of the solution. The first effects were sweating salivation and abundant expectoration, as children of this age do not know how to expectorate the false membranes were swallowed, but the diagnostic was beyond doubt.

At the Société de Médecine, Bordeaux, a child a month old was presented exhibiting several interesting malformations. There was a deficiency in the front of the pelvis and bladder, a recto-vesical fistula; at each side in the groins were the testicles; the anus was imperforate; the second toe of the foot was bifid. The body of the child was excessively small, and in the left ilio lumbar region a bilobed spina bifida was observed about the size of a hen's egg. The multiplicity of the lesions and especially the existence of the spina bifida and the recto vesical fistula counter indicated all operation. The prognostic was necessarily of the gravest.

The Mineral Waters of Europe.

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

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.

President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 137.)

OREZZA.

THIS water is peculiar because it may be drank freely as a table water, yet its most marked property is its chalybeate character.

We have not analysed it, but have merely examined it as regards its freedom from organic impurities. The analysis was performed by Poggiale, and we give his figures, calculated to the imperial gallon :

Carbonate of calcium	...	...	42.14
Carbonate of magnesium	...	...	5.18
Carbonate of protoxide of iron	...	...	8.96
Sulphate of calcium	...	...	1.47
Chloride of potassium	}	...	0.98
Chloride of sodium			
Alumina	...	...	0.42
Silica	...	...	0.28

Total solids ... 59.43 grs.

Free carbonic acid 1.24 per 1,000 parts.

Skeleton Analysis of ½-pint (10 ozs. fluid).

Solids.	Salines.	Antacids.	Iron Purgatives.
3½ grs.	3 grs.	6 100ths.	½ grain.

The Orezza spring is in Corsica, and is chiefly used in its own district for drinking purposes. It is free from organic nitrogenous matter.

BADEN-BADEN.

The four springs which gives celebrity to Baden-Baden, as a bathing establishment have lately been united into one by an extensive series of works carried on under the Grand Ducal Government. Shafts were sunk under the castle, uniting in one main shaft, the springs, Ungemach, Brub, Hölle, and Juden spring. Some of these shafts are 400 metres long (441 yards). Prof. Bunsen has lately performed a most elaborate analysis of this water, and by operating upon immense quantities, has got out the quantities to a great nicety. Thus, to estimate the arsenic, he operated upon half-a cwt. of the water. It would be presumptive to pretend to refine upon such an analysis, which could only be performed upon the spot. We, therefore, give Bunsen's figures calculated to grains per gallon :

Bicarbonate of iron	...	...	0.371
Bicarbonate of magnesium	...	...	2.051
Bicarbonate of manganese	...	...	0.945
Bicarbonate of lime	...	...	11.7929
Sulphate of strontia	...	...	3.164
Sulphate of lime	...	...	14.8078
Chloride of potassium	...	...	9.3128
Chloride of sodium	...	...	141.1031
Chloride of calcium	...	...	1.4763
Chloride of lithium	...	...	3.7567
Chloride of rubidium	...	...	0.0934
Chloride of calcium	...	...	0.938
Chloride of magnesium	...	...	7.511
Bromide of magnesium	...	...	3.752
Normal calcium ortho-arsenate	...	...	0.490
Normal calcium ortho-phosphate	...	...	0.115
Silica	...	...	8.9138
Carbonic acid	...	...	1.2117

Drugs of the ammonia and organic solution ... 194.3948

Skeleton analysis of ½-pint (10 ounces fluid).

Total Solids.	Salines.	Antacids.	Purgatives.	Arsenate of Calcium
12 grs.	9½ grs.	¾ grs.	0.5 grs.	0.03 grs.

Bunsen states that the combined waters from this main shaft differs very little from the individual spring, which he had previously analysed. In speaking of the arsenic and lithium, he says, as these two ingredients, in particular, are of great interest in medical regard, I have taken special points to determine their amounts. The method adopted may be interesting to our readers in showing how such minute composition in mineral waters is arrived at, and also as illustrating the wonderful difference a minute analysis, such as Bunsen gives, and the merest outline, as illustrated in the analysis of the Rosbach springs.

The arsenic was precipitated from about half-a cwt. of water previously concentrated, and then acidulated with muriatic acid at a temperature of from 70° to 80° (cwt.)

by means of sulphuretted hydrogen maintained continuously for five days. That the arsenic was not derived from the materials used in the experiment, but from the mineral water itself, was demonstrated in a counter-experiment, in which distilled water, placed in the same utensil, and subjected precisely to the same treatment, with the same chemical agents as the mineral water had been, exhibited no trace of arsenic.

SCHWALHEIM.

Schwalheim water is not much used in this country, yet it is a very good spring of a distinctive character, namely, a water which owes its alkalinity or antacid properties entirely to the carbonate of calcium. It is also a slightly chalybeate water, and contains a small quantity of lithium. The presence of lithium was first noticed by the writer of these articles in the year 1867. The spring had previously been analysed by Liebig, but it is just possible that a change had taken place between the dates of the analyses. The writer gives his own figures. That analysis had been very carefully performed at the time, and has since been generally adopted and used by the proprietors.

Schwalheim water contains per gallon :

Carbonate of calcium	...	...	40.400
Ferrous carbonate	...	...	1.360
Carbonate of magnesium	...	...	5.528
Chloride of potassium	...	...	3.776
Chloride of magnesium	...	...	3.992
Chloride of lithium	...	...	0.034
Chloride of sodium	...	...	97.648
Sulphate of sodium	...	...	6.056
Bromide, trace			
Silica	...	...	8.480
Carbonic acid (not determined)	...		

Total solids ... 187.274 gra.

Skeleton Analysis of 1/2 pint (10 ozs. fluid).

Total solids.	Salines.	Antacids.	Purgatives.	Iron.
101 gra.	6 1/2 gra.	23 gra.	1 1/2 gra.	1-10th gr.

A PIECE of silver plate was last week presented to Dr. Lynch, of Loughrea, on his leaving that place. The subscriptions to the testimonial amounted to £250.

AMERICAN papers announce the decease of the notorious Dr. Tanner. It is stated that his death was accelerated by the injury to his constitution in his forty days' fast of last year.

IN the list of subscribers to the fund for founding a prize or scholarship in memory of the late Professor Rolleston, the names of the Marquess of Salisbury, the Members for the University of Oxford, the Postmaster General, the Vice Chancellor and others appear.

A ROLL of bank-notes, value £500, was dropped into the offertory bag at the parish church, Chelmsford, on Sunday week, with a written request that the money should be devoted to the Infirmary. On July 4th, last year, a similar donation was made in the same way for the dispensary. The donor's name is unknown.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, AUGUST 17, 1881.

SUPERSTITION AND MEDICINE.

THE task of writing an accurate and complete history of medicine has yet to be undertaken, and whoever may succeed in the work will find no lack of instances to show that superstition and medicine have been in close connection at much later periods than the mediæval centuries. It is, perhaps, strange that we are even now unprovided with an historical guide to the growth and progress of the science and art of medicine and surgery; but, nevertheless, the truth remains that, with the exception of some unimportant attempts made in this direction, nothing has been done to present the historical side of the profession for its own examination. When the giant work has been accomplished there will be found much in it to excite wondering astonishment, and not least among the facts detailed will be those bearing on the intimate relations held by superstition towards the practice of medicine. Broadly, this is sufficiently acknowledged to have been a feature in the development of medicine in the past, but it may be doubted whether many who accept so much in respect of it would not vehemently deny that it persists to the present time. That it does so, however, is again and again demonstrated by the record of each week; and in the weightier matters of professional interest, a reference only need be made to

the superstitious reverence with which believers in homoeopathy regard the powers residing in the millionth of a grain of inert matter ; to the incredible confidence reposed in quacks of the most unblushing pretensions ; or to the avidity with which ignorance greets ignorance, if it do but make a show of greatness, to convince of the truth contained in the assertion we have made. This age, no less than any age that is past, is deserving to be ranked among those in which the superstition of the masses has aided the pretensions of impostors, and impeded the progress of science. Happy in the possession of a larger aggregate number of persons unaffected by the prevailing weakness, the country is gradually clearing itself of the obstacles which have worked against it in the past ; and some time it may be that the last will have been heard of the barbarous nonsense that there remains as yet a good deal of in remote districts. The West Country has been always celebrated for the depth of simplicity displayed by its inhabitants, and in the annals of superstition and deceit the Cornish and Devonshire natives have ever held a foremost rank among credulous dupes. Particularly has this been the case when the belief of the ignorant has been of a nature to advance the cause of an unscrupulous pretender to medical skill ; and hence it is that in those far distant spots there continue to live in the minds of the peasants the most extraordinary ideas with respect to the curative properties of divers things.

A contemporary cites as the most recent instance of the length to which this blind ignorance will extend, the case of a native of Torquay, who wore on the middle finger of his left hand a broad silver ring, which he had, he said, constantly worn as a protection against fits for twenty years. The wearer of this original preventive of epilepsy described it as being made of nine sixpences, each the voluntary gift of a different unmarried female, and each unacknowledged by the thanks of the recipients. All these formalities, and others equally absurd, were, he asserted, necessary to ensure the successful working of the charm exercised by the ring ; and it is fair to assume that this particular victim of a gross superstition, was thoroughly convinced of the reality of all that he uttered concerning the article in which he placed such high faith. It is not worth while to dwell on the absurdity contained in such a narrative, save as an illustration of what is undoubtedly a widespread spirit of superstitious belief in extraordinary or unusual remedial measures in sickness, a feeling which, in greater or less degree, is traceable in almost every class of society ; and that it is a dangerous element, that it has exerted, and will exert, a pernicious influence on the progress of medicine as a science, can hardly be doubted for a moment. The sentiment which stifles the reason against the proofs that communicable diseases may be avoided by the adoption of rigid precautionary measures, or that forbids it to admit the truths demonstrated with all but crushing force by experiment, is, in a way, a consequence of the same deterrent spirit ; and with the consciousness that this is so before us, we are driven to inquire how much and how little have medical men themselves done in the past and in the present to banish the evil of superstition. There is not a little in connection with the practice of medicine that admits of being improperly or injudiciously turned to

foster a willingness to believe in the marvellous the vulgar ever exhibits. How many medical men are there who can say they have never, unintentionally perhaps, turned this to account by imposing on the wonder and credulity of the patients they have been called to relieve ?

It may seem strange that we have chosen to write on such a subject at the present time, but we are led to this course because we hope and believe a turning point in the history of medicine has been reached. A new era will date for it from the magnificent Congress which has just completed its labours ; and if the most is to be made out of changes that will arise, there must be no hiding of the facts that go to make the present what it is. In the formation of opinion, doctors have had their share, and that not by any means a small one ; they must recognise to what extent they have been concerned ; and it is for them to so act as shall ensure as much good as can be possible in the future, both to them and to the public they are the servants of. Superstition and medicine have been closely related in the past ; the time has come for the partnership between them to be dissolved, and medicine must be first to disown the association.

Notes on Current Topics.

Public Medicine at the Meeting of the British Medical Association.

THE Section of Public Medicine of the Ryde meeting of the British Medical Association was occupied during the three days of its existence with three very important topics bearing on the prevention of disease. The first discussion was opened by excellent papers by Dr. Strange, of Worcester, and Dr. Davey, of Ryde, the former reading on the "Causation of Typhoid Fever and Diphtheria," the latter upon "House Sanitation" in connection with the prevention of the same diseases. Dr. Strange seemed to lean to the opinion that germs derived from a patient already attacked with typhoid fever must be present in order to excite the disease in other patients. Dr. Davey, in his paper, which was full of interesting cases, showed the extreme importance due to the way in which house-pipes enter the drains ; and exhibited several lamentable examples of leaden pipes, which had been so deteriorated as to offer no obstacle to the admission of foul miasms into houses. Dr. C. R. Drysdale believed in the occasional origin of typhoid fever *de novo*, although it was generally caused by germs ; and referred to the Sanitary Engineering Association, founded by Prof. Fleeming Jenkin in Edinburgh, and its great success. Dr. Carpenter, of Croydon, also gave many examples of the great value of sanitary house inspection for the prevention of enteric fever. Dr. Wilson (Leamington) believed in the origin of typhoid *de novo*, by means of filth. Dr. Charles Smith (Brighton) mentioned that he had only, in a large practice, seen five cases of diphtheria in his life.

The subject of animal vaccination and the origin of vaccinia was debated on Thursday afternoon. Papers were read on animal vaccination by Mr. Ernest Hart, Dr. Martin, of Boston, Dr. Warlomont and Dr. Hodgson,

of Brighton. After these an animated and prolonged discussion ensued, in which Dr. C. R. Drysdale (London), Dr. Charles Renner (London), Dr. Haughton (Norwood), Dr. Alfred Carpenter and Dr. Ransome (Manchester) took part. Dr. Henry Martin's speech was listened to with the greatest interest when he spoke of the millions of vaccinations performed by means of lymph sent out by himself from Boston, as many as 1,500 points of animal vaccine being sometimes despatched daily. He alleged that animal vaccine was far more protective than humanised, and had offered a large sum to anyone who should bring a person to him who had contracted small-pox after being vaccinated by himself, without having had ever to pay this reward. Dr. C. R. Drysdale proposed, and Dr. Renner seconded, and it was carried unanimously, that the Section should ask the British Medical Association to memorialise the Local Government Board to carry out the promise it had made a year ago to introduce the practice of animal vaccination into this country by supplying vaccinators from the calf.

On Friday the Section, at its morning sitting, was occupied with the question of the prevention of scarlatina by the adoption of convalescent homes, and also with the subject of the compulsory registration of infectious diseases. Papers were read by Dr. Beveridge (Aberdeen), in which that gentleman showed how perfectly the system of registration of infectious diseases by the medical men of Aberdeen had succeeded, and how its effect had been greatly to lessen the amount of scarlet fever, measles, and small-pox in that city. Dr. Grimshaw (Ireland) was very vigorous in his approbation of the system carried out in Aberdeen and Edinburgh, and pointed out the absurdity of allowing a shopkeeper to deal out small-pox and scarlatina from his shop to unsuspecting customers. Such persons were the objects of commiseration because, forsooth, they might lose money if compelled to have the existence of some infectious disease known. This was an egregious error. Let them be ruined, he said, rather than that other people should be killed for their sakes. This observation was received with considerable applause. Dr. A. P. Stewart, described a scheme for removing convalescents from scarlatina, but the discussion on this important point was scanty, and the main difficulty of the adoption of such excellent institutions was said to be that, wherever placed, the inhabitants of the district would be sure to petition against them, as they had so often done against asylums for small-pox hospital. On the other hand, it was urged that necessity should compel the establishment of such asylums, for the great end of stamping out infectious diseases.

College of Surgeons of England.

MR. MARSHALL has withdrawn from the Court of Examiners at the College of Surgeons. He will probably be replaced by Mr. Croft or Mr. Christopher Heath. It is not for us to suggest to the Council who should be selected, though we should in all cases gladly see the rule carried out of priority according to date of Fellowship, unless there is some essentially good reason for passing over any particular candidate.

Skin Grafts from the Dead Subject.

DR. JOHN H. GIRDNER details, in the *New York Medical Record*, the history of a case in which he successfully employed grafts of skin from a corpse six hours after death to reproduce the cuticle. His patient had been struck by lightning; the burn, a very severe one, extending over the left arm and scapula, and denuding a very large extent of surface. Having been submitted to different courses of treatment for some weeks, granulation set in over all the affected part, and it was then that Dr. Girdner resorted to grafting, the operation being thus described by him. "Having removed a portion of skin from the inner side of the thigh, where there was least hair, and the skin most delicate, I cut it into a great many small pieces, and applied them, and dressed the surface after my own method, which is to apply first, next to the grafted surface, a piece of the green protective used in Lister's dressing; over this I strap the ulcer with ordinary rubber or adhesive plaster, and over the whole throw a roller loosely. The object of the green protective is to prevent the grafts from adhering to the plaster, and being torn off when the dressing is removed. The strapping is simply to make pressure, which must be firm and evenly applied." The dressings were removed after four days, and the small amount of discharge being washed away, only about a fourth of the grafts were found not to have taken, and a good cure ultimately resulted with comparatively little cicatrisation. The operation was made necessary a second time, however, in consequence of an attack of erysipelatous inflammation, due to the bad health of the patient. Dr. Girdner was the first to employ grafts from the cadaver, and in the case referred to his subject was, in the first instance, a healthy young German, who had committed suicide by cutting his throat. Dr. Girdner concludes that "anyone who has witnessed, as I have done repeatedly, skin taken from the dead body several hours after death again returns to life, adhere to granulating surface, and, with surprising rapidity, send out prolongations of delicate skin in all directions; covering the surface with a new skin, comparatively free from contractions, must agree with me that skin-grafting is in its infancy, and that when men of ability have given it more attention, and found out the possibility of the proceeding, we may expect to see frightfully contracting cicatrices, which follow burns and *nævi*, removed by excision, and their places filled with a skin almost as perfect as the surrounding, and which has been removed from the dead or living body of another person."

The Railway Disaster.

THE occurrence of a shocking collision at Blackburn, whereby several lives have been sacrificed, and much human suffering created, has aroused a feeling of intense anxiety regarding the efficiency of the brakes, to the inaction of which the accident was first ascribed. The number of railways on which the Westinghouse, or some similar form of brake, is now in use, is considerable, and we have long held the view in connection with them that their employment may be attended with certain evils that deserve to be recognised. The inquiry to which the recent disaster will give rise must undoubtedly bring out

all the facts that bear any reference to the mode of action of, and effects produced by, these sudden stopping apparatus. One consequence their use is followed by, is the intensification of nervous excitement in persons of over-sensitiveness, and in not a few cases it is possible to assume that frequent travelling on lines, the South-London for instance, where the Westinghouse brake is in use, has hastened the illness of nervous individuals. On the local lines particularly, where trains are brought up at short intervals with a suddenness and a jerk that are seriously distressing to anyone unaccustomed to them, there ought to be made some endeavour to modify the abruptness of the stoppage. We cannot but think it possible to so employ the brake as to obviate the disadvantages of this description, and it will be a boon to the travelling public if the attention of railway directors is drawn to the subject. The more serious question of how far the brake responds to the call made upon it, is one that will be decided in another place. We cannot but deeply deplore the lamentable accident which has darkened the history of the past week, and hope that out of it may come good fruit in the way of experience for the future.

Inspection of University Lodgings.

THE authorities of Oxford University have at length adopted the wise resolve of appointing a duly-qualified inspector to report on the condition of the licensed lodgings occupied by members of the University. The necessity for this course has been long enough apparent, and Mr. Griffith, C.E., may be trusted to ensure that the life of an undergraduate will not, in the future, as it has been too often in the past, subject to all the dangers of infection from imperfectly ventilated, and badly-drained houses. The town authorities demurred to the action taken by the University officials, and even demand that the Local Board shall be consulted by the licensing authority. This is, however, to be regarded only as an amusing show of indignation, since the townspeople are entirely dependent on the University, and must succumb to any conditions imposed by the latter in defence of its own members. We can congratulate the large numbers of young men compelled to live in licensed lodgings in Oxford, on the prospect now opening, of healthy dwelling places.

Pauperism in Ireland.

IN the annual reports of the Irish Local Government Board for 1876 and 1877 respectively there was noticed a decrease in the average daily number of workhouse inmates for two years in succession.

In 1878 the change was in the other direction; the average daily number of inmates being 1,441 more than in the preceding year, attributable, as we then observed, to the indifferent harvest of 1877, and to the inclemency and wetness of the subsequent season. In the report for 1879 the average daily number of inmates showed an increase of 3,318 over that of the preceding year. In the report for 1880 there was an increase of 3,952 in the average daily number of inmates over the preceding year, while in the report just issued the average daily number of inmates shows an increase of 1,850 over last year.

The out-door relief average for the year 1880 was 3,355 over the preceding year, and the average for the present year is 21,254 over that of last year.

Promotion in the Army Medical Department.

IT is generally felt throughout the Army Medical Department that a strong effort should be made to bring about a quicker plan of promotion to the rank of brigade-surgeon in order to level up the retiring pensions to those recently granted to the officers of the Indian service, and that this grade should be reached not later than the completion of twenty-five years' full pay service in the army. A quarter of a century is a long time to serve without promotion to the higher ranks, and the demand is not at all an unreasonable one. It will be remembered that the recent War Office committee recommended that the rank of brigade-surgeon should be reached at twenty-two years' service, and that of deputy surgeon-general at forty-eight years of age with the view of ensuring more efficient officers in the administrative ranks. Under present circumstances this is hopeless of attainment, and if something is not done the Army Medical Department will suffer considerably, as candidates will undoubtedly look mostly to ultimate retiring allowance as the means of attraction to the army. This rank is also now being more quickly reached in India where army medical officers of longer service are being superseded. We trust Sir Wm. Muir will look into the matter and remedy the grievance complained of.

Hill Stations in India.

ACCORDING to the *Homeward Mail*, military authorities are agreed that every opportunity as far as possible should be taken advantage of to locate British troops in healthy hill stations on their first arrival in India. Two years since a good beginning was made in this desirable direction by the sending of the 30th Foot to Raneekeh, and last year the locating of the 23rd R. W. Foot, at Chakrata, an arrangement which has been found to be most beneficial to the health of those corps." And so on. "A good beginning," indeed! For quite forty years back the system has been to send to the hills regiments and individuals as a means of preserving health, or recovering it when lost. And now we learn that in this respect the "beginning" dates only from two years ago. What does it mean?

The Tzétzé Fly.

M. LEDOULE has forwarded to the Geographical Society valuable information concerning the tzétzé-fly, of which a notice has already appeared in *L'Union Médicale*. All travellers in equatorial Africa have had good reason to notice the destructive power of this insect, the sting of which is death to oxen, horses, asses, camels, and even to dogs. Dr. Kirk, British Consul at Zanzibar, has, at the present moment, a work in preparation on the tzétzé-fly, which he considers to be one of the greatest obstacles to the civilisation of Africa, as it is utterly impossible to employ most beasts of burden in those regions infected by this insect.

A curious fact has been noticed in the post-mortem ex-

mination of animals which have died from the effects of the tzétzé-fly's sting—namely, that there is no lesion whatever of the spleen, liver, lungs, or brain. The symptoms causing death resemble those of glanders. It is supposed that this disease is infectious to animals of the same species.

Hygiene of Light in Schools.

FOR some time past it has been remarked that many cases of myopia have arisen in schools, the existing causes of which are proved to have been defects in the desks and seats, and in the manner of lighting the rooms. The architects of Paris have taken this fact into consideration during the construction of the new scholastic buildings, but it is important that practical rules, based on fixed principles, should be drawn up. The Minister of Public Instruction has, therefore, appointed the so-called *committee of the hygiene of sight in schools* to investigate the matter fully, to study the effect of material objects, school-furniture, &c., on the production of myopia, and to devise some means of correction.

This committee, presided over by M. Gavarret, Inspector-General of Education, counts among its members Drs. Javal, Panas, and Gariel, M. Maurice Perrin, member of the Conseil de Santé de l'Armée, M. Montmahon, Inspector-General of Primary Education, MM. Masson and Hachette, publishers, and M. Ganthier-Villars, printer.

Government Expenditure on the Irish Poor-law Service.

THE following is a statement of the parliamentary grant for medical and educational purposes, and for salaries under the Public Health (Ireland) Act, for the year ended 25th March, 1880 :—

	Amount allowed for the year.		
	£	s.	d.
Medical purposes	72,814	11	2
Educational purposes	9,551	0	5
Total for medical and educational purposes	82,365	11	9
For salaries under Public Health Act	13,848	14	2
Total	£96,214	5	11

The total amount allowed under the parliamentary grant for medical and educational purposes for the year ended 25th March, 1880, namely, £82,365 11s. 9d., is £1,846 6s. 6d. more than the amount for the previous year.

The amount for salaries under Public Health (Ireland) Act, namely, £13,848 14s. 2d., is £141 4s. 7d. more than for the previous year.

IN the principal foreign cities the rates of mortality, according to the latest official weekly return, were in—Calcutta 19, Bombay 37, Madras 41; Paris 27; Brussels 27; Amsterdam 24, Rotterdam 21, The Hague 23; Copenhagen 25, Stockholm 19, Christiana 15; St. Petersburg 56; Berlin 48, Hamburg 33, Dresden 32, Breslau 44, Munich 40; Vienna 25; Prague 32; Buda-Pesth 41; Venice 25; Alexandria 46; Brooklyn 38, Philadelphia, 28, and Baltimore 37 per 1,000 of the various populations.

Rather too Much.

DR. CEBEIRA reports in the *Revista de Catilina* a singular case—a soldier with venereal chancres, buboes, &c., and a scrotum having four distinct testicles—two in each sac—of different sizes. The supernumerary testicle of each side was above the other. The venereal diseases of the patient seemed to be in proportion to his capacity for cultivating them.

Oily Cyst of the Mastoid Region.

M. GILLETTE narrated at a recent meeting of the Paris Surgical Society, the case of a woman, *æt.* 30, who had for a long time had an indolent tumour in the auriculo-mastoid region. The swelling was fluctuating and translucent and was considered to be a serous cyst. On puncturing with an aspirator it yielded an oil resembling olive oil. The patient was seen again three days later; there was no production of the liquid.

Quinine Amaurosis.

THERE is an article in a recent number of the *Archives of Ophthalmology*, by Dr. Gruening, in which he comes to the following conclusions. In examining cases evidently of quinine poisoning with amaurosis, as given by Rossa, Wecker, Wookies, and Gruening, a remarkable similarity is found in their chief characteristics. The patient, after taking one or many successive doses of quinine, suddenly becomes totally blind and deaf. The deafness disappears at the end of twenty-four hours, but the blindness persists, or at any rate peripheral vision is abolished; whilst for the central parts, visual acuteness returns gradually to the normal after some days, weeks, or months. Ophthalmoscopy shows an ischæmia of the retinal arteries and veins, with no inflammatory change.

Seeing the constant nature of these symptoms, and the uniformity of the ophthalmoscopic descriptions, a distinct place must be reserved for this form of amaurosis in the pathology of the optic nerve and the retina.

The use of the Vulcanised India-rubber Bandage.

AT a recent meeting of the Paris Surgical Society (*Le Praticien*) M. See read a paper on the good results which he had obtained in the treatment of the following conditions by the vulcanised elastic bandage :—

1. In oedematous infiltration of the limbs from whatever cause, and especially in the hard oedema of the upper extremity which is met with in women affected with cancer of the breast.
2. In the sero-plastic infiltration which is met with as the result of certain diffuse inflammations.
3. In sanguineous infiltrations and effusions, and in ecchymoses, resulting from contusions or subcutaneous injuries.
4. In articular serous effusions, which are rebellious to all treatment, and especially in hydrarthrosis.
5. In circumscribed or diffuse phlegmonous inflammations at any period of their evolution.
6. In ecchyma and the consecutive ulcer, in callous ulcer, varicose ulcer, &c.
7. In recent wounds, accidental or surgical, united by

ature, the vulcanised band being placed over the anti-septic dressing.

In order to avoid accidents some precautions are necessary; the compression must be slight, and also the traction; the turns of the bandage should be covered for one-third of their width, great care being taken not to leave an interval between them. Lastly, the bandage should be removed every two or three days, to be immediately reapplied after washing with carbolic acid. The advantages of the vulcanised rubber bandage are: its elasticity and impermeability; it forms a barrier against the admission of air; it maintains a favourable warmth and moisture, and exercises a very efficacious continuous slight pressure.

Who is Dr. Beard?

LAST week several members of the International Medical Congress went to the Waterloo Hotel, Jermyn Street, where Dr. G. Beard, of New York, had invited them to witness what he termed experiments in hypnotism, &c., on one of his "trained" patients. The "subject," a young man about 21 years old, was delivering a lecture on temperance in an alleged state of trance. Dr. Beard then proceeded to deal with the patient after the manner of mesmerists, stopping and starting his flow of words by a touch, &c. By Dr. Beard's permission, the suggestion of considering the case in the ordinary medical manner, by obtaining a good clinical history and examining into the patient's physical and mental condition, was adopted, and before any further experiments were tried Dr. Orichton Browne elicited the following facts:—The "subject," a native of Edinburgh, was using an assumed name; he refused to disclose the name by which he was known when in business in that town, although told that the object in asking it was to inquire into his antecedents. He declined to answer questions of a medical nature put to him by Dr. Browne, the examination being in its result perfectly negative as to his credibility as a witness, but bringing out the positive fact that he had been conversant with spiritualism in New York; while he alleged that he had forgotten the names of the "mediums" he had sat with. With a protest from the spectators on the unsatisfactory upshot of the "case-taking" thus far, Dr. Beard was requested to exhibit the phenomena they had come to see.

Various experiments were shown, which in the opinion of the meeting were totally valueless; and finally, Dr. Beard, having stated that the condition of perfect insensibility could be produced, the suggestion was made that this experiment should be tried, admitting, as it would, of the application of the fairly definite test of the infliction of what would in the ordinary state be pain, but which would be, of course, on the hypothesis of the genuineness of Dr. Beard's case, unfelt. To this test the patient refused to submit. The meeting then, at the instance of Dr. Crichton Browne, unanimously expressed the opinion that in the absence of any proof of the genuineness of the alleged phenomena, with the strong probability of the "subject" being an impostor, it was useless to witness any further manifestations, and promptly dissolved itself.

Upon the passing of the resolution condemning the proceedings as an imposture, Dr. Beard quitted the room in fervid rage, at the same time one or two American physi-

cians thanked Dr. Crichton Browne in the name of the profession of the United States for his able and complete exposure.

International Medical and Sanitary Exhibition.

THE Medical and Sanitary Exhibition, organised by the Committee of the Parkes Museum, closed on Saturday last, August 13th, when the number of visitors, exclusive of season ticket holders, was 1,221, making a total of 24,333 visitors for the four weeks during which the Exhibition has been open, allowing only for one visit by each season ticket holder. During the day the Secretary, Mr. Mark Judge, visited the different exhibitors for the purpose of ascertaining their opinion as to the success of the Exhibition. The exhibitors generally expressed themselves as well satisfied with the result, some going so far as to say that they had done an exceptional amount of business, owing to the fact that a very large proportion of the visitors had been either medical men, architects, or engineers. The representatives of the exhibitors, who have been in daily attendance during the Exhibition, marked their appreciation of the arrangements made for their convenience, by presenting, on Saturday, a small purse of gold to the Superintendent, Mr. Smithson. The closing of the Exhibition was taken advantage of by the St. John Ambulance Association, to give a demonstration of ambulance practice, and during the afternoon a large number of the visitors assembled in the Conservatory to witness the practice, which was conducted by Major Duncan, Mr. Cantlie, of Charing Cross Hospital, Mr. Furley, Dr. Crookshank, and Surgeon-Major Baker. Prizes were competed for by squads of the Grenadier Guards, the Finsbury Rifles, and the Metropolitan Police. Mr. John Eric Erichsen (the Chairman), Dr. Poore, Dr. Steele, Mr. George Godwin, Mr. Rogers Field, and other members of the Exhibition Committee, were present during the day. The prizes, which have been awarded, will be distributed at the annual meeting of the Parkes Museum in the autumn.

Ayoub Khan's Troops.

TELEGRAMS from India state that preparatory to his coming struggle against the troops of the Ameer, Ayoub Khan is re-enlisting only men who have previously served as soldiers, no raw recruits being yet pressed. Thus, then, we find a chief among a people not particularly noted for fanciful ideas acting according to the hard teaching of actual war. He has found young untrained levies to be worse than useless, and accordingly he will have none of them. His action in this particular respect may be recommended to the notice of the authorities who rule the military destinies of England.

Poor-Law Medical Officers' Association, England and Wales.

THE annual meeting of this Association took place at the Odd Fellows' Hall, Ryde, on Thursday, the 11th inst., during the gathering of the British Medical Association at that town. The chair was occupied by Dr. Joseph Rogers, of London, who, in an exhaustive address, gave an outline of the work done by the Association during

the year ending June, 1881. Dr. Rogers concluded his address by showing from that which he had mentioned, the importance of co-operation in obtaining concessions which without it could not be secured.

At the conclusion of his speech, which was frequently applauded, it was moved and seconded that a cordial vote of thanks be accorded to Dr. Rogers for his address and for his services generally; and it was also urged that the Association was entitled to the confidence of the Poor-Law Medical Service generally.

The British Medical Association—Visit to Isle of Wight.

THE forty-ninth anniversary of this organisation has been celebrated at Ryde during the present week, under the presidency of Mr. Benjamin B. Barrow, J.P., F.R.C.S., Consulting Physician to the Isle of Wight Infirmary. Preparations were made for the reception of the Association, and the Mayor and Corporation of the borough co-operated with the local reception committee to make the meeting one of interest and of satisfaction. The local honorary secretaries were Dr. J. M. Pletts, Ryde; Mr. W. E. Green, Sandown; and Mr. Joseph Groves, B.A., Carisbrooke. The directors of the Pier Company threw the pier open free to all the members attending the meetings, and a steam launch and wherries were retained for marine trips daily for those who desired to participate in them. Sir William Clifford, of Westfield, the Right Hon. Sir William Hutt, of Apley Towers, and the Rev. A. Loock, of Binstead House, placed their respective grounds at the disposal of the members daily.

COMPULSORY NOTIFICATION OF DISEASE.

The Session opened at 10 on Thursday morning, when a warm discussion took place on the subject of the proposed legislation, by which medical men were to be compelled to return to the register all cases of infection coming under the notice of the practitioner. Towards the close of the last Session of Parliament, a Bill was introduced on the part of the Social Science Association, with the object of making notification compulsory; and, as the Bill also proposes to impose that duty directly upon the medical practitioners in attendance, it is proposed to introduce early next Session, on the part of the Association, a Bill which shall carry out the views which the Association has endorsed.

A resolution on the question was now proposed recommending the Council to give their support to the Bill with this proviso, viz., that while they should be under obligation to inform the householder, or the head of the family, of the nature of the disease, that the obligation to furnish the information to the register should rest with the householder.

An amendment was moved that the Bill be opposed *in toto*, but was lost. It was strongly argued that the obligation upon a medical man to register the cases of illness in a family, would certainly tend to his ruin.

In the end, the resolution was carried by 65 for, and 7 against.

VIVISECTION.

Professor Humphrey moved the following resolution, of which he had given notice:—"That this Association

desires to express its deep sense of the importance of vivisection to the advancement of medical science, and the belief that further prohibition of it would be attended with serious injury to the community, by preventing investigations which are calculated to provide the better knowledge and the treatment of disease in animals as well as in men." Before venturing to propose this resolution he said he had thought long and seriously on the subject, and had mentioned it to a considerable number of the members of the Association, everyone to whom he had spoken about it being of opinion that as there was so much misrepresentation and exaggeration indulged in about vivisection—and he was very sorry that the Legislature was likely to gather wrong opinions in consequence—it was the duty of the British Medical Association to give utterance to its views with no uncertain sound. In the course of his remarks he argued that nearly every advance that had been made in science during modern times, and their knowledge of the movement and functions of the organs of the human body had been acquired by means of vivisection, and referred in eloquent terms to the discoveries of M. Pasteur, as brought to light at the Congress in London.

Mr. Husband, of Bournemouth, seconded the resolution.

On the resolution being put it was carried almost unanimously, one member deliberately voting against it.

HOMŒOPATHS.

Dr. Bristowe and Mr. Hutchinson have both committed the same mistake of introducing into their addresses the question of admitting homœopaths into consultation with orthodox medical practitioners.

Mr. Hutchinson urged that the profession should let go the line of conduct which they had for long adopted with more or less reason, for he believed the course they adopted in reference to homœopathy very much embarrassed their conduct, and placed many in extremely difficult circumstances. He was going to say a few words in apology for some of their works, believing that there were some who were honest amongst them, and concerning whom it was scarcely fair to adopt a hasty dictum that they were either fools or knaves. Before they declined to consult with homœopathy he thought they ought to use some degree of discrimination unless the circumstances were unusual.

The audience strongly expressed their disapproval of the line of conduct suggested by these two eminent practitioners.

FROM diseases of the zymotic class measles showed the largest proportional fatality in Liverpool and Sheffield; scarlet fever in Hull, Nottingham, and Salford; and whooping-cough in Sheffield. The fatal cases of diarrhoea, which had increased from 73 to 776 in the six preceding weeks, declined last week to 533; the death-rate from this disease last week averaged 3·7 per 1,000, and ranged from 0·0 to 0·7 in Plymouth and Wolverhampton, to 5·3 and 8·9 in Nottingham and Leicester. Five fatal cases of diphtheria were recorded in Portsmouth and 4 of typhus fever in Newcastle-upon-Tyne. Small-pox caused 38 deaths in London, one in Liverpool, one in Oldham, and one in Leeds.

THE foundation stone of a new hospital at Plymouth was laid last week by the Earl of Mount Edgcumbe. The building which this will replace has been twice enlarged, but has been found inadequate to the demands made upon it. The estimated cost of the new edifice is £24,000, of which about £10,000 remains to be collected.

THE Council of Liverpool University College, just incorporated by Royal Charter, having collected £100,000 for the endowment of Chairs, have purchased a site for £19,000, covering 13,000 square yards, on which they propose the Liverpool Municipal Council shall erect the buildings necessary, and let the same to them at a lease of 75 years at a nominal rent.

THE annual rates of mortality last week in the principal large towns of the United Kingdom were—Plymouth 9, Brighton 16, Edinburgh 16, Bristol 17, Wolverhampton 16, Salford 18, Dublin 19, Birmingham 19, Sheffield 20, Portsmouth 20, Norwich 20, Bradford 21, Oldham 21, Manchester 22, Leeds 22, Newcastle-on-Tyne 22, London 23, Glasgow 23, Nottingham 27, Hull 28, Sunderland 29, Liverpool 27, and Leicester 30 per 1,000 of the population.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

REGISTRAR-GENERAL'S RETURNS.—The return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday last says:—The death-rate in the eight principal towns during the week ending with Saturday, the 6th August, 1881, was 21.1 per 1,000 of estimated population. This rate is 1.3 above that of the corresponding week of last year, and 2.9 above that of the previous week of the present year. The lowest mortality was recorded in Edinburgh—viz., 16.1 per thousand; and the highest in Paisley—viz., 25.1 per thousand. The mortality from the seven most familiar zymotic diseases was at the rate of 4.3 per thousand, or 0.2 above the rate for last week.

LEITH.—HEALTH OF THE BURGH.—The number of deaths in Leith during the past week was 27, equivalent to an annual mortality of 25 per 1,000. Of 46 births registered, 3 were illegitimate.

EDINBURGH.—HEALTH OF THE CITY.—Last week the number of deaths in Edinburgh was 69, as compared with 58 in the week previous, giving a death-rate of 16 per 1,000. No cases of fever were reported, and the total deaths from zymotic diseases was 13—4 of which were in the New Town, and 9 in the Old Town, while none occurred in the southern suburbs. During the week there were 146 births, of which 3 were illegitimate.

ANTI-VIVISECTION MEETING IN EDINBURGH.—Last week a meeting was held in the Bible Society's Rooms, Edinburgh, under the auspices of the Scottish Society for the Total Suppression of Vivisection, to hear an address from Miss Frances Power Cobbe, of London. Those only having invitation circulars were admitted, and there was a crowded audience consisting principally of ladies. Miss Cobbe, in the course of her lecture, replied to the remarks made on the Vivisection Bill by Dr. Fraser at the Medical Congress, and declared that the practice of vivisection was morally wrong,

and an iniquitous sin in the sight of God. They need not be discouraged because an army of Professors gathered in London for the very purpose, she believed, of encouraging vivisection, and opposing the creation of lady doctors. Mr. Duncan M'Laren, ex-M.P. for the city, in proposing a vote of thanks to Miss Cobbe for her address, said he had the pleasure of co-operating in the anti-vivisection movement with her while he was in London, and had taken part in the discussion of the question in Parliament. On that occasion particularly he was indebted to Miss Cobbe for a large amount of information. They had done all they could to stop vivisection, but there was a strong feeling abroad in favour of the practice. It was, however, very pleasing to see that the right to indulge in this cruel operation was not being extended, because the Home Secretary, it appeared, had refused to give a licence to one of the professors in their University in Edinburgh. He hoped the Home Secretary would refuse many more, and that ere long there would be no such thing as giving licences to commit a cruelty which he held to be a sin against God. Whatever was morally wrong could not be socially right. He did not believe that any benefit came to humanity through vivisection, and thought that this abominable system was one that should be put down.

THE ABERDEEN MILK EPIDEMIC.—Our readers will remember that towards the end of March and the beginning of April this year an epidemic possessing certain marked peculiarities broke out in Aberdeen. As we have in past numbers given a full notice of the nature and character of the disease we need only here refer to the scientific evidence of Drs. Cossar Ewart and James Watkin. The epidemic, by which 322 persons in 89 households were attacked, was clearly traced to the use of milk supplied from the Reformatory Institution at Old Mill. These gentlemen found in some of the milk obtained prior to the 3rd of April, numerous organisms (micrococci and spores of bacteria), which, in their opinion, were sufficient to account for the disease. Further experiments made, with special reference to the effect of various infected fluids on the lower animals—the conclusion above stated has been confirmed. Milk obtained from Old Mill after the 5th April and taken directly from the cow, contained no organisms, and produced no effect when administered to rats; on the other hand, the milk of the 3rd April not only contained numerous organisms, but proved fatal to rats in from 18 to 24 hours. Further, *pus* taken from an abscess formed near the angle of the jaw in a patient who suffered from the epidemic contained spores similar to those discovered in the Old Mill of 3rd April, and *bacilli* similar to those into which the spores found in that milk germinated; and rats inoculated with a minimal quantity of that *pus* died in from two to four days; whereas rats inoculated with *pus* which contained neither *bacilli* nor spores still survive. Lastly, some of the organisms in the milk of 3rd April were specifically identical with organisms found in the water taken from the cistern in the byre at Old Mill. The report of the commissioners appointed by the Board of Supervision from which the above is taken throws no light on the manner in which the milk became polluted. When taken direct from the cow the milk was perfectly pure, so that it must have become impure during collection and distribution. Had the epidemic been less severe there would probably have been no inquiry, as many of the directors of the farm are important members of the Town Council and the present investigation has given an unpleasant notoriety to the farm. The report concludes with a well merited tribute of praise to Dr. Beveridge, chairman of the Health Committee, for the

prompt measures which he took to suppress the epidemic which, but for him, might have reached most formidable dimensions. Aberdeen is to be congratulated on having so skilled a physician on her council and one so peculiarly fitted to direct her health department.

Royal Colleges of Physicians and Surgeons, Edinburgh.—Double Qualification.—The following gentlemen passed their first professional examination during the July sittings of the examiners:—

James Hayward Hough, Charles Thomas Duoc, George Brown, Ronald Angus Daniel, Thomas Leslie Crooka, Cornelius Buckley, John Cundill Wood, Simon Vincent Daly, Robert Walter Mackinstry, David Lloyd, Thomas Frederic Wetkin Rowlands, Thomas Galland Charis Hesk, Henry Bollingbroke Seymour Curll, John Hanson, Alexander Macrae Bremner, John Adolph Albrecht, John Walter Burbidge, Thomas Williams, Ernest Offord Stuart, John Salter Gettings, Arthur Hawkyard, Henry Arthur Lowndes, Winton Dickson, Joseph Spisbury Smith, Edward Ellis, John William Irvine, William Caesar Hamilton, Robert Lowry Dickson, John Greenha'gh, Thomas Edwards, Ernest Westbrook, Robert Grant Adamson, Robert Ashburner, Maurice Cussen, Henry L. Thornton, Edward Hodges Soggin Phillips.

The following gentlemen passed their final examination and were admitted L.R.C.P. Edin. and L.R.C.S. Edin. :—

William Bain, Francis Edward Cane, Charles Thomas Duoc, Robert Baird, John Muirhead Watson, Thomas Arthur Wise, William Richards Parry-Jones, Kenneth Alexander James McKenzie, Dugald Christie, William Robert Turner, James Armstrong, Michael Carmody, Charles Pope, Arthur William Sperton Brydges Burrett, George Hollies, Charles George Eyre Naylor, Edward Murray Laftan, Eliza Hodgkinson Monks, William James Spence, George Pearce Baldwin, St. David Gyoalis Waltes, Albert Victor Wheeler, Arthur Ewen Yates, William Kyd Aitken, William Bradshaw Paulin, John Nagle Jeffries, James Henry Ferguson, Frederic Theodore Underhill, Basil Ronald, Thomas Guilanua Munyard, David Lloyd, Arthur Woodrige Alrich, James Hunter Dryden, Richard Francis Walsh, James Patrick Casey, Andrew Stewart, James Garry, William Charles Griffiths, James Dunlop Dunlop, James Joseph Taylor, Arthur Kimberley Scattergood, Francis Joseph Power, Peter Dunlop.

Royal College of Surgeons, Edinburgh.—Ralph Barry Stoney passed his first professional examination during the July sittings of the examiners, and the following gentlemen passed their final examination and were admitted Licentiate of the College :—

George Andreas Berry, Alexander Matthew Moore, Robert Smith, Charles William Sharples, Thomas Andrew Dickson, Patrick Richard Dennehy, Thomas William Shepherd, John Leonard Atherne, Richard George Minchin.

The following gentlemen passed their first professional examination for the Licence in Dental Surgery of the College :—

Matthew Finlayson, David Monroe, John James Bailey, Thomas Mansell, John Sedgwick Spain, Henry Blandy.

The following gentlemen passed their final examination, and were admitted Licentiate in Dental Surgery :—

John James Bailey, Thomas Mansell, John Sedgwick Spain, Robert Peel Thomson.

NOTICES TO CORRESPONDENTS.

MR. C. H. WILSON (Ventor) will receive our thanks.

DR. VIVIAN POORE will deliver to-morrow (Thursday) at the Royal College of Physicians, London, at 5 o'clock, the Bradshaw Lecture on "Nervous Affections of the Hand." The College has this year come in for the legacy from the income of which a lecture is to be delivered yearly on August 18th, the birthday of the legatee.

DR. MOORE.—The "Students' Number" for 1880 is quite out of print.

DR. MAYER.—Yes; Goltz and Ferrier. Hitzig's views do not coincide with those held by Goltz, and the demonstration held at King's College cannot be said to have settled the question one way or the other. You are not the first to have suggested the difficulty presented by comparative anatomy; indeed, we referred to it in our last, two days before your letter reached us.

A. G.—We are very sorry for you, but what else could you expect? The fact that it followed immediately on the Congress made it unlikely many would attend, and all chance of a good meeting disappeared when the place was fixed out of London.

ERNEST.—We would strongly advise you against doing anything of the kind. Nothing but trouble can arise from it, and trouble which would of necessity fall with heaviest weight on those dependent on you. Six months at the most will bring all straight. Be advised then and wait.

MR. EDWARDS.—If you will call at the office you shall have a personal answer.

DR. WANKLYN AND THE ROSBACH WATER Co.—Letters referring to the Rosbach Water have been forwarded to the analyst and will be noticed in our next issue.

DR. BAYES.—We cannot publish a private letter.

Vacancies.

Brighton and Hove Dispensary.—Resident House Surgeon. Salary, £140. Applications to the Hon. Sec. by September 5.
Children's Hospital, Birmingham.—Assistant Resident Medical Officer. Salary, £40 per annum, with board. Applications must be sent to the Secretary not later than Aug. 31.
Cootahill Union, Tullyvin Dispensary.—Medical Officer. Salary, £100, and £20 as Medical Officer of Health. Election, Aug. 29.
General Infirmary, Northampton.—House Surgeon. Salary, £125 per annum, with furnished apartments, &c. Applications to be sent to the Secretary on or before Aug. 29.
Royal Veterinary College, Camden Town, N.W.—Lecturer on General and Special Physiology. Salary, £120 per annum. Applications should be forwarded without delay to the Secretary.
Sussex County Hospital, Brighton.—House Surgeon. Salary, £20, with board, and fees additional from pupils. Applications to the Secretary before Aug. 24.
Swansea Hospital.—Resident Medical Officer. Salary, £100 per annum, with board. Applications to the Secretary not later than Aug. 23.

Appointments.

BARTAME, J. S., M.R.C.S., Resident Medical Officer to the East London Hospital for Children.
BENNETT, F. J., M.R.C.S., L.D.S. Eng., Dental Surgeon to the St. Mary-lebone General Dispensary.
COOPER, G. A., M.R.C.S., L.S.A. Lond., Medical Officer for the Second District of the Ormskirk Union.
GABRIEL, E. W. B., L.R.C.P. Ed., M.R.C.S., Medical Officer of Health for the Cheshunt Urban Sanitary District.
GOSTON, J. K., L.R.C.P. Lond., M.R.C.S., Medical Officer of Health for the Borough of Tynemouth.
HARPER, J., M.R.C.S. Eng., House Physician to the Royal Hospital for Diseases of the Chest, City Road.
HILL, A. B., M.D. Glas., L.R.C.P. Ed., L.S.A. Lond., Public Analyst for the Borough of Leamington for one year.
HUXTABLE, L. E., M.B., C.M. Edin., Assistant Medical Officer to the Border County Asylum, Melrose.
JONES, D. J., M.D. Edin., M.R.C.S., Junior Assistant Medical Officer of the Kent County Asylum, Barming Heath, near Maidstone.
NEALE, W., L.R.C.P. Ed., L.R.C.S.I., L.A.H. Dub., Medical Officer to the Mountmellick Dispensary District and to the Workhouse of the Mountmellick Union.
NIXON, G. E. F., L.R.C.S.I., L.A.H. D., L.M.R.C.S.I., Medical Officer and Public Vaccinator for the Shrivvenham District of the Farington Union.
PRIEST, A., L.R.C.P. Ed., M.R.C.S., L.S.A. Lond., Medical Officer of Health for Waltham Holy Cross Urban Sanitary District.
SHAPLEY, F., M.R.C.S., L.S.A. Lond., Assistant Medical Officer to the Glamorgan County Lunatic Asylum, Bridgend.
THOMSON, D., M.D., G.M. Glas., Medical Officer for the Barton District of the Luton Union.
TURBON, J., M.R.C.S., L.S.A. Lond., Medical Officer and Public Vaccinator for the Hemkmondwyke District of the Dewsbury Union.
WADE, A. L., M.D. Dub., L.R.C.S.I., Senior Assistant Medical Officer Kent County Asylum, Barming Heath, near Maidstone, has been appointed Superintendent of the Somerset and Bath Lunatic Asylum, Wells.
WIGNER, Mr. G. M., Public Analyst for the Greenwich District until June 8th, 1882.
WILSON, J., M.D. Aber., L.R.C.S. Ed., reappointed Medical Officer for the parish of Old Meldrum, Aberdeenshire.

Births.

ALLEN.—Aug. 4, at Wellington Square, Hastings, the wife of Dr. Allen of a daughter.
CHAUMONT.—Aug. 5, at Woolston Lawn, Southampton, the wife of Professor F. de Chaumont, M.D., F.R.S., of a son.
CLARKE.—Aug. 4, at Castleblayney, the wife of John P. Clarke, L.R.C.S.I., of a son.
GREENWOOD.—Aug. 8, at 178 Cold Harbour Lane, Camberwell, the wife of A. Greenwood, L.R.C.P. Lond., of a daughter.
HARDWICKE.—Aug. 12, at Parton Lodge, Sheffield, the wife of Herbert Junius Hardwicke, M.D., F.R.C.S., of a son.
ROWLAND.—Aug. 8, at Gloucester House, Malvern Wells, the wife of H. M. Rowland, M.D., of a daughter.

Marriages.

MACNAMARA—DOORLY.—June 27, at the Cathedral, Fort of Spain, Trinidad, W. I., Rawdon Macnamara, Assistant Colonial Surgeon, to Annie Jane, second daughter of the late Major M. Doorly, Sierra Leone.
NANKIVELL—THRELFALL.—Aug. 9, at the Parish Church, Lytham, Lancashire, Frank Nankivell, M.D., of Broad Hayes, Bourne-mouth, youngest son of T. H. Nankivell, M.R.C.S., of Bootham, York, to Margaret, second daughter of the late Thomas Threlfall, of Edenfield, Lytham.
WHITTLE—PRESTON.—Aug. 10, at St. John's Church, Lewisham High Road, Ewing Whittle, M.D., M.R.I.A., of Liverpool, to Edith, fifth daughter of Charles Preston, Amersham Road, B.K.

Deaths.

BURNHAM.—June 14, Dr. George Burnham, of Peterborough, Canada, aged 67.
CROSSE.—Aug. 2, at Malda Hill, W., Thomas Henry Crosse, M.R.C.S.E., in his 75th year, eldest son of the late Lieut.-Col. Joshua Crosse, K.S.F., formerly of H.M. 38th Regiment, and of Oval St. Crosse, Lyonshall, Herefordshire.
JENNINGS.—Aug. 10, at Market Street, Wakefield, Frederick Cook Jennings, M.R.C.S., L.S.A. Lond.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 24, 1881.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
Address in Surgery, delivered at the Annual Meeting of the British Medical Association, held in Ryde. By Jonathan Hutchinson, F.R.C.S., Professor of Surgery and Pathology in the Royal College of Surgeons, Senior Surgeon to the London Hospital, and to the Hospital for Skin Diseases, &c.	161	Suppression of Criticism	169
CLINICAL RECORDS.		Discouragement of Discussion at the General Meeting	169
St. Bartholomew's Hospital. Case of Carcinoma Uteri relieved by Lead Iodide Ointment. Under the care of Dr. Matthews Duncan. Reported by Mr. Sidney Davies, B.A.	167	The Place of Next Meeting	170
THE MINERAL WATERS OF EUROPE—The Medical Press Analytical Reports on the Principal Bottled Waters. By C. E. Tichborne, LL.D., F.C.S., F.I.C., with Notes on their Therapeutical Uses. By Prosser James, M.D., M.B.C.P. Lond., &c.		Dr. Bristowe's Address in Medicine	170
	168	Dinner of the Irish Graduates' Association	171
BRITISH MEDICAL ASSOCIATION AT RYDE		The Mayor's Soiree	171
The First General Meeting	169	Notification of Infectious Disease	171
		The Public Dinner	172
		The Sectional Work	172
LEADING ARTICLES.		SCOTLAND.	
THE ETHICS OF SPECIALISM		173	North of Scotland Medical Association
			Kilcraggan Water Supply
			Invernesshire Local Authority
			The Dust Nuisance in Edinburgh
			Professor Annandale on Quackery
			Combe Lectures
NOTES ON CURRENT TOPICS.		CORRESPONDENCE.	
Death of Mr. Luke	174	Rosbach Water	179
Street Comforts	174	Calf Lymph	181
Donations to Hospitals	174	The Isle of Wight as a Sanitarium in Diseases of the Chest	181
The Public Health	175	Union Hospitals and the Royal University	182
The Health of Bengal, 1880	175	Notification of Infectious Disease	182
International Dosimetry at the Recent International Pharmaceutical Congress	175	LITERARY NOTES AND GOSSIP	182
The Madras Medical School	175	Medico-Parliamentary	183
False Assumption of Medical Titles by an Apothecary	176	NOTICES TO CORRESPONDENTS	184
The Medical Arrangements for the Edinburgh Volunteer Review	176		
Death of Dr. Spiegelberg	176		

Original Communications.

ADDRESS IN SURGERY,

DELIVERED AT

THE BRITISH MEDICAL ASSOCIATION.

Held in Ryde, August 9th, 10th, 11th, and 12th, 1881.

By JONATHAN HUTCHINSON, F.R.C.S.,

Professor of Surgery and Pathology in the Royal College of Surgeons; Senior Surgeon to the London Hospital, and to the Hospital for Skin Diseases; Consulting Surgeon to the Royal London Ophthalmic Hospital.

MR. PRESIDENT AND GENTLEMEN,—As we are most of us fresh from a long week's carnival of medical science, I feel sure that you will not desire that I should, on the present occasion, address you on any subject directly connected with surgical practice. The very successful and industrious Congress which concluded yesterday has had its numberless Section meetings, in which most of us have taken some part; and, if I do not misinterpret the general feeling, it is a longing for a little rest as regards the matters in the discussion of which we have so recently and so fully engaged. I purpose, therefore, to employ the hour which you have done me the honour to entrust to me, in bringing under your consideration certain general topics having reference to surgical ethics, surgical education, and, lastly, the best means of advancing the clinical knowledge of disease.

Five-and-twenty years ago, the surgeons of the metropolis were alarmed, I might almost say scandalised, by a proposal to open a hospital for the treatment of stone and diseases of the bladder. A memorial was got up, and signed first by the ever respected name of Brodie, and then by almost the whole of those then connected with the general hospitals. This memorial severely condemned the multiplication of special institutions, and with particular vigour denounced the one in contemplation. Amongst the names at its foot, mine may be found. I am not ashamed of having signed it then, but I unhesitatingly say that I would sign no such

memorial now. Nor can I believe that many of those who then did so would now differ from my present conclusions. Not that the facts then stated have been materially changed, but others have been added. Year by year, we have seen more clearly that, in large communities, special hospitals will develop, and that it is beyond the power of the profession to prevent them. But we have seen more than this: we have seen that they are clearly a gain to the public; not an unmixed gain—for what gain is unmixed?—but still a gain. Even at the time when the memorial to which I have referred was written, it was a matter of necessity to admit that diseases of the eye constituted an exception, and some thought that orthopædic institutions should also be permitted. Since then, I suppose that those for diseases of women, for diseases of children, and perhaps for diseases of the skin, have justified themselves.

The final triumph of ovariectomy did not result from any new discovery. There had been many pioneers. The instruments and the modes of practice which had been devised by others were those which were still employed; but these, in the hands of able surgeons, who gave their whole time and energy to this one subject, and who had, above all, the power of excluding from their special institutions those sources of evil from which a general hospital can never be wholly free—attained for this operation its present proud position. Let us note carefully the two elements of success. It may be that Listerism, or some equivalent precautions may, in the future, make the wards of a general hospital as safe a place in which to open the peritoneal cavity as is a private home or a special hospital; but, even if this be done, they can never supply the familiarity with detail which comes only from constant practice. We must never forget that our profession exists, not for the benefit of ourselves, still less of any special class amongst us, but for our patients; and that its institutions must be so managed, or so modified, that they shall best serve their permanent interests. Nor can I think that there is any real difficulty in making the two coincide. Let the profession set its face, not against specialisms as a whole, but rather against those institu-

tions which are conducted in a narrow spirit. Let it insist upon open election of officers, free admission of students and practitioners; above all, let it encourage the formation of special departments in our general hospitals, since it is clearly here that they can best be made useful in the education of the student.

These general principles of conduct being granted, I would not oppose the beginning of any speciality, however detailed. Already the comprehensive department of eye-diseases is submitting to some process of natural subdivision, and it will not be long before we shall have in our large cities those who devote themselves chiefly to operations on the eye, those who attend specially to its diseases properly so called, and those who rectify its congenital or acquired defects by means of optical aids. It by no means follows that because a man is a good operator for cataract, he will be equally familiar with the details of astigmatism. It is impossible to question the fact that the great discoveries in ophthalmology, have been made by specialists, and sometimes by those who had devoted their attention chiefly to special branches of that department. Let it be understood that I am not arguing in favour of the promotion of subdivisions of surgical labour, but rather to the effect that, when they come naturally, we should not oppose them. Let us have charity for the various motives by which different men are urged to different courses; let us hold high our standard, inscribed "for the good of all," and allow to natural energy a full and free development. Let us not waste our time in opposing, but seek rather to employ and use.

I rank amongst the gains from the detailed cultivation of special branches of medical pursuit, that it has a definite tendency to destroy specialisms as such, and add their conquered territory to the general possessions. Whilst it does this to a large extent, it also at the same time creates new departments before unthought of, into which science pushes its way, and gives its help towards the mitigation of the many disabilities of man.

Witness what was done in ophthalmology; how discoveries one after the other have been made, which have been at once added to the knowledge of the general physician. Note how the ophthalmoscope has taken its place with the stethoscope as an indispensable aid to the physician in the diagnosis of disease. The knowledge of diseases of the eye has indeed rapidly attained in the profession at large, and not alone amongst specialists, a very high degree of perfection. I do not hesitate to assert that there are few departments of practice so well and widely appreciated, and few which more definitely attract the attention of students. Nor do the gains to the public from this increase of general knowledge represent the whole gain; for the study of eye disease must be claimed as especially useful as a training in the art of precise observation. No student masters it who does not become in so doing much better fitted for other fields of clinical research. This study is indeed in relation to other branches of surgery almost what mathematics is in general education. We have but to reflect on such facts as these, and next try to recall what the ignorance of eye-disease was less than a century ago and what the position held by the oculist and the spectacle-vendor, and we shall be able to estimate a part of the debt which we owe to specialists.

There was a time when diseases of the skin were regarded by the higher class of surgeons with feelings almost allied to contempt. They were repulsed alike in the portrait, and in the person of the patient. They required no operations; and a knowledge of the use of arsenic, and of the constituents of a few ointments and lotions, was held to be all that was needed for their treatment. Then followed a period during the early cultivation of the speciality, when to outsiders it seemed as if it offered only an arena for endless wrangles as to schemes of classification, and for ingenuity in the devising of new names, and affixing to them a countless variety of unclassical adjectives. I am not quite sure

that this era is even yet wholly passed away. It may be that there yet lingers a feeling of prejudice to this speciality amongst some who should know better. With the majority, however, and especially amongst our rising pathologists, a wholly different conviction is rapidly superseding such feelings. We are learning to ~~know~~ little about names, and to seek knowledge as to the nature of things; and those who do this in earnest rapidly find out that, of all the departments of pathological and clinical research, there is none which offers such rich and varied attractions as does dermatology. The simple facts that a morbid process in the integument is, from its beginning to its ending, exposed to view, that the aid of the lens may be brought to bear upon it while yet *in situ*, and that the histologist is in very many instances not obliged to wait the death of his patient before he is allowed to gratify his thirst for knowledge of ultimate details, largely justify my assertion. But it is not upon them solely that I rely, when I assert that diseases of the skin ought to be regarded as fundamental in professional education. Many illustrations which they afford of the changes in vascular supply and its results; of the influence of the several parts of the nervous system in the production of disease; of the laws of inheritance; of the numberless varieties in the inflammatory process in connection with diathesis, idiosyncrasy, and special forms of poisoning; are far beyond those afforded by any other department—varied and instructive. Above all, we find in dermatology the most remarkable and conclusive proofs of the direct connection between morbid causes and their effects. I cannot doubt that, possessing these advantages, skin-diseases must in the future be accepted as not only of the utmost interest for themselves, but as invaluable to the physician and pathologist in the elucidation of the phenomena of diseased action, as met with in regions and organs less open to inspection. I by no means claim for this insight into the educational value of a knowledge of skin-diseases that it is wholly of modern growth. It was recognised long ago by the Paris physicians; and the work done by Anthony Todd Thompson, by Jenner, Gull, and above all by Addison, attest to its partial recognition amongst ourselves. But its growth is only recent, and never had dermatology such an army of workers who are not specialists as it at present claims amongst the younger physicians and surgeons, not only in London, but in all parts of the world. In their hands, it is certain before long to assume that foremost place which I claim for it as its natural position.

Let us remember, respecting a large majority of the maladies which it has been the fashion, in some sort, to stigmatise as "skin diseases," that nothing is more certain than they belong mainly to other departments of pathology. Herpes is a neuritis which simply chances to display some of its symptoms on the skin. Morphœa is an affection of the vaso-motor nerve, leading to changes in bones, muscles, and joints, as well as to those which, from occurring externally, first attracted attention, and still almost monopolise it. In the study of ringworm, we may engage, if we will, in the most interesting investigations as to the laws of life in minute vegetable organisms. Leprosy offers us a dietetic problem of at least equal interest with those which concern gout and rickets. In psoriasis and its allies, we study a heritable peculiarity of health or of skin which shows its effects through a whole life, and is influenced for better or worse in ways that are curiously instructive. Who can doubt the power of drugs who has seen arsenic cause herpes or cure pemphigus? The polymorphism of syphilism is a fact to claim the permanent wonder of all who are well instructed in pathological speculation.

We listened, with delight, last week, to the eloquent words in which, in his opening address, Sir James Paget enforced the duty of charity amongst ourselves. It is in this spirit, I think, that we should meet the various questions which open out in connection with the medical

education of women; and, that, also, as to consultation with those who, whilst educated amongst us, have openly professed their adoption of peculiar doctrines. I fear that I am here venturing upon ice that is very thin indeed; and I must proceed either with great boldness or extreme caution. I shall prefer the latter. Let me say, then, that the profession of medicine always has offered, probably always will offer, peculiar attractions to those who, with weak principles, and still weaker consciences, desire to make profit by trading on the credulity of their patients. The thing is so exceedingly easy to do. Our real knowledge of disease in many of its departments is very vague, and our knowledge of therapeutics still less certain. There is room on all sides for differences of opinion, and scope for the introduction of new theories and the employment of high sounding epithets. The fatal facilities thus afforded to the charlatan have naturally made the well principled professors of physic very vigilant in guarding our ranks against the introduction of quackery. We wish to be honest, and we wish to associate with none but those who are so. There lived, now more than a century ago, a talented and learned enthusiast, who thought—sincerely, I have little doubt—that he saw his way to an immense reform in the use of drugs. That reform was needed, we all admit. He noticed a few common facts, such as the marvellous subdivision of which odorous substances are susceptible; the change of effect, or even reversal, which accrues from change in the dose of a drug; and that, respecting some few medicines, it was true that they seemed to produce in large doses just what they tended to repress in small ones. I am not here to apologise for Hahnemann. His facts were few, his reasoning illogical, his ignorance of the natural progress of disease and its tendencies to spontaneous recovery, such as would be utterly disgraceful in the present day. Whatever foundation we may grant for his theories, he certainly pushed them to the wildest lengths. His self-confidence, had it been properly balanced, might have become almost sublime.

If, however, we may find theme for marvel in the presumptuous self-sufficiency of this would-be reformer, I do not think that we need seek far for the explanation of the success of his teaching. It inculcated faith in drugs, but it changed their form, and gave us cleanly globules and tasteless fluids for the bolus, pill, and potion, then in vogue. It supplied a theory of cure, as well as its means; and to the intelligent, but, at the same time, not specially trained, its theory sounded at least as good as those of orthodox physic. The love of novelty conspired with a cheerful faith in the possibility of progress, and with delight in escape from the disagreeableness of the old methods, to draw converts to the new creed. Those converts were not the ignorant, nor were they the poor. No wonder that some from our own ranks should have thought they saw their interest in adopting the new method, and equally little that most of those who observed their conduct held the motives of the man who put "homœopath" on his door to be low and self-seeking. In nineteen cases out of twenty, probably the verdict was right; but when the fiat went forth that a homœopath must be either a fool or a knave, I doubt whether the modesty of nature was not somewhat overstepped. There are fools and fools; and we are guilty alike of unkindness and unfairness if we widen that disrespectful epithet over much, and apply it too freely. There is such a combination of weak power for the estimation of facts, with enthusiastic optimism as regards possible progress, which, whilst it in no degree establishes a claim to wisdom, yet scarcely brings its possessor into the category of fools. Amongst the laity of those who became homœopaths, most were of this character, and some, probably, of those who seceded from our ranks.

I fear that it may be thought that I am travelling very far from the proper subject of an address on surgery. I also much fear that I may be misunderstood. What,

it will be asked, has homœopathy to do with surgery; and why introduce the question of consultations with homœopaths with such a lengthy prelude? Now, it is precisely because homœopathy has nothing to do with surgery that it becomes of interest to us to settle the question in dispute. The circumstances of Lord Beaconsfield's illness are fresh in the memory of us all. We did honour to Sir William Jenner for his stern and manly refusal to have anything to do with what he thought quackery. We sympathised with Dr. Quain in his perception, that the occasion had arrived for the sacrifice of sentiment and the performance of a disagreeable duty. But what particularly struck me in the transaction, and what constitutes my chief reason for mentioning it now, was the reason alleged by Sir William Jenner why he could not meet Dr. Kidd. It was not that he felt compelled on principle to decline all intercourse with the heterodox, but that the patient could not possibly be a gainer by a conference between those who held such different opinions respecting the principles of therapeutics. It is clear that, had it been the aid of a surgeon that was needed, no such reason would have been valid. Homœopaths have not as yet succeeded in developing any new system of surgery. The knife and the catheter are the same to them that they are to us, and are used on the same indications. I never, myself, wittingly consulted with a homœopath; but I believe that I have, without knowing it at the time, several times met them, and I never yet encountered the slightest difference of opinion. The surgeon, then, cannot feel that he is in any way serving the interest of his patient when he refuses to meet his weak-minded doctor. On the contrary, it may easily be the fact, that he knows that it would be the greatest possible kindness if he would go without an hour's delay. To Boycott a quack on principle is one thing, to attend to the interests of the quack patient may be another. Hence the duties of surgeons in this matter, and especially of those engaged in consultation practice, have always been very difficult. The obvious incongruity which exists in the case of a physician is not present to the surgeon; his temptations are both more frequent and stronger, and his sources of inward strength are also fewer. He refuses neither for his own good, nor the patient's good, but in obedience to professional rule. With a few exceptions, this rule has been, I believe, honorably upheld by the consulting surgeons of England. There have, however, been some exceptions, and there have been difficulties and annoyances without number. We cannot possibly, in our profession, have one rule for the peer and another for the tradesman. I avow my deliberate conviction that Dr. Quain, and those whose counsel he sought, interpreted the obligations of our profession correctly. We enjoy a law-established monopoly in the art of healing, and we must be very careful how we stint or refuse our services when they are demanded. If, in consultation, it be found that the opinion of the consultant is not that of the consulter, and if the latter be not ready to waive his own, then the proper course of conduct is clear. But, such inability to act in concert should not be assumed on light grounds surely, or hearsay evidence. Unless the previous knowledge be very special, it should be established at the bedside in each individual case. I am speaking of formal consultations only, not of social intercourse. We know well how to accord and refuse professional honour. If a man be guilty of non-professional conduct, we can blackball him at a society, and avoid his company in social life. We enter upon a course of conduct which needs a wholly different justification if we refuse to meet and confer with him, when the life of a third person is concerned. Here I confess that it seems to me that the claims of the public should stand first, and that if a man's name is on the *Medical Register* we ought to meet him, so long as the consultations result in that which we deem most for the patient's advantage. Whenever they do not, our duty is clear,

and we should readily know how to perform it. Many advantages would, I think, result, if we were to leave with the licensing bodies the responsibility of decision, as to who are to be admitted to the privileges of formal consultation, and who excluded. To do so would save at once much loss of time and temper, and avoid frequently recurring complexities. It would encourage honesty and openness of conduct, and remove temptation to the secret perpetration of that which is known to be against the professional rule. But, above all, I would urge that it seems to be almost a matter of justice to the third party, our patients, who have surely a right to assume that, when a duly qualified man is employed, they can obtain, in consultation with him, if wished, the aid of any other, who possesses the same diploma. That we run the risk of fostering homœopathy by according to its disciples the courtesy of professional consultation, I do not for a moment believe. It has hitherto been fostered by opposition. Let us have more confidence in the vital energy of truth, and let us venture to let the wheat and the tares grow together till the harvest. We believe that its principal theory is absurd, and much of its practice ridiculous; but, at the same time, we are prepared to admit that gleams of a fruitful suggestion may be occasionally discerned in its discussions, and we can surely afford to leave it as a whole to itself, and let it develop to its natural end. (a)

I will pass to a less distasteful topic, and proceed to make some suggestions as to the possible improvement in our methods of clinical teaching. It must be noted, in the first place, as a great defect in our English system that it makes no provision for retaining the services of good clinical teachers. It trains them, and then casts them adrift. The early period at which our surgeons and physicians retire from hospital work is a matter of amazement to our foreign *confrères*, and few can doubt that the evil is on the increase. Either by the bribe of private practice, or the gentle compulsion of a retirement rule, we induce our best teachers to desist from work in public just at the time when their services are of most value to the student. The names of Paget, Jenner, Erichsen, Gull, and Bowman will occur to us all in illustration of what I assert. Not only do our customs make the early retirement of successful men a matter of necessity, but they often cramp their usefulness to the student during the latter part of the period of their tenure of office, and also hinder their services to science in other directions. Success in our profession means absorption of the whole time and whole mental energy in attention to private practice. No individual surgeon can help himself; he is in the meshes of the social net, and escape is hopeless. It is a change of custom which must effect the reform, and surely such a change is urgently required. It might come, I think, very suitably in some such form as this: Let there be constituted a rank of pure consultants, whose fees shall be so modified as to enable them to make the same incomes that they now do with a third of the personal labour. Let election to such grade be by their respective colleges. Let us no longer leave the time and the energies of our foremost minds at the mercy of any wealthy man who, however trivial may be his ailment, determines to have "the best advice," just as he would seek the most expensive jeweller, or buy the most costly wine. They are surely too valuable for that. By the plan which I suggest, leisure would be

left to them for study and for teaching, and they would be retained in their proper sphere of public work. Such consultants, having voluntarily restricted their spheres of observation of disease in private, would find it necessary, in order alike to sustain reputation and keep abreast with progress, to retain their public appointments and to continue to teach. The gain would be a great one to medical education, and also, I think, to the public interest. The evil to which I refer is an increasing one, and it exists to a far greater extent in London than in any other capital.

A large part of the education of students may very suitably be done by young professors. Age adds but little to the ability to deal well with the facts of anatomy and physiology, and it may even detract from it. When, however, we come to the knowledge of disease at the bedside, and the correct estimation of its various symptoms, then experience must tell. Without it there can never be that trust on the part of the student, or that free power of illustration, from facts which have been personally observed, on the part of the teacher, which are essential to success.

Yet it is precisely this clinical teaching which is of most importance to the student, and in which, if I mistake not, our modern system is most at disadvantage. Apprenticeships have been abandoned, and few that remember their inconveniences can wish to revert to them. Yet they had their uses, and those not trivial ones. They unquestionably often secured to the student a clinical and practical training which is now but too often missed. Permit me to make for your consideration a suggestion of a plan by which possibly most of their advantages might be retained, and others which they did not always possess secured. Let us endeavour to widen the basis of medical teaching, and to enlist, as responsible partakers in this all-important work, a large section of the profession. This might be done if our examining boards were to recognise as private teachers all fellows of their respective colleges, all possessors of diplomas of the higher class, all medical hospitals and dispensaries—indeed, all who could bring proof of the possession of special opportunities or qualifications for clinical teaching. Let it be required of every student that he should bring, in addition to those now required, certificates from two, three, or more of these registered teachers that he had been—in a real and *bond fide* manner, under their personal supervision—instructed in practical matters, and that he was, in their opinion, qualified for a diploma. Make such certificates necessary, but let them not modify in the least the curriculum of the school or the test examination. To prevent these certificates from being signed in a perfunctory manner, let it be the rule to inform those who signed them of the results obtained by their *protégés*; and if, in the course of a five years' period the proportion of rejections should be more than the average, let the name of the teacher concerned be for the next five years removed from the list of those privileged to sign. This plan would, I think, work well in many ways. It would add to the value of the higher diplomas, and increase the number of those who seek them. It would encourage in those registered as private teachers the endeavour to keep well instructed in the knowledge of the day, whilst its advantages to the student—by bringing him into closer personal contact with those interested in his success—are obvious.

How various are the qualifications which are to be desired in the medical practitioner. He should be a gentleman of good manners and address; skilled alike in the principles of biology and in the knowledge of character; able to visualise at short notice the details of human anatomy; and he should carry in his memory, ready for prompt use, the best recipes for a thousand varying forms of ill-health. If we measure his responsibilities by the possibilities of his usefulness and the risks of his failure, they are very great indeed. It may be true that the greater part of his duties are routine,

(a) These paragraphs concerning consultation with homœopaths did not form part of the address, as given at Ryde. They had been written for our delivery; but on the evening before, I learnt that the same subject had been far more ably dealt with by Dr. Bristowe in his Address on Medicine. The explanation of our having selected the same subject is easily given. Dr. Bristowe dealt with the whole subject, whilst I have spoken only as to the inexpediency of continuing to refuse formal consultations. I have reinstated these paragraphs, in consequence of a general request that they should appear when the address was printed.

and easy of performance; but he may, at a moment's notice, be called upon to deal with the unusual and difficult. Regarded from this point of view, the amount of knowledge required of him is enormous—greater, probably, than that necessary in any other avocation. It is, further, steadily on the increase; every fresh discovery brings with it something fresh for the general surgeon to master and retain in memory. Hence many of the increasing difficulties in surgical education; hence unquestionably the increasing ratio of plucks to passes at our examining boards. It is not that examiners are more strict, students less able, or teachers less zealous; but simply that the thing to be taught has grown in bulk, and become, year by year, more and more difficult of attainment within the allotted period. There is nothing whatever to discourage us in the fact—much, indeed, to tend in the opposite direction. But we must boldly meet the changed and ever-changing circumstances. An extension of the period of study; a well-considered limitation of its subjects; and, lastly, a careful development of its methods, are the three measures which severally suggest themselves. The last is, of course, approved by all, and is too obviously desirable to need comment; but concerning each of the others there is room for much debate. As to the extension of the compulsory period of study, such proposals may, I think, be dismissed with the remark that the practice of liberal rejection of candidates imperfectly qualified really amounts to the same thing, and attains its end with more justice to the diligent and able. In the future it may, perhaps, come to be considered a great credit to pass the first time, and no disgrace to be referred. Careful men, appreciating the necessities of the case, will probably voluntarily lengthen their period of study. Were the period compulsorily fixed at five or six years instead of four, the careless would still, as now, idle till near the end of it. I cannot but think, therefore, that the practice of early examination, with its necessary result of many rejections, works on the whole better than would any which should make an indiscriminating demand for longer time.

It is impossible not to regard without the utmost jealousy any proposal that the subjects of professional study be reduced. So far from its being desirable to strike out botany and comparative anatomy, we might prefer to see added, if possible, a good knowledge, not only of the anatomy and functions, but also of the diseases of both plants and animals. It is from a broad education in these directions that we may hope for future advance. Having said this, however, we must hasten to admit that a large majority of the profession are to be trained, not so much as biologists, nor even as pathologists, but as practitioners. In our surgical education there is much that is valuable, very much indeed that is of the greatest possible interest, concerning which it still cannot be said that it is essential. It is certainly the duty of both teacher and examiner to draw a strong and clear distinction between essential and non-essential acquirements. Howsoever the latter may fare, the public has a right to demand at our hands that the former shall be in as complete possession as possible. It is no comfort to a glaucoma patient, who has been treated by lotions and leeches until he is blind, to know that his surgeon is a good anatomist; nor will the most excellent knowledge of histology avail to save a practitioner from something in its nature not unlike manslaughter who believes that he ought to wait for tympanitis and stercoraceous vomiting as the chief symptoms of strangulated hernia. It is common sense and practical knowledge of common things that we mainly want. I well recollect an anecdote, which was told to me when a boy, respecting a smart young farm-labourer in my father's employ. This young fellow had incurred the wrath of a half-witted young woman in the village, who, in revenge, said of him—"He can whistle fairly, and he can sing pretty well, but he can't plough straight."

This home-thrust so rankled in his breast that his accomplishments became annoyances to him, and he finally left the neighbourhood, unable to bear up under the frequent reminders as to what daft Meg had said. The distinction between the essential and the ornamental were here so strongly emphasised that, although the latter was not in the least depreciated, it stood as less than nothing in comparison with the former. So surely it ought to be with us. Respecting the essential, examiners might perhaps do well to leave nothing to chance, but, regardless of time, to make sure, so far as is possible, that the candidate possesses a really sound knowledge of them. It by no means follows that a candidate who knows what to do in traumatic gangrene is equally up to the mark in purulent ophthalmia; nor does a good knowledge of the latter imply ability to treat prostatic retention with success. Yet these are all equally essential, and they stand pretty much in the same relation to the duties of a surgeon as straight ploughing to a farm labourer.

We may reasonably hope that improved methods of instruction, and the application of common sense to our plans of teaching, will do away with the need for any material curtailment of the scope of study. The means provided for the education of students may be classed under three heads: teachers, books, and museums. Of the two former I do not propose to say much, but the last is an attractive topic which I cannot pass. The change which followed on the introduction of printing, in reference to the value of oral instruction, has often been the subject of comment. At the present time this change is complete, and no discoverer or propounder of new doctrines would ever think of bringing his observations before the public in any other way than by the aid of the printing press. He does not expect his hearers to come and listen to his professor's lecture, but he embodies his opinions in a book, and thus sends them broadcast over the world. If in the first instance, he read a paper or gives a lecture, it is that it may be printed afterwards. The professor of the present day is, for the most part, an exalted development of the tutor, and his duties are almost as much to ascertain that his pupils do really learn from books as to teach them from his chair. Few, indeed, are there who can attract hearers from outside their allotted classes. Nearly all have themselves published books, and their success, in nine cases out of ten, depends far more on their willingness to adapt themselves to the existing state of things as regards the students' requirements—to advise, supervise, and question them upon their abilities in the lines of original research. For the latter, the vocation is elsewhere. I am speaking, of course, of the professors and teachers in our colleges and schools of medicine. They have become the expositors of books, not of their own original and unwritten opinions. It is, I think, not improbable that another development is at hand, which will yet further diminish the importance of our chairs, and of oral instruction in general. I allude to the creation of students' museums. The museum, hitherto, has existed chiefly as an appendage to the chair. Our examining boards have required that teachers of anatomy, physiology, and pathology, should possess or create a museum of specimens from which to select illustrations for lectures. In many instances, these collections have not even been made accessible to students, and in none, until quite recently, has encouragement been given to the student to regard the museum as a place in which he ought to work. In one of our largest European capitals, possessing a flourishing medical school, there was, I believe, until very recently, and I am not sure that things are materially changed now, no museum which a student could enter without the most troublesome formalities. In several other continental cities possessing medical schools, the creation of a pathological collection, worthy the name of museum, is a matter of exceedingly recent date. I claim it as a distinguishing feature of our own country, one, however, which I willingly share with our Scandinavian relations, that our museums have for long been numerous and good, and I further assert that it is amongst the most valuable proofs of life in the scientific spirit which we can show that they are constantly growing and improving. In no country, however, have we as yet seen the full development of museums as means of medical education; and, if I

am not much mistaken, these institutions are destined in the future to assume an importance of which we have as yet scarcely dreamed. Well managed, it will be found that the museum may be made to combine the advantages of dissecting-room, ward, lecture-theatre, and book in one, and that it can supply permanently, at all times, and to all comers, opportunities, which are for the most part accessible elsewhere only at special times and to a privileged few. I do not mean that dissected preparations or models can ever supersede or rival work done *propria manu* with forceps and scalpel, but they may be made to assist it, to prepare for it, and to supplement it with most excellent results. Hitherto our museums, whether medical or in connection with general knowledge, have been far too miscellaneous. Huge crowded collections of material, some of it of the greatest value, and some of it of very little, have jostled together in a more or less orderly kind of confusion, through which only the well-constructed can find their way. They have been, by the majority, visited rather as places of wonderment, or perhaps of bewilderment, than for systematic instruction. Now museums ought to be as legible as books; and, when they are made so, they will be eagerly read. The very most that can be said of our very best, as yet, is that they have approached somewhat to the character of cyclopedias, from which fragmentary information upon all sorts of subjects may be obtained by those who know how to search for it. For students' purposes, something of a different kind is required—something much less voluminous, at once more concise and more consecutive: in fact, to pursue the comparison, more of the nature of a *handbook*. A students' museum should contain those things which a student wants, and those only. They should be well arranged, with plenty of space; and well labelled, not merely with a name, but a description. There should be nothing to distract attention, and everything to favour study. Anatomy should be illustrated by dissected preparations, casts, drawings, and diagrams; and these should be kept in juxtaposition; and from anatomy to pathological change the steps should be direct and clear. Side by side with the normal joint should be the diseased joint; with the specimens illustrating the precise position of the epiphyses, those showing their detachment by violence. No knowledge should be taken for granted in the learner, and as far as possible everything should be demonstrated. I must not go further into detail. Let me conclude what I have to say on this topic by the remark that we ought to have museums for educational purposes, distinct and wholly separate from those which are designed as magazines of facts deposited for the use of original investigators. The two objects are different; and not unfrequently that which is essential to the completeness of the one is useless and cumbersome to the other. In speaking of students, hitherto, I have been thinking of those who have not passed their examinations; but it is the boast of our profession that it possesses countless students of another grade, who have no longer the fear of the examiner before them, but who recognise the fact that even a lifetime is too short to acquire a fair familiarity with the facts of pathology, and who, however long their lives may be, will remain in the position of pupils. For these also—for these, perhaps, especially—museums ought to be provided; and here, again, I make bold to assert that nothing in the least adequate to the wants of the case has as yet been attempted. Our grandsons, if not our sons, will smile at the *dilettante* manner in which we have been content to hunt for the truth in matters of clinical research. We so often treat disease—at any rate, in its less common forms—as if it were sent merely that we should write papers about it, and discuss its nature in more or less detail, and with more or less seriousness, according to the humour of the hour. I do not speak now of the more practical section of the profession—men engaged in the daily and hourly discharge of arduous duties, in the conscientious endeavour to apply well-known rules to the treatment of disease, and only exceptionally concerned in the pursuit of new knowledge. I speak rather of the more ambitious amongst us—and, thank Heaven, they are now very numerous—men who attend societies, compile statistics, collect specimens, and write papers. Of these I assert—may I be permitted to claim for myself a humble position amongst them, and say of us?—that we are far too ready to yield to the temptation of thinking that disease was made for the physician, and not the physician for disease. We investigate it in the same spirit that an amateur geologist brings to his problems—as a thing which may agreeably exercise our ingenuity and train our minds, upon which we may perhaps

base our reputations, and out of which there may perhaps come some good for mankind. We claim to lay aside our work when we are tired of it, and to vote its too urgent pursuit a bore, forgetting that such investigations are to us a matter of the most urgent professional duty, and to our clients one of life and death.

That I may not seem to lose an unaimed shaft, I will take an example, and it shall be one in which almost the whole of the English profession to some extent is concerned. The museum of the Royal College of Surgeons, the Hunterian Collection, with its fifty years' additions, is without a rival in the world. It is a noble museum, and has been nobly cared for by a succession of curators who have made their names famous in science by work done within its walls. It may seem a bold thing to charge against an institution so foremost, that its arrangements are inadequate to the wants of the present day. Amongst the wants of the medical profession at the present time, and amongst those wants which alone a national museum is fitted to supply, is the fullest possible information respecting the symptoms of disease. It is not enough that we illustrate its final results, that we keep in bottles or otherwise the documents which demonstrate its ultimate conditions; we need [a pathology of the living as well as of the dead; and everything that human contrivance can do to elucidate this should be attempted. Here we must mark a huge hiatus in the arrangements of our College. There is little or no attempt to illustrate the effects of either disease or injury to the living, and an exceedingly meagre attempt to show what has been done in reference to instruments for surgical treatment. The modeller's art, of which such beautiful examples from Paris have recently been shown to us in the Congress Museum, is at our College "unknown and like esteemed." I must correct myself; for there, in a topmost gallery, a small collection of models, the gift of our present president. These, however, are only a little series selected from the magnificent array of similar objects to be seen in the St. Louis Museum at Paris. It is imperfect and ill shown, and the College makes no effort to add to it. A museum adapted to the wants of the practitioner should supplement the hospital, whenever possible, in the display of the outward characters of disease. Nothing in the whole range of diseases of the eye and skin or other external parts, nothing that a speculum can show, or a modeller delineate, should escape it; the common and rare should alike be there, and the practitioner should be able to resort to its galleries, when in doubt as to diagnosis, or desiring to recapitulate his knowledge, with confidence that he will there see all that can be shown. Nothing less than completeness should be the aim, and from all sources copies should be procured where the original cannot be had—the photographer, the modeller, and the artist being employed without regard to expense.

If a surgeon were now to go to our museum and ask to see models which would help him in the diagnosis of the different forms of chancre, or in the recognition of such sores on unusual parts of the body, I fear that he would be disappointed. He might find an unequalled collection of prehistoric skulls, and the skeleton of a splendid whale, but little or nothing in reference to the practical object of the diagnosis of surgical disease. Yet, in proof that it is possible to give such aid, I again appeal to the St. Louis collection.

Let it not be thought that I speak in disparagement of anthropology or comparative anatomy. It is a proud boast of our profession that its members have been foremost in these pursuits, and long may it be sustained. In their liberal cultivation, we follow the example of the founder of our museum, and keep up its most cherished traditions. But surgery has widened much since Hunter's time, and its special cultivation now asserts claims which did not then exist. And these claims are, I cannot but think, primary in such an institution; and, whatever it leaves undone, it should first attend to the duty of giving all that it can possibly give to the elucidation of human disease and the means of its relief. I cannot, however, believe that a liberal development in the new direction would necessitate any curtailment in the old. Let but a proper appeal be made to the profession, the public, and the Government, and means would surely be forthcoming which would enable our National Museum of Surgery so to develop itself, that no surgeon should ever spend a day in London without a visit to its collection, and none should pass through its rooms without obtaining information which would be of the utmost value to his patients.

There is yet another kind of museum which is, I think, a

desideratum, and which I have no doubt the future will possess; I refer to a museum-hospital, in which living persons, the subjects of chronic and incurable diseases of an unusual kind should be collected and encouraged to remain, with, of course, every attention to their comforts, for long periods; every facility being offered for their inspection by all members of the profession. From such hospitals I would wholly exclude common cases, such as are useful, nay essential, in the training of the student, and would collect only those likely to be instructive to advanced practitioners. Each case should be carefully studied by competent authorities, and described in an accessible catalogue. A visit to such an institution would be invaluable to the man engaged in busy general practice, and its growing records would become rich mines of information to the clinical investigator. Rare maladies are not to be regarded as mere objects of scientific curiosity, but should be utilised to the utmost, and made, if practicable, familiar to all; for in them often lies the key to the interpretation of other pathological phenomena which are common enough. Let us cease from dilettanteism, and try to economise our resources. When we do so, surely we shall find that there is a better way of dealing with examples of Myxœdema, of Addison's disease, of Charcot's joints, and Morphaeas, than by relegating them to the wards of an union asylum, where they will be seen by none. I mention these merely as examples; there are many others concerning which it is equally true that, if opportunities were afforded for their collection together, under conditions of facility for research and inspection, great help would be given both to medical education and to the progress of clinical knowledge.

I should be very sorry if what I have said, perhaps too plainly, as to what appear to me to be defects in our existing arrangements for the promotion of surgical knowledge, should have left the impression that I am in any degree a dissatisfied complainer. I hope that I yield to none in thankful appreciation of what has been accomplished in the past. But surely the fulness of the harvest which we have been permitted to reap, should prompt us to increased diligence in putting in seed for the next. We have every reason to feel encouraged and hopeful, but let us not allow the sentiment of confidence to lull us into sloth.

The chemist and empirical seeker after new drugs may, I suppose, share the pleasure which must come from the knowledge of how iodide of potassium has made curable a whole phalanx of maladies before hopeless, and not the less full of misery because often accompanied by the bitterness of self-reproach. The operating surgeon may remember the triumphs of ovariectomy, which has restored in health hundreds of mothers to their families. If we could bring together in one place those who, thanks to the ingenuity and industry of Von Gräfe, have been by iridectomy saved from blindness through glaucoma, and are now enjoying the blessing of sight, they would crowd this large hall, and leave no standing room. The abstruse optical researches of Young, Helmholtz, and Donders have borne fruit in the fact that thousands all over the world, whose sight was comparatively useless, now enjoy it in almost full perfection. The purely practical man may rejoice in remembering how much Sayre's jacket and Martin's bandages have done, and are daily doing, for the mitigation of suffering and the cure of diseases which render life a burden. The application of the germ theory to the treatment of wounds has, I doubt not, had for one of its results, amongst many others, that at the present moment there live, scattered in very distant places, many thousands of able bodied men, the fathers of families now earning their children's bread, who but for it would long ago have been in their graves. It is true that we as yet see no hope of a cure for cancer, but the pathological doctrine, which is rapidly gaining ground, that many forms are local, and that the pre-cancerous stage should be vigilantly recognised and vigorously treated, is already saving many from becoming its victims.

A few weeks ago, visiting a renowned cathedral, I found inscribed on its floor, at long distances apart, three remarkable words—*Credo, Spero, Amo*. I am not ignorant of the special meaning which, in such association, was meant to attach to these words, nor would I now, for one moment, attempt to employ them in a different sense if I thought it would give pain to the tenderest conscience in this room. But, indeed, they are words of the wisest bearing, and refer to feelings and attainments which lie at the very basis of all

human character. We become what we are, we effect what we do, in virtue of what we love, what we believe, and what we hope. I have ventured to censure as a weakness to which those who work in pursuit of a more intimate knowledge of disease are very liable—a spirit of dilettanteism, a willingness to be contented with half-results. For that weakness the cure rests in the *Amo*. He who intensely loves will sympathise with the miseries which afflict his fellow-men, and will be ever zealous for their relief. Nor will he fail to use every opportunity of becoming familiar with the reality of those miseries, and thus warm his sympathies and increase his love. Next comes the *Credo*. Do we heartily believe, in respect to the advancement of the happiness of man, in the value of the discovery of scientific truth? From the *Credo* to the *Spero*, in this instance, the step is very easy, for they are almost phases of the same sentiment.

I have just enumerated very briefly a very few of the countless encouragements to hope which those conversant with the history of our profession may easily find in the records of the last half-century. Can any doubt that they are but an earnest of far greater triumphs to come? The work that is before us spreads out in a sort of threefold division. We have to apply in the best practicable manner our present knowledge for the benefit of those around us. We have to do our best to increase that knowledge; and, thirdly, we have to find the best means for transferring it to the new generation which will soon succeed to our duties. Medical practice, the advancement of the knowledge of the nature of disease, and the training of our sons—such are our three great spheres of duty. Some of us work in one, some in another, most of us to some extent in all. Let us all seek to love the great final object at which we aim, to believe in the means which we are employing, and to hope confidently of their results.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Under the care of DR. MATTHEWS DUNCAN.

Reported by MR. SIDNEY DAVIES, B.A.

A Case of Carcinoma Uteri, relieved by Lead Iodide Ointment.

ELIZABETH M., æt. 62, was admitted into St. Bartholomew's Hospital on June 4th. Patient had been married forty years, and born six children, the last twenty-six years ago. She had also had four miscarriages. She stated that the catamenia had always been regular till twenty-five years ago, when they ceased permanently.

For two or three months previously she had complained of pains in the legs, and lower part of the back; these pains were worse at night, and kept her awake. She lost some blood sixteen months before admission, but not much. Since then there had been a light-coloured discharge. She lost a good deal eight months ago. She had had rather difficult labours, but otherwise had always enjoyed good health. Her mother died at 87, and she knew of no family history of carcinoma. She had no urinary or mental trouble.

The result of Dr. Duncan's examination was—Per hypogastrium, nothing abnormal discovered. Per vaginam, cervix uteri found to be enlarged, nodulated, and indurated. Bleeds when touched. Presents some ulceration.

Unguentum plumbi iodidi ordered to be applied frequently to the cervix. Tr. opii given at night to relieve the pain.

June 6th.—Urine, acid, 1010; trace of albumen from presence of vaginal discharge. Pulse 80; temp. sub-normal; slept better.

10th.—Patient has complained for two days of pain in abdomen, and vomiting. Temp. 102.3 last night. Pain of a colicky character. Abdomen resonant, natural. The unguentum temporarily discontinued.

14th.—Much better. Slight loss of blood from vagina. Eczematous eruption about the mouth.

16th.—Uterine pain diminished; sleeps better; troubled with flatulence. Unguentum applied again.

18th.—Feels better. Dr. Duncan found the cervix uteri less enlarged, and much softer.

July 2nd.—Complains of pain shooting down the legs, and in neighbourhood of hip-joint. The white discharge more the last two days; blood discharge less. Dr. Duncan.—Cervix is still lobulated, but is pale, and presents only a tender abraded surface in the middle.

5th.—Colicky pain very bad, especially after the application of the unguentum.

12th.—Dr. Duncan.—Cervix uteri still hard and lobulated, but reduced in size to nearly natural. Around the neck of the womb there is felt deeply irregular swelling.

15th.—Patient discharged relieved.

Remarks.—The interest of this case lies in the great improvement brought about by the ointment of lead iodide. This improvement was so marked that Dr. Duncan was, for some time, doubtful as to whether the case was not one of chronic inflammation resembling carcinoma; but when the ointment was discontinued for a few days, the patient always went back, and since her discharge she has again applied for admission, on account of incontinence of urine, and blood loss. Hence there seems no doubt that the diagnosis of carcinoma was correct.

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.

President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 162.)

Contrexeville.

THESE springs are situated a few leagues from Epinal, in the Voeges. It is used greatly as a medicinal water, but as it is rather indifferent we give the analysis here. The chief water sent out is the Source du Pavillion, the composition of which is as follows:—

Carbonate of calcium	18.30
Carbonate of magnesium	1.50
Carbonate of iron	0.52
Bicarbonate of lithia	0.30
Sulphate of calcium	87.78
Sulphate of sodium	17.78
Sulphate of magnesium	2.26
Chloride of sodium	0.30
Chloride of potassium	0.30
Silica	0.70
Fluorine, trace	
Arsenic, trace	

Total solids 130.74 gra.

Free carbonic acid not determined.

The fluorine is given on the authority of Debray, and is a peculiarity in this water. We had not enough water at our disposal to determine this point.

Skeleton analysis of $\frac{1}{2}$ -a-pint (10 ounces fluid)—

Total Solids.	Purgatives.	Salines.	Antacids.
8.1 grains.	.05 grains.	$1\frac{1}{2}$ grain.	$1\frac{1}{2}$ grains.

The amount of arsenic was not determined, but these waters of Contrexeville are said to give the following relative proportions in the deposit per 500 parts:—

Source du Pavillion	0.09
Source du Prine... ..	0.20
Source du Quai	0.15

The presumption therefore is that Sources du Prine and du Quai are richer in arsenic.

This water is pure and free from organic nitrogenous matter; with phenol-phtalien has a very slight action on boiling, and this is not of a permanent character. The antacid properties of this water, therefore, are mainly due to the alkaline earths. This water has a great medical reputation abroad, and would no doubt be of great value in the hands of the medical profession.

We have now concluded our list of table-waters. At the commencement of this section we pointed out the great difficulty which the classification of this group would present, but we have embraced in this group—1st. Waters which are generally used at the table, or have been proposed for that purpose; 2nd. Waters where the main ingredients are saline, with or without antacids, but invariably without any considerable quantity of those active purgatives, Epsom salts or Glauber's salts. Thirdly, we have not included any waters where the active ingredients much exceed 200 grains per gallon.

Necessarily a few arsenical waters appear in this group, and, taken in connection with the previous arsenical waters, may be said to complete the lists.

Brunsen, for instance, places Baden at the head of the list of arsenical waters. He says "there are few quantitative valuations of arsenic that can be relied on; I think I may quote the following as reliable":—

Burtscheid contains per litre	0.013 milligrammes.
Driburg " "	0.029 "
Weisbaden " "	0.038 "
Karlsbad " "	0.053 "
Soden " "	0.065 "
Kronthal " "	0.076 "
Baden " "	0.264 "

In the same paper he gives as reliable estimations of lithium a long list of water. We select out of them the most important:—

Aix la Chapelle (Liebig) per litre	0.19 milligrammes.
Ems (Struve)	1.50 "
Mariensbad Kreuzbrunner	
(Fresenius)	10.7 "
Baden (Brunsen)	54 "

The quantitative estimation of lithium is one of considerable difficulty when it occurs in small quantity, and although Brunsen in referring to the subject states that he has used a process which he considers in every respect reliable, he does not give it. The process adopted in these waters has been to separate by the ordinary analytical means the alkaline group, and then to convert the alkaline salts into sulphates and to treat these mixed sulphates with alcohol and to estimate the lithium; in

these residue after evaporating the alcoholic solution as phosphates.

Most of the weak chalybeate waters have been considered under the head of table waters, which are now concluded. We intend following these by a few of the strong iron waters which are of some importance, and thus finish the list of chalybeates.

THE RYDE MEETING OF THE BRITISH MEDICAL ASSOCIATION.

WHEN it was announced before the Cambridge meeting of the Association last year that the International Medical Congress would meet in London in the first week of August, 1881, it was seriously debated whether the annual meeting of the Association might not advantageously be for once omitted, it being reasonably anticipated that it could hardly prove either a numerical or a scientific success, following immediately upon the footsteps of the world-wide gathering in London. It was, however, said that an annual meeting of the Association was a necessary element under its constitution, and, as a warm invitation from the medical men of Ryde had been offered to the members, the majority of the Council thought that a satisfactory meeting at that place might be hoped for, calculating upon the probable longing of the foreign congressionists for a little fresh air and rural felicity as a relief from the labour and turmoil of the London assemblage; and so it was decided to hold the meeting at Ryde, and to follow the usual routine of addresses in medicine, surgery, and obstetrics, and of supplemental work in sections.

The meeting, which has just closed has been—as might have been expected—a feeble effort, notwithstanding the energy shown by the Isle of Wight practitioners in the attempt to make it a success. Scientific, gastronomic, and personal exhaustion was manifested on the part of the members who had come down from London to such an extent as to suggest the question, whether, after all, a *pro forma* business meeting of one day in London would not have served the purpose, and better maintained the credit of the Association. The names of members inscribed as attending the meeting exceeded 400; but when we say that, at the general meetings, the platform attendance did not usually exceed eight, and that the largest audiences seldom numbered more than 150, it will be understood that most of the 400 came for play and relaxation, and, for the nonce, preferred ruralizing to scientific business.

THE FIRST GENERAL MEETING

Was held on Tuesday, the attendance at which was very small, few of the members having yet come down from London. The Presidential chair having been vacated by Professor Humphry of Cambridge, and filled by the election of Mr. Barrow of Ryde, the financial report was read and its adoption resolved, not, however, without some protest by Dr. Hadden, of Manchester, who gave his reasons for not concurring in the opinion of the Council that the Association deserved congratulation upon its "earnest and effectual scientific work, public influence, journalistic efficiency, and material prosperity." Without expressing any opinion upon Dr. Hadden's views, we concur with him thus far, that such self-gratulations might as well be omitted from future reports.

SUPPRESSION OF CRITICISM.

We seize the opportunity, however, to object emphatically

to the method in which the decrees of the Council are rushed through the general meetings of the Association without any adequate opportunity for criticism. In this particular instance, the President, and the ex-Treasurer of the Association at once crushed out the animadversions of Dr. Hadden by laying down the law that no member had any right to move an amendment because the report could only be changed by the will of the Council, the power of the general meeting being thus restricted to rejecting it, as a whole, without reference to any one of its details.

We are not cognisant of any law of the Association which justifies such restriction of the right of criticism of the proceedings of the Council, but, if such law exists, we are strongly of opinion that, for the good of the Association and in the interest of liberty of speech, it should be at once modified, and that as long as it exists, the Council and officers of the Association would do well not to enforce it in such a way as to suppress a healthy and necessary discussion.

DISCOURAGEMENT OF DISCUSSION AT THE GENERAL MEETINGS.

The foregoing considerations lead us further to express our feeling that the facilities usually afforded for discussing the policy of the Association upon public questions are altogether inadequate, because of the prominence given in the annual programme to lengthened (and sometimes dreary) addresses on medicine, on surgery, and on collateral scientific subjects. We are not to be understood as depreciating the value of a cleverly executed yearly *rechauffe* of the progress of our art in its various departments, but we do say that, to devote a daily hour and half of the valuable time of the Association to disquisitions, which can be appreciated and digested much more thoroughly in print a few days afterwards, is a cardinal error of system, all the more serious when it has the effect of preventing the interchange of the opinions of members upon public subjects of pressing importance.

The business of the Ryde meeting forcibly illustrates this statement. For example, the discussion on a most important report of the "Collective Investigation Committee," which proposed the establishment of an entirely new and extensive department of the Association and the appointment of salaried officers, was altogether "burked" by want of time. The recommendations of the Committee could neither be debated nor adjourned, because the way was blocked by the addresses which had to be delivered. Accordingly, the report was adopted without discussion. The same occurrence took place, when the subject of notification of infective disease was under criticism, a hasty vote being snatched, in order that the address in surgery might be proceeded with, and *mutatis mutandis*, the same observation would apply to resolutions on vivisection and on calf-vaccination which, we believe, would have been fully discussed had time permitted. We are distinctly of opinion that the incapacity of the meetings to deal with these subjects, the importance of which is immediate and urgent, was not atoned for by any, or all of the addresses given at Ryde, and we put it to the common sense of the Council to take steps to provide against the future sacrifice of pressing business to facilitate the reading of long-winded dissertations on abstract subjects. If a remedy for the existing method of doing business cannot be found, we submit that it is altogether useless and disappointing that the work of the Council, and the various central committees, should be submitted for approval to the general meetings.

THE SECOND DAY.

The business of the Association commenced with the resignation of the Presidency of the Council by Dr. Carpenter, of Croydon, and the appointment of Dr. Wheelhouse, of Leeds, in his stead. Dr. Carpenter's work for the Association has been a labour of love for him, and of great value for the entire organisation; and the compliments paid him on his retirement were fully deserved.

THE PLACE OF NEXT MEETING.

It was then announced that, inasmuch as the year 1882 would be the fiftieth anniversary of the establishment by Sir Charles Hastings of the Provincial Medical and Surgical Association, which afterwards became the British Medical Association, the meeting for that year would be held at Worcester—the parent-city of the organisation—Dr. Strange, of that city, being nominated as its President. Invitations had also been received from the medical men of Liverpool and of Glasgow; and it was stated that the meetings for 1883 and 1884 would probably be held in those towns. This business having been transacted, the remainder of the meeting was devoted to

DR. BRISTOWE'S ADDRESS IN MEDICINE.

The learned lecturer, having selected Homœopathy as his theme, may be judged to have intentionally chosen an agitating subject, and certainly if his purpose had been to create a sensation and invite criticism he was fully successful. It seems to us a grave question whether it is wise or in good taste that the public orations of the Association should be used for the pronouncement of opinions upon disputed questions, which opinions may be regarded as those of the profession, not of the lecturer, and respecting which the audience are not permitted to say a word. We do think that in this particular instance the choice of a subject has been particularly unhappy, and that the method of discussing it by Dr. Bristowe ought to be considered by the Council, with a view, if necessary, to a public repudiation of the lecturer's views. The oration itself was strangely illogical, the greater part of it being devoted to an *exposé* of the monstrous fallacy and probable dishonesty of homœopathic practice, while the peroration consisted of an entreaty to his hearers to take homœopaths to their embrace as consultants on even terms and as professional *confrères*.

Thus, in the early part of his address, having minutely reviewed Hahnemann's theories and practice—having pointed out *seriatim* the obvious falsity of one and the disastrous results of the other—the lecturer wound up this section of his discourse in the following words:—

"How curious, how ingenious, how interesting the whole thing is! How excellent, if true! And has it not the simplicity of truth in it? The entire range of diseases, the entire range of therapeutics, converted into Chinese puzzles; the phenomena of diseases and the effect of drugs upon them treated as algebraical equations! *It is impossible to conceive of any physician working daily by the bedside of patients, and in the dead-house, and seeing diseases as they are, framing such a system, except as a joke.* It could only have been, as in fact it was, the serious work of a visionary who had thrown off the trammels of fact, and, allowing his imagination to run riot, mistook its fantastic figments for a revelation from heaven."

Having described Hahnemannism in these terms, Dr. Bristowe devoted himself to showing that the present practitioners of homœopathy could not be reasonably conceived to have belief in that which they practise. He said:—

"It is hardly possible that every homœopath should believe fully in the efficacy of the infinitely little doses which Hahnemann contended were the most efficacious, or should believe in the potential effects of the

shakings of his preparations, to which, in fact, he largely attributed the development of curative energy in them; hence the dosage with some is much larger than Hahnemann would have sanctioned. Nor again, was it to be expected that every thinking man would admit that remedies cured diseases because they produced identical effects with them (and, indeed, unless one assumes that remedies act like Pharaoh's lean kine, and then die of a surfeit, it is difficult, to say the least, to imagine Hahnemann's process of cure in progress)? and hence has arisen an hypothesis with respect to the influence of minute doses in the cure of diseases, which is fully as ingenious as Hahnemann's own, and is probably just as true, but which has the theoretical disadvantage for homœopaths of converting homœopathy into antipathy! I shall not stop to consider the propriety or plausibility of these and other like innovations in orthodox homœopathy; and I leave those who advocate them to reconcile them as best they may with the teachings of their founder. To me, I confess, they seem in direct contravention of homœopathic principles, and fraught with ultimate disaster to the homœopathic cause."

Lastly, he asks:

"If these men are honest and educated, and at the same time duly qualified practitioners in medicine, how can they believe, and how can they practise, such a palpable imposture as homœopathy?"

And he answers his own question by the simple statement that—

"It is difficult to account for the beliefs and vagaries of the human intellect."

The foregoing quotations from this remarkable speech should surely be sufficient to make it clear that Dr. Bristowe abhors and repudiates homœopathy in all its aspects, and conceives utterly impossible a beneficial interchange of ideas between a scientific physician and one who either follows, or lets it be believed that he follows, the teachings of Hahnemann. But the outcome of Dr. Bristowe's chain of reasoning is simply astounding. He spoke as follows:—

"I shall not discuss the question whether we can, with propriety or with benefit to our patients, meet homœopaths in consultation. *I could, however, I think, adduce strong reasons in favour of the morality of acting thus, and for the belief that good to the patient would generally ensue under such circumstances.* I shall not consider at length whether the dignity of the profession would be compromised by habitual dealing with homœopaths. But I may observe that it is more conducive to the maintenance of true dignity to treat with respect and consideration, and as if they were honest, those whose opinions differ from ours, than to make broad our phylacteries and enlarge the borders of our garments, and wrap ourselves up, in regard to them, in Pharisaic pride."

A public pronouncement of this sort may be creditable to Dr. Bristowe's logical ingenuity, but it is certainly discreditable to the Association, and distasteful to the profession; and we thank Dr. Long Fox and Mr. Stokes, of Dublin, for having uttered a repudiation of such doctrine.

The lecturer has altogether misconceived the reasons which actuate the profession in refusing to meet homœopaths. Many of us, probably, do not believe them honest practitioners or honourable men; but even those who charitably assume them to be so, should in all reason decline to interchange medical ideas with them, because there can be no salutary interchange where absolute hopeless incompatibility of principle exists. The scientific physician may be right in the principles which guide his practice, but, if so, his advice is pernicious nonsense in the ears of a homœopath, and the reverse proposition to this is equally true. The patient cannot benefit, but must suffer from a muddling-up of theories, one or other of which is absolutely false. Therefore, wholesome association between practitioners of the opposite schools is impossible, and no one has

ever more conclusively proved that it is so than Dr. Bristowe, the Lecturer on Medicine of the British Medical Association.

It is our duty to say that his homily to the profession on the exercise of charity is uncalled for; that his advice will not be accepted; that his opinions are his own and not those either of the British Medical Association or of the medical profession; and that his speech, inasmuch as it will certainly be utilised by homœopaths as a formal recantation of our scientific dogmas, was indiscreet and most injurious to the prestige of scientific medicine.

It seems to us that the hour has come for the members of the British Medical Association to put down their foot upon the obvious disposition of certain influential people within its ranks to coquette with homœopathy. There are palpable signs of a movement to level homœopathy up to medicine and medicine down to homœopathy. There is but one honest way of completing that process, and that is by the homœopath publicly disavowing those views and practices which he has already—in many instances—disavowed secretly. When he thus shows himself honest in action he can be received, and not until then, for, as long as he seeks public patronage on the ground of homœopathy, he cannot honourably put that schism aside and resort to the system of scientific medicine, either to meet the views of an allopathic consultant or even to cure his patient. If homœopaths are no longer Hahnemannians—as Dr. Bristowe suggests—let them honestly say so. They are certainly not fit associates as long as they sail under false colours, even though they fight under the flag of allopathy.

The afternoon of the second day's meeting was occupied with an excursion of the members to Brading, to see the remains of a Roman villa. A special train carried the visitors there and back, and it was crowded. The visible remains of the villa consisted in two tessellated pavements, in a fair state of preservation, respecting which, however, no description was forthcoming.

The afternoon closed with the annual

DINNER OF THE IRISH GRADUATES' ASSOCIATION,

which took place at the Esplanade Hotel, under the presidency of Dr. Banks, physician to the Queen in Ireland, and under the energetic management of Dr. Thompson of Leamington, secretary to the Association. A special and most commendable feature of this *reunion* is the admission of ladies to it, the success of which arrangement suggests to those in authority the propriety of, as far as is possible, providing for the recreation and amusement of the wives and daughters of members attending the meeting. It is a question worth considering whether the interest in the annual dinner of the British Medical Association might not be enhanced, and its success (always a little doubtful) assured, by admitting ladies to it at a lower tariff than that required from members. The Irish Graduates' Association has shown a good example in this direction.

THE MAYOR'S SOIREE.

In the evening the Mayor and Corporation of the borough opened the Town Hall to the Association for a *soirée* which was numerously attended and, in all respects, successful. An excellent band and some pleasing vocal music were provided for the amusement of the visitors, and, as the size of the room obviated any unpleasant crowding, the evening was very enjoyable.

THE THIRD DAY (THURSDAY)

was opened by the breakfast usually given by the National Temperance Association at the Royal Victoria Rooms. The meeting was under the especial management of Dr. Norman

Kerr who has been called upon to assume the duty hitherto discharged by Dr. Stephen Alford, who unhappily lost his life by railway accident a few weeks ago. The breakfast was all that could be desired, but, if we may offer a suggestion, we think it would be well that the succeeding speeches should be devoted rather to eliciting medical views on temperance questions than to addresses of welcome and hopes for professional co-operation. There is no more deserving movement within our profession than the application of temperance principles to our practice, and we think that much benefit would result from a free discussion of this subject either at these breakfasts or elsewhere. Though warmly invited to do so, individual guests are naturally unwilling to obtrude their views on such an occasion, but we think that, if short provocative speeches were organised beforehand, the object we desire would be effected.

The Third General meeting of the Association was devoted to the Report of the Parliamentary Bills Committee, the salient point of which was the

NOTIFICATION OF INFECTIOUS DISEASE.

The Report stated, *inter alia*, that it was the intention of the Committee to introduce a Bill next session to provide for such notification, and Mr. Michael, Q.C., well known as the advocate of the proposal—that the physician should be compelled to notify to the sanitary authority under penalty,—which proposition was embodied in Mr. Gray's Bill for Ireland of the present Session, and in Mr. Hasting's Bill now before the House of Commons, came down from London for the purpose of securing the adherence of the members to his views. Mr. Michael availed himself of the opportunity of this meeting, to impress his views on the assembled members, and he did so with much ability, and at much length. He moved a resolution to the effect that the Parliamentary Bills Committee should be instructed to give their support to Mr. Hasting's Bill, which is promoted by the Social Science Association, but his arguments did not carry conviction to his hearers, for, after an earnest debate, initiated by Dr. Fitzpatrick, of Liverpool, and followed up by Dr. Jacob, of Dublin, and others, the resolution was negated by a large majority. The question of the adoption of the Report was then put, and the clause which pledged the Committee to promote a Notification Bill, was warmly resisted. Dr. Sibley, on behalf of the Committee, stated that they contemplated only a measure under which the physician "may" notify the occurrence of infective disease, and, as the President would not allow any further discussion, a hurried vote was taken, approving of the Report of the Committee.

It was, however, manifest to all present that, if the subject could be sufficiently debated, and the proposal of the Committee sufficiently understood, the majority of those present would have been against the promotion of the contemplated Bill. The purpose of that Bill was not understood. It was not realised that, under the physician *will be forced* by a £5 penalty, to serve upon the patient's custodian a written notice of the nature of the disease, a proposal altogether different from that pictured by Dr. Sibley.

We hope that the speeches made on this occasion—though the discussion was hurried and unsatisfactory—will cause the Committee to understand that, in the interest of the profession, any such legislative proposal must be opposed, and that no law should be allowed to pass which fixes, directly or indirectly, the notification responsibility on any one save the custodian of the patient.

The Address in Surgery was then delivered by Mr. Jonathan Hutchinson, and was heard with much interest. It will be found on page 161.

THE PUBLIC DINNER.

The evening was occupied by the Public Dinner of the Association, of which it is kind to be silent. The difficulties of the local executive in a small town like Ryde to provide a dinner for a large body of gentlemen may be easily understood. Those difficulties are greatly increased by the inconsiderate omission of many members to enter their names on the dinner-list until the eleventh hour, and, in this instance, the result was a regrettable failure of the entertainment. We venture to suggest that a similar fiasco might in future be obviated by charging a less price—say 15s.—for the dinner cheque of those who gave in their names on or before the first day of the meeting, and by rigidly exacting £1 1s. 0d. from those who delayed their entry until the last moment.

THE FOURTH DAY (FRIDAY)

Was occupied in the forenoon by the address of Dr. Sinclair Coghill, on "The Progress of Obstetrics." The communication was admirably thought out and expressed, and the matter contained in it was of much value, but, as a whole, it was greatly too long, and much of it had to be sacrificed for the sake of brevity. Compression is as useful a treatment for public addresses as for aneurisms, and that quality would be best achieved by the rehearsal of an address before its delivery.

In the afternoon of the same day the President and Mrs. Barrow received the members and the ladies with them in the grounds of the College at a garden party, the pleasing anticipations of which were defeated by the weather, which turned out most inclement.

We cannot pass from the record of this meeting without offering our testimony to the earnest activity and hearty hospitality shown by the medical men of Ryde. Everything which an enthusiastic desire to do justice to the occasion and credit to themselves could do was done by them, and if the result was only mediocre, the mediocrity is in no way chargeable against them.

THE SECTIONAL WORK

Of the meeting was fairly good, considering the supersaturation of the members with professional science at the recent meeting of the International Congress.

We have already noticed the work done in the Public Health Section.

OTOLOGY.

The Sub-section of Otolology was opened on Wednesday, Aug. 10th, with an address from the Chairman, Dr. Wilson Pritchard, on "Aural Surgery as a Branch of General Medical Education." The chairman referred to the general ignorance of the diseases of the ear and their treatment among students and practitioners, and attributed this mainly to two causes—(1) a profound contempt for aural surgery; (2)—of which this contempt is a natural outcome—a want of knowledge of what aural surgery can do for ear diseases. At the conclusion of the address Dr. Pritchard urged that something might be done to prevail upon the examining bodies to include aural surgery in the subjects in which students might expect to be examined, and suggested that a committee might be appointed to consider the best means of attaining this end.

Discussion on the address being invited, some remarks were made by Dr. Löwenberg (Paris), Mr. Cresswell Barber, Dr. Jacob, Dr. Barr, and others.

The sub-section then proceeded to the discussion of the first of the two subjects selected, viz., "The Relation of

Diseases of the Nasal Passages and Naso-Pharynx to Aural Affections." This was opened by Dr. Barr (Glasgow), who referred to the important relations of naso-pharyngeal disease to the ear, and mentioned the various forms of naso-pharyngeal affections which affect the auditory organ, especially vegetations and adenoid growths. On this point the discussion mainly turned, being continued by Dr. Guye (Amsterdam), Dr. Löwenberg (Paris), Dr. Reeve (Toronto), Mr. Douglas Hemming, Mr. Cresswell Barber, and the chairman. There was a general agreement as to the very important part which affections of the naso-pharynx play in the causation of ear disease, and there can be little doubt that, as these regions are more systematically investigated, many more cases of ear disease will find relief.

On Thursday resolutions were passed by the sub-section to the effect that it was desirable that a committee should be appointed to consider the best means of promoting the study of aural surgery, especially in regard to examination in the subject, and that the said committee should consist of the Chairman and Secretaries of the sub-section, and (with their consent) of the teachers of otology in the United Kingdom.

The second subject for discussion—"The Treatment of Acute Suppurative Inflammation of the Middle Ear, with especial reference to Perforation of the Mastoid." In connection with this subject, Dr. Barr read a paper on "The Treatment of Purulent Discharge from the Ear, where the Source of the Secretion is in the Upper Part of the Tympanum and the Antrum Mastoideum; with Four Cases." The discussion which followed showed a considerable consensus of opinion in favour of the use of boracic acid in purulent otitis. Dr. Jones (Chicago) also employed cotton impregnated with iodine. Dr. Löwenberg also used alcohol. Dr. George and Mr. Hemming spoke especially with reference to the question of perforation of the mastoid, the latter referring to Dr. Hotz's paper in the "Archives of Otolology," No. 2, 1880. Dr. George considered he had saved life by the operation. When Wilde's incision only is used great care must be taken to keep it open. Mr. Hemming had found the cotton wool medicated with iodoform, boracic acid, &c., as introduced by Dr. Woakes, very useful in purulent discharge. The Chairman often combined thymol with alcohol in these cases. As to perforation of the mastoid, where there is pus present in the cells we must trephine.

Several instruments and appliances were then exhibited—an ear-protector against noise, shock of cold, sea-water, &c., by Dr. Ward Cousins; Politzer's small hearing tubes; a self-retaining nasal speculum, and an improved form of aural scoop, by Mr. Cresswell Barber; a modification of Brunton's speculum; instruments for use with the Eustachian catheter, for forcing water and medicated fluids through, by Dr. Jones (Chicago); a combination of Brunton's otoscope and Siegle's speculum, by Mr. Hodgson (Brighton).

The sub-section closed with the usual votes of thanks to Chairman and Hon. Secs.

DR. BUDDS, dispensary medical officer, Cork, died suddenly last week. Dr. Budds came to Cork some years ago from Dublin, and was appointed house surgeon of the South Infirmary. He afterwards was appointed to a dispensary district in the city, and held the honorary post of physician at the North Fever Hospital.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, AUGUST 24, 1881.

THE ETHICS OF SPECIALISM.

In his address to the members of the British Medical Association recently, Mr. Jonathan Hutchinson opened up a subject of the utmost importance to medical men, and of the utmost importance, too, to the general public. It is a subject on which in the past we have dwelt with a freedom of language that has secured for us a good deal of unpleasantness and annoyance from interested persons; and it is one, moreover, on which we have as yet by no means said our say. Special hospitals have in the past been the means of perpetrating many gross irregularities, and in the present time there are many of these institutions that exist solely for the benefit of those who make them a bait for the unwary. It is the misfortune of specialism in its best and highest sense to be inseparably associated in the minds of the inexperienced with the abuses committed at special hospitals of a certain kind; and every exposure endured by the latter is taken as a blow to the principle they so improperly represent. Specialism, when pursued in the narrow spirit of rigid exclusion, cannot result in anything but the miserable failure of the specialist; his unfitness for the rôle he adopts is demonstrated in the weakness of his pretensions, and the best evidence that specialism means nothing so little as following a single line to the utter

neglect of everything that lies outside of and beyond it, is afforded by the acknowledged specialists of our own time—men whose breadth of knowledge and extent to which they can employ it fits them to be leaders in many branches that modesty alone prevents them from shining in. This fact properly appreciated contains the key to the whole question of specialism; and it indicates that the specialist needs to be an educated medical man within the full meaning of that comprehensive term, and then the follower of a particular line of practice. Mr. Hutchinson's eloquent exposition of the claims exerted by ophthalmic surgery are capable of being turned to prove this proposition; both he and everyone who thinks with him would demand that the first condition towards successful special practice is, indeed, an adequate general education in the science and practice of medicine and surgery. It might, indeed, seem almost unnecessary to urge so elementary a truth, but the utterances that have so lately rung in our ears do emphasise the conviction gained on reviewing the position of many institutions in this country, a position which irresistibly tends to show the utter neglect of the truth above enforced by those who have created and supported them. As Mr. Hutchinson has urged, “Let the profession set its face, not against specialism as a whole, but rather against those institutions which are conducted in a narrow spirit.” He might have gone further than he did when he insisted on open elections of officers and demanded the speedy and efficient clearance of the boards of many an improperly named establishment, an entire re-fitting, and the introduction of a purer element of worth where all has hitherto been prostituted to the furtherance of private ends.

The opponents of specialism are a class of whom, it may be broadly inferred, that they are deficient in that power which enables a man to see how ignorant he needs must be. Whoever continues to suppose that he need not, for his patient's good, if not for his own, to invoke the aid of an ophthalmic surgeon in cases of eye disease, of an aurist for the cure of a rebellious ear complaint, the assistance of a specialist in the diagnosis of an obscure cerebral tumour, and so on, is one with whom it is impossible to argue concerning the impossibility of universal proficiency, for the reason that he has no inkling of what proficiency implies, and that there are, unfortunately, many members of the medical profession who occupy this position, is only too plain. Few of us do not almost frequently come across some such representative of ignorance; and it is, by no means, a sweeping assertion, that they are to be found far more frequently in positions of importance connected with special hospitals, than they are to be seen in general institutions. This it is that deals most harm to legitimate specialism: it is the ministers that damn the creed; and well would it be for the scientific advance of this country, that the whole administration of hospital charity became the work of an irresponsible central bureau. The damage is being done by the narrow, illiberal action deplored by Mr. Hutchinson in his Ryde address; until we can obtain the freedom and openness that he desiderates, we shall see no improvement on the present system, and the few deserving special hospitals will be classed by the indiscriminating

with the many bastard ones. On one point touched on, in the same address, there will be various opinions expressed, that, viz., of adding special departments to general hospitals. In certain circumstances this might be, and is, attended with satisfactory results; but in others again, it cannot be regarded as producing unexampled benefit. There is much to be said in favour of associating in a large institution the multitudinous forms of disease, so that where room and means of treatment are at hand, it is possibly to be desired. But in those, by no means rare, cases where makeshift does for what is necessary, and skilled attention is not forthcoming, then the experiment can result only in disaster. And again the percentage of special cases can never be a large one at any one time, or in any one locality, so that unless drawn from the immense numbers who flock to a huge institution, they must ever be insufficient to justify a separate maintenance. On the other hand, when a particular institution is assigned to them, they will proceed to it direct, and hence, too, arises a further necessity for the presence of the best available means of treatment.

The whole subject, however, of specialism, both in connection with hospital and with private practice, is one that requires, and must receive, thorough ventilation, and it cannot come too soon.

Notes on Current Topics.

Death of Mr. Luke.

THE well-known octogenarian surgeon, Mr. James Luke, died at his residence, near High Wycombe, on Monday last. For some years Mr. Luke had been a consulting surgeon to the London Hospital, his connection with that institution dating from 1823, when he became Lecturer on Anatomy to the hospital. He obtained the Fellowship of the Royal College of Surgeons of England in 1843, and was elected a member of the Council of that body three years later. In 1851 he was a member of the Court of Examiners, and served the office of president of the college in the years 1853 and 1862, having been Hunterian orator in 1852. His service to science procured him, in 1853, the Fellowship of the Royal Society, and for a period of ten years after the latter date he continued in his large practice, finally retiring from active service as surgeon to the London Hospital in 1863. Of late years Mr. Luke has naturally been seen but rarely by those who are, notwithstanding, familiar with his name, and many will regret the loss produced by his death. Mr. Luke was one of the links which bound the old school to the new, and he was, moreover, almost the last remaining. At one time he exerted a strong and important influence on the progress of surgical science in this country, and the record of his life is an example of determined and successful endeavour.

Street Comforts.

WE are not surprised that the introduction into London of new, comfortable, and commodious carriages, on the routes along which the unsightly, miserable buses of the London General Omnibus Company travel, has excited

the greedy fears of this would-be monopolist association. The ill-advised demand made by the existing bus and cab proprietors for Government protection, against probable loss to themselves from the successful plying of the new conveyances, will excite in the public only indignation against the petitioners. The evil daily done to public health by the disease-fostering machines, in which the travelling sections of society are compelled to do their journeyings in the streets of London, is incalculable; and the time has long enough arrived when the change rendered so necessary should be initiated in the direction of reform in the construction of hackney carriages of all descriptions. The Omnibus Company have persistently refused to cater for the comfort of the numbers out of whose pockets it has so long drawn enormous dividends, and now the task is being done independently of it, it commences to protest against the infringement of its rights. We trust the energetic proprietor of the new and comfortable conveyances, both those of the great railway companies, and those run by other owners, will meet with an amount of patronage that may demonstrate to the older company the unwisdom of the policy so long pursued by it. That ventilated omnibuses, built to run smoothly, and arranged with some view to the convenience of passengers, will always receive the preference of travellers there cannot be any doubt. We trust they may rapidly crowd out of the streets the miserable makeshifts that look, beside them, like relics of a barbarous past.

Donations to Hospitals.

MRS. ELIZABETH LETHEY has left a sum of £1,000 to form a scholarship or prize, to be awarded annually to the student, in the medical school of the London Hospital, who shows himself most proficient in chemistry. Such scholarship is to be known as the "Dr. Letheby Prize," in memory of her husband, who was for many years Professor of Chemistry at the London Hospital.

The Birmingham General Hospital will by-and-by benefit to the amount of £50,000 by the will of the late Mr. A. S. Wilkes, who recently committed suicide while suffering from mental depression. The deceased bequeaths the whole of his estate, which is valued at £100,000, to the Birmingham and Midland Institute and the Birmingham General Hospital, on the decease of his sisters, who are to hold it in trust during their lifetime. This munificent donation, acquired under such melancholy circumstances, will serve to place the Birmingham Hospital among the most richly endowed of provincial charities, and it is eminently deserving of the position it must by-and-by occupy.

Sir Sydney Waterlow, the treasurer of St. Bartholomew's Hospital, has received from Mr. Charles Kettlewell, of Armadale Castle, Island of Skye, a governor of the Hospital, a communication offering the sum of £10,000 for the erection of a convalescent home for St. Bartholomew's Hospital, as a memorial to his late brother, who died of fever in Naples. The offer is conditional upon a suitable site being found within a reasonable time.

THE fifth annual meeting of the American Dermatological Association will be held in Newport, R.I., on August 30th and 31st, and September 1st.

The Public Health.

THE Registrar-General Reports that during the quarter ending June last, there were 162,324 deaths in the United Kingdom, and 293,024 births. In England the births numbered 225,467, a smaller number by 7,039 than were registered in the corresponding quarter of 1880. The deaths in England and Wales amounted to 120,825, thus giving a rate of 18.6 per 1,000. This rate is an exceedingly low one, being 2.3 below the average for the ten preceding corresponding quarters. The excess of mortality in the urban compared with the rural population was considerably below the average. In twenty of the largest English towns, including London, and having an estimated population of about seven and a-half millions of persons, the death-rate averaged only 20.5 per 1,000, corresponding with that which prevailed in the second quarter of last year; in the corresponding periods of 1878 and 1879 the death-rate in these towns averaged 22.7 and 22.3. The lowest rates in the twenty towns last quarter were 16.6 in Brighton, 18.1 in Hull, and 18.3 in Plymouth; the rates ranged upwards in the other towns to 22.4 in Sheffield, 23.3 in Manchester, and 24.3 in Liverpool. The high rates in Sheffield and Liverpool were to a considerable extent due to zymotic fatality, while the high rate in Manchester cannot be attributed to the same cause. In fifty other English and Welsh town districts, having an estimated aggregate population of rather less than three millions, the death-rate averaged only 18.8, and was 1.7 below the mean rate in the twenty larger towns. Among these fifty towns the death-rate did not exceed 13.2 in Maidstone, 13.6 in Dover, and 13.7 in Cheltenham; the highest rates were 22.8 in Blackburn, 23.3 in Macclesfield, 23.7 in Stockport and Ashton-under-Lyne, and 24.8 in Merthyr Tydfil. The high zymotic death-rate in great measure accounted for the excessive mortality in Macclesfield and Merthyr Tydfil; whooping-cough was fatally prevalent in the former and scarlet fever in the latter of these towns.

The Health of Bengal, 1880.

THE Report for 1880 of the Sanitary Commissioner for Bengal has recently been published. According to that Report a considerable improvement as regards the general health of the province took place. The number of deaths by cholera also underwent a decrease from 136,363 to 29,643 in 1880. In 118 registration circles of the province no cholera appeared, against 30 in 1879; the disease only visited 19 epidemically, against 87 in 1879; 45 severely, against 98. This happy state of things is looked upon as being in a great measure due to the fact that an unusually heavy rainfall took place throughout the three first quarters of the year. If this be so, the Report contains the record that as a result of these conditions the registered deaths by fever rose from 622,260 in 1879 to 689,605, numbers, it is stated, probably far below the truth. Reduced to figures then, we learn that in 1880 a decrease in the mortality by cholera equal to 96,720 took place. On the other hand, there was a rise of 67,345 in that by fever as compared with that of 1879, the actual decrease by these combined death causes being 28,375. When, however, the circumstance is stated that the ratio of difference between 15.85 in 1879 and 15.40 in

1880, namely, 0.45 per 1,000 of population, represents the entire saving of life in the latter as compared with the former, the fact presents itself that fever was but one among diseases by which in reality the entire mortality was kept up to a mere fraction of what it had been with cholera—in other words, that the relative decrease in cholera had very slight influence on the general rate of mortality for the year.

The prevalence of fever on this occasion is assigned partly to the obstructed drainage and partly to the filthy condition of the water tanks in the affected districts. But in both these respects the conditions are, as far as can be ascertained, much in the same state as they were in previous years, in some of which cholera was very prevalent, in others when that disease as well as fever were less so than in 1880. It is evident therefore that the actual causes of both these affections are to be sought for beyond the mere circumstances that drainage was imperfect and the quality of the water inferior.

International Dosimetry at the recent International Pharmaceutical Congress.

THE chief pharmaceutical event of the month has been the holding of the fifth International Pharmaceutical Congress in London. Delegates from all parts of the world attended this Congress, which has been by far the most successful of any of the series. Thus, an International Pharmacopoeial Commission was formed, authorised to draft a scheme for submission to the next Congress at Brussels, three years hence, to equalise the strength of potent medicines in all national Pharmacopoeias. The Pharmacological Section of the International Medical Congress has agreed to the appointment of a Commission of medical men to work with the pharmacists in this object. The International Pharmacopoeial Commission appointed by the Congress met and elected Mr. A. von Waldheim, of Vienna, as president, and Dr. Goddefroi as secretary of the Commission. They will draw up a preliminary scheme, and, after obtaining the criticisms and suggestions of the other members of the Commission, will prepare a formal draft of the proposed international formulary for submission to the next Congress at Brussels.

The Madras Medical School.

THE distribution of prizes to pupils in the Madras Medical College took place not very long ago, on which occasion a learned professor in that institution expressed, at considerable length, his views on things medical and others; but in a manner which apparently met not altogether with the approval of the chairman of the meeting. The *Madras Times* of July 1st, 1881, contains a very full report of the address alluded to, but for the benefit of the readers of the *Medical Press and Circular* a few of the more exquisite gems of the oration may be picked out, and left for setting, thus:—

“In this enlightened assembly there must be some who consider the subordination of woman an inevitable law of nature. All must agree in this—that the enforced idleness of many women is a great defect in our social system. Women are too frequently a trial to themselves and a burthen to others. Many are the lives, incalculable the potential energy thus wasted and lost. But matters are

mending. There are many who doubt the necessity for, or propriety (for shame!) of, female medical practitioners. In India there is a field for medical ladies; a medical zenana mission would be esteemed were it free from suspicion of religious proselytism. Religion should have no need to shine by borrowed light; let us have purely medical missionaries. In Dublin, where the mortality, as compared to other cities in the United Kingdom, is as that of Madras to other cities of India, a Ladies' Sanitary Association has lately been established. Let them institute a crusade against the follies of fashion—some of these no less barbarous than the deforming practices of limping Celestials, or tattooed savages. Mahomedans witness our developments of chemistry, mechanics, optics, electricity, yet are slow in giving credit for our advances in the science of medicine. With the exception of a few incorrigible classical pedants, there are few men who do not believe that classical education has been overdone, to the detriment of modern literary and scientific culture. The scientific pedant is not very common. In him one drop of knowledge so intoxicates his reason that he becomes oblivious of the boundless ocean before him. To the natural philosopher the grand interpretations of universal law are more noble than the conceptions of any fetish worshipper. It is the herculean mission of modern science to overthrow the strongholds of bigotry and ignorance. Disease is always more or less preventible. Hygiene may do much to promote longevity, morality, and happiness; it may also lessen the heritage of disease to generations yet unborn. Our breed of horses and of other animals are the results of selection and education for many generations. Similar care would produce equally valuable results in the improvement in mankind."

Then follow some remarks addressed especially to the students, but the examples already given may, perhaps, be deemed enough.

False Assumption of Medical Titles by an Apothecary.

AT Wallingford Petty Sessions on the 12th inst., Mr. Arthur Augustus Sadgrove, was summoned by the Royal College of Physicians for that he did unlawfully, wilfully and falsely take or use a name, title, addition or description implying that he was registered under the Medical Act, 1858, as a Licentiate of the Royal College of Physicians of London, contrary to sec. 40 of the Act. Mr. Witherington appeared for the prosecution. The defendant defended himself. It appeared that in the autumn of last year and up to, and including the 19th May last, the defendant had on several occasions affixed to certificates of births and deaths after his name the registrable qualification of L.R.C.P. without having been so registered and, indeed, without having qualified himself for being so registered. From the evidence of the registrar of births and deaths, who produced a bundle of certificates signed by the defendant, it appeared that, notwithstanding he had cautioned the defendant not to use the registrable qualification of L.R.C.P. without being first so qualified, he continued to do so. He practically admitted the offence, but contended that as the letter L. was not added to the letters L.R.C.P. they could not be said to apply to the Royal College of Physicians, London. He further stated that, having received in June last a letter from the authorities at Somerset House, desiring him to discontinue the qualification complained of, he had not since used it. The Bench, after a short consultation, convicted the defendant in a penalty of £5, together with £5 costs.

The Medical Arrangements for the Edinburgh Volunteer Review.

THE hospital arrangements for the review are under the direction of Dr. J. P. Cunningham, Deputy Surgeon-General, the principal medical officer for the North British District, and are most complete in every detail. Dr. Cunningham has determined that the working out of these shall be to a large extent left to the volunteers themselves. Three experienced staff-sergeants from India and Aldershot, with twenty men of the Army Hospital Corps, will, however, be in attendance, for the purpose of rendering any assistance that may be needed, while an army medical officer will be attached to each division of the troops for a like purpose. There are to be three field hospitals provided—one at the Archery Ground in the Meadows; another between the rendezvous at Salisbury Crags and the Echoing Rock; while a third is to be in the hollow near St. Margaret's Loch, almost opposite the Grand Stand. Each of the field hospitals will be thoroughly equipped for any emergency, all kinds of medicines and appliances likely to be required being at hand, together with the usual restoratives and a liberal supply of ice, of which 250 lbs. is to be set apart for each hospital. Attached to each brigade there will be a "stretcher party" of medical officers equipped with a "field companion," containing medicine for the treatment of about fifty persons, and army medical corps haversacks filled with the requisite restoratives and appliances. Volunteers employed in connection with the Ambulance Corps will not require to carry rifles on parade, and a suggestion was made that they should not wear side-arms, but Dr. Cunningham pointed out that the absence of these arms implied that the person not wearing them was under arrest. The medical officers and their assistants will be stationed at the several railway stations and other points of arrival for the troops. Fine weather is all that is now required to make the Volunteer Review a complete success.

Death of Dr. Spiegelberg.

DR. OTTO SPIEGELBERG, professor of midwifery at Breslau, died on August 10th, at the age of 52, from kidney disease. The deceased professor is well known in connection with obstetric surgery and medicine, and had just completed the second edition of his "Text Book of Midwifery."

FROM diseases of the zymotic class measles showed the largest proportional fatality in Liverpool and Sheffield; scarlet fever in Leicester and Nottingham; and whooping-cough in Birmingham and Leicester. The fatal cases of diarrhoea, which had been 776 and 533 in the two preceding weeks, were 488 last week, equal to an annual rate of 3.3 per 1,000; the death-rate from this disease ranged from 0.0 and 0.3 in Oldham and Bradford, to 6.1 and 16.5 in Nottingham and Leicester. Two deaths were referred to diphtheria both in Portsmouth and Bristol. Small-pox caused 35 more deaths in London and its suburban districts, but not one in any of the other large towns.

The Army Medical Department.

THE *Indian Medical Gazette* has an article on the comparative working of regimental and field hospitals during the late War in Afghanistan. The writer of that article observes that, so long as the sick were treated regimentally the train of dhoolies was long, the bearers physically unfit for their work. Matters in these respects were most certainly not improved after the field system was introduced. He says that the surgeon *attached* to an infantry regiment was not mounted. No more were captains and subalterns; no more were young medical officers ever since there has been any army, if by the term be meant that they received no horse allowance. But all of these officers, with the exception of a very few, gladly expended a few rupees in the purchase of a horse or "tat" of the kind well represented in one of the wood-cuts in that very excellent description of Indian life in the olden time, "The Adventures of a Griffin." It is expressly stated that after field-hospitals had been first established there was a good deal of opposition between medical officers and baggage-masters; in fact, that difficulties arose as to what did or what did not pertain to a field hospital. So it has ever been; so things will continue to be.

The *United Service Gazette* understands that representations from commanding officers as to the loss to the service incurred through the entire separation of the Army Medical Department from regiments have of late been so urgent that some partial return to the regimental system is very probable. The advantages of having, at all events, one doctor permanently attached to every regiment or battalion are so obvious that it is hardly worth while to repeat them. This is especially the case in India, where the term of service is now to be extended, and where it would be most desirable to give a medical officer more interest in the health of a particular corps than he can possibly have under the present system, which is fatal to individual responsibility.

The Apothecaries' Hall of Ireland.

At the annual meeting of the General Council of the Apothecaries' Hall of Ireland, convened by authority of the Act of Incorporation, on Monday, August 1, 1881, the following were elected office-bearers for the ensuing year:—
Governor: Thomas Collins. *Deputy-Governor*: Robert Montgomery. *Court of Directors and Examiners*: Edward H. Bolland, John Evans, Arthur Harvey, Charles Holmes, Charles Henry Leet, Charles Frederick Moore, Henry P. Nolan, Jerome Flaherty, Edward J. O'Neill, Sir George B. Owens, John Ryan, James Shaw, George Wyse. *Examiners in Arts*: Henry Colpoys Tweedy, M.D., ex-Scholar Trin. Coll. Dub.; George Y. Dixon, B.A. Univ. Dub. *Representatives on the General Medical Council*: Thomas Collins. *Secretary*: Charles Henry Leet.

In May last Mr. Eugene Comerford Clarkson, Q.C., of East End Lodge, Pinner, was bitten on the cheek by a favourite dog of his own, but no ill effects, it is said, were apparent until Monday last, when the unfortunate gentleman was seized with violent pains in the head and he gradually became worse until his death on Friday last.

The Lady Doctors and the Medical Congress.

A VERY startling statement has been current in the profession, and has found its way into the newspapers, to the effect that Her Majesty, through Sir William Jenner's agency, had prohibited the admission of lady doctors to the membership of the Congress by threatening to withdraw her patronage if medical ladies were allowed to take part in its proceedings. Notwithstanding the obvious improbability of the Queen taking so strong a position upon such a matter, the statement was circulated widely, and it evoked much indignation amongst the sympathisers with the lady doctors; but, as we expected, it has turned out to be a complete fabrication. A contemporary has "authority for stating that the report is utterly and totally without foundation, that no such statement was ever made by Sir W. Jenner, and that the decision to exclude the lady doctors was the deliberate conviction of the large majority of the Committee." The disclaimer is satisfactory even to those who approve of the doors of the Congress being shut against female practitioners.

The Farr Testimonial.

It is announced that the sum of £930 only has up to the present time been received for the fund which was formed to present a testimonial to Dr. William Farr, C.B., F.R.S., on his retirement from the post which for so long a time he had worthily filled in the office of the Registrar-General. This sum has been temporarily invested, and as at least twelve months has elapsed since the inauguration of the movement, it is not intended to keep open the list after the amount has reached £1,000. This latter sum it is proposed at the request of Dr. Farr, to invest for the purpose of supplementing the small provision he has been enabled to make for his family.

Complete Obliteration of the Common Bile Duct without Jaundice.

At a recent meeting of the Société de Biologie, MM. Hanot and Gombault reported a case of sclerosis of the pylorus, with fibrous transformation of the hilum of the liver. On dissection and examination with the microscope, it was found that the common bile duct, the cystic duct and the hepatic artery were completely obliterated; the obliteration of the portal vein was not complete. There had never been any trace of jaundice while the patient was alive.

MM. Hanot and Gombault consider that the pathogenesis of jaundice is far from complete elucidation, and that the facts in this case might be variously interpreted. In the pathogenesis of jaundice, the condition of the excretory bile ducts is not the sole subject for consideration; the state of the vessels which carry to the hepatic parenchyma the elements of secretion, as also the state of the secreting organ itself, are both subjects of primary importance.

In this case the ductus communis choledochus was obliterated; but, at the same time, there was complete obliteration of the hepatic artery, and incomplete closing up of the portal vein. It may then be admitted that the biliary secretion was, if not abolished, at least very

notably diminished, so that its retention did not suffice to produce the phenomena of icterus.

The tissue of the liver presented the microscopic lesions, which are produced experimentally by ligation of the common bile duct and portal vein, a sort of compound cirrhosis, venous and biliary at the same time.

Sclerosis of the Ear in Railway Employes.

At a recent meeting of the Paris Surgical Society (*La France Médical*) Dr. Terrillon drew attention to the occurrence of a sclerous otitis among railway employes. He had had recently consulting him a man formerly employed on the Chemin de Fer du Midi. In him the evidences of sclerous otitis were well marked. When he was on duty it often caused him to ask whence a signal came; and ultimately it compelled his retirement. He presented the usual symptoms of sclerosis particularly that of hearing better in a noise.

Moss, of Heidelberg, drew attention to this subject at the Otological Congress in 1880. He reported eight cases observed in railway employes. In one case an accident happened through the deafness of an engineer. The affection attacks both ears at once and is caused by the duties of railway servants, especially those who frequently pass through tunnels.

PROFESSOR ESMARCH and Professor Langenbeck have had the honour of being presented to the Queen by the Crown Princess of Germany.

In the principal foreign cities the rates of mortality, according to the latest official weekly return, were in—Calcutta 22, Bombay 37, Madras 33; Paris 29; Brussels 25; Amsterdam 20, Rotterdam 23, The Hague 25; Copenhagen 18, Stockholm 21, Christiania 16; St. Petersburg 54; Berlin 53, Hamburg 27, Dresden 35, Breslau 45, Munich 34; Vienna 26; Prague 31; Buda-Pesth 39; Venice 32; Alexandria 42; Brooklyn 35, Philadelphia, 28, and Baltimore 31 per 1,000 of the various populations.

THE annual rates of mortality last week in the principal large towns of the United Kingdom were—Bradford 14, Edinburgh 17, Wolverhampton 17, Oldham 17, Norwich 18, Plymouth 18, Manchester 18, Sheffield 19, Newcastle-on-Tyne 19, Bristol 20, Glasgow 20, London 21, Birmingham 21, Salford 21, Dublin 22, Portsmouth 22, Hull 22, Brighton 22, Sunderland 24, Liverpool 24, Nottingham 26, Leeds 26, and Leicester 36 per 1,000 of the population.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE NORTH OF SCOTLAND MEDICAL ASSOCIATION.—The annual meeting of the North of Scotland Medical Association was held in Aberdeen on the 30th ult. Dr. Lyon, Peterculter, the president, delivered an address, in which he compared the present method of treatment of certain diseases with that adopted by medical men some forty years ago. The Association discussed the Notification of Infectious Diseases Bill,

expected to come before Parliament at an early date, the purport of which is that notification of such diseases shall, as soon as possible after their outbreak, be given by the medical officer attending the case to the sanitary authority of the burgh or district. Dr. Beveridge pointed out that in the burgh of Aberdeen the inhabitants were independent of an Act of this kind because of the new Corporation Bill (which comes into force to-day), and by which compulsory powers, very nearly identical with those of the proposed measure, enabled the Town Council to compel all registered practitioners of medicine, under a penalty, to give notice of every case of infectious disease of the ordinary zymotic kind coming under their cognisance, and that within twenty-four hours after their acquaintance with its outbreak. The bill, he further pointed out, referred to two points applying exclusively to England—the Public Health Act of 1875, which did not apply to Scotland, and to the Local Governing Board, a body which in Scotland had no authority at all. Some amendment of the Public Health Scotland Act (1867), he was of opinion, should be made, so that the authority of that body should be extended to Scotland, an arrangement by which the Board of Supervision would be superseded. The Association resolved to continue a committee which for some time past had been in communication with all the medical societies in Scotland on the question of establishing a fixed rate of medical-legal fees, but which had hitherto been unable to obtain from these societies a definite expression of opinion on the subject. It was also agreed to join in the invitation issued by a number of the public bodies in Aberdeen to the British Association to visit that city in 1883.

KILCREGGAN—WATER SUPPLY.—The Local Authorities of Kilcreggan and Cove have taken steps to secure a proper supply of water to the district. It is proposed to bring the water from a loch on the estate of the Duke of Argyll, nearly ten miles distant from the burgh. His Grace promises to give the water and the necessary lands free; to lend the sum of £9,000 (the estimated cost of the scheme) for fifty years at 4 per cent.; and to give an immediate subscription of £500. This arrangement commended itself to the local authorities, and every effort will be made to get the works completed for next season. No engineering difficulties of any magnitude are anticipated. The water has proved on analysis, to be of excellent quality, and as the loch is 500 feet above the level of the sea, the pressure will be all-sufficient for fire-brigade purposes.

INVERNESS-SHIRE LOCAL AUTHORITY.—A meeting of the Local Authority of the county of Inverness was held last week to consider the advisability of petitioning the Privy Council to prohibit the importation of Irish cattle into Scotland. The Chairman pointed to the fact that pleuro-pneumonia had broken out in Aberdeenshire among the animals brought from Ireland in January, and which had remained healthy to the present time, and that the period was now approaching when large Irish stocks would be sent over to the northern markets. He suggested that the clerk should be instructed to communicate with other local authorities to ascertain whether they would be willing to join in a memorial to the Privy Council asking for the prohibition of the importation of Irish cattle. The suggestion was adopted.

“THE DUST NUISANCE IN EDINBURGH.”—Surely at this dusty period of the year the Town Council might see that the streets are kept well watered. Edinburgh, from its site, is most exposed to wind from every quarter of the compass, and as every inhabitant puts his dust and ashes every night into the street the amount of dust blown about in the city is at times almost unendurable. Cannot Dr.

Littlejohn, whose practical application of his advice given twice yearly to his class that a health officer should be seen by the ratepayers, and which necessitates his rapid peregrinations about the city as part of the fundamental duties of a health officer, suggest to the authorities the advisability of watering the streets and thus help to keep down the germs of disease so troublesome to the followers of Lister?

PROFESSOR ANNANDALE ON QUACKERY.—In his valedictory address to the newly-capped graduates of the University of Edinburgh, Professor Annandale uttered a warning with regard to quackery both without and within the ranks of the profession, and proceeded to give some advice on the subject. The quackery outside the legitimate bounds of the profession was practised by uneducated and, as a rule, very ignorant and unprincipled persons, and was a result of the public demand for marvellous cures. The demand created the supply, and for this form of quackery the public themselves were almost entirely to blame, although inattention or carelessness on the part of members of the profession did in some few instances encourage their patients to take the advice of a quack. To meet this form of quackery the Professor recommended that the medical practitioner, having due respect for himself and for the welfare of his patient, could not condescend to meet in consultation a quack, but that his duty was to inform his patient of the risk he ran by submitting to unrecognised modes of treatment, and then to express his intention of being present when the quack arrived. Should the quack make his appearance, which was not often the case, the medical practitioner should state in the presence of the patient and his friends the nature of the injury and the method of treatment adopted, and then leave all responsibility as to the result on the patient and the quack, and if the former then accepted the services of the latter to leave the house at once. With regard to the intrinsic quackery of the profession, the Professor admitted that he was treading on delicate ground. "Every professional action or word, spoken or written," he stated, "founded on what is false, or which is in the slightest degree dishonest, or exalts self, to the disparagement of a fellow practitioner, constitutes this kind of quackery. If a member of our profession allows it to be considered by his patients and the public that he alone possesses some special virtue, knowledge, or treatment which can cure them of disease, I consider that he is practising quackery. If a member of our profession persuades those who consult him that all diseases arise from one source or from one common centre, which source or centre he has taken under his special care, he is practising quackery; and if a member of our profession magnifies his cures, and talks in private and general society of them, and of his successful practice, he is quacking; and if, in doing so, he insinuates anything to the injury of another member of the profession, he is a quack in the most insidious and dishonourable sense. If there can be any excuse for this form of quackery it is that many persons by their longing to be quacked upon encourage it, and even demand it." But even this excuse cannot be accepted by an honorable profession. There is also another form of quackery, not mentioned by the Professor, of which the profession is guilty: quackery by proxy, if such a term be allowed to the system now so much in vogue of members of the profession lending the authority of their names to pushing tradesmen. In many cases we fear that the presence of a well-known name to some new syrup or diet for infants is a purely commercial transaction between the

owner of the name and the proprietor of the compound, who well knows how ready the public are to buy anything on the label to which the names of the heads of the profession are attached. To remove and prevent the future occurrence of these forms of quackery Mr. Annandale laid down certain axioms, but all of them may be summed up in the one word "reciprocity," in which Confucius included the whole duty of man.

COMBE LECTURES.—Dr. Andrew Wilson, who successfully inaugurated the "Combe Lectures" in the provinces, Edinburgh, and Glasgow last session, will, by arrangement with the Combe Trustees, take the southern districts as his field of operations this ensuing session. Dr. Wilson will deliver the Combe Lectures at Galashiels and Hawick, and will also give a "Health Course" at Dundee; whilst, as already mentioned, his duties as Combe Lecturer will also include the delivery of a series of lectures in Edinburgh under the auspices of the Trades' Council. Dr. Stirling, Professor of Physiology in the University of Aberdeen, will deliver the Combe Lectures in Aberdeen and northern parts of Scotland.

Correspondence.

ROSBACH WATER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been directed to an article which appeared in your paper of August 10th. The article bears the title "The Medical Press Analytical Reports on the Principal Bottled Waters. By Charles C. R. Tichborne, LL.D. and with Notes on Their Therapeutical Uses, by Prosser James, M.D."

In the article there is an account of the Rosbach Water, which was introduced to the English public mainly on my recommendation in the year 1878. There is a passage in that report which makes a misrepresentation of a gross character. I quote the passage: "The only published analysis of this water is the one put forward by the company. To issue such a meagre analysis is absurd, and if they wish to gain public confidence the proprietors will do well to publish a more detailed account of its composition. It contains, according to Professor Wanklyn,—

	...	...	Grains.
"Chloride of sodium	...	...	83.0
"Carbonate of calcium	...	...	25.7
"Carbonate of magnesium	...	...	12.6

121.3"

Having found fault with the company and the analyst for not giving more analytical details, the writers of the article go on to state that they "have not the quantity or time for a thorough examination, having only one small bottle at our disposal, which we have devoted simply to the determination of the absence or presence of organic impurities."

The gross misrepresentation of which I complain is the assumption conveyed by the above extracts that no examination of the organic character of the Rosbach Water has been made by me; and I wish to make known to your readers that the very report quoted by Drs. Tichborne and Prosser James contains the particulars of three analyses by the ammonia process, made by me.

Besides the gross misrepresentation to which I have just directed attention, the article by Drs. Tichborne and Prosser James contains much to which those who have special knowledge of these subjects will be inclined to take exception. These gentlemen, who tell us that they had only one small bottle of Rosbach Water at their disposal, and that they had devoted it simply to the determination of the absence or presence of organic impurities, go on to pretend that they have proved the inaccuracy of the mineral analysis by their own experiments by concealing from their readers that my tabular statement is supplemented by other information contained in my report to the Rosbach Company, which is the subject of their criticism.

Drs. Tichborne and Prosser James open their article with

an analysis of St. Galmier Water, and, inasmuch as they quote nobody as to St. Galmier, I presume we are to conclude that in that instance the analysis is their own. It is what its authors would, no doubt, term an elaborate analysis, and is embodied in a tabular statement containing the names of no fewer than sixteen different substances. The curious part of this apparently exhaustive analysis is that when a chemist examines it he finds that it hardly gives any precise information.

Thus when the chemist asks how much lime is there in a gallon of St. Galmier water, the only reply given by the analysis is that the quantity is between 5 and 24 grains. On inquiry, how much magnesia, a similarly ambiguous answer is given. The analysis contains no data which admit of calculation how much sulphuric acid would be required to neutralise a gallon. Even the simple question how much solid residue does a gallon of St. Galmier water leave when it is evaporated to dryness in the water bath is hardly answered by this apparently elaborate analysis. Now let the chemist ask similar questions of my "meagre and absurd" analysis of the Rosbach water, and the reply is precise in every instance.

In conclusion, there is a statement of a personal character, which requires contradiction. After relating that I say that Rosbach water forms an exception to the generality of table waters, inasmuch as it may be taken daily in considerable quantities, your writers make the assertion that my name is appended to the published reports of other table waters.

Since the Rosbach Water came out my name has not been appended to the report on any other table waters, and before the appearance of the Rosbach Water, there was only one table water to which I gave a certificate. That water was the Apollinaris, and my recommendation was of a very modified character.

I still adhere to my opinion as to the superior excellence of Rosbach over other table waters.

I remain, Sir,

Your obedient servant,

J. ALFRED WANKLYN.

7 Westminster Chambers,
11th August, 1881.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—We have before us your paper of the 10th inst., in which you have reviewed Rosbach water. As, however, your statements are calculated to mislead, we must, in justice to the Company, request you, in your next issue, to put the matter in its proper light before the public.

Had you given the full report and analysis of Professor Wanklyn, your readers would have seen for themselves that the water contains the substances (although in minute quantities) which you pretend to have discovered, and we think that, in all fairness, you ought to publish this report in full.

You say that Rosbach can be so "easily imitated, owing to its simplicity." In order to do this it would be necessary to obtain an *absolutely pure* water, by extracting all the mineral ingredients, and then to add, artificially, the ingredients of Rosbach. Anyone who gives the matter a moment's thought, must acknowledge that you are suggesting what is utterly impossible.

It seems to us strange that although you admit that you had neither the time, nor the quantity of water necessary, to make a thorough examination, you should treat, in an off-hand manner, the analysis which has been exhaustively made by Professor Wanklyn (and which has been confirmed by others). And while you acknowledge that you really know nothing about the ingredients of Rosbach, you impute to us that we publish an incorrect analysis, and to Professor Wanklyn, that he states what is untrue.

We request you, in your next issue, to withdraw all the expressions you have made prejudicial to us. Nothing will please us better than that you should make a careful examination of the water, and for this purpose you are at liberty to take what you require from either of the wharves where our stock lies. A careful examination will prove that Rosbach is remarkable for its extreme purity, and that owing to the few ingredients it contains, it can be, and is, "taken daily in con-

siderable quantities, with perfect safety, which cannot be said of any other mineral water at present before the public."

We remain,

Your obedient servants,

ROUQUETTE & Co.,

For the Rosbach Company, Limited.

35 Finsbury Circus, E.C.
London, 12th August, 1881.

[We have inserted Prof. Wanklyn's letter because we have done him a slight injustice in one unimportant point. In speaking of his laudations of other waters besides the Rosbach we used the plural number. We were under the impression at the time that he had reported upon a well-known English water. We find now, however, that in this case it was another analyst. As Prof. Wanklyn states that he had only reported upon one previous to the Rosbach report, we are quite convinced it is so, and apologise for the error.]

But what difference does this make to the position? At the time we wrote the article upon the Rosbach water we had Prof. Wanklyn's printed report upon the Apollinaris water before us. He speaks of that water in the most complimentary terms. It runs:—"I need only here say that I have repeatedly, during the last two years, examined its organic purity, and have been able always to testify that it possesses in the highest degree that valuable quality." Again, after reviewing the numerous advantages of this water, he says:—"Looking to all these facts, I feel justified in stating that Apollinaris water is, so far as I know, *unique* among effervescent waters." We ask, is it consistent therefore, for the same writer, some time afterwards, to say—"It will therefore be seen that the Rosbach water may be taken daily in considerable quantities with perfect safety, which cannot be said of any other mineral water."

Was not Prof. Wanklyn's Apollinaris report issued with the object of inducing the public to drink that water; and now we find, according to the Professor, that there is only one water in the world which can be drunk with perfect safety. Does Prof. Wanklyn perceive that if we accepted his statement without protest we should be stultifying ourselves as regards our previous reports, in which we had spoken highly of many of the other waters.

Now for the "gross misrepresentation," as the writer terms it. We confess we are at a loss to understand the cause of complaint. Prof. Wanklyn complains that, although we have copied his analysis, we have not given the whole of his report, particularly that part which deals with the ammonia process. We can only say that, as regards this water, we have followed out the plan adopted through these reports; that is to say, where the water has been recently analysed by an acknowledged authority, we have given that analysis, with the authority's name, and in no case have we gone outside the analysis except there was some part in the report which called for special remark. In this particular case we have used Prof. Wanklyn's analysis, and taken exception to two points in his report. In this treatment he is in good company, and the reports of Bunsen, Fresenius, Attfield, &c., have been treated on the same principle. Had Prof. Wanklyn read the introduction to our Reports he would have found that the object of these articles was to afford the public and the medical man the most reliable series of analysis, and an examination of the mineral waters as they were found in the bottled form. One of the points adopted was the application of Prof. Wanklyn's ammonia process, and if it were not out of respect to the inventor of that process, the answer to his remarks would not have extended to the length they have. The Professor should have felt complimented that his opinion of the freedom of Rosbach water from organic impurities was endorsed by us, surely not offended.

The other point to which we objected, and in which we have not had our opinion changed, is the fact that the analysis of Rosbach water, as given by Prof. Wanklyn, gives the chief ingredients of the water only, and that all the substances that occur in small quantities are omitted. In other words, the analysis as printed would represent, and lead the public to infer, that this water only consisted of *three salts*, containing three bases and two acidulous radicles. That the composition of the Rosbach water in the bottled form is much more complicated is evident. We can easily detect *six bases* and *four acidulous radicles* without submitting the water to any process

of concentration, and we have no doubt that the list could be very largely extended by operating upon large quantities of the water.

We referred in our report to the small amount of sulphates present in this water, which is certainly a peculiarity. Prof. Wanklyn again complains that we have withheld a remark that he makes in his report in connection therewith. The said remark was really so indefinite that it could hardly be construed into a statement that sulphates were present. It says—"On inspecting the above analysis," (the above analysis contains no mention of sulphates) the peculiar features presented by its mineral constituents are the almost entire absence of sulphates." We really did not read this as wishing to convey that sulphates were present. Since receiving Professor Wanklyn's letter we have estimated the quantities of sulphuric acid present in the bottled Rosbach water, and find that it amounts to about 2½ grs. per gallon calculated as sulphate of sodium. Surely more than 2 per cent. or the entire solids is more even than a "trace." Therefore, why not insert this sulphate of sodium, the iron, and the other ingredients into the analysis. Our idea of mineral water analysis is that, as the refinement of analytical chemistry enables us to estimate minute quantities, we should try and apply it where possible to the solution of the problem of the efficiency of some mineral waters over others. Bunsen is evidently of the same opinion, for he goes to the trouble to evaporate half-a-hundredweight of water to estimate .049 of a grain of arsenic per gallon.

As regards the remarks contained in the letter from the Rosbach Water Company, they have been mostly answered in the above reply to Prof. Wanklyn, if we except the statement put forward in their letter, in which they write:—"You say that Rosbach can be so easily imitated owing to its simplicity." If they will refer again to our report they will find that we never made use of such a phrase, or indirectly implied it. We shall be most happy to undertake a full analysis of the Rosbach water if they wish it, or would be happy to join Prof. Wanklyn in an investigation as regards the minute composition of this water, but, at the same time, must reserve to ourselves the right of fair and straightforward criticism.—
Ed. M. P. & C.]

CALF LYMPH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to Dr. Warlomont's lucid and courteous letter, I would remark that the proof he offers of the efficacy of animal lymph against small-pox by the non-success of subsequent re-vaccination seems to me somewhat ambiguous. Firstly, because, assuming the test to be reliable, the humanised lymph must be degenerate indeed, since, according to Dr. Warlomont and Dr. Renner, recent re-vaccinations with calf lymph have been successful in ninety per cent. of the cases; whence it would follow that nine out of every ten once-vaccinated persons are as liable to small-pox as the unvaccinated. Secondly, agreeing that the virus of small-pox is essentially distinct from that of natural cow-pox, are we justified in assuming that insusceptibility to the one means insusceptibility to the other? Thus, sheep-pox, which closely resembles variola and protects against itself, is admitted on all hands to give no immunity from small-pox.

With regard to the two cases of fatal small-pox after animal vaccination, to which I alluded, I may say that I am assured by the father of one patient and husband of the other, that both were successfully vaccinated with animal lymph while staying in Hamburg. Both were afterwards attacked by small-pox, the one in the confluent, the other in the malignant form, and both died. Several years elapsed between their vaccination and death.

Dr. Drysdale calls the evidence of the Lyons Commission negative; but I fail to see how that can be when the result of the inoculation of four children with lymph obtained after Mr. Coely's plan was to produce a definite attack of small-pox and give rise to a little epidemic of the same among the inmates of the ward.

I am, Sir,

Yours obediently,

W. J. COLLINS, B.Sc., M.R.C.S.

St. Bartholomew's Hospital,
August 14th.

THE ISLE OF WIGHT AS A SANITARIUM IN DISEASES OF THE CHEST.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The visit of the British Medical Association to Ryde has afforded me an opportunity of revisiting some of the well known resorts of our consumptive population, and I have been much struck with the advantages which Ryde, Ventnor, and Bonchurch offer to the phthisical, and also to sufferers from chronic bronchitis and asthma.

To commence with, Ryde is a most healthy town, possessing a delightful pier, where the invalid can very profitably spend the summer months of June, July, and August, as the exposure is northerly, and hence there is no oppressive heat. During the meeting of the Association, indeed (9—13 August) it was rather too cold for the time of the year; so that consumptives, who suffer so terribly in many cases in hot weather, are not likely to be incommoded by a residence at Ryde, even in midsummer.

The environs too, of that town are most agreeable, and the vegetation superb in many instances. Some of us visited the grounds of Mr. S. Locock, at Binstead House, about a mile from Ryde, and were shown by the learned proprietor a number of trees, the like of which for foliage and vigour I have only seen equalled in the Channel Islands or in Spain. The Royal Isle of Wight Infirmary on the Swanmore Road is a noble institution, and has the great advantage of possessing among the members of its able staff, a gentleman, Dr. Davy, who combines a most thorough acquaintance with surgery, with a most accomplished knowledge of hygiene. In many ways Ryde is, as Fielding says, the most pleasant spot in that pretty island, and I can thoroughly recommend it as a sanitarium for invalids with chest diseases during the months of June, July, and August.

In Bonchurch and Ventnor, however, we have the grand winter climates of the Isle of Wight. Ventnor has now a population of some 4,500 residents, and is full of every convenience and comfort. It is quite a splendid climate for a great class of consumptives, and patients with bronchial diseases and heart diseases in the colder months, say from September till May. I spoke a good deal to the residents there about the temperature in winter, and had extremely favourable testimony as to the agreeable character of the climate in mid-winter. Frost lasts a very short time, and the mean winter temperature, is 42° F., summer being 54°. The temperature is thus, about six degrees cooler than London in summer, and six degrees warmer in winter.

The town is entirely protected from all northerly winds by the very high hill underneath which it stands, and, for a marine climate, Ventnor seems by no means a very wet place, since the average number of days in which rain falls is but 70, and the rainfall 26 inches. Hence the poor sufferers from consumption can pass a long time in the open air almost every day of the year, and after all that has been written on the treatment of that detestable disease of our race, I think that the vast majority of the profession will agree with me, that the open air treatment of phthisis, first, proposed I think, by an American physician, is the one which meets with the greatest success, at least that is my experience. February appears to be the coldest month in Ventnor (41°) and August the hottest (62°), so that patients who can afford it should certainly not remain in Ventnor during the latter month, unless, indeed they live high up the cliff, above the level of the Railway station, where there is plenty of air, and sea-breezes are constantly blowing. The air of the downs, 600 feet above the sea, is most bracing for patients able to walk so far. We had the advantage of being shown over the Royal National Hospital for Consumption and Diseases of the Chest, by Dr. Coghill, who presided over the obstetric section of the Association at Ryde. That gentleman speaks very favourably of the progress made in suitable cases of phthisis at Ventnor. The hospital is well planned and as comfortable as any private house.

There are eight houses for female patients, each containing bed-rooms and a sitting-room for six or seven patients, and eight houses of similar design for males, so that about a 100 patients can be treated there. The patients pay 10s. a week after obtaining an order from a governor, who must pay three guineas a year. It is thus a hospital for consumptives of the middle classes. I should think Ventnor must be an admirable climate for scrofulous children, or for persons suffering from various forms of nervous dyspepsia, who suffer much in cold and harsh climates. But in diseases of the throat and air passages, such as chronic bronchitis and emphysema, Bonchurch and Ventnor seem to me perhaps the very best winter resorts of the British Islands. Indeed, I have, from my own experience, come to think that the class of patients last mentioned are likely to do better in the snug stone built houses of these charming towns than either in Cairo or in Madeira.

I remain, yours, &c.,

CHARLES R. DRYSDALE, M.D.,
Late Physician to the North London
Consumption Hospital

17 Woburn Place, London.
August 18th, 1881.

UNION HOSPITALS AND THE ROYAL UNIVERSITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I will thank you to allow me to acknowledge in your columns the subscriptions of five shillings each towards the expenses of our movement in favour of clinical recognition by the above university, from the following gentleman, Drs. Barry, Limerick; R. Kenny, Dublin; Daly, Rathoath; Adrien, Drogheda; Nicolls, Nowan; Laffan, Cashel; Hayes, Rathkeale; Nolan, Gort; Holland, Dungarvan; and Ryan, Ballyboro; I would urge my union *confères* to strain every energy in order to bring the justice of our case home to the minds of the senators. The first journal in the three kingdoms, and the first men in London and Du'lin have supported us with an array of facts and arguments that can have but one issue. I would direct the attention also of my *confères* to the entire exclusion of any representative of Union hospital interests from the witness table of the Royal Medical Commission. It appears as if that commission is to be a mere metropolitan rehearsal from which every unit of the flouted provincial masses is to be rigidly excluded. This is a matter which must be ventilated in Parliament early next session. When the deputation to the senate meets in Dublin, an opportunity will be afforded for all the signatories to the memorial to again indicate their choice of a representative, and I trust that the united parliamentary influence at our disposal will secure us a full hearing from that committee. A printed synopsis of reasons in favour of our clinical recognition has been distributed. In conclusion, I have only to repeat what I stated in a former letter, that the justice of our case is so clear, and the public interest so entirely on our side, that with a very moderate expenditure of money on our part success is certain.

Yours &c.,

Cashel.

THOMAS LAFFAN.

THE NOTIFICATION OF INFECTIOUS DISEASE.

THE Bill introduced a few weeks since by Mr. Hastings to make general throughout England and Scotland the system of compulsory notification of infectious disease by the attending physician has been withdrawn; its passing this year having been rendered impossible by the opposition of Mr. Thomassen to it.

The Bill was the joint offspring of the Social Science Association and Mr. Michael, Q.C., and it has been hatching for many months in the joint committee of that Association and of the British Medical Association. Eventually it was found that the two bodies could not agree because the Social Science delegates would not accept any less proposition than direct notification to the sanitary authority by the physician; while the British Medical Association would only consent to the physician being required to notify the nature of the disease to the patient, leaving him to transmit the notice to the sanitary authority. Failing thus to secure the conjoint action of the two associations, the Social Science executive introduced their Bill separately. Their hopes were, however, short-lived, for no sooner was the Bill printed than a block was put against it by Mr. Thomassen, M.P.

It is worthy of notice that this gentleman is member for Bolton, the town in which compulsory notification exists in the completest form; and the fact that the opposition to the measure emanates from him, and that he positively refuses to withdraw from his hostile position, may be accepted as strong evidence that the working of the system is not free from very serious objections.

Although Ireland was specially exempted from the operation of the Bill, yet the Irish Medical Association took immediate steps to ensure that it should not, by the omission of the exemption clause, be extended to that country.

Hoping to induce the members of the British Medical

Association to accept his Bill, Mr. Michel, Q.C., came from London to the Ryde meeting, and made a long and earnest appeal to the assembled members, but without avail, for his resolution was rejected by a large majority.

The question may now rest until next December, when preparations will be on foot for the next Parliamentary campaign. Meanwhile we hope that the advocates of this measure have learned that the profession at large, both in England and Ireland, are strongly opposed to it, and that the proposal to force the physician to notify in writing, either directly or indirectly, will, if necessary, be hotly contested.

Literature.

ELEMENTS OF PRACTICAL MEDICINE. (a)

THE present volume does not attempt to rival the larger treatises of Niemeyer, Roberts, or others, but exhibits a very handy little volume suitable to the needs of the student, or of the busy general practitioner. It can be read over in a couple of evenings, and will afford a very fair, if not very novel, conspectus of the most recent views in practical medicine. Commencing with a brief but clear view of general pathology, it next proceeds to general diseases, of which it gives a very succinct outline. In the chapter we would feel disposed to take exception to one of the statements of our author who, speaking of the maculæ of typhus fever, says that they "do not" disappear on pressure.

The late Sir Dominic Corrigan, the greatest of our authorities upon typhus fever, in his classical work upon that disease (pp. 63-64), draws the distinction between maculæ and petechiæ, by observing that the maculæ "do" disappear on pressure, and that the petechiæ do not. We would, therefore, lean to the idea that our author's statement is a typographical error; the more so as there is a large erratum prefixed to the book. There are, moreover, some errors not included in this erratum, e.g., in p. 85, line 19, the word "agminated" occurs as an obvious misprint for "agminated." The work now treats of local diseases; those of the respiratory system, of the circulation, of the digestive organs, of the urinary system, of the nervous system, and winds up with a short but good description of diseases of the skin. We can commend this little book as a fair example of *multum in parvo*. It is conscientiously carried out; it is not over-burdened with references or authorities; but will perhaps be found more practically useful than some more pretentious treatises. By the ordinary possessor, at all events, it is pretty certain to be more generally read. We trust that none of our young friends will use it too much for "cramming" purposes on the eve of their examinations.

Literary Notes and Gossip.

WE have it on good authority, that Mr. Timothy Holmes, the author, and Messrs. Longmans, the publishers of "Holmes's System of Surgery," are so enraged at the piracy and mutilation of that book in America, especially in the American edition recently issued by Messrs. Lea and Co., of Philadelphia, that they have decided to issue a new and revised edition forthwith. This edition will virtually exclude the American piracy from Great Britain, and will be, moreover a formidable competitor to Wood's "Encyclopedia of Surgery," which has been published by Messrs. Macmillan.

WE understand that it is the intention of the government of Bengal to award prizes for the best compressed translation into Urdu and Bengali of portions of "Roberts' Handbook of Medicine," "Playfair's Midwifery," and "Kanai al Dey's Medical Jurisprudence." Specimens of translation will

(a) "Elements of Practical Medicine." By Alfred H. Carter, M.D. Lond., M.R.C.P. London: H. K. Lewis, 1881. Crown 8vo, pp. 374.

be received at the Calcutta School of Medicine up to Oct. 1st, 1881. The translator selected will be required to translate the entire book hereafter.

We understand that Messrs. Wood and Co., of New York, have made arrangements with Messrs. Macmillan, of London, to publish simultaneously in the two capitals the new "International Encyclopædia of Surgery." The work will consist of six large royal 8vo volumes, edited by Dr. Ashhurst, and will be issued quarterly, commencing in October next.

It is a hopeful sign when leading men in all professions and stations of life are embarking publicly in a crusade against intemperance. The evils arising from our national vice are so shocking, that we rejoice to see Dr. Andrew Clark, in his "Lectures on the Action of Alcohol on Health," foremost among those who are resolved to wage war against this foe to Britain's greatness. This is a reprint of a lecture recently delivered by Dr. Clark, and is a valuable contribution to the literature of temperance.

DR. CLARK, whose large experience at the London Hospital, and whose extensive practice have given him unusual facilities for ascertaining the truth, bears witness to the large proportion of disease induced by alcohol. He ascribes 70 per cent. of his hospital cases to this cause. While carefully guarding his utterances by the proviso that there are some exceptional persons of feeble nervous type to whom he allows the very limited quantity of alcohol they have accustomed themselves to, Dr. Clark proceeds to class alcohol as a poison, ranking with arsenic, strychnia, and opium. This is the gist of his argument. No one can prove that a very minute dose of alcohol causes any *obvious* injury, but neither can one prove this of any other poison. Dr. Clark's exposition of the heredity of alcohol is peculiarly striking. He truly calls this "the awful side" of the question. A more trenchant blow has never been delivered against drinking, and this able and eloquent discourse has already arrested the marked attention of the public.

THE £100 prize offered by the government of India for the best "Manual of Hygiene" for the use of the British soldier in India, has not been awarded to any of the thirty-seven competitors, because the committee appointed to adjudicate considered that no one of the manuals submitted was in "all respects suitable for the purposes for which a manual is required as presented in the notification offering the prize."

At the late International Medical and Sanitary Exhibition, several of our leading publishing firms exhibited, and under Section XVII for books, &c., Drs. Alfred Carpenter, J. H. Gladstone, W. A. Meredith, and Mrs. Garrett-Anderson, M.D., were appointed as judges. But the idea of awards for books appeared so ridiculous, that in the list, they were conspicuous by their absence. We think the judges acted wisely in this respect.

We congratulate Mr. Pridgin Teale on the rapid call for a third edition of his excellent book "Dangers to Health;" the circulation of this class of literature among the general public is fraught with much good. Another useful book particularly to the general public, Dr. Wilson's "Ocean as a Health Resort," has also reached a second edition very quickly; whilst that quaint production by Mr. J. S. Wood "A Booke of Ye Old English Fayre," has sold so rapidly that a fifth thousand has been called for in three months.

DR. STANLEY HAYNE'S little book "Healthy Homes" is an amplification of a popular lecture, and is well worthy of a more extended audience than that usually accorded to the discussion of important sanitary subjects. It contains a great deal more information than its title suggests, for, besides the "House, its situation and building," we have remarks on the food of infants, clothing, bedding, bathing, &c. The suggestions are in the main useful and judicious, but we think that a temperature of from 300 to 400 deg. Fahr. is a little too high to which to expose clothes without running the risk of scorching them. We are always ready to welcome every attempt to diffuse sound sanitary knowledge among the people and we therefore hope that Dr. Hayne's pamphlet may have the circulation which it certainly merits.

DOMESTIC PLUMBING AND WATER SERVICE, by William

White, F.S.A., contains a little information on the subjects mentioned in its title, all, however, leading up to the remedy for all the evils of the present system by the adoption of the author's water-closet and water waste preventer, known as the "Shrewsbury Patent Closet." The price of the book is not stated, but we are of opinion that all trade advertisements should be given to the public. To send to one's bookseller for a work on "Domestic Plumbing and Water Service," and then to find that it is little else than an advertisement is a little provoking.

IN "Ventilation and Heat," Mr. Edwards has produced a most interesting and useful book, and one that will well repay careful perusal. The first chapter contains a brief account of the labours of the early pioneers in the science of ventilation, and is a repetition of the old story that the path of inventors and reformers is not strewn with roses. The next chapter deals with "some simple appliances for ventilating dwelling houses," we then have an interesting chapter on London smoke and fog, and the best methods for removing them, some of which are, we fear, too Utopian to be adopted in an age where, as long as people see a bright cheerful fire in their grates they are perfectly oblivious to the fact that the tops of their chimneys are emitting a heavy and poisonous compound of carbon and various gases. The rest of the book is taken up with a discussion on modern fire-places, ventilation and smoky chimneys, with an account of a grate invented by the author. There is a passage in an old Persian poem to the effect that "well is he by whom that which is his benefit becomes the benefit of another," and on this score we would not rob Mr. Edwards of the merit of trying to show us how we may better warm and ventilate our houses. The subject is an important one, and it is just possible that the want of proper ventilation, with the depressing influence of constantly rebreathed air, is one of the factors which plays a not unimportant part in furthering the drinking habits of the poor. The book is well printed and illustrated, and we again confidently recommend it to the attention of our readers.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, July 27th:—Manual of Dental Surgery and Pathology, by Alfred Coleman, L.R.C.P. Fashion in Deformity, by W. H. Flower, F.R.C.S. Throat Diseases and the Laryngoscope, by Douglas Hemming, F.R.C.S. Ed. The Floating Matter of the Air in Relation to Putrefaction and Infection, by John Tyndall, F.R.S. Annals of Chemical Medicine, vol. ii., by J. L. Thudichum, M.D. Health Preservation, by R. Herring. The Ocean as a Health Resort (2nd ed.), by W. S. Wilson, L.R.C.P. Dangers to Health (3rd ed.), by T. Pridgin Teale, M.A. Tropical Dysentery and Chronic Diarrhoea, by Sir Joseph Fayrer, M.D., F.R.S. Medical Heresies, by G. C. Smythe, M.D. A Booke of Ye Old English Fayre, by J. S. Wood. Indigestion and Biliousness, by J. Milner Fothergill. Mineral Waters, by Paul Kilian, M.D.

Medico-Parliamentary.

THE POISONING OF MR. HONE.

MR. GIBSON asked the Chief Secretary whether his attention had been called to the recent lamentable death by poisoning of Mr. Hone, in Limerick, and whether he will take steps to have a thorough and satisfactory investigation into the occurrence, so as to discover who was liable for the carelessness which caused his death, and to prevent a possible recurrence of similar catastrophes.

MR. FORSTER said he had seen a report of the sad occurrence. He need not inform the right hon. and learned gentleman that there were two ways in which an inquiry into the cause of death might be conducted—one being by means of a coroner's inquest, and the other by means of a magistrate. He found that in this case there had been a coroner's inquest on the remains of Mr. Hone, and that the verdict was that the cause of death was carbolic acid accidentally taken instead of a black draught. The jury attached to their verdict a statement of their opinion that all poisonous drugs should be carefully kept under lock and key—an opinion in which he need not say he entirely concurred. The jury did not name any particular person as being responsible for the death of Mr. Hone. Two persons were arrested on suspicion of being concerned in the death. They were detained in prison for two days, and finally discharged. He had received from the magistrate a report stating that the death of Mr. Hone was clearly the result of accident, and under those circumstances he did not see what further steps he could take in the matter.

Mr. GIBSON asked the right hon. gentleman whether he would see if, with the means at his disposal, there could not be a more thorough inquiry (hear, hear).
Mr. FORSTER said he was told by the magistrate there could be no further inquiry, but he would see what could be done (hear, hear).

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. A.—You are quite right, it was an absurd error, but such as is by no means uncommon with that particular journal. Your supposition that the elder had resigned in favour of the younger was proved to be not well founded by the address itself, which could only have been written by the more senior member of the family. Write again about the book.

IRREPUTATENET POPULA MEDICINA LITERIS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

"He who is able to express a dubious simile in foreign dress,
Will pass for learner than he that's known
To press the strongest reason in his own."

The President of the Medical Section distinguished himself by an undreamt-of proficiency in German."—WEEKLY PAPER.

SIR,—A report of the "Introductory Address on Obstetrics" in your last number represents the President of that section as saying—viz., "Either Swift or Pope alludes in his poetry to 'Arbuthnot's soft obstetric hand.'" This, I apprehend, to be a "misconception." It was not of Dr. John Arbuthnot, but of Dr. James Douglas, Pope wrote what follows in Book 4 of "The Dunciad,"—viz.:

"To prove me Goddess! clear of all design,
Bid me with Pollio sup, as well as dine:
There all the learn'd shall at the labor stand,
And (a) Douglas lend his soft obstetric hand."

(a) Dr. James Douglas, a physician of great learning, and no less taste, above all curious in what related to Horace, of whom he collected every edition, translation, and comment, to the number of several hundred volumes, died in London, 1742, the very year in which the fourth book of "The Dunciad," that compliments him, was published. He was author of "Notices of Anatomical Writers from Hippocrates to Harvey," Lecturer on Anatomy, &c.—*Vide* BOHN'S EDITION OF POPE'S WORKS.

Now, if the President had quoted German, like his "brother of the Medical Section," he would have been very much less liable to correction. Faust being a favourite hunting ground with aspiring and select M.D.s, and as yet (more or less)—"CAVIARE TO THE GENERAL."—(Practitioner.) By the way, a little further on than the passage quoted by the Medical President, is the following, viz.:

FAUST TO WAGNER.—"Und wenn's euch ernst ist was'zu sagen—
Ist's nōthig worten (analkindiah auführung)
nachsnjagen?"

Aug. 15, 1881.

SARSFIELD.

DR. G. GRIFFITH.—We shall be pleased to examine the paper for insertion, but unless there is a fair argument to show that the poison of typhoid fever is the same as that of the other diseases mentioned in your letter, we may feel called upon to decline it.

MEDICAL EVIDENCE.—A correspondent asks "What amount can he claim at law for attending at the sessions, a distance of about twelve English miles from his residence, to give professional evidence in a case for the plaintiff who subpoenaed him? Plaintiff refused to pay when giving the subpoena, and the witness had the misfortune to be sworn before claiming remuneration from the judge, who then refused it because he had taken the oath.

[Our correspondent has no legal claim for a fee. He might, without much risk, have stayed away, or he might have appealed to the judge when called upon to swear, and it is probable that he would not have been compelled to testify without payment guaranteed. If he got his *viaticum* with the subpoena he can claim nothing more.—ED.]

G. HARRISON YOUNGE, A M.D.—Letter received, and will appear in our next.

COLONIAL MEDICAL APPOINTMENTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Would you be so kind as to inform me in your issue for next week what is the best way to obtain a Government appointment as assistant colonial surgeon in the West Indies; if vacancies occur frequently; and the best source through which to make application; whether an appointment in Demerara is more easily secured, and the salary of each at the commencement? Yours, &c., J. K. W.

Aug. 19, 1881.

[Colonial surrogencies are obtainable by application to the Secretary of State for the Colonies, now Lord Kimberley, and the application should, if possible, be backed by personal influence. There is, at present, a want of surgeons for the West Indies, and for Georgetown, Demerara. The salary varies from £800 a-year upwards.—ED.]

NITRATE OF URANIUM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you or some of your numerous readers inform me what are the therapeutic effects and dose of nitrate of uranium? Yours truly,

EUSTIOUS.

[The information is not to be found in any of the current materia medica books.—ED.]

Vacancies.

Brighton and Hove Dispensary.—Resident House Surgeon. Salary, £140, with furnished apartments. Applications to the Hon. Sec. by September 5.
Children's Hospital, Birmingham.—Assistant Resident Medical Officer. Salary, £40 per annum, with board. Applications must be sent to the Secretary not later than Aug. 31.
Clinical Hospital and Dispensary for Sick Children, Manchester.—House Surgeon. Salary, £80, with apartments and board. Applications to the Secretary on or before August 31.
Cotehill Union, Tullyvin Dispensary.—Medical Officer. Salary, £100, and £30 as Medical Officer of Health. Election, Aug. 29.
General Infirmary, Northampton.—House Surgeon. Salary, £125 per annum, with furnished apartments, &c. Applications to be sent to the Secretary on or before Aug. 29.
Knighton Union.—District Medical Officer and Medical Officer of Health. Salary, £40 and £15 respectively. Applications to the Clerk to the Guardians not later than Sept. 1.
Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with residence. Applications to the Chairman of the Committee not later than September 12.
Poplar and Stepney Sick Asylum District.—Assistant Medical Officer Salary, £170, with board, &c. Applications to the Clerk to the Managers not later than Sept. 5.
Worcester General Infirmary.—House Surgeon. Salary, £100, with board and lodging. Applications to the Secretary before Sept. 2.

Appointments.

BARK, J., M.R.C.S. Honorary Surgeon to Stanley Hospital, Liverpool.
BUCHANAN, J. H., M.D.St. And., L.F.P.S.Glas., reappointed Medical Officer of Health for Thirk Rural Sanitary District.
BUCK, J. S., L.R.C.P.Ed., M.R.C.S., Resident Medical Officer to the Rochester and District Friendly Societies Medical Association.
EVANS, E., M.B., C.M.Glas., Medical Officer of Health for the Anglesea and Beaumaris Unions.
GROVES, H. J. F., L.R.C.P.Lond., M.R.C.S., L.S.A.Lond., Medical Officer of Health for the Parish of Lambeth.
HARRISON, J., M.R.C.S., L.S.A.Lond., reappointed Medical Officer of Health for the Braintree Urban and Rural Sanitary Districts.
HILL, P. E., M.R.C.S., L.S.A.Lond., Certifying Factory Surgeon for the Crickhowell District.
JOHNSTON, E., M.B.C.P.Ed., L.R.C.S.I., Medical Officer for the Wymondham District of the Melton Mowray Union.
JONES, D. J., M.D.Edin., M.R.C.S., Senior (not Junior, as stated last week) Assistant Medical Officer of the Kent County Asylum, Barming Heath, near Maidstone.
JONES, E., M.R.C.S., elected Honorary Assistant Surgeon to the Liverpool Stanley Hospital.
JONES, W., M.R.C.S., Medical Officer to the Workhouse of the Strand Union.
LEEDS, M., M.A., M.B.Oxon., Physician to the Seamen's Infirmary, Ramsgate.
NOUSER, W. J. C., L.S.A.Lond., Medical Officer for the Morchard Bishop District of the Crediton Union.
PAGE, F. M., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Bitton District of the Keynsham Union.
POOLLEY, Mr. T. A., Public Analyst for the Borough of Maldon.
ROWLEY, C., M.R.C.S., L.S.A.Lond., Medical Officer for the Silkstone District of the Feniscione Union.
STEVENSON, F. C., L.K.Q.C.P.I., L.R.C.S.I., House Surgeon to the Rockdale Infirmary.
THOMPSON, T. W., M.R.C.S., Medical Officer for the First District of the Hatfield Union.
TILLY, J., M.D., L.R.C.P., M.R.C.S., L.S.A.Lond., L.M., District Medical Officer and Public Vaccinator to the No. 2 Chiswick District of the Brentford Union.
TURNER, G., M.R.C.S., Medical Officer of Health for the Borough of Hertford.
WILSON, H., M.R.C.S., L.S.A.Lond., Medical Officer for the Waverree District of the West Derby Union.
WOODFORD, W. T. G., M.D.Lond., L.S.A.Lond., reappointed Medical Officer of Health for the Maidenhead Urban Sanitary District.

Births.

BRUNTON.—Aug. 12, at 50 Welbeck Street, W., the wife of T. Lander Brunton, M.D. F.R.S., of a daughter.
GIBSON.—Aug. 14, at the Curragh Camp, the wife of Surgeon-Major G. J. Gibson, A.M.D., of a son.
HEDDY.—Aug. 16, at 25 Hollywood Road, South Kensington, the wife of Wm. Jackson Heddy, M.R.C.S., of a daughter.
KELLY.—Aug. 18, at Laurence Street, Drogheda, the wife of J. Bellow Kelly, F.R.C.S.I., of a son.
SHEARMAN.—Aug. 16, at Lark Hill, Swinton, near Manchester, the wife of W. M. Shearman, M.R.C.S., of a daughter.

Marriages.

CONNELLAN—HUNT.—Aug. 11, at St. Jude's Church, Mildmay Park, London, North, A. S. Connellan, L.R.C.S.I., to Elizabeth, daughter of the late Edward L. Hunt, Esq., of Gort, co. Galway.
HARRIS—LANGLEY.—Aug. 11, at Comeragh Church, co. Waterford, James Crofts Harris, M.D., to Ella, eldest daughter of Charles Langley, J.P., of Tay Lodge, co. Waterford.

Deaths.

HOLMAN.—Aug. 9, at Hurstpierpoint, H. Martin Holman, M.D., aged 60.
LUKE.—Aug. 15, at his residence, Fingest Grove, Wycombe, Buckinghamshire, James Luke, F.R.C.S., F.R.S., aged 82.
WREN.—Aug. 9, at Litton House, Ballylongford, co. Kerry, George Wren, M.D., aged 42.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 31, 1881.

CONTENTS.		PAGE	PAGE	PAGE
ORIGINAL COMMUNICATIONS.				
Recent Advances in the Surgical Treatment of Intra-peritoneal Tumours. By T. Spencer Wells, Vice-President of the Royal College of Surgeons, Surgeon to the Queen's Household, &c.	185	Meath Hospital and County Dublin Infirmary. Case of Gangrene. Under the care of Professor Rawdon Macnamara. Reported by Mr. Frank Campbell	191	The President's Progress!
Remarks on Some Recent and Present Views Regarding Fever in India. By Surgeon-General C. A. Gordon, M.D., C.B., Q.H.P., &c.	186	DEPARTMENT OF LUNACY.		
Case of Inflammatory Hypertrophy of the Spleen, following Ague, and associated with Phlegmasia Dolens. By D. H. Cullimore, M.K.Q.C.P., F.R.C.S.I., Physician to the North-West London Hospital, Surgeon Indian Army (retired) ...	188	The Hereford County Asylum	192	The British Association for 1882
Fourteen Months in Canada from a Medical Point of View. By A. W. Wallace, M.D. Edin., Parsonstown, King's co. ...	189	The Lincoln Lunatic Hospital	192	Metropolitan Water Supply
CLINICAL RECORDS.				
St. Bartholemew's Hospital. Case of Vaginismus from Vascular Caruncle, treated with the Ether Caustery—Case of Parametritis, with a Remote Abdoceus—Recovery. Under the care of Dr. Matthews Duncan. Reported by Mr. Sidney Davies, B.A.	191	The County Asylum at Lancaster	192	American Prize Questions
NOTES ON CURRENT TOPICS.				
		SPECIAL.		
		Nursing: Past, Present, and Future	198	Women at the University of London
		France	194	Auriculo-mastoid Oily Cyst
LEADING ARTICLES.				
		GUT'S HOSPITAL		
		CONSULTATION WITH HOMOEOPATHS		
SCOTLAND.				
		Vivisection in Edinburgh		
		Visit of the Queen to the Royal Infirmary, Edinburgh		
		Casualties at the Review		
LITERATURE.				
		Etiology of Traumatic Diseases		
		Supplement to Ziemssen's Cyclopaedia		
		Health Report State of New Jersey		
CORRESPONDENCE.				
		The Marking at the Army Competitives ..		
NOTICES TO CORRESPONDENTS				

Original Communications.

RECENT ADVANCES IN THE SURGICAL TREATMENT OF INTRAPERITONEAL TUMOURS.

By T. SPENCER WELLS,

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THE term recent advances, I think, may be considered as including the advances which have been made within the recollection of most of us,—the improvements that have been made, the progress that has been secured during our own professional career, during the last twenty to thirty years. And I suppose almost everyone present—certainly everyone who has reached the age of fifty years—can remember a time when the removal of a tumour of any kind from the abdominal cavity was a surgical curiosity, exciting wonder, calling forth serious condemnation, and only encouraged by a very few of the most hopeful of our body.

Long after ovariotomy had risen from the period of distrust, and its mortality had been reduced below that of other operations of less magnitude—long after ovariotomy had secured the sanction of our profession and the confidence of the public—other abdominal tumours were left to run their course. Occasionally, perhaps after a mistake in diagnosis, a uterine tumour was removed; sometimes designedly, but at first almost as a forlorn hope; then, after a time, with an amount of increasing success which had led to the admission of the amputation of uterine tumours, or of enlarged portions of the uterus, among those surgical operations which, if not yet thoroughly accepted, are still recognised as worthy of serious consultation.

Still more recently, excision of the whole uterus affected with cancer has been repeatedly accomplished, and Porro's operation is taking the place of the Cæsarean section. The removal of an enlarged spleen has now been effected in a sufficient number of cases to prove that it is more than a surgical possibility. Not only have cysts of the kidney been cured by drainage, and renal calculi removed, but the displaced, enlarged, or diseased kidney has been extirpated; gall-stones have been removed from the gall-bladder; suppurating hydatid cysts of the liver have been drained; peritoneal hydatid tumours have been excised; and, within the last few weeks, authentic reports have reached us of excisions of portions of the stomach, and of recovery after the removal of more than six feet of the small intestine. This has

followed excision of smaller portions of intestine during ovariotomy; and a bolder course has been taken of late years in cases of obstructed intestina, of wounds or rupture of the bladder, and of extra-uterine foetation. Many of these cases will be brought before you almost immediately by Mr. Lawson Tait, whose table of a very remarkable series of cases I have only received this morning, and have not yet had time to examine.

As some of these subjects have been reserved for discussion in this Section, and others in the Section of Obstetric Medicine and Surgery, I make no further allusion to them now, and pass on to refer to three points on which I trust information will be gained in the discussion which will presently take place. They all appear to me to be intimately associated with recent advances in the surgical treatment of intra-peritoneal tumours, and in abdominal surgery generally. These three points are: 1. The union of divided edges, or separated surfaces, of peritoneum; 2. The use of pressure-forceps in preventing, or stopping, or diminishing the loss of blood during and after operations; 3. The practice of drainage in relation to antisepsis.

I should not have thought it necessary, after the progress which has already been made in abdominal surgery, to insist at any length upon what I believe now to be a fundamental principle or rule of practice accepted and adopted by all the most experienced and successful operators at home and abroad, if I had not been fiercely attacked by that singular society, which, admitting the right of man to kill all the lower animals, to use them for food, their skins for clothing, their feathers for ornament, to make them labour for our convenience, denies our right to use them for any scientific purpose, or in the hope of benefiting the human race. These curious philanthropists persistently attack me because I sacrificed a few rabbits, dogs, and guinea-pigs, in the year 1859, in order to demonstrate, beyond all doubt, for time to come, the fact that human life may be saved, and lifelong suffering prevented, by an improved mode of uniting penetrating wounds of the abdominal cavity. They argue that results observed in animals are no guide to what may happen in man; that my observations were not new, and that some believe they are not true; that some think ovariotomy has, on the whole, rather shortened than lengthened the life of woman; and that its mortality has not been lessened by the knowledge gained by my experiments on animals. Of course I have not taken any notice of these attacks; but I wish to show you exactly what I did, and leave you

to judge whether or not the human race has been served by the death of about a dozen animals twenty years ago. Here are the specimens which I have been permitted to bring hither from the Museum of the College of Surgeons. Before I hand them round, let me tell you exactly what led me to make the experiments. The first three women upon whom I performed ovariectomy all recovered. The fourth died, as I thought, without any good reason why she should have died. I was naturally much interested in the *post mortem* examination, and I obtained the invaluable service of my friend Dr. Aitken to make it. We found that the state of the inner surface of the wound was far from satisfactory. At that time, instead of the sutures I have used of late years, I used harelip-pins and twisted sutures to unite the wound; and we saw at once that some of the pins on the inner aspect of the abdominal wall were bare; the cut edges of the peritoneum were retracted; a portion of intestine was in contact with the wound, the impress of which was obvious on the surface of the gut. Some coagula of blood, and an abundant, consistent lymph exudation upon the peritoneal surface of the intestine, corresponded to the edges of the incision and the surface of the wound. Recent lymph glued the opposing surfaces of the intestines to each other. I saw at once how much better it might have been if the peritoneal edges had been accurately brought together, and had united; and thought of doing this in my next case. But I found careful instructions in text-books and treatises to avoid the peritoneum, just as some few surgeons even now fear that they may set up peritonitis, or that pus from the tracks of the sutures may get into the peritoneal cavity. So I determined rather to make the experiment *in corpore vili* than on women. Dr. Richardson kindly helped, by narcotising the animals, some with puff-ball and some with chloroform. In these specimens, where the divided edges, or rather surfaces, of peritoneum have been pressed together, you see that the smooth serous inner coat of the abdominal wall is perfectly restored. You cannot see the stitches on the inside, though plainly visible on the skin; and there is no adhesion of intestine or omentum. When skin or mucous membrane are divided, their edges must be brought together to secure direct union. If they be inverted union is prevented. The exact opposite holds good with serous membrane. The edges should be inverted, and two surfaces of membrane pressed together, so that the sutures are not seen; and the effused lymph makes so smooth a surface that even the line of union cannot be seen. In these specimens you can only discover it by the line of sutures in the skin. But mark the contrast in these other specimens, where the peritoneal edges were purposely excluded from the sutures. In every case where the animal was not killed within a day or two, intestine or omentum adheres to the inner surface of the abdominal wall, thus completing the peritoneal sac, at the great risk of intestinal obstruction, or of permanent discomfot to the survivor, to say nothing of a want of firm union, and subsequent ventral hernia. One can hardly understand the so-called reasoning which insists that this should not be demonstrated once for all in a few narcotised animals; but that we should grope our way to the realisation of the truth through the sufferings and by the dissection of a series of women. You can examine the specimens now, and they will remain in our College Museum, and will serve, I trust, to dispel any doubt which may still be felt as to the best mode of uniting penetrating wounds of the abdominal wall. And I will go still further, and say that, whenever edges or surfaces of peritoneum are divided or separated, they should, if possible, be reunited. Peritoneum must be opposed to peritoneum; and this can only be done by drawing it over the pedicle, or stump, or divided parts, and fixing or uniting it as an envelope by a line of sutures, or by the uninterrupted suture. I have already urged this so persistently in my works on diseases of the ovaries; in the Hunterian Lectures at the College of Surgeons, in 1878; in a paper on the removal of uterine tumours, brought before the British Medical Association, at Cambridge, last year; and in some recent papers, that I will at once pass to another improvement which has added to the success of abdominal surgery, namely:—

2. The use of pressure forceps—forcipressure, as it has been termed. I believe I was the first to replace the old “snip,” or “clip,” or “bulldog,” so easily lost in the abdomen, by larger instruments. Mr. Nunneley arranged for a more permanent occlusion of bleeding vessels by tubular forceps;

Köberlé and Péan contrived the “pinceaux hémostatiques,” which I now show in different shapes and sizes, as well as the smooth powerful nickelised instruments, which I prefer. They are here of various sizes, straight and bent at different angles. The smaller are useful in almost any surgical operation, for the temporary stopping of bleeding before ligature, for torsion, or for the suppression of bleeding permanently by crushing together the coats of the bleeding vessels. The larger ones are very useful as means of making an operation almost bloodless—a sort of substitute for Esmarch's bandage, or the elastic ligature where these cannot be applied. I have found them especially useful when removing uterine tumours. They may be applied as temporary clamps before amputating the growth; and, after this has been cut away, they may be removed one after the other, and all bleeding vessels at once secured by ligature. This may appear to be a little thing, but it stands for much in the sum of daily surgery; it comes in to aid at every moment, and is of almost universal application.

3. The question of antiseptics and drainage is one of far greater difficulty. On the general question of antiseptic surgery I must not enter. Another day, in this section, is specially devoted to this great subject. But the question of drainage, in relation to antiseptics in abdominal surgery, is so curious that I must devote a few minutes to it before concluding. What appears to me so remarkable is, that, while in general antiseptic surgery drainage is so very essential—is, indeed, a fundamental part of the system—in my own experience of ovariectomy, and of the removal of uterine tumours, antiseptics have abolished drainage. I have not even used a drainage-tube for more than three years. Formerly, in cases where much fluid was likely to collect in the abdominal cavity after operation, drainage was necessary. If the fluid did not escape, it putrefied, and poisoned the patient: or had to be removed by puncture, or by reopening part of the wound. Since adopting antiseptic precautions, either fluids do not form—or, if they do, they do not putrefy—and they are absorbed without doing any harm, without leading even to any febrile rise of temperature. I do not say that I have not seen one or two fatal cases, where it might have been better if I had drained—or that, in one or two, part of the wound has not reopened, and permitted the escape of some fluid—but, I do repeat, I have not used a drainage-tube for more than three years; and my present feeling is that the case must be very exceptional indeed in which I shall venture to use one. I trust we shall hear from Mr. Thornton and others who have more experience of drainage than I have, what they learned from this practice. Professional opinion on this point has still to be settled; but I think forcipressure may be accepted as unreservedly as union of peritoneal surfaces in all cases of removal of abdominal tumours; and I feel sure that, by careful attention to all needful antiseptic precautions, these operations may now be undertaken with a far more confident expectation of a successful result, than could have been reasonably entertained a very few years ago.

REMARKS ON SOME RECENT AND PRESENT VIEWS REGARDING FEVER IN INDIA.

By Surgeon-General C. A. GORDON, M.D.,
C.B., Q.H.P., &c.

IN 1859 the first allusion in published reports occurs to *typhoid fever* as a specific disease affecting British troops in India. It was stated (a) that towards the later part of that year a *typhoid* form of *autumnal fever* prevailed among those stationed at Deesa; that “it might reasonably enough be supposed that no difficulty could be experienced in classifying, the cases so recorded, under the head of *remittent fever*, from the fact of their occurring in India during the autumn months, as well as from the circumstance that numerous cases of *intermittent* and *remittent fever* were recorded in the regiment at the same time. . . . Moreover, it cannot be denied that some of the symptoms were, of a kind, to lend support to this view; for example, occasional remissions, particularly in the early stages.” In the first case recorded in detail, “the large intestine was free from indications of disease, but there was a sub-mucous melanotic patch at one part of the canal, and the calibre of the lower part of the intestine was contracted. In a second case, the mucous

membrane, in the upper part of the cæcum, was softened, and of a pink colour; there was enlargement of some solitary glands and mucous follicles, with here and there points of incipient ulceration." In the third, "the mucous membrane of the cæcum, and part of the ascending colon, was the seat of several ulcers or gangrene spots, but of less size; the glands and follicles dilated with cheesy matter, passing at several points into ulceration; a dark inky fluid filled the whole tract of the large intestine." In a fourth, "a large ulcer was observed in the cæcum, and several ulcers at the junction of the cæcum and colon." In a fifth, "a very sloughy state of cæcal and colic valves was noticed; from this point the mucous membrane of the cæcum and colon was covered throughout their entire extent with a semi-coagulated layer of dark venous blood, though the membrane itself bore no traces of inflammation." In the sixth, "the mucous membrane of the large intestine bore traces of inflammation, but no ulcers were found on it." These cases, and the type of disease represented by them, prevailed chiefly among young and unseasoned men."

The comments upon these cases made by the treating medical officer at the time of their occurrence, not only help us in arriving at an approximate estimate of their causation and nature, but throw light upon inquiries subsequently made. He states that the cases began as remittents; that their symptoms rapidly became *adynamic*; that the attacks occurred in autumn, but that the post-mortem appearances were different from those of remittent fever, and of a kind to identify the disease so far with typhoid fever; the morbid changes alluded to being observed in the lower third of the ilium. Other circumstances seemed to connect the disease with *typhoid* fever. These were the occurrence of hæmorrhage, mælena, the absence of attempt to repair diseased structures, the youth of most of the patients, red tongue, nature of dejections, occasional diarrhœa, slight gurgling, and iliac pain on pressure, and the impotency of quinine. It is specially noticed that the *specific* lenticular rose-coloured eruption of *typhoid* was not observed in any of these cases; the medical officer makes the remark that the cases occurring at a season of the year, when *prickly heat* mostly prevails, it would be difficult to recognise the *specific* eruption with certainty. With reference to the etiology of the cases in question, he observes that the troops were overcrowded in barracks, and thus the air of their dwellings rooms contaminated, but that the barrack ranges were badly arranged, and too near each other, preventing sufficiently good ventilation; also that they were exposed to emanations from latrines and cesspools, and that although the temperature of the atmosphere was exceptionally high, its dryness was greater than usual. Dysentery was comparatively rare, but, in other respects, the year was an unhealthy one; also that in some cases the *specific* lesions existed without fever. So far as the records of the cases go, they indicate hæmorrhagic dysentery, such as medical officers in former years were familiar with among troops in overcrowded barracks in India; and in the instance related the circumstance appears that 1,060 men occupied accommodation for only 800. The post-mortem appearances in the several cases vary, and certainly there appears nothing in the history of the cases given to indicate anything more *specific* in their nature than that they were mainly the result of endemic and climatic influences affecting young men somewhat crowded together.

In 1862 the late Inspector-General Macpherson, of the Madras Service, published a series of reports on Hill and Marine Sanitaria. Adverting to the subject of fever in reference to these he says, "It is an arbitrary style of reasoning to advocate, as is usually done, that there is a certain 'fever range' in all mountain ranges in India, beyond which the *specific* morbid influence cannot ascend;" "primary cases of intermittent fever are by no means uncommon at Simla," 8,000 feet above the sea, and its latitude 33", as also with the worst form of *typhoid remittent*. Dr. Aitkin, on duty at Ootacamund,

records the occurrence at that station of *very* severe cases of *jungle fever* originating in the place itself. Dr. Heyne alluded to the circumstance that hills on which fever was found to prevail with greatest intensity are those composed of granitic rock; also that "malaria" becomes so diluted or changed by the effects of elevation, cold, and moisture as to cause bowel disorders instead of intermittent fever; that this circumstance with others makes diarrhœa the prevailing disease in hill ranges generally.

In these remarks we find represented exactly the views held by the older Indian medical officers, and a comparison of them with those expressed with regard to the cases at Deesa will probably indicate the points wherein lies the difference between those views and the modern—that difference being that whereas formerly the phenomena presented were looked upon as the results of endemic and climatic influences they have of late years been held to constitute a *specific* disease, the result of *specific* causes; also that, whereas formerly, the term *typhoid* was intended to express merely a *condition* occurring in the course of fever of whatever type, it is of late years intended to imply a *specific* form of fever, the result of certain assumed *specific* causes.

In 1860 a destructive contagious fever appeared in the central jail at Agra. It again prevailed in very deadly form in the same jail in 1864, as also in Etah. In 1865 it appeared in the jails of Umballah, Futehghur, Allyghur, Jeypore, Malwa, &c. It was described by the several reporters on it as true typhus, contagious fever, typhoid fever, and some believed it to be identical with the relapsing fever of Europe. The circumstance which is valuable with reference to our present purpose is that the fever in question was variously designated by capable men whose duty it was to investigate the several outbreaks of it.

In 1864 some illustrative cases of what was then looked upon as *specific enteric fever* were published. (a) The cases referred to occurred at Secunderabad, and were as follows, namely:—

1. M. H—, æt. 23, in India four years, admitted with intermittent fever; soon afterwards diarrhœa supervened, the fever subsided, the hæmorrhage recurred; then diarrhœa persisted; pain in the right iliac fossa; rose spots on abdomen. Treated first with quinine; then sulphate of copper, nitrate of lead, and opium; then quinine again. At the end of about a fortnight blood in large quantities was passed, turpentine was given, the hæmorrhage, however, recurred, and in two or three days afterwards the patient died. Post-mortem examination revealed ulceration in the lower part of the ilium, not extending beyond the ileo-cæcal valve, mesenteric glands enlarged; the site of the hæmorrhage unstatic.

In connection with the history of this case there is no record of exposure to *specific* causes of a *specific* fever other than such as was climatic and endemic; the term *enteric* therefore has reference to the fact of disease existing in the small intestine, and occurring as a *complication* in the course of endemic fever.

2. M. W—, æt. 21, in India three years, admitted 4th September, 1864, suffering from the ordinary symptoms of dysentery. Had *ipecacuanha* in large doses; suffered from intense pain in the region of the cæcum.

October 2nd.—Passed a pint of pure blood.

3rd.—More blood; astringent enemata given.

4th.—"The characteristic spots" appeared.

5th.—Large shreds of mucous membrane passed.

17th.—Passed some inches of mucous membrane.

26th.—The patient died.

Post-mortem examination revealed two large perforations in the colon, and one in the ilium; general peritonitis; intestines adherent; colon ulcerated; some twelve inches of its mucous membrane sloughed and voided.

In this case the indications are those of gangrenous dysentery; and the circumstance is notable that the nature of the disease present was, in the first instance,

(a) In the "Departmental Blue Book."

designated as dysentery. If, as it may fairly be assumed, the occurrence of "spots," considered "characteristic" of specific enteric fever, was looked upon as furnishing grounds for the affection present being so designated, then the circumstance seems to have been unacknowledged that an eruption of similar or undistinguishable nature occurred *also* in the course of malarious dysentery. The case is one in which failure attended the use of *ipecacuanha* in "heroic" doses.

3. P. C., *æt.* 28, seven years' service; period in India unrecorded; admitted 28th October with ordinary symptoms of acute dysentery. Had large doses of *ipecacuanha*, and these subsided.

November 4th.—Abdomen tympanitic; face haggard; evacuations yellow, and mixed with bran-like particles, without blood; deafness present; no eruption. In the evening of this date, evacuations streaked with blood; collapse progressing; delirium; death.

Post-mortem examination revealed extensive peritonitis; the entire extent of the large intestine in a state of spæcelus and ulcerated patches.

The subject of this case had been ill seven days before admission into hospital, and himself attributed his attack to having bathed in a tank. The circumstance was also stated in reference to it that no faults in the state of conservancy in and around barracks existed. The case itself was evidently one of severe dysentery, due to a very obvious cause; and like that preceding it, illustrating the non-efficiency of *ipecacuanha* administered in large doses.

(To be continued.)

A CASE OF INFLAMMATORY HYPERTROPHY OF THE SPLEEN, FOLLOWING AGUE, AND ASSOCIATED WITH PHELGEMASIA DOLENS.

By D. H. CULLIMORE, M.K.Q.C.P., F.R.C.S.I.,
Physician to the North-West London Hospital; Surgeon Indian Army (retired).

A. B., married, *æt.* 31, presented herself as an out-patient at the North-West London Hospital on the 22nd February, 1881. She was born at Newmarket in Cambridgeshire, and after close questioning and consultation with her mother, she clearly remembered having suffered from intermittent fever about twelve years ago. For the last six years she has resided in the Highgate district of London, which, as every body knows, is one of the highest and driest in the metropolis, yet the effects of the ague have not disappeared. Distinct rigors and violent exacerbations of fever she has never had, but slight flushes of heat and cold, accompanied with headache, have periodically given her considerable annoyance. Of ague or enlarged spleen she has never heard; the symptoms of the former she was led to believe were due to nervous debility, and the enlargement of the spleen, which first manifested itself, at least in any considerable size, about two years ago, was looked upon as a pleurisy, and treated with mustard fomentations and blisters, which gave rise to much irritation, but completely failed to relieve the dragging pain and depression of spirits from which she suffered.

At this time she was pregnant, so it is easy, unless the spleen was enormously enlarged, to understand the difficulty of arriving at a correct diagnosis. After delivery the swelling in the side subsided, nor did she feel any inconvenience on that account till she again became *enceinte*, when not only the pain and swelling in the left side, but also the flushes of heat and cold reappeared, and this time in a more aggravated form than during the previous pregnancy.

On her second accouchement four months ago, she felt better, the swelling having greatly diminished, but during the last two months, though she is not pregnant, all her symptoms have been making rapid progress. I should have stated that after each confinement she suffered from

phlegmasia dolens, which however passed away in a couple of months, leaving a slightly œdematous condition of the lower part of the leg.

State on first Appearance.—On examination the spleen was found to extend on the right side, well beyond the linea alba, backward to the spine, and downwards to within two inches of the crest of the ilium. The tumour was resilient, uneven, at least not smooth like some ague cakes I have seen, and more prominent just below the ribs. It was attended with pain, heaviness, and respiratory distress, the latter at times so urgent as to cause orthopnea and sleeplessness. There was no hepatic enlargement, no signs of pleuritis, and no cough. The temperature was normal, and the pulse about 70, soft and small; while the skin was clammy and cold, resembling the condition which all who have been to India know to be normal in the native of that country. Her countenance was yellowish pale, and she looked anæmic and considerably emaciated. The skin beneath the eyes was almost black—distinctly darker than one is accustomed to see in cases of exhausting disease.

The urine was highly coloured, loaded with lithates, but contained no albumen. There was nausea, vomiting, anorexia, and sleeplessness. She is of a dark complexion, which I merely mention, as I remember to have seen it stated, where I cannot at present remember, that phlegmasia dolens occurs more frequently in dark than in fair women. There was also slight cardiac palpitation.

Treatment.—Ung. hyd. biniodidi, $\mathfrak{z}\text{ij}$.
A small portion to be rubbed well in twice a day, and to be intermitted when the local irritation became excessive.

R Acid nit. dilut., $\mathfrak{M}\text{vij}$;
Liq. arsenicalis, $\mathfrak{M}\frac{1}{2}$;
Tr. belladon., $\mathfrak{M}\text{v}$;
Acid hydrocyanic, dil., $\mathfrak{M}\text{ij}$;
Infus. cichon., $\mathfrak{z}\text{ij}$.

Mft haustus. Ter in die.

March 1st.—Has used the ointment continuously during the past week, with the result that the spleen has decreased fully one-half in size, and her comfort had in a direct ratio increased. She eats, sleeps, and breathes easier; and has to some extent lost her look of distress and fatigue; urine, high coloured. Had a mild attack of fever during the week.

R Liq. arsenicalis, $\mathfrak{U}\text{xv}$. (gr. $\frac{1}{2}$);
Potassæ bicarb., gr. xv;
Nit. potassæ, gr. v;
Tr. nux vom., $\mathfrak{M}\text{j}$;
Aqua, $\mathfrak{z}\text{j}$. Bis in die.

16th.—Wonderfully improved, has had no returns of the heat and chills; the spleen rapidly decreasing in size; appetite fair; urine normal. Omit the arsenic, continue the ointment at intervals.

R Tinct. ferri mur., $\mathfrak{M}\text{x}$;
Sulph. quinæ, gr. ij;
Aqua, ad $\mathfrak{z}\text{j}$. Ter in die.

April 5th.—Splenic enlargement with attendant uneasiness almost gone. General health fair.

Continue iron and quinine.

12th.—Repeat mist et ult. Is cured, or at least sufficiently well to cease attendance for the present, though I expect she will return with a renewal of her trouble, if not before, at all events when she again becomes pregnant.

Remarks.—This case is worthy of remark in many particulars: First it shows that malarial poison sufficiently potent to be dangerously effective after many years residence in a district healthy as regards ague, still exists in England. Secondly, so great an enlargement of the spleen is rare in this country, and when it does occur, is perhaps more likely to be due to, or connected with, leucocythæmia than depending on malarial fever. Leucocythæmia is a disease, *sui generis*, which derives its name from an increase in the white corpuscles of the blood, and is simultaneously accompanied by a diminution of the red. And in this case the complication of phlegmasia dolens—an affection depending on an inflammatory blockage or obstruction of the lymphatics and veins, might

lead us to think that the splenic enlargement was due to leucocythæmia, did not the distinct history of malarial origin contradict such a view.

Moreover, the splenic disorder preceded in point of time any symptoms that might be looked upon as indicative of leucocythæmia; nevertheless, some of these symptoms were so well marked in the case under consideration that the existence in its initiatory stage of this disease cannot be left out of sight. For example, leucocythæmia according to Paterson, Vidal, and Virchow begins, or first actively manifests itself during pregnancy. It also most frequently makes its appearance between the ages of 30 and 40, is generally associated with splenic or lymphatic derangement, and attended with dyspnoea out of all proportion to the elevation of the diaphragm. Nausea, paleness, general ill-health, flying pains, vomiting, and a tendency to anasarca are its prominent accompaniments. Now, as all these were present in this case, it appears to me that the sequence of events might be explained in the following manner.

First, the malarial fever was the original cause of the enlarged spleen which at first decreased in size on the cessation of pregnancy, and was thus temporarily relieved in some vicarious manner, by the onset at this period of the phlegmasia dolens, only however, to assume its more than original size on the departure of the latter affection. And as the symptoms of leucocythæmia increased, *pari passu*, with the growth of the spleen, it is reasonable to contend that they were either caused by the destruction of the red cells or the more active manufacture of the white in the extended interior of this organ.

Again looking upon the sequence of events in this connection, as from the birthplace of the patient in a malarial district, we can hardly avoid—this case presents some anomalies, 1st, because men are more subject to malarial fever than women; and 2ndly, and of greater importance from the fact that a certain immunity has been claimed for puerperal women. Thus Quadrat states that during an epidemic at Prague he only saw two cases among 8,639 pregnant women, which Ritter attempts to explain, not on the ground of any special immunity as regards ague, but from the fact that women are less liable to contract any disease during the last four months of pregnancy.

With regard to the enormous size the spleen had attained, how are we to explain it somewhat rapid subsidence? (about a month.) Its size could not be due to any temporary increase of blood into the organ during a chill, for there was no fever to speak of, and its progress was slow.

It is more likely the enlargement was caused by hypertrophy the result of pigmentary deposit, associated with hyperplastic conditions and proliferation of the adenoid tissue, originating in the continued paralyzing effect of the poison on the vaso motor nerves leading to hyperæmia, or more probably, as I hinted before, to its destructive action on the red corpuscles of the blood itself. However produced, the complete subsidence of this chronic condition, even under the influence of drugs, is noteworthy, and may be compared to a case mentioned by Abercrombie, when "an enormously hypertrophied spleen vanished in a week on the cessation of the fever that produced it," for here the size of the organ was obviously augmented by an overflow of blood, and differs from my case where the fever was slight and generally absent.

With reference to the view that fever is sometimes intensified by abnormal splenic development; a view which in these days of surgical perfection might, in obstinate cases of fever lead to its extirpation, I may state that in Ziemssen's "Cyclopædia," there is a case recorded where a man received a wound in the abdomen, through which the spleen escaped, which as it could not be returned was removed, with the result that fever was permanent afterwards, and that notwithstanding the post-mortem disclosed but a rudimentary organ.

One word on the drug treatment and I have done.

This was a case which from its chronic character arsenic was thought more beneficial than quinine, and though the drug was withheld in any useful dose, for a week, on account of the nausea, &c., yet under the local remedy the progress in subsidence was more rapid than at any subsequent period, which is explainable on the ground that more recent alterations admit of more rapid dispersion. As to the dose of arsenic in chronic ague, my experience is that the pharmacopœial dose of 2 to 8 minims is far too small, 15 minims of Fowler's solution, or $\frac{1}{2}$ grain of arsenic, being often a necessary dose. Bouden gives 1-9th grain, and recommends a larger dose in warm than in cold weather. Having found difficulty in giving large doses in some cases when the stomach was out of order, and looking upon such doses as most effectual, I was induced to look into homœopathic literature to see how they managed such cases, and was surprised to find that their best authorities speak of their treatment of ague in the following terms, viz., "My own experience in ague is the experience of nineteen out of every twenty in our school, and so thoroughly is this matter understood, that it has become proverbial in malarial districts that homœopathic physicians cannot cure ague. Many persons, ardent homœopaths, will resort to quinine, or to an allopath, rather than take the chance of a run of the disease for several days, and resort to it in the end." Arsenic might, I dare say, in such cases be given hypodermically, but I have no experience of it.

As to the prognosis in this case, I should not be surprised if all the symptoms return with pregnancy, and probably before, when if the patient will submit, and again comes under my observation, I will try and obtain some of the blood for examination.

FOURTEEN MONTHS IN CANADA FROM A MEDICAL POINT OF VIEW.

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If the writer may judge of the acquaintance of others with Canada from his own before going there, it must be pretty much a *terra incognita* to most. A few jottings, medical and otherwise, and sketches of what he saw may not, therefore, be uninteresting.

Hamilton, where the writer resided during his stay in Canada, is a city of 36,000 inhabitants, situated on a raised beach at the head of Lake Ontario. The tableland of Ontario terminates abruptly in a precipice about 300 feet high, about two miles from the edge of the lake, leaving between it and the water this strip of raised beach, composed of sand or clay, and cut into gullies and gorges at various places by the summer torrents which fall from the precipice above. It descends by a gradual slope towards the lake from the base of the cliff, and terminates at the water's edge by a steep escarpment 20 to 30 feet high. The city is composed of streets and avenues at right angles to each other, having wooden side walks, and with rows of trees planted at each side. Many of the houses stand separate and have gardens and shrubberies, so that the city occupies a large area, being about three miles long and two broad. The houses are mostly built of brick in the centre part of the city, but in the outskirts wood is largely employed.

The water supply is taken from the lake at about five miles distance from the city, whence it is pumped into a reservoir on the cliff and delivered to the houses at a very high pressure and by direct service, no cisterns being employed. There are a number of surface wells also in use. The drainage is effected by sewers which deliver their contents unpurified into two or three inlets of the lake where there is no current, so that there are some very filthy spots quite adjacent to the town. The deaths for 1880 were 599, giving a ratio of 16.6 per 1,000, but of these deaths no less than 291 were of children under 5 years of age and 166 of children under one year. It is not easy to say to what

this high infant mortality is due. As will be shown further on, summer diarrhoea has, no doubt, a good deal to do with it, but it is also owing to a number of other preventable diseases. Scarlatina, typhoid and diphtheria (so called), are very prevalent, especially during winter. The disease last named is not, however, true diphtheria, being never followed by paralytic symptoms, nor indeed presenting the characteristic appearance of the throat, but is follicular tonsillitis, otherwise "sewer sore throat." It is very fatal from the extension of the aphthæ to the larynx.

There is a Public Health Committee of the Corporation with the usual results as to removal of refuse, inspection of unhealthy dwellings and the like. The site of the New Hospital has been fixed within a few hundred yards to leeward of one of the filthiest sewer outlets into the lake, and within an area in which ague is endemic.

The subsoil on which the city is built is a fine sand, several yards deep at most places, under which is a retentive blue clay. This natural arrangement affords a very convenient means of disposing of sewage from most of the private houses. A deep pit is dug and a house built over it as a privy. The privy contents soak away into the sand, so that there is no necessity for ever cleaning it out. There are hundreds of such in the city, and as the wells are all sunk in this same sand, it need hardly be said that the writer scrupulously abstained from drinking "well water" during his stay there. (a) During winter the whole surface of the ground is frozen to a depth of from two to four feet. The underground atmosphere is thus effectually cut off from the surface, except where a communication is formed by the basement of the houses, the heated air in which exercises a strong suction power, and draws the underground atmosphere into the house. It need be no cause of wonder that houses with basements are found to be unhealthy, and that zymotic diseases are most prevalent in winter and in houses with wells.

The writer was curious to observe the effect of the winter's cold on the health of the people. Chest affections became a little more prevalent, and a few more old people and young children than usual died. The deaths in January were 17 per 1,000, no more than the average for the year. The deaths for February could not be got separately; for the first four months of the year the rate was 16 per 1,000. The mean temperatures for January, February, and March, were 18°, 20°, and 30° respectively, and the minima for these months were 7·7°, 20·5° and 6·6°. In England during last February though a mean so low as 20° was only maintained for three or four days the mortality went up to 29 per 1,000 as the average of 20 large cities. The cause of this difference will be found in part in the exceeding dryness of the Canadian air, and consequent absence of fog and smoke, but chiefly in the absence of that class of the population on whom the evil effects of cold fall most heavily. It is rare to find people in Canada who are not well fed and clothed, and warmly housed. Indeed, the houses are often too warm, 75° and even 80° inside, with an outside temperature of 10° or 15°. Sudden changes of temperature do not seem at all so injurious as is commonly supposed. The warmer one is when leaving the house, the less the cold is felt. Of course the case is wholly different if one goes into the cold while the skin is damp with perspiration. Still less reason is there for believing that air can be too dry for health or comfort. The unpleasant effects ascribed to dryness of the air are really owing to the presence of fine particles of dust, small quantities of carbonic oxide or other impurities.

The season of "Spring" is characterised in Canada by brilliant sunshine melting the snow off the footways, high blue sky and sharp bracing air. The snow disappeared on

(a) Toronto is worse off than Hamilton in respect of water. The supply is ostensibly drawn from a considerable distance out in the lake, but the pipes pass through the part of the bay into which the sewage is discharged and being rather leaky at the joints the citizens are treated to a variety of visible animalculi in the water, not to say what bacilli and micrococci there may be besides. Belief in which last, however, has not possessed the medical mind there yet.

the 21st of April last; the trees began to leaf in the first week of May, and in less than a week from the opening of the first bud the country was covered with verdure. There is usually a "hot spell" in May, the temperature rising to 90° or 95° for a few days, but this is soon succeeded by cool weather, and the excessive heat does not begin till July. It then ranges 80° to 95° or even a 100° for some weeks. In July, 1880, the deaths were 77, in August 46. The deaths of children under one year were 33 and 17. The total deaths for these months were therefore 25·7 and 15·3 per 1,000, and the infant deaths were 43 per cent. and 15·3 per cent. of the total deaths. If the excess of infant deaths are deducted, the deaths for the two months are 19·7 and 14·7 respectively per 1,000, so that the increased mortality was almost wholly incident on the infants.

Medical practice in Canada occupies a midway position between that of Ireland and England. There are hardly any medical men who keep "open shop," the licensed pharmacists never prescribe, but keep "drug stores" where prescriptions are compounded, and patent medicines sold; these last forming an important branch of trade. Medical men have an office or surgery attached to their private house where they keep some drugs and give "advice and medicine" to the working classes for a dollar or 75 cents. The usual fee is a dollar a visit. Prescriptions are given to the wealthier classes. There are about 30 medical men in practice in Hamilton, two of whom are professed homœopaths. The first question put to a medical man usually is "Are you allopathic or homœopathic?"—a question requiring a cautious answer, as a current definition of the difference between the two *athies* is "Homœopaths give as little medicine as they can consistently with curing their patients, Allopaths give as much medicine as they can without killing their patients." As the writer found that the latter allegation was in a few cases not without a certain amount of foundation, his reply used to be "I practice rational medicine." Homœopathy is recognised in the Dominion as a separate entity, having its own examiners and giving a registerable diploma. No one can practice until he has registered his qualifications in the province in which he intends to reside, and the detective of the Medical Board is very active in hunting up unregistered practitioners.

A great effort was made lately to shut out practitioners from other countries from registration until they had passed an examination. A decision was given against the College of Ontario in a case of degrees from Great Britain and Ireland, and these can be registered on payment of the usual fee of ten dollars. The only public appointments for medical men are those of Coroner and Medical Officer of Health, the latter a sinecure. Nevertheless, the Dominion affords a fine field for any man who is in love with his work. Country practice is very hard and no old-country man should attempt that, but city practice is quite as easy as at home, and there are far fewer able men pressing with it.

THE annual rates of mortality last week in the principal large towns of the United Kingdom were—Plymouth 13, Dublin 15, Sunderland 16, Edinburgh 16, Bradford 17, Bristol 17, Norwich 18, Brighton 18, Leeds 19, Glasgow 19, Birmingham 20, London 20, Portsmouth 27, Oldham 20, Sheffield 22, Manchester 23, Salford 24, Liverpool 27, Newcastle-on-Tyne 27, Wolverhampton 29, Hull 31, Nottingham 31, and Leicester 37 per 1,000 of the population.

THE death-rate of Hastings during the past quarter was 15·14 per 1,000. This is very much lower than the rate during the same period in former years, the average for the last four years being 18·55 per 1,000; last year at this time it was 19·50. The percentage of deaths of children under one year to the total number of deaths is 21·25, and that of children under five years is 30·62.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

A Case of Vaginismus from Vascular Caruncle, treated with the Ether Cautey.

Under the care of Dr. MATTHEWS DUNCAN.

Reported by Mr. SIDNEY DAVIES, B.A.

ANN B., *æt.* 52, was admitted into St. Bartholomew's Hospital on June 14th. She gave the following history:—She had been married twenty-seven years, and had never been pregnant. Her catamenia commenced at the age of eleven, and ceased at forty-five. For some years before the catamenia ceased, she found defæcation painful; but there was no pain at the catamenial period. About six or seven years before the menopause, difficulty began to be experienced in sexual connection with her husband; it soon became impossible, and they had kept apart till the present time. Soon after the catamenia ceased, she began to have a continual pain in the vulva, which she attributed to cold, and took no notice of it till a few weeks before, when she went to the Radcliffe Infirmary (in Commercial Road), and was examined under chloroform. She subsequently came to the out-patient department of this hospital, and was admitted by Dr. Godson. She had had no discharge or loss of blood. The bowels were confined. There was no trouble in urination. The pain was of a shooting character, and was experienced during the day time; it did not keep her awake at night.

On the day following admission, her temperature was normal, pulse 84, tongue clean, and general condition satisfactory. There was some tenderness above the pubes. Urine acid, 1030; no albumen, no sugar.

On June 16th she was examined by Dr. Matthews Duncan, with the following result:—

Per hypogastrium, nothing abnormal discovered. Per vaginam, nothing abnormal discovered.

The right nymphæ, about three times as large as the left, but healthy. The two posterior thirds of the urethral orifice slightly hypertrophied, and red as a bright caruncle.

Dr. Duncan freely burned this part with the ether cautey, a staff having first been inserted in the urethra.

Great pain was at first experienced after the operation, but gradually diminished, and the patient was discharged cured on July 7th.

A Case of Parametritis, with a Remote Abscess—Recovery.

HARRIET C., *æt.* 24, mantle maker, was admitted into St. Bartholomew's Hospital on April 27th.

The patient had been married twelve years, and had two children, the last one of which was born three months ago; she had had no miscarriages.

The main points in the history of her illness were as follows:—Two days after her last confinement she had had a severe rigor; she made, however, a fair recovery, and got up from her bed two weeks after the confinement. One week, after rising, she got wet, and took cold while washing clothes; this brought on pain in the left side, and weakness of the left leg, but she was able to get about till a month before her admission. Since then she had been a good deal confined to bed, and been troubled with night sweats, coming on after the "first sleep." She had also suffered from diarrhoea, and severe pains in the back and leg, especially during the last month.

Present condition.—Tongue slightly furred, bowels pretty regular; sleeps well; appetite good. Evening temperature 101.0.

Physical signs.—There is a fulness and fluctuation in the left iliac fossa, extending to four or five inches below Poupart's ligament, and also on the outer part of the

leg. There is also some tenderness over the left lumbar region.

The patient continued in the same condition for a week. Her morning temperature was about 99.0, and evening, 100 to 103; pulse 100.

The following notes were taken from that time:—

May 8th.—Pulse 108; temp. 99.2. Tongue rather furred; bowels open. Patient complains of much pain in the head, abdomen, and left iliac region; the latter being persistent. Dr. Matthews Duncan examined her, and found increased fulness and tenderness on the outer side of the thigh.

9th.—Dr. Duncan again examined the patient, and reported fulness above Poupart's ligament, especially at its inner part, but this fulness is slightly resonant. Per vaginam.—Bimanual examination discovers some mobility of the uterus, but between the left foramen ovale and the uterus there is a hard swelling, which is somewhat movable. No continuity can be traced between the pelvic tumour and the abscess in the middle of the thigh.

11th.—Abscess opened on outer side of thigh, with antiseptic precautions; about 6 ozs. of pus withdrawn.

12th.—Abscess dressed; it is still discharging.

Patient slept well, and has no pain. Temp. 97.

19th.—Temp. 97.8; abscess nearly healed.

31st.—Parts around the incision very tender. There is a hard swelling in the left groin extending below Poupart's ligament. The skin over this, and extending down to the incision, is very pale. The thigh is painful. Temp. 99.5; pulse 120.

June 2nd.—Dr. Duncan examined per vaginam. Uterus fixed and flexed to the left side; cervix immovable.

4th.—Abscess discharging more, and more tender.

7th.—The night before last, patient began to feel unwell, with pain in the leg; had "shiverings" all yesterday. Temp. last night, 103.4. This morning, temp. 101.0; pulse 125. Leg is very tender, and much swollen on the outer side; the swelling is hot, and gives indistinct fluctuation. Incision looks healthy. Cannot lie on her left side, as requested, because of the pain. Pains in groin and left knee.

9th.—Patient looking worse; face flushed; temp. 103.6; pulse 132. Leg very painful and tender. Dr. Duncan's note.—Tenderness has appeared above the left Poupart's ligament, with some induration, but there is no notable increase of dulness on percussion. Per vaginam.—On palpating deeply, the finger reaches some induration in the region of the left inguinal canal.

11th.—Thigh is much less tender, and the swelling is harder, and more limited. The hardness in groin the same. Temp. last night 100; pulse 96.

16th.—Temp. sub-normal.

21st.—Incision healed; swelling in thigh gone, and no tenderness.

The patient went out cured about a week after.

Remarks.—The interesting features in this case are (1) the occurrence of what Dr. Duncan calls a "remote abscess," i.e., suppuration occurring at a point in the thigh, unconnected by suppurating tissue with the groin; (2) the almost complete disappearance of the phlegmon in the pelvis, and fixing of the cervix at the place where it had been situated; (3) the complete recovery of the patient under the simple treatment of rest in bed, poultices and tonics.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

Case of Dry Gangrene.

Under the care of PROFESSOR RAWDON MACNAMARA, M.D., F.R.C.S.I.

Reported by Mr. FRANK CAMPBELL.

PATRICK KENNY, *æt.* 26, a native of County Wicklow, was admitted into the Meath Hospital on the 10th August,

under the care of Mr. Macnamara, suffering from dry gangrene of left forearm.

History.—He stated that on the 1st November, 1880, he was driving a horse under an outside car, and on descending a hill the horse fell, he being thrown to the ground; in order to break the fall, he put out his hands, and in so doing he sustained a compound fracture of the radius and ulna, in the middle third. Having been taken to the County Infirmary, the surgeon set the fracture, applying splints and bandages, and retained him in the Infirmary. On the third day after the accident, he noticed that the shoulder and arm had become greatly swollen, accompanied with great pain. The surgeon having examined it, asked his consent to allow amputation of the forearm to be performed; he refused to give his permission, and left the Infirmary. On returning home he was advised by some persons to go to a bone-setter in Athy, County Kildare. This he did, and on the bone-setter seeing his arm, he informed him that if he put himself under his care, he would have his arm right again in less than a month, his terms being one guinea a visit. Having placed himself under his care, the bone-setter encased the whole arm, from fingers to the shoulder, in leather, so as none of the arm could be seen, and told him that he might now return to his home, and to come to him again in a week's time. From November to the day before he was admitted into the Meath Hospital, he had visited the bone-setter every week, and each week he told him that all was going on well, and never, during the whole time, did he remove the case which he had placed on the arm on the first visit in November. During all this time the poor man had paid the bone-setter over £15 in fees. On the 10th of August he came to the Meath Hospital. Mr. Macnamara having seen the patient, proceeded to remove the case. On its being removed, it was found that the whole of the forearm was in a state of dry gangrene, and that spontaneous amputation had taken place through the elbow-joint, the arm and forearm being kept together solely by the leather case. The stump which nature had thus made, was one of the most perfect that could be seen; it was very nearly healed, except a spot about one inch long, and a quarter inch wide, which very soon healed on the proper dressings being applied. The forearm was black, dry, and shrivelled, resembling closely the appearance presented by that of a mummy. The patient, nevertheless, in every other respect, seemed to be in rude health.

Department of Lunacy.

THE HEREFORD COUNTY ASYLUM.

A SOMEWHAT unusual feature is presented in the Annual Report of the Hereford County Asylum, viz., a defence by the reverend chaplain of that institution of *Bombastes Furioso*, and some other dramatic trifle which is not named, but which is described as "a light pretty little sort of thing," the descriptive phraseology being a quotation from *Corney Grain*, evidently picked up during some clerical violation of *St. George's Hall*. It appears that the chaplain of the Asylum, in addition to his strictly clerical duties, kindly undertakes to cater for the amusement of the inmates, and thereby usefully assists the medical officers in conducting moral treatment. In carrying out this self-imposed task he last year arranged for the performance of a play, which gave offence to somebody, and he speedily found himself arraigned before the Quarter Sessions of the county by an influential magistrate for having pandered to a corrupted taste and demoralised the pauper lunatics. His defence is contained in the Annual Report of the Asylum, which we have just received, and may be pronounced satisfactory. Just two plays were acted under his auspices and direction. One was "that inimitable burlesque, *Bombastes Furioso*, which even *Sancho Panza* himself would lack inspiration to run a tilt at;" and the other was a light and airy comedietta, which was so essentially tame that it

required to be "seasoned slightly" in the final tableau, and which was performed before "the simple little boys and girls at the workhouse with no ill effects." We congratulate the Rev. Mr. Bulwer on his spirited rejoinder to the *Bombastes Furioso* of the Hereford Bench; but we should recommend him, considering the state of feeling at Quarter Sessions on the subject, not to think of offering an engagement at the Hereford Asylum Theatre to *Sarah Bernhardt*, nor to attempt the production of *Les Dames Aux Camelias* for his next Christmas entertainment.

THE LINCOLN LUNATIC HOSPITAL.

THE Lincoln Lunatic Hospital has accommodation for eighty patients; but it contained at the close of last year only fifty-six, so that there remained twenty-four vacant beds, a fact which is only attributable to ignorance on the part of the medical profession and the public of the excellent character of the accommodation it affords to patients who can only pay small rates of board. The Commissioners in Lunacy, who inspected the establishment twice last year—registered lunatic hospitals being now subjected to the same amount of visitation as private asylums—speak in commendatory terms of its condition and management. The dietary is good, and ample provision is made for entertainment and exercise. New furniture and decorations have been recently introduced into the wards, and new ball-rooms are now in process of construction.

THE COUNTY ASYLUM AT LANCASTER.

THE County Asylum at Lancaster contained, on the 31st of December last, 1,117 patients, 566 men, and 551 women. The total number under treatment during 1880 was 1,462, and the rate of recovery for that year was 39.06 per cent. of the admissions, and the death-rate, 9.26 per cent. of the average number resident. The mortality seems to have been due to the census, which the usual figure in lunatic asylum reports is about the usual proportions. General paralysis alone was fatal in 24 cases, and with complications in 5 others. Epilepsy caused 7 deaths, pneumonia 11, phthisis 8, and gangrene of the lungs 2; dysentery and diarrhoea was responsible for 12, out of a total of 100 deaths, and erysipelas was the assigned cause of 2. This large mortality from dysentery, diarrhoea, and erysipelas, should lead to a searching investigation into the sanitary condition of the hospital, and especially into its sewage arrangements, water supply, and system of ward cleaning. Such an investigation should be undertaken by the Commissioners in Lunacy, who are the recognised guardians, not only of the liberty, but of the health of the insane poor, and it seems very desirable that one member of the Board of Commissioners should always have special and commanding qualifications in all the branches of State Medicine. Four inquests were held at the County Asylum at Lancaster during 1880; one in a case of fracture of the skull, caused by a fall from a window, one in a case of suicide by hanging, and two in cases of fractured ribs. Two births in the Asylum were recorded. In one case both father and mother were epileptic, and the former, soon after the birth of the infant in the Asylum, murdered his niece, a child six years old, and was, therefore, probably insane as well as epileptic, although his insanity had not been officially recognised like that of the mother. In the other infant born, there were indications of syphilitic disease, and the infant soon died. On the subject of the causes of insanity, Dr. Cassidy, the medical superintendent of the Asylum, says that he feels himself more and more impressed, with the effects of inherited pro-

clivity, the more minutely the circumstances and histories of individual cases are inquired into. There are few cases of mental disease, he is inclined to think, in which inherited tendency to the *insanis* or *neuroses* does not play a part.

Special.

NURSING: PAST, PRESENT, AND FUTURE.

At a time like the present, when nurses and their doings figure in the newspapers in such an unpleasant manner—that is, in their relation to coroner's inquests, it may not be either uninteresting or unprofitable to glance for a moment at the growth of nursing as an art, and to trace the changes which have taken place since the days when the genus Gamp reigned supreme; up to the present time when its place has been taken by another race, that which is associated with the honoured name of Florence Nightingale. It is not a comfortable reflection to look back upon when we remember the class of women who were chosen a few years ago to nurse the sick, women in most cases long past the prime of life, and whose chief recommendation was apparently, that they would not "take" any thing from the patient, that is, they would not suffer by their being in constant attendance upon the sick, so far as "taking" in the ordinary acceptation of the word is concerned, it were best perhaps to say nothing; for who has not heard of countless instances of "peculiarities" on the part of the old sick nurse which bear out only too truly the facts related in the life of Mrs. Gamp and the sisterhood of which she was a type. The sick-nurse of bygone days was ignorant and uneducated, she had neither the will to observe symptoms nor the power of appreciating what she saw, and her efforts to assist her patients were only too often merely so much assistance on his or her downward course; her object was, it is to be feared in many cases, not to lend her aid in bringing about a favourable result, but rather to make what she could out of the case. Inured to scenes of misery and pain, surrounded only by friends and relatives whose perceptions were dulled by the mental torture they were suffering; her incapacity passed unnoticed, her want of sympathy unfelt, save by the one who stood most in need or it—the patient.

So much for the past era of nursing; now let us look at the present, what have we got to supply the place of this, happily, extinct race?

After the glorious example set by Florence Nightingale a light dawned upon the women of England; ladies began to realise the fact that it was possible for a gentlwoman to earn her living by becoming a nurse, and a class of nurses arose who underwent a thorough training in that hitherto neglected field—the hospital. Women of all grades were trained and became good nurses; and the medical profession began to recognise in the trained nurse a powerful ally who was able and willing to assist them in carrying out treatment, and who could be trusted to watch and note the progress of their cases. What a vast stride had been made; valuable assistance had been obtained from a source from which a short time back help would have been worse than hindrance. But matters did not rest here; reform moved on with sure and rapid strides; it became the custom to teach nurses the rudiments of anatomy and physiology in order, as it was said, that they might be the better able to appreciate the various phenomena they were called upon to witness. Medicine and surgery followed in due course, until at the present time every nurse who is trained in an hospital has to go through a systematic

course of instruction in these subjects before she can obtain her certificate of efficiency.

Truly a wonderful change, and one which is (or should be) fraught with the greatest blessing to suffering humanity. Then why is it that we so frequently see in the newspapers death from neglect, deaths from inhumanity taking place, not in the houses of the poor, where one might reasonably suppose that such cases might occur, but in connection with our great hospitals, places which ought to be perfect so far as their power of preventing such occurrences as these are concerned; places where there are constantly one or more medical men on the premises, and whose wards are nursed by educated and trained women, why is it that these melancholy scandals arise? How is it that, with such a perfect system of working (and we are asked to believe that these systems are perfect, though the outcome scarcely seems to be of such a nature as to warrant the request) and with the most eminent medical men of the age employed daily in attending to the sufferings of the patients, with a resident staff of "dressers and clerks," whose duty it is to carry out treatment and in many cases to note the hourly progress of the sufferers, and in addition to all this, with a staff of trained nurses constantly in attendance. Surely, with such a host of precautionary measures adopted there can be no room for error, yet that there is, is only too clearly proved by the late unfortunate case at Guy's Hospital. It is a most deplorable fact that in a civilised country it is possible for such things to happen in connection with our medical charities.

To whom are we to look for an explanation of these most undesirable occurrences? Where must the alteration be made to prevent their repetition? What steps must be taken to protect our suffering brothers and sisters from such an untimely end as befel the poor woman at Guy's last year? After all the bitter controversy which took place anent this unhappy case, when men of the highest reputation in the medical world threw aside their professional reserve and joined in a pen and ink warfare with lay-governors and with nurses, the outcome of which might be fitly represented by the figure 0. It is a delicate matter to say at whose door the fault should be laid. Still, although it may seem to be like stirring up muddy water let us make an attempt.

It was only too plainly manifest from the tone which was adopted by either side, both in the law court and in print, that there was an amount of tension existing between the parties concerned, which could only terminate in the defeat or destruction of some one. But how had this come about? What could have caused this estrangement between the doctors and the nurses. It is the old, old story, much would have more, the medical profession in welcoming the aid of the trained nurse and allowing her importance, acknowledged her value, and this encouraged her to undertake more and more. They allowed her greater liberty in the treatment of cases, and left many points of detail entirely in her charge, then gradually as a higher class of nurse appeared upon the scene she in her turn expected more liberty, and any one who has had the opportunity of reading the pages containing the life of Sister Dora will recollect to what a pitch this spirit of independence is wrought. In this book we are told of lives and limbs being saved by the courage and determination of the heroine, whilst acting against the express wish of the medical man under whom she was supposed to be working, not content with the mere routine duties of a nurse, this marvellous woman undertook responsibilities and incurred dangers, the account of which, even if it does not inspire the reader with admiration, will at least fill him or her with wonder that the heroine of such dauntless acts should have escaped either Divine recognition, or human punishment.

To this desire for more responsibility has been added a strange religious feeling, and hospitals have become in many instances fields for the scattering of the seeds of certain religious sects, attempts are made to attend temporal and spiritual wants at one and the same time, it was a rare opportunity for enthusiastic members of the various denominations to earn them favour in the eyes of the suffering, and enforce their convictions on all comers, this may be religion of one kind, but surely not that form which is known as the Christian religion. In many hospitals the work of attending on the sick has been made to suffer in order that the religious services may be properly (or improperly) carried out.

The minds of many good conscientious men revolted against the innovations, and there again was another element of dispute.

Thus it was that, the nursing community from being a docile submissive race, whose chief object was to do as they were told, gradually took up a new position as prominent authorities in the hospital, persons with whom it was necessary to consult before anything relating to the patients was done, and who had a two-fold object; first, the conversion of their patients to their own particular belief; and, secondly, to nurse the case, that is they place their religion first and expect all else to give way.

The fact that the spiritual welfare was their first consideration led to a firm opposition on the part of the medical staff, who (very naturally) said that hospitals were founded for the treatment of diseases of the body, and not for the advancement of any particular religious opinion, and as a result of this opposition they (the medical men) were accused of being atheists, for the simple reason that they would not tamely allow their honest conviction of what was their duty to be over-ruled by the sentimental extravagances of an enthusiastic sisterhood.

This then is the condition of things at present, this is the outcome of the high scientific training that nurses have undergone; all the time and patience which has been expended on their education has ended in rendering them incapable of appreciating their true position of nurses. They do not appear to be able to grasp the fact that their duty is to work under and with the doctor with whom they are associated and not to strike out an independent course of their own. This feeling of estrangement has not arisen suddenly, it is not the result of any great radical change in the constitution of nursing, those who know anything of the internal workings of a large hospital will tell you that all this degree of tension is the effect of a series of small grievances, so small, that in themselves they are not worthy of mention, but when viewed as a whole, assume a magnitude with which it is well nigh impossible to cope.

Let no one for a moment imagine that it is from any want of humanity on the part of the nurse, that these poor patients from time to time suffer, it is simply from the feeling on the part of the nurse that certain things are necessary, and she does them, not caring for the opinion of the doctor, whose authority she has been taught to disregard in such matters. In some instances (happily rare ones) the medical man is looked upon as a necessary evil, whose orders should be obeyed in so far as it seems good to the nurse, and no further.

If the evils arising from this state of affairs affected only the disputants, then the public voice would say, "let them fight it out, it is a matter of no importance;" but, unfortunately, this is not the case, a third person has a vital interest in the controversy—the patient—and it is when one of the latter class suffers, when a victim has been offered up on the altar of conceit and disobedience, when some poor creature,

whose life has been cut short, lying still in the marble majesty of death, appeals, with a silent eloquence which must touch the hearts of all, that the public feel how grave and how important is this most unfortunate dispute. That it must come to an end, sooner or later, is, of course evident. But how! and when? it is not easy to say, neither side seems inclined to give way; at one time it seemed likely that high legal authority would be called upon to interfere, but matters remain pretty much the same as they were twelve months ago. Let the heads of the nursing community carefully consider whether their demands are not excessive, whether they are not endeavouring to undertake too much responsibility, whether in striving for so much, they have not overlooked the fact that they are but nurses after all, and that although they are, in many ways, greatly to be admired for their self-denial and zeal, still that they run the risk of being looked upon as dangerous luxuries if they persist in their present line of conduct. Let us, then, hope that the day is not far distant when doctors and nurses shall once more work side by side in their noble occupation, when, irrespective of religious views, and unmindful of individual peculiarity, they shall concentrate their energies in the struggle against disease, when unity will take the place of disunion. Both sides remembering that the profession they have adopted is not an arena in which to fight out paltry jealousies, but common ground for the relief of their suffering fellow-creatures.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

CHARGE OF PROCURING ABORTION AGAINST A MEDICAL MAN.—Last week a Dr. Choppard, residing at Montmartre, Paris, was arraigned before the Court of Assises of this city on the charge of producing abortion on one of his clients for criminal purposes. After a lengthy trial the accused was found guilty, and sentenced to five years' imprisonment, whilst his patient got two years. In the course of the trial, which attracted great interest in the medical world, the Public Prosecutor stated a fact which fully explains the decrease of the population of France. He told the jury that they should not forget that, according to reliable statistics, the depopulation of France is making frightful progress, and if it continues the country would soon fail in soldiers to defend it. "This depopulation is due to provoked abortions, which, is now become an almost recognised industry in France."

MENSTRUATING BY THE KIDNEYS.—An extraordinary case of a child menstruating regularly by the kidneys is reported by *Le Journal de Médecine*. A little girl of 8 years, a reputed hermaphrodite, otherwise enjoying good health, was observed to pass blood in her urine regularly every twenty-five days. The flux lasted four days, and then disappeared to return periodically. Albumen was found to exist in the liquid two days before each menstruation. After a few months the flux had become so abundant that the child succumbed. An autopsy was refused.

PARALYSIS OF THE ANAL SPHINCTERS.—The treatment of paralysis of the anal sphincter by subcutaneous injection of ergotine is affording good results. The most recent case in which this remedy was tried with success is that of a woman who, after confinement, suffered from incontinence of the fecal evacuations. Dr. Langer, who attended the case, having tried the usual means without success, had recourse to a solution of ergotine—viz., ergotine, 16 grains; cherry laurel water, 5½ drachms, of which he injected 1 gramme, or 16 drops. The first injection produced a noticeable amelioration, causing, however, great pain, which lasted an hour. Forty-eight hours afterwards he increased the injection, and the amelioration continued; the pain was also complete. After the fifth injection the cure was complete.

CAUDAL APPENDIX IN THE HUMAN BEING.—A military surgeon at Athens reports a case of caudal appendix in the human race. A young Greek in the regiment to which the

surgeon was attached was found to possess at the coccygean region an appendix measuring five centimetres. This appendix, rounded at its extremity, was not covered with hair, although at its junction with the sacrum there was an abundant growth. On examination, this caudal appendix was found to consist of two osseous portions, the upper continuous with, and firmly attached to, the sacrum, while the lower was independent and movable. Cases of this kind are so rare that it might almost be said that this is the only authentic case of caudal appendix containing osseous tissue. M. Virchow relates a case of a child who had one of these appendices seven centimetres in length which stirred when pricked with a pin. It was excised, and on examination no bony tissue could be discovered.

INSTANTANEOUS ASPHYXIATION.—Two Austrian chemists have succeeded in manufacturing a liquid which, when thrown on a person produces instantaneously a veritable asphyxiation. The person is rendered senseless. A trial of this terrible agent was made in the office of one of the leading journals of Vienna. One of the compositors, a man of herculean force, offered himself for the experiment. Hardly had he received a few drops of the liquid on his chest than he became as white as a sheet. He made desperate efforts to breathe, and the perspiration rolled down his face. He was on the point of falling, when the inventors made him breathe from a bottle an antidote. Instantly the man recovered himself. One can easily understand the sensation caused by this discovery as the number of crimes would enormously increase if it came to the knowledge of evil disposed persons. The Austrian Government is going to buy up the secret to use it in a military point of view, and also to prevent its being divulged.

In 1849 a French gentleman, named Poréant, left by will the sum of 80,000 dols. to the Paris Academy of Sciences to be awarded to the person who would discover the cause or nature of Asiatic cholera, or point out a remedy which would cure it in the immense majority of cases. A physician filed his claim to this prize in 1877, basing it upon the properties of the bromide of ammonium.

In the principal foreign cities the rates of mortality, according to the latest official weekly return, were in—Calcutta 23, Bombay 35, Madras 33; Paris 26; Brussels 26; Amsterdam 22, Rotterdam 20, The Hague 19; Copenhagen 17, Stockholm 15, Christiania 16; St. Petersburg 49; Berlin 44, Hamburg 28, Dresden 34, Breslau 43, Munich 38; Vienna 27; Prague 30; Buda-Pesth 40; Venice 28; Alexandria 41; New York 41, Brooklyn 31, Philadelphia, 28, and Baltimore 26 per 1,000 of the various populations.

In a recent issue of the *Philadelphia Medical Times*, Surgeon Sternberg, of the United States Army, relates that he had received a minute quantity of dried blood containing *bacillus anthracis*, which was sent by Professor Burdon Sanderson, with the statement that it was seven or eight years old, adding, "I have no doubt that you will find, if worked up with salt solution, and injected into a mouse, you will have the spleen, after from twenty-four to thirty-six hours, enlarged and infiltrated with bacillus." The material weighed about a sixth of a grain, and after being added to a little salt solution a few minims were injected beneath the skin of a mouse. In twenty-four hours the mouse was dead, and at the autopsy the spleen was found to contain the bacillus in considerable numbers, resembling exactly the bacillus of anthrax.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 31, 1881.

GUY'S HOSPITAL.

THE opportunity afforded by the lengthened silence generally observed by all legitimate censors of that series of blunders whereby Guy's Hospital achieved such miserable fame has been so entirely neglected by the responsible author of these errors of commission, that any further kindness of the same description would be altogether out of place. For a long number of months now the internal management of Guy's has been of a nature to provoke the strong condemnation from all cognisant with it; so serious have been many of the lapses from discipline, so disastrous many of their results, that even public demonstrations against the causes of them have been more than once evoked. We are distressingly familiar now with the unwonted appearance presented by a great charity the officers of which are called to answer for irregularities of conduct in the dock of a criminal court or behind the bar of a witness box; and the hope for some time entertained that the infatuated official who is primarily to blame for the myriad misfortunes that have overtaken a noble institution would reform his ways, is now permanently and effectually shattered. In place of striving to regain that confidence which has been destroyed, by acts of real beneficence,

the matron with whom the trouble at Guy's originated has persistently refused to swerve an inch from the path of determined opposition to the traditions of the Hospital and the interests those traditions support. From the first her proceedings have reacted detrimentally to the good of a noble charity, and although the irremediable mischief of her course has been times without number exhibited before her, we have been from time to time, notwithstanding, disgusted by fresh acts of open defiance of those laws which are supposed to govern the relations subsisting between a matron and the staff she should rightly be subservient to.

We have sufficiently dwelt, in previous issues, on the actual position the matron at Guy's, as at every other hospital, should occupy in the administration of the charity; and it has been abundantly shown how radically different is the real position assumed by her. Now, it is a fresh proof of the wholly impossible nature of the relations maintained between herself and her subordinates that points afresh the weakness of the appointment which placed the present matron of Guy's in the position she occupies. When this lady first entered on the duties of her office she saw fit to require the discharge of whole batches of the nursing staff of the hospital, the majority of whom refused compliance with arbitrary rules, which effected a complete revolution in the arrangements under which Guy's had so long achieved a world-wide reputation for excellent nursing. In this way a great number of old, tried, and valuable servants were discharged, or compelled to resign in order to make room for other nurses trained in accordance with the principles advocated by the imported head of the nursing department. The result is matter of history: Guy's Hospital for the first time in its career figured in a police court, and one of its nurses was adjudged to be imprisoned for three months on the charge of manslaughter.

How many similar errors to that which culminated in the death of a patient and the conviction of the nurse by whom her decease was hastened, have occurred since then, we do not know; we only know that on several separate occasions, the nurses, or others of the resident staff of Guy's, have been under the necessity of affording explanations to account for practices foreign to the administration of other hospitals, and leading to results little in accordance with the previous history of Guy's; and we may, with some justice, assume that not every case of malpractice became matter of public scandal. Be this, however, as it may, enough has been done and said in connection with the charity to justify the outspoken reprobation heaped upon the heads of those who are first and foremost, the responsible agents of the evil changes; and it is with no light feeling of unconcern, in consequence, that the public and the general profession will regard the matron's latest proceeding. In virtue of the authority exercised by her, it has been decided by the governors—who apparently remain as much as ever the puppets of the treasurer—that a sister, of more than twelve years experience in Guy's Hospital, shall be dismissed from her post. There is something that is more than disagreeably suggestive in the fact that the call to resign is accompanied by the offer of twelve months' salary. This is a plain indication that the governing body acknowledge the

gross injustice of the decree they feel themselves compelled to register, and are, at the same time, powerless to do other than what is demanded of them by the directors of their actions. There is something so pitifully and miserably little about the whole proceeding, that we would infinitely prefer to have let the record of it be buried in absolute silence. To do so, however, would be an injustice at this time, since it serves to show that nothing even yet has occurred to change the current of events at Guy's; and since it is a conclusive proof that some definite and decisive action need be quickly taken to end a state of affairs that is promising total destruction to an ancient and once useful charity. That an old and trusted servant is again and again attacked by charges which are invariably rebutted by her, and that in spite of the invaluable aid rendered by her to the hospital, she should be compelled to resign, since no cause for otherwise removing her can be found, and this solely on account of the inability of her superior officer to tolerate those habits and abilities which made her a perfect nurse under the *regimé* prevailing before the advent of the present matron exhibits a picture whose reflection is not a pleasant one, and the wonder is, that of all the world, the governing body of Guy's is alone insensible to the terrible moral it conveys. Since it is necessary now to devote the income of the hospital to purposes which no sophistry can conceal, are necessitated by the matron's government, where is the guarantee that, year by year, the sum may not grow until it reaches proportions beyond all calculation, and ruinous to the income of the charity. Or, on the other hand, since at the will of the matron, dismissal is ordered of officials against whom no fault can be found, except that she is unable to work smoothly with them, what limit can be set to the possible growth of so imperious a power?

However it may be regarded, the question of the management of Guy's Hospital, as now before the world, is a pressing, and an important one, and the answer to it should not be longer delayed.

CONSULTATION WITH HOMŒOPATHS.

THE gauntlet thrown for the homœopaths by Dr. Bristowe and Mr. Jonathan Hutchinson at the Bye meeting of the British Medical Association seems likely to be taken up by those who object to the proposed fraternisation of our profession with these schismatics. The *Lancet*, in a leading annotation on the subject, says that:—

"Mr. Hutchinson's address on surgery establishes the belief suggested by Dr. Bristowe's address in medicine, that a very deep and well-concerted scheme has been laid by the Council of the British Medical Association, or those who govern the Council, to reverse the ethical principle which has regulated the attitude of the profession in all civilised countries towards homœopathy."

We certainly share with our contemporary the strong suspicion that the blandishments uttered by the orators of the Association are—if not part of a scheme for the annexation of homœopaths—at least, a reflex of the hankering of the Committee of Council after such a consummation.

In a letter to the last issue of the *British Medical*

Journal Mr. Nelson Hardy expresses his opinion that the orators at Ryde have "placed the Association" in a false position by their "unfortunate utterances," and that "unless and until the opinions expressed by Dr. Bristowe and Mr. Hutchinson are authoritatively disavowed, the responsibility will naturally fall on the body [the Council], whose officers for the time being they were."

We are altogether of this opinion. We cannot believe that either of these gentlemen would have plunged neck-high into the discussion of homœopathy, or devoted their eloquence to the white-washing of that form of quackery if they had not reason to suppose that their utterances would meet, at least, with toleration on the part of the Executive of the Association. Moreover, we cannot altogether disassociate the Public Orators of the body from the body itself; and we expect that the homœopaths will take good care to represent the extraordinary tenets of the speakers as the official pronouncements of the Association.

In an obscure corner of the outside column of the *British Medical Journal* we find the following editorial reply to "H. N."—

"The readers of Addresses in Medicine, Surgery, Obstetrics, &c., select their own subjects, and deal with them in their own way without communication with any other person, officially or unofficially, and without any suggestion or censorship. The Committee of Council select, in all cases, gentlemen of acknowledged eminence in their respective departments. The readers of addresses are alone responsible for the choice of subject, and the mode of dealing with it."

We cannot regard this sort of disclaimer as a sufficient expurgation of the Association from complicity in the opinions to which we object; though, if the statement were produced as an official declaration in the editorial columns, it might bear a different aspect.

To be brief, we invite Dr. Bristowe and Mr. Hutchinson to relieve the Association of the responsibility of their individual utterances, and to make it clear to the public that the profession within the ranks of that body have given no adherence or approval to those utterances. If these gentlemen will not do this, we insist that the Committee of Council ought—however unpleasant the task of disavowal may be—to do it for them. The Committee owes this duty to the profession, to the character of the Association, and to the majority of the members who, we fully believe, entirely repudiate fraternisation with Hahnemannists. If the Committee flinches from the performance of that duty, we hope the members of the Association will indicate their disapproval by an immediate protest. If the movement for levelling scientific medicine down to homœopathy is permitted to grow, it will be impossible, after a time, to crush it out. That movement has made its *debut*, and we look to those who have regard for the honour of the profession not to allow the Association to be made the medium for so discreditable a *rapprochement*.

DURING the three months ending June last, 6,459 inquest cases were registered in England and Wales, equal to 5.3 per cent. of the total deaths; this proportion exceeded that which prevailed in any recent corresponding quarter. In the twenty large towns, the proportion of inquest cases averaged 6.5 per cent.; it was but 2.9 in Oldham and 3.6 both in Brighton and Wolverhampton, whereas it ranged in the other towns to 9.9 and 10.1.

Notes on Current Topics.

The Teaching of Aural Surgery.

THE general ignorance of students and practitioners of the elements of aural surgery and the serious results which are often due to this ignorance are well known to all who have given any attention to the subject. It is high time that more attention was given to the diagnosis and treatment of ear affections in our medical schools. Of course, it is not to be expected that all practitioners should have special knowledge, but there are certain elementary things which all should know. Every practitioner, for example, should be able to recognise a normal membrana tympani with the speculum, should know when, and how properly, to use the syringe, and also how to employ Politzer's method of inflation. We are glad to hear, therefore, that, at the late meeting of the British Medical Association, resolutions were passed in the subsection of Otolology to the effect that it was desirable a committee should be appointed to inquire into the best means of promoting the study of aural surgery, and of inducing the examining bodies to include it among the subjects in which questions might be asked at the pass examinations. If students were given to understand that they might have to answer a question on aural pathology or therapeutics, they would pay more attention to the subject. All our leading medical schools now have departments for ear diseases, and those who wish to study the subject further will find opportunity and material at special institutions. We trust that the committee proposed may be appointed, and that its labours may be successful.

The Chicago FASTER.

THE man, Griscom, of Chicago, who entered on a fast in emulation of the late Dr. Tanner's undertaking, has completed the task, under what the American papers announce to be favourable circumstances. It is asserted that the fast was superintended by several respectable and reputable physicians, among them being Dr. Raines, a member of the Faculty of Rush College, and some interesting statistics are given connected with the progress of the faster's body to emaciation. Thus, at the commencement of the experiment, Griscom weighed 197½ lbs., and in seven days lost 18½ lbs., his weight at that time being 179 lbs. Only 1½ lbs. more had been lost by the thirteenth day, but by the end of the third week the total amount lost rose to 29½ lbs. This had risen to 34½ lbs. on the thirty-first day, and to 46½ lbs. on the fortieth, 2 days before the termination of the fast. During this time the man drank an average daily quantity of thirty ounces of fluid water, and not confining himself to the prone position, even took some very considerable walks up to the end of his [self-imposed] task. Measurements were made of his limbs and body on the first and last days of the fast, with the following result. The abdomen measured on the first day, 43½ inches, on the forty-second day, 30 inches. Fore-arm, first day, 11½, last day, 9½; arm, 12½, and 10½ inches respectively; thigh, 21 and 17½ inches, and the calf of the leg, 16 and 12½ inches, on the same two dates. These figures possess a certain interest, which, however, is entirely dependent on their being trustworthy records. It

would seem that less suspicion attaches to the performance of the Chicago faster than was associated with Dr. Tanner's feat, and in this assurance the details may be accepted for what they are worth.

Exophthalmic Goitre.

IN communicating to the Société de Médecine, of Paris, a case of exophthalmic goitre, M. C. Abadie brought forward some interesting ideas respecting the pathology of the affection (*La France Médicale*). According to him a pathognomonic sign is spasm of the levator of the upper eyelid. When the patient looks down the levator of the upper eyelid remains motionless, and all the upper part of the sclerotic is left uncovered.

M. Abadie finds an explanation of the different forms in the localisation of the morbid process in the different parts of the cervical sympathetic. If the superior cervical ganglion is attacked, vascular troubles will be especially marked in the eye and head; lesions of the middle ganglion act upon the thyroid body; cardiac troubles are connected with alterations in the inferior cervical ganglion. This is only a hypothesis, but it is an ingenious hypothesis which pathological anatomy alone can upset or confirm.

Distinction to Mr. MacCormac.

THE indefatigable exertions of Mr. W. MacCormac, in connection with the recent International Congress, are about to be rewarded by the honour of knighthood, the Queen having signified her intention of conferring this distinction on him. There are few of those who participated on the doings of the Congress, at least, who will not feel glad at hearing the news of this most fitting reward. The success of the great medical meeting was, in an eminent degree, consequent on the tact, industry, and unflagging interest displayed by the Honorary Secretary General; and even had Mr. MacCormac's claims been entirely those forged by his endeavours to make the late Congress a success, he would be fully entitled to receive the honourable recognition about to be bestowed on him by the Sovereign. We know, even, that this is not the only claim he possesses, and his services in behalf of the advance of surgery are of no inconsiderable amount. In every respect, Mr. MacCormac is deserving of the honour in store for him, and we heartily congratulate him thereupon.

Nerve Stretching.

THE results obtained after stretching nerves as a means of checking chronic and intolerable pain are becoming more frequently placed before the reading world by surgeons who claim to have successfully performed the operation. Indeed, there seems a danger lest the new procedure should offer temptations to the young surgeons which it would be better for them to avoid—at least, for the time—since the number of recoveries due to nerve stretching is hardly yet encouraging enough to warrant its general introduction as a remedial measure. In most of the recorded cases we are given the condition of the patient one, two, three, and, as a rule, at most six months after the operation; and in no inconsiderable number of these there is described a return of symptoms, slight at

first, but undoubtedly indicating that only a temporary advantage had been gained by the operation. In the New York *Medical Record* Dr. G. M. Hammond describes two cases in which he performed nerve-stretching, and congratulates himself on the fact that now, less than three months after, there has been no return of the pain for the cure of which the measure was resorted to. Had the time been three years there would have been reason for the satisfaction evinced, but as it is, with nerve stretching on its trial, we cannot but think it is unwise to build high hopes on such cases.

Necrosis of almost the Whole Temporal Bone.

A REMARKABLE case observed by Dr. J. Gottstein is reported in a recent number of the *Archiv f. Ohrenheilkunde*. It was that of a child a year and a half old who, for a year, had had otorrhœa on the right side. There was developed behind the ear a tumour, which on examination proved to consist of a sequestrum. This was made up of the entire mastoid process, part of the cavity of the tympanum with the osseous portion of the tube, a part of the squamous portion, the anterior and posterior wall of the petrous bone, and lastly, the labyrinth and semi-circular canals. By a rare chance the roof of the tympanum appeared over the sequestrum perfectly intact. The expulsion was successful, and the result favourable.

Hæmostatic Pills.

DR. HUCHARD often prescribes the following pills in various forms of hæmorrhagia, as metrorrhagia, epistaxis, and hæmoptysis. R Ergotine, sulphate of quinine, of each, 2 grammes; powder of digitalis, extract of hyoscyamus, of each, 20 centigrammes. To be divided into 20 pills. From 5 to 8 or 10 to be taken in a day. In this very complete formula the ergotine and sulphate of quinine act on the contractility of the vessels, the digitalis on the circulation, and hyoscyamus on the irritation and pain.

The President's Progress.

THE progress made by the President of the United States along the path of recovery has unfortunately justified the warnings we threw out some weeks ago. We then, when the papers seemed to anticipate that all danger had been past, ventured to deprecate such hasty conclusions, and urged that time sufficient had not elapsed to justify them. Now the truth of these observations is but too mournfully realised, and the condition of the illustrious patient amply confirms the opinion we expressed on the case. The nature of the wound, the unsatisfactory account of it, and of the progress made by it, the details being of the most meagre description, suggested caution in speaking of probable results. A study, moreover, of what was described, and an attentive consideration of the possible issues, even under the most favourable circumstances, would never, to us, justify the sanguine utterances so freely indulged in on the other side. To the wonderful constitution and pluck of the President is probably due the gallant fight so far made; and to the same good agents must we chiefly trust for further improvement. With the most

heartfelt wish, however, that this may be speedy and certain, we dare not conceal a dread lest it may not take place.

Thought-Reading on Its Trial.

ONE of the "sensations" of the International Medical Congress was the *fiasco* which was developed when the experiments of Dr. Beard, of America, upon an imported professor of hypnotism and thought-reading was shown to a party of psychologists at the Waterloo Hotel, in Jermyn Street. Dr. Beard made an elaborate communication upon the science of trance, and produced his subject for the criticism of the audience. Dr. Crichton Browne has, in a long letter to a contemporary, given a full, and what he considers a true, account of the phenomena developed by this subject, and has plainly inferred that the whole affair was an imposture—at least, on the part of the subject. He puts certain categorical questions to Dr. Beard, which, if answered in the affirmative, would convict that gentleman of complicity. We suspend judgment until the reply comes. We recognise the moral courage which enabled Dr. Crichton Browne to make a clean breast of the facts as he has done. If he thinks the transaction was an attempt to deceive the profession, he deserves our warmest thanks for saying so without qualification or compromise.

The British Association for 1882.

AT a recent meeting, held at Southampton, under the presidency of the Mayor, it was unanimously resolved to confirm the accepted invitation by the British Association at Swansea, to hold next year's meetings at Southampton, which was selected in competition with Leicester, Southport, and Nottingham. The financial difficulties in which the town of Swansea had become involved through the expenditure for affording the necessary accommodation were fully considered, and the forty gentlemen present subscribed and guaranteed a sum of about £350, to form a nucleus of £1,500, the maximum sum required. It was announced that the whole of the large public companies had promised their warmest support. One of the reasons given for the selection of Southampton was its contiguity to Osborne, which would enable Prince Leopold, the President of the Association, to attend.

The Metropolitan Water Supply.

DR. FRANKLAND reports that the water supplied to the metropolis during the month of July was above the average of the two previous months. This remark especially applies to the water drawn from the Thames by the Chelsea, West Middlesex, Southwark, Grand Junction, and Lambeth companies. The supplies, however, of the West Middlesex, Grand Junction, and Lambeth companies were slightly turbid owing to inefficient filtration. The Lea water distributed by the New River and East London was decidedly of better quality than usual: both were efficiently filtered, whilst that of the latter was superior to any of the Thames waters, and second only to the best of the deep well waters. The deep well water sent out by the Kent and Colne Valley companies, and by the Tottenham Local Board of Health was, as usual,

of excellent quality for drinking, and the Colne Valley, by softening their water previous to delivery, rendered it suitable for washing and all other domestic purposes.

Colonel Bolton very properly calls attention to the condition of the receptacles for water, and adds that very many tanks, cisterns, and butts, especially in small tenements, are "in a disgusting and filthy condition." If this be so, then officers of health or inspectors of nuisances can hardly be doing their duty. We are, however, of opinion from having paid some attention to the subject that this complaint is a little exaggerated; the danger to health is, certainly, far greater when the house supply is in connection with the water closet supply; and the only remedy for such a state of things is the adoption of the constant supply system, and more pressure ought to be put upon the companies to cause them to extend the constant supply in all the poorer districts, and with as little delay as possible.

American Prize Questions.

THE following are proposed for the Boylston prizes for 1882:—1. Sewer-gas, so-called (the gas found in sewers): What are its physiological and therapeutical effects on animals and plants? (300 dollars.) 2. The therapeutical value of food administered against or beyond the patient's appetite and inclination? (200 dollars.) For 1883:—1. Measles, German measles, and their counterfeits. (200 dollars.) 2. The differential diagnosis of abdominal tumours, especially those connected with the genito-urinary organs. (200 dollars.)

Women at the University of London.

WE recently stated that three ladies had passed the first M.B. examination at the London University. In the honours list the names of all three are mentioned. Miss Frances Helen Prideaux takes the exhibition and gold medal in anatomy, Mrs. Scharlieb takes first-class honours in materia medica and pharmaceutical chemistry, and Miss Emily Tomlinson obtained marks qualifying for a gold medal in organic chemistry.

Auriculo-mastoid Oily Cyst.

DR. GILLETTE communicated to a recent meeting of the Société de Chirurgie (*Le Praticien*) a case of oily cyst of the left auriculo-mastoid region in a woman, *æt.* 30. The tumour, which was very probably congenital, was the size of a pigeon's egg, was very fluctuating and transparent, and the skin very thin. He thought he had to deal with a serous cyst, but puncture with a moderate sized trocar gave exit to a liquid exactly resembling olive oil which coagulated with cold, like oil in the winter.

The Coffee Palace Movement.

A MONSTER coffee tavern, said to be the largest in the kingdom, was opened at Woolwich last week. It has cost nearly £10,000, and is situate close to the Arsenal station of the North Kent Railway. It has three classes of dining rooms, library, reading and recreation rooms, and a large public hall, capable of seating 1,000 persons. A special feature of the scheme is the bedroom floor, where accommodation is provided for a number of single men lodgers.

A Sanitary and a Social Problem.

THE latest quarterly return issued by the Registrar-General is in some respects a very satisfactory document. The death-rate in the first half of the present year has not exceeded 20·1 per 1,000 of the entire population, a ratio 2·2 below that of the corresponding period during the ten previous years, and lower than it has been at any time since registration came into use in 1837. According to the census returns the decline in the death-rate, which has taken place in the ten years 1871-80, implies the survival of 299,385 persons who would have died had the death-rate of the previous corresponding period continued. By similar calculation the saving in life shown by the diminished death-rate of the first half of the present year equals that of 28,623 persons.

Turning to another aspect of the question, namely, the money value of the lives thus saved, the "Statistical Abstract of the United Kingdom" furnishes details which, at first glance, are not altogether of a satisfactory nature. According to that report whereas fifteen years ago £6,439,517 was the sum expended in the relief of the poor, the sum required for that object in 1880 reached £8,015,010, so that either the will or the physical power of the masses to earn sufficient wages to maintain themselves and those dependent upon them has decreased during the intervening period. It may reasonably be made subject to inquiry how far this result is assignable to the one cause or other, or in part to both. At the same time the fact is well known that of the population of our poorhouses a very large proportion would properly be suitable inmates of hospitals; that very many more among all classes of the population are the subjects of infirmities, disease, or imperfect health, and that as the population of large cities continues to increase so the proportion of persons thus affected may be expected to augment. Then again, it certainly does not appear that up to the present time "sanitation" has had any effect in reducing the prevalence of certain diseases, more especially diarrhoea, diphtheria, and fever of typhoid type; the recent epidemic of small-pox further shows that the virulence of that disease has undergone no diminution whatever.

The Wool-Sorters' Disease.

A REPORT, of which the following is an abstract, of Prof. Brown, the Professional Officer of the Veterinary Department, has been presented to Parliament:—

The inquiry recently conducted by Mr. Spears at Bradford has established the fact that the wool-sorters' disease, which was first observed forty-three years ago, when the import of mohair commenced, is a form of anthrax, a disease which is due to the presence of a microscopic plant, the *Bacillus anthracis*, in the fluids of the body.

Anthrax is essentially an affection of the lower animals, but it is as readily communicable to man as to the lower animals by the introduction of the spores of the *Bacillus anthracis* into the blood.

Anthrax, in the form of splenic fever, has long been known in this kingdom as a disease which occurs occasionally among farm stock. The affection does not spread to any extent by contagion. The disease is more virulent in some parts of Ireland than it is here, and on the Continent

it sometimes prevails extensively. The Siberian plague, which is now rife in Russia, is one of the most virulent and fatal forms of this disorder.

So far as animals are concerned, the risk of the communication of anthrax through the agency of the refuse of wool factories used as manure is comparatively slight, and might be further diminished by limiting the use of such refuse to arable land.

It has been suggested that the sale of wool-bags and the refuse of wool factories should be prevented; but the measure could hardly be justified on the evidence which has been adduced as to the injury which such substances are likely to cause. I am not aware of any outbreak of anthrax having been traced to the use of wool-bags for any purpose, and there is only one instance recorded of the appearance of the disease under circumstances which afforded reasonable ground for concluding that it was due to the use of sewage mixed with wool refuse on land where cattle were grazing.

A more serious aspect of the question is the danger to which the wool-sorters are exposed, owing to the mixture in the bales of wool of inferior sorts of wool, some of which have undoubtedly been clipped from the skins of animals which have died of anthrax. Legislation could not prevent the foreign exporter from mixing the inferior with the best quality of wool; and in order to detect this fraud it would be necessary to sort the wool while in charge of the Customs—a proceeding which would merely divert the risk of disease from the workers in the factory to the examining officers.

Ad Huncem Exemptions.

AT the recent pass examination for membership of the London College of Surgeons the following recognised licenses were held by some of the candidates, exempting them from an examination in medicine, viz.:—L.S.A., 44; M.B. Edin., 6; L.R.C.P. Edin., 5; M.B. and C.M. Aber., 2; M.D. Kingston, Canada, 1; M.D. Paris, 1; M.D. Queen's Univ., Ire., 1; L.K.Q.C.P. Ire., 1; L.R.C.P. Lond., 1; M.B. Toronto, 2; M.B. and L.R.C.P. Edin., 1; M.B. Durh., 2; &c.

The Dangers of Colour Blindness.

ACCORDING to a statement made on June 9th by the Inspector-General of Steamboats at New York, the pilot of the City of Austin, through mistaking the colour of the buoys in the channel, lost the vessel in the harbour of Fernandina; no lives were lost, but the estimated loss on the vessel and cargo was two hundred thousand dollars.

The City of Austin, being a registered vessel, was not required to carry a pilot licensed by the United States steamboat inspectors, so she had one licensed by the State of Florida, which State had not yet followed the example of the United States Steamboat Service of examining the vision of pilots, and of refusing licences to those found to be colour-blind. After the loss of the vessel named it appears that the State pilot commissioners of Florida requested the United States steamboat inspectors at Savannah, to examine their pilot for colour-blindness, which they did, and found that at the short distance of six feet he could not distinguish one colour from another.

English Hospital Bequests.

LADY HARRIET M. SCOTT BENTINCK has given £2,000 to University College Hospital, £1,000 to St. Mary's Hospital, £1,000 to the Royal Hospital for Diseases of the Chest, and £700 to the North Eastern Hospital for Children. The Princess Frederica's Convalescent Home has received £482 1s., the proceeds of an entertainment at Hampton Court Palace on the 5th instant. Dr. Thos. Radford, of Higher Broughton, bequeathed £200, to be applied, under the direction of the medical committee of St. Mary's Hospital, Manchester, in the purchase of casts, &c., to be placed in the Radford Museum at the said hospital. Mr. Octavius E. Coope, M.P., has given £100, Mr. G. S. Gibson £100, Mrs. Packe 50 guineas, and Mr. John Berners £50, to the Eastern Counties Asylum for Idiots at Colchester. Mr. A. Skinner has given £33 12s. additional to the City of London and East London Dispensary. The Rev. R. Steward Gregory has given 30 guineas to the Royal Hospital for Diseases of the Chest.

FROM diseases of the zymotic class measles showed the largest proportional fatality in Liverpool and Bristol; and scarlet fever in Hull, Nottingham, and Leicester. The fatal cases of diarrhoea, which had been 776, 533, and 488 in the three preceding weeks, further declined to 412 last week; the annual death-rate from this disease averaged 28 per 1,000, and ranged from 0·7 and 1·1 in Plymouth and Bradford, to 7·1 and 9·3 in Hull and Leicester. Two more deaths were referred to diphtheria in Portsmouth. Small-pox caused 41 more deaths in London and its suburban districts, and one in Hull.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

VIVISECTION IN EDINBURGH.—In spite of the weekly petitions to the Almighty at prayer meetings in Edinburgh and which have become as chronic as the petitions to prevent Mr. Bradlaugh entering Parliament, vivisection is still and rightly conducted in Edinburgh. Professor Fraser, at the late Congress, waxed hot on the prohibition placed upon some experiments he proposed making, but scientific investigators in this country have, to a great extent, to thank themselves for the restraints under which they are placed. For pure scientific investigation, and for the purposes of determining the communicability of disease, as in the recent Aberdeen epidemic, no one will deny that vivisection and other experiments on animals are not only allowable, but justifiable, but who can say that for mere purposes of demonstration to a class of students vivisection is permissible, especially when the fact demonstrated is worn threadbare. For instance, what good is there in dividing the sympathetic nerve in half a dozen rabbits that some dozen students after lecture may tug away at their ears to distinguish the difference on the two sides of the creature's head. It is this and like practices that have raised all the opposition to vivisection, and that brings Miss Frances Power Cobb to Edinburgh to denounce the practice, and foster further agitation.

BIRTHS, MARRIAGES, AND DEATHS IN SCOTLAND.—The annual report of the Registrar-General on the births, marriages, and deaths registered in Scotland during the year

1880, has just been issued, from it we glean that the population of all Scotland, estimated to the middle of 1880, was 3,661,292. During the year 124,652 births, 75,795 deaths, and 24,489 marriages were registered. These figures show that the birth-rate was 0·114 below the average of the ten immediately preceding years, that the death-rate of 1880 was 0·122 below the ten years' average, and that the marriage-rate of 1880 was not only below the average, but, with the exception of 1879, the lowest hitherto recorded in our annual reports. The number of births registered in all Scotland in 1880 was 124,652, being at the rate of 3·40 per cent., or of 340 for every 10,000 of the estimated population. Of the registered births 10,498 or 8·42 per cent. were illegitimate. In the insular rural districts the percentage of illegitimacy was 5·99. In the large towns 6·53, the small towns 7·97. In the principal towns 8·11, and in the mainland rural group 10·38 per cent. Of the 124,652 registered births 63,916 were males and 60,736 females. There were thus 105·2 male for every 100 female births. 24,489 marriages were registered in the whole of Scotland during 1880, being at the rate of nearly 67 for every 10,000 of the estimated population. This rate, although somewhat surpassing that experienced in 1879, is among the lowest recorded during the last five and twenty years, and is, we may assume, connected with the recent period of commercial depression, from which the country is only beginning to revive.

GLASGOW BARONY PARISH AND THE DISTRICT LUNACY BOARD.—The inspector of poor of the Glasgow Barony parish has received a letter from the Secretary of the General Board of Lunacy, in which he states that the General Board, taking into account that the Barony Board possesses satisfactory accommodation for its pauper lunatics, considers it reasonable that it should have total relief from assessments for building, furnishing, and maintaining asylums in the Glasgow lunacy district, provided that such accommodation continues to be upheld to the satisfaction of the General Board.

VISIT OF THE QUEEN TO THE ROYAL INFIRMARY, EDINBURGH.—On Wednesday last, the day of her arrival, the Queen visited the Royal Infirmary, and spent some time in the Institution. At her request, two of the wards have been re-named, one after the late Prince Consort, and the other after herself. The Queen was received by the Lord Provost, Sir Thomas Boyde, and the medical and surgical staff, several visitors being also present, among whom was noticed the venerable Lady Ruthven, of Winton, who is now over ninety years of age, and with whom Her Majesty shook hands in the most cordial manner. The wards visited were those of Mr. Joseph Bell and Dr. Muirhead. In the former one case attracted Her Majesty's attention and called forth from Dr. Bell the following history:—The patient, a little girl, who had been sent in from the country, was one day suddenly seized with a fit of convulsive breathing, which threatened an instant and fatal issue. In a short time, however, she recovered and appeared perfectly well. The cause of these peculiar symptoms could not then be ascertained, but as they recurred at irregular intervals it was deemed advisable to send her to the Infirmary. On her arrival there her throat was carefully examined, but nothing peculiar was at that time discovered. During Mr. Bell's absence from the ward the child experienced another attack of suffocative breathing, and was pronounced dead by those around her bed. The child was at once carried to the operating theatre, when it was found that the pulse and respiration had become imperceptible. Tracheotomy was, however, at once performed without any apparent beneficial result. Notwithstanding this, the usual means of inducing

artificial respiration were persevered in for upwards of half an hour before the slightest indication of a renewal of respiration could be detected. After that period slight signs of recovery made their appearance, and the little patient gradually recovered. Since then a careful examination of the larynx has revealed the presence of a portion of the skin of a gooseberry which had become impacted in one of the ventricles of the larynx. Mr. Bell proposes to remove the foreign body as soon as the irritability of the parts has subsided and removal can be safely attempted. Her Majesty patted the little sufferer on the cheek, who seemed quite to realise the attention she had received.

CASUALTIES AT THE REVIEW.—Only one fatal case is recorded, that of a man who is supposed to have fallen over the cliff close to "Samson's ribs" in the dark. Several accidents to civilians occurred, and were treated at the military field hospitals and at the Infirmary. One of the volunteers fractured his knee-cap, and another was seized with epilepsy. The Queen caused inquiries to be made at the Infirmary as to the condition of the sufferers, all of whom have returned home except the case of fracture of the patella. Considering the swampy slippery state of the ground, especially at the hill sides, the small number of accidents is most remarkable, and is entirely owing to the good nature and orderly behaviour of the enormous crowd. Exposed to a pitiless downpour of rain, everyone seemed in a good temper, the slightest incident serving to convey amusement to those around.

THE ELECTRIC LIGHT IN EDINBURGH.—An attempt to light Edinburgh by electricity during the Queen's visit has proved a failure. The lamps after burning for a few hours suddenly went out, leaving the crowded streets in almost total darkness, a few gas lamps here and there only tending to make the darkness more apparent.

WATER FOR THE TROOPS.—In order to provide water for the troops, troughs 40 feet in length, were erected at the different places of rendezvous, each trough being supplied with 50 drinking cups. An official was stationed at each trough from nine o'clock, to regulate the supply, and see that no deleterious matter was introduced into the water. Somewhat similar provision was made at the railway stations, the necessary facilities having been granted by the Water Trust.

Literature.

INVESTIGATIONS INTO THE ETIOLOGY OF TRAUMATIC INFECTIVE DISEASES. (a)

THE words pyæmia and septicæmia no longer retain their original meanings; and the idea of the former being caused by the actual presence of pus in the blood, has been long given up. Much confusion has, in latter days, been caused by different pathologists attaching different meanings to these terms; and, therefore, our author most properly clears the ground, *in limine*, by including, under the term septicæmia, those cases of general traumatic infection, in which no metastatic deposits occur; and under pyæmia, those in the course of which they may present. This is, we believe, the proper distinction to draw, if any distinction be necessary; but the main object of the book is to consider the question whether these great groups of disease are caused by the presence of those myriad micro-organisms called bacteria, which are now supposed to play so great a part in nosological processes. Conheim has shown that after tracheotomy the diphtheritic disease often spreads from the mucous membrane of the

(a) "Investigations into the Etiology of Traumatic Diseases." By Dr. Robert Koch, of Wolfstein. Translated by W. Watson Cheyne, F.R.C.S. London: New Sydenham Society, 1880. Pp. 74, with five plates of histological illustrations.

trachea to the operation wound; and there is now no doubt that the so-called mycosis of the navel in new-born infants (navel mycose), belongs to this same group of disease, and Weigert, in describing a case of this latter kind, states that the ulcer of the navel was covered with micrococci. Coze and Felts conducted a series of experiments, with a view to producing artificial septicæmia in animals, by injecting blood from a patient who had died of puerperal fever, into the subcutaneous cellular tissue of a rabbit. They then injected some of the blood of that rabbit into another; and so on, until they showed that the poison multiplied in virulence as they went along, until at last a very minute dose produced the poisonous effects. A similar result was obtained with erysipelous poison. Klebs introduced the plan of artificially cultivating the septic poisons in artificial nutritive fluids; and, finally, Orth has grown erysipelous bacteria in an organic fluid, and has, after a long interval, reproduced the erysipelas by the inoculation of a living animal with that fluid. After a series of experiments, our author comes to the great fundamental conclusion (p. 15) that bacteria do not occur in the blood, or in the tissues of the healthy living body, either of man, or of the lower animals. He speaks of the great difficulty of accurately recognising bacteria—a difficulty with which every microscopist will sympathise—but recommends Abbe's mode of illumination as constructed by Carl Zeiss, of Jena (p. 27.). This method appears to us to much resemble the achromatic condenser of Ross, or of other first-class British makers. A very practical contribution is given (p. 32), by the author's suggestion, to stain with aniline the section of a tissue suspected to contain bacteria, and then wash it in a weak solution of carbonate of potash. By this means the nuclei, and the plasma cells, in fact, all ordinary animal tissues lose the aniline colour. The bacteria alone remain coloured. We have tried this test, and can vouch for its practicability and accuracy.

It would be perfectly impossible within the limits of our review, to dwell upon the many interesting points of this most admirable research, which opens up a field of investigation, of which the author himself admits he has merely touched the surface. We would especially direct the attention of our readers to the chapter on artificial septicæmia in mice; on spreading abscess in rabbits; on erysipelas; and on the artificial production of anthrax. The whole subject is well summed up in the admirable concluding remarks.

This is one of the most striking pathological works which has, for a long time, come under the notice of the profession. It is a union of scientific medicine with the working details of everyday life. To pursue such a study, little is wanting but a good microscope, and a few simple re-agents, and we trust that the seed which has thus been sown will grow and flourish into a goodly plant. The histological plates are admirably executed and faithful in their least details.

SUPPLEMENT TO ZIEMSSSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. (a)

Finis Coronat Opus, the editor and contributors of Ziemssen's splendid cyclopædia might well have exclaimed when their last volume issued from the press not long ago. In most cyclopædias, the work of many hands, a great difference is discernible in the merit of the different articles, and it is seldom that we find the uniform and sustained excellence of Todd's Cyclopædia of Anatomy and Physiology of the one now under consideration. It is many years since the initial volumes of Ziemssen appeared; and, since that time, medical progress has not been stationary; and accordingly the Encyclopædia was hardly finished when its able compilers set themselves (a new edition being manifestly for the present out of the question) to frame a supplementary volume which would carry the whole work up to the most advanced point of progress. They have well succeeded, and have produced a book of the most profound interest to the scientific and practical physician, embracing then ewest researching upon typhoid and upon relapsing fever; upon the oriental plague, including the reports of the recent International Commission; upon yellow fever; on all the exanthemata; on syphilis; on malarial diseases; hydrophobia; trichinosis; dengue; cerebro-spinal meningitis; and the local diseases of the different

(a) "Supplement to Ziemssen's Cyclopædia of the Practice of Medicine." Edited by George L. Peabody, M.D. Royal 8vo. p. 844. London: Sampson Low, Marston, Searle, and Rivington. 1881.

organs throughout the body. In fact, the newest researches are presented upon almost every subject; the exceptions being those contained in the latest volumes of the Cyclopaedia, or some in which during the last few years there has been little or no advance. The materials of the present volume are derived partly from original research, and partly from a painstaking digest of the recent literature of all countries. The trouble of such a digest must have been enormous, and the task has been faithfully and well executed. To such medical men as already possess Ziemssen's Cyclopaedia the present volume is, of course, a necessity; but even to those who do not, we would commend it as an independent work, giving a compact, thoroughly comprehensive yet brief, of the most recent advances in most of the departments of medicine. Although the publishers are British no European hand appears in the authorship. The editor and his twenty-eight assistants all hail from New York or Boston, with a few from Philadelphia, Chicago, and Cincinnati, and one who is described as a surgeon in the army of the United States. Is Uncle Sam going to take the same position towards Europe in medical literature as he has already taken in beef, corn, and machinery?

FOURTH ANNUAL REPORT OF THE BOARD OF HEALTH OF THE STATE OF NEW JERSEY, 1880. (a)

THIS report is addressed to Governor George B. McClellan, whose name was nearly twenty years ago in all men's mouths as the hero of the Potomac, but who now fulfils the humbler but perhaps more useful civic rôle, and presents a number of features of very great interest. The public consideration of questions of state medicine is taken up in the United States with an amount of energy of which we have in this country but little idea; and, accordingly, we find that all such subjects are locally discussed, and public opinion is educated by the various boards of hygiene which are formed in every district of New Jersey, a state which, right opposite the Empire city, vies with it in population and importance. The present report is one of the most interesting public documents of the kind which we have perused, and affords ample evidence of an intelligent sympathy on the part of the authorities and of the public, which cannot fail to have the most important bearings upon the most vital concerns of the whole population. The volume exhibits a series of valuable and practical essays upon diphtheria, both in its European and local aspects; upon the special epidemics of New Jersey; upon malarial fevers; upon kerosene explosives (a subject of profound local importance, and which was the immediate cause of the conflagration of Chicago); upon the sanitary state of their sea-side resorts; upon the regulations of medical practice; upon the diseases of animals communicable to man and otherwise; and upon quarantine sanitary defences. This latter subject is discussed in an enlightened spirit holding the balance evenly between the abstract desirability of quarantine on the one hand, and the impossibility of limiting the natural progress of trade upon the other. Where a place is away from the ordinary walks of commerce, such isolation is possible and desirable; but universal experience shows that, when trade is busy and communication brisk, such epidemics as yellow fever, the plague, and cholera, will overleap the most rigidly enforced artificial barriers. This volume also deals admirably with the all important subject of the general supply of milk to the public, and sub-soil drainage, both of which are thoroughly dealt with. The report concludes with the local reports of the various districts with the meteorological reports and with the vital statistics, with an appendix of the number of births, marriages and deaths in the different localities.

To our mind one of the most salient features of this sanitary review is that from first to last no mention is made of that most recent craze of a few sanitary enthusiasts on this side of the Atlantic, viz., the compulsory notification to the public authorities of infectious diseases by the attending physician, carried out regardless of the feeling and interest of the patient and of his friends. Our American cousins go far enough in the interest of abstract sanitation, and among other things they require that every medical man should, at stated intervals, notify to the public authorities the number of infectious cases

seen by him in his practice, their nature, &c., &c., so as to give the public sanitary authorities, a proper view of the amount of infectious diseases present in the district. It is to be presumed that the medical practitioners are remunerated for the performance of this useful and important public duty, and we are sure that they discharge it efficiently, amid the public approbation, and to the great public advantage. We note with satisfaction however, that over in the States nobody proposes that the medical attendant, the confidential friend of the family, should tear asunder the veil of secrecy and confidence, which shrouds his relation with the various families by exposing their secrets, perhaps to their injury and possibly to their total ruin. We trust that our well meaning but hasty sanitary friends near home will take this lesson into their consideration, and in future moderate their zeal within the limits of what is feasible and practicable.

Correspondence.

THE MARKING AT THE ARMY COMPETITIVES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the *Medical Press and Circular* of August 10 an article appears in which you compare the number of marks gained by the Indian medical candidates with those obtained by the surgeons on probation, and from these draw conclusions not altogether flattering to the latter.

The reason for the great difference in the number of marks as shown by the published results is, however, easily accounted for.

In the case of the Indian medical candidates the number of marks gained at both the London and Netley examinations are added together, and they take precedence according to the combined results; while, on the other hand, the surgeons on probation are entirely placed according to the marks obtained in London; the Netley examination not counting, except as showing if they have taken advantage of the teaching at Netley.

If we consider the marks gained at Netley by the surgeons on probation and add these to those obtained in London we will find that the result will compare favourably with that gained by the Indian medical candidates.

Thus, the first man for the army service obtained 2,320 marks at London and 2,760 at Netley; i.e. a total of 5,080 or 130 marks below the first for the Indian service. While the last man gained 1,345 marks at London and 1,810 at Netley; giving a total of 3,155 or 165 above the last for the Indian service. These results show clearly that there was but slight difference in the merits in both cases.

I must confess, however, that the regulation by which the surgeons on probation rank entirely by the result of the London examination is, to say the least, ill advised. While this is the case these naturally conclude that the result of the Netley examination is of little consequence, and that the authorities attach but slight importance to it. They, therefore, believe that all that is required of them is to perform their ward duties satisfactorily, and that study is altogether unnecessary. Thus it will be seen that existing regulations indirectly tend to encourage idleness.

Would it not, therefore, be much better if the combined results of the examinations were taken into account, for matters as they at present stand are not only calculated to encourage idleness, but at the same time give rise to the idea amongst persons unacquainted with the facts of the case, that the members of the Army Medical Service are much inferior in many respects to those in the Indian service.

Yours truly,

G. HARRISON YOUNG, A.M.D.

[We cordially agree with our correspondent respecting the inexpediency of the present system of marking to which we drew attention some months ago, and we are sorry that a conclusion adverse to the home service surgeons should be drawn from the discrepancies to which our correspondent refers. Unless it be the intention of the authorities to discredit Netley and discourage the teaching at that school, we cannot comprehend the purpose of the regulation which refuses to give any credit to the cadet for his work there.—Ed.]

(a) "Fourth Annual Report of the Board of Health of the State of New Jersey, 1880." Camden, N. J.: Sinnickson Chew. 1881. Royal 8vo. pp. 378.

Army Medical Department.—The following is the list of candidates who were successful for appointments as surgeons in Her Majesty's British Medical Service at the competitive examination in London on the 15th August, 1881:—

	Marks.		Marks.
1 N. M. Reid ..	2,890	14 J. W. Jerome ..	1,920
2 W. H. G. Lewis ..	2,825	15 W. W. Pike ..	1,875
3 W. Dick ..	2,798	16 M. E. Fitzgerald ..	1,870
4 F. J. Jencks ..	2,141	17 L. H. Truefit ..	1,870
5 H. O. Stuart ..	2,125	18 J. M. Irwin ..	1,863
6 F. E. Treherne ..	2,105	19 G. J. Nealon ..	1,840
7 S. F. Loughheed ..	2,100	20 E. O. West ..	1,840
8 J. C. Haslett ..	2,075	21 W. A. Morris ..	1,825
9 H. J. Barratt ..	2,065	22 F. H. M. Barton ..	1,810
10 H. E. R. James ..	2,025	23 J. Heath ..	1,805
11 H. O. Trevor ..	1,890	24 C. E. Nichol ..	1,805
12 A. F. Russell ..	1,985	25 J. D. T. Beckett ..	1,805
13 R. J. Fayle ..	1,971		

NOTICES TO CORRESPONDENTS.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

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. D.—Your patients can of course proceed against you to recover damages for disfigurement. Whether he will do so depends on the ease with which rascally lawyers can be found in your neighbourhood. Judging from the report of the case, we do not think an action will lie, however, but this unfortunately will not deter one of the class of "shark" attorneys from taking up the prosecution if he thinks costs may be got out of you. Certainly do not compromise. Let us hear again soon.

MR. WILLIAMS.—To do so would be to admit having made the mistake charged against you. Your best plan is to submit the prescription and an account of the case to the judgment of a trustworthy member of your college. Abide by his decision.

X. B. G.—The most exhaustive work is Pritchard's "Infusoria." There is being published at the present time a similar undertaking, but you will find the figures in Pritchard enough to serve your purpose. We have often verified specimens by their aid.

ENQUIRER.—We very well remember it. It led to a good deal of amusement at the time, but since the zest for it has apparently died away. It requires five men to be at all successful, and the greater the number up to twelve the more certain the result.

"JOB."—(1) Sodium bicarbonate. (2) Acid nitrate of mercury.

SOLAR.—One of the most unblushing quacks of the present age.

MR. EATON'S pamphlet will be noticed in our next.

ERRATA.—The introductory portion of "Sarsfield's" letter in last week's *Medical Press and Circular* under "Notices to Correspondents," has two misprints:—"Irruptatenet *Popula*" should be "Irrapta tenet-*Popula*;" and "I'press the strongest reason," &c., should be "I'press the strongest *litenses*."

Vacancies.

- Brighton and Hove Dispensary.**—Resident House Surgeon. Salary, £140, with furnished apartments. Applications to the Hon. Sec. by September 5.
- Great Yarmouth Hospital.**—Resident House Surgeon. Salary, £90 per annum, with board and furnished apartments. Applications to be sent forthwith to the Secretary.
- Knighton Union.**—District Medical Officer and Medical Officer of Health. Salary, £40 and £15 respectively. Applications to the Clerk to the Guardians not later than Sept. 1.
- Liverpool Northern Hospital.**—Assistant House Surgeon. Salary, £70, with residence. Applications to the Chairman of the Committee not later than September 12.
- Newcastle-on-Tyne Dispensary.**—Visiting Medical Assistant. Salary, £120 per annum. Applications to be forwarded to the Hon. Sec. on or before Sept. 5.
- Poplar and Stepney Sick Asylum District.**—Assistant Medical Officer. Salary, £120, with board, &c. Applications to the Clerk to the Managers not later than Sept. 5.
- Royal Isle of Wight Infirmary.**—House Surgeon and Secretary. Salary, £50, with board and lodging. Applications to the Secretary not later than September 13.
- Royal United Hospital, Bath.**—House Surgeon. Salary, £60, with board and residence. Applications to the Secretary on or before Sept. 7.
- Towcester Union.**—Medical Officer. Salary, £60, with fees. Applications to the Clerk to the Guardians on or before Sept. 5.
- West Kent General Hospital, Maidstone.**—House Surgeon. Salary, £120, with furnished apartments. Applications to the Secretary by Sept. 3.
- Worford House Hospital for the Insane.**—Assistant Medical Officer. Salary, £100 a year, to be increased to £120 after one year's service, with board and lodging. Applications (addressed to the President) to be sent to Dr. Phillips, Worford House, Exeter.

Worcester General Infirmary.—House Surgeon. Salary, £100, with board and lodging. Applications to the Secretary on or before Sept. 3.

Appointments.

- BARTON, T. B., A.B., M.D., L.R.C.S.I., L.M.,** Surgeon to the County Donegal Hospital, Lifford.
- BENDER, A. J., M.R.C.S., L.S.A. Lond.,** Medical Officer and Public Vaccinator for the Banwell District of the Axbridge Union.
- CLARKSON, J. B., L.R.C.P. Ed., L.R.C.S. Ed.,** late Assistant Medical Officer to the National Line *Steam Sports*, has been appointed Medical Officer to the National Line Steamship Company.
- CUMING, J., M.D. Q.U.I., F.K.Q.C.P.I.,** reappointed Physician to the Belfast Royal Hospital.
- DAY, E. J., F.C.S., M.R.C.S., L.S.A. Lond.,** Analyst for Dorchester and Bridport Boroughs, and Rural Medical Officer of Health, has been reappointed Medical Officer of Health for the Dorchester Urban Sanitary District.
- Dutton, T., M.B., L.R.C.P., &c.,** Medical Officer and Public Vaccinator to the Manhood District, Westhampnett Union.
- FAGAN, J., L.K.Q.C.P.I., F.R.C.S.I.,** reappointed Surgeon to the Belfast Royal Hospital.
- FENNELL, C. J., M.R.C.S.,** Dispenser to the Royal Hospital, Chelsea.
- FORRESTER, R. A. P., B.A., M.B., C.M.,** Senior House Surgeon to the Preston and County of Lancaster Royal Infirmary.
- HUGHES, T. W., L.F.P.S.G., L.M., L.S.A. Lond.,** Medical Officer to Tan y Bwlch, Dan Goch, Aasheton, Pant Gwyn, and Port Nijwl Mines.
- HULL, E. G., M.B., B.Ch. Dub.,** House Surgeon and Dispensary Officer to the Stockton Hospital and Dispensary, Stockton-on-Tees.
- ILDERTON, —, L.R.C.P. Ed., L.R.C.S. Ed.,** Medical Officer of Health to the Openshaw Urban Sanitary District.
- MACGIVEN, W., M.D., F.F.P.S. Glas.,** reappointed Surgeon to the Royal Infirmary, Glasgow.
- O'NEILL, H., M.D. Q.U.I., L.A.H. Dub.,** reappointed Assistant Surgeon to the Belfast Royal Hospital.
- RICHARDSON, J. N., M.B. C.S.,** second Junior House Surgeon to the Huddersfield Infirmary.
- SMITH, A. W., M.D., F.F.P.S. Glas.,** reappointed Physician to the Royal Infirmary, Glasgow.
- THOMPSON, J. A. B., M.B., M.Ch., M.D. Univ. Glas.,** Medical Officer of the Billwirth District, Towcester Union.
- WHITEHEAD, W., F.R.C.S. Ed., L.S.A. Lond.,** Surgeon to the Manchester and Salford Lock and Skin Hospital.
- ERRATUM.**—The reappointment of Mr. J. Harrison, announced in our last issue, was to the Braintree Urban District only, the Rural District being held by Mr. C. E. Abbott.

Births.

- LEAKE.**—July 22, at Pietermaritzburg, Natal, South Africa, the wife of Surgeon Leake, A. M.D., of a son.
- O'BRIEN.**—Aug. 22, at Victoria Terrace, Heavitree, near Exeter, the wife of Surgeon-Major T. M. O'Brien, A. M.D., of a daughter.
- SCOTT.**—Aug. 21, at Tower Hill Lodge, Dalkey, the wife of Dr. E. J. Scott, of a son.
- WALKER.**—Aug. 17, at Peterborough, the wife of T. J., Walker, M.D., of a son.
- WOODMAN.**—Aug. 25, at 5 Prospect Terrace, Ramsgate, the wife of Samuel Woodman, F.R.C.S., of a son.

Marriages.

- CUTFIELD—FINCHAM.**—Aug. 22, at Christ Church, Bishopsgate, Arthur Cutfield, B.A., B.Sc., M.R.C.S., late Scholar of Christ's College, Cambridge, son of the late Alfred B. Cutfield, M.D., of Deal, to Agnes Mary Hulme, daughter of the late Frederick Fincham, Esq., of Manchester.
- HAWKINS—GREEN.**—Aug. 25, at St. John's, Redland, Walter R. T. Hawkins, M.R.C.S., second son of the late Thomas Hawkins, M.R.C.S., Bristol, to Sarah Elizabeth, daughter of the late Thomas Green, M.D., of 7 Berkeley Square, Bristol.
- LUNN—NORTHOOT.**—Aug. 25, at St. Mary's Church, Ealing, John R. Lunn, L.R.C.P. Lond., M.R.C.S. E., L.S.A., Chief Medical Officer of St. Marylebone Infirmary, third son of W. J. Lunn, M.D., of Hull, to Ida Maund de P., second daughter of W. C. Northcott, M.A., of Rochester House, Little Ealing.
- MACKERN—KIDD.**—Aug. 24, at St. James's Church, Kidbrook, Blackheath, John Mackern, M.B. Cantab., second son of G. Mackern, Esq., of Buenos Ayres, to Louie, second daughter of J. Kidd, M.D., of Brooklands, Blackheath.
- PYE-SMITH—GILL.**—Aug. 20, at Charles Church, Plymouth, Rutherford, John Pye-Smith, F.R.C.S., of Sheffield, to Emily Barbara, fourth daughter of John E. Gill, of Plymouth.
- WOODHEAD—YATES.**—Aug. 17, at Kiderscroft, Peebles, German Sims Woodhead, M.D., M.R.C.P.E., Demonstrator of Pathology, University of Edinburgh, to Harriett Elizabeth St. Clair Erskine, second daughter of James Yates, Esq., of Victoria, Vancouver's Island, B.C.

Deaths.

- HAWKINS.**—July 2, at Adelaide, South Australia, Thomas Henry Hawkins, M.D., F.R.C.S., formerly of Newbury, Berks, aged 43.
- HEYK.**—Aug. 19, at the Balmoral Hotel, Edinburgh, J. C. W. Heyk, M.D., of Westbourne Terrace, Hyde Park, aged 69.
- PRALL.**—Aug. 23, at Broadstairs, Samuel Prall, M.D., F.R.C.S., of Town Malling, third son of the late Richard Prall, of Rochester, aged 43.
- SKAE.**—June 25, at Wellington, New Zealand, Frederick W. A. Skae, M.D., L.R.C.S.E., F.R.C.S.E., Commissioner in Lunacy for New Zealand, third son of the late Dr. Skae, of Morningside, Edinburgh, aged 59.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 7, 1881.

CONTENTS.		PAGE	PAGE	PAGE	
ORIGINAL COMMUNICATIONS.					
Remarks on Some Recent and Present Views Regarding Fever in India. By Surgeon-General C. A. Gordon, M.D., C.B., Q.H.P., &c.	205	LEADING ARTICLES.		Unqualified Assistants 230	
Sanitary Conditions of Turkey. By R. E. Smith, L.R.C.S.L., M.C.P. Dublin, Surgeon to the Ottoman Army, late Russo-Turkish War	207	THE BRISTOWE-HUTCHINSON ORATIONS ON HOMŒOPATHIC FRATERNISATION	213	The Health of Rome 230	
CLINICAL RECORDS.		PROVINCIAL HOSPITAL TEACHING IN IRELAND	214	Drinks for the Temperate 230	
St. Mary's Hospital.—Stricture of the Urethra—Insertion of No. 4 Catheter without Difficulty, and without Hemorrhage, followed by Rigors, High Temperature, Acute Albuminuria, and an Attack of Herpes—Recovery. Under the care of Mr. Norton	209	JUDICIAL INCONSISTENCY AT THE LATE EXHIBITION	214	SCOTLAND.	
SPECIAL.		THEORY IN RELATION TO CERTAIN OUTBREAKS OF ZYMOTIC DISEASES	216	The College of Physicians, Edinburgh	221
Some Recent Reports on Fever—Melton Mowbray—Uckfield—Bridlington—Chorley	211	NOTES ON CURRENT TOPICS.		Registrar-General's Returns for Scotland	221
France	211	The New Scheme of Examination of the Irish College of Surgeons	217	Meteorological Stations in Scotland	221
The Bullet Detector Used in President Garfield's Case	212	Sir William MacCormac	217	The Duke of Cambridge and the Edinburgh Infirmary	221
		Medical Amenities in the United States	217	LITERATURE.	
		French Opinions on the International Medical Congress	218	Ziemssen's Cyclopaedia of Practical Medicine	222
		The Coming Meeting of the Social Science Congress in Dublin	218	Handbook on Diseases of the Skin. By Robert Living, M.D. Cantab.	222
		Supposed Suicide of a Surgeon	218	Contributions to Military and State Medicine. By John Martin, Surgeon Army Medical Department	222
		Histological Anatomy of Hypertrophied Tonsils	219	CORRESPONDENCE.	
		Preliminary Examinations of the London College of Surgeons	219	The Temperance Breakfast at the Isle of Wight	222
		Treatment of Diphtheria by Filocarpine	219	OBITUARY.	
		Dr. Scott	219	Dr. Billing, F.R.C.P. Lond.	222
		To Mask the Taste of Cod-Liver Oil	219	NOTICES TO CORRESPONDENTS	
		The Indian Medical Service	219		224
		Sanitary Congress at Vienna	220		

Original Communications.

REMARKS ON SOME RECENT AND PRESENT VIEWS REGARDING FEVER IN INDIA.

By Surgeon-General C. A. GORDON, M.D., C.B., Q.H.P., &c.

(Continued from page 188.)

In 1866 the occurrence of typhoid fever was reported among the boys of the Bishop's school, at Jutog, near Simla. There were sixteen cases of the disease thus designated; these were said to have been traced to faecal poisoning of a dormitory by a latrine; active measures having reference to this assigned cause were adopted, and the school was temporarily broken up. At the same time the statement occurs that a few cases of *genuine* typhoid fever were reported at Simla, the remark regarding them made that "the occurrence of such a fever in endemic form is unusual in India."

In 1871 the following cases are reported (a) to have occurred at the stations named:—

1. *Ferozepore*.—"A recruit, who joined from England on 24th January, died on 13th February. On admission he suffered from diarrhoea; tongue dry and brownish; no characteristic spots. He progressed favourably, taking large quantities of fluid nourishment until the day before his death, when he became restless, and complained of pain; perforation of the bowel was diagnosed. After death extensive peritonitis was found, with effusion of sero-purulent matter into the abdomen; solitary glands of the lower ileum and large intestine ulcerated, most of them with a whitish disorganised core in the centre of the ulcer; the point of the perforation not discovered."

No record appears as to the general symptoms in this case nor of its causation; but there is no reason adduced to show that the disease was other than an endemic fever with intestinal complication occurring in the person of a young and newly-arrived man.

(c) Report of Sanitary Commission with the Government of India for 1874.

2. *Rawul Pindie*.—"4th August, 1871. Within the last two days a case of continued fever has presented typhoid symptoms, and is in rather a critical state. 11th.—Has had the disease changed to *enteric* fever; proved fatal last night; age 21; ill thirteen days; pneumonia of both lungs; ulceration of Peyer's patches in the lower part of the ileum; congestion of the upper part of the small intestine."

Here, again, no detail of general symptoms. The term *enteric* appears to have been applied from the circumstances of intestinal complication in a case of endemic fever; *pulmonic* would have been equally applicable, from the occurrence also of pneumonia.

3. *Peshawur*.—"23rd June, 1871. One patient, whose disease appeared to be remittent fever, died. Post-mortem examination disclosed lesions of the Peyerian patches in the lower part of the ileum; the disease was therefore changed to *enteric* fever."

No doubt the case was one of endemic fever attended, as is frequent, with intestinal complication, both due to endemic causes.

4. *Nusseerabad*.—"8th September, 1871. One death occurred during the week; the man came to the hospital with ordinary fever, but the type soon changed, and decided symptoms of *enteric* fever showed themselves. The case was a short one. At the post-mortem examination enlargement of the glands of the small intestine was observed; some were ulcerated. The subject of the case was twenty-one years of age; in India two years."

As described in the record, this case was, doubtless, one of ordinary endemic continued fever, attended by intestinal complication.

5. *Poonah*.—"26th January, 1872. One case of diarrhoea was changed to *enteric* fever; it proved fatal; age of the subject twenty-four; ill twenty-two days; ileum greatly congested throughout; several ulcers found, but none penetrative."

In these remarks there is an absence of particulars regarding systemic conditions or the grounds upon which the diagnosis in the first instance arrived at was subsequently departed from.

6. *Cannanore*.—"27th January, 1872. Two fatal cases

resulted from *enteric* fever. In one there was perforation of the ileum; in the other the gut was covered with ulcers, and much thinned."

Beyond these few remarks particulars are wanting as to the nature of this case, or the ground on which specific designation was applied to it beyond the circumstance that intestinal complication existed.

The particulars contained in these abstracts illustrate the variety in nature of cases of disease occurring among our troops in India that are now grouped under the head "enteric" fever—cases so different from each other in phenomena, and beyond the circumstance of being all the result of endemic influence, that it is difficult to perceive the affinity which justifies the application of the same specific designation. But not in India only does a similar difficulty occur in regard to cases returned under the heading "enteric" fever, as may be observed in the following transcript of cases which occurred in England, namely:—

CASE I.—Gunner, *æt.* 19, service one year. Admitted 19th September, 1875, complaining of loss of appetite, pain in head, and general malaise; temp. 103, pulse 78; tongue foul; bowels regular; ordered to bed. Pulv. Jacobi, *grs.* iv.; hyd. sub. chloride, *grs.* iv., at bed time.

20th.—No change in symptoms, but temperature slightly higher.

23rd.—Symptoms of *typhoid* fever first set in; slight diarrhoea, and gurgling over the iliac region; *no spots*; tongue furred in centre, with edges bare; pulse 112, temp. 104; ordered bismuth, *grs.* iv.; soda, *grs.* iv.; pulv. aromat., *gr.* j., every four hours.

26th.—Much better; has no diarrhoea; pulse 96, temp. 101; tongue slightly foul. Diet, milk; milk, two pints; tea, two pints.

28th.—Improving, but very weak; pulse and temp. lower than yesterday. Ordered some wine and egg.

October 1st.—Improving slowly; no diarrhoea. Cont. diet and wine and egg as before. Temp. 102.8, pulse 96; tongue foul.

3rd.—Much better; had an attack of epistaxis yesterday; bowels regular; pulse 94; skin cool; tongue very foul. Milk diet; wine, four ounces; lemonade, two pints; tea, two pints; two eggs.

5th.—Is, on the whole, better, but very weak; no diarrhoea. Ordered wine frequently; diet and extras as before.

8th.—Very much weaker, but has lost all symptoms of typhoid. Milk diet; wine, one ounce; brandy, two ounces; brandy and egg frequently, with jelly, &c. Temp. 103, pulse 94.

9th.—Is not getting any stronger; tongue still very foul; teeth covered with sordes; no diarrhoea. Milk diet; wine, ten ounces; brandy, six ounces; two eggs; two pints tea; eight ounces jelly.

10th.—Continue brandy, jelly, &c. No change since yesterday; takes his food well, but tongue continues in a very dirty state as before; pulse very weak. Continue wine, brandy, jelly, &c.

15th.—Much better, but still very weak. Continue good diet, &c. Arrowroot two ounces; wine eight ounces; brandy, six ounces; milk, one pint; jelly, eight ounces; milk diet.

21st.—Gaining strength; now able to sit up for a short time; is taking, *spt.* ammon. aromat; and tinct. cinch. comp. Chicken diet; wine, eight ounces; tea, two pints; eggs two.

31st.—Convalescent; taking no medicine. Diet, chop; wine, eight ounces; lemonade, two pints; eggs, two.

November 6th.—No change; still very weak. Ordered citrate of iron and quinine. Diet and extras as above.

12th.—Much better. Ordered varied diet, and a pint of beer daily.

20th.—Gaining strength daily. Continue citrate of quinine and iron. Varied diet; beer, one pint; lemonade, two pints.

24th.—Convalescent. Varied diet; beer and lemonade above.

December 11th.—Discharged on two months' furlough.

CASE II.—Driver, *æt.* 22; service two years. Admitted 21st September, 1875; pain in back, loss of appetite, inability to do his work. Temp. 103; pulse 90; tongue clean. His state remained unchanged till 23rd, when he first began to show signs of *typhoid*, namely, diarrhoea, characteristic tongue, gurgling in iliac fossa, very high temperature, pulse 112; ordered bismuth, soda and pulv. aromat; milk diet, and two pints of milk.

September 26th.—Very much better; temp. and pulse lower; some slight diarrhoea. Continue milk diet, and extra milk.

28th.—Continues to improve; no diarrhoea; tongue still foul; skin moist; pulse 98; temp. natural. Milk diet, &c., as before.

October 1st.—On the whole better. Covered with papular eruption; temp. 100.2; tongue foul.

3rd.—On the whole better; skin acting well; temp. 101.5; tongue clean; pulse 94; no diarrhoea. Milk diet; milk, one pint; lemonade, two pints.

8th.—Much better and stronger; in fact, convalescent. Chicken diet; wine, six ounces; lemonade, two pints; milk, one pint; two eggs.

14th.—Convalescent. No medicine. Diet and extras as above.

21st.—No change. Diet, &c., as above.

26th.—Gaining strength. Chop diet, and extras as above.

31st.—Very nearly quite well.

November 4th.—Discharged to go to his home on furlough.

CASE III.—Driver, *æt.* 21; service two years. Admitted 31st September "out of sorts," and having lost his appetite; tongue foul in centre, and clean at edges; pulse 64; temp. 99.4; bowels constipated; pain on pressing over right iliac region; no typhoid spots. To be sent to bed; no medicine.

October 3rd.—No change in symptoms. Low diet; two pints of milk.

8th.—Convalescent. Milk and diet as before.

14th.—Stronger and better every way. Chop diet.

21st.—Convalescent. Taking no medicine.

31st.—Quite strong.

November 6th.—Convalescent.

12th.—No change.

15th.—Discharged to duty.

With regard to these cases, the same difficulty is expressed as to those in India presents itself as to the precise significance of the terms *enteric* or *typhoid* as applied to them.

In 1878 an outbreak of *enteric* fever is said to have occurred among the British troops at Bareilly; 18 cases out of 32 proving fatal. The regiment attacked had only, a few months before, arrived from Malta; it consisted of the usual proportion of young men, who were thus exposed to the effects of the hot season. The records of the outbreak assign the disease to the effects of *climate* upon young and recently arrived soldiers, but explanation does not appear as to the grounds upon which the disease, thus attributed to climatic influences, received a designation indicative of specific causation of pathogenic nature. The post-mortem appearances are described as such as are found in cases of endemic fever; the mode of treatment pursued is not stated.

In the course of some remarks (a) in reports from India, we learn that in 1877 all the deaths from fever among British troops, with two exceptions, were from enteric fever. With regard to all such cases this comment occurs:—"It is quite clear from these figures, and from the remarks of the medical officers in their weekly returns, that the diagnosis between 'enteric' and continued fevers is more a question of the gravity of the individual case than of the different symptoms. Practically, in the army returns, all bad cases are now classed *enteric*

(a) P. M. G. Madras Government, Public Department, No. 1,233, dated 9th August, 1879.

fever, while the milder forms of the same disease are now classed as continued fever." The fever return referred to certainly shows some curious anomalies. It gives the admissions and deaths from fevers since 1868, and leaving out the intervening periods, the first two and the last two years of the series show the following admission and deaths, namely: In 1868-9, typhoid fever, admitted 50, died 17; continued fever, admitted 1,312, died 6; remittent fever, admitted 393, died 15; intermittent fever, admitted 2,324, died 1; total fevers, admitted 4,079, died 39. In 1876-7, typhoid fever, admitted 115, died 43; continued fever, admitted 2,952, died 5; remittent fever, admitted 48, died 2; intermittent fever, admitted 1,344, died none; total fevers admitted 4,459, died 50. From these figures it will be seen that in the last two years of the series, the facts, when compared with those of the first two years, were as follows, namely:—

	Admissions.	Deaths.
Enteric fever ...	65	26
Continued ...	1,640	1
Remittent ...	345	13
Total ...	380	11

During the first two years there were 17 deaths out of 39 reported as due to typhoid, or about 43 per cent., while during the last two years the typhoid mortality was returned at 86, or just double that of the earlier years. Of the 43 typhoid fever deaths of 1876-7, only 14 could be made up statistically from the heads of remittent and continued fevers, while there was an absolute increase of fever mortality of 11, or about 28 per cent. over the fever mortality of 1868-9. It may be asked, what are these 11 deaths due to if not to enteric fever? I (the sanitary commissioner) do not, in the least, question the pathological resemblances of Indian continued fevers to those found in typhoid in other countries, but I do not think we tend to improve our knowledge by classifying only the bad cases as enteric, and the milder as continued. (a) With regard to these particulars, the comments made by the authority to whom they were submitted (b), were that the views thus expressed change considerably the aspect of the question as to the specific nature of typhoid fever, as observed among British troops in India, this important admission being, at the same time, made,—“There is no doubt that the whole series of returns, since the commencement of the regular investigation, shows that while enteric fever deaths have increased, deaths from continued fever have fallen off.” This circumstance of itself leads to the further question proposed by the same authority, namely: “Is the continued fever of Indian returns the same disease as the ‘continued fever of home returns?’” and to the remark that “the complaint against this heading has alone been its indefiniteness for practical sanitary purposes. Is it a climatic fever in India without malarial poisoning? There is no doubt of the importance of the questions which have been raised in Madras in relation to these fevers classed as enteric; but the same difference can hardly be said to exist where post-mortem examinations have been made; practical pathologists have no difficulty in recognising the characters of fatal enteric fever there. Indeed, if no further light can be thrown upon this subject, the real question would appear to be this:—Is there such a specific fever at all? or do these post-mortem appearances take place in non-malarial fevers in India of the continued type?” The further remark occurs that “this is the question raised, and it is not quite the same one as that raised by Dr. Gordon, who appears to think that the appearances found after death are those which have always existed in fatal Indian climatic fevers of malarial character.”

(To be continued.)

(a) See also my Special Report II., page 43.

(b) The Army Sanitary Commission.

SANITARY CONDITIONS OF TURKEY.

By R. B. SMITH, L.R.C.S.I., M. Col. Phys. Dublin, Surgeon to the Ottoman Army, late Russo-Turkish War.

CONSTANTINOPLE has been the envy of kings and emperors; the scene of battles and of famous sieges from that remote time, in the infancy of Europe, when Meagre founded it on seven hills, above the waters of the Thracian Bosphorus. Its prominent features—the Golden Horn, which provides a secure harbour and an emporium of commerce; the Bosphorus, with its hanging gardens, its temples, shrines, and gilded domes, its cupolas and painted minarets—have no rival upon earth. As a site upon which to build a great city, none could have been better chosen for beauty and for sanitary purposes than the group of hills on which Stamboul stands to-day, as she has stood for twenty-five centuries; and where, at no remote period, she is likely to assert again her great position amongst the leading capitals of Europe.

During the Byzantine Empire, and since the dedication of the city to Christ by Constantine, the wealth and riches of other countries and of conquered provinces have found their way by sea and land to the central city of the world. Hundreds of thousands of pounds were laid out upon walls, porticos, pillars, arches, and temples. Masterpieces of Greek art adorned the public streets, and all that wealth or artifice could procure were added to her riches, and all the skill of art and literature were summoned to her court. Innumerable statues of marble and of bronze were set up throughout the town, and we are informed that the Baths of Euxippus contained the greatest works of greatest European sculptors, along with sixty bronze statues. The public places were filled with obelisks and pillars. Theatres, palaces, temples, and three hundred and eight domes adorned Byzantium.

In those days almost all the cities of Greece cultivated medicine and science, and when Constantine became the possessor of the city, the change from a Pagan to a Christian dynasty gave a new impetus to science. In changing its soil it seems to have undergone a check in its growth, until it became acclimatised to its new atmosphere and soil.

It was often cut down, sometimes pruned and watered, by the prejudices of a rising religion, destined to sway the world for centuries and elevate man to higher civilisation. We know that dissection was held to be heretical, and that the writings of Galen and Hippocrates were the great lights during the early days of Constantinople. Oribasius wrote seventy-two medical works, was quæstor at Constantinople on several occasions, and is said to have discovered the circulation of the blood.

During the sixth century, the great plague that raged at Constantinople and carried off 10,000 persons daily was described by a physician of the day. The flourishing condition in which the Turks found medicine in after years was little appreciated by this peculiar people, who drove science and art from Turkey into Europe, giving rise to the famous Cordova School—the birth-place of modern medicine.

Bagdad resembles Byzantium in this part of its history. This celebrated Persian city was an oasis inviting the learned men of all nations with a view to the improvement of its people. But when the Turks became its captors, all science and art were swept away by them.

In the early part of its history the healing art was inseparable from religion. Leviticus lays down laws for the Jewish people, which are merely a very complete hygienic system; and Mahommed copies them for the most part, and gives them to his people in the sacred pages of the Koran. Medicine, like everything we know, is the child of circumstances, and has been influenced to no small extent by climate, and by the different forms of religion, as each successive wave swept over the world, each one raising the common level to a degree higher; and so medicine and hygiene in Mahomedan countries is subservient to their religion, and we find that in accordance

with their belief their personal hygiene is almost perfect, but that the public is deplorable everywhere through their country.

Constantinople has been likened to a dung heap by a modern traveller. The streets are seldom or never cleaned. The celebrated dogs are the only scavengers, who live on carcasses and offal left in the streets, the centre and corners of which serve as dust-pits and sewers. Everywhere are to be found quantities of decaying animal and vegetable matters exposed to the rays of the sun, and forming the point of departure of germs of disease so often fatal to thousands; and although the sea breeze mitigates the misfortune, the odours are not in harmony with the scenery.

We can all recall the appearance of the Eastern house—its irregular outline, its projecting windows covered with lattice—built of wood and plaster, as the greater portion of the capital is. It is frequently a prey to fire; whole tracts of town are often burned. The Jewish quarter—the worst in a sanitary point of view—is constantly the scene of incendiarism, which, I feel sure, have a very salutary effect.

The interior of the Turkish house is a model of cleanliness. Little furniture embarrasses the rooms; ottomans and sofas are the chief articles to be found there; and the Mussulman is very particular as to the cleanliness of his home and never enters it without changing his shoes. Nevertheless, we must acknowledge there are many important hygienic improvements necessary in relation to sewage, water-closets, and hospitals.

In public hygiene Europe is far in advance of the East; but as regards individual cleanliness and hygiene there are no people in Europe or elsewhere who can compare with the Turk, no matter what class of believer in the Koran. Had Mahommed lived in a damp, foggy climate, instead of in his dry and beautiful land, if he had resided in a large city surrounded by hundreds of thousands of people, the great prophet would have, no doubt, instituted a system adequate to the circumstances. But the very capital at the present time is destitute of public sanitary works; the placing of cemeteries outside towns, and building mosques, hospitals, and libraries on the top of hills, seems to be the only public sanitary precautions in existence in these climes.

The Turkish bath, introduced into modern Europe of late years, was known and used by the Mahomedan people for centuries. The baths are not as with us—confined to a few of our large towns, and luxuries in which none but the comparatively rich can indulge—but are to be found all over the country; and the whole population take them regularly. It appears that the Turkish woman has a peculiar liking for the bath, the physical characters of the climate and country have made her voluptuous, passionate, and impressionable to beauty and poetry. In their magnificent baths, devoid of clothing, they walk about, and recline amongst the Byzantine arcades, surrounded with all that can unite to passionate love. The shampooing and massage in these latitudes seems to be a part of the every day life, and makes a break in the "Dolce far niente" of the East. Many are the tales told of these thermae, but they have nothing to do with hygiene. It is here the famous Rhusma is employed to remove hair from the pubis.

The Turkish baby is weaned after two years. Then feeding on pure and wholesome food, dressed in loose garments (the Turkish girl wears no corsets). No new-fashioned boots deform her feet, all parts allowed to develop according to their natural laws; and so at the age of puberty the Mussulman virgin is one of the most lovely and graceful of women. In fact, the Turkish child has had all the advantages necessary for its physical development; and I believe that, whether during pregnancy or in the rearing of her offspring, even the European mother has much to learn from the Mahomedan. It is not my intention to compare our women with their Eastern sisters, either in beauty, form, temperament, or

customs; but no one can doubt that these customs are powerful factors in keeping the people free from many diseases common amongst us. And when to these we add that prostitution is unknown, and syphilis almost never met with, we need not to be astonished at the wonderful physique and enduring powers of the Turk.

When the female marries, the repose of mind together with robust health insures pregnancy, which is almost always without any of those inconveniences so frequent among our Western women. If, perchance, the function should be complicated or accompanied by any danger, there is a complete resignation to the decrees of Providence, with no doubts for the future of herself or child—doubts and fears that often hasten an otherwise remote event.

Ambition, so common among pregnant women, and the precautions taken by man and wife in order to avoid the troubles and cares of a large family, so frequent in Europe, in these climes are entirely unknown.

Women of the East have not yet learned to preserve their freshness and figure, and enjoy without interruption the enchantments and pleasures of society by giving up their offspring to the hands of mercenaries, and thereby neglecting one of the most sacred duties entrusted to woman. The Mussulman woman, to use the words of a modern writer, considers the caresses of the child she nourishes far sweeter and more agreeable than the smiles of a perfidious and corrupt world; and what many of our mothers would consider sacrifices, the Eastern mother feels to be duty and pleasure, and is more than repaid by their repose of mind, the health they preserve, and that which they transmit to their children.

It appears that the Mahomedan women cease to menstruate between the early ages of 32 and 35, or at the latest 40, after which all the signs of old age make their appearance. Here also they are less troubled by illness than our women are. Suppression of milk, abscess, &c., are very rarely met with after pregnancy.

The chronic metritis, scirrhous of breast or ovaries, polypi, cancerous ulcers of the uterus, &c., so common with us are seldom, if ever, to be found in Turkey. These facts are interesting, more especially as they seem to be a direct recompense to those who have not neglected the sacred duties of wife and mother; and although the Mussulman woman may not be handed down to posterity as the originator of any intellectual movement, nor be the subject of a biography, still we think that duties accomplished have a more healthy action, both physically and morally, upon father, mother, and children, than the ephemeral fame of the most finished woman of the world.

One might imagine that in a beautiful climate, and amongst a people free from hereditary diseases, sober, and carrying out to the letter the rules of one of the most perfect hygienic systems ever imagined, that medicine would be almost never required. Still doctors are to be found in numbers in every town. Jews, Greeks, Americans, Levantines, Europeans, have settled, especially at Stamboul, with a view to living, if not creating a fortune. In no city of the world can a man make or marr himself in a shorter time than in that on the shores of the Bosphorus.

The successful Florentine who settled at Stamboul is an example of the career of many favoured physicians to the Court. This gentleman had no great talent as a medical man, and was more of a quack than an orthodox practitioner. How many intrigues and conquests he made amongst the ladies of the Seraglio will always remain a mystery. Twice found out and twice warned, this intrepid Italian thought that he might trust to having saved the Sultan's life, during an illness, for protection, and so resumed his favourite pastime; was suspected, invited to the palace, and there the celebrated bow-string ended his days. His body was thrown in a grave-yard on the Bosphorus.

The pulmonary secretions, and those from mouth,

nose, and fauces, are imperceptible with the Turk. The same holds good for all the mucous membranes. The vapour bath plays a large part in this phenomena. Constipation may be traced to the same cause, joined to which his lazy life reacts on the liver, and so we find that organ the most frequently deranged. He dreads constipation, and thinks less than one stool per diem most dangerous; that if retained longer in the intestines, fermentations and a series of events must inevitably follow, leading down to a fatal disease.

The abuse of drastic purgatives and opium, together with temperament and an indolent life, make hæmorrhoids one of the principal diseases to which he is subject. Any attempt to stop hæmorrhage, or to eradicate the disease, is regarded as a very serious blunder; and in most cases this is the case.

Stomachica, aphrodisiacs, electuaries, are the frequent causes of dyspepsia and abdominal complaints. Being of a sanguino-bilious temperament the Turk has a tendency to develop diseases of an inflammatory character. Among the women, the customs and practices of the harem are a fruitful source of stomachic and nervous disorders. Many of these hurtful practices may be traced to polygamy.

I understand that skin diseases are very frequent among the inhabitants of Constantinople. Whether they are contracted and propagated by the Jews, who represent a part of the population—the least careful as to their personal cleanliness, or whether they have their origin among the Mussulmen, who use the vapour bath (often to excess), and live on a farinaceous diet, is difficult to decide.

The sudden changes of temperature are very marked in these latitudes. The north wind blowing from the Russian steppes, over the Black Sea, and the south wind from Egypt, over Asia Minor, reaches Constantinople by way of the Sea of Marmora; the land and sea breeze, and the hot sun, all play an important part in the formation of acute disease. The native understands the danger of these changes, and prepares himself against them. The cholera belt protects the abdomen; the turban, the head from too rapid cooling.

Dysentery, diarrhoea, bronchitis, pneumonia, are among some of the most frequent acute diseases to be met with; and antiphlogistic treatment, in its most primitive forms, appears to compose, for the most part, Turkish therapeutics. The counter-prescribing, carried on to such an extent in the British Isles and on the Continent, is the chief medical aid sought after by the population of Stamboul. The pharmacien is generally of foreign extraction, and knows, if possible, less about diagnosis, prognosis, and treatment than his *confrère* of Europe, who prescribes with such assurance for every and any form of disease; and though he may exert little influence for good on the patient, unlike our friends at home, does little harm.

The study of medicine among the Mahomedans until lately has been confined to the teaching of the Arabian physician. And it appears that they hold the same belief as Christ did in reference to many nervous disorders—namely, that they depend on an evil spirit, and are curable by sacred readings and by members of priesthood.

The statistics of Turkey—at least, so far as sanitary work is concerned—have never been taken. In fact, at Constantinople nothing is known of the rate of mortality; and this can hardly be wondered at, seeing that even among ourselves statistics often are of little value; and there remains still a great deal to be learned in this respect. Why not enforce the adoption of a principle? Were it but the first step on a long journey towards the perfection of this important science, which, when perfected, will play such a large part in breaking down lines of demarcation, and opening the route for the onward march of peoples. All that is certain is that the death-rate is very high; and may we not hope that among the reforms introduced into Asia Minor that public sanitary

work will be among the first? Closets, sewage, and all means at our disposal ought to be set on foot, in order to render the city less unhealthy.

Ilium, ancient Troy, kept watch at the mouth of the Dardanelles; New Rome guards the entrance to the Bosphorus, once the capital of the world. She may again resume her power, which, from position, she is more entitled to than any other city. Situated on the ocean highway, connecting the Black Sea with the Mediterranean, when the Sea of Azoff is connected with the Black and the Caspian Seas, when the steppes of Russia and the wastes of Mesopotamia are brought into cultivation, and the road to India leads through the Euphrates Valley, and the rich produce of Central Asia and the surrounding countries is carried down to the sea on the waters of the Danube, Dneister, Don, Ruzil, and the Irmak, and all must sail under the walls and guns of Constantinople, it will be imperative on the power that would reign supreme in Europe and Asia to be in possession of this city and its straits. Which nation this will be I will leave to your readers to conjecture.

Clinical Records.

ST. MARY'S HOSPITAL.

Stricture of the Urethra.—Insertion of No. 4 Catheter without Difficulty, and without Hæmorrhage, followed by Rigors, High Temperature, Acute Albuminuria, and an Attack of Herpes.—Recovery.

Under the care of Mr. NORTON.

THE patient, M. W., æt. 29, a fairly healthy looking man, was admitted on April 14, states he has always enjoyed good health, and has never been laid up, except with a broken leg. About twelve years ago he contracted gonorrhœa, the discharge continuing for about twelve months; in about six months afterwards he was one day unable to pass any urine; he saw a medical man who gave him some medicine which relieved him, and he afterwards continued to pass his urine in a fair stream until about twelve months ago, when he again contracted gonorrhœa, and the stream afterwards became diminished.

On the 2nd May a No. 3 silver catheter was passed, then a No. 4 catheter was passed with some difficulty, and twenty-four ounces of urine drawn off. Ordered—

Mag. sulph., gr. xx;
Pot. bicarb., gr. xx;
Tr. hyoscyami, ʒj;
Aq. carini, ʒj. t. d. s.

On the 3rd, at 11 p.m., the patient had a rigor, with temperature 102°6.

4th.—Another rigor at 5.30. Temp. 105.

9 a.m., 105.
10 a.m., 105.
11 a.m., 103°2.
12 a.m., 105.
1 p.m., 103°2.
2 p.m., 102°4.
3 p.m., 102°8.
4 p.m., 102°6.

Was ordered a tepid bath.

5 p.m., after bath, 100°2.
6 p.m., 100.
7 p.m., 99°4.
8 p.m., 97.

Patient, listless; sick; pulse imperceptible; tongue, coated. Ordered thirty drops of tr. opil.

5th.—Pulse very weak; hands twitch convulsively now and then. Passed only six ounces of water last night. Sick several times in night; continually hiccupping came on for the first time in the night. Ordered—

Mist. pot. effervescentes, ʒj. tertius horis 8.

Urine acid, thick—albumen about ¼. Was dry cupped over kidney. Brandy, ʒvj.

6th.—Patient feels a little better to-day. Still continually hiccupping, and was sick up till 5 p.m., but was not sick at night. Temp. this morning 97°6. Right side of nose is

swelled this morning, also right eye. Slept a little better last night. Urine, $\frac{1}{2}$ albumen, thick, acid.

R. Vini ipecac. $\mathcal{M}\text{ij}$;
Acidi hydrocyanic dil., $\mathcal{M}\text{ij}$;
Aq., $\mathcal{Z}\text{j}$.

Every half hour.

7th.—This morning a herpetic eruption broke out over his face and neck—there was a patch on the forehead, both sides of nose, and right cheek, and under right lower eyelid, also a patch in front of neck, and one on back of neck; there is also a small patch about the size of a halfpenny just above right clavicle to the inner side. The eruption was dusted over with oxide of zinc. Urine acid, trace of albumen, thick. Temp. a.m., 99.2—p.m., 98.6.

8th.—Temp. a.m., 99.6; p.m., 99.8.

10th.—Patient feels much better to-day, does not feel any pain anywhere. Says he should like to have more to eat. The eruption is getting better, forming into scabs. Pulse, 72, regular. Tongue red and raw at tip, not so on dorsum. Passed a good night. Temp. 98.

11th.—Urine 1023, neutral, trace of albumen.

12th.—Temp. 98.4.

24th.—Patient has been gradually improving. There is a little scalding on passing water, and a yellowish discharge from urethra, which patient thinks has increased since the eruption came on face. Urine sp.g. 1020, pale, cloudy, acid, about 1.20 albumen. Patient got up yesterday for first time. Feels weak, bowels open. The stream is larger and freer, not forked.

27th.—No catheter passed, stream sufficiently large to empty bladder without trouble, but still evidence of great constriction. The patient was retained in the hospital until albumen had entirely disappeared from the urine, the 12th of June. It was not considered advisable to insert another catheter.

Special.

SOME RECENT REPORTS ON FEVER.

MELTON MOWBRAY.—(Estimated population 5,030.)—In 1879 fever was present in this town. In 1880 the occurrence took place in April, of what subsequently developed into an epidemic of that disease. The origin of the outbreak was believed to have been attended by circumstances which pointed to infection away from the town, and to the probable medium of diffusion being water and milk. Facts suggested the possibility that three cases detailed were due either to the air of the privy, or that of the sewer; although there was no evidence of either privy or sewer having been specifically infected. No communication between infected families was traced. A particular family, consisting of a man, his wife, three children, and a servant, lived in a house near a privy. The man was specially intolerant of odours therefrom; he had fever, but no other member of the family suffered from it. Of another family and employes living together one young lady only was affected. The vicinity of a closet was looked upon as an element of danger to all; yet the lady affected was not peculiarly exposed to its influence. Beyond the fact that the infected houses (and they widely apart) communicated with the same sewer, there was no ground for suspecting any particular condition as being specially implicated in the causation of fever. It is described as possible that the case of a lady (ill in July) may have been due to sewer gas; the same circumstance would seem to have had a special bearing on the outbreak which followed in the first week of August. On three or four occasions fever occurred simultaneously in several streets. The families affected obtained their water and milk from sources without community between them, but grave suspicion rested upon sewer air as being mainly concerned in the spread of the disease—this suspicion supported by the circumstance that, as regards thirty-two of thirty-six families

the drains were untrapped; of three families outside the infected area in which the fever occurred, the persons affected had visited relatives in the affected localities. A sudden increase in the cases of fever was observed to occur at intervals of a week to a fortnight, after heavy floods, and these took place at intervals from July 14th to October 8th, that is, during the summer and autumn seasons; no further case happened after the month of October. The evacuations of a patient with fever having, early in July, been disposed of in a water-closet, it is assumed that "the air in the sewer must have become more intensely poisonous," and that it must have done so for a longer distance upwards.

In *Ashfordby Road*, about a mile from Melton Mowbray, four families out of seven suffered from fever in some of their members. Defects existed in the wells used by those affected, and by some of those who did not suffer. Near all seven houses there was an offensive manure heap. The introduction of the fever would appear to be due to a man who arrived from Melton Mowbray about the end of August, and went to lodge in one of the cottages. This man was either suffering from diarrhoea at the date of arrival, or was attacked within a day or two of his arrival; the occupants of the house he had left suffered in the same way, and these circumstances excited the suspicion that his illness was enteric fever. Between the 24th of September and 3rd of October five persons became ill with fever. The only cause of the attack in them would seem to have been the privy which had been made use of by him. For the spread of the disease among the other three families, there was good ground for suspecting the drinking water to have been implicated.

UCKFIELD.—(Population of the village 2,000; of the parish 2,400.)—Until twenty-five years ago there were no sewers; drainage was to cess-pools, street-channels, and water-courses. Now most houses are connected with sewers, the private drains being in an unsafe state. During floods it is feared that by means of the rain spouts the sewers ventilate generally into the closets and dwellings. The water-supply is from wells sunk in sandstone rock to a depth of forty to sixty feet. From percolation through the upper soil it is considered doubtful whether the supply of many is to be trusted as wholesome. Excavations still reveal the existence of old drains and cess-pools. Until 1879 Uckfield was singularly free from enteric fever; cases when they did occur did not spread. In September, 1880, four persons, apart from each other, were nearly simultaneously attacked. Nothing is certainly known respecting the source of infection in these cases. In October there occurred 4, in November 2, in December 3 cases. In January there was a rapid increase of the disease; in February the outbreak culminated, there having occurred in these two months twenty cases. In March the disease declined; in April no case occurred. Throughout the entire outbreak there were thirty-eight cases and five deaths. Whatever caused the first series of cases, those of January and February were due, as seemed quite clear, to infection; nor is there need for surprise at the result in a town possessing in its water-supply and sewerage arrangements unusual facilities for the spread of the disease material of enteric fever. Probably specific infection of more than one well occurred during the winter. Here "is history of autumnal enteric fever, unfertile at first, under circumstances seemingly conducive to its fatality; but suddenly, in a particular season, developing reproductive powers to be, in a subsequent season, maintained with widely increased range.

BRIDLINGTON.—(Estimated population 8,321.) The inhabitants chiefly of the agricultural classes; the old town supplied with drains and sewers since 1857-60; the quay only

furnished with cess-pools; the sewage from the former discharged into the harbour. *Water*, supplied by a company, is derived from a deep well in the chalk. A tidal spring at the quay is partly used by people near it. According to tables given, fever had, since 1873, occurred in an occasional case, but not exceeding 4 per annum, in Bridlington Sanitary District; and in St. Mary's there was no special outbreak of the disease till 1880; in that year 34 deaths by it occurred in the former and 29 in the latter; at the quay, however, only five cases occurred, against three in the year immediately preceding. In fact, the average death-rate by fever throughout Bridlington during the seven years preceding was 0.40 per 1,000, against 0.46 for England and Wales. Of thirty-four cases the disease was described as *typhoid fever* in thirty-three; in the exception the cause of death was described as "continued fever with secondary bronchitis;" the case occurred, however, associated with others of typhoid fever. Two deaths occurred in the first quarter, one in the second, two in the third, and 29 in the fourth; of the latter, 13 in October, nine in November, seven in December—these deaths, in 160 cases, occurring in 87 houses. In February and March, 1880, a group of cases occurred in the market-place; their origin could not be traced. In August the first of what became a series was attributed to a bad smell from a ditch. In September and first half of October, a large number of persons, distant from each other, were simultaneously (or nearly so) attacked. The great majority of these obtained their supply of milk from a particular dealer. A street of low houses north of the Priory Church escaped. The water of a well connected with the suspected dairy was declared *very bad*, and as largely contaminated with sewage. A girl, twelve years of age, who lived in the house was attacked, as two of her brothers had been shortly before, with fever; three cases had also occurred in the house adjoining in it. It is thus *very possible* that in some way specific infectious matter may have gained access to the well. The water was used only after being boiled for rinsing the cans; the cows drank it, but none of them were in ill health at the time of the outbreak. As to the milk, different opinions were given of its quality. Of 83 households supplied with milk from this dairy, 48 were attacked; the number that escaped must therefore have been 35. Some persons attacked had drunk milk freely, others only in tea or coffee, others not at all; on the other hand, some who had drunk it freely, escaped. The origin of the epidemic had been the subject of keen local debate. The opponents of the sewage theory seized eagerly upon the milk hypothesis, and the converse. For several weeks the fever was confined to a *low-lying, undrained* locality; afterwards the cases spread. Although sanitary defects existed in many of the houses affected, this was not the case in all. The epidemic declined speedily after its cause had been ascertained, and means of prevention adopted. Besides the milk, there is reason to think that in many cases unwholesome conditions have aggravated individual attacks, and facilitated transmission of the disease. There were many instances in which relatives and attendants on the sick contracted the disease. During the autumn infantile diarrhoea was prevalent.

CHORLEY.—(Population 19,472, chiefly low Irish.) Situated on the coal measures. Many of the houses badly constructed. Since 1878 scarlet fever, typhus, enteric, and "other and doubtful kinds" of fever have prevailed to a greater or less extent. Thus, scarlet fever, by which only one death occurred in the first-named year, increased as regards mortality to 49 in 1879, diminished in 1880 to 16, and in the first quarter of 1881 caused two deaths. The single death by typhus occurred in 1879. Taking the yearly periods, as here given, in their

succession, the deaths by enteric fever were 9, 8, 9, 3; by other and doubtful kinds 1, 16, 14, 1.

As regards *scarlet fever*, the prevalence of that disease in 1879 was part of the epidemic which overspread Lancashire in 1878-9. Of the mode in which the disease was propagated little can be said except that it appeared to be by personal intercommunication.

Other or Doubtful Fevers.—Of 32 cases returned under this head, 24 occurred in children under five years of age. The greater number of the whole certified as *continued fever*, or *simply fever*. Several occurred in houses where, at the same time, there were cases of scarlet fever; in others the fever was *probably not* specific infectious. The death by typhus was that of a pauper in the workhouse infirmary.

Enteric Fever.—Fifty cases, twelve fatal, from the beginning of 1880 to April, 1881. Cases distributed in groups and localities, occurring at various periods. As regards the origin and propagation of the disease, inquiries in many cases failed to elicit satisfactory evidence. There is no reason to suspect the water-supply, and the milk was obtained from various sources. The scattered distribution of the typhoid cases negatives the idea of any common simultaneous cause. It seems most probable that the morbid poison was conveyed by the medium of sewer air. Yet Chorley is provided with a complete system of sewers, except at Cowling; there an outbreak of typhoid fever occurred four or five years ago, but no record of such on the present occasion. House-drains have all been laid according to approved plans; water from the Water-works Company.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

PRIZE DISTRIBUTION AT THE ACADEMIE DE MEDECINE.—A whole sitting was entirely devoted to the distribution of prizes to the successful competitors in the question previously issued by the Academie. The awards were as costly as they were numerous. Several gold medals were granted, while a hundred silver medals were given to those who reported a large number of successful vaccinations. Money prizes were also granted in certain subjects. One prize of £280 was offered for the best work on the treatment of those diseases which are recognised to be almost incurable as hydrophobia, cancer, epilepsy, cholera morbus, &c. Eleven competed, but none of the memoirs were considered to come up to the standard.

GOITRE.—At the Société de Chirurgie M. Tillaux reported the case of a patient on whom he operated for goitre, and without chloroform. Two incisions were made along the anterior border of each sterno-mastoid muscle, and were united at their inferior extremity by a transverse incision. A difficulty consists in how to know when really the envelope of the thyroid body is reached, so that it is always necessary to proceed layer by layer until the envelope is properly exposed. Moreover, four large arteries offer another difficulty, to avoid which it is best at once enucleate the tumour by passing the fingers behind and moving it a little to one side, the arteries can be seen and torsion performed with facility. The operation performed, M. Tillaux closed the wound, leaving a drainage tube *in situ*. The cure was completed in a few days. An examination of the tumour showed that it was a sarcoma. M. le Dentu believed that sarcoma was more frequent than was considered. Compression alone by a tumour of the thyroid body can simulate an exophthalmic goitre. Professor Rose, of Zurich, was the first who practised thyroidectomy. He practised tracheotomy before extirpating the goitre. According to Rose the diagnosis of malignant tumours of the thyroid body is always very difficult. Thus he never touches a thyroid gland which appears to be affected with cancerous degeneration. M. Tillaux considered that when a tumour covered all the anterior region of the neck tracheotomy was impossible.

SEROUS DIARRHŒA OF CHILDREN.—Salicylate of lime has

been recommended in the serous diarrhoea of children. From three to five grains are given every two or three hours. After ten or twelve doses the evacuations are changed, and the vomiting that generally accompanies this class of diarrhoea ceases immediately the agent commences to produce its effects. Salicylate of lime does not appear to have any appreciable influence on the other forms of intestinal flux.

ACUTE ARTICULAR RHEUMATISM.—Dr. Lingi, an Italian, formulates as follows the conditions in the treatment of acute articular rheumatism according to its causes and manifestations. Salicylate of soda is indicated in cases of polyarticular rheumatism when the articular phenomena are very pronounced. Quinine is the best agent and the most rapid when malaria may be suspected as having some influence in provoking the affection. Benzoic acid or benzoate of soda should be given when there were nephritic complications. Topical treatment, as blisters, &c., give the best results when the affection is confined to one articulation. An Italian *confrère* gives as counter indications to the employment of salicylate of soda grave affections of the heart, persistent gastric disturbance and renal complications, not because the salt could produce a nephritis, but because it appears to aggravate renal diseases.

CAMPHOR AND HYDRATE OF CHLORAL.—M. Simons having observed a case of poisoning by a mixture composed of equal parts of camphor and hydrate of chloral, conceived the idea of employing the same preparation in therapeutic doses. Twenty drops of this mixture in a draught cut short an attack of acute mania. M. Simons believes that it could be employed with good results in hydrophobia, tetanus, and delirium tremens.

CÆSARIAN OPERATION.—Upon 379 cases in which the Cæsarian operation was practised after death, 308 children were taken out dead, 37 gave signs of life, and 34 were extracted alive, 5 of which lived to a good age. Garecki, a Belgian, has made experiments upon animals to find out the length of time a child lived after the death of the mother. His conclusions are as follows:—It is not doubtful that a child can live after the sudden death of the mother; the extraction of a living foetus is probable if it be done during the first six minutes which follow the death of the mother; it is still possible to recall to life children extracted six or ten minutes after the death, in spite of the asphyxiation; it is not impossible to save them after from ten to twenty-six minutes; after the foetus is already asphyxiated after the first minute; the death of the mother by rapid intoxication is more favourable to the child than death due to other causes.

THE BULLET DETECTOR USED IN PRESIDENT GARFIELD'S CASE.

A REPORT upon the ingenious instrument devised by Professor Bell for detecting the location of the bullet in President Garfield's wound is given in a recent issue of the *Philadelphia Medical Reporter*. The instrument as now modified, though not essentially new in principle, is more sensitive to small masses of metal at a distance, and better adapted to the requirements of military surgery than anything of the kind hitherto devised. The apparatus, in its present improved form, consists of two flat coils, about four inches in diameter and half an inch in thickness, of insulated copper wire; a battery, a condenser, an interrupter or circuit breaker, and a telephone. The ends of the primary or inducing coil are connected with the poles of the battery, and in the same circuit are a condenser and a small interrupter, whose vibrating tongue opens and closes the circuit with great rapidity. The ends of the secondary coil, in which the current is to be induced are carried to the binding posts of a Bell telephone. When the connections have thus all been made, the secondary coil is laid on the primary or inducing coil, so that their respective circumferences exactly coincide. The circuit breaker is then set in motion, and the rapidly interrupted current through the primary coil induces another current of higher intensity in the secondary coil, and, as it does so, a loud musical tone is heard in the telephone with which the secondary coil is connected. As long as the current is maintained and the circumferences of the two coils are kept in exact coincidence, the musical note in the telephone does not change its pitch or intensity. If, however, the experimenter slides the upper coil along an inch or so upon the corner, so that their circumferences no longer correspond, the intensity of the musical tone is diminished, and just in proportion as the centres of the flat coils are separated by a greater or less distance the intensity of the musical tone is lessened or increased. When the upper coil has been slid over the lower, so that they simply overlap, the centre of one corresponding nearly with

a point in the circumference in the other, the musical tone in the telephone ceases. If the upper coil be pushed a little further to one side, so that it overlaps still less, the tone is again heard. By delicate manipulation it is possible to adjust the centres of the overlapping coils at such a distance one from the other, that a perfect balance is brought about, and when this is the case, the telephone makes no sound whatever. The centres of the overlapping coils cannot then be moved either toward or away from one another without causing the telephone to break its silence.

When the coils are thus balanced and the telephone is mute, it is found that what may be called the area of coincidence, or, in other words, the area of the overlapping parts of the two flat coils has become highly sensitive to the approach of metal, and manifests its sentiments by a low note in the telephone. As long as metal is kept away from this area the telephone remains silent, but if a piece of lead, for example, is brought within a distance of four or five inches from the overlapping parts of the coil, there may be heard in the telephone a faint but clearly perceptible note, which becomes louder and louder as the metal approaches the sensitive surface, and throws the coils more and more out of balance. It will readily be seen that under the guidance of the telephone, the small area bounded by the intersecting circumferences of the overlapping coils, can be placed exactly above a bullet or other piece of metal embedded in the body, provided the metal does not lie at too great a depth. As soon as the balanced coils begin to feel the disturbance caused by their approach to the embedded bullet, the telephone announces the fact by a faint continuous musical note, and this note grows louder and louder until the overlapping parts of the coil are directly above the disturbing metal, when the sound reaches its maximum. For convenience of application to the body the coils used by Professor Bell were mounted in a rectangular piece of walnut, about seven inches in length by four in breadth, with screw posts at the corners for the wires and a handle at the back, by which it could be held.

The apparatus audibly and unmistakably detected the presence of a leaden bullet held at a distance of $3\frac{1}{2}$ inches from the sensitive area of the secondary coil, this being a half inch beyond the distance which Professor Bell set himself the task to attain. Even greater though less pronounced results have been attained; a bullet disclosing its presence in one experiment at a distance of five inches. In this experiment a curious fact was noticed. At a distance of $3\frac{1}{2}$ inches or less, the fundamental musical tone of the vibrator was conveyed through the telephone to the ear of the operator. But when five inches distance was reached, the resultant tones were two octaves or more higher than those of the vibrations. Thus, in some mysterious manner, the laws of harmony are found to be related to those of electricity, and may in the future play a not unimportant part as an auxiliary to the work of practical surgery.

An old soldier who was shot in the breast in the war of the Rebellion, and who still carries the bullet in his person, was made the subject of experiments, and the presence of the metal below the shoulder blade was made distinctly audible.

THE Linacre Professorship of Physiology at Oxford, vacant by the death of Dr. Rolleston, will not be filled up until November next, by the first day of which month candidates are required to send in their names and testimonials. The professor is elected by the Visitor of Merton College (the Archbishop of Canterbury), the Warden of Merton College (the Hon. G. C. Brodrick), the Presidents of the College of Physicians (Sir W. Jenner, Bart.), the College of Surgeons (Mr. Erasmus Wilson), and the Royal Society (Mr. Spottiswoode).

THE Registrar of the Branch Medical Council for Ireland has erased from the "Medical Register," during the month of August, twenty-five names of persons, nine of whom have died, and sixteen of whom—having received the statutory notices under the Medical Act—have given no reply.

A NEW Infectious Disease Hospital has just been opened at Ipswich. The building can, on an emergency, accommodate thirty patients, besides affording facilities for the addition of huts.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, SEPTEMBER 7, 1881.

THE BRISTOWE - HUTCHINSON ORATIONS
ON HOMŒOPATHIC FRATERNISATION.

We notice with great satisfaction that both the President of the Council and the editor of the *Journal of the British Medical Association* have made a public and unmistakable repudiation of the advice offered by the orators on medicine and on surgery at the recent meeting of the Association at Ryde. In the last issue of the *British Medical Journal* the President (Mr. Wheelhouse) says:—

“As President of the Council, I feel it incumbent upon me to stand forward and say that, neither directly nor indirectly, had any (of the sentiments of the addresses) ‘inspiration’ been for a moment thought of by the Committee of Council, and to declare my conviction that, up to the moment of their delivery, no member of that committee had the faintest idea that either Dr. Bristowe or Mr. Hutchinson was about so much as even to touch upon the question either of homœopathy or of homœopathsists.

“That they should have done so, and have thereby even seemed to pledge the Association to any particular line of thought, is no doubt to be regretted; but I claim to be permitted, on the part of the executive of the Association, to repudiate the insinuation that we are in any way responsible for the views enunciated by our readers.”

To this official statement the editor adds the following comments:—

“Greatly as we may admire, and amply as we are prepared to do justice to the courage and sincerity of the orators, we must express the opinion that, in departing from the traditions attaching to their office, and in introducing burning and controversial arguments upon ethical subjects into a scientific address delivered from a post allotted to them by the Association, the readers of addresses in medicine and surgery were not judicious; and we may also express the hope that what they have done will not be made a precedent in the future.

“On the whole, and speaking with only a general knowledge of the opinions which have always been held by the official bodies of this Association, and by all the leading members with whom we have personal communication, we feel no hesitation in saying, that the Committee of Council will not accept the view suggested by the readers of addresses. In suggesting these views, they acted conscientiously and honourably upon their own personal opinions; they were not, we believe altogether wise in selecting that opportunity of expressing those opinions. Certainly, they spoke with no other than their own individual authority, and their opinions cannot be accepted as in any way expressing official views.”

These utterances on behalf of the Association and the profession are, we repeat, gratifying and conclusive, and, if endorsed officially by a formal resolution of the Council or Committee of Council specially called for the purpose, they will have all the value of a public professional protest against the tenets of Dr. Bristowe and Mr. Hutchinson. These gentlemen’s leanings towards homœopathy will—in that case—not be liable to be advertised as a wholesale recantation of the censure of condemnation against homœopathy, and we shall be satisfied to leave the champions of fraternisation to the enjoyment of the company of the consultants whom they have selected.

But we cannot allow it to be said the outcry which has been raised by the *Lancet* and the *Medical Press* has been lacking in “benevolence or ingenuousness of suggestion.” Nor can we doubt that there was good reason for those who represent the profession apart from the Association to demand that fraternisation should be at once, definitely and publicly, repudiated by the official speakers of the Association. On the day on which these remarks are published to our readers, an entire month will have elapsed since the invitation to take homœopathy to our embrace was uttered at Ryde, and in that interval three issues of the official organ of the Association have appeared, none of which have contained a syllable of protest—repudiation—or regret for the words spoken either from the editor or the executive officers of the organisation. We submit that this silence was sufficient reason—in view of the improbability that the public orators would have adopted themes or uttered sentiments which they expected would be distasteful to those for whom they spoke—for our apprehension that the Council of the Association was more or less privy to or in accord with those sentiments. We are glad to have reason to believe that we were mistaken, and we shall be pleased to have that impression converted into certainty by an immediate official pronouncement on the part of the Council.

PROVINCIAL HOSPITAL TEACHING IN IRELAND.

IN anticipation of the framing of medico-educational requirements for the Royal Irish University, a movement was early in this year originated by Dr. Laffan, of Cashel, having for its object the recognition of Irish Union Hospitals as centres of clinical teaching. Dr. Laffan's views have been many times set forth in the correspondence columns of this journal, and, having secured the hearty co-operation of many of the workhouse surgeons of Ireland, he has been in official communication with the Senate of the University, and has submitted to that body his arguments on the subject.

The question as to how far it may be possible for licensing bodies to accept certificates of hospital study from provincial hospitals has also been brought into prominence by the new scheme of education and examination adopted recently by the Irish College of Surgeons. That scheme is so framed that it will be possible for the student, during the first of his four years—the period devoted to “preliminary scientific” work—to pursue his study without coming to Dublin or any other teaching centre. At the end of that year he will be required to answer *inter alia* upon osteology and practical pharmacy, and it is anticipated that he will obtain instruction in these subjects by the joint agency of books and of the local medical practitioner. If it were possible to overcome the difficulties to which we shall presently refer, the student might also be allowed, during this year, to make a beginning in hospital work, and to receive credit in his curriculum for a modicum of clinical study at this period; and we note that the Irish College of Surgeons has already recognised provincial hospital teaching to the following limited extent:—

“Candidates for letters testimonial who have attended metropolitan hospitals during three winter sessions of *six months* each, shall be considered to have performed sufficient hospital attendance if they shall be able to produce certificates of regular daily attendance during a like number of months at a county infirmary, or provincial surgical hospital containing at least fifty beds, provided the surgeons of such infirmaries or hospitals shall make returns to this College, in the months of May and November in each year, of the names of students so attending.”

We willingly concede to Dr. Laffan the admission that it is desirable that students should have liberty to study at any hospital which may suit their convenience, so long as the instruction given is *bona fide* and sufficient; but it is obvious that extreme difficulty exists in ensuring the honesty and reality of such teaching. The hospitals which are now recognised as centres of instruction are subject to inspection by the Colleges, and in fact, undergo a constant though unofficial supervision by the eyes of the large number of surgeons and students who pass daily through their wards. But it is by no means to be assumed that hospitals whose functions are not, as these are, performed under the public gaze shall be equally accepted as teaching institutions. Dr. Laffan asks the licensing bodies to accept the certificates issued by 163 workhouse hospitals and 30 county infirmaries in Ireland, and we have inquired what guarantee he can give to the Colleges that those cer-

ificates will represent any useful teaching whatever? To this question he replies in the following letter:—

SIR,—The Licensing Bodies will be afforded the amplest means, through the medium of their examinations, for testing the *bona fides* of the teaching of union hospitals; they employ no other means for testing the *bona fides* of Dublin teaching. It is true that they could visit the hospitals, but do they do so? I never heard of any such visitation, though I suppose you cannot but be aware that a great many Dublin hospitals stood in need of such up to the date of the introduction of clinical examinations. It may be alleged, in the interest of monopoly, that students imperfectly trained at Union Hospitals may possibly balk the scrutinising tests of examiners by drinking more deeply than the non-country student of the metropolitan draught during the time that their studies would lie there; but if this should be found practicable (which I doubt), the fact cannot escape the observation of their clinical teachers, of their brother students, and (not less important) of themselves. Once their imperfect training is noted—and it must be so at once—there will be an end to union hospitals getting pupils. It may be seen from all this that public opinion will afford the same protection (whatever that may be worth) to country as well as to town students.

Lastly, the Fellows will inspect hospitals, and I sincerely hope they will commence with inspecting Dublin ones. I may add, in conclusion, that, to silence all cavilling, we have no objection to recognition by results, which, we hope, will be extended to all hospitals.

THOMAS LAFFAN.

We do not consider this reply quite satisfactory. Licensing bodies will, no doubt, test the student by examination, but they will do the same for students who have not attended a provincial hospital at all; so that the examination would be only an indirect and unsatisfactory test of the clinical teaching. As inspection of the hospital is out of the question, and would be of little value if it could be carried out, it seems to us that the surgical teaching of provincial hospitals could only be received upon the principle of “recognition by results.” If this sort of teaching were confined to a particular year of study, if a regular account of the number of students of each hospital, passed or rejected, in that year were kept, and if a rigid rule were enforced that an hospital, whose unsuccessful pupils exceeded a certain percentage of the whole, should be refused a continuance of recognition, we think that the test might be sufficient to ensure to the student the worth of his time and money in instruction. We await some such practical proposal from the promoters of Union Hospital recognition, but until we are in possession of such a suggestion, we must continue to regard their hopes as altogether incapable of realisation.

JUDICIAL INCONSISTENCY AT THE LATE EXHIBITION.

MESSRS. BURROUGHS, WELLCOME & Co., the wholesale druggists, have sent us a lengthy communication, dealing with the awards made in connection with the recent Medico-Sanitary Exhibition at South Kensington, and exposing so many and serious inconsistencies that we cannot, in justice to them, refuse it an exhaustive consideration. From the nature of the undertaking, and the conditions by which it was regulated, it was to be anticipated that disappointment would be occasioned to some, at least, of the many firms exhibiting samples of their manufactures. In competition with other products of the same description, a proportion only of the goods

in each class could hope for favourable notice from the judges, the duty of these latter functionaries being that of selecting the most deserving articles for the distinguishing mark of their approval. Under ordinary circumstances, this form of proceeding results satisfactorily, and, indeed, it must always do so where a competent jury discharges its duties with a conscientious regard only to that which is, for the time being, its sole concern, the merit, viz., of the exhibits adjudicated upon. It is, however, with a feeling of much regret that, after having carefully perused the letter sent to us by Messrs. Burroughs and Wellcome, we are compelled to conclude that the complaint they embody therein, to the effect that their exhibits have been unduly neglected, is not altogether without foundation. We do not care to discuss the question raised by them, whether the fact that the majority of the articles shown by them are of American manufacture, can be taken as a reason for the course pursued by the judges; we prefer to believe that every improvement in pharmacy is an acceptable offering to the medical profession, and that the verdict passed on new drugs, and new preparations, is based on the legitimate claims they possess to be ranked as improvements in the resources of the physician. It is a matter of no importance to the practitioner by whom or whence the drugs he prescribes are provided; his first consideration is the efficacy of his prescription, and inventors everywhere may rest assured that a hearty and honest recognition will be given by English practitioners to all those improvements which stand the test of fair experiment. With this conviction, strong upon us then, we confess to a feeling of astonishment, that Messrs. Burroughs and Wellcome are able to complain that a long list of the preparations for which they act as agents, have failed to obtain any award at the hands of the judges in the drug section of the late Exhibition. Many of these preparations, too, are among the most widely used, and most widely commended of drugs in daily use in this country, and in the case of certain exhibits especially, does their omission from the list of awards, taken together with the universal encomiums previously passed on their merits both publicly and privately, appear in the light of an inscrutable mystery. We do not propose to enumerate all the instances detailed in the letter referred to, but it is necessary to name a few of the most prominent articles in order to enforce the statements we venture to make. In the class of "pills," there are probably very few improvements that have attained such wide and speedy recognition in the profession as the beautiful ovoid, capuled pills of McKesson and Robbin, of New York, and introduced to this country through Messrs. Burroughs & Co. It would be ridiculous to pretend that these pills are unworthy to be noticed by the side of many exhibited at the same time by other manufacturers, and yet we are informed that from them alone was any award withheld, every other pill, of whatever kind, being favourably and specially noticed by the judges. Similarly with the well-known "Kepler" Malt Extract, the sterling qualities of which have ensured for it very general employment by the members of the profession here, but which alone, of all the malt extracts exhibited, failed to obtain the good word of the judges. In this

instance, too, the fact that every other similar article received an award, while some, at least, are markedly inferior in every respect to the "Kepler" variety, emphasises, in a most unpleasant manner, an oversight that ought never to have been committed. We say this with a desire to put the best possible construction on what has occurred, and with the feeling that only by so accounting for it can we avoid a more unpleasant conclusion—a conclusion, which once entertained, would effectually destroy any permanent benefit resulting from the exhibition.

We will refer only, in addition, to the compressed hypodermic tablets invented by Messrs. Wyeth, Bros., and the importance of which is already proved to be far above any mere judicial recognition of them, and which, notwithstanding, have with the other incomparable improvements in pharmaceutical preparations of iron, &c., received the lowest award in the power of the judges to bestow. Of less noteworthy importance, perhaps, is the ignoring of such articles as Hazeline, which is obtaining much favour in general practice, or of special improvements in apparatus as applied to manufacturing pharmacy, and of which several were shown by Messrs. Burroughs and Wellcome; but viewed in the light cast on it by the all but total neglect with which their stall was regarded, we cannot but think the protest they have uttered as justifiable and reasonable.

We have, however, a graver charge to bring against the judges, and one, too, which must be equally shared by the exhibition committee; one, also, from which it will be difficult to exonerate them. It is that they have together been guilty, not only of admitting to the exhibition, but also of sanctioning the award of certificates to articles which cannot by any extension of proper regulations be included among legitimate pharmaceutical preparations. We refer to certain quack medicines, and secret nostrums, which we were in truth amazed to find exhibited at all, but which it could never have been supposed would meet with approving recognition from a jury composed of well-known medical men and pharmacists. Among the things we allude to are "the Infallible Worm Specific," and "the Marvelous Oriental Balsam, specially recommended to ladies for those imperfections and blemishes in the fair sex caused by the wear and tear of time." That such wholly objectionable and mischievous articles should be admitted into a collection of exhibits organised by a committee of men eminent for their scientific attainments and professional integrity is sufficiently astonishing; but that the additional insult of classing them for reward with actual pharmaceutical preparations should have been committed, is one of those curious occurrences which it is impossible to explain in the absence of all clue to its real meaning. It cannot even be pretended that judgment was passed on them from knowledge, since by their nature, in common with all quack medicines as secret remedies, their composition was unknown to the judges; and, in the absence of actual trial of their merits, either a "lady's balm" or a "worm cure" could offer little inducement to exact the approval of a scientific juror.

The whole proceeding as regards Messrs. Burroughs

and Wellcome is one that they may very justly demand some explanation of; and, apart from the personal element thus introduced, we feel that we, in the interest of professional medicine, are likewise justified in demanding a defence of their action from the members of the jury of the drug section. Unless some authoritative denial is given to the dictum by which secret remedies have been stamped with the high approval of an award at the most important exhibition ever held in connection with legitimate medicine, we cannot hope to stand in future against the charge that will be urged of giving official recognition to what is deemed the worst act of which a professional man can be guilty. Messrs. Burroughs and Wellcome and the houses represented by them, can rest contented on the assurance that the wider judgment of the profession is emphatically opposed to that passed by the jury of the drug section on their exhibits. But, nevertheless, we trust they will not rest contented with this vindication only, but in their own and other interests will insist on what they have every right to demand, a full explanation of the inconsistencies of which they very fairly make complaint.

THEORY IN RELATION TO CERTAIN OUTBREAKS OF ZYMOTIC DISEASES.

In another column there is given, as fairly as is possible, an abstract of some reports recently submitted with regard to the occurrence of specific forms of fever in certain places. The ostensible object in view by the writers of those reports, has evidently been to connect the outbreaks in question with two circumstances alone, to the exclusion of all others,—these circumstances being the assumed contamination of air, water or milk, with an undemonstrated specific poison, and the propagating of the disease thus induced, within certain limits, by contagion. As to such questions as why, general conditions of locality and population remaining alike, the diseases noticed broke out at the precise time they did; why, having broken out, they ceased to prevail at the time they did, no word of explanation appears; as to the operation of what, under the name of *epidemic constitution* was, in former years, acknowledged to be most important, although no more demonstrable than is the "specific poison" of the present theorists, not an allusion now occurs.

Taking the reports in their order, these are among the more important points touched upon: At Melton Mowbray, notwithstanding that neither of these assumptions obtains any support whatever from the circumstances stated, yet the outbreak of fever there is pointed out as due to infection, its subsequent diffusion by means of water and milk. So as regards sewer air, reasons are assigned for the suspicion that this cause was effective; but surely these are neutralised by the statement made that the occurrence of cases was not continuous along the sewers, but that they took place at intervals of place and time. As to the belief expressed that the disease in a neighbouring locality was due to infection, no evidence occurs that the supposed producing case was one of any form of fever whatever. So at Uckfield, drains, sewers, &c., had been improved many years ago; not until 1879 was fever particularly preva-

lent in the locality, nor could anything certain, according to the theories in question, be ascertained to account for the outbreak which began in that year, and continued in 1880. Contrary to what, for the most part, occurs in regard to *typhoid* fever, the greatest prevalence here recorded took place in the coldest period of the year; that is, during the more usual season of *typhus*. The probability of more than one well having been poisoned by specific infection is mentioned, but no grounds given for the assumption. At *Bridlington* a great and rapid increase of fever as compared to previous years, took place in 1880. With regard to a group of cases, the statement occurs that their origin could not be traced; that is, according to either of the theories mentioned. As to the spread of the disease, the argument used falls back upon the "possibility" that a supposed "specific infectious matter" may have got into a particular well, the water of which was made use of to cleanse milk vessels, and only so after having been boiled; also that, although sanitary defects existed in some of the houses infected, this was not the case with all. Here there certainly are certain facts stated in support of the belief that infection acted in the spread of the disease. At *Chorley*, together with the prevalence of "enteric" were scarlet fever, and "other doubtful kinds,"—the precise points of difference between those so named, and those designated "enteric" unstated; neither does explanation appear as to the nature of the general conditions likely to induce such differences in type. But the important concession occurs, that as regards the origin and propagation of the disease, inquiries failed to elicit satisfactory evidence. Just so. However objectionable to personal convenience, general health and well being, insanitary conditions, are,—and on this point there is no difference of opinion, yet when from evidence, such as is adduced in the reports in question, the conclusion is arrived at that such conditions, with or without the super-vention of "specific poison" by themselves, have been the originating cause of the epidemics described, it is not too much to assert that the conclusion is altogether unsupported by facts. With the exception of one instance already alluded to, it is difficult to believe that the prevailing fever, other than scarlatina, was spread by infection. Do not these particulars then indicate that if the true causes of epidemics are to be investigated aright, the attention of inquirers must take a larger scope of conditions and circumstances than such as are confined to drains, dairies, and sources of water supply.

FROM diseases of the zymotic class scarlet fever showed the largest proportional fatality in Hull, Nottingham, and Leicester; the deaths from this disease in Hull, which had been 15, 7, and 23 in the three preceding weeks, further rose to 29 last week, which considerably exceeded the number returned in this town in any week of the last ten years. Fever, principally enteric, showed the highest death-rate in Portsmouth and Hull. Diarrhoea showed a further general decline; being greatest in Leicester and Birmingham. Small-pox caused 37 more deaths in London and its outer ring of suburban districts, 2 in Liverpool, and one in Oldham; no fatal case was recorded in any of the other large towns.

Notes on Current Topics.

The New Scheme of Examination of the Irish College of Surgeons.

WE understand that the President and Council of the College have forwarded to the Home Secretary, the new scheme recently adopted by them and ratified by the College at large, and have asked his authority to the abrogation of the old bye-laws which are at variance with that scheme. On the other hand the section of the Metropolitan Fellows who have from the first, resisted this reform, and who were defeated in their effort to induce the College to negative it, have, we understand, addressed a letter to the Home Secretary asking him to withhold his ratification until the Royal Commission has reported generally on Medical Education. The purpose of this round robin is to cause such delay that it will not be possible to bring the scheme into operation for a year longer, but, as it is signed by 31 out of the whole of the constituency of Fellows, and does not contain the name of a single member of Council, save one, it is not likely to have much influence on the Government. Indeed, the motive of the movement is obvious from a perusal of the names attached to the document.

Sir William MacCormac.

IN our last we mentioned that a Knighthood was about to be bestowed on the Secretary-General of the International Medical Congress. This is now *un fait accompli*, and the universal feeling of the profession and of those who took part in the meeting is that the distinction has been well earned and is fully deserved. The incessant labour inseparable from the chief executive office of such an assembly must of itself have demanded sacrifices of time and money on the part of Mr. MacCormac which ought to be repaid by a lasting recognition of the success of his efforts.

The new Knight is an alumnus of the Queen's University in Ireland, where he took his M.D. degree in 1858, having been admitted a member of the Royal College of Surgeons in England in the preceding year. He was elected a fellow of the Royal College of Surgeons (Ireland) in 1864, and of that of England in 1874, and he is also a member of the Senate of the Queen's University (Ireland), a fellow of the Royal Medico-Chirurgical Society, a member of the Pathological, Clinical, and Medical Societies of London, and the Surgical Society of Ireland, and surgeon and lecturer in surgery at St. Thomas's Hospital; besides having been consulting surgeon to the Belfast General Hospital. He is the author of "Unity of Science," of "Notes and Recollections of an Ambulance Surgeon," being his experience during the Franco-German war, which work has been translated into German, with remarks by Stromeyer, and also into French and Italian; and of a "Treatise on the Antiseptic Treatment of Wounds," besides having contributed largely to the London and Dublin medical journals.

Sir William MacCormac is son of Dr. Henry MacCormac, of Belfast, whose attainments as a physician are well known to the readers of our journal to whose columns he has frequently contributed.

Medical Amenities in the United States.

THE illness of President Garfield has, it would seem, given rise to an interchange of professional courtesies which illustrate at once the competitive spirit in American medical practice and the utter lack of gentlemanly feeling in some members of the profession on the other side of the Atlantic.

It appears that Dr. Baxter, U.S.A., had been for years President Garfield's personal physician, but at the time of the accident was away from Washington, and did not get back until July 3rd, when the following conversation took place between him and Dr. Bliss, who had assumed charge of the case. The report of the conversation is made by Dr. Baxter, and published in Walsh's *Retrospect* :—

"Dr. Baxter—'Doctor, I have come to ask you to take me in to see the President.'

"Dr. Bliss—'Well, I don't see the necessity of your seeing the President; I wish to keep him quiet.'

"Dr. Baxter—'I make the request as the President's physician. I have for years been his physician.'

"Dr. Bliss—'Yes; I know your game; you wish to sneak up here and take this case out of my hands.'

"Dr. Baxter—'I wish nothing, Dr. Bliss except what I am entitled to. If the President prefers that you should take charge of his case, I haven't a word to say.'

"Dr. Bliss—'Well, you just try it on. I tell you that you can't do it. I know how you are sneaking around to prescribe for those who have influence and will lobby for you.'

"Dr. Baxter—'That is a lie!'

IN reference to this edifying conversation the *Philadelphia Medical Reporter* says that the unworthy and undignified position that the medical profession holds, compared with that it could rightfully claim, is largely attributable to such conduct as is above set forth. It is a matter for satire and a subject for comedy, how physicians quarrel over a patient. How unfortunate that this most public case gives occasion to repeat the sneers of Montaigne, Molière and Hogarth!

We can fancy how the profession in Great Britain would feel and what they would say, if one of Her Majesty's physicians were to accuse his colleague of "sneaking around to prescribe for those who have influence and will lobby for him," and we can sympathise with the sensations of disgust and anger with which respectable members of the profession in the States have read the coarse and utterly indefensible rowdiness of Dr. Bliss.

THE annual rates of mortality last week in the principal large towns of the United Kingdom were—Plymouth 14, Edinburgh 14, Wolverhampton 15, Sunderland 15, Portsmouth 15, Bristol 15, Bradford 16, Leeds 16, Norwich 16, Nottingham 17, Sheffield 17, London 18, Leicester 20, Salford 20, Oldham 20, Brighton 20, Glasgow 21, Dublin 21, Manchester 21, Birmingham 21, Newcastle-on-Tyne 23, Liverpool 24, and Hull 31 per 1,000 of the population.

MR. ALFRED WILKES, a retired copper-smith, of Birmingham, who committed suicide last month, has, it is stated, bequeathed his fortune, estimated at £100,000, in trust for the use of his two sisters during their lifetime, with reversion of the property, on their death, in equal shares of £50,000, to the Birmingham General Hospital and the Midland Institute.

French Opinions on the International Medical Congress.

THE representative of the *Union Medicale* at the International Medical Congress writes as follows:—"You may easily conceive that the life we are leading is very fatiguing to our legs, our heads, and our stomachs. English banquets are very well produced, but they lack three essentials—water, bread, and vegetables—or, at least, these are forthcoming in so small a quantity that they may be said to be absent; on the other hand, made sauces, clarets, champagne, sherry, and port, occupy the chief place in our repasts. Is it any wonder that gout has fixed its *habitat* amongst our English neighbours.

"I have spoken of the cookery of the Congress. I will not swear that some of the members have not made that department the principal object of their attention. Unhappily, the communications to the Congress have been, in consequence of the confusion of tongues, very imperfectly discussed. How is it possible to explain in French to a German, who does not understand our language, the purport of a communication in English which one has imperfectly comprehended?

"It is necessary not only to hear what is said, but to realise, speak, and fully understand the three languages."

The Coming Meeting of the Social Science Congress in Dublin.

ON the 3rd of October next the Twenty-fourth Session of the Congress will meet in Dublin on the twentieth anniversary of its first meeting in the same city in 1861. The Congress will be housed in the Museum Buildings of the University of Dublin, which have been placed at its disposal by the Board of Trinity College; and the arrangements for the reception of the Congress have been taken in hand chiefly by the Statistical Society of Dublin, of which Dr. Mapother is the President.

The following is a list of Presidents for the coming meeting of the Congress:—President of the Association—Lord O'Hagan, Lord Chancellor of Ireland; Jurisprudence—J. T. Ball, ex-Lord Chancellor of Ireland; Education—Sir Patrick Joseph Keenan, Resident Commissioner of National Education; Health—Charles Cameron, M.D., M.P. for Glasgow; Economy and Trade—Mr. Goldwin Smith; Art—Viscount Powerscourt. Dr. Mouat, late Inspector-General of Prisons in India, will be the Chairman of the Repression of Crime Section.

The Association was founded on the 27th July, 1857, at a meeting convened by, and presided over by, Lord Brougham, at which the proposed objects were explained by Mr. Hastings, M.P., now President of the Council, the founder of the Association. The fourth meeting of the Association was held in Dublin in 1861, the last three being held—for 1878, at Cheltenham, under the presidency of Lord Nortou; for 1879, at Manchester, with the Bishop of Manchester in the Chair; and for 1880, at Edinburgh, under the direction of Lord Reay.

The business of the Association is divided into five departments:—(1) Jurisprudence and Amendment of the Law; (2) Education; (3) Health; (4) Economy and Trade; and (5) Art.

I.—The *Jurisprudence* department is divided into three

sections with separate standing committees: (1) International Law; (2) Municipal Law; and (3) Repression of Crime.

II.—The *Education* department deals with the various questions relating to education—whether of the upper, middle, or lower classes of society.

III.—The *Health* department considers the various questions relating to public health, and the organisation and administration of the sanitary laws.

IV.—The *Economy and Trade* department takes into consideration the various questions relating to economic—social, political, and commercial.

V.—In the *Art* department, which has been added since the former meeting of the Association in Dublin, are considered all questions bearing upon art—considered in relation to civilisation, education, and industrial development of the people, and on the best methods of cultivating a sound and high standard of taste in all ranks of the nation.

It is however the Health Section in which we naturally feel the chief interest. Three days out of the five, over which the Congress will last, are to be entirely devoted to the discussion of the three special questions. These special questions which have been arranged jointly by the Central Committee in London, and the Dublin Department Committee are as follows:—

- (1) Is it desirable that Hospitals should be placed under State supervision?
- (2) Is it desirable that there should be a system of compulsory notification of infectious diseases; if so, what is the best method of carrying such a system into effect, and what is the best mode of enforcing the isolation of cases of infectious disease?
- (3) Is any further legislation desirable in order to more effectually prevent the overcrowding of dwelling-houses?

The first and fifth days will be occupied with the consideration of papers on subjects, other than the special, but still akin to the main object of the Section, and we believe several very practical papers are promised.

The second special question, viz., the compulsory notification of infectious disease, will be, in view of Mr. Gray's recent proposal in Parliament, the burning topic of the Section. Whether a supervision of hospitals by the State is the most likely way to conduce to their efficient management or not is a matter of very considerable importance, but at present it interests London Boards rather than us. Far different is the compulsory. Dr. Cameron, M.P. for the city of Glasgow has accepted the Presidency of this Section, which will give general satisfaction.

Dr. C. A. Cameron and Dr. Woodhouse, the Hon. Secs., invite all intending contributors of papers to send them in before the 16th inst., accompanied by a short abstract for the use of reporters for the press. }

Supposed Suicide of a Surgeon.

THE body of Surgeon-General Best, late of the British Army, of Great Western Terrace, Westbourne Park, has been found in the Thames, near Chiswick, by a waterman named Lewis. Deceased had been missing from his home since the 24th of August, and, it is said, appeared somewhat disturbed in his mind of late. The body, on which were found watch, chain, &c., and a small sum of money, has been identified by deceased's son-in-law.

Histological Anatomy of Hypertrophied Tonsils.

HYPERTROPHY of the tonsils is a common affection, and yet we scarcely know what are the lesions which constitute it. M. Cornil has recently been investigating the subject and communicated his results to the Société Médicale des Hôpitaux (*Le Progrès Médical*). He finds that tonsillar hypertrophy results:—1. From thickening, sclerosis of the intra-glandular connective tissue with thickening of the vascular walls. 2. From a special alteration of the closed follicles, consisting of a condensation of the reticular tissue and an increase in volume with granulo-fatty alteration of the leucocytes contained in the meshes of the reticulum. Hypertrophy of the tonsils is generally and with good reason, M. Cornil thinks, considered as a manifestation of scrofula. Now, if this is so, we cannot admit, by reference to the preceding lesions, the anatomical definition of scrofuloma given by M. Grancher. According to this author embryonic cellular tissue characterises or, at any rate, constitutes to some extent scrofulous productions. Now, tonsillar hypertrophy consists as we have just seen, of anything but simple granulation tissue.

Preliminary Examinations of the London College of Surgeons.

It is stated that the unprecedentedly large number of 650 candidates will be going through the Arts Examinations for the diplomas of Fellows and Members of the College, at Burlington House this week. As this examination is now abolished by the College, the diminution in the annual income of that institution will be considerable. Seeing there are two examinations held in the year, and the fee paid by each candidate is £2, the amount realised by the above number represents the sum of £1,300.

Treatment of Diphtheria by Pilocarpine.

DR. GUTTMANN, of Crustadt (Silesia), has been experimenting for eighteen months with pilocarpine in diphtheria. He has treated in this way 81 cases, almost all serious, and all have been cured. "After such success," says he, "it is impossible to doubt that the remedy is sure, and better than any of those hitherto employed." Many other physicians have tried it. Djensky obtained a cure in an apparently hopeless case where death was hourly expected. In almost all these cases the pilocarpine was employed alone. The cures took place in time varying from 24 hours to 3 days; in the most serious cases from 9 to 11 days. Guttman gives the pilocarpine internally, sometimes combining pepsine with it on account of its salutary action on the gastric catarrh; besides some of the false membrane is carried by swallowing into the digestive passages; on these it exerts a powerful solvent action. This is the formula he usually prescribes—Hydrochlorate of pilocarpine, 3 to 4 centigrammes; pepsine, 6 to 8 grammes; hydrochloric acid, 12 drops; distilled water, 80 grammes. A teaspoonful every hour.

THE Museum and Library of the Royal College of Surgeons is closed for the annual cleaning and re-arrangements, and will be opened on Monday, Oct. 3rd.

Dr. Scott.

THE case of Dr. Scott is one which we commend to the consideration of our readers. At the age of fifty-two, he is, by chronic rheumatism and valvular disease, quite unable to do any active work. He has a family consisting of a wife and five children—all girls—dependent solely upon him, besides an aged relative to whom for a long time he has been in the habit of giving relief. Dr. Scott graduated in Edinburgh, then married, and for four years practised in Stratford; subsequently he went to Lambeth, where he practised many years, and his dispensary having been in Vauxhall—quite one of the poorest parts of the parish—he had to a great extent to labour gratuitously, thus it was not possible for him to save much money. About ten years ago, and while at work in that locality, he was attacked with rheumatic fever, then with valvular disease. For a time he struggled on where he was, but becoming unfit for professional work he tried to maintain himself by starting a boarding house. In this he was unsuccessful, the locality being unfavourable to the speculation. It has been determined if possible to obtain for him the means of starting the family in a lodging house at Bournemouth. For this purpose, however, a sum of not less than £200 will be required. An endeavour is being made to raise this amount, and any donations to the fund will be thankfully received and duly acknowledged by Surgeon-General C. A. Gordon, C.B., 25 Westbourne Square, W.

To Mask the Taste of Cod-liver Oil.

A NEW method for the administration of cod-liver oil is suggested by Mr. Fairthorne, which consists in adding about one part of tomato or walnut catsup to four of the oil, the mixture being well shaken up before being taken. He remarks that taking an ordinary emulsion of cod-liver oil is like eating cod fish or lobster with a dressing of sugar and gum. He has found this mixture to agree much better with many persons than any other form which they have tried.

The Indian Medical Service.

THE Indian Government has drawn up a complete scheme of re-organisation of the Medical Department on the principle of unification of the British and Indian services. It is proposed that the latter should be permitted to die out, no new appointments being made, and that the medical officers appointed since 1865 should be amalgamated with the British establishment, which will supply Indian wants, and whence candidates for civil employment will be selected; the whole to be under Directors General for India. It is expected that some reduction in expenses will thus be attained. Brigade surgeons and surgeon-majors who entered the service before 1860 are to cease civil employment at the age of fifty-five.

THE fifty-fourth meeting of the German Naturalists and Physicians will be held this year at Salzburg, from September 17 to 24. It has been resolved to reduce the general addresses from three to two, in order to give more time for sectional work.

Sanitary Congress in Vienna.

A CONGRESS of Sanitarians is announced to be held in Vienna on September 14th, 15th, and 16th, under the auspices of the German Association of Public Health and the German Association for Technical Sanitation. Discussions will be invited on several set subjects of high importance in connection with hygiene and public health, and the task of bringing them forward has been entrusted to well-known special workers who will present reports on them. The following are the questions proposed for treatment: "The Hygienic Requirements in the Laying out and Use of Cemeteries," by Professor F. Hofman, of Leipzig, and Professor Roth, of Dresden; "The Use and Abuse of Alcohol," by Professor Binz, of Bonn, and Dr. Bär, of Berlin; "The Methods of Examination of Flour, with reference to the present condition of the Grinding Trade, and to Adulterations," by Professors Nowak and Vogl, of Vienna; "On Sewer Gases as Disseminators of Epidemic Diseases, and the Direction and Force of Air-currents in Sewers," by Dr. Soyka, of Munich, and Dr. Rozcahegyi, of Pesth; "A Demonstration of Apparatus to secure the Closure of Syphons and Water-closets against the entrance of Sewer-gas into Houses," by Dr. Renk, of Munich; "On the Advantages and Disadvantages of Warming by Heated Air," by Professor Fischer, of Hanover, Professor Fodor, of Pesth, and Dr. M. Gruber, of Vienna. The importance attaching to an exhaustive and authoritative examination of these several subjects can hardly be over estimated, and we may reasonably look for much valuable result from this conference.

Unqualified Assistants.

THE employment of unqualified assistants in responsible posts by medical men, is a proceeding that has again and again drawn from us and from the other professional organs emphatic protests against a practice fraught with such danger as it must necessarily be. And still the same thing continues to an extent that would hardly be credited; and this, too, in spite of the many warnings recently uttered by magistrates and coroners who have had before them examples of the danger incurred by a persistence in the evil. Only in the past week Mr. Collier, the Deputy Coroner for East Middlesex, found himself compelled to advise a practitioner in the East End to employ for the future none but qualified assistants, being induced to pursue this course by the nature of the evidence relating to the death of a woman who had been for a time attended by a medical student. The fact of qualification, it is sometimes urged, confers nothing more than a proof of having passed an examination, adding nothing to the capacity of the successful examinee. This, however, should not be accepted by any one as an argument in favour of employing unqualified persons, of whatever experience they may be possessed, for it is no more than is rightfully to be expected of every aspirant to the privileges and gains attaching to medical practice, that he shall prove himself fitted to enjoy them after the only fashion recognised both by the public and by the law. It may very well be that a medical student of four years' standing is as well qualified to have charge of a case as the majority of general practitioners, but until he has proved this in the only satisfactory way, neither he can con-

scientiously engage in, or be conscientiously engaged by another, to undertake the practice of medicine. The other questions that crop up in connection with unqualified assistants are many and important, and we shall, at as early a date as can be arranged, review the whole subject, and illustrate it by means of special reports which are even now being prepared by a commission issued for that purpose.

The Health of Rome.

THE occurrence of typhoid fever among the foreign visitors to Rome has served to excite the endeavours of the *Italian Times* to abate the evils consequent on imperfect sanitary arrangements in the Roman hotels, and in pursuance of these efforts a commission was appointed some time ago to inquire into and suggest improvements on the then existing arrangements. In a criticism of Prof. Toscani's communication to the late Congress on "The Health of the Roman Hotels," the *Italian Times* elaborately and completely justifies the lines on which the commission appointed by it pursued its labours, conclusively demonstrating an undue prevalence of typhoid fever among English visitors to Rome last winter, and referring with well-merited satisfaction to the improvements brought about by its endeavours in the sanitary condition of the hotels. It must be admitted that the *Italian Times* has been instrumental in bringing about much-needed changes that will be productive of good results alike to the Romans and those who visit Rome, and we are glad to know how much success has attended its efforts.

Drinks for the Temperate.

THE total abstinence crusaders are not without some support in favour of their peculiar principles, but it is, after all, a false prop on which they chiefly depend for safety. That the moderate drinker must necessarily become a drunkard is by no means a demonstrated fact; but that the ordinary thirst of mortals needs some more stimulating fluid to satiate it than the filtered ditch-water supplied by London monopolists of the water-company order is sufficiently patent. The attempt made by numerous inventors to meet the wants of the times in this direction are not all of them deserving of condemnation, though a few undoubtedly are, on the ground of deleterious composition; but, one and all, they are far too costly to ever meet the requirements of the vast majority of moderate drinkers, who, for want of a better substitute, are driven to imbibe the poisonous mixtures that stand for bitter beer and stout in the taverns of this country. That which would best of all be suited to replace these miserable drinks is the thin, light, refreshing beverage known as lager beer, or Bavarian. This, however, though costing little in the region whence it derives its name, cannot be bought in England for a sum so small as will purchase the omnipresent "bitter," and in its absence it should be possible for home brewers to produce either it or a substitute like to it, and harmless. We commend the problem to the brewing interest, and feel assured they will be wise to profit by our advice.

It is currently reported that Mr. Francis Wise, of Cork, is about to bestow £27,000 for charitable purposes; and of that sum £3,000 will go to the Cork South Infirmary, and £2,000 each to the North Infirmary and the Fever Hospital.

ANNUAL collections were made throughout London on Saturday last by means of collecting sheets in workshops and by boxes in the streets on behalf of the Hospital Saturday Fund.

In the melancholy loss of life occasioned by the foundering of the royal mail steamer, *Teuton*, off the Cape last week, the name of Mr. Rose-Innes, M.B., of Norfolk Street, Strand, appeared, and another surgeon, whose name is not mentioned.

DIARRHŒA, which has been steadily declining during the last four preceding weeks, has fallen, under the influence of unseasonably low temperature, to 117, being no less than 140 below the corrected average in the corresponding weeks of the last ten years; 85 were infants under one year of age, and 21 of children between one and five years. The deaths of 2 children aged between one and five years, and of a person aged 15 years, were referred to simple cholera or choleraic diarrhœa.

In the principal foreign cities the rates of mortality, according to the latest official weekly return, were in—Calcutta 21, Bombay 36, Madras 33; Paris 26; Brussels 24; Amsterdam 23, Rotterdam 20, The Hague 24; Copenhagen 20, Stockholm 18, Christiana 15; St. Petersburg 51; Berlin 38, Hamburg 29, Dresden 35, Breslau 40, Munich 38; Vienna 26; Prague 28; Buda-Pesth 40; Turin 34; Alexandria 41; New York 36, Brooklyn 35, Philadelphia, 23, and Baltimore 29 per 1,000 of the various populations.

THE First Matriculation Examination at the Royal University of Ireland will be held on December 6th, for which students must send in their papers before October 15th. A meeting of the Senate was held last week to make all the necessary arrangements required. The reduction of the grant by Parliament for its maintenance, from £40,000 to £20,000, will necessitate a [general curtailment of expenditure, including a clipping of the monstrous prize-bribes held out as a bait for students.

THE sum of £6,000 has been bequeathed to the Paisley Infirmary by the late Mr. James Clark, thread manufacturer. Of that amount £5,000 is to be devoted to the relief of consumptive patients at their own homes, while the remaining £1,000 is for the endowed funds of the Institution. The Fishmongers' Company have voted £210 in aid of the maintenance and extension of the Brompton Consumption Hospital. Mr. T. J. Howell, formerly of Stroud, but who died at Clifton, Bristol, has bequeathed the sum of £2,000, free of duty, to the Stroud General Hospital.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE COLLEGE OF PHYSICIANS, EDINBURGH.—Royal Commissions are apparently not without their use, for we hear that the above-mentioned College is carefully considering the advisability of doing away with its separate licence. This intention, if duly carried out, will entail a considerable sacrifice on the part of the College, and greatly diminish its funds, for a good business is done among a class of persons who, having scraped through a surgical examination, suddenly find themselves in want of a medical qualification. The Edinburgh "distinction" is a little more showy than that of the London Apothecaries, and the examinations are about equal, especially if a candidate spends a week in Edinburgh and gets a tip or two. The College of Physicians has always shown itself more ready to move on with the times than its brother, the College of Surgeons, and as a proof of this we may note the institution of an examination for its membership which is virtually for its fellowship. Nothing short of an earthquake will disturb the profound coma into which the College of Surgeons has fallen.

REGISTRAR-GENERAL'S RETURNS FOR SCOTLAND.—The death-rate in the eight principal towns during the week ending with Saturday, the 27th August, 1881, was 17·4 per 1,000 of estimated population. This rate is 1·0 below that of the corresponding week of last year, and 0·4 below that of the previous week of the present year. The lowest mortality was recorded in Leith—viz., 8·4 per thousand; and the highest in Paisley—viz., 26·1 per thousand. The mortality from the seven most familiar zymotic diseases was at the rate of 3·2 per thousand, or 0·5 below the rate for last week. Acute diseases of the chest caused 52 deaths, or 24 less than the number recorded last week. The mean temperature was 52·4, being 1·9 below that of the week immediately preceding, and 6·8 below that of the corresponding week of 1880.

METEOROLOGICAL STATIONS IN SCOTLAND.—Owing to the indefatigable exertions of a private individual, Mr. Clement J. Wragge, meteorological stations have been founded at Fort William, and on the top of Ben Nevis. An account of the observations are telegraphed daily to the Meteorological Office in London, where Mr. Wragge's reports are gratefully accepted, but for which no substantial return is made. In America they do these things differently. Since Mr. Gladstone's return for Midlothian, the Government is becoming more Scotch than ever, and the maxim never to pay for what you can get for nothing, so dear to the minds of the dwellers north of the Tweed, is being carried out to the letter. The practical value of these observations, to a great commercial nation, is beyond question; hence the establishment of meteorological stations throughout the kingdom should at once be considered by a Liberal Government. The dread which some persons have, to what is called the endowment of science, is scarcely applicable here, for a knowledge of meteorology is becoming daily more imperative. The time may come when our harvests will be entirely independent of the weather, for only those things will be planted which are adapted to the meteorological conditions of the locality.

THE DUKE OF CAMBRIDGE AND THE EDINBURGH INFIRMARY.—Colonel Hale has written to the managers of the Royal Infirmary expressing the satisfaction which the Duke experienced on his recent visit to the institution, and enclosing a remittance of £20 towards the funds for its main-

tenance, stating that it affords His Royal Highness pleasure to make this contribution.

Literature.

ZIEMSSSEN'S CYCLOPÆDIA OF PRACTICAL MEDICINE. (a)

THIS now well-known work is approaching its completion, and the verdict about it will be that it is very unequal, as this volume undoubtedly is. It commences with an anatomico-physiological introduction by Professor Ponfick, of Rostock, of which the less said the better. The modesty of other, and fitter men, no doubt interfered with their undertaking the task; and all that can be said is that Professor Ponfick knew too little of the subject to comprehend its importance. One naturally looked for an exhaustive analysis of the subject in a work of this ambitious character, telling us something on the clinically interesting question of how far disease of a portion of the liver interferes with the functional activity of the parts free from disease, and cognate matters, to which we find no allusion even. The function of the liver occupies two pages, of which the production of bile and bilirubin occupies fully one. Jaundice he divides into Hepatogenous Cholemia, and Hematogenous Cholemia.

The next subject is by Professor Thierfelder and includes "Hyperæmia of the Liver," and the even more interesting subject "Cirrhosis or Interstitial Inflammation of the Liver," in which the reader will find a great deal that will interest him; and instruct him too, or we are mistaken. The different causal relations of cirrhosis are given in detail, and its association with alcohol clearly pointed out, as also its relations to the gouty dyscrasia and to malaria. "Acute Atrophy" and "Simple Atrophy" follow. Of this portion of the work we can speak with unqualified praise. The next chapter is on the "Pathological Anatomy of Cancer of the Liver," by Professor Schueppel. It commences with Primary Cancer which he holds to be of relatively rare occurrence, compared to Secondary Cancer. It may occur as a simple cancer, or as multiple nodes. The new formation readily breaks into the veins. The peritoneal covering of the liver hinders the development of cancer in it. Ordinarily, cancer of the liver is secondary to cancer of the pyloric ring, or of the intestines; the growth of such secondary cancer being much more rapid than that of the primitive carcinoma. Amyloid degeneration he regards as but part of a general widespread pathological process.

In the chapter on "Fatty Liver," he first discusses the possibility of the liver being a natural depository of fat. In the cod-fish it undoubtedly is; and in hibernating animals the same is the case. Young animals, while suckling, have a large quantity of fat in their livers; but in adult animals fattened for the butcher the liver is not fatty, though Majendie found the liver to become fatty in dogs fed exclusively on butter. As a disease, fatty degeneration of the liver is often found in wasting diseases, especially pulmonary phthisis. At other times it is found in advanced drunkards, or in phosphorus poisoning. The liver is also at times the seat of pigment changes.

"The Parasites of the Liver" are described by Prof. Heller in a very brief chapter.

The Diseases of the Biliary Passages are again the work of Von Schueppel, and are handled at some length. The enlargement of the gall-bladder from accumulation of its contents is well differentiated from maladies for which it might be mistaken. In treating of gall-stones he thinks the facets not so much due to attrition as to their original development according to conditions within the gall-bladder. This is a good chapter, even to the treatment.

Then follows "Diseases of the Portal Vein." It seems "the portal vein bore an extremely bad reputation among the older physicians." Many diseases once ascribed to it—as ascites—are now proved to really belong to anatomical changes elsewhere. This subject is also well handled.

The diseases of the liver are matters of growing interest, and the advance of physiology makes them still more interesting; consequently, these chapters will be attentively

(a) Vol. IX. Disease of the Liver and Portal Veins, with a Chapter on Interstitial Pneumonia. London: Sampson Low, and Co. 1880. Pp. 928.

read by many. They lack, however, a chapter which makes the late Dr. Murchison's book of such priceless value to the practical physician—viz., that on "The Functional Disorders of the Liver," which are its most important maladies in ordinary practice.

The last chapter in the book is one by Prof. Jurgensen on "Interstitial Pneumonia, Cirrhosis, and Bronchiectasis." Interstitial pneumonia is never a primary disease he holds. Consequently, it is seen with such a variety of associations, that this prevents it being described with clearness. In this he seems right. The historical sketch is interesting. As to its relations with catarrh he is doubtful. "Dust-lunge" are described at some length. Then its relations to bronchial dilatation are given. The diagnosis is well arrayed; and, indeed, the whole chapter is one well worthy of careful perusal by every practitioner.

Taking Ziemssen's Cyclopædia altogether, we can say it is a useful work for a practitioner who already knows what he is about. To the habitually non-reading man, of course, it is valueless, as he would never read it. This, of course, is no fault of the book's. As to the book, whether or not it has realised the high hopes entertained by the publishers and translators as a commercial success, we know nothing; as reviewers, we question if the early anticipations have been quite realised.

LIVEING ON SKIN DISEASES. (a)

THE value of a compact, reliable, and exact volume, descriptive of the signs and treatment of skin affections, cannot be too highly estimated, since so large a number of the cases occurring in ordinary practice are of this nature. Dr. Liveing's little work combines the features essential to constitute a useful guide to dermatology; and the second edition of the book contains such improvements as bring it abreast of modern changes in the department of medical science which it treats. Students and practitioners alike can have no better assistance than it will render in the treatment of every form of skin disease.

CONTRIBUTIONS TO MILITARY AND STATE MEDICINE. (b)

THIS purports to be the first of what, it is hoped, may become a long series of volumes; and no doubt the author will learn as he proceeds to arrange and condense his subjects, and manner of treating them. A large portion of the present volume is devoted to a consideration of the influence of drinking water in originating or propagating enteric fever, diarrhoea, dysentery, and cholera. With regard to these several points, his remarks embrace a wide field. He refers to, and quotes freely from, authors and observers whom he names, the result being that the conclusions he arrives at are by no means in accord with those expressed by that class of writers who find in the theory of "specific poisons" a convenient and ready explanation of what they call *pathogenic* diseases. The author states his opinion strongly (pp. 86, 138, and 207) that "the specificity of a disease does not necessarily imply specificity of its cause." Following up the argument of a high authority whom he quotes (p. 96), he expresses his own belief that "if the ordinary feverish state be prolonged for a considerable time, and be severe in degree, it is likely that the bioplasm in the blood may give origin to bioplasm with marvellously increased powers of retaining its vitality, of growing and multiplying." With reference to what in India has of late years been called "enteric" fever, he observes (p. 228) that throughout reports on that form of disease "an anxious effort is everywhere observable to bring home a definite source to the contagium of enteric fever." He alludes (p. 230) to outbreaks so designated which in 1872 occurred at many military stations throughout India. With reference to these, he quotes from the report on the epidemic by the late statistical officer for Bengal, thus:—"To me it appears an admirable demonstration of the truth that the typhoid of India is not primarily attributable

(a) "A Handbook on Diseases of the Skin." By Robert Liveing, A.M., M.D. Cantab., F.R.C.S. Lond., etc. Second edition. Longmans, 1880.

(b) "Contributions to Military and State Medicine." First volume. By John Martin, Surgeon, Army Medical Department. London: J. and A. Churchill. 1881.

—to special and locally existing conditions. It was not enteric fever alone which came forward—but purely climatic fevers of every variety;” also, the views by the highest military medical authority in India that, as a consensus of causes the chief “seems to be the prolonged exposure of an alien and unripe constitution to an intensified and unaccustomed temperature, to which certain other recondite climatic conditions may probably be superadded.” And so on. This volume will probably do more than any other yet published to call back, as it were, opinion in India from the pursuit in which it has been too long engaged of what, up to the present time, is but an abstraction.

Obituary.

DR. BILLING, F.R.C.P. Lond., F.R.S.

Few obituary notices are written, without the use of the word regret, but it would be incongruous both to the nature of the subject of this brief memoir, to his brilliant life, and peaceful death, at the patriarchal age of ninety-one, to bring it into juxtaposition with either. There were few men in the profession of more original powers, and, at the same time, of a more highly cultured intellect than Dr. Archibald Billing, “the father of the profession,” as he has been not unfrequently styled, whose death took place on Friday last. It is not often that the two qualities are found in union. Nature and art are not frequently so joined together. The vigorous spring of mind, associated with fertility of thought and novelty of conception, is often impatient of the slow training and austere self-subjection which wear down the inequalities of genius, and give it a grace and polish that enhance its native power.

An Irishman by birth, he had much of the *vis animi* that distinguishes his countrymen. He studied first at Trinity College, Dublin, and afterwards at Oxford, where he took his degree. Without being a very frequent contributor to medical literature, he achieved a high reputation by the solidity of his essays. His work on the “First Principles of Medicine,” and that on the “Sounds of the Heart,” are written in a style of extreme elegance, aiming however at terseness and antithesis, and smelling somewhat of the midnight oil of honest labour. In the preface to his book on the “Principles of Medicine,” we find these characteristics most apparent.

With a true independence of mind, Dr. Billing did not reduce his “Principles of Medicine” to a system, but contented himself with merely laying down those principles that were deduced by his own reflections, and the book is consequently original in every page. Dr. Billing’s views on the “Sounds of the Heart” are probably not well known to the present generation. He considered that the sounds are produced by the tension of the valves, and by this cause alone. Of him it may be said that he was the first to deliver clinical lectures in the metropolis. He instituted these lectures in the London Hospital, in 1822, in which year he was appointed physician to the Hospital, and continued them until 1836, when he was nominated a member of the Senate and examiner in medicine in the University of London. As a lecturer he was fluent, logical, and entertaining, and, to use a common expression, was “literally worshiped” by his students, of whom Dr. W. J. Little and a few others survive him.

It also deserves to be mentioned that the use of auscultation was first adopted in this country by the staff of the London Hospital, led by Dr. Billing. He was a lover of the fine arts, and a few years ago was well known in the metropolitan circles for his musical taste and associations, and as being the favourite consultant with the operatic stars of the period. His sympathies were with the beautiful, and his classical work “On Gems and Coins” stamped him as a man of refined culture, of linguistic attainments, and research, to which few in the busy profession of medicine can hope to attain.

Both professionally and in private life, Dr. Billing was a great favourite, his candour, his amiability, and reticence to push himself or his views to the fore, won for him universal esteem, and when the news of his death reaches those who had the pleasure of personal acquaintance, naught but an affectionate ejaculation will escape their lips to his memory. During the last few years he has lived in quiet retirement at his house in Park Lane, London, and as evidence of vigour, both of body and mind, it may be mentioned, that up to the age of 84 he might have been seen taking horse exercise, and

at the age of 90, playing a game of billiards, or backgammon, with members of his family, or a privileged friend. His intellect, beyond a little haziness of memory, was clear to the last, and when the end of the revered old patriarch came to him in his sleep on Friday last, no member of the profession was present; and Dr. Murray, who arrived half an hour after, certified that a long life had gently ebbed away. As evidence of longevity of brain workers, Dr. Billings’ affords a useful case, and when we add that his wife who survives him, is six months older, the coincidence is not a little remarkable. We understand that the funeral will take place at Kensal Green Cemetery on Friday next at 12 o’clock, so that those who desire to pay a last tribute of respect to the deceased, will have an opportunity of so doing.

Correspondence.

THE TEMPERANCE BREAKFAST AT THE ISLE OF WIGHT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I agree with what you say in your editorial remarks of August 24, upon the repast so hospitably offered by the members of the National Temperance Association to the members of the British Medical Association. That should, as you say, be an annual opportunity for discussing the principles which ought to guide members of the medical profession in their use of alcohol in their own households, and, perhaps, even in the treatment of disease.

If allowed to say a few words in your paper, I would, first of all, observe that there is a great change noticeable in the way in which the discussion on alcohol is now carried on. I have, all my life, disliked all kinds of alcoholic fluids, because they have so thoroughly disagreed with my own health; and, as is not unfrequently the case, I have been perhaps led to see too frequently the evil effects of wine, spirits, and beer in others, on that personal account.

However this may be, it is certain that my long experience in hospitals, both in London, and also in Paris, has made me look upon the habitual use of alcohol as one of the very most frequent causes of chronic disease and death.

Thus, next to pulmonary consumption, I am pretty sure that diseases caused by beer, spirits, &c., cause, among hospital patients here in London, the greatest number of fatal ailments. Moderate drinking, I therefore look upon as a most dangerous experiment, and decidedly think that no theory of diet can be hygienic which admits into it a daily dose of some form of alcoholic fluid. My impression is that I have seen hosts of men, and not a few even in our own profession, begin with moderation, and go on to the miserable *finale* of the tippler, who might have lived until 85 or 90, had we had that more thorough discussion, which you will suggest. I candidly confess that I think science and virtue (by *virtue*, I mean that conduct which conduces to human happiness), are on the side of the total abstainers.

I am, Sir,

Yours, &c.,

C. R. DRYSDALE, M.D.

17 Woburn Place, London, W.C.

August 25, 1881.

OPHTHALMIC TEACHING IN IRELAND.

At a recent meeting of the Council of the Royal College of Surgeons in Ireland, the following resolution was passed, viz. :—

“That no certificate in clinical ophthalmology be recognised in future by this College, unless it be granted by an institution which permanently devotes eight beds in a special ward or wards to patients suffering from diseases of the eye, for the instruction of students, and which has an extern department for eye cases, distinct from any other dispensary, open for the teaching of students at least twice a week. Instruction in the use of the ophthalmoscope to be essential.”

This resolution does not apply to students whose instruction in clinical ophthalmology is antecedent to this date.

University of London.—The following candidates have passed the recent 1st M.B. Honours Examination:—

ANATOMY.

First Class.

Prideaux, Frances Helen (Exhibition and Gold Medal), London School of Medicine for Women.
Wenyon, Edwin James, B.A., B.Sc. (Gold Medal), Guy's Hospital.

Second Class.

Targett, James Henry, Guy's Hospital.
Martin, Albert, Guy's Hospital.

Third Class.

Merrifield, Sydney Sargent, King's College.

PHYSIOLOGY AND HISTOLOGY.

First Class.

Thorburn, William, B.Sc. (Exhibition and Gold Medal), Owens College.
{ Hind, Wheelton, Guy's Hospital.
{ Turner, Alfred Jeffaria, University College.
{ Reynolds, Ernest Septimus, Owens College.
{ Thomson, Theodore, Univ. Aberdeen and University College.

Second Class.

Knight, Frederick, University College.

Third Class.

{ Horrocks, William Henry, University College.
{ Targett, James Henry, Guy's Hospital.
{ Shore, Thomas William, B.Sc., St. Bartholomew's Hospital.
Wenyon, Edwin James, Guy's Hospital.
Cave, Edward John, St. Bartholomew's Hospital.

MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

First Class.

Vann, Alfred Mason (Exhibition and Gold Medal), King's College.
Merrifield, Sydney Sargent, King's College.
Scharlieb, Mary Ann Deacombe, Madras Medical College and London School of Medicine.

Second Class.

{ Gostling, William Ayton, University College.
{ Shore, Thomas William, St. Bartholomew's Hospital.

Third Class.

Bailey, Charles Frederick, St. Bartholomew's Hospital.
{ Knight, Frederick, University College.
{ Short, Thomas Sydney, King's College.
Cave, Edward John, St. Bartholomew's Hospital.

ORGANIC CHEMISTRY.

First Class.

Hind, Wheelton (Exhibition and Gold Medal), Guy's Hospital.
*Thorburn, William, Owens College.

Second Class.

Targett, James Henry, Guy's Hospital.
{ Meyer, Charles Hartvig Lomo, Guy's Hospital.
{ Tomlinson, Emily, London School of Medicine for Women.
* Obtained the number of marks qualifying for a Medal.

Indian Medical Service.—The following gentlemen were successful at the competitive Examination held at Burlington House on Aug. 15th and following days:—

Marks		Marks	
Young, L. T.	.. 2702	Smyth, John	.. 2175
Gibbons, J. B.	.. 2610	Ree, R. B.	.. 2125
Grant, D. St. J.	.. 2410	Greany, H.	.. 2015
Shand, G. J.	.. 2300	Kernan, J.	.. 1965
Crawford, D. J.	.. 2285	Youngerman, E. P.	.. 1795

Twenty-nine candidates competed for ten appointments; twenty-seven were reported qualified.

NOTICES TO CORRESPONDENTS.

DR. HUBBARD (New York) is thanked for his courteous note.

MR. RYNDOLDS.—Sorry we have not space for the address, we will refer to it in another column.

MR. A. S. T.—You will find the subject fully discussed in our issue for July 27th.

A DURHAM QUACK.—Your ebullition is beneath contempt. So long as persons of your stamp follow such base practices, we shall continue to expose you, notwithstanding your threats and filthy vituperation.

DR. H. A. H.—Thanks, in ample time; late news, if short, we can accept up till first post on Tuesday mornings.

MR. J. JARVIS WILLS.—Certainly, with pleasure.

THE GOVERNMENTAL VALUE OF PATENT MEDICINES.—According to the figures recently presented to Parliament the stamp duty on patent medicines in the year ending the 31st of March last amounted to £189,702 15s. 10d.

POISONED FLOUR.—It is stated that inferior flour is frequently made to pass in the market as of best quality by the use of quantities of arsenic. How such a thing can happen it is difficult to understand. But it did happen the other day at Inverness, with disastrous results. A family were made ill through eating a pie thus poisoned, and the cook died. Nor is this the first or second case of the kind which we have read of in the country papers lately.

AN F.R.C.P.—We believe there is still living one older Fellow of the College than the venerable Dr. Billing. The latter would shortly have attained his 91st birthday, his mental faculties being clear to the last.

THE FULHAM SMALL-POX HOSPITAL CASE.—This case came again before Justices Cave and Kay on Monday last. Efforts had been made to bring about an arrangement between the parties, but unsuccessfully. Their Lordships granted an injunction restraining the authorities from bringing to the hospital any patient beyond the radius of one mile.

LONGEVITY IN THE PROFESSION.—Under the head of "Deaths" in the present number, will be found the names of two members of the profession who had reached the patriarchal age of 90—Dr. Billing, and Mr. Clewin Griffith. Both had led active lives, and both were resident in the largest city in the world.

ANOTHER MEDICAL KNIGHT.—As we are going to press we learn that Her Majesty the Queen has conferred the honour of Knighthood on George C. M. Birdwood, M.D., C.S.I., of the Indian Museum. Dr. Birdwood is the second son of General Christopher Birdwood, of the Bombay Army, and was born 1832. After serving for many years on the Bombay Medical Staff, he was appointed Special Assistant in the Revenue, Statistics, and Commercial Department of the India Office, where he has had special charge of the Indian Museum, and he has examined and reported upon the stores of Indian curiosities and works of art contained therein. He has also written a handbook on Indian industries, and has commented largely upon Indian literature and philology.

Vacancies.

Bath General Hospital.—Resident Medical Officer. Salary, £100, with board. Applications (under cover to the Committee) to be addressed to the Registrar before Sept. 22.

Birmingham Children's Hospital.—Assistant Resident Medical Officer. Salary, £40, with board, &c. Applications to the Hon. Sec. before Sept. 20.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with residence. Applications to the Chairman of the Committee not later than September 12.

Newton Abbot Union.—Medical Officer. Salary, £85, with the usual extra fees. Applications to the Clerk's Office before Sept. 13.

Northumberland Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications to Dr. McDowell, at the Asylum, Morpeth.

Appointments.

AGLAND, T. D., M.B. Oxon, M.R.C.S., L.R.C.P., House Surgeon to St. Thomas's Hospital.

BARTON, —, M.D. Dub., L.R.C.S.I., Surgeon to the County Donegal Infirmary.

BUTLER, H. P., M.R.C.S., L.R.C.P., Resident Accoucher to St. Thomas's Hospital.

CARPENTER, A. B., B.A. Oxon, M.R.C.S., L.R.C.P., Assistant House Physician to St. Thomas's Hospital.

COXWELL, C. F., B.A., M.B. Cantab., M.R.C.S., House Physician to St. Thomas's Hospital.

EDWARDS, J., L.R.C.P. Ed., M.R.C.S., Surgeon to Her Majesty's Prison at Leeds.

HOLMSTON, H. N., M.R.C.S., L.R.C.P., Assistant House Physician to St. Thomas's Hospital.

WELLS, A. E., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

Births.

CLOUTING.—Aug. 30, at Theford, Norfolk, the wife of J. B. Clouting, M.R.C.S.E., of a son.

GOULD.—Aug. 29, at 16 Queen Anne Street, W., the wife of Alfred F. Gould, M.S., of a son.

HODSON.—July 31, at Taraghur Sanitarium, near Ajmere, Rajputana, India, the wife of Robert D. Hodson, Surgeon, A.M.D., of a son.

ILIFFE.—Aug. 27, the wife of Walter Iliffe, of a son.

PLAYFAIR.—Aug. 28, at Rutland Street, Edinburgh, the wife of John Playfair, M.B., F.R.C.P.E., of a daughter.

WAKLEY.—Aug. 30, at Heathlands, Long Cross, Surrey, the wife of James G. Wakley, M.D., of a daughter.

Marriages.

BAIRD—HURFORD.—Aug. 29, Jas. A. Baird, L.R.C.S.I., of Dublin, to Dorah Georgina, youngest and only surviving daughter of James T. Hurford, Esq., Valuation of Ireland Department.

CASH—BRIGHT.—Aug. 24, at Torquay, John Theodore Cash, M.D., of London, to Margaret Sophia, youngest daughter of the Right Honourable John Bright, of Rochdale.

OWENS—HOOLY.—Sept. 1, at Tharston Church, Long Stratton, Norfolk, Charles A. Owens, M.D., of Long Stratton, to Marion, only daughter of the Rev. S. C. Hooly, Vicar of Tharston.

Deaths.

BAILLIE.—Aug. 27, at Dover, George Olaus Baillie, late Surgeon-Major 6th Bengal Cavalry, eldest surviving son of the late George Baillie, H.E.I.C.S., aged 51.

BILLING.—Sept. 2, at 34 Park Lane, London, W., Archibald Billing, M.D. Oxon, F.R.C.P. Lond., F.R.S., in his 91st year.

BRADLEY.—Aug. 22, at Castle Green, Sandgate, William Henry Bradley, Retired Deputy Inspector of Hospitals, late of H.M. Indian Forces.

COWAN.—Aug. 24, at Queen's Hotel, Upper Norwood, Dr. James Moffatt Cowan, of the late H.E.I.C. Service, of Edinburgh.

GRIFFITH.—Sept. 5, at 90 Gower Street, London, E. Clewin Griffith, M.R.C.S., aged 90.

ROSE-INNES.—Aug. 31, drowned by the foundering of the Royal Mail Steamship Truston, at the Cape, J. Rose-Innes, M.R., G.M., of Arfour, Banff, and London, aged 26.

TELFORD.—Aug. 25, at the residence of his brother, 38 Longfield Place, Bury, Lancashire, John Campbell Telford, L.F.F. & S.G., L.R.C.P., L.M., of Whitefield, aged 28.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 14, 1881.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
Some of the Cranial Characteristics of Idiocy. By G. E. Shuttleworth, B.A., M.D., Medical Superintendent Royal Albert Asylum for Idiots, Lancaster	225	DEPARTMENT OF LUNACY. Forms in Use for the Admission of Patients into Irish District Asylums. By Oscar T. Woods, B.A., M.D., Medical Superintendent, Killarney Asylum	223
On the Passage of the Ovum from the Ovary into the Fallopian Tubes. By E. J. Kinkaid, M.D., Professor of Obstetric Medicine at Queen's College, Galway ...	226	TRANSLATIONS. Anthrax Inoculation. Translated from the Union Medical. By Archibald H. Jacob, M.D. Dub., F.R.C.S.I.	224
Remarks on Some Recent and Present Views Regarding Fever in India. By Surgeon-General C. A. Gordon, M.D., C.B., Q.H.P., &c.	226	LEADING ARTICLES. DANGEROUS PRECEDENTS	225
Opium as a Luxury, and in the Treatment of Disease. By Herbert Parsons, M.R.C.S.	229	UNION HOSPITALS AS TEACHING INSTITUTIONS	226
CLINICAL RECORDS. La Charité Hospital, Paris—Case of Right Hemiplegia and Slight Aphasia. Under the care of Professor Vulpian	230	THE HEALTH OF DUBLIN	227
SPECIAL. Indian Medical Service Defence Fund	231	NOTES ON CURRENT TOPICS. Regulation for Irish Poor-law Drug Supplies	228
France	232	Committal of Pauper Lunatics in Ireland	228
		A Warning to Coroners	228
		Scarcity of Dwellings for the Poor in Dublin	229
		Sanitary Statistics of Jews	230
		A Creditable Representative of the Profession	230
		GLASS BLOWERS and their Diseases	229
		Ovariectomy of Milk Cows	229
		Nitrite of Amyl in Affections of the Ear ..	240
		How to Give Tannin	240
		The Inner Circle Railway	240
		Paraguay Tea	240
		The Dangers of Schools	240
		American Degrees	241
		Librarians' Congress	241
		New Medical Knights	241
		American Ophthalmological Society	241
		Drink and Lying	241
		Intense Heat in America	241
		SCOTLAND. The University of Edinburgh—Opening of New Buildings	242
		Abroath Small-pox Epidemic	242
		Leith—Public Health Return	242
		Registrar-General's Report	242
		Aberdeen—Water Case	242
		OBITUARY. Richard Clewin Griffith, M.R.C.S.	242
		CORRESPONDENCE. Supply of Medical Specialities to Dispensaries	243
		NOTICES TO CORRESPONDENTS	244

Original Communications.

SOME OF THE CRANIAL CHARACTERISTICS OF IDIOCY. (a)

By G. E. SHUTTLEWORTH B.A., M.D., &c.
Medical Superintendent Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties, Lancaster.

VISITORS to idiot asylums not uncommonly remark absence of striking abnormalities in size and form of heads of patients. This remark is true so far as a general view of the majority is concerned, but closer examination shows that, whilst the average measurement of all the heads does not differ greatly from that of the heads of a like number of normal children, (b) there exists at each end of the series remarkable deviations. The microcephalic cases on the one hand, and the hydrocephalic and hypertrophic on the other, furnish the most remarkable deviations from the average size; (c) and attentive investigation shows that, as regards form, there are certain definite peculiarities of the crania, which, indeed are pretty constantly associated with certain definite varieties of mental defect. Thus in *microcephaly*, whilst deficient size (c) is the most striking feature, a forehead tapering to the vertex, an imperfectly developed occiput, and a more or less bird-like physiognomy are frequently associated with quick observation, expressive gesture, but deficient speech. In such cases, formative arrest of the brain may be often traced, (c) and this would seem to be the primary cause of microcephaly rather than premature synostosis. In cases of the so-called "*Mengol*" or "*Kalmuc*" idiocy, again definite cranial characteristics co-exist with definite mental peculiarities. A parallelism of the planes of the face and of the back of the head, a brachycephalic condition, with tendency to equality of longitudinal and

transverse cranial measures, an obliquity of superciliary margins of the orbit, and a flattening of the bridge of nose are in this class of cases associated with a peculiar condition of the skin and mucous membrane. Mentally, idiots of this type are very imitative, have a correct ear for time and tune, and are fairly educable. They almost invariably die of phthisis. (a)

In *Cretinoid idiots* the large irregularly expanded head, the distant orbits, and the depressed root of nose, co-exist with general heaviness, dulness of eyes, and wide and coarse nose and mouth, and a corresponding stupidity and slowness of comprehension; and, speaking generally, similar characteristics exist in the class described by Hilton, Fagge, and others, as "sporadic cretins." A horizontal position of the basilar process, observed in the former class by Fodéré, Ackerman, and Niépce, does not seem to obtain in the latter class. Sporadic cretins are usually dwarfs, and their mental stature is also of a diminutive kind. They are slow and deliberate in all their actions, and in some cases, able to express themselves, moderately by speech. The resemblance they have to each other in outward appearance is very remarkable.

The cranial characteristics of *hydrocephaly* consist of a general obovale appearance of the crown looked at from above, the greatest circumference being found at the temples, where there is often a perceptible bulging, and the back of the head being flattened. When active disease has subsided, much improvement is effected in this class by training. In the rarer *hypertrophic* class, the size of the head is also increased, but the bulging is just above the superciliary ridges (not at the temples) giving the forehead a square appearance.

In some cases of *paralytic idiocy* atrophy of the brain on the opposite side produces marked asymmetry of cranial contour. (b) Amongst *traumatic* cases, forceps deliveries are reputed to be a common cause. Comparatively seldom, however is there any cranial defor-

(a) Read at the International Medical Congress, 1881.
(b) Table of head measures, "Orphan Asylum, Idiot Institution."
(c) Cases cited.

(a) Cases by Author pictured in *Journal of Mental Science*, xlv. 438.
(b) *Journal of Mental Science*, xxii. 261, &c. (Beach.)

mation; and less than two per cent. of 600 cases noted by me are attributed to use of forceps.

A "scapho-cephalic" (keel shape) distortion of the head is also occasionally observed in idiots, and is attributed to pressure in parturition. Large indentations in skull are sometimes produced by accident, as from kick of horse in case of idiot patient of Royal Albert Asylum, producing depression large enough to insert two fingers in occipital region. No general rule as to mental condition of traumatic cases can be laid down, the effects varying much with the extent, site, and severity of the pressure. Very considerable artificial deformation may be produced by prolonged, but comparatively gentle pressure, without any ill effect on the intelligence, as in the case of the Caucasian "Macrocephali" of Hippocrates.

ON THE PASSAGE OF THE OVUM FROM THE OVARY INTO THE FALLOPIAN TUBES. (a)

By R. J. KINKEAD, M.D.,

Professor of Obstetric Medicine at Queen's College, Galway.

THE mechanism of the passage of the ova from, and the spermatozoa to, the ovaries and fallopian tubes is a subject of interest in many respects, but especially in clearing up the duration of true pregnancy, and the etiology of abdominal and tubal gestation, and the migration of ova.

Two theories are discussed (1) the usually received one—that, in consequence of erection of the uterus and ovaries, during menstruation and sexual excitement, the pavilions of the tubes grasp the ovaries—(2) that the ova are conducted to the tubes through the canal in the tubo-ovarian ligaments, propelled by currents in the fluid which bathes the surface of ovaries and peritoneum and fills the tubes.

The first theory is objected to, because there is no evidence to show that there is an erection so powerful and prolonged at a menstrual period as to excite contraction of the muscular fibres in the layers of the broad ligament, sufficient to draw the tube to the ovary, and to keep it applied from three to five or six days, during which menstruation lasts.

That as erection is caused not only by increased afflux of blood to the organ, but by its efflux being prevented, such a prolonged erection recurring every month would produce structural change, and would be a pathological, not a physiological, phenomenon. That admitting that erection of the uterus and ovaries occurs under the influence of sexual excitement, the evidence that the tubes are drawn to the ovaries is very slight.

That we do not know that the ova are extruded from the Graafian follicle at a menstrual period. On the other hand, assuming that the changes in the uterine mucous membrane are preparatory for the reception of the fructified ovum, there are good grounds for believing that the rupture of the Graafian follicle usually occurs prior to menstruation, and therefore the grasping of the ovary by the tube at that period would be too late.

That we do not know that the phenomena attending sexual excitement cause extrusion of a matured ovum, and that granting that they may sometimes do so, yet as there are strong reasons for supposing that impregnation of the ova takes place at the surface of the ovary, or at the pavilion of the tube shortly after the ovum is extruded; and as the analogy of the lower animals shows that it takes some time for the spermatozoa to reach the ovary, this mechanism would only provide an uncertain and chance method.

That it further necessitates the assumption that pregnancy can only occur in those who experience

sexual gratification in coitu, and to account for those cases in which pregnancy results, where there is no sexual excitement; where intercourse is absolutely distasteful or painful; or where it has taken place under profound anaesthesia, to suppose that erection occurs independently of the feelings of the woman.

That this theory cannot explain those cases of migration of ova recorded by various observers, in which a corpus luteus was found in one ovary, and a pregnancy in the opposite tube or horn of the uterus, the tube corresponding to the ovary containing the corpus luteus being occluded.

That no mechanism exists by which the tube of one side could be drawn across the uterus and applied to the ovary of the other side, and that the close approximation of the abdominal contents renders this action exceedingly improbable.

Finally, that the theory supposes an imperfect, inconstant, and chance provision for the carrying out of the most important physiological function of a living being, totally at variance with the provisions made for the due and regular performance of the functions of all other organs.

The second theory, on the contrary, provides a channel of communication always available.

There is no cavity or empty space in the abdomen; all the contents are closely packed, friction being prevented by the exhalation of a thin layer of fluid.

From the ovary to the tube extends a fimbria longer than the other, grooved on its under surface; the approximation of the peritoneum turns this groove into a canal leading directly from the surface of the ovary to the pavilion of the tube—the fimbria of the tube keeps the pavilion evenly applied to the peritoneal surface and at the same time increases its area.

The capillary arrangement of the mucous membrane and the motion of its cilia, establish a current from the ovary to the tube. The quantity of the liquid bathing the ovarian surface is augmented, by that which escapes with the ovum when the Graafian vesicle ruptures, and probably by sexual excitement; and this extra fluid increases the current by which the ovum is drawn into the tube. Although the layer of fluid is very thin, yet both the ova and spermatozoa are very minute objects and have ample room to move about.

This theory also, affords a rational explanation of abdominal and tubal pregnancies, and of the migration of ova, and it has the advantage of indicating a channel of communication, regular in its action, at all times available, and perfectly independent of the sensations of the woman.

REMARKS ON SOME RECENT AND PRESENT VIEWS REGARDING FEVER IN INDIA.

By Surgeon-General C. A. GORDON, M.D.,
C.B., Q.H.P., &c.

(Continued from page 207.)

DURING the year 1879 there occurred in the British forces, Madras Presidency (a), twelve attacks by what was designated "enteric" fever, ten of the number fatal. With reference to the whites, it is stated that only eight were recognised during life as of that disease, the remaining four being so designated as the result of post-mortem examination. The cases recurred throughout the year, and their sporadic character is, to some extent, adverse to the notion that they were due to infection of drinking water or to latrines; enteric fever did not occur epidemically, nor did poisoning of a well nor infection of a latrine occur. According to a report from Bangalore, "no case of cholera or of enteric fever occurred during the year;" but in the description of a case of death by

(a) Abstract of paper read at the International Medical Congress, August, 1881.

(a) G. O. Madras Military Department, August, 1880, No. 5,823.

simple continued fever the observation occurs that "the symptoms and post-mortem appearances resembled those of enteric fever;" and, it is added, "extracts from other reports might be given to show that the writers, perplexed by the resemblance with some other cases of supposed malarial fever bore to enteric fever, had considered that a hybrid fever was under observation."

The following table shows the admissions and deaths from fevers other than eruptive among British troops in the Madras command for a period of ten years, in contrast with the same for the year 1879, namely:—

Years.	Strength.	Enteric Fever.		Simple Continued Fever.		Febricula.		Remittent Fever.		Ague.		Total.		Ratio per 1,000 of Strength.	
		Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
1869	10,277	40	11	576	8	274	...	225	11	833	...	1,948	25	189.5	2.43
1870	10,783	44	14	362	1	375	...	51	7	3,389	...	4,821	22	449.1	2.05
1871	10,684	45	15	375	4	311	...	343	6	3,947	...	2,621	25	245.3	2.34
1872	11,511	79	26	1,041	4	458	...	79	3	1,823	...	2,980	34	267.6	2.96
1873	11,508	52	10	641	3	473	...	89	4	1,417	...	2,672	17	232.3	1.48
1874	11,578	34	12	756	...	566	...	43	...	710	...	2,108	12	182.1	1.04
1875	11,283	23	7	895	2	490	...	37	2	802	...	2,177	11	193.8	0.99
1876	11,132	51	21	966	4	540	...	33	...	586	...	2,176	26	195.5	2.34
1877	11,016	65	22	785	1	655	...	21	1	753	...	2,270	24	206.8	2.18
1878	10,880	7	5	1,241	12	693	...	175	8	1,592	...	3,708	25	340.8	2.29
Total	110,552	440	143	7,688	35	4,764	...	1,696	43	12,952	...	27,490	221	243.6	2.00
1879	10,507	12	10	998	8	372	...	189	5	2,604	1	4,175	24	397.3	2.28

The fact most perfectly brought out by this table is the recurrence of epidemic periods of fever. This is best seen in the death-rates. In 1870 our epidemic began, and it culminated in 1872. For the next three years the death-rate fell regularly. A second epidemic period began in

1876. No constant relation is borne by the number of enteric deaths to the total number of deaths from all fevers. The statement also occurs with regard to the cases of "enteric" fever recorded in 1879, that in their causation neither the influence of latrines, water, or milk. There was no evidence that the specific disease so named existed among native troops, nor beyond the allusion already noticed to epidemic years does any mention occur to the operation of those general influences usually designated endemic and climatorial.

In the course of comments (a) made on "Papers on Fevers in India," read before the Epidemiological Society, three questions are propounded, namely—1st. Is enteric fever, or fever with enteric complications, a new thing in India? 2nd. Is the fever, with enteric complications, the same as the disease known as enteric fever in Europe? And 3rd. If the two diseases are identical, are they due to similar or identical causes? To the first query a reply is given to the effect that the disease is not new, but its recent recognition due to "a more intelligent and exact differentiation," thereby assuming a superiority of the more recent observers over their predecessors, for which the authority is not apparent. Has it not rather been that one complication out of many occurring in the course of endemic fever has been selected as furnishing a specific name, that name indicative of a particular causation, assumed because hitherto undemonstrated? To the second, the writer observes that "there exists in India an enteric fever which resembles the enteric fever of Europe and America so closely in symptoms and pathology that the two diseases may, with reason, be pronounced identical." The symptoms here referred to, in Europe characteristic from the commencement of attack, occur in India as a stage of disease; and in robust men, after that of hyperæmia; in those of delicate frame and low physical power as a type due to individual condition. The pathological changes found in "enteric" fever in India are looked upon as in no respect differing from those which occur in fatal cases of endemic and diuretic fevers; in fact, very similar textural changes are produced by widely different systemic diseases (b). With regard to the third question, it is remarked that "the disease in Europe has been attributed to certain courses—to filth undergoing decomposition, and sewers and streets in which fecal filth mostly undergoes decomposition. In India there are, with few exceptions, no sewers and water-closets, and even where they exist the disease is not excessively prevalent," to which it is added that in England the pythogenic theory is now coming to be acknowledged insufficient to account for the occurrence of typhoid or enteric fever under all the circumstances in which it prevails, and is, moreover, in not a few instances, maintained by means of inferences and assumptions rather than by demonstrated facts; that "the fourth theory is really due to a name, and that, after a very anxious consideration of the evidence in favour of it, the conclusion arrived at is that there is really none worthy of the name" (c). In India, "specific causation being thus dismissed, 'climatorial' conditions are postulated, and the element of personal proclivity introduced;" and, be it added, both in accordance with recognised authority. Thus, according to the Royal Commission on the state of the army in India (d), fevers, diarrhœa, dysentery, diseases of the liver, are due to malaria, in conjunction with extremes of temperature, moisture, and variability—that is, to climatorial conditions. Is not also the question pertinent (e), Why assume the operation of pythogenic causes, the existence of which is matter of speculation, to the relative supercession of such no one present and manifest—namely, endemic and climatorial conditions? As to "personal

(a) Indian Medical Gazette, 18th October, 1880.

(b) Special Report II., pp. 63-69.

(c) My paper read before the Epidemiological Society.

(d) My paper read before the Epidemiological Society.

(e) Special Report II., p. 91.

proclivity," the grounds upon which importance is given to it connection with the phenomena of disease are fully entered upon in my Special Reports (a). As then stated, "According to the views expressed in the works of Indian medical officers, soldiers, and particularly those who are young and full-blooded, suffered from a fever, otherwise in its early stages, but in its latter complicated with visceral derangement, intestinal, that is, enteric among others, accompanied by a low, typhoid, or adynamic state; in those of weakly frame, asthenic from the first." And such, no doubt, is still the state of things. The acknowledgment is made that "we are not yet fully acquainted with the circumstances of the production of enteric fever." But according to reports by medical officers, quoted in my Special Reports, pythogenic causes in India were not traced, according to recognised authority, such causes in England are insufficient in all cases, and the theory will not stand; yet in India the tendency seems to be to cling to a theory of causation thus insufficient and abandoned, to the neglect of individual conditions and climatic influences, the power of which in regard to disease has heretofore been acknowledged.

According to Dr. Christian Bäumlér, of Freidburg, Baden (b), it is not always easy to say whether we have to deal with a mild case of enteric fever or with acute gastro-enteric catarrh, or its more developed form, "gastric fever." He alludes to the similarity in some of their principal symptoms, and the evident relationship existing between these diseases. He states, however, that in almost every case of "gastric" fever the diagnosis of "enteric" could be established, or the pyrexia of a remittent type traced to some other local disease, as of the lungs, and the gastric disturbance, not the cause, but a symptom of the febrile state. He is of opinion that a prominent character of enteric fever is enlarged spleen, a symptom which points to the infectious nature of that disease; that in many cases of "common acute enteritis," the symptoms very much resemble those of enteric fever; that in the former there may be more marked tympanitis and caecal pain than in the latter. Among the causes of gastric fever, that is "catarrhal inflammation of the gastric mucous membrane," he enumerates the use of indigestible food, excesses in alcoholic drinks, special disposition, and exposure to cold. He makes the statement that "cases of mild or abortive typhus may be undistinguishable from cases of mild enteric fever, the characteristic eruption absent in both," or coming on early and profusely in enteric. Quoting from Dr. Karl Huber, he observes that the ingestion of diseased meat may produce symptoms of acute poison like cholera, as also "of an acute infectious disease" resembling enteric fever, even to the eruption and post-mortem alterations, such as occurred at Selsten in Switzerland, in 1878, that is, "that the ingestion of putrid meat may produce symptoms and tissue changes in the intestines, which may easily be confounded with those of enteric fever." On this point the reviewer remarks that it is not improbable, though not yet proven, that enteric fever also is caused by some organised infective agent . . . contained in decomposed organic, and, more especially, faecal matter," whether such fever must always be derived from other cases, or are everywhere present, is a question still *subjudice*. With regard to this point, the recurrence is alluded to of "enteric" fever in localities into which the importation of the specific poison from a previous case could by no means be made out; and the remark added, "it is not impossible that what we now cannot but diagnose as 'enteric fever' may yet include several distinct diseases."

Surgeon-Major Don (c) observes that temperature "determines the true sub-tropics, whether of animal or vegetable life, or of diverse;" that "summer heat is the chief factor in the genesis and evolution of the endemic continued

fevers;" that "to broad general climatic influences rather than to mere local unsanitary conditions must we look—for much in the etiology of the endemic fevers." He describes the system of drainage at Gibraltar, with the remark that when some years ago this system was completed, "it was hoped that the notorious fevers of the 'Rock' would then disappear, but such expectation has not, unfortunately, been realised." Both in Gibraltar and Bermuda the populace are under the strictest police, military and sanitary supervision. The indigenous fevers of both these places, as also of Malta, Hong Kong, Mauritius, the Cape, and many parts of India are, according to his belief, "essentially the same." *Febricula*, according to Dr. Don, "is the seasoning or climatorial fever which very few Europeans escape during their early residence in the tropics." Its prevalence is often a prelude to an outburst of yellow fever, and is believed to indicate one of those pandemic waves of epidemic influence described by Inspector-General Lawson. *Simple* continued fever is by some writers looked upon as a misnomer and a paradox, for they do not believe in any continued or prolonged fever without a lesion somewhere. In Bermuda there is no malaria, yet cases of continued fever occur: in Gibraltar and Malta malaria does exist; anomalous hybrid fevers prevail in both these places, including gastric remittent as described by Dr. Marston.

With regard to enteric fever Dr. Don observes—"a few years ago it was perfect heresy to question, however deferentially, the views of the eminent exponents of the fever in England; now, however, doubts are partly freely expressed on its generally recognised causation." He therefore says, "Let us first come to some understanding as to what we severally mean by the term 'enteric fever.'" He takes as his definition "a continued fever presenting signs and symptoms;" the essential one in filtration, inflammation of the solitary or aggregated glands of the intestine; but with regard to "the fever of which the above is the characteristic complication," he observes, "the conclusion is irresistible that the chief change in the fatal type of intertropical continued fever is only one of name." He has often seen cases admitted under febricula changed to simple continued, and finally into enteric fever, just as in phenomena slowly developed, these three forms occur simultaneously, concurrently, and mixed up at the same time, in the same place or regiment or community. All three have the same seasonal period of prevalence, corresponding to the months of highest average temperature, and the maximum of solar elevation and power; hence may we not reasonably conclude that the causation of each is common to all? He doubts whether the occurrence of the phenomena of enteric fever depends on anything outside the patient, in Bermuda, while everyone, of whatever constitutional type, seemed liable to febricula or simple continued fever, the subjects of enteric fever were almost always those of strumous or tubercular tendency; hard drinkers were singularly free from it, probably because robust in habit. Can it therefore be that endemic cause acting upon persons of different constitutional type will give rise to different forms of climatorial fever? He observes that "youth and immaturity very strongly predispose to all forms of endemic tropical fever, and in Bengal about 75 per 100 deaths by 'enteric' fever happened during the summer and autumn quarters of the year." He cannot help thinking that "enteric" lesion is to be found in several forms of closely allied fever, "and that although anatomically specific as a lesion, it does not necessarily spring from only one specific cause." He believes that, as in England, so in the tropics, enteric fever, when epidemic, may also spread itself by means of air, food, or water; yet the theories of Budd and Murchison cannot, and do not, always and wholly explain the phenomena of sporadic enteric fever in Bermuda, Gibraltar, or an Indian cantonment. If the disease always has a filth origin, how do we account for its appearance on virgin soil, as in Zululand? In hot countries the theories of propagation or of pythogenesis applied to enteric fever often seems utterly at fault. In Bermuda Dr. Don had seen isolated cases of enteric fever which a filth theory alone could not possibly explain. If soil and water contamination be the cause

(a) I, p. 73, II., 226 and 244.

(b) *Dublin Journal of Medical Science*, November, 1880.

(c) Paper read before the Epidemiological Society, 3rd March, 1880.

of the disease, why should it be so only in summer and autumn?

Deputy-Surgeon General Ewart (a) states that in his experience the subjects of enteric fever in India were young Europeans residing in Burmah, Lower Bengal, and the North-West Provinces. He has seen the same disease among native prisoners at Ajmeer. It prevails in the same months as the worst forms of malarial fevers; he therefore considers that many "so-called remittents were simply typhoid or typhus fever modified or marked by malaria," also that remittent fever with diarrhoea is of this nature, death in intense cases ensuing "before ulceration of the agminated glands occurs." He believes in the characteristic nature of ulcerations of Peyer's glands in this disease. He is of opinion that the poison or *materies morbi* of enteric and of malarial fevers have no intimate relationship to each other; also that the poisons of typhus, typhoid, and relapsing fevers manifest non-identity among themselves, but that *malaria* is never the cause of enteric fever in India. He thinks, "it is not, perhaps, necessary to accept in its entirety the pythogenic theory of its origin, or the spontaneous generation of the poison," yet the pythogenic theory is unquestionably the best working hypothesis to explain the *endemic* prevalence of the disease. He holds that one specific poison is as necessary in the case of enteric fever as one specific poison is in the case of one of the exanthemata. He acknowledges in "enteric" fever the modifying influences of season, malaria, and temperature; on such a *hypothesis* he thinks the dissemination of the disease by infected air, water, milk, and other articles of food may become intelligible. The outbreak in Ajmeer was attributed to the insanitary condition of the gaol itself.

Dr. Russell writes: "In remittent fever (in India) the gastric symptoms are most prominent, while in typhoid the ileum and colon in the region of the ileo-cæcic valve especially suffer. In these two types of fevers the pyrexia frequently differs so little that often in India no conclusions of diagnostic value can be drawn from this symptom." (b) Here then it would appear that when in a case of malarial fever, gastric symptoms are prominent, Dr. Russell designates the case as of remittent fever, whereas he applies the term enteric to fever due to the same cause, accompanied by intestinal complication.

Dr. Collie (c) questions whether the cases at Clapham on which to some extent the specific theory of Dr. Murchison was based, were really cases of enteric fever. (d) He observes that in that disease death within the past week is extremely rare; that no acute disease of all our English acute diseases creeps so insidiously upon its victims as enteric fever. He also questions the applicability of the term *enteric* fever to the cases at Cambridge, described by Dr. Budd, although agreeing in the main with his views regarding etiology of that disease. From cases, details of which he gives, he allows a period of fifty-four days and upwards for incubation; that the disease is communicable by contagion; that the weakly and those in inferior health are specially liable to attack. He instances a house "noted during ten years for two things: defective sanitary arrangements, entire freedom from enteric fever."

(To be continued.)

It has now been decided by the Army Medical Department not to establish a Naval Depot and Sanitarium at St. Helena on the reduction of Ascension at the end of the year; but a medical officer will be retained at Ascension to take charge of the sick quarters which will be maintained there.

(a) His paper on Enteric Fever in India, read before the Epidemiological Society, 4th February, 1880.

(b) Malaria: its Cause and Effects, p. 30.

(c) *British Medical Journal*, 6th Nov., 1880.

(d) My first Special Report, pp. 9-14.

OPIUM AS A LUXURY, AND IN THE TREATMENT OF DISEASE.

By HERBERT PARSONS, M.R.C.S.,

Formerly Resident Medical Officer St. Mary's Hospital, London.

THERE is no drug we possess, more largely used, more wide in its range of action, or more diverse in its effects, than opium; and this being so, it must follow that the clinical success of a practitioner of medicine will be, to a very large extent, dependant upon his acquaintance with its powers, both for good and evil, and his skilful application of the same. Every day are heard of new purposes to which opium may be applied, and it now takes a place among many different classes of remedies; being, according to circumstances, a stimulant, tonic, sedative, astringent, anti-spasmodic, diaphoretic, convulsant, and purgative.

But besides its medicinal use, opium is very largely consumed as an article of indulgence; custom-house returns show that 200,000 lbs. of opium are annually imported into this country, of which not more than one-third, at most, can be used for pharmaceutical purposes. But, in this country, the habit of opium-eating is not nearly so prevalent as in the United States, nor, of course, nearly so much so as in some eastern countries, where the habit is almost universal. That the habit is not more common here is, perhaps, remarkable, for the immediate effects of it are far more pleasant and perfect than those of alcohol, while permanent injury to the system is not so certainly a final result. There is, in fact, no evidence to show that opium, in moderation, has any baneful influence on the animal economy; while the prevalent idea, that it is impossible to relinquish the habit of taking it when once formed, may be considered an exaggerated one. It is true, that with some persons, it is difficult, even impossible, to give up this, as it would be also to give up drinking, or other pleasant, though injurious, habits, but there is no more difficulty in the one case than in the others. Yet still the fact is to be looked at that after one, habituated to its use, leaves it off, he suffers for a time from a most intense depression and misery of mind, and besides, there is sure to result, in such a case, disturbance of digestion, and a colicky diarrhoea, although, under the opium régime, the intestines and stomach were in a natural state, or, at least, in a comfortable one. This constant diarrhoea will be found to be the bar, in some cases, to the abandonment of the habit. It is well known also, that in the same way, dram-drinkers, after long indulgence in the habit, suffer when their usual stimulant is withheld, although with it they may get on fairly well. The existence of a respectable moderate opium-eater is as practicable as of a moderate drinker, and I have no doubt that there are many men, who take opium occasionally, not only with or without any detriment, but with advantage.

As with tobacco so with opium; some will find it pleasant from the first, others only after they have accustomed themselves to its use, while to many it will always remain obnoxious. This difference may be due either to their mental or physical constitution. On some no doubt opium produces nothing but headache and nausea, and unpleasant cerebral excitement, none of that calm human-like bliss in which the opium-eater delights. But besides these, there are many who, although they experience the same feeling as others take delight in, yet enjoy it not, these are people of a strong nerve, and of that happy disposition to which to live a natural life is alone enjoyment, and to these anything which produces feelings different from ordinary, and takes them away for a time, as it were, from themselves is unpleasant. Another class are those whose minds, whether by nature, or by unhappy force of circumstances, are either never at rest, or else pervaded by gloom; these are often men of genius and splendid abilities, but it is from these, who take delight in anything which make them different from their usual selves, or will erase, if only for a time, black and gloomy thoughts from their minds, that the ranks of drunkards and opium-eaters are filled.

The difference of the effects of opium on a novice, and on one accustomed to its use, is remarkable. On the *habitus* it produces no constipation, headache, or dryness of the throat, but merely produces a pleasant effect, which lasts several hours, and then gradually passes off, leaving behind it no nausea or other disagreeable sensation. Let me attempt to describe those sensations in which so much pleasure are taken.

After a dose of the substance, in some in a few minutes, but usually after longer and longer intervals, the first effects begin to be felt; the eyelids feel unnaturally drooping and heavy, the limbs hang heavily like weights, the arms are lifted with an appreciable difficulty, and after often a distinct interval has elapsed from the time the will to move them was formed in the mind, reflex action is diminished, the face feels hot and gloomy, is, perhaps, flushed, the brain appears, as it were, to be felt working within the head, and conjuring up bright ideas; the things of this earth appear of little moment, thirst, pain, hunger, are not felt, or not heeded, life seems ideal, all its pleasures are felt, but not its pains. If the mind is left at peace, and undisturbed, a gradual drowsiness creeps on, and unless too large an amount has been taken, a sort of waking sleep results, in which, although not unconscious of external impressions, yet the internal ones are too engrossing to let them be much marked. But if the taker moves about, and mingles with others, this drowsiness is kept in abeyance, he feels happy with himself, and his mind is unusually brilliant, but his sparkling and semi-closed eyes, and shining face, reveal, to a close observer, his abnormal state. Yet his utterances are perfectly rational, and he retains complete control over his words and actions, though he eats without looking, moves without feeling the ground, his brain is stimulated as the faculty of enjoyment and intellect, but blunted as regards physical faculties.

This, then, is what opium can, and does do, for its votaries; firstly, free the mind and body from all painful and disagreeable sensations; secondly, stimulate the capacity of enjoyment; thirdly, sustain the mental and bodily energies through unusual and long-continued exertion. De Quincy, in his wonderful work, gives weird and true pictures of the pleasures he derived from this substance, but his descriptions can often not be relied on, or his experience applied to others, for his disposition was evidently a peculiar one, and his mind of a type not often met with; while undoubtedly he aims more at literary merit, than scientific accuracy in his accounts.

From this picture of opium let us turn to the others, and see what unhappy results may lay in store for those who take it. And here it may be remarked, the man, in robust health, leading an easy and natural life, is more likely to find opium disagreeable in its immediate and after consequences, than the man with an over-worked brain leading a life of worry and excitement. A dose of the drug, especially if large, as in the fluid form, may produce at once nausea and vomiting; but this is not common, more often it produces a feeling of pain across the abdomen, as if it were tied tightly round; there is a feeling of giddiness in the head, and restless and excitement may be the result, or more commonly a disturbed and broken sleep. This state, after lasting eight or nine hours, is likely to be superseded by nausea, frontal headache, constipation, dryness of the mouth and throat, and a general feeling of misery. To a large extent, the result following depends on the time of taking, and the conditions observed after it has been taken. A comfortable sleep is much more likely to be obtained if the opium be taken shortly before the usual hour of retiring, or if the taker lies down, and remains quiet, while, on the other hand, excitement and stimulation are much more probable under contrary conditions. Curious, but not unusual phenomena, brought on by opium, are the following: A minor degree of contraction of the muscles of the jaw, a sensation of coldness down the back, aching of the limbs, frontal and occipital pain of a dull character, nausea, and either general restlessness or drowsiness, followed by restlessness. Other effects sometimes produced, are inability to micturate,

priapism, pain across the loins, flushed and glistening appearance of the face, dyspepsia, and clay-coloured stools, which sometimes continues for days. Then, also, there sometimes occur diarrhoea, tetanic convulsions, delirium and diarrhoea, and itching of the skin and mucous membranes.

The same effects are not produced constantly on the same person; at times a person may take opium with comfort, while at another time, the same person may find the good results negatived, or nearly so, by one or more of the above drawbacks; or even when used to it, some of these unpleasant symptoms may become so prominent as to compel him to discontinue it; it may be the dyspepsia produced, in the pain in the belly, or urinary disturbance renders it unbearable. Constipation, though one of the most common results at first, yet in those inured to the use of opium is seldom present.

After continued use all these unpleasantnesses, as a rule, become trivial, and evils which now arise from excessive indulgence, are to be referred to its effect on the brain. No form of excitement can be indulged in, to a large extent, without entailing evil consequences to the nervous system, and opium is no exception to the rule.

These evil consequences consist in reducing the brain to a condition of abnormal excitability, alternating with one of intense mental depression, sometimes melancholia, sometimes a delirium tremens-like state is present. For a time these states are averted by a continued use of the drug, and only manifest themselves while the subject is not under its influence, but finally, nothing will stave off the evil day, except, perhaps, a discontinuance by gentle degrees of the poison. It must be noted that very frequently, those who indulge in excesses of opium do the same with other things, such as alcohol and chloral. The unfortunate wretches get into such a state that their food is alcohol, and their stimulant laudanum, while to procure sleep, they daily take large quantities of chloral. Such persons as these, from report and experience, I know are not uncommonly met with, and such as may be expected are rapidly brought to the very verge, if not past it, of mania. Great care has to be exercised in the treatment of these, should they be fortunate enough to come under proper control; but by a gradual deprivation of opium, and discreet administration of bromide of potassium, together with nervine tonics, and appropriate diet, a cure can usually be effected; though, unfortunately, when the control is removed, the patient is very likely to relapse into his old courses. In one case of this kind, the patient, a medical man, was known to take daily a pint of laudanum; a bottle or more of brandy, besides wine or beer, and chloral, two or three times.

(To be continued.)

Clinical Records.

LA CHARITE HOSPITAL, PARIS.

Case of Right Hemiplegia and Slight Aphasia—Almost Complete Destruction of the Third Left Frontal Convolution.

Under the care of Professor VULPIAN.

Reported by M. H. LÉLOIR.

A—J—, *æt* 72, was admitted November 29th, 1880, for chronic bronchitis. Generally in good health, he had been subject for some years to vague rheumatic pains, palpitations, and bronchitis. Two years ago, after an indefinite affection for which he came into the hospital, he was sent to a convalescent institution. Three days after his admission there he had an apoplectic seizure, followed by *right hemiplegia*, not strongly marked, predominating in the upper extremity, and a *certain amount of aphasia* (he found his words with diffi-

culty and hesitation, but, provided he was not pressed, could carry on a conversation). At the end of two months he quitted the hospital, slightly dragging the right leg, which was a little contracted, but able to walk easily leaning on a stick. After this he came into hospital several times for bronchitis.

At the present time (January 5, 1881) the hemiplegic phenomena have almost entirely disappeared; he walks well, and feels only very slight weakness of the right leg. The movements of the right upper extremity are intact; the right hand, however, is not quite so strong as the left (the patient is right-handed). No facial hemiplegia. The aphasic phenomena are not marked; he pronounces well all the words he wishes to speak, but sometimes has a difficulty in finding them, which irritates him; he very rarely replaces a syllable of a word by another different syllable. Memory is slightly diminished. No anaesthesia; no contraction; sphincter intact.

He has advanced signs of chronic bronchitis with emphysema. The beatings of the heart a little dull. On February 10th he was attacked with symptoms of suppurative catarrh, and died in the night of February 14th.

Autopsy.—The lung presented old lesions of chronic bronchitis with emphysema, dilatation of the bronchi, chronic pneumonia, &c.; no tubercle. Heart fatty; pronounced atheroma of the aorta. Kidneys affected with interstitial nephritis.

Brain: (Left hemisphere).—At the level of the two anterior thirds, the third frontal convolution is completely destroyed. There exists at this point a centre of softening, cystic in appearance, about the diameter of a two-franc piece, and one and a-half centimetres in depth. This centre is prolonged as far as the side of the insula, which is slightly affected. The upper part, in the form of a wedge of the third left frontal convolution at its inferior third, and from the point where it is continuous with the third frontal convolution is slightly softened in its superficial parts (softening about three or four millimetres deep). The other convolutions of the left side appear healthy, as well as the deeper parts of the left hemisphere. The right hemisphere is healthy.

Remarks.—This case would seem at first sight contrary to the theory of cerebral localisation. How, indeed, can we explain such a slight aphasia in a subject whose Broca's convolution was so much disorganised? This objection loses much of its value if we remember that the upper and posterior part, in the form of a wedge, of the third left frontal convolution was intact for a space about as large as a half-franc piece.

Special.

INDIAN MEDICAL SERVICE DEFENCE FUND.

The Report by the Indian Medical Service Defence Committee has just been published. The document shows that the Defence Fund was called into existence in consequence of the promulgation of G.G.O., No. 13, of January 2nd, 1880, followed by the intimation of the Under Secretary of State for India—"That it was not the intention of Government to offer any compensation whatever to the Indian Medical Service, other than the extra grade pension to the surgeons-general and to the deputy surgeons-general reduced under that order.

That this was resolved upon from the first is now in evidence in the Blue Book recently issued, where it will be seen that before the publication of the Royal Warrant of November 27, 1879, an arrangement had been made between the Secretary of State for War and the India Office, that the provisions of the Warrant should not be extended to India.

The measures of redress for grievances of the service which the Committee advocated are summarised under the following heads:—

1. The military surgeons general in India to be nominated alternately from the British and Indian Services.
2. Compensation to be granted to the senior surgeons major, for reduction in the number of administrative posts.
3. Equalisation of relative army rank with the Army Medical Department, and extension of the new grade of brigade surgeon to the Indian services.
4. Improved scale of pensions.
5. Abolition of examination for promotion to surgeon-major.
6. Improved rates of invalid pensions.
7. Abolition or modification of the system known as unemployed pay for junior officers.
8. Increased number of good service pensions.
9. Honorary rank on retirement after twenty years' service.
10. Honorary promotion to deputy surgeon-general of all officers appointed Q.H.P. or Q.H.S.
11. Increase in the number of decorations and honorary rewards.

No definite and satisfactory reply has yet been elicited from the Government with reference to the first of these points. An explanation has been afforded that it was never intended that Indian Officers should be permanently debarred from filling the post of military surgeon general in each Presidency, and that such promotion therefore is open to officers of either service. One, if not two, vacancies will occur within the next year, and the Committee hope that the Government of India will avail itself of the opportunity to prove that the "Instruction" published in the Army Circulars of January 30th, 1880, was issued in good faith.

The former grievances of the Service summarised in the above list under Heads 3, 4, 5, 7, 9, 10, have all been either fully or partially redressed, and, on the whole, the Committee are of opinion that the Government have on these points granted as much as could be reasonably expected. With reference to the grievance under Head 6, an Indian medical officer, compelled prematurely to retire on the score of health, is still less liberally treated than an officer of the Army Medical Department under similar circumstances; and to this point the Committee have again directed the Secretary of State's attention in their recent letter.

The claim by the senior surgeons major for pecuniary compensation, for injury to their prospects in consequence of the reduction in the number of appointments to Administrative rank, has been treated both by the Indian and Home Authorities in a high-handed manner wholly unworthy of the importance of the subject. The officers referred to have had their guaranteed rights regarding promotion set aside, and have been superseded by their juniors.

The hybrid position of brigade surgeon, entailing increased responsibilities, but conferring no extra military rank or additional pay, is no compensation for men, ten of whom would now have been deputy surgeons-general, had no reduction in the guaranteed number of that rank been made.

Nos. 8 and 11. The Government of India have promised that an increased number of good service pensions shall henceforth be allotted to the Indian Medical Service, and that the claims of its members for honorary rewards and decorations shall be more carefully regarded in the future. The Committee are glad to see that the Government has already shown some desire to redeem this promise, by conferring the distinction of K.C.S.I. on a former revered Chief of the Department, and by decorating four other officers with the Companionship of the Indian Empire.

The majority of the objects for which the Fund was formed have now been attained, and the Service as a whole has greatly benefited from the changes effected during the past eighteen months, inasmuch that, with a very few exceptions, the pecuniary prospects of every member of the Service have been materially improved.

Under these circumstances, at first, the Executive contemplated a dissolution of the Committee; many of their friends, however, have urged that it would be inopportune to dissolve altogether at a time when a scheme for the

unification of the Services is under consideration, as *experience unfortunately demonstrates that the Indian Service has no official representative in this country*. They have therefore decided to keep the Fund together for the present, but in a passive form. In other words, the machinery of their organisation will be maintained intact, but thrown out of gear for the present.

The Executive Committee tender their most grateful acknowledgements to the public bodies and individuals, to whose powerful aid and co-operation they are mainly indebted for the attainment of the success now recorded.

To the universities and medical corporations of the United Kingdom, which, without an exception, have thrown their great influence heartily into our cause. To the British Medical Association, which has rendered throughout invaluable support, and to the Chairman of its Parliamentary Bills Committee, Mr. Ernest Hart, our especial thanks are due.

The public press both of the United Kingdom and India has warmly advocated our cause; and special acknowledgment is due to *Allen's Indian Mail* and the *Home and Colonial Mail* in this country, and to the *Civil and Military Gazette* (Lahore), and all the daily journals of the Presidency towns in India.

The medical press of this country has been earnest and persistent in its advocacy of the claims of the Service. A solitary medical journal in India has adopted a different policy, but as its existence depends in a large measure upon subsidies received from the Governments of India and Bengal, the tone it has adopted is perhaps scarcely a matter for surprise.

The Committee then tender acknowledgments to various Members of Parliament and other influential men who have advocated the cause of the Indian Medical Service.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

DEAD FŒTUS SIX MONTHS IN UTERO.—At the Académie de Médecine M. Depaul presented a fœtus which, dead at five months, sojourned in the uterus eleven months, that is, six months after its death. It is the first time that M. Depaul during his long experience, had seen such a case. He had often met with a dead fœtus expelled a couple of months after death, or at least at the end of the forty weeks dating from conception. However, the accouchement was spontaneous and very rapid. The fœtus was expelled with the membranes, which were intact, and when the mass was opened no offensive odour was emitted. This latter fact would seem to prove that as long as the membranes are entire the contents do not putrefy.

TALIPES EQUINUS.—M. Jules Guérin presented a child who was affected with talipes equinus of the left foot, and talipes valgus of the right. All the tendons interested in these deformities were divided subcutaneously by the intrepid octogenarian, and the result was very satisfactory. M. Guérin presented this case as a specimen of the varieties of club foot, which are very rarely encountered in the same subject.

HYPERTROPHY OF BOTH BREASTS.—At the Société de Chirurgie M. Monod presented a woman, four months pregnant, who exhibited an enormous hypertrophy of both breasts. It is the third time that this woman is *enccinte*, and both the preceding pregnancies presented a very notable hypertrophy of the two mammary glands. After confinement her breasts came back to their normal size. The period of her actual pregnancy, with the cachectic appearance of the patient, and the enormous volume of the glands repelled all idea of surgical intervention. Tincture of iodine with compression, proved ineffectual. Under those conditions M. Monod asked the society if it would not be better to consider this woman as having a deformed pelvis, and consequently provoke abortion. M. Despres thought it would be better to wait and, in the meanwhile, perform artificial section. M. Sée could not understand the proposition of the last speaker, as section would be immediately followed by the lactic secretion, which

would only exhaust the patient still more. M. Heurtoulop agreed with M. Monod that considering the grave state of the woman it would be better to sacrifice the child.

INCREASE OF PULMONARY PHTHISIS.—M. Resnier, in his second quarterly report upon reigning maladies, observed that pulmonary phthisis was on the increase. Diphtheria is making incessant progress, small-pox was on the decline, but erysipelas had increased. As to typhoid fever it offers an unheard of exacerbation.

ACUTE EFFUSION INTO THE PERICARDIUM.—Prof. Rosenstein reports the case of a little boy, æt. 10, who presented on his entry into hospital symptoms of acute effusion into the pericardium. An exploratory puncture was made with an ordinary subcutaneous syringe, and the contents were found to be purulent. The symptoms becoming increased a second puncture was made with the Potain aspirator, and a large quantity of pus was drawn off. Acute pleurisy followed, which necessitated two successive punctures in a few days afterwards. At the same time the signs of purulent pericarditis reappeared with its primitive intensity. It was thus that M. Rosenstein decided on opening the pericardium under the protective influence of the antiseptic spray. An incision of little more than an inch in length was made between the fourth and fifth rib. The pericardium was opened with a sharp pointed bistoury, and the wound increased by a blunt-pointed bistoury which gave issue to a great quantity of pus. Two drainage tubes placed in the wound and Lister's dressing completed the operation. As far as the pericarditis was concerned the best results were obtained, not so with the pleurisy which necessitated the operation for empyema. The wound cicatrised in the pericardium in nineteen days and in the pleura in eleven days, and the little patient made a perfect recovery.

TREATMENT OF ERECTILE TUMOURS.—A great many means are proposed for the treatment of erectile tumours, but M. Bouchut, of the Children's Hospital (Enfant Jésus), Paris, limits himself to touching the tumour with a wire of platinum steeped in monhydrated nitric acid. The little operation was renewed three times on three consecutive days, at the end of which a black crust formed upon the tumour. At the end of a month this crust fell off without suppuration, and the erectile tumour was cured.

ANTI-BLENNORRHAGIC INJECTION.—As an anti-blennorrhagic injection the following is recommended—Hydrate of chloral, 20 grs.; rose water, 4 ozs. At the end of three or four days' treatment the desire to urinate is less frequent and less painful; the erections are equally less painful, while the purulent secretion becomes more and more clear, ceasing completely on the eighth or tenth day.

Department of Lunacy.

FORMS IN USE FOR THE ADMISSION OF PATIENTS INTO IRISH DISTRICT ASYLUMS.

By OSCAR T. WOODS, B.A., M.D.,
Medical Superintendent, Killarney Asylum.

I HAVE for some years thought that much improvement might be effected in the mode of admission into Irish district asylums, and I think the present a very fitting time to draw attention to the subject, as Mr. Litton last session introduced into the House of Commons a Bill "to extend to Ireland some provisions of English and Scotch law as to the care of Lunatics." The necessity for such a Bill has I believe long been felt, and I think its benefits might be still further increased, by the addition of a few clauses. The Poor-law Union and Lunacy Inquiry Commission, presented its report in 1879, and I find from it that thirteen out of the twenty-two Irish superintendents *condemned* the form under which so-called "dangerous lunatics" are committed, and only one superintendent *approves* of the form.

Two forms are at present in use for the admission of patients:—

1. That for "dangerous and criminal lunatics" under 30 and 31 Vic., cap. 118, sec. 10.

On this form the patient is committed, by two magistrates, on a sworn information that the person has been arrested, "under circumstances denoting a derangement of mind, and

a purpose of committing an indictable crime," and the certificate of a medical man.

2. Form E. "Application for admission," in accordance with Privy Council rules.

This requires a declaration by the friends, a certificate signed by a magistrate and clergyman, and a medical certificate. There are, I think, serious objections to both these forms.

Criminal Form.—1. There is a manifest injustice in making a criminal of a diseased patient, who is always classed as such while in the asylum; and when comparison is made with English criminal statistics the result seems incomprehensible. 2. It hands nervous and diseased patients, whose prospect of recovery may be altogether blighted by a fright, or injudicious treatment, over to the hands of the police. I have, on several occasions, found this to act most prejudicially against their recovery. In many counties, not however in this, females are sent long journeys in the sole charge of the police. 3. Inability to demand payment for the patient's maintenance; no matter what the patient's circumstances are, his friends cannot be compelled to pay for his support. I believe there are many patients in Irish asylums whose friends would be compelled to contribute to their maintenance were they confined in England. 4. The utter impossibility of obtaining any reliable information about the patient, the escorting police having been changed more than once on the journey; occasionally there has been no change, but even then they are able to give little, or no trustworthy information; scarcely ever is the patient accompanied by a relative. Thus the medical officers have to treat the case altogether in the dark, as the information given on the form is small indeed.

According to Dr. Hancock's report for 1878, on the Irish criminal statistics, there were but three lunatics committed by justices in England as dangerous and criminal, under Act 1 and 2 Vic., c. 14, whereas in Ireland for the same period there were 1,204 committed under 30 and 31 Vic., c. 118, which was drawn on the lines of 1 and 2 Vic., c. 14. He thus writes "The difference appears to arise from the justices in England and Wales having power, under the Lunatic Asylums Act of 1853, to send a pauper lunatic to an asylum on a certificate that he is deemed to be a lunatic, and a proper person to be sent to a lunatic asylum, and to send to asylums lunatics (whether paupers or not), wandering at large, not being properly cared for, or being cruelly treated; and from the stringent penalties on medical officers and overseers of the poor, &c., who omit to give notice, so as to have the above classes of lunatics brought before justices. The justices have, consequently, not to wait for evidence of "derangement of mind accompanied by an intent to commit a crime," in order to commit a lunatic under the powers conferred on them by the English act of 1837 (1 and 2 Vic., c. 14). In Ireland justices have no powers similar to those under the English Lunatic Asylums Act of 1853, of sending lunatics as such to asylums. Their power, under the Irish Act of 1867 (30 and 31 Vic., c. 118), is founded on the earlier English Act of 1837, and not on the later Act of 1853, and is limited to the case of persons who have derangement of mind, and intent to commit a crime, and who are dangerous lunatics, or dangerous idiots."

The inspectors of asylums have, in several of their annual reports objected to the working of the Act; in their Report for 1874 they write—"In former reports we adverted to the inconsiderate manner, to use a mild term, in which magistrates committed lunatics to asylums as dangerous, in many instances not taking the trouble to make proper inquiry into the merits of the case, in others acting without a due regard to the provisions of the statutes, clear and definite in themselves." Again, in their Report for 1877, "As in preceding years considerably more than one half of the admissions was effected through magisterial warrants, the patients not infrequently advanced in life, and it is regrettable to add, occasionally in the last stage of existence, and conveyed by a police escort from 30 to 40 miles." "We have done all in our power to check the abuse and obviate irregularities, which lead to much practical difficulties in the treatment of the insane, owing to the want of satisfactory information on the face of the committals." My objections to Form E are—1. The Privy Council Rules direct that this form should be laid before the Board as an "application for admission," the superintendent is empowered in case of urgency to admit a patient on his own authority, and to "submit the case for the special consideration of the Board at its next meeting for the decision of the governors thereon." This rule evidently meant that

superintendents were only to exercise this authority occasionally, but it has evidently been found impossible to act up to the letter of it, for during the year 1879, 870 patients were admitted as urgent by the medical officers, and only 114 by order of the Board. 1,277 were, the same year, sent in as criminals. 2. As the form has first to be applied for at the asylum, then "filled up and transmitted to the asylum previously to the lunatic being sent to the institution," no case from a distance, no matter how urgent, can be admitted on it without considerable delay. 3. Few people are aware of this form—the majority knowing of no way of sending a patient to an asylum, except as a "dangerous lunatic."

Both forms are often inaccurately and insufficiently filled, the medical certificates contain little or no information, and rarely are there any facts observed by the medical attendant given. There is no limit laid down as to the length of time a certificate will hold good for, nor is the certifying medical man required to have seen the patient within any definite period. Dangerous lunatics are generally sent to the asylum without delay, but, on one occasion a patient was brought to this Asylum on a committal dated three weeks previously, I had no power to refuse admission, even had I found the patient sane. Some time ago a patient was brought here on an application form two years old; I refused admission, and the same day the patient was sent in as a criminal lunatic. Frequently there are mistakes more or less serious in the certificates, but no one is responsible for their correct filling up, and the superintendent has no power to enforce correction. Many people believe it is quite unnecessary to have any admission form filled for a relapsed case, no matter how long the patient has been at home well. I do not believe there would be any inconvenience caused by the adoption of the English form of admission, which requires the certificate of a medical man, a statement signed by the relieving officer, and the order of a magistrate, the admissions would not be materially increased, when the friends are now anxious to get a patient into an asylum they have no difficulty in making him out a criminal, every lunatic is, in a sense, dangerous, and at times cross, and I have never known any difficulty raised. A harmless idiot was sent me not long ago as a dangerous lunatic, although only 10 years old, he was afterwards transferred by the governors to the workhouse.

Sec. 78 would regulate the form of admission, and limit the time within which the medical witness should have examined the patient. At present there is no limit. This section would also make it a misdemeanour to remove a patient without certificates, and there are, I believe, many patients in Irish asylums who have been removed without any, the majority of these no doubt being relapsed; but because a patient has been once confined in an asylum that is no reason for putting him into one again without fresh certificates. Sec. 75 would necessitate greater regularity in the filling up of the medical certificate. Sec. 80 would facilitate the discharge of patients and put the responsibility of removing them on the relieving officers instead of, as at present, on the asylum authorities. Friends frequently refuse to remove them. Sec. 124 would define the penalty for ill treatment, at present no Lunacy Act extending to Ireland bears on this question, and last year when I was compelled to prosecute some attendants for cruelty to a patient, I found considerable difficulty in having them convicted of a common assault.

I may now be excused if I refer shortly to Mr. Litton's Bill, the main provisions of which are, firstly, the supervision of neglected lunatics; secondly, the boarding out in suitable places under the direction of the governors of such patients as they might select for that purpose; thirdly, an alteration of the law of committal; and fourthly, power to the Poor-Law guardians to give out-door relief. I cannot think that the boarding-out system will act as well in Ireland as it has done in England and Scotland; lunatics in this country require much more care and supervision; they are all, as a rule, more destructive, troublesome, and dirty than English and Scotch patients; the majority of harmless chronic patients are most untidy, and, if ill-managed, irritable and dangerous. With lunatic patients it may truly be said that "a soft answer turneth away wrath;" and I think it will be impossible to find in most country districts suitable persons to take care of them. Certainly, the majority of Irish cabins are not desirable homes to teach habits of cleanliness and industry. Indeed, I think there will be little anxiety on the part of the people as boarders. Could not the recommendations of the Poor-Law Union and

Lunacy Inquiry Commission be carried out in a modified form; I cannot think they would be found to operate well in their entirety, chiefly for the reasons so clearly stated by Dr. Nugent in his letter to the Lord Lieutenant, and published in the Report of the Lunacy Inquiry Commission, and also because that in every asylum there must be a large number of chronic incurable patients who give assistance not only in cleaning the house, but also in taking care of the other patients. If only curable patients were to be kept in an asylum the expenses would be more than doubled. I do not believe the large number of incurable patients in Irish asylums diminish the recoveries, the proportion is not greater than in England, and the percentage of recoveries is far greater in the Irish asylums, being for 1879 51·3 per cent. calculated on the admissions, whereas they were but 35·6 per cent. in the English asylums according to the Report of the Commissioners for 1875—the latest report I have at hand.

I think, however, the third recommendation of the Lunacy Inquiry Commission might with very great advantage be carried out, "That for the quiet and harmless provision should be made in portions of the workhouses set apart and suitably fitted for the purpose of auxiliary asylums." Provision could thus be made for many lunatics at present quite neglected, and for many cases selected from the inmates of the asylums. These patients in order that they might have the necessary care should have a special staff—two attendants for every patient at least—and should be grouped as much as possible together, it would be no great matter if they were removed from their own county if it was found necessary, for, as a rule, patients are forgotten by their friends when confined for eight or ten years. The auxiliaries should, I think, be inspected frequently by a special staff; assistant inspectors might be appointed as in Scotland; or, when the auxiliary was not too far from the county asylum, the superintendent thereof might be appointed to make periodical reports on its management, &c.

Translations.

ANTHRAX INOCULATION.

Translated from the *Union Medicale*,

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

A COMMUNICATION was submitted to the Paris Academy of Medicine on the 14th of June by M. Pasteur, entitled "Summary of Experiments made at Pouilly-le-Fort, near Melun, on Vaccination for Anthrax." This pamphlet was the work of M. Pasteur, aided by MM. Chamberland and Roux, and the author referred to a communication made by him to the Academy on the 28th of last February, relative to the discovery of a means of preparing the attenuated virus of anthrax. He expressed himself as follows:—"Each of our inoculations of attenuated anthrax virus acts in the nature of vaccine lymph towards the more concentrated anthrax virus—that is to say, as a virus suited to cause a slight attack of the disease. What is easier, therefore, than to find a virus the strength of which shall be such as to induce anthrax fever in sheep, cows, and horses, an attack not sufficiently powerful to cause death, but which will ultimately preserve them from a deadly attack of this disease. We have practised this operation with great success on sheep. As soon as the time of year for feeding the sheep within enclosures in la Beauce arrives, we purpose to experiment on a larger scale."

Since last April the Agricultural Society of Melun has furnished M. Pasteur with opportunities of experimenting very largely. Through the President, M. le Baron de la Rochette, the society proposed that M. Pasteur should endeavour to obtain decisive proofs of the statements made by him to the Academy. M. Pasteur agreed, and the following arrangements were made:—

1. The Agricultural Society of Melun shall furnish M. Pasteur with 60 sheep.
2. Ten of these sheep not to be subjected to any treatment whatsoever.
3. Twenty-five of these sheep to be inoculated twice, a period of from 12 to 15 days intervening between each inocu-

lation, the virus on each of these two occasions being of different degrees of attenuation.

4. These 25 sheep, as well as the twenty-five remaining sheep, to be inoculated with virulent anthrax virus after an interval of from 12 to 15 days. (These experiments should give the expected results, the 25 non-vaccinated sheep should all perish; the 25 vaccinated should all recover, and on being compared with the ten sheep reserved, should be found to have returned to their normal condition).

5. After the general virulent inoculation of the two sets of 25 sheep, the whole 50 to be placed in the same building; the sheep belonging to one set to be distinguished from those belonging to the other by boring a hole in the ear of each vaccinated sheep.

6. All those sheep dying from anthrax to be buried one by one in distinct holes, close to each other, within a fenced enclosure.

7. In the month of May, 1880, nine new sheep to be put to graze within this enclosure, so as to prove that these nine sheep will contract the disease from the anthrax germs brought to the surface by earth-worms.

8. Twenty-five other sheep to be placed in a neighbouring enclosure at a few yards distance from the first, within which no diseased sheep have been buried, so as to prove that none of them will die from anthrax.

According to the wish of the Society, eight cows were directed to be experimented upon, and also an ox and a bull. It was decided that six of these animals should be vaccinated, four left untouched, and that at the same time as the 60 sheep the whole ten should be inoculated with virulent virus.

The experiments began on the 5th of May in the commune of Pouilly-le-Fort, near Melun, and on the farm of M. Rossignol, veterinary surgeon. Two of the sheep were replaced by two goats. On the 5th of May, 1881, 24 sheep, a goat, and six cows were inoculated by means of a Pravaz syringe, each animal with six drops of modified attenuated anthrax virus.

On the 17th of May these 24 sheep, the goat, and the six cows were re-inoculated with a virus more virulent than the first.

On the 31st of May the most virulent inoculation took place, which should decide whether the previous preventive inoculation of the 5th and 17th were efficacious or not. Therefore the 81 previously vaccinated animals, and 29 non-vaccinated animals, 24 sheep, a goat, and four cows, were inoculated with a very virulent virus.

In order to render the experiments more comparative, a vaccinated and a non-vaccinated animal were alternately inoculated. The operation over, a meeting was arranged for Thursday, June 2nd, consequently, 48 hours after the general virulent inoculation. On the arrival of the visitors, June 2nd, the 24 sheep and the goat, vaccinated with attenuated virus, as well as the six cows, appeared to enjoy perfect health; on the contrary, the 21 sheep and the goat, which had not been vaccinated were already dead from anthrax; two more of the non-vaccinated sheep died before the eyes of the spectators, and the last of the set died towards the end of the day.

The non-vaccinated cows were not dead, but all suffered from voluminous adenoid swellings round the point of inoculation, behind the shoulder. Their temperature had risen 3°. In the vaccinated cows there was no rise in temperature, no tumours, no loss of appetite, which renders the experiments as satisfactory for cows as for sheep. On Friday, June 3rd, one of the vaccinated sheep died. A *post-mortem* examination was made the same day by M. Rossignol and by M. Gerrouste, army veterinary surgeon. The sheep was found to be big with young, at full term, the lamb dead within the matrix for 12 or 15 days. The opinion of the veterinary surgeons was that the death of the sheep was to be attributed to the death of the fetus.

These experiments were witnessed by several hundred spectators, among whom were several veterinary surgeons. Finally, says M. Pasteur, we now possess anthrax vaccine matter capable of preserving from mortal disease, and not in itself mortal, which can be modified at will, which can be carried without alteration, and, finally, which can be prepared in a manner capable of generation, having already been employed in the preparation of vaccine matter for chicken cholera. By the character of the conditions here enumerated, and viewing matters from a scientific point of view, the discovery of anthrax vaccine constitutes a sensible progress on Jennerian vaccine, as the latter has never been obtained experimentally.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, SEPTEMBER 14, 1881.

DANGEROUS PRECEDENTS.

THE historian of the second half of the nineteenth century will oftentimes, during the course of his labours, be puzzled to harmonise his record of contemporaneous events. Frequently will he find himself hesitating between acceptance of a fact, and its rejection on the ground of high antecedent improbability; but in no domain will he be again and again so seriously nonplussed by the divergent evidence at his hand, as in the field of medicine in its social bearings. At this time, “the Englishman, of average intelligence,” even would be at no loss to indicate briefly, even though he failed to appreciate, the primary law of safety in regard to infectious diseases. The veriest dunce would immediately declare his intention of putting this principle into practice by avoiding contagion if possible, when once its source is pointed out to him, and yet we are repeatedly treated to exhibitions of the crassest ignorance respecting the proven facts of daily occurrence on the part of those who, by a reversion of every propriety, occupy positions whence they are enabled to achieve irremediable mischief. The fanatical crusades against the advance of science, initiated and supported by the ignorant mob of anti-vaccinators and anti-vivisectionists, are not the least strange of the more startling

events of recent years; they are admitted and deplored by all who are interested in the progress of scientific discovery. Nor can it ever escape the historian's eye how there are many like him who, in the words of Dr. Bristowe, is “a great judge,” “and who, throwing off the judicial impartiality which befits a judge, and acting under the influence of prejudice, emotion, and ignorance, has made himself the leader of all the hysterical sentimentalism of the day in a crusade against experimental physiology in the land of Harvey and Hunter.” These it is who work most mischief, who, with the power of intellect and of position, which, in appropriate place, marks them as pre-eminent among the guides and directors of the people, are yet unwisely bent on the prosecution of tasks beyond their professional sphere, and for which they possess no possible qualification. This spirit of wrong they radiate around them the more distantly, the more highly placed they are, and we do not wonder that the example set by a legal functionary, who is justly regarded as a well of wisdom, should influence an innumerable series of the lesser lights beneath him. It may, perhaps, seem an improper stretch of suggestion, that there may be a distant connection between the antipathy to vaccination; for instance, entertained by not a few magisterial authorities, and the tendency of their judgments. Should this be so, and we could point to several recent instances in support of the supposition, it becomes a matter of public concern to inquire into the operation of such a factor in determining the spread of disease; and in this relation a case came under review by the Greenwich Bench last week, which is capable of supplying a cogent argument against the apathy of anti-vaccinationists, as well as one in favour of stricter medical supervision in the matter of disinfection. The case referred to was that of a man, of whom the summons complained “that his house and premises require to be cleansed and disinfected, several cases of an infectious nature having occurred there, and he having neglected to carry out the disinfection of the said house and premises in pursuance of notice served upon him.” According to the statement of Mr. Stokes, who prosecuted on behalf of the Rotherhithe Vestry, the defendant is a prominent leading anti-vaccinationist, and had successfully evaded the vaccination laws. Eight cases of small-pox had occurred in his house. A young child first took the disease, and was nursed by his wife. It recovered, but the wife was seized and died, two other children also succumbing. The defendant borrowed a suit of clothes from a young man in an oil-shop opposite to attend the funerals, and after he had returned them the young man was attacked with small-pox and died. Four other children of the defendant were stricken, three of whom were taken to the Deptford Small-pox Hospital, on a compulsory order of the magistrate, defendant steadfastly refusing to permit their removal before. In the houses surrounding the defendant's sixteen other cases subsequently occurred. Defendant had been applied to respecting the disinfection of his premises, and said it had been carried out, but he failed to produce a certificate from a medical practitioner, as required by the Sanitary Act, 1866.

The disinfection carried out was not of a kind to satisfy the sanitary authority, and it might, with reason, be urged that the sanction given by it could alone be trusted to to secure the public safety in such circumstances. The magistrate, in this case, was specially requested to do all in his power to strengthen the hands of the sanitary authority, and it might have been thought that the ghastly tale of death and disease, brought about by obstinate ignorance, would have rendered any such appeal if not unnecessary, at least effectual. Notwithstanding, however, the magistrate, to whom it had been proved that the defendant, by his anti-vaccinating propensities, had indirectly caused the death of at least four persons, after observing that "there seemed to be a certain amount of feeling in the matter," failed entirely to perceive negligence on the part of the defendant, and *dismissed the summons*.

We say, with justice, that such facts as these, taken with the luminous expositions accessible to the popular mind, of the nature of small-pox, will be among the most extraordinary with which the student of the history of our time will be concerned; and the misfortune is, that the spirit displayed in the ruling referred to, is by no means confined to Greenwich. Within a week we find that vendors of quack medicines, of the most unblushing description, are discharged without the formality of a defence being required of them by the local justiciaries, and immediately after they are rapturously received by an impatient crowd, eagerly waiting, to welcome them back. Again, we find a provincial bench of magistrates of opinion that a flagrant violation of the sale of Poisons Acts can be justly met by the imposition of a ten shilling penalty; and other cases bearing the same moral might be cited. All this points to one irrefutable conclusion, that, viz., the opposition to truth and progress is gaining headway in directions where it might be least expected, and that medicine itself has nothing to hope for from a maintenance of its integrity outside of itself. Nor, it is to be feared, are the attacks made on it by insidious means, only from without. Recent experiences point rather to another conclusion, and this should, indeed, strengthen anew the efforts of those who are anxiously regarding the future of the profession in this country. Perhaps among the blessings in its wake, the late Congress will bring a higher appreciation of the value of scientific medical testimony to the minds of local magistrates; but the evidence of it is wanting as yet.

UNION HOSPITALS AS TEACHING INSTITUTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Though satisfied that most of your readers will accept the letter quoted in your leader as conclusive on the point of union hospital guarantees, yet, as the whole subject cannot be too thoroughly ventilated, I will again trouble you with some remarks. In that letter I dwelt on the only securities which the present order of things afford the students of existing clinical hospitals. These are, first, the free circulation of opinion among students, and second, the proofs afforded by the final clinical examinations. I pointed out that these examinations would afford the amplest means for testing the teaching of union hospitals, since if the students broke down at these examinations in that part of the subjects which they were supposed to have learned at such hospitals, then the

teaching of those latter would, *ipso facto*, be condemned. It might be alleged that the ill-trained union hospital youth might make up for his defective training by working double tides in Dublin, but I think that I have satisfactorily shown that he could not do this without being instantly found out by his brother students, and by his clinical teacher, who would be all alive to aim a blow at the fruits of the newly acquired privileges of his despised country brother, though albeit it might be quondam teacher.

Will not, therefore, country hospitals be subjected to the same criticism, and the same tests, as your heaven-born ones; nay, will not the criticism be much keener, seeing that the rurals will be *rari nantes* in the midst of bitterly inimical elements? Now Mr. Editor, allow me playfully to ask you how do you reconcile this hair-splitting about union hospitals with your attitude towards the other country hospitals, referred to in your quotation from the Regulations of the Dublin College? It seems quite clear from the context, as well as from your own silence, that you approve of these regulations, and yet what securities do those offer that the teaching in those institutions shall be value for the time and money of the attending students. Why they simply enjoin a biannual return of their students. Do you allege that the officers of those institutions are composed of different molecules from those which enter into our composition? There was a time when country surgeons advanced such pretensions, but the intelligent among them now are satisfied to base their claims to superiority on individual merit, and not on the particular pocket of the taxpayer, from which the support of the individual hospital is derived. What is sauce for the goose is sauce for the gander, and it would be only just that all hospitals should give security for competent teaching. Dr. Mapother, however, in his fierce onslaught on the new rules, stated that all country hospitals were now shut out, and on looking over the rules, he appeared to be quite correct. Here, then, is a march stolen on one branch of the monopolists.

Neither I, nor my distinguished *confères*, ask any privilege for which we are not prepared to give ample security, and though the notorious shortcomings of many recognised hospitals make it indispensable to the public interest that such securities should be exacted all round, yet I will now formulate those practical proposals which are contained in my former letters, and which I have reason to believe, express the views of my *confères*. As they are identical with your own, I confidently appeal to you to get them accepted by the Irish College of Surgeons.

1. That one year's attendance at union hospitals be recognised.
2. That this year shall be the first of the student's clinical course.
3. That such recognition shall be dependent on the students passing a defined clinical examination.
4. That such examination shall be held after the student has passed the first medical examination, and before he enters on any further part of his course.

I am, Sir,

Yours, &c.,

Cashel, Sept. 8th, 1881.

THOMAS LAFFAN.

Applying Dr. Laffan's own tests of the teaching capacity of union hospitals—(1) the free circulation of opinion, and (2) the final examination—we venture to ask how there can be a "free circulation of opinion" in reference to institutions whose students would never, probably, exceed half-a-dozen? And how does Dr. Laffan suppose that the break-down of one or two students at the examination would affect the union hospital at which they were supposed to learn their business? The influence which compels large hospitals to teach well is simply the competition which they have to meet. The teaching staff in these institutions would starve if they neglected their work—in such case the class would at once seek instruction where they got better value. But this influence is totally absent when provincial hospitals come to be considered, because, as a matter of fact, there could never be more than three or four students, and these could not possibly migrate to a

better teaching centre ; nor could the ultimate examination possibly check the shortcomings of the teacher, although it might punish the unhappy student.

We decline to be drawn by Dr. Laffan into an invidious comparison between county infirmaries and union hospitals, which has nothing whatever to say to the question at issue. We have asked him to formulate a practicable means of testing the *bona fides* of provincial hospital teaching, and he suggests "that recognition shall be dependent on the students passing a defined clinical examination held before he enters on the succeeding year of study." If Dr. Laffan sees no objection to submitting a provincial student to an examination additional to those required from his city fellow-students, we agree that any hospital might be recognised with the guarantee of such additional test. But it is a question whether the colleges will think it worth while to hold such examinations for the benefit of the very few students who might elect to study in union hospitals under the penalty of an additional examination for so doing.

We wish it to be distinctly understood that we do not doubt the possibility of teaching a student in a union hospital much that he ought to learn, if the surgeon be active and well read ; but that all union surgeons do not fulfil these requirements may be judged from the following letter, received since our last, from a provincial surgeon :—

SIR,—I have been for some time rather in bewilderment about the meaning of various letters of Dr. Laffan, and a memorial by certain medical officers of workhouses in Ireland. On reading your article to-day it has dawned on me that all this means that somehow or other the Irish workhouse hospitals are to be connected with places of clinical instruction. Well, I can only speak of what I know ; and I do know one workhouse hospital which, as a rule, contains only worn-out old people in the last stage of incurable chronic disease. An occasional accident finds its way to it, and I have seen such a case in which primary amputation was performed, and the collapsed patient was placed after the operation on a small pallet of straw without sufficient covering and no artificial warmth. The result may easily be anticipated, "death by the first intention." The medical officer of this hospital does not possess a clinical thermometer and does not believe in its being of any use. When this medical officer resigns or dies his successor will be appointed simply according as Catholic or Protestant can command a majority at the board. How such a hospital with such a teacher can be connected with a school of clinical instruction I know not ; and if the Dublin hospitals are no better, as Dr. Laffan seems to intimate, I can only say "more's the pity."

Yours, &c.,
VERITAS.

We want to know how hospital teachers of this class are to be eliminated if Dr. Laffan's scheme of recognition is to come into effect ? A practical suggestion is much needed.

THE HEALTH OF DUBLIN.

For some time past we have refrained from recurring to the subject which last year occupied so much space in our columns because we thought it right that, after the publication of the joint report of the Colleges of Physicians and Surgeons upon the death-rate of Dublin, the Public Health Committee of the Corporation and its officers should be afforded an opportunity of doing

its duty before its proceedings were again submitted to criticism.

The Report for August issued by Dr. Cameron, the medical superintendent officer of health, affords us now a fitting opportunity to review the progress of the city towards something like tolerable salubrity, which has been manifest for the past six months. Dr. Cameron records for the month a death-rate of 18·8 per 1,000 and a zymotic mortality of 2·3 per 1,000, and he goes on to say—

"Since the registration of deaths has been even somewhat accurately carried out in Dublin, the state of public health has never been so satisfactory as during the past month. The following table shows the steady improvement which has taken place within the municipal or city districts of the metropolitan registration area since February last, 1881 :—

"Death-rate per 1,000 persons from all causes—

February	March	April	May	June	July	August
" 44·25	34·60	31·78	27·05	23·7	22·37	20·27

"Death-rate from seven principal zymotic diseases—

February	March	April	May	June	July	August
" 4·15	2·45	2·16	·2	1·96	2·1	2·62

"As compared with August, 1880, last month exhibits a most extraordinary contrast—

	August, 1880.	August, 1881.
"Death-rate from all causes per 1,000	39·27	20·27
"Ditto from 7 principal zymotics	10·33	2·62
"Admissions of zymotics to hospitals	158	88
"Deaths from zymotic diseases	227	57

"The remarkable improvement which has taken place in the state of public health in Dublin is, no doubt, in part due to the sanitary work performed during the last two years. Late in 1879 I commenced a more rigid inspection of the tenement dwellings than had previously been attempted. During the two years ended 31st August, 1881, orders were obtained from the magistrates to detenant and close 800 houses which were unfit for human habitation. During the same period there were permanently closed 242 cellar dwellings and about 150 rooms, which were placed under insanitary conditions. Nearly 2,000 water-closets were substituted for filthy privies ; and they were placed in the yards of the houses, and not within the latter. During the last year the cleansing of the streets, and more especially of the courts, lanes and alleys, has been carried out in a far more effectual manner than formerly, under the energetic and skilful superintendence of Mr. James Young.

"How far all this sanitary work has been instrumental in effecting the wonderful improvement which has taken place in the state of public health in Dublin, I am unable to say ; it is, however, noteworthy that the bills of mortality began to decline very soon after a greatly increased activity in our sanitary department."

It is a pleasure—an unwonted happiness—to be able to acknowledge a commendable increase in activity of the civic sanitary department and a concurrent—if not consequential—gain to sanitation. There has, indeed, been within the last half year a very substantial fall in the death-rate and an obvious improvement in the public health, and there has also been much work done which cannot fail to produce ultimately the best results upon the health of the city ; and, furthermore, there is a remarkable coincidence of data between the appoint-

ment of Dr. Cameron and the improvement which followed. We are glad to give that officer and the Public Health Committee full credit for these facts, but we cannot, until a sufficient time has elapsed to ensure that this improvement is not the result of an exceptional health-wave, venture to place the increased sanitary efficiency and diminished death-rate in the position of cause and effect.

We have, however, satisfied ourselves from an examination of the Registrar-General's returns that not only has the death-rate of Dublin improved steadily since February last, but that the improvement is greater than usually occurs in the lapse of the healthy summer months, and that, instead of retrograding as it was up to the beginning of 1881, the health of the city has made sensible change for the better.

This fact is very creditable to the recent efforts of Dr. Cameron and the Public Health Committee, but it also imposes upon them an increased responsibility to press forward the sanitary reform of the city. If a modicum of energy is capable of producing a golden harvest in the saving of life and the alleviation of pain and poverty, how much might we not expect if all that is obviously necessary and quite practicable were done? If the diminished death-rate means increased sanitary efficiency, does it not also mean that all is true that has been said of the effect of long years of neglect and dirt upon the health of the city? and does it not cry out for more activity and more exact system in working out the regeneration of Dublin in this respect?

The citizens thank the Public Health Committee for something done, and, by anticipation, for much more remaining to be done. We say to Dr. Cameron "*macte virtute.*"

Notes on Current Topics.

Requisition for Irish Poor-law Drug Supplies.

It is now a good many months since we pointed out fully the objections to and the redundancies of the form on to put which dispensary medical officers have been required in their requisitions for medicines; and we observe with much satisfaction that a new requisition form has been drawn up on the lines indicated by us in that article, and has just been issued. It is a great improvement on the old one. Antiquated and useless preparations have been cut off to such an extent, that though many new medicines have been added the number of drugs and their preparations has been reduced from 649 to 297, "coated pills" have been given as an alternative to pills "in mass." This is an immense boon to those medical officers who have had to attempt pill-making out of the mouldy "masses" in their dispensary lockers.

A very important paragraph has been introduced into the preface of the new form as follows: "In the event of any medical officer requiring to be supplied with any medicine not comprised in the list, a distinct requisition for such medicine should be made by the medical officer, through the committee of management, stating the circumstances which are considered to render the requisition

necessary." The right of the medical officers to have any medicine he requires is thus distinctly recognised.

We hail with satisfaction the indication which this improvement in the method of the supply of drugs to Irish unions presents, that the attention of the Irish Local Government Board is, at length, earnestly directed to the gross abuses of the contract system, and the scarcely veiled roguery which has been the characteristic of this trade for years past. The new form of requisition is excellent, and it will save the medical officers much trouble and perplexity in the ordering of their supplies, but it will not help in the least degree to make the drugs supplied on the authority of the requisition honest in price or quality, or at all effective as therapeutic agents. It is notorious that the Irish contract drug system is the *nidus* of illimitable trade roguery, that the ratepayers are cheated, the paupers deprived of proper medical treatment, and the physician discredited and annoyed, and we earnestly trust that the Irish Local Government Board will follow up the amendment of its requisition form by taking some steps to put a stop to the infamous system of Poor-law drug contracting. They have done something by authorising the use of "coated" pills, and we do not doubt that medical officers will at once avail themselves of the authority to obtain a stock of reliable medicine made up in such form as is suitable for dispensary work. We fully believe that the "coated" pills will prove to be much cheaper in the long run, and there can be no doubt that, compared with the rubbish supplied to unions under the drug contract system, they will be found effective, satisfactory, and most convenient.

Committal of Pauper Lunatics in Ireland.

We claim the attention of our readers to the communication published by Dr. Oscar Woods in the Lunacy Department of our present issue. The objectionable nature of the existing system for the admission of pauper lunatics to district asylums in Ireland, and the ill-effects of that system upon the lunatics themselves, and upon the public service have been repeatedly referred to by us, the objections which we have raised are forcibly illustrated and explained by Dr. Woods, whose experience of the system gives authority and force to his observations. We hope that one of the earliest measures of the next Parliament will be a Bill to remedy the existing condition of things.

A Warning to Coroners.

A SERGEANT of the Somersetshire militia recently died at Taunton under the following circumstances after only a few hours' illness:—The medical gentleman who saw him was unable to certify as to the cause of death. At the inquest a verdict of "Died by the visitation of God" was returned, but subsequently a post-mortem examination of the body was made, when a quantity of arsenic, more than sufficient to cause death, was found in deceased's stomach, though whether taken voluntarily or administered by some one is as yet unknown. The matter was placed in the hands of the police, and at the beginning of July the Court of Queen's Bench, on the application of the Attorney-General, quashed the inquisition, issued a *mandamus* commanding the coroner of the district to have the body disinterred and to hold another inquiry.

Scarcity of Dwellings for the Poor in Dublin.

In his last report to the Corporation, the Medical Superintendent Officer of Health for Dublin says, that the closing of many dwellings has caused a great dearth of homes for the very poor; they complain that they find it difficult to procure tenements, and also that the rents of the lowest class of tenements has lately been raised. If the Corporation continue closing up tenemental dwellings at the rate which has prevailed during the present year he fears it will be almost impossible for the labouring classes to procure lodgings, and trusts that the Corporation may soon be in a position to erect some dwellings under the Labouring Classes' Dwellings Act, so as to provide a remedy for the only evil which has arisen out of the closing of so many tenemental dwellings—namely, the want of cheap houses for the poorest classes of the population.

Sanitary Statistics of Jews.

At the close of an article in the *Revue Scientifique*, May 14, writer says:—

We believe that we have been able to show that nearly everywhere the Jews enjoy the following physiological immunities, when compared with the inhabitants of the countries in which they are established:—1. Their general fecundity (the relation of births to population) is less. 2. According to locality, their marriages are more or less fertile, but everywhere they preserve a larger number of their children. 3. They have much fewer illegitimate births and infants born dead. 4. The proportion of male births is sensibly higher. 5. Their mortality is less, and their mean life is longer. 6. Their increase, by the preponderance of births over deaths, is more rapid. 7. If they do not completely escape contagious diseases, they are less severely affected by them. 8. They are protected from certain diseases, such as pulmonary phthisis and scrofula. 9. They become acclimated and reproductive under every latitude.

These immunities resist the generally miserable condition which all observers attribute to them, as they do the frequency of their consanguineous marriages and their sojourn in cities, remote from the salutary influences of rural life enjoyed by the majority of the other inhabitants. What can be the causes of these privileges? Must we regard them, with a large number of authors, as the result of a superior vitality inherent to the race, which has been preserved intact through ages, and in spite of the differences of climates, in consequence of an almost complete absence of crossing? Must we seek these only in the persevering observation of the laws of hygiene laid down in Deuteronomy? But these rules were only applicable to the climate under which the ancient Israelites lived, whether in Judæa or in Egypt during the captivity. Or should we attribute them, first, to the salutary influence of marriage, which Jews contract at a less advanced age than Christians, and also to their following the less fatiguing occupations, and which are but little exposed to accidents? Can we admit, also, that they profit by the beneficial hygienic effects of the spirit of order and economy, of regulation in habits and moderation in tastes in the relative severity of their manners and the completely private and family life which many observers

attribute to them? Finally, are we to admit with others that their state of misery is only in appearance, and that in reality, their well-being is generally superior to that of the population amidst which they live? All these hypotheses are admissible.

A Creditable Representative of the Profession.

At the Whitby Police Court last week a "doctor of medicine" was charged with sleeping out, not having any visible means of subsistence, and not being able to give a good account of himself. A constable stated that he found the defendant in a coal-shed. He spent all the money he got in drink, and was leading a thoroughly vagrant life, making no effort to retrieve his character. Defendant pleaded guilty to the charge, and made a pathetic appeal to the bench not to send him to prison. He had been to prison once, he said, and if he was sent again it would mean absolute ruin to him in his profession. The bench replied that he must go to prison for fourteen days.

Glass Blowers and their Diseases.

DR. DIFFERNER, of Belgium, offers in the *Gazette Medicale de Paris* a paper on this subject. From a residence among factories for glass blowing, he has had special advantages for studying the results of this kind of labour upon the different organs of the body.

The temperature around the furnaces is a very high one for the melting of glass, and the pulmonary effort for ten or twelve consecutive hours is very great. Added to these causes of disease is the too common and improper use of alcohol. On the other hand, the wages of the labourer are higher than in other occupations, and his home and surroundings better. But these advantages are badly made use of. The love of money conduces to unusual prolonged labour, which added to the excess of alcohol, soon breaks down the strongest constitution which yields to the first attack of disease. They seldom re-act, and the first affections pass easily into chronic and adynamic conditions. The digestive organs suffer severely. There are ulcerations of the lips, of the tongue, of the palate, without being very severe, chronic catarrhs of the stomach and intestines, with violent dyspepsias. These are due to irregularity of eating and drinking, and particularly the latter.

Ovariectomy of Milk Cows.

In a paper on milk, published in the *New York Medical Record*, Dr. Brush recommends the removal of the ovaries from milk cows by the operation known as spaying. If this operation, says he were more generally adopted by the owners of dairy cows, we would avoid many of the influences which affect the value of milk. If, after a cow has calved, and the flow of milk has attained its normal condition, this operation were performed, we would avoid those conditions in the cow which have a deleterious effect on the milk, such as the recurrence of the sexual desire, pregnancy, and the like. A cow once spayed will continue to give milk during the remainder of her life.

Nitrite of Amyl in Affections of the Ear.

DR. JULES MICHAEL, of Hambourg, reports in the *Annales des Malades de l'Oreille* that in a great number of maladies of the ear, the subjective noises (or ringing of the ears) which constitute a grave symptom and serious consequences, a suitable treatment can often dispel the symptom. What constitutes a grave affection is a severe catarrh of the middle ear, producing a discharge, and here remedies often fail. The narcotics, revulsives, galvanism, fail entirely. Dr. Michael originated the ideal of trying nitrite of amyl. This anæsthetic acts by paralyzing the vaso-motor nerves. Being tried in twenty-seven cases it produced amelioration in nineteen of them. In three cases the ringing completely ceased. In four cases there was a sensible improvement. The greater part of the cases were otitis from hypertrophy of the middle ear.

Five drops of the nitrite of amyl were inhaled at one sitting. By prolonging the inhalation the symptoms were redness of face, eyes brilliant with injection of the blood vessels; approaching vertigo the inhalation was stopped.

The duration of amelioration after one sitting has been very diverse. Sometimes only one hour, with other two weeks, and one case three months. The second inhalation has the most durable effect.

How to Give Tannin.

THIS useful astringent often yields unsatisfactory results when administered in powder or simple solution, either failing of effect or producing pain and other signs of irritation of the stomach or intestines. We note in a German exchange, that at the Leipzig Policlinik all these unpleasant results are avoided, and a very useful and agreeable astringent mixture, well suited to children, is prepared by forming an albuminate of tannin, according to the following formula:—*R.* Acidi tannici, two parts; aquæ; sol. album. ovi. un., ää 100 parts. The last-mentioned is to be added with stirring briskly.

Antiseptic Ovariectomy.

PROFESSOR C. J. ASK, of Lund, in Sweden, contributes to the recently published number of the *Nordiskt Mediciniskt Arkiv* a paper on Ovariectomy. He had had thirty cases, of which seven were operated on without antiseptics, before July, 1877; in the remaining twenty-three cases antiseptic measures were adopted. Of the seven cases in the first group two died; while in the twenty-three antiseptic cases there were only three deaths. In the last twelve cases Dr. Ask has not had one death.

The Inner Circle Railway.

ON Monday, the 5th inst., an important and interesting ceremony, likely to have a considerable influence on the future of London, took place in a yard near Aldgate. This was nothing less than the formal commencement of the works in connection with the completion of the Inner Circle Railway, whereby the gap intervening between Mansion House and Aldgate Stations will cease to exist as a break in the line of railway communication. The Lord Mayor, who dug the "first sod," made general reference to the results likely to follow from his perform-

ance, but in the congratulatory addresses that were delivered, there was no mention made of the very considerable advantages we may reasonably anticipate will follow from increased facilities for locomotion afforded to those who make use of two large hospitals, whether as applicants for, or dispensers of, medical relief. Any better means of approaching the London Hospital than are now to be found cannot fail to bring the immense advantages it offers for surgical and medical studies within reach of an increased number of students; and, we may not unreasonably hope that no distant date will witness direct communication between Aldgate and Whitechapel Stations established. Guy's Hospital, too, will be nearer than it is—in point of time—with a point of access to which in a brief period West-enders can be transported. It is much to be feared, however, that nothing will now avail to restore the popularity of this once noble school. That the completed railway will help on the progress of medical science as well as that of commerce is a gratifying reflection in spite of the evident domination of its projectors' minds, by the principle suggestive of the *auri sacra fames*.

Paraguay Tea.

THE action of maté or Paraguay tea upon the blood has been investigated by MM. D'Arsonval and Couty (*Comptes Rendus*, July 11). Absorbed by the stomach or the veins, maté diminishes the oxygen and carbonic acid of arterial and venous blood enormously, sometimes to a third or a half of the normal quantity.

The Dangers of Schools.

THE frequency with which injury and even death are caused by rash punishment inflicted on young children by school teachers, has again and again formed subject of outspoken denunciation on the part of those who are able to estimate the severity of the damage thus frequently produced. And yet, in spite of numerous warnings uttered from the bench and by the press, we find more than occasional records of brutal ill-treatment of children at the hands of their teachers. So serious are many of these cases that it is fast becoming an imperative necessity to put some effectual check on the license which schoolmasters at present enjoy and indulge. The employment of rulers as instruments of punishment cannot be sufficiently condemned, and absolutely no defence can be urged in favour of striking the head, or indeed any part of the body but the buttock with even the legitimate cane. If corporeal punishment is a necessity it ought to be administered in such a way as to insure no after ill effects to the pupil, and in no case should it be permitted to an under-master. If discipline is to be maintained in schools through the fear inspired by the rod, then it should be a criminal offence for any but the chief authority to punish. As a matter of fact, complaints of ill-treatment come chiefly from sufferers at the hands of assistant masters; or where this is not so, it usually happens that the offender is either an ill-paid, ill-educated, and ill-principled board or British school teacher; or he is a man of ungovernable temper, although possibly of superior social status. Such persons will always be found among eachers, and so long as they are not brought

under the fear of legal consequences, they will persist in indiscriminate punishment of their unpromising pupils. Only last week a teacher at Bradford was committed for trial on a charge of manslaughter, a female pupil twelve years of age, having been so severely beaten on the head and hands with a ruler by him, that she died in consequence. We repeat that the cases of irreparable injury received in schools are beyond number, and that it should be made a criminal offence to inflict any punishment that may possibly be followed by serious injury to the person of the student.

American Degrees.

THE fast growing dubiousness with which even the best American degrees are being regarded in this country, renders it a matter for general congratulation that a movement in the right direction with respect to the innumerable bogus diplomasis being made. The American Association for the Advancement of Science, during its recent meeting at Cincinnati, took action in the matter by deciding to unite with the American Philological Association in memorialising all United States colleges empowered to grant the degree of Ph.D., and urging them not to confer it *honoris causa*. It seems that as much mischief of a certain kind is done by the spurious M.P.'s (Masters of Penmanship), D.D.'s, D.Sc.s, &c., as by the miserable shams who impose a purchased American M.D. in place of a registrable British qualification, on the English public. The *Times*, in commenting on this subject, suggests that "it would certainly be difficult in a country like the United States to secure uniformity in practice in this matter among all the 360 colleges; for the sake of the respectable institutions it is a pity that it cannot be secured. We trust, however, that the action of the American Association will have some influence with the peccant colleges; it will, at any rate, put people on their guard against American Ph.D.'s and S.D.'s, as well as D.D.'s.

Librarian's Congress.

DURING the present week the Library Association of the United Kingdom will hold its annual conference in London, the days of meeting being September 13, 14, 15. The sessional proceedings will take place in the hall of Gray's Inn, and several papers bearing on library matters and arrangements will be read and discussed. There is a good deal of useful work that we hope to see accomplished by-and-bye through the aid of the Library Association, in connection with the classification and arrangement of medical libraries. The Association will dine together on Thursday evening at the Freemason's Tavern, the country members being invited to this entertainment by their Metropolitan brethren; and in addition to visits of inspection arranged to be paid to several interesting collections of books, the Inns of Court Libraries especially, several private and other parties will be held to welcome the members of the Association.

THE will of Mr. Thomas Heckstall Smith, late of St. Mary Cray, Kent, was proved last week in the Probate Court under a personality of £62,000.

New Medical Knights.

THE Queen has been graciously pleased to approve of the honour of knighthood being conferred upon Mr. G. C. M. Birdwood, M.D., C.S.I., of the India Office, late Bombay Medical staff; and John Kirk, Esq., M.D., C.M.G., agent and consul at Zanzibar.

American Ophthalmological Society.

AT the last annual meeting, held in Newport, Rhode Island, July 27th and 28th, 1881, the following gentlemen were elected officers for the ensuing year:—President: Dr. H. D. Noyes, of New York; Vice-President: Dr. William F. Norris, of Philadelphia; Secretary and Treasurer: Dr. Richard H. Derby, of New York; Corresponding Secretary: Dr. J. S. Prout, of Brooklyn; Committee on Publication: Drs. E. G. Loring, D. B. St. John Roosa, and Richard H. Derby.

Drink and Lying.

DR. RICHARDSON, in an article contributed by him to the *Church of England Temperance Chronicle*, draws attention to the agreement among medical men as to the universal habit of lying among dipsomaniacs. "Alcohol," he asserts, "produces, when taken into the body in large quantities, nervous aberration," by which, he continues, he means, "that a part of the diseased constitution produced by the repeated action of alcohol in the body is indicated by that loss of appreciation between the true and the untrue, which we call the habit of falsehood." In the same current number of the periodical, Dr. N. Kerr, has an article on "Improvvidence in Alcohol."

Intense Heat in America.

THE Americans seem to be experiencing to an unpleasant degree that summer heat which has been conspicuously absent in this country during the present year; and judging from the accounts to hand we may with some reason congratulate ourselves on the immunity we have hitherto enjoyed. In some places in America there is grave cause for apprehending future epidemics in consequence of the exposure of large numbers of unburied carcasses of cattle, which there are too few people to bury. The huge fires that have raged in Michigan have been a chief cause of the devastation of crops and cattle, and the consequence likely to ensue from the continuance of decomposing material above ground will need to be keenly provided against if the least possible evil is to result from them. The atmospheric peculiarities accompanying the great heat are interesting evidences of its intensity, and we may expect to hear of a long train of nervous and other diseases incident to the occurrences characterising the heat.

THE mortality in the principal foreign cities the rates of according to the latest official weekly return, were in—Calcutta 25, Bombay 33, Madras 40; Paris 26; Brussels 23; Amsterdam 19, Rotterdam 20, The Hague 30; Copenhagen 19, Stockholm 22, Christiana 14; St. Petersburg 42; Berlin 35, Hamburg 24, Dresden 30, Breslau 43, Munich 38; Vienna 24; Prague 30; Buda-Pesth 40; Turin 22; New York 36, Brooklyn 29, Philadelphia 27, and Baltimore 32 per 1,000 of the populations.

A FIRE which might have been attended with alarming consequences, but for the promptness displayed, broke out in the laundry of the Homerton Fever Hospital last Thursday.

THE Lord Chancellor, on the recommendation of the Marquis of Donegal, the Lieutenant of the county, has appointed Dr. M'Donnell, of Randalstown, on the Commission of the Peace for county Antrim.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population were—Brighton 13, Portsmouth 13, Norwich 13, Birmingham 14, Bradford 14, Oldham 15, Plymouth 15, Dublin 16, London 16, Leeds 17, Newcastle-on-Tyne 17, Wolverhampton 17, Salford 18, Bristol 18, Edinburgh 18, Manchester 19, Nottingham 19, Sheffield 20, Glasgow 21, Liverpool 22, Sunderland 22, Hull 24, and Leicester 25.

FROM diseases of the zymotic class scarlet fever showed the largest proportional fatality in Hull, Leicester, Nottingham and Sunderland; the deaths from this disease in Hull, which had been 23 and 29 in the two preceding weeks, declined to 16 last week. The 26 deaths from diphtheria in the large towns included 8 in London, 5 in Glasgow, 3 in Portsmouth, 3 in Birmingham, and 3 in Manchester. Fever, principally enteric, showed the highest death-rate in Nottingham, Newcastle-on-Tyne, and Salford. Diarrhoea fatality showed a further general decline, and was considerably below the average for the season. Small-pox caused 24 more deaths in London and its outer ring of suburban districts, and not one in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE UNIVERSITY OF EDINBURGH.—OPENING OF NEW BUILDINGS.—During the forthcoming Session, the classes of surgery, midwifery and anatomy, are to be transferred to the class rooms of the new buildings. It is to be hoped that the acoustic arrangements will be better than in the old, for it is too much to expect students to sit through several hundred hours with their necks on the stretch, and their left hands up to their ears to catch the feeble accents of the lecturer. In the smaller class rooms, only those on the front benches could hear, and if it were not for the "written word" of the professors, the student might have gathered as little information as at a quaker's meeting. What the case will be in the new it is difficult to say, but surely the Senatus might suggest the necessity for speaking up, or of graceful retirement when such retirement can be made amid sweet memories and grateful acknowledgements for much good and sound teaching. In another University we hear that the students have given up all attempt to obtain information, and seek calm repose on the benches induced by the mild hum in the well of the theatre, or wile away the tedious hours by reading the newspaper.

ABROATH SMALL-POX EPIDEMIC.—The epidemic of small-pox, which broke out about two months ago, is now all but extinct. Two convalescent cases alone remain in the hos-

pital. Only two deaths have occurred during the epidemic, one on board the ship where the disease broke out, and the other, a young man belonging to the town.

LEITH—PUBLIC HEALTH RETURNS.—From the returns prepared by the Leith registrars, it appears that during the month ending 3rd September 88 deaths occurred in the burgh. There were 198 births, of which 12 were illegitimate. In a note, Mr. Gilbert Archer, officer of health, states that 88 deaths during the month, as against 125 in the corresponding month of last year, shows an unusually low rate of mortality, being equal to 17 per 1,000. Indeed, it may be noted, as almost without precedent, that in North Leith only one death was registered during the fortnight ending 27th August. Typhus fever has almost disappeared, but scarlet fever still lingers in a few localities. This low death-rate, with the presence of typhus and scarlet fever, which have been more or less epidemic in Leith, is a corroboration of the statement repeatedly made by sanitarians that the death-rate is no index of the healthiness or unhealthiness of a district.

REGISTRAR-GENERAL'S REPORT.—The death-rate in the eight principal towns during the week ending with Saturday, the 3rd September, 1881, was 18·9 per 1,000 of estimated population. This rate is 0·4 below that of the corresponding week of last year, but 1·5 above that of the previous week of the present year. The lowest mortality was recorded in Leith viz., 12·7 per 1,000; and the highest in Paisley—viz., 23·3 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·4 per 1,000, or 0·2 above the rate for last week. Acute diseases of the chest caused 70 deaths, or 18 more than the number registered last week. The mean temperature was 51·3, being 1·1 below that of the week immediately preceding, and 10·8 below that of the corresponding week of 1880.

ABERDEEN—WATER CASE.—In the Aberdeen Small-Debt Court last week, Sheriff Comrie Thomson gave decree against a butcher residing at Old Aberdeen, for 10s., with expenses, for having, during the past two years, used water from the public well for purposes other than domestic. The pursuers were the Police Commissioners of the burgh, and the water used was for a horse, the expense of which the Commissioners estimated at the rate of 5s. a year.

Obituary.

RICHARD OLEWIN GRIFFITH, M.R.C.S.

WITHIN three days of each other two of the oldest and most venerated members of our profession have passed away from amongst us, Dr. Archibald Billing, F.R.S., the Author of the "First Principles of Medicine," who died on the 3rd inst., in his 91st year, and whose obituary we gave in our last issue, and Mr. Richard Olewin Griffith, M.R.C.S., M.S.A., F.S.A., &c., who died on the 5th inst., at 20 Gower Street, at the age of 90, having been born in the neighbourhood in which he died in the year 1791. Mr. Griffith's father was an apothecary in or near Tottenham Court Road, where he bred and brought up a large family. Richard, his second son, he determined upon educating for the medical profession, and in due course, and at an early age, "he walked the hospitals" of St. Thomas's and Guy's. He became a member of the Apothecaries' Society in 1812, and a member of the College in 1813; consequently, he was an older member of the profession than Dr. Billing. Young Griffith determined to see practice, and with this view he quickly sought and obtained an assistant-surgery in the army (which at that time was in want of assistants), and he proceeded to join Wellington's staff on the field of Waterloo. Having seen some service, he returned home, and settled

down to the humdrum life of general practice. He soon succeeded in obtaining the largest and best practice in the neighbourhood, and he more than once told the writer of this notice that, for thirty or more years, and the greater part of each year, he was in the habit of seeing and prescribing for eighty, ninety, and a hundred patients a day, frequently employing two and three assistants in dispensing the medicines. He enjoyed remarkable health, but although one of the best informed men in the practice of his profession, he never had a sufficient amount of spare time to give the results of his great practical experience to the profession; so that he is not known to have contributed anything to the general stock of knowledge. When quite late in life he retired from practice, and became a member of almost all the learned societies in London, he was content to remain a listener and a learner rather than a guide and a teacher. In due course he became Master of the Apothecaries' Society, an office he filled with the greatest satisfaction to the Court. As a man of most sociable and genial habits of life, he commanded a wide circle of friends, with whom he remained on the closest terms of intimacy up to the day of his death. He leaves behind him a son, a well-known and highly respected member of the profession, another having pre-deceased him by some four or five years, several daughters, and very numerous grandchildren.

Correspondence.

SUPPLY OF MEDICAL SPECIALITIES TO DISPENSARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—I have on more than one occasion pointed out that it is in the power of medical officers of dispensary districts to obtain good medicines for their dispensaries instead of the wretched stuff that is often supplied by contract, if they require all-important medicines to be supplied with the name and trade mark of a respectable maker on it.

The plan I have adopted is to select all the active medicines I want from the list of specialities of a well-known English pharmaceutical house, especially from their list of coated pills. As I had no meeting of my committee for some months I sent a requisition for a supply of such medicines direct to the board of guardians. They did not like to take the responsibility of sanctioning the order so they sent it up to the Local Government Board, who replied as follows:—

"I am to state that any medicines required by the medical officer which are not included in the prescribed list should be applied for by distinct requisition, stating the circumstances which are considered to render the requisition necessary. A revised list of medicines will shortly be issued."

In reply to this I sent the board of guardians the following "reasons," which were forwarded to the Local Government Board:—

"Parsonstown, 19th August, 1881.

"TO THE CLERK OF THE PARSONSTOWN UNION.

"Sir,—In compliance with the directions given by the Local Government Board in their communication to you of the 18th inst., I beg to give the following reasons for requiring the medicines which are not in 'the prescribed list':—

"1. From what I know of the state of the drug trade I consider it essential as a guarantee of the genuineness of every important medicine that it should be supplied by a manufacturer of known reputation. I have therefore required in several cases that drugs which are in the list shall be supplied in a concentrated form, with the name and trade mark on the bottles of a maker of known reputation.

"2. I have ordered several medicines which have come into general use since the 'prescribed list' was formed. There seems to be no reason why the poor should be without these medicines till the Local Government Board has prepared a revised list. The more so, it is some months

since they intimated that such a list was in progress, and it is still only 'shortly to be issued.'

"3. I have ordered a supply of 'pearl-coated pills' as they are not injured by damp.

"4. The ultimate cost of the medicines I have ordered is not more than if I ordered a quantity of extracts and pill masses such as are in the 'prescribed list,' which would be spoiled in a few weeks, whereas I have ordered them in a form in which they will keep for years.

"Yours, &c.,

"A. WALLACE, M.D."

A reply was at once sent down directing that my dispensary should be supplied with these drugs.

I consider this an important point gained, as the "reasons" I have assigned apply all over Ireland, and the action of the Local Government Board in the matter clearly recognises the right of the medical officer to be supplied with drugs in which he has perfect confidence.

I trust medical officers generally will at the same time exercise a wise discretion by using economy, as can very well be done when the drugs are made up in such form for administration as that there need be no waste.

Yours, &c.,

A. WALLACE, M.D.

Parsonstown, 25th August, 1881.

NOTICES TO CORRESPONDENTS.

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

READING CASES.—Cloth board cases, gilt-lettered, containing 25 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

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 PUZZLED ONE.—We have read the evidence of Dr. Norman Kerr and Prof. Wanklyn, and cannot, with the most charitable construction, make them coincide. The best that can be said on the subject is that there is a mistake somewhere, on which side we are not prepared to decide.

MR. TUSON.—The terms are synonymous, the first is the more generally used, the other is almost obsolete.

A PROVINCIAL PRACTITIONER.—"Better endure the ills ye have than fly to those ye know not of" is, unfortunately, applicable in your case. Boards of guardians are never over tender in their mercies towards their medical officers, whom they know to be their superiors, although legally their servants. The action of a neighbouring practitioner is little better than despicable.

DR. E. W. B.—Satisfactory in every way.

MR. SUTTON.—No, much below the average of recent years.

DR. PEARSON is thanked for the paper which we have read with much interest.

THE PARKES MUSEUM OF HYGIENE.—We are asked to announce that this Museum will be re-opened next month. Tuesdays, Thursdays, and Saturdays will be free days. Lectures on Sanitary Science will be given during the ensuing season.

CYCLOPE.—It often enough requires the use of both eyes on our part to detect a attempt like those you draw attention to. By a reference to the number for July 18th you will see that we were even then aware of what was about to happen, and had prepared to foil the endeavour. We shall succeed in doing so.

DR. EDWARDS.—We have already said all we intend saying on the subject. There is nothing to hinder you from repeating the notice, in fact, we think you had better.

THE POTENCY OF VACCINE LYMPH IN TUBES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—How long does vaccine-lymph in tubes retain its power of propagating vaccinia?

Yours, &c.,

A HACK.

["* This query does not admit of any very definite reply. The safe rule is that vaccine-lymph in tubes should be used as quickly as possible.—ED.]

MR. W. A. OLIVER.—By the announcement on our title-page you will observe that our annual "Students' Number" will be issued next Wednesday.

A NOVEL USE OF A VACCINATION CERTIFICATE.—Last week in the

City of London Court a young man was sued for payment of goods supplied, when he set up the extraordinary defence of infancy, and produced a certificate of recent vaccination in proof. He was, nevertheless, convicted in spite of his plea, much to his annoyance and apparent surprise.

MR. F. SHERLOCK will find his communication referred to in another column.

DR. J. M.—A review of your book is in type and will appear in an early number.

DR. SLEVIN.—The address of the author of "Sanitary Conditions of Turkey" is 29 Euston Square, London, W.

PILGRIMAGES AND DISEASE.—The purity of holy wells has probably never borne a satisfactory relation to their sanctity. It must be hoped, however, that not many are in such a state as that of the well of Zemzem at Mecca, which is deemed so sacred that large quantities of its waters are regularly exported to be drunk by the Moslem faithful in all parts of the world. Prof. Frankland has analysed this precious fluid, and finds it "sewage, more than seven times as concentrated as London sewage." After this nobody will wonder that pilgrimages to Mecca are often attended by outbreaks of cholera.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The next evening meeting of the above Society will be held on Wednesday, October 6th, at 8 o'clock. The seasonal prizes and certificates will be distributed at this meeting. An address to the students will be delivered by Charles Symes, Ph.D. All students and friends, are invited to be present.

MIDDLEMORE FUND PRIZE ESSAY.

WE are asked to announce that the interest on the fund of £500 given in trust to the British Medical Association by Mr. Richard Middlemore, of Birmingham, to found a prize for the best essay on Ophthalmology, having accumulated for three years, the Committee of Council now offer, in accordance with the terms of the trust deed, a prize of £50 for the best essay on the Scientific and Practical Value of Improvements in Ophthalmological Medicine and Surgery made or published during the past three years. The successful essay will be the property of the Association. Essays must be in English or accompanied by an English translation, and forwarded under cover, with a sealed envelope bearing the motto of the essay, and containing the name and address of the author, addressed to the General Secretary of the British Medical Association, 161A Strand, London, and must be in his hands on or before May 31st, 1882.

A MODEST ESTIMATE.—The Editor of the *Alliance News*, the leading organ of the temperance advocates, has, after very carefully prepared statistics, come to the conclusion that the nation loses annually the moderate sum of two hundred and twenty millions sterling from the drinking habits of the people: which may be summarised thus:—

Loss of time and labour	£50,000,000
Destruction of property from fire, &c, theft, bankruptcy, "and otherwise" .. .	5,000,000
Cost of sickness, insanity, biliousness, and premature death	20,000,000
Loss from idleness of this pauper, criminal vagrant, and lunatic	18,000,000
Loss from non-production of capital spent in drink	20,000,000
Cost of judge, magistrate, lawyers, witnesses, policemen, jurymen, jailor, hangman	5,000,000
Loss arising through the extra cost of religious, moral, temperance, and other social efforts and expenses needed to counteract the evils of intemperance	10,000,000
Adding the cost of "intoxicating liquors" consumed by the typical drinker, say ..	82,000,000
Total	£220,000,000

In this estimate we expected to find an item of a few odd millions spent on doctors, but the Editor would appear to regard it as inevitable that the drunkard kills himself without the intervention of medical men, for which opinion we ought to be grateful.

THE LATE SURGEON LONDON.

To the Editor of the *MEDICAL PRESS AND CIRCULAR*.
St. Bartholomew's Hospital, E.C.,
Sept. 1881.

SIR,—It has been suggested that a Memorial Brass should be placed in the Hospital Church of St. Bartholomew-the-Less to Arthur Jermyn London, our late friend and fellow-student, who fell in the discharge of his duty at Majuba Hill, in the Transvaal, on Sunday, February 27th, of this year.

The circumstances of Mr. Landon's death are given (at foot) in the proposed inscription, to defray the cost of which we invite the subscriptions of colleagues and other members of the profession.

In no case do we anticipate that the amount required from each subscriber will be more than half a guinea, and if many respond it might be less.

Names and subscriptions may be sent to any of the undersigned:—
C. E. Harrison, M.B., Surgeon, Grenadier Guards Club, 70 Pall Mall, S.W.; Joseph Mills, The College, St. Bartholomew's Hospital, E.C.; Norman Moore, M.D., The College, St. Bartholomew's Hospital, E.C.; W. E. Stevenson, M.B., Hospital for Sick Children, Great Ormond Street, W.C.

His former medical contemporaries at St. Bartholomew's Hospital have set up this tablet to keep in memory the bright example of Arthur Jermyn London, who, while continuing to dress the wounded amid a shower of balls in the action on Majuba Hill, was in turn mortally wounded by a bullet, and calling out to his assistants, "I am dying; do what you can for the wounded," only desired for himself that his friends might be told that "he fell doing his duty." His habitual life was expressed in the simple grandeur of his death.

Vacancies.

- Bath General Hospital.—Resident Medical Officer. Salary, £100, with board. Applications (under cover to the Committee) to be addressed to the Registrar before Sept. 22.
- Birmingham Children's Hospital.—Assistant Resident Medical Officer. Salary, £40, with board, &c. Applications to the Hon. Sec. before Sept. 20.
- Cheltenham General Hospital.—Dispenser. Salary, £26, with board. Applications to the Hon. Sec., Board Room, before Sept. 24.
- Manchester, Owens College.—Demonstratorship of Anatomy. Salary, £128. Applications to be addressed to the Senate before Sept. 23.
- Oughterard Union, Lettermore Dispensary.—Medical Officer. Salary, £100, and £12 as Medical Officer of Health. Election, Sept. 27.
- West Bromwich Hospital.—House Surgeon. Salary, £20, with board. Applications to W. Bache, Esq., West Bromwich, before Sept. 28.

Appointments.

- ASHWELL, H. G., M.R.C.S., House Surgeon to Guy's Hospital.
- CREWE, W. T., F.R.C.S. Eng., L.R.C.P. Lond., House Surgeon to Guy's Hospital.
- FRASER, F., M.B., C.M., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer to the Fifth District of the Severn-Soaks Union.
- HATTON, G. S., M.B. Dur., M.R.C.S., House Physician to the North Staffordshire Infirmary.
- LEACH, J. C., M.D., B.Sc., S.Sc.C. Camb., County Analyst, has been appointed Analyst for the Borough of Shaftesbury.
- LLOYD, E. W., M.R.C.S., House Surgeon to the West London Hospital, Hammersmith.
- M'NEILL, J. P., M.D.T.C.D., L.R.C.S.I., Public Analyst for the Borough of Tiverton.
- MACDONALD, J. A., M.R.C.S., Medical Officer for the Berwick District of the Berwick Union.
- MARLOW, F., M.R.C.S., L.S.A. Lond., House Surgeon to St. Thomas's Hospital.
- MURRAY, —, M.B. Dub., M.R.C.S., Medical Officer for the First District of the Pembroke Union.
- NEWHAM, W. H. C., M.R.C.S., B.A. Cantab., House Physician to Guy's Hospital.
- PAGE, F. M., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Bilton District of the Keynsham Union.
- POWELL, G. B., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Third District of the Nottingham Union.
- PRYNN, W. W., M.R.C.S., House Surgeon to Guy's Hospital.
- REDMOND, I., L.R.C.S.I., L.S.A. Lond., Honorary Surgeon to the Stockton Hospital, Stockton-on-Tees.
- RHEE, J., M.R.C.S., Assistant Surgeon to the City Provident Dispensary and Surgical Appliance Association, London, E.C.
- SAVILL, T. D., M.R.C.S., L.S.A. Lond., House Physician to St. Thomas's Hospital.

Births.

- DINGLE.—Sept. 6, at 61 Bunhill Row, Finsbury, E.C., the wife of W. A. Dingle, M.R.C.S., of a son.
- FAIRBANK.—Sept. 5, at Windsor, the wife of Wm. Fairbank, M.R.C.S., of a daughter.
- HEDERMAN.—Sept. 3, at Rathkeale House, Rathkeale, the wife of William Hederman, L.R.C.P. Ed., of a son.
- NASH.—Sept. 5, at Herne Bay, the wife of E. Nash, M.D., of Lansdowne Road, Notting Hill, W., of a daughter.
- WADE.—Sept. 8, at 3 Wrington Villas, Forest Hill, S.E., the wife of C. H. Wade, B.A. Oxon, F.L.S., of a daughter, prematurely.

Marriages.

- BIRTWHISTLE—HEWETSON.—Sept. 7, at All Saints', Scarborough, Dr. F. Birtwhistle, of Barton-on-Humber, to Julia, second daughter of Hy. Hewetson, Esq., of Falgrave, Scarborough.
- JOHNSTON—PERCEVAL.—Aug. 31, at Kilkeel Church, Dr. Percy Herbert Johnston, A.M.D., eldest son of Dr. J. W. Johnston, Park View, Cork, to Agnes Maude, eldest daughter of General J. Maxwell Perceval, O.B.
- REDMOND—QUINLAN.—Sept. 1, Gabriel O'Connell Redmond, M.D., of Cappoquin, to Helen, eldest daughter of John Quinlan, Esq., Clonkerdin, co. Waterford.
- ROUTH—ROUTH.—Sept. 8, at the Parish Church, Hunstanton, Norfolk, Alfred Curtis Routh, of Constantinople, to Anne Julia Adèle, eldest daughter of C. H. F. Routh, M.D., of Montague Square, London.
- WALTON—KEELAN.—Sept. 1, at the Parish Church, Alverstoke, Hants, Haynes Walton, F.R.C.S., of Moon Street, London, to Kathleen, second daughter of Patrick Keelan, Fleet Surgeon, Royal Navy.

Deaths.

- BUTLER.—On Sept. 6, at Greenway House, Honiton, John M. Butler, M.D., late of Woolwich, aged 50.
- CARTER.—Sept. 8, at Dartmouth Terrace, Lewisham, S.E., R. S. Carter, M.R.C.S., aged 62.
- JORDISON.—Sept. 3, at South Oxendon, Essex, Robert Binks Jordison, M.R.C.S. & L.S.A., Medical Officer of the Oxendon District of the Orsett Union, aged 69.
- KINGSFORD.—Sept. 12, at Upper Clapton, C. Dudley Kingsford, M.D. St. And., M.R.C.S., aged 51.
- LEADAM.—Sept. 5, at his residence, Stratford House, Mortimer, Dr. J. E. Leadam, late of York Place, London, W., aged 71.
- PEACOCK.—Aug. 26, at Darlington, James Bailey Peacock, M.R.C.S.E., L.R.C.P. Ed., aged 48.
- SYMES.—Aug. 28, at Charles Street, Grosvenor Square, Edmond Shepard Symes, M.D., aged 76.
- WALLIS.—Sept. 3, at Bridgetown, Totnes, Albert J. Wallis, M.D., J.P., aged 39.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 21, 1881.

STUDENTS' NUMBER.

PART I.—The future of the Student in Private Practice or the Public Services.

PART II.—The Education and Qualification of the Student in the United Kingdom.

PREFATORY.

THE prospect of reform in medical education and practice, which have for close on five years served to suggest the remarks introductory to our annual "Students' Number," are still unaccomplished; but, notwithstanding, it is possible to regard them as much more imminent than was the case a twelvemonth ago. The Royal Commission which has been appointed to receive and consider evidence bearing on the past working of the Medical Act, and the direction in which they will admit of improvement, although holding its sittings in secret, may be nevertheless trusted to formulate a scheme under which many existing anomalies will be heard of for the last time, and the whole system of mischievous confusion attendant on professional qualification and practice in the past will be swept away. Under it we may expect to see multitudinous directions among examining bodies no longer existing to complicate the progress of medical education, and in their place one single test of absolute uniformity, by passing which alone the student will be entitled to register as a medical man. The advantages to be anticipated from such a sweeping and wholesome change need not be dwelt upon; they are now universally recognised, except by those who will be permanently injured in a pecuniary sense by the passage of the Medical Reform Act. It may be, perhaps, that this is the last occasion on which it will be our duty to present a sketch of the rules and regulations in force of nineteen licensing corporations in the United Kingdom; in this case our special number will be taken up with description of the schools rather than the systems obtaining at schools, and will be prefaced by an account of that central examination uniform throughout the kingdom, which is regarded by the wellwishers to the profession of medicine as the highest good that can accrue to it in the future.

We ought not, however, to overlook the fact, that in spite of all discouragement, the spirit of progress is strong within our midst, and that by virtue of it a steady advance is being made over the older and less desirable modes of education prevalent a generation or two ago. The training that a medical student undergoes at the present time is in every way better, and is in accordance with a loftier ideal than that our fathers

were submitted to. That it has been so is perhaps the truest proof we can obtain of possible improvement in the future, and all the more ought it to incite to determined efforts for gaining the goal now so temptingly close at hand.

We do not lack conclusive proof in plenty of the proud pre-eminence of British science. No country in the world has succeeded in triumphing over us in the matter of research and skill in connection with our profession, and it is with pardonable exultation that we are able to point to the recent magnificent International Congress held in London as a positive evidence of the unassailable position of medicine in this country. It is to the medical men of the future—the students of today—that the onus of supporting this position must fall, and of continually extending the field of conquest—in all pertaining to the profession it will be their privilege and duty to protect and to elevate. For them specially is this number of the *Medical Press and Circular* intended, as a guide to them in entering on and prosecuting the study of medicine and surgery. Much of the information condensed into these pages exist in the published prospectuses of the various licensing bodies, only in a perplexing and intricate way highly confusing to the uninitiated. We have carefully extracted the essential details, and arranged them, as far as possible, in an orderly and easily understood sequence; but in every case where fuller or further descriptions are needed these will be always immediately supplied by the secretary, registrar, or dean of the particular college or school. A good deal of the most useful information to a student is of the kind that calendars or prospectuses do not contain. Hints and suggestions are often of the utmost value if supplied when wanted, and by one who is conversant by experience with the difficulties that arise at the outset of a medical career. As many of these aids as possible have been embodied in this number of the *Medical Press and Circular*, and many more will be forthcoming from senior students and practitioners, whose advice ought at all times to be solicited by commencing candidates for medical honours. We will now proceed with the actual work of this number, adding only that in medicine, as in everything else in life, *palmarum qui meruit ferat*.

PART I.

THE MILITARY AND NAVAL SERVICES.

THE ARMY MEDICAL DEPARTMENT.

THE Royal Warrant, dated December 2nd, 1879, placed this branch of the public service pecuniarily in a better position than it had previously enjoyed. The rates of pay under that Warrant are as follows, viz., Surgeon-General, £2 15s. or if at headquarters, £1,300 yearly; Deputy Surgeon-General, £2, at headquarters, £900 yearly; Brigade Surgeon, £1 10s. at £1 12s., at headquarters, £750 yearly; Surgeon-Major, £1 to £1 7s. 6d., according to length of service, at headquarters, £650. Surgeon, £200; after 5 years' service, £250 a year; after ten years' service, 15s. daily, equal to, say, £273 per annum. While on probation the surgeon receives 8s. per day. Relative rank is as follows: as Major-General, Director-General, and Surgeon-General; as Colonel, Deputy Surgeon-General; as Lieutenant-Colonel, Brigade Surgeon, and Surgeon-Major after twenty years' service; as Major, Surgeon-Major of less than 20 years' service; as Captain, Surgeon; as Lieutenant, Surgeon on probation.

A candidate must possess two diplomas or licences, one in Surgery and one in Medicine; he must be registered. His age on appointment not to exceed 28 years. Appointments to be through public competition. Application to be made to Director-General. On passing satisfactorily through the Army Medical School at Netley he obtains his commission, the order of precedence being in that of merit at the final examination. Medical officers, soon after being gazetted to the service are sent to Aldershot and other large stations for instruction in ambulance and army hospital corps duties.

Promotion to the rank of Surgeon-Major to be after twelve years' service, three of which abroad; but for distinguished service promotion to be irrespective of seniority. To the rank of Brigade Surgeon promotion to be by selection for ability and merit, provided the Surgeon-Major has had eight years foreign service in all. From Brigade Surgeon to Deputy Surgeon-General, and from the latter rank to that of Surgeon-General, Promotion to be by selection. If appointed as Honorary Physician or Honorary Surgeon to Her Majesty, a medical officer, if under the rank of Deputy Surgeon-General, shall, if duly qualified, be promoted to that rank.

On completion of ten years' service a medical officer may retire on a gratuity or pension, if specially recommended by the Commander-in-Chief and Secretary of State for War. If retiring voluntarily before the age of 55, he is liable to be called upon to serve in the case of national emergency. A Brigade Surgeon, Surgeon-Major, or Surgeon, shall be placed on the retired list at 55 years of age. A Deputy Surgeon-General or Surgeon-General at 60. A step of honorary rank is attainable on retiring after twenty years' full pay service. Exchanges are permitted. Good Service pensions are granted in larger numbers than heretofore. Sick leave may be allowed for six months, and in special cases for a second period of the same extent—that is, a year in all. Temporary half-pay is granted under particular circumstances to medical officers incapacitated for duty by illness.

Non effective pay, or gratuity in lieu thereof is granted. To a medical officer of 10 to 18 years' service a sum of £1,250 to £2,500; Surgeon-Major from 20 to 30 years' service, £1 to £1 5s. 0d.; Brigade Surgeon £1 7s. 6d. to £1 10s.; Deputy Surgeon-General, £1 15s.; Surgeon-General £2.

Retired Medical officers, and medical officers of the Militia, are eligible for employment up to the age of 65, receiving during the time of such employment a consolidated salary in place of retired pay.

THE INDIAN MEDICAL SERVICE.

By recent regulations the conditions of service,

pensions and honorary rewards in the Indian Medical Department have been in a great measure assimilated with those of the medical branch of the general army. It is right however that we allude to the fact that rumours are in circulation regarding further changes in the constitution of the Indian Department.

The examination usually takes place in February and August, when Candidates are examined in the following compulsory subjects: a. Anatomy and Physiology. b. Surgery. c. Medicine, including Therapeutics, the Diseases of Women and Children. d. Chemistry and Pharmacy, and a Practical Knowledge of Drugs. The examination in Medicine and Surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside. The eligibility of each candidate will be determined by the examinations in these compulsory subjects only. *Optional Subjects.*—Candidates who desire it will be examined in French, German, and Hindustani, Comparative Anatomy, Zoology, Natural Philosophy, Physical Geography, and Botany, with special reference to *Materia Medica*; and the number of marks gained will be added to the marks in the obligatory part of the examination, and position on the list of successful competitors will thus be improved in proportion. The maximum marks allotted to the voluntary subjects will be as follows: French, German, and Hindustani (150 each), 450 marks; Natural Science, 300 marks. The subjects for this part of the examination will be taken from the following books: "Animal Kingdom," by W. S. Dallas, F.L.S. "Outlines of the Structure and Functions of the Animal Kingdom," By Rymer Jones, or Cours Élémentaire d'Histoire Naturelle," by Milne Edwards. Lindley's "School Botany," Lindley's "Medical and Economic Botany," "Elements of Natural Philosophy," by Golding Bird and C. Brooka. "Physical Geography," by Mrs. Somerville.

PROBATION AT NETLEY HOSPITAL.

The competitor who obtains a place in the ordinary service is obliged to undergo probation of four months at Netley Hospital, where he attends the following lectures: Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Clinical and Military Medicine, by Dr. Maclean; Military Hygiene, Dr. de Chaumont. The lectures on Military Surgery include gun-shot and other wounds; duties of army surgeons in the field, during sieges, on transport, &c., and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examinations of water, air, food, and clothing, &c., of the soldier, his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the army surgeon is especially called on to investigate. The candidates also attend the wards of the hospitals under the Professor of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make post-mortem examinations, to operate on the dead body, and to pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues, &c. During his preliminary training here the student is understood to be in Her Majesty's Service; he wears uniform, is under military discipline, and receives pay, as already stated. A sum of money, equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks, the fortunate young man who wins the "Blue Ribbon of Netley" being tolerably certain to be well provided for.

Each candidate has to pay £5 towards the mess fund, one-half on his arrival and the remainder when he has passed his second examination. He is then a member of the mess, and entitled to dine at any time during the remainder of his service. The cost of dinner is 2s. 4d. daily, not including wine, and of breakfast from 10d. upwards.

Passage allowance to India on appointment will be given or a passage provided. When passages are provided on board the Indian troop-ships, a charge for messing will be made at the rate laid down in the Royal Passage Warrant of 1865. Pay at 10s. a day will be allowed from date of passing final examination at Army Medical School.

Indian allowance and time of service for pension will reckon from date of arrival in India.

Surgical instruments are provided in India by the Government for the use of medical officers.

The pay of medical officers in the Indian service is better than at home, and, if unmarried, the cost of living not greater. The Indian medical officer frequently holds lucrative civil medical appointments, which afford him a handsome increase of income. To a healthy, temperate, unmarried man, the Indian service is preferable to that at home; but to a delicate person, or one burthened with a wife and children, the advantages are questionable.

For official regulations of the Indian Medical Service apply to the India Office, Whitehall, London, S. W.

NAVAL MEDICAL SERVICE.

The arrangements, time, and places for examination, the declaration to be made, and documents produced, the subjects and method of examination, and the subsequent probation at Netley, are to all intents exactly the same as those quoted above for the Army and Indian Medical Services.

Having passed his examination and served at Netley, the candidate will receive his appointment as acting surgeon to one of her Majesty's ships, either for service on board that ship, for service on shore, or at one of the naval hospitals—Haslar or Plymouth. He will be informed that he is granted two or three weeks, as he may require leave of absence, to enable him to provide his uniform and appointments. These he can get at any of the naval clothiers.

The expense of a surgeon's uniform is about £47 5s. The candidate must also provide himself with a set of surgical instruments, which will cost him from ten to fifteen guineas.

Fleet Surgeons to have the option of retiring after twenty years' full pay service in all ranks at 15s. per day, and after twenty-five years, 21s.

Medical officers share in the proceeds of all prizes.

The following rates of pay and retiring allowances are granted under Admiralty Regulations, dated 7th October, 1875, namely:—

Full-pay Surgeons from 11s. to 17s. per day, according to length of service. Staff Surgeons, £1 3s. to £1 10s.; Deputy Inspector-General, £1 11s. to £1 18s.; Inspector-General, £2 5s. to £2 10s. 6d.

Half-pay Surgeons, 6s. to 11s.; Staff Surgeons, 11s. to 14s.; Fleet Surgeons, 10s. to 18s. 6d.; Deputy Inspector-General, £1 1s. to £1 7s. 6d.; Inspector-General, £1 11s. to £1 18s.

Medical officers have rations according to their relative rank in the service.

THE CIVIL PUBLIC SERVICES.

A YOUNG qualified practitioner, indisposed to be an assistant, and desirous of commencing general practice without investing any money in purchasing a succession, may, perhaps, obtain a Poor-law appointment, though he should scarcely expect to obtain a livelihood from this

inadequately remunerated appointment; still in small provincial towns and villages it is oft-times the readiest passport to general practice.

There are many important differences between the Poor-law Service of Great Britain and that of Ireland. In England and Wales actual salary of office is, generally speaking, preposterously small, and as the medical officer contracts to supply medicine into the bargain his emoluments from this source are usually much less than nothing. In Ireland, on the contrary, the salary is substantial, and, as the medical officer does not contract to supply medicines, his payment is all profit. But the loss which the English union surgeon suffers in this way is counterbalanced by the extra fees which he receives for operations and various other items of professional work which in Ireland are included in the salary, but in England and Wales are paid for separately. Moreover, the appointment of medical officer of health, which in Ireland is a complete sham, is in England a reality, and is substantially remunerated; and vaccination fees and awards are also much higher in Great Britain than in Ireland. The extent and nature of the Poor law medical officer's work is also totally different in the two countries. In England, Wales, and Scotland no one but an actual pauper receives gratuitous medical relief. In Ireland the whole population of small farmers, petty shopkeepers, and artisans, and their families, are in the habit of sponging on the Poor-law for medical advice and medicine. Thus it is that in England the majority of the population pay the doctor, and his earnings are proportionately large, in Ireland the great majority pay nothing, and all the medical officer's time is occupied in running after his official duties, while his private practice, no matter what his professional character may be, is very often almost nil.

The inevitable effect of the English system is obvious. The interest of the Poor-law medical officer is to give to his pauper patients as little medicine as possible, and of the worst and cheapest quality, but to seize every possible excuse for an operation. If he allows a labour to terminate naturally he loses the fee payable for a forceps delivery, and in general it is money in his pocket to do something in the way of an operation and to starve the patient of his medicine, while it is dead loss to him to give the needful drugs and allow the patient to recover without interference. The Irish system, on the other hand, is just as mischievous by its effect in pauperising the whole community, who are taught by it to make no provision for the day of sickness, but to go whining to beg for *gratis* help when disease or injury overtakes them.

ENGLISH POOR-LAW MEDICAL SERVICE.

The English Poor-law Service differs in many respects from the Irish. Each parish in England and Wales has its guardians of the poor, and these parishes are grouped together to form unions. The unions are divided into districts for medical relief. Union medical officers therefore have the care of a district, and sometimes of a workhouse as well; sometimes only a workhouse. He is elected by the guardians of the union, and the appointment confirmed by the Local Government Board. He must have both a surgical and medical qualification, and be registered, and is required to name a duly-registered practitioner to whom application can be made in case of his absence from home; he can name his assistant or partner as his substitute. As a general rule, the guardians may not assign to any medical officer a district which exceeds in extent the area of 1,500 acres, or which contains a population exceeding 15,000 persons. This does not apply to Wales, but no such district may be assigned to a medical officer residing more than seven miles from any part of a parish included in such district. A medical officer is entitled to a fee of not less than 10s. or more than 20s. for attending a woman in or immediately after childbirth, and to a fee of £2 where great difficulty has occurred in delivery, or long subsequent attendance

has been necessary. Many of the salaries of Poor-law appointments are very low—often so out of proportion to the work done that the medical officer must give his services for nothing, or next to nothing, as he has to provide all medicines, instruments, &c., except trusses, cod-liver oil, and quinine, for which he sends a statement to the guardians, who pay him the cost price; the paupers have to put up with those medicines which cost the least. In London and large towns some boards of guardians provide dispensaries, where the paupers are supplied with medicine, which relieves the medical officer from much labour and expense. It ought to be compulsory on all boards of guardians to provide dispensaries, and where this cannot be done, as in country districts, to provide all drugs, &c.

Capital operations, dislocations, fractures, midwifery, and vaccinations are paid for by a fixed tariff. The public vaccinator is appointed by the guardians. He must be connected with the parish work; the candidate who has most interest is pretty sure of the appointment. The fees for vaccination are 1s. 6d. if performed at a workhouse or within a mile of the vaccinator's residence, 2s. between one and two miles, and 3s. over two miles. The guardians provide stations for vaccination where the vaccinator attends at stated times. He must be registered in medicine and surgery, and have obtained a certificate of instruction in vaccination from a public vaccinator authorised by the Privy Council; he is required to transmit the certificates of successful vaccination to the vaccinating officer within seven days. Awards of not more than 1s. per case are given for successful vaccination of children up to six months, and are given on the report of the Inspector to the Local Government Board if the marks are up to the standard, and the books properly kept. Only the relieving officers (and the overseers of the several parishes in cases of emergency) can give orders for medical relief. The relieving officer must inquire into the case, and, if necessary, visit the person before giving an order, unless the person is already on the pauper list. The medical officer can order nourishment and stimulants when necessary.

CLUBS.

In England and Wales (more especially in the manufacturing districts) the medical practitioner derives much of his income from clubs, which pay him from 3s. to 4s. per head yearly, for which he visits and supplies medicines, &c.; the average payment for each visit amounts to the large sum of about 6s. Small tradesmen, artisans, tenant farmers, labourers, &c., who would certainly be recipients of gratuitous relief in Ireland, are attended as private patients—of course, at lower charges than the better class of patients, and often either pay their bills by instalments or not at all. Parish appointments are often sought for by young men as an introduction to practice, or by older men to prevent opponents setting up in the district.

THE IRISH POOR-LAW MEDICAL SERVICE.

The newly-qualified medical practitioner who may elect to try his luck in the Irish provinces sets his hopes in the great majority of instances, upon obtaining one or more Poor-law medical appointments in some district where there is hope of private practice. There are 163 workhouses and about 793 dispensary medical officers, besides apothecaries. The number of vacancies that occur annually averages 100. The salary in this service averages about £103 15s.; and when it is taken into consideration that in the vast majority of rural districts, it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square miles, it is plain that there will not be a large margin left from the public emoluments. The medical officer is also *ipso facto* the registrar of births, marriages, and deaths, and medical officer of health for the district, under the Public Health Act passed in 1873 and amended in 1878.

The former office, in country districts, seldom yields

more than £10 a year, and often not half that amount, and the emoluments of the latter appointment in very few cases reach £20, averaging about £12. The medical officer is also vaccinator for the locality, and is required to vaccinate everyone who wishes to come. For each patient his fee of 2s. is paid, along with his salary, by the guardians, and the sum total of these fees varies, according to the populousness of the district, from £4 to £100, an average for the provinces being about £10. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for—firstly, because they afford the new comer a certain, though hardly-earned salary, to supplement his private earnings; and, secondly, because, if not secured by the new comer, they would of necessity bring a competitor for office into the field, and inasmuch as private income is of far greater import than public earnings, country medical practitioners are obliged to undertake the public duty in order to save themselves the monopoly of their private emoluments.

Appointments.—The qualifications required by the Poor-law Commissioners are a License in surgery or a Diploma in medicine, and a Diploma in midwifery; the candidate must also be twenty-three years of age.

The appointment lies with Dispensing Committee, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter largely into the election of Poor-law medical officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required, and whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential; and, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away. We may here observe, also, that in very many instances the appointment is virtually made before the advertisement appears for a medical officer, in which case, also, candidates are put to unnecessary trouble and expense under false pretences.

Control.—Each district is under the control of a committee composed of the neighbouring landholders; the appointment of medical and other officers is made by this committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Local Government Board, who have the power either of interposing their veto on any appointment, or even expelling an officer by a "sealed order," without trial or accusation, or without the resource of appeal or investigation. The salaries and fees are paid by the Board of Guardians, and no change can be made in the amount without their assent and that of the Local Government Board. Under the late Sanitary Act the committee may recompense the medical officer for special services, such as those during an epidemic of cholera, or for sanitary reports.

Duties.—The duty of the dispensary doctor is twofold. He is to attend his dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have perhaps to attend two days a week. He has also to visit at any hour of the day or night a sick person for whose relief a visiting ticket has been issued by a member of the committee or the relieving officer, and to continue his attendance as often as may be necessary to the termination of the same. Moreover, he has a great many registry books to keep and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependant on the goodwill of the members of his committee. If the medical man be a favourite with his masters, they will give him very little trouble with "scarlet runners," as the visiting tickets are, from the colour of

the paper on which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred committee men, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned, in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—aye, even to the committee man's own brother or daughter.

Workhouse Hospitals.—The number of unions in Ireland is 163, to each of which is attached a medical officer, who is appointed and controlled by the Board of Guardians in the same manner as the dispensary surgeon is by his committee. The salary is usually better than that of the dispensary doctor, and the duties of a more easy and satisfactory description, inasmuch as they are confined to daily attendance at the workhouse hospital, and no night visits out of doors or any long journeys across the country are involved.

Superannuation.—A Poor-law medical officer may now receive a pension not exceeding two-thirds of his salary on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians; nevertheless, it has been given in most cases in which physical incapacity has been clearly proved. There are now about 60 ex-medical officers receiving superannuation allowance, whose average term of service before pension was 20 years, and whose allowance averages about £60. Their average age at retirement was 63.

Complete information as to fees, emoluments, duties, and appointments of Irish Poor-law medical officers will be found in the "Irish Medical Directory" for 1881.

THE SCOTCH POOR-LAW MEDICAL SERVICE.

Practically these appointments, once made, are held *ad vitam aut culpam*, while in terms of the strict letter of the law, they are but yearly appointments. Arbitrary dismissal is, however, guarded against by the powers of the Board of Supervision. It is expected that soon Parochial medical appointments will be legally placed on the footing of permanent ones, and that a retiring allowance will be provided for the medical officers as is the case in Ireland. The emoluments received from the Parochial Boards vary according to the number of paupers, size of the parish, and often the local exigencies requiring the residence of a medical man. The salaries may be said to range, on an average, from £30 to £100 per annum. In remote and thinly-peopled districts the landed gentry and large farmers assess themselves in sums varying from £5 to £20, to make up an adequate income to the doctor, which however must be held in lieu of fees for medical attendance. Should such attendance, however, be much in excess of any such sum, the doctor is usually safe in trusting to the honour and generosity of the Highland gentleman, for this arrangement is more peculiar to the Highlands of Scotland. The young doctor has more speedy and easy access to "good society" in the country than in large cities; and perhaps better society than the latter; and should he be worthy of it, he is certain to command respect and courteous treatment, and with limited ambition and sporting tastes to lead an useful and happy life.

ASSISTANCIES, PARTNERSHIPS, &c.

MANY men, looking over the voluminous accounts of college curricula and university regulations, either for themselves or their sons, may naturally draw a deep sigh over the work to be done or the money to be spent, and exclaim, "What then?"—or, to quote Mr. Cobden's familiar expression, "What next, and next?"

Of course, the full and complete reply to these ques-

tions would fill a volume or two; but we may briefly indicate what can and what cannot be done, *as a rule*. (a) There are many exceptions, but we advise no one to think that he will escape the general rules which affect the mass of men.

First, there is private practice as a destiny and ultimatum. In Ireland and Scotland it is generally found that private practice worth having only exists in large towns; elsewhere, in these two divisions, medical men live chiefly on their appointments. In England this is not so; the appointments are subordinate to the practice everywhere; the succession to a practice can be very generally secured by purchase; but this is not so in Ireland or Scotland. But in England there are practices which cannot be bought; no money will command the highest class of practice; it is a personal thing which attaches to a man, and cannot be transferred. Partnerships are regarded as safe introductions to practice; but apart from the notorious charges for partnership, we regard them as greatly over-estimated in value. In considering a sphere for practice, the first question is the adaptability of the purchaser to what he contemplates. A suitable man will, as a rule, succeed to any practice where he is favourably and systematically introduced to the patients by his predecessors; but no man will undertake to resign his appointments and introduce a successor without a *quid pro quo*. Unless, therefore, a man has capital, he should not think of purchasing a practice.

For a partnership a considerable amount of capital is absolutely necessary for the following reasons:—1. A share in a partnership is not likely to be had for less than £1,000. 2. The junior partner has to live upon his own resources until the money earned in the practice after the date of his entry is paid. For example: If a gentleman enters a firm in April, and the bills are not sent out till the next Christmas, he will not receive anything on the partnership account for nearly a year after the date of his deed. But it may be asked why a partnership share is not likely to be had for less than £1,000? It may be taken as certain that no man will sacrifice a large share of his income to a partner unless it is absolutely necessary; in other words, no one takes a partner unless he has more than he can do, even with the aid of an assistant. Then comes the question, How much work will compel a medical man to take a partner? Not less than £1,200 a-year. Suppose a man purchase only a third share of this, it will cost him £800 on two years' purchase. If he pays £800 for the share of the goodwill, and a third of the value of horses, carriages, drugs and fittings, he will not have much left out of £1,000, and then he must provide for a year's expenses before much money comes in. Hence gentlemen with limited capital should never seek partnership investments.

A prevailing fallacy is that some man overworked wants a partner to relieve him of part of his work and—his income. If the practice is fairly good, the overworked gentleman can readily find a partner who will pay two years' purchase for the share secured. But some one wants to join him as a "working partner," and to pay nothing. Which is the overworked gentleman likely to accept—a junior partner, who will pay perhaps £1,000 for his share, and to whom he can delegate the greater part and all the drudgery of his work, or the junior who will do the same work, but will not pay the £1,000.

An assistantship is a capital discipline for any man. Such engagements are not what they used to be; the assistant in a medical practice being treated as a gentleman. But for details on this head we would refer to Langley's "Via Medica," which deals fully and fairly with this subject. No man should go out as an assistant without reading it, especially as it is to be found in nearly every college library.

Medical assistants may be divided into two classes, qualified and unqualified; but the salary which either will obtain is far more a question of actual experience than of the diploma which may be held in any given instance.

The experience obtained by an assistant in England, even though unqualified, may be sufficient to enable him to obtain a far higher salary than many gentlemen of much higher qualifications, but who are without knowledge of English practice.

To act as "Locum Tenens" it is essential that previous experience of practice should have been obtained. Irish gentlemen, as a rule, are very deficient in dispensing, and in the routine of English practice, which differs very materially from that which prevails in the sister isle, as medical men do not often dispense their own medicines in Ireland, and to this cause may in many cases be attributed the expression oftentimes seen, "No Irish need apply."

An assistantship, "with a view to partnership," is a thing that people read and write of, but seldom see. Experience shows it to be a mistake on both sides. If the assistant has money, he had better not appear in the practice as subordinate; if he has not the probation will not, as a rule, assist him to get a share in the practice.

If, however, a successful student declines to enter private practice as purchaser or as assistant, he may enter the public services through the open doors of competitive examinations.

Any one who seeks to enter the army, navy, or civil service should, however, look carefully at the prospects opened to him. As a general rule the prospective look-out is not quite so attractive as years pass by.

COLONIAL AND SHIP APPOINTMENTS.

There are certain appointments, however, which are obtained without difficulty which are often inquired about. The postal service to and between the West India Islands is an unhealthy service, but is not a bad one for men who can control themselves. The salary and perquisites are equal to about £200 a-year, with board and lodging. If a man lives through a few years, and does not fall a victim to the many temptations which present themselves, he may ultimately get promotion into the Cape line, which is regarded as a very good service.

To the Peninsular and Oriental Steam Company it is almost impossible to obtain entrance except by the personal influence of the directors. The same may be said of other steam lines which are popular. We have known candidates to wait with their names put down for two years without being sent for.

Colonists forming a new district sometimes club together to secure the services of a surgeon, and pay into a bank in the colony a guarantee fund. Such appointments are placed in the hands of respectable medical agents, who have representatives in the colony.

Practices abroad are rarely to be had or heard of. Sometimes they can be secured upon equitable terms; the contracts, however, should be always conditional upon the practice "out there" being found what it is represented to be. In such cases the intending purchaser should avail himself of the skill of some experienced and respectable medical agent.

In conclusion, it may be stated that whilst we have indicated generally the portals to success *after* the diploma has been obtained, we have no intention of ignoring the fact that men of decision of character, good antecedents and high qualifications, can and do secure distinguished positions in the profession, and occupy a large space in the eye of the world. But genius is the heritage of the few, and the great majority of men will do well to moderate their ambition, and seek to do their duty in the customary spheres of life in which many noble-hearted men have lived, worked, and died, leaving the world somewhat better than they found it.

(a) For further information we would refer the reader to Langley's pamphlet, "Advice on the Transfer of Medical Practices, etc."

PART II

EDUCATION AND QUALIFICATION OF THE STUDENT.

THE parent who desires that his son shall enter the medical profession, or the student who selects that calling for himself, is probably already aware in a broad way of the steps which must be taken to effect this purpose. He knows that in order to practise medicine or surgery legally in Great Britain or Ireland it is necessary to be enrolled in the Medical Register, and that, to obtain that distinction, it is necessary to study at a College and an Hospital for about four years, and afterwards obtain one or more diplomas by passing certain examinations in professional subjects.

The first point to be decided is whether the boy is of the proper age for studentship, and has received the requisite amount of schooling. As to the first of these points, circumstances impose a limit, because none of the Public Services will appoint to medical office any youth of earlier age than twenty-one, and it is therefore not only useless, but unadvisable, to complete the student's education until he has reached that mature age. Moreover, in England, no student receives credit for any part of his medical study, as counting towards his diploma, until he has passed his preliminary examination in general education, and the average boy will hardly be able to do this until he has passed his sixteenth year. For these reasons the majority of students do not commence their medical studies until they are seventeen or eighteen years of age, in which case they receive their diplomas between their twenty-first and twenty-third years.

The second consideration is whether the boy has been sufficiently schooled, and this is determined by his capacity to pass a recognised preliminary examination in general education. Of such recognised examinations the Medical Council publishes a list comprising most of the primary collegiate examinations throughout the world, but as to the extent and gravity of such examinations there are the most extraordinary variations. As a general rule the preliminary examination consists of Latin, English, and a moderate extent of Euclid, Algebra, and Arithmetic; occasionally modern languages and Greek, and also Natural Philosophy are added as optional subjects.

In England, and with most of the Scotch licensing bodies, it is essential that the student shall have passed his preliminary examination *before* he commences medical study. This has not hitherto been the case in Ireland, where it was possible, though not usual for the student to postpone his examination in general education until the eve of his professional examination. The preliminary examination is, however, not to be feared.

We strenuously advise the parents of the student to insist on his passing his preliminary education before he enters a medical school or hospital, and thus the student will relieve his mind of the apprehension of a future examination, which he will assuredly put off to the last moment if he can. In England and in the chief Irish colleges the four years of medical study required to pass do not commence to count until the preliminary is passed.

The preliminary examination having passed, it becomes

necessary to select the method of education to be pursued. It should first be decided what is to be the aim of the student in after-life, for upon that question will depend in great measure the school at which his studies are to be pursued.

THE CHOICE OF UNIVERSITIES AND COLLEGES

Will depend on various circumstances, and on the aspirations of the student. If he is intended to make a fortune and enlighten his generation as a metropolitan practitioner, and if money and education are plenty, he will probably take University degrees in arts and in his profession. If the attainment of good professional rank on moderate terms be desired, the Licenses of the "College and Hall," or that of the Royal College of Physicians for London, the Colleges of Surgeons and of Physicians for Ireland, or the Double Diploma of Edinburgh, will serve every purpose. For any University degree which are of any value, it is to be remembered the student must undertake the prolonged study of classics and science in addition to his medical, surgical, and anatomical studies; and he will have to pay a considerable sum for this course of teaching. But if he is content to face the expense and labour, he will enter the profession with all the prestige of an educated gentleman—in fact, the question whether he will or will not lay out for himself a University graduation in arts or medicine, depends principally whether he has money and time to give to it, and whether or not he means to practise in the metropolis. The University of Durham, the New Royal Irish University, and some of the Scotch Universities place at the disposal of the student a cheap University degree, and thereby attract many applicants who are at liberty to write M.D. after their names, and are not called upon for any prolonged University residence or academic study. These degrees serve as legal qualifications to practise, and pass for an academic Doctorate in Medicine amongst the uninitiated: but do not confer the prestige attached to the degrees of Oxford, Cambridge, or Dublin.

If the student elects to seek a University degree—other than that of the London University—he will, of course, pursue his Arts study in Oxford, or Cambridge, or Dublin, and his professional studies *pari passu*. If he be content with simple licenses to practise, he must attach himself to a School and Hospital. Here the English and Scotch systems differ widely from that in existence in Ireland. In London the usual course is for the Student to select a School which is suitable to his pocket and his locality of residence, and where he thinks he will get "good value." The School is almost always in immediate connection, and on the same premises as one of the hospitals. In Dublin, on the contrary, the Schools have no immediate connection with any hospital, and the pupils of a Dublin School are a heterogeneous gathering from all the hospitals in the city. In England a composition fee is accepted by many of the Schools, and is paid in one or more instalments, which fee entitles the student to the whole of the curriculum of lectures, dissections, hospital, &c., necessary for his diploma. In Ireland, on the contrary, the fee for every course of Lectures and for Hospital attendance is paid separately, usually at the period when the certificates are required—i.e., on the eve of the examination.

The following is a statement of the composition fee payable at each London and provincial School from the most expensive to the cheapest:—

Bartholomew's	}	£131	5	0
Gny's				
University College	}	125	0	0
King's College				
St. Thomas's				
St. George's				
St. Mary's				
London		94	10	0
Westminster		100	0	0
Middlesex		90	0	0
Charing Cross		91	7	0
Birmingham Queen's College or Manchester Owens College ...		105	0	0
Bristol		104	0	0
Liverpool... ..		96	12	0
Sheffield		81	15	0
Leeds		78	13	0
Newcastle		78	15	0

Diploma Fees not included.

These fees are close approximations, subject to additions for extras required for certain licenses. The fees may be paid in full at the entering of the student, or they may be paid in certain fixed instalments at the beginning of the successive periods of study, by which system the total payment is something larger than those above quoted. It will thus be observed that in England the student is encouraged to enter at a particular school and hospital and to take his whole education there, and, as a matter of fact, the great majority of students follow this course. It has its advantages, not the least of which is that it places the student under the absolute control of his teachers, and enables them to dictate his method of learning, and to supervise his diligence to a much greater extent than is possible elsewhere.

In Ireland, on the contrary, composition fees are a rare exception to the rule. The student goes to any school he pleases and any hospital he pleases, and enters his name for any number of lectures he pleases. If he does not like his school or hospital, he most probably migrates to a rival institution on the first opportunity. It is, in fact, but seldom that an Irish student confines his studies to a single hospital, and in order that he may be perfectly free to seek his education where he thinks he can best obtain it, it has been recently decreed by the Dublin hospital surgeons that perpetualism be abolished, and that no discount be allowed to students in consideration of their taking out their entire time at one institution.

The Irish system is open to grave abuses, which need not be dwelt on at present; but it has certainly the great merit of rendering the student perfectly independent, and forcing schools to compete energetically for a continuance of his patronage. It will be obvious, however, that the system which enables the student to pay a lump sum, and thus relieve himself of the trouble of entering for lectures, and paying fees in detail, is a convenient one, especially for the beginner, who is altogether ignorant of the system, and therefore the requirement which is provided for in England by the dean of the school, is met in Ireland by individual teachers or "apprentice" holders.

PAYMENT OF FEES IN IRELAND.

If the student be his own manager, he must enter his

name with the secretaries of the school and hospital, and pay for the lectures and hospital he intends to take out. If he is wise he will not adjourn the majority of his lectures, as he may to the next year, but will take in his first year a full third of his curriculum. He is supposed to pay the professor's fee or hospital fee in full on entering his name, but few students do so; and many, we are sorry to say, are in the habit of entering for the minimum allowable number of lectures, and paying the minimum allowable proportion of the fee, putting off the attendance perhaps for ever, certainly until the last moment, and adjourning the payment until it becomes necessary to take up the certificates.

By a most objectionable laxity of system a student may get credit for one of his four years of attendance by paying a couple of guineas for dissections, and he may think himself safe in doing so if money be scarce; but if he does not pay his full third or fourth of the fees each year it often happens that he has to put off his examination from year to year—perhaps for ever—for want of money to pay the accumulated fees of previous years.

REGISTRATION OF STUDENTS.

Having thus entered his name as a medical student, and acquired his right to commence study, his next business is to register himself as such on the General Medical Council.

To this body is entrusted the supervision of Medical Education, and it has made a number of recommendations, the majority of which have been accepted by all the Examining Bodies, and are consequently found in their regulations. The student has, therefore, nothing to do with the Council, except that he must take care to be duly registered as a Student in Medicine, at the commencement of his career, at the offices of the Registrar of the division of the United Kingdom in which he is residing. He must previously have passed a preliminary *Arts Examination*. With regard to registration, each student should apply according to a form, accompanied by a certificate, of his having passed such examination, the same to be lodged with the Registrar, who will thereupon enter the same in the Students' Register, and issue a certificate to that effect. It should be recollected that this commencement of the course of professional study is not reckoned as dating earlier than fifteen days before the date of registration.

The intention of such registration is to ensure that the student shall occupy four years in medical study, which is, theoretically, the period which must be devoted to his education before his entry to the profession. In England this requirement is set down as essential, and no student can present himself for examination sooner than four full years from the date of registration, but the obligation to occupy this period in medical study is frequently satisfied by a nominal service for the first year under a general practitioner, or in a provincial hospital or dispensary, and the actual period of medical study is often really three years. Besides, the standard of medical education, as well as of the examinations of various examining bodies, is so much higher than it formerly was, while our own knowledge of medicine and the collateral sciences, and the scope of our medical studies have recently become so enlarged that four years is by no means so long a period to be devoted to medical study; and even the diligent student will find that at the expiration of this term he will have but an imperfect acquaintance with several branches of his profession.

In Ireland the registration of medical students has hitherto been very irregular and unsatisfactory. No pupil thinks of giving himself any trouble in the matter, and leaves it to the Registrar of his School to return to the Branch Medical Council the names of his *alumni* which, for reasons the initiated understand, he frequently forgets to do. Henceforth students must be careful to register at the time when they begin study, because—if they omit to do so—they will not get credit for the courses of study commenced before registration.

FINAL REGISTRATION OF PRACTITIONERS.

All duly qualified persons are required by the Medical Act to be registered before they can hold any public medical or surgical appointment, or issue valid medical certificates.

The medical registration of any practitioner is effected on personal application or in writing (according to a form to be had in London or at either of the Branch Offices). With such application he must produce or transmit the *Diplomas*, and also the fee, £8, for the first registration, and 5s. for every qualification which may be subsequently added.

COST OF EDUCATION IN IRELAND.

Should the student proceed on his own account, the lectures necessary for the diplomas of the Colleges of Physicians and Surgeons in Ireland will amount to about £75; hospital attendance, according to the new scale of fees, £36; lying-in hospital, from £4 4s. to £7 7s. These, with the diploma fees of £26 6s. for the College of Surgeons, and £15 15s. for the College of Physicians, represent the essentials. Thus, the absolute payment will amount to somewhere about £100, taking the minimum mode of payment. In addition to this sum are to be considered the payment for "grinding" or "coaching," a process almost universal, but by no means necessary to any industriously inclined student. The fixed sum is at present for private teaching £15 15s. for the surgical and medical qualifications, and £5 5s. for pharmacy, &c. Should the candidate "grind" for the army and navy examinations, a fee varying from £10 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So that, assuming the extras or voluntary costs are incurred, the total will vary, say from £140 to £160 on a moderate scale: it is, of course to be expected that pupil holders should have some extra payment; we therefore might name for them 200 guineas.

This sum, or something like it, will secure to the pupil the advantage of being "apprenticed" to a teacher who will undertake all monetary responsibility for his education, and may be able to give him some special advantages as his own pupil at hospital, but it must, we fear, be confessed that the so-called apprenticeship is sometimes a simple contract for payment of fees, and involves but little of that special teaching which is due by a master to a true apprentice. Most of the apprentice holders will accept payment by instalments.

DATES OF ENTRY IN IRELAND.

The entry of names and commencement of study in Ireland is supposed to date from the 1st of October in each year, but the Session really does date from the 1st of November, and the entry of names may be delayed by the dilatory until the 25th of the same month.

The student then begins work, attending hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and discussions. His holidays—if the term be not ignoble—are a fortnight at Christmas and a week at Easter, and he finally returns home at the end of July.

LECTURE ATTENDANCE IN IRELAND.

The average Dublin student is supposed to attend of necessity, and irrespective of voluntary courses, twelve courses of lectures, six of them extending over six months, and six over three months, making a total of 52 months lecturing. In addition to this, he is presumed to dissect and hear demonstration, say an hour and a half daily, for eighteen months, to attend hospital at least a couple of hours daily for twenty-seven months, to serve in the chemical laboratory for three months, and in the majority of cases to attend the "grind" for at least eighteen months for two more daily hours. He cannot, if moderately industrious, get on with less than two hours reading per day, and he may have during the same period to work up his business for the "Preliminary," or his Arts Course in

the University. This curriculum—taking the lectures on average of four days weekly represents nearly 5,000 hours close work to be got through in three working years of about seven months (allowance being made for Christmas and Easter and summer holidays).

Thus it will appear that the student, to fulfil the *nominal* requirements of his education in Dublin, must work very nearly nine hours daily—i.e., from after breakfast to about seven p.m. It is hardly necessary for us to say that even the most avaricious medical bookworm does not attempt such a task. Necessarily the attendance on many of the courses of lectures is nominal in amount. The University of Dublin insists on attendance of three-fourths of the number of the required lectures, but other licensing bodies accept as "diligent" attendance the presence of the student at all—a few—or none of the lectures which the student pays for. It would be manifestly ridiculous for them to demand *bona fide* compliance with the regulations, and thus it happens that the student being hopeless of attending at all, often attends scarcely any of the lectures which are supposed to form the chief part of his education. The average student thinks himself exemplary if he works his hospital, dissections, demonstrations, physiology lectures, and grind, and drops in occasionally to the other courses.

The progress of each year is the same, except that he usually devotes more attention to the "grinding," dissection, and hospital dresserships, and less to lectures in his later years of study. After the expiration of his last session, his student life, whether it begin in laziness and end in a hurry and incompetency, or whether it commence in diligence and end in the confidence of proficiency, ends with last examination, and he goes forth into the world either an ignoramus or a reliable surgeon, whichever his choice may have been.

THE ENGLISH UNIVERSITIES.

THE distinction of a university degree carries with it so many advantages, social and professional, that every student who can possibly obtain so desirable an additional qualification, will be consulting his best interests by straining every point in its favour. Of late years the facilities for obtaining the highest class degrees have so much increased, that an earnest and hard-working student not afraid of a good deal of extra labour, and with even average abilities, may readily gain for himself the distinguishing mark of culture conferred by graduation at one of the older seats of learning. The numerous scholarships open to general competition, and awarded at Oxford and Cambridge, &c., for proficiency in many of the subjects included in the preliminary medical curriculum, offer a ready means of meeting the extra expenses to be necessarily incurred at a university, as compared with the cost of ordinary qualification; and to this must be added the similar money prizes which, with only a slight additional labour, may be gained at the various hospital schools of medicine, and which will suffice to meet the major part of extra academical outlay. Moreover, the liberal alterations introduced of late years into the regulations for the medical degrees of Durham University, present a means whereby, with the sacrifice of less than twelve months of time spent "in residences" within the university bounds—and even this can be passed in regular medical study at the Newcastle-on-Tyne School of Medicine—any duly registered medical student can proceed to the examination for the M.B. Degree of that university. In the case of the chief remaining British seats of learning, a longer term of residence is a *sine qua non*; but there is, we repeat, every inducement to young and ambitious students, to equip themselves at a small increased cost with indisputable evidence of a more liberal and extended education. Nor must it be forgotten that one university—to wit, London—exact no requirements of any kind beyond the test of a severe examination from its candidates, thus making it possible for any student to proceed to its degrees provided he be intellectually qualified to obtain them. On one point there is a common agreement among the universities, that, viz., they will admit no one to their earliest examinations who cannot show himself to have received a sound preliminary education in arts; and the necessity for this on the part of the future medical practitioners is recognised no less now by all the examining boards of the kingdom.

Whatever the future ambition of the student, it will be wisest for him to be prepared with a view to ultimate graduation at a university, as thus will he be most effectively fitted to pursue the path leading to that goal, should opportunities arise for doing so. We will now briefly detail the principal features peculiar to the different universities in respect of graduation at each.

Oxford.

Every student in medicine must pass all the examinations for the degrees of B.A., and date the commencement of his medical studies from the final examination in arts or science. For the degree of B.M. two examinations must be passed, the first including Anatomy and Physiology (Human), Comparative Anatomy (chiefly the entozoa), and Physiology, Botany, Chemistry (theoretical and practical), and Physics, with Mechanics. All candidates, however, who have obtained honours in the School of Natural Science, or have passed the preliminary honour examination in Chemistry, Mechanics, and Physics, are not required to offer these subjects again at the first M.B. At the second examination he is examined in two of the ancient authors—Hippocrates, Aretæus, Galen, and Celsus—and in some one modern author, as Morgagni, Sydenham, or Boerhave, as well as in the principles and practice of Medicine and Surgery, the Diseases of Women and Children, &c., &c. The first, or scientific, examination may be passed immediately; and two years must elapse after passing the first, prior to the final examination for the same degree. A dissertation has to be publicly read three years after obtaining the M.B. before being eligible for the M.D. The medical examinations take place annually in Trinity Term.

Scholarships of value from £60 to £100 are obtainable at Christ Church, Magdalen, and other Colleges, by competitive examinations in natural science. Each year a Radcliffe travelling fellowship is competed for by those who, having taken a first-class at any of the public examinations of the University, or having obtained some University prize or scholarship open to general competition, proposed to graduates in medicine. The travelling fellows receive £200 a-year for three years, half this period being spent in study abroad.

The facilities for the study of medicine at Oxford are considerable, but unfortunately no attempt to utilise them is made or encouraged. It may be hoped, however, that this will, ere long, be entirely altered, and that Oxford may rank at least with Cambridge as a centre of medical education.

Cambridge.

At the University of Cambridge, five years of medical study are required, unless the student has graduated with honours as B.A. For the M.B. he must have resided nine terms in the university, and have graduated in arts. There are three examinations for this degree. The first is in chemistry, physics, and botany; the second, in anatomy (human and comparative), physiology, and pharmacy; and the third, in the usual practical subjects. Subsequently to the third examination an Act has to be kept, which consists in reading an original thesis, followed by an oral examination on the subject of the thesis. The M.D. degree may be taken three years after the M.B. An Act has to be kept, with oral examinations, and an essay has to be written *extempore*. There is also a degree of Master in Surgery, for which the candidate has to attend extra courses of lectures on anatomy and surgery. An examination in so much of State Medicines as is required by medical officers of health, will in turn be held. With respect to Cambridge (and almost the same apply to Oxford), a residence during nine terms—i.e., the greater part of each of three years—is by statute requisite to obtain any degree in arts, medicine, or any other subject. The actual cost of this to a student who keeps his terms by residence in a college is from £150 to £200 a-year. This, however, may include all payments to the University and the college—all fees, as well as clothes, pocket money, travelling expenses, &c. Non-college students have only to pay the university fees, which are very small. They lodge and board as they like; their expenses, therefore, are entirely in their own hands.

London.

The medical degree of London University is given to all and everyone who succeeds in satisfying the examiners of fitness to receive it. Women, as well as men, can proceed to it, irrespective of any consideration of residence or place of instruction; and during the academical year just past several

ladies have occupied distinguished positions in the lists of honours obtained at the scientific examinations preliminary to that for the M.B. It is the custom to regard this qualification as an unusual one in point of excellence; but the injustice thus done to the older university is one that ought not to be encouraged. The London examinations are stiff. Either because, as in matriculation, a smattering of innumerable subjects is demanded, or, as in the more advanced examinations, insistence is placed on a fleeting knowledge of abstruse or intricate problems. It cannot justly be said that either of these plans must of necessity secure a better educated practitioner than a "right down," honest, plain, straightforward examination on the subjects that must be known. The one method ensures a "showy" graduate; but the other may be equally well trusted to produce a sure and sound doctor. London, however, does good work by offering to studious men against whom the other universities are closed by the "residence" clause, the opportunity of obtaining a medical degree, and in this way it accomplishes a desirable end. That man, whencesoever his qualification has been derived, who loves his profession for its own sake, will advance in it, and by it, and it is surely time we heard the last of this or that body's superiority in a *medical* sense. It is quite possible to accord all legitimate admiration for the greater degree of general cultivation distinctive of the holders of various university degrees as evidenced by such degrees; but the assumption that goes with it that the elements of technical education are more embodied in some than in other examining boards' schemes, is an unfair aspersion of the schools, which are the first sufferers. All will admit, however, that the best trained practitioners are such as have enjoyed the most liberal opportunities of general culture, when this has been introductory to the study of medicine. The University of London, therefore, is a serviceable corporation, in that it offers facilities *to all* to put the hall-mark of a university degree on their attainments.

Those students who intend to graduate at the London University arrange their studies as to pass the preliminary scientific examination *before commencing their regular medical studies*, taking a preliminary year for the purpose of preparation. In this way much knowledge will be gained which will go to clear the way for his first year's studies, which would otherwise be much encumbered.

The preliminary scientific examination commences on the third Monday in July, and no candidate is admitted to it unless he has completed his seventeenth year, and has passed the matriculation examination. The subjects on which he will be examined are—Inorganic chemistry, experimental physics, botany, vegetable physiology, and zoology. Candidates who shall pass on all these subjects, and shall also pass at the *same time* in the pure mathematics of the first B.Sc. examination, or shall have previously passed the first B.A. examination, shall be considered as having passed the first B.Sc. examination. There are in this, as in every other stage of the graduate's career, examinations for honours, which afford the student the opportunity of gaining highly-prized distinctions in various branches, such as valuable scholarships, exhibitions, and prizes. The medical and scientific degrees of the University are—Bachelor and Doctor of Medicine, Bachelor and Master in Surgery, and Bachelor and Doctor of Science. For the regulations respecting these examinations the students should apply to the Registrar of the University.

It has come to be generally felt that scientific knowledge, to be real, must be practical as well as theoretical, and that a thorough knowledge limited to a comparative small range is preferable to a slighter acquaintance spread over a more extended area. In the first examination for Bachelor of Science, which every candidate will be required to pass, the programmes in mathematics, experimental physics, and inorganic chemistry, have been carefully revised. In place of the superficial acquaintance with both zoology and botany formerly required at this examination, there is a single examination (written and practical) in general biology, in which a more thorough knowledge is required of the simplest forms and elementary phenomena of animal and vegetable life. The regulations for the second B.Sc. examination, on the other hand, are framed with the view of allowing the candidates to bring up any three of the following nine subjects:—(1) Pure mathematics, (2) mixed mathematics, (3) experimental physics, (4) chemistry, (5) botany, including vegetable physiology, (6) zoology, (7) animal physiology, (8) physical geography and geology, (9) logic and psychology. Moreover, in

the matricular examination which forms the basis of the science curriculum, German may now be taken in substitution for Greek. In regard to the Doctor's degree, a change has been made in favour of candidates who prolong the interval between their first and second examinations for the degrees of Bachelor from one year to two or more, as such will be allowed to come up for the degree of Doctor of Science within a year of their attaining the degree of Bachelor.

A special examination is held once in every year in subjects relating to public health, to which those candidates only are admitted who have passed the second M.B. Examination at least one year previously. Candidates will be examined in chemistry and microscopy, as regards the examination of air, water, and food; meteorology, geology, physics, and sanitary apparatus, vital statistics, hygiene, and sanitary laws, full particulars of which may be obtained from the Registrar.

All the medical degrees of the London University being open to women, valuable scholarships have been founded for their special benefit in connection with them.

University of Durham.

Two licences and three medical degrees are conferred by this university—viz., Licences in Medicine and Surgery, with degrees of Bachelor of Medicine, Master of Surgery, and Doctor of Medicine. A certificate of proficiency in sanitary science is also awarded.

With regard to the degree of Bachelor of Medicine, no one will be admitted to that degree unless he has kept one year's residence at the Durham University College of Medicine, and in the case of non-university men an additional arts examination to the professional examination must be passed. There are two professional examinations for the M.B., the first being held twice yearly in October and April, and the second twice yearly in December and June. In the year 1881-82, the first will commence on October 10th, 1881, and again on April 24th, 1882, and the second on December 5th, 1881, and again on June 19th, 1882.

No grace for the degree of Doctor of Medicine will be granted unless the petitioner is a Bachelor of Medicine of the standing of twenty-one terms (severn years) at least from his registration or matriculation, and of two years at least from his admission to the degree of Bachelor of Medicine, nor unless he has written an essay based on original research or observation on some medical subject selected by himself, and approved of by the Professor of Medicine.

For the degree of Master in Surgery the candidate must have passed the examination for the degree of Bachelor in Medicine, and must have attended one course of lectures on operative surgery. Each candidate will have an additional paper on surgery, and will have to perform operations on the dead body, and to explain the use of instruments.

There is also an examination and a certificate of proficiency in sanitary science. Hospital practice can be attended at the Newcastle Infirmary, which contains 230 beds. There are four scholarships of £25 a year, tenable each for four years, one being awarded each year; subjects, those included in the preliminary arts examination. Dickinson Memorial Scholarship, £15, tenable for one year, for general proficiency. Tulloch Scholarship, £20, tenable for one year, for anatomy, physiology, and chemistry. Charlton Memorial Scholarship, £35, tenable for one year, for medicine. Gibb Scholarship in pathology, £20, tenable for one year. Four times in the year two resident medical assistants, two resident surgical assistants, three non-resident clinical clerks, and sixteen non-resident dressers (eight for the in-patients, and eight for the out-patient department), are nominated by the Medical Board, and, if approved, are appointed by the house committee for three months.

Assistants in the pathological department, and two assistants to the dental Surgeon, are appointed in March and October.

With regard to fees, a composition fee for all the Lectures payable on entering to the first winter session, £52 10s., separate courses of lectures each £4 4s. Twelve months'

hospital practice £7 7s.; six months, £5 5s.; three months, £4 4s.; perpetual fee, £17 7s.; or if paid by instalments, first year, £7 7s.; second year £6 6s.; third year £5 5s. These fees also are payable in advance.

Victoria University.

For the regulations concerning the Medical Faculty of Victoria University, see *Owens College* under *Provincial Schools*.

Foreign Universities.

An essay on "Foreign Degrees and how to obtain them." giving information much sought for, but not readily obtainable in this country, together with the routes and fares to, and from, the different university towns of the continent, appeared in the *Medical Press and Circular* for October 1, 1879.

Royal College of Physicians.

The licence of the Royal College of Physicians, which is recognised by the Local Government Board as a double qualification, is rapidly growing in favour with candidates for a registrable diploma. The wonder is that it has not sooner become the generally sought qualification, the honourable *prestige* of the College, and the equal strictness of the examinations alike being such as should approve it to students. Certain changes in the scheme of examination for licentiates are now in force at this college. Three examinations will have to be passed under the new rules. The college comprises three classes of member, viz., *Fellows*, *Members*, and *Licentiates*.

The Fellowship.—The Fellowship of the College is attainable only by election, and no one can be proposed who is not a member of at least four years' standing.

The Membership.—A person may become a member without holding a degree in medicine, or indeed, any diploma. But every candidate who shall have commenced his professional studies after September, 1861, shall satisfy the Censors' Board that previous to such commencement he has obtained a degree in Arts from some university of the United Kingdom or of the Colonies, or from some other university specially recognised by the Medical Council, or that he has passed examinations equivalent to those required for a degree in Arts. The curriculum extends over five years.

The following additional regulations for the membership came into force on Jan. 30th, 1878:—1. Any candidate who shall produce satisfactory evidence of having passed an examination on chemistry and materia medica, required for a degree in medicine at a university in the United Kingdom, in India, or in a British Colony, will be exempted from re-examination on these subjects. 2. Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at a university in the United Kingdom, in India, or in a British colony, or who shall have obtained a qualification entitling him to practice medicine or surgery in the country where such qualification has been conferred, wherein the course of study and the examinations to be undergone previously to graduation shall have been adjudged by the Censors' Board to be satisfactory, shall be exempt (if the censors shall think fit) from all or any parts of the examinations hereinbefore described, except such a relate to the third or pass examination.

Graduates in medicine of any British university are admitted to an examination for the membership. Such graduates are exempt from some parts of the examination—e.g., anatomy and physiology. Even graduates of accredited foreign universities have no difficulty in being admitted to examination. All persons who have been admitted before February 16, 1859, licentiates of the College, and also all extra licentiates who are not engaged in the practice of pharmacy, may be proposed to be admitted a member of the College. Every candidate for the membership is expected to pass an examination, but there are certain cases, referred to under sections 15, 16, and 17 of the bye-laws of the College, in which the candidate is exempt from some portion of the examination.

The Licence.—The Licence of this College is a qualifica-

tion to practice medicine, surgery, and midwifery, and is recognisable by the Poor-law Board as a qualification in surgery as well as in medicine, but unless a graduate in some university he is forbidden to use the title of doctor; we regret, however, many do so. It was regarded at first as a diploma for the general practitioner, intended to supersede that of the Apothecaries' Company. The examination is conducted by specially-appointed examiners, and is complete in the several departments. There are three examinations for the licence, the *first* of which may be passed after registration, provided the candidate has been instructed in Chemistry, Materia Medica, Botany, and Pharmacy; *second* examination after eighteen months' study; and the *final* and the end of the fourth year. The fee for the College Licence is fifteen guineas, of which five are to be paid on admission to each examination.

Every candidate will be required to produce satisfactory evidence of having completed the course of study in accordance with the bye-laws and regulations of the College, which may be obtained of the Registrar, and to pass the professional examinations conducted by the Examining Board.

Any candidate who shall produce satisfactory evidence of having passed an examination on Chemistry and Materia Medica, &c., required for a degree in medicine at a university in the United Kingdom, in India, or in a British colony, will be exempted from re-examination on those subjects. Any candidate who shall have obtained a qualification which entitles him to practice medicine or surgery in the country where such qualification has been conferred, after a course of study and an examination equivalent to those required by the regulations of the College, shall, on production of satisfactory evidence as to age, moral character, and proficiency in vaccination, be admissible to the pass examination, and shall be exempt from re-examination on such subjects as shall in each case be considered by the Censors' Board as unnecessary. In the same way re-examination in Anatomy and Physiology is not required of those who have already passed a satisfactory examination elsewhere.

Royal College of Surgeons of England.

This College has exercised much influence over the profession, for without the M.R.C.S. it is not easy to obtain any English surgical appointment. Its membership, although no longer essential, yet carries some weight in a parish appointment. For this reason most English students take this diploma, which, together with a medical qualification, suffices for every purpose of the general practitioner. The College gives four diplomas—the membership, fellowship, a diploma in dental surgery, and one in midwifery, which last is, however, mostly confined to those who are already members.

The Membership.—This diploma gives no vote in the affairs of the College. It is only a licence to practice, and corresponds with the licentiateship of the Edinburgh and Dublin Colleges.

In future, candidates for the diploma will be examined in the practice of medicine, although there are certain conditions on which he can claim exemption. He must also have passed the preliminary examination of the College, or one that is recognised by the College. There are now two professional examinations for the membership, the Primary and the Pass.

The Fellowship.—Members of long standing are often admitted to the fellowship by election. As, however, this grade is obtainable by examination, is of greater value, and needs no personal influence, men who have sufficient time and ability prefer the F.R.C.S. after examination.

MEDICAL SCHOOLS OF LONDON.

LONDON possesses eleven general hospitals to which a medical school for the training of students is attached, and one or other of these must be chosen as the seat of his

labours towards qualification by every one intending to register himself as a metropolitan medical student. The selection may be a matter of some difficulty, but in many instances it will be guided by the advice of friends well acquainted with the advantages of this or that institution. Opportunity should nevertheless be taken to make a personal inspection of such hospitals and colleges as may specially approve themselves to the mind of the future student; a hasty decision is wholly inadvisable, for nothing, probably, is more likely to create disgust in the mind than a feeling of regret at having permanently joined a school which compares unfavourably with other places as these become more familiarly known. We cannot offer any direct advice as to which are and which are not good schools, since the favour in which different centres are held must largely depend on the particular circumstances under which the student commences his career. It may be generally said that no hospital can claim absolute superiority in all respects over its rivals, for at all every endeavour is carried out to render them efficient and sufficient centres of medical education. In some cases the medical and surgical practice offers special features; in others the teaching arrangements are more thoroughly studied; but everywhere, it may be said, the student's interest is a primary consideration with the tutorial and professional staff alike; and with fair application and reasonable ability any student of medicine in a London hospital should find nothing to hinder his progress, or prevent him from duly qualifying. We cannot do better than repeat the advice we gave last year, however, to all who are called upon to decide more or less of their own accord, as to which of the eleven hospitals shall have the honour of enrolling them on their lists of *alumni*—viz., hear and see as much as possible yourself concerning all the London hospitals, and then, having duly compared the facilities offered by each with your own idea of your requirements, decide accordingly.

APPOINTMENTS, PRIZES, NEW SCALE OF FEES, &c.

ST. BARTHOLOMEW'S HOSPITAL.—*Appointments:* Four house-physicians and four house-surgeons are appointed annually without fee; each is provided with rooms and receives a salary of £25. A resident midwifery assistant and an ophthalmic house-surgeon are appointed every six months; they are provided with rooms, and receive a salary of £25 per year. The assistant chloroformist, salary £25 and rooms; in-patient clinical clerks; clerks and dressers to the assistant physicians.

Scholarships, &c.—There are two open scholarships in science, value £130, tenable for one year; Jeaffreson exhibition, value £50, tenable for two years; preliminary scientific exhibition, value £50, tenable for one year; three junior scholarships, of £50, £30, and £20 respectively; Treasurer's prize for practical anatomy; Foster prize for practical anatomy; senior scholarship, value £50, for anatomy, physiology, and chemistry; Wix prize; Hichens prize; Lawrence scholarship and gold medal, value 40 guineas, for medicine, surgery, and midwifery; two Brackenbury scholarships in medicine and surgery; Bentley prize, for reports of surgical cases; the Kirkes gold medal for clinical medicine.

Scale of Fees.—Fees for perpetual attendance on lectures and hospital practice, 132 guineas, payable in the following instalments: First winter, 40 guineas; first summer, 46 guineas; second winter, 46 guineas; or a single payment of 125 guineas. Fee for general subjects for students of dental surgery:—First winter, 31½ guineas;

or a single payment of 63 guineas. First summer, 31½ guineas.

CHEARING CROSS HOSPITAL.—*Appointments:* Medical and surgical registrars, each with a salary of £40 a year; resident medical officer, assistant medical officer, resident surgical officer, assistant surgical officer, resident obstetrical officer, assistant demonstrator, pathological assistant, clinical clerks and dressers. The resident officers are provided with rooms and commons, and the assistant officers with commons, in the hospital.

Scholarships, &c.—Two entrance scholarships of £30 and £20 respectively, tenable for one year; the Llewellyn scholarship of £25, open to all matriculated students who have completed their second year; the Golding scholarship of £15, open to matriculated students who have completed their first year; the Pereira prize of £5; the Governor's clinical gold medal. Silver and bronze medals and certificates of honour are awarded to the most deserving candidates in the various classes.

Scale of Fees.—Composition fee for matriculated students, £81 7s., payable in instalments, or first year's fee, £38 17s.; second year's fees, £36 15s.; third year's fees, £10 10s. Composition fee for the course of dental surgery, £42 2s. A handsome and commodious new school building is now approaching completion, and will be shortly available for the work of the College.

ST. GEORGE'S HOSPITAL.—*Appointments:* House physicians and house surgeons are elected half-yearly from among the perpetual pupils. They are entitled to hold their appointments for twelve months, and to board and reside in the hospital, free of all expense. Assistant house physician; assistant house surgeon; obstetric assistant, with a yearly salary of £100, and board and residence in the hospital; pathological curator, with a salary of £50, microscopical pathologist, with a salary of £25; medical and surgical registrars, each with a salary of £50 per annum; assistant medical registrars; assistant surgical registrars; ophthalmic registrar; ophthalmic assistant; demonstrator of anatomy, with a salary of £50; senior assistant demonstrator, with a salary of £20.

Exhibitions, &c.—The Brown exhibitions, one of £100 per annum, tenable for two years, and open to perpetual pupils possessing a registrable diploma; and one of £40 per annum, tenable for three years, and open to students in their third year. The Brackenbury prizes; one each in medicine and surgery. The Clarke good conduct prize, the Thompson medal, the Brodie clinical prize in surgery, the Acland clinical prize in medicine, the Johnson memorial prize in anatomy, the Treasurer's prize, and three general proficiency prizes of ten guineas each.

Scale of Fees.—Competition fee for perpetual pupils, £125, or in the following instalments: First year £45, second year £45, third year £40. For attendance on the hospital practice and lectures required by the examining corporations, £45 for the first year, £45 for the second year, and £30 for each succeeding year. The latter scale of payment does not entitle the pupil to become house physician or house surgeon, or to compete for the Brown exhibitions. The fee for general subjects in dental surgery is £55, payable in two instalments, first year £30, second year £25.

GUY'S HOSPITAL.—*Appointments:* The house-surgeons and house physicians, the obstetric residents, clinical assistants and dressers, are selected from the students, according to merit, and without payment. There are also a large number of junior appointments, every part of the hospital practice being systematically employed for instruction.

Scholarships, &c.—Open scholarship of 125 guineas, in classics, mathematics, and modern languages. Open scholarship of 125 guineas, in chemistry, physics, botany, and zoology. Six scholarships, varying in value from £10 to £50 each, for general proficiency in medical study. The Joseph Hoare prizes; the Treasurer's gold medal in medicine; the Treasurer's gold medal in surgery; the Gurney Hoare prize of £25, for clinical study; the Sand Cox scholarship of £15 per annum for three years, for physiology

and physics; the Michael Harris prize of £10, for anatomy.

Scale of Fees.—For the entire course of lectures and hospital practice, 125 guineas if paid in one sum on entrance, or by two equal instalments of £66, payable at the commencement of the first winter, and of the following summer session; or payment may be made by instalments of £50, £50, and £37 10s., payable at the beginning of the first, second, and third years respectively. Fee for the dental course, 63 guineas, or in two annual instalments of 40 guineas and 23 guineas.

KING'S COLLEGE HOSPITAL.—*Appointments:* One physician's assistant, two house-surgeons, and one physician-accoucheur's assistant appointed every six months. They are supplied with board and residence in the hospital on payment of £30 each. Assistant house-physician, assistant house-surgeon, and assistant resident accoucheur appointed every six months; in-patient clinical clerks and dressers; out-patient clerks and dressers; obstetric clerks, ophthalmic, dental, and aural assistants; post-mortem clerks; assistant demonstrators and prosectors of anatomy.

Scholarships, &c.—Three Warnford scholarships, each of the value of £25 per annum, two tenable for three years, and one tenable for two years; one Warnford scholarship of £25 per annum, tenable for two years, open to resident students; three junior scholarships of £20 each, tenable for one year, and open to students of the first year; one second year scholarship of £30, tenable for one year, and open to students of the second and third years; the senior scholarship of £40, tenable for two years, and open to students of the third and fourth years; Daniell scholarship of £20 per annum, tenable for two years, for work in the chemical laboratory; two Sambrook registrarships, each of £50 per annum; two science exhibitions of £50 and £25; two Warnford prizes of £25 and £15 respectively; Leathes prize; Todd medical clinical prize; Jelf medal; Tanner prize of £10 for obstetrics. Class prizes, each of the value of £3, are awarded annually in particular subjects.

Scale of Fees.—Payment for the entire course of hospital practice and college lectures may be made in one sum, viz., £125 on entrance, or by the following instalments:—£70 and £60, or £60 on entrance, £50 at the beginning of the second winter session, and £25 at the beginning of the third winter session. Fees for the dental course, £95 1s. 6d.

LONDON HOSPITAL.—*Appointments:* The resident and other hospital appointments are free to full students. The resident appointments consist of five house-physicians, four house-surgeons, and one accoucheurship; also two dresserhips and two maternity assistantships.

Scholarships, &c.—Two entrance science scholarships, value £80 and £40, and two Buxton scholarships, value £30 and £20, will be offered for competition at the end of September to new students. Entries on or before September 20th. A scholarship, value £20, in human anatomy, to first year's students; a scholarship, value £25, in anatomy, physiology, and chemistry, to second year's students; a scholarship, value £20, in clinical medicine; a scholarship, value £20, in clinical surgery; a scholarship, value £20, in clinical obstetrics; the Duckworth Nelson prize, value £10 (biennial), in clinical medicine and surgery. Prizes, value £60, to dressers of out-patients, in minor surgery.

Scale of Fees.—Perpetual fee for lectures and hospital practice, and two years' practical anatomy, payable in three instalments of 40, 35, and 25 guineas, at the commencement of the 1st, second, and 3rd years respectively, 100, or if in one payment, 90 guineas. Composition fee for students entering at or before the beginning of their second winter session, their first year having been spent elsewhere, payable in two instalments of 40 and 35 guineas, 75 guineas; or if in one payment, 70 guineas. Perpetual fee for lectures alone, 50 guineas; perpetual fee for hospital practice alone, 50 guineas; dental

students (general hospital practice and lectures), 40 guineas; perpetual fee for dental practice, 10 guineas. Special advantages in the shape of reduced fees are offered to full students, who, having attended classes in natural science at other places, succeed within a certain time in passing the preliminary scientific local examination.

ST. MARY'S HOSPITAL.—*Appointments:* There are four resident medical officers, three of whom are appointed for twelve months, and one, the obstetric officer, for six months; all of them live, free of every expense, in the hospital. Two prosectors, appointed annually, a demonstrator of anatomy, a medical tutor, and a resident registrar, each with a salary of £100 a year, appointed annually, and eligible for re-election. Clinical clerks and dressers.

Scholarships, &c.—Two scholarships in natural science tenable for three years; an exhibition in natural science of £20, tenable for one year; a scholarship in anatomy of £20, tenable for one year; a scholarship in pathological anatomy of £40, tenable for one year. At the end of each session prizes ranging in value from £2 2s. to £4 4s. are given for proficiency in particular subjects.

Scale of Fees.—For unlimited attendance on lectures and hospital practice £125 guineas if paid by instalments or 119 guineas if paid in one sum. Fee for hospital practice and lectures required by the examining bodies, 107 guineas in instalments, or 101 guineas in one sum. Fee for dental students, 62½ guineas.

MIDDLESEX HOSPITAL.—*Appointments:* Two house-surgeons three resident physician's assistants, resident obstetric physician's assistant. The above officers have residence and board in the hospital free of expense, but they pay on appointment fees varying according to circumstances from 10 to 30 guineas.

Scholarships, &c.—One entrance science scholarship of £50; Two Broderip scholarships of £30 and £20 per annum respectively, tenable for two years, for medicine and surgery; two entrance scholarships of £25 and £20 per annum respectively, tenable for two years; John Murray medal and scholarship, awarded every third year; the Governors' prize of £21; clinical prize of £10 10s. class prizes in particular subjects.

Scale of Fees.—General fee for the entire course of hospital practice and lectures, £90, if paid in one sum on entrance or by instalments of £40, £35, and £20, payable at the commencement of the first, second, and third years respectively, and £10 for every additional year's attendance. Course of dental surgery, £42, payable in two instalments of £30 and £15.

ST. THOMAS'S HOSPITAL.—*Appointments:* Two house-physicians, two house-surgeons, a resident accoucheur, two assistant house-physicians, two assistant house-surgeons, holding office for three or six months. The assistants are non-resident, but the other officers are provided with rooms and commons in the hospital free of expense. An ophthalmic clinical assistant, with salary of £50; surgical ward clerks, clinical clerks and dressers to in-patients and out-patients, obstetric clerks, two hospital registrars, each with a salary of £100; assistants in the dissecting-room, prosectors, pathological assistants, and assistants in the physiological laboratory.

Scholarships, &c.—Two entrance scholarships in natural science of £100 and £80 respectively; for first year's students the William Tite scholarship of £30, and four college prizes, ranging in value from £10 to £20; for second year's students, the Musgrove scholarship of £42, and college prizes ranging in value from £10 to £20; for third year's students, three college prizes of £20, £15, and £10 respectively. In addition there are awarded the Cheselden medal for surgery, the Mead medal for medicine, the Solly medal for reports of surgical cases, the Grainger testimonial prize of £20 for a physiological essay, and the Treasurer's gold medal for general proficiency.

Scale of Fees.—For the entire course of hospital practice

and lectures, £125, paid on entrance, or £130 in two payments, £70 on entrance, and £60 at the beginning of the next year; or by three instalments of £60, £50, and £30, at the beginning of the first, second, and third years respectively. The fee for the attendance on the *general* subjects required of students in dental surgery is for the two years £45, or by instalments; £50 for the first year, and £10 for the second year.

UNIVERSITY COLLEGE HOSPITAL.—*Appointments:* Six physicians' assistants, six house-surgeons, and four obstetric assistants, are selected annually by examination from among the senior students without additional fee. They reside in the hospital, paying only for their board, and have charge of the resident patients in the absence of the physicians and surgeons. The offices of physicians' clerks, surgeons' dressers, surgical ward clerks, and ophthalmic surgeons' assistants, are selected from among the pupils who are also students of the college, without additional fee.

Scholarships, &c.—Three entrance science exhibitions of 100*l.*, 60*l.*, and 40*l.* respectively, tenable for two years; Atkinson-Morley surgical scholarship, of 45*l.* a year, tenable for three years; Atchison scholarship, value about 55*l.*, tenable for two years; Sharpey physiological scholarship, value about 70*l.* a year, tenable for three years; Filliter exhibition for proficiency in pathological anatomy, value 30*l.*; Dr. Fellows' clinical medal; the Liston gold medal; Alexander Bruce gold medal; Cruik memorial prize; class medals, &c.; gold and silver medals, or other prizes, as well as certificates of honour, are awarded, after competitive examinations in particular branches of study. Prizes to the value of 10*l.* will be given in the class of hygiene. The Jews' commemoration scholarship of 15*l.* for two years; the Tufnell scholarship of 100*l.* for chemistry, two years; and the Clothworkers' exhibition of 50*l.* for two years, can also be held in the Medical Faculty.

Scale of Fees.—125 guineas, if paid in one sum at the commencement of the course, or 130 guineas if paid by instalments, as follows: First year 60 guineas, second year 50 guineas, third year 20 guineas. Hospital practice and clinical instruction, perpetual, 36*l.* 15*s.*; one year, 15*l.* 15*s.*; six months, 10*l.* 10*s.* Practical pharmacy, three months, 5*l.* 5*s.*

WESTMINSTER HOSPITAL.—*Appointments:* There are numerous dresserships and clerkships: the posts of medical and surgical registrar, each with 40*l.* a year, and of house physician, house surgeon, resident obstetric assistant, assistant house surgeon, physician's assistant, surgeon's assistant, ophthalmic assistant, and assistant in the skin department.

Scholarships, &c.—Entrance scholarships, in October. The *Fence*, 40*l.* a year for two years, and one other, value 40*l.* Subjects—Latin, Mathematics, French or German, and Chemistry and Natural Philosophy. The Latin books the same as the June examination of the University of London matriculation—*Livy*, Bk. II. There are also—an exhibition, value 10*l.* 10*s.*, for first year's men; a scholarship in anatomy and physiology, value 21*l.*, for second year's men; prizes for clinical medicine and surgery of 5*l.* each; the Frederic Bird medal and prize, value 15*l.*; the Chadwick prize for proficiency, value 21*l.*

Scale of Fees.—In one payment, 92*l.* 10*s.*; in two payments of 49*l.* each, payable on entrance and at commencement of second year respectively, by payments distributed over five sessions, amounting to 107*l.* 2*s.* There are no extras, except parts for dissection. Fees for shorter periods or for single courses may be learned on application to the Dean. Fees for dental students, payable in one sum on entrance, 45*l.*

SPECIAL SCHOOLS.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

The winter session of 1881-2 opens on the 1st of October. The fee for the ordinary curriculum of non-clinical lectures is £80, if paid in one sum, or if paid in instalments £40 for the first year,

£30 for the second, and £15 for the third. The courses of lectures included in this fee are as follows:—Two courses each of anatomy, practical anatomy, physiology, and practice of medicine, and one course each of botany, chemistry, practical chemistry, materia medica, surgery, pathology, midwifery, diseases of women and forensic medicine. Certain classes are held annually, others bi-annually. The fee of £90 entitles a student to attend, in addition to the classes enumerated above, one course each of practical physiology, zoology, ophthalmic surgery, mental pathology, and hygiene. The London School of Medicine for Women is now recognised by the King and Queen's College of Physicians, Ireland, and by the University of London. Students of the school can therefore proceed to the examination for the licence to practice medicine of the college, and for the degrees of M.D. and M.S. of the University. Hospital instruction is obtained at the Royal Free Hospital, some ten minutes' walk from the school; the fee for which, including annual courses of clinical medicine and clinical surgery, is £20 for the first year, and £15 for each subsequent year. Clinical clerks, surgical dressers, are selected from among the senior students without further fee.

SCHOOL OF ANATOMY AND PHYSIOLOGY.

This is established for private tuition, and is situate close to University College, its principal being Mr. Thomas Cooke, F.R.C.S., senior assistant-surgeon to the Westminster Hospital, whose private address is at 16 Woburn Place. The whole of the anatomy (on the dissected body), of physiology (with microscopical preparations, and such experiments as the law permits) and operative surgery (on the dead body), are gone through carefully every three months. Fees: Three months, three guineas; six months, four guineas; for the higher examinations, with special supplementary class, five guineas. There is a well-appointed dissecting-room near the school.

LONDON SCHOOL OF DENTAL SURGERY.

This institution is situated in Leicester Square. The meetings of the Odontological Society are also held here. In winter lectures are delivered on mechanical dentistry by Dr. Walker, on Wednesdays at five p.m.; on metallurgy in dentistry, by Mr. Louis, on Thursdays and Fridays at twelve o'clock, during October and November. In summer Mr. A. Coleman lectures on dental surgery and pathology, and Mr. C. S. Tomes on dental anatomy and physiology. General fee for special lectures required for the curriculum, £15 15*s.* The Saunders scholarship of £20 per annum, and prizes are open for competition. In connection with the above is the

DENTAL HOSPITAL OF LONDON.—Surgeons: Messrs. Fox, Melwin, Gregson, Coleman, Moon, and Hill. Assistant-Surgeons: Messrs. Hepburn, F. Canton, Underwood, Woodhouse, Hutchinson, and Bennett. Dental House Surgeon, Mr. Blackmore. Assistant Dental House Surgeon, Mr. Carle. Fees for two years' hospital practice, £15 15*s.* Fees for lectures and practice, £31 10*s.*

NATIONAL DENTAL COLLEGE.

This is a more modern institution than the one in Leicester Square, having been open but a few years. In connection with the College is the National Dental Hospital, situate in Great Portland Street, which was established several years before the school. The teaching at this school is recognised by the Royal College of Surgeons for the dental diploma, and lectures and demonstrations are given similar to those at the other dental school. The following are the lecturers, with their subjects:—Dental anatomy and physiology, Mr. Thomas Gaddes. Dental surgery and pathology, Mr. Oakley Coles. Dental mechanics, Mr. Harry Ross. Dental metallurgy, Mr. Alfred Tribe. Supplemental lectures:—Operative dental surgery, Dr. Thompson. Demonstration of dental mechanics, Mr. W. R. Humby. The session commences on October 3rd. Fees.—General fee for special lectures required by the curriculum, £12 12*s.*; fee for the two years' hospital practice required by the curriculum, £12 12*s.* Total fee for the special lectures and hospital practice required by the curriculum, £25 4*s.*

SCHOOL OF PHARMACY OF THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

Lectures are delivered on Monday, Tuesday, and Wednesday mornings at nine o'clock. The course consists of sixty lectures. Two courses are given annually, the first commencing in October, and the second course in March, 1882. The subjects of these lectures are—(1) Physics in relation to chemistry and pharmacy. (2) Inorganic chemistry. (3) Organic chemistry, botany, and materia medica. These lectures are delivered on Thursday, Friday, and Saturday mornings at nine o'clock. The laboratories are open from ten o'clock in the morning until five in the afternoon daily, except on Saturdays, when they are closed at two o'clock. Fee for ten months, according to hours of attendance, twelve to twenty-five guineas; for shorter terms in proportion. Each student is expected to attend every lecture of the course for which he has entered, or to state the cause of absence to the professor or to an assistant.

SOUTH LONDON SCHOOL OF PHARMACY.

This school, which has accommodation for 120 students, is situated at Kennington Cross, and decidedly the most popular institution for the study of practical pharmacy and chemistry in London. Instruction is also given in analytical chemistry for the purpose of qualifying gentlemen in search of appointments under the Public Health and Adulteration of Food Acts, by the principal, Dr. Muter. Lectures are delivered daily in the laboratory, and each student is required to practically illustrate that he grasps the subject taught as the lecturer proceeds. The percentage of pupils passing at the examination is exceptionally high from this school. The winter session commences a fortnight earlier than the medical schools.

SCHOOL OF HOMŒOPATHY.

Homœopathy has now a school for students, which is situated in Great Ormond Street, where lectures and instructions according to homœopathic principles are given by duly qualified members of the medical profession, and where students who believe in the *similia similibus curantur* theory can be taught according to their bent. The winter session at this school opens on October 1st.

NOTE.—Where fuller information is required by the reader than that contained in the foregoing notes, it will generally be found on reference to our advertising columns, where also will be found the names of the staffs, lecturers, &c.

HOURS OF THE INTRODUCTORY LECTURES

To be delivered at the different Metropolitan Schools.

St. Bartholomew's Hospital: None. Session commences Oct. 3rd.
 Charing Cross Hospital: None. Session commences Oct. 3rd.
 St. George's Hospital: Mr. J. Warrington Haward, Oct. 3rd, at 4 p.m.
 Guy's Hospital: None. Session commences Oct. 3rd.
 King's College Hospital: Sir John Lubbock, F.R.S., Oct. 3rd, at 4 p.m.
 London Hospital: None. Session commences Oct. 3rd.
 St. Mary's Hospital: Mr. George P. Field, 3.30 p.m.
 Middlesex Hospital: Dr. B. Douglas Powell, Oct. 4th, at 3 p.m.
 St. Thomas's Hospital: Dr. Bernays, Oct. 1st at 3 p.m.
 University College: Prof. G. V. Poore, F.R.S., Oct. 3rd, at 8 p.m.
 Westminster Hospital: Mr. Bond, Oct. 3rd, at 3 p.m.

THE PRINCIPAL METROPOLITAN HOSPITALS TO WHICH NO MEDICAL SCHOOL IS ATTACHED.

Open to Students from the Larger Hospitals.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—This is a large and important hospital at the East End, containing 164 beds. Consulting physicians: Drs. T. B. Peacock, J. Risd. n Bennett, E. Lloyd Birkett, J. Andrew. Consulting surgeon: Mr. Eriksen, F.R.S. Physicians: Drs. S. H. Ward, J. C. Thorowgood, Shepherd, Eustace Smith. Assistant physicians: J. B. Berkhart, S. W. Berkhart, Fothergill, Heron, West, V. D. Harris, and J. A. Ormerod.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—This is the largest institution for the treatment of affections of the chest in the United Kingdom, and contains 192 beds. Consulting physicians: Drs. C. J. B. Williams, W. H. Walshe, and R. Quain. Consulting surgeon: Prof. John Marshall, F.R.S. Physicians: Drs. J. E. Pollock, E. S. Thompson, C. T. Williams, D. D. Powell, J. Tatham, and R. Thompson. Assistant physicians: Drs. T. H. Green, J. M. Bruce, W. Ewart, J. Fowler, P. Kidd, and C. Y. Biss. Dental surgeon: Mr. C. J. Noble. Resident medical officer: Mr. F. J. Hicks. Secretary: Mr. H. Dobbin. Three clinical assistants reside in the hospital for a period of six months. Pupils are admitted to the practice of the hospital. Terms, £3 3s. for three months; perpetual, £5 5s.

HOSPITAL FOR DISEASES OF THE THROAT AND CHEST, Golden Square, W.; contains 21 beds, outposts, Newington Butts, Walworth, and St. John's Gardens, Notting Hill.—Physicians: Drs. Morrell Mackenzie, Robert H. Semple, Prosser James, W. McNeill Whistler, and F. Semon. Surgeons: Dr. E. Woakes and Mr. W. R. H. Stewart. Dental surgeon: Mr. Oakley Coles. The practice of the hospital is open to students on payment; fee for three months' course, £3 3s.; for six months, £5 5s.; perpetual course, £7 7s. Laryngoscopic demonstrations are given daily at half-past two.

CENTRAL LONDON THROAT HOSPITAL, Gray's Inn Road.

—Twenty beds. The staff consists of Mr. Sydney Jones, consulting surgeon, and Messrs. Lennox Browne and Llewelyn Thomas, surgeons. Assistant surgeons: Messrs. G. R. Steil, F. G. Hamilton, and A. Orwin. Registrar and pathologist: Dr. J. Dundas Grant. Six clinical assistants, being either qualified practitioners or students of three years' standing, are elected to assist the surgeons. Fees for three months' attendance, £2 2s.; six months', £3 3s.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—This hospital treats above 6,000 out-patients annually, and makes up 28 beds. A new wing, of which the foundation stone was laid two years since by Princess Louise, has now raised the number of beds to 40. Consulting physicians: Drs. Herbert Davies and Horace Dobeil. Physicians: Drs. G. Goddard Rogers, P. J. Hensley, Gilbert Smith, and D. W. Finlay. Assistant physicians: Drs. W. Murrell, H. S. Gabbett, and W. H. White. Consulting surgeon: Mr. Jonathan Hutchinson. Surgeon: Mr. W. Walsham. House physician: Mr. J. Harper.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Queen's Square, W.C., and Cromwell House, Highgate.—Physicians: Drs. Dickenson, Gee, and W. B. Cheadle. Assistant physicians: Drs. R. J. Lee, C. Sturges, Thomas Barlow, D. B. Lees, and Robert Bridges. Surgeons: Mr. T. Smith, Mr. F. Howard Marsh, Mr. Edmund Owen, and Mr. J. H. Morgan. Ophthalmic surgeon: Mr. Nettleship. Surgeon-dentist: Mr. A. Cartwright. Fee for three months' attendance, £3 3s.; perpetual, £5 5s. Secretary: Mr. S. Whitford. There are now 104 beds in the hospital, Great Ormond Street, and 52 beds in the country branch; total, 156. The practice at the hospital has recently been thrown open gratuitously to the pupils of the different hospitals and medical schools of London, on conditions which may be ascertained of the secretary.

THE HOSPITAL FOR WOMEN, Soho Square, W.—Physicians: Drs. Protheroe Smith, Heywood Smith, C. H. Carter. Surgeon: Mr. H. A. Reeves. Assistant physicians: Drs. R. T. Smith, E. Holland, Mansell Moullin. Chloroformist: T. Bird. The hospital contains 61 beds. Clinical instruction is regularly given in the wards, and in the out-patient room daily at 10, to members of the profession and to students after their third year. Clinical clerks and assistants are appointed from time to time, application to be made to the physicians.

BRITISH LYING-IN HOSPITAL, Endell Street, St. Giles's.—Twenty five beds. Consulting physician: Dr. Priestley. Consulting surgeon: T. Spencer Walls. Physicians: Drs. Heywood Smith and S. Fancourt Barnes. This institution receives women only as midwifery pupils. The fee for the course of three months is £10 10s. Pupils who prove themselves competent receive a certificate signed by the physicians enabling them to practise midwifery.

THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Lower Seymour Street, W.—Fifty-two beds. Physicians: C. H. F. Routh, W. R. Rogers, W. H. Day, Wynn Williams, P. Boulton, F. H. Champneys, and Prickett. Surgeons: G. C. Bantock, J. K. Thornton, A. H. G. Doran, and W. A. Meredith.

ROYAL LONDON OPHTHALMIC HOSPITAL, Bloomfield Street, Moorfields, is the largest of its class in the metropolis, and contains 100 beds. Consulting physician: Dr. F. J. Farre. Consulting surgeons: Messrs. J. Dixon, G. Critchett, W. Bowman, F.R.S., and J. Hutchinson. Surgeons: Messrs. Wordsworth, Streetfield, Hulke, Lawson, Couper, and Lyell. Assistant surgeons: W. Tay, J. E. Adams, J. Tweedy. Number of patients annually, about 26,000.

LONDON FEVER HOSPITAL, Islington.—260 beds. Consulting physician: Dr. Tweedie. Physicians: Drs. Broadbent and Cayley. Assistant physician: Dr. Mahomed. Consulting surgeon: Mr. W. S. Savory. Resident medical officer: Mr. Tonge-Smith.

ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES, 54 Berners Street, Oxford Street.—Surgeons: Walter J. Coulson, W. F. Teevan. Assistant surgeon: Dr. F. R. Heycock. Medical men and students are admitted to the practice of the hospital gratis. It contains 16 beds, and nearly 200 in-patients were treated during the past year.

GREAT NORTHERN HOSPITAL, Caledonian Road.—Physicians: Drs. Cholmeley, Cook, Bridges, and Burnet. Obstetric physician: Dr. Gustavus C. P. Murray. Consulting surgeon: Mr. F. Le Gros Clark, F.R.S. Surgeons: Messrs. Gay, W. Adams, W. Spencer Watson, W. H. Gripps, and

J. Macready. Ophthalmic surgeon: Mr. R. W. Lyell. Aural surgeon: Mr. A. E. Cumberbatch. Dental surgeon: Mr. C. J. Fox. Chloroformist: Mr. Eastes. House surgeon: Mr. A. Wharry.

WEST LONDON HOSPITAL.—A well-appointed hospital at the western extremity of the metropolis in the Hammer-smith Road, containing 60 beds. Consulting physician: Dr. Maudsley. Consulting physician-acoucheur: Dr. W. O. Priestley. Consulting surgeons: Messrs. S. A. Lane and William Bird. Physicians: Dr. Goddard, Rogers, and Thorowgood. Physician for diseases of women: Dr. Wiltshire. Surgeons: Messrs. W. F. Teevan and Alfred Cooper. Ophthalmic surgeon: Mr. B. J. Vernon. Assistant physicians: Drs. Fish and D. W. C. Hood. Assistant surgeons: Messrs. Keetley, Morgan, and Edwards. Surgeon-dentist: Mr. Smale. Gentlemen desirous of acting as clinical clerks or dressers can obtain all information by application to Mr. Gilbert, at the hospital.

BETHLEM HOSPITAL.—This hospital is open for the admission of two resident medical students who have recently obtained their diplomas to practise medicine and surgery, for the acquisition of knowledge regarding the insane. The next election takes place in October, at Bridewell Hospital, and the elected candidates will be expected to commence residence on the 1st of November.

ROYAL FREE HOSPITAL, Gray's Inn Road.—This hospital contains 150 beds. Of the smaller metropolitan hospitals few offer a more extensive field for students in medicine and surgery. An arrangement has been made by which medical students from the School of Medicine for Women are enabled to attend their hospital courses at this institution. Physicians: Drs. Hassall and Cockle. Surgeons: Messrs. F. J. Gant and W. Rose. Secretary: Mr. J. S. Blyth, from whom full particulars of the dresserships and clerkships may be obtained. Assistant surgeon: Mr. W. H. Cripps. House surgeon: Mr. R. Atkinson.

THE TEMPERANCE HOSPITAL.—The character of this institution is fully described by its title, and the non-alcoholic treatment is carried out in its entirety by an efficient staff. It is situated close to University College in Gower Street, and now boasts of a new and commodious building.

SEAMEN'S HOSPITAL (late *Dreadnought*) Greenwich.—300 beds. For the reception of seamen of all nations, who are received at all hours. Apartments are provided in the house of the surgeon for students and others who may be desirous of studying diseases incidental to tropical climates before entering the services or going abroad.

ENGLISH PROVINCIAL MEDICAL SCHOOLS.

BIRMINGHAM—QUEEN'S COLLEGE.—Students are admitted—(1) as matriculated students who enter for their entire medical education; (2) as occasional students for one or more courses of lectures; (3) as junior students, to prepare for the preliminary examinations of the licensing boards.

Scholarships, Prizes, &c.—The Sands Cox prize, value £20. Open to students who have completed their curriculum. Subjects:—Medicine, Surgery, and Midwifery. Two Ingleby scholarships for obstetric medicine and surgery and diseases of women. The Warden's prize, value £5 5s., for first year's students, for general proficiency. The Percy prize, value £5 5s., for German.

Fees.—College fee for all lectures amount to 60 guineas, payable by two equal instalments.

Hospital practice is obtained at the General and Queen's Hospitals, which have been amalgamated for the purpose of clinical instruction under the direction of the Birmingham Clinical Board by whose order all schedules are signed and all examinations conducted. The hospitals have a total of upwards of 400 beds, and the staff attached is of a very high order.

All students will be required to attend six months alternately at each hospital, as directed by the Clinical Board, excepting students who enter the hospital for six months only.

Clinical Prizes.—The following prizes are given annually: Senior medical prize for third and fourth year's students, first prize, £8 5s.; second prize, £3 8s. Senior surgical prize for third and fourth year's students, first prize, £5 5s.; second prize, £3 8s. Junior medical prize, for second year's students, first prize, £3 3s.; second prize, £2 2s. Junior surgical prize for second year's students, first prize, £3 8s.; second prize, £2 2s. Midwifery prize £4. Medals and certificates are awarded in each class. The examinations for all the appointments and prizes are conducted by the Clinical Board, and are open for competition to all students registered by the Clinical Board.

Fees for attendance for four years on the medical and surgical practice, and on the clinical lectures at both hospitals, £42.

BIRMINGHAM.—THE MASON COLLEGE.—The magnificent institution, founded, built, and endowed by the late Mr. Josiah Mason, and devoted to the spread of scientific information, is now open for the reception of students under a staff of eminent professors. Special facilities are offered at the college to intending medical students to complete the preliminary scientific work without which they cannot hope to succeed in obtaining any one of the higher University degrees. Classes have been formed in chemistry, physics, biology, physiology, and practical work in all these subjects is carried out in well appointed and commodious laboratories. The fee for each course of lectures are payable in advance, and arranged on a scale of the most moderate kind, varying from half a guinea to three guineas for the whole. Further particulars will be found in the advertisement pages of the present number.

BRISTOL SCHOOL OF MEDICINE (University College).—Attached to this school, where there is ample provision for education and practice, are two well-appointed hospitals. The Royal Infirmary containing 264 beds, and the General Hospital, with 154 beds. Competitive examinations are held amongst students of the first, second, and third years respectively, and prizes of money, instruments, and books are awarded annually. The certificates of this school are accepted by all the examining boards. Medical and surgical hospital practice and clinical lectures are attended at the Royal Infirmary or at the General Hospital, at which institutions additional prizes are annually offered for competition amongst the students. The existing medical school forms a department of the College of Science and Literature.

Scholarships, Prizes, &c.—Prizes and certificates of honour are given in the medical school to first, second, and third year's students, and also in practical anatomy. At the Royal Infirmary—Supple's medical prize, a gold medal and £7 7s.; Supple's surgical prize, as the medical; Clark prize (interest of £100) for third year's student; pathological prize, £3 3s. At the General Hospital; Martyn memorial scholarship, £20; Clarke scholarship (surgical), £15; Sander's scholarship (interest of £500), medicine and surgery; Lady Haberfield's prize (£1,000), for general proficiency.

Clinical lectures are given at both institutions three and four times a week.

Fees.—School fees for unlimited attendance on all courses of lectures except comparative anatomy, £60.

LEEDS SCHOOL OF MEDICINE.—Clinical lectures are given by the physicians and surgeons attached to the General Infirmary. Ophthalmic demonstrations and demonstrations of skin diseases are given in the Infirmary by the surgeons in each department, where also are obtainable six clinical clerkships and eight dresserships. Besides the infirmary there is a large dispensary and a fever hospital, both of which are open to students of the school. Students at this school have excellent opportunities of acquiring a thorough insight of psychological medicine, as the renowned West Riding Lunatic Asylum is in connection, and Dr. Major lectures on mental diseases. The systematic lectures are given at the school, and the clinical lectures at the asylum, which now accommodates 1,500 patients.

There is the Hardwicke scholarship in clinical medicine, value £10, the Thorp, in forensic medicine, value £10; three surgeons' clinical prizes, of £8, £5, and £3 respectively. Silver and bronze medals, books, and certificates of honour, are awarded for proficiency in particular subjects.

The composition fee for attendance upon all the required courses of school lectures is £50 8s., to be paid on entrance; or £26 5s. on entrance, and a second sum of £26 5s. twelve months afterwards.

At the General Infirmary the perpetual fee for medical practice and clinical lectures is £26 5s. The same amount is charged for the perpetual attendance on the surgical practice and clinical lectures. These fees are not included in the composition fees for lectures, and are payable separately.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.—The infirmary attached to this school, which contains 300 beds, with 40 special wards for the treatment of diseases of women, is, perhaps, second to none in England in its general appointments, and the facilities it offers to students for gaining practical knowledge.

A payment of 50 guineas on entrance, or in two equal instalments (one-half on entrance, and the remainder within twelve months), entitles the student to attendance on all the necessary lectures and demonstrations. The Royal Infirmary contains nearly 800 beds. There are special wards for the treatment of uterine and other diseases of women. During the year 1880, 2,600 patients were admitted into the infirmary; the number of out-patients was 5,300. The Lock Hospital adjoining the infirmary contains 60 beds; during the past year 658 males and females were admitted as in-patients.

Two house physicianships and three house surgeons, tenable for six months, and open to pupils of the school who have obtained a legal qualification; clinical clerks and dressers; post-mortem clerks.

Two Roger Lyon Jones scholarships, each of £21, for two years, one awarded as an entrance scholarship, and the other being open to students who have completed their second year; the Torr gold medal for anatomy and physiology; the Bligh gold medal for anatomy and physiology. School medals and certificates of honour are awarded for proficiency in certain groups of subjects.

The fee for a perpetual ticket for hospital practice is £33 12s., and may be paid in two equal instalments (one-half on entrance, and the remainder within twelve months).

MANCHESTER — VICTORIA UNIVERSITY, OWENS COLLEGE SCHOOL OF MEDICINE.—This school, as most of our readers are aware, has resulted from the amalgamation of the Manchester Royal Infirmary School of Medicine with the Owens College, and occupies in the provinces a somewhat similar position to that of University College and Hospital in London. It has a faculty of science as well as of medicine, with departments of law and arts. Since the amalgamation, a new medical school has been built on the most improved principles, at the western extremity of the College Estate. On the ground floor are two large lecture theatres, a library, and a museum. Over the lecture theatre is a dissecting-room, and over the library a physiological laboratory. The course of instruction afforded to students is thoroughly complete. Three of the most important chairs—those of anatomy, physiology, and chemistry—are held by professors who entirely devote their time to the work of instruction. Students wishing to engage in physiological or pathological researches will find opportunities for study in the complete and well-furnished physiological laboratory. Two valuable physiological scholarships are placed for competition in this branch as an incentive to original research.

Appointments.—Resident medical officer, £250 per annum; resident medical officer at Cheadle, £150; resident medical officer at Monsall, £200; resident surgical officer, £150; eight house surgeons, six months each; four house physicians, for six months each; a registrar; a pathological registrar, £100 each.

Scholarships, Prizes, &c.—Turner scholarship, £25, for third year's men; Platt physiological scholarship (two), £50 each, five years; one annually for physiology. Platt exhibitions (two), £15 each, for physiology. Dunville surgical prize, £20; examination takes place in April, 1882. Prizes of books, instruments, &c., varying from £5 6s. to £3 8s., for third, second, and first year's students. Entrance for scholarships: Dauntsey medical scholarships—Candidates not to be over 25 years of age, may be registered, but must not have studied at any medical school; value about £100, for one year; successful candidates must at once enter on full medical course in the Owens College. Examination commences on October 3rd, 1881. Subjects: General and comparative anatomy, physiological botany, chemistry, including practical work, either mathematics or Latin. Gilchrist scholarships: Three of £50, for three years. One is annually awarded to candidates standing highest at matriculation of London University in June (provided he be in the honours division); failing such, two of £25 to the two candidates standing highest in the first division; candidates must be between 16 and 20 years of age. There are also grammar school scholarships.

Fees.—Composition fee, £68, or two sums of £31 10s. each. Hospital practice: composition fee £42, or two instalments of £22 each. Further information may be obtained of Professor Gange, Dean of the School, or of the Registrar, Mr. J. Holme Nicholson, Owens College, Manchester.

NEWCASTLE-ON-TYNE COLLEGE OF MEDICINE.—This school is a department of the University of Durham, and contains ample provision for acquiring a sound education and practical experience at the bed-side. It is smaller than some of the provincial schools, but with some parents and students, this would be considered an advantage.

Hospital practice is obtained at the Newcastle Infirmary, which has 230 beds, and in which the required clinical lectures are delivered.

Fuller information of this college will be found under the heading, "University of Durham."

SHEFFIELD SCHOOL OF MEDICINE.—Students at this college obtain excellent instruction in medical and surgical practice at the General Infirmary, which contains 180 beds, and is provided with a museum, and pathological and post-mortem theatres. The fees for perpetual attendance are £15 15s. for medical, and £21 for surgical practice; for twelve months' medical and surgical practice, each £10 10s., and for six months, £8 6s. each. There is also the Sheffield Hospital and Dispensary, containing 104 beds, and is recognized by the College of Surgeons and the Hospital for Diseases of Women, to which students are admitted. The perpetual fee for attendance on all the lectures required by Royal College of Surgeons and the Apothecaries' Hall, £45. Prizes to the value of £30, and certificates of honour, are given annually. Some of the lecturers, and other local members of the profession, receive house pupils; such a mode of residence will be found far preferable to life in ordinary lodgings.

LIVERPOOL ROYAL SOUTHERN HOSPITAL.—This institution is one of the largest in the English provinces, and contains 200 beds. It has no school proper, although it contains accommo-

modation for resident pupils, and clinical lectures are delivered daily by members of the staff. These, together with the practice obtained here, which is of a very varied and valuable character, are recognised by all the examining boards.

Inclusive fees: Perpetual, 25 guineas; one year, 10 guineas; six months, 7 guineas; three months, 4 guineas. Students can enter to the medical or surgical practice separately, on payment of half the above fees.

TECHNICAL EDUCATION IN ENGLAND.

STUDENTS in the technical and scientific branches of education can now gratify their aspirations to the fullest extent, and at very moderate cost. Beside the scientific knowledge obtainable by study at the various Universities, the Royal Institution of Great Britain, &c., special Colleges have recently been started both in London and the provinces, for the purpose of stimulating scientific research, and affording instruction in those departments relating chiefly to the industries of the world, to engineering, mineralogy, geology, &c. In London chairs have been endowed by the city livery companies, and a magnificent structure is being pushed forward as a permanent College of Technical Education. Meanwhile, there are temporary buildings for carrying on these studies, and there is the normal School of Science at South Kensington, and the Royal School of Mines in Jermyn Street. Birmingham also now boasts a Science College for the before-mentioned branches, the Session at which opens on October 3rd. This Institution is called the Mason Science College, having been founded and endowed by the munificence of a citizen of Birmingham, Sir Josiah Mason. Besides these institutions, Leeds, Manchester, Bristol, Nottingham, and other centres are making headway with special schools or classes for technical and scientific education, so that the student of to-day may congratulate himself upon the fact that the pursuit of knowledge need not now be under the difficulties which were encountered in the past.

IRISH QUALIFICATIONS TO PRACTISE.

THE Medical Licensing Bodies of Ireland are five in number, and, as a rule, medical students gravitate into one or other of three classes. *a.* Those who enter Trinity College, and take a full graduation in Arts, in addition to their professional degrees. *b.* Those who take the Licenses of the College of Surgeons with that of the College of Physicians or of the Apothecaries' Hall. *c.* Those who formerly took the Degree of the Queen's University, but who, henceforth (that institution being extinct), will probably take their qualifications at the New Royal Irish University because the graduation in Arts is not necessary in that institution. A fourth minor class is constituted by those who pursue their studies in Ireland, but who, either to escape the extended course of study required in Ireland, or to save the consequent fees, or because they cannot pass the Irish examination, migrate to Edinburgh or Glasgow for their licenses. Almost all these emigrants come from the Queen's Colleges, and the greater number of them from Belfast, while the Dublin students qualify, almost without exception, in Dublin.

The Irish licensing bodies are as follows:—

THE UNIVERSITY OF DUBLIN.—It grants the degrees of M.B. and B.Ch. to students who have obtained their Arts degree, and the higher degrees of M.D. and M.Ch. to those who have held, for at least three years, the grade of M.B. and B.Ch. It does not grant degrees to ungraduate students; consequently, its licenses hold the highest rank as social and educational qualifications, and are sought for by those who look forward to occupying the best positions in the profession.

The expense of obtaining the degree of Bachelor in Medicine and Bachelor in Surgery in the University of Dublin is approximately as follows:—Lectures, £61 3s.; Hospitals, £44 2s.; Degree Fees, £26=£132 5s. Private Tuition, say £20; Total, £149 3s.

The expense of the degree of Bachelor in Arts, amounting altogether to £83 4s., should be added to the foregoing, making the total cost £212 7s.

The University also grants a midwifery degree (M.A.O.) to its own medical graduates, at an additional fee of £5.

The regulations for the University degrees will be found on this page.

THE COLLEGE OF SURGEONS' license, or L.R.C.S.I., is universally sought for by those students who do not resort to a University. Its course of study has hitherto extended over three, but will henceforth cover four years, and it holds the only extra-university preliminary examination, save that of the Apothecaries' Hall. It grants the higher qualification of Fellow or F.R.C.S.I., to those who are specially qualified and specially examined for that diploma, and it also confers a midwifery diploma on examination by a special Court of Examiners.

THE COLLEGE OF PHYSICIANS grants its license, L.K.Q.C.P.—the usual medical qualification of the Irish student—which is almost always taken by the young surgeon immediately after his passing at the College of Surgeons, and for it the same curriculum of study is sufficient. The College has recently established a higher qualification of "Member," for which there is a special examination, and there is also the still higher grade of Fellow of the College, to which admission is by ballot without examination or curriculum.

The cost of obtaining the L.R.C.S.I. with the L.K.Q.C.P.I., and the license in midwifery, is nearly as possible as follows:—

Lectures, &c.	£85	0	0
Hospital	36	0	0
Diploma fees L.R.C.S.	26	0	0
Diploma fees L.K.Q.C.P.	15	15	0
Diploma fees Lic. Mid.	3	3	0
	<hr/>		
	£145	18	0

The lecture fees may be reduced to £67 by making a cash composition for them; but, as a certificate of study in vaccination is now required, a course of clinical instruction in ophthalmology, and a course of attendance at a midwifery hospital is required for the midwifery diploma, the total expense of the Dublin double diploma may be set down at £155.

The regulations of these bodies will be found at page 264.

THE APOTHECARIES' COMPANY grants a registrable license (L.A.H.), which is accepted by the Local Government Board as a medical qualification, and which, in addition, entitles the holder to keep open shop and sell drugs in Ireland. It only costs 10s., and it is taken in lieu of the License of the College of Physicians by a few students to whom the money cost of their qualification is vitally important, or who intend to open an establishment in some of the provincial towns for the dispensing of medicines. Since the establishment of the Irish Pharmaceutical Society, which is empowered to grant pharmacy licenses, the demand for the L.A.H. has been nominal. The cost of the L.A.H., with the necessary curriculum of study, is about £59; that of the L.R.C.S.I., combined with the L.A.H., and a License in Midwifery, is about £130.

QUEEN'S UNIVERSITY IN IRELAND.—Since the issue of our last Students' Number this University has ceased to exist, being superseded by the Royal Irish University, which holds its first matriculation examination on the 6th of December next. All medical graduates are, *ipso facto*, entitled to become medical graduates of the Royal Irish University. The existing students in medicine of the Queen's University will also, on obtaining their degree from the Royal Irish University, be entitled to receive the

title of M.D., which, under other circumstances, will be granted only to full graduates in Arts.

THE ROYAL IRISH UNIVERSITY.—This institution was incorporated and organised within the past year, and it holds its first matriculation examination on the 6th of December next. The degrees of the University will be granted on one year's Arts, *i.e.*, the matriculation examination of the University (none other will suffice) and a "first University examination" at the termination of the first year. The cost of the M.B. and M.Ch. of the University with all the necessary curriculum will be about £69. The examinations will be conducted not only in Dublin but at certain local centres, but no dates have yet been fixed. The regulations which appear at 263 are those adopted by the Senate, but they are subject to modification, especially in regard to the amounts of the prizes to be awarded.

The regulations of the "Hall" will be found on page 266.

NOTE.—Our advertising columns, of which an index will be found at the end of the editorial matter, will supply further information, with the names of staff, &c., attached to the foregoing schools.

PRELIMINARY EXAMINATION AND REGISTRATION IN IRELAND.

We call the special attention of students who intend taking the L.R.C.S.I. to the fact that—for the future—they must pass their preliminary examination, and register themselves at the Branch Medical Council, 35 Dawson Street, before they enter on medical study; otherwise, their lecture and hospital certificates for courses commenced before they have done so will not count.

OFFICIAL REGULATIONS OF LICENSING BODIES IN IRELAND. UNIVERSITY OF DUBLIN.

(For Names of Professors and Examiners see Advertisement in our pages).

REGULATIONS OF THE SCHOOL OF PHYSIC.

Matriculation.—Every student must be matriculated by the Senior Lecturer, for which a fee of 5s. is payable; but he need not attend any of the Arts courses unless he desire to obtain a licence or degree in medicine or surgery. No student can matriculate unless he has passed the Entrance Examination in Trinity College, in the Royal College of Surgeons of Ireland, or some other examination recognised by the General Medical Council. No student can be admitted for the Winter Courses after the 25th November.

QUALIFICATIONS FOR DEGREES AND LICENCES.

Bachelor in Medicine.—Candidates must be graduates in Arts, and may obtain the degrees at the same commencement as the B.A., or at any subsequent one. The medical education of a Bachelor in Medicine is of four years' duration, and comprises the following lectures:—

Winter Courses.—Anatomy; physiology; practical anatomy; surgery; chemistry; practice of medicine; midwifery; heat, electricity, and magnetism.

Summer Courses.—Botany; pharmacology and therapeutics; practical histology; medical jurisprudence; comparative anatomy. Hospital attendance on a medico-chirurgical hospital during three courses of nine months each, with clinical lectures, including actual attendance on fever; six months' practical midwifery; six months' dissections; and three months' laboratory instruction in chemistry are required. The Courses may be attended at any recognised medical school. The fee for the *Liceat ad Examinandum* is £5. The fee for the degree of M.B. is £11.

Doctor in Medicine.—A Doctor in Medicine must be M.R., or qualified to take that degree for three years. He must also read a thesis before the Regius Professor of Physic. Total fee for this degree, £13.

Bachelor in Surgery must be B.A., have spent four years in the study of surgery and anatomy, and passed the M.B. examination. The curriculum comprises the following, in addition to the course for the M.B.:—

Theoretical and operative surgery ..	One course.
Dissection	Two courses.
Ophthalmic surgery	One course.

Candidates are required to perform operations on the dead subject. Fee for the *Licent ad Examinandum*, £5. Fee for the degree of Bachelor in Surgery, £5.

Master in Surgery must be a B.Ch. of three years' standing, and must read a thesis. Fee for the degree of Master in Surgery, £11.

Master in Obstetric Science.—A Master in Obstetric Science must have passed the M.B. and B.Ch. Examinations, and produce certificates of having completed the following curriculum:—1. One Winter course in midwifery. 2. Six months' practice in a recognised lying-in hospital or maternity. 3. A Summer course in obstetric medicine and surgery. 4. Two months' practice in the Cow-pock Institution. Graduates of medicine of M.D. standing may present themselves for examination without complying with Regulations 3 and 4. Fee for the degree of M.A.O., £5.

UNIVERSITY LICENCES.

Candidates for the licence in medicine or surgery must be matriculated in medicine, and must have completed *two years in Arts*.

Licentiate in Medicine.—The course and examination are the same as for the M.B. An L.M. on proceeding to the degree of B.A. may become an M.B. on paying the fees without further examination. Fee for the *Licent ad Examinandum*, £5. Fee for the licence in medicine, £5.

Licentiate in Surgery.—The course and examination necessary for the Licence in surgery is the same as for the degree of Bachelor in surgery. Fee for the *Licent ad Examinandum*, £5. For the licence in surgery, £5.

MEDICAL SCHOLARSHIPS.

Two Medical Scholarships are given annually, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects:—Anatomy and institutes of medicine, chemistry, materia medica, botany, experimental physics, and comparative anatomy.

The board of Trinity College have recently passed orders—1. That three-fourths of the lectures must be attended. 2. That a daily roll be called by each Professor.

Students entering for demonstrations and dissections are required to pay £8 8s. before November 25; dissections only, £5 5s.; demonstrations only, £3 3s.; fourth year's dissections, £2 2s.

ROYAL UNIVERSITY OF IRELAND.

The University will confer the following medical degrees:—

Bachelor of Medicine, M.B.; Doctor of Medicine, M.D. Master of Surgery, M.Ch.; in Obstetrics, a special diploma; in Sanitary Science, a special diploma.

All degrees are open to persons of either sex. The examinations for women shall be held apart from those for men, but upon the same days.

The University examinations shall commence on the third Tuesday in September.

Candidates for any degree must have passed the Matriculation Examination of the University. *Students from other Universities and Colleges are included.*

This Examination shall be conducted not only in Dublin, but at certain local centres selected by the Senate.

Every candidate for Matriculation must send in to the secretaries his name and address, and pay a fee of 10s.

The following are subjects:—

I.—Latin.

II.—Any one of the following languages:—Greek, French, German, Italian, Spanish, Celtic, Sanskrit, Hebrew, or Arabic.

III.—English language.

IV.—Elementary Mathematics.

V.—Experimental Physics.

THE UNIVERSITY COURSE.

Candidates for all degrees must pass the First University Examination,

The courses for the degrees of M.B. and M.Ch., and the Diplomas in Obstetrics and in Sanitary Science, shall extend over at least four years. Candidates will be required, in addition to the First University Examination, to pass the following Examinations:—

- First Professional Examination.
- Second Professional Examination.
- The Degree Examination.

They may, however, pass the First University Examination at the same time as the First Professional Examination.

Candidates for the M.D. may present themselves after the lapse of two Academic years from the date of obtaining the degree of M.B. Those candidates who are Students in Medicine in the Queen's University at the date of its dissolution shall be entitled, if they so desire, to obtain the degree of M.D., instead of the degree of M.B., upon passing the Degree Examination.

FIRST UNIVERSITY EXAMINATION.

Students will be admitted to this Examination after one Academic year from Matriculation.—Fee, £1.

Candidates at this Examination will be required to answer in the following subjects:—

I.—Latin.

II.—Any one of the following languages, viz.:—Greek, French, German, Italian, Spanish, Celtic, Sanskrit, Hebrew, or Arabic.

III.—English language and Literature.

IV.—Mathematics.

V.—Experimental Physics.

FACULTY OF MEDICINE.

The first period of Medical Study shall comprise—*a.* Chemistry, six months; *b.* Practical Chemistry, three months in a chemical laboratory; *c.* Botany, with Herborization for practical study, and Zoology; *d.* Anatomy and Physiology; *e.* Practical Anatomy; *f.* Materia Medica. The second period—*a.* Anatomy and Physiology, including Histology; *b.* Practical Anatomy; *c.* Theory and Practice of Surgery; *d.* Midwifery and Diseases of Women, six months; *e.* Theory and Practice of Medicine; *f.* Medical Jurisprudence.

Candidates are further required to have attended during the first period—Medico-Chirurgical, a winter of six months; and during the second period—Practical Midwifery, Midwifery Hospital, six months, or six months at a Midwifery Dispensary where similar Clinical instruction is given (the certificate must state that the candidate has attended at twenty labours); Medico-Chirurgical Hospital, eighteen months, including either three winters, or two winters and two summers.

Candidates must also before the Degree Examination produce certificates—(1) of personal attendance on fever cases; (2) of having compounded under an apothecary or pharmaceutical chemist for at least three months; (3) of instruction in vaccination; (4) of having attended a course of lectures (not less than 25) and Clinical instruction on Mental Diseases.

The Senate further recommend that students should avail themselves of opportunities of attendance on lectures on diseases of the Eye, Ear, and other special departments of medicine and surgery.

Candidates for honours must pass the above Examinations before competing for honours, and their answering at the Pass will be taken into account for honours.

FIRST UNIVERSITY EXAMINATION IN MEDICINE.

The fee for this Examination is £1.

The subjects—*a.* Zoology; *b.* Botany; *c.* A Modern Language.

Candidates who have passed in a Modern Language at the ordinary First University Examination are exempt from presenting this subject.

SECOND UNIVERSITY EXAMINATION IN MEDICINE.

The Second University Examination in Medicine comprises the following subjects:—Anatomy, Physiology, Materia Medica, and Chemistry.

Before being admitted to this Examination, each student must produce satisfactory evidence of having completed the course recommended for study during the first period. Fee, £1.

EXAMINATION FOR THE M.B. DEGREE.

Fee, £3. Each candidate must produce certificates of having completed all the prescribed courses.

The Examination comprises the subjects recommended for study during the second period, and includes Examinations in Clinical Medicine and Clinical Surgery.

EXAMINATION FOR THE M.O.E. DEGREE.

Conferred only on graduates in Medicine of the University. Fee, £5.

The Examination comprises Theory and Practice of Surgery, including Operative and Clinical Surgery.

EXAMINATION FOR THE DIPLOMA IN OBSTETRICS.

Conferred only on graduates in Medicine of the University. Fee, £2.

The Examination comprises Theory and Practice of Midwifery, and the use of Obstetrical instruments and appliances.

EXAMINATION FOR THE DIPLOMA IN SANITARY SCIENCE.

Conferred only on graduates in Medicine of the University. Fee, £2.

The Examination shall embrace the following subjects:—Climate, Chemistry, Geology, Physics; Vital Statistics; Hygiene, Sanitary Law.

The Examination in Chemistry shall include a practical part on the chemical and microscopical examination of air, water, food, poisonous substances used in manufacture, &c.

The Examination in Physics shall embrace the reading of plans, sections, scales, &c., in connection with buildings, sanitary constructions, &c.

EXAMINATION FOR THE M.D. DEGREE.

Fee, £5.

The degree of Doctor may be conferred on any candidate who has obtained the M.B., and has produced a certificate of having been for the last two years engaged in hospital or private medical or surgical practice, or in the military or naval medical service, provided that the candidate shall submit to the medical examiners a thesis composed by himself, and approved by them. No thesis will be approved which does not contain some original or personal observations in practical Medicine, Surgery, Midwifery, or in some of the Sciences embraced in the Curriculum, or else a full digest and critical exposition of the opinions and researches of others on the subject selected by the candidate, accompanied by precise references to the publications quoted.

Candidates settled for a period of two years in the colonies or foreign countries may, on satisfying the Senate to that effect, and complying with the conditions above described, have the degree conferred on them in absence.

ROYAL COLLEGE OF SURGEONS OF IRELAND.

SINCE our last Students' Number the Council of the College and the College itself have decreed an entirely new system of education and examination requisite for the College licence, and compulsory upon all students who commence their studies after this date. As especially it is our business to provide information for the student who is about to commence his first year of study, we substitute the new scheme for the old regulations (which may be found in the Irish Medical Directory, or last year's Students' Number); but it is to be remembered that students who have already commenced medical study may present themselves either under the old or new system.

THE NEW SCHEME OF THE EDUCATION AND EXAMINATION FOR THE L.R.C.S.I.

Every candidate shall produce evidence:—1. Of having, before entering on medical studies, passed the preliminary examination of the College, or an equivalent examination in general education, recognised by the General Medical Council; and 2. Of having been registered by that Council as a student in medicine. Certificates of medical study will not be recognised by the College, if the date of commencement of the course to which the certificate refers is more than fifteen days prior to such registration.*

* The several Branch Councils have power to admit special exceptions to the regulation as to registration for reasons which shall appear to them satisfactory.

The College recognises as the commencement of professional study:—

1. Attendance on the practice of a hospital, or other public institution recognised by the College for that purpose; or,
2. Instruction as pupil of a legally qualified surgeon, holding the appointment of surgeon to a hospital, general dispensary, or union workhouse, or where such opportunities of practical instruction are afforded as shall be satisfactory to the Council; or,
3. Attendance on lectures on anatomy, physiology, or chemistry, by lecturers recognised by this College.

The letters testimonial of the College shall not be granted to any candidate at an earlier period than forty-five months subsequent to his registration as a medical student; or to any one who has not attained the age of twenty-one years.

Registered Pupils of the College.—Any student may be registered as a pupil in the College books on payment of a registration fee of £5 5s., for which credit will be given subsequently in his examination fee. No student can be admitted as a candidate to examination until he shall have been so enrolled, and passed the preliminary examination.

Privileges of Registered Pupils.—Registered pupils are admitted to the preliminary examination, but are not entitled to re-examination without further fee. They are permitted to study in the museum, to read in the library, and attend the lectures of comparative anatomy, and to obtain a certificate for such attendance without fee.

Examinations.—Every candidate must pass a preliminary examination and four professional examinations. Candidates who possess a diploma or degree in either medicine or surgery, or who have passed a sufficient examination in these subjects, may be exempted from compliance with this rule.

Candidates must return their names, fees, and certificates one week before examination.

Preliminary Examination.—All students must pass their preliminary examination before entering upon their professional studies.

The preliminary examinations are held quarterly, viz.:—on the 3rd Wednesday in Jan., April, July, and Oct., in the following subjects, with permission to the student to select French, German, or Greek:—1. English, including grammar and composition; 2. Arithmetic, including vulgar and decimal fraction; 3. Algebra, including simple equations; 4. Geometry, first two books of Euclid; 5. Latin—the first and Second Books of the *Æneid* of Virgil, or the *Jugurthine War* of Sallust, or the Third Book of Livy; 6. Physic, as may be found in Ganot's Popular Natural Philosophy. The examination in physics may be passed either at the preliminary or the first professional examination.

Alternative subjects—One to be selected by the student:—1. Greek—the Gospel of St. John, or the First Book of Xenophon's *Anabasis*, or the Dialogue of Lucian, entitled "Menippus or the Necromancy;" 2. French—Fénélon's "Télémaque;" 3. German—Schiller's "Wilhelm Tell."

Fees.—Registered pupils of the College free. Non-registered pupils, £1 1s. Rejected candidates, whether registered pupils or not, shall pay a further fee of £1 1s. for each re-examination.

Professional Examinations.—The 1st, 2nd, and 3rd professional examinations shall be held in the July and October of each year; should the student fail to pass in July he may present himself at the examination held in October.

The examination of each year must be passed before a new session can be entered on.

First Professional Examination.—Candidates must, before admission to the first preliminary examination, produce evidence of having passed the preliminary examination, and of having been registered as students, and of having been engaged in study for at least nine months after registration.

Candidates are recommended to attend a course of lectures on practical anatomy, and one on chemistry before this examination.

The examination shall include the following subjects, viz.:—1. Physic, if not passed at the preliminary examination; 2. The elements of chemistry, as may be found in Roscoe's *Lessons in Elementary Chemistry*, from chap. i. to xiii., inclusive; 3. Botany, as may be found in Oliver's *Lessons in Botany*, Part I., with descriptions of the following plants:—The butter-cup, poppy, pea, strawberry, fox-glove, and dandelion; 4. Anatomy—human osteology; 5. Practical Pharmacy—Elementary.

Fees.—The fee for this examination shall be £5 5s. in addition to the registration fee of £5 5s. Neither of these fees shall be returned in case of rejection, but the candidate on paying an additional sum of £2 2s. shall be admitted to re-examination.

Order of Examination.—The candidates shall be examined in numerical order and the examination shall occupy two days.

First day.—Two hours.

Second Day (Oral).—Three quarters of an hour.

Second Professional Examination.—Candidates must produce evidence of having passed the first professional Examination, also certificates of having subsequently attended:—Hospital, nine months; Winter Courses: Practical anatomy, with demonstrations and dissections; physiology; surgery; chemistry (unless attended in first year); Summer Courses, three months: Practical chemistry, practical physiology, materia medica.

Fees.—The fee for this examination shall be £5 5s. Candidates who are rejected will be admitted to re-examination on paying an additional fee of £2 2s.

Candidates shall be examined in: 1. Anatomy—bones, joints, muscles, and topographical anatomy of the viscera of the chest, abdomen, and pelvis; 2. Histology, and the physiology of the circulatory, respiratory, and digestive systems; 3. Surgery—The signs, terminations, and treatment of inflammation, wounds, hæmorrhage, burns and scalds, ulcers, and bandaging; 4. Chemistry; 5. Materia medica.

Order of Examination.—The candidates shall be examined in numerical order, and the examination shall occupy two days.

First day (Oral), 1 hour.

Second day (dissections and histology)—Each candidate shall make a dissection of a region allotted to him, half-an-hour at least, being allowed for this purpose. He shall then be examined on the anatomy of that part, and may also be examined on regions dissected by other candidates. Preparations of different objects shall be placed under microscopes, and five minutes shall be allowed each candidate to study them before being examined upon them.

Third Professional Examination.—Candidates must produce evidence of having passed the second examination, also certificates of hospital; nine months as an extern pupil, or six months as a resident pupil. Winter courses—Demonstrations and dissections, practical anatomy (unless attended in the first year), surgery, medicine. Summer course, three months—Medical jurisprudence.

Fees.—The fee for this examination shall be £5 5s.; and for re-examination, if rejected, £2 2s.

Candidates shall be examined in—1. Anatomy; 2. Physiology; 3. Surgery, not including operative, clinical, and ophthalmic surgery, which are reserved for the final professional examination.

Order of examination.—The examination shall occupy three days.

First day (printed questions).—Three hours.

Second day (oral).—One hour.

Third day (dissections).—As in second examination.

Fourth, and final professional examination.—The fourth examination shall be held in July and October, and in the following April. Candidates must produce evidence of having passed the third examination, also of having attended hospital nine months as extern pupil, or six months as resident pupil, unless a certificate to that effect has been accepted in the third year. Winter Courses—Dissections and demonstrations; midwifery, a midwifery hospital, or maternity, for six months, and of having been present at thirty labours. (May be attended in the third or fourth year, winter or summer.) Clinical ophthalmology, three months. (May be attended in the third or fourth year, winter or summer.) Operative surgery. Practical instruction in vaccination. (May be attended at any time after registration.)

Fees.—The fee for this examination shall be £5 5s., and £2 2s. for re-examination, if rejected.

Candidates shall be examined in—1. Surgery—clinical, ophthalmic, and operative, with surgical anatomy; 2. Medicine; 3. Midwifery and Diseases of Women; 4. Medical Jurisprudence.

Order of examination.—The examination shall occupy four days.

First day (printed questions).—Two hours.

Second day (oral).—The oral examination shall occupy half-an-hour.

Third day (clinical).—At the clinical examination the candidates must attend at the college on the morning of the examination, and draw from a ballot-box provided for the purpose the name of the hospitals in which they are to

be examined, but no candidate shall be examined in a hospital at which he was in attendance during the session preceding his admission to examination. Each candidate shall be required to make a diagnosis in at least two surgical cases, examining the patients in the presence of the examiners. He shall be questioned upon these cases, and upon others, if necessary. He shall also take notes of another case, to test his accuracy in case-taking. He shall be required to bandage, adjust some surgical appliance, or perform some clinical surgical duty.

Fourth day (operative surgery).—At this examination each candidate shall perform a major and a minor operation, the names of which he shall draw by ballot. He shall be questioned upon these, and on surgical instruments and appliances, and on the relative anatomy of the parts implicated in the operations performed by himself or other candidates.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

THE MEMBERSHIP.

[Under the Provisions of the Supplemental Charter of December 12th, 1878.]

I.—The grade of members is distinct from that of the fellows, and the members as such are not members of the Body Corporate.

II.—Members alone are eligible to the fellowship. They have the use of the reading rooms and library.

III.—Licentiates admitted before December 12th, 1878, are entitled to be admitted members of the College without payment or examination, on giving six weeks' notice, in writing, to the Registrar.

IV.—Every candidate for membership must produce evidence—

1. Of being over 25 years of age.

2. Of being a licentiate of the College for three years at least; or, a licentiate of one year's standing, if also graduate of arts; or, a licentiate of one year's standing, if also a registered practitioner of seven years' standing at the time of his obtaining the license.

3. Of professional conduct and moral character.

4. That he is not engaged in trade; and that he does not directly or indirectly vend medicines or drugs; and that he does not dispense or compound medicines for anyone—even his own private patients—(except in cases of extreme urgency); nor practise medicine or surgery in partnership, by deed or otherwise. (Candidates for the membership by examination must, in addition to the above, show proof as follows) :—

5. Of having attended courses in ophthalmology and histology.

6. Of having been for six months resident physician, or resident pupil, in a recognised hospital; or for some period as clinical clerk in the medical wards, or in medical charge, for at least twelve months, of any public institution for the treatment of the sick.

7. Of having paid the fee of twenty guineas.

V.—Every candidate must pass examination in the following subjects:—Medical Anatomy, Pathology, Histology, Medical Chemistry, Forensic Medicine, Principles of Public Health, including Climatology and Meteorology, Psychology, and Clinical Medicine.

VI.—The examination shall be as follows:—Wednesday, papers of four questions—Medical Anatomy, Medical Chemistry and Forensic Medicine, Pathology, Psychology. An hour and a half allowed to each paper. Thursday—Morning—Clinical examination. Afternoon—The Oral examination.—This examination includes the investigation of morbid specimens, the qualitative analysis of animal products, the detection of poisons, and the use of the microscope, as well as that in classics and modern languages.

LICENSES IN MEDICINE AND MIDWIFERY.

I.—Examinations for the licenses of the College in medicine and midwifery are held in the week following the first Friday in each month, except August and September.

II.—Every candidate for either license must return his name to the registrar, and lodge his certificate, bank receipt of fees, and his schedule at least four days before the first Friday in each month.

THE L.K.Q.C.P.I.

Every candidate is required to produce satisfactory evidence—

1. Of character, from a Fellow of the College, or from two registered practitioners.

2. Of having passed an examination in general education, held by some of the recognised examining bodies.

3. Of having been engaged four years in the study of medicine.

4. Of having attended lectures on the following subjects, at recognised schools—

Practical anatomy, two courses. Physiology, or institutes of Medicine, one course. Chemistry, one course. Practical chemistry, one course. Materia medica, one course. Medical jurisprudence, one course. Practice of medicine and pathology, one course. Surgery, one course. Midwifery, one course.

5. Of twenty-seven months a recognised medico-chirurgical hospital, in which clinical lectures and clinical instruction in medicine are given, the attendance not to be for more than nine months in any one year, and of having not less than three months studied fever in a recognised clinical hospital, containing fever wards, and recorded, from daily personal observation, at least five cases of fever, to the satisfaction of the attending clinical physician, as attested by his signature. (In the case of candidates who commenced their hospital studies between September, 1876, and October, 1879, they will be required to furnish evidence either of having, during nine months of their hospital attendances, studied in an hospital containing fever wards, or of having conformed with the above By-law referring to five fever cases.)

6. Of having attended practical midwifery and diseases of women for six months at a recognised lying-in hospital, or maternity; or, where such hospital attendance cannot have been obtained during any period of the student's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner holding public appointments; not less than twenty labour cases to be actually attended.

III.—The professional examination is divided into two parts—

First Part—Anatomy, physiology, chemistry, and materia medica.

Second Part—Practice of medicine, clinical medicine, pathology, medical jurisprudence, midwifery, hygiene, and therapeutics.

IV.—Any registered practitioner of *five* years' standing shall be admitted to examination for the license of the College, on producing his certificate of registration, with satisfactory reference, and shall have the privilege of being exempted from the examination by printed questions.

Each candidate shall be examined separately, and shall be required to recognise pathological specimens, and undergo such other practical tests as the examiners shall select.

THE LICENSE IN MIDWIFERY.

Candidates for the license in midwifery, who are not licentiates in medicine, may be admitted to examination on the following qualifications:—

(1) The degree or license from any university or college in the United Kingdom; (2) testimonials as to character; (3) certificates of having attended (a) a course of lectures on midwifery in a school, recognised by the College; (b) practical midwifery and diseases of women, for six months, at a lying-in hospital, or maternity, recognised by the College; or where such hospital attendance cannot have been obtained during any period of the candidate's course of study; of having been engaged in practical midwifery under the supervision of a registered practitioner holding a public medical appointment—the certificate, in either case, to state that not less than twenty labour cases have been actually attended.

Candidates who are already licentiates in medicine of the College, or who have passed the examination for such license, may be admitted to examination for the license in midwifery on lodging their fees, and signifying their wish to the registrar a week, at least, before such examination.

X.—Any registered practitioner of *five* years' standing shall be admitted to examination for the license in midwifery, on producing his certificate of registration, with

satisfactory reference; and he shall have the privilege of being exempted from the examination by printed questions.

FEES FOR LICENSE AND EXAMINATIONS.

XI.—License in medicine, fifteen guineas, which may be divided as follows:—

For examination at the termination of the first period of study, five guineas.

For final examination for the license, ten guineas.

XII.—License in midwifery, three guineas.

XIII.—Fee for examination of the licenses in medicine and midwifery, if obtained within the interval of a month, sixteen guineas—to be lodged in one sum.

XIV.—Fee for special examination for the license in medicine, twenty guineas.

XV.—Fee for special examination for the license in midwifery, five guineas.

XVI.—Fee for examination for the license to practice as a midwife and nurse-tender, one guinea.

THE APOTHECARIES' HALL, IRELAND.

THE ARTS EXAMINATIONS

Will be held at the Hall four times in the year—viz, the third Thursday in the month of January, April, July, and October, at the hour of twelve o'clock noon.

The examination for the *License* is divided into two parts:—

The first part comprehends chemistry, botany, anatomy, physiology, materia medica, and pharmacy.

The second—medicine, surgery, pathology, therapeutics, midwifery, forensic medicine, and hygiene.

THE PROFESSIONAL EXAMINATIONS

Will be held quarterly, on the first and second Monday in January, April, July, and October.

The first part on the first Monday, at eleven o'clock a.m., and on the Tuesday and Wednesday succeeding at the same hour.

Subjects—Chemistry and botany, Monday; anatomy and physiology, Tuesday; materia medica and pharmacy, Wednesday.

The second part, or pass examination, on the second Monday, at eleven o'clock a.m., and on the Tuesday and Wednesday succeeding at the same hour.

Subjects—Medicine and surgery, Monday; midwifery and diseases of women and children, Tuesday; forensic medicine and hygiene, Wednesday; clinical examination, Thursday.

The first three hours of each day will be devoted to writing answers, and afterwards there will be two hours to an oral and practical examination.

Candidates at the examination on anatomy are liable to be called on to perform dissections; and at the examination on surgery, to perform one or more operations on the dead subject.

Doctors of medicine and licentiates of a college of physicians who have also spent twelve months at practical pharmacy, may obtain the license by undergoing an examination—the former in surgery and pharmacy, and the latter in medicine and pharmacy. Licentiates of the London Society of Apothecaries must undergo an examination in surgery.

THE PHARMACEUTICAL SOCIETY OF IRELAND.

The above Society was instituted by the Pharmacy Act (Ireland) in 1875, 38 & 39 Vict., cap. 57. In that Act it is stated that whereas a great deficiency existed throughout Ireland, of establishments for the sale of medicines and compounding of prescriptions, and that great inconvenience therefore arises to the public, it is expedient to amend the Act of 1791 (the Apothecaries Act). A president (Sir Dominic Corrigan) and vice-president (Dr. Aquilla Smith), with a council of twenty-one men, were named by the Government to carry out the provisions of the Act. In 1878 Sir Dominic Corrigan resigned the presidency. The present president is Professor Theoburne, and the vice-president, Dr. Aquilla Smith. The pharmaceutical chemist is not allowed to prescribe, but must strictly confine himself to the

compounding of prescriptions. In this respect he differs from the apothecary. All persons who keep open shops for compounding prescriptions must hold the license of the Pharmaceutical Society or the Apothecaries' Hall. The society, according to their Calendar, which was corrected to the 31st December, 1880, had 187 licentiates. They hold evening meetings during the winter for the reading and discussing of pharmaceutical papers and scientific papers bearing on pharmacy. This society has power under their Act to prosecute persons illegally compounding.

MEDICAL SCHOOLS AND HOSPITALS IN DUBLIN.

The clinical hospitals of Dublin are 10 in number, exclusive of the Cork Street Fever Hospital, two lying-in hospitals, two ophthalmic hospitals, the Children's Hospital in Pitt Street, and other special institutions. Some of the clinical hospitals, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others again are without any special connection with any school. While, however, such affiliation of a school and hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital and any school he wishes.

The Names of the Professors, Lecturers, and Hospital Staff, of the following Hospitals and Schools are not included in this column, being found in the Advertisement of each Institution, in another part of this issue.

THE ROYAL COLLEGE OF SURGEONS' SCHOOL is situated within the walls of the College, who appoint Professors. The Professor of Physiology commences his course with a series of lectures on comparative anatomy. The dissecting rooms are large and commodious, and furnished with every necessary appliance for study. The staff of demonstrators has been added to, and some of its members are constantly present to assist students. A very spacious new chemical laboratory has been constructed in which the practical chemical course is carried out, and which is filled with every modern improvement. Medals and exhibitions to the value of £85 are given at the end of the winter session, and are open to all students who have attended the necessary lectures in the school. The introductory lecture will be delivered on Monday, October 31, at 1 o'clock, by Professor Macnamara. For further information apply to any of the professors of the College, or to Mr. John Brennan, at the College, who is the person authorised to enter names and receive fees.

THE CARMICHAEL COLLEGE OF MEDICINE AND SURGERY more than a year since was removed from North Brunswick Street to its new premises in Aungier Street, is now fully completed. As the buildings are entirely new from their foundation, the directors have been able to provide all the most recent improvements, and have spared no expense to render every department fully adequate to the requirements of the most advanced teaching of medicine and surgery. The School is most conveniently situated, being in immediately proximity to the Meath, Adelaide, and Mercer's Hospitals, and it is connected by its teachers not only with these hospitals, but also with those of the House of Industry, the Mater Misericordias, and the City of Dublin. We would direct attention especially to the dissecting-rooms, and to the physiological laboratory. The former are spacious, well ventilated, and admirably lighted from the top as well as from the two sides; the latter is completely furnished with every requirement for the practical training of students in physiological and histological research. Two scholarships, the "Mayne" and the "Carmichael," each value £15, and prizes to the value of £97 on the foundation of the late Mr. Carmichael, are offered annually. The Carmichael Scholarship is for students commencing their third year, and will be examined for in the last week in October. The examination for the "Mayne," and for the other prizes, will not be held until the close of the session.

THE LEDWICH SCHOOL was founded in 1810 by the well-known Dr. Kirby, and since then has fully sustained its prestige. Its name was bestowed upon the school as a tribute of respect to the late T. H. Ledwich, who sacrificed a life in an increasing effort to promote its welfare. It is situated in Peter Street, not five minutes' walk from the College of Surgeons, the Meath, St. Vincent's, Coombe Lying-in Hospital, and Mercer's Hospital, and in the same street with the Adelaide Hospital and the Carmichael Medical School, and ten minutes' walk from the Catholic University School, the School of Physic, and the City of Dublin Hospital.

THE CATHOLIC UNIVERSITY SCHOOL is situated in Cecilia Street, about ten minutes' walk from the University itself in St. Stephen's Green. Most of its professors are physicians and surgeons of the Mater Misericordias, St. Vincent's, or Jervis Street Hospitals, and its course of study qualify for admission to the qualifying examinations of all the licensing bodies. The University grants an Exhibition of £20, a gold medal, value £7, and class prizes.

MERCER'S HOSPITAL, William Street, founded A.D. 1750.—This hospital is situated in the centre of the metropolis, in the midst of a densely-crowded population, and its doors are opened at all hours for the reception of accidents and of acute cases. Dispensaries are held daily and are largely attended. Special instruction is given in cutaneous, infantile, gynaecological, and ophthalmic diseases. From the large number of accidents which, from its position, come to the hospital, students are afforded ample opportunities of rendering themselves familiar with the nature and treatment of disease in its various forms, and of acquiring dexterity in the dressing and manual operations of minor surgery.

THE MEATH HOSPITAL, which is also the public infirmary of the county of Dublin, containing 120 beds, and now in the 125th year of its existence, ranks among the oldest of the charitable institutions of this city. It is situated on the side southern of the city, upon about three acres of ground, formerly called "The Dean's Vineyard." The original Meath Hospital, situated on the Coombe, was opened in 1753. The foundation stone of a new Meath Hospital, on the Coombe (now the Coombe Lying-in Hospital), was laid out by Lord Brabazon, 10th October, 1870; this hospital was, in 1774, constituted the County Dublin Infirmary by Act of Parliament. The present building, in Heytesburg Street, was opened in 1822, since which time the building has undergone considerable enlargements and improvements. In 1830 the theatre for operations and lectures was erected. In 1852-53 the Collis Wards were added as a memorial to Maurice Collis, twenty-five years surgeon to the hospital. In 1865 the "Smyly Ward," built for the special accommodation of children, was opened by the Lord-Lieutenant, Lord Woodhouse.

CLINICAL HOSPITALS.

THE CITY OF DUBLIN HOSPITAL is situated in Upper Bagot Street, about ten minutes' walk from the Royal College of Surgeons and Trinity College. There are special wards for ophthalmic and aural diseases, on which subjects a special course of lectures is delivered. There is a special ward for diseases of women, and a course of lectures given on diseases peculiar to women; there is also a ward exclusively for children. The Drummond Wing is set apart for fever and other contagious diseases. Clinical assistants to the physicians and dressers to the surgeons are appointed from the most deserving of the class. Medical and surgical pupils are appointed by examination.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.—Accommodation; Hardwicke Hospital, 120 beds; Whitworth Hospital, 88 beds; Richmond Hospital, 110 beds; total, 318 beds. These hospitals are visited each morning at 9 o'clock by the physicians and surgeons, and, in addition to the usual bedside instruction, clinical lectures are delivered on the most important cases. Special instruction is also given on various branches of medicine and surgery. The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. There is a very large ophthalmic, aural, and dental dispensary, and the respective surgeons give instruction in these important subjects. Eight resident clinical clerks and the dressers are appointed each half-year, and provided with furnished apartments, fuel, &c., &c. These appointments are open not

only to advanced students as formerly, but also to those who are qualified in medicine or surgery. A house surgeon for the Richmond Hospital is elected biennially, and receives a salary. The Richmond Lunatic Asylum, containing 1,000 beds, adjoins these hospitals.

The ADELAIDE HOSPITALS, recently much enlarged, are in Peter Street, next door to the Ledwith School and within a few minutes walk of the Carmichael Medical College, the College of Surgeons, and the University. From the 1st of October the physicians and surgeons will visit the wards, and give instruction at the bedside, at the advertised hours. There is a large detached fever hospital and also wards for infants and children. Special hours are devoted to clinical instruction in the diseases peculiar to women, and students are individually instructed in the use of the stethoscope, ophthalmoscope, laryngoscope, and microscope. Three resident pupils are selected half-yearly. Prize examinations including examination for the Hudson Scholarship, £30 and a gold medal, and a senior prize of £10, and a silver medal, are held at the termination of the Session. The large dispensaries afford facilities for the study of eye, ear, throat, and cutaneous diseases, as well as of minor surgery and dentistry.

MATER MISERICORDIÆ HOSPITAL.—This is one of the largest hospitals in Dublin; it contains 230 beds; 50 beds are reserved for fever and other contagious diseases. A special course of lectures on fever will be given during the session. A ward has been assigned for the treatment of ophthalmic diseases, in accordance with the requirements of licensing bodies. The Leonard prizes, value of £30, will be given at the end of the winter session. Two gold medals will be given as special clinical prizes, at the end of the ensuing session. The Introductory Lecture will be delivered by Mr. Kennedy on October 31st.

ST. VINCENT'S HOSPITAL was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian hospitals, after which it was modelled. The hospital has 120 beds constantly full, and each sister has charge of about twelve patients. In connection with it is the convalescent home at Linden Grove, Blackrock. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. Kehoe, and Dr. Cox. A special ward for the treatment of the diseases of women has been opened under the care of Dr. J. A. Byrne, gynecologist to the hospital. The ophthalmic department is conducted by Mr. D. Redmond. The resident officers consist of a house surgeon and two resident pupils. The hospital is visited daily at 9 a.m., and patients are admitted at 10 a.m. Accidents and urgent cases, however, are admitted at all hours. Special arrangements have been made to afford facilities to the students for the study of infectious fevers.

DR. STEVENS'S HOSPITAL containing beds for 250 patients is situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, occupying a position in the centre of one of the busiest manufacturing districts of the city otherwise unprovided with medical institutions. Immediately adjoining is St. Patrick's (Swift's) asylum for the insane. There is accommodation for residence of two medical and six surgical pupils, besides whom the House Surgeon receives as House Pupils. The fees payable for the privilege of residence are twenty guineas, winter; fifteen guineas, summer six months, which includes the fee for hospital practice for the corresponding terms, and the students in addition to their rooms and furniture are provided with coal and gas. The hospital is easily accessible by two lines of tramway one of which terminates at the Kingsbridge station within one minute walk of the hospital.

JERVIS STREET HOSPITAL is one of the oldest established charitable institutions in Dublin, having been founded in 1721. It is situated in a part of the city not otherwise provided with hospital relief, and which, from its commercial character, supplies the hospital with an abundance of surgical cases. Its nursing arrangements are under the charge of a community of Sisters of Mercy. The hospital being found inadequate to the demands upon it, is in process of being rebuilt, and, when finished, will be one of the finest hospitals in Dublin.

SPECIAL HOSPITALS.

The Special Hospitals of Dublin are the Rotunda and Coombe Lying-in Hospitals, Cork Street Fever Hospital, Pitt

Street Children's Infirmary, St. Mark's Ophthalmic Hospital, the National Eye and Ear Infirmary, two Dental Hospitals, the Throat Hospital, and two Orthopædic Hospitals.

THE ROTUNDA HOSPITAL.—This well-known and time-honoured institution possesses a character as a school of midwifery which needs no comment. It is not, however, as generally recognised as it deserves to be, as also a great school of gynecology. The institution consists, in fact, of two distinct hospitals, viz., the lying-in hospital, into which some 1,200 cases of labour are admitted annually, and the Hospital for the treatment of diseases peculiar to women, into which some 500 patients are now admitted during the course of the year. The present master, Dr. Lombe Athill, as is well known, devotes special attention to this department of the charity. There is also a large extern maternity in connection with the hospital. Every facility is afforded for the study of the special departments of medicine to which the hospital is devoted, and both students and midwives are granted a diploma on passing an examination. The clinical clerkship, value £50 a year, tenable for six months, is adjudged, after open competitive examination, to many pupil who has attended the full course of instruction in the hospital.

COOMBE LYING-IN HOSPITAL.—This hospital, which was rebuilt and refurnished some few years ago, contains 65 beds. It was founded in 1826 by Mrs. Boyle, and was incorporated by Royal Charter in 1867, thus enabling its medical officers to issue diplomas qualifying the holders to practise midwifery. This hospital is situated in the centre of a district densely populated by the lower orders, and thus affords the simplest opportunities for practice. It receives about 800 labour cases within its walls, while those attended as extern amount to more than double that number. Moreover, the chronic hospital for the reception of cases of the diseases of females gives admission to about 200 patients annually. The fee for attendance is £8 8s. for six months as extern, and £18 18s. as internal pupil. During that period the student attends on given days and nights in each week, and takes charge in his turn of any case that may be admitted to the labour wards, or may call for his assistance outside. Two resident pupil midwifery assistantships, and a clerkship, are obtainable half yearly by all pupils who have obtained their midwifery diplomas from the hospital. Lectures are delivered in the hospital, and clinical instruction is given daily at the bedside. In fact, this hospital is now one of the first clinical hospitals (in this speciality) in Europe.

CORK STREET FEVER HOSPITAL AND HOUSE OF RECOVERY is the only special fever hospital in Dublin. It contains 240 beds, and is supported mainly by an annual Government grant, supplemented by voluntary contributions. A certificate of attendance on fever being now required of candidates for the license to practice medicine of the King and Queen's College of Physicians in Ireland, arrangements have been made whereby the exceptional advantages connected with this institution can be utilised for purposes of clinical teaching. When these arrangements are completed and sanctioned by the managing committee, due notice will be given by advertisement as to the hours of attendance, fees payable, and other details. All particulars may then be ascertained on application to Dr. C. Percoll Atkins, Registrar and Resident Medical Officer.

THE PITT STREET CHILDREN'S INFIRMARY, established 1821, is situated close to Mercer's Hospital and the College of Surgeons. It was founded to provide treatment specially for children, and to teach that special branch of disease. Dr. Moore and Dr. Churchill are the medical officers.

DUBLIN ORTHOPÆDIC HOSPITAL, 11 Usher's Island, containing 30 beds for the treatment of every class of deformities and the practice of orthopædic surgery. The Institution is under the management of Mr. Swan.

NATIONAL ORTHOPÆDIC AND CHILDREN'S HOSPITAL for the treatment of club foot, contractions and distortions of the limbs, spinal and other bodily deformities and all non-infectious diseases peculiar to children, 7 Adelaide Road, Dublin. Mr. Ormsby attends on Mondays, Wednesdays, and Fridays, Dr. Woodhouse on Tuesdays, Wednesdays, and Saturdays, from 10 to 11 o'clock, and gives clinical instruction on the intern cases. The hospital is capable of containing 30 beds, for the reception of cases of deformity and all other forms of surgical disease. There is a large general dispensary for extern patients held daily from 10 to 11. Operations are per-

formed on Fridays. Students and practitioners are allowed to attend the clinical instruction.

ST. MARK'S OPHTHALMIC HOSPITAL AND DISPENSARY FOR DISEASES OF THE EYE AND EAR.—This is the largest special ophthalmic hospital in Dublin, and was founded by Sir William Wilde. Clinical lectures on the mornings of Mondays, Tuesdays, Thursdays, and Fridays, at 11 o'clock, and operations are performed on Wednesdays and Saturdays at the same hour. An Ophthalmic Class meets at 4 p.m. on Mondays, Tuesdays, Wednesdays, and Thursdays. A surgeon resides in the institution, and receives a salary of £50, besides room, gas, coal, &c.

NATIONAL EYE AND EAR INFIRMARY.—This hospital is situated in Molesworth Street, and contains twenty-six beds for patients suffering from eye disease. It has been lately reconstructed, and the out-patient department newly built. Clinical instruction in diseases of the eye, including the use of the ophthalmoscope, is given daily by the surgeons at 11 o'clock. Operations performed at 12 o'clock. Instruction in aural surgery is given at 10 a.m. The certificate in clinical ophthalmology from this hospital is recognised by the board of T.C.D. and by the Council of the College of Surgeons in Ireland for the L.R.C.S.I. Students may enter their names for the three months' course any day from 1st October to 1st April.

THE DENTAL HOSPITAL OF IRELAND, 29 York Street, is now open to students, under the following conditions:—Students proposing to attend the practice of the hospital must show certificates of having attended two full years of surgical study in a recognised school. No student shall be permitted to operate until he has satisfied the professional staff of the hospital of his knowledge of the anatomy of the teeth and jaws. Students must engage to keep their appointments regularly, and to conform to such regulations as shall from time to time be made by the committee or professional staff. No certificate shall be issued to a student unless he shall have made satisfactory progress during his attendance at hospital, and it shall be competent for the committee or professional staff to withhold the certificate of any pupil for breach of the bye-laws of the hospital. The fee for attendance at the hospital, from 9 till 10½ a.m. daily for three months, has been fixed at £3 3s.

INTRODUCTORY LECTURES IN THE DUBLIN SCHOOLS AND HOSPITALS.

Royal College of Surgeons—Mr Macnamara; October 31st, at 1 p.m.
 Ledwith School—Dr W. Stoker; October 31st, at 12 a.m.
 Carmichael College—None
 Catholic University School—None
 Meath Hospital—Dr Foot, November 7th, at 10 a.m.
 City of Dublin Hospital—None
 Richmond Hospital—Dr Lyons, M.P.; November 3rd, at 10.30 a.m.
 Jervis Street Hospital—None
 Mervin's Hospital—None
 St. Vincent's Hospital—Dr Cox; October 27th, at 11 a.m.
 Rotundo Hospital—November 5th, at 10 a.m.
 Mater Misericordiarum Hospital—Dr Kennedy; October 31st, at 11 a.m.

IRISH PROVINCIAL SCHOOLS.

THE QUEEN'S COLLEGES.

THESE three important academic institutions are the special schools of the Queen's University. They will cease to have any such relation to a central examining body when the new Irish University holds its examinations and confers degrees. But they will be maintained, as hitherto, by a handsome Government grant, and the same curriculum as that heretofore adopted will be continued. The various exhibitions and scholarships will still be available. Each College has the disposal of about £450 per annum in scholarships. The curriculum is generally well adapted for preparation for the new University examinations. The Colleges are well adapted for high-class technical education, having lecture-rooms provided with every appliance necessary in the modern training of a medical student. The great want in the Colleges of Cork and Galway is a summer session. This necessitates the loss to the student each year of three available working months, and deprives him of his practical hospital work in the summer session, both general and special. The courses of lectures in the winter session must be diligently attended, no student obtaining a certificate who has not put in two-thirds of a course. The winter session commences on November 1st, and ends May 31st.

The scholarship examinations are held in October. A detail of the prizes and exhibitions in arts and medicine, the names of the professors, and other information will be found in the advertisements of this issue, and full details may be had on application to—

Belfast.—John Purser, M.A., Registrar.

Cork.—Alexander Jack, M.A.

Galway.—Edward Townsend, M.A.

TECHNICAL EDUCATION FOR IRELAND.

ROYAL COLLEGE OF SCIENCE, STEPHEN'S GREEN DUBLIN.

THIS College supplies a complete Course of Instruction in Science, applicable to the Industrial Arts, especially those which may be classed broadly under the heads of Chemical Manufactures, Mining, and Engineering. A Diploma of Associate of the College is granted at the end of the Three Years' Course. There are Four Royal Scholarships of the value of £50 each yearly, with free education, including Laboratory Instruction, tenable for two years. Two become vacant each year. They are given to students who have been a year in the College. The Chemical and Physical Laboratories and Drawing School are open daily for Practical Instruction. The Session commences on Monday, October 31st.

THE IRISH DIPLOMA IN DENTAL SURGERY.

DURING 1878, the Council of the Royal College of Surgeons in Ireland, under the authority of the Dentists' Act, created a new licence in dental surgery. The examiners consist of three Fellows of the College, three registered dentists, and the President, Vice-President, or other member of the Council of the College (summoned in rotation).

The Board has the absolute power to refuse the application of any candidate.

The examinations embrace the anatomy, physiology, surgery, and pathology, of the teeth, jaws, and surrounding parts, and mechanical dentistry; and shall be partly written and partly oral.

All candidates shall lodge at least one fortnight previous to each examination—

I.—A certificate of having attained the age of 21 years.

II.—Receipt for the fee of ten guineas.

No candidate shall be admitted to examination (except one supplemental examination to be held next month for those who have already entered their names) who has not pursued the following curriculum, and lodged with the registrar of the College at least a fortnight previous to examination:—

I.—A certificate of having attained the age of 21 years.

II.—A certificate of having been engaged during four years in the acquirement of professional knowledge.

III.—Certificates of character as above.

IV.—A certificate of having passed the examination in preliminary education.

V.—A receipt for the fee of ten guineas.

VI.—Certificates of having attended in a recognised school—one course of lectures on anatomy and physiology, two courses of dissections, with demonstrations, one course of lectures on surgery, one course of lectures on chemistry, one course of practical chemistry and metallurgy, one course of lectures on materia medica, and two courses of lectures on dental surgery, including dental mechanics.

VII.—Certificates of having attended general hospital practice for two winter sessions; and the dental department of a general hospital, or a special dental hospital, for a further period of nine months.

VIII.—A certificate of having been engaged during, at least three years, in acquiring a practical knowledge of dentistry, under the instruction of a registered licentiate in dentistry of one of the licensing bodies.

The examinations shall include all the subjects of the foregoing curriculum, and shall be partly written and partly oral, preparations, microscopes, and other appliances being used.

N.B.—Every successful candidate, previous to re-

ceiving the licence, shall declare that he will not advertise, or pursue any other unbecoming mode of attracting business, so long as he holds the license in dentistry of the College.

The dental hospitals of Ireland are—that in York Street, Dublin, respecting which information will be found under the heading "Special Hospitals;" and the Dublin Dental Infirmary, in Beesford Place.

MEDICAL EDUCATION IN SCOTLAND

THE UNIVERSITIES.

THE fees for the degrees in all four of the Scotch Universities are the same, viz: £15 15s., (£5 5s. being payable at each of the three examinations, C.M., £5 5s. (in addition to the fees of M.B.); M.D., £5 5s. (in addition to the fees for M.B., and £10 for Government stamp.

UNIVERSITY OF EDINBURGH.

This is a qualifying and teaching body, and has complete Faculties of Arts, Theology and Law, equally with Medicine. Prior to commencing medical studies the student must pass a preliminary examination in English, Latin, and arithmetic, the elements of mathematics, and the elements of mechanics. An examination in at least two of the following subjects is demanded before being admitted to a professional examination, in addition to the foregoing subjects, viz.: Greek, French, German, Higher Mathematics, Natural Philosophy, Logic, Moral Philosophy. The University confers three degrees, medical and surgical qualifications being granted—M.D., M.B., and C.M. The C.M. is not conferred unless the M.B. be taken at the same time. For the degrees of M.B. and C.M. four years of professional study must be completed after passing a preliminary education recognised by the Medical Council. A degree in Arts of any British University is held to supersede the preliminary examination. Of the four years of professional study, one must be passed in the University of Edinburgh, and another of such four years must be in some other university entitled to grant the degree of M.D. The M.D. degree is conferred on Bachelors of Medicine who have attained the age of twenty-four years, and who present a thesis to be approved by the Medical Faculty. The lectures of several extra-mural lecturers in Edinburgh, as well as those at the London medical schools, and such teachers in the provincial schools approved by the University Court, are recognised, subject to certain conditions. The total fees for graduation, including lectures, &c., are £107 18s. For regulations as to Scholarships see "Edinburgh Medical School Guide."

In Public Health.—The University confers two degrees, a Bachelor and a Doctor of Science in Public Health.

UNIVERSITY OF ST. ANDREWS.

This University confers the degree of M.D. (certain exemptions being made to ten practitioners yearly), M.B. and C.M. Two years of study of each candidate must be in one or more of the following Universities, viz., the University of St. Andrew's, Glasgow, Aberdeen, Edinburgh, Oxford and Cambridge; Trinity College, Dublin; Queen's College, Belfast; Queen's College, Cork; and Queen's College, Galway.

The degree of M.D. is conferred on any registered practitioner above the age of forty whose professional position is such as to entitle him to that degree, and who shall, on examination, satisfy the examiners of the sufficiency of his professional knowledge; provided always that degrees will not be conferred under this section to a greater number than ten in any one year. The examinations are held yearly, towards the end of April.

UNIVERSITY OF GLASGOW,

This is both a teaching and examining body. It confers three degrees, viz.: Bachelor of Medicine, Master of Surgery, and Doctor of Medicine. Before graduating the Student must have been engaged in medical study for four years, one of which must have been spent at the University of Glasgow, and the others at some university or school recognised by the Glasgow University. A *medicus annus* is constituted by two courses of 100 lectures each, or by one course of 100 lectures,

and two of 50 each. Two preliminary examinations must be passed, one before commencing study, and the other before appearing at the first professional examination. A degree in Arts (not honorary) exempts the student from these examinations.

Public Health.—A special examination is held in subjects relating to Public Health and a certificate granted by the University.

Bursaries tenable by Medical Students.—The Brisbane Bursary of £50 yearly, held for four years by a student of medicine who is a Master of Arts. The Walton Bursary, of £36 yearly, held by a medical student (a native of England being preferred) for four years. The Logan Bursary, of £16 yearly, tenable by a medical student for four years. Two Rainy Bursaries' value £20 per annum each open to medical students who have just completed the second year of professional study and tenable for two years. The Armagh Bursaries, three in number, amounting each to £25 yearly, for three years, open to students of divinity, law, and medicine, who have taken the degree of M.A. The Macfarlane Bursary, value £40 per annum, and tenable for three years, open to students who have attended the first session of their professional study in the University of Glasgow, and who have passed in all the seven subjects of the preliminary examination for M.B. The Marshall Bursary, value £17 per annum, and tenable for four years open to students entering the Medical Faculty, and awarded by competition on the subjects of the Preliminary Examination. The Lorimer Bursary, value £50 per annum, tenable by a medical student for three years.

UNIVERSITY OF ABERDEEN.

This University is entitled to confer degrees in all the Faculties, and is a teaching body as well. The curriculum of study is nearly the same as in the University of Edinburgh. One year must be passed at Aberdeen. Another of such four years must be either in this University or in some other University entitled to give the degree of M.D. With regard to fees, each Candidate for the degree of M.B. must pay a fee of £5 5s. in respect of each of the professional examinations. If he desires to be admitted to the degree of M.B. only he will not be required to pay any further fee, in addition to the £15 15s.; but on admission to the degree of C.M. he must pay a further fee of £5 5s., in addition to the fees for the M.B. degree. Besides the Royal Infirmary students have the opportunity of attending several other local institutions. Perpetual fee for hospital practice is only £6. The professional examinations are held twice in each year; namely, in April and July, directly after the close of the winter and summer sessions.

The Degree of M.D.—The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degree of Bachelor of Medicine, and is of the age of twenty-four years, and has been engaged subsequently to his having received the degree of M.B. for two years, in attendance in an hospital, or in military or naval medical service, or in medical or surgical practice. Provided always that the degree of Doctor of Medicine shall not be conferred on any person unless he be a graduate in Arts, or unless he shall before or at the time of his obtaining the degree of Bachelor of Medicine, or thereafter, have passed a satisfactory examination in Greek, and in Logic or Moral Philosophy.

THE COLLEGES.

Royal College of Physicians, Edinburgh.—This, like the sister College of London, is exclusively a qualifying body. In conjunction with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Edinburgh, this College grants a double qualification, and registerable as such. Each applicant for the professional examination must previously have passed one of the preliminary examination recognised by the General Medical Council. Exemption is made in the case of masters or bachelors of Arts, of any British University and certain recognised foreign Universities. Candidates who may have already passed the first professional examination of any body approved of by the College will, on completion of their studies, be admitted to the second part of the examination.

The Fellowship, is conferred only by election, and the candidate must at least have been a member of the College for one year previously, and have attained the age of twenty-five years.

The Membership is conferred on licentiatees of the College

or graduates of a British or Irish University, with whose knowledge the College may be satisfied, and who have attained the age of twenty-four years. After March 1882, except in certain cases having reference to the age of the Candidate all members will have to pass an examination in Medicine and Therapeutics, and in another branch of Medical Science, to be selected by the Candidate.

The Licence.—The regulations are nearly the same as those for the joint examination for the Scotch double qualification.

The professional examination will be divided into two parts, according to the following arrangement of subjects: 1. Anatomy, physiology, chemistry; 2. *Materia medica* and pharmacy, pathology, and pathological anatomy, practice of medicine, surgery, midwifery, medical jurisprudence, clinical medicine. No candidate will be admitted to the first examination until the end of his second winter session, or to the second until he has completed four years of professional study. The examinations will be partly oral, partly in writing. Qualified practitioners may obtain the licence by passing an oral examination in the subjects of the second examination.

Qualification in Public Health.—The College now confers a certificate of competency in public health. The examinations are held in April and October. Fee, £10 10s.

Fees.—The fee payable by a licentiate is £15 15s. In the case of unsuccessful candidates the fee is returned, minus the expenses of examination. The fee to be paid by a member is £31 10s. When a licentiate is raised to the rank of a member, he pays £21, or £15 15s., according to the date of his licence. When a member is raised to the rank of a fellow, the fee is £31 10s., exclusive of stamp duty, which amounts to £25. All candidates for the fellowship or the membership must lodge their fees and the amount of stamp duty payable at the time to Government with the treasurer, previously to presenting their petitions.

Royal College of Surgeons, Edinburgh.—Candidates for the diploma of this College must have followed a course of study in some University, or in an established school of medicine, or in a recognised provincial school.

Preliminary Examination.—All candidates for the diploma of the College must have passed the complete preliminary examination prescribed by the General Medical Council, and have their names inscribed on the register of medical students at the commencement of their medical studies. The preliminary examination of certain recognised bodies is accepted by the College.

Professional Study.—Candidates must have been engaged, during four years after the preliminary examination in general education, in professional study, which shall include not less than four winter sessions, or three winter and two summers' attendance at a recognised medical school.

Professional Examination.—The professional examination is divided into two, the one oral, the other written. The first examination embraces anatomy, physiology, and chemistry, and for this candidates may appear at the end of their second winter. The second examination embraces surgery and surgical anatomy; also medicine, midwifery, *materia medica*, and medical jurisprudence; and does not take place prior to the termination of the winter session of the last year of study.

The Fellowship is conferred only on candidates who have obtained a diploma from this College or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, and who are twenty-five years of age. The election is by ballot, and three-fourths of the votes are required to be in the candidate's favour, and he has to subscribe certain bye-laws of the College. Fellows are forbidden to keep open shops, to be connected with secret remedies, or indelicate advertisements or publications.

The Licence.—The regulations are almost the same as those for the joint examinations conducted by the Colleges of Physicians and Surgeons.

Dental Diploma.—Every candidate for the dental diploma must have attended the general lectures and courses of instruction required at a university or an established medical or dental school, recognised by the College as qualifying for the diploma in surgery. This diploma may in certain cases be given after examination, but *sine curriculo*.

THE SCOTCH DOUBLE QUALIFICATION.

The Royal College of Physicians of Edinburgh, by a certain arrangement, grants conjointly with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow, after one series of examinations, a double qualification, two diplomas being given and registered under the Medical Act as medical and surgical qualifications, thus: Lic. Roy. Coll. of Phys. Edin. and Lic. Roy. Coll. of Surg. Edin., or Lic. Roy. Coll. of Phys. Edin. and Lic. Fac. Phys. and Surg. Glas., according as the case may be.

By the understanding subsisting between these bodies, the College of Physicians takes exclusive charge of the examination in medicine; and the College of Surgeons or the Glasgow Faculty, of that in Surgery; whilst departments common to both medicine and surgery are examined by a board in which each body is represented. Such arrangements as these were contemplated by the Medical Act, and authorised by Section XLX., and those under consideration were sanctioned by the Medical Council, 7th August, 1859.

Candidates having fulfilled the full curriculum are subjected to two professional examinations. Hereafter the preliminary examination must be passed before commencing professional study, and must be otherwise conformable to the regulations of the Medical Council.

Total fee for double qualification is £21.

Faculty of Physicians and Surgeons, Glasgow.—The Faculty grants a licence in Surgery and a fellowship. In conjunction with the Edinburgh College of Physicians it grants a double qualification. The regulations and fees are the same as the Edinburgh colleges.

School of Medicine, Edinburgh.—The lectures of this School qualify for the University of Edinburgh and the other Universities, and the Royal Colleges of Physicians and Surgeons, Edinburgh, London, and Dublin, and the other medical and surgical boards.

Total fees for double qualification, £95.

For further details, see "Edinburgh School Guide."

Minto House School of Medicine.—This School, a part of the Edinburgh Extra Academical School of Medicine, has been recently opened, but on account of the excellence of its teaching staff and arrangements, its success has been most rapid. In this institution the following means are afforded for practical instruction:—

The dissecting rooms are open daily, from 9 a.m. to 4 p.m. under the superintendence of Mr. Symington and assistants.

The chemical laboratories are open daily from 9 a.m. till 5 p.m. for instruction in practical and analytical chemistry, under the superintendence of Mr. J. Falconer King, Mr. Hunter and assistants.

The medical jurisprudence and public health laboratories are open daily, under the superintendence of Dr. Aubrey Husband.

The *materia medica* museum and laboratory are open daily, under the superintendence of Dr. Craig.

Clinical instruction in diseases of women and in the minor gynecological operations is conducted in the Western Dispensary and Obstetrical Museum, under the superintendence of Dr. Halliday Croom.

The pathological laboratory is open daily from 10 a.m. till 4 p.m., under the superintendence of Dr. Waller.

The physiological laboratory is open daily from 10 a.m. till 4 p.m., under the superintendence of Mr. James Hunter.

Clinical instruction in diseases of children, at the Royal Hospital for Sick Children, on Tuesdays, Thursdays, and Saturdays, at 11-30 a.m.

Clinical instruction in diseases of the ear at the Ear Dispensary, on Mondays and Thursdays, at Twelve Noon.

Clinical instruction in diseases of the skin, Royal Dispensary, on Wednesdays and Saturdays, at 1 p.m.

Clinical instruction in diseases of the throat, at the Western Dispensary, on Wednesdays and Saturdays, at 5 p.m.

The Dissecting rooms and chemical laboratories open on October 4th.

Royal Infirmary, Edinburgh.—Clinical instruction is afforded at this institution under the supervision of Professors of the University and the ordinary physicians and surgeons of the Infirmary. Special instruction is given on

diseases of women, physical diagnosis, and diseases of the eye. Separate wards are devoted to fever, venereal diseases, diseases of women, diseases of the eye, &c. The perpetual fee, in one payment, is £12; the annual fee, £6 6s.; half-yearly, £4 4s.; quarterly, £2 2s. Separate payments for two years entitle the student to a perpetual ticket. No fees are payable for any surgical or medical appointment.

Dispensaries in Edinburgh.—At these institutions students may take out the necessary practice required by the examining bodies.

Glasgow Royal Infirmary School of Medicine.—The winter session will commence on October 29th. Courses of lectures are given on all the subjects required by the licensing bodies for qualification, and lectures are also given on practical physiology, operative surgery, aural surgery, dental surgery, and diseases of the eye. During the summer, lectures on insanity are given by Dr. A. Robertson, and the City parochial asylum under his charge is free to students of this school. Students have unusual facilities for the study of anatomy, the supply of subjects being practically unlimited.

Class Fees.—For each course, first session, £2 2s.; second session and perpetual, £1 1s. Students who have attended a first course elsewhere can enter on the second course on payment of £1 1s. Anatomy, first winter session, £4 4s.; summer session, £1 11s. 6d.; second winter session, £4 4s.; afterwards the fee for lectures and practical anatomy is £1 1s. per session. Lectures on diseases of the ear, £1 1s.; with clinique to those who are not students at the Hospital, £2 2s. Clinique on dental surgery, free to students of the Hospital, to others, £5 one year, perpetual, £10. Lectures on diseases of the eye, £1 1s. Lectures on dental surgery, £2 2s.

Glasgow Royal Infirmary—Number of beds, 532. In addition to the ordinary medical and surgical wards, there are separate wards for the treatment of venereal diseases and the diseases of women; whilst diseases of the eye, ear, throat, and teeth are especially treated at the dispensary. Courses of clinical medicine and surgery are given by the physicians and surgeons, and post-mortem examinations are conducted in the pathological theatre by the pathologists, who also give practical instruction in pathological anatomy and histology.

Appointments.—There are five physicians' and five surgeons' assistants. The appointments can be held for six or twelve months, and are open to students who have passed all their examinations except the last, or to gentlemen who have a qualification in medicine or surgery. Clinical assistants, dressers, dispensary clerks, and pathological assistants, are elected from the students.

Fees for hospital practice and clinical lectures, first year, £10 10s.; second year, £10 10s., afterwards free. For six months, £6 6s.; three months, £4 4s.; Students who have paid 20 guineas at another hospital for its perpetual ticket are admitted six months for £2 2s., or one year for £3 3s. Vaccination certificate, recognised by Privy Council, £1 1s.

Anderson's College, Glasgow.—This is exclusively a teaching body. In addition to its offering excellent opportunities for acquiring a good medical education, instruction is given in the other branches of a liberal education, advantage of which might profitably be taken by medical students generally. The expenses of this institution are exceedingly moderate, the fees for all lectures and hospital practice required of all candidates for the double qualification of the Scotch Colleges being £48. Extensive opportunities for dissection are offered, under the guidance of the lecturer on anatomy. Several scholarships, &c., are offered by the College.

In connection with this College, there are five hospitals and dispensaries for special diseases, to all of which students are admitted.

The Summer Session at this College begins on the first Tuesday of May, and closes about the middle of July. A Lectureship on Aural Surgery has been established. Lectures on Dental Anatomy and Surgery are also given four times weekly. The fee for two years' hospital practice

required by the curriculum for the Dental Licence is £10 10s. Fees for Dental Lectures are £2 2s. each course.

Further particulars may be obtained on applying to Dr. A. M. Buchanan, Dean of the Medical Faculty.

Dental School and Hospital, Edinburgh.—The hospital practice and lectures qualify for the dental diplomas of the Royal College of Surgeons, England, Royal College of Surgeons, Edinburgh, and Royal College of Surgeons, Ireland. For further information, apply to James Robertson, 4 Lindsay Place, Edinburgh, or to Mr. W. B. Macleod, Dean of the School.

NOTICE.—The Editor desires to thank those gentlemen attached to the various Medical Schools for supplying him with the information from which the foregoing pages have been composed.

NOTICE TO READERS.—As this number is devoted exclusively to information necessary for students intending to join one or other of the various medical schools; and for those who, having passed their curriculum, are about to enter into the ranks of the profession, the ordinary matter which fills our columns is necessarily deferred till next week. Should any of our readers desire to present this number to a patient or friend who contemplates sending his son to a medical college, our Publisher will be happy to supply him with a duplicate free of cost.

INDEX TO THE ADVERTISEMENTS OF MEDICAL COLLEGES HOSPITALS, SCHOOLS, ETC., IN THE UNITED KINGDOM,

On reference to which the Prospectus, Names of Teachers, Hospital Staffs, &c., will generally be found.

ENGLISH.	
Bethlem Hospital	31
Birmingham Queen's College ..	34
Bristol Medical School	34
Brompton Hospital for Consumption ..	32
Central London Throat Hosp ..	26
Charing Cross Hospital	33
Dental Hospital of London	31
Durham University	36
Guy's Hospital	32
Hospital for Sick Children	33
Hospital for Diseases of the Throat, Golden Square ..	26
Hospital for Women, Boho	30
King's College, London	35
Leeds School of Medicine	34
Liverpool Royal Infirmary	34
Liverpool Royal Southern Hospital	34
London School of Dental Surgery ..	33
London Hospital	31
London School of Medicine for Women	32
Manchester, Owens College, Mas-n's Science College ..	24
Middlesex Hospital	33
National Dental Hospital	33
Royal London Ophthalmic Hospital	31
Royal Normal School of Science	32
School of Anatomy (Cooke's) ..	36
St. Bartholomew's Hospital	33
St. George's Hospital	31
St. Mary's Hospital	31
St. Thomas's Hospital	33
South London School of Pharmacy	33
University College, London	26
Westminster Hospital	33
City of Dublin Hospital	45
Coombe Lying-in Hospital	46
Dental Hospital of Dublin	33
Dr. Steeven's Hospital	43
Dublin Orthopædic Hospital	46
Jervis Street Hospital	39
King and Que-n's Coll of Phys ..	41
Ledwich School of Surgery	43
Mater Misericordie Hospital	37
Meath Hosp & co Dub Infr	38
Mercer's Hospital	42
National Eye and Ear Infirmary, Dublin	50
National Orthopædic Hospital of Ireland	40
Queen's University in Ireland ..	40
Queen's College, Galway	51
Queen's College, Belfast	51
Queen's College, Cork	36
Richmond, Whitworth, and Hardwicke Hospitals	38
Rotunda Lying-in Hospital	49
Royal Coll of Science for Ireland ..	40
Royal Coll of Surg in Ireland—School of Surgery	49
Sir Patrick Dun's Hospital	45
Sir Patrick Dun's Hospital	45
Maternity	44
St. Vincent's Hospital	46
St. Mark's Ophthalmic Hosp	40
Stewart Institution	38
Trinity College, Dublin	42
University of Dublin	45
SCOTCH.	
Aberdeen University	51
Anderson's College, Glasgow ..	23
Edinburgh New Veterinary College	51
Edinburgh Royal College of Physicians	54
Edinburgh Royal (Dick's) Veterinary College	53
Edinburgh Royal Infirmary	53
Edinburgh School of Medicine ..	53
Edinburgh University	54
Glasgow Faculty of Physicians and Surgeons	52
Glasgow Royal Infirmary Medical School	52
Glasgow University	52
IRISH.	
Adelaide Hospital	39
Catholic University	47
Carmichael College of Medicine	41

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 28, 1881.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
On the Prevention and Treatment of Post-partum Hæmorrhage. By Thomas More Madden, M.D., M.R.I.A., Obstetric Physician Mater Misericordias Hospital, &c.	273	SPECIAL.	
On Holding the Breath while in Immediate Contiguity with the Patient, with the Object of Lessening the Chance of Contagion. By Henry MacCormac, M.D., Consulting Physician to the Belfast Hospital.	274	Wool-Sorters' Disease—I.	279
Opium as a Luxury, and in the Treatment of Disease. By Herbert Parsons, M.R.C.S.	274	A Defaulting Water Company.	280
Remarks on Some Recent and Present Views Regarding Fever in India. By Surgeon-General C. A. Gordon, M.D., C.B., Q.E.P., &c.	276	The Use of Electricity in the Therapeutics of the Aneurisms.	281
		Books and Reading for Students.	282
		France.	282
CLINICAL RECORDS.			
Government Civil Hospital, Ceylon—Case of Ovariectomy—Operation—Recovery. Under the care of Dr. F. Van der Smagt 278		LEADING ARTICLES.	
		THE CASE OF PRESIDENT GARFIELD.	283
		THE INTRODUCTORIES.	284
		RE-ORGANISATION OF THE SANITARY SUPERVISION OF DUBLIN.	285
		THE NOTIFICATION OF INFECTIOUS DISEASES.	286
		NOTES ON CURRENT TOPICS.	
		The Vaccination Question.	287
		Legal Starvation.	287
		The Clerical Abduction Case.	287
		Indian Medical Items.	288
		Bromide of Ammonium in Whooping-Cough.	288
		Solrée at the College of Surgeons, Dublin.	288
		The Health of Ireland.	288
		An Austrian Sanitary Congress.	288
		French Medical M.Pa.	288
		BOYCOTTING OF AN IRISH DISPENSARY.	290
		Queen's University in Ireland.	290
		Bequests and Donations to Medical Charities.	290
		The Naval Medical Service.	290
		Horse Sausages.	290
		A Lady Quack.	2-0
		The Health of Foreign Cities.	290
		Dr. McClintock, of Dublin.	290
		Treatment of Otorrhœa without Lesions of the Bone.	290
		SCOTLAND.	
		Aberdeen University—Rectorial Contest.	290
		Fever in Dundee.	290
		Dr. Andrew Clark on Temperance.	290
		Health of Edinburgh.	290
		Death from Overdose of Laudanum.	290
		Dr. James Stark, of Glasgow.	290
		LITERATURE.	
		St. Bartholomew's Hospital Reports.	291
		Index Catalogue of the Surgeon-General's Library, U.S.A.	291
		The Liverpool Medico-Chirurgical Journal.	291
		CORRESPONDENCE.	
		Homeopathy and Homœopaths.	291
		NOTICES TO CORRESPONDENTS.	292

Original Communications.

ON THE PREVENTION AND TREATMENT OF POST-PARTUM HÆMORRHAGE. (a)

By THOMAS MORE MADDEN, M.D., M.R.I.A.,

Obstetric Physician, Mater Misericordias Hospital, Dublin; formerly Examiner in Midwifery, Queen's University in Ireland, and Assistant-Physician, Rotunda Lying-in Hospital, &c.

DEATH from flooding after delivery should be considered as a generally preventable accident, and in the more perfect midwifery practice of the future will doubtless be entirely unknown. In their zeal to contribute to their complete deliverance from what is still, with too much reason, an ever-present terror to obstetric practitioners, some eminent modern authorities, who advocate the employment of perchloride of iron and other remedies on the least appearance of post-partum hæmorrhage, appear to have an exaggerated idea of the frequency of severe flooding, and to forget that some slight loss of blood is a natural termination of labour. When due care is taken in the way of preventive treatment fatal hæmorrhage is a comparatively rare accident. Thus, in a practice of upwards of twenty years in various countries, tropical as well as European, and during my connection with the largest lying-in hospital in Great Britain, I have only seen one case of death from hæmorrhage after child-birth.

We may almost always obviate, although we cannot yet always arrest flooding. The majority of cases of post-partum hæmorrhage are met with in women who have previously borne children, and the probability of its occurrence is in proportion to the number of the patient's previous confinements. In the Dublin Lying-in Hospital, of 89 cases of this kind, in 65 the patients were multiparæ. In such cases when we have any reason to anticipate hæmorrhage, the membranes should be ruptured as early as possible during labour, so as to allow the uterus to contract

gradually and firmly; and a dose of ergotine, or a drachm of the fluid extract of ergot, should be injected hypodermically before the head comes to press on the perineum. As a prophylactic of hæmorrhage, the efficacy of a course of any astringent preparation of iron given during the last months of pregnancy is unquestionable.

Hæmorrhage after delivery, from laceration of the cervix uteri, is more common than was formerly the case. This arises from the abuse of the long curved forceps which is now too often needlessly resorted to before the full dilatation of the os. Hence I am of opinion that in this way the abuse of the long forceps does as much harm as the use of the short, straight forceps does good in judicious hands.

Reviewing my experience of the various modern methods of arresting flooding, I have found that the injection of hot water into the uterus in such cases is most uncertain in its hæmostatic action, and is only useful in cases of extreme depression of the vital powers from excessive hæmorrhage, and after the failure of other remedies. Neither is the injection of cold or iced water to be depended on. The injection of a strong solution of perchloride of iron, although generally effectual as a styptic, is so hazardous, from the risk of its causing metro-peritonitis, that I now seldom resort to it. But I strongly recommend what I regard as a most effective and comparatively safe method of arresting post-partum hæmorrhage—namely, the introduction of a sponge soaked in a solution of the perchloride of iron which is to be passed into the uterus (grasped in the accoucheur's hand), and retained there until a firm contraction is produced, by which the sponge and the hand in which it is held are expelled together from the uterine cavity, and the flooding is stopped. At the same time I would desire to lay great stress on external manual pressure over the uterus in all cases until contraction is produced, on account of the possible danger of thus introducing the hand into the uterus, unless when rendered necessary by severe hæmorrhage. With regard to the treatment of collapse from hæmorrhage after delivery, I regard transfusion, as now practised, as almost useless in the great majority of cases of the emergency for which it is recommended. Instead of transfusion, I would advocate

(a) Abstract of Communication to the International Medical Congress, August, 1881.

the hypodermic injection of large doses of sulphuric ether, as suggested by Von Hecker, the soundness of which deduction is amply proved by a reference to the history of some remarkable instances of the good effects of this remedy in apparently hopeless cases of collapse from post-partum hæmorrhage.

ON HOLDING THE BREATH WHILE IN IMMEDIATE CONTIGUITY WITH THE PATIENT, WITH THE OBJECT OF LESSENING THE CHANCE OF CONTAGION. (a)

By HENRY MACCORMAC, M.D.,
Consulting Physician to the Belfast Royal Hospital.

DISEASES termed infectious, and propagated by miasma from man to man, are communicated, and only communicated, as I believe, by inhalation. Avoid the inhalation of the miasma of disease, and you may prevent the transmission of disease. If we assume the aggregate area of the lining of the lung air-cells to amount to 40 square feet, we see at once what an enormous avenue to the admission of the germs of disease is thus furnished when brought into such close proximity with the circulating fluid. If we arrest for the moment the act of respiration, we may also, in so far, arrest the transmission of disease. If the proposition I set forth, namely, that infectious disease is communicated by inhalation, be proved correct, a greatly increased measure of safety for all who have to deal with such, that is to say for physicians, nurses, relatives, and, in a sense, at one time or other, the entire community, is obtainable.

The poison of infection, when adequately diluted, does not by inhalation communicate disease. Take, for example, a case of plague or typhus, or Asiatic cholera, or scarlet fever, or diphtheria. In the immediate proximity of the patient, the poison is highly concentrated and highly communicable. At a certain distance, so that the poison shall be adequately diluted by admixture with pure fresh air, it ceases to be communicable. By sufficient ventilation, the poison of infectious disease is rendered, in fact, incommunicable. In a long experience, I never saw the poison of fever, when I had the control of the ventilation, transmitted from the sufferer to another person. I have seen typhus fever actually extend to nine persons in one household, when ventilation, or air renewal, was not attended to. Dr. Jackson, when dealing with the plague in Morocco, prescribed for the patients with entire personal immunity, from an open window, elevated but a few feet above them.

I have myself had much to do with Asiatic cholera, and always held my breath when in immediate proximity with the sufferers. I never experienced the malady, though every one associated with me, nurses and medical men alike, suffered more or less. For years, I had charge of a fever hospital, and was never attacked by typhus fever, though all the doctors, whether predecessors, associates, or successors, had it. The hospital nurses, without exception, suffered. In private practice, I enjoyed the same security, and I have attended typhus fever in the severest forms, and in the vilest and worst ventilated abodes.

A French physician, M. le Dr. Laval, médecin major des hopitaux, it is stated in the *Moniteur de l'Armée*, August, 1874, finding himself on leave in the regency of Tripoli, and hearing that the plague was raging at Merdj, about 20 hours' journey from Bengazi, repaired thither, and without medical co-operation, devoted himself without remission to the aid of the terrified population, preventing the malady, indeed, from spreading, but, to the infinite regret of every one, falling at last a victim to his own superb humanity. This admirable person, I believe, would not have perished, and multitudes of others might

(a) Communicated to the International Medical Congress, August, 1881.

have escaped likewise, had he and they, as I did, held in the breath, taking in a good cheastful beforehand, while immediately contiguous to the sick. I am anxious not to exaggerate the value of the precaution whose adoption I urge.

I simply state my own convictions and experience, and leave them for the consideration and adoption, should they haply approve, of the noble profession of which I am an humble member.

OPIUM AS A LUXURY, AND IN THE TREATMENT OF DISEASE.

By HERBERT PARSONS, M.R.C.S.,
Formerly Resident Medical Officer St. Mary's Hospital, London.

(Continued from page 230.)

Some persons there are on whom the same dose of opium will always produce the same effect, notwithstanding the length of time he may have been daily taking it; while too, some are peculiarly sensitive to it; so much so, that they may be brought to a precarious state by a dose that would hardly affect an ordinary individual. It will be well to analyse as far as possible the different class of persons as regards the operation on them of opium, without referring at present to the effects of disease in modifying its action, which will be considered later on.

Now, the administration of this drug may be desirable, either to produce its results on the brain or on some other organ. But the various actions of this complex substance must be borne in mind, otherwise the good produced on one organ may be overbalanced by the harm done to another; thus while we avoid Scylla we fall into Charybdis. Thus, before we can form an opinion as to any particular person's capacity for taking opiates we must have an eye to the condition of those organs which it affects; more especially, the kidneys and the lungs. Women, though highly sensitive to its action, yet generally take it well, and it will generally act as a hypnotic and soporific remarkably well without being followed by such disagreeable results as in men. Yet there are some, and not a few, whom opium will only excite, these are not generally women of nervous temperaments, so much as those of a phlegmatic and bilious disposition. But perfect rest must always be insured after taking opium, otherwise women are almost sure to become excited rather than sleepy. Hence it is that opium eating is by no means uncommon among the female sex.

In the treatment of children's diseases there is no drug more useful than this, though of course it has to be used with the most extreme caution.

Among men, opium is often unable to be borne on account of its action in stopping the secretion of bile and intestinal fluid, thus producing constipation and reflex headache. It also causes constipation by lessening the peristaltic action of the bowels, and also renders the rectum less sensible to action.

If this only is the drawback it can be remedied by giving it with calomel in pill or ipecacuanha or aloes in solution; a saline mixture either with, or on the morning after it has been taken, is also of use. A common and effective plan to remove the headache, bad taste and constipation, is a seidlitz powder in the morning. All the ill effects will often pass away after taking some exercise, or a cup of coffee, or something to eat. But, without notable disturbance of the digestive organs, opium produces a metimes headache after the drowsiness it has caused has passed off. Whether this headache is due to disturbance either of the circulation of molecular elements of the brain or to some poisonous principal retained in the blood is uncertain, but it is certain that headache is often the result of opium (more especially of a large quantity) without any other demonstrable derangement being present. Bromide of

potassium, quinine or theine-containing substances, are almost sure to cure it, and it may be prevented often by the simultaneous antecedent administration of bromide of potash. It is also sometimes an inconvenience, that the action of opium lasts so long at times; after a dose at night drowsiness will continue all the next day, this is more likely to be the case if constipation occurs at the same time.

To one in great pain, or in a state of great restlessness or excitement we may usually give a large dose without any apprehension. The amount of opium a woman in labour can take is a good evidence of the effect of pain and excitement in modifying its action. But with men of sanguine temperament and with little physical or mental pain opium has to be regarded with great care. There will always be in practice some persons met with on whom this drug will produce abnormally severe symptoms, either reducing them to a state of profound and alarming sopor with stertorous breathing, or producing so violent an excitement as almost to amount to delirium. Consequently, we must, if possible, try our man with a small dose to begin with, so that we avoid danger and find that we must resort to other sedatives, though there are some persons met with who can bear no kind of sedative.

It is seldom that opium will produce in small or moderate doses, a deep, dreamless, unbroken sleep; but on the contrary, the sleep produced will last either four or five hours, and afterwards be followed by transient dozes in which perhaps vivid dreams occur, or else the night will be interrupted six or seven times by a few minutes of consciousness, followed by relapses into deep sleep. This must be remembered, for patients, if they wake several times, even for a very short time, during the night are very apt to imagine and say that they have hardly slept at all, and will tell you they have passed a bad night, when in point of fact they have slept nine-tenths of the time. Very frequently it will be found that people tired out with brainwork and feeling weary are yet unable to sleep, a small dose of opium with, or without, some alcoholic beverage, will often be found to give the necessary inducement to attract sleep, and give rest.

It will be well now to go over in detail, as far as our present knowledge extends, the action of opium on the various structures and organs of the body.

Chemists have for many years laboured at separating the various alkaloids, acids and other constituents which make up the compound body known as opium. They have succeeded in finding and naming numerous alkaloids; and physiologists have taken up the labour and tried to determine their separate actions on the body. But it must be confessed that there is great discrepancy between the statements of different observers, and, with the exception of morphia none of the separated alkaloids have come much into use. One cause of this uncertainty is, perhaps, the difficulty of obtaining the alkaloids pure and unmixed, and another is the difference of the animals used in the researches, some physiologists experimenting on some sorts and some on others.

Opium is primarily a stimulant, both to the heart and to the nervous system.

Thus, on the heart it acts by quickening and strengthening the beats and rendering thus the systemic vessels more full of blood; this increase of action gradually dies off as the effect of the drug diminishes, but there does not follow, as after alcoholic stimulation, a period of depression.

On the brain its first effect is to produce increased functional activity, and perhaps stimulation and excitement, followed usually by blunting of its sensibility and sleep. But the effect varies much according to circumstances and according to whether the system is accustomed or not to it. The excitement stage may be long and the sedative stage short, or *vice-versa*.

Opium possesses also a certain tendency to produce con-

vulsions; and it may induce them either by its action on the brain or on the spinal cord. So opium produces cerebral anæmia, and in this state, especially if it is suddenly produced, convulsions frequently occur; while on the other hand we know by experiment that morphia will produce convulsions in frogs and other animals whose brains have been removed.

The sympathetic system of nerves and the vaso-motor nerves we must assume to be mostly depressed or paralysed by opium, but to be stimulated in some parts; thus, the cutaneous blood vessels all over the body and the arteries are dilated and full of blood; it also stops the peristaltic action of the bowels and even paralyses the muscular coats of the bladder and of the bronchial tubes, but the blood-vessels of the brain are contracted and that organ is thus rendered abnormally bloodless; the mucous membranes are made pale and lack their normal secretion, and as the secretory organs generally are rendered less active, we may assume that the blood vessels in them are contracted and do not carry so large a blood supply as usual to them, some authors say that if the dose is large the depressant effect on the vaso-motor nerves is marked from the first, but with a small dose is preceded by stimulation. Opium has other curious effects on the nervous system, such as the violent pain immediately produced across the abdomen, and at times vomiting, sometimes the face grows pale and syncope either takes place or is threatened, this, however, though not unfrequent after morphia injections is not often seen from the internal administration of the drug.

We can see then how opium by determining the blood to the skin may act as a diaphoretic, but in the same way we see how it is that all other secretions of the body are diminished; not only are the urinary, the biliary, the gastric, and other normal fluids lessened in quantity, but abnormal discharges such as bronchorrhœa gonorrhœa, and diarrhœa are also stopped.

When taken with, or about the time of a meal, the digestive process is very much delayed, not only on account of the lessened quantity of digestive secretions, but also on account of the decreased action of the walls of the stomach and duodenum; so that, sometimes after the lapse of many hours the food is vomited up in an almost unchanged state. The lack of bile in sufficient quantity produces constipation and that general feeling of heaviness well known by the public as biliousness, and evidenced by the pale-coloured fœces which sometimes remain in that condition for days. In some people these effects are most marked and last several days, in others they are not felt on one only. In some cases diarrhœa is produced, probably by nervous influence, those who are acted on thus are not usually troubled by uncomfortable after-consequences, but this is not always the case.

The respiratory centre is rendered less sensible to impressions by opium, and therefore the respirations are reduced in frequency; it is through this way that death usually comes about, though sometimes it is by syncope.

It acts sometimes, and as a primary result, as an exciting agent to the spinal cord, but finally it always results in depressing. The reflex and other functions of the cord are checked by it, and the conductive power of both the afferent and efferent nerves is diminished in force and rapidity; pain or any impression from a peripheral point is felt less distinctly, and after a longer interval than usual, from the moment of its production, and for the same reasons all movements involving reflex or automatic action are carried out with less quickness.

Opium reduces the normal activity of the non-striated and striated muscles and also stops an abnormal degree of muscular action producing spasms. Thus colic, spasm of glottis, spasmodic stricture of urethra and often asthma, yield readily to it.

Medicinally, all these properties make this drug of the

greatest and most varied kind of service, as it can be always relied on as certain to produce some effect, and if skillfully used to produce the effect which we desire.

There are so many forms in which opium and its active principals can be given, that it is a matter of considerable importance to select the best one for each purpose. Solid opium is generally the most reliable and certain form, and is not so variable in strength as fluid preparations; this is a good form to give it for most purposes, but more especially when the bowels or stomach are the parts to be treated, it is somewhat slow in this way, generally thirty to forty minutes elapsing before its effect begins to be produced, and some hours more before the maximum effect appears. Laudanum is useful when the fluid form is desired, it is more stimulating and more rapid in its action; acquiring its maximum effects in from a quarter to a half hour, often sooner; this preparation is more liable, however, to upset the digestion, and the strength of the solution is rather variable. Dover's powder is a good and highly scientific preparation, and scarcely ever produces in moderate doses gastro-intestinal derangements; it is also a good diaphoretic preparation, and especially to be employed in catarrhal cases, the worst of it is that it is an inconvient form to take, and that when kept long it sometimes loses its strength. There are numerous other preparations some scarcely necessary, and some specially prepared with other potent drugs with a view to act on special parts. Morphia is a useful salt, as containing the active principal of opium in a small bulk, and it is very difficult to discriminate between its action and that of the crude drug; it is said to be not so stimulant or astringent and not to produce such bad after results, but this is difficult to accept. It is much used, especially by injection hypodermically.

Hypodermic injection of morphia is quite a modern improvement, and it may be well to consider what cases call for its employment preferably to other means. There are two great advantages in this method, firstly, it acts at once, and secondly it acts with certainty. Thus in cases of hæmoptysis and violent delirium and acute pain of any sort its use is at once followed by an effect; no surer remedy can be used for hæmoptysis, for it at once controls the cough and restlessness, themselves the causes of the continuance of bleeding. In asthma and renal colic where immediate relief is absolutely required, injections are far better than any internal remedy. Then again, for the second reason, because by this method the morphia is bound to enter the blood, it is often the only, as well as the best, way in cases where the absorbent power of the stomach and intestines, or vomiting prevents any other form from producing an effect, such as in acute gastritis, reflex vomiting, diarrhoea and delirium tremens.

These are the chief if not the only advantages subcutaneous injection of morphia possesses over internal administration, and, on the other hand, it sometimes produces vomiting (almost always in women), faintness, severe pain in abdomen, and violent headache. The after effects too, are liable to be very disagreeable, sometimes more so, but at times less so than when taken by the mouth. The effects of the morphia are felt less than half a minute after the injection; perhaps it is this fact that the whole strength of the drug is felt at once, that makes vomiting and syncope, and even convulsions much commoner than when morphia is given in any other way.

Another thing must not be forgotten, that is the liability to inflammation ensuing at, and around, the point of injection, this does not usually go on to suppuration, but it does sometimes produce secondary lymphatic and glandular affections and even erysipelas. Some persons, too, will not bear the operation on account of the pain it causes, trivial though it be. From trial of all parts of the body, I have come to the conclusion that the abdominal wall is the best place to select for injecting, for here there is both less sensibility and

less liability to subsequent inflammation. In this situation I have never seen an injection followed by any notable inflammation even in persons in whom in other parts it is a usual consequence.

(To be continued.)

REMARKS ON SOME RECENT AND PRESENT VIEWS REGARDING FEVERS IN INDIA.

By Surgeon-General C. A. GORDON, M.D.,
C.B., Q.H.P., &c.

(Continued from page 229.)

DR SHARKEY (a), alluding to the views expressed by Dr. Collie as to the contagiousness of enteric fever, observes that, "this opinion is opposed to the pythogenic theory, which found so eminent an exponent as the late Dr. Murchison, but in no way incompatible with the more usually accepted etiology which maintains that the *poison* ordinarily enters the system by means of air and drink contaminated with the excreta of persons suffering from the disease." Dr. Sharkey believes that the *poison* resides "mainly, if not exclusively in the excreta." He is of opinion that as a result of disinfection of excreta there is an absence of epidemics of enteric fever in hospitals, and so few cases of attack occur among nurses and attendants; also that whether in hospitals or private houses a difficulty meets us as to the origin (on the specific theory) of the first case in a given locality. He quotes the views expressed by Drs. Wilks, Peacock, Bristowe, and Holmes regarding the theory of contagion of the disease, and expresses his own opinion "that when enteric fever originates in a hospital, as a rule there is something radically defective in the sanitary arrangements; and that either the air or drinking water is polluted by decomposing excrement;" these views having also support by Dr. Bristowe. Dr. Peacock records the case of a nurse who, he thought, had probably contracted typhoid fever by contagion.

Dr. Shirley Murphy (b), discussing the question of contagion of enteric fever in England, states that in a period of twenty-four years, in which 5,569 cases of this disease were treated in the London Fever Hospital, eight attendants on patients suffering from it were attacked, while seventeen employed otherwise in other parts of the buildings also contracted the disease. In Homerton the incidence of the disease was upon laundry maids and attendants upon patients—a circumstance attributed by Dr. Collie to the youth and thus more susceptible age of these persons. On the subject of causation of the disease by emanations from drains, Dr. Murphy writes, "It is clear, therefore, that there is no point of agreement between Dr. Collie and myself concerning the conditions under which enteric fever can arise from drains."

This difference of views in London, and yet opinions regarding the forms of disease called enteric fever in India have resulted in severe criticisms of the exponents of those opinions, although their correctness has not been successfully assailed.

Dr. McNeill (c) adverts to the great differences existing with regard to the etiology of typhoid fever. He describes an outbreak of the disease in the island of Colonsay due to infection from a servant girl sent home from the Bridge of Allan suffering from the disease and the spread of it from her to six families. In regard to all those families the water supply was good and obtained from different wells; each had their own cows; there were no sewers, and when the disease occurred excretions were disinfected and buried at safe distances. The first family affected was that of the servant girl

(a) *British Medical Journal*, 6th November, 1890.

(b) *Ibid.*

(c) *Ibid.*

alluded to; the first member of the second family was a friend of hers who visited and nursed her; the third used to call daily at the house to inquire; the fourth became infected through the third. The conclusions he accordingly arrives at are: 1. That the exhalations from the lungs, skin, urine, or fresh evacuations must be infectious. 2. That there is danger of infection for some time after diarrhoea has ceased. 3. Persons over thirty years of age are less susceptible than those under that age. 4. The period of inoculation was in one case twenty or twenty-one days.

Dr. Donkin (a), in support of the contagiousness of typhoid fever, instances the occurrence of the disease in three young women, nurses in the Hospital for Children, Shadwell. In these the affection declared itself "within a few weeks after the nurses had begun to tend enteric patients;" they had, however, "been exposed to the chronic influence of bad drainage" for some time previously, namely, two for many months, one for at least two years. During that period numerous cases of diarrhoea, sore throat of great severity, and *nondescript* cases of pyrexia, had prevailed under the name of Shadwell fever, yet the only cases of enteric fever which arose in the hospital were those of the two nurses above alluded to. Dr. Donkin observes that while these insanitary conditions affected all the inmates alike the only ones seized with enteric fever were the nurses who had attended cases of that disease. He remarks in reference to them that "the drain theory, supported as it is by a great cloud of no mean witnesses, has an authority somewhat out of proportion to the amount of strict and unbiassed reasoning in which it rests."

Dr. Bruce Low (b) writes of enteric fever in country places in England. In the district to which he refers the population is agricultural, and scattered; in the isolated farm houses there are no sewers, the water supply is pure, from springs; the geological formation white limestone. During eight years only one case of enteric fever was due to drinking contaminated drinking water. The milk supply was easily watched; most of the cottagers kept their own cows; he had traced no case of contaminated milk nor has he heard of any cow, calf, or pig suffering from a disease like typhoid in his vicinity; he has traced no case to eating diseased or putrid meat. In giving particulars of four cases of enteric fever he observes that, "neither sewer gas, contaminated water supply, nor exposure to direct infection had anything to do with their origin." One case occurred in a young man, dirty in his habits, and for a considerable time subject to diarrhoea; his cottage was damp, dirty, and overcrowded; the garden privy in bad repair, filth level with the seat, smell very bad; emanating from this case four others occurred. Dr. Low asks if this is a case of development of enteric fever *de novo*, or one of progressive development of infectiveness from diarrhoea according to the theory of Dr. Burdon Sanderson "that it is possible to proceed from an inflammation of a purely non-infective origin to the artificial induction of a process of the most intense virulence?" and he adds, "I know that a foul and overflowing garden privy can produce a contagious diarrhoea;" and he adduces cases in confirmation of this view. He instances a case in which enteric fever was induced by eating tainted American bacon; in it he says the putridity of the bacon may have developed a putrogen which gave rise to a filth fever identical in all respects with typhoid. It has been asserted that specific contagion of typhoid fever has been received through "tramps." Dr. Bruce Low in eight years has not seen one case among that class of persons, nor has he met with any in a common lodging house with the exception of one child permanently residing in a house of that description situated close to a slaughter house.

He confesses that, although favourably situated for tracing the origin of fever cases he has met with great difficulties—that is doubtless as a result of pursuing researches with sole reference to the pythogenic theory of causation. He gives the testimony of his neighbouring medical friends as "distinctly in favour of the *de novo* origin of the fever." He admits that under certain insanitary conditions the fever may be bred much in the same way as *pyrogen*, although the large majority of cases do arise from contagion, these being the views held by Trousseau. He quotes from Niemeyer as to the occurrence of abdominal typhus in places far removed from travel where no case has occurred for years and where there is no suspicion of contagious origin. He notices the fact that abdominal typhus occurs *sporadically*, and often as house epidemics in localities where quantities of animal matters are decomposing. Quoting from Dr. Murchison as to the proposed disuse of the words *typhoid* and *enteric* and the substitution of the term *pythogenic* fever, also from Dr. Parkes that "although the origin of typhoid merely from putrefying non-typhoid is not considered to be probable it is not disproved, and it is certain that the disease may spread by sewers and faecal decomposition." He quotes from Dr. Alfred Carpenter that "enteric fever arises apparently *sub sponte*;" also from Dr. King, "that it may be produced *de novo* by the putrefaction of albuminous stools;" and the adverse opinion of Dr. Cayley "that the weight of evidence is against the *de novo* theory," but adds "that the evidence has only been heard on one side as yet;"—in reference to which statement I would add an expression of hope that a fair exposition of both sides of the important question at issue may obtain admittance into the pages of the medical journals. (a)

Dr. Herbert Metcalfe (b), of Norfolk Island, gives details of a case of what he considered "enteric" fever, originating *de novo* from the use of water of a well contaminated by decomposing animal matters, but of non-specific character. Prior to the occurrence of that case there had been no enteric fever in Norfolk Island for a period of fifteen months; the subject of attack had only arrived in September and became ill in January; he was the only person who had drunk water from the well in question, but no mention occurs in the record of other conditions or influences, general or individual—only this one item, water.

Dr. Walter Bernard (c) dwells upon the difficulty of diagnosing enteric fever, that difficulty arising from "the fact that typhoid exhibits many protean forms, and closely resembles many other morbid states." He observes that "many cases which some years ago would have been classed under the heads of simple continued fever, low fever, worm fever, infantile remittent fever, gastric fever, bilious fever, and *such like* would now be placed under the head of enteric fever." That is, cases differing from each other absolutely in respect to their etiology and phenomena would now be included under the one term, enteric; so that medical officers who in India similarly extend the significance given to a name have high authority for so doing. But Dr. Bernard is of opinion that we err in using the term typhoid in respect to too many acute febrile states. As an illustration he mentions a case in which in 1860 Zenker proved by post-mortem examination that trichinosis, not typhoid fever as stated, was the cause of death; he believes that during epidemics of typhoid fever cases occur exactly like those of acute febrile gastro-enteric catarrh; and he mentions that "many high authorities

(a) *Apropos* to this I would tender my acknowledgments to the editors of the *Practitioner*, *Medical Press and Circular*, *Medical Times and Gazette*, and *Lancet*, for courtesy in admitting papers by me on the subject of fevers in India as affecting British troops.

(b) *British Medical Journal*, 6th November, 1880.

(c) *Dublin Journal of Medical Science*, December, 1880
P. 469.

(a) *British Medical Journal*, 6th November, 1880.

(b) *Ibid.*

do not regard the well-known outbreak at Clapham School as typhoid, but as *some other disease*, still unnamed, produced by sewage." On the subject of *temperature* he quotes from Dr. Cayley that "it has been proved beyond all doubt that a patient may pass through typhoid without his temperature rising above normal; that Jenner and Murchison have shown the rule laid down by Wunderlich is unreliable;" and of this Dr. Bernard says we have evidence in the occurrence of "cases of *non-febrile typhoid*." Regarding phenomena he observes that "mild cases of typhoid, typhus, simple continued fever, and febrile gastro-enteric catarrh may present to us exactly the same clinical phenomena." "As to eruption," he says, "the rash of typhus occasionally, when discrete and in its earlier stages, resemble an abundant typhoid eruption;" then allusion is made to cases in "what is called the typhoid state is present," as to the difficulty in determining whether such are due to the presence of typhus or typhoid poison. Quoting from Murchison (page 472), he says, "that many cases of septicæmia due to caries of the temporal bone resemble closely enteric fever." He states that "acute tuberculosis, whether pulmonary, meningeal, or abdominal, closely resembles typhoid," that we may have all the symptoms of tubercular meningitis present in typhoid; that in cases of extreme difficulty "we must content ourselves to remain in doubt until *post-mortem* examination solves the problem." As to local diseases, he remarks that "sometimes, especially in children, it is difficult to come to a conclusion whether the pyrexia is due to some local affection (*e.g.* intestinal irritation, enteritis, pneumonia), or whether it is primary." With regard to treatment, he observes, "quinine as an anti-pyretic agent has much influence in typhoid, whereas in tuberculous affections it has little or no effect" (p. 473).

Taking these remarks in connection with what has already been adduced in my several notes on fevers it seems fair to ask, wherein, then, lies the difference between the characteristics of the typhoid, or enteric condition, or complication occurring in the course of the several diseases named, other than fever, from those that distinguish the particular form of fever to which those expressions are applied synonymously and in a specific sense? Wherein the difference between the phenomena occurring in the course of fever and taking place in the course of either of those diseases? So far as any reply presents itself that reply is, None whatever. Dr. Bernard is, no doubt, fully supported by facts when he expresses his opinion that "we err in using the term typhoid in respect to too many acute febrile states." The remark regarding quinine as a test of typhoid as against tuberculous affections is important in reference to what has already been stated regarding this remedy.

(To be continued.)

Clinical Records.

GOVERNMENT CIVIL HOSPITAL, CEYLON.

Case of Ovariectomy—Operation—Recovery.

Under the care of Dr. F. VAN DER SMAGT.

THE subject of this case, Selindo, a weakly, anæmic Singhalese woman, married, and aged about 30 years, came first under my observation on the 7th April last, when she was admitted into hospital with ovarian dropsy, said at the time to have been of eight months' duration. She was spare, pale-faced, and with the typical "ovarian expression" of countenance. Her general health was very indifferent, her bowels were inclined to be costive, and there was total suppression of the menses; from some time before she observed her abdomen enlarging.

She was allowed a nourishing diet, and prescribed a mixture containing quinine, strychnia and steel. On her general

health improving, and after about five weeks' stay in hospital, she was tapped by me, and about 2½ gallons of thin, limpid fluid drawn off. She was apparently greatly relieved by this, and soon after took her discharge.

We lost sight of the patient for some months, but she came under notice once more on last July 28, with the tumour occupying the whole of the abdominal cavity, and to all appearances larger than when she was first admitted. It had begun to cause great inconvenience latterly from pressure, and the patient begged hard that something may be done to prevent her abdomen filling again. She was now admitted into hospital a second time, and after examining her, inquiring minutely into her previous history, and ascertaining the length of time the cyst took to fill again, it was diagnosed as a unilocular tumour and with scarcely any adhesions. Her general health was now pretty good, and with a fairly nourishing diet and some tonic medicine, it was found to have improved considerably after a short stay in hospital.

After the usual preparations had been made, it was determined to perform the operation on the patient on the 13th of August last, and on the morning of that day the patient having been put under the influence of chloroform by me, and assisted by the other medical officers at this station, Dr. Anthonisz, the colonial surgeon, who had previously operated successfully on similar cases, commenced the operation under the antiseptic spray, by making an incision, about 4 inches long, sufficient, in fact, only to enable him to introduce his hand—beginning a little below the umbilicus and exposing the abdominal cavity. The tumour having been brought into view, a Spencer Wells' trocar was introduced, and after some of the contents of the cyst had been drawn off, the trocar was plugged by a small cork to prevent any of the fluid escaping into the peritoneal cavity, and the neck of the trocar itself secured by a double ligature to the cyst. The tumour was now, from time to time, drained of its contents and gradually removed from the abdominal cavity. The only adhesion present, was one situated upwards and apparently to the transverse colon—this was carefully ligatured with a carbolised silk ligature, divided and dropped into the abdominal cavity, and the peritoneum secured over it with a cat-gut suture. All the antiseptic precautions recommended to be taken in these operations were, as far as practicable, done by us. Lister's spray being at play during the whole time the operator was busy with the patient and until she was dressed.

The pedicle in this case was not very long, scarcely 2 inches, wide and rather flat—it was secured, well ligatured, and the tumour cut off, the ligature attached to the pedicle being brought out through a small opening in the left groin, and slightly tightened, from time to time, to assist in the pedicle being detached. The hæmorrhage was very slight indeed, no vessel requiring to be ligatured. The cavity of the abdomen having been carefully sponged out with a carbolised sponge, the edges of the wound were brought together by some thin carbolised silk sutures passed through the entire thickness of the abdominal walls, and some superficial (skin) catgut and coir fibre sutures. The dressing for the wound consisted of folds of lint soaked in carbolic acid lotion, over which was placed a layer of carbolised cotton, some carbolised gauze, and over that again some strips of flannel and a binder over all. The patient having been administered an opium suppository, was well wrapped in warm blankets, and put to bed.

When seen in the afternoon she complained of some abdominal pain. Pulse, 5 p.m., 124; temperature, 101'4.

9 p.m.—Her urine had to be drawn off by catheter. Repeat suppository.

August 14th, 7 a.m.—Pulse, 120; temp., 100; passed urine herself this morning. Slept pretty well. Abdominal pains continue severe. Continue suppositories, t.d.

14th, 4 p.m.—Temp., 102'8; pulse, 130.

15th, 7 a.m.—Pulse, 112; temp. 102'8. Slept better than the night previous; abdominal pains less severe; stomach slightly irritable; vomited some bilious matter. Suppositories to be continued, b.d. Opii, gr. j. t.d.

4 p.m.—Temp., 101'6; pulse, 108. Takes nourishment (milk and broth) freely.

16th, 7 a.m.—Temp., 100'8; pulse, 108. Abdominal pains slight; no vomiting. Remedies to be continued.

4 p.m.—Temp., 100'8; pulse, 108.

17th, 7 a.m.—Patient comfortably; slept all night; hardly feels any pain. Pulse, 108; temp., 101'6. Continue pills, b.d., and suppository only at bedtime.

4 p.m.—Pulse, 108; temp., 101'6.

18th, 7 a.m.—Slept all night. Pulse, 104; temp., 100·8.
 4 p.m.—Temp., 99; pulse, 100.
 9 p.m.—Some difficulty in voiding urine, which had to be drawn off by catheter.
 19th, 7 a.m.—Urine drawn off again this morning. Pulse, 100; temp., 100·6.
 4 p.m.—Pulse, 104; temp., 101·2.
 20th, 7 a.m.—Feels more comfortable; urine passed freely since last night; bowels not moved since operation. Pulse, 104; temp., 102·2. Warm soap and water enema—stat.
 4 p.m.—Bowels moved freely, twice, after enema. Pulse, 96; temperature, 99·4. Continue pill only at bed time.
 21st, 7 a.m.—Slept well throughout the night. Pulse, 88; temp., 98·8.
 4 p.m.—Pulse, 88; temp., 98·2.
 22nd, 7 a.m.—No pain. Pulse, 80; temp., 98·2.
 4 p.m.—Pulse, 96; temp., 98·4.
 23rd, 7 a.m.—Pulse, 80; temp., 98·8.
 4 p.m.—Pulse, 76; temp., 98·6.
 24th, 7 a.m.—Doing well. Pulse, 80; temp., 98·4.
 4 p.m.—Pulse, 88; temp., 99.
 25th, 7 a.m.—Pulse, 88; temp., 99·6. A portion of the dressing over the abdomen and that over the groin, were changed under the spray—hardly any discharge.
 4 p.m.—Slight pain in the groin (pedicle). Pulse, 96; temp., 100·4.
 26th, 7 a.m.—Felt a little pain in groin at night—none now. Pulse, 88; temp., 100.
 4 p.m.—Pulse, 96; temp., 101·2. Bowels not moved since the 20th. Repeat enema; continue pill, h.s.
 27th, 7 a.m.—Feels more comfortable after the bowels had been moved by enema. Pulse, 84; temp., 100·6.
 4 p.m.—Pulse, 96; temp., 102.
 28th, 7 a.m.—Doing well. Pulse, 88; temp., 101·4. Slight discharge from wound in groin. Dressing changed again under the spray. Abdominal wound found to have united throughout its entire length.
 4 p.m.—Pulse, 96; temp., 103.
 This rise in the temperature was noticed each time the dressing was changed under the spray.
 The patient continued improving steadily after this, the pedicle coming away on the 11th September, after slight traction at the ligature, the wound in the groin closing up the next day. There was uninterrupted progress in the case of this patient until the 18th September, when she complained of a colic, which was so severe as to have prevented her sleeping that night. Her temperature the next morning (19th) was 98, and her pulse 104. She gradually grew worse after this, and with increased colicky pains, she suffered from great irritability of the stomach, her bowels remaining costive all the while.
 Her pulse on the 20th September was 112, but feeble; her temperature 98·2. Opil, gr. j. every fourth hour. Castor-oil and warm soap and water enemata. Low diet, with milk and brandy as extras.
 Sept. 20th, 8 p.m.—Still in pain. Hypodermic injection of morphia (gr. 1-6th), h.s.
 21st.—Vomiting continues, vomited matter to all appearances feculent. Pulse continues feeble, but quick; temperature below normal, 97·6; hiccough; bowels costive. Repeat enemata, opii gr. ss., ext. belladonnæ, gr. ʒ. M ft. pil. every five or six hours.
 4 p.m.—Feels slightly easier. Pulse about the same, temperature, 97·8.
 22nd, 7 a.m.—Slept pretty well at night. No hiccough. Stomach less irritable. Pulse less quick, 104; temperature 97·8. Repeat enemata. Continue pills, t.d.
 4 p.m.—More comfortable, one stool after enema. Pulse, 100; temp., 98.
 23rd, 7 a.m.—Improving slowly; no pain in abdomen; slept well at night. Bowels moved this morning without enema. Pulse and temperature same as previous morning. Continue pill only at bed time, omit enema.
 4 p.m.—Temp., 98·6; pulse, 96.
 24th.—Slept all night; feeling stronger daily. Pulse, 92; temp., 97·4.
 The patient now gradually regained her strength and appetite, and was able to move about the wards again. All medicines were now omitted, and care was exercised regarding the patient's diet for some time. Towards the latter end of the month she was allowed ordinary diet, and as she seemed anxious to return to her village, she was discharged early on the morning of the 4th October, when she left with her

mother and husband, and has continued to improve in every way according to the last account we have had of her.

Remarks.—In this case, the progress made by the patient from a few days after the operation, was very satisfactory until September 18th, when she complained of the colic, which has already been described, and which, for some days, caused us no little anxiety. With the exception of this single mishap, the patient may be said (considering the indifferent state of general health) to have made a very fair recovery.

Regarding the material used for the superficial (skin) sutures, it may be as well to mention how admirably those of ordinary coirfibre answered, these as Dr. Anthonis observed, were found to cause less irritation, and to be easier of removal than those made of other materials, particularly wire. They are, and have been, for some time used in this hospital with very satisfactory results, and will, I have little doubt, when better known, be preferred in most instances, generally, to other sutures.

In conclusion, we have to add our testimony to the benefit—in this case in particular—derived from the antiseptic dressings, and attending to them in detail, as recommended by Professor Lister, at least as far as it is practicable in our Colonial hospitals.

This was a patient who was under my care as surgeon of this hospital, during last year, and who after her return to her village, paid us a visit a few months subsequently, looking the picture of health, and much stouter than before her illness.

Special.

WOOL-SORTERS' DISEASE.

I.

TRADE has its romances, and there is no greater romance in its whole history than that connected with the introduction of Llama wool and alpaca into English manufacture. Dickens has immortalised the event. This historical incident is thus described (a):—

“In the year 1836 a huge pile of dirty-looking sacks, filled with some fibrous material which bore a strong resemblance to superannuated horsehair, or frowsy elongated wool, or anything else unpleasant or unattractive, were landed at Liverpool.

“When those queer-looking bales had first arrived, or by what vessel brought, or for what purpose intended, the very oldest warehouseman in the Liverpool Docks couldn't say. There had once been a rumour—a mere warehouseman's whisper—that the bales had been shipped from South America on spec, and consigned to the agency of C. W. and F. Fozzle and Co. But even this seemed to have been forgotten, and it was agreed on all hands that the three hundred and odd sacks of nondescript hair-wool were a perfect nuisance. The rats appeared to be the only parties who at all approved of the importation, and to them it was the finest investment for capital that had been known in Liverpool since their first ancestors had migrated thither.

“Well those bales seemed likely to rot, or fall to dust, or be bitten up for the particular use of the female rats. Brokers wouldn't so much as look at them. Merchants could have nothing to say to them. Dealers couldn't make them out. Manufacturers shook their heads at them; while the agents, C. W. and Fozzle & Co., felt quite savage at the sight of the invoice and bill of lading, and once spoke to their head clerk about shipping them out to South America again.

“One day—we won't care what day it was, or even what week, or month, though things of far less national importance have been chronicled to the very half-minute—one day, a plain, business-looking man, with an intelligent face and

(a) *Household Words*, vol. vi., 1853, p. 250.

quiet, reserved manner, was walking alone through those same warehouses at Liverpool, when his eye fell upon some of the superannated horsehair projecting from one of the dirty bales. Some lady rat, more delicate than her neighbours, had found it rather coarser than usual, and had persuaded her lord and master to eject the portion from her resting-place. Our friend took it up, looked at it, felt it, smelt it, rubbed it, pulled it about; in fact, he did all but taste it, and he would have done that if it had suited his purpose, for he was 'Yorkshire.' Having held it up to the light, and held it away from the light, and held it in all sorts of positions, and done all sorts of cruelties to it, as though it had been his most deadly enemy, and he was feeling quite vindictive, he placed a handful or two in his pocket, and walked calmly away, evidently intending to put the stuff to some excruciating private tortures at home.

"What particular experiments he tried with this fibrous substance I am not exactly in a position to relate, nor does it much signify; but the sequel was that the same quiet, business-looking man was seen to enter the office of Messrs. C. W. and F. Fozzle & Co., and ask for the head of the firm. When he asked that portion of the house if he would accept of eightpence per pound for the entire contents of the three hundred and odd frowsy, dusty bags of non-descript wool, the authority interrogated felt so confounded that he could not have told whether he were the head or the tail of the firm. At first he fancied our friend had come for the express purpose of quizzing him; then that he was an escaped lunatic; and thought seriously of calling for the police; but eventually it ended in his making over to him the bill of lading for the goods in consideration for the price offered.

"It was quite an event in the little dark office of C. W. and F. Fozzle & Co., which had its supply of light (of a very inferior quality) from the grim old churchyard. All the establishment stole a look at the buyer of the 'South American stuff.' The chief clerk had the curiosity to speak to him, and hear him reply. The cashier touched his coat-tails; the book-keeper, a thin man in spectacles, examined his hat and gloves; the porter openly grinned at him. When the quiet purchaser had departed C. W. and F. Fozzle & Co. shut themselves up, and gave their clerks a holiday.

"But if the sellers had cause for rejoicing, not less so had the buyer. Reader, those three hundred and odd bales of queer-looking South American stuff contained 'Alpaca wool,' at that date entirely unknown to our manufacturers, and which it would still have been but for the fortunate enterprise of one intelligent courageous man. That bold manufacturer was (the late) Sir Titus Salt, in those days a mere beginner, with a very few thousands to aid him in his upward career, but at his death one of the wealthiest amongst the wealthy men of Bradford, in Yorkshire. His fortune had been altogether built up by the aid of this same 'alpaca,' to the manufacture of which he devoted the whole of his time and energy."

Alpaca and mohair are inseparably associated with the name of Salt, and it is well worth a visit to the wonderful creation, which has sprung from the lucky discovery of the neglected three hundred and odd bags, discovered in 1836.

About four miles from Bradford there is a picturesque part of the valley of the Aire, and in this spot the introducer of alpaca purchased an estate, to which he gave the name of Saltaire, by the natural combination of his own name, with that of the river, on which his property is

situated. Here he erected the famous works, which are amongst the wonders of England.

The introduction of this wool into manufacture, though advantageous to the master, has not been without its alloy to the workman. Wool-sorters' disease has since been associated with the name of Van Mohair, and numerous deaths have been reported, caused by the picking and sorting of this wool.

In the *Medical Press and Circular*, April 10th, 1878, we spoke about the necessity of appointing a commission to inquire into this disease, and on November 17, 1878 we again returned to the subject, our persistence resulting in the appointment of Dr. Spears, Local Government inspector, for the task of making the inquiry.

The Bradford Medico-Chirurgical Society—one of those excellent societies which do so much good in elevating the tone of professional thought, and keeping the profession *au courant* with medical knowledge—also appointed a commission from their own members, to examine the evidence as to the association of this disease with the bacterium anthracis.

Dr. Spears has published his report. We must reserve our analysis of it to another number.

(To be continued.)

A DEFAULTING WATER COMPANY.

We have been furnished by the Water Examiner with a special report on the cause of failure on the part of the Grand Junction Waterworks Company to supply its customers with water during the hot days of July. The report clearly shows that the extenuating circumstances published by the Company, namely, that the failure was solely due to the bursting of a main, is no longer tenable. The water famine was, in fact, attributable to the utter carelessness of the Company, whose officers were aware that a deficiency of pumping power existed at Hampton, and which was utterly disregarded because, forsooth, the Company confidently expected, backed up by Smith and Co., that the Government would buy the works out and out with all their defects and at a price far beyond their worth. The result, as the Water Examiner naively shows, of the project, which received his sanction some two years ago, that is the making of new pumping works at Hampton, "should have been carried out on the assumption that no such acquisition would be made, and thus the short supply would not have occurred." The Company receives a very mild rebuke, if it can be so called, for so serious a dereliction of duty, whilst the ill-used and cheated water consumers are bid to take consolation from the fact that "by the end of the year the new engines will be at work." The magistrate before whom a complaint was made by Messrs. Jay, of Regent Street, however, refused to see the matter in the same *couleur de rose* fashion, and therefore inflicted a fine of £10 upon the Company.

With a desire to stint the consumption of water and a general disregard as to the quality of the water, the public health is very likely to suffer. This is not all, for with the re-valuation of the assessment of the metropolis the water companies, taking advantage of the circumstance, are seriously increasing the price of water. They hope in this way, no doubt, to keep up the fictitious price the water companies' shares went up to a year ago, and this will enable them to drive a harder bargain with the Government or Water Trust to be created by the next Parliament.

An eminent statesman, who had an unusually large experience of human nature, once said "that every man has his price." The water companies have probably arrived at the same conclusion, otherwise it would hardly be possible for them to find good easy-going people ready and willing to make black appear white in any emergency. It must have very much surprised those who have studied the water question in all its bearings, and thoroughly satisfied themselves as to the quality of Thames water, to find paragraph after paragraph going the rounds of the lay press to the effect that there is no purer water to be found. We are assured that "the Thames in its flow of 130 miles as a definite stream does not acquire any increased proportion of organic matter;" and, "when examined in large bulk with the *naked eyes* (be it observed) not a trace of suspended organic matter can be seen." A most incredible assertion, as everyone who is acquainted with the facts must know. Throughout the whole course of the river; separated by only a few yards anyone may see the sewage refuse of hundreds of thousands of human beings living on its banks, or floating on its surface, flowing into and percolating through the soil into the stream. It has long been held to be a public scandal that the inhabitants of considerable sized towns should be drained into the Thames, and above the intake of the water companies. It is now Moulsey, then Henley-on-Thames, that is appealing to the Local Government Board for assistance to stop its drainage into the Thames. Can anyone be insane enough to believe that any filtration of the water companies will strain the sewage out of water so contaminated? And it can be incontestably shown that a flow of a hundred yards must be quite an exceptional circumstance.

It is utterly misleading, then, to put forth a statement of the kind quoted. Furthermore, it is a fact that when the Lambeth Water Company were pumping from a sub-soil source at Moulsey a considerable portion of its water supply, and at the same time keeping down nine hundred cesspools to low water mark, two eminent chemists certified that "the water was pure and wholesome"—a parody on the impotence of chemical analysis of water. We may ask, then, is it because of the important assistance given by chemical analysts in the discovery of bacteria in water and of "disease germs in air, that chemistry *per se* will persist in dogmatically asserting that the sewage-contaminated waters of the Thames and Lea are pure and wholesome?" We may state, and without fear of contradiction, that but for the microscope in the hands of the physician and physicist these minute bodies would have remained unknown and the specific action in disease undiscovered. Is it likely that chemistry would have made the discovery of "the attenuated anthracoid microbe" of Pasteur? Certainly not. These are matters quite beyond and out of reach of analytical chemistry.

THE USE OF ELECTRICITY IN THE THERAPEUTICS OF THE ANCIENTS.

Now, when all attention is directed to the opening of the Exhibition of Electricity, our readers will peruse with interest the following paper of Dr. Morand, which appears in the *Union Medicale* :—

The therapeutic use of electricity is of much greater antiquity than is generally known, for it goes back to the time of the ancients. The Greeks, the Etruscans, and after them the Romans, studied with an eagerness more prompted by superstitious belief than by a regard for science, the

phenomena of atmospheric electricity; and they recognised results not only mechanical and physical, but also physiological. They observed also with much surprise the accumulations of electricity which show themselves from time to time on sea and land, and in connection with them the light and electric sparks which are sometimes spontaneously produced by mankind and animals. They also knew the attractive power exercised on light bodies by polished amber, or by tourmaline warmed between the fingers. But amongst their various theories on these phenomena the ancient philosophers have never discovered the tie which connected them and which since the close of the last century has received the name of Electricity—quite a modern title, although derived from the Greek *electron*, amber. Electric currents and their action on animal economy were unknown to the ancients for this reason: they ignored means and instruments, which we now use to produce at will statical and dynamical electricity, and electromagnetic phenomena. But Nature offered them a perfect electric machine, the torpedo or electric ray (*Raja Torpedo*), of which the Greek name, *marké*, and the Latin, *torpedo*, explain the numbness which this fish produces in paralysing its enemies; and the Greek and Roman doctors made use of this living electric battery. We do not know at what epoch those physicians appeared who in their writings mentioned for the first time this mode of cure, though Galen speaks of them. This celebrated Greek physician of the second century of our own era explains himself clearly in his treatise on "Simple Medicines," where the following is to be found:—"Some authors have written that the torpedo applied to the head cures cephalalgia, &c. Having thought of placing the torpedo *while alive* in contact with the head of a person suffering from cephalalgia because I thought that this animal might have a calming effect like those other remedies which *dull* our sense of feeling, I found that the statement was quite true."

These experiments are also certified by the Greek doctors of the Byzantine epoch, Ætius and Paul of Egina. But already, under the Emperor Claudius, the Roman physician, Scribonius Largus, wrote in the time of Jesus Christ the following lines:—"Against any kind of gout in the feet it is necessary when the pain begins to place under the feet of a patient on a shore, not dry, but *washed by the sea*, a black *living* torpedo, which is kept there until a numbness is felt in the entire foot and tibia up to the knee. This will relieve the pain for the present and cure the disease for the future."

Thus Scribonius Largus, a century before Galen knew that the torpedo ought to be used *while alive*, and that the *presence of water* was useful; but he did *not* know that bodies of this species were good conductors of electricity. In a word, the ancients used electricity as a therapeutic agent without being aware of it.

These details, almost unknown, were published by Dr. Morand in 1876, in the *Journal of Electricity*, which has only reached a few numbers. This journal had been started in the expectation of an exhibition like that of today, which ought to have taken place in 1877, but was abandoned on the announcement of the Universal Exhibition of 1878.

THE examinations in Sanitary Science by the University of Cambridge, open to all whose names are on the Medical Register of the United Kingdom, will begin on October 4. The names of candidates must be sent to Professor Liveing, Cambridge, on or before the 28th inst.

BOOKS AND READING FOR STUDENTS.

THE assistance medical students can hope to obtain while at work preparing for the ordeal of examination is of two kinds—that, viz., derived from oral instruction, and that obtained from books. These latter are a very necessary item in his education, and on the wisdom displayed in their selection much of his future success or discomfiture must be dependant. In all cases, therefore, consultation on the subject with an experienced teacher is advisable, for, from the number and variety of the treatises on every subject connected with medicine, it requires a tolerably intimate acquaintance with their peculiarities to determine which of so many can be most advantageously selected for the use of particular individuals. As the character of readers varies much, so do the works written for them; and it is a matter of some importance occasionally, to select the right book. The novice cannot do this successfully; hence do we advise appeal to a teacher for advice and aid. Many a man, notwithstanding, will do well for himself by inspecting more than one of the works on a subject, even though his attention is restricted to particular titles; but there are a certain number of standard text-books and helps that contain much the same material in the same way, and a list of these we feel will be often found useful to puzzled students. We give, it, therefore, as a means of helping them to find what they require, but with the advice to obtain, whenever possible, suggestions as to their reading from the teachers under whom they are working.

Anatomy.—The well-known Dublin Dissector is a good and useful guide, while, Holden's, Ellis's, Heath's, and Gray's volumes are much employed in different hospitals, Holden's, perhaps, bearing off the palm. An entirely original work, entitled "Schematic Anatomy," by Dr. W. P. Mears (Baillière), is in the press, and from an advance copy submitted to us, we judge most favourably of it. Quain's two volumes will long retain their place as the most exhaustive treatise for advanced students, while Professor Darling's "Essentials of Anatomy," and the "Pocket Gray" are useful for condensing previously acquired knowledge. Anatomical plates are prepared by Mr. Ellis, by Mr. Godlee, Mr. Hensman, &c., and the invaluable superposed atlases of Witkowski (Baillière) are rapidly gaining general appreciation.

Physiology.—Foster's "Text Book," 3rd edition (Macmillan), is the most scientific and complete of all manuals for the English reader. Carpenter's "Human Physiology," Flint's, Hermann's, and Kuss's, are extensive volumes, and all serviceable, while Kirkes' manual is much read by men who want to "get through as easily as possible." Huxley's "Elementary Lessons" is what its name indicates, and Lowne's "Aids" are a brief epitome of the outlines of physiological science. For practical work the most useful book is Harris and Power, or Foster and Langley, while the large two-volume "Handbook for the Physiological Laboratory" may be employed for reference.

Chemistry.—Roscoe, Fownes, Wurtz (Lippincott and Co.), Williamson, Semple's "Aids;" and for physiological chemistry, Dr. Ralfe's small handbook, and Dr. Gamgee's large work (Vol. I. only out as yet) are the best.

Botany.—The small amount of actual botany, apart from the names of herbs, demanded from the medical student, can be gained from Oliver's Elementary Lessons, Semple's Aids, or in a more strictly scientific fashion, from Prantl's work (a *resumé* of Sachs', and translated by Vines). For medicinal plants the beautiful atlas of Bentley and Trimen, published by Messrs. Churchill, may be consulted with advantage. Balfour's and Bentley's used to be favourite handbooks.

Comparative Anatomy.—Nicholson's or Huxley's manual, Rolleston's "Forms of Animal Life," and Rymer Jones' "Animal Kingdom" are all reliable and

valuable. Smaller works are Dr. Ord's, or Mr. Bradley's volumes, and Prof. Nicholson's "Text Book" Special works may be consulted, as Flower's "Osteology of the Mammalia," and Huxley and Martin's "Practical Biology."

Medicine.—The "Medical Diagnosis" and "Medical Treatment" of Dr. Fenwick, and "Medical Case Taking," of Dr. Warner are all indispensable; Charteris and Carter's Guides are also very useful; and for ampler treatises, Flint's "Principles and Practice of Medicine" cannot be improved on for students' use. Bristowe's, Niemeyer's, and Roberts' are all standard works, and the "Aids to Diagnosis," Parts 1, 2, and 3, by Dra. Fothergill and Thorowgood, contain much that the student cannot afford to leave unread. Special volumes, like Fothergill on the Heart, the same author on Indigestion and Biliouness, Wilks, Jackson, Charcot, &c., on Nervous Diseases, Dickinson, Beale, Johnson, &c., on the Kidney, exist in great number, and ought to be frequently referred to; while such systematic treatises as Reynolds' "System," Aitken's "Principles," &c., will frequently yield rich stores of information on particular subjects. In clinical medicine the number of works is legion, and we can only mention a few authors, such as Jackson, Allbutt, Gowers, Fenwick, Legge, &c.

Surgery.—Erichsen's and Bryant's are both well known to older students and those of a past generation, while Gant's "Science and Practice" is deservedly growing into favour with the present generation. Mr. Holmes single volume is a valuable work; and on operative surgery we have a large number of manuals, the chief being Bell's, Bellamy's (Surgical Anatomy), Heath's, Mears'. Mr. Spence, Dr. Pirrie, and Mr. Syme also contribute valuable treatises on practical surgery.

Pathology.—Billroth's volumes are invaluable; Wilks and Moxon's work is somewhat old, but nevertheless cannot be too highly praised. Dr. Green's little handbook is that most generally read by students, and for further details of an exhaustive kind, Rokitanaky, Cornil and Ranvier, and Rindfleisch are available.

Midwifery.—Playfair, Barnes, Leishman, Lloyd Roberts, are all standard works. Mr. Burton's "Midwifery for Midwives" is a valuable little volume (translated from the German); and Swayne's "Aphorisms" will long remain a favourite condensed guide to obstetrics.

In **Gynecology**, Dr. West's "Diseases of Women," edited by Dr. Duncan, and the latter's lectures, are excellent, while nothing too commendatory can be said of Dr. Thomas's highly popular work on the same subject. Among smaller treatises we can mention as worthy of confidence Dr. Lombe Athhill's and Dr. Galabin's little works.

Materia Medica and Therapeutics.—Ringer's, Garrod's, Semple's "Aids," Scoresby Jackson, Davidson, Naphey's, &c.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

THE CONNECTION BETWEEN NORMAL MENSTRUATION AND MEMBRANOUS DYSMENORRHOEA.—At the last meeting of the Académie de Médecine M. de Sinéty read a paper on the "Connection that existed between Normal Menstruation and Membranous Dysmenorrhœa." From observations that he collected, he found that in the physiological state the mucous membrane of the uterus is not eliminated under the influence of menstruation contrary to what he had believed himself, and to what was generally thought. However, in certain pathological conditions, the mucous of the body of the uterus exfoliates and is expelled at the catamenial period. This phenomenon, to which the name of membranous dysmenorrhœa is applied, is frequently accompanied

by great pain and a more than usual loss of blood. It does not constitute a special disease. It is observed in very variable conditions with or without metritis. The exfoliation in these cases results from an exaggeration in the normal menstrual function, causing a too intense infiltration of the deep layers of the mucous membrane and a compression of the vessels of this region, from whence elimination of the superficial tissue. Thus it can be seen that whatever impedes or delays the current of blood through the superficial vascular system of the mucous membrane can be a cause of membranous dysmenorrhœa. A histological examination of the pieces expelled is necessary to establish a diagnosis, and consequently to adopt a rational treatment.

THE INOCULATION OF CONTAGIOUS PLEURO-PNEUMONIA.—M. Bouley read a report he had made on the "Inoculation of Contagious Pleuro-Pneumonia." Inoculation of the virus made in the tail of the animal preserved it from this redoubtable disease, whilst the same operation practised in the regions richest in cellular tissue caused death. Sixteen cows were inoculated in the flap under the throat; the results were disastrous. On the other hand, all the animals that had been inoculated in the flap after having been inoculated in the tail with the same virus, remained intact. Since these inoculations were practised at Hastelt, in Holland, the ravages of pleuro-pneumonia had greatly diminished. M. Bouley concluded his communication by expressing the hope that they would succeed in attenuating one day the virus of pleuro-pneumonia as M. Pasteur had done for the cholera of fowls and M. Toussaint for the charbon.

INTESTINAL OBSTRUCTION.—At the Societe Medicale M. Bonnefin related an interesting case of intestinal obstruction in a man, aged 72. His father who lives still has attained the patriarchal age of 102. This man had a retention of fecal matter which lasted fifteen days. Enemas and purgatives had no effect. The patient had fever and frequent hiccough, nausea, and vomiting, but not stercoral. The abdomen was tympanitic hard in the right side, especially in the region of the cæcum, where hardened matter was felt, the left was free, which was owing to the frequent forced injections. The pulse was small and perspiration abundant. M. Bonnefin treated him by electricity, the first operation remained without result, nor was it until the fourth, which was practised ten days afterwards, that an abundant discharge could be had. The man recovered without any bad symptoms.

CREOSOTE IN PHTHISIS.—Dr. Reusse before the same Society was asked to give his opinion on the treatment of "Phtthisis by Creosote." For the last twelve months he had treated a number of patients with this agent and 73 per cent. were benefited by it, he did not hesitate to attribute this success to the exclusive use he made of creosote associated with balsam of Tolu, leaving aside the creosoted cod-liver oil or creosoted glycerine, which he found was not often absorbed. Balsam of Tolu combines very well with creosote, it is an energetic stimulant and facilitates expectoration, thus aiding the creosote in exhausting the source of the expectoration. M. Reusse gives the creosote in the form of lozenges containing four grains or drops of Tolu balsam and one of creosote. Four or six of these pastilles to be taken daily. Under the influence of this treatment the strength and the appetite return, consumption stops, the weight increases and auscultation reveals the arrest and amelioration of the disease.

TREATMENT OF FISSURES OF THE ANUS.—The *France Medicale* says that fissures of the anus are radically cured eight times out of ten after three weeks of the following treatment: Every day an enema of warm water with a tablespoonful of glycerine. After each evacuation introduce into the anus a plug of lint about the size of the little finger, coated with the following pomade, glycerine, one ounce; olive oil four drachms; exonge, an ounce and a half. Some of the same pomade should be put around the external orifice of the anus. It is often observed that patients who suffer from purulent endometritis with, or without, ulceration of the os, are unable to support balsamic injections, such as coal tar, which by their nature are more apt to dry up the source of this morbid secretion. In these cases the employment of a solution of tannic acid in glycerine with a certain quantity of laudanum has produced the best effects. Two ounces of tannic acid are dissolved in ten ounces of pure glycerine by heat. Of this solution an ounce in warm water to be used in injection morning and evening. The

purulent secretion diminishes rapidly, irritation of the external parts disappear, and the sensation of weight and pain is considerably abated.

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"SALUS POPULI SUPREMA LEX.

WEDNESDAY, SEPTEMBER 28, 1881.

THE CASE OF PRESIDENT GARFIELD.

By means of telegrams to the daily papers the profession in this country, as well as the public generally, has had full details as to the symptoms which characterised the case of General Garfield from the time—now upwards of eleven weeks ago—when he received his wound until his much lamented death. Since that event took place the course of the fatal bullet has been traced; the precise injuries inflicted by the missile noted; and the circumstance by no means uncommon in cases of gunshot wounds penetrating the abdomen observed, that in regard to both those points opinion formed during the life of the illustrious patient had been somewhat astray.

The more important phases of the case are summarised thus:—On July 2nd the wound received. Severe shock followed, with symptoms of internal hæmorrhage. After an interval the patient rallied, then suffered from severe pain along the right leg and foot—assigned to pressure on, or injury of, one of the lumbar nerves. In due time traumatic fever set in, characterised by its usual symptoms. On the 23rd rigors occurred. A counter opening made in the loin gave exit to a considerable quantity of pus. From

that date the symptoms of traumatic fever persisted and increased in severity. On 8th of August a second counter opening was made. Now there are evidences for the first time in the bulletins of strength beginning to fail. Gastric irritability to a great extent was also present. On the 14th ult. nourishment had to be administered per rectum. On 24th a parotid abscess, which for some days previous had been forming, was opened. A few days later a second abscess in the same region was opened. On the 6th of September the patient was removed to Longbranch. The journey was, upon the whole, well borne; but from this date congestion of the lungs set in, and the general train of symptoms became aggravated. On the 17th a rigor occurred. On the 19th he had two rigors. Later in that day he was seized with severe præcordial pain; he became almost immediately unconscious, and died.

Briefly, the state of things revealed by post-mortem examination was this: the bullet had fractured the right eleventh rib, passed through the body of the first lumbar vertebra in front of the spinal canal, driving some small fragments of bone into the soft parts in its course, and finally lodged below the pancreas about two inches and a-half to the left of the spine, and behind the peritoneum, where it had become encysted. Death had occurred, not from the formation of a clot in the heart, as at first suspected, but by secondary hæmorrhage from one of the mesenteric arteries adjoining the track of the bullet; there was an abscess of large size in the vicinity of the gall-bladder, between the liver and transverse colon, both of which were adherent; a suppurating canal extended from the internal wound between the lumbar muscles and right kidney, nearly so far as the right groin; evidences of bronchitis and broncho-pneumonia were found, and on the left kidney there was a small abscess. Comparing the facts discovered by necropsy with the telegrams published while the illustrious patient yet lived, the following points present themselves: The bullet was found, not only higher up than the point to which it was believed to have penetrated, but on the opposite side of the body: an accumulation of pus in the muscles of the loin appears to have been all along mistaken for the bullet itself; yet the fact is rendered evident that from the moment the shot was received by the President his death by it was to all intents and purposes a certainty,—that the injury was beyond the scope of surgical art. That the powers of life only gave way on the 19th September, namely, seventy-eight days after the receipt of the wound, only proves how great was the original strength, as well as moral pluck of the patient. As the vaunted aid said to be given by a so-called instrument of precision in diagnosing the position of the bullet, the whole thing is shown to be a fallacy.

According to more recent telegrams, the autopsy is likely to give rise to an unpleasant controversy. This circumstance is greatly to be deplored. Unseemly, as altercations are over the sick bed, they are still more so a hundredfold over the closed-in grave. It is well-known, however, to military surgeons accustomed to treat such injuries as that of General Garfield that frequently it becomes impossible to trace, with anything approaching precision, the course of a bullet penetrating deeply.

While the medical profession generally in America

approve of the line of treatment followed, the non-professional public are said to be lost in wonder at what they consider to have been a misconception by the attending surgeons as to the actual nature of the wound. It is, moreover, thought that undue reticence was at times maintained by them in their daily bulletins. With regard to these and other matters connected with this very sad case, our further remarks are reserved pending the fuller reports, which, no doubt, we shall receive in due time.

THE INTRODUCTORIES.

THE season of the "Introductories" is fast approaching, and ere this week is passed a certain number of well-worn platitudes will have been addressed to audiences composed for the most part of aspiring new students and their admiring friends, all of whom are prepared to join in the pleasing and satisfactory task of prophesying smooth things, while conveniently neglecting the rough.

Other philosophers having tried and failed to find sufficient excuse for the ceremonial observance of opening days after the manner usually pursued in regard to them, we do not feel called upon to offer any explanation of it. We may, however, unite with those who fail to see the dignity or advantage conferred, either on the profession of medicine or of the particular centre he illuminates, by a long-winded oration on nothing by this or the other teacher or official. As a means of bringing together those who are about to be associated in a common pursuit, social gatherings preliminary to the active work of the session may be productive of good; but to be so they must be of a less formal kind than the solemn assemblies at which introductory are delivered. Those who do happen to know each other, here meet somewhat as doomed criminals might meet before execution, with a dismal dread of some grave ordeal immediately before them; while as for any hope of introduction between the unacquainted, or easy chat such as leads to the growth of friendly feelings, as much chance of securing them would be found in church on a Saint's day. The audience is there for a purpose, and that purpose is to hear the "Introductory Address." When its purpose is accomplished, the first aim is swift and perfect relief by escaping from the scene of the oration, and in a moment the whole meeting is scattered into fast disappearing units and small groups. Under such circumstances—and they are familiar to us all—there is no opportunity afforded for that which it is the aim of the "Introductory" in part, at least, to accomplish, viz., mutual introduction. This has, therefore, to be gradually achieved by a slower and sterner method; and thus is one of the chief benefits that might be gained at the outset of student life utterly and completely lost.

On the other hand the "Introductory" fails even to do that which is indicated by its title. It ought to be directive of the future course of the young, untried, inexperienced student. It should unfold to him the lines on which his efforts should proceed, and by depicting the prospect before him, encourage and equip him for the struggle he has engaged in. How often, however, is this accomplished? How many introductory addresses has any reader of this paper "sat out," from which it was possible for any student attending to it to carry away one

suggestion of practical value in his life as a student. The magnitude of the physician's labours is a brave, is an admirable, subject to dilate upon; but the young heart, bursting with ambition to secure the first fruits of practice, needs none of the orator's eloquent promptings at this early stage of its career. Nor does it require to be damped in ardour by being told of the difficulties that must be encountered. If it does not appreciate, it, at any rate, despises them, and nothing uttered from human lips, be they never so authoritative, will convince the hearer of the unreality of his dreams. Indeed, from whatever standpoint we may regard the introductory address, it must seem a barren and a profitless labour, and we trust the time may not be far distant when more rational and more productive ways of declaring the medical year has commenced at each particular school, may be devised.

It is to be feared, however, that the practice accords too well with the *laudator temporis acti* spirit that dictates it, and that many men will yet be found to endorse the ancient custom. Feeling this, and feeling, too, that even by a little, improvement may be made in the mode and matter of delivery of the introductory, we have ventured to put together a few notes, which are hereby placed at the service of all and each speaker introductory of the approaching session. We do not pretend that these brief memoranda will cover every orator's ground, but we do know that, judging from past experiences alone, the heads indicated below will accurately include at least ninety per cent. of the addresses to be delivered before next Wednesday. Conscious of the labour involved in the work of preparation on the part of the about to be delivered orators, and anxious to spare them as much of grinding pains as possible, we present these notes for the good of all, only omitting points bearing on the special schools addressed, which must of course be inserted by each for himself. In other respects these notes are in rough outline the speeches for which in full our contemporaries must be consulted at a later date.

"Regret it has fallen to my lot—flattering duty imposed—importance of *our* school—the eyes of the country turned upon it—posterity—its fame will throw into shade the Blacks, Cullens, and Monroes of a certain northern establishment. Not for us to blazon forth our own praise—yet take credit on behalf of learned colleagues—not perhaps a more able school in Europe. Advantage of having everything taught under the same roof—concentrate the pupils—dotage of Oxford and Cambridge—disadvantages of those places—subscriptions expense—folly of Greek, or of more Latin than the Apothecaries' require—our mode of managing matters—economy—enlightened spirit of the age.

"Changes which we have in contemplation. Major verum nascitur ordo—*Majus opus*. External distinctions—gowns and caps—with bells or not?—prizes for some, titles for all—difficulty of finding denominations not already engrossed (a proof of the corruption and monopoly of the old universities)—propose *magnus* in midwifery, *major* in surgery, *maximus* in medicine—or altogether generals in practice—not general practitioners—probable value of our diploma—highly honourable at all events.

"Plan for studying universal disease in the whole of animated nature—human pathology illustrated by comparative—proposal to establish a general hospital properly so called—separate apartments for different classes of animals—but all united. Unity in all things—only money wanted—free to pupils—shame of making those pay who are only learning. Reformed Parliament. *Mem.* Discount to those who attend all, and money returned to those rejected.

Our museum—just a few things—but shall not have time to day—osteology—splendid drawings—unique preparations—superb wax works. *Mem.* Must have them all out.

Few words on medical science—France and Germany—loss of Cuvier—a year big with the fate of great men—allusion to death of X. Y. Z.—Shakspeare a great physiologist—knowledge of human nature—what a piece of work is man! &c.

Generous emulation of pupils—genius without industry *flocci nauci*—anecdote of John Hunter—motives from self-ambition.

Knowledge is power—Lord Bacon, Solomon—credit of the school—fame ultimately on pupils—conduct most exemplary—never the least riot or disturbance—morality above all things—the great end and aim—value set on character as a gentleman. Myself—promise nothing—past life and services—professional works—the press—press of business, &c.

RE-ORGANISATION OF THE SANITARY SUPERVISION OF DUBLIN.

THE death, some months since, of Mr. Boyle, the Secretary of the Public Health Committee of the Dublin Corporation, has afforded that body an opportunity of re-organising its sanitary department. Mr. Boyle's handsome salary had lapsed, and the greater part of it might be saved, or else distributed in the way of increase of salary to those already in office. But the Corporation has recently got permission to increase its debt, and to add to the taxation of the citizens who already pay toll to the extent of 9s. 8d. in the pound of their house valuation, and it has availed itself of its new powers of saddling the citizens with an additional £1,000 a year for the Lord Mayor. Naturally, the civic fathers of Dublin were not disposed to be parsimonious, so they have enlarged the salary of the superintendent medical officer of health from £450 to £1,000 a year, given him the additional appointment of executive sanitary officer, hitherto held by Mr. Boyle, and provided him with an assistant at £200 a year to perform the work heretofore devolving upon the deceased gentleman.

To say that this transaction is an unqualified job, is equivalent to repeating that it is the act of the Dublin Corporation, which body has never yet been known to make an appointment from that of Lord Mayor, or down to that of civic charwoman upon any other principle than that of providing comfortably for a friend, a *protegé*, or a brother politician, out of the pockets of the taxpayers.

We do not, in the least, grudge the chief medical officer of health for Dublin his £1,000 a year. On the contrary, we think that salary altogether insufficient for the due per-

formance of the duties of the office by a gentleman of Dr. Cameron's attainments and energies. But, as it is physically impossible that that gentleman can give "due performance of the duties" in return for his salary, as long as he retains his multitudinous pluralities, we protest against the health of the citizens being trifled with by the perpetuation of an arrangement which has covered the Public Health Committee and the Corporation with such well-merited disgrace.

The Royal Commission on Dublin Sanitation have pronounced officially the opinion which everyone holds and which the conjoint report of the Colleges of Physicians and Surgeons has re-echoed, *i.e.*, that the sanitary administration of Dublin would be barely provided for by the close and exclusive attention of the chief medical officer, and that the attempt to work the department as one iron in the fire along with a dozen others is all wrong. We are told by the corporate advocates of this new job that the medical officer of health is to give his whole time to the civic duties *except* that which he is obliged to expend on his work as public analyst for the city, *except* the period of his lecturing as professor of chemistry in a medical school, *except* the time spent on his work as chemist to thirty-five counties in Ireland, and as private analyst to everyone who asks his advice. We say advisedly that with such a load of labour as this upon him no individual can possibly do anything like justice to the public health of a city renowned for its filth, saturated with insanitation, and laden with a population of over a quarter of a million of persons—mostly dirty and ignorant. We therefore hope (though, knowing the somnolency of the Local Government Board, we don't expect) that this chance will be seized by the authority which is supremely responsible for the sanitation of Ireland to insist on proper provision being made for the supervision of the health department of the city.

We should applaud the appointment if Dr. Cameron were paid a sufficient salary and required to do the work and nothing else, but we cannot but protest against a job which costs a large sum and can produce no substantial return to the citizens in the way of improved sanitation.

THE NOTIFICATION OF INFECTIOUS DISEASES.

THIS much-disputed question is likely to be the focus of animated debate in the Public Health Section of the approaching Social Science Congress in Dublin, and we urge upon the attention of the medical profession the necessity, not only in their own, but in the public interest, of making their opinions heard and their influence felt on the occasion.

It is vitally important that the medical aspect of the subject should be fully set forth, because there is no doubt that the verdict of this meeting will, if favourable, be used in the next session of Parliament to promote the Bill to make this Notification compulsory on the physician. Such a Bill was introduced in the last days of last session to the House of Commons by Mr. Hastings, M.P., acting on behalf of the Social Science Association, and it would certainly have got a second reading but for the opposition of Mr. Thomassen, the member for Bolton, who "blocked" it and refused to be charmed into withdrawal of his oppo-

sition. This same Bill will again make its appearance in February, and, if the promoters are able to say that it was accepted and approved by the Congress in Dublin, they will have a potent argument in its favour. We, therefore, earnestly urge the members of the profession in Dublin to make it their business to be present at the forthcoming meeting, and to record their firm determination not to be made the tools of gushing sanitarians.

The Bill in question goes the whole length with these theorists, for it puts the physician under penalty of prosecution and a fine of £5 if he does not furnish a written report of each case to the sanitary authority; and although for the present Ireland is exempted from its operation by a special clause there can be little doubt that a strong effort would be made to bring that division of the kingdom within its grasp by moving the omission of the exemption clause, a proposal which it would be almost impossible to resist in the House.

We, furthermore, warn the profession that they need not hope for any serious defence of their position by the British Medical Association. The Parliamentary Bills Committee of that Association is in the hands of the Chairman, who is a violent notificationist, and who subscribes to the doctrine fashionable with the advocates of the measure that the physician should be content to be sacrificed for a supposed public gain, and, accordingly, the opposition of the Committee has been hitherto half-hearted and insignificant. We are well aware that the rank and file of the profession in England entertain, just as strongly as their brethren in Ireland, the objection to be made the public detective of their patients' ailments; but nine-tenths of them are in complete ignorance of the nature of the proposed measure, and the official organ of the Association studiously abstains from educating them on the subject. This is not as it should be. A great danger threatens the independence of the profession and its dearest interests, and the British Medical Association ought to be the first to raise the standard in defence. It hangs back; but we are confident that the physicians of Ireland will not do so. If they are firm in their determination, and if they give themselves the trouble of making their opinions heard, they have already defeated the onslaught. If they shilly-shally about this matter they will without doubt be made the enforced servants of the Dublin Corporation and the whole genus of sanitary authorities.

It is obvious that those whose trade is sanitation have very little appreciation of the position of medical men on this matter. Here is the public pronouncement of one of them at the late meeting of the British Medical Association:—

"He could not see any reason why the medical man should not notify to the sanitary authority. It had been said that it was an interference with the private and confidential relationship between the medical man and his patient; but if the safety of the public depended upon making known the existence in the patient's house of an infection, *the medical man had nothing to do with the question of confidence in regard to that matter.*"

It is necessary to teach these gentlemen that physicians are something more than sanitary machines and civic process-servers, and we hope that that lesson will be given at the coming meeting of the Social Science Congress.

Notes on Current Topics.

The Vaccination Question.

MR. P. A. TAYLOR, has written and printed for circulation what he has entitled "Current Fallacies about Vaccination," and which assumes the form of an epistolary rebuke to Dr. Carpenter for his recent references to anti-vaccination in the essay on "The Morality of the Medical Profession." The nature of Mr. Taylor's reasoning may be at once judged from the title he has given to his address, but the present pamphlet is probably more remarkable than those hitherto proceeding from the same pen, for the self-destroying logic it embodies; a strong point is always made by anti-vaccinationists of the possible dangers associated with the use of impure lymph, and frequently before they have fallen into the strangest error from employment of the weapon they conceive this argument to be. Mr. Taylor, however, has specially excelled hereupon by the method of "proving too much." Thus, on page 28, of his pamphlet, he quotes Mr. Brudenell Carter—charitably surmising to Dr. Carpenter "Of course you have heard his name"—to the effect that "a large proportion of the cases of apparently inherited syphilis are in reality vaccinal, and that the syphilis in these cases does not show itself until the age of from 8 to 10 years." This is, of course, a crushing blow to deliver against vaccination, but, unfortunately, for the force it is likely to exert, Mr. Taylor has quoted also on page 29, a further declaration, this time from Dr. Farr's appendix to the thirty-seventh Annual Report of the Registrar General, that, "of nearly 2,000 deaths ascribed to syphilis (in 1874) 1,484 were babies under 1 year of age." The conclusion to be drawn from the passages we have italicised in these two expressions of opinion, needs no enforcing, but it will no doubt serve to exercise the inventive powers of Mr. Taylor and his followers to find an explanation of the discrepancy in accordance with the particular religion they represent. The bitter opposition set up against animal vaccination is further urged in this remarkable letter, which, throughout, is distinguished by the powerful obstinacy and perversion so strikingly exhibited by anti-vaccinating sentimentalists. In pursuing the contest with these misguided zealots it is a great misfortune that scientific reasoning and the meaning of facts are misunderstood by them; that they are blinded to the perception of any data not bearing in the direction to which they are constantly turning; and that sheer ignorance of fundamental truths and natural laws, as they relate to diseases when presented to them do but serve to mislead them yet further and further astray. We honestly regret that Mr. Taylor, or any other intelligent man, should be prevented from grasping the real meaning of facts and figures in connection with small-pox, and from applying to them also the modifying circumstances that arise to cause apparent contradiction of results. The unwisdom of any public discussion of the question has long ago been abundantly testified, another pity is that such frequent incitement to renew a profitless argument should be possible. Anti-vaccinists may be, indeed, they often undoubtedly are, sincere in their protestations, but that they are encouraged in them by the pro-

ceedings of prominent members of the community, there can be no doubt. The pity, as we say, is in this connection. We have received, also, an anti-vaccinating production, from the pen of Mr. Charles T. Pearce, Member of the Royal College of Surgeons, England; it is a "reply" to Dr. Buchanan's memorandum on the prevalence of small-pox in London, and differs from most of the compilations of a similar kind in that, it is, perhaps, a trifle more violent in tone, and is written by a duly qualified medical man.

Legal Starvation.

DURING the past week several cases have been reported in the daily papers that illustrate very forcibly the faulty condition of our poor-law administration. In one instance details of a peculiarly painful kind are forthcoming to show that radical changes are urgently demanded in the regulations under which relief is afforded to starving paupers. This was the case of a young child, for whom the person in charge of it was unable to procure a sufficiency of food; and who, therefore, made application to the parish for assistance on its behalf. This having been refused by the relieving officer, the parish doctor next saw the unfortunate infant; and in spite of his urgent declaration that it was dying for want of nourishment, the custodian of the parochial loaves persisted in his refusal to grant it a supply of food. Death naturally ensued, and post-mortem examination unmistakably showed that starvation had been the cause of it. A correspondent, writing to a contemporary, draws attention to the fact that a parish doctor cannot order, he can only recommend, nourishment for any one of his patients; and this points to a measure of reform that is most pressingly needed. The number of cases of starvation that a medical man can immediately testify are, unfortunately, too numerous to admit of any doubts concerning them; and it would seem no more than simple humanity to leave the power of ordering the necessities of existence in the hands of a trained official, instead of reposing it altogether in those who, as in the case mentioned above, too frequently show themselves utterly callous to all human suffering. We trust the exposure so unhappily brought about will have the effect of securing the essential improvement of what is, in its present form, a most injurious provision of the law.

The Clerical Abduction Case.

THERE is very much of a suggestive nature to a reflective mind in the facilities that were commanded by the abductors of a clergyman on the eve of his marriage last week. At one time it would have excited little surprise, perhaps, that such an occurrence could take place almost in open day, and certainly in the most crowded part of London. It revives the stories, almost mythical, of persons spirited away to unknown spots without the intervention of any helping hand, the explanation of insanity being all sufficient to account for whatever violence was exhibited. There is, however, the assurance always to hand that any permanent detention in a duly-licensed asylum of such an improperly arrested individual, even though his captors succeed in getting him so far confined on a plea of mental unsoundness, is wholly im-

possible, since the Commissioners in Lunacy would, in such a case, speedily bring about his liberation. Reform, however, we cannot but think, as we have indeed often urged, is required to re-arrange the system under which removal and certification are carried out; but no fear need now be entertained in respect to improper detention after these preliminaries are accomplished.

Indian Medical Items.

THE two main features of the death registration for the past year in India are—a great degree of cholera prevalence, and a considerable increase of fever mortality. The cholera deaths registered throughout the Bengal Presidency in 1880 were 39,043, as against 136,363 in 1879. Fever prevailed with great severity in some parts of Central Bengal. The heavy rain in October is believed to have been the cause. In the district of Nuddeah fever deaths amounted to 25,035, against 7,014 in 1879.

The British troops at Kurrachee are said to have suffered lately from sickness to a very unusual degree, but of less than 500 men about 100 were said to be on the sick list. The cases were for the most part of fever or scurvy; the latter especially prevalent, and reported as increasing. It is stated that the barracks at present occupied are considered to be objectionable as to site, and that the erection of new ones at Gizai, facing the sea, has been recommended.

Cholera is reported to have been recently very prevalent at Lahore. Orders were issued for the removal into camp of the British troops and their families. At Jullundhur the disease was also very prevalent.

Bromide of Ammonium in Whooping-Cough.

BROMIDE of ammonium vaunted in the treatment of whooping-cough by Harley, Gibb, and Ritchie, has lately been tried again at the Dresden Clinique for Diseases of Children, with the best results (*La France Medicale*). Kormann has convinced himself that from the first doses the frequency and intensity of the fits of coughing diminish. The bromide is administered as follows:—Every two hours 15 centigrammes for children under one year of age; 25 to 40 centigrammes for older children, suspended in coffee or in a draught sweetened with liquorice. The medicine should be taken after a fit of coughing to avoid its being vomited. Even very young children bear relatively large doses of the remedy. At most there is observed sometimes apathy and somnolence, which disappear in a few hours on the remedy being suspended. The existence of gastric catarrh is a contra-indication for the employment of bromide of ammonium.

Soiree at the College of Surgeons, Dublin.

ON Tuesday, October 4, by kind permission of the President and Council of the Royal College of Surgeons, the Statistical and Social Enquiry Society gives a soiree to the Social Science Association. Admission will be strictly confined to the members and associates of the Congress (on cards being produced), and to Fellows of the Royal College of Surgeons and members of the Statistical Society on signing the rolls.

The Health of Ireland.

THE death-rate in the sixteen principal town districts of Ireland for the week ending September 17th was 18.7 per 1,000. The deaths from the seven principal zymotics in the sixteen districts were equal to an annual rate of 2.6. Among the 55 deaths from all causes registered in Belfast are 6 from diarrhoea; among the 33 deaths registered in Cork are 2 from scarlatina, 2 from typhus fever, and 4 from diarrhoea; among the 15 deaths in Limerick are 1 from measles, 2 from scarlatina, 1 from typhoid fever, and 2 from diarrhoea; and among the 14 deaths in Londonderry are 3 from typhus and 1 from typhoid fever.

In the Dublin district the deaths were 147, representing an annual rate of mortality of 21.9. Twenty-one deaths from zymotics were registered, being 3 over the preceding week, but 26 under average: they comprise 1 from measles, 2 from scarlatina, 1 from diphtheria, 4 from croup, 3 from fever (1 typhus, 1 typhoid or enteric, and 1 simple continued fever), 2 from erysipelas, 7 from diarrhoea, &c. Thirty new cases of typhus (including 6 members of one family) were admitted into the hospitals, being 17 over the preceding week; 13 typhus patients were discharged during the week, 1 died, and 66 remained under treatment on Saturday last, being 16 over the number in hospital at the close of the previous week.

The mortality in twenty large English towns, including London (in which the rate was 15.5) was equal to an average annual death-rate of 17.3; in Glasgow, 20.6; and in Edinburgh, 15.9.

An Austrian Sanitary Congress

HAS recently been opened in Vienna, uniting the Austrian and German Societies for the Protection of the Public Health. The inaugural address was delivered by the Bavarian Duke Charles Theodor, who not long ago took his degree of Doctor of Medicine. He pointed out that the protection of the public health was a question that had only lately occupied attention, yet, though sanitary societies had not been in existence ten years, their efforts have been already crowned with success. The reforms advocated by them had been introduced both into public and private life, and the result was to be found in the public thoroughfares and buildings, in schools, factories, and ships—in fact, everywhere. They should not direct their endeavours to the benefit of a certain number, but to the improvement in the physical existence of the million. It was officially announced on behalf of the Government that the resolutions of the Congress would not only be carefully considered, but practically carried out. The chief subjects of the papers and discussions are epidemic diseases and their treatment; disinfection; the management of, and attendance at, funerals; water supply; school hygiene; and sanitary improvements in cemeteries.

French Medical M.P.s.

THE *Chambre des Deputés* elected in 1877 contained 37 doctors, and the new one just elected will contain 52. There are also three pharmacians in it.

Boycotting of an Irish Dispensary.

THE medical officer of the Carrigrohilly Dispensary in the Middleton Union, county Cork, was recently dismissed under sealed order by the Local Government Board for Ireland. He was a member of the local branch of the Land League. After the dismissal by sealed order a new election was ordered. The election was held, and the dismissed officer being one of the candidates, was re-elected by a large majority. The Local Government Board refused to recognise the appointment, and ordered a new election. The new election took place on September 16, and again the displaced officer was placed at the head of the poll by a large majority. The people a few nights ago broke in the dispensary house door to show their feeling of dissatisfaction at the appointment, *pro tem*, of a new officer.

Queen's University in Ireland.

EXAMINATIONS in the Faculty of Medicine commenced last Monday week, and will terminate on the 29th inst. ; and a meeting of the University to confer degrees will be held on October 13th.

Bequests and Donations to Medical Charities.

COL. DIGWEED, late of Echenswell, bequeathed £400 to the Hants County Hospital. Mr. David Mackintosh, late of Romford, bequeathed £200 to the London Hospital, £100 each to the City of London Hospital for Diseases of the Chest, the National Hospital for the Paralyzed and Epileptic, and the Eastern Counties Asylum Imbeciles and Idiots. Mr. James Marshall, formerly a merchant of Trinidad, bequeathed £500 each to the Royal Infirmary, the Eye Infirmary, and the Western Infirmary, all of Glasgow. St. Bartholomew's Hospital receives £500 under the will of the late Mr. W. N. Rudge, of Draper's Gardens. Mrs. Adam Findlater has given £200 to Sir Patrick Dun's Hospital, Dublin. Catherine Teulon, late of Bandon, has bequeathed £50 to the Hospital for Protestant Incurables, Cork.

The Naval Medical Service.

NOTWITHSTANDING the liberal terms presented in the last new Royal Warrant for medical officers in the army the results of the recent examination of candidates clearly show that they have so far been sufficient to attract more than fourteen candidates for forty vacancies in that service. We naturally inquire, How is this, seeing that in several important respects the position, pay, and prospects of naval medical officers have been materially improved by that Warrant. Already letters on the subject appear in our contemporaries ; among the deterring causes mentioned in those communications the greatest and most important appears to be the "discretionary powers" reserved to themselves by the Board of Admiralty, in regard to the entire disposal of their medical officers, the latter being to all intents and purposes left in the very undesirable position of having no rights whatever, so long as they are serving. One of the conditions most valued is the right to *claim* retirement after twenty years' continuous service in the same manner as that enjoyed by other members of the naval service. A second deterrent cause appears to be the fact that compulsory half-pay may be forced upon a medical

officer before he has completed twenty years' service. A third, in the still vexed question of cabin accommodation. There are other items adduced with regard to which candidates appear still to look shyly upon service in the royal navy ; but as the desire of the Admiralty really seems to be to act liberally towards them, we trust that in due time one after another may be removed, and service afloat restored to popularity.

Horse Sausages.

ONE of the magistrates at a London Police Court last week delivered his decision in the case which was brought before him by the sanitary authorities of Poplar, in which a manufacturer of German sausages was charged with having on his premises a quantity of horseflesh for the purpose of preparing it for human food, the same being unwholesome. The Medical Officer of Health for the northern division of the Poplar district deposed that he examined the meat, but was unable to say whether it was or was not horseflesh, while to him it appeared to be fit for food. The magistrate said that the contention whether horseflesh was or was not fit for human food he had not considered an important element in the case, but in the face of the evidence tendered it was impossible for him to put the law into motion ; summons dismissed.

A Lady Quaok.

A MEDICAL gentleman practising in the metropolis applied lately to the magistrate of the Southwark Police Court for his advice under the following circumstances. A lady, connected with the medical profession, had taken premises which she called a Ladies' Medical College ; and she had issued a prospectus in which he was announced as president, without his authority. Several other names were printed as members of the council, but, in fact, these gentlemen had never been consulted in the matter. There was no council in existence, and he and those whose names had been printed wished to repudiate any connection with the institution or its management, for which they were in no way responsible. The magistrate said the only advice he could give the applicant was to write to the Press disclaiming any connection with the institution.

The Health of Foreign Cities.

THE rates of mortality in the foreign cities do not unfortunately show such favourable bearings at the present season as in this country, for we find that whilst in London the extraordinary low death-rate of 15 per 1,000 of its population is reached, most foreign cities have double, and in some cases treble that number. The last weekly returns give the following as the ratio of deaths per 1,000 of the populations referred to :— Calcutta 25, Bombay 36, Madras 36, Paris 24, Geneva 23, Brussels 19, Amsterdam 18, Rotterdam 17, The Hague 20, Copenhagen 17, Stockholm 23, Christiania 17, St. Petersburg 41, Berlin 27, Hamburg 22, Dresden 25, Breslau 30, Munich 36, Vienna 25, Prague 23, Buda-Pesth 30, Rome 29, Turin 23, Alexandria 46, New York 29, Brooklyn 24, Philadelphia 21, Baltimore 31. In New York and Berlin diphtheria is still very prevalent ; malarial fevers in Rome, and typhus in the Indian cities.

Dr. McClintock, of Dublin.

We are gratified to learn that the alarming illness of Dr. McClintock, which we announced the week before last, is taking as favourable a course as could be expected. The aphasia is passing away and nourishment is taken in sufficient quantity and with readiness. We earnestly hope to be able to give a still more favourable report next week.

Treatment of Otorrhœa without Lesions of the Bone.

IN cases of otorrhœa without lesions of the bone, M. Brisson advocates the instillation of a few drops of the following solution about five times a day:—Hydrate of chloral, 3 parts; sulphate of alumina, 5 parts; distilled water, 100. In all the cases mentioned by the author, these instillations cured the otorrhœa, if not the deafness, in the course of a few days. This local treatment must be accompanied by general constitutional treatment in order to prevent relapses.

The Globe understands that Professor M. Pasteur has resolved to visit the Bordeaux lazaretto to study yellow fever, and ascertain whether it is due to a parasite, and can be guarded against by inoculation.

THE annual rates of mortality in the principal large towns of the United Kingdom per 1,000 of the population were—Oldham 12, Leeds 13, Wolverhampton 14, Bristol 14, Bradford 15, London 15, Edinburgh 15, Salford 15, Birmingham 16, Sheffield 16, Brighton 16, Manchester 16, Sunderland 17, Plymouth 17, Newcastle-on-Tyne 17, Norwich 18, Portsmouth 19, Nottingham 20, Leicester 26, Liverpool 28, Hull 30, Dublin 31.

FROM diseases of the zymotic class in the large towns last week, scarlet fever showed the largest proportional fatality in Hull, Nottingham, Leicester, and Sunderland; no less than 175 fatal cases of this disease have been registered in Hull since the beginning of July, of which 26 were recorded last week. The 16 deaths from diphtheria included 6 in London, 8 in Portsmouth, and 2 in Birmingham. Fever, principally enteric, showed the highest death-rate in Wolverhampton, Hull, and Newcastle-on-Tyne; 2 of the 3 deaths from "fever" in Newcastle-on-Tyne occurred in the fever hospital, and were certified as typhus. Small-pox caused 27 more deaths in London and its outer ring of suburban districts, and one in Liverpool, but not one in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ABERDEEN UNIVERSITY. — APPROACHING RECTORIAL CONTEST.—The election of Lord Rector of the University of Aberdeen, which will take place soon after the commencement of the Session, is already affording considerable employment to a number of students. Letter writing, and speech-making, enable them to give vent to their opinions regarding the gentlemen who have been named as candidates for the office—Professor Bain and Lord Cranbrook—but it has not yet appeared that either of them has

authorised his nomination. A meeting of students opposed to Dr. Bain was held in Marischal College on the evening of the 16th inst., when a committee was appointed to select a candidate, and to thoroughly organise, what one of the speakers termed, the "Opposition Party."

THE FEVER IN DUNDEE.—The outbreak of fever in Dundee has assumed a very alarming aspect. The epidemic, which was at first confined to low lying districts in the East end, has now made its appearance in other quarters, and is rapidly spreading over the whole town. The number of cases has greatly increased within the last fortnight. From 1st to 16th September, 98 cases have been reported to the sanitary inspector, viz., typhus, 15; typhoid, 5; scarlet, 78. A considerable number of cases have terminated fatally.

DR. ANDREW CLARK ON TEMPERANCE.—Dr. Clark, whose views on alcohol are well known to our readers, is at present staying at Abbotford, but, as in these days, a "man of mark" cannot take a holiday without being morally compelled to do work of some kind, so the good people of Galashiels waited upon our *confrère* last week, with an invitation to address a meeting there on the subject of temperance. In compliance therewith Dr. Clark said that he had arrived at the position he occupied by his observations of the effects of alcohol, and he asked his hearers to be in earnest in following what they believed to be the truth. The moderate use of alcohol was not beneficial to health, nor for continuous work. At the same time, a healthy man might take a moderate quantity, physiologically considered, without injury. He admired abstainers and their work, but did not approve of their extremes, and he suggested the formation of a society which would confine its members to this physiological minimum.

HEALTH OF EDINBURGH.—Dr. Littlejohn's report states that during the week ending the 17th inst., there were 63 deaths, equivalent to an annual mortality of 15 per 1,000. This shows the health of the city to be very favourable, the number of deaths during the week being 27 below the weekly average of last year. The mortality from zymotic causes, however, has increased, no fewer than 11 deaths being due to such diseases. Of these, 9 (2 of fever, 3 of scarlatina, 1 of measles, 2 of whooping cough, and 1 of erysipelas) occurred in the Old, and 2 (whooping cough) in the New town. There were 137 births during the week, and of these 11 were illegitimate.

DEATH FROM AN OVERDOSE OF LAUDANUM.—Andrew Clark, a flax dresser, 62 years of age, lodging at 382 South York Street, Glasgow, was found dead on the 18th inst. under sad circumstances. The woman of the house, on going into his room with his breakfast, discovered him sitting on a chair quite dead. A number of small bottles, which had contained laudanum, were lying beside him, and Dr. James Chalmers is of opinion that death resulted from an overdose of this drug.

DR. JAMES STARK, OF GLASGOW.—*The Military Record and Volunteer News* of last week gives, as one of its "men of mark," a very appropriate designation for a volunteer, Dr. James Stark, of Glasgow. Along with an appreciative biographical sketch, there is an excellent portrait. We can assure our contemporary that he does not overdo his appreciation of Dr. Stark. By those who know him best, and it may be somewhat difficult to become acquainted with him, Dr. Stark is held in high esteem for his shrewdness of observation, genial humour, and detestation of sham and insincerity. We cordially join our contemporary in wishing long life to the citizen soldier whom he thus delights to honour.

Literature.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. (a)

THE sixteenth volume of these Reports is in no way inferior to those which have preceded it. Several most interesting papers dealing with questions in practical medicine and practical surgery are contributed, and will be found to be valuable additions to our literature. Mr. D'Arcy Power's paper "On Ferments," "Some Cases of Abdominal Surgery," by Howard Marsh, and "Remarks on Resection of the Tendon Achilles in cases of Paralytic Talipes Calcaneus," by W. Willet, are specially worth reading.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON GENERAL'S OFFICE, U.S.A. (b)

THIS splendid work reflects credit, not only on the American Government, which has had the enterprise to publish it for the advance of surgery, but upon Dr. Billings, upon whom has devolved the labour and responsibility of producing it. It is *facile princeps* amongst medical catalogues, and represents an astonishing amount of literary work. This is the second volume, and it contains no less than 12,459 author-titles, representing 4,934 volumes, and 9,810 pamphlets. It also includes 11,550 subject-titles of separate books and pamphlets, and 37,310 title of articles in periodicals. It is, probably, not expected that individual members of the profession will buy such a work, but it is quite indispensable to medical libraries as a work of reference.

THE LIVERPOOL MEDICO-CHIRURGICAL JOURNAL. (c)

IT is intended that this continuation of the "Liverpool and Manchester Medical and Surgical Reports," shall contain original papers in medicine, surgery, and collateral subjects, reviews and notices of the medical literature of the day, as well as the proceedings of the Medical Institution, and reports of the meetings of the Lancashire and Cheshire Branch of the British Medical Association.

If we might venture to judge of the contents of the future issues of the journal, by the interesting and instructive matter in this, the first number, its success can scarcely be doubtful.

Correspondence.

HOMŒOPATHY AND HOMŒOPATHISTS.

Ridentem dicere verum quid vetat?
"Allopathus" me sibilat; at mihi plaudo ipse domi simul ac Nummos. Contemplant in arca."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Legal England has delusions, clerical England has delusions; why should Medical England hope to enjoy immunities which her Sisters—Law and Divinity—do not? If homœopathy died to-morrow some other "pathy" would arise from its ashes. *Populus Vult decipi et decipitur*. Messrs. Bristowe and Hutchinson missed one peculiarity of homœopaths in their recent discourses on "Consultation with them," viz., "that they can be homœopaths and allopaths by turns, according as it suits their books." (d) "Lord Beaconsfield was not treated homœopathically," says Dr. Kidd, "but in accordance with the principles applicable to

(a) "St. Bartholomew's Hospital Reports." Edited by W. S. Church and Alfred Willet. London: Smith, Elder, and Co.

(b) "Index-Catalogue of the Library of the Surgeon General's Office, U.S.A.," Authors and Subjects. Vol. II. *Berlitz* to *Cholas*. Washington: Government Printing Office. Cloth, 4to, pp. 990.

(c) "The Liverpool Medico-Chirurgical Journal," including the Proceedings of the Liverpool Medical Institution, July, 1881. Liverpool Medical Institution.

(d) Is it the lung that errs in lobe or lobule? For that they have a pill, for *this* a globule, and I suppose a *botus*, if the lobe is in a state of hypertrophy!

his complaint." This is working the "double qualification" to some purpose. When the doctor misses with one barrel he at once brings his second into action. If it be true that so soon as *grave* symptoms declare themselves, homœopathy is discarded, and orthodoxy practised. What is homœopathy but a balloon sent up to attract notice? and when it has fulfilled its mission, is ignominiously bundled home in a cart! And who are its professors! (*On dit*.) Men who, failing of legitimate success ("hopeless of winning the mistress, woo the maid"), try to obtain it by what the profession considers illegitimate means, "*querenda pecunia primum est virtus post nummos*." For myself I know nothing of homœopathy further than what I read of it in Brande's "Dictionary of Science," &c., first published forty years ago, viz. :—

Homœopathy (Greek, *omoios*, similar, and *pathos*, feeling or affection).—"The homœopathic method of healing diseases was first proposed by Samuel Hahnemann in 1796. It consists in the administration of medicines presumed to excite in healthy persons symptoms similar to those of the disease to be treated, on the principle that "*similia similibus curantur*." Thus they maintain sulphur produces a pustular eruption on the skin, and therefore cures pustular eruptions. (I suppose sulphur would fail in syphilitic pustular, as it is not usually attended with *itching* (*pas de mangestation*, as Ricord used to say), and that quinine produces febrile symptoms and thus cures ague, and so forth. Not the least absurd part of this practice is the smallness of the doses in which the homœopathic remedies are administered, it being presumed that by infinite subdivisions the virtues of remedies are proportionately refined and exalted. A grain, for instance, of any remedy, such as aloe, is triturated with 1,000 grains of sugar of milk, when this mixture is complete a grain of it is diluted with 1,000 of the vehicle; and so of medicines which the ordinary practitioner administers in doses of one or two grains or more, the homœopathist prescribes in the quantity of a *millionth* or the *decillionth* of a grain, or even less. Hahnemann was also a believer in animal magnetism. It is not surprising, enthusiasts of this cast should occasionally start up; but it is remarkable they should find converts among persons in their "right senses." There is nothing original in homœopathic treatment. What is it but the treatment any allopath of experience adopts in cases where the mind and the feelings are more peccant than the body? The "*pilule micæ panis*," &c., prescribed for *malades imaginaires* are but the "*millionths* and the *decillionths* of a grain" in another form? Disease, whether real or fancied, always has offered, and always will, a fertile field for charlatanism. So difficult is it frequently to pronounce whether it exists at all, or the contrary. Hence, the success of the Irish country quack who attended all fairs and markets. If he happened to have a bad day, and saw any one looking specially hilarious, he frightened him into a consultation by informing him, with a grave face, "that he had a pain in his elbow, though he didn't feel it!"

ALLOPATH.

Obituary.

RAWDON MACNAMARA, JUNIOR.

WE greatly regret to hear from Trinidad of the untimely death of Dr. Rawdon MacNamara Son of Mr. MacNamara, of Dublin, Representative of the Irish College of Surgeons in the Medical Council. In his studentship this promising young gentleman divided with his brother the honours of the highest places at his Examination for the L.R.C.S.I. and shortly after he had obtained his medical qualifications he was appointed resident Surgeon to the Alnwick Infirmary, near Newcastle-on-Tyne, and upon his resignation of this post the regard of those amongst whom he practised was recorded by a handsome presentation. On his return to Ireland he became a demonstrator in the school of the Irish College of Surgeons, which office he held, until nine months since, he was appointed Colonial Surgeon at Trinidad. He died on the 7th of August of fever, which at first presented no serious symptoms, and thus the career of a young man who gave every promise of success and eminence in his profession was brought to an untimely end.

DR. REID, OF SLIEVEROE, CO. MONAGHAN.

WE regret having to notice this week the death of Dr. Reid. Deceased was Coroner for the Northern Division of this county, and Medical Officer for Kilmore Dispensary District. He died on the 16th instant, after a tedious illness, the immediate cause of death being inflammation of the lungs. He was a very clever physician, and had the entire confidence of the people in his district.

NOTICES TO CORRESPONDENTS.

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

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DR. NORMAN KERR is thanked for returning communication which had been enclosed to him by error.

RESCULAP.—At page xix, last issue, a printer's error described this water as "chief among the *opes* group," it should have read *Opa* group.

ONE INTERESTED.—The examinations at the Queen's University, which commenced last Monday, will terminate on the 29th inst. A meeting of the University Court will be held on Oct. 13th for the purpose of conferring degrees.

MR. EVANS will find his inquiries answered on reference to the article in our present number on "Students' Books."

MR. E. A. SHEPHERD.—See reply to Mr. Evans.

MR. CROOKSLAND will find the subject of the multiplication of small hospitals very ably dealt with in a leading article in the *Times* newspaper of Friday last. We fully endorse the views therein expressed.

THE WHITWORTH DOCTORS.—A good deal of gossip, both in professional and "society" circles, has resulted from the sale by public auction last week at Manchester of the residence popularly known as the "Whitworth Doctors," the last of whom died some short time since without any direct descendants. These worthies of the "bone-setter" type have occupied a prominent position in Lancashire for the last century, and though legally unqualified men, they nevertheless, from time to time, have attracted patients from all parts of the world, and these in degree from dogs and horses to princes of the blood royal. The founder of the line, John Taylor, was originally a farrier, but "his skill in surgery and the treatment of broken limbs and crooked joints" brought him under the notice of George III., who sent for him to the Princess Elizabeth, from whose head he removed a local obstruction "which had resisted all the skill of the Royal physicians." Dr. Tait (now Archbishop of Canterbury) travelled up the Whitworth Vale to be cured of a slight malformation of the feet by these doctors. The Taylor family acquired wealth and property up in this moorland district, and kept a pack of hounds. Officers of the army and others used frequently to come from India and other remote foreign stations, and people have sailed from New Zealand and other colonies to be treated by this remarkable family; and in many cases report says they returned cured.

DR. CUMMINGS.—Received with thanks.

MR. T. R. B.—Probably a case of locomotor ataxy. On reference to a paper on this subject in our last volume by Dr. Stretch Dowse, you will find some data to guide you in your diagnosis.

A STUDENT should write to the dean of the college for further information, we have given enough to guide him in his choice in our "Students' Number;" for minor details we have no space.

DR. A. S. T.—The information is valuable, and will be utilized when the opportunity arises.

OUR STUDENTS' NUMBER—ERRATA.—Our attention has been drawn to one or two errors which crept into our "Students' Number" last week, which we hasten to correct. *Charing Cross Hospital Medical School.*—We stated the composition fee at this institution as £1 7s., it should be £1 7s. *London Hospital Medical School.*—In the list of scholarships and prizes at this institution we omitted reference to the establishment of a new prize for proficiency in chemistry. This prize has been founded by Mrs. Lethby to perpetuate the memory of her husband, the late Professor of Chemistry at this School, and is called the Lethby Prize, the annual value of which is about £35.

THE CAMBRIDGE EXAMINATIONS.—We are requested by Professor Living to announce that the examinations in Sanitary Science by the University of Cambridge, open to all whose names are on the Medical Register of the United Kingdom, will begin on October 4. The names of candidates must be sent to Prof. Living, Cambridge, before the 29th inst.

OPERATION DAYS AT THE LONDON HOSPITALS.

(For the guidance of Provincial Practitioners in Town.)

MONDAY.—Metropolitan Free, 2 p.m.; St. Mark's, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Westminster Ophthalmic, 1.30 p.m.
TUESDAY.—Guy's, 1.30 p.m.; Westminster, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Westminster Ophthalmic, 1.30 p.m.; West London, 3 p.m.; St. Mark's, 9 a.m.; Cancer Hospital, Brompton, 3 p.m.

WEDNESDAY.—St. Bartholomew's, 1.30 p.m.; St. Mary's, 1.30 p.m.; Middlesex, 1 p.m.; University College, 2 p.m.; London, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Great Northern, 2 p.m.; Samaritan Free, 2.30 p.m.; Westminster Ophthalmic, 1.30 p.m.; St. Thomas's, 1.30 p.m.; St. Peter's, 2 p.m.

THURSDAY.—St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; Charing Cross, 2 p.m.; Royal London Ophthalmic, 11 a.m.; Hospital for Diseases of the Throat, 2 p.m.; Westminster Ophthalmic, 1.30 p.m.; Hospital for Women, Soho, 2 p.m.; London, 2 p.m.

FRIDAY.—King's College, 2 p.m.; Westminster Ophthalmic, 1.30 p.m.; Royal London Ophthalmic, 11 a.m.; Guy's, 1.30 p.m.; St. Thomas's (Ophthalmic Department), 2 p.m.; East London Hospital for Children, 2 p.m.

SATURDAY.—St. Bartholomew's, 1.30 p.m.; King's College, 1 p.m.; Royal London Ophthalmic, 11 a.m.; Westminster Ophthalmic, 1.30 p.m.; St. Thomas's, 1.30 p.m.; Royal Free, 9 a.m. and 2 p.m.; London, 2 p.m.

Vacancies.

Brompton Consumption Hospital.—Lady Superintendent. Salary, £100, with board, &c. Applications by Oct. 5th to the Secretary. (See Advt.)

Manchester Clinical Hospital.—House Surgeon. Salary, £30, with board. Applications to the Secretary, 26 Burton Arcade, by Oct. 5.

Metropolitan Asylums Board.—Assistant Medical Officer for the Leadenhall Asylum.—Salary commencing at £120, with board. Applications by Oct. 4th to the Clerk of the Board, 37 Norfolk Street, Strand, London, for printed form. (See Advt.)

Nemagh Union, Toomavan Dispensary.—Medical Officer. Salary, £100, and £10 as Medical Officer of Health. Election, Oct. 11.

St. Columb Major, Cornwall.—Medical Officers for Districts 3 and 4. The salary attached to No. 3 is £18 10s., and to No. 4 £21, with the usual extras. Applications to the Clerk to the Guardians.

Western Ophthalmic Hospital.—Surgeon. Honorary. Applications to the Secretary, 165 Marylebone Road, London.

Appointments.

GREEN, Dr., Medical Officer to the Emsay Dispensary District.

LANE, J. E., M.R.C.S., Demonstrator of Anatomy at St. Mary's Hospital Medical School.

MACDONALD, J., M.D. Ed., Medical Officer for the Pariah of Walton, in the Chertsey Union.

MORISON, J., M.D., M.R.C.S., 8 Sc. Cert. Camb., Medical Officer to the Workhouse, and Medical Officer and Public Vaccinator to the First District of the St. Alban's Union.

O'CONNOR, T., F.R.C.S.E., Medical Officer of Health for the Cambridge Urban Sanitary District.

PHILLIPS, S. M. D., Demonstrator of Anatomy at St. Mary's Hospital Medical School.

POLLARD G. E., L.R.C.P. Ed., L.R.C.S. Ed., L.M., Medical Officer of Health for the Balldon Urban District, Yorkshires.

POWELL, G. B., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer to the Nottingham Union.

RIDGE, J. J., M.D. Lond., L.R.C.P., M.R.C.S., Medical Officer of Health to the Enfield Urban Sanitary Authority.

SHEPHERD, H. R., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Fontmell District of the Shaftesbury Union.

STRAHAN, S. A. K., M.D., Assistant Medical Officer to Northampton County Lunatic Asylum, Berrywood.

WILLIAMSON, E. L., M.B., C.M., L.R.C.S. Ed., Medical Officer for the Pariah of Dalry.

Births.

GROSS.—Sept. 24, at Walworth, S.E., the wife of Chas. Gross, L.R.C.P. Lond., of a daughter (still-born).

MARTIN.—Sept. 9, at Trevor Hill, Newry, the wife of S. Edgar Martin, A.M., M.D., of a daughter.

O'CONNELL.—Sept. 17, at Thornfield, Hastings, the wife of Surgeon-Major E. O'Connell, A.M.D., of a daughter.

TURTLE.—Sept. 19, at 85 High Street, Homerton, the wife of James H. Turtle, M.D., of a son.

Marriages.

AITKEN—BOUCH.—Sept. 21, at St. George's, Hanover Square, London, Lauchlan Aitken, M.D., of Rome, to Fanny, elder daughter of the late Sir Thomas Bouch, C.B.

FAHIE—HARTFORD.—Sept. 12, at Glashtule, Charles Fahie, M.D., Esq., co. Dublin, to Fanny, second daughter of John P. Hartford, Esq., Kilkenny.

MACROBIN—JONES.—Sept. 14, at the Parish Church of Clontarf, Surgeon-Major Macrobin, A.M.D., only son of the late Prof. Macrobin, of Aberdeen University, to Annabella, widow of the late Captain Charles Gray Jones, R.N.

TAYLOR—ATKINSON.—Sept. 22, at Trinity Church, Rathmines, Thomas Cathcart Taylor, B.A., T.C.D., &c., Brookboro', co. Fermanagh, to Isabella (Baggie), youngest daughter of the late Arthur Atkinson, Kilkenny, co. Down.

Deaths.

BARRY.—Sept. 15, at Tunbridge Wells, J. Milner Barry, M.D., F.R.C.P., son of the late J. Milner Barry, M.D., of Cork, aged 67.

IRVING.—Sept. 20, at Long Bennington, Lincolnshire, after a week's illness, William Bell Irving, M.R.C.S., aged 70.

RAWBONE.—Sept. 19, at Athole House, Tooting, Surrey, George Rawbone, F.R.C.S., in his 83rd year.

REED.—Sept. 18, at Slieveroe, Monaghan, Robert Harton Reed, M.D., in his 34th year.

WINN.—Sept. 23, at 81 Harley Street, London, W., Emelyne Hale, the wife of J. M. Winn, M.D.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 5, 1881.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
Remarks on Some Recent and Present Views Regarding Fever in India. By Surgeon-General C. A. Gordon, M.D., C.B., Q.H.F., &c.	193	France	302
Notes on the Pathology of Rickets. By Dr. Adolph Baginsky, Berlin	306	The Social Science Congress, 1881	302
Opium as a Luxury, and in the Treatment of Disease. By Herbert Parsons, M.B.C.S.	296		
Stimulants in Workhouses during 1880. By Norman Kerr, M.D., F.L.S. Lond. ...	298	LEADING ARTICLES.	
		PUNISHMENT IN SCHOOLS	308
CLINICAL RECORDS.		THE REFORM OF IRISH MEDICAL EDUCATION BY THE IRISH COLLEGE OF SURGEONS	305
Two Cases of Mitral Stenosis, with Triclinia. By C. Handfield Jones, M.D. Cantab., F.R.S., Physician to St. Mary's Hospital	290	NOTES ON CURRENT TOPICS.	
		A Colonial Cause Celebré	305
TRANSLATIONS.		Headaches	306
The Germ Origin of Tubercle	301	Platelayers' Risks	306
		Artisans' Dwellings in Dublin	306
		Army and Indian Medical Items	307
		Thames and Lea Pollution	307
		Hop Bitters	307
		The Veterinary Surgeons Act	307
		New Facts Concerning Rabies	308
		Registration of Medical Practitioners	308
		Treatment of Sprains	308
		The Openings	308
		The Profits of Zoedone	308
		Chinese Malachite	308
		SCOTLAND.	
		The Examination of Students at the Scotch Universities	309
		Sanitary Science in Aberdeen	308
		Dreadful Assault by a Lunatic	308
		University of Aberdeen	309
		Death-rate of Glasgow	309
		Peculiar Gun Accident at Dumfries	310
		Rectorship of Aberdeen University	310
		Dean Stanley and St. Andrews University	310
		The late Mr. A. B. Stirling	310
		The Old Infirmary Buildings, Edinburgh	319
		LITERARY NOTES AND GOSSIP	311
		OBITUARY.	
		Mr. John Postgate, of Birmingham	311
		Dr. Alexander Carte, of Dublin	311
		Dr. Joseph Brown, of Kinross Asylum	311
		Amalgamation of the Imperial and Indian Medical Departments	312
		NOTICES TO CORRESPONDENTS	312

Original Communications.

REMARKS ON SOME RECENT AND PRESENT VIEWS REGARDING FEVERS IN INDIA.

By Surgeon-General C. A. GORDON, M.D., C.B.,
Honorary Physician to the Queen; late in Medical Command of
Her Majesty's Forces, Madras Presidency.

(Concluded from page 278.)

In the *Dublin Journal of Medical Science* for March, 1881, p. 27. Dr. Henry Kennedy asks, "has the constitution of individuals in whom typhoid fever occurs been sufficiently recognised?" He thinks not. He believes that this type of fever chiefly occurs in persons who, if not of a strumous constitution, are chiefly allied to that state. The number of individuals suffering from typhoid fever who have a very fine skin and a high colour in their cheeks is very remarkable; their frame, and particularly chest, is not very robust. Exceptions do occur. The similarity of the lesions which occur in tubercular phthisis and enteric fever, to his eye seems to be of the very closest. Catarrhal pneumonia often accompanies enteric fever, and often ends in phthisis. He observes that "all diseases exhibit themselves in what may be called cycles, but none more strikingly than fever;" that "typhoid fever is not the localised disease which many suppose it to be." He alludes to Dr. Harley's paper, which proves that other fevers beside typhoid may implicate the lower part of the ileum and neighbouring parts. He describes typhoid fever as constituting a state.

Surgeon-Major Jackson, C.B., (a) remarks that in Natal a difference existed in the opinions held regarding "enteric" fever by medical officers in the field and those at the base hospital; the former looked upon it as malarial, the latter from the character of post-mortem lesions, designated by them "enteric lesion," pronounced the fever "typhoid." The chief point of

discussion with regard to such cases appears to have been based upon the character of temperature curves during life and of lesions found after death.

Dr. Nixon (a) alludes to a case of "anomalous" fever, in regard to which "highly competent medical men arrived at widely different conclusions, opinions being divided as to whether it was a case of cholera, scarlatina, maligna, or enteric fever." He states that "in many cases of undoubted scarlatina post-mortem examination reveals engorgement and other pathological change in Peyer's patches and the solitary glands of the intestine" (p. 478). His further remarks have an especial importance: "There is," he says, "an opinion which finds currency that the same infective source can give rise to different and distinct diseases in different individuals according to their susceptibilities and peculiarities of constitution, producing in one typhoid, in another scarlatina, in a third diphtheria, and so on. This view, of course, militates against the 'germ theory' of disease, but labours under the disadvantage of being not proven in any particular case." But, it may be asked, has the germ theory been actually demonstrated and proven in any particular case? Who can definitely reply in the affirmative? Dr. Nixon concludes by remarking that "there is strong evidence that, at any rate in the case of some diseases, a certain specific germ, and no other is capable of exciting them." But what of enteric and typhoid fever, considering what has just been quoted from Drs. Nixon and Bernard as to the number of diseases which simulate enteric fever and are simulated by enteric fever? From these remarks the circumstance often alluded to is further shown, that similar characters, conditions, and complications as by some writers are held to constitute specific typhoid or enteric fever, occur also in other diseases, thus leading "highly competent medical men to arrive at widely different conclusions" on the subject of these characters as diagnostics. Dr. Nixon has good reasons also for his belief that diseases due to the same causes

(a) *Dublin Journal of Medical Science*, January, 1881, p. 17.

(a) *Dublin Journal of Medical Science*, January, 1881, p. 475.

become modified in their phenomena according to "susceptibilities and peculiarities of constitution;" it is therefore easy to follow him to the conclusions he arrives at, namely, that "this view militates altogether against the *germ theory* of disease."

Dr. Dedrickson (a) notices that during the months of March, April, and May, less frequently in June and July, continued fever is very prevalent among the shipping of the port of Calcutta. He assigns as causes vicissitudes of temperature, excessive heat, intemperate habits, and exposure to the moist night air of the above months, the most frequent of them being exposure to excessive heat (p. 481), either direct or indirect, the former while the men are at work, the latter while in their ill-ventilated bunks. In that continued fever the bodily temperature varies from a shade above normal to 103 or 104 degrees, but if beyond the latter serious complication is present. Such cases are usually brought about by direct exposure to the rays of the sun; the face is deeply flushed, the dry heat met with in simple continued fever intensified; this form is very common among intemperate people, and very fatal. Dr. Dedrickson remarks that continued fever is sometimes accompanied by diarrhoea, but only in mild cases; also that "it appears to relieve the head symptoms."

Dr. Goodall Nasmyth (b) asks "can we positively say that enteric fever may not arise where we can neither trace any contamination of the water supply nor any defect in the drainage, where there is no chance of it having been imported by its different vehicles?" He describes the occurrence of the disease in four different districts, all in a bleak, cold part of the country, 300 to 400 feet above the level of the sea; climate cold and damp; soil, stiff clay, in some places deep morasses and marshes; drainage, good. He states, however, that the first case occurred in a house at the front of which there was a fetid pool that had stood for months, although up to that time without causing fever. After one case happened others speedily followed. Adverting to the exemption of workers in sewerage and poudrette he observes: "It may not happen to them for thirty years, or it may be any day." His experience is, that in the worst constructed and dirtiest houses, the cases were the most severe and most tedious. On the subject of treatment he observes that different cases must be treated in different ways according to symptoms, age, and condition of the patient. "Symptoms have to be treated by the ordinary remedies, quinine or salicine for high temperatures;" cold sponging he considers better than either.

From all of which particulars these points appear, namely, that the non-specific origin of typhoid fever under particular circumstances is implied; that in the instance related importation of the disease from a previous case is not alluded to, and consequently may reasonably be assumed not to have been traceable; that the latitude expressed with regard to the occurrence and non-occurrence of *typhoid* fever among the classes of persons enumerated as employed in offensive occupations indicates on their part no special liability to that disease over that of those not so employed; but that, as with regard to disease in general, so *typhoid* fever when it does occur, proves more severe and protracted in places where the sanitary conditions of the people are bad than where they are more satisfactory. The remarks on the use of quinine deserve to be noted in connection with what has already been stated regarding that drug as a test of malarial as against specific enteric fever.

From the particulars now given the following are the deductions they support, namely:—

1. When in 1859 the occurrence of *typhoid* fever in a specific sense was for the first time recorded among British troops in India, it was looked upon as an

autumnal fever, the cases resembling *remittent* fever, which, together with intermittents, prevailed at the same time; in fact, that all forms alike were seasonal, climatic, or malarial, according to the sense in which these expressions are applied.

2. In the fatal cases recorded the post mortem appearances differed in no respect from those usually found in cases of endemic fever attended by "intestinal complications." (See 36.)

3. The expression *adynamic*, as applied to a stage or condition of autumnal fever, is applied as a synonym of *typhoid*. Thus the distinction is not clearly indicated between the indication of a mere condition occurring in the course of climatic fever, and a *specific* form of disease assigned to a specific cause. (See 8.33.)

4. In the treatment of those cases of *autumnal*, climatic, or malarial fever, the importance of quinine is specially noticed.

5. In addition to climatorial and seasonal influences, the troops were exposed to generally unsatisfactory hygienic conditions. (See 29, 36, 39.)

6. But the year was described as an unhealthy one; that is, conditions usually indicated by the expression, "epidemic influence or constitution," were in operation beyond such connected with season and locality which, under ordinary circumstances, are present and recognised. (See 39.)

7. Some of the cases given appear to have been of hæmorrhagic or malarial dysentery, such as in former years prevailed, when imperfect hygienic conditions added their influence to that of *climate* and season.

8. The expression, "typhoid remittent," again occurs to indicate a *condition*, rather than a specific form of fever due to a special cause. (See 3, 33.)

9. A relationship between particular fevers and types of fever, and geological conditions of locality, is indicated.

10. The occurrence of epidemics of contagious fever is related; the character of the fever described as typhus, typhoid, and relapsing—that is variously designated by different observers. (See 12, 20, 30.)

11. Of some illustrative cases given as occurring in India, one presents the ordinary indications of endemic and otherwise non specific fever; one of gangrenous dysentery; one of dysentery due to indiscretion on the part of its subject.

12. That *specific* typhoid fever occurred, however, in India, appears from particulars given with regard to Jutog and Simla. At the same time the occurrence of the disease so designated deserves to be noted in connection with what is recorded as above under deduction. (See 10, 29.)

13. Further illustrative cases in India are given. They appear to include those where ulceration of the intestine, or other bowel complication, occurred in the course of endemic fever. (See 2, 36.)

14. Thus, among cases included under the head of *typhoid* fever are those of *adynamic*, *remittent*, *autumnal*, or malarial fever, hæmorrhagic dysentery, gangrenous dysentery, typhus and relapsing fevers. (See 26.)

15. Cases recorded as of *typhoid* fever in England indicate no common ground upon which they are so designated.

16. The occurrence at Bareilly of an outbreak of what is designated *enteric* fever is distinctly attributed to the "effects of climate upon young and newly-arrived soldiers." Explanation is wanting as to the grounds upon which a designation indicative of other and specific causation was applied; or of why intestinal phenomena were looked upon as other than "complications" occurring in the course of endemic fever. (See 29, 30, 35, 36, 38, 39.)

17. With regard to cases said to be of "enteric" fever occurring elsewhere, the statement occurs that the distinction between them and those returned as continued

(a) *Idem*, p. 481.

(b) *Edinburgh Medical Journal*, December, 1880, p. 499.

and remittent, is more a question of gravity of the individual case than difference of symptoms. (See 40.)

18. Hence naturally the question raised by the Army Sanitary Commission, "Is there such a specific fever as enteric fever at all?" and the further question with regard to post mortem appearances as to whether those found in typhoid fever are special to a specific form of fever as are found in Indian non-specific fevers.

19. A series of cases, described as of enteric fever, occurred "sporadically" in the Madras Presidency, and under circumstances adverse to the theory that they were due to contamination of milk or water. (See 24.)

20. According to statistics given, the greater prevalence of fevers among British troops in particular seasons than in others leads to the remark that such years were "epidemic years," thus confirming deduction 10, (See also 3, and 30).

21. There is no actual foundation for the impression entertained by some present writers that the origination of "enteric" fever in India is "due to a more intelligent and exact differentiation" of fevers on their part than on that of their predecessors. On the contrary, a considerable number of forms and conditions occurring in the course of fever, have of late years come to be so designated.

22. Symptoms during life, and pathological changes such as are said to characterise specific enteric fever, exist also in cases of fever, non-specific as regards its origin, except than that it is due to endemic, climatorial, or malarial influences, as stated in deductions 1, 2, and 3.

23. But, as in Madras, so in England, the contamination theory is acknowledged to be insufficient to account for the recurrence of enteric fever under all the circumstances in which it prevails. (See 19.)

24. That as regards India, specific causes being thus eliminated, it becomes necessary, as it is sufficient to fall back upon the more general included, for the want of more precise definition under the name of climatic, endemic, and epidemic influences acting upon certain individual conditions, including early manhood and recent arrival in the country. (See deductions 4, 5, 6, 20, 35, 39.)

25. That, besides these circumstances, individual diathesis has an important relation to type of fever presented in different cases. (See 29.)

26. That similarities exist between enteric fever, gastric fever, enteritis, typhus fever, and poisoning by tainted meat, of so close a nature as hardly, if at all, to admit of distinction being drawn between these several affections. (See 14.)

27. That these are in some instances included under the term "enteric" fever. (See 7, 10, 14, 16, and 17.)

28. The ingestion of diseased meat may produce symptoms resembling cholera or enteric fever; so may that of tainted or decomposed meat.

29. In Bermuda and elsewhere the local condition theory is insufficient to explain the occasional prevalence of epidemics; hence the theory of epidemic influence is there accepted. (See 10, 16, 20, 39.)

31. The term "simple," as applied to protracted "continued" fever, is a misnomer for the reasons given.

32. English views of causation of "enteric" fever are not now universally accepted as applied to tropical and subtropical countries.

38. The change that has taken place in regard to nomenclature is due rather to a name than to a reality. (See 3, 8, 4.)

34. In tropical and subtropical countries there is a relation between types of fever and season.

35. And also to individual diathesis. (See 5, 16, 24, 29.)

30. Enteric lesion may be found in several forms of allied fever. (See 2, 13.)

37. The relation of "enteric" fever to youth and recent arrival is again noticed. (See 16.)

38. And its occurrence in native Indians.

39. An opinion is expressed as to the specific nature of the poison of "enteric" fever in India; modifying influences of climate being also allowed. (See 5, 6, 12, 16, 20, 24, 30.)

40. According to a standard given, malarial fever attended by gastric complication is designated "remittent" fever; with intestinal complication "enteric." (See 17.)

41. Doubts are expressed as to the actual nature of the cases on which the pythogenic theory was based. (See 33.)

42. Evidence is adduced to indicate that specific "enteric" fever is contagious; yet differences of opinion are expressed. (See 45.)

43. Similar differences of opinion are acknowledged to exist regarding the etiology of "enteric" fever.

44. The period of incubation is variously stated as twenty-one and fifty-four days.

45. Opinions are adduced in favour of *de novo* origin of enteric fever, independent of specific origin. (See 42.)

Consequently: Seeing the great differences of opinion thus shown to exist with regard to the several points enumerated, the conclusions are natural that these differences are irreconcilable upon, and with the pythogenic and specific theory of the form of fever known as enteric; also that there is ground for belief that a series of phenomena in all respects similar to those which in temperate climates occur as manifestations of a distinct form of fever take place as conditions occurring in the course of endemic or climatorial fevers, whether sporadic or epidemic in sub-tropical or tropical climates. Further, that in temperate, as in tropical countries, neither are causes of a "specific poison" nature proved, or needed to be in operation for the production of the phenomena enumerated; nor are those phenomena limited to only one distinct form of disease but occur as conditions of, and complications in, the course of several.

NOTES ON THE PATHOLOGY OF RICKETS. (a)

By DR. ADOLPH BAGINSKY, Berlin.

1. THE clinical experience, that congenital rickets is met with, that the majority of children born with congenital syphilis become rickety even under the best nursing, that rickets arise as a sequelæ of grave febrile disease, and of grave chronic gastro-intestinal disorder, that it arises in consequence of bad nourishment and want of fresh air, the further experience that rickets is associated with considerable troubles in the nervous system (Larygismus stridulus, hydrocephalus, hypertrophy of the brain), all combine to exclude, from a clinical point of view, the possibility of explaining the disease, by a simple deficiency of the inorganic constituents of the bone.

2. The opinion that rickets consists only in a deficiency of the lime is also excluded by the fact that the proportions between the inorganic and organic (minus fat) constituents of the bone are so considerably altered—160:100 instead of the normal 563:100—that supposing the lime is eliminated from the food of the child for a whole year, the proportion would by a proximate estimate be found to be still 513:100.

3. In a certain opposition to these clinical experiences are the experimental studies of some authors (principally Roloff in Berlin), who have proved that rickets may be produced in animals by withdrawing lime from the food.

I have repeated these experiments, and found:—

(a) Read before the International Medical Congress, August, 1881.

a. Simple elimination of lime from the food produces, in fact, considerable changes in the bone.

b. The change appears macroscopically and microscopically about the same as a slight ricketty change.

c. The degree of change produced is, as it is shown by anatomical, and principally by chemical, examination, only a mild one.

4. If, besides the elimination of lime from the food, lactic acid is added to the latter, the alterations are considerably increased. This is shown by:—

a. By the macroscopical and microscopical examination of the bone.

b. Especially by the chemical test.

5. The considerable influence which the addition of the lactic acid has in connection with the elimination of lime from the food, proves that withdrawing of the lime alone cannot be the determining cause.

6. In fact, both factors, the elimination of lime and the addition of lactic acid have this in common, that they produce an alteration in the general nutrition, the one by withholding an indispensable constituent of the organism. The other by the introducing a substance apt to disturb the digestion.

7. The lesion of the bones is only the most prominent feature, because the disturbance of the general nutrition happens in a time when the growth of the bone is most active.

8. Further is it possible to prove that neutral solutions of peptons have the faculty of dissolving lime.

9. This faculty of the peptons shows how in children suffering from an alteration in the composition of the blood in consequence of faulty nourishment, lime combination may be dissolved in the growing and ossificating bone, and carried away from it.

10. The elimination of the carried off lime combinations takes place through the intestinal canal, as can be shown by the examination of motions from ricketty children.

11. Rickets is, therefore, a dyscrasia originated by an alteration in the general nutrition which may be caused by various noxious influences working upon the infantile organism.

12. In accordance with this view are the well-known successful therapeutic results of such remedies which are suited to improve general nutrition, especially good hygienic conditions, normal nourishment, the use of baths, and tonic medicines.

OPIMUM AS A LUXURY, AND IN THE TREATMENT OF DISEASE.

By HERBERT PARSONS, M.R.C.S.,

Formerly Resident Medical Officer St. Mary's Hospital, London.

(Continued from page 276.)

SINCE the introduction of chloral hydrate and bromides, opium is less used as a simple sleep-producing agent, but in cases where pain is the cause of the sleeplessness, it is still our best narcotic. In cases where the heart is very weak, whether organic disease is present or not, opiates are usually to be preferred to other narcotics, and sometimes are the only ones admissible, though the presence of kidney disease contra-indicates their use.

In shock, and extreme debility, alcohol and opium are the only narcotics that can be used, and those only with care.

Unless absolutely necessary, it is inadvisable to commence the use of opium or morphia in chronic diseases, where their use is likely to be continued for a long time; for, in these cases, the doses have to be continually increased to produce sleep, and finally, when the disease is subdued, it may happen that so habituated have they become to these narcotics that their use remains imperative.

In all cases where there is very anæmic tendency, even

if only temporary, the exhibition of morphia and opium is attended with extreme danger, but if requisite, small doses are of great service.

In ordinary cases, opium in pills produces sleep with the minimum quantity of the drug and is followed by less headache and nausea than other forms. Dover's powder is also highly to be recommended. Morphia by injection possesses the advantage of immediate action, and the same salt is useful in the form of pills.

If opiates be combined with chloral, or with bromide of potassium, less quantities of each drug is required, and the effect produced is often better than when either is given singly. A combination of tr. opii, with brandy, hot or cold, is often the best narcotic for old and feeble, or slightly cyanotic subjects. Very small quantities of opium will often give sleep better than anything else, where the patient is kept awake by an irritable cough, or other annoying nervous symptoms.

For the purposes of relieving pain, opium and its derivatives are most extensively employed, since, for that purpose, its effects lasts longest, and short of absolute anaesthesia are the most perfect. It is for this that the hypodermic method is so valuable; by its use biliary and renal colic, neuralgia, pleurodynia, and other acute pains, are at once cured, or, at least, rendered bearable, although, if the pain be great, huge quantities have sometimes to be given before accomplishing the desired object. There are but few diseases in which severe pain is present which will not be benefited by morphia, and no fear of the results need be entertained unless renal mischief is present. In all cases, it is well, if the patient be quite unused to opium, to begin with a small quantity, for if this is too small to produce an effect, it is easy to repeat it very soon, while, for all we know, we may have a peculiarly sensitive person to deal with, and a full dose might produce unexpected results. I have seen one-sixteenth of a grain of morphia produce death in a child who had taken the same amount previously, while the kidneys were acting freely, with advantage. In another case of an adult, a first injection of a quarter of a grain produced alarming toxic symptoms, and if vigorous measures had not been taken, would, no doubt, have proved fatal.

In opium we have not got one of those specific remedies, such as quinine, which may be given by even ignorant hands with a certainty of its producing its curative effects; such specifics unfortunately for human suffering, though, perhaps, well for the physician, are rare. But this remedy to be successful must be administered by scientific hands with skill and caution, otherwise the result may be ill instead of good. Let its physiological effects be borne in mind, and then let them be applied to correct diseased conditions, letting our guide be the light of scientific truth rather than the dogmas of prejudice.

Instead of spending time in enumerating all the well-known uses of opium in the manner of text-books, this paper shall rather devote some space in considering the effects of the drug on some organs in health, and showing the deductions that may be drawn for its use in disease.

It has been stated before, that opium, as well as strengthening the systole of the heart, causes the muscular coats of, at least, the smaller arteries to be sufficiently paralysed to allow the calibre of those vessels to be enlarged. Thus is the warm glow, and flush of the skin and face, produced, and with it the diaphoresis. This effect on the skin is a lasting one. But it is a proved fact that after a little time the mucous membranes become paler and drier, so it must be conceded that opium contracts rather than dilates the internal vessels. In the same way the brain is at first excited, but afterwards subsides into a state of somnolence. Here, then, the analogy is complete, and we can therefore assume that the cerebral blood vessels are finally reduced to a state of contraction; actual observation has also proved that during sleep, and when under the influence of opium, the brain is anæmic. Let us also look at the symptoms of want of proper blood supply to the brain, however that want is

produced. All observers agree in giving the following symptoms:—Dizziness, headache, thirst, sleep, finally resulting, as if the anæmia be produced suddenly, syncope, vomiting, and convulsions occur. The symptoms are nearly exactly the same as those produced by opium; especially do we see the resemblance when we consider that large doses of opium, and injections, not unfrequently produce faintness, vomiting, and even convulsions, but as opium acts as a stimulant to the heart, syncope is less likely to follow than if the cerebral anæmia was otherwise produced. Again, in chronic want of blood supply, the brain gets reduced to a weak and irritable state during which delirium is easily induced; this is, in fact, the same state to which opium eaters come after long indulgence.

It may seem, at first sight, highly improbable that the same thing should produce dilatation of the vessels in one part, and contraction in another; and perhaps one will be unwilling to believe that the brain is in a bloodless state, while we can see that the face is flushed, and feel the external surface hot and glowing, more especially when it is well known that hyperæmia of the external parts of the head corresponds with a hyperæmia within. But look at a few facts; in the first place we see that during sleep (when the brain is anæmic) the face is flushed, and perspiration breaks out, while the pulse often grows softer and more rapid, thus showing the paresis of the vaso-motor nerves. It must be considered also that the heart's action being increased under the influence of opium, more blood is necessarily sent up to the carotids, and if this meets an obstruction in the contracted branches of the internal carotids, naturally more blood than usual will find its way into the branches of the external carotids, where it meets not only no obstruction, but encouragement, owing to the dilatations of its terminals. In other parts of the body, the conditions as to fulness of the extra and intra-circulation do not correspond, we shall therefore cease to believe that fulness of the vessels of the face and scalp must correspond with the same conditions in the brain. Graves has left an account of the post-mortem examination, which goes to prove the same thing. In opium poisoning we see the face flushed, the lips red, and the pupil contracted, all showing the state of paralysis of the sympathetic, and the face will not grow pale unless the strength of the heart begins to give way, giving warning of approaching asthenia. Opium then causes contraction of the cerebral, and dilatation of the cutaneous vessels, as well as increases cardiac action, together with astringent effects on the mucous membranes; but besides this, it also diminishes the secretions of the viscera, such as the liver and kidneys, as can be seen by the smaller amount of bile and urine passed while the body is under its influence.

For an example of the good which may be expected from the drug under consideration, let us take a case of typhoid fever in an advanced stage. What are the morbid conditions here which render death imminent? First, a weak heart and feeble circulation; second, a local drain from the system by diarrhoea; third, a brain in a state of congestion, and, consequently, the patient is suffering from sleeplessness and muttering delirium; we have also complete anorexia, a dried furred tongue, and a considerable amount of fever. Now, if small doses of opium be given, either by the mouth, or by the rectum, the following are the results to be hoped for—nay, to be positively expected—if the system be not too far exhausted to answer to the stimulant. The weakening and draining diarrhoea is stopped; the heart is strengthened, and the circulation improved; more blood is sent into all the organs, giving them pabulum wherewith to perform those offices without the proper performance of which life must cease. The cerebral vessels are contracted, and the low muttering delirium is superseded by a refreshing sleep, after which the patient will awake sensible, in no discomfort, and with a more favourable state of the alimentary organs; thus we avert the danger of death from asthenia, into which he was fast sinking, and place him

in the best condition for recovery. Here opium is no specific, nor exerts no strictly curative influence on the disease itself, yet, undoubtedly, by means of it, we are able to save a life that would otherwise be lost. Here a case of typhoid fever has been taken as an illustration, but many asthenic forms of fever are equally benefited by it. But in these cases we must avoid making the mistake of supposing that brain symptoms are always the result of derangement of the cerebral circulation. There are numerous cases in which we see delirium or dementia, or other symptoms pointing to affection of the brain, but in which there is present neither anæmia nor hyperæmia of that organ. In these the symptoms are the result of one of two courses: either the blood circulating through the cerebral vessels is of a character directly irritating to the brain, as in some states of high fever, and so on; or else the brain cells themselves are in a state of hyper-irritability, so that normal impressions produce abnormal results. In the first class opium can hardly be expected to do much good, but still, sometimes, by lessening the quantity of blood which is irritating them, and, perhaps, by a directly sedative effect on the molecular elements of the brain, it is of service. In the second kind of brain disturbance it, also, sometimes is of use, we must therefore assume the opium, besides making the brain anæmic, has a directly sedative effect on the cells. Sometimes, in these conditions, small doses will increase the excitement, while large doses will soothe.

It has been long a maxim with practitioners, that in some cases of cerebral excitement, opium, instead of doing good, does an infinite amount of harm. The cases in which opium is to be shunned, are those of delirium superseding on head injuries, occurring in strong robust subjects. Delirium, of a sthenic character, often follows injuries to the head; in these meningitis or concussion are sometimes the cause of the symptoms in either case, opiates, as, in fact, all stimulants are liable to do much harm by increasing the excitement and the fever.

In meningitis and encephalitis the blood-vessels are congested, but the vaso-motor nerves are paralysed, and, if opium be given, will not react to its stimulation; in these diseases, then, opium is useless, but not only so, but as most practitioners consider, painful. In some person's opinion, opium, combined with mercury, is useful in inflammation of the brain and its coverings.

In former days, when venesection was rife, mercury, combined with opium, enjoyed great reputation as anti-phlogistic remedies. To-day our opinions on this point have undergone great revolutions, and now these remedies are supplanted, in some cases, by tonic treatment, in others, by such drugs as aconite and belladonna, whether advantageously or not remains an open question. Yet it must be conceded that opium has a potent effect in contracting, at any rate, normal blood-vessels in some parts of the body, quite as much so as belladonna. The whole subject of the treatment of inflammations has suffered, to a great extent, of late years; and even the term anti-phlogistic, so much used by old writers, is unused by many of the modern authors; yet it is a convenient term, and to illustrate better the use of opium I will digress a little to show the different classes of anti-phlogistic measures that may be adopted.

All remedies applied for the arrest of inflammation are given with a view to reduce the quantity of blood contained in the paralysed vessels of the inflamed part. It is true that the tissues are supposed also to take part in the derangement, yet, except, perhaps, in chronic cases, and a few specific inflammations, we have no remedies which will enable us to act on these. We can then class anti-phlogistics into four classes, according to the way they diminish the quantity of blood in the inflamed organ or area. They do it, then, in these ways:—

1. By reducing the total quantity of blood by venesection, and low diet, and perhaps mercury.

2. By depressing the heart, and slowing the circulation, so that more blood is retained in the venous system, and less sent to the arterial. Such things as aconite, anti-

mony, veratria, and also the remedies of the first-class effect this.

3. By dilating all the vascular systems of the body, and thus drawing, as it were, the blood from the affected part. To do this we have aconite, diaphoretic, antimony, and opium.

4. We have various drugs, and other mechanical means of contracting the arterioles of the congested part itself, such as by applying cold, and administering belladonna, ergot, digitalis, opium, &c. Brief consideration will show that there are drawbacks to the employment of any of these methods, and also that some are adapted to one class of cases, and some to others. Thus, for instance, in the first class, the subsequent effects, after lowering the vitality, is likely to prove dangerous in any but sthenic cases. The second method is liable to the same objections. The third method is admirably adapted for small and local inflammations, as of the tonsils or larynx, for here, as can be readily seen the large area to which depletion can take place, is competent to contain all the blood from a small part, while in a large organ, the amount taken away would be comparatively small. In the fourth case we must remember, that except at the very commencement, the vessels in inflammation lose their tone so far that they will contract to no stimulus; yet here the contracting agent may, by contracting the surrounding vessels, prevent spreading of the inflammation. Experience, as well as principle, shows that one or two methods combined are more efficacious often than one alone, and this combination of methods can be sometimes effected by one agent, which has two or more different actions. So, for instance, in some cases we dilate the peripheral vessels by diaphoretic, and contract the vessels of the inflamed part by external applications or internal remedies, and sometimes also lower the heart's action by strong purges, or other means; in asthenic cases we omit the last measure. Now in what inflammatory cases should opium be used; we have seen that it acts in the third and fourth method, but we must not forget that it is a cardiac stimulant, hence is inapplicable in sthenic cases. Local inflammations, as of the tonsils, are cured readily by the continued action of opium, unless it is a very acute case, with tendency to suppuration; but in these cases it is inferior to remedies, such as aconite and belladonna, and others, and it often produces constitutional disturbances, which are worse than the disease itself. It is, therefore, in asthenic and in chronic cases that opium is valuable. In severe cases, where the tendency is to death by asthenia, opium is above all valuable; in peritonitis, where it also gives rest by stopping the peristaltic action of the bowels, its value is universally recognised. In other cases of inflammation, as pneumonia, where death usually occurs by asphyxia, its use is attended with bad consequences under some conditions. But independently of its anti-phlogistic actions, opium is largely used in acute inflammations for the purpose of easing pain and giving rest. In all surgical procedures having to do with the peritoneal cavity, opium is our great safeguard; and, in fact, it is as valuable, or more so, to the surgeon as to the physician.

(To be continued.)

STIMULANTS IN WORKHOUSES DURING 1880.

By NORMAN KERR, M.D., F.L.S. Lond.

On the motion of Mr. Whitworth, M.P., the House of Commons ordered a return showing the amount and value of alcoholic stimulants used in the several workhouses in Ireland during the year 1880, the number of sick persons treated, and the death-rate in each workhouse. This return has recently been issued. From it we learn that in the province of Ulster, 25,030 sick persons were treated during the year. Of these, 2,498 received stimulants to the value of £1,014 14s. 9½d. In the province of Munster 49,616 persons were treated, of

whom 15,749 received stimulants to the value of £3,750 19s. 9d. In the province of Leinster 35,066 persons were treated, of whom 26,954 received stimulants to the value of £5,380 16s. 5½d. In the province of Connaught 10,486 persons were treated, of whom 2,950 received stimulants to the value of £1,698 17s. 7d. In all Ireland 120,198 persons were treated, of whom 48,151 received stimulants to the value of £11,845 8s. 7d.

If we group these figures, under three general heads, with those representing the deaths in each workhouse of the whole number of sick persons under treatment, there is presented an apparent decreased rate of mortality among those who received the lowest average amount of stimulants. There were 47 workhouses where the average cost of stimulants for each pauper in the total number of the sick was under 1s. The average rate of mortality was, in this group of 47 workhouses, 8·4 per cent. In the next group, comprising 55 unions, with an average cost of stimulants for each sick pauper ranging from 1s. to 2s. 6d., the rate of mortality was 11·3 per cent. In the third group, however, though the average cost was much higher than in the second group, the rate of mortality was lower. While the average cost for each sick pauper in the third group ranged from 2s. 6d. to 7s. 10½d. per head, the rate of mortality was only 10·8 per cent., or half a per cent. less than in the preceding group.

This loose and unscientific generalisation, a method frequently adopted by those opponents of the medicinal use of alcoholic stimuli who are unacquainted with the utter valuelessness of parochial statistics unaccompanied by the particulars of the differing circumstances of each workhouse, sometimes give results apparently confirming the theory that the less the amount of alcohol consumed by the sick, the lower the death-rate. Such a crude and hasty conclusion, I have already shown in these columns to be quite unwarranted by any facts as yet known to us, so far as poor-law experience is concerned. But in the return now under review, even the loose and unscientific generalisation so often attempted, demonstrates that we are not yet in possession of the material on which to establish a general law.

Minute analysis of this return, as the minute analysis of previous returns had done before, clearly shows that we are not justified in arriving at any definite conclusion from the evidence of these figures.

The highest average expenditure for stimulants was at Roscommon, 7s. 10½d. per head, with a death-rate of 14·9 per cent.; while at Ballyshannon there was a mortality more than double, or 30 per cent., with an average expenditure of only a thirteenth of that at Roscommon, or 7d. per head.

At Dunfanaghy the death-rate was 34 per cent., with an average cost of 1s. 4½d.; while at Mount Bellew, with an average cost of 7s. 6d., the death-rate was 11·4 per cent. In other words, the death-rate under between a fifth and a sixth of the amount of stimulants was nearly three times as high as under the more profuse stimulation.

At West Dromore the mortality was 2·1 per cent., with an average cost of 1s. 8d. per head; and 25 per cent. at Longford, with an average cost of 3d. per head; or nearly twelve times as many proportionate deaths under less than a sixth of the stimulation.

Again, with an average cost of one-fifth of a penny per head, at Limavady the death-rate was 21 per cent.; while the mortality was only 5·2 per cent. with an average cost of 5s. 3d. per head at Baltinglass; 7·5 per cent., with an average of 4s. 10½d. at Kells; and 8·8 per cent., with an average of 6s. 4d. per head at Rathdown.

At Armagh, with no stimulants at all, the mortality was 11·8 per cent.; a striking contrast to the mortality of 5·2 per cent. at Baltinglass, with an average alcoholic expenditure of 5s. 3d. per head. With free stimulation, less than half the death-rate with no stimulation at all.

This return, like all other parochial stimulant returns that I have examined, is full of such perplexing and contradictory evidence, as I have now given a few typical examples of. The inference, therefore, is clear that we

have not yet had before us the whole truth. The various unions have little in common. The class of cases admitted to the workhouse is not the same in one locality as in another. The age, state of health on admission, and previous history of each inmate are essential to a fair comparison of results of treatment. So also are the sanitary condition of the building itself, the health, mortality, and diseases prevailing in the neighbourhood of each workhouse, and many other circumstances, none of which has ever been given in these returns. The present return would have been more interesting, and, probably, somewhat more useful, had it, instead of showing only the number of deaths among the total array of sick persons treated, given the number of deaths among the sick who received no stimulants, and the sick who were treated with stimulants.

What may be the actual facts of the case as regards the influence of alcoholic stimulation on the death-rate of patients treated either lavishly or sparingly with alcohol, we have thus no evidence.

So far as the testimony before us goes, though this is evidently without value, and, in fact, misleading, it would seem to be a matter of indifference as to the results. But we know that the presence of intoxicating drinks in any institution is apt to induce disturbance and disorder, and impair the efficiency of the discipline; and it, therefore, cannot be wrong for medical officers to prescribe such troublesome and dangerous remedies only when no other medicinal agent will answer the purpose. May I venture to express a feeling of regret that, while four Irish unions appeared in the Mountmellick return for 1871 as having consumed no alcoholic drink, only one occupied this honourable position in the year 1880.

Clinical Records.

TWO CASES OF MITRAL STENOSIS, WITH TRACINGS.

By C. HANDFIELD JONES, M.D. Cantab., F.R.S.,
Physician to St. Mary's Hospital.

CASE I.—*Presystolic Murmur*—Six years later, well-marked *Tricuspid and Mitral Systolic*—*Death ensued nearly a year later from Cardiac Failure and Intestinal Hemorrhage.*

M. B., æt. 19, a dressmaker, in poor circumstances, admitted August 31st, 1877. She was in hospital in 1871, and also in 1869. When first taken ill she had great pain at heart, and pain in knees and other joints. In 1871 she was a very poor, feeble creature; but in 1877 she had grown into a fine, well-developed, young woman. In 1871 she had precordial pains, short breath, and bronchial catarrh on admission (Nov. 21st.), with a well-marked presystolic murmur. Pericarditis ensued, and she was very ill for some time, but recovered and went out Feb. 23rd. In 1877 she reported that she had been ailing more or less ever since she left hospital, her breath being always short, but her legs not being swollen; she had much cough and expectoration during winters. The dulness area of heart was notably enlarged, and the precordial region bulged. Impulse was felt in the fifth space inside the vertical line. Systolic murmurs were heard at left nipple line, and also at xiphoid (mitral and tricuspid regurgitant), also at mid-sternum, with a normal second sound, and in left neck. One good observer heard also a faint, presystolic murmur; another discredited the idea of mitral stenosis. After treatment (iron, ammonia, and digitalis) she slept well, lying down at full length; pulse was very small and weak, and gave a markedly flat-topped tracing; urine was thick with lithates, non-albuminous. She left the hospital in October, and returned to it on January 8th, 1878. Her breath had got short again in December, and she coughed, and spat up a good deal of blood. She could still lie down well. Pulse 70, irregular and unequal. Cardiac dulness did not transgress median line, extended down to sixth rib,

to left as far as nipple line, and upwards to upper border of fourth rib. Cardiac rhythm irregular. Impulse felt feebly in left second space, distinctly in third, fourth, and fifth; was most marked at and a little beyond nipple line in fifth space. A systolic bruit was heard at mid-sternum, where second sound was weak, also at both sides of neck; at xiphoid a dull, booming bruit was heard, with distinct second sound; at apex in fifth space a first and second sound were heard, the latter weak, but very distinct with binaural stethoscope, the first occasionally attended with a murmur. No distinct thrill to be felt at precordia. Tracing more developed with 84 grammes pressure than with 56; presents a fairly good rise, a long, upward, sloping top, early dirotism, and even rather long fall, occasionally having an abortive systole. There was good entry of air in both lungs posteriorly, only a little rale at lower parts. The heart's sounds were heard in the left back, but no murmur. No anasarca. Veins of neck not full. Urine contained no albumen. Appetite pretty good. Ordered—Diet: port wine, 4 oz.; iron, ammonia, digitalis, t. d.

16th.—Yesterday was attacked with vomiting of bilious matter, and great depression; she became very faint, appeared at one time on the verge of death, but rallied with brandy. She felt faint during the night, but is better to-day; pulse pretty distinct; head aches badly. Omitted medicine. To have brandy and milk.

17th.—Is rallying now, headache much better, much relieved by hot sponge to head. Pil. rhei. co. gr. v., h. s. Subsequently pain came on severely in abdomen, and afterwards in back. Two subcutaneous morphia injections were given without benefit.

20th.—She died on this day.

Post-mortem.—Body well nourished, no anasarca. Apex of heart lay opposite sixth rib, very little fluid in pericardium; edge of liver seen in epigastrium only. But little seen of left lung when sternum and costal cartilages were removed; its edge came down to fifth rib; numerous old adhesions at all parts of pleura. Right lung free, no adhesions, it weighed 20 oz., left 19 oz.; both fairly healthy. Heart weighed nearly 15 oz. Right cavities were normal, contained only a little fluid blood; the valves were healthy. The left auricle was not at all hypertrophied, nor was the left ventricle; both segments of the mitral valve were much thickened, and their edges rendered irregular by sharp projections; the orifice admitted only the top of the little finger; the valve was not funnel-shaped. The aortic orifice was somewhat narrowed, but admitted the index finger easily; the posterior flap was of natural size, but the right and left anterior were shrunken, hardened, and contracted to about two-thirds of their normal dimensions. The spleen weighed 18 oz., was large and very hard from congestion; contained no blocks. Kidneys were of good size; right weighed 8½ oz., left 5½ oz.; they did not peel well, but their surface was not decidedly granular. In the left there was a large block, of deep blackish-red colour; in the right, a smaller similar one, and a deep fissure near one extremity, with cicatrix tissue at its base. The renal tissue in the situation of the blocks was very little altered; the malpighian tufts were pretty normal, the tubes infarcted; but there was no engorgement of the vessels, nor breaking up of the structures. The small intestines were very much discoloured by blood, nearly black externally; and on laying them open their surface was found covered with extravasated blood, forming in some parts a thick layer, and saturating the mucous membrane. The large intestine was in a similar state, but less marked. The liver weighed 46 oz.; was of a pale-yellow colour; firm to the knife and the hand.

Remarks.—The above case is an ordinary instance of mitral stenosis, yet is not devoid of some features of interest. The disappearance of the originally well-marked pre-systolic murmur, and the subsequent development of mitral and tricuspid regurgitants has often been noted, and seems very indicative of the existence of this lesion. The development of a tricuspid murmur is intelligible enough, but it does not seem so easy to understand why a systolic murmur should replace a pre-systolic. Perhaps this may depend on the fibroid change having involved in its advance the columnæ papillares and cordæ tendineæ, and made it less possible for the mitral orifice to be closed. The sharp flap, in which a presystolic murmur often ends, must imply some amount of mobility of the mitral curtains, which at a later period may be lost. The stenosis took its

start most probably in endocarditis occurring during the rheumatic attacks in 1869 and 1871; but the fibroid formation must have gone on gradually increasing during the succeeding years, independently of inflammation, much in the same way as a fibroid tumour. Something besides the inflammation itself must determine whether a valvular endocarditis is to issue in ulceration or its opposite fibroid growth. This can hardly be anything local, especially as there were other indications of fibroid change, as in the liver, spleen, and aortic valves. The fine development of the bodily frame under such unfavourable circumstances as existed is really extraordinary, and shows how much a vigorous tissue-life may effect. The backward pressure caused by the stenosis must have been very considerable: it once produced hæmoptysis, and kept up a certain amount of bronchial catarrh; but the latter was scarcely ever formidable; and it was quite noteworthy how free the lungs remained to the last. Their exemption contrasts strongly with the engorgement of the whole intestinal tract, which occurred shortly before death, and was the chief cause of the fatal asthenia. The simultaneous occurrence of hæmorrhagic infarcta in the kidneys, usually regarded as the result of embolism, suggests the possibility that the intestinal hæmorrhage may have been produced in a similar manner. It is hard, however, to believe that embolism could be so very extensive as this view would require; the intestine is rarely affected in this way, and it seems much more reasonable to regard the obstructed state of the venous current, aggravated by some amount of cirrhosis of the liver, as the chief factor of the congestion and hæmorrhage. Perhaps, also, a catarrhal "croup" contributed to the result, as the severe head-ache implies that some such influence was at work. The tracing of September 1st, 1877, indicates much languor or weakness of the ventricular systole; those of October 17th, 1877, and of January 9th, 1878, show a material improvement in this respect; the pulse, moreover, bore a good pressure. The flat, or house-roof, top of the latter tracing indicates, of course, unduly persistent fulness of the arteries; but it is hard to understand how this state can exist in advanced mitral stenosis, unless, indeed, it is associated with some peculiar change in the capillaries impeding the onward movement of the blood. It should be remarked, however, that such a tracing points much more to stenosis than to simple incompetency, and might aid the diagnosis in obscure cases.

CASE II.—*Morbus Cordis—Death by Hæmoptysis—Mitral Stenosis.*

E. A., æt. 30, married, five children, spare make, light complexion. Had rheumatic fever five years ago, no other special illness. Admitted Aug. 15th, 1877. Breath short last two years, legs and feet swelled a week ago, never before. She cannot lie down. Respiration, 43; pulse, 105, sharp, weakish. Good breathing and resonance in both fronts and backs. Heart's impulse diffused, seen in epigastrium, 3rd, 4th, and 5th spaces, slightly in 6th. A loud mitral systolic murmur is heard at left side and apex, attended with a sharp flap, evidently synchronous with impulse. She has much cough at times, which brings on retching and sickness. Liver dulness begins at 4th space, and extends three finger breadths below the ribs; this region is tender. Urine is high coloured, with sediment of pink lithates, and contains albumen. Veins in arms and in neck were full. Not much swelling of legs. She was ordered ammon. carb., gr. iv.; tr. digitalis, ℞; inf. cascariil, ʒj., t. d.

Sept. 10th.—Is doing well, complains of cough, but can lead singing in the ward, and has good nights. The mitral systolic murmur continues to be well heard in the left side, and a pre-systolic was also thought to be present by one observer. A loud high-pitched systolic murmur, loudest at the end of inspiration, is also distinct at the xiphoid, or a little to its right; a thrill is felt at præcordia. She had meat diet. Strychnia and nitric acid was ordered on Aug. 31, and on Sept. 17 the strychnia was replaced by tr. pruni Virginiani; on the 20th she resumed the ammonia and digitalis. Both the mitral and tricuspid murmurs varied more or less in their intensity. The former was often blended with a shock sound.

She left hospital Nov. 22nd; was re-admitted Jan. 15th, 1878. She had then considerable anasarca of both lower and of left upper extremities, as ascites, orthopnoea, hack ng

cough, with notable hæmoptysis, and frothy mucous expectoration. There was no dulness in the back, air entered both lungs pretty freely, a few râles only were audible. Considerable cardiac impulse was visible to right and left of lower sternum, at epigastrium, and to left of nipple line quite into axilla, maximum intensity of beat about 1 inch to left of nipple. Dulness area increased to left. Rhythm of heart pretty regular; no thrill; no distinct bruit anywhere. Radial pulse of low tension, the artery empties itself between the beats. Liver distinctly enlarged, extending from left hypochondrium to 1 inch below umbilicus; surface slightly jaundiced.

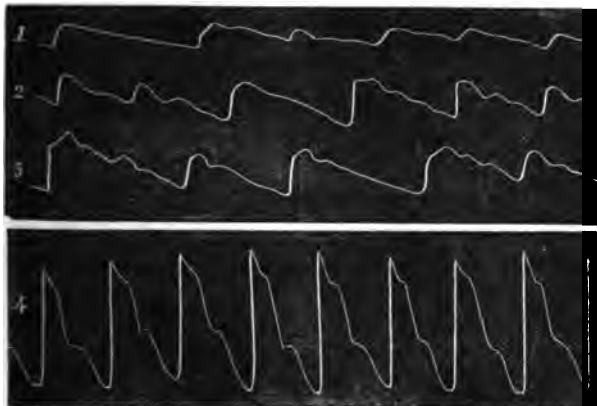
19th.—Hæmoptysis continues; skin of face markedly yellow; sounds of heart pretty normal at apex and mid-sternum.

22nd.—A pretty loud, often high-pitched, murmur is heard at left 5th space in nipple-line, as well as a shock sound, the murmur runs off from the shock sound. At mid-sternum both sounds are pretty normal. At xiphoid a blowing systolic murmur is heard. The heart sounds are heard in the left back, but not the murmur. Loud breathing in left back, weak with crepitations in the right; lower part of right back dull. Much hacking cough. The hæmoptysis increased, and she died on 23rd.

Post-mortem.—Some bloody serum in pericardial space, good deal (800 c.c.) in right pleura. Three or four patches of pulmonary apoplexy in upper lobes and at base of lung, very well defined from the surrounding tissue. One of these patches at the base, an opening of size of a crown was found on surface of lung; one of those in upper lobe was also broken down. In left lung were one or two smaller patches of pulmonary apoplexy not so far advanced as those in right lung. Trachea and bronchi blood-stained internally. Except for the extravasations the lungs were pretty normal. The heart's apex lay opposite the upper border of 6th rib, the organ was quite uncovered by lungs, which was pushed to the left. Right auricle much distended with black clot, as well as the veins opening into it. Right ventricle slightly dilated, full of black clot, its wall was 7 m.m. thick. Both-sets of right valves healthy. Left auricle and ventricle contained black clot, the auricle was not hypertrophied, but its cavity dilated; its wall was 2½ m.m. thick. Left ventricle was not much hypertrophied or dilated; it weighed 11 ozs.; its wall was 11 m.m. thick. The mitral orifice admitted easily a good sized middle finger, but not more; the flaps and cordæ tendineæ were thickened, and the fibrous ring raised into a ridge which surrounded the orifice; the margins of the opening were smooth. The aortic valves were somewhat thickened, but efficient. Other organs not examined.

Remarks.—The pulmonary vessels in this patient must have been less retentive, more weakly organised than those of M. B., as she had copious, even fatal hæmoptysis, while the former, with a much greater amount of mitral narrowing, had but little, and died of hæmorrhage in quite a different situation. This is an instance of what we may often observe how disease finds out the weakest part. *Quæ data porta ruit*, as Sydenham is fond of remarking. A parallel difference in the two cases is the occurrence of notable anasarca in the one with least stenosis, and its absence in the other. In both cases the præstolic murmur in the advanced stage of the malady was absent or inconspicuous, while mitral and tricuspid murmurs were evident. The cardiac impulse in Case II., on her re-admission a week before her death, was very extensive, much more so than the very slight amount of hypertrophy would lead us to expect. You should be prepared for this. It is not rare to find the heart in autopsies much larger than it had appeared to be during life; and conversely the heart may appear during life much larger than it really is. I say this, knowing that the organ may actually, in certain circumstances, be dilated temporarily by yielding of its walls. Much depends on the mode of the cardiac contraction. If it is gradual and quasi-peristaltic (Sanderson) the impulse at the chest-wall may be slight or null, while the blood mass is powerfully impelled. This is often the case in individuals past forty. If, on the other hand, the systole be brief and jerky, little onward movement of the blood may be produced, while the parietal shock may be diffused and forcible, more of the ventricle being applied to the præcordia at each systole than would be normally. A well-sustained steady contraction is far more efficient in driving the blood than a sudden brief jerky. The first may be compared to

the force generated by pebble-powder, the second to that by fine grain. The one is associated with well-controlled and regulated nerve action, the other with paresis of power and paresis of "resistance;" the latter term implying that faculty of a nerve-cell by which it controls the escape of its energy. The one can endure increased exertion, the other is ever on the verge of exhaustion. The subjoined tracing, No. 4, was taken from E. A. during her first stay in hospital. Its tall perfectly vertical primary rise under a small pressure indicates a low degree of arterial tonus attended with a sudden jerky ventricular systole. The predicrotic notch indicates a slight delay in the off-flow from the distended arteries. The true dicrotic notch has no special features, and no special significance. The rhythm is quite regular. The tracing much resembles that of aortic insufficiency, and is quite unlike that of M. B., Case 1., and so affords proof that mitral stenosis does not necessarily, even when of considerable amount, produce any characteristic modification of the pulse-form.



LIST OF TRACINGS.

No. 1.—Taken Sept. 1st, 1877, with pressure 20 grammes, no larger obtained with higher pressures.

No. 2.—Taken Oct. 18th, 1877, with pressure 90 grammes.

No. 3.—Taken Jan. 19th, 1878, with pressure 84 grammes.

No. 4.—Taken Oct. 2nd, 1877, with pressure 10 grammes.

Translations.

THE GERM ORIGIN OF TUBERCLE. *

At a recent meeting of the Paris Academy of Sciences, M. Bouley presented a report of certain highly interesting experiments made by him on this subject. He said:—

In the beginning of this year I made some experiments with the lungs and pulmonary ganglia of a cow killed at the slaughterhouse, but, notwithstanding the low temperature then existing, the animal having been dead twenty-four hours, I obtained in all the flasks, thirteen in number, several different microbes; however, there was one which existed in all, and resembled those which had been delineated as existing in serum, and having been produced by cultivation. On the 1st of March I killed a young sow which had eaten four months before, in two days, the lungs of a cow killed at the slaughterhouse; she had a fully developed tubercle. The lungs contained an enormous quantity of tubercles, all the ganglions were cheesy, especially those of the pharynx, bronchial tubes, and intestines. I collected with all the precautions necessary in such cases, the blood and pulp of the pharyngeal, pulmonary, and intestinal ganglions, and fertilised with them seven bottles containing solution of rabbit, slightly alkaline. The next day the mixture was fermenting, and all the vessels contained one and the same microbes, these results of cultivation, ten in number, have retained their purity. The activity

of multiplication lasts from ten to fifteen days, then, after that time has elapsed the exhausted liquor becomes clear, the microbes fall to the bottom of the vessel, and form a deposit of a pale yellow colour. This deposit is composed exclusively of very small isolated twin granulations, in groups of three to ten together, or in little irregular masses. In the first few days opaque flakes appear which are quite consistent and much resembling the filaments arising in the cultivation of bacteria. When one breathes into a finely drawn tube the greater part of the vapour mounts in it or remains suspended at the extremity, and rest for several days in the clear liquid without becoming diluted. The microbes, during this period, surrounded by an atmosphere of viscid and consistent matter. Examined under the microscope the agglomerated points show portions which are extremely rich in a microbe, which appeared then immovable and spread separately on the entire surface of the preparation. In the liquid parts was observed on the contrary in the isolated twin granulations, or those united in larger numbers, very decided movements, later on the white colour of the liquid became uniform, and at last the microbes fell to the bottom of the vessel. Their opacity is much greater at the end than at the beginning of the cultivation, their diameter is diminished, it is little inferior to that of the microbe in the cholera in fowl, and is only 0^{mm} 0001 to 0^{mm} 0002 in diameter. The first inoculations by cultivation performed on rabbits in the subcutaneous conjunctival tissue were all without result, with the exception of one which was done after a third trial of cultivation. Killed accidentally by a dog on the thirty-third day, this rabbit had some tubercles in the lungs of which the histological characteristics have been proved, but the result was not the same with the cat, when the inoculation took place in the peritoneum. Here again, the animals died of exhaustion after a month's captivity, during which time they were fed entirely on cooked meat. The first cat which died had enormous intestinal ganglions which were cheesy in some parts but at the time the tubercles had not yet become general. I scraped with a scalpel the cup of the ganglion and inoculated the pulp and the serosity into the ears of young rabbits. All the animals thus treated, eight in number, became tuberculous. After two months the infection had become general, the lungs and spleen were full of grey tubercles. The first rabbits which died served for the inoculation of a second series of animals which show us all the symptoms of tuberculosis. Two rabbits of the first series will be preserved until death to prove the nature of their final injuries.

M. H. Bouley presented in the name of M. Toussaint, to the Academy a notice on Parasitism of Tuberculosis, from which we extract the following:—

"The first researches which I made on this subject date from the early part of the year 1880. After having collected in a clean vessel the blood of a tuberculous cow I changed the serum which was formed after coagulation into Pasteur tubes, containing solution of cats, pigs, and rabbits, pure serum was also poured into a tube and placed on a stove. After some days the greater part of these liquids showed in them very small granulations, single, two together, or collected in small masses. I cultivated both mixtures and afterwards inoculated some young cats, these animals do not live in captivity, and all of them died of exhaustion before the time when it would have been possible to determine tuberculosis; five months after having collected the serum I inoculated two other cats, adults, with a Pravaz syringe containing serum which had remained on the stove for some weeks, and had in it spherical granulations of which I have kept a drawing. The two cats were killed forty-seven days after the inoculation,

one of them had a local well defined injury, and a pre-scapular voluminous ganglion, but the lungs did not contain any tubercle. The other had the same local and ganglion injuries, and besides a score of very small tubercles scattered about the two pulmonary lobes. A microscopical examination showed that the affection was principally tuberculous. I only mention this fact to show the duration of the conservation of virus tuberculous. It is certain that this experience cannot suffice to demonstrate the existence of a microbe, the liquid coming directly from the blood."

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

TREATMENT OF ERECTILE TUMOUR BY VACCINATION.—At the last séance of the Académie de Médecine M. Paul read a note on the treatment of erectile tumours by vaccination. The treatment consists in covering the tumour by a layer of vaccine, and then by means of a sharp needle making under the liquid superficial incisions which, in becoming cicatrised, will oppose the extension of the tumour. He presented a child on whom he operated six months ago. In this child the tumour was of considerable proportions, it covered nearly the whole nape of the neck and a quarter of the head. The wound took three months to cicatrise perfectly, and to-day the following results are obtained:—The cicatrix which is uniform over the whole surface is white and devoid of vascularity. It is still raised above the surface of the surrounding skin by the subcutaneous vessels. But after the results of other similar operations the author expects that soon the morbid tissue will become atrophied. M. Blot, commenting on the case, did not believe that this procedure could be as susceptible of being generalised as M. Paul thought. It could not be employed in tumours considerably raised above the skin, nor in those of considerable depth. In flattened tumours and those of a very slight depth, it could be used with success. Again, he believed, that in the method of M. Paul who covered the tumour with the vaccine before making the incisions, there was every chance of the blood in its escape washing away the vaccine. He would prefer to make the incisions first, and when the tumour was well drained of the blood to apply the vaccine. M. Gosselin doubted that this case would succeed, it being evidently a subcutaneous tumour. M. Guerin observed that he had in times gone by, treated, and with success, these kind of erectile tumours by simple subcutaneous scarifications.

TWO OBSERVATIONS ON HYPOGASTRIC LITHOTOMY WITH PREVIOUS DISTENSION OF THE RECTUM.—M. Gosselin read, "Two observations on hypogastric lithotomy with previous distension of the rectum." Two principal motives have hitherto prevented surgeons from adopting hypogastric lithotomy as a general method for extracting stone; the first is, the fear of opening the peritoneum; the second, the difficulty of preventing infiltration of the urine after the operation. In the case of M. Périer (reported by M. Gosselin) the first danger was avoided by placing an air pessary in the rectum, and thus tilted forward the bladder and pushed up the peritoneum, consequently the abdominal wall and the urinary reservoir were able to be incised with impunity. M. Périer was the first to adopt this method in France, but Peterson of Kiel had already practised the same operation in Germany. To avoid the infiltration of urine M. Périer injected an antiseptic solution of winter green into the bladder daily during the twenty days that preceded the operation. After the operation two tubes or siphons were introduced into the bladder one by the wound, and the other by the urethra, in order to facilitate the complete evacuation of the urine. The Académie de Médecine thanked the author for his report and ordered it to be published.

COLD BATH TREATMENT OF TYPHOID FEVER.—Dr. Frantz Glénard is one of the greatest champions in France for the cold bath treatment of typhoid fever. This treatment which two years ago was greatly *à la mode* seems to-day to be fall-

ing into disuse, whilst a certain number of practitioners employ, and not without a certain success, phenic acid in the treatment of this disease, claiming for it an antipyretic effect. M. Glénard cannot reconcile himself to this method for he believes phenic acid to be by no means an antipyretic but simply an anticaloric. The following are his reasons for rejecting it:—It cannot be counted on for lowering surely and sufficiently the febrile temperature; it does not re-establish the regular function of the organism; it does not modify in the slightest degree the typhoid symptoms of the brain, the lungs, heart, or abdominal organs; it prevents no complication. Phenic acid by its absorption causes the accidents attributed to its toxic properties; profuse sweats, albuminuria collapse, pulmonary congestion, visceral degeneration &c. It does not in any way modify the mortality: on the contrary says M. Glénard, in concluding the cold bath realises all these conditions, as has been fully demonstrated by experience.

MALPRACTICE.—The civil tribunal of the Seine gave judgment last week in an action brought by a medical man in Paris against a pharmacist and a client for defamation. The doctor was sent for by his client to see his child who was suffering from croup, and when he arrived and diagnosed the case he prescribed as a vomit a mixture containing sulphate of copper. The prescription was brought to the pharmacist who, on reading it, refused to compound it, saying that the dose of copper was poisonous. The father went to another chemist who immediately began to make it up but the man stopped him and said that it was very fortunate that he did not come there first, as the child would have been poisoned, as another pharmacist had already refused to compound it. The father went out and spread abroad that the doctor had nearly poisoned his child, hence the action. The tribunal in its judgment declared that chemists were in their right in refusing to compound a prescription that they considered to contain an excessive dose of any toxic, and acquitted the chemist of all blame, condemning the doctor to the expenses of the action. The dose of the copper was certified by another medical man to be excessive.

DR. HOUGHARD, of Paris, prescribes with the greatest success, the following pills in the different forms of hæmorrhage, such as metrorrhagia, hæmoptysis, epistaxis, &c. Ergotine, sulphate of quinine, ʒʒ 30 grs.; powdered digitalis, 4 gr.; extract of hyoscyamus, 4 grs. For twenty pills. From five to ten in the day. In this preparation the ergotine and quinine act by contracting the vessels, the digitalis controls the circulation, and the hyoscyamus calms the irritation and pain.

THE SOCIAL SCIENCE CONGRESS, 1881.

On Monday morning last Trinity College, Dublin, opened its halls for the reception of the *savants* of the "National Association for the Promotion of Social Science." In the Education Department the special questions are:—"National (Primary) Education," "Intermediate Education," and the "Higher Education of Women." On the first, papers were contributed by Mr. John Ferguson; on the second, by the Rev. Dr. Molloy, the Rev. Dr. Rice, M.A., Dr. Maurice C. Hime, and Dr. Laffan; and on the third, by Mrs. Byers and Miss Helen Blackburn. The following papers were also contributed:—On "University Education in Ireland," by Mr. Charles Dawson, M.P., and Professor Monck; on the "Inspection of Schools," by Mr. M. Fitzgerald; on the "Progress of National Education in England and Wales," by Mr. Rowland Hamilton; on the "Teaching of Arithmetic," by Professor O'Sullivan; on the "Teaching of the English Language," by Professor Joyce; on the "Study of Physical Science," by Mr. J. S. Doherty; on "Classics," by Mr. Charles H. Keen; on "Twenty Years of the Queen's Institute," by Miss Corlett; and on "The Schools of the Christian Brothers," by Professor Boulger.

In the Health Department the following contributed papers on the special questions:—Mr. H. C. Burdett and Dr. Prospero de Pietra Santa on "Hospitals and the State;" Mr. Michael, Q.C., Dr. Moore, and Dr. Stewart Woodhouse, on the "Compulsory Notification of Infectious Diseases;" the Hon. the Recorder of Dublin, Dr. Cameron, and Mr. Edward Spencer, on "Artisans' Dwellings." The following papers were also contributed:—"The Use of Alcoholic Stimulants in Irish Workhouses," by Dr. MacDowal Cosgrave; the "Progress of Sanitation," by Mr. Edwin Chadwick, C.B.;

"Drunkenness and its Remedy," by Mr. John Pyper; "Sickly Children Dependent on the State," by Mrs. Morgan John O'Connell; and "Notes on the Hygiene of the Dairy and the Dairy Yard," by Mr. James Collins.

In the Economy and Trade Department, amongst other papers were read, "Out-door Relief Systems in England and Ireland," by Mr. Robert H. Jephson; on "the Place of Women in the Administration of the Irish Poor Law," by Miss Isabella Tod; "National Compulsory Insurance," by Mr. Whately Cooke Taylor.

The inaugural meeting of the Congress was held on Monday evening in the Exhibition Building, when an address was delivered by the Lord Chancellor of Ireland, Lord O'Hagan. On Tuesday evening the Statistical Society of Dublin, under the presidency of Dr. Mapother, gave their *conversations* in the rooms of the Royal College of Surgeons, lent by the Council of the College for that purpose. On this evening (Wednesday) the Lord Mayor will entertain the Congress at a *conversation* at the Mansion House, and on Friday the Royal Society will welcome the Association, and at the same time celebrate the 150th anniversary of the foundation of the Society, that event having taken place in the year 1731. In addition to the usual arrangements that are made for such entertainments, it is intended, as far as space will permit, to exhibit the more important development of recent scientific research. Several different systems of electric lighting will be shown in operation, as well as the application of electricity to mechanical purposes, and the so-called storage of force by electrical means. Arrangements are being made for the exhibition of statuary and other objects rendered visible in a dark room by means of luminous paint. The special novelty of the evening, however, will be a telephonic *audition*, for which elaborate preparations are being made with the co-operation of Mr. Gunn, who has kindly consented to afford the Society every facility for carrying out the experiment.

It is intended to employ a large number of telephones in such a manner as to enable the performance of Mr. Irving in the "Cup," at the Gaiety Theatre, to be enjoyed by fifty at a time of the assembled company at the Royal Dublin Society's house.

We learn with satisfaction that the number of visitors is quite as large as could have been expected, and there is every hope that the meeting of the Congress will be a very successful one.

M. SALZER has counted the fibres of the optic nerve. He estimates them at four hundred and thirty-eight thousand. The number of cones in the retina he found to be three millions five hundred thousand.

We understand that Sir George Airy, late Astronomer Royal, is to be awarded the highest possible pension, in consideration of his lengthened and valuable services to science while holding office at the Royal Observatory.

On Friday last the 70th birthday of the Empress of Germany, feasts seemed to have been pretty general throughout the country, and Her Majesty, mindful of the afflicted, provided one for the inmates of hospitals, unions, asylums, and orphanages throughout Berlin and its environs.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 21, Bombay 36, Madras 38, Paris 24, Geneva 22, Brussels 23, Amsterdam 21, Rotterdam 15, The Hague 23, Copenhagen 22, Stockholm 23, Christiania 10, St. Petersburg 41, Berlin 25, Hamburg 22, Dresden 26, Breslau 27, Munich 33, Vienna 21, Prague 23, Buda-Pesth 36, Turin 26, Alexandria 50, New York 33, Brooklyn 28, Philadelphia 22, and Baltimore 31. No returns have been received of Rome, Naples, Venice and Lisbon.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, OCTOBER 5, 1881.

PUNISHMENT IN SCHOOLS.

THE remarks we recently made on the subject of improper punishment of school children have been followed by the appearance in the *Standard* of a number of letters bearing on the whole question in this connection. We distinctly argued the necessity for legislative interference on behalf of the unhappy pupils, who too often fall victims to the misguided zeal of their instructors, or with equally bad results to the vengeful feelings of inferior officials in our larger schools. Parents, as a rule, do not comprehend the risk that is run by their sons and daughters in attending school where slight offences are met with immediate infliction of corporeal chastisement. They fail to connect together the occurrence of later illness and these early inflicted punishments, and in no inconsiderable number of cases does it happen that organic troubles developing at or beyond the period of adolescence are never associated with the scholastic floggings and cuffs to which they are primarily due. Because the developments are, in point of time, long subsequent to the causes producing them, and which are in the majority of cases absolutely forgotten by the victims, therefore it is unusual to date back the lesion to its exciting agency; but rather the attempts made to explain it as originating in some more

recent injury ; or, failing anything to directly account for it, is set down as due to an inexplicable constitutional peculiarity. Fortunately for coming generations of children, the fallacy of ignoring antecedent injuries received during childhood to account for adult diseased conditions, is being more and more widely recognised ; and we cannot doubt but that the more general study of diseases of the nervous system, together with a better appreciation of the influences under which the nervous structures are wont to react, has in a great measure ensured this desirable result. During the period of active growth of the brain, a period, moreover, in which children are most frequently submitted to the tender mercies of younger and less highly educated teachers, it requires but a slight shock to seriously disturb the delicate equilibrium of the organism. We do not need now to be told how easily the brain structure may be influenced by evil agencies at all times, or how especially readily it responds to inappropriate impressions at the age when the whole force of the organ is devoted to increasing its proportions. At such a time a blow, even though it be not a very severe one, delivered on the skull, will suffice to initiate changes that shall by-and-by be productive of the most abnormal consequences, and which may in the intensity of the actions to which they give rise even jeopardise the life of the individual. Every specialist in diseases of the nervous system, can recount case after case in which no feasible explanation of the conditions observed presented itself to the patient's mind, but in which painfully suggestive reminiscences of school boy punishments are readily recalled. How many of these distressing instances we are justified in ascribing to the improper administration of thrashings and beatings about the head, we are probably only just now beginning to understand aright.

It is urged by many teachers that the infliction of corporeal punishment is that alone to which they can trust for maintaining discipline amongst large numbers of scholars. This may, under protest, nevertheless, be admitted ; but granting that it is so, there yet remains the necessity for explaining why punishment may not always take such a form as shall avert any possibility of eventual injury to its recipient. The principle that only the head teacher of each school should be permitted to punish the pupils therein, seems to be freely admitted by all advocates of the system ; but, in spite of this, frequent accounts of severe and undeserved beatings suffered at the hands of inferior teachers, are far too numerous to be overlooked in silence. If discipline must be maintained at the cost of physical torture, the public who entrust their children to the care of schoolmasters and owners, have a right to demand that in circumstances so nearly affecting their interests as those surrounding the safety of their offspring, the responsible head of the school shall alone be answerable, and that any departure from the rule requiring that punishment shall always be received at the hand of the senior teacher, be met with as much severity as any other criminal proceeding. We may assume that for the credit of his school, and the preservation of his own character, in the absence of any higher motives, a master

who wields supreme authority within its limits, will so act as to punish with the least danger of ultimate serious injury ; and further that, as a consequence of recent agitation and explanation on the subject, each one will readily understand in what manner to secure this desirable end. The passing of a law, therefore, making it a penal offence for any other person to punish a pupil, could not fail to be followed by salutary consequences ; and, in this direction, we should feel disposed to look for the improvement that is so sorely needed.

Several of the *Standard's* correspondents have given point to the statements made, on more than one occasion, in these pages ; and in particular, perhaps, we may mention the importance laid by several writers on the injury done to the delicate muscles of young children's hands by the fiendish practice of striking them with pointers, rulers, and the like weapons. It is with a feeling, approaching to a murderous desire, that we have again and again witnessed mere youths, third and fourth masters in large schools, inflict on one shrinking, sensitive child, after another, four, six, or eight blows on the palm of the hand, delivered through a ruler, with all the energy of a devil delighting in torture. A frequent repetition of such treatment—and some miserable children are submitted to it day after day, and week after week, if perchance they are naturally backward and feeble, until the poor little hands are a mass of bruised flesh—and the performance of any labour with them becomes an utter impossibility. Such as these can never, in the future, hope to effect any operations involving delicacy of manipulation ; and that many such unfortunates are, in this way, prevented from pursuing careers to follow which they are fitted in all but manual dexterity, there is too much evidence to prove.

It is, at any rate, an open question how far corporeal punishment is absolutely essential to the maintenance of school discipline. At one time it was fashionable to insist that large numbers of human beings, under whatever circumstances associated together, could be controlled only by fear of bodily pain as a consequence of insubordination. We do not need now to combat so barbarous an idea, and, in most instances, where it used to hold, it has yielded before a wiser and more humane decision. The time will doubtless ere long arrive when it will be the case also with schools ; when it will be a reproach to be charged with a preservation of the old form of punishment ; and already there are not a few institutions where good order is easily preserved by the exercise of moral rather than physical force. It is absurd to urge, as is often done, that a child's nature can be overcome by the fear of suffering alone ; to assert this is to admit the worst possible form of weakness ; and every parent should studiously avoid entrusting his child to the care of an instructor who will give utterance to so palpable a heresy. Children, pre-eminently, are amenable to kindly and genial influences ; and any action that may be taken to enforce the employment of these in all schools, rather than corporeal punishment, will have at all times our hearty and entire support.

THE REFORM OF IRISH MEDICAL EDUCATION BY THE IRISH COLLEGE OF SURGEONS.

SHORTLY after the vote of the Fellows of the Irish College of Surgeons had been given in last May in favour of the New Scheme of Education and Examination proposed by its Council, the election of a new Council took place, and the determination of the Fellows to insist upon an improvement of the existing system was marked on that occasion by the ousting of one of the chief opponents of reform from the Council table. Immediately after the first meeting of the new executive of the College, the new scheme was again taken in hand, and, in spite of the resistance of the anti-reform party, it was finally confirmed and ordered to come into effect with respect to all students commencing their studies from that date forward. But the scheme is, in some important respects, at variance with the old educational bye-laws, and in order that it may be strictly *en regle*, it is necessary, under the provisions of the charters, that the assent of the Home Secretary should be obtained to the abrogation of these bye-laws. This authorisation would be, under ordinary circumstances, a matter of course, firstly, because control now exercised by the General Medical Council has practically superseded that which was vested in the Secretary of State when the charter was made, long before the Medical Council existed—secondly, because it is anomalous and without any precedent in other colleges, that the educational regulations, being called bye-laws, should be fixed and unalterable as they have hitherto been in the Irish College of Surgeons. The Council, therefore, dispatched to the Home Secretary a letter in which they asked that the Educational Regulations should be, so to speak, dis-bye-lawed, and they submitted for his inspection a copy of the new scheme.

Thereupon, the defeated party of anti-reformers thought they saw their opportunity to delay the operation of the proposed improvements and, accordingly, one of the teachers, whose courses of repeated lectures had been curtailed in number and practicalised in character, set on foot a memorial to the Home Secretary begging him *not* to comply with the request of the Council. He had, of course, succeeded in obtaining the signatures of some of the Dublin teachers who are interested in maintaining the existing condition of things at the College; but before either the letter of the Council, or the counter-memorial, could reach the Home Secretary he had left England, and therefore, neither of them have yet been laid before him, nor has any reply been given by him.

So stands the matter at present. It is not at all probable that the Home Secretary will think it his business to revise the decision of the Council and of the Fellows of the College, especially as the new scheme is obviously directed to raise the standard of education of the licentiates of the college, and as any possibility of the public interest being sacrificed is guarded against by the supervision to which the scheme will be submitted by the General Medical Council. Nor is the delay in obtaining the assent of the Home Secretary of the least importance, for—inasmuch as no student need come in under the scheme except those who are now about to commence study—it will be twelve months before the new examination

arrangements need be completed. As for the preliminary examination in general education, the Council can do as it pleases with it, because it is not fixed by any bye-law, and changes in it do not require the assent of the Home Secretary.

As to the movement to prevent the redress of those abuses in connection with Irish medical education which every Fellow of the College and almost every member of the profession in Ireland blushes to acknowledge, we cannot refrain from expressing our chagrin and regret to observe that the common decencies and honesties of medical education, and the interests of the College itself, should be so entirely forgotten in the scramble for lecture fees and apprentice money. If we must appeal to the opponents of improvement in their own interests, we would ask them to consider carefully whether they are not, in grasping at an improbable perpetuation of the dying system of repeated lectures, sham certificates, and credit fees, risking the utter destruction of their own craft? If they were unhappily to succeed in forcing the College of Surgeons to insist upon its licentiates paying cent. per cent. above the market price for their professional qualifications how long would the College continue to exist? When they see that University over which they have no control is ready to give the double qualification for £89, and on one course of lectures in each subject, is it wise, nay, is it even decent, that they should seek to sacrifice the College to the vain attempt to induce parents and students to pay £158 for the empty name of instruction which is neither given to the student, accepted by him, or paid for by his pupil master? The question does not admit of argument. If the short-sighted policy of the Dublin teachers were to prevail they might possibly enjoy a rapidly-decreasing income for three or four years, but eventually the stern logic of competition would reduce them to a tardy surrender, and meanwhile the Irish College of Surgeons would have ceased to exist as a licensing body. May the realisation of so impolitic and disastrous a policy be long distant.

Notes on Current Topics.

A Colonial Cause Celebre.

WE have received from Sydney, Australia, a pamphlet containing full reports of a case investigated there during the present summer, and arising out of the death of a woman on whom Dr. Warren had operated for extra-uterine pregnancy. The details are most instructive, both from the surgical and from the ethical point of view. They well illustrate the possibilities of error in diagnosis in cases of apparently abnormal gestation, the operation having shown that the pregnancy was a normal one, although the sound had previously been admitted into the uterus for a length of three inches. This chiefly induced Dr. Warren to undertake what he terms gastrotomy, but which we are more accustomed to describe as abdominal section. The operation was performed in the presence of a number of medical men, two of whom, moreover, had previously examined the case, while by one of those two it had been transferred to Dr. Warren's care. When the incision into

the tumour had been completed, and the child removed the discovery was made, for the first time, that the womb itself was opened; and following this, for reasons which are carefully explained in the report, the uterus and ovaries were cut away *en masse*. The patient died two days after the operation, and an inquest was held upon the body, the report of which is the work referred to above. On the advisability of the proceeding, on the assumption of an extra-uterine pregnancy, the woman having advanced to within about six weeks of term, a majority of surgeons will probably concur; but even with all the facts given in the published account before them it is doubtful how far a general agreement will obtain as to the necessity for abscission of the uterus and ovaries when the nature of the case was finally established. On this point we do not now offer an opinion; but that which does call for comment is the action of two of the medical men present, who subsequently and directly impugned the conduct of Dr. Warren in a professional sense. By their presence at the operation they surely offered a silent endorsement of the proceedings, and it is to be regretted that their after conduct tended to remove the impression thus conveyed. One of the witnesses at the inquiry, by the way (a Dr. Milford), has enjoyed, according to the evidence he gave, the exceptional opportunities of operating, or assisting in the operation, for "gastrotomy" *eight or nine times*, and he gives it as his conviction that in all such cases as that of Dr. Warren the operation is urgently demanded. The circumstances surrounding the particular case under consideration were evidently most unusual, and it deserves to be noted on account of the peculiar features it presented, and the fatal ease with which error in its diagnosis was possible, and did occur, in spite of the most careful and skilful examination.

Headaches.

THE approach of the winter season will, with a large number of people, be inaugural of a recurrent headache, for which they are unable to account at all satisfactorily, but which experience has taught them to expect as surely as fires and "snugness" are rendered necessary to personal comfort. It would be well if all such sufferers were to understand the *rationale* of the complaint that periodically attacks them, and be wise in time to ward off the return of their old malady. In every case where the headache is not dependent on some organic disturbance, and when it is felt only during the colder months of the year, especially in large towns, it is undoubtedly due to the vitiated atmosphere of rooms lighted by gas, and rendered "snug" by close-drawn curtains and draught-excluding doors, while a brilliant fire is maintained for heating purposes. This latter is, indeed, the only preventive under the circumstances, of an absolutely poisonous condition of the air, which is very seriously contaminated wherever a gas-light is employed for illumination. Careful observation of the effects gradually produced by prolonged continuance in such an apartment, will reveal the fact that a feeling of oppression, becoming gradually more intense, steals over one; and in an increased degree accordingly as the number of occupants of the room is added to. The atmosphere becomes thus heavily laden with carbonic acid, the products of combustion of the gas and of the human tissues;

failing any free ventilation this rapidly accumulates, an insignificant amount alone finding exit by the chimney, and acting on the nervous system of those using the room, induces cerebral congestion that results in serious disturbances, which are relieved only after a more or less painful period of indisposition. The remedy for the evil is in efficient and constant ventilation, a necessity that every householder should see is secured in all the rooms of his dwelling before they are transformed into winter habitations.

Platelayers' Risks.

AN unfortunate occurrence, by which two lives were sacrificed, took place last week at the Crystal Palace Station of the London, Brighton, and South Coast Railway, and which shows the need for much more consideration on the part of railway companies to their *employées*. The victims in this accident were platelayers, engaged in work in the tunnel just without the station, and who, while standing clear of an outgoing train, were knocked down, and one killed, the other fatally injured, by another train which was invisible through the smoke left by the first. It was shown, in evidence, at the inquest that many tunnels on railways are so constructed as to leave no means of safety to labourers in them when overtaken by two trains at the same moment, except they prostrate themselves in the space between the lines, and thereby expose themselves to the risk of injury by fire and steam from passing engines. In the particular tunnel referred to, the ventilation shafts have been filled up, so that no escape for imprisoned smoke and steam, except at either end, exists; and, in addition, there are no "manholes," or side spaces, in the walls to which workmen can hasten for shelter. The lot of railway labourers is by no means enviable at the best, and the hardships they endure need no intensifying by the certain risk attending their employment in unprotected situations. Moreover, without adequate ventilation tunnel work must be highly injurious to the general health; and in every way there is ample reason for demanding extensive improvements in the construction of these darker portions of the great railway systems.

Artisans' Dwellings in Dublin.

AT the recent general meeting of the Dublin Artisans' Dwellings Company, the chairman stated that during the half year the company had received in rents more than they had received any previous half year. Their expenses, however, were somewhat larger; accounted for by the severe frost of the winter. They recommended a dividend of 4 per cent. The rental this half year showed a substantial increase as compared with the half year just closed. The fifty-six houses had recently been built, and although it was only the 16th of August they erected the last of those houses, they were all let to respectable tenants. The sanitary condition of the houses, he was happy to say, continued most satisfactory. On the 30th of June they had 1,428 inhabitants in their houses. The deaths for the half year were but 11, and of these 5 were children under 5 years of age. Thus, the death rate was but 15 per 1,000, while the death rate in the city at large was 33 per 1,000.

Army and Indian Medical Items.

THE *United Service Gazette* says:—The officers of the Army Medical Department are looking forward with hopeful eagerness to the reign of a new director general. Dr. Crawford's last tenure of office 'at Whitehall Yard was a halcyon period of "a fair field and no favour," and it is quite time that the department had a chief with sufficient energy and firmness of character both to reign and to govern. By some extraordinary apathy—to give it a mild name—on the part of the professional heads, the arrangement of the foreign service roster and of appointments at home has been allowed to get into the hands of a civilian clerk, who is naturally looked upon as the real master of the department. It might be reasonably thought that this work is rather the province of one of the numerous well paid officers of standing who are at present engaged in examining returns and compiling statistics. At present there is a general feeling that more might have been done to carry out the promises held out some years ago of something like an equality in the periods of home and foreign service. As it is, officers after five years in the tropics, are barely secure of two years at home.

We regret to have to state that by late advices from the West Indies fevers of a very malignant type are prevailing more or less throughout the islands—Demerara, Trinidad, and Barbadoes being especially the sufferers. In the latter island the colonel of engineers and some of his family; a surgeon-major and his wife; a commissariat officer, and many of the troops, together with the wife of His Excellency the Governor, have of late fallen victims to yellow fever. From August 1 to 26 there were 186 interments in the Westbury Cemetery. Captain Lawless, Army Pay Department, died suddenly at Barbadoes from apoplexy.

We learn that the draft of a proposed memorial to the Queen in Council, amending the temporary loss of full and full half pay incurred by certain naval medical officers under the Order in Council of April 1st last, has been submitted by the Admiralty to the Treasury.

Staff-Surgeon Edward Mahon, R.N., whose special promotion for services during the Transvaal war was notified in Friday's *Gazette*, has, we hear, been recommended to the War Office by the Admiralty for decoration with the Victoria Cross for the great gallantry he displayed at Mejuba Hill.

Thames and Lea Pollution.

OUR statement of last week as to constantly recurring dangerous pollution of the Thames by the rural population living on its banks receives a remarkable confirmation. On Thursday last, at Henley-on-Thames Police Court, the Conservators of the Thames summoned the Rural Sanitary Authority of Henley for continuing to pollute the Thames by allowing the drainage of Caversham to enter the river. The defence set up was that the local authority had done its utmost to prevent pollution, and utterly failed. Mr. Wimper, the Analyst of the Conservators, proved that the water taken from the Thames near one of the principal outlets was concentrated sewage. As to the "purity and wholesomeness of the water of the river Lea, the evidence to the contrary is of the most trenchant character. We

need only refer to one fact with regard to it, and we do so because it has been commented upon as a public scandal. It appears that the vast population of the East-end of London constantly resort to it as "a pleasant bathing-place;" but it so happens that in consequence accidents from drowning are constantly occurring. It cannot be otherwise, for at one part of the river where a tributary stream flows into it—the Horse Shoe—so rapid is the current that the moment a bather ventures from the shore he gets into deep water he is almost certain to be drowned. It may be days before the body is recovered. The fact is, as Dr. Frankland states in his last report to the Local Government Board, that the water of the Thames and Lea is year by year becoming more contaminated and unfit for use as a potable water.

Hop Bitters.

Vanity Fair has taken up its parable against patent medicines. The author has found in a wholesale price list over 2,000 patent medicines named and priced. After counting the advertisements of medicines which appeared in all the Metropolitan papers in one week, and calculating from some knowledge of journalistic management, it is estimated that some £3,500 per week is spent in London alone for advertisements of nostrums. By another calculation it is reckoned that at least a further £3,800 is spent weekly in the provincial press for a similar purpose. To this has to be added the countless placards, the millions of bills, and the infinite variety of more or less artistic skill which is exercised on various forms of puffing, for all of which the patient public has to pay.

Hop bitters is then analysed and discussed:—

Tincture of hops, $\frac{1}{2}$ fl. oz.; tincture of buchu, 3 drachms; tincture of senega, 3 drachms; podophyllin, 1 grain, dissolved in spirits of wine, $\frac{1}{2}$ oz.; tincture of cochineal, 20 drops; and distilled water up to 16 oz. The cost of these ingredients, based on prices quoted, it is said, in Messrs. Goodall's private list, amounts to about 5½d. The selling price of the mixture is 4s. 6d.

The Veterinary Surgeons Act.

THIS Act, which passed on one of the last days of the session of 1881, makes it illegal for an unregistered person to assume the style or title of veterinary surgeon, or any name, title, addition, or description stating that he is a veterinary surgeon or a practitioner of veterinary surgery.

The Royal College of Veterinary Surgeons is created the examining body. The first persons eligible for registration are those who possess some recognised diploma. All British practitioners must be members of the Royal College of Veterinary Surgeons. Persons who possess a foreign or colonial diploma entitling them to practise in the colony or country where it was granted, are entitled to registration under certain conditions. The sections which impose a penalty for the use of the title of "veterinary surgeon" do not come into force till January, 1884, though a penalty of £20 is imposed at once on any unregistered person who may hold himself out to be registered.

The Act does not forbid, or in any way hinder, veterinary practice. It protects the title "veterinary surgeon," and makes it impossible for unregistered persons to recover fees

for advice; but it does not prevent practice for cash, nor the recovery of payment for goods supplied.

New Facts concerning Rabies.

THE *Veterinary Journal* for October reports that a contribution to our knowledge of this disorder has been recently made by M. Galtier, after a series of experiments. These were made principally on rabbits, and the most important of the conclusions which he draws therefrom is, that the saliva of a mad dog, obtained from the living animal and kept in water, continues virulent five, fourteen, and even twenty-four hours afterwards. This fact has consequences which everybody should be aware of. Thus it seems that the water of a vessel in which a mad dog may have dropped some of its saliva in attempting to drink should be considered virulent at least during twenty-four hours; and next, that as the saliva of a mad dog which has succumbed to the malady or has been killed does not lose its properties through mere cooling of the body, it is important, in examining the cavities of the mouth and throat after death, to guard against the possible danger of inoculation. M. Galtier tested rabbits with regard to rabies, and found it transmissible to them from the dog; also, the rabbits' rabies from them to animals of the same species. The chief symptoms are paralysis and convulsions. The animal may live from a few hours to four days after the disease has declared itself. It is notable that the period of incubation is much shorter in the rabbit than in other animals, and this makes the rabbit a useful reagent for determining the virulence of a particular liquid. M. Galtier found salicylic acid, injected daily under the skin, powerless to prevent the development of the disorder in rabbits.

Registration of Medical Practitioners.

IN our Students' Number it was inadvertently stated that the fee for a first entry of a medical practitioner in the Medical Register is £6. This statement is incorrect, the amount being, as it always has been, £5.

Treatment of Sprains.

DR. BRINTON (*Philadelphia Reporter*) orders the injured limb to be placed in hot water, and boiling water added slowly until the highest endurable temperature is attained. The limb should be retained in the water fifteen or twenty minutes, when the pain will be found to have disappeared in most cases.

The Openings.

ON Saturday last the London and St. Thomas's Hospitals were opened for the winter session, the first informally, the latter by an address from Dr. Bernays. On Monday all the remaining schools commenced active work; at Charing Cross, an afternoon *soirée*, held in the new school buildings, was largely attended, and apparently afforded enjoyment to all present. At other places pleasant *réunions* were also held.

THE stamp duty on patent medicines for the year ending March 31st last amounted to £139,762 18s. 10½d.

The Profits of Zoedone.

THE first annual meeting of the Zoedone company was recently held in London, Mr. Hoare presiding. The report stated that the whole expenses and charges amounted to £6,208, which left a total net profit of £45,024 (!!!) out of which an interim dividend at the rate of 25 per cent. per annum was paid last December, and a further similar dividend was now recommended. Of the balance of the net profit, £15,000 was carried to the reserve fund, leaving £5,024 to be carried forward.

Chinese Malachite.

LAST month a "cheap Jack" was charged at Warwick with having obtained 1s. by false pretences. The defendant had been in the habit of attending markets to sell bottles of medicine which he called "Chinese malachite." He would collect an audience and then expatiate on the stores of learning and genius hidden in the recesses of Chinese lore, and then began to unpack a tea-chest containing bottles of his malachite, which he professed to have received from his agents in China. It was a specific, he said, for rheumatism, shortness of breath, and various other maladies. It could, he added, be purchased of all chemists at 10s. 6d. a bottle; but to show how they imposed on the public, he would sell it at 1s. a bottle. A person who had been assistant with him testified that the prisoner made the malachite himself of "Chili pods, aniseed, cloves, cinnamon, cayenne pepper, and black sugar. The cost would be about a farthing a bottle, and prisoner would sometimes sell 1,200 or 1,300 bottles." For the defence it was contended that the accused was entitled to call his medicine "Chinese malachite," the same as other concoctors of medicines gave them distinctive names. The Bench at once dismissed the case.

ACCORDING to the *Pharmaceutische Zeitung*, July 29, of 850 analyses made in June of food and beverages sold in Nice, no less than 559 were found to be seriously adulterated.

DURING the meeting of the International Medical Congress in London some English and foreign doctors were discussing the style of apparel most suitable for the occasion of one of the conversations or receptions. Dr. Charcot, of Paris, quietly observed—"As for me, I shall go in my night-dress."

DR. W. H. STONE, of St. Thomas's Hospital, has accepted the post of Lecturer on Musical Acoustics at Trinity College, London, and has placed his collection of acoustical apparatus at the disposal of the College; to which loan Mr. Spottiswoode has added his celebrated "Siren," by Koenig.

THE Metropolitan Hospital Sunday Fund received its first legacy about a week ago. The executors of a benevolent gentleman, who stipulated that his name should remain unknown—indeed, made it a condition as to the acceptance of the bequest—paid over £300, free of duty, to the Council of the Fund, under the initials only, T. J. M.

DR. BEARD says that one of the pleasantest memories of his course at medical college is the fact that he did not attend one lecture in twelve.

THE steady decline of small pox in London was further shown by the reports presented at the meeting of the Metropolitan Asylums Board on Saturday last. The fresh cases admitted in all the fever hospitals for the month were 332, discharged 311, remaining under treatment 440, died 56, as compared with 406, 479, 559, and 80, showing a decrease of 81. The number of beds now available is 580.

SPEAKING about the character of the attendants of a sick person, Dr. J. M. Fothergill says:—"A pious widow, with dyspepsia and strong religious convictions, is a ghoul when illness is about. She sucks the life out of an invalid like a moral vampire. As life ebbs she is sustained, and when the invalid has passed the portals of another world she goes away edified, strengthened and encouraged in her murderous mission, fully prepared to extinguish the lives of any number of relatives if ill-luck should prostrate them upon the sick bed."

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Bradford 15, Leeds 15, Birmingham 15, Bristol 15, Brighton 15, Salford 15, Sunderland 15, Portsmouth 16, Sheffield 17, Plymouth 17, London 17, Oldham 18, Glasgow 19, Edinburgh 20, Nottingham 20, Norwich 20, Leicester 20, Dublin 22, Newcastle-on-Tyne 22, Wolverhampton 22, Liverpool 23, Hull 24, Manchester 25.

THE British Pharmaceutical Conference held its sessions at York on the last two days of August, under the presidency of Mr. Reynolds, of Leeds. Over 130 visitors attended the meeting, making with the attendance from York itself 166, which was within 10 of the largest number on record. A full programme of good pharmaceutical papers was presented, and on the day following the sessions an excursion to Ripon and Fountains Abbey wound up the event. Professor Attfield was elected president for the next Conference, which is to be held at Southampton.

FROM diseases of the zymotic type last week in the large towns scarlet fever showed the largest proportional fatality in Hull, Nottingham, and Bradford; no fewer than 197 fatal cases of this disease have been recorded in Hull during the past twelve weeks, of which 22 were registered last week. The 33 deaths from diphtheria included 14 in London, 10 in Glasgow, 5 in Portsmouth, and 2 in Birmingham. Fever, principally enteric, showed the highest death-rate in Liverpool, Glasgow, and Portsmouth. The fatality of diarrhoea was considerably below the average for the season. Small-pox caused 27 more deaths in London and its outer ring of suburban districts, one in Oldham, and one in Newcastle-upon-Tyne; while no death from this disease was recorded in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE EXAMINATION OF STUDENTS AT THE SCOTCH UNIVERSITIES.—The Royal Commission on Medical Education will have to consider the present system under which students are examined at the Universities with the object of making some alteration and improvement in a system which has nothing to be said in its favour and against which a great deal may be said. The present system, under which the teacher is the examiner of the taught, has two grave defects: it begets narrowness on the part of the student and a tendency to use undue severity on the part of the teachers towards candidates who do not attend their classes. Professors are not devoid of human frailties, and, as their incomes depend upon their classes, allowance must be made for the same. In many cases, also, the selection of a professor does not always depend upon unusual fitness for his work, his election as often as otherwise depending upon his marriage relations, &c. Under these circumstances it is unfair to the student to require his attendance at the class of such an instructor, and in all cases where the teacher is thus deficient the student pays for food on which he starves. Again, where the teacher is also the examiner there is a great tendency for the student to depend simply on the notes taken in the class room, and confining himself to these he becomes narrow in his views and injuriously cramped. In Edinburgh and Glasgow, where there are vigorous and thriving extra-mural schools, the weak points of the system we have been condemning are only too apparent. The value of the additional examiners appointed by the Universities is more apparent than real, and students cannot divest themselves of the impression that the professor is still the actual examiner.

SANITARY SCIENCE IN ABERDEEN.—A Town Councillor in Aberdeen has discovered a ready method of dealing with tenants who use their water closets for the removal of old rags, heads of cod fish, and other household rubbish; he closes up the closet and leaves his tenants to get the best accommodation they can elsewhere. It appears that owing to a stoppage in a soil pipe, a partition wall was somewhat injured, and to prevent a recurrence of the nuisance, the councillor came to the sage conclusion that a water closet was a superfluity, and therefore, closed it up without making the slightest provision for the removal of the household excreta. A medical officer of health will find it no easy matter to deal with a town council some of the members of which possess such unenlightened views as to the sanitary requirements of the people.

DREADFUL ASSAULT BY A LUNATIC.—On the 29th ult. a very melancholy occurrence took place at the Lunatic Asylum at Merryflats. On Tuesday evening about twenty workmen, patients, were coming home from work under two attendants. One of the lunatics was wheeling a barrow in which there was a spade. He put down the barrow, and the attendant, a fine young man, of 25 years of age, named Angus, asked him to take it up again. Without a word of warning the lunatic picked up the spade, and whirling it round, smashed the base of the skull of the attendant in a most frightful manner. Dr. Dunlop was soon in attendance, and every thing that medical skill could do was done to save the life of the young man, but from the first the case was hopeless. The lunatic is now in confinement pending magisterial inquiry.

UNIVERSITY OF ABERDEEN.—It is understood that the

Conservative Students of this University intend adopting Sir James Paget as their candidate for the Lord Rectorship, in opposition to Dr. Bain.

DEATH-RATE OF GLASGOW.—The Glasgow death-rate for week ending with Saturday the 24th ult., was 19 per 1,000 of the population as compared with 21 of the preceding week. For the corresponding week in 1880 the rate was 20 per 1,000, and for the same periods in 1879, and 1878, 17 and 22 respectively.

PECULIAR GUN ACCIDENT IN DUMFRIES.—A somewhat serious gun accident occurred to Dr. Alexander Thomson, Dumfries, on the 28th ult., in the shop of Mr. McCall, gun-maker. Mr. McCall was explaining to the doctor the action of a saloon rifle, and, for the purpose of illustration, put a cartridge into the weapon. In doing so, his thumb accidentally caught the hammer, which came down and caused the charge to go off. The bullet passed through Dr. Thomson's right leg below the knee, causing a great flow of blood.

THE RECTORSHIP OF ABERDEEN UNIVERSITY.—The contest for this office is likely to be a keen one. It will be remembered that at the last election of an Assessor to the University, Dr. Bain, the late Professor of Logic, was beaten by the clerical influence brought to bear against him. His opinions are a little too advanced for a certain sect of the clergy in Aberdeen, who are not, however, peculiar in the narrowness of their views from the rest of their caste elsewhere. As Lord Rector Dr. Bain will be able to command two *votes* in the Councils of the University, and it therefore becomes the duty of all lovers of freedom and progress to support Dr. Bain. The election rests with the students, and it is to be hoped that the medical portion of the University will not be behind hand in supporting Dr. Bain. The Conservative candidate is Lord Cranbrook.

DEAN STANLEY AND ST. ANDREWS UNIVERSITY.—The late Dean of Westminster has bequeathed to the University of St. Andrews his interesting collection of curiosities and historical relics. These include souvenirs of the desert of Sinai and of Palestine, gathered by the Dean himself during his Eastern tour, as well as many memorials connected with the Eastern Church, and also with famous scenes in mediæval and modern history. The executors of the late Dean have expressed a wish that it should be preserved in a separate cabinet within the University Museum.

THE LATE MR. A. B. STIRLING.—The anatomical department of the University of Edinburgh has lost a most valuable assistant, and science a most devoted follower, by the death of Mr. A. B. Stirling. Mr. Stirling belonged to a type of men, common in Scotland, who, by their energy, perseverance, and strength of character, raise themselves from low to high positions. The son of a shoemaker, Mr. Stirling was by turns a shoemaker, gamekeeper, and chief assistant in the Anatomical Museum in the University of Edinburgh. He was a devoted naturalist, and his knowledge of the habits and structure of fish, more especially of the salmonidæ, led him to take a keen interest in the "fungus disease" affecting salmon, which has decimated the Tweed and other of our rivers; and he communicated to the Royal Society of Edinburgh a series of memoirs on this disease, which contain the fullest and most exact information on its pathology that has yet been published. The funeral took place at Warriston Cemetery on Saturday last. Had the University been in session at present there would doubtless have been a large attendance of students, by whom the deceased was held in high esteem, but, as it was, the company was confined to the

relatives of Mr. Stirling, such of the Professors as were in town, and a number of medical gentlemen.

THE OLD INFIRMARY BUILDINGS, EDINBURGH.—The Sub-Committee of the Treasurer's Committee of the Edinburgh Town Council, charged with the arrangements for the conversion of the portion of the Old Royal Infirmary buildings purchased by the Corporation for the purpose of a fever hospital, had a meeting last week, and instructed Mr. Morham, city superintendent, to proceed with the preparation of the necessary plans. The Burgh Engineer is to examine and report as to the drainage; and Dr. Littlejohn to report as to the allocation of the wards for different kinds of infectious diseases.

Literary Notes and Gossip.

PROFESSOR HUXLEY promises a new volume to be entitled "Science and Culture and Other Essays," which Messrs. Macmillan and Co. will publish, the same firm also announcing "A Course of Instruction in Zootomy" (Vertebrata), by Professor T. Jeffrey Parker, B.Sc., of Otago University; and vol. iii. of Professors Roscoe and Schorlemann's "Chemistry," to include the hydro-carbon compounds.

The new Savoy theatre will be the first in this country to utilise the electric light for interior illumination, and Mr. Swan's improved lamps are admirably adapted to ensure the success of the trial; 300 of these will be employed on the stage and in the auditorium, and by a friendly arrangement with Messrs. Siemens' Bros., the power will, in future, be supplied by their apparatus. The hygienic advantages of substituting the electric light for gas, need no enforcing.

ACCORDING to the researches of Dr. John S. Billings, of Washington, there are now in existence over 120,000 volumes of medical literature, and double that number of pamphlets, with a prospective addition of 1,500 volumes and 2,500 pamphlets every year. France, although far below other countries in the number of medical men, has nevertheless the largest number of medical writers by far, in proportion nearly all her physicians contributing more or less to medical literature.

A FRENCH translation is announced of the researches in Acoustics, conducted by Dr. Rudolph König, and published from time to time during the last fifteen years, in the *Annalen der Physik*. The whole of the papers are to be collected into a single volume, and illustrations of the newly-invented apparatus, designed to illustrate the results of experiments, are to be included in the work, the appearance of which will mark an era in the study of sound as a science.

THE Cartwright prize, awarded this year for the first time, has been made in favour of Dr. Frederik R. Henry, of Philadelphia, the essay, on account of which he was thus distinguished, being entitled "Observations with the Hæmacytometer upon the Globular Composition of Blood and Milk." The results of an extended series of observations conducted with the view of determining the corpuscular values of these fluids must be valuable to many persons, and it is to be hoped the essay may be accessible to the general profession.

THE presence of a princely chairman at a Scientific Congress is an event sufficiently unusual to deserve passing notice at least, and we may therefore express the pleasure with which the whole medical profession accepts the hearty sympathy shown by Duke Theodor, of Bavaria, in all pertaining to the interests of the calling he has embraced. His most recent public act as a medical man, that of presiding over the Hygienic Congress at Vienna, is another only of the many graceful acts already performed by him in his professional capacity. His sound surgery, and knowledge of medical science, make him a most fitting occupant of the post just held by him.

A LITERARY light, of some little eminence, has just passed away in the person of Mr. John Postgate, F.R.C.S., professor of medical jurisprudence in Queen's College, Birmingham. Sanita-

tion and adulteration were his principal themes, and of these he never seemed to tire; one by one pamphlets issued from his pen, as rapidly as tales from a professional novelist. Yet they had their day, and the author of them, who could lay claim to being the originator of the movement against adulteration, had the satisfaction of finally seeing his efforts rewarded by the passing of the "Adulteration of Food and Drugs Act."

Of books published during the past month in medicine and collateral sciences, may be mentioned Dr. Wilson's "Treatise on the Continued Fevers" (this volume completes the series for the year of Wood's "Library of Standard Authors," reproduced in this country by Messrs. Sampson Low and Co.). Dr. Hartmann's "Deafmutism," translated by Dr. Patterson Cassells, of Glasgow, and published by Messrs. Baillière, Tindall, and Cox. A new edition of Smith's "Principles and Practice of Operative Surgery" (Low and Co.). The General Index to Ziemssen's "Cyclopaedia of Medicine" (Low and Co.). Gower's "Epilepsy and other Chronic Convulsive Diseases" (Churchill). Warrington Howard's Treatise on "Orthopedic Surgery" (Longmans). Van Buren's "Diseases of the Rectum" (Lewis). S. Ricker's "Text-book of Organic Chemistry" (Kegan Paul). A new edition of Heath's "Practical Anatomy" (Churchill's). A fifth edition of Mayne's "Medical Vocabulary," and a new edition of Charteris's "Medicine."

The publishing season has not dawned on the profession with many promises of new books:—In anatomy, a new edition of Holden, and a new work by Mr. Mears, of the University of Durham Medical School, on "Schematic Anatomy," are announced. In botany, new editions of Bentley and Semple. In chemistry, a new edition of Semple's aids. In dentistry, a new edition of Tomes' manual. In physiology, a third edition of Rutherford's outlines. In surgery, an International Encyclopaedia, in six volumes, to be published quarterly by Messrs. Wood and Co., of New York, Philadelphia, and reproduced in this country by Messrs. Macmillan. In midwifery and diseases of women, a fourth edition of Meadows' Manual, and Dr. Palfrey's aids; a second edition of Berkeley Hill's Syphilis, and a small book on Cholera, by Octavius Sturges. The other subjects are altogether unrepresented—so meagre a record has not probably been seen for many years past.

A REMARKABLE feature of the forthcoming publishers' season will be the large number of geographical and other works of travel, Messrs. Sampson Low and Co. and Messrs. Macmillan having together announced nearly a dozen volumes in this particular branch of literature. Many of these will possess high interest for medical readers since the observations contained in them are likely in frequent instances to reflect the hygienic conditions under which the various peoples are living, and contain also some indications of prevalent diseases. Among the more notable works being announced we would mention Lieutenant A. Hoogstraal's "Voyage of the Vega," a popular account of Professor Nordenfjöld's expedition; and "Upolu," a description of the chief island of the Samoan group, by H. B. Sterndale; both to be published by Messrs. Sampson Low and Co.

THE literary cravings of medical students must be indeed great, inasmuch as the *Student's Journal and Hospital Gazette* has been found to be insufficient to meet the entire demand, and a rival is threatened in the shape of a penny weekly, to be called, *The Medical News and Collegiate Herald*. The new caterer for students' mental food, and students' pennies, is to make his bow on October 23th, and we are somewhat curious to see how much in quantity and quality of the delectable can be furnished at the price. True, we have our penny dailies, rich in both these essentials, but the field here is cosmopolitan, and the support accorded commensurate therewith. Has the editor of the coming bantling fairly weighed his chances, and his possible emoluments at a penny per head, even assuming every medical student reads what he provides? We heartily wish the new venture success, although scarcely anticipating it.

New Books and new Editions received for review since the publication of our last list, Aug. 24:—"Army Medical Blue-book for 1879." "Treatise on the Continued Fevers." By J. C. Wilson, M.D. "Principles and Practice of Operative Surgery." By Stephen Smith, M.D. "Hartmann on Deaf-mutism." Translated by J. Patterson Cassells, M.D. "Practical Botany." By D. Houston. "Chemical Vade-Mecum."

By G. Jones, F.C.S. "General Index to Ziemssen's Cyclopaedia of the Practice of Medicine." "Davos Platz." By Alfred Wise, M.D. "Notes on Midwifery." By J. Reynolds, M.R.C.S. "The Climate of the Undercliff." By J. L. Whitehead, M.D. "Lectures on Diseases of the Rectum." By W. H. Van Buren, M.D. "What to do in Cases of Poisoning." By W. Murrell, M.D. "Health Resorts for Tropical Invalids." By W. J. Moore, L.R.C.P. Ed. "Treatise on Orthopaedic Surgery." By J. W. Haward, F.R.C.S. "Epilepsy and other Chronic Convulsive Diseases." By W. R. Gowers, M.D.

Obituary.

MR. J. POSTGATE, F.R.C.S., OF BIRMINGHAM.

THE sudden death of this gentleman immediately on his return from Germany, whither he had gone for his annual tour, will recal to many minds the services he rendered some few years since to the country by the energetic and laborious crusade against the adulteration of food, which he carried on at great personal sacrifice for many years, and which ultimately resulted in the passing of the Act of Parliament for its suppression. Mr. Postgate, like a good many others had gone abroad for health, but instead of that rest so necessary after arduous duties, both physical and mental, which he would have more surely obtained in his own land, he was tempted into the varied seductions of foreign travel, where quiet is secondary and sightseeing paramount, and he returned last week, enfeebled thereby, to die in the London Hospital, at the comparatively early age of sixty. Deceased, although a resident of Birmingham, was well-known and much respected in far wider circles. His educational life was spent in London, Leeds, and Paris. He became a Member of the English College of Surgeons in 1844, and a Fellow by examination in 1854. He was a Member of the Paris Academy of Medicine, and Professor of Medical Jurisprudence in Queen's College, Birmingham, where his loss is keenly felt. But as the originator of the public movement against the adulteration of food and drugs, his name will be best remembered and held in London.

DR. ALEXANDRE CARTE, OF DUBLIN.

By the lamented death of Dr. Alexander Carte, Director of the Dublin Science and Art Museums, one of the chief representatives of comparative anatomy and zoology in Ireland has been taken away. Dr. Carte made his scientific name as curator of the museums of the Irish College of Surgeons, which office he resigned in 1851, on his appointment to that which he held at his death. He was a Fellow of the College and an M.D. of Dublin University, and he received his surgical qualification in 1833. His distinguished position in his own special department of science was recognised by his election as a Fellow of the Linnean Society and of the Academy of Sciences of Philadelphia, and he has left behind him a name and a memory widely respected by the profession in Ireland.

DR. JOSEPH BROWN, OF KINROSS ASYLUM.

A MELANCHOLY accident, with fatal result, occurred to Dr. Joseph Brown, on Wednesday last. Deceased was stepping into his carriage, in which three ladies were seated, when the horse suddenly started, dragging the doctor along on the footstep for about 150 yards. In endeavouring to free himself by jumping off, he fell in front of the wheels, which passed over his body, causing such severe internal injuries that he died within an hour thereafter. Dr. Mitchell, his assistant, and Dr. White-law, Cupar, were speedily in attendance, but their services were unavailing. The carriage was stopped near the Kinross Asylum, of which Dr. Brown was the medical superintendent, the ladies being uninjured.

The deceased gentleman studied at the Edinburgh

University, taking the M.B.C.M. degree in 1871, and F.R.C.P.E. in 1876. He was some time assistant at the Saughton Hall Asylum, and afterwards was senior assistant at Morningside Asylum, Edinburgh. Four years ago he was appointed medical superintendent at the Fife and Kinross Asylum in succession to Dr. Fraser, and was highly esteemed by the board of management for the efficient manner in which he discharged his duties, and by those members of the profession with whom he came in contact, as an upright and able physician with a brilliant career before him in that particular branch he had mapped out for himself.

The deceased, who was only thirty-three years of age, was the only son of the late Dr. Brown, Wooler, and the only near relative whom he has left to mourn his loss is a sister. He contributed several able articles in 1877 to medical journals, one of which was entitled "A Case of Determined Suicidal Melancholia."

AMALGAMATION OF THE IMPERIAL AND INDIAN MEDICAL DEPARTMENTS.

A REPORT reaches us as we are going to press that an important Memorandum has reached the India Office from the Government of India, for the consideration of the Secretary of State for India in Council, which proposes that the Imperial and Indian Medical Departments shall be amalgamated, that the rank and privileges of officers who obtained their commissions in the Indian Medical Service prior to 1865 be not interfered with; but that officers who have joined the Service since 1865 shall, according to this scheme, be transferred to the Imperial Medical Department, receiving promotion in their own cadres as vacancies occur in the higher ranks. In order to thin the senior ranks the fifty-five years' rule is to be applied to all officers in Civil employ, the idea being to give officers of the Imperial Service, in course of time, the benefit of the highly-paid Civil appointments in India, which are now held exclusively by the Indian officers. This being a matter of momentous importance to medical officers in the Services we propose returning to the subject, with the prospect of further information for the guidance of those most interested.

NOTICES TO CORRESPONDENTS.

DR. G.—Correspondents would save time when a reply is wanted in the next number of the *Medical Press* by addressing their letters to the Editor at the office of the Journal in that division of the United Kingdom in which they reside.

F. M. S.—The gentleman referred to has peculiar crochets, but we rather lean to the opinion that he is right in the present instance.

STUDENTS.—The article on Students' Books was omitted in our "Student's Number" for want of space; you will find the advice you seek under the head of "Books and Reading for Students" in our issue for Sept. 23.

THE DANGERS OF SCHOOLS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Your excellent article on "The Dangers of Schools" (Sept. 14) is likely to produce some good effects, as the daily press, following your line, has now taken up the matter, notably the *Standard* of Wednesday, Sept. 23, in which an able leader, referring to, and coinciding with, your views, appears.

Every medical man of experience, properly educated in his profession, can confirm the truth of your remarks. Of course, there is a chorus of illiterate schoolmasters, the composition and spirit of whose letters reveal the innate vulgarity of the writers who are denying the charge in the columns of your daily contemporaries. I hope you will return to the subject, for it is very likely that a Bill, in which the evidence of medical men would be requested, will be brought in next Session to carry out what you have suggested. I do not know if it is the case in every town, but here, in Nottingham, the pupil-teachers beat the children as they like. In proof of this, one has only to ask the first child you meet. I have just asked a little girl, "Do the pupil-teachers in your school ever beat the children?" and she said, "Yes, they have boxed my ears many a time; and they beat us with a pointer, a thick stick as long as the (holding her hands about two feet apart).

Of course, the assaults on little children will be somewhat discontinued now attention is turned to them; so, in anticipation of a Bill in Parliament, information of the practices in Board schools now should be obtained.

If nothing is done the abuse will commence again as soon as the public have forgotten it, and be continued until another death, traced to its cause, arrests the attention of the public.

I am, Sir, yours faithfully.

A NOTTINGHAM SURGEON.

AN EMBARRASSED STUDENT.—We cannot do other than recommend again the plan advocated in our "Student's Number." Be guided chiefly by your own impressions, for you are in the position of being able to judge for yourself as to the comparative advantages of hos-

pitals better than most fresh students. We must decline to reply definitely as to the particular school you name, further than to say that in consequence of the disorganization it is suffering from it would not be selected by us on behalf of any student in whom we were particularly interested. The work is not a students' book, and is not likely to be calculated to serve your immediate purpose. For reference it will be valuable.

DR. T. M. D.—The subject of the Fothergillian Prize Essay for March, 1882, is "On Whooping-Cough: its Pathology and Treatment." Essays must be sent to the Registrar of the Medical Society of London by the 1st of November. Probably the letter addressed to the corresponding Secretary for information miscarried.

MR. WARD.—We are aware that it would be useless to request you not to take fragmentary paragraphs or illustrations out of the *Medical Press* to further your crazy notions. But we would beg of you to be honest enough to give the name of the Journal, so that the section to which you appeal may at least have the opportunity of reading the whole, instead of the fragmentary passages, which by themselves appear to convey an opposite meaning to that intended.

THE SOCIETIES.—All the Medical Societies will be in full session during the present month, the first to commence being the Obstetrical Society of London, which holds its Inaugural Meeting this (Wednesday) evening, when a paper will be read by Mr. G. Ernest Herman "On the Relation of Anteflexion of the Uterus to Dysmenorrhœa."

Vacancies.

Brompton Hospital for Diseases of the Chest.—Resident Clinical Assistant. Applications to the Hon. Sec. on or before Oct. 15. (See Advt.)

City of London Union.—Assistant Medical Officer and Dispenser for the Infirmary at Bow. Salary, £100, with board. Applications to be made on printed form, obtainable at the Office, 51 Bartholomew Close, City.

Dreadnought Seamen's Hospital, Greenwich.—House Surgeon. Salary, £50, with board. Applications to the Secretary by Oct. 8.

Lisburn Union, Knocknadona Dispensary.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, Oct. 12.

Manchester Clinical Hospital.—House Surgeon. Salary, £50, with board. Applications to the Secretary, 86 Burton Arcade, by Oct. 8.

Nenagh Union, Toomavara Dispensary.—Medical Officer. Salary, £100, and £10 as Medical Officer of Health. Election, Oct. 11.

Sussex County Hospital.—Assistant House Surgeon. Salary, £40, with board. Applications to the Secretary at Brighton.

Appointments.

BROSTER, A. E., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Bramington District of the Ashbourne Union.

DAVIES, S., B.A., Resident Clinical Assistant to the East London Children's Hospital.

GRIFFITH, G. B., B., C.M. Glas., Medical Officer and Public Vaccinator for the Wansford District of the Carnarvon Union.

LAWSON, T. C., M.R.C.S., Medical Officer for the Fourth District of the Reigate Union.

LLOYD, D., M.R.C.S., Assistant Medical Officer for the Infirmary and the Workhouse of St. Leonard's (Shoreditch)-Parish.

ORMSBY, J., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the St. Mary's District of the Dover Union.

ORB, W. Y., M.B. Ed., M.R.C.S., Assistant House Surgeon to the Northern Hospital, Liverpool.

PARKER, W. E., B.A., M.B. Cantab., M.R.C.S., House Physician to the Northern Hospital, Liverpool.

SMAILLES, F. W., L.R.C.P., L.R.C.S. Ed., Medical Officer for the District and Workhouse of the Pickering Union.

Births.

ARNOTT.—Sept. 20, at the Vicarage, Bussage, Gloucestershire, the wife of the Rev. H. Arnott, F.R.C.S., of a daughter.

LUOBY.—Sept. 23, at The Elms, Bush Hill Park, Enfield, the wife of W. C. Lucy, M.D., of a daughter.

M'CAETHY.—Sept. 26, at "The Farm," Bandon, co. Cork, the wife of Dr. Ed. Cudmore M'Carthy, of a daughter.

STEWART.—Sept. 29, at 19 Charlotte Square, Edinburgh, the wife of Prof. Grainger Stewart, M.D., of a son.

Marriages.

COROLLY-ROUCH.—Sept. 29, at St. Paul's Church, Greenwich, Beaumont Rowley Conolly, M.D., to Helen Rouch, of Madeira.

DRURY-D'ARCY.—Sept. 23, at the Parish Church, St. Mary Abbot's, Kensington, Edward Drury, M.D., to Isabel Jane, youngest daughter of the late Rev. John D'Arcy, rector of Galway.

POWELL-NICHOLS.—Sept. 27, at St. Stephen's Church, Norwich, the Rev. Arthur W. Powell, to Alice, daughter of the late F. Nichols, F.R.C.S., of Norwich.

Deaths.

ADDISON.—Sept. 26, at 10 Albert Road, Brighton, William Addison, F.R.S., F.R.C.P., &c., in his 50th year.

BATTYE.—Sept. 23, at his residence, St. George's Road, S.W., E. Farwell Battye, M.R.C.P. Ed., M. & C.M., in his 61st year.

BOISBRAGON.—Sept. 20, at his residence, Danbigh Street, Pimlico, S.W., T. S. G. Boisragon, M.D. Ed., aged 71.

BOULTON.—Sept. 21, at Horncastle, Lincolnshire, Georgiana Caroline, the wife of Albert E. Boulton, M.R.C.S.

CARTE.—Sept. 22, at 14 Northbrooke Road, Dublin; Alexander Carte, M.D., T.C.D., F.R.C.S.

GAINFORD.—Sept. 25, at 78 Euston Terrace, Euston Road, after one week's illness, John Gainford, L.R.C.P. & L.R.C.S. Ed., aged 55.

POSTGATE.—Sept. 26, at the London Hospital, Whitechapel, John Postgate, F.R.C.S. (on his return from Germany), aged 60.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 12, 1881.

CONTENTS.		PAGE	PAGE
			PAGE
ORIGINAL COMMUNICATIONS.			
The Use of Malt Extracts. By J. Milner Fothergill, M.D., Senior Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park	313	of Mr. L. A. Fleury, Surgeon to the Native Hospital, Caridad, and Surgeon to the British Hospital, assisted by Dr. Yourkounski, and Dr. E. A. Lucas, R.N.	321
Germ Inoculation. By Charles Cameron, M.D., LL.D., M.P.	314		
Hospitals under State Supervision. By Henry C. Burdett, F.R.S.	316	SPECIAL.	
Opium as a Luxury, and in the Treatment of Disease. By Herbert Parsons, M.B.C.S.	318	France	322
		Irish Union Hospitals	322
DEPARTMENT OF LUNACY.			
On Percussion of the Skull in the Diagnosis of Disease of the Brain. By Alex. Robertson, M.D., F.F.P.S.G., Physician to the Town's Hospital and City Parochial Asylum, Glasgow	320	LEADING ARTICLES.	
		THE SOCIAL SCIENCE CONGRESS	323
CLINICAL RECORDS.		THE INTRODUCTORY ADDRESSES	324
British Hospital, Monte Video—Case of Gastrostomy and Removal of a Dinner Fork from the Stomach. Under the care		THE CASE OF PRESIDENT GARFIELD	325
		CONSULTING WITH HOMOEOPATHS	329
		NOTES ON CURRENT TOPICS.	
		Epidemic Fighting	327
		Indian Medical Items	327
		Hackney Smells	327
		The Dangers of Pork	328
		Hospitals and the State	328
		New Scheme of Education and Examination of the Irish College of Surgeons ..	328
		Stimulants in Irish Workhouses	328
		The Penalties of Milk Adulteration	329
		Sickly Children Dependent on the State ..	329
		The Netley School	329
		Lecture Attendance in the Queen's Colleges	329
		Dr. Hayden, of Dublin	329
		Dr. McClintock, of Dublin	329
		Change of Address of the General Medical Council	329
		SCOTLAND.	
		The Faculty of Physicians and Surgeons of Glasgow	330
		Fever Epidemic at Brixburn	330
		Dunoon Convalescent Home	331
		Anderson's College Science Lecture	331
		Dr. Angus Macdonald	331
		Munificent Bequest to the Edinburgh Royal Infirmary	331
		The Combe Lectures	331
		Infandum Dolorem Renovans	331
		Health of Edinburgh	331
		The Matriculation of the Royal Irish University	331
		NOVELTIES.	
		New Remedies	331
		Syrup of the Six Hypophosphites	332
		A Vaccination Shield	332
		University of Edinburgh—Pass List	332
		Royal Commission on the Medical Acts ..	333
		NOTICES TO CORRESPONDENTS	333

Original Communications.

THE USE OF MALT EXTRACTS.

By J. MILNER FOTHERGILL, M.D.,

Senior Assistant Physician to the City of London Hospital for Diseases of the Chest (Victoria Park).

PREPARATIONS of malt are now being very extensively used, and are largely advertised by their proprietors. If the directions upon the labels of some preparations are to be taken as a criterion of the ideas prevalent on the matter, the use of malt extracts is, at the present time, somewhat haphazard. This is very undesirable in the interests of all. The patient is not improved, the medical man is dissatisfied; while the preparation is depreciated, often from no fault of its own. Under these circumstances a few words may not be out of place as to what may fairly be expected from a good malt extract; and what precautions must be observed in order to secure its utmost usefulness.

The starch of our food is converted by the ferment of our saliva into sugar, or a soluble matter half-way betwixt starch and sugar, known as dextrine. Starch as starch is insoluble, and therefore requires to be rendered soluble in the digestive act, in order that it may pass from the alimentary canal into the blood. The ferment of the saliva is known as diastase. By its action a great portion of the starch of our food is digested, or made soluble. What starch is left over undigested by the salivary diastase in the stomach undergoes no change there; but is acted upon by the diastase of the pancreas after it has passed out of the stomach. Diastase, whether salivary or pancreatic, is only active in an alkaline medium, and is killed by an acid. Consequently, the digestive act in the stomach does not affect the digestion of starch. It is essential to have clear views upon the subject.

When the salivary diastase is brought into contact with starch in the mouth, the transformation commences. The starch so rendered soluble readily passes through the walls of the stomach, and so does not impede gastric digestion. But when the salivary diastase is imperfect,

then a quantity of undigested starch harrasses, and hampers the digestive act in the stomach. It then becomes desirable to improve the digestion of starch by resort to an artificial digestive agent; and for this purpose we use an extract of malt.

The chemical change brought about in the act of malting, is the conversion of the starch of the barley into sugar and dextrine, soluble matters capable of being converted into alcohol, and carbonic acid under the influence of yeast, in the process of brewing. Pereira, in his great work, published in 1850, wrote—"Malt. This is barley which has been made to germinate by moisture and warmth, and afterwards dried, by which the vitality of the seed is destroyed. By this process part of the proteine matter of the barley is converted into diastase. This, although it does not constitute more than 1-500th of the malt, serves to effect the conversion of about 40 per cent. of the starch of the seed into grape sugar, or gum (dextrine)." The seed of barley contains than a quantity of diastase, which in the act of germination is converted into dextrine and sugar, for the nutrition of the embryo-plant until it can feed itself. The parent plant stores up food for its offspring in the form of insoluble starch; and, along with it, a ferment, which transforms insoluble starch into soluble sugar for the use of the plant in the act of germination. How the brewer or maltster came upon the matter is unknown. When the physiological chemist found that starch was transformed into dextrine and sugar by diastase in human saliva, the step forward to the use of vegetable diastase was not a long one to take.

To utilise the digestive ferment of the embryo-plant for the necessities of the human infant, was a step forward in the treatment of defective nutrition. But certain cautions must be observed in such use of vegetable diastase, else it is rendered inutile and inoperative. It must be so used as to supplement the natural diastase of the saliva. When cooked starch is eaten salivary diastase acts quickly upon it, and liquefies it. This is accomplished in a very brief time, viz., while the food is in the mouth, while it is passing down the gullet, and in the stomach before the contents of the stomach become acid. "When a meal is

swallowed it takes some time for the gastric juice to permeate the mass, and the acidity of the gastric contents is for some time feeble" (Wm. Roberts). Consequently, we see the proper time to give vegetable diastase, as malt extract, is not "immediately after a meal," as some labels direct; for then the acidity of gastric digestion is at its height, and the diastase would at once be killed. It should be given so as to be operative before the stomach becomes distinctly acid.

The old rule of giving children "pudding before meat" is thus seen to be a wise one. The farina was acted upon by the salivary diastase before the stomach became acid; while the acid medium was favourable to the digestion of the albuminoids of the meat which followed. Now the plan is to make the pudding follow the meat, so that the farinaceous food finds the stomach highly acid when it reaches it, and consequently the time allowed for the salivary digestion of starch is too short to be effective: while a quantity of undigested starch in the stomach interferes with the digestive act therein. Farinaceous food should then form the first part of a meal for children, dyspeptics, and invalids.

Now, in order to secure all the advantages which can possibly be derived from malt extracts, it is necessary to follow Nature's processes, not to traverse them. Consequently, malt extract should be taken either (1) with farinaceous food; or (2) immediately after such food. For the first it is admirably adapted by its properties, being sweet and toothsome, so that it can be added to farinaceous messes, with or without milk, previous to their being eaten. One caution is, however, necessary, and that is it should not be added until the mess has so far cooled that it can be sipped. This is Dr. Roberts's rule ("On the Digestive Ferments"). Diastase is killed by a temperature of 147° F., and this is the lowest temperature at which anything can be sipped. Consequently, when the food has become so cool that the nurse can sip it, then the malt extract may be added. It could either be mixed throughout the farinaceous matter, or eaten with it; as the case may be, according to the nature of the food. Or it could be taken immediately after the farinaceous food has been swallowed, so as to operate before the stomach has become too highly acid.

Such then is the proper use of malt extracts in order to secure the full action of the diastase contained in them.

In order to secure the action of vegetable diastase it is necessary to use a preparation of malt extract which has not been heated to more than 140° Fahr., in its manufacture. Some malt extracts are raised to the boiling point in their preparation, and such are rendered useless as artificial digestive agents, because their diastase has been killed by so doing.

Beyond such use as an artificial digester of farina or starch malt extracts have a lesser utility. They contain the phosphates of the grain, and a certain portion of the starch transformed into sugar or dextrine; consequently they are highly nutritive. They can thus advantageously be added to milk either for invalids, or dyspeptics, or for young infants whose salivary digestion of starch is either only developing, or is imperfectly developed. "In the human infant diastase does not appear to exist in sufficient abundance to digest starchy matters effectively until about the sixth or seventh month. Until this period it is therefore not advisable to administer farinaceous food to infants."—(W. Roberts.) It would, then, be well to commence about the sixth month to add a little malt extract to the milk previous to the use of ordinary prepared starch foods.

As a beverage malt extracts may be taken with effervescing water. A little malt extract in a tumbler half filled with milk, and then filled up with effervescing water as from a syphon or gazogene, would form an admirable sustaining drink in hot weather, or when fatigued; or it might be taken a couple of hours after a meal by those whose assimilation is defective, and who dislike cod-liver oil; with decided advantage in many cases.

These, however, are but minor uses of malt extracts

compared to their utility as aids to the natural digestion of starch by the diastase of the saliva. They are largely adapted for children, but ("Indigestion and Bilioussness," p. 55) "there exists no reason why they should not be more largely given to adults," for whom they will be found equally serviceable.

In all wasting diseases, whether medical or surgical, malt extracts are indicated from their nutritive properties; and some of them also as aiding in the digestion of farinaceous matters.

GERM INOCULATION. (a)

By CHARLES CAMERON, M.D., LL.D., M.P.

I HAVE thought that I could not choose a more appropriate theme for the address which, as President of the Health Department of this Association, I am called upon to deliver, than the light cast by recent discoveries upon the nature of virulent and infectious maladies, the practical account to which these discoveries have already been turned, and one or two lessons which they suggest in connection with the preservation of the public health.

The first idea to be grasped is that specific diseases are like specific forms of animal or vegetable life—they can be produced only by specific pre-existing germs or seeds. There is no such thing as spontaneous generation of the entities which cause disease, any more than there is of the innumerable forms of animal and vegetable life which make their appearance wherever a material suitable for their development is exposed to the atmosphere.

We know that the air is full of floating living particles, ready to spring into activity whenever they may light upon a congenial soil. We know that in such numbers do they in many cases exist, that present but the proper soil, and the appropriate germ inevitably finds its way to it. We know, on the other hand, that but filter the air, purify it from such germs, and without their intervention no form of life can arise. It has long been suspected that the same was the case with certain specific diseases, especially with what are known as zymotic diseases.

Now, it is a remarkable illustration of the impossibility of foreseeing to what results any scientific investigation or discovery may lead, that the great advance recently made in our knowledge as to the causation of disease, is to be traced to a very large extent to certain investigations made by a French chemist, M. Pasteur, with regard to fermentation. These researches were undertaken with the view of enabling the French wine-grower to avoid those losses to which he was exposed from the want of means of controlling the ferments on which the change of the grape-juice into wine depends. The ferment spores which make their way to it are not homogeneous, and according to the nature of the medium in which they find themselves they develop what from the wine-grower's point of view is regarded as a healthy or unhealthy fermentation, and give rise to a sound or a diseased wine. To control, then, these diseases of wines was the object of M. Pasteur's researches, the result of which has been to throw a flood of light upon the real nature of disease.

In the first place, it was facts elicited in the course of M. Pasteur's investigations on fermentation that first suggested to Lister the theory on which his method is based. Taking Pasteur's researches regarding fermentation and the allied subject of spontaneous generation in connection with these facts, Lister asked himself whether this difference might not be due to the disturbing fermentative action of invisible organisms borne to the surface of the wound by the atmosphere. If so, if these could be destroyed suppuration would be averted, and the fracture where the bone had pierced the skin might be repaired as easily as that where the skin remained intact; the incision made in amputating a limb would give rise to as little constitutional disturbance and would heal as readily as the internal cut

(a) Abstract of an Address delivered before the Social Science Congress at Dublin, Oct. 6, 1881.

which had been so contrived by the surgeon that no air could find access to it. The experiment was made. By careful use of carbolic acid the air-borne germs were destroyed, and the results followed for which Lister had ventured to hope.

For many years microscopists have been aware of the existence of apparently independent living organisms in the blood and tissues of animals suffering from various diseases, but of their nature, and of their relation to the disease, or whether in fact they had anything to do with it, little or nothing was known. The first systematic investigation into the subject attended with striking practical results may be said to be that undertaken by M. Pasteur into what was known as the disease of silkworms. In 1853 the quantity of silk produced in France had reached some 26,000 tons, a tenth of the produce of the whole world. In 1854 a falling off commenced, and this progressed so rapidly that in 1865 the crop was less than one-fifth of the amount I have named. This result was due to a disease which had appeared among the silkworms, and which threatened rapidly to extinguish one of the most important industries in France. At this juncture the French Minister of Agriculture commissioned M. Pasteur, whose researches concerning the process of fermentation had been attended with such remarkable results, to undertake an investigation into the malady which was destroying the silkworm. The result was, as he had shown the wine-grower how noxious fermentation might be guarded against, so now he showed the silk-producer how the silkworm could be regenerated and the disease stamped out. Previous observers had noticed in the juices of diseased silkworms tiny microscopic corpuscles, but of their nature, or the rôle which they played in the disease, nothing definite was known. To these M. Pasteur directed his attention. He soon ascertained that they were living organisms, which, multiplying themselves in the silkworm's body, constituted the real cause of the malady. By watching their development M. Pasteur made this important discovery, that they take a considerable time to spread within the insect's tissues to such an extent as to do very much mischief. If a healthy larva was not infected until it had completed a portion of its existence, the ravages of the disease had made comparatively little progress when it entered into the chrysalis stage. It spun an excellent cocoon, and for the purposes of the silkwormer was as valuable as its healthy neighbour. If, however, it were reserved for the production of eggs, the corpuscle had by the time it became a butterfly made such progress within its body, that it had penetrated even into the eggs it produced, and a greater or smaller proportion of these contained corpuscles. The silkworm which issued from an infected egg inevitably died before it could produce silk. But M. Pasteur observed that even among the eggs produced by the most infected butterfly a certain proportion were sound. Here, then, was a fact which, properly utilised, might enable him to restore to health the valuable indigenous breed of the insect. For it must be remembered that although, by the expedient of procuring his eggs from uninfected countries, the French silk-grower might to a certain extent maintain his crop, he did so only by abandoning a race which by careful cultivation had been brought to a great state of perfection, and resorting to another in every respect its inferior. Availing himself, therefore, of the fact that if even a small percentage of the eggs were undiseased their offspring would, if their health could be preserved, suffice for the establishment of a regenerated and healthy race, M. Pasteur devised a system whereby each silkworm was reared by itself under careful observation, and in conditions which would ensure the healthy insects against infection. The eggs of those that retained their health to the last—of insects which after they had laid their eggs the microscope showed to be free from the disease—were found to produce a perfectly healthy race. By breeding only from such stock, by avoiding conditions favourable to the production of the disease from germs which might find their way from without, M. Pasteur showed that in a

short time it would be possible to regenerate the race and entirely to stamp out the disease. He showed, too, how, when circumstances did not admit of such elaborate precautions, a seed might be secured which, if not absolutely free from the disease, would still afford a very satisfactory crop. By a series of striking demonstrations he converted the silk-grower to his views, and his services obtained the recognition not only of his own but of foreign Governments.

It is thirty years since Dr. Davaine discovered that in the splenic fever of sheep and cattle—a terrible fatal disease, which Continental writers identify as the plague sent upon the cattle of Egypt—a tiny microscopic organism, measuring the fraction of a thousandth part of an inch, was to be found in the blood; and subsequent researches induced him to believe that this was the true cause of that disease. As time passed, other microscopic beings were discovered in the blood and tissues in other diseases. I will not trouble you with any attempt to describe the differences which these organisms present, for subsequent experience has shown that the most deadly may be undistinguishable from the most harmless by any detectable physical peculiarity. Like many of the lowest forms of vegetation, they exhibit movements when viewed under the microscope, and multiply themselves with extraordinary rapidity, in certain circumstances by budding or subdivision like the yeast plant, and in others by the production of germs or spores. In 1868, while M. Pasteur was engaged in his researches on the silkworm disease, M. Chauveau, a distinguished veterinary surgeon of Lyons, proved that the activity of every form of infectious virus was due not to its solid or gaseous constituents, but to organised particles which it contained. In 1876, Dr. Koch, a German physician, succeeded in isolating the little rod-like organism or bacterium which gave rise to the splenic fever of which I have spoken, and in cultivating it outside the animal body. In this he only repeated what M. Pasteur had long before done in the case of ferments, when—in order to study their action uncomplicated by the effects of the media in which they were ordinarily found—he had devised the method of cultivating them in inorganic solutions containing the elements necessary for their growth. But Dr. Koch's success was of immense scientific importance, for whereas it had before been impossible satisfactorily to observe the development and peculiarities of any of these organisms, or even to prove beyond possibility of cavil that it was they, and not the organic media in which they were found, which when inoculated on other animals gave rise to the disease, it now became practicable to remove them from all possible contamination, and to prove that this or that organism was really the cause of this or that malady. Dr. Koch's discovery was rapidly followed up by that of Dr. Klein, an eminent German physiologist resident in London, who showed by methods similar to those adopted by Koch, that the disease known as pig typhoid or pig plague was also the result of a microscopic organism which he succeeded in cultivating; and about two years ago M. Toussaint, a veterinary surgeon of Toulouse, to whom also I shall frequently again have occasion to refer, achieved a like success with the bacterium of fowl cholera. I may say in passing that this is a disease in no respect resembling cholera, but from the circumstance of its having ravaged the poultry yards of France coincidentally with an epidemic of human cholera, it acquired that unfortunate title. M. Pasteur had been engaged for some time, at the instance of the French Government, investigating the causes of the splenic fever which annually wrought such havoc among the flocks and herds of France, and the result of Toussaint's discovery naturally directed his attention to a disease presenting peculiar facilities for experiment, and possessing this feature in common with the splenic fever of cattle, that it had been proved to be of similar parasitic origin. Having once brought to bear upon this fowl cholera, then, his extraordinary scientific instincts and great experience, M. Pasteur was able in February of last year to

announce to the French Academy of Sciences a series of discoveries, which, followed up as they have been by himself and others, have completely revolutionised our ideas of the nature of diseases and the proper methods of dealing with them. Within little more than a year and a half—thanks to the enterprise and emulation of French investigators—a new Romance World of Contagions has been opened up, peopled with innumerable microscopic races, which every week shows to be more and more susceptible to human domination and control, but many of which are—till tamed by science—so fatal to mankind that the slightest carelessness on the part of the experimenter, the accident of a scratch on the hand, might any day entail upon him a rapid and appalling death.

(To be continued.)

HOSPITALS UNDER STATE SUPERVISION. (a)

By HENRY C. BURDETT, F.S.S.

WITHIN the last five years no less than four influential deputations have sought interviews with the Secretary of State for the Home Department for the time being, with the object of obtaining a Royal Commission of Investigation into the subject. The first consisted of representatives of the treasurers and managing bodies. The second included in addition many governors, medical men, and philanthropists. The third deputation attended as the representatives of the patients treated, and of those ratepayers and public bodies which are more immediately interested. Lastly, the medical profession was represented by members of the British Medical Association. This Commission was asked for especially with the view of obtaining reliable data upon which to base the needful reforms, and to secure that the present system of medical education and relief shall cease to be inadequate and unsatisfactory, as it undoubtedly and undeniably is at the present time.

It will be desirable, however, to examine into the circumstances as they are known to exist, which have produced so active and unanimous a desire for inquiry. For the sake of brevity, as space and time are matters of moment, the subject has been divided into seven propositions embracing the whole question. These will now in turn be briefly considered.

I. The present system of hospital administration is attended with many anomalies which call for public inquiry. In London especially, the hospital accommodation is imperfectly distributed, and in many districts is altogether inadequate.

The administration of the hospitals as at present conducted is so uncertain and unsatisfactory that inquiry is needed to secure amelioration in the interests of the poor. The tables which accompany this paper show that the cost of administering, *i.e.*, the cost of management, in sixty-one general hospitals varies from 2½ per cent. at Cork, to 27½ per cent. at the Metropolitan Free Hospital; the cost per patient per week from 9s. 4d. at the Cork County Hospital, to £3 0s. 4d. at the Leeds General Infirmary.

A difference of 25 per cent. in the cost of management, and of nearly 700 per cent. in the cost of maintaining the patients, would alone warrant the appointment of a Commission. The special hospitals show equally startling discrepancies. Thus in the 110 institutions enumerated in the tables, the cost of management varies from 55 per cent. at the Chelsea Hospital for Women to 3½ per cent. at the Liverpool Fever Hospital, and to 1½ per cent. at the Corstorphine Convalescent Home, Edinburgh. The cost of each in-patient varies from 9s. at the Western Ophthalmic, 10s. at the Royal Orthopædic, and 10s. 6d. at the National Hospital for Diseases of the Heart and Paralysis, to 63s. 3d. at the

Establishment for Gentlewomen, 43s. 6d. at the Chelsea Hospital for Women, and 42s. 5d. at St. John's Hospital for Skin Diseases.

Turning now to the distribution of hospital accommodation, nearly nine-tenths of the bed accommodation in the London hospitals is situated within a radius of a mile and a-half from Charing Cross, and in a space that can be covered by one's hand. The population of London resident within the metropolitan area, and exclusive of the large number of persons who are annually sent to London for hospital treatment, cannot be less than four and a-half millions, one-third of which number is annually relieved at the London hospitals. Out of a total of 4,579 beds for the whole metropolis, 3,486 are provided by the hospitals situated in the narrow area above specified.

It may further be pointed out that at present North London, with a population of nearly 1,000,000, possesses but one hospital, the Great Northern, with 33 beds; the East End, with its river-side and manufacturing population of 1,100,000, is dependent upon the London Hospital with 790 beds, and the Metropolitan Free Hospital with twenty beds, both of which are inconveniently situated for a large proportion of its inhabitants. The West End, with a population of 950,000, has but two hospitals—St. Mary's with 190, and the West London with 60 beds respectively. A population of nearly one and a-half millions on the Surrey side of the Thames has to rely on Guy's with 700 beds, and St. Thomas's with 400 available beds, both of which, though largely endowed, are situated miles away from a portion of the district to the wants of which they nominally minister. These facts are incontrovertible, and the need of a Hospital Commission to control the action of the governing authorities of the two last hospitals has been forcibly illustrated by the recent scandals at Guy's, and by the fact that the present buildings which constitute St. Thomas's Hospital cost in round numbers £600,000; that one of the pavilions is not intended for patients, but constitutes a palace only recently occupied as a residence for the treasurer; that this expenditure not only swallowed up all the purchase money paid for the old site and materials, but rendered it necessary to mortgage part of the income to the Charity Commissioners for a loan of £30,000, which sum was wholly expended upon the buildings, so that the money for furnishing and placing beds in the wards had to be raised by an appeal to the public; and that, in consequence of this gross improvidence, a portion of the building is, and is likely to remain, absolutely empty, because the hospital finances have been so grievously crippled that there is no income to maintain the beds for which such ample accommodation has been provided. This reckless and culpable extravagance is not confined to one hospital, or to London, as the hospital buildings at Wolverhampton, Leeds, Norwich, and in many parts of the country eloquently testify. Examples of the fruits of the present irresponsible system on which some of the hospitals are governed might easily be multiplied, but enough has surely been said to establish the first proposition.

II. The unsatisfactory condition of the present outpatient system, and especially of that in force at the large metropolitan hospitals, demands reform.

No one will dispute this self-evident proposition. At the present time more than a million people, or one in three, receive relief at the London hospitals, in Liverpool one in two, and in Birmingham two and a-half of the whole population are at present in receipt of free medical relief. The treasurer of one of the largest endowed hospitals said, three years ago, that the funds of our larger hospitals were not applied in the best possible manner, or quite with due regard to the wishes of the founders. About 600,000 people came annually to thirteen of the best hospitals in London for medical advice and assistance, at an annual cost of £15,000 in

(a) Abstract of Paper read before the Public Health Section of the Social Science Congress at Dublin, October 5th, 1881.

medicine alone. The average attendance of these patients is from three to seven hours before each can be attended to, and the rush is so extreme that the medical advice they received is almost perfunctory. It has been well said that the time and attention of eminent physicians and surgeons are generously placed at the service of the poor, but unfortunately eminent persons have no more time than persons who are not eminent, and when a million out-door patients apply at the London hospitals in one year, it becomes rather a delicate arithmetical problem, how many seconds can be bestowed on each of them. (a)

III. It is desirable that every hospital and medical institution intended for the relief of the suffering poor shall be administered by a board of management, subject to periodical election by the governors, upon which board the medical staff of the charity should be adequately represented.

IV. An authoritative supervision over the administration, and a public audit of the accounts of all such institutions is needed to secure a right distribution of medical relief, and a more economical expenditure of the funds entrusted to the boards of management.

These propositions relate to the internal government of the hospitals. It may be said that the old system of managing the endowed and many other hospitals has proved not only a conspicuous failure economically, but it has failed in matters of still greater moment. Under the government of a treasurer of the accustomed kind, the necessary medical knowledge cannot be brought to bear, except by the maintenance, on his part, of the most cordial relations with the medical staff, and by his full recognition of the fact that, in many matters of the greatest weight, he must walk blindfold unless he is guided by their counsel. At St. Thomas's, unfortunately, this condition has not recently been fulfilled. The consequences of the friction between the treasurer and the staff have been at many points ludicrous and at all calamitous. If we are correctly informed, the patients suffered terribly from pyæmia and other "hospital" diseases, which have been shown by modern research to be traceable almost always to want of common sanitary supervision; and, in a general way, it may be fairly said that the new St. Thomas's has been among the least successfully managed hospitals in London. Its funds have been squandered foolishly; its opportunities for so doing have been curtailed; and the advancement of science and the education of students, in so far as they have been accomplished, have been accomplished in the face of artificial difficulties and obstacles, created by those whose first business it should have been to remove them. Of late years the antagonism between the treasurer and the medical staff appears to have reached such a point that the customary annual dinner of the governors had to be abandoned, and at least one very distinguished teacher transferred his services to another hospital, in order to avoid a conflict which would otherwise have been forced upon him. (b)

The notorious facts in connection with Guy's Hospital have been specially brought to the notice of the Home Secretary by a deputation on a recent occasion, and it is not necessary to allude to them further here, except to say that they endorse in a very remarkable manner the condemnation of the present system of managing these great hospitals, which the writer in the *Times* has so forcibly delivered. At St. Bartholomew's Hospital matters have been managed in quietude, if not with efficiency.

V. The absence of organisation and combination amongst the medical institutions throughout the country, materially lessens their usefulness.

On this proposition little need be said. It is strongly enforced by the enormous and needless difference in the

cost of maintenance and management brought out by the tables already referred to. The absence of this combination or co-operation leads to lamentable extravagance, an enormous waste of money, owing to the repetition of an expenditure in the management of very many charities, the objects of which could be far better carried out under one roof. Hospital finance, accounts, supply, the general question of the uses and abuses of hospitals, the relations of dispensaries, and especially of provident dispensaries, to hospitals, the reproduction of exploded abuses, and the adequate trial of new systems can alone be rightly judged, decided upon, or prevented by means of this co-operation, and the sooner it is brought about the better will it be for the welfare of all classes of the community.

VI. In the administration of the wards, so far as it affects the treatment of the patients, and especially in the management of the nursing arrangements, the medical staff should have an authoritative voice.

No one who knows anything about the management of a hospital has any doubt on this subject. Yet the old system not only attempts, as in the case of Guy's Hospital, to openly defy public and professional opinion in this matter, but its audacity leads it to brave the interference of a court of law by studiously excluding all medical men from the governing body, in distinct contravention of the original and expressed views and intentions of the founder himself. It really resolves itself into the question, Is the patient for the nurse, or the nurse for the patient? If the former is to be the principle upon which modern hospital nursing is to be conducted for the future, hospitals must soon cease to exist, because patients will cease to seek admission to their wards. The cases admitted to a clinical hospital are selected on account of their severity, and their proper treatment must embrace the attendance of the best trained nurses. It is a needless cruelty to place a severe case of acute disease under the care of a raw practitioner who knows next to nothing about nursing, and the remembrance of this fact alone ought to prevent the attachment of a school for training nurses to any clinical hospital whatever. If the patient's welfare is to be adequately considered, this proposition is unanswerable, especially when it is remembered that to train a nurse for her duties it becomes necessary to constantly change her from ward to ward, a system which would be fatal to the interests of any patient who was dangerously ill. It will no doubt astonish many people to hear that in the majority of the large hospitals the nursing arrangements are under the control of a matron, unaided by a nursing committee, and only indirectly, if at all, assisted by those alone qualified to direct, viz., the medical staff. Out of twenty-two hospitals having medical schools, there are but seven where this important department is superintended by a nursing committee upon which the medical element is represented. Of course the greater includes the less, and so the practice at the chief hospitals in a matter like this becomes the law which guides hospital managers throughout the country.

VII. The importance of medical education, and the adequate training of the members of the medical profession, require an intelligent recognition of the relation of the hospitals to their medical schools, to insure an improvement in such relations.

Inquiries on these points made at all the important hospitals in the metropolis and the country show that their consideration is almost entirely neglected by the persons who ought to foster their growth. So little do the governors recognise their responsibilities, that in most schools the buildings are inadequate for the purpose in consequence of being mainly, if not altogether, erected at the expense of the teachers, who are merely tenants at will. Notwithstanding that the museums, so essential for guidance in treatment and educational purposes, are, almost without exception, claimed as the property of the hospital authorities, yet contributions

(a) Speech of H.R.H. Prince Leopold at the annual meeting of the Charity Organisation Society.

(b) Leading article in the *Times*, Nov. 13, 1877.

towards their development and maintenance are made by only six out of the eleven metropolitan, and by four out of eleven country hospitals. In the case of the former £1,000 per annum would more than cover the grants thus made. Seven of the country and five of the metropolitan hospitals contribute absolutely nothing to either museum or school, while four of the latter actually retain a portion of the school fees. It cannot be right that the development of so important an item in a nation's economy should depend on the voluntary efforts of those who, while willing, have not the power to elevate medical science to its proper position. Furthermore, hospital authorities are seemingly unaware of the obligation laid upon them of nurturing and training able physicians and surgeons for the service of the State.

Again, with adequate representation of the medical staff upon the boards of management of the hospital, and of the governors upon the school committees, an intimate acquaintance with the practical requirements of these joint institutions would secure the highest efficiency in the administration of the whole.

During recent years the Metropolitan Asylums Board have built and opened some of the most extensive and complete of modern hospitals. These splendid Poor-law infirmaries have provided accommodation for nearly 10,000 in-patients. They are placed in charge of paid resident medical officers, whose clerical duties, under the present system, are so onerous that they have far too little time to devote to the treatment of the cases entrusted to their care. These infirmaries form a magnificent field for the treatment and investigation of disease, for pathological research, and for medical education. The Marylebone Infirmary, prior to its being brought under the operation of the Poor law, was an instance of what these institutions might become, with great advantage to the inmates, as aids to the progress of medical science.

It may not be out of place to say here that in Sweden the Government have for years worked the hospitals on a system which would confer great benefit upon our own towns, by bringing the Poor-law and voluntary institutions into more intimate association, though managed by separate governing bodies. This has been secured in Sweden by a scale of charges demanded from all patients who are admitted to the hospital. The first grade pays a substantial sum and obtains anything and everything the patient may care to have or to pay for, subject to the control of the doctor. The second pay a much less, but a remunerative rate, for all that they receive at the hospital; and the third class are paupers who are paid for on an agreed scale by the Poor-law authorities. Thus well-to-do, thrifty artisan and improvident pauper are all treated by one staff, controlled by one administration, and are located in immediate proximity to each other, though in separate pavilions. This the writer believes to be the true system to aim at securing, and he hopes that ultimately some such plan will find acceptance in Great Britain to the advantage of everyone concerned. This suggestion is, however, at best but a digression from the purpose of this paper. In the same way, following the example of Paris, a central store might be established in London at which all the hospitals could purchase, at a little over cost price, every article of consumption, from an egg to a wooden leg. An arrangement of this kind would tend to reduce the large discrepancies as to the relative cost of patients which at present exist between one hospital and another, and any one purchasing at the store would have a guarantee that the article supplied was not only of moderate price, but the best and most suitable of its kind. In the same way, by combination, the reliable income of all hospitals might be raised at a fourth of the present cost through one common agency. The establishment of one central office for all the London hospitals, for instance, for the collection of old subscriptions, would not only save a vast expenditure upon

management, but prevent annoyance to many charitable people by abolishing multiple and duplicate appeals.

It would not be difficult to multiply instances of ill-advised hospital erection or extension, but enough have already been given, and only two more need be added here. The Brompton Consumption Hospital, one of the most valuable of English medical charities, is expending on its new wing nearly all its funded property, thereby throwing a burden on the public to the extent of £10,000 per annum. St. Thomas's Hospital has been forced by the folly of overbuilding to hand over one wing to the well-to-do, and to admit paying patients into other wards in order to maintain its present reduced number of beds. Nearly everywhere the building mania seems to have blinded hospital managers, so that similar extravagances, going far beyond the requirements of the districts in which the hospitals are situated, and entailing half-empty wards and increased cost of maintenance, are becoming the rule and not the exception. The indiscriminate institution of special hospitals and dispensaries is productive of evil, and a controlling power is urgently called for to prevent the multiplication of so-called charities, which—oftentimes springing from unworthy motives—decoy charitable funds from legitimate channels. Such examples of ill-advised expenditure reflect directly or indirectly great injury upon the poor, for whose benefit the large sums concerned were originally intended.

The social and public aspects of this great question of the right government of our hospitals alone demand an immediate investigation. When something like one million and a quarter of the population of London annually seek and receive gratuitous medical relief, and when the whole wage receiving class in the Metropolis, if we take the census of 1871 for a basis, and include all who by position or occupation are not above this class, cannot be estimated at more than 1,400,000—whatever deductions may reasonably be made for a certain number of patients appearing more than once on the lists in the same year—there is enough remaining to warrant an independent inquiry into the whole question by a Royal Commission.

OPIMUM AS A LUXURY, AND IN THE TREATMENT OF DISEASE.

By HERBERT PARSONS, M.R.C.S.

Formerly Resident Medical Officer St. Mary's Hospital, London.

(Concluded from page 293.)

DELIRIUM tremens is a disease in which we have the opportunity of seeing at one time bad, at another good, effects produced by opium. Sometimes the delirium will readily be amenable to it, sometimes not till after the exhibition of enormous doses, and sometimes the conditions will be aggravated by it. Why is this? In no class of disease is a merely nominal diagnosis sufficient to narrate any line of treatment, and it has been frequently pointed out by eminent pathologists that, in this disease, the condition of the brain, though always highly excitable, varies greatly as to blood supply. In some cases, anæmia, in other, hyperæmia, may be the immediate cause of inducing this disease in a brain already prepared for its onset by alcoholic excesses.

Occasionally toppers will indulge for years without ever experiencing an attack of the "horrors," but, at the last, meet with an accident, in which they lose much blood, or after which they are deprived of their stimulant; this acting in a debilitating way on his brain, he has to pay the penalty of his indulgence in an attack of delirium tremens. In this case anæmia may rather be surmised than hyperæmia, and here chloral, bromide of potassium, and stimulants, are more suitable, and likely to be productive of benefit than opium. But, in other cases, the delirium tremens is the result of a more extensive debauch

than usual, and is accompanied by unmistakable signs of cerebral hyperæmia. Then opium, or preferably injections of morphia, produce the very best result, though often not till after large and repeated doses. In this sort of case, all preparations given by the mouth will fail, but given subcutaneously, will prove effective. In other forms of the disease, where we have no grounds to suppose the circulation in the brain in any way deranged, we must be doubtful as to whether opium will be productive of good or harm, but it is always worth a trial, more especially if other drugs have failed, as they so often do; and it must be remembered that large doses only can be expected to do good.

In the treatment of delirium tremens the fact must not be lost sight of that if left to itself, and allowed to run its natural course, it almost always ends in perfect recovery. But, all the same, it is often practically impossible to let it go on unchecked, both on account of want of proper means of control, and for the sake of other people. In cases where death occurs, it is often difficult to say whether it is the result of the disease, or of the remedies used for its cure. Dr. Handfield Jones has shown that frequently when opium fails by itself, yet after a fore-running dose of bromide of potash it will produce the very best effect; whatever may be the cause of this, there is no doubt of the fact, and those who try it will be astonished at the results; again and again I have seen delirium of all kinds, where either drug has failed separately, calmed by the two given in succession, or together. I may mention, should all drugs fail, as they sometimes do, we always have an infallible remedy in chloroform, during the influence of which injections of morphia may be given, till, at the end, the patient recovers from narcosis only to fall into quiet sleep.

Another class of cases which opium is usually competent to cure, is headache, dependent on hyperæmia of the brain. These headaches occur in strong full blood, or in persons of an excitable temperament, and are often connected with gastric derangement. These headaches are brought on by any extra exertion or extra excitement. These persons say they have a tendency to rush of blood to the head; that is to say, the heart's action is readily stimulated to extra exertion, so that more blood is sent into the carotids than usual, while the vaso-motor nerves of the head not having tone sufficient, all the arteries are dilated, so that more blood is sent upwards, filling the circulatory system of the dura-mater and brain. This shows itself by throbbing tensive pain in the forehead and temples, a feeling both subjective and objective of heat in the integument of the head, a dizziness and humming in the ear, and hypersensitiveness to all external impressions. A small dose of any form of opium will invariably ease the pain, though the feeling it substitutes may, to some, be nearly as bad, while, to others, nothing results but entire freedom from pain, and this is more likely to occur if perfect rest is taken immediately after the exhibition of the drug. It is not to be recommended that all congestive headaches of this sort should be treated by opium, for among some no doubt there would be a habit of constant consumption of the drug produced, while other methods, as by purging, regulation of diet, &c., would produce more lasting good results, but sometimes these headaches are so severe as to be unbearable, and it is well to have by us an immediate remedy. For my own part I consider it always a serious matter to give opium, and always to be done with a certain amount of reluctance, for its after effects are sometimes as bad, while if they are but slight, there are many patients who, although they will be purged to an extreme degree with equanimity—may even with gratitude—will regard being made to feel giddy as an unpardonable offence. As frequently, perhaps, is opium used for its anti-spasmodic action as for any other, and in those cases where spasm is accompanied by pain, is, next to chloroform, our most perfect remedy. Thus it relaxes spasm of the muscles of the glottis, urethra, intestines, bronchial tubes, and other organs; but it does more than relax spasm, it decreases

or arrests the contraction of these unstriated muscles. Reason and knowledge, then, will point out in what cases this property is likely to be beneficial, and in those cases it will be administered, unless, indeed, any of its other properties should render its use obnoxious.

The use of opium preparations in certain forms of dyspepsia is worthy of attention, for in cases of this affection it is usually diligently withheld, being supposed capable of nothing but harm; yet, in certain cases, its use is attended with great advantage. Where dyspepsia is consequent on a want of proper quantity of the digestive fluids, of course it would be deleterious. But when it depends on acute or chronic catarrh, small and well-timed doses of some fluid preparation of opium will ease the pain, allay vomiting on the tendency to do so, and diminish the quantity of thick ropy mucus. Acute catarrh is especially amenable to it, but the chronic gastric catarrh of drunkards is also much benefited by it; the flabby-coated tongue improving in appearance, and the morning vomiting ceasing. Pyrosis is generally cured by its exhibition. Then again there is an irritable form of dyspepsia, connected with diarrhoea sometimes, which rapidly subsides under opiate treatment. The liquor morphiae, of the pharmacopoeia is highly useful in diseases of these kinds. Other kinds of dyspepsia, where pain occurs some hours after each meal, can often be cured by it. One of the causes of success in these cases is, perhaps, its producing some torpidity in the bowels, for there is no doubt there is a great sympathy between the stomach and the intestines, and dyspepsia is often attendant on bowel affection, and diarrhoea, especially when artificially produced by purgatives. We may then assume that in many cases opium does good by permitting a normal condition of organs to be regained by physiological rest to the parts.

Diseases of the lungs, though perhaps more common, and producing more deaths than diseases of any other organs, yet are, as a rule, so little amenable to treatment as to tax to the uttermost the resources of the physician. At many times opium is the only drug upon which we can, with certainty, rely, to give even temporary amelioration, but its use is not confined to this, it will sometimes effect more, and even be the means of paving the way to ultimate recovery.

In acute inflammation of the lungs, or their coverings, the use of opiates is usually restricted to the relief of pain, yet this is by no means a slight thing to effect, more especially as by that means it prevents restlessness and anxiety in themselves, sufficient to produce serious aggravation of the disease. It might be used continuously, with a view to cut short the inflammation by virtue of its anti-phlogistic powers before spoken of, but its action on the brain and secretions would probably render it worse than useless in this way.

Slight catarrhs, both of the nasal, laryngeal, and bronchial mucous membranes can frequently be cut short if opium be taken at their commencement, or cured if the affection has already commenced, especially if it is combined with other diaphoretics. In these cases this drug is peculiarly appropriate, for it acts directly on the mucous membranes, astringing their blood-vessels, and stopping the abnormal secretion; and also it dilates the cutaneous vessels, and produces diaphoresis, thus restoring the utaneous function, the checking of which may have produced the catarrh, and also by filling the external circulation depleting the internal. But in bronchitis of a severer form, the blood-vessels have lost their tone too much to react to any contracting agent, we can modify perhaps the severity of the disease, and reduce various symptoms and conditions which militate against recovery, but this, as in all serious inflammatory conditions, is all we can do. Yet this is often a great deal, when we can bear in mind that symptoms which, at first, are produced necessarily by the pathological conditions, afterwards become the worst part of the disease, and the means whereby the abnormal state is continued; I refer to such things as cough, delirium, hypersecretion.

Now the cough in bronchitis and in phthisis is often not only both the most prominent and troublesome part of the disease, but (although of course, to a certain extent, absolutely necessary) also a continual irritant, whereby the amount of secretion is increased, the parts kept from any physiological rest, and the patient worn out and worried. By opiates better than by any other means, as a rule, can we stop the cough by lessening the abnormal excitability of the nerves and their centre, and thus rest is given so that the bronchitis may subside, and the phthisis, if other conditions be favourable, may be delayed in its deadly progress, and even contraction of the already formed cavities take place. Undoubtedly, in acute cases, where a considerable degree of cyanosis is present, as in bronchitis, pneumonia, and broncho-pneumonia, and several other diseases, where the dyspnoea depends on the blocking up of the air-cells and bronchioles by mucus, the clearance of these by coughing, or emetics can alone dissipate the cyanosis, and continue life, and sedatives of any kind would produce death most certainly. But in more chronic cases, opium, by lessening the amount of secretion formed, and diminishing spasm if present, may be of great service. It lessens the amount of secretions directly by astringing the mucous membranes, and indirectly by stopping the cough which is known to be a great cause for the production of mucus. Small and frequent doses of opium are often given, and it is a safe way of administration, as they can be stopped when the effect of them is getting excessive, but, at the same time, beyond this nothing is gained, for the action of opium lasts many hours, and an ordinary dose repeated three times in the day, will generally be sufficient to keep the body under its influence for the whole of the twenty-four hours. A certain degree of cyanosis does not necessarily contraindicate the use of opium, as it after proves beneficial in advanced cases of heart disease, with congested lungs, if the kidneys be not diseased. In the course of phthisis, opium, in some form, has always to be resorted to, though, by some, its use is delayed as long as possible, till the colliquative diarrhoea, and tearing cough, renders its use imperative in order to give one easy moment to these poor wretches. The reason for this procrastination is the fear of deranging by opium the digestive organs, but this can hardly be taken into account by practical men, for how few cases of pulmonary consumption are there which are not accompanied by gastric catarrh, and opium will tend to improve rather than increase the consequent dyspepsia, more especially when there is diarrhoea also.

It is hardly too much to say, then, that in the latter stages of phthisis our only reasonable resort is opium, and to withhold it is cruel. Why should we allow a poor miserable being to perish suffering from profuse night sweats, diarrhoea, cough and sleeplessness, when we have a means of relieving all these, and by so doing, perhaps, prolong life, or, at all events, allow him to go down to his grave in peace. In these cases there ought to be no limit to the amount of opium allowed, and no fear of a habit of opium-eating being contracted, a habit likely to be productive under the circumstances of physical benefit. This drug, then, is of the highest value in all stages of consumption: in the early stages facilitating recovery, later on delaying the progress of the disease, and at the last, mitigating and easing the painful symptoms.

In one more aspect is opium to be considered, namely, as a tonic. In feeble bodily conditions, with a highly excitable nervous system, it acts as a true tonic, strengthening the heart and the nervous system, and thus equalising the circulation, and diminishing the tendency to local congestions and inflammations. In this, as in some other ways, its action resembles arsenic. Again, in plethoric persons and others, often after a very slight amount of exertion, a disproportionately great degree of weariness is felt, consequently little or no exertion can be made. This is, perhaps, to be looked upon as a hyperaesthesia of the spinal cord and nervous centres, so that small impressions produce great effects, the lassitude felt during dyspepsia is perhaps due to the same cause, but whether

this view of its causation is correct or no, there is no doubt of the power of opium to prevent it; doing it by reducing the sensitiveness of the nervous centres.

Department of Lunacy.

ON PERCUSSION OF THE SKULL IN THE DIAGNOSIS OF DISEASE OF THE BRAIN. (a)

By ALEX. ROBERTSON, M.D., F.F.P.S.G.,
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ALTHOUGH attention was directed by me in 1877 to the value of percussion of the skull in the localisation of disease on the surface of the brain, and Dr. Ferrier (b) has also insisted on its importance, the subject may still be considered comparatively new to the profession.

This paper first deals with objections against the practicability of transmitting the degree of force employed in tapping the skull with the finger to the surface of the brain. Duret's experimental researches on cerebral traumatism show that in blows on the head a "cone de depression" is formed, which passes deeply in the line of the thrust to the base of the skull; the slight force of percussion will act in a similar way, though it may scarcely extend beyond the cortical substance. A somewhat analogous instance of the irritation of a morbid part into conscious sensibility is sometimes supplied by disease of the lungs, in percussion over a cavity or softened caseous matter near the surface of the lung.

Clinical experience is apparently conclusive on the question. Cases of Jacksonian epilepsy and monoplegias are referred to, where the symptoms pointed to the motor region of the convolutions as the seat of disease, and in which percussion of the skull elicited very distinctly deep-seated pain in that part of the head and *nowhere else*.

Thus, in two of the cases the spasmodic movement began in the arm, or leg, or face, and thereafter sometimes became general. Though these patients had suffered occasionally from *diffused* headache, they were not conscious of pain at one part more than another till they distinctly realised its presence in the region of the ascending median convolutions, when their skulls were percussed by the finger.

The two kinds of symptoms—the disturbance of function and the developed pain—lend each other mutual support in the localisation of the disease. Further, when the convulsive movements are general, the pain brought out by percussion at some other part of the head, probably indicates the centre from which the morbid action spreads to the motor convolutions. In some cases, corroboration of the diagnosis is derived from the history of former blows, and also from the beneficial effect of treatment over the painful region. Another objection is, that the brain substance is wholly insensitive, and the membranes are only slightly sensitive. In reply, I would point out that the dura mater and the pia mater, like other fibrous membranes, when in a state of disease and subject to tension, may give rise to severe pain.

The pain in the cases founded on, was not induced by

(a) Read in the section of "Medicine" at the International Medical Congress, August, 1881.

(b) It was not till the Congress had met that I learned that in 1874, and therefore three years before me, Dr. Ferrier had noted that pain may occasionally be developed by percussion of the skull in cases of superficial disease of the brain. This is mentioned in a paper by that gentleman on "Pathological Illustrations of Brain Function," in the West Riding Asylum Report for that year. I regret very much that the reference to the point (which only occupies five lines of the paper) should have escaped my notice, and I therefore now, at the earliest opportunity, acknowledge Dr. Ferrier's priority. It will be obvious that the fact of two observers, quite independently of each other, having arrived at the same conclusion, adds much to its value.

mere rubbing or gentle pressure, but by *percussion*. It is, therefore, inferred that the disease is not in the bone, unless it be in the inner table of the skull; and, if it be situated in this part, it is of great importance to elicit the fact, as morbid action there usually involves the outer, and often the inner, membrane and brain itself. However, disease of the bone in adults in most cases is syphilitic, and the pain, as a rule, is such as to stand in no need of artificial development to manifest its existence.

Of the six cases under my care great benefit was derived in some of them from repeated counter-irritation over the seat of developed pain. Other cases, besides the two mentioned, support the prevailing views respecting the localisation of motor function in the cortical substance.

In practising percussion of the skull the physician should be careful to make the taps of the fingers as nearly as possible of equal force, except in the temporal region, where they should be somewhat lighter. It is well to percuss one's own head previously, to ascertain the character of the tap which can be borne without discomfort. It is advisable to avoid, either by remark or otherwise, directing the patients' attention to any particular part of the head, particularly if they be of an impressible or hysterical disposition.

I do not claim that this means of diagnosis will be of very wide application. It probably will not be of service if the morbid action be diffused, as in ordinary cases of insanity. It is chiefly of use where the disease is limited in extent, and particularly if it is attended by gross products, such as inflammatory lymph producing local tension, or tumours of the surface, or in the membranes. In injuries of the head it may occasionally be of service. Thus, in a somewhat doubtful case of fracture of the skull, the writer has seen it assist in marking out the line of the fracture. In disease of the inner table of the skull, when the pain of the head is widespread, it may help to localise the lesion. Wherever, therefore, there is the least ground, judging from the general symptoms, for suspecting that disease may exist superficially within the skull, percussion of the head should not be omitted; it may yield most valuable information, on which important local treatment may be based.

Clinical Records.

BRITISH HOSPITAL, MONTE VIDEO.

Case of Gastrotomy and Removal of a Dinner Fork from the Stomach.

Under the Care of Mr. L. A. FLEURY, Surgeon to the Native Hospital, Caridad, and Surgeon to the British Hospital, assisted by

Dr. YOURKOUSKI, Professor of Anatomy, and Surgeon to Native Hospital, and by Dr. E. A. LUCAS, R.N.

JOHN CHAMBERS, *æt.* 42; occupation a cook, presented himself at the hospital on July 10, 1880, and gave the following history:—

Two days previously, while trying to amuse some children by pretending to swallow a plated dinner fork, he accidentally let it slip out of his finger, and felt it passing down into his stomach. The foreign body at this time gave rise to no inconvenience, except slight nausea and vomiting, which occurred chiefly after taking solid food.

No operative treatment was attempted at this time.

On the 8th of the following September, after jumping off a low wall, he experienced a sharp stinging pain in the abdomen, and that night could distinctly feel the prongs of the fork through the abdominal walls. He came again to me on the 13th of September, and after a consultation an operation was decided on.

Operation, Sept. 14th.—The patient having been brought under the influence of chloroform, an incision 3 inches long, was made in the epigastric region along

the external border of the left rectus muscle at the point where the foreign body was felt; the skin and superficial parts of the muscle having been divided, after a short dissection the points of the prongs became visible imbedded in the muscular tissue. The operation at this point became more complicated, as each of the four prongs had to be separately dissected out, and the internal aponeurosis of the rectus, and the peritoneum divided. The stomach was now seen much displaced downwards, a circular incision was made into it round the fork which, after a little difficulty, was extracted. The edges of the wound were now drawn forward for about an inch and brought together by a continuous suture of carbolised gut, the internal sheath of the rectus was next closed by sutures of the same material, and the external wound by hare-lip pins, the wound was then dressed and a bandage applied round abdomen.

I may mention that the operation and dressing of the wound were conducted in accordance with Lister's antiseptic method.

The position of the fork in the stomach was from before backwards, the handle in the pyloric end and the prongs in the anterior surface of the cardiac, the curve of the fork was looking downwards and outwards.

15th.—Tongue furred; very little pain. Is allowed tea spoonfuls of iced water every half hour, and an enema of 2 ounces of beef-tea, with an egg beaten up in it every third hour.

10 p.m.—Quite quiet. Prescribed *pulv. Doverii*, gr. x., at bed time. Pulse 80; temp. 100; passes urine freely.

16th.—Slept fairly; feels strong, and is in good spirits. No pain over wound. Iced water and enemas as before. Gr. $\frac{1}{2}$ of morphia at bed time. Average temperature for day—maximum 99.2, minimum 97.8; average pulse, maximum 104, minimum 80.

17th.—As the patient was slightly restless, another half grain of morphia was given at 2 a.m., after which he slept well till 6.30 a.m., when another nutritive injection was thrown up. During the afternoon he was given two ounces of cool beef-tea by the mouth. Average temperature during day—maximum 99, minimum 97; pulse maximum 100, minimum 84.

18th.—Passed a good night, feels strong, has no pain. Enemas of beef-tea and egg at longer intervals. Beef-tea by the mouth in large spoonfuls every hour.

10 p.m.—Morphia at bedtime as before. No abdominal tenderness, except in immediate vicinity of the wound. Average temperature during day—maximum 99, minimum 97; pulse, maximum 100, minimum 80.

19th.—Not so well, had a bad night, and some pain in wound extending over epigastric region. Bowels were moved about 3 p.m.—a hard, clay coloured stool—felt great relief after this; continue his beef-tea. Enemas reduced in amount. Urine was passed freely, highly coloured, but no deposit. Morphia not required. Average temperature during day—maximum 100.2, minimum 98.6; pulse, maximum 98, minimum 84.

20th.—Some pain over wound. Changed dressings for first time, and removed two pins, the wound looked fairly healthy, but small sloughs at entry and exit of pins. Dressed antiseptically as before. Enemas discontinued. Average temperature during day—maximum 100.2, minimum 98.5; pulse, maximum 98, minimum 80.

21st.—Passed a very bad night, and still complains of pain. Bowels opened slightly—ordered an enema of castor and olive oil with \mathcal{M} .x. of tinct. opii at 4 p.m., with but little result. Tongue very foul—continue beef-tea, egg, and milk.

9 p.m.—Pain still continues. Pulse 104, dressings removed; wound emits a slightly offensive odour, and there is a small abscess at lower third of wound discharging pus. The remaining pins were extracted. The external wound had not closed, except at lower part of incision, and was gaping slightly. An abscess was discovered in the sheath of the rectus muscle, and about 2 ounces of foetid pus came away, after which he complained of no pain or tension. Wound dressed as before.

Average temperature during day—maximum 100.8, minimum 97.2; pulse, maximum 77, minimum 68.

23rd.—Improving—temp. 98.6, pulse 72. Antiseptic dressings discontinued, and linseed meal poultices applied every fourth hour. Free discharge of healthy pus, wound granulating from the bottom. *Diet*—Eggs, milk, beef tea, and a little soft bread in small quantities.

24th.—From this date he exhibited no bad symptoms of any kind. His temperature never exceeding 98.6, or his pulse 80, and all the functions of the body were performed normally.

October 1st.—Allowed to sit up, and got some solid food. Next day allowed out for an hour. Wound is nearly closed, and looks very healthy. Poultices stopped, and simple dressings used instead.

15th.—Discharged from hospital—cured.

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

INOCULATION OF CONTAGIOUS PLEURO-PNEUMONIA.—At the recent meeting of the Académie de Médecine on the 8th of September, M. Bouilly read a report on the inoculation of contagious pleuro-pneumonia. According to him, inoculation of the virus practised in the tail of the animal, was a sure guarantee against this disease. In concluding his report, M. Bouilly expressed the hope that one day he would be as successful in attenuating pleuro-pneumonia, as his colleague M. Pasteur had been in the cholera of fowls. Unfortunately, the very commendable and legitimate attempts of M. Bouilly to aspire to the fame of M. Pasteur are not likely to be crowned with success, at least, as regards the disease which is the ruin of many a farmer. On Wednesday last M. Leblanc took the liberty to oppose the assertions of M. Bouilly in round terms, and showed, by quoting a certain number of facts, that inoculation was of no benefit whatever in pleuro-pneumonia, and that its consideration was only a waste of time.

NITRATE OF SILVER IN SCIATICA.—Subcutaneous injection of nitrate of silver has been strongly recommended and frequently employed by M. le Dentu of the St. Louis Hospital, in the treatment of sciatica. The following is a case that succeeded in the hands of Dr. Greslon:—A woman, *æt.* 53, of a rheumatic diathesis suffered from all the classic symptoms of sciatica in the left leg, the whole member from the external malleolus to the sacro-sciatic notch was the seat of lancinating pain, which lasted a month. All the ordinary means being used but without effect, the patient consented to the subcutaneous injection of the agent in question. Five drops of a solution (1 in 4) was injected in upper and back of the thigh, at a point corresponding to the exit of the sciatic nerve. This injection was immediately followed by great pain, and an abscess formed giving exit to a teaspoonful of pus. Three or four days afterwards the patient was able to get up and walk about, all pain having left the leg. However, the point corresponding to the sciatic notch remained as sensitive as before, and another injection was practised which was not followed by an abscess, and in a week the cure was complete. This case is not only interesting from the rapidity of the cure, but also from the fact that the subject was rheumatic and consequently was unfavourable as to prognosis.

CURIOUS ACCIDENT.—A curious accident has been reported by a provincial doctor in the *Concours Medical*. A woman, *æt.* 32, six months *enccinte*, was occupied in feeding a cow which she held by a cord, when she received from the animal a violent thrust from its horns. Sent for immediately, the doctor found the woman in a hand barrow in a half sitting posture, and had to content himself by slipping her on to a bed thrown on the ground, for she declared it impossible for her to stir. When the clothes were cut open the gravity of the accident was revealed. The abdominal cavity was entirely exposed. At the lower part was to be seen the uterus thrown forward and slightly inclined to the left, a position which enabled him to touch the right round ligament. The great epiploon had almost entirely disappeared, what remained of it covered the superior border of the transverse colon visible in its whole length and occupying its normal position. On the right, a part of the small intestine issued from the abdominal cavity, and was of a brownish colour. On palpation the uterus contracted and the mother felt the movements of the child. The pulse was regular but small, and giving 96 pulsations to the minute. The loss of blood was slight. Before such a grave situation, M. Mignen thought it best to commence by extracting the fœtus, which was done by an incision made in the most projecting part of the uterus, but the child died two hours afterwards. The

uterus contracted energetically. Our *confrère* sought to unite by suture the different parts of the abdominal wall, but from the inferior extremity of the thorax to the anterior border of the pelvis, and from the superior right and left iliac spines to the false ribs, the wall had disappeared. Death took place thirty-six hours after the accident.

HYPERÆMIA OF THE LIVER.—M. Durand-Fardel calls attention in the *Revue Médicale* to the treatment of simple engorgement or chronic hyperæmia of the liver by *massage* or kind of friction allied to shampooing. This hepatic engorgement is characterised by a simple increase in the volume of the organ, and always terminating in resolution. The pain whether it be spontaneous or produced by pressure, shows itself at intervals, and can be absent altogether. The icterus is generally slight and more yellow than green. Against this affection, besides the use of the mineral waters of Vichy and baths, M. Fardel recommends the use of local douches on the hepatic region and the massage, at least, when the pain is not severe. The douche is given every two days and finally every day, the operation should not last more than ten minutes. As to the massage he describes it as follows:—The abdomen should first be rendered supple, and then the hand is passed by simple friction over the liver, the integuments covering that region are first rendered supple, and then the liver itself, until, as by a sort of kneading process the inferior border is reached, which is raised up by seizing it with the hand. It is needless to add that these manœuvres should be continued for a month at least, and exact a great deal of management and gentleness. Each time the patient experienced an alleviation of this disorder and a certain *bien-être*.

IRISH UNION HOSPITALS.

At a meeting of the executive committee held at the Hibernian Hotel, Dublin, on the 29th ult., Dr. Mayne in the chair, the following resolutions were proposed by Dr. Adrien, seconded by Dr. Holland, and adopted:—

1. That we tender to the *Lancet* the hearty thanks of Irish union hospital physicians, for the influential and thorough support which it has given to our movement.

2. That in consequence of the Queen's College opposition, an application be made to the leading Scotch licensing bodies for recognition, and that a deputation do proceed to that country for the purpose of concluding all arrangements.

3. That we strongly protest against the exclusion of provincial men from the witness-table of the Medical Commission, and we feel satisfied that public opinion will endorse this protest.

4. That we again urge all union hospital men, to unite as one man, a course which is all the more incumbent on them, after the gratuitous insults heaped on us in some quarters.

5. That Dr. Laffan be requested to bring under the notice of the Irish College of Surgeons, and subsequently, if necessary, under that of the General Medical Council, the irregularities which are constantly perpetrated in the various medical curricula, by certain interested parties in Dublin, who openly advertise for apprentices, to whom they pretend to allow sufficient time for lectures, &c., though such time is wholly insufficient to satisfy the regulations of the colleges.

6. That this meeting has heard with satisfaction from Dr. Moore, of Cavan, that it is an error to suppose that Irish union hospitals are not recognised, and the proofs he has adduced of such recognition not only by Irish, but by some English Bodies, shall be published if necessary by our hon. secretary.

7. That the thanks of this meeting be given to Drs. Hayden, Lyons, and Cruise, for their promises of support in the Royal University Senate, and that the attention of all union hospital men be directed to the attitude of some of the Queen's College Senators, whose hostility, if persevered in, should leave no alternative to every union hospital physician, who pretends to the possession of the slightest self-respect, but implacable hostility to the Queen's College Medical Schools.

8. That we call for subscriptions from all union men.

The deputation appointed to wait on the Royal University Senate, laid all the necessary documents before that body,

and eloquent speeches in favour of their claims, were made by Drs. Hayden and Lyons.

The Senate has, however, been too pressed with business, to proceed immediately with the consideration of the application, and such consideration remains over for the present.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, OCTOBER 12, 1881.

THE SOCIAL SCIENCE CONGRESS.

THE meeting of the Social Science Association, which occupied the attention of the Dublin public last week, deserves to be recorded as a highly successful *reunion*, and as resulting in a substantial accession to the strength and influence of the organisation. Its success, indeed, largely exceeded public expectation, and the impression left on everyone's mind is one eminently favourable to the usefulness of the Association as an organisation for educating society upon most questions. Each of its departments was presided over by men whose qualification to lead the discussions upon their own speciality was open to no question; and the aggregate assembly was under the leading of the Lord Chancellor of Ireland—a man whose high name, no less than his oratorical and administrative ability, gave dignity to the meetings and inspired confidence in the conclusions arrived at.

The Public Health Section—with whose doings we are

specially concerned—met under the presidency of Dr. Cameron, M.P., and its deliberations were chiefly concentrated on four subjects, than which none more interesting or important could have been selected. State Supervision of Hospitals, Notification of Infectious Diseases, Dwellings for the Working Classes, and the Abuse of Stimulants in Irish Workhouses—these were the subjects which engrossed the attention of the Section, in which the attendance was—usually—large, and the debates lively and well argued.

The Public Address of the President himself we print in abstract to-day. It was devoted to a *résumé* of the investigations of Pasteur and his eminent *confères*, in reference to the germ origin of external diseases, and the prevention of those diseases by inoculation with the “attenuated” virus of the same disease. These experiments have been reported from week to week in our columns, and are now put together in narrative form by Dr. Cameron, being thus invested with an interest for the general public almost romantic in its character. The propriety of supervision of hospitals by the State was worked out by Mr. Burdett, who certainly established a very strong case for Government intervention in the management of London hospitals. He pictured truthfully the monstrous misuse of charitable funds which occurs under the unmeaning and objectionable autocracy of a “Treasurer” and his staff of insubordinate lady nurses; and he appealed, on behalf of the sick poor and of the benevolent supporters of these institutions, against a perpetuation of the existing most improper system. The debate which followed made it clearly obvious that these abuses which admittedly exist in London in their highest development are by no means confined to the great city. The enormous establishment expenditure in certain Dublin hospitals, the misallocation of charity by the Dublin Sunday Fund Council, and the utter inefficiency of the Dublin Hospitals Board as a check upon such abuses, were all the subject of earnest discussion.

The Notification of Infectious Diseases took the chief place in the proceedings of the Section, and derived special interest from the imminency of a Bill in next session of Parliament to force the physician to send notice to the sanitary authority of every infected case he sees. The expediency of imposing this duty upon him was maintained by Dr. J. W. Moore, and by Mr. Michael, Q.C., and Dr. Cameron, of Dublin. A modification of the proposal was advocated by Dr. Stewart Woodhouse. Space does not permit us to reproduce the reasons set forth by these gentlemen, which must be already familiar to the readers of this journal. Substantially the line of argument was:—1. The concealment of infective disease is a rife, and is disastrous in its effects upon public health. 2. It can only be effectually checked by the agency of the physician. 3. Notification by the physician would not be really either irksome or injurious to his practice, but if it were, he must be content to suffer the loss and inconvenience for the public weal. The duty of contending against these propositions was undertaken by Dr. Jacob, who opened the debate. He insisted, in reply:—1. That, however desirable it might be that infective disease should be speedily detected, the result of making the physician the agent for such detection would be to cause him to be

excluded from the patient, and thus to imperil life and increase concealed disease. 2. That, in equity, the responsibility to notify to the sanitary authority should rest, so to speak, on the proprietor of the *nidus* of infection, and not on any other person. 3. That, to impose such duty on the physician would be to throw the practice into the hands of quacks and dishonest practitioners, who would be employed on the understanding that they would *not* notify, and who could not be either detected or punished for their ill-doing. The anti-medical side of the question was represented by Mr. Hastings, M.P., and Mr. Gray, M.P.—the sponsors of the English and Irish Bills of last session, by Dr. Norwood, of the Dublin Corporation, the Registrar-General for Ireland, and the Town Clerk of Jarrow; while the inexpediency of imposing such duty on the physician was maintained by Dr. Chaplin, President of the Irish College of Surgeons, Dr. Davys, Coroner for the County, Miss Downing, of London, and other speakers. We regret, however, to have to confess that our profession was but weakly represented, and that that unhappy lethargy about public matters—even those which closely involve their own interests—which characterizes Irish doctors generally, was manifested in the debate.

The result of the debate may be described in chess language as a "stale mate," neither party taking anything by their motion save the gain arising from a discussion of the question. A noteworthy point is that while the anti-medical party rested their case greatly upon the satisfactory working of the system in the English towns in which it is in force, not one of them offered any evidence whatever of the fact. They quoted the approval of the system by medical officers of health (whose approval is a matter of course, seeing that the system saves them and their corporations a good deal of trouble and much money), but they did not tender any proof that the practitioners in those towns worked the system willingly, or that the zymotic death-rates had fallen in such places since the Acts came into operation; or that the number of deaths in which no physician attended was not increased in such towns; or that the law had been successfully enforced anywhere against recalcitrant practitioners. Nor did they meet in any way the argument that, supposing the law to be effectual in England, it is quite unsuited to the medical system and sanitary arrangements of Ireland.

The subject of "Dwellings for the Working Classes" was brought forward with great eloquence and force by the Recorder of Dublin, by the superintendent medical officer of health for the city, and by Mr. Spencer, secretary to the Sanitary Association; and by these gentlemen a state of things in a Christian country and in a civilized age was divulged. The only question capable of dispute was how the evil of squalid houses might be met, and there was a consensus of opinion that a large expenditure was inevitable, but that it might be expected that such outlay would be recouped by actual income as well as by improved health. We hope to analyse the papers next week.

The subject of "Stimulants in Irish Workhouses" was brought under notice by Dr. MacDowel Coogrove, of Dublin, and Dr. Norman Kerr, of London. Every subject which touches upon temperance seems fated to

intemperate and illogical discussion, and these papers were no exception to the rule. Dr. Coogrove's argument resolved itself into a statement of the uselessness of alcohol as food, and it was followed up by the usual exhibition of flippant dogmatism by the organising secretary of the Dublin Temperance Association. Much that was valuable might have been said upon the Parliamentary return of stimulants lately issued upon the motion of Mr. Whitworth; but, instead thereof, the audience was favoured with the decidedly commonplace denunciations of alcohol drinking to which it is so well accustomed.

This meeting has, we think, greatly raised the Social Science Congress in Irish estimation. It has proved to demonstration that the organisation is not, as scoffers have said, an aggregation of cackling doctrinaires, but rather an assembly of earnest and well-informed people whose interchange of opinion cannot fail to yield good fruit.

THE INTRODUCTORY ADDRESSES.

THE commencement of a new session invariably brings with it the delivery of a series of addresses, the number of which is dependent each year on the aspirations and other temptations to oratory on the part of gentlemen holding appointments on hospital staffs; or it is governed in a great measure by the special circumstance favourable to publicity connected with the administration of different institutions. On the uselessness of opening addresses based upon the old worn-out model of mutual admiration, we have already delivered our opinion; but it remains for us, notwithstanding, to note the fact that the commencement of the 1881-2 session has been inaugurated after this manner at several hospital medical schools, metropolitan and provincial; and to give some idea of the lines pursued by the speakers. In many instances it would seem that the skeleton address we published on September 28 has been rigidly adopted by writers of introductory; and we have been gratified by the receipt of a letter from one gentleman in the provinces, who, warmly thanking us for the assistance rendered him in his labours, demonstrates his indebtedness by enclosing a copy of the address actually delivered by him to the students of a Northern school, and which has evidently been framed on the plan suggested in our columns. Doubtless this outspoken admission might find many imitators in all honesty; but it is enough to prove to us the justice of our remarks on introductory addresses, and also the accuracy with which we were able to forecast the immediate future in regard to them. It is, however, pleasant to be able to feel that this autumn it is not every address that is a mere hash up of well-worn utterances, and that there are besides the lengthy and weary speeches, some that bear the stamp of a fine originality, and the healthy flavour of a newness wholly new. Anticipating, as we did, that the universal theme of opening lecturers would be the dignity surrounding the future practitioner, and the nobility of his calling, we could not fail to welcome the practical and telling address in which Dr. Vivian Poore hailed

new students to University College Hospital. Abandoning the useless but seductive admiration yielding which formed the staple of his fellow-orators' themes, he ventured on the bold plan of attacking an evil and advocating its remedy, to just those very persons who may be supposed both to be most interested in its reform, and to be likely to move for its abatement. Dr. Poore condemned, in severe and well-deserved terms the rapid growth of already excessively over-numerous technical terms employed in medical science. According to him, the New Sydenham Society's "Dictionary of Medical and Scientific Terms" may be expected to contain upwards of three hundred thousand names, and to these the possible additions exceed all power of estimation. This in itself is bad, and arises chiefly from a universal unwillingness to apply to the purposes of medicine the ordinary language of everyday life. Nor does the evil rest at this, for with the intention of concealment in words comes also a desire to further complicate by the manufacture of new terms by which to indicate well-known conditions, and an all too prevalent striving after the use of words whose length is oftentimes their sole claim to preference in the description of symptoms. Further, and as directly bearing on this subject, Dr. Poore urged the necessity for an international scientific language, a necessity that received a most practical demonstration at the sittings of the recent Congress in London. Such an address, directed to a definite object, and dealing with it after a thoroughly practical and understandable fashion, is calculated to be of some considerable service to students—not alone by showing them a very gaping pitfall right beneath them, but also by suggesting out of itself wider and vaster questions bearing directly on the welfare of the profession they have engaged to follow.

At Westminster Hospital Dr. Allechin read an address prepared by Mr. Bond, who was unfortunately prevented by illness from being himself present. In it the medical curriculum was described, and the openings by which young men could hope to enter into remunerative practice, "specialism" proving a subject on which the lecturer dilated at some length. Direct representation in the Medical Council of the general profession, general vindication of the dignity of the medical calling, and a reference to recent vivisection legislation, formed the topics of the remainder of the address, which exhibited no remarkable features of novelty in any way.

Mr. Pemberton addressed the new students at the Birmingham School on the means present in Birmingham for the cultivation of medical science. After sketching the history of the two hospitals, the General and the Queen's, in the town, the lecturer proceeded to deal with the means by which it might be possible to amend the present scheme of medical education. He complained that the majority of "duly-qualified" medical men, when first they entered on their career, were painfully ignorant of those practical matters which were much too commonly undervalued, even by those about to be entrusted with the preservation of human life. He advised students to make frequent and constant use of post-mortem rooms, and wards, and to neglect no means open to them of obtaining the utmost

possible practical acquaintance with the details of their profession. In an impassioned manner he deprecated the insensate opposition raised against vivisection by ignorant enthusiasts; and among other institutions devoted to medical training in Birmingham, mentioned also the new Mason College as a place where the preliminary scientific work may be thoroughly well studied. A rattle through history, and a modicum of cheerful advice concluded a serviceable, even though not original, address.

The opening of the Medical Faculty of University College, Liverpool, was inaugurated by an address from Dr. Oliver Lodge, professor of experimental physics to the college, which, as might be supposed, dwelt rather on the value and means of obtaining a liberal education than on any distinctly professional topic. Subsequently Lord Derby addressed the students in a way to show the estimation in which he, at least, held the calling of medicine, urging on all who were then intent on pursuing the path through life marked out by the course of a professional career to keep ever prominent the credit of the body to which they were attached.

Sheffield students were addressed by Mr. E. Skinner, lecturer on anatomy; and at the Durham University School of Medicine, Newcastle-upon-Tyne, Dr. Murphy delivered an address.

In London, Middlesex students received from Dr. R. Douglas Powell, physician to that hospital, a cordial welcome to the institution, and an assurance that they were about to engage in the preliminaries of a profession second to none for the elevated position of its members. He then sketched out the lines on which students of disease should proceed, and concluded by advice to those about to enter into practice.

At St. Thomas's, Dr. Bernays, lecturer on chemistry, opened the session on October 1st with an address devoted chiefly to the methods of study; and at St. Mary's Mr. Field welcomed the new-comers. Mr. Field approved of introductory addresses, and then proceeded to regulate the fees to be received by medical men, according to a fixed scale; and dwelt on the question of hospital support at some length. He spoke also on legislation, condemned the anti-vivisection agitation, and some special institutions. He concluded by a panegyric on the nobility of medicine. Sir John Lubbock was the orator at King's College; and Mr. Warrington Haward at St. George's.

THE CASE OF PRESIDENT GARFIELD.

WHEN referring to this subject some few weeks since we purposely refrained from passing an opinion upon the treatment pursued until the result of the autopsy was known and the excitement had calmed to the logic of facts. The press of America, both lay and medical, now discuss the case with the additional light thrown thereon by the post-mortem; and though little has been adduced to the knowledge already in our possession, yet it is satisfactory to read that by the general verdict of the profession "the President received all the aid which medical science, intelligently applied, could furnish." It is held that looking back upon the case

by the light of the autopsy it is impossible for anyone to say that a different line of treatment than that pursued would have saved the patient's life; and further, that medical art prolonged a life which otherwise might have ended in a few days. No doubt, a special knowledge of the case gave to the medical profession in America early assurance that a fatal issue was to be looked for; and in the further details of the case to which we look forward, explanation will doubtless appear as to the circumstances under which so little of that assurance was expressed in the telegrams which reached this country. As regards the secondary affections by which death was brought about, including septicæmia with its abscesses—or pus cavities, as they were called—and hæmorrhage, from a blood-vessel lying in the track of the missile; all these constituted the ordinary train of phenomena which are to be expected and looked for in a gun-shot wound such as General Garfield's, and so long as the bullet remained unwithdrawn. According to the dictum expressed long ago by Hennen, in cases of gun-shot wound of the abdomen, "the search for extraneous bodies, unless superficially situated, is altogether out of the question." The circumstance is recorded by him, and by others long before his day, that "balls sometimes remain in the cavity of the abdomen during life;" and the fact that in very rare instances a bullet that had penetrated the abdomen became evacuated by the bowel was also well known to military surgeons. Such instances, however, were so exceptional as to be excluded from account in estimating the danger attending wounds in that region. When, therefore, the fact is noted that the wound of the President had the additional complications of fractured rib and body of a vertebra, the utterly hopeless nature of the injury from the very moment of its receipt becomes evident.

In reference to this case, the *New York Medical Record* is of opinion that "in attempting to reconcile the diagnosis of the case with the microscopical revelations, we are met with surprises in several directions. Notwithstanding the great amount of careful and intelligent study of the case, the precise course of the ball was not made out previous to death. Considering the parts involved, the strange deflection of the missile, and the extent of its penetration, any satisfactory and safe exploration would have been impossible. Indeed, the opening through the body of the first lumbar vertebra appears to have been discovered accidentally, as was also the ball itself. The missile was really found in the mass of intestines and annexa after removal of the latter from the body. The supposed track of the ball proved to be nothing but a burrowing sinus connected with the fractured eleventh rib. The large pus-pouch under the liver was evidently due to the same condition, becoming converted into a closed sac by unequal healing in the course of the sinus." As remarked by our contemporary, "there were peculiar difficulties in the case, and they of a nature best appreciated by all who, themselves, have had experience in the treatment of gunshot wounds; and however greatly we may regret that, in view to the great public importance of the case, a correct opinion as to the course of the ball was not

made at the beginning, and was not proven at the end, it is quite difficult to see how the error could have been avoided. There were no symptoms during life to point to the locality of the ball."

There are several lessons of very great importance to be gathered from the case of the late President. Among them is the absolute necessity in similar instances of giving at once a definite assurance to those most directly concerned as to the extent of imminent danger to the patient, and as to the precise circumstances which counter-indicate manual interference for the withdrawal of a missile, whether fired by the hand of an assassin, or otherwise received.

CONSULTING WITH HOMŒOPATHS.

It is with a feeling of profound concern that we chronicle an event, the evil consequences of which to legitimate medicine, it is impossible to foresee, and the blame for which must assuredly attach to the indiscreet and too ingenuous champions of indiscriminate liberalism who recently invited the union of scientific medicine with irrational and dogmatic nonsense. We refer to the decision arrived at by a small majority of the Lancashire and Cheshire Branch of the British Medical Association, to the effect that it shall be no longer considered necessary to refuse to meet homœopathic practitioners in consultation.

At the time when Mr. Hutchinson gave expression to his curious views on the ethics of medicine, most of those who felt how seriously he had strayed from the limits of legitimate toleration, elected to regard him and the other lights of the profession who agreed to think with him, as good naturedly advocating a measure of relief towards a class they considered to be somewhat overweighted in the race for professional emolumenta. It was, in a way, generous to recognise that the fact of qualification in medicine should entitle a man to the sympathy of every brother practitioner, notwithstanding that errors of the grossest kind should be common occurrences in his daily routine. It was, we say, generous on the part of Mr. Hutchinson to advocate freedom of intercourse with homœopaths, generous that is to the homœopaths; and especially so, since the chances of Mr. Hutchinson being called to embody in his own person the theory so pleasantly advanced, had all the fanciful elegance of improbability. But did Mr. Hutchinson, we wonder, or did Dr. Bristow, or did Mr. Barrow, reckon on the wholesale effect that would be given ere long to the moral they conveyed in their addresses. We like to think well of all men at all times, and, for this reason, in the absence of any direct proof, we cannot imagine that the dark, humiliating picture of the general medical profession hand and glove with the homœopathic fraternity, ever presented itself as a possible consequence of their performance to the gentlemen who have dealt the worst blow to their profession that it ever received from one of its own members. What, we ask, in despair almost, if every branch society of the British Medical Association, realising the fact that men eminent throughout the world for knowledge and breadth of intellect, have passed the word for a bridging over of the gulf,

hitherto regarded as impassable, separating medicine from all that is not medicine, what then is become of the dignity, and the glory, and the honour, that glowing introductory orators have but just declared to be inseparably connected with the profession and practice of medicine? We dare not hope that the *morale* of medical men, ununited body as they are, will support them against the tide loosened on them by the miserable apostacy of a few of their brethren; nor can we anticipate that the one errant branch in the north will long remain alone affected by the *auri sacra fames*, which is, perhaps, in chiefest part to blame for the wretched resolution they have approved. And then, what is to follow? The wrecking of the Association is, of course, assured, if it once either actively or passively assents to the proceeding of a section of its members. There are, we trust, a few good men of honest reputation, of steadfast faith in the nobility of integrity, and endowed with a hatred of sham, who will, to the end, protest against the miserable fraud that must be perpetrated each time that a consultation (save the mark) is assented to between a pretender—who ranks symptoms as supreme, who reckons the efficacy of medicine apart from all question of its presence, and who refuses sanction to all scientific proceedings in the shape of treatment—and a regular practitioner. The whole thing is a monstrous farce; and that any men of hitherto honest reputation, should openly and willingly signify a determination to enact it at each available opportunity, is the most humiliating, the most degrading consequence that has yet followed the ill-judged, ill-timed, and ill-fraught, advocacy of universal tolerance delivered at Ryde.

How to meet the new and fatal spirit is the problem that most distresses us.

Notes on Current Topics.

Epidemic Fighting.

THERE is at present in the country a sort of epidemic of prize fighting, the extent of which has grown sufficiently to attract the notice of the Home Secretary to the phenomenon. His attention has been directly drawn to several instances in which serious injury has been inflicted during these brutal encounters, on one or other of the combatants; and all persons anxious to see no hindrance opposed to the continued advance of this country along the path of civilisation and culture will not hesitate to endorse the emphatic strictures passed on the degrading pastime so inappropriately designated "sport." The number of fights between men ostensibly met for a friendly encounter at boxing is appreciably on the increase, and in many cases damage is inflicted which may permanently affect the health of the recipient. The details of some of these combats are fit to grace the records of a hundred years ago; and at Coventry, within the last week, medical evidence as to the death of a man killed in a prize fight ran as follows:—Deceased's "face and eyes were much swollen and bruised; the chest and sides much bruised; three ribs were broken, and blood was oozing from his mouth and nose, the bones of which were completely smashed, and the left hand was

much swollen and contused. Death was caused by extravasation of blood on the brain, occasioned by injuries received at the prize fight." We submit that when such occurrences as here described are being almost daily witnessed in some part of the country, it is high time that energetic measures should be adopted for suppressing what bids fair to become an acute mania for ruffianly sport. It is to be hoped that measures now being taken to this end may be successfully carried out, and result in the banishment from this country of one of the worst and most barbarous bequests from our less civilised ancestors.

Indian Medical Items.

In future hospitals for British troops in the Presidency of Bengal are to be organised and conducted as station hospitals on the principles laid down in the Regulations for the Medical Department of Her Majesty's Army, dated War Office, Nov. 1, 1878. The system will be introduced at once at forty-eight stations, where the present buildings are adapted for the purpose.

A return has been submitted by the Surgeon-General of Her Majesty's forces showing the sickness, mortality, and invaliding in the British troops serving in the Madras Presidency in 1880. The total of admissions was 14,084, and the deaths in hospital and out of hospital amounted to 100 against 173 in the previous year. The total of men invalided was 238 against 467 in 1879. The figures for the year 1880 are very favourable when compared with 1879, and the comparatively small number of deaths from "all causes" shows that the health of the troops in the Presidency was exceptionally good.

The *Times of India* believes that yet another blow has been aimed at that long-suffering department—the Indian Medical Service. Notwithstanding the radical changes of April 1 of last year, by which the medical service was grievously injured by the Secretary of State, it would appear that this time it is the hand of the Government of India by which a fresh wound is to be inflicted, for it is said that a despatch has gone home recommending what are termed "extensive reforms," and being based on the semi-amalgamation of the Indian Service with the British, as shadowed forth in our last issue. It would appear that everyone has been called upon to give his opinions on the future of the Services except those most intimately acquainted with their practical working. Commanders-in-chief, members of Council, chief commissioners, and lieutenant-governors, figure as doctoring the doctors; but with two or three solitary exceptions the doctors do not seem to have had anything to say on the matter. When, to obtain some statistical information it was found positively necessary to refer to the department, the Surgeon-General in Bengal appears to have been addressed; but it was totally ignored that in Madras, and in Bombay also, there exists a medical department having necessarily interests and employments differing from those in other parts of India.

Hackney Smells.

It appears that the inhabitants of Hackney have for a period been suffering from the existence in their midst of constant evil smells and exhalations, the origin of which has not yet been satisfactorily determined. The medical

officer for the district, Dr. Tripe, has again and again had his attention directed to these exhalations, but no action has yet been taken either by the local or Metropolitan boards to put an end to the nuisance. Several letters have appeared from inhabitants of Hackney, who not unnaturally loudly complain of the danger they suffer from the ill-smelling exhalations they are compelled to breathe day after day. From certain of these epistles we should infer that a good deal of the mischief is due to the building of houses on "made" foundations, the material of which the subsoil consists being largely made up of decomposing refuse from all manner of situations. In other towns, this has been found to be the cause of even serious outbreaks of illness, and there is a good deal to point to a similar origin for that which has occurred in the Hackney district. In some places, however, open ditches, serving in part as drains, are distinctly mentioned; from these it need hardly be suggested, the seeds of disease may with ease and certainty be disseminated; and judging generally from the complaints that have been published, there is every reason for insisting on a searching investigation into, and a speedy removal of, the causes which are to blame for the present uncomfortable state of affairs.

The Dangers of Pork.

FROM time to time we hear of epidemics from the incautious use of improperly cooked pork which has been infected with the trichina larva, and it had been assumed that this was the chief danger attendant on the consumption of the flesh of the pig. The Leicester police court, however, was on Friday the scene of an inquiry, in the course of which facts were made known in the face of which consumers of pork pies may well feel called upon to exercise especial caution in future dealings with purveyors of these delicacies. The case referred to was a charge brought against a Leicester butcher by the Town Clerk, the offence being that prisoner had on his premises two tons and a half of hams, bacon, and beef, utterly unfit for human food. The details afforded during the trial of the manner in which decomposing and putrescent flesh is regularly prepared by a system of elaborate high spicing, to meet the requirements of connoisseurs in pork pies is instructive, but by no means edifying reading, and should be carefully perused by all accustomed to indulgence in the articles for the manufacture of which all the savoury but ill-savoured material was destined prior to its capture. It is satisfactory to know that a lesson has been forcibly taught to the defendant in this action, the bench having sentenced him to imprisonment, without hard labour, for two months; and it may well be hoped that this will convey a warning to all other purveyors of pork pies, if there be any, who are not in the habit of being over particular about the source and condition of the materials out of which their stock in trade is composed. In the public interest we congratulate Leicester in the possession of a bench of magistrates so clearly alive to the hygienic importance of a pure food supply.

Hospitals and the State.

AN important communication was made to the Health Department of the Social Science Association by Mr. H. C. Burdett on the subject of State supervision of hospitals, an abstract of which will be found in another part of our present issue. We would specially commend this for careful consideration as dealing with a question which from the constantly growing pressure on existent accommodation in hospitals must sooner or later come prominently to the front. Mr. Burdett's extensive experience in hospital work and management entitles him to speak with special emphasis on a question like this, and we feel sure that a consensus of opinion will follow his conclusions presented in the abstract of his paper.

The New Scheme of Education and Examination of the Irish College of Surgeons.

THE Council of the College has, we learn, appointed a deputation to wait on the Chief Secretary for Ireland and afford information and explanation respecting the New Scheme. Sir William Harcourt, in whom is vested the authority to approve of the abrogation of old bye-laws, which is necessary before effect can be given to the Scheme, is still absent from home. Meanwhile the Council has made arrangements to enable students who are now commencing study to proceed under the old or the new system, as circumstances permit. If anything should prevent the enforcement of the New Scheme, students will proceed as heretofore. If the New Scheme becomes law, they will be obliged to adhere to its provisions, but will have credit for their preliminary examination and for the lectures entered for under the old system.

Stimulants in Irish Workhouses.

A PAPER on this subject was read in the Public Health Section of the Social Science Congress, at Dublin, by Dr. MacDowel Cosgrave. He stated that during 1880, £11,845 8s. 7d. was spent on stimulants in the Irish workhouses, forty per cent. of the sick receiving them. The cost per head varied from 9½d. in Ulster to 3s. 3d. in Connaught. In the Dublin Unions it averaged 2s. 10d. per head. Stimulants were given to attendants in at least 76 of 163 Irish unions. The amount of stimulants consumed seems, on the whole, to be decreasing; but in some unions it is increasing. In the South Dublin Union the rate per head has fallen, during the last five years, from 1s. to 9½d., whilst in the North Dublin Union it has risen from 1s. 6d. to 1s. 9d. The author thought that stimulants cannot be used as food, as their cost would be excessive, to say nothing of the uncertainty of their utility. One imperial pint of Guinness's stout would only be equal, as food, to rather less than five ounces of sugar. Also 3½d. worth of bread is equal, as a force producer, to 3s. 4½d. worth of stout, estimated at its highest possible value. Alcoholic drinks are probably used as medicines, although they are paid for as other medicines are. But in the majority of cases alcohol diluted with water would be just as efficacious, and it would be cheaper, safer, and less attractive. The experience of any unions which may diminish the amount of stimulants used tends to show that it has

resulted in an increase of health. Many English unions show this. In Ireland there are not yet many examples to argue from, but those we have here are against the use of stimulants. If the return of the number of inmates, deaths, and costs of stimulants in the Irish workhouses be granted annually, we shall soon have sufficient ground for drawing more positive conclusions. In the South Dublin Unions the death rates for the past five years were 67, 69, 54, 55, 37, whilst the cost of stimulants per head was 2s., 1s. 5d., 1s. 2d., 1s. 1½d., 9½d. In the North Union the corresponding figures were 65, 76, 72, 86, 97, and 1s. 5d., 1s. 2d., 2s. 1d., 2s. 5d., 1s. 9d.

The Penalties of Milk Adulteration.

AT West Hartlepool two heavy penalties have been inflicted by the county magistrates for milk adulteration. In the first case a farmer, charged for the third time with the offence, was fined £50 and costs, or three months' imprisonment. In the second the fine was £10 and costs, or six weeks' imprisonment. If magistrates would more generally treat persons convicted of milk adulteration with similar justifiable severity, the dishonest practice would probably not continue to so great an extent as it does.

Sickly Children Dependent on the State.

A PAPER under this name was read in the Public Health Section of the Social Science Congress, at Dublin, by Mrs. Morgan John O'Connell. It attempted to arouse public opinion to investigate into the case of the numbers of scrofulous pauper children, sickly rather than actually sick, and offered suggestions for raising their health standard. A few facts concerning the extreme prevalence of the scrofulous condition among the Irish poor having been adduced, medical views on scrofula were next commented upon, and it was discussed why the special hygienic measures recommended in text-books are not applied to strumous pauper children in Ireland. Quotations from information bearing on the subject received from England and America were made, and a few plain suggestions were offered as to the creation of sea-side homes near Dublin with affiliation to existing hospitals, use being made of Count Moore, M.P.'s, Afflicted Persons Act for sending pauper children to such places. Suggestion of sisters of charity for Catholic, and late Mrs. Sullivan's organisation for Protestant sick children dependent on the State were also considered.

The Netley School.

THE forty-third session of the Army Medical School was opened at Netley on Monday, the 3rd instant, by an introductory address from Professor F. de Chaumont, F.R.S. The class for the winter is formed of twenty-four surgeons on probation for the Army Medical Service, and ten surgeons on probation for the Indian Medical Service, all of whom were successful in the competition for appointments in August last.

A REPORT by the medical men on the spot states that 77 per cent. of the cases in the diphtheria epidemic in the province of Oral in Russia proved fatal.

Lecture Attendance in the Queen's Colleges.

IN the report of the President of the Galway College which was recently presented to Parliament, he says:— At the present moment, special attention is directed to the question of the value of the lecture system in medical education. Now, in this college, a daily roll-call has always been in force in every class, and class-examinations are frequently held. A daily class-examination is held in the class of anatomical demonstrations, and a weekly one in physiology; and no credit is given for attendance when the answering of the student evinces inattention and inadequate study of the subject. The class certificate shows not merely the payment of a fee, and the entry of a name on the class-roll, but is a guarantee of continuous study of the subject on the part of the student during the entire session. While a reform of the well-known abuses of the lecture-system, now under discussion, has been only partially secured by changes in the rules of a small number of medical institutions, the system of roll-call and class examination adopted in this college has avoided the evil from the beginning.

Dr. Hayden, of Dublin.

SINCE our last issue this much-esteemed member of our profession has been stricken down by pneumonia of alarming severity. We understand that on Saturday week he experienced a chill, and on Sunday, Monday, and Tuesday became steadily and seriously worse. Drs. C. Nixon, Lyons, M.P., Cruise, and Banks were called into attendance, but, notwithstanding their efforts, the symptoms increased in severity, until, on the early morning of Saturday, the patient seemed moribund. Happily, a marked improvement then manifested itself, and the change for the better has been maintained up to the time of our going to press.

We earnestly trust that we may be able in our next issue to report convalescence.

Dr. McClintock, of Dublin.

THE improvement in the health of Dr. McClintock, which we reported last week is, we are glad to say, maintained, and substantial progress is being made towards recovery, which we hope may be speedy and complete.

Change of Address of the General Medical Council.

THE offices of this Council, where English and Welsh practitioners and students must be registered, have had their number changed from 315 to 299 Oxford Street, in consequence of a renumbering of the street which has taken place.

THE first meeting of the Ophthalmological Society for the current session will be held on the 13th inst.

PROF. MORRISON WATSON, of the Owens College, Manchester, is a candidate for the chair of Human and Comparative Anatomy at the University of Oxford.

THE Royal Microscopical Society will meet to night, at 8 o'clock, when a paper on Multiple Staining of Animal

and Vegetable Tissues will be read by Mr. B. Willis Richardson, F.R.C.S.I.

THE Queen has conferred the Victoria Cross on Surgeon Major Edmund Baron Hartley, for conspicuous gallantry displayed by him in attending the wounded, under fire, at the unsuccessful attack on Moirossi's Mountain, in Basutoland, on the 5th June, 1879.

IT has been finally decided that Sir William Muir, K.C.B., who has held the appointment of Director General of the Army Medical Department since 1874, shall retire from office on the 1st of April next, and that he shall be succeeded by Surgeon General T. Crawford, M.D., principal medical officer in India.

THE death is announced of Sir John Musgrove, Bart., president of St. Thomas's Hospital, in his 89th year. The deceased gentleman was an alderman of London from 1842 to 1872, sheriff in 1843, and Lord Mayor in 1851 when, at the opening of the Great Exhibition, he was created a baronet. The baronetcy becomes extinct.

AT a meeting of the Committee of Knocknadona Dispensary District, Lisburn Union, it was stated that they had advertised for a medical officer in the room of Dr. Johnston, resigned, yet no applicant had come forward. Another advertisement was ordered to be published; and in the event of there being again no candidate, a special meeting of the guardians will be held to reconsider the salary to be paid.

AMONG the French troops in Tunis, sickness is said to be increasing. Camp beds are insufficient; and many of the sick are said to be lying on straw, and dying without succour. According to returns, however, furnished by the Board of Health, the rate of sickness to strength of troops in Tunis is 4·83 per cent., in Algeria 4·82, France 4·30. The resources of the sanitary service are declared to be perfectly adequate.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Plymouth 13, Newcastle-on-Tyne 15, Sheffield 15, Portsmouth 15, Brighton 15, Leeds 16, Sunderland 16, London 16, Dublin 17, Edinburgh 17, Birmingham 17, Wolverhampton 17, Glasgow 18, Nottingham 18, Norwich 18, Bristol 18, Oldham 19, Leicester 20, Salford 21, Bradford 21, Manchester 22, Liverpool 22, and Hull 24.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 24, Bombay 28, Madras 37, Paris 21, Geneva 10, Brussels 19, Amsterdam 19, Rotterdam 14, The Hague 18, Copenhagen 19, Stockholm 15, Christiania 10, St. Petersburg 38, Berlin 21, Hamburg 19, Dresden 19, Breslau 27, Munich 26, Vienna 21, Prague 26, Buda-Pesth 30, Rome 29, Alexandria 47, New York 37, Brooklyn 35, Philadelphia 25, and Baltimore 36. No returns have been received of Naples, Turin, Venice and Lisbon.

THE Gresham Lectures on Medicine will be delivered by Dr. Symes Thompson at the Gresham College, Basinghall Street, on the 11th, 12th, 13th, and 14th inst. The subject for the present series is the Nervous System, which will be treated of under four headings:—Mind and Matter, Involuntary and Reflex Nervous Action, Nerves of Special Sense, Results of Defective Nerve Action. The lectures commence at 6 p.m. each evening.

IN three of the principal cities of the United States the rates of mortality have been very high for some time past, and according to the latest official returns there appears to be no immediate prospect of more healthy times. Last week, for instance, when the death-rate was only 16, 17, 17 in London, Dublin, and Edinburgh respectively in New York, Baltimore and Brooklyn, it was 37, 36, and 35 per 1,000 of their populations. Diphtheria and scarlet fever would seem to be the principal factors in this excessive death-rate in two of the three cities, diphtheria and typhoid in the third.

FROM diseases of the zymotic class in the large towns last week scarlet fever showed the largest proportional fatality in Hull, Bradford, Edinburgh, and Nottingham; no fewer than 225 fatal cases of this disease have been recorded in Hull during the past thirteen weeks, of which 28 were registered last week. The 27 deaths from diphtheria included 12 in London, 8 in Glasgow, and 2 in Portsmouth. Fever, principally enteric, showed the highest death-rate in Leicester, Newcastle-upon-Tyne, and Leeds. Small-pox caused 16 more deaths in London and its outer ring of suburban districts, and one in Leeds; no fatal case of this disease was recorded in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—At a meeting of this Faculty, held on the 3rd inst., the following office-bearers were elected for the ensuing year, viz.:—Dr. Robt. Scott Orr, president; Dr. Robert Perry, visitor; Dr. James D. Maclaren, treasurer; Dr. James Finlayson, honorary librarian; Dr. Hugh Thomson, vaccinator. Councillors: The President, *ex officio*; the Treasurer, *ex officio*; Dr. James Morton, Dr. Andrew Fergus, Dr. Henry Muirhead, Dr. William Radie, Dr. Peter Stewart. At the same meeting Dr. Hugh Miller was appointed an examiner in midwifery, vice Dr. Tannahill. At one time the wholesome rule existed in this Faculty that no teacher should hold the position of examiner; for some time past the very opposite has obtained, as now, with few exceptions, all the examiners are teachers. Dr. Miller's election is a return to the former commendable state of affairs, and is thus to be regarded with satisfaction. It is obvious that in any modification of the present licensing system, under a new medical reform bill, the position of all licensing bodies would be less assailable to the extent that examiners are unbiassed by personal influences. We hope to see a return to the old *regime* at the Faculty of Physicians and Surgeons.

FEVER EPIDEMIC AT BRIXBURN.—Scarlet fever has been very prevalent for some time back in this village, especially

amongst children, and a good number of the cases have proved fatal, as many as fourteen deaths occurring in one week. There are said to be about ninety cases at present in the district. The causes assigned are bad ventilation and overcrowding.

DUNOON CONVALESCENT HOMES.—The twelfth annual meeting of the qualified donors and subscribers of the West of Scotland Convalescent Seaside Homes, Dunoon, was held on the 3rd inst. in the Religious Institution Rooms, Buchanan Street, Glasgow. Sir Peter Coutts in the chair, Mr. Maclean, the honorary Secretary, read the annual report, which stated that the past year had been one of unprecedented prosperity, much good work had been done, and the retrospect of the year gave great cause for thankfulness. At the date of last report 120 convalescents remained in the Homes, and since then 2,307 had been admitted, comprising 1,194 men, 1,001 women, 85 boys, and 87 girls. Eighty-one applicants were rejected as unsuitable, and 41 were delayed for a short time until becoming fairly convalescent. Of the total number admitted, 2,054 were perfectly restored, 109 were much improved, 45 were but partially benefited, 146 did not improve, 9 died, and 124 were now in the homes. The report concluded by stating that in another month the directors expected to receive payment of £5,000 from the trustees of the late Jessie Gordon.

ANDERSON'S COLLEGE SCIENCE LECTURES.—The opening lecture of the course on "Anatomy and Physiology" was delivered on the 5th inst. by Dr. A. M. Buchanan. Dr. Russell occupied the chair. Dr. Buchanan, at the outset, referred to the advantages which are to be derived from the acquisition of knowledge, and dwelt upon the organic and inorganic kingdoms of nature. Thereafter he explained the functions performed by animal organisms, and concluded by enforcing the claims which physiology has to advance upon the attention of the public. The talented lecturer was attentively listened to by a large audience.

PROSPECTS OF THE ANATOMY CLASS, UNIVERSITY OF EDINBURGH.—The number of students enrolled for anatomy at the University is said to be already over four hundred, and it is expected that the number ultimately enrolled will exceed that of last year. The dearth of material will be sorely felt, and if the classes continue to increase the University authorities will have to seriously consider some plan in order to supply more subjects, or the Anatomical School will lose its prestige. Mr. Symington, at the Minto House, has also a class of over one hundred, and as many of his students are second and third year's men, the prospects of a large class improves daily.

DR. ANGUS MACDONALD.—We regret to state that, owing to continued ill-health, Dr. Macdonald will not be able to lecture on Midwifery at Minto House this session. For this session this rising school will lose one of its most valued teachers. We hope that with rest and care Dr. Macdonald will soon be able to return to his professional duties.

MUNIFICENT BEQUEST TO THE EDINBURGH ROYAL INFIRMARY.—The late Mr. John Orphat, of Leuchars, Fifeshire, has left a bequest of £3,000 to the Infirmary, in remembrance of the great benefit his father derived in that institution when the science of lithotomy was practically but little understood.

THE COMBE LECTURES.—On Tuesday evening, Professor Stirling, M.D., Sc.D., of Aberdeen University, delivered the first of a course of these lectures in the Assembly Hall, Montrose. There was a large attendance, and the Professor was listened to with marked attention, and frequently applauded during the delivery of his address.

INFANDUM DOLOREM RENOVARE.—We are concerned, in

the interests of impressionable females, and weak-minded young men, to notice the arrival in England of Messrs. Moody and Sankey, of explosive revival fame. Former experience of the pernicious influences of the hystero-religious mania with which these clever men were identified, leads us to hope that most people will guard against an undue preponderance of the emotional passion.

THE EDINBURGH UNIVERSITY PRIZES.—The following prizes in the medical department of this University have been awarded:—The Ettles Prize for 1881 to Barclay Josiah Baron, M.B., C.M. The Beaney Prize to David Hepturn, M.B., C.M. The Goodsir Prize to Matthew Day, M.D. The Wightman Prize to Francis William Grant. The Buchanan Scholarship has been awarded to James Hewitson, M.B., C.M.

HEALTH OF EDINBURGH.—The deaths in Edinburgh for the week ending with Saturday the 1st inst., amounted to 71, equivalent to an annual mortality of 17 per 1,000. More than a third of the total was due to chest diseases. No fatal case of fever was reported, and the southern suburbs continue free from zymotic mortality.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday the 1st inst., were at the rate of 18 per 1,000 per annum, against 19 in the previous week, and 19, 17, and 22 in the corresponding periods of 1880, 1879, and 1878.

LEITH—A QUARTER'S HEALTH STATISTICS.—From a return just prepared it appears that the number of deaths during the past three months, in Leith, has been 254, which is equal to an annual death-rate of 16½ per 1,000. Nineteen deaths resulted from zymotic disease, six being from typhus fever, and four from scarlatina. Of the total number of deaths, 106 were of children under five years of age.

THE MATRICULATION OF THE ROYAL IRISH UNIVERSITY.

The first matriculation examination of the University will take place on December 6th, and application to be examined must be lodged on or before the 15th inst. The subjects of examination are as follows:—

1. Latin—Virgil, *Æneid*, book 1; Cæsar, *De Bello Gallico*, books 4 and 5. Latin grammar, with easy sentences of English to be translated into Latin.

2. Any one of the following:—*a.* Greek (Xenophon, books 3 and 4; Homer, *Iliad*, books 1 and 3; grammar; history). *b.* French (Telemaque, books 1 and 3; Racine's *Esther*). *c.* German (Schiller, *Wilhelm Tell*, act 1; Lessing's *Fabeln*; exercises on accident and syntax). *d.* Italian. *e.* Spanish. *f.* Celtic.

3. English (grammar; Goldsmith's *Traveller*; Macaulay's *Warren Hastings*; geography; composition).

4. Mathematics—*a.* Arithmetic (first four rules, fractions, proportion, square root); *b.* All rules up to simple equations; *c.* Geometry (Euclid, books 1 and 2).

5. Physics; Elements of Mechanics, Hydrostatics, and Pneumatics.

Students who have matriculated or taken a full arts year in the Queen's University will be exempted respectively from the matriculation and first examination in arts of the Royal Irish University.

Novelties.

NEW REMEDIES.

PARODI has discovered in the *Xanthoxylum Noronae-ellea*, a rutaceous plant which grows in the Argentine Republic, an alkaloid to which he has given the name of Xanthoxyline. The plant contains, besides a hydrate of

carbon, Xanthoxylon "C₁₀H₁₉" a crystallised principle and an aromatic volatile oil. The plant has the same properties as jaborandi which is also rutaceous.

Berganine is a crystallisable principle found in various species of saxifrage (Siberica, Cordifolia, Crassifolia), it behaves as an alkaloid, crystallises in alcohol in tetrahedra, in water in prisms. As a therapeutic agent berganine may be placed between quinine and salycine.

"SYRUP OF THE SIX HYPOPHOSPHITES."

(SYRUPUS HYPOPHOSPHITES SEX.)

Report on the New Preparation introduced by Messrs. Anderson and Adams, of Dublin.

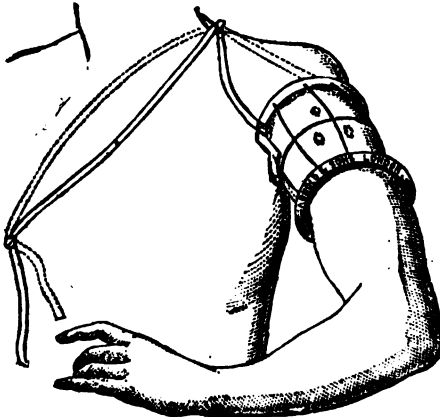
Messrs. Anderson and Adams, of Dublin, in bringing forward their syrup have evidently been induced to do so from the success of a somewhat similar syrup (Fellows' Syrup of the Hypophosphites).

The syrup made by Messrs. Anderson and Adams recommends itself to the profession, however, from the fact of its having an exact and published formula. It contains calcium, potassium, iron, and manganese in the soluble form of the hypophosphites, and combined with the alkaloids quinia and strychnine. We have had the syrup carefully examined by our analyst, and find that it contains 4 grains of quinine, and as nearly as can be practically determined a little under 8-10ths of a grain of strychnine. It contains therefore in a fluid drachm:—

Hypophosphites of calcium ...	1 grain
Hypophosphites of potassium ...	1 "
Hypophosphite of iron ...	1 "
(Chiefly ferrous salt)	
Hypophosphite of manganese ...	½ "
Quinine ...	4 "
Strychnine ...	1-64th "

It is a nearly neutral syrup. Not unpleasant to take for those who like bitters, and is a permanent preparation.

A VACCINATION SHIELD.



TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The vaccination shield, of which the above is an illustration, was devised by me some month's ago (when the small-pox epidemic in London was causing considerable uneasiness), to obviate the pain and inconvenience attendant on the rubbing or adhesion of the sleeve to the vaccinated part; this it satisfactorily accomplished, and, moreover, as from its construction, no pressure is made either above or below the part operated on, no hindrance to the free circulation of the blood occurs, an advantage which, I think, will recommend it in cases of vaccination or adult re-vaccination. It is made in various sizes by Messrs. Arnold and Sons, West Smithfield.

I am, yours, &c.,

JOHN C. HOGAN, M.A., M.D.

16 Sisters Avenue, Clapham, S.W.

University of Edinburgh.—The following is the list of candidates who received the Degrees of Doctor of Medicine, Bachelor of Medicine, and Master in Surgery, at the recent Convocation:—

DOCTOR OF MEDICINE.

- | | |
|-----------------------------------|----------------------------------|
| Adam, J. (M.A. Edin.) | McNeill, R. M.B. and C.M. |
| Alexander, R. G. (M.A. Cantab.) | McMiller, W. B. (M.A. St. And.) |
| Clarke, H. J., M.B. and C.M. | McMoodie, R. M.B. and C.M. |
| Clouston, C. S. O., M.B. and C.M. | McMurray, J. (M.A. Edin.) |
| Collie, D., M.B. and C.M. | OCram, A. M., M.B. and C.M. |
| cColdstream, A. B., M.B. and C.M. | Oswald, H. E., M.A. and C.M. |
| Cox, J. J., M.B. | Pountney, W. E., M.B. and C.M. |
| cDavison, J. T. R., M.B. and C.M. | cShaw, O. C., M.B. and C.M. |
| cDeverell, H. G., M.B. and C.M. | cSanctuary, T., M.B. |
| cDouglas, C. E., M.B. and C.M. | Smith, A., M.B. |
| dBibson, G. A., (D.Sc. Edin.) | Thompson, D. G., M.B. and C.M. |
| cHay, M., M.B. and C.M. | cTrotter, L. E., M.B. and C.M. |
| DLamb, W., M.B. and C.M. | Turner, W., (M.A. Aberd.) |
| DLawson, R., M.B. and C.M. | Williams, W. H., M.B. and C.M. |
| DLamb, A. B., B.M. and C.M. | Williamson, R. L., M.B. and C.M. |
| McBride, P., M.B. and C.M. | Wilson, J., M.B. and C.M. |
| Macnaughton, W. A. (M.A. Edin.) | cWoodhead, G. S., M.B. and C.M. |
| cMcDonald, D. (B.Sc. Edin.) | |

- a Those who have obtained Prizes for their Dissertations.
- b Deemed worthy of competing for the Dissertation Prizes.
- c Commended for their Dissertations.

BACHELOR OF MEDICINE AND MASTER IN SURGERY.

- | | |
|--------------------------------|------------------------------|
| Aitken, J. H. | Mackew, F. |
| Baldon, F. J. | Maclean, N. |
| Balfour, J. H. | Macleish, A. L. (M.A. Edin.) |
| Wannerman, W. B. | Macleod, W. A. |
| cBaron, B. J. | Macpherson, A. |
| Bateson, J. F. | Macrae, J. F. |
| Bennett, R. C. | Malcolm, J. D. |
| Birrell, W. G. | Mercer, W. |
| Black, J. G. | Mill, J. |
| Blakie, R. H. | Morrison, W. |
| Bothwick, T. | Mounsey, G. H. |
| DBowee, R. | Mudie, H. F. (M.A. St. And.) |
| Bradley, W. R. | Murray, W. G. |
| Brodie, W. H. | Munro, E. H. |
| Brown, T. | Myler, T. P. |
| Bruce, D. | Nichol, C. E. |
| Bruce, R. C. | Norfor, B. O. |
| Buchan, J. G. | Ogilvy, W. S. |
| cCalder, J. A. L. | Orr, J. |
| Clark, H. M. | Peckell, A. A. |
| Corner, F. R. S. | Perkins, G. C. S. |
| Cox, J. W. | Phillips, H. W. |
| Low, D. G. | SProudford, G. |
| Dalzell, W. R. (M.A. Edin.) | Reidwick, G. J. (B.A.) |
| Delepine, C. V. | Ritchie, T. |
| Dolg, W. | Ritchie, D. W. L. |
| Doule, W. J. | Robtson, J. E. S. |
| Doyal, A. C. | Rohan, G. V. |
| Dunlop, A. C. | Rowe, J. M. (M.A. Edin.) |
| Fearns, R. | Rowland, E. D. |
| Ferguson, J. W. | Rosseth, A. F. (M.A. Edin.) |
| Fitzpatrick, M. M. | Sauer, J. |
| Fraser, F. | Scholts, W. C. |
| Fraser, J. H. | Scott Skirving, R. |
| Fry, W. W. B. | Sevier, A. H. |
| cGibson, J. L. | Sibbit, R. S. |
| Grant, A. (M.A. Edin.) | Stclair, R. F. |
| Grant, L. | Stclair, W. J. |
| Grant, O. | Smith, J. (M.A. Edin.) |
| Hamilton, D. R. | Smith, B. W. |
| Harding, W. | Soutar, J. G. |
| Hartley, A. | Sorley, J. |
| Harwood, S. | Stalker, A. M. (M.A. Edin.) |
| Haynes, S. W. | Stalker, D. (M.A. Edin.) |
| Heath, J. | Stallard, J. P. |
| HEpburn, D. | Standen, P. |
| Herman, C. L. | Stiell, G. |
| cHewatson, J. | Stuart, C. |
| Hoffman, J. M. | Sutherland, R. T. |
| Hosegood, W. | Thomas, A. H. |
| Houseman, J. G. | Thomson, J. |
| Huxtable, L. R. | Thomson, M. B. |
| Innes, F. W. | Tullch, J. P. (M.A. Edin.) |
| Jelly, F. A. | Valentine, J. |
| Johnston, R. M.K. | Vilj-on, A. G. |
| Kennedy, C. | Walker, E. R. C. |
| Kerr, W. W. (M.A. Edin.) | Ward, A. |
| King, H. D. (M.A., B.Sc., Ed.) | Watson, J. S. |
| Kirkpatrick, R. | Wangh, J. (M.A. Edin.) |
| Laidlaw, B. | Wells, A. P. L. |
| Laurie, E. | Welsh, D. |
| Lawson, R. J. | Welsh, R. C. |
| Lealie, G. | Williams, J. H. |
| Low, C. | Williamson, R. F. |
| Maconald, J. (M.A. Edin.) | Wilson, G. |
| Macdonald, R. J. J. | Wolsey, H. J. |
| Mackay, G. H. | |

- a Passed the Examinations with First Class Honors.
- b Passed the Examinations with Second Class Honors.

BACHELOR OF MEDICINE (ONLY).

- | | |
|------------------|--------------|
| Aitchison, H. H. | Orr, W. Y. |
| Cox, F. J. W. | Smith, R. W. |
| Hern, J. | |

MASTER IN SURGERY (ONLY).
Smith, R. W., M.B.

THE ROYAL COMMISSION ON THE MEDICAL ACTS.

We understand that the Royal Commission on the Medical Acts will recommence its sittings on Friday next. The first witnesses to be examined are Dr. Barton, for the Royal College of Surgeons, Ireland; Dr. Finney, for the College of Physicians; and Dr. Moore, for the Irish Medical Association.

NOTICES TO CORRESPONDENTS.

DR. GUSTAV BRCK (Bern).—The "Funis Replacer" was described by Dr. Leeper in this Journal June 15th, present year.

DR. J. CHRISTIE.—Paper received shall have early attention.

MR. PARKIN.—If the case is as stated the offence is more against good taste than the law. We fear you would stand little chance of redress at the hands of lawyers.

AN OVERWORKED DISPENSARY DOCTOR.—Is the medical officer of a dispensary obliged to attend on red tickets improperly filled? For instance, if a ticket is filled up by a guardian's wife or daughter, even though it bears the *bond fide* signature of the guardian authorised to issue it, does the medical officer incur any risk in refusing to attend on it? Can he legally refuse to attend on such a ticket?

[According to the "direction for filling up relief-tickets" issued by the L.G.B. (page 261, "Irish Medical Directory"), "the ticket and counterpart are both to be filled up by the person authorised to issue the ticket." You are, therefore, fully entitled to disregard the ticket and refuse to attend on it if the body of it is filled in by any one but the signer of it. The L.G.B., however, tries to compel the medical officer to attend under such circumstances, and any one who refuses to do so must be prepared to defend his position. We think your best course will be to attend under protest, and then send the ticket, with a remonstrance, to the L.G.B.—ED.]

MR. HY. WOODS.—We cannot do more than refer you to the article in our issue for Sept. 28th, head "Books and reading for Students."

F.R.C.S.—1. The matter will be referred to in an early number. 2. Uncertain at present.

A THIRD YEARS' MAN.—Decidedly amusing, but hardly suitable for our columns. Send it to our more juvenile contemporary the *Student's Journal*.

A HOMOEOPATHIC QUERY.—A correspondent asks, "How is it your straight-laced contemporary, the *Medical Times and Gazette*, now inserts advertisements of the homoeopathic school, when but two or three years ago it not only refused to contaminate its columns by their admission, but even abused the *Lancet* and *Medical Press* for countenancing them. Is this another example of allopathic consistency?"

[With the latter query we need not concern ourselves; our constant endeavour is to be consistent in the discharge of our public duties, and to leave the conduct of other journals to their responsible conductors. Until the receipt of our correspondent's letter, we were unaware that homoeopathic advertisements were appearing in the *Medical Times*, but having satisfied ourselves with its correctness, we must leave the Editor of that journal to explain the reason why. Certain is it that a short time since the *Medical Times* did refuse these same advertisements, and made an appeal to the other journals to follow their example. The *Lancet* and the *Practitioner* followed suit, but we declined to accede to the request on the same principle that, although strongly deprecating homoeopathy, we never refuse insertion to the letter of a homoeopathic practitioner on a debated subject. Perhaps our contemporary, the *Medical Times*, has been stranded on the toleration theory propounded by Dr. Bristowe and Mr. Jonathan Hutchinson.—ED.]

MR. HAMILTON.—Police fees are paid at stated times at the Government Office, and you have no means of recovering anything beyond the miserable apology for remuneration recognised by law. You are certainly entitled to the guinea for the post-mortem, and you should firmly refuse to forego the amount on any consideration.

A CHANCE FOR NON-SMOKERS.—Inebriate asylums and private houses in which the occupants are ready to receive confirmed toppers with the view of turning them from the error of their ways, are well known and freely advertised; but modern civilisation is about to make another move in the direction of reclaiming excessive smokers. In our advertising columns will be found an announcement by The Friends of a middle-aged gentleman who is seriously injuring his health by smoking who is anxious to place him under the care of a medical man who will undertake to prevent the possibility of his patient smoking. To place the impossible across the path of the intemperate in drink is usually found to be a task of heroic proportions, but to prevent the semi-narcotised *devoles* from secreting tobacco up his sleeve or in his lining, would be to deprive him of his coat, and this extreme measure, we presume his friends are not prepared to sanction just at this season.

STUDENT SAYS.—Last October, I passed the Matriculation Examination of Queen's College, Galway, but did not get a certificate. As I cannot attend lectures until next November twelvemonths, shall I then

be matriculated in the Royal University, or if not, what must I do about it?

[The Matriculation, if duly certified, will be sufficient to enable our correspondent to go on in the Royal Irish University.—ED.]

THE SOCIETIES.

THE HARVEIAN SOCIETY OF LONDON.—The opening meeting of the session will be held on Thursday, Oct. 20th, at 8.30 p.m., when a paper will be read by Dr. J. Milner Fothergill on "Emulsification of Fat."

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 7.30, Council Meeting.—8, First General Meeting: Introductory Remarks by the President.—Mr. T. Hutchinson, "On Second Attacks of Syphilis."

ROYAL MICROSCOPICAL SOCIETY.—This evening, at 8, Mr. B. Wills Richardson, "On Multiple Staining of Animal and Vegetable Tissues."

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Thursday, Oct. 18th, at 8.30 p.m., Mr. J. E. Adams, "On Unifocal Diplopia."—Dr. W. M. Ord, "On Cases of Unifocal Diplopia."—Mr. J. E. Adams, "On Cases of Suppurating Ophthalmitis from Septic Embolism."—Dr. Bralley, "On a Case of Tuberculosis of the Eye."—Dr. Walter Edmunds, "Microscopical Specimens:—(1) Tube of Choroid. (2) Perineuritis Optica twenty-four hours after Fracture of Skull.—Living Specimens at 8 o'clock."

CLINICAL SOCIETY OF LONDON.—Friday, Oct. 14th, at 8.30 p.m., Dr. Wiltshire, "On a Case of Ruptured Ovarian Cyst."—Mr. Christopher Heath, "On a Case in which a large Odonotome was successfully removed."—Mr. C. B. Keetley, "On a Case of Charcot's Joint Disease" (Living Specimen).—Mr. C. T. Dent, "On a Case of Strangulated Hernia" (Littre's).

Vacancies.

Bandon Union, Bandon Dispensary.—Medical Officer. Salary, £100, and £20 as Medical Officer of Health. Election, Oct. 19.

Birmingham General Dispensary.—Resident Surgeon. Salary, £150, with an additional allowance of £20 per annum. Applications to the Secretary before Nov. 10.

Jersey General Dispensary.—Visiting and Dispensing Medical Officer. Salary, £130, with furnished rooms. Address the Hon. Sec., the Parade, Jersey.

National Dental Hospital College.—Dental Surgeon and Lecturer on Dental Surgery. Candidates must possess the L.D.S. Eng. Applications to the Secretary, 149 Great Portland Street, London, W., by Oct. 25.

Oughterard Union, Lettermore Dispensary.—Medical Officer. Salary, £100, and £10 as Medical Officer of Health. Election, Oct. 18.

Rathfrum Union, Annamore Dispensary.—Medical Officer. Salary, £120. Election, Oct. 22.

St. Andrews Hospital for Insane, Northampton.—Assistant Medical Officer. Salary, £200, with board, &c. Applications to the Medical Superintendent.

Appointments.

DULTRELL, M. H., M.R.C.S., L.R.C.P.Lond., Surgeon to the Provident Dispensary of the Royal Albert Hospital, Devonport.

BUSBY, R. A., M.R.C.S., Resident Medical Officer to the Bath General or Mineral Water Hospital.

CADDY, H., M.R.C.S.E., Medical Officer of Health of the Eastern Division of the Truro Rural Sanitary District.

KADON, W. F. B., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Second District of the Chipping Sodbury Union.

GRAHAM, C. R., M.R.C.S.E., L.R.C.P.Ed., Senior Resident Medical Officer to the Hospital for Sick Children, Pendlebury, Manchester.

TRIMHARNE, J. L., M.R.C.S., Medical Officer for the Spottedlands District of the Cardiff Union.

WICKHAM, W., M.R.C.S., Medical Superintendent to the Poplar Board of Works Small-pox Hospital, Plaistow.

ARMY MEDICAL DEPARTMENT.—The following were gazetted on Sept. 30th:—Brigade Surgeon H. J. Rose is granted retired pay, with the honorary rank of Deputy Surgeon General; Surgeon Major R. C. Parkinson has been placed on temporary half-pay.

Births.

LYON.—October 7, at Houghton-le-Spring, Durham, the wife of Walter Lyon, M.D., of a son.

THOMPSON.—October 2, at 0 Cranley Place, South Kensington, the wife of Reginald E. Thompson, M.D., of a son.

WIDDUP.—October 4, at 77 Wellington Road, the wife of J. C. Ponsoby Widdup, Esq., M.D., L.R.C.S.I., of a daughter.

Marriages.

WADE—AMBLER.—October 5, at St. Mary Magdalene, St. Leonards-on-Sea, Arthur Law Wade, M.D., to Louisa Jane, second daughter of the late Thomas Ambler, Esq., of Hornsey Rise, London.

Deaths.

BARTLETT.—October 4, at Dawlish, Devon, Edward B. Bartlett, L.D.S., B.C.S.K. late of 38 Connaught Square, London, aged 67.

BRITAIN.—On October 2, at Boilard's Court, Chester, after thirty-six hours' illness, Thomas Britain, F.R.C.S., aged 71.

CONSIDINE.—September 29, Dr. Michael Considerine, of Galway, aged 62.

HARDING.—September 21, at 84 Gresham Road, Brixton, William Henry Harding, L.K.Q.C.P. and M.R.C.S. aged 40.

CURTIS.—On October 7th, at Alton, Hants, William Curtis, M.R.C.S., aged 78.

HITCH.—On September 29, at Eastbourne, Samuel Hitch, M.R.C.P., Lond., in his 81st year.

PLAYFAIR.—On October 4, at Longridge Road, S.W., G. Ranken Playfair, M.D., late Inspector-General of Hospitals, Indian Army.

utmost degree of attention, frequency, and speciality of treatment that his patient's patience will endure."

It is well to classify "specialities" and their commonly attended "specialisms," and this which is now proposed is a somewhat "natural order." First of all, the distinction between those who deal with men, women, and children, then, secondly, those who treat either of those groups of patients as sane, or insane; thirdly, those who divide certain parts of the human being upon a somewhat regional, anatomic-physiological basis, and take as their fields for cultivation, nervous system, respiratory system, digestive system, and the like; fourthly, those who make particular diseased conditions, such as gout, fever, their line of study; fifthly, those who take special lines of work, such as medico-legal practice, in courts of law.

1. *Men, Women, and Children.*—To what does specialism often lead? There are many surgeons in large cities who never, except by caprice, accident, mistake, or good nature, find a lady in their consulting-rooms. They have to treat what they find in the so-called "sterner sex," and their practice becomes somewhat closely confined to a particular class of maladies that most frequently arise from irregular modes of life, of which many of them are ashamed. There are those who have chosen this speciality, and done what they have to do, with good to their patients, credit to their profession, and honour to themselves. But this cannot be said of all. Are there not some who prey upon the sense of shame, and extort money for needless operations, and worthless drugs, holding in terror over their victims the knowledge of facts that have been confided to them, and using that knowledge, which is power, to benefit, not their patients, but themselves? Are there not undergraduates and others who dare not "call in the family doctor?" and are there not "potent, grave, and reverend seniors," who are just as anxious as their sons may be that nothing of their malady should be known at home?

The consulting-room—as sacred as the confessional—is degraded by the lowest depths of degradation when it is used, or abused, as the engine of terror and extortion. But yet debts are incurred, and bills are drawn, and Jews are sought for, aye, and Christians too, in order to meet the so-called "obligations" of these sufferers. The surgeon has the power in his hand, and he knows it, and wields it often with a cruelty that no words of mine can utter, or efficiently condemn.

The surgeon who resorts to no such baseness as this might, I think, in another way, be helped if, occasionally, he had some other things to do, and were, every now and then, consulted by some few of what is called the "softer sex," of pure life, and exalted character; some one of virgin soul, or matron dignity, who might break in upon the routine of daily practice, and teach, by their bearing and anxiety, a higher lesson than that which is learned mainly in the chatter of the clubs. The surgeon becomes rough and ready, and there are hundreds to speak well of his skill; and often his roughness has risen to such point that men will say, "I cannot see so-and-so, he is so outrageously rude and overbearing."

We know that there are a large number of physicians, and a very small number of surgeons, who devote their lives to the treatment of women, and who do their work well; never shunting a duty, never overstating a case, never condescending to anything in their practice that they would object to inspection by the *élite* of their professional brethren. They have studied, have learned, and have taught; and their lives are as valuable as they could wish them to be.

But we know that there are others of whom this cannot be said. Physicians have coined names for trifling maladies—if they have not invented them—and have set "fashions" of disease. They have treated, or maltreated, their patients by endless examinations, speculations, applications, and the like; and this some-

times for months, sometimes for years; and then, when by some so-called accident the patient has been removed from their care, she has become quite well, and then there has been no more need for caustic, speculum, or pessary.

The profession is not altogether to blame for this. Such is the want of education on physiological matters, that women do think and feel a great deal more about any "irregularities" of a certain kind than there is reason for them to think or feel. They attach an amount of importance to dysmenorrhœa entirely out of proportion to that which they render to dyspepsia; and tight lacing and ball-dressing, and all that they involve, are disregarded, so long as these special functions are not disturbed. But when anything goes wrong in such way that the "lunar periods" are put out, then the specialist is consulted; and happy is it for them if the doctor himself does not suffer from specialism. If he does not, he treats the patient as she ought to be treated. If he does, too often he "makes a case" of it; and then follows the whole ritual of what I need not describe.

Some years ago *ulceratio uteri* was the fashion, and applications of various sorts were made two and three times a week in order to cure a malady which some eminent men, in special practice too, said did not exist. Lately I have rarely heard of this complaint; the disease has died a natural death, or has met with a violent end. But now, according to some authorities, there is scarcely any woman living whose uterus is where it ought to be. It is anteverted, or retroverted, or verted this way or that way, so that all kinds of contrivances have to be adjusted or readjusted in order to cure backache, vesical irritation, albuminuria, hysteria, and I know not what besides. Now, when all this is done by some one who knows with what he is dealing, and honestly deals with it, as many do, much good may be accomplished. But when imitators of the good workers take such cases in their hands, nothing but harm can follow. There is meddling and muddling of the most disreputable sort, and the patients after a time grow sick of it and give it all up, and get well; or they go on from bad to worse, and become chronic invalids, and a great trouble to themselves, their relations, and their friends.

There are the consulting rooms of some doctors that are as they ought to be; there are others soothed by "a dim (can I say?) religious light," into which the patients are ushered, and in the dim silence of which all this kind of "treatment" goes on. And not only so, but in their own homes, patients are sometimes treated by—or shall I say to?—a vaginal injection of warm water, which the physician himself must administer.

This kind of thing is "specialism," and in one of its worst forms. It is the taking advantage of a natural solicitude on the part of women, and of their undue anxiety; and instead of correcting it by steady purpose and common honesty—of pandering to the weakness of human nature, petting their patients into a feeble condition of dependence, and rendering them unfit for life, in all its personal and domestic relations.

If some surgeons may be at fault in seeing life only as they read it in the clubs, surely some specialistic physicians are also to blame in looking at life only as they see it through a speculum; and it would be of advantage to them if they could occasionally have men for their patients, and so lose a little of that tendency to soft words and compliments, in the use of which they are such conspicuous adepts.

There is not much that need be said about specialism with regard to children. They are virtually unsexed, and so do not fall into the hands of either of the classes of practitioners that I have mentioned. But it is quite possible for the man who deals solely, or even mainly, with children's diseases to take an exaggerated view of their differences from those with which adults may be afflicted, and so construct a pathology and a therapeu-

ties which may be of disadvantage to the profession, and of no real use to the child. Specialism can scarcely be said to exist here, unless it be the physician sometimes taking upon himself the functions of the nurse, and seeing almost all things from a nursery point of view.

2. *Sane and Insane*.—The speciality of the physician who directs his attention mainly, or, it may be, even exclusively, to the charge of the insane, is a most direct advantage to the profession and the public; and this is demonstrated by the fact of its general recognition. This is true, however, only when the physician is at times competent to treat the other bodily ailments that may range themselves around the brain-disease with which he has primarily to deal.

The fault of "specialism," however, in this department is, that the so-called "mad-doctor" fails, sometimes, to see anything from a sane point of view. The *mens sana* is a myth to him, and he cannot bring himself to believe in its existence. He may think that it exists in *corpore sano* of his own possession, and in other corpora of his friends; but, beyond that narrow range, the sane mind is not to be found in those who are suffering from anything which may perturb the current of their thoughts. He may be right in regarding all people as somewhat mad, but he may be wrong in thinking that all men are so far mad as to require restraint.

There can be no doubt as to the fact that men and women have been, in the past, and sometimes—but much more rarely—in the present, dealt with as insane, when they were simply incompetent, vacillating, eccentric, extravagant, or perverse. But, the mode in which "specialism" becomes mischievous in these physicians is this: that they have but one idea; and that is, that the patient must be secluded, or sent to an asylum to be treated; and the upshot of such advice often is that the patient is not "treated" in any other sense than that he or she is delivered over to the care of attendants, who are not always of the best-informed, the wisest, or the kindest sort.

The physician who is affected with "specialism," in regard to the insane, seems to take his stand upon the threshold of an asylum—half in, half out; and, holding that to be the standpoint for the observation of human life and human history, can base his creed with regard to both of them upon the facts that lie beyond him, and not look, face-outward, into the world beyond.

3. *Regional Physiology*.—There are "specialisms" in regard of nervous system, of lung and heart systems, of digestive systems, and the like; and, with regard to them, I have but this to say, that the faults lie in the incompetency which many who have devoted themselves to one line of study often exhibit in their analysis and diagnosis of cases, into the complicated conditions of which their speciality of study has prevented them from entering.

Thus, I have known learned and distinguished "head-doctors" speak of grievous palpitation of the heart as a merely nervous phenomenon, when the patient had dilated heart, with obvious valvular disease; of dyspnoea of very trying sort as a "nervous condition," when there were, in addition to dyspnoea, cough, exacerbation, and the physical signs of "emphysema," chronic bronchitis, dilated bronchi, and enfeebled heart; of short breathing described as "hysterical," when one half of the chest was filled with fluid.

On the other hand, "heart and lung doctors" have failed to trace that anything was the matter, because the stethoscope could tell them nothing, when it was obvious that disease of the spinal marrow in some cases, and disease of the kidneys in others, was the cause of altered breathing.

Again, it has often been my lot to see "digestion-doctors" worrying their patients with blue pill and elaterium, and bring them to the verge of extinction from

not having been able to discern that a diseased heart was the *font et origo* of their sufferings.

4. *Special Diseases*.—With regard to these, "specialism" is sometimes more interesting and amusing than directly mischievous. There are consumption-doctors, cancer-doctors, gout-doctors, and the like. If the former send their patients to the Riviera, or the uttermost parts of the earth, when it was unnecessary for them to make such pilgrimages, they, at least, have had the benefit of seeing new scenes, and sometimes of acquiring the knowledge of a foreign tongue. If cancer-doctors have given, with grave looks and graver forebodings, a diagnosis and prognosis that may have been most distressing, yet sometimes tears have been turned into joy, when the tumour has disappeared, and the cancer of the liver has turned out to be a "gall-stone." If "gout-doctors" have given their patients very wise instruction as to life and diet, they have been often rewarded by the extermination of "the fear of the evil" that the patient suffered from, and have found favour in their sight.

5. *Lines of Practice*.—This one illustration that I will give now is that of the "specialism" which affects many members of our profession when they are in the frequent habit of giving evidence in courts of law, and I will take for example that which happens in the case of railway accidents. It is pretty well known who, among the physicians and surgeons of the day, will be called upon for the plaintiffs, the injured, and who for the defendants, the company. So familiar in legal circles has this knowledge become that the phrase, "So and so is a very rising witness" has been used, and not unfrequently. What does this mean but that members of our profession, whose only object should be truth and justice, "take sides?" Many years ago much of this came under my notice, and I alluded to it in some lectures which I had the honour to deliver before the College of Surgeons; but for many years I have declined to take any part in such proceedings, owing to the manner in which evidence was given by what I must call "party witnesses."

It seems to me quite unpardonable that six or eight members of our professions should meet together, and go through the farce of a so-called "Consultation" when neither one of the physicians or surgeons, on either side, would interchange a single word with one another. I have tried to break through this absurdity more than once, and sometimes have succeeded in my attempt. But more frequently I have failed, and have given it up; and this because I have heard said in courts of law such things as were so utterly unscientific, ignorant, or perverse, that it was simply impossible to deal with them. One instance will suffice; after rather understanding a case of hemiplegia, the result of accident, it was urged, "on the other side," by an eminent surgeon, that the man was shamming because, forsooth, he did not exhibit ptosis, strabismus, and dilated pupil, and that he had never seen a case of hemiplegia in which those three things did not coexist.

There are some members of our profession who have become specialists in this direction, who seem to think that everything that a man tells them of his subjective symptoms are matters of fact and of great importance; and, on the other hand, there are those who regard every plaintiff as either a knave or a fool, the most probably a combination of the two, but who never believe that any man is injured in a railway accident unless he has broken his neck, or has a compound fracture of his thigh.

It is time that this specialism should come to an end; and we, of our profession, can bring it to an end, if we will but insist upon it that the meetings together of the doctors is a consultation, and not a farce.

There are many other points upon which I should have liked to speak to you, of the specialisms that have so limited an area that it is quite possible for any man, who is restricted to any one of them, to make an income,

unless he does so by inducing his patients to pay him for needless visits; such, for example, as to touch his throat with something every day; to turn the screw on his "instrument for the back" two or three times a week; or to do something to the Eustachian tube with equal frequency. But what I have said is enough to guard you, I hope, from falling into these mistakes, these "worse than crimes, these blunders."

In conclusion, let me revert to "differentiation" the springing into being of varied structures, with their varied uses, and of their development into the being of a perfect whole—a living thing, with complex powers—all its parts subservient to the ends for which they were intended, and for which they are so ordained as to conduce to the "survival of the fittest"; but let me carry the illustration yet further, and say that all these different members are members one to another, and that when any member suffers all the other members suffer with it; and that when any physician or surgeon does that which is ignoble, he not only does injury to himself, but to the whole of the noble profession to which he belongs.

GERM INOCULATION. (a)

By CHARLES CAMERON, M.D., LL.D., M.P.

(Concluded from page 316.)

BUT to return to the bacterium of fowl cholera. The vehicle of cultivation employed by Toussaint not proving satisfactory, M. Pasteur's first care was to find a more congenial medium, and this he soon discovered in chicken soup. If the point of a needle be dipped in the blood of a fowl suffering from chicken cholera, and then placed in a vessel containing pure chicken soup, from which care has been taken to exclude all contamination by air-borne germs, and a suitable temperature be maintained, the bacterium or microbe—as M. Pasteur terms it and cognate organisms—multiplies itself exceedingly, rendering the liquid turbid by its presence. If, after this process has gone on for some days, a drop of the contents of this vessel be transferred to another portion of similar chicken soup, it, too, speedily becomes permeated with the organism. The process may be repeated a hundred times, and the result inoculated upon fowls, or given them in their food, will produce the same fatal effects. But if, instead of carrying on these fresh cultivations at intervals of a few days, you allow the infected chicken soup to lie over for a few weeks or months, Pasteur discovered that an extraordinary change occurs. The malignant powers of the bacterium diminish; it becomes, so to speak, tamed, or, as he terms it, "attenuated." A given quantity of infected chicken broth, even at the hundredth rapid cultivation, inoculated upon twenty chickens, would, let us say, prove fatal to eighteen of them. If the same infusion were allowed to remain exposed to the oxygen of the air for a month, it would be so far attenuated that it would only prove fatal, say, to ten. Exposure for another month would render it still less virulent, so that it would only prove fatal to two or three; while after exposure for six or eight months it would not prove fatal in a single instance. But does it still retain any active power? and if so, what relation does it manifest to the original disease? In its most attenuated form the bacterium gives rise only to trifling local symptoms, not at first recognisable as bearing any affinity to the deadly fowl cholera, and consisting of a small local slough. But the extraordinary and valuable fact discovered by M. Pasteur is, that the tamed and attenuated organism works upon the system a change protective against subsequent attacks of fowl cholera, exactly similar to that which had been remarked to be enjoyed by fowl that had recovered from the virulent form of the disease.

Here, then, is a result exactly analogous to that experienced in the protection exercised by vaccination with cow-pox against subsequent attacks of small-pox, only in the one case the protective virus has been elaborated in the laboratory of nature, in the other in that of art.

Time will not permit me to do more than allude to a few of the many curious and interesting features elicited in M. Pasteur's research as to the life-history of this parasite. It is rapidly fatal to fowls or rabbits, but turkeys and guinea-pigs resist its effects, and in these it gives rise simply to localised abscesses. If, in the course of its attenuation, a series of rapid cultivations be made from a stock of any particular strength, the produce retains the same strength. If the stock killed ten fowls in every hundred, its progeny will continue to kill the same proportion. If it has been attenuated below the fatal point, the stock derived from it continues to present the same benignity of character. One most important fact elicited is this, that, altogether contrary to what one would expect, the most virulent organism is to be found, not in the ordinary rapidly fatal cases where the fowl dies in the course of a few days, but in a much rarer form of the disease, where the bird lingers for weeks or months. Then the microbe acquires such virulence that the fraction of a drop of blood charged with it inoculated on a score of hens will kill every one of them within four-and-twenty hours. And yet even this doubly poisonous species of the organism can be reduced to a harmless vaccine by artificial cultivation, and between its most and least deadly forms the microscope does not enable us to detect the smallest difference.

What is the theory of the protection which this new vaccination affords? I will not enter into the details of the theories which have been advanced; suffice it to say that the world has long been familiar with the fact that one occurrence of a certain disease—such as small-pox, measles, scarlatina, typhus, &c.—in an individual, effects a change in the constitution which, except in very rare instances, is protective against any recurrence of the same complaint. Recent discoveries prove that in certain instances a similar change is effected by diseases not identical with those against which they protect. Thus, Pasteur has found that inoculation with fowl cholera renders at least one class of animals refractory against subsequent inoculation with splenic fever, although the organisms which give rise to the two diseases are entirely distinct. But in the course of his researches into the mechanism of the protection thus conferred, M. Pasteur discovered a very curious and interesting fact. One of the most prominent symptoms of ordinary fowl cholera is an irresistible drowsiness which overcomes the fowl attacked. It lies down, falls asleep, and is with difficulty awakened, only to sleep again until finally death overtakes it. Well, M. Pasteur, in the course of his researches, filtered some chicken broth in which the disease-organism had been cultivated, so as to free it from all traces of it, and injected the liquid into the circulation of healthy fowls. After a short time they exhibited the same symptoms of overpowering sleepiness, and that whether they had been rendered proof against the disease by previous inoculation or not; but instead of dying, after four or five hours the symptoms passed off, and they were restored to perfect health. This proves that, in the course of its development, the organism of fowl cholera by a fermentative action gives rise to a narcotic poison which occasions this symptom, a symptom which masks the essential phenomena of the disease, but which can be altogether separated from it, and is only indirectly incidental to it. In the typhus fever of man a similar symptom is constantly noted, and the question naturally presents itself, Is it produced in a similar way? Here is a curious fact bearing on the point. In Senegal the natives are subject to a terrible disease known among them as *malavan*. The disease takes eighteen months or two years to run its course. It is attended with acute pain, stiffness of the limbs, glandular abscesses, and notably with

(a) Abstract of an Address delivered before the Social Science Congress at Dublin, Oct. 6, 1881.

constant drowsiness, the sleep being heavy and accompanied with terrible dreams. The patient preserves his appetite to the last, but often loses his reason, and invariably dies. A French missionary in Senegal addressed a communication on the subject to M. Déclat, a French physician and an ardent disciple of Pasteur's, who suspecting in the disease a parasitic origin, recommended the missionary to try a treatment having for its object the destruction of the organism—its probable cause—by the injection into the circulation of phenic acid. The experiment was made in several cases, notably in one where the patient was in so advanced a stage of the disease that the missionary was only induced to try the treatment by reflecting that if it did no good it could do no possible harm; and in every instance the result was success. The organism was killed and the patient recovered.

Turning now to the *Bacillus anthracis*, the organism which gives rise to splenic fever in cattle, M. Pasteur found that it, too, could be cultivated in chicken broth. In its case, however, a preliminary difficulty was experienced. The class of organisms to which the *Bacillus* belongs multiply themselves in two ways—by subdivision of their cells into other cells, which rapidly attain the dimensions of the standard cells; and secondly, by a process analogous to that of flowering in the higher classes of plants, resulting in the production of spores or seeds. In the organism which gives rise to the potato disease, for example, and in many other cases, the cells throughout the summer spread and multiply themselves within the tissues of the invaded plant by subdivision; but on the approach of winter they make their way to its surface, and there go through a process analogous to flowering, which results in the production of spores or germs extremely tenacious of life, and which, like the seed of the higher plants or the eggs of insects, are unaffected by frost, and ready at any moment under favourable circumstances to spring into active life. So tenacious of life are these spores in the case of the *Bacillus* of splenic fever, that M. Pasteur has found them in full vitality in pits in which oxen and sheep that had died of the disease had been buried for ten years. He has proved, too, that when thus buried, swallowed by earthworms in the soil from which these derive their nourishment, they are brought by them to the surface, and may thus give rise to fresh outbreaks of the disease. He found that this was the case in an instance where a bullock had been buried in a pit over six feet deep. His proofs were absolutely conclusive. He placed sheep on the ground, and they took the disease. He separated the *Bacillus* germs from the earth by washing it, and multiplying them by cultivation, found that by inoculation they produced the disease. He found them especially in the casts brought to the surface by earthworms, and in the contents of their digestive organs; and he found, further, that in districts where the soil was of such a nature that earthworms were rare, the disease, when accidentally imported, was not found to spread.

Here is an anecdote which curiously illustrates how scientific discoveries may come about.

In 1865, Baron Seeback was Saxon Minister at Paris. Having suffered severely from splenic fever on his estate, he took great interest in the subject, and had evidently conversed with the French Minister of Agriculture respecting it. The result was that he was asked to detail his experiences in a memorandum. That memorandum the French Minister placed in M. Pasteur's hands, and it seems to have given him the clue to the manner in which the disease is spread. It has recently been published. In it the Baron narrates various circumstances which had induced him to think that his enormous losses from splenic fever were due to the propagation of the disease from the graves of dead animals; but what confirmed him in his suspicions was this: a sheep that had died of the disease had been buried in the corner of a field on which a crop of corn had subsequently been grown, and which the fol-

lowing year was sown with clover. The attention of the Baron had been accidentally directed to the place at the time, and one day in passing he remarked that the clover had grown with exceptional luxuriance over the spot. A few days later he noticed that some one had stolen the clover which grew at the corner of the field. The next day a woman on his property came to him weeping, to tell him that her goat had just died, and her cow was very ill. The disease was found to be splenic fever, and the woman confessed that it was she who had stolen the clover, and given it to the unfortunate goat and cow.

But to return to M. Pasteur, and his experiments in cultivating the *Bacillus* of this disease. He was not the man to allow himself to be foiled by the perversity with which this organism insisted, when artificially cultivated, on running to spores. He found that, by maintaining his chicken broth at a temperature of about 110° F., he could prevent spores from being developed, and induce the organism to multiply itself by subdivision like its congener in fowl cholera. He found that when this was accomplished, precisely the same results followed exposure to the atmosphere as had followed in the other case, but with much greater rapidity; that the organism could be tamed, that a virus could be produced of any desired degree of attenuation, and that when it was sufficiently attenuated, inoculated upon sheep or cattle, it gave rise only to trifling constitutional results, but at the same time wrought such a change in the system of the animal as protected it against subsequent attacks of splenic fever, just as effectually as was known to be the case when an animal recovered from the natural disease.

The annual losses to France from splenic fever being close on a million sterling, the commercial value of this discovery was too great to allow it long to remain without a public test. In May last, at Melun, before a number of scientific authorities, fifty sheep were taken, twenty-five inoculated with the attenuated or tamed organism, and ear-marked, and the others left untouched. A fortnight afterwards the whole number were inoculated with splenic fever. On the twenty-five previously inoculated with the attenuated *Bacillus*, no result followed. As to the others, within fifty hours the whole number were dead of splenic fever. A similar public test, undertaken in July, exhibited precisely similar consequences. Since then, many thousands of animals have been inoculated with the attenuated virus, and the commercial results of the experiment will soon speak for themselves.

The practical utility of M. Pasteur's discovery is greatly enhanced by the tendency, to which I have just referred, of the *Bacillus* of splenic fever to produce spores. The spores produced by the organism at any stage of attenuation give rise to a race presenting the same degree of attenuation, so that once a virus sufficiently attenuated has been obtained, it has only to be allowed to produce spores to secure a vaccine which will keep indefinitely, under any conditions of temperature, and is ready for use whenever required. But M. Pasteur has discovered that not only can this *Bacillus* be attenuated, but that by a converse process it can be restored to its original virulence and ferocity. This *Bacillus anthracis* appears to be an organism of very cosmopolitan taste, so far as mammalia are concerned; for though it is chiefly known to us as infesting cattle and sheep, it also, when accidentally inoculated on man, gives rise to that terrible disease known as malignant pustule. It lies hid in the condition of spores, in hair of horses, and the wool of sheep that have died of the disease, and finding its way, along with other dust, to the lungs of the people who handle them, occasions another terrible malady, known as Hairworker's or Woolsorter's Disease—and it particularly affects the class of Rodentia. In them this *Bacillus* appears to find a most congenial home, and in them it flourishes with a deadliness peculiarly characteristic. Now, M. Pasteur discovered that if the attenuated *Bacillus*—the organism tamed through long cultivation in oxygen—be cultivated through a succession of young guinea-pigs, it will speedily re-acquire all

its original virulence. That this is not an isolated fact in the history of such organisms, is shown by the circumstance that a similar recrudescence can be effected in the case of the virus of fowl cholera, by repeated cultivations of the attenuated organism on small birds, such as sparrows, to which it proves fatal long after it has ceased to be capable of destroying the life of fowls.

Time presses, and I shall only refer to one other curious discovery, made in the course of M. Pasteur's investigation. I relate it because it seems to cast some light on the success which has attended the treatment of certain fevers to which mankind is subject, by cold affusions. M. Pasteur discovered that if you introduce the bacillus of splenic fever into the circulation of the fowl, under ordinary circumstances it produces no result. The temperature of the fowl's body appears to prevent its multiplication in the system. Cool down that temperature, however, by placing the fowl in water, and repeat the operation, and the disease at once manifests itself. Let the temperature rise, the organism perishes, and the fowl revives. And here I shall for the present leave M. Pasteur, and briefly recapitulate the results obtained—most of them, be it remembered, within the last few months—by other labourers in the same field.

There is another disease of cattle equally fatal in its results with splenic fever, but distinct from it, and known amongst French veterinarians as *charbon symptomatique*, or, from the name of the author who first described it, *la maladie de Chabert*. Now M. Chauveau—to whose researches I have before referred—had proved that very different results followed on the introduction of certain morbid viruses into the animal system, according as they are carried right into the blood by injection into a vein, or simply introduced into the tissues, outside the circulation. More recently, in investigating the strange resistance displayed by Algerian sheep to the power of splenic fever, M. Chauveau found that it could be overcome by the introduction of large amounts of the specific organism into the system. By carefully limiting the number of bacilli introduced however, he found he could give rise to a trivial infection, which increased the natural resistance of the animal to subsequent experimental inoculation with the disease. Working on the lines thus disclosed, three young veterinary surgeons of Lyons, MM. Arloing, Cornevin, and Thomas, discovered that if the micro-organism, which gives rise to the *maladie de Chabert*, and which can also be artificially cultivated, be injected in carefully graduated doses into the torrent of the blood, so that the tissues shall not be contaminated, it gives rise to but very trifling constitutional disturbance, but at the same time produces a change in the system of the animal which effectually protects it against subsequent attacks of the disease. The matter was publicly tested at Lyons in June last. The virus of the *maladie de Chabert* was inoculated on one ram, four calves, and a ewe. The ram which had not been treated by the process died in two days. None of the other animals which had been subjected to it suffered any inconvenience. They had been vaccinated—to use the word in its extended sense—at periods ranging from fourteen months to a fortnight previously, all except one, a calf about a fortnight old that had never been vaccinated itself, but whose mother had been subjected to the operation some time before its birth. M. Arloing and his colleagues have now reduced their method to a system, which, they state, renders accidents impossible, and it too the French Government are now engaged in testing on a large commercial scale.

Let us now turn to another disease, which is probably the last in the world that you would suspect of being due to a parasitic organism—rabies or hydrophobia. M. Pasteur has been working at it for some time past, and he has made some extraordinary discoveries. Among other things, he has found that the saliva of a boy who died of that disease contained organisms which could be cultivated artificially, and that the result inoculated on rabbits, produced a disease which proved fatal with startling rapidity, but was quite distinct in its symptoms from any known form of hydrophobia. M. Pasteur considers this to be a new and distinct disease, but as yet no practical result of his investigations

has been published. Meanwhile, M. Galtier, another veterinary surgeon of Lyons, who for years past has made a special study of rabies, adopting a hint from the result of the investigation of his colleagues with respect to the *maladie de Chabert*, tried the effect of introducing the virus of hydrophobia into the torrent of the blood, by injecting it into the veins of a number of sheep and goats. To his delight he found that the same results followed the practice which had attended it in the *maladie de Chabert*. Animals which received the virus directly into their circulation, not only did not suffer the least inconvenience from it, but when subsequently exposed to repeated inoculations of hydrophobic virus, it produced on them no effect, while unprotected animals subjected to the same test, invariably succumbed to the disease. Hydrophobia communicated in the ordinary way is generally a long time before it takes a hold upon the system, and M. Galtier is at present endeavouring to ascertain whether by stepping in with his intravenous inoculation in animals which have been bitten by rabid dogs, he cannot anticipate and neutralise the natural development of the disease, as we can the slower development of small-pox infection by the more rapid action of vaccine lymph.

Another disease, which until within the last few years was, in this country, believed to be absolutely non-contagious is consumption, and yet it, and the whole class of tubercular diseases to which it belongs, have been proved to be eminently infectious. They have been transmitted from man to the lower animals, and from one lower animal to another. For some time back M. Toussaint has been engaged in investigating the subject. He tells us that a large number of the cattle sent to the slaughterhouse in France, suffer from the disease, and that the presence of tubercles in their lungs is not considered to render them unfit for human food; and I believe that the position of Great Britain in both these respects, will be found precisely similar to that of France. He found that by feeding pigs with the lungs of such animals, he produced tubercular disease in them. He found, by direct experiment, that the virus of the disease pervaded the nasal mucus and saliva, and that inoculation with either of these would reproduce it. In this manner he accounts for the spread of tuberculosis among pigs and cattle feeding from a common trough, and he assures us, that according to his observations, no contagious malady possesses a greater virulence. He found further, that the juices of the muscles were permeated with the infection, and that they too were effective for the propagation of the disease. Further, within the last few weeks, M. Toussaint has announced to the French Academy of Sciences, that he has succeeded in isolating and cultivating the microscopic organism which gives rise to tuberculosis, and after a series of cultivations in animal soups had reproduced tuberculosis with it on other animals. The important fact in connection with the organism is that it can stand a high degree of heat without perishing, M. Toussaint having succeeded in inoculating the malady from juice expressed from the steak of a tubercular ox, cooked so as to be but slightly underdone. If this be true, it affords us a certainty of at least being able to limit the ravages of human tubercular disease by directing our attention to what must be a most fruitful source of infection, namely, the sale of diseased meat. It does more. The first step towards success in dealing with a disease, is a knowledge of its exact nature, and that in the case of consumption, and the whole class of tubercular maladies has at length been achieved.

I might add various other diseases to the catalogue of those in which micro-organisms have, within a very recent period, been isolated, and shown by proof more or less conclusive to be the potential cause of maladies, in many of which their intervention was never suspected; but I shall confine myself to a single instance, illustrating quite another class of disease from those previously mentioned, which recent discoveries have proved to be due to a similar parasitic origin. I refer to ague. Ague has long been known to be associated with exposure to exhalations from marshy ground. Of late years it has been known that a microscopic organism—also a Bacillus—was to be found in the blood of persons afflicted with the disease. Within the last two

years Dr. Klebs, a German, who has done much work in this field, and Dr. Tomassi Crudelli, an Italian *savant*, associated with him in the investigation, discovered that by treating with water the soil of a fever-haunted marsh of the Campagna, the germs of an organism which flourished in the soil could be washed out, that germs of this organism floated—though in much smaller numbers—in the air which rested on the marsh; that by shaking it up with water, they too might be washed out, and that by repeating the operation again and again, an appreciable number of them might be collected from the air. Water suspending the organisms thus obtained, introduced into the circulation of a dog, produced ague more or less rapidly, and more or less violent, according to the numbers in which the Bacilli were present. This not only explains the nature of the danger encountered by persons exposed to emanations from marshy ground, but it shows why intermittent fevers so frequently manifest a new activity after operations, involving a disturbance of the soil, and it further renders apparent why it is that quinine, which is known to kill such organisms, is so invaluable a remedy and preventive against the effects of exposure to swampy malaria.

But *cui bono?* you may ask; of what advantage is all this knowledge, when, without possessing it, quinine has for years been known to be the appropriate remedy? In many forms of malarial fever the poison is too virulent, and the course of the disease too rapid for quinine to be of any use. It is as with infection, with the most active form of the organism of chicken cholera, or large doses of the Bacillus of splenic fever; the effects are too immediate and too terrible for routine medicine to be of any avail. But, guided by exact knowledge, you can go straight at the source of the mischief. With this object Dr. Déclat, to whom I have before referred, suggested the vigorous use of phenic acid, by injection into the veins and otherwise, as a means likely to prove effective against the organisms of yellow fever, and kindred acute forms of malarial poisoning. The suggestion went out to Brazil, and in June last M. de Lacaille, a French physician resident in Rio, wrote home his experience of it. The first case on which he tried it, was a young lady apparently on the point of death, from the worst form of the disease, a fever attended with the fatal black vomit. In three days she was out of danger. "During the thirty years in which I have been employed in fighting yellow fever," writes M. de Lacaille, "this is the first patient whom I am certain of having snatched from death at such a period of the disease. In a dozen other cases the treatment was crowned with equal success, but in most of them," adds M. de Lacaille, "the cure was so rapid that notwithstanding my long experience, I have asked myself if they could really have been yellow fever. Called in at the period of incubation the triumph is easy."

Did time permit, I might quote other instances in which within the last few months, the specific organisms which constitute the potential cause of diseases of mankind and the lower animals, have been successfully isolated and cultivated in artificial media. I might tell you of the researches of M. Pasteur with regard to boils and puerperal fever. I might describe the important discoveries of M. Talamon with respect to diphtheria—how he has succeeded in isolating and cultivating the organism which occasions it—how he has shown that it can be conveyed from mankind to various domestic animals, and from domestic animals back to man; and how these facts explain many features in the history of diphtheria contagion hitherto inexplicable, and present to preventive medicine a new indication for the limitation of this terrible disease.

STEPS have been taken to found a cottage hospital at Harrogate. The proposed building will, it is hoped, if the necessary funds are forthcoming, include all modern appliances, and will accommodate sixteen patients. The site, consisting of nearly 3,000 square yards, has been presented to the committee by Mr. F. B. Greenwood, and £1,000 has been given by a benevolent donor.

GUN-SHOT WOUND THROUGH THE RIGHT LUNG—RECOVERY.

By JOHN D. HILLIS, F.R.C.S.I., M.R.I.A.,
British Guiana.

DURING the temporary absence of Dr. Bolton, at whose house I was staying, I was called on the night of the 12th of August last to James Leonard, *æt.* 15, a collier's son, residing in a bleak, mountainous district, Clonbrock, Queen's county, who was shot during some disturbance, it is alleged, in connection with the process of "Boycotting."

The injured boy was lying in a hovel surrounded by a crowd of sympathisers. He was in a state of collapse, with a rapid, feeble pulse, and sub-normal temperature. The wound of entrance was situated between the cartilages of the 4th and 5th ribs on the right side, corresponding to which was a hole in the shirt from which the piece was missing. The probe readily entering from before directly backwards. On turning over the patient and relaxing the parts, I could detect the bullet lying beneath the muscles at the side of the scapula. Air and blood bubbled from the wound at every expiration, and there was general emphysema of that side of the chest, extending up the neck. I administered restoratives, &c., extracted the bullet and a piece of cloth, and the patient was made to lie on the wounded side, with the wound dependent. The latter was not allowed to close, iced cloths were applied firmly to the chest, and iced milk and barley water ordered; subsequently, the chest, except around the wound, was strapped.

On the third day all danger of internal hæmorrhage had so far passed, but pleurisy set in. On the seventh day pneumonia was superadded, the dulness extending over the lower part of the lung, and some distance above the wound line. Quinine in three grain doses, every three hours, with hot linseed poultices did well, but large quantities of stimulants had to be given.

On the seventeenth day symptoms of cardiac embolism threatened, and the case nearly terminated fatally, but the administration of ammonia caused a rally. The pulse for several days was 144, and 120 for several weeks. The temperature, which was only occasionally taken, ranged up to 101 deg. F.

Dr. McDowel, of Carlow, kindly saw the case with me on one occasion, and as dulness persisted, a blister was applied with benefit. The bullet was from a Colt's revolver, and weighed three drachms. Leonard is now convalescent and able to be out, some pleuritic thickening merely remains.

THE PRESENT STATE OF LEGISLATIVE AND OTHER TREATMENT FOR THE HABITUAL DRUNKARD.

By NORMAN KERR, M.D., F.L.S.

THE issue of the persistent agitation, under the successive guidance of the late Donald Dalrymple and Stephen Alford, carried on by the Social Science Association, the British Medical Association, and the Society for the Promotion of Legislation for the Control and Cure of the Habitual Drunkard. The real merit of the Habitual Drunkards' Act, 1879 is, that for the first time in British legislation there has been affirmed the principle of the compulsory detention of the habitual drunkard for curative purposes.

The confirmed inebriate must, when in his or her sober senses, voluntarily appear before two magistrates and confess himself in writing to be an habitual drunkard within the meaning of the Act. How this provision impairs the usefulness of the measure is but too well known to those who are consulted medically in these distressing cases. The friends invariably shrink from publicity, as the publication of an application from a dipsomaniac for detention in a Retreat casts a slur on the applicant and on all his family connections.

The Act will expire in eight years, having been in operation for two years. The whole period was so short that it afforded little inducement to anyone to sink the amount of capital indispensable to the equipment and maintenance of an adequately appointed Retreat. The result is, that at the present time there is only one Retreat, licensed under the provisions of the Act, that I can recommend. At this establishment the lowest rate is £3 3s. per week.

Thus there is no city of refuge, no secure haven, to which the ordinary police court or impecunious dipsomaniac may for a time consign himself, where he will be in circumstances favourable to cure by the exclusion of the narcotic alcoholic poison which has been the cause of his undoing.

The Dalrymple Home.—Impressed with the urgency of the case of the habitual drunkard with no means at all, or even with moderate means, a project, emanating from a public meeting at the Mansion House, London, under the presidency of the Lord Mayor, has been set on foot for the establishment of a model Retreat under the Act.

It is worthy of note that a preliminary condition is that no member of the Committee of Management will be allowed to derive any pecuniary profit from the undertaking. The scheme is intended to be enrolled under the charitable provisions of the Limited Liability Act, and no contributor can receive any financial return for his contribution, any profit made going to the extension of the work. Some £2,000 has been already promised, but £2,000 more is needed before a suitable house and grounds can be acquired.

If we can succeed in demonstrating that we have cured a number of typical cases of habitual drunkenness, the Legislature will not only permanently renew the Act at the expiry of its term, but probably so improve its provisions as greatly to extend its usefulness.

The British Medical Association, desirous to provide an opportunity to dipsomaniac paupers to avail themselves of the provisions of the Act with a view to reclamation, recently communicated with the Local Government Board and with Boards of Guardians throughout the kingdom. No definite promise to do anything was elicited from the former. As regards the appeal to the guardians, while some boards were desirous to have the power, if they should think fit to exercise it, to pay for the detention of pauper habitual drunkards in Retreats, the majority of the boards did not wish for any power to enable them to add to the rates for the poor.

There are homes, on a more or less expensive scale, for the reformation of female inebriates, but in none of these has it been deemed needful to apply for a license under the Act, the curable inmates having generally been found desirous to voluntarily remain till cured. Accusations have been made as to mismanagement and ill-treatment, which, so far as I can see from personal investigation, are mostly without foundation, and which have tended to invalidate the success which has rewarded the praiseworthy and philanthropic efforts of the promoters of these institutions.

But the inquiry I have made has convinced me of the desirability of governmental inspection of all such places as are supported wholly or partially by public subscription. An accurate record should be kept, in a book, of the particulars of each case, the treatment while in residence, and the after history, so that the successful treatment pursued at the Home may be available for purposes of public usefulness. The managers of reformatory institutions should welcome official inspection as affording the best guarantee of sound management and the most effectual reply to accusation and inuendo.

At present there is ample accommodation at excellent private establishments for the wealthy dipsomaniac, but for the habitual drunkard in moderate circumstances, or in a state of destitution, there is no provision whatever. Magistrates, clergymen, and medical men are constantly calling for inebriate Retreats, which they could speedily fill with suitable inmates. Shall the appeal of men so

well qualified to form a sound judgment be unheeded? Can we turn a deaf ear to the distressful and despairing cry of so many victims to our national vice, whom a little money and a strong hand might, by such Retreats as those whose cause I plead to-day, transform from paupers to ratepayers, from drones to workers, from disease to health, and from misery to happiness?

Clinical Records.

GUNSHOT WOUNDS AMONG MEN OF THE ARMY HOSPITAL CORPS AT MAJUBA HILL.

Reported by Surgeon-General LONGMORE,
O.B., Q.H.S., F.R.C.S.,
Professor of Military Surgery in the Army Medical School at Netley.

Case of Corpl. Farmar, A.H.C.—This man was attending to the wounded on Majuba Hill under the direction of Surgeon Landon, when the Boers, having gained the summit, directed a fire upon the troops who were retreating past the spot where some of the wounded had been collected. Surgeon Landon, who with his assistants remained with these disabled men, was shot as well as some of the disabled men themselves. Corpl. Farmar then held up in his right hand a bayonet with a triangular bandage attached to it as a signal to the Boers, who are believed to have been about fifty yards off, that they were not combatants. He was almost immediately struck by a bullet in the forearm. He next, saying he had still another arm, held up the extempore flag of truce with his left hand; but this arm was also directly hit. In the first of the two wounds the bullet struck and partially fractured the right ulna on its inner aspect just above the styloid process, injured the ulnar nerve, and tore its way out by the base of the metacarpal bone of the little finger. Sensation in the parts supplied by the palmar branches of the nerve still continues dull and imperfect. The cicatrix of the wound adheres to the bone, and is tender on pressure. In the second wound, that on the left arm, the bullet entered in front just above the bend of the elbow-joint, partially fractured the humerus near its inner border, and escaped just behind the prominence of the inner condyle. The ulnar nerve on this side was completely severed, and he has never had any sensation in the parts supplied by the nerve below the wound since. When the bullet passed the limb he felt as if he had received the shock of a strong electric battery, and the hand and arm remained quivering and very painful afterwards. The hand and forearm are much wasted. The little finger is strongly contracted, and in addition to total loss of sensation in the little finger and ulnar side of the ring finger there is marked diminution of temperature in these situations. Owing to alterations of shape in the lower part of the humerus, the result of the gun-shot fracture, the elbow is permanently contracted. The forearm can be flexed on the arm fully, but cannot be extended beyond an angle of forty-two degrees. The injuries disable him from ordinary manual labour.

Case of Private Sealey, A.H.C.—Private Sealey was half kneeling, dressing a wounded man of the 92nd regiment, when a bullet struck and passed through him near the left shoulder. The wound of entrance was two and a quarter inches above the top of the anterior fold of the axilla, one and a half inches below the coracoid process; that of exit was nearly directly opposite, about two inches above the posterior axillary fold. The axillary nerves appear to have escaped entirely. He merely felt a blow locally, and, not realising the fact that he had been shot, went on bandaging the patient. The bullet must have been a rifle bullet of narrow diameter and armed with a very high velocity, for the cicatrix of the exit opening is exactly similar in

size to that of the entrance wound, viz., $\frac{1}{2}$ inch in diameter. Within a minute or two after receiving this wound and while still dressing the patient he was struck by another bullet in nearly a corresponding place on the right side. This bullet entered just below the acromioclavicular articulation, between it and the coracoid process, nearly four inches above the top of the anterior axillary fold, passed downwards and backwards, and escaped at the inferior margin of the scapula, about $2\frac{1}{2}$ inches above its inferior angle. A small gap remains in the border of the scapula, where a piece of bone appears to have been punched out. During the healing process some small fragments of bone escaped by both openings. - The instant he was hit on this side, the man felt pain through the whole limb, and his arm dropped useless by his side, so that the nerves were evidently injured by the passing projectile. They have since recovered their function, but owing to cicatricial contractions, the arm remains seriously disabled. He cannot extend it above an angle of 45 degrees from his side, and all the movements of the shoulder are impaired. The left arm is also weak, and any attempt to elevate it above the level of the shoulder causes much pain. The injuries just described were aggravated by the colonial ambulance waggon, in which Sealey, and several other wounded men, were being brought down from Mount Prospect Hospital, becoming overturned on the way. Private Sealey was much bruised about the chest at the time of this accident. It is remarkable that in each of the two wounds, close as they were to the articulation, the joint itself should have escaped from being opened. From both wounds being so nearly on the same level, so close to each other, and following in such quick succession, it was probably the same Boer who fired both shots. It is not unlikely that Corporal Farmer's wounds were also inflicted by one man.

I am tempted to add the following anecdote, which has not hitherto been made public, regarding Surgeon Landon, of the Army Medical Department, who was mortally wounded on the same occasion. It not only illustrates the immense value of the subcutaneous injection of morphia in certain cases in field practice, but affords additional testimony to that which has been already published regarding the cool and thoughtful character of that much regretted young officer. Surgeon Landon was kneeling, attending to a wounded man, when a bullet wounded him in the loin, and he at once fell forward. The lower half of his body at the same time became completely paralysed. Dr. Landon at once recognised the nature of his injury, and told Corporal Farmer he must die. After the firing had ceased some Boers came down among the wounded, and, with them, a man who said he was a doctor. At this time Corporal Farmer, who, as before mentioned, had both ulnar nerves injured, was suffering excessive pain in the two arms, and Dr. Landon, who had brought in a field case, which he had carried, slung from his shoulder, some morphia solution and syringes, advised some of the solution to be injected for its relief. The Boer doctor attempted the operation in one arm, but, from the bungling way in which he set about it, it was evident the proceeding was not familiar to him. Dr. Landon then caused the upper part of his body to be propped up against a boulder of rock, and in that position administered the morphia injection in both Farmer's arms in succession. The result was the Corporal obtained such relief from the pain that he shortly afterwards, in spite of the rain and general discomfort, fell asleep, and remained so for several hours. When all the circumstances of the occasion are remembered, it is difficult to imagine a more perfect example of professional heroism than was afforded by the conduct of Surgeon Landon from the time when the Majuba fight commenced to that when death put an end to his own sufferings.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

THE first meeting, after the recess, of the Clinical Society of London, was held on Friday Evening, Oct. 14, when the President, Prof. LISTER, F.R.S., took the chair, and announced that the following distinguished foreigners had been proposed by the Council for election into the society as honorary members, viz.,—Drs. Bigelow and Billings from America; Professors Esmaroh and Volkmann, from Germany; M. Pasteur from France; Drs. Pantaleone and Maszoni from Italy.

Dr. WILTSHIRE ON

A CASE OF TRAUMATIC RUPTURE OF AN OVARIAN CYST.

A lady, *æt.* 28, just convalescent from typhoid fever fell, while in a hansom cab, struck her abdomen and burst an ovarian cyst which she had had about three years. Severe shock and collapse ensued; but under opium and restoratives she slowly recovered; and two years after the accident remained quite well and free of her tumour with the exception of a small mass, supposed to be the remains of the collapsed cyst and pedicle. Though an expectant plan of treatment was elected in the belief that no hæmorrhage was going on, yet the propriety of immediate operative interference was discussed chiefly in relation to the question of rapid death from internal hæmorrhage, and its arrestment by means of abdominal section, accompanied, of course, by removal of the ovary. Operation in connection with ruptured dermoid purulent, infective, or strangulated (twisted) cysts, and peritonitis was also referred to; and allusion was made to the treatment of dangerous intra-peritoneal hæmorrhages from ruptured ectopic gestation, varices of the broad ligament, ruptured uterus, &c. The prognosis in rupture of infective ovarian growths was adverted to, and the views of pathologists and surgeons thereon respectfully sought.

The PRESIDENT expressed regret, that no discussion had ensued on the paper, since the case described was one of an important class which caused much anxiety to the practitioner in charge, in respect to treatment. The necessity arose in such cases to determine with accuracy, whether the cyst was uni- or multi-locular, whether of the broad ligament or of the ovary itself involving the whole structure. Whether however removal or delay on the chance of subsequent absorption should be pursued, would require to be decided by the experience of the attendant. He thought it a remarkable fact that such a solid mass as Dr. Wiltshire described, should have dwindled away as it had.

Dr. WILTSHIRE explained that he had laboured under the disadvantage of never having seen his patient until after the occurrence of the accident. Dr. Oldham had previously diagnosed the tumour as a multilocular cyst, an opinion also arrived at by others who saw the case. Reinfection, continued Dr. Wiltshire, does undoubtedly occur in some such cases, and may arise from an after growth. He would have been glad to have had surgical estimates of the necessity for operation.

Mr. CHRISTOPHER HEATH ON

A CASE OF LARGE ODONTOME REMOVED FROM THE LOWER JAW.

This was one of the rare tumours described by Broca as *odontomes odontoplastiques* and consisted of a mass of dentine studded with nodules of enamel. The mass weighed 815 grains, and measured $1\frac{1}{2}$ by $1\frac{1}{2}$ inches. The patient was a young lady of 18 who had never been able to close the teeth properly, but otherwise was supposed to have gone through the first and second dentitions naturally. Last Christmas, she had some pain and uneasiness about the right angle of the lower jaw, and in April, her father, a dental surgeon, extracted the second bicuspid tooth, there being no molars then present. A dentist, who was subsequently consulted, thought he detected an encysted tooth, and tried to extract it with the elevator. The result was an acute attack of periostitis. Profuse suppuration ensued, and on firm pressure near the angle pus could be forced up from the interior of the bone. Under treatment, the inflammation subsided, and the patient went to the seaside, and on her return there was apparently some exposed bone with greatly hypertrophied mucous membrane on each side. A month later, after imprudent bathing, sudden increase of pain and swelling took place, and

she consulted Mr. Heath, who found great enlargement of the bone with a fungus-like growth in the mouth, and apparently bare bone, the appearances closely resembling those ordinarily found in a case of sarcoma of the jaw. An operation involving removal of a portion of the jaw was declined, and the swelling slowly diminished again. In September Mr. Heath undertook an operation for removal of the supposed sequestrum of bone, and after considerable trouble succeeded in elevating the mass described from its bed, since which the jaw has slowly contracted to its proper shape.

The PRESIDENT observed that much interest attached to the case both practically and pathologically: practically, because an apparent second growth was removed by simple extraction; pathologically, because of the curious, essentially tooth-like structure of the tumour. The class of cases was rare, but it was necessary always to be on guard against errors of diagnosis in regard to them.

Mr. KEETLEY showed a patient suffering from

CHARCOT'S JOINT DISEASE.

The case was that of a shopkeeper, Mr. J. P., *et.* 34, married ten years, having three healthy children. Up to October, 1880, no other symptoms than the following had been noticed: (1) slight "weakness on the legs," of twelve years' duration, and attributed by the patient to the lameness occasionally produced by a "corn" beneath the right great toe; (2) pains in the muscles described as "rheumatic;" (3) attacks of diarrhoea, occurring fortnightly for long periods at a time. But, in October, 1880, the "corn" ulcerated, and the corresponding great toe became greatly swollen. About a week afterwards, the hip, groin, and thigh of the same side (the right) swelled enormously, but was pale and comparatively free from pain, *i.e.*, such pain as did exist was not synchronous with the occurrence of the enormous swelling. A deep fluctuating point being opened towards the lower part of the front of the thigh, several ounces of synovia, or a synovial-like fluid, escaped. In two months the patient was able to stand again and move the joint freely; but there was then discovered $1\frac{1}{2}$ inch shortening, a tendency to eversion, and a peculiar "scrunching" or crepitus on manipulating the hip in a certain manner. The joint was also somewhat loose. Apparently, the head of the femur had disappeared. From this time, for nine months, the limb steadily increased in uselessness, the powers of spontaneously rotating it both inwards and outwards seemed to also return. But then the left hip was attacked exactly like the right, but not so acutely. This attack came on whilst the patient was being severely purged by two pills and two black draughts prescribed by a chemist on a theory that the patient looked "bilious." While the swelling of the left hip was subsiding, after the manner of that on the right side a year before, severe pains attacked the front and inner side of the left thigh, and the left knee also, but passed away after some hours. At present the patient has only occasionally slight pains in the left thigh, but great numbness on the front aspect above the knee. He can already get about on crutches, and even stand without them. There is now evidence of the left hip having undergone anatomical changes like those of the right. The right great toe joints are also deformed since the swelling thereof twelve months ago. The "corn" is represented by a thin red scab. There are various symptoms of *tuberculous dorsalis* besides those above-mentioned. There are loss of patellar-tendon-reflex, of iris reflex, of the power of standing with the heels together and the eyes shut, partial loss of sensation in the outer sides of both feet, perverted sensation in the right foot, slight deafness of the left ear, and (?) an staxic gout disguised by the joint affections. And, though there are no gastric crises, there are what might be termed "intestinal crises"—*viz.*, the above mentioned periodical attacks of diarrhoea. In the case of each hip, the subsidence of the general swelling left a marked enlargement of the inguinal glands which persisted some time. The internal treatment has been iodide of potassium with salicylate of soda, 5 grains each, three times a day. Is it justifiable to try nerve-stretching in this case? These are the following grounds for entertaining such an idea. In most of the cases, now not few in number in which nerve-stretching has been done for the lightning pains, general, as well as local, benefit has accrued not only by way of lessening the pain, but also by diminishing, or even removing, the inco-ordination. And the same general improvement as regards the whole neurosis, has been observed in leprosy, when the pains of that dis-

ease have been treated by nerve-stretching. Done antiseptically, it is by no means a very serious proceeding. Moreover, to do nothing in such a case as this does not secure for the patient a very good prognosis. If the speaker had any evidence to show that nerve-stretching had checked the visible changes in the skin in leprosy, he would be still more inclined to try it. Could any of his hearers speak as to that point?

Dr. DYCE DUCKWORTH said these cases were more common in France than in this country, his own search after them being rarely successful. Sir James Paget failed to find a single specimen illustrative of the pathology of the disease in all his extensive museum experience. The ulceration Dr. Duckworth considered to be examples of that peculiar kind of sore described by Dr. Ball, showing special features of its own. Nerve-stretching he continued, had its advocates and its opponents, Erb being among those who scoff at its efficacy. At the recent Congress, however, it was held in favour by a majority, especially in cases of severe pain.

Dr. BUZZARD referred to cases reported to the Society about ten years before, in which the peculiar ulceration described by Dr. Ball had been exemplified. It was a trophic change connected with disease of the nervous system. The patient exhibited by Mr. Keetley had suffered from paroxysms of diarrhoea for ten years, having three or four liquid motions daily. He suffered also from heart-burn, but was not troubled with vomiting. In February, 1880, he (Dr. Buzzard) had suggested a relation between such cases and gastric crises; several cases of arthropathy in his own practice illustrating the truth of this conclusion. He thought it of interest to consider whether the *intestinal* evils named in the paper might not be secondary to gastric irritation through the influence of the vagus. Sclerosis of the posterior columns of the cord might be continued up to the medulla oblongata, and so affect the track of the pneumogastric nerve. He had formerly suggested the possibility of a centre in the medulla, of which the function was to preside over the joints, whereby might be explained the joint affections sometimes occurring in heart disease and rheumatic fever. Charcot's suggestion, he urged, was not borne out to the effect that in arthropathy the anterior cornu of the cord is the affected part. Also, in these cases the muscles preserved electric irritability; and in one case, shown by himself, that of a woman, the shoulder muscles were enormously developed, although the early signs of arthropathy had evidenced themselves. He imagined the condition described in Mr. Keetley's case might be due to vagus irritation upsetting the intestinal canal.

Dr. ALTHAUS commented on the remarkable feature in the case presented by the oedema of the joint, the swelling in such cases being usually *hard*, and not oedematous. He could not quite endorse Dr. Buzzard's explanation of the intestinal crises, for while gastric crises in nervous diseases were not uncommon, the particular form known as Charcot's joint disease was most rare. The theory propounded by Dr. Buzzard with regard to a special centre in the medulla he regarded as ingenious, but, to the present, unproved. The large cells described by Charcot as existing in the anterior cornu of the cord were not found on post-mortem examination. The pathology of the disease was, however, obscure. Volkmann suggested that it might be due to injury received by staxic patients; but this could not be held, because the special joint affection was frequently determined at a very early stage of the disease. Nerve-stretching, Dr. Althaus urged, in conclusion, should be resorted to only as a last experiment.

Mr. H. PAGE said that until recently the Royal College of Surgeons possessed no specimen of the disease under discussion. Notwithstanding, however, he did not think the disease so rare in this country as was imagined; and several cases had been noticed in London hospitals within the last few years. Mr. Macnamara showed two cases at the late Congress; and in St. Mary's Hospital not long ago, he (Mr. Page) had a patient who said he suddenly felt one leg become three or four inches shorter than the other, no pain attending the change, and he himself walking some miles after it, the affection only being recognised on his reaching the hospital. Mr. Page had also had a private case. The disease does not necessarily attack large joints—a fact which might account for many instances being overlooked. In one of his patients in the out department of the hospital one foot was observed to swell; the tarsal bones subsequently enlarged, were freely movable without pain; and after some time sores appeared,

which the patient described as "gathered corns," and which, while looking very bad indeed, were not at all painful. This patient had a doubtful history of syphilis, but possessed well-marked symptoms of tabes dorsalis. In from three to four months the swelling subsided, the bones became ankylosed and reduced in size. The other foot underwent similar changes, ushered in by the sudden giving-way of the ankle, and followed by the characteristic series of phenomena, the foot ultimately feeling like a "bag of bones." One foot having spontaneously recovered, the second was left to Nature also; and in time the patient so far recovered as to be able to leave the hospital, having on a plaster of Paris bandage. Gastric and intestinal crises had attended the case, and also profuse hæmaturia. Mr. Page thought that cases should be carefully looked for, and that, as in the patient exhibited, no ataxic gait might be apparent.

The PRESIDENT observed that the affection was both remarkable and obscure, but still it seemed strange that the College of Surgeons possessed no specimens to illustrate it. Moreover, it was not so very rare. A case had been seen in King's College Hospital not long ago. Possibly, he suggested, it might not be considered a fit subject for museum collections.

Mr. KEETLEY considered that life might for years be compatible with the existence of ataxy, and the affection of a centre in the medulla. He found only one out of twenty-three recorded cases in which both hip-joints had been affected in same individual; but, notwithstanding, symmetry was a feature of the disease; and in twenty-three cases, where other than the hip-joints were affected, the symmetrical disposition prevailed. The disease itself was unmistakable; and he considered that Charcot's supposition, to the effect that it always had existed but was not common, had been confirmed by his own cases. The swelling described in the paper came on, without pain, in a week, and went away after two months, leaving the joint permanently affected. He had recognised the disease from a specimen in the temporary museum at the Congress, and could not regard it as a new one in any sense.

SOCIAL SCIENCE CONGRESS.

PUBLIC HEALTH SECTION, TUESDAY, OCTOBER 4th.

Dr. CAMERON, M.P., President.

THE first question for consideration was—

IS IT DESIRABLE THAT HOSPITALS SHOULD BE PLACED UNDER STATE SUPERVISION?

Dr. J. W. Moore read a paper by Mr. Henry C. Burdett, of which we gave an abstract in our last.

Mr. Collins, hon. secretary, read a paper on the "Hospital Administration in Paris and London," by Dr. Prespere de Piétra Santa of the city of Paris.

Mr. Shackleton was of opinion that there are too many hospitals in Dublin, and that some of them are competing with each other. He was in favour of general supervision of hospitals. The Municipal Council of Dublin made grants to several hospitals, and they consider that they ought to have more control over these than they possessed.

Mr. Peyton, Registrar of the Orthopedic Hospitals, Dublin, said State supervision implied State support.

The Rev. Dr. Haughton, F.R.S., remarked that State inspection had a tendency to degenerate into routine. The London hospitals suffered from an enormous plethora of income, which was often spent on objects outside the welfare of the institution. In the Dublin hospitals they were very poor, and in consequence all the virtues of poverty and adversity were developed. The governors did not interfere, because they knew that everything was done for the poor and for economy. In some of the hospitals the medical element was too strong in the management, and the public were under the impression that the hospitals were worked too much for the medical schools and too little for the patients. In Paris the hospitals had the incalculable advantage of ladies who devoted themselves from pure charity to the nursing of the poor; and the same was the case in the Catholic hospitals of Dublin. He thought that a strong representation of subscribers and a limited representation of the medical faculty on the management would be better than State supervision.

Surgeon Myers, Coldstream Guards, said that in Dublin, where the hospitals had not sufficient money, the State might grant it, and exercise supervision accordingly.

Mr. Clarendon, Honorary Secretary of the Adelaide Hospital, was in favour of some State supervision of hospitals.

Dr. Jacob said that in Dublin hospitals the cost per bed varied between £46 and £90, and of that the proportion spent on the patient himself was between £18 and £21. The mode of appointing the medical staffs needed improvement. He thought all charitable institutions should be under State supervision.

The Registrar-General, Dr. Grimshaw, said appointments were made in the most irregular and extraordinary manner in the Dublin hospitals, and some were even sold to the highest bidders. Religious and political considerations also came in, and the best man was not always selected. He was not an admirer of the existing Board of Superintendence of the Hospitals in Dublin, but it had done a great deal of good. There were thousands of scandals that never came before the public. He was in favour of State supervision, which could be reviewed by Parliament.

Dr. Cameron, Medical Superintendent of Health, Dublin, was in favour of an independent supervision over the administration of all public hospitals, such as the Local Government Board exercises over the hospitals under the Poor-law, and moved that the council be recommended to take measures to promote an inquiry with a view to securing such supervision.

Dr. Darby seconded the resolution, which was unanimously agreed to.

The next paper by Major F. Duncan, LL.D., on

FIRST AID TO INJURED PERSONS,

was read for the author by Mr. F. R. Davies, K.J.J., president of the Dublin centre of the St. John Ambulance Association. The paper referred to the introduction into England by the Order of St. John of improved vehicles for the transport of injured persons. From this had sprung the existing St. John Ambulance Association, branches of which existed in Great Britain, Ireland and the Colonies, and which has already instructed over 80,000 pupils of both sexes and all classes in the first treatment of injured persons.

The chair having been taken by the President of the College of Surgeons (Dr. Chaplin, of Kildare).

The President of the section (Dr. Cameron), read a paper on

ANIMAL VACCINATION,

of which we shall publish an abstract in our next.

Dr. Haughton said the paper was a very valuable one. There was no doubt that the death-rates amongst vaccinated persons had varied since the commencement of the century. The mortality amongst unvaccinated persons was smaller now than formerly. The question now was not as to the desirability of vaccination—for only lunatics doubted that—but as to how it could be made most effectual. He believed in compulsory vaccination, but that every person should possess the right of choosing between humanised lymph and calf lymph.

The Registrar-General believed that vaccination was not as protective as it might be made.

The Chairman was of opinion that vaccine lymph was not now what it used to be thirty or forty years ago. He believed we should revert to the original source from which Jenner derived lymph.

WEDNESDAY, OCTOBER 5.

COMPULSORY NOTIFICATION OF INFECTIOUS DISEASE.

The special question for discussion was—Is it desirable that there should be a system of compulsory notification of infectious diseases; and if so, what is the best method of carrying such a system into effect, and what is the best mode of enforcing the isolation of cases of infectious disease?

Mr. Collins read a paper by Mr. Michael, Q.C., on the subject. After giving a summary of the Bills introduced into Parliament last session for the compulsory notification of infectious diseases by Mr. Hastings for England and Mr. E. D. Gray for Ireland, the paper mentioned that the British Medical Association intend next session to introduce a bill differing from the two just mentioned in this respect, that it will propose that the medical attendant shall deliver a certificate of the presence of infectious disease in any house to the occupier instead of directly to the sanitary authority of the district in which the house is situated. It was desirable, the author thought, that a select committee of the House of Commons should be appointed.

Dr. J. W. Moore read a paper on the subject. The author pointed out that "notification" and "registration" should not be used as synonymous terms. Two things would seem to be necessary in the case of outbreaks of epidemic infectious diseases first, the immediate compulsory notification of such outbreaks to the sanitary authorities; secondly, the early registration of all cases of these affections, and the publication of the tabulated results at frequent intervals by the general registration offices of each division of the United Kingdom. Whatever system of notification is finally adopted should apply uniformly to the whole country. Four methods have been suggested or adopted, viz., 1. Direct notification by the medical attendant to the sanitary authority; 2. Indirect notification, by the medical attendant giving a certificate to the head of the family; 3. Notification by

the head of the sick person's family or the occupier of the infected house; 4. Dual notification by both the medical attendant and the head of the family or occupier to the sanitary authority. Dr. Moore expressed himself in favour of a modified system of indirect notification by the medical attendant, in accordance with which it should be incumbent upon the sanitary authority to acknowledge at once to the medical attendant the receipt of the information from the head of the family, the medical attendant to send a duplicate certificate to the sanitary authority should their acknowledgment not reach him within a short specified time.

Dr. Stewart Woodhouse read a paper on the same subject. The writer, while recognising the desirability of reporting to the sanitary authority every case of infectious disease, believes that the measure introduced to the House of Commons last session for this purpose would meet with the strenuous opposition of the medical profession, who should be the chief machinery in executing it—on the ground that it would violate the secrecy due to their patients. Consequently, he proposes that all medical men shall be required, when they have decided that a case they are attending is an infectious disease, to notify to the sanitary authority that they are attending a case of this nature in such and such a street, square, road, &c. (employing the municipal designation), and also stating whether the room occupied by the patient is inhabited by anyone save that patient's nurse. If not inhabited by anyone save the nurse, the sanitary authority shall interfere no further. But if the certificate shall state that it is occupied by other persons then the sanitary authority shall have power to write to the medical attendant, asking him for the name and address of the sick person, which he shall then furnish.

Dr. Jacob regretted that he had to assume a position of uncompromising antagonism to the system of infectious notification which had been proposed to them. He did not hesitate to admit fully the advantage to be gained by the notification of infectious diseases. His quarrel was with the way in which the papers proposed to carry notification into effect. He asserted that that mode was inquisitorial, arbitrary, and inconsistent with the liberty of the subject. It would require the householder to notify at a moment when his heart and mind would be occupied with the condition of some dear one. The powers existing under the Public Health (Ireland) Act were not very extensive, but still the consequences following disobedience of its provisions were very serious indeed. He was not satisfied that these regulations were necessary, but they were nothing in comparison with other propositions which sanitarians were asking them to adopt in connection with the compulsory notification of disease. The latest bill on the subject had been promulgated by the corporation of Salford. Under that bill power was sought, not only to close any place where infectious disease was, but even schools and places of public resort in its neighbourhood, and also any dairy or place for the sale of provisions where infectious disease existed; and power was sought to declare that where a house was infected no person in it should exercise any occupation, or handle any food or beverage, or work in the company of infected persons. If such powers were exercised in a city like Dublin, where there were instances of so many as seventy people being occupants of one house, the daily bread of all these people might be stopped. These were some of the vagaries of sanitarians, although he did not say they were included in the propositions before the section. But he objected to the latter on the ground that they would defeat the very object which it desired to accomplish. If the onus of notification were put on the physician it would be a direct inducement to the patient to avoid calling him in until the last moment, because by doing so he would bring to his home the whitewasher of the sanitary authority, and a disturbance of domestic arrangements which, in the case of schools and hotels, would involve ruin. Consequently the case of infectious disease would remain fruitless. The Public Health Committee of the Corporation had admitted the existence of this feeling, and that in consequence of it, practitioners were called in who treated infectious disease behind backs and said nothing about it. Occupants of tenements also feared incurring the censure of their landlords by making known the existence of infectious diseases in their dwellings, and they dreaded being removed to the hospital. Therefore, if compulsory notification became the law, they would resort to quacks, unqualified practitioners, and learned old women. On the other hand a system of voluntary notification actually existed at present which was working well. The medical profession did not resist what was proposed from mere pocket interest, but because they believed it was against the feelings of the population, and that it would not work at all. At the same time they felt that it was outrageous that the confidence reposed in the physician should be forced for public use without the consent of his patient, and without adequate remuneration. The effect of the plan would be to throw attendance on the sick into the hands of practitioners of doubtful morality who would not tell the truth. He objected also to physicians being made to dance attendance in police offices in order to carry out this law. He had not mentioned a variety of other ways in which it would be prejudicial to the medical profession. In order to ascertain what

the opinion of the profession generally on the subject was he issued 1,800 circulars. To these he received 800 replies, of which 792 were dead against the medical man taking any part in written notification, and the remaining eight for a modification of the proposition. The College of Physicians and Surgeons had both pronounced against it.

Mr. Hastings, M.P., said he remembered a large number of reforms which proved to be for the good of the public, and he never knew one of them that had not been opposed on grounds that afterwards turned out to be unsubstantial. All the arguments that were now used against compulsory notification of infectious diseases by medical men, were also used against the registration of deaths, yet the latter practice had not been productive of evil to the public.

Mr. E. D. Gray, M.P., said that as he introduced the Notification of Diseases (Ireland) Bill, which had been referred to, he wished to say a few words. Dr. Jacob seemed to be an opponent of the principle of notification altogether.

Dr. Jacob—No, no.

Mr. Gray said he was glad of that. They had then a consensus that some form of notification was desirable. Let them start from that point. Was the duty to be thrown upon the householder or the medical man? He framed his bill on the principle of requiring the medical man to give the information, because he held that infectious disease was very much like a fire. If notice of it was not received at once it could not be dealt with. While the medical man was serving the householder, and the householder the sanitary authorities, the valuable time during which the disease could be effectually coped with would be lost (hear, hear). As regarded the healthiest classes the bill would, in fact, not touch them at all. What had occurred in other places? Take Edinburgh where the Act has worked with beneficial effect, and the death rate has been largely reduced. The notice which the medical man served on the sanitary authority had on it the words "attention is not urgently required." If the patient were one who had ample means of treatment at his own house, the certificate went in that form and the sanitary authority practically took no action in the matter. If the patient were of circumstances of an opposite character the word "not" was struck out. If a compulsory notification act were in force in Dublin, all the notices the sanitary authority would take of cases of patients in different circumstances would probably be to send word that they could get linen washed more safely than at a public laundry. But if the case occurred in a poor tenement, of course, the sanitary authority would pay attention to it at once. On the other hand, if the system were adopted of making the medical man serve notice upon the head of the household, the latter might be an ignorant or illiterate workman who would not give information at all. If it were made the duty of all medical men to give the notification in question, there would be nothing invidious in it.

Dr. Cameron, Medical Officer of Health for Dublin, said that in this city forty per cent. of the deaths occurred in the tenemental dwellings from zymotic diseases. He maintained that notification by the medical man would in no way interfere with the comfort, liberty, or even sentimentalism of the patient.

Mr. Dalgleish, Town Clerk of Jarrow, said the system of compulsory notification, or the dual system, was established in that borough, in a very stringent manner, in 1878, and it had since worked admirably.

The Registrar-General, Dr. Grimshaw, supported the views of Dr. Moore and Mr. Michael. A case lately came to his knowledge of a boy selling toys in a shop while he had measles. It would have been perfectly justifiable to close that shop. The case of the medical man who complained of being injured by being obliged to notify the diseases of his patients came exactly under the same category. One point which he had not yet noticed was this: It would be of the utmost importance that where towns were in close communication with each other, as Dublin, Liverpool, and Edinburgh, the outbreak of an epidemic in one should be, as soon as possible, made known in the other. He did not believe the law in question would prevent medical men from being called in. A few persons might conceal infectious diseases, but that would be put an end to by a few of them being fined 40s. each in a police court.

Dr. Chaplin, President of the College of Surgeons, said the medical profession approved of notification, but were opposed to being called on to make it on account of the position it would place them in with their patients.

Miss Downing, on her own part, and on that of the Vigilance Association for the Defence of Personal Rights, of London, by whom she had been sent as a delegate, declared herself strongly opposed to the bills of both Mr. Hastings and Mr. Gray.

The President in closing the discussion, remarked that the State had a right to expect duties from medical men in return for the monopolies which it gave them.

THURSDAY, OCTOBER 6TH.

OVERCROWDING OF DWELLING HOUSES.

The special question for discussion was—"Is any further legislation (desirable in order to more effectually prevent the overcrowding of dwelling houses?)"

The Recorder of Dublin read a paper on the question. It stated that the supremacy of the death-rate here lately compelled the speeding of a Royal Commission, and the very able report of the commissioners, Messrs. Rawlinson, C.E., and MacCabe, of the English and Irish Local Government Boards, unhesitatingly attributed this evil state of things to the condition of the houses of the poor. Previous to this report the Recorder had addressed the Lord Mayor on the supremacy of the city crime rate, attributing this also to the social condition of the poorer classes within their homes and in the streets outside. The author urged the reparation and reconstruction of the various statutory powers already existing under general acts, rather than seeking to deal with this ancient and diversified city upon any single or special plan. These statutory powers came under the heads of—1. Provision relating to the cleaning of entire civic areas; 2. Those relating to the reparation of individual houses; 3. Those relating to the provision, by civic authority, of houses for the working classes. The author expresses his conviction that the urban grievances which now call for redress are more urgent than those rural claims which have monopolised public attention.

Dr. Charles A. Cameron, M.D., S.Sc.C., Cambridge, Fellow and Professor of Hygiene, R.C.S.I., Medical Officer of Health for Dublin, read a paper on the question, in the course of which he referred to what had been done in the way of erecting dwellings for the labouring classes in a number of towns in England and Scotland. He stated that the loans advanced under the Artisans and Labouring Classes' Dwellings Improvement Act up to March 31, 1880, were: for England, £1,419,970; for Scotland, £115,000 and for Ireland, £80,500. Under the provisions of the Labouring Classes' Dwellings Act the loans raised in England and Scotland amounted to £394,741, and in Ireland to £86,654. The Corporation of Dublin have put in force the provisions of the Artisans' Dwellings Act. They have completely cleared away a collection of dwellings situated under unhealthy conditions, at a cost of £22,000, and they have let the cleared site to the Dublin Artisans' Dwellings Company at a rent of £1,200 a year. One of the most urgently required measures for the improvement of the sanitary condition of Dublin is the erection of a large number of dwellings for the lowest classes of the industrial population. The existence of such tenements would stimulate the owners or renters of the ordinary low-class tenemental dwellings to a healthy competition, which would be the means of causing a general improvement in the condition of the homes of the people.

The Lord Mayor said the Corporation were anxious to deal with the matter in the most comprehensive manner. His own knowledge of the subject enabled him to say that the cost of constructing labourers' dwellings was not such as to deter the Corporation from entering on the task. He believed sufficient accommodation could be provided at a cost to the citizens which would be fully recouped.

Mr. Collins, secretary to the department; Signor Pagliardini, Mr. Spencer, Mr. Wigham, Mr. Gray, M.P., Mr. Russell, Mr. Furlong, Mr. Carrol, and Mr. Thompson, having spoken, The Recorder replied.

Dr. Cameron also replied and said the Corporation had closed upwards of 550 houses, and had never given the owners any compensation.

On the motion of Mr. Collins the following resolution was passed, with one dissentient:—

"That it is the opinion of this section that it is desirable that the Corporation of Dublin should seriously consider the propriety of providing dwellings for the labouring classes under the provisions of the various Acts of Parliament relating thereto, and that the Council be requested to submit to the Corporation this expression of its opinion."

A paper by Edwin Chadwick, C.B., "On the progress of sanitation, preventative as compared with curative science," was taken as read.

THE fund for the memorial to Professor Rolleston, amounting to £530, is expected to rise to £800 or £1,000. The subscribers are to meet shortly to settle what form the memorial shall take.

A GRATIFYING mark of esteem was presented last week to Mr. J. Blandford, on his leaving the neighbourhood of Coxhoe, near Stockton. The testimonial consisted of a massive silver centrepiece, a clock, and side ornaments, on which were inscribed "Presented to Joseph Whitfield Blandford, M.B.C.S., L.R.C.P., &c., by his friends and patients of Coxhoe and neighbourhood, as a token of their high appreciation of his aimable qualities as a personal friend, and as a valued medical adviser."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 19, 1881.

VERY SPECIAL PLEADING.

It is ever an ungracious task to quarrel with those who are the recognised leaders of the profession, and particularly is this so when the cause of complaint is contained in matter ostensibly addressed for their benefit to younger members of the medical societies which flourish in connection with the various hospitals of this country. We cannot, however, refrain from expressing an opinion unfavourable to much that is contained in the address recently delivered before the Student's Society at University College Hospital by Dr. Russell Reynolds, and which has subsequently been widely circulated as the *fiat* of a leader of medicine in relation to specialism. Had Dr. Reynolds, however, confined himself to a review of the question avowedly selected for the subject of his address; had he simply painted the meaning of, and the evils surrounding, specialism, while at the same time duly describing the legitimate practice which universal authority at the present time recognises to be special in the true and proper sense of the word, then none more willingly than we would have commended the performance, and hoped for much good to follow from it. In place of doing this, we regret to say that Dr. Reynolds

availed himself of the opportunity he enjoyed, to utter before a number of young men just entering on the threshold of a medical career, a number of degrading charges against the very body his audience had elected to champion. Whatever may have been his conclusions regarding the integrity of some or many members of the profession, Dr. Reynolds could surely have found some more fitting time to disembarass himself of them, than when delivering what should have had all the elements of encouragement to the young men assembled before him. With the choice of specialism as a subject of address we do not venture to disagree; but when there were so many important ways in which it could have been handled with the greatest advantage to the listening crowd of students—who, by and bye, must decide between general practice and other spheres of professional labour—we do complain that the occasion was rendered in the highest degree barren by the unprofitable way in which it was employed. We trust our knowledge of medical students is correct when it assures us they will be prompt to reject the invitation addressed to them to believe that there are “some who prey upon the sense of shame, and extort money for needless operations and worthless drugs, holding in *terrorem* over their victims the knowledge of facts that have been confided to them, and using that knowledge—which is power—to benefit, not their patients, but themselves.” We, at any rate, will not accept the dictum of even Dr. Reynolds on this point. We do not believe that the medical profession numbers among its members men who are as lost to the honour of their calling, and the claims of humanity, as are those miserable pretenders whom a halting policy of timid inefficiency permits to batten on an income derived from the worst forms of quackery. It may have been formerly, when it was open to almost any thief or knave to dub himself a medical man, that extortion under threat of exposure was one form of practice indulged in by men with a medical qualification; but at the present time, among the men who are legitimate practitioners, and who are necessarily influenced by the higher *morale* imported into the profession, even though they be not immediately actuated by a better feeling, we will not believe there are any considerable number who for a moment neglect the lofty claims of their calling, or are false to the aims that should animate them. A few black sheep there have been; and from time to time they are weeded from the flock, while none are more importunate for their removal than medical men themselves, who are the first to feel outraged by the misdeeds of their underserving *confères*. But this limited meaning will not attach to the sentences in which Dr. Reynolds held such beings up to the scorn of his hearers; the latter will carry with them from his presence the uneasy conviction that many of those they will by and-by number as professional brethren, are such as, were their character fairly exposed, would be meet objects of contempt and loathing. We repeat, this could not have been done at a more inopportune time and place; and, unfortunately, there are other parts of the address that call for almost, if not quite, as strong a protest. The vagaries of “specialism” have again and again served to spur the elo-

quence of orators, and Dr. Reynolds has not succeeded either in adding anything new to what has been often uttered on the point, or in suggesting any remedy for what is universally admitted to be capable of much improvement. Such wholesale condemnation of what is in many cases earnest attempt to perfect the treatment of disease, and is at the worst but an indication of concentration on a particular subject, is likely to do more harm than good in the effect it will produce on young minds not yet attuned to the meaning of many of the distinctions drawn.

On the essential necessity of “specialism,” as we understand it, and as, until Dr. Reynolds undertook to correct us, we considered every educated practitioner understood it, there seems to be an agreement between ourselves and Dr. Reynolds. He admits courses of instruction as given in the hospital and college could not possibly have been made of any use to the general practitioner, unless the teachers had already been taught by their own “special” devotion, or by that of others, to separate branches of study. Moreover, he declares that such special workers are essential to the cause of efficient instruction; and then follows the statement by the remarkable sentence quoted in full below:—“But when I speak of ‘specialism,’ the word carries us into a region quite other than that of helpful work—on to that of miserable retrogression instead of ‘evolution;’ into that of ‘survival *not* of the fittest, but of the charlatan and the quack.” Now, if these phrases mean anything more than oratorical flourish, they indicate that all those men who devote themselves to special work which is in the line of practice instead of in mere teaching, are charlatans and quacks, by reason of their claiming special competence in a branch of medicine rather than pretending to universal excellence in everything. Indeed, this is further explained in a way that prevents any possibility of doubt on the point; and something stronger than a mere impression is conveyed that every practitioner must be prepared to express an opinion on the nature of any and every case that comes to him for treatment. With an appearance of inconsistency, however, most confusing, Dr. Reynolds admits that the limitation which he translates as specialism may be permitted in the case of insanity, his words to that effect being, “The speciality of the physician who directs his attention mainly, or it may be even exclusively, to the charge of the insane, is a most direct advantage to the profession and the public, and this is demonstrated by the fact of its general recognition.” This surely is a refinement of hair splitting in definition to which we are unaccustomed from scientific authorities. Who will dare to draw the lines indicated in Dr. Reynold’s preference for individual specialisations; and where are they to be drawn?

The whole address is disappointing in the extreme, and could not, we venture to think, have been composed by anyone who rightly appreciated the importance and necessity for thorough education on the part of intending consultants. It had been needless to urge the primary importance of complete general instruction of every medical man in the principles of his profession; and equally too ought the time to have gone past in

which any apology is needed for particular study on the part of all who design to pay attention to one aspect of disease rather than another, the study, viz., of a 'special' branch of practice. The men of "great name," against whom Dr. Reynolds covertly sneers, deserve none of the opprobrium heaped upon their performances; and it is curious to note the involuntary admiration compelled by their work, even in him who is self-elected to be their accuser.

Doubtless there are subjects touched on in the address which deserve hearty commendation, but we repeat the time and place for uttering it were ill-chosen. However much we may deprecate the senseless repetition of meaningless congratulation contained in introductory addresses, they do infinitely less damage to the cause of medicine than one such attack as that directed by Dr. Reynolds; and, much as we regret the necessity, we are compelled to register a protest against the address itself, and the circumstances under which it was given to the world.

HOMŒOPATHIC SQUABBLING.

AS might be expected, recent events in the history of homœopathy are being followed by the outbreak in many quarters of controversy and squabbling, not only between those who do, and those who do not, follow the doctrines of Hahnemann, but even among adherents of the school itself, and angry recriminations are being sounded in several directions. In the *Liverpool Daily Post* a series of letters, couched in somewhat heated terms, have lately appeared, one of the writers of which, Dr. John W. Hayward, champions the cause of homœopaths with, at any rate, an outspoken honesty that will command admiration, though it may not carry conviction to the unbelieving. He takes serious exception to a charge brought by an anonymous correspondent to the effect that "homœopaths are, to a man, quite ready to haul down the flag in all serious cases," and he proceeds to claim that it is, in the most dangerous cases, that homœopaths obtain their greatest successes. Moreover, he challenges the assertion that the law of similars is not invariably followed by homœopathic practitioners, and makes a special point of the superiority of the latter's treatment over that in which very little medicine is ordered. It may not, possibly, be known to Dr. Hayward that the *International Hahnemannian Association* specifically admits the truth of the statements he is at pains to refute, and that one of the "principles" of the Association declares "whereas, numbers of professed homœopaths not only violate these tenets (viz., law of similars, totality of symptoms, single remedy, and minimum dose of the dynamised drug), but largely repudiate them." Further, the Association, which is henceforth to include every *real* homœopathic physician, pledges itself to observe to the letter *all* the laws and directions laid down by the founder of their school, and to regard every one not so acting as recreant, and without the pale of the science of medicine. In the face of this, it is disturbing to honest critics who are anxious to know what is, and what is not, essentially characteristic homœopathy, to be incessantly troubled with instances of deviation from the strictly limited path of treatment declared

to be the only legitimate practice; nor can we be blamed if we recognise in the multitudinous bickerings and squabbings as to the meaning of explicitly defined terms, a sign of inherent weakness. It is folly for any advocate of the system to deny what is known to every well-informed student of the recent history of medicine, and no one who is acquainted with what has taken place in regard to homœopathic practice and teachings here, and in America of late, can fail to understand the wholesale defalcations committed by so-called followers of the school.

We must, however, expect for some time a repetition of these unhealthy encounters, and look upon them as evidence of the slow decomposition of an untenable creed.

Notes on Current Topics.

A Warning to Doctors.

THE will of a recently deceased millionaire dust contractor, who died worth upwards of one hundred thousand pounds, contains a clause of special interest to family practitioners, and which runs to the effect that a bequest to testator's medical attendant should vary in value according to the length of time he survived from the date at which the will was executed. In accordance with the terms therein expressed, a sum of £2,000 was to be paid to the doctor provided his patient lived for two years; and a further thousand was to be the reward for a prolongation of three years more. The assumption on which the eccentric condition was made, was, apparently, that it lay within the power of the medical man to apportion the period during which his patient might enjoy the pleasures of existence; and if this was really so, it is difficult to believe that an earnest endeavour should not have been made to dissuade him from executing so improper an instrument. Unfortunately, or fortunately, as the case may be, the doctor failed to benefit by the intention of his client, since the latter lived only for a week after signing the will containing the unusual provision. The occurrence may prove a warning to the profession not to encourage a similar inclination should any of their patients exhibit it; in any way when such a stipulation is made with the knowledge and consent of an attendant, it can redound neither to the credit or wisdom of the latter.

Hydrophobia.

A DEATH from hydrophobia is reported from Penzance in Cornwall, the victim having been bitten by a retriever three months previously to the first onset of the symptoms of fatal disease. The dog, moreover, by which the wound was inflicted, had itself been infected as long as three months before attacking the human patient in this case; a small dog, said to have been suffering from rabies at the time, having communicated the virus to it. The deceased gentleman, Mr. Harvey, a spirit merchant, thought little of the wound he had received, and beyond having it immediately cauterised, paid no attention to the matter. On Monday week, however, he experienced pains and stiffness, the oncoming of which was attributed to cold and approaching pleurisy, treatment in accordance being resorted to. Two days later inability to swallow fluid was apparent, and from that time the case rapidly progressed, the intensest

agony being undergone for some hours, until death at length put a period to the unhappy patient's sufferings. The case is an instructive one, and the particulars of it will be of value in determining some of the points in connection with the existence in a state of latency of the virus of hydrophobia in a person who has once been submitted to its influence.

A Medical Recipient of the Victoria Cross.

HER MAJESTY has graciously signified her intention to confer the Victoria Cross on Surgeon Major Baron Hartley, of the Cape Mounted Rifles, for the conspicuous gallantry he displayed while attending to the wounded during the unsuccessful attack on Moir's Mountain, June 5th, 1879. The special act thus recognised consisted in the removal of Corporal A. Jones, of the Cape Mounted Riflemen, whom Surgeon-Major Hartley carried to a place of safety in face of a constant fire, by which his burden was a second time wounded. Subsequently the gallant officer returned under severe fire of the enemy to dress the wounds of the storming party. Dr. Hartley is eldest son of Dr. Hartley, of St. George's Square, and was educated at St. George's Hospital.

A Remedy for Toothache.

DR. F. P. ATKINSON describes in the *Practitioner*, a novel form of treatment for toothache, to which he was led by Dr. Murrell's results with nitro-glycerine in angina pectoris. Being afflicted with severe toothache, and proceeding on the similarity in effect following the employment of nitro-glycerine and nitrite of amyl, he applied to the aching tooth cotton wool, saturated with Richardson's compound anæsthetic ether, which contains the nitrite. Instant relief ensued, which was maintained for four hours by a pledget of wool previously soaked in laudanum. Dr. Atkinson adds that a one per cent. solution of nitro-glycerine has the same effect in stopping pains as nitrite of amyl; and thus a means of relieving a most distressing complaint is opened up.

Ambulance Stations for Fever Cases.

So decided has been the success attending the experimental establishment of an ambulance station in London for small-pox and fever cases in vehicles specially designed and kept for the purpose, that on Saturday last, at the fortnightly meeting of the Metropolitan Asylums Board, a motion to extend the system to other parts of the metropolis was unanimously adopted. When first mooted it met with the same factious opposition as most reforms have done; local authorities and property-holders vied with each other in one strenuous effort to prevent the idea being carried out; now it has been shown from unimpeachable testimony, that whereas cases of small-pox had occurred frequently in one district previous to the establishment of the ambulance station, not one case had occurred since.

The Irish Pharmaceutical Society.

THE annual meeting of the Society took place on October 3. In his address the President said that during the past year the number of candidates for the Final examination had been less than in previous years, nineteen

only having passed; but the Preliminary showed an increase, forty-three having passed; this looked more hopeful, as it would be expected that these students would hereafter present themselves for the Final examination. The finances did not appear satisfactory. As regarded prosecution, although the Legal Committee had not been idle, yet from some cause its endeavours had not been successful. He considered some cases should be tried in the country, where less was known of the working of the Act than in town. The Treasurer said he had to report that the income had only covered expenses. The total income for the past year, including balance from the previous one, was £421; the annual subscriptions only amounted to sixty-three. He had been unable to invest the £100, for which a resolution had been passed, owing to the present financial state of the Society.

The Bath Hospital.

SOME months ago we drew attention to the fact that a serious want of harmony was apparent at the Royal United Hospital at Bath, and now again public prominence is given to the institution by a leading article in the *Bath Herald* of Saturday last. Complaint is therein made of the rigid exclusiveness exercised in regard to proceedings within the hospital, and a very legitimate protest is raised against the continuance of an archaic regulation by which local members of the profession are refused admission within its walls for the purpose of observing, and, if need be, criticising the treatment of cases in its wards. Another point insisted on, and with justice, is that there are no junior offices on the staff corresponding to the assistant-surgeons of recognised hospitals. Thus a number of young men are debarred from entering on local practice with the advantage a hospital appointment confers, while the charity itself is deprived of valuable services it might most certainly be the better for. The question needs ventilation.

Notification of Infectious Diseases.

THE Medical Officer of Health for Bolton has just issued his fifteen months' report of the health of that town, in which he expresses the opinion that the compulsory notification of infectious disease has given satisfaction, and proved of much value in limiting the spread of contagion. At the same time he had to report that zymotic diseases were very prevalent in the locality during this period, and gave rise to 692 deaths, equal to 24.4 per cent. of the entire mortality, and 4.5 per 1,000 of the population. As compared with the previous year the zymotic death-rate was more than doubled, and showed an average higher than any recorded during the previous ten years. This does not look as if the notification system had done much for the health of the town, though it has been in operation for a longer period than anywhere else. He further states that the reported infectious cases "fairly" represent the number of cases treated, which looks as if a substantial percentage escaped detection altogether, and therefore acted as fertile centres of infection. It is also a fact worthy of note that the Parliamentary representative of the very town where the system works, we are told, so admirably, is the person who has determinedly refused to allow the system to be adopted elsewhere, and who has stopped the Bill in the House of Commons.

Referring to the discussion on the subject in the Social Science Congress, a contemporary says:—"This matter will probably shortly be legislated upon, but the proposal to make every practitioner a sanitary informer is diametrically opposed to the confidential relations that ought to exist between doctor and patient. The information is for the well-being of the community, and the individual members of the community are those on whom the responsibility of affording it naturally rests."

This is exactly what we have insisted upon. We hold that the custody of the patient or owner of the infected house, and no one else, should be responsible for notification. The misfortune is his—the danger to the neighbours is of his making, he is the person bound to apply the needful remedies and precautions, and, both in justice and in common sense he should be the person to report the disease. It suits the Dublin Corporation and the few neck-or-nothing sanitarians who have prompted Mr. Hastings and Mr. Gray to assert that there can be no efficient notification by any one save the physician. In support of this theory they offer no atom of evidence, and they carefully ignore the success of the Greenock system of notification by the householder. In truth there would not be the least difficulty in an efficient sanitary authority, if such existed in Ireland, enforcing a similar system in that country. A little vigilance as to causes of registered deaths, and as to cemetery certificates, a few vigorous prosecutions, and a few pounds spent in advertising the public of their duty, and their legal liabilities for non-performance of it, would effect all that is needed. But vigilance is the last quality which we should hope to find in the Dublin Corporation or any other Irish sanitary authority, and it is to save themselves trouble and expenditure that it is now sought to convert Irish physicians into infectious detectives.

The method adopted to get the Edinburgh Bill through the House of Commons will not, we can assure the notificationists, succeed *quoad* Ireland. One of them, speaking to the Social Science Congress, candidly told them that the Health Officer of Edinburgh had lulled the doctors into lethargy by refraining from going to London to press the Bill, and by making no noise about it until the measure had been passed, after which the protests and remonstrances of the doctors were laughed at. This, we believe, is the example which the Parliamentary Bills Committee of the British Medical Association desire to imitate, and, if the members of the Association do not awake to the danger in which they are placed, we suspect they will, before the lapse of another session, learn that they have placed a false confidence in their *soi-disant* protectors.

Heroes of Majuba Hill.

FROM details kindly furnished by Surgeon-General Longmore, which will be found in another column, the fact now appears that the wounds received by Corporal Farmer and Private Sealey, of the Army Hospital Corps, while bravely and manfully doing their duty at Majuba Hill, have permanently incapacitated them, not only for military service, but, to a great extent, for earning their living in the occupations of civil life. It is seldom, indeed, that dramatic incidents are presented in clinical records so vividly, and yet so touchingly, as are those in the reports

alluded to. And what do they represent? Surgeon Landon, with his two subordinates, in the turmoil of battle, themselves cool and collected, fulfilling their high mission of giving help to others struck down; continuing at their high post of honour even when, as is stated, "the troops were retreating past the spot." The surgeon, while attending to a wounded man, is himself struck by a bullet. He at once recognises that his injury is mortal. His lower limbs paralysed, he begs that his trunk may be raised and supported, that thus while power remains, he may perform the only operation which can give relief, not to his own sufferings, but to those of the wounded man upon whom at the time he was attending. Corporal Farmer holds up an extemporised flag as signal that wounded men lay on the spot; the arm, by which it was supported, is disabled by a bullet; with the other hand he again raises the emblem of truce, but instantly that arm, too, is pierced. Private Sealey, while half kneeling over a wounded soldier, is struck by a bullet, "which passed through him near the left shoulder." Not realising for a moment the fact that he had been shot, he "went on bandaging the patient." While so engaged, is struck by a second bullet in nearly a corresponding place on the right side. His arm now dropped useless by his side.

Surgeon Landon's memory lives as that of a man who died at the post of duty, manifesting an example of professional heroism, than which it is difficult to imagine one more perfect. Of the two survivors, one has been decorated with the Victoria Cross. But what about their pensions and rewards for bravery, by means of which their bodily requirements are, for the future, to be met? It is well and appropriate that in cases such as those of Corporal Farmer and Private Sealey, an expression of admiration of gallant and praiseworthy conduct should take the form of a presentation of money. In this sense we cordially approve of the scheme proposed. Considering, however, the exceptional nature of the circumstances under which very remarkable staunchness and bravery were exhibited, surely the case of these two soldiers is one most suitable for special, and, it may be, exceptional consideration by the War Office.

Indian Medical Items.

THE Governor-General of India has made the following appointments to his personal staff, viz. :—To be Honorary Surgeons—Surgeons-General W. R. Cornish, C.I.E., and A. J. Payne, Deputy Surgeon-General W. J. Moore, Brigadier Surgeon J. A. Marston, Surgeon-Majors G. Farrell, T. E. Charles, M.D., R. W. Cunningham, M.D., and C. A. Atkins, and Surgeon A. H. Roe, all of the Army or Indian Medical Services.

The health of the troops at Quetta has improved. Cold weather has fairly set in there.

Umritsur is suffering from a severe epidemic of fever. The total deaths in that city for eleven days ending October 1st were 2,265, of which number 1,138 were children. The pestilence is believed to be due to the late abnormally heavy rainfall.

The total number of deaths from cholera in Lahore and Meean Meer during June, July, and August amounted to nearly 70 Europeans and upwards of 1,200 natives. It is

satisfactory to learn that the disease is now abating generally throughout the Punjab.

Throughout the Bombay Presidency there was a decrease in the number of deaths from cholera during last week reported, as compared with the previous week and the weekly returns for some two months past; but the disease still continues to cause numerous deaths in the Khandesh, Ahmednagar, and Sholapur districts.

Predisposition to Hysteria.

UNDER this title M. Briquet read recently a paper in the French Academy, of which the following are the conclusions:—

The predisposition to hysteria arising from menstrual influences presents some phenomena peculiar to itself and very remarkable. In forty-two cases of hysteria developed under the influence of menstrual irregularity, he found one in which the menses reappeared at the end of two years, and then all the hysterical symptoms completely disappeared, and health was re-established. One similar case of cure after a year and a-half, one after eleven months, two after ten months, one after eight months, two after seven months, two after six months, two after five months, and one after four months. Thus, out of forty-two cases, thirty-one were relieved of the hysteria after reappearance of the menses.

Professional Candour.

THE Philadelphia *Medical Reporter* has a candid friend, to whom the Editor complained of certain unflattering observations made by an instrument maker respecting the commercial morality of the profession. Instead of the indignant sympathy which was expected, the editor received an abject confession of all the crimes charged by the instrument maker, and he prints the following oburgation as a rare specimen of professional candour:—

"Your instrument maker was entirely right. The whole practice of medicine is based, to a certain extent, on deception, and these base arts poison a doctor's mind and destroy his sense of honesty.

"You are called to a patient, in nine cases out of ten you have to deceive him or the family, or both. You represent the disease is more serious than it is, in order to get more credit for its cure; or you pretend there is no danger, lest you create alarm, when you yourself are quite uneasy about it.

"Again, you are constantly asked by your patients and their friends numbers of questions which you cannot correctly reply to, because you do not and cannot know the answers. But you must not confess ignorance, nor even doubt, or else you are reported as a dull fellow at the corner grocery and the sewing circle. No, you answer positively and promptly, though you are lying, and you know it.

"Your competitors pretend to knowledge which they do not have; you must do the same, or else you lose business, through unfavourable comparisons.

"You are called in to help some friendly doctor out of a scrape. You do it through a series of deliberate deceptions practised upon the patient and the family.

"A mother insists you must prescribe for her children when it is clear they need no medicine. You write, for a placebo, mint water, coloured and sweetened, and you give

minute directions about administering it. You do your duty by your patient, but you have acted a lie, and your moral nature suffers for it.

"You cannot be expected, when you are in active, practice, to know every new-fangled instrument and remedy that comes out; but to hold your own you are often obliged to pretend to do so, or else run the risk of being crowded out by some new-fledged graduate.

"If physicians, in short, become habitual liars, I don't see how they can be expected to be anything else."

Whether this is a fair representation of the medical men of Philadelphia we must leave the Editor to say. Whether it has in it any *soupcion* of truth when applied to our confraternity at this side of the Atlantic we must remit to the judgment of our readers. At any rate, it is plain, emphatic, and uncompromising.

Professor Schutzenberger.

THIS gentleman, the greatest medical celebrity of Strasburg, has just died in consequence of an attack of pneumonia. Born in 1809, and appointed Professor of Clinical Medicine in 1845, Dr. Schutzenberger, although the subject of a painful disease, performed all the duties of his chair during thirty-five years, and became the centre of all medical activity at Strasburg, promoting every modern investigation, and raising the clinic of that Faculty into the first place in France. After the German occupation he struggled for a long time in the endeavour to still maintain a French medical school in the city with which he had been so long identified. His work on "Fermentation" is well known in this country.

Relief of Pains in Locomotor Ataxy.

FOR the relief of these, Prof. Vulpian recommends that compresses of many folds, after having been immersed in water and wrung out, should be moistened with a teaspoonful of chloroform and then applied to the painful parts and covered with oiled silk. They produce both a revulsive and anæsthetic effect, which relieves the pain. We may employ them also, or have recourse to chloroform ointment, in the case of neuralgia of nerves situated superficially, and in muscular rheumatism. If the cold of evaporation is sought to be obtained for local anaesthesia, ether should be substituted for chloroform.

The Mecca Pilgrimage as a Cholera Nidus.

THE Turkish Sanitary Commission has decided that, in consequence of the outbreak of cholera at Mecca, ships having on board pilgrims for the Mohammedan holy places shall not be cleared for the Red Sea ports. A Russian steamer from Odessa, arriving recently in the Golden Horn, was obliged to land a number of pilgrims before proceeding on her voyage.

Nerve Stretching in Tetanus.

MR. WHEELER stretched the median nerve of a female child, in the City of Dublin Hospital on Sunday last, who was suffering from tetanus caused by an injury to the middle finger of her right hand. Since the operation the abdominal muscles have relaxed, and the spasms have not been so frequent. The result is looked for with interest, being, we believe, the first time the operation has been performed for tetanus in Dublin.

The Annual Election at the Irish College of Physicians.

YESTERDAY, being St. Luke's Day, was the chartered election day of the King and Queen's College of Physicians in Ireland, and the occasion possessed unusual interest in consequence of the appointment of a "King's" Professor of Materia Medica fixed for that day, *vice* Dr. Aquilla Smith resigned. This is one of the chairs connected with the School of Physic of the University of Dublin, and the professorship has heretofore been usually combined with the clinical physiciancy of Sir Patrick Dunn's Hospital, though we believe there is no legal necessity for such connection. On this occasion the candidates are—Dr. Walter Smith, son of the outgoing professor, and Physician to the Adelaide Hospital, and Dr. G. F. Duffey, Physician to Mercer's Hospital and Lecturer on Materia Medica in the Carmichael School. For the Censorship of the College there was also a contest, three Fellows—Dr. J. W. Moore, Dr. C. F. Nixon, and Dr. Quinlan, having offered themselves as claimants for two vacancies. There were no applicants for the Fellowship of the College which, our readers will remember, is simply a co-option of a favoured applicant by the ballot vote of the existing Fellows, but the name of Professor Helmholtz, on whom the Irish College of Surgeons recently conferred its honorary Fellowship, was proposed for a similar honour on the part of the College of Physicians. Dr. George Johnston was to be elected President for another year, he having consented to accept the office in view of the present inability of Dr. Hayden to assume the presidency, to which he would certainly have been chosen if his health permitted.

As these elections were to take place on yesterday (Tuesday) evening, it is impossible for us to inform our readers of the result until our next issue.

Dr. Hayden, of Dublin.

WE are much gratified to be able to state that the almost unhopd-for change for the better in the very alarming condition of Dr. Hayden has been maintained, and, during the week, very satisfactory progress towards convalescence has been made. There is now every hope of Dr. Hayden's complete restoration to health.

The Royal Irish University.

THE matriculation examination of this University, respecting which we gave full particulars last week, will be held on the 6th of December, and Saturday last, the 15th, was the last day for sending in applications to be examined. It is stated that more than 100 persons have asked for forms of entry. No student who has already studied in another university can compete for prizes in a lower grade than that which he has attained.

Homœopathy and the British Medical Association.

THE *Lancet* states that at the Committee of Council of the British Medical Association, held on Wednesday last, a letter was read from the President of one of the branches of the Association, stating that a homœopathic practitioner in his neighbourhood had been admitted a member of the Association, and that unless his name was removed from

the list of members, he, the writer, would feel compelled to resign his membership. An earnest discussion ensued, in which the opinion was generally expressed that it was distinctly contrary to the laws of the Association to admit homœopaths as members, and opposed to the opinion and wishes of the Committee of Council. As, however, the expulsion of any of the members on account of homœopathic practice would give those individuals both notoriety and a quasi-grievance, it was considered best not to adopt the step suggested by the writer of the letter. A resolution expressing these opinions, moved by Dr. Husband, was carried; an amendment, moved by Mr. C. Macnamara, to erase the said individual's name receiving only very small support. This episode would seem to justify the protest which journals unconnected with the Association felt it necessary to record against the Bristow-Hutchinson tenets. The old saw that "there is no smoke without fire" is applicable. The Council of the Association may not approve of fraternisation with homœopaths, but, manifestly, there are many within its membership whose mouths water for the flesh-pots of homœopathic consultations.

DUBLIN Hospital Sunday will be held this year on November 13th.

It is stated officially that the nomination of Sir James Paget for the office of Rector of the Aberdeen University, is free from political bias.

A PURSE, containing 100 guineas, has been presented to Dr. S. Lewis, of Liverpool, as a mark of respect and in recognition of the value of Dr. Lewis's professional services, chiefly in connection with the Jewish schools in the city.

THE seventeenth anniversary festival of the Guild of St. Luke was held in St. Paul's Cathedral yesterday evening; the offertory being devoted to the funds of the guild. Seats under the Dome were reserved specially for the medical profession, of whom there was a fair attendance.

THE Treasurer of the Children's Hospital, Pendlebury, has received towards the funds of the charity £10,000 under the will of the late Mr. Wrigley. Colonel A. R. Naghten, late of Blightmont, has bequeathed £500 to the South Hants Infirmary.

THE dinner given by the London and District Medical Staff of the St. John Ambulance Association to Major F. Duncan, R.A., will be held at Limmer's Hotel, Conduit street, on Wednesday next, at 7 o'clock. Dr. Sieveking will preside. Gentlemen who have acted as Instructors to Ambulance classes at the various centres wishing to be present can obtain all necessary information from the hon. secretary, Mr. J. Cantlie, F.R.C.S.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Bristol 12, Norwich 13, Oldham 16, Brighton 16, Plymouth 16, Birmingham 17, Leicester 17, Sunderland 17, Nottingham 17, Bradford 17, Portsmouth

17, Edinburgh 17, Dublin 18, Sheffield 18, London 18, Leeds 18, Wolverhampton 19, Salford 20, Manchester 21, Hull 21, Liverpool 22, Glasgow 22, and Newcastle-on-Tyne 24.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 25, Bombay 26, Madras 35, Paris 23, Geneva 17, Brussels 20, Amsterdam 20, Rotterdam 19, The Hague 21, Copenhagen 20, Stockholm 18, Christiana 13, St. Petersburg 41, Berlin 22, Hamburg 20, Dresden 21, Breslau 26, Munich 27, Vienna 24, Prague 23, Buda-Pesth 30, Rome 29, Turin 22, Alexandria 43, Philadelphia 20, and Baltimore 26. No returns have been received from New York, Brooklyn, Venice, Lisbon, and Naples.

FROM diseases of the symotic class in the large towns last week scarlet fever showed the largest proportional fatality in Hull, Nottingham, Brighton and Leicester; during the past fourteen weeks no fewer than 253 fatal cases of this disease have been recorded in Hull, the 28 last week corresponding with the number in the previous week. The 32 deaths from diphtheria included 12 in London, 8 in Portsmouth, 5 in Glasgow, 4 in Edinburgh, and 3 in Birmingham. Small-pox caused 15 deaths in London and its outer ring of suburban districts, one in Salford, and one in Oldham; no fatal case of this disease was recorded in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENTS.)

ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.—The directors of this hospital have appointed Dr. D. J. Hamilton pathologist to the hospital, in room of the late Professor Sanders. They have also appointed Mr. R. MacKenzie Johnston, M.B., C.M., L.R.C.S.Ed., to be resident physician, in room of Dr. Hodsdon, whose term of office has expired.

GLASGOW.—COMBE LECTURES.—The first of the Combe Trust Health Lectures, in connection with the Glasgow United Young Men's Christian Association, was delivered on the 10th inst., by Professor McKendrick. He was accompanied to the platform by several distinguished philanthropists. The lecture was on "Bodily Waste and Repair," and was repeated in the National Halls, South Side, on the following evening. A series of such lectures by medical gentlemen in Glasgow has been arranged. The subjects in most cases are unobjectionable. We fear we cannot say the same for the lecture which is to be delivered exclusively to women. We doubt much the elevating tendency of a promiscuous meeting of prurient women to listen to prurient details regarding their sexual apparatus; and would have preferred that the lecturer should have selected some other subject, which would be equally efficacious as an advertising medium, and less objectionable.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday the 8th inst., were at the rate of 22 per 1,000 per annum, against 18 in the previous week,

and 22, 19, and 22, in the corresponding periods of 1880, 1879, and 1878.

FEVER IN DUNDEE.—The efforts of the sanitary authorities to stamp out fever in Dundee, are being attended with success. There are now no cases of typhoid, and no cases of typhus have been reported during the past fortnight. Scarlatina still prevails, but it is diminishing in extent and virulence.

THE ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At the meeting of the College to-day (Wednesday) the election of the President, Council, Examiners, and other officers will take place. The name of Professor Turner has been mentioned among others for the Presidency, but we believe that he has declined for the present the proposed honour. Professor Turner is a member of the Royal Commission on the Medical Acts, and his duties on that Commission and as President of the College are so diametrically opposite that he would find it impossible to be just to both. The Commission should, or rather ought to be, on the side of progress, whereas the College is on the side of stagnation, to which it clings as firmly as paludal miasm to a marsh. After the election of the President, who is proposed by the Council, and of course will be duly approved by the Fellows, the meeting will probably relapse into its normal condition. Fellows will be invited to elect the examiners, and to this request the former examiners will accede by electing themselves. Dr. Cathcart and Mr. Hamilton will be licensed, the one to teach anatomy, the other pathology, and after the election of new Fellows the meeting will be dissolved amid mutual congratulations. By the bye, we see that a Fellow proposed for election at a subsequent meeting only gained his license this year. It would be interesting to know on what grounds his claim to the Fellowship distinction. At a late meeting it was stated that the "Fellowship distinction" was conferred as a reward for merit and distinguished services; a nestling with its first feathers scarcely outside the skin can hardly claim much distinguished services to the parent nest.

STUDENTS' TEXT BOOKS.—It is the custom with most lecturers and teachers to point out to the students attending their classes the text books with which it is advisable they should make themselves acquainted. Some teachers err on the side of offering too many books, the result being a considerable expenditure of money on the part of parents, and a great source of gain to the second-hand booksellers, who are only too ready to pay a trifle for an uncut and unread book. But not to recommend a suitable text book is as grave an error on the other side, for all that an examiner can fairly expect of a student in a subject like pathology or indeed, any other, is, that he shall show a competent knowledge of some good text book which should be selected for him by his teacher. We learn, however, that the Professor of Pathology in the University of Edinburgh finds it impossible to recommend any English work on the subject to his class. We referred last week to the abuses which result from the practice of allowing teachers to examine their own pupils, and in this case it is not difficult to see what the result will be. If there is no book in the English language on Pathology suitable as a text book for the student his only alternative is to take out the Professor's class and take good notes in which he will be doubtless required to show some knowledge. The absence of a good text book may fill a class room, but it may also prove the last straw, and break the back of a system which is becoming perfectly vicious.

A NEW LECTURER ON PATHOLOGY AND ON ANATOMY IN THE MEDICAL SCHOOL, EDINBURGH.—Mr. D. J. Hamilton will

commence a course of lectures on Pathology this session, and, owing to his immense popularity among the students, will doubtless obtain a fair class. Mr. Cathcart, an old demonstrator at the University, will also lecture on Anatomy. Mr. Cathcart is a man of considerable culture, and we believe is very popular with the students.

THE EDINBURGH HEALTH SOCIETY.—This Society has been established to promote the observance of the laws of health in Edinburgh and the neighbourhood. A public meeting is to be held on Friday, Oct. 21st, the Earl of Rosebery in the chair. An imposing syllabus of lectures has been issued, which, if the novelty has not worn off, it is hoped will be attended with a like success to that of last year. The origin of the society is entirely due to the energy and public spirit of Mrs. Trayner, the wife of a well known Edinburgh advocate.

Literature.

A TREATISE ON DISEASES OF THE JOINTS. (a)

CHAPTER I. is headed Physiological Anatomy, and treats of the classification of joints, and of the elements of which bone is composed. "The cells of the bone are contained in the lacunæ, the cell walls lines the spaces, and the nuclei may be seen in them" (p. 3).

At page 11 the author, in describing cartilage, says "cartilage is a tough elastic material, of a semi-transparent bluish appearance, and easily cut with a knife. This entire chapter is of so very primitive a description, that we regret the writer did not omit it altogether, and refer to the various well-known students' class-books, describing the subjects which he attempts to treat under the head of physiological anatomy. In Chapter II. he gives an account of the morbid anatomy and pathology of synovitis, and clearly epitomises the appearances presented by the different joints. He says (p. 48), the deltoid looks fuller and broader than the norm (*sic*), or than the other side; this is best seen by seating the patient in a low seat, and looking down on the shoulders from above the humero-pectoral groove, is, at its upper part, nearly obliterated, or rendered indistinct; the depression at the back, below the acromion, is lost; the axilla appears to the finger shallower than usual. The reader is warned not to mistake inflammation of the sub-deltoid bursa for synovitis of the shoulder; this disease simply envelopes the outer parts, and broadens the deltoid without giving rise to the other signs mentioned. In like concise manner the elbow, wrist, hip and ankle joints, are disposed of. There is an accurate description given of fibrinous synovitis (p. 512), but the only joint the author has seen attacked has been the knee, and, probably, twice the hip; we, have, however, seen both these joints, and the ankle also, attacked with every symptom of well-marked dry synovitis. In the treatment of synovitis (p. 53), the author endorses and adopts the practice prescribed in all recent class-books of any worth. We have not, however, experienced the same success which he lays claim to in evacuating distended joints with the aspirator, and would caution the reader of p. 58 not to be too sanguine that the aspirator will, "almost at once," subdue the inflammation. We have known the very contrary to occur. In the treatment of synovitis, "*sicca*, p. 64," we have, in addition to the remedies recommended, seen great benefit, and complete relief from pain, result from the application of the cautery.

At page 70 the pathological changes which occur in suppurative synovitis, are accurately described, and M. Richez's observations are quoted, and at p. 76 the false position of joints and sub-luxations are considered. At p. 77 the symptoms of suppurative synovitis is fairly described, and the general and local treatment afterwards discussed; we can fully endorse all that the author says respecting the advantage of free incision in such cases, and of the advantages of antiseptic surgery, if by that he means absolute rest, drainage,

and cleanliness. In Chapter IV., inflammations other than those produced by local causes, are treated under the headings of "pyæmic joint disease," and that from the absorption of morbid matter. The difference between septicæmia and pyæmia, the author regards as only one of degree, and the cause of non-appearance of abscess in the former, merely a want of time for their formation. For the treatment of pyæmia the writer recommends the administration of quinine, and the sulpho-carbolates, and that the wound, if it be large enough, should be opened and washed out with a three or five per cent. solution of carbolic acid. If the source of the disease be a mere puncture, a probe should be passed along its track, and the opening enlarged until it can be thoroughly exposed to the action of the antiseptic lotion, p. 122. We may adopt the further measure of opening up the wound, and thoroughly cleansing it when symptoms of blood poisoning appear. We have no objection to the solution of carbolic acid alluded to, but have seen excellent results from thorough cleansing with a solution of chloride of zinc, and such agents, and without the employment of carbolic acid. In the employment of carbolic acid so extensively, our readers should keep before them the danger of poisoning by absorption. The following chapters on strumous synovitis, as well as rheumatic and gouty forms of the affection, well repay perusal, and the same may be, to a certain extent, said of the description, "pp. 267-408," of moveable bodies, and of arthritis deformans, although we have not been able to discover anything original, or that we have not seen before. In the XIV. Chapter the author treats of that most difficult subject, disease of the hip-joint. An articulation which, as he justly observes, is so important to the economy, but, at the same time, so deeply situated, that unlike the knee, or other joints, it is impossible by the finger to ascertain its condition as regards swelling and other conditions. He carefully describes the early symptoms of this formidable affection and foremost pain felt in the knee, and of this he gives the explanation of Bell, Brodie, Coulson, Richez, Stromeyer, and of Walther.

In confirmation of his own view that the pain is caused by periosteal irritation of the branches of the crural nerve, he gives a typical case of Sir Edward Holme, where an exactly similar pain was caused by a femoral aneurism, and was at once relieved by reduction of the aneurismal tumour, consequent on deligation of the artery. Death having ensued in consequence of venous inflammation, it was found that the aneurismal swelling terminated exactly at the seat of pain, and that there was stretched upon it a mesh of small twigs of the crural nerve. This case appears to us to afford distinct pathological proof of the accuracy of the author's ideas in this respect. The subject of shortening real and apparent is next discussed, and the author's views illustrated by neat woodcuts, and if there be little that is novel in his explanations, the subject is clearly and correctly set forth, and the same may be said of the question of coxalgic abscess. The author now puts forth, and suggests that phimosis is a leading cause of hip disease in male infants, and vaginal irritation in females, and rests his views upon tabulated statistics; it appears to us, however, that this point is one requiring further inquiry. He describes *seriatim* the mode of distinguishing hip-disease from various affections simulating it by careful gentle rotation of the thigh, while the patient's attention is otherwise engaged; in fact, he describes the plan recommended by Mr. Butcher, and also by the late Mr. O'Farrall, for the comparative diagnosis of hip-disease for periostitis of the upper third of the femur, which, in many respects, so closely resemble it; the chapter concludes with various methods of treatment, which are all well, and clearly enumerated. The XV. Chapter treats of sacro-iliac disease, of which the author describes two forms, one purely vertebral, and the other occurring in the joint between the sacrum and the os innominatum, and for this rather obscure affection, he gives the symptoms and means of differential diagnosis.

The next chapter treats of synovial and thecal enlargements, foremost among which the author places the well known "housemaid's knee," both in the early stage curable by blistering, or even by iodine and pressure; and in its more advanced stages, when the walls of the bursa have become thickened by successive laminated deposits so as to reduce, and even abolish the central cavity; this form of tumour must be dissected out. We cannot agree with the writer that "all danger from suppuration will be avoided by performing the operation antiseptically, although we quite admit that antiseptic precautions will lessen the chance of suppuration, provided the surgeon does not irri-

(a) "A Treatise on Diseases of the Joints." By Richard Barwell, F.R.C.S., Senior Surgeon and Lecturer in Surgery, Charing Cross Hospital. Second Edition, Royal 8vo, pp. 690. London: Macmillan and Co. 1881.

tate the wound inflicted by a hurtful and irritating spray of carbolic acid. The author describes the ganglia in connection with the tendons of the hand, and gives the well-known method of determining whether they communicate with the joints or not, by watching whether they empty on pressure and then refill. He properly stigmatises as barbarous the custom, now more honoured in the breach than in the observance, of curing them by a sharp blow of a book, or other hard object, and recommends evacuation by subcutaneous incision. He describes a number of the bursal enlargements of the arms and legs. There is an instructive chapter on hysterical simulation of diseases of the joints, but we feel rather inclined to take exception to the statement of our author that this form of hysteria is more common in unmarried women of over forty-five than under twenty-eight; in our experience the period extending from puberty up to thirty or thirty-five is that most subject to the affection in question. The diagnosis and treatment is given at length, but there is nothing novel in them, and some points not sufficiently dwelt upon. The next chapter treats of the restoration of crippled joints, and is by far the best portion of the whole work. All the ordinary forms of crippling of the various joints are set forth at length, as are also the appropriate methods of relieving each by extension and anaesthetics, or by other means, including subcutaneous section of the bones, as practised by the American surgeon, Rhœa Barton, in 1826, and subsequently by numerous operators on both sides of the Atlantic. This department of surgery has been too much invaded by metropolitan bone-setters, and we are glad to see it now treated in so practical and scientific a spirit. A short but interesting chapter is given on genu varum and valgum, and the operations incidental thereto, but it appears to us that the author has not realised the liability to relapse after apparently successful operations.

The whole work concludes with a careful and exhaustive summary of the precise state of our knowledge on that most important branch of surgery—the resection of joints. The author starts from the classical case of resection of the knee by Paake, of Liverpool, in 1781, who, it appears, was anticipated nearly twenty years by another British surgeon, and goes, *seriatim*, through the resection of various joints, pointing out their diseases and circumstances in which they are suitable, and the treatment and precautions necessary in each instance. It would be manifestly impossible in the limits of a review to criticise the details of a subject so vast, and one upon which most eminent surgeons are in many respects divided in opinion, without committing ourselves to all the author's views. We feel bound to say that the summary is a good and practical one, and will command the approval of the educated surgeon.

Upon the whole, we consider the present volume a useful contribution to practical surgery. In some points it is wanting, and would be considered commonplace; it is, however, the outcome of a practical clinical writer, and some will arise from its perusal with profit.

Correspondence.

NOTIFICATION OF INFECTIOUS DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I very much regret that I was unable to attend at the meeting of the Social Science Congress to take part in the discussion on the Notification of Diseases Bill.

I was particularly anxious, as having made it my business since the debate on the subject in the Irish Medical Association in June, to collect the opinions of my friends in the country on the subject. I could have stated that I had not spoken to one who wished for the compulsory clause, or to one who was not opposed to it.

I should also have borne witness to the fact that not one put forward his own interest in the matter; as a reason for opposing it, all at once said it would be unfair to their patients.

I will not lose time by defending the profession against a

charge of being unwilling to sacrifice their own interests to the good of the public. The history of the profession answers this charge, and I may repeat what Lord Derby so well expressed a few days since at University College—that there is no profession which make such sacrifices to the public well as the medical profession. Nor can they be charged as being backward as promoters of sanitary measures, who have, through so long a period, being the unpaid advisers of the public in season and out of season, in all measures tending to the promotion of health.

I must, sir, at once deal with a point of practical importance. Dr. Moore holds out the bribe of a pound fee for each notice served. How could we expect a fee of such an amount from a public that not long ago thought one shilling sufficient remuneration for each case of vaccination, and which daily wrangles over every claim made for payment, when the medical man has to attend cases of vaccination prosecution! How can we expect the public to pay even two shillings and sixpence for each notice when they compel medical registrars to write 160 words for one shilling, and give copies of registration for sixpence? Let no medical man think that he will make money by this compulsory notification, except, perhaps, during the pressure of some urgent epidemic, when he might be more profitably employed. When the first registration bill was introduced, the Irish Medical Association vigorously opposed the compulsory notice of death until the penal clause was withdrawn, and I trust we will be firm in now resisting a similar indignity.

The profession owe Dr. Jacob deep thanks for his vigilant care to prevent this bill from being forced on us, at all events, without our knowing what was being done; and it, therefore, becomes all who think with him to promptly give him evidence of the wish to support him. If every medical man, who is unwilling to yield to the wishes of over-fussy sanitarians, would send him a post-card, expressing on it their dislike, it would strengthen his hands very much, and give them very little trouble.

Dr. Cameron, in his omniscience (and for his varied accomplishments I have great respect), thought fit to tell Dr. Jacob that, though respectable in his own department, he was ignorant of sanitary matters; but we know that when a man of Dr. Jacob's talents and energy takes up a subject of this kind, he is as likely to attain sufficient knowledge of it; and we country doctors place our interests in his hands with every trust that they will be carefully looked after.

I am, Sir, yours, &c.,

JAMES MARTIN, F.R.C.S.

Portlaw, Oct. 8th, 1881.

MR. BURDETT ON HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read in your columns (Oct. 12th), a paper brought before the Social Science Congress by Mr. H. Burdett, on Hospitals, with the utmost astonishment, and hasten to contradict a portion of it most emphatically.

As one of the Grand Committee of St. Thomas's Hospital, I beg to inform Mr. Burdett, and your readers, that there is no friction between the treasurer and the staff. That everything works there in the most amicable manner. The treasurer takes the staff into his confidence, and is guided by them on all matters connected with the medical welfare of the hospitals.

The internal management is carried on with the assistance of a house-committee of six, two of which are appointed by the staff, and the best interests of the hospital are confided to their care, no alteration being initiated in any way in the internal management of the hospital, which has not first met with the approval of the house-committee, or has been first recommended by them. For some years past the

annual dinner of the school has been held in the Hall of St. Thomas's Hospital. The dinner has been attended by the treasurer and some of the governors, and if Mr. Burdett had been present, either at the last, or the preceding dinner when I had the honour to preside, he would have recognised the popularity of the treasurer in the applause with which his name was greeted by the students and the staff when his health was proposed by the Chairman. I hope Mr. Burdett will hasten to correct the wrong impressions which his paper is calculated to produce.

I am, Sir, yours, &c.,

ALFRED CARPENTER, M.D.

Croydon, Oct. 15th, 1881.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—In speaking of the hospital distribution of the metropolis, in his late interesting communication in your last issue, Mr. Burdett makes one omission, which I trust you will kindly allow me to supply. This is, that the north of London, with one million inhabitants, possesses but one hospital, viz., the Great Northern, with 38 beds. Until lately this statement was correct, but about three years ago the institution, known as the North West London Hospital, was started to supply the pressing wants of the not very wealthy and crowded districts of Hampstead, Kentish and Camden Towns.

This hospital contains twenty-six beds, which are always full, and is now furnished with all modern improvements and new specialities for the successful treatment of disease. The out-patients number daily about 80, from each of whom, unless when recommended by a subscriber's letter, or when urgency presses, a small payment of sixpence or a shilling is demanded. This plan preserves the independence of the sick, and helps the funds of the hospital. The medical men, however, here, as elsewhere, give their time gratis.

I remain, Sir,

Your obedient servant,

A PHYSICIAN TO THE HOSPITAL.

Oct. 16th, 1881.

SHAMPOOING IN LIVER ENGORGEMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—In your last issue you draw attention to the treatment by Dr. Durand Fardel, of hepatic engorgement of an intermittent form, by the continuous use of what he calls the *massage* or shampooing, and which is really a process of kneading, or a combination of gradually applied skilful friction. Now Sir, there is nothing new in this, as you will see by a perusal of the accompanying pamphlet, "The Burmese, what do they know of medicine"? which I published in 1875. After drawing attention to the far too numerous branches into which the profession in Burmah, as with ourselves, is cut up, the following passage occurs:—"And lastly there are the Aneiktee (from Neiktee, to press), or shampoo as it is called in India. This pressure or shampooing is quite an institution in Burmah, and deserves a word of notice, as it is practised here much more scientifically, if I may use the expression, than in India. The different tendons, nerves, and *internal viscera* being stimulated into functional activity. It is the first curative process invariably had recourse to, and in addition to other treatment is continued almost without cessation to the termination of the disease. For instance, if a man feel quite exhausted and send for a doctor, two or three people would be set to shampoo him; if he has a pain in his head or is distressed in mind, the back and sides are shampooed, and if a woman is being delivered, even then she is shampooed. I have heard of a girl suffering from liver disease being cured after twelve hours continuous shampooing by an adept who received 200 Rupees for his fee. This practice was introduced from Manipur."

Since the above was written, I have had opportunities of testing for myself, on several occasions before leaving Burmah the value of this mode of procedure. It must not be applied without some caution. It should never be used in acute congestion, in perhepatitis, or in commencing inflammation. In such cases I have however, seen it practised by the native physicians, and with grave results, though often followed for a short time by a sensation of ease and relief, thus enabling the doctor, by attributing

any aggravation of the disease to its original severity rather than to the unsuitability of the attempted cure, to come off, not only with some *eclat* in the eyes of his patients, but of an ignorant man, with complete satisfaction to himself.

Under the conditions referred to by M. Durand Fardel it can do no harm, and is often undoubtedly attended with very good results. In a doubtful case the temperature will give valuable indications, for in my opinion it should never be had recourse to if that is ever so little above the normal.

But it is as a preventive of serious hepatic disease among sedentary or epicurean Europeans in the tropics, or, for that matter, in the land of their birth, who, either occasionally, frequently, or continually, experience a sense of fullness in the liver, that I wish to draw attention to the benefits they are certain to derive from the frequent practice of an experienced shampooer. Perseverance in such a course for the purpose of precaution will not, I am afraid, be submitted to by many. Yet, unless for the time involved and the slight expense, it has no drawbacks. As regards the *operates* (if I may use the expression), it is attended with a sensation of passive pleasure, and confers all the temporary benefits of Carlsbad or Cockle without any of their drawbacks. In the interest of the patients themselves, and for the sake also of giving the kneading a fair trial, the advice of a physician should be invariably taken.

Your obedient servant,

D. H. CULLIMORE,

Formerly Residency Surgeon at
Mandalay, Burmah.

Connaught Sq.,
London.

15th October, 1881.

Guy's Hospital.—At the opening of the Winter Session last week the following medals and prizes were distributed by the President: Gurney Hoare Prize—Edwin A. Starling. The Treasurer's Gold Medal for Surgery—Lockhart Edward Walker Stephens. Beaney Prize—Edwin A. Starling, St. Leonards-on-Sea. Michael Parris Prize.—Albert Martin. *Third Year's Students*.—Thomas Carr, First Prize, £35. William Thomas Frederick Davies, Second Prize £20. Walter Thomas Harris, Ipplepen, John Oacroft Littlewood, and John Henry Booth, Certificates. *Second Year's Students*.—Albert Martin, First Prize £25. Arthur Ernest Larking, Second Prize £10. Francis Heatherley, John Herbert Hawkins Manley, Thomas Hugh Miller, and Allan Gleisyer Minns, Certificates. *First Year's Students*.—George Elliot Caldwell Anderson, First Prize, £50. Reginald Maurice Henry Randell, Second Prize £25. Alfred Herbert Tubby, Ernest Willmer Phillips, and William Henry Bowes, Certificates. Open Scholarships in Arts, 1880—Richard Moody Ward. Open Scholarships in Science, 1880. Henry Walter Pigeon. Open Scholarships in Arts, 1881.—Albert Edward White. Open Scholarships in Science, 1881.—John Wychenford Washbourn.

St. Mary's Hospital Medical School.—Mr. A. R. S. Anderson has obtained the Scholarship in Natural Science, tenable for three years:—£75 the first year, £50 the second year, £25 the third year. Mr. W. Williams has obtained the second:—£60 the first year, £25 the second, and £15 the third.

NOTICES TO CORRESPONDENTS.

E. T. T.—When the articles originally appeared the subject was, for the first time, attracting general attention; since then numerous cases have been reported in this country, and the object of the later papers is to explain and illustrate not only the symptomatology, but, as far as possible, the pathology also of the condition. The publication is at present only in French, and can be procured through Messrs. Baillière, Tindall, & Cox.

A FATHER.—You are not by any means the only one thus deceived. If you press for a recognition of the service you will probably succeed.

DR. A. H. will please receive our best thanks for his kindly interest in the success of the journal.

GERM INOCULATION.—A correspondent having read Dr. Cameron's interesting paper on this subject in our last issue, thinks he has not done Dr. Bowdin justice in omitting to mention this author as the source of a good many of his facts.

INDIAN APPOINTMENT.—We are frequently asked by correspondents for information how to procure appointments in India and the Colonies. One such is offered in our advertising columns of present issue. A medical officer is wanted in India by the Wynaad Gold Mining Board who must have some experience in the treatment of tropical diseases. The salary is £700 per annum, and the engagement for three years.

MR. NEBBITT.—You will find all the information you require in our "Students' Number," Sept. 26th.

DR. MILWARD.—Thanks, the information will be valuable later on when we revert to the subject.

A PRUDENT.—Bryant's, Erichsen's, or Gant's "Surgery," either will answer your requirements, and all are reliable. Gant's "Guide to the Examinations" will also be useful.

HACKNEY SMELLS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 12th October there is a statement that I have received numerous complaints respecting oppressive smells from the Hackney sewers, and that neither our local authority nor the Metropolitan Board of Works has taken action in the matter.

I have to call your attention to a letter of mine in the *Daily Telegraph* to the effect that the Metropolitan Board, to whom the sewer belongs, has taken action against the firm causing the nuisance; that several adjournments have taken place, and that the case stands for hearing on the 20th inst., when it is expected that the works necessary to prevent the nuisance for the future will have been completed.

Faithfully yours,

JOHN W. TRIPLE, M.D.,
Medical Officer of Health for the
Hackney District.

INDIAN MEDICAL SERVICE CANDIDATES.—We are informed that the next examination for appointments will be held in London in February next. Copies of the regulations may be had on application to the Department, India Office, London, S.W.

MR. BERRY (Wigan).—Your communication is marked for an early number.

SYRUPUS HYPOPHOSPHITUM SEX.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly correct a typographical error in your notice of our *Syr. Hypophosphitum Sex* in your impression of this date. The analysis shows the presence of 1-8th grain of strychnine in each ounce, instead of 8-10ths as printed.

Yours faithfully,

ANDERSON & ADAMS.

68 Grafton Street, Oct. 12, 1881.

A TREATISE ON ANATOMY BY A NEW AUTHOR.

ANATOMY, oh Science to Sages delighting
To students of subjects the most uninviting,
Erat while the diploma all labour will sweeten,
We never, oh never confessed "we are beaten"
And now my young friends at your subject begin
By removing integument, otherwise skin.
And then you come down on some fascia and fat,
Nerve filaments, arteries, veins, and all that.
Still deeper are muscles, all sorts and all sizes,
Take a note, if you please, where each one arises—
Flexors, extensors, levators, constrictors,
Adductors, abductors, pronators, and sphinctors.
And now for a space let me claim your attention,
You'll remember I know all the things that I mention.
There are four little recti attached to the eye,
The femoral rectus is found on the thigh,
The rectus abdominus lies on the paunch,
While recti capitis from occiput branch.
Flexors in front of the carpus you'll find,
Extensors—still carpal—situated behind,
Quite other the "tip" for the foot you must know
Extensors of tarsus are flexors of toe.
You look on the shoulder for two heads of the biceps,
While beneath and behind are three heads of the triceps.
The pectorals cover the front of the sternum
By raising an arm you all can discern them.
Intercostals, my friends, you'll remember their place is
Betwixt rib and rib to fill up the spaces.
The gluteal muscles give strength to the hip,
While sphinctors compress both the anus and lip.
Behind in a gutter, on your back and mine,
Lie a thick mass of muscles, erectors of spine;
While again, both in man and his cousin the Lemur,
The adductors all cling to the lines on the femur.
The diaphragm crosses the trunk like a wall,
And keeps up your heart if it's given to fall.
(N.B.—The last phrase is not quite anatomical,
But a fellow to rhyme must at times do the comical.)
I've no wish, my dear friends, that you'd quote me *verbatim*,
The examiner might fancy you'd next want to "bate" him.)
In the thorax above are the heart, lungs, and pleura,
With aorta and ducts coursing down 'twixt the crura.
Beneath you have pancreas, liver, and spleen,
With coils of intestine oft laried between.
Not forgetting the stomach, duodenum, and colon
(My "sowl," how we'd puzzle the lawmaker Solon).
I hear some one mutter a hint to be smart,
Here goes. A "post-mortem affair of the heart."
This organ, my friends, you're aware, sends the blood
Right over the system in one endless flood,
Through arteries, so tortuous, down to the tissues,
Where it's caught up again by the veins at its issues,
And carried by them back again to the heart,
You'll see it all mapped out in—somebody's chart.
Auricle, ventricle, each right and left.
And before and behind is a fissure or cleft;
Within are seen valves to stay regurgitation,
I'll show them some day by a clear demonstration.
To ten points the clock—my colleague Doctor Jones
Will lecture to-morrow, at noon, on the bones.

—E. J. B.

THE INTERNATIONAL MEDICAL CONGRESS MEDAL.—The Secretary-General, Sir Wm. MacCormac, writes us that there are still a few of the medals which were struck in commemoration of this great gathering in London, to be had at the nominal sum of half-a-guinea, should

any member of the profession desire to possess himself of this souvenir of a never-to-be-forgotten Congress. Applications for these should be at once made to the Secretary-General's address, 13 Harley Street, London, W.

CHEMISTS' AND DRUGGISTS' (IRELAND).—W. L. M. asks: 1. Has any person who was practising as a chemist and druggist in Ireland before the passing of the Pharmacy Act of 1875 could now get registered as a chemist and druggist under Clause 31? 2. What is the address of the Registrar, and the amount of fee for registration?

[1. There is no registration of chemist and druggist in this country. Clause 31 was permissive with the Council, and they decided upon having no chemists and druggists. If anyone was in business before the passing of the Act his rights are reserved, but it is illegal for a new man to start as a chemist and druggist, even if he does not compound. 2. Mr. Fennell, College of Physicians, Kildare Street, Dublin.—Ed.]

FARMAR AND SEALEY FUND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It will be remembered that when the reports of the disaster at Majuba Hill on the Transvaal border reached this country public attention was called to the admirable manner in which certain medical officers and men of the Army Hospital Corps had distinguished themselves by their efforts to assist and protect the wounded under the peculiarly trying circumstances of that sad occasion. The gallant conduct of Corporal Farmar, A.R.C., was particularly brought to notice in the official despatches, and this non-commissioned officer has since had the special honour of receiving the Victoria Cross at the hands of Her Majesty the Queen at Osborne. When Corporal Farmar and another man of the Army Hospital Corps, Private Sealey, who had also made himself conspicuous by his attention to the wounded, and who, like Corporal Farmar, had been severely wounded himself while dressing them, reached Netley, it was found that both men had become incapacitated by the effects of their wounds for active manual exertions in the future. With the permission of the Director General of the Department, a subscription was then started by some of the medical officers, and officers, non-commissioned officers, and men of the Army Hospital Corps, with a view to supplement the Government pension which the two disabled men would receive in regular course on their discharge from the service; and my object in now writing is to state that this Fund, which at present amounts to £78, must shortly be closed. In the meantime, any additional subscriptions to the Fund may either be sent to the address of Surgeon-General Shelton, Head of the Medical Branch, 6 Whitehall Yard, who has kindly undertaken the trouble to collect subscriptions, or to myself, and I shall, with your permission, report hereafter the total amount of the Fund, and the manner in which it has been distributed.

I am, Sir, your obedient servant,
THOS. LONGMORE, S. GL., R.P.,
Prof of Mil. Surgery.

Netley, Oct. 10th, 1881.

P.S.—As the wounds of both Corporal Farmar and Private Sealey present some features of surgical interest, I send a short report of them. [These reports will be found on page 342.—Ed.]

Vacancies.

- Abbeyleix Union.—Medical Officer. Salary £80. Election, Oct. 25.
Birmingham General Dispensary.—Resident Surgeon. Salary, £150, with an additional allowance of £30 per annum. Applications to the Secretary before Nov. 14.
Bradford Infirmary.—Dispensary Surgeon to visit patients at their homes. Salary, £100, with board. Applications to the Secretary before Oct. 25.
Bristol General Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary by Nov. 5.
Manchester Dispensary for Sick Children attached to the General Hospital.—Visiting Medical Officer. Salary, £150. Full particulars of the Secretary.
National Dental Hospital College.—Dental Surgeon and Lecturer in Dental Surgery. Candidates must possess the I.D.S. Eng. Applications to the Secretary, 149 Great Portland Street, London, W., by Oct. 25.
Rathfrum Union, Annamore Dispensary.—Medical Officer. Salary, £120. Election, Oct. 22.
Richmond Hospital, Surrey.—House Surgeon. Salary commencing at £80, with board. Applications to the Secretary before Oct. 22.
St. Thomas's Hospital, London.—Assistant Physician on the Staff. Fuller information on application to the Secretary.

Deaths.

- CURTIS.—Oct. 7, at Alton, Hants, William Curtis, M.R.C.S., in his 76th year.
HUGHES.—September 30th, Dr. Thomas Hughes, Oranmore, co Galway.
MAHAFFY.—Oct. 8, at Maidenhead, Berks, Surgeon-General E. Mahaffy, M.D., C.B., late of H.M. Bombay Medical Service.
MERRITT.—Oct. 2, at Beckford, Gloucestershire, William Gwillim Merrett, M.R.C.S., late of London, aged 87.
MURPHY.—On September 1, after a few days' illness, at Fort Labore, India, Surgeon-Major Robert Murphy, Army Medical Department, younger son of M. E. Murphy, Esq., of Limerick.
RAWSON.—Oct. 12, at Barrowville, Carlow, Thos. J. Rawson, M.D., aged 72.
SEXTON.—Oct. 11, at Hong-Kong, China, Septimus Sexton, M.D., Staff Surgeon, H.M.S. *Maggie*.
SIMPSON.—Oct. 18, suddenly, in Scotland, George A. Simpson, M.D. of Highgate, London, aged 36.
THOMPSON.—Oct. 3, suddenly, at 22 Hardwicke Street, Dublin, William John Thompson, M.D., M.R.C.S.E., aged 75.
WHITING.—Oct. 8, in London, suddenly, of heart disease, John Whiting, M.R.C.S., Surgeon of British India s.s. *Chryseus*.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 26, 1881.

CONTENTS.		PAGE	PAGE	PAGE
ORIGINAL COMMUNICATIONS.				
Stimulants in Workhouses—II. The Beer Allowance to Healthy Inmates. By Norman Kerr, M.D., F.L.S.	359			
Notes from a Country Practice. By Carey Coombs, M.D. Lond.	362			
Animal Vaccination. By Charles Cameron M.P., President of the Health Section of the Social Science Congress	363			
CLINICAL RECORDS.				
Huddersfield Infirmary—Acute Synovitis of Knee, treated by Aspiration of the Joint and Subsequent Application of the India rubber Bandage. Under the care of Mr. Knaggs. Reported by Mr. Norman Porritt, House Surgeon	363			
Royal Victoria Hospital, Netley—A Case of Extensive Ulceration of the Thigh caused by the Hypodermic Injection of Quinine. Under the care of Dr. G. Harrison Younge, A.M.D.	364			
SPECIAL.				
France—Inoculation in Pleuro-pneumonia—Incision of the Pericardium—Injection of Phenic Acid in Hemorrhoidal Tumours—Tapping in Hydrocephalus—Infanticide	365			
LEADING ARTICLES.				
FILARIA SANGUINIS HOMINIS	365			
THE ROYAL COMMISSION ON MEDICAL REFORM	367			
OPHTHALMIC TEACHING IN DUBLIN	367			
NOTES ON CURRENT TOPICS.				
Manchester Royal Infirmary	368			
Action of Digitalis on the Cardiac Rhythm	368			
Testimonial to Mr Cantlie, F.R.C.S.	368			
Elimination of the Pancreas	369			
An Ancient Pharmacy	369			
Edema Glottidis	369			
Carbolic Acid for Carbuncles	369			
Guy's Again!	370			
The Irish College of Physicians	370			
Celluloid	370			
Action on the Fœtus of Medicine taken by the Mother	370			
Society for the Relief of Widows and Orphans of Medical Men	371			
Health of Dublin	371			
Surgical Society of Ireland	371			
Nocturnal Enuresis of Children	371			
Military Officers on Medical Duties	371			
Consultation with Homœopaths	371			
Poisonous Patent Medicines	372			
The Entries	372			
Indian Medical Items	372			
Vaccination Fees for Workhouse Surgeons	372			
SCOTLAND.				
Election of President of the College of Surgeons—Edinburgh University Court—Edinburgh Health Society—Examinations at the College of Surgeons, &c.	373			
CORRESPONDENCE.				
Mr. Burdett on Hospitals	374			
The Bath Hospitals	374			
Notification of Infectious Disease	374			
Consulting with Homœopaths	375			
Vaccination	375			
LITERATURE.				
Anti-Vivisection Essays	376			
OBITUARY	377			
NOTICES TO CORRESPONDENTS	378			

Original Communications.

STIMULANTS IN WORKHOUSES.—II.

THE BEER ALLOWANCE TO HEALTHY INMATES.

By NORMAN KERR, M.D., F.L.S., London.

In many workhouses it is the custom to give an allowance of beer, or other alcoholic liquor, to paupers who are not sick, while employed at various kinds of labour in "the house." An indoor pauper, for example, has to clean a few windows every day,—a task so arduous, a labour so severe, that many Boards of Guardians have deemed it requisite to support the strength of the hardly wrought, healthy inmate, by a pint of stout daily. This practice at once raises the question as to the need for the use of alcoholic drinks in health, and has nothing whatever to do with the administration of alcoholic liquors to the sick poor in the treatment of disease.

Are intoxicating liquors, then, to persons in ordinary health, a necessity, or a luxury? With the light that has of recent years been thrown upon the nature and effects of alcohol, there ought to be little difficulty in solving this problem. The living human frame is constantly losing substance, heat, and force. For any article of diet to be a necessity of healthy existence, such food, or such drink, must aid in repairing one or more of these losses.

Can intoxicants supply material to the body? They cannot. Containing no nitrogen, they cannot present us with flesh. Neither can they give us one drop of blood, one nerve cell, or one particle of bone. By the interference of alcohol with the natural functions, the elimination of effete matters from the body may be retarded, and, by the accumulation of these impure products within the economy, we may increase in bulk. This is not health: it is a diseased condition. No sound material does alcohol contribute to the healthy human organism.

Can alcohol supply us with fresh stores of heat to replace the loss that is ever taking place during life? There is no evidence to show that it can. The results of a vast number of experiments, made in all conceivable circumstances, go

to prove that, after an evanescent rise, the temperature goes steadily down. It is true that the surface temperature may be increased; but the internal temperature is *pari passu* decreased—the heightening of the temperature on the exterior being at the expense of the temperature of the interior. Our Arctic heroes found out the truth of this long ago, those who like Sir John Richardson best endured the extreme cold, recognising their extraordinary power of endurance to be the reward of their total abstinence.

If alcohol furnish us neither with healthy substance, nor with vital heat, can it not yield us new supplies of force? The excitement usually occasioned by alcohol is often mistaken for genuine power, but it is well known to physiologists, that the muscular strength is thereby lessened. Carefully conducted experiments have conclusively demonstrated this. So thoroughly alive are the commanders of ocean going vessels to the depressing influence of alcohol on the nervous system, and to its potent influence in the impairment of muscular power, that, when in severe weather they offer the inducement to their crews of a glass of grog, they take care that the reward is not served out till the immediate work is accomplished.

May, however, alcohol as a liquid, not yield us the fluid we are ever rapidly losing, and which is so essential to the due consistence of our tissues, the preservation of our personal identity, the conveyance of the plastic elements, and our natural automatic cleansing process. For all these indispensable objects, alcohol is valueless; not only so, but every addition of it to the fluid which alone can serve all these wise purposes, can be regarded as nothing but an adulteration.

Such is the verdict of science. And her testimony is corroborated by the evidence of experiment. The experience of some 10,000 men in our Indian army, of some 15,000 members of Her Majesty's forces at home and abroad, and of a vast multitude of persons of both sexes in every rank and condition in life, and in all climes, bears indisputable witness to the truth. Nothing can be clearer than that alcohol is not a necessity of healthy life. It is pleasant undoubtedly, once the taste for it has been acquired. It drowns care, and brings for a time the solace of oblivion to the suffering and the sorrowful. It is thus not a necessity

but a luxury—a luxury which cannot be enjoyed without being paid for, by a favoured few hardly at all, by large numbers at a very high price.

Alcohol, then, being but a luxury, always to be paid for, and rarely if ever indulged in except with some risk, is it right that paupers who are not ill should be supplied with this unnecessary and dangerous luxury, while many of the ratepayers, who have to bear the cost of these parochial luxuries, have a hard struggle to pay their rates? How many struggling taxpayers are there on the verge of pauperism, who cannot afford to purchase for themselves the luxuries they are at present called upon to present to fairly healthy paupers. In some workhouses this practice has been discontinued with most satisfactory results. In the parish of St. Marylebone, London, for example, £300 a year has been saved for the last six years, with no detriment to health, and with great benefit to the discipline of the house.

It may be said that this is the medical officer's business, and that all the responsibility for the beer allowance to inmates who are not unhealthy lies on him, his signature being essential to the confirmation of the allowance by the Local Government Board. This is, in a sense, true, but the necessary signature of the medical officer in such cases is, so far as he is concerned, purely formal. If it is the custom to give this allowance of intoxicants to paupers not sick, the medical officer is expected to sign the book as a mere matter of routine, and it would be difficult, if not impossible, for him to withhold his signature.

That the medical officer is not responsible for this practice may be seen from the following extract from a Glasgow paper:—"Bailie—gave notice of motion that all spirituous liquors supplied, other than those given by the medical officer's orders, shall be marked in a book to be kept by the governor, date, quantity, and name of party so supplied."

The manner by which this beer allowance to paupers not sick is legalized, is clearly shown in the following newspaper reports of proceedings at meetings of the Halifax and Westminster Boards of Guardians. Halifax—"Mr. —, in moving that no beer or other spirituous liquor of any description be allowed to any but sick paupers, and in all such cases only by special order of the medical officer, said the doctor informed him that hitherto the visiting committee had had power to order beer for able-bodied paupers in the house, but the sheets had been taken to him (the doctor) at the end of every quarter and he had initialled them. The very fact of the doctor initialling the sheets made the payment for the beer legal." Westminster—"The doctor was prepared to show the Board a large packet of orders written by the master and matron calling upon him to give porter to some inmates employed in some occupation in the workhouse. The medical officer would be very glad if they relieved him of entering all these names in his book. Mr. R — asked whether all the people whose names were on the list did work? Mr. B — replied that most of them did, and the others were under the doctor."

The following report of a part of the proceedings at a meeting of the Paddington Guardians affords also a clear exposition of the state of matters in many other workhouses:

"Dr. — was examined before the committee, and it appeared there were certain rules which the doctor found in existence which gave inmates over 60, and those working in the wood shed and in the laundry, a claim to the beer. The committee recommended that they should discontinue the issue of the beer in that old way, and allow it to be given only medicinally.

"Mr. F — said he understood it was illegal to give beer without a medical certificate, and he would like to know whether in Paddington beer was given according to the medical requirements, or because the people were over 60 years of age.

"The Chairman—There were 212 persons having beer in the house not being necessitated by an infirmity order.

"Mr. D — said the guardians for a long series of years

had been acting illegally, and they should stop it at once.

"Mr. F — said he had communicated with guardians of other Boards, and he found it was not usual to give beer except upon a medical certificate. In fact, it was illegal to do so.

"Dr. — said the present system filled the medical officer's books with cases that ought not to be there."

That this practice has not been confined to England and Scotland would appear from the following newspaper extract with reference to an Irish workhouse:—

"At yesterday's meeting of the South Dublin Board of Guardians it appeared that porter and whiskey were allowed to their inmates besides the sick and lunatics." This meeting took place some years ago, and whatever the practice formerly, I am informed by the master of the workhouse in question that healthy paupers engaged in work do not now get stimulants of any kind. Dr. Evory Kennedy, J.P., in his report on stimulants to the guardians of the South Dublin Union in 1878, testified on the authority of the clerk, that "intoxicating stimulants were dispensed to healthy servants, for various duties in the ward and about the workhouse premises, and not ordered by the medical officer."

Carefully looking over the House of Commons Return of 21st of March, 1871, one cannot help admiring the comprehensiveness of the pretexts on which the beer allowance has been granted to able-bodied paupers. Private families have constant trouble through the drinking habits of women who are occasionally employed to assist in washing; but many English unions appear to have thought it needful to treat their washerwoman to a more or less generous supply of malt liquor. In one union beer is given to washerwomen, cooks, scullery maids, extra night nurses, and whitewashers. In another, the baker and the laundress also partake of the daily luxury. In a third, the stokers, the pantrymen, the carpenters, and the sitters up with the sick come in for a share of the grateful beverage. In a fourth, the tailors are not, as in the first three instances, left out in the cold. In several unions the shoemakers, the furnace men, the engineers and the gardeners are also included in the beer ration. One union extends its liberality to all employed in mechanical work, and in the kitchen. Another gives stimulants to "old people and others who may be engaged as wardsmen or in household work." At a workhouse in the North of England, 1,386 pints of beer were supplied to the indoor paupers who were employed in labouring in the field and in the garden. The exercise of pumping water by two men was rewarded by a daily ration of a pint of ale each. The gallantry of two unions is evidenced by one, which gave no alcoholic drinks as part of their diet, allowing women ale on washing days; and the other allowing gin instead of beer to the nurse. In a workhouse not 40 miles from London, several inmates, employed as nurses, were allowed one pint of beer daily, and one had 4 oz. brandy.

The guardians of the West Derby Union, Liverpool, appointed a special committee on stimulants in 1871, which committee, after extended and elaborate inquiry, strongly recommended the discontinuance of the supply of ale and porter to able-bodied paupers, on the ground of this allowance being condemned by the orders of the Local Government Board. The committee also urged the impolicy of the beer ration, as tending to keep alive the taste for drink in those who, for the most part, had been impoverished and ruined by its use. They contended that if the pauper received a full and proper supply of good nourishing food, no labour should be required from him beyond what his natural strength, unaided by stimulants, would enable him to perform.

That the allowance of intoxicants to healthy paupers is contrary to the intention of the highest poor-law authority, is evident from the consolidated orders of the Local Government Board, as set forth in the following articles. Art. 107—The paupers shall be dieted with the food and in the manner set forth in the Dietary Table which may be prescribed for the use of the Workhouse, and no pauper

shall have or consume any liquor, or any food or provision other than is allowed in the said Dietary Table, except on Christmas Day or by the direction in writing of the Medical Officer, as provided in Article 108. Art. 108—Fourthly, that the Guardians may, without any direction of the Medical Officer, make such allowance of food as may be necessary to paupers employed as nurses or in the household work; but they shall not allow to such paupers any fermented or spirituous liquors on account of the performance of such work, unless in pursuance of a written recommendation of the Medical Officer.

So impressed have many Boards of Guardians been with the cogency of the arguments against the beer allowance to paupers not under treatment by the medical officer, presented by myself (at the Annual Conference of Metropolitan Poor-law Guardians, 1876) and others, that in a considerable number of parishes the allowance has been discontinued. Amongst the workhouses where no intoxicating drinks are supplied, unless for strictly medical purposes, are Manchester, Sheffield, St. George's in the West, St. Marylebone, and St. Pancras, London, Liverpool, Newcastle-on-Tyne, Gateshead, Chester, Wrexham, and Bridgewater.

In Manchester, Mr. Steinthal informs us, it was decided that all allowance of beer for work done by pauper inmates should cease, and that tea and coffee should be given instead. Several men and women left the house in disgust, but paupers were immediately found willing to take their places without having to resort to paid officials. The cases of drinking in the house ceased, quarrelling among inmates greatly diminished, and good order was more easily maintained. It is important to note that the health of the inmates in no way suffered. In an adjoining workhouse a similar resolution was adopted, but no substitute for beer was offered. Yet no difficulty was found in making the change, while a good result followed.

At a recent meeting of the Rugby guardians Mr. Henley, the Government Inspector, said he put the sick on one side as they were in the hands of the medical officer and the guardians would hardly interfere. But as regarded other classes of inmates it was a totally different matter. Every person in the house should work according to his or her ability, but receive no reward, directly or indirectly, for any work done. Therefore, it was perfectly clear that if stimulants were given by way of fee or reward, as they were given to men in the hayfield, it would be illegal. The only persons who might have them were those under the medical officer, and then only those he considered required them. He did not think himself that these should be given to nurses or washerwomen, while in the case of persons recently confined, the medical officer would certify in each case if he thought they required them. He (Mr. Henley) published some time ago a large sheet, showing the comparative expenditure in the way of stimulants, and how it had been abused for some time, and the result of this was that the allowance was discontinued in many places. It was then found that people often discharged themselves upon the abatement of the beer, a result most desirable, for it could be perfectly well understood that skulking fellows, if they could get a pint of beer in the workhouse, would rather go there than work for anybody else.

The effect of the authoritative allowance of liquor is to confirm the belief of workhouse inmates in the supposed strengthening and nutritious influence of beer and other kinds of strong drink. Surely, the faith in this English superstition, to quote Mr. Gladstone's happy phrase at the annual meeting of the Coffee Tavern Company in 1879, is implicit and widespread enough already, without the prejudice and acquired taste of those who are supported by rates levied on the industrious and thrifful, being consolidated by a more or less generous supply of alcoholic luxuries. The result of this questionable practice is seen in the insubordination and disturbance not uneldom occasioned thereby, and the unblushing drunkenness of so many indoor paupers on their day out. Some little time ago, the Sheffield guardians were discussing a statement publicly

made that 40 paupers had returned to the house drunk during the Christmas holidays. Though the master said that had been the quietest Christmas they had ever spent, it turned out that on Boxing day above 21 male paupers came back at night inebriated, and 16 did not return at all. At Bristol, not long ago, in reply to a question as to the cause of the backward state of the poor rate collection, the chairman of the Board of Guardians stated that the ratepayers would not pay because the guardians spent the money in wines and spirits. This declaration from the chair was elicited after reference had been made to the conduct of two nurses who had been drunk on a previous day. The chairman regretted to say that drunkenness seemed to be the normal condition of these ladies.

This system of part payment in liquor for work done is vicious in principle as well as disastrous in practice. It admits of no justification. A money payment, Dr. Evory Kennedy suggests, in his comprehensive report to the Stimulant Committee of the South Dublin Union, funded to give the earner a fresh start in life, would be infinitely preferable both for him and the ratepayer. As the Inspectors of the Local Government Board have shown, over and over again, the guardians have no right to get more work out of the pauper than he can fairly perform without the provocation of intoxicating stimulants. If the work be nauseating, a non-alcoholic stimulant like coffee would be much better for the pauper's health and have no demoralising influence. No temptation to the individual, and no disturbance of the peace of the establishment, would follow from an unintoxicating stimulus.

In very few cases has there been a temporary difficulty in withdrawing the beer. At Brighton, in 1873, it was resolved to discontinue the supply of intoxicating drinks except in extreme cases for which they should be specially ordered. To ensure the proper working of this change in the workhouse, it was decided to request the officials to accept a money payment in place of their liquor ration. Eight laundry women struck; but they were punished by the magistrate, and there was no further trouble. In one metropolitan workhouse, the medical officer felt he could not conscientiously legalise this beer allowance to healthy paupers by appending his signature. One of the guardians pathetically bewailed the sorrows of the ill-used able-bodied inmates thus ruthlessly deprived of their intoxicating luxuries, likening the taking away of this drink allowance to snatching away from a child a piece of bread and butter. Though this gentleman indignantly called upon the ratepayers to petition the House of Commons to interfere to prevent this "robbing the poor man of his beer," there was not enough virtuous indignation in the parish to evoke a favourable response. At Kensington Infirmary the doctor had thought it necessary to sign the book, as a matter of form, thinking it desirable for the healthy inmates doing work, to get beer. The guardians requested him not to do so, unless for any individual case requiring liquor for strictly medicinal purposes, a request with which he complied, and no complications ensued.

There will be little difficulty in securing the adoption of an improved system, if only the guardians and the master be gentle, and withal firm. For example, at St. George's in the West, London, the washerwomen, on their allowance being stopped, took their discharge. The guardians were very much alarmed in consequence, but the master, though not in favour of the change, by a little determination carried out the instructions given him, and there was, says Colonel Freenantle, no trouble.

The health of the inmates will assuredly not suffer from the discontinuance of the stimulant allowance to those who are in tolerably fair health. Past experience warrants us in going further and saying that their health will be greatly improved, their activity of body increased, and their enjoyment of life heightened.

A few months ago an interesting report of a successful experiment by Dr. Davies, Medical Superintendent of the Barming Heath County Asylum, showed the good results attained by the discontinuance of the ordinary beer allowance to both patients and attendants. In

March, 1878, the amount was diminished, and the change worked so well, that in November, 1879, he recommended the entire withholding of beer as an article of ordinary diet. Dr. Davies carefully weighed every patient and kept an accurate record, with the result that his opinion was amply confirmed. No unprejudiced person could question the good results achieved. Both patients and attendants were grateful for the change. Dr. Davies found, from the effects of alcohol on the patients under his care, that it was not advisable to supply them with exciting beverages, which had a tendency to prolong their malady, and conduce to a speedy relapse after their discharge in consequence of those inclined to over-indulgence retaining a taste for intoxicants.

A similar experiment at the Abergavenny Asylum is recorded in the 28th Annual Report. Of this experiment the Medical Superintendent, Dr. McCullough, says that skim-milk was substituted for beer at dinner. This alteration had been carried out without dissatisfaction, and with decided advantage. The Commissioners in Lunacy state that while some patients did not approve of the substitution of milk for beer at dinner time, to the larger number of those who were questioned on the subject, it seemed a matter of indifference which beverage was provided. The number of inmates at Christmas, 1880, was 534, and the average weekly cost of wines, spirits, and porter was reduced from £16 4s. 6d., in 1879 to £9 6s. 6d. in 1880.

If, in any exceptional case, alcohol be needed, that is a case for treatment by the medical officer. The character of the inmates will also be elevated, and discipline and order be more easily and effectually preserved. The marked change for the better secured by the absence of strong drink is strikingly shown in the experience of the Plymouth guardians. At a recent meeting it was reported that on Christmas Day, 1879, no beer had been, contrary to the former custom, provided. The result was, that the day was spent most comfortably, and to the satisfaction of all connected with the house. So unmistakable was the beneficial effect of the prohibition in 1879 that the guardians resolved to repeat it in 1880. What a contrast to the disgraceful Christmas dissipation at Sheffield, when twenty men returned to the house at night in a state of intoxication? In view of such evidence, who can object to the entire withdrawal of the liquor allowance to the healthy inmates of our parochial institutions?

NOTES FROM A COUNTRY PRACTICE.

By CAREY COOMBS, M.D. Lond.

SHORT sketches of cases occurring in general practice may be suggestive and useful, I therefore offer the following in the hope that they may interest the reader.

CASE I. Myelitis.—A young farmer came to me on December the 3rd, 1880, complaining of pains in his back which had existed for eight or nine days; he was unable to completely empty his bladder, and his bowels refused to act. On the 4th, he found his dorsal painless, but his feet were numb, and his gait was irregular—ataxic, and he had trouble in getting into bed. The patellar reflex was rather in excess on both sides.

An enema was required to relieve the bowels, and the urine was not passed without the catheter, which was accordingly used twice daily for twenty-one days, the period during which the bladder paralysis lasted. A soft india rubber instrument was employed, as being easy of introduction and not irritating the urethra.

Rest in bed and iodide of potassium in ten grain doses, thrice daily, were the only other remedies used, until the third week, when the legs were faradised. A wire brush electrode was applied to the parts round each ankle where the sensation was defective, for about five minutes every other day for a fortnight. The sensation and co-ordination being perfectly restored, treatment was suspended about

six weeks from the beginning of the attack. There was no reason to suspect syphilis in this case.

CASE II. Pyelitis.—A. A., æt. 24, a generally healthy young woman, a weaver, of loose habits, consulted me on account of severe pain in her left side, feverishness and rigors. From the time I first saw her (April 1879) she passed much pus in her urine. Her disease was complicated by her being five months pregnant.

In June I washed out her bladder with some warm water in which was a little very weak nitric acid, and on the next day (whether the injection brought it about, I cannot say) labour came on and she was delivered of a seven months fœtus. The infant is still living, a miserable rickety child.

After her labour the patient improved as to her general health, but matter passed from the rectum in October on two occasions, and in the urine continually, so that it appeared like dilute pus, and stank horribly. At this stage of her illness, and again a month later, she had a convulsion. In November, the left loin presented a flattened swelling, about three inches across, which was dull on percussion and fluctuated on pressure. As it showed no disposition to point I passed a fine trocar into the tumour over the 10th intercostal space, and procured about half an ounce of pus and some bubbles of pus. From this time the swelling diminished in size, though no fluid of any kind escaped from it after the puncture. But on the day following the puncture, and on two or three subsequent days she vomited purulent fluid of very bad smell, in quantities of five or six ounces. It is necessary to remark that the stomach had often rejected food previously to this last mentioned vomiting. From this period when so much pus was ejected from the abscess in the loin, from the rectum and stomach, there was a marked improvement in the patient's state, her pulse fell from 110 to 90, her skin was cooler, and her appetite returned, and in February of the next year, about ten months from the beginning of the attack she was able to return to her work in a hand-loom; her health has been very good ever since this illness.

CASE III. Long Retention of Ligatures.—A labourer, æt. 56, otherwise healthy, had suffered from caries of tibia for thirty years. The removal of a large quantity of softened bone from the right tibia seemed to aggravate the disease in that leg; on this account one year after the operation I amputated the limb at the knee joint, removing the condyles of the femur. Several ligatures were required, and an abscess formed in the posterior flap, from which one of them came away. This was four months after the operation, and the other ligatures were retained for long periods, the last not separating until the tenth month after the operation. This case is noted as an argument in favour of torsion, though most surgeons who have an operation case at a distance from home feel safer when the arteries are tied.

CASE IV.—A serious injury of the hand occurred to a lad of sixteen. He had charged a gun used for frightening birds away with gravel instead of shot, and when it was accidentally fired, the fragments of stone went through the centre of the palm of his right hand. The middle third of the third metacarpal bone was comminuted, but the hæmorrhage was small, and the wound of exit was less than an inch in diameter.

Some pieces of stone and of bone came away; the only treatment was constant application of carbolic water, and the wound healed firmly in eight or nine weeks. The season was favourable, the accident happened in April, and the hand was kept warm, fulfilling one most important condition in the healing of wounds.

CASE V. Sloughing Parotitis.—The patient was a young farmer, æt. 25, who, though not vigorous, was not the subject of any special constitutional defect. He first consulted me on account of pain and swelling at the angle of the jaw on the right side. Leeches were twice applied within the first week of the attack, constant fomentation with solution of belladonna was employed to relieve the great pain, the most nutritious fluid food, and

cinchona, were given to support the powers of his system. But the parotid gland sloughed, and on the ninth day of his illness his mouth was filled every few minutes with dark and most foetid pus. The whole neck was now swollen and red, and in the hope of preventing extension of the sloughing a free incision was made over the sternomastoid on the affected side, giving out a large quantity of dark brown fluid, and exposing a large ragged slough. It is not important to trace the daily progress of the disease, successive incisions were made as the necrosis of the cellular tissue went lower and lower, and large pieces of dead structures were removed from the wounds. At the time of his death on the nineteenth day, the disease had reached the lower border of the right pectoralis major, the acromion and the sternum.

There was nothing in the symptoms during the first few days of the illness to distinguish this case from one of ordinary mumps, until fluctuation was made out in the tumour.

ANIMAL VACCINATION. (a)

By CHARLES CAMERON, M.P.,

President of the Health Section of the Social Science Congress,

NATURAL cow-pock was so rare that had Jenner depended upon it, his discovery of its protective power could have come to nothing. Happily he discovered that cow-pock could be propagated upon human beings. Had the idea of propagating it on calves occurred to him it would have greatly facilitated his early labours, and have saved him from an accidental contamination of his lymph with small-pox, which nearly proved fatal to vaccination. His practice once established, Jenner had no occasion to change it, for he obtained wonderful results. As correctly summarised by the writer on vaccination in the "Encyclopædia Britannica," in the epidemics of Rotterdam, Montpellier, and Edinburgh, occurring between 1818-23, and described by different contemporary authors, the mortality among a large number of vaccinated persons attacked was only about 1 in 330 cases. On the other hand, among the small-pox cases treated in the London hospitals during the epidemics of 1870 to 1879 three-fourths of the patients had been vaccinated, and of these about one in every 10 died. In Jenner's day vaccination was conducted in what we should now consider a very inefficient manner, and yet the protection it conferred, as measured by the death-rate in cases of small-pox occurring in vaccinated persons, was ten times more efficient than that secured by the most complete form of vaccination practised at the present day; and twenty-five times greater than that afforded by our vaccination good and indifferent. As at present practised, vaccination still afforded a great protection against small-pox, but nothing comparable to that obtained in the early days of the practice. On the other hand, Dr. Cameron quoted from the experience of Belgium, Holland, and the United States, to show that the protection which animal vaccination afforded was even more complete than that recorded by early writers, and this he accounted for by the fact that those who practised it had adopted all the improvements which experience had grafted on the system pursued by Jenner. He accounted for the falling off in our results by a deterioration of the vaccine virus cultivated for thousands of generations on what Chauveau's researches had proved to be an unnatural soil. As illustrating this falling off, he exhibited a table giving an analysis of over 10,000 cases recorded in London in 1852-67 and over 4,000 recorded there in each of the periods 1871-78 and 1877-79. In cases exhibiting marks of cicatrices the mortality had in the first period been 7·6, in the second 8·15, and in the third 8·45. In cases classified as bearing good cicatrices

the figures were respectively 1·8, 3·32, and 4·70; in the best class—those recorded as showing four good cicatrices 0·87, 1·5, and 3·33, and so on, the falling off manifested being most alarming in the best vaccinated class of cases, while the percentage classified as good in each successive period also showed a marked falling off. These facts, Dr. Cameron maintained, were themselves sufficient to call for a change in our system. The motive which had originally given rise to the cultivation of lymph on calves was a desire to avoid all possibility of the inoculation of a loathsome human disease which had been frequently communicated through the ordinary virus. Such mishaps were in this country very rare, but the fact that they might occur, in the writer's opinion, rendered it the duty of the State which enforced vaccination to provide against all avoidable accidents. As to the possible dangers which anti-vaccinators had suggested might attend on animal vaccination, the answer was that when it was practised, as in Belgium, Holland, and the United States, no such accident ever had occurred, and, assuming their theory to be correct, the danger attendant on the operation was no greater than that which lay in every cup of milk or mouthful of meat consumed. No danger from inflammation attended the use of the cultivated animal virus—in fact, there was much less trouble from that than under the ordinary practice. For purposes of re-vaccination animal lymph presented a threefold advantage. It "took" in a greater percentage of cases; universal experience showed that much larger numbers of persons got themselves re-vaccinated when it was available than when it was not, and when required it could be produced in unlimited quantities. This was not the case with humanised lymph, which was always difficult to obtain when the presence of an epidemic rendered an abundant supply most urgent.

Clinical Records.

HUDDERSFIELD INFIRMARY.

Acute Synovitis of Knee, treated by Aspiration of the Joint and Subsequent Application of the India-rubber Bandage.

Under the Care of Mr. KNAGGS.

Reported by Mr. NORMAN PORRITT, House Surgeon.

J. G., a silk dresser, æt. 38, presented himself at Mr. Knaggs' out-patient room, having a swollen knee. He said that nine days ago, he knocked his knee against a projecting wheel, but feeling only temporary pain, he continued to move about as usual. On the next day, he had much pain in the knee, shooting up and down the leg, and in three days afterwards the knee was observed to be swollen.

Examination.—The right knee was puffed out by a large soft swelling, the outline of the patella being imperceptible to the touch. The joint was hot, and there was tenderness on pressure or movement. He was advised to come into the hospital, and on the next day, Sept. 23rd, 1881, he was admitted.

He was put to bed, extension upon the leg used, and immobility of the joint secured and maintained by a back splint. To the joint itself cold lotion was applied; but no perceptible improvement taking place it was decided to aspirate the joint. This was done with antiseptic precautions on Sept. 29th, and four fluid ounces of flocculent slightly turbid serum were withdrawn. The swelling had disappeared after the aspiration, and the previously tense joint was apparently near its normal size, the skin in front of it being rather loose. The limb being still on the splint, a porous india-rubber bandage was wound with considerable compressing force round the limb, beginning just below the tubercle of the tibia

(a) Abstract of a paper read before the Section at Dublin, October 4th, 1881.

and ending near the middle of the thigh. Since his admission the patient had required an anodyne at night, which was given on the evening of the aspiration.

Sept. 30th.—Bandage re-applied, rather slacker than before. The "knee-pain" has been much less severe, and he says he has passed the most comfortable night since admission.

Oct. 3rd.—Improvement continues. Has slept without morphia for last three nights, and there is a distinct diminution in the quantity of effusion in the joint, which has again swollen to half the size it first reached.

6th.—The patella is quite perceptible, both to the sight and touch. The temperature, which before the aspiration, reached 101° each evening, has gradually fallen to the normal height.

7th.—Extension of leg discontinued.

10th.—Bandage discontinued, and the knee was strapped.

12th.—Patient got up.

14th.—Discharged.

Remarks.—The above treatment recommended by Dr. Martin, of America, has in a fortnight's time, restored the acutely inflamed joint of a labouring man to a condition not far from that of the normal and healthy. There was no exercise of patience, whilst the inflammatory symptoms subsided under the use of evaporants and such like; no painting with iodine nor irritation by blisters, cauteries, or issues; no thickening or adhesions left in the joint requiring months to become consolidated or absorbed; no after stiffness nor lameness; but an useful, comfortable limb, enabling the patient to return to his occupation without long delay. The painlessness of the aspiration is also a feature of importance.

ROYAL VICTORIA HOSPITAL, NETLEY.

A Case of Extensive Ulceration of the Thigh caused by the Hypodermic Injection of Quinine.

Under the Care of Dr. G. HARRISON YOUNGE, A. M. D.

THE patient, M. S., was admitted into hospital, May 10th, 1881, with a circular ulcer, about six inches in diameter, situated on the anterior aspect of the right thigh. The ulcer was deeply excavated, and of a highly atonic character, presenting few granulations, and these being very flabby. It was surrounded by a border of bluish glistening skin, half-an-inch in breadth, which resembled in appearance, and in its great tendency to contraction, the cicatricial tissue that forms over the site of a burn. There was a profuse secretion of thin, highly irritating, and foetid pus.

History.—Six months previously, while serving in India, the patient had been attacked by a severe form of remittent fever. As the vomiting was incessant and prevented him retaining quinine when given by the mouth, this remedy was administered by hypodermic injection.

Shortly afterwards the skin around the puncture caused by the needle of the syringe became swollen and of a dark colour. This appearance rapidly extended, and after some days a large slough separated. The ulcer which remained assumed a most obstinate character, and resisted all treatment.

When I saw the patient I tried stimulating lotions, strapping, and skin grafting; yet, when he was removed from under my care, after a period of two months' careful treatment, the ulcer was only partially healed.

Remarks.—The above case is a good illustration of one of the great dangers of administering quinine hypodermically. The irritating properties of the medicine, combined with those of the acid used to dissolve it, have a most destructive action on the tissues. But this is not the only danger when quinine is thus exhibited. Within the last few years there have been several fatal cases of tetanus reported from India, which arose from giving quinine hypodermically. I think, therefore, that I am

justified in concluding that quinine should never be thus administered, or at least only in those cases where it cannot possibly be given in any other form. I believe that if it cannot be given by the mouth the only other safe mode of exhibiting it is by the rectum in the form of enema.

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

M. BOULLY, nothing daunted by the sweeping attack made by his friend M. Leblanc on the efficacy of inoculation in pleuropneumonia, entertained the Academie de Medicine on Wednesday last, during a full hour, in refuting all the charges brought against him by M. Leblanc, and citing facts which tended to confirm him in his opinion that the virus was susceptible of modifying the above disease when properly inoculated. If the virus be inserted otherwise than in the tail, it will produce a great number of tumours which develop rapidly. He had assisted last week in an official capacity, at experiments made on 25 animals, 13 of which had been already inoculated in the month of February last. These were again vaccinated, but it was observed the next day that the vaccine did not "take," which proved that the system was still under the influence of the primary inoculation, and consequently were proof against the disease.

INCISION OF THE PERICARDIUM.—Professor Rossenstein, of Leyden, has published recently a case of pericarditis with effusion, in a little girl, set. 10. There was no fever, yet the respiration and circulation seemed to be seriously compromised. Rossenstein punctured the pericardium with the needle of an aspirator in the fourth intercostal space, and drew off 620 cubic centimetres of liquid. Although the immediate effect of the operation was favourable, an effusion took place in the left pleura, and 1,100 cubic centimetres of serous liquid were withdrawn. Alarming symptoms set in, which necessitated a second tapping of the pericardium, followed by a considerable quantity of purulent liquid. After a third relapse, incision of the pericardium was determined upon, and with all the antiseptic precautions possible, an incision was made in the fourth intercostal space of an inch and a-half in length. The soft parts were divided layer by layer, and when the pericardium was reached exit was given to a great quantity of pus. Two drainage tubes were afterwards placed in the wound. The results were most satisfactory, the respiration and circulation returned to their normal condition, and at the end of four months the little patient was able to leave the hospital. This fact shows that purulent pericarditis as well as empysema can exist without any appreciable increase of temperature, and without any oedema of the skin, so that the aspirator is the only means of determining the nature of the effusion. Also this observation proves that the fear of finding in the heart vast organic lesions should not deter the surgeon from using the aspirator when considered necessary, as often these symptoms are only due to the functional troubles caused by compression.

INJECTION OF PHENIC ACID IN HÆMORRHOIDAL TUMOURS.—A Belgian *confrère* treats hæmorrhoids by injecting into the tumour by means of a Pravaz syringe, six drops of a solution composed of equal parts of glycerine and pure phenic acid. The pain consists in nothing more than a slight burning, which only lasts ten minutes. In a patient treated in this manner, and who had three hæmorrhoids, one of which, situated in the rectum an inch from the anus, measured the volume of a small hen's egg, it was found that the day following the injection the pile that had been operated upon had almost disappeared, the tumour seeming to be flattened against the rectal wall. A week later the second was injected, and with the same results. Finally, the third and largest was subjected to the same treatment, and in two days all trace of it had disappeared. Of course, the caustic properties of carbolic acid have, no doubt, considerable influence in effacing these tumours, yet the glycerine with which it is combined, must serve another purpose than that of constituting a vehicle for the acid. For it is well known that glycerine has what might be called an hæmostatic influence on bleeding piles, whether taken by the mouth or applied locally. A teaspoonful of glycerine taken three times a day will arrest the hæmorrhage in a very short time.

TAPPING IN HYDROCEPHALUS has never been considered an operation very encouraging, and classical books mention it as a last resource, and in language that does not conceal their doubts as to the success; however, it is refreshing that exceptions to the general rule crop up now and again. The following is one:—A young child, of twenty months, was brought to the Conception Hospital, Marseilles, affected with hydrocephalus, which made its first appearance only eighteen months before. The development of

the skull was rather rapid, for at the end of a year it had acquired the volume of an adult head. The frontal bone was particularly prominent, the sutures were largely separated, and the fontanelles considerably distended, fluctuation was very manifest. The eyes were prominent, but without strabismus. In the absence of any disorder of the sensibility or of movement, which are nearly always encountered in considerable ventricular effusion as in this case, tapping was decided upon as the only treatment indicated. The needle of the aspirator was inserted in the anterior fontanelle, and exit was given to 350 grammes of clear serous fluid, and very slightly albuminous. The head was then painted over with iodine, and the bones which were very movable, were maintained by little splints made by card-board, and kept *in situ* by a few turns of an india-rubber bandage. During the operation the child was slightly agitated and cried a little, which was considered to be the result of the faculty of function restored to the nervous centres by the evacuation of the liquid. A few hours after, vomiting came on, accompanied by a semi-comatose state which was very alarming but of short duration. The liquid was reproduced so rapidly that 150 grammes had to be withdrawn the next day. But from that moment all symptoms of meningo-encephalic irritation had disappeared, and the patient can now be considered as radically cured.

INFANTICIDE has become so frequent in France, that the *France Medicales* considers that the country is in danger of being depopulated. Never was morality at a lower ebb, and never was immorality more openly practised. Illegitimate births attain an exceedingly high figure in one week out of 850 births; over 300 were illegitimate (Paris). The journal quoted calls for energetic measures, demanding either the return of the turn-stile (*tourne*) or that maternal assistance should be given to the mothers of all illegitimate offsprings, and that the paternity should be sought for. The turn-stile was placed at the street door of the Foundling Hospital, the half of it containing a recess was turned towards the street. Into this recess the child was placed, and a bell rung. Immediately the child was turned in without the person who brought the child being observed. In this way the life of many a child was saved which, otherwise would have received an untimely end. But nevertheless it was an incentive to vice, and thus it was abolished.

At a quarterly meeting of the council of the Royal College of Surgeons, Mr. John Croft, F.R.C.S., of Brook Street, Grosvenor Square, was elected a member of the Court of Examiners in the vacancy occasioned by the resignation of Mr. John Marshall.

On Thursday last the body of Mr. H. J. Virgin, L.D.S. R.C.S., who practised as a surgeon-dentist at Oxford, was discovered in the Thames near that City. Several weights were found in his pocket, and there is no doubt that he committed suicide through the state of his monetary affairs. He leaves a large family.

We regret to record the fact that Dr. Norman Collier Maclean, who formerly practised at Bayswater, committed suicide with belladonna on the 8th inst. The deceased had been much depressed for some time previously, and had had sleepless nights. An inquest was held on the 10th inst., when a verdict was returned, "that the deceased committed suicide whilst in a state of unsound mind."

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 27, Bombay 26, Madras 34, Paris 26, Geneva 23, Brussels 22, Amsterdam 20, Rotterdam 17, The Hague 17, Copenhagen 17, Stockholm 14, Christiana 12, St. Petersburg 44, Berlin 23, Hamburg 17, Dresden 25, Breslau 26, Munich 30, Vienna 26, Prague 26, Buda-Pesth 28, Rome 21, Naples 39, Turin 19, Alexandria 47, New York 28, Brooklyn 21, Philadelphia 20, and Baltimore 26. No returns have been received from Lisbon and Venice.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 26, 1881.

FILARIA SANGUINIS HOMINIS.

SINCE the announcement, first made in 1872, that under certain conditions the blood of human beings may be found charged with minute nematoid worms, and that these bear an invariable association with some form of disease of the lymphatic system, the microscopic organisms to which Dr. F. R. Lewis gave the name *filaria sanguinis hominis*, have been a subject of patient investigation by several competent observers. For a considerable period the knowledge gained concerning them amounted to little beyond the facts of their existence and morphology, so that even in 1879, Dr. Cobbold, in the latest edition of his masterly volume on parasites, was unable to assert positively as to the genesis of the *filaria sanguinis hominis*, holding in contradiction to Dr. Lewis that the worm is genetically related to *Bilharzia*. The clinical history of the parasite had, however, even then received a much more complete explanation; and it had been well demonstrated that the mosquito insect was an essential agent in its development. Those patients who suffered from its presence exhibited certain definite symptoms, the most prominent of which had been assumed to be chyluria; and so far it was asserted that chylous urine was an invariable concomitant of the existence of

filariæ in the blood. Moreover, the disease was confined to those climates in which the mosquito made its *habitat*, so that little by little the life history of the worm became unravelled; and, at length, accumulated evidence points to its genesis as dependant on an alternation of generations, in which, however, there still remain more than one link to be discovered. In this country the disease has been wholly unknown, or, at any rate, unnoticed, until the advent of a patient at the London Hospital, in whom Dr. S. Mackenzie speedily recognised the symptoms produced by the presence of the parasites. This patient, a soldier, twenty-six years of age, had lived all his life in India, enjoying excellent health, and exhibiting no signs of the affection now troubling him until he had been some little time in England, having come here during the present year. A month after his arrival, he noticed that his urine was passed in greater quantity than usual, and quickly assumed a milky appearance. A month or so later pain was experienced in the loins and testicles, and almost pure blood was passed per urethram. Hematuria persisted for a few days, when the quantity of urine again underwent large increase, with a return to the milkiness, in which state it has since remained. Dr. Stephen Mackenzie first had charge of the case in August, and during the whole time he has observed it, it has presented all the characters of hæmato-chyluria. The condition of the excretion varies in several particulars at different periods; thus, that passed by day usually contains more blood and fibrin; the night discharge is more milky; the day urine is believed to contain more filariæ than the nocturnal. The especially remarkable features of the case, however, are presented by the characters of the blood; and it must be said that the care and skill displayed by Dr. Mackenzie in connection with it have been the means of obtaining, not only a fresh record of the facts already familiarised by the researches of other observers, but also of eliciting certain hitherto unascertained details of the greatest interest and importance, bearing on the history of filaria disease. During the day time, blood drawn from the patient (and for two months regular examinations of the circulating fluid have been carefully made every three hours) is found, under ordinary circumstances, to be free from filariæ; but in the evening, at about 9 o'clock, these begin to appear, and progressively increase to midnight, when they exist in greatest abundance. At 3 o'clock in the morning they sensibly decrease; at 6 o'clock but a few are to be distinguished; and at 9 they are not to be observed in the blood. This periodicity had been previously noticed and commented on by Dr. Manson, who enjoyed many opportunities of studying the disease in China. The particular discovery made by Dr. Mackenzie relates to the fact that a complete change of periodicity may be brought about by altering the relative times of sleeping and waking. When his patient spent the day-time in bed, giving the night hours to being about and active, filariæ appeared in the blood during the day, and were absent from it at night. Return to the ordinary arrangement was followed by a return of filarial migration to its previous course. These are the salient points in the case; their significance is as yet far from being deter-

mined. Dr. S. Mackenzie described and exhibited the case he has been so fortunate as to have under his care at the last meeting of the Pathological Society, the members of which then enjoyed the rare opportunity of seeing the living worms under the microscope. Beyond a statement of his experiences Dr. Mackenzie did not venture at that time, and it remains for future workers to assign the special pathological importance attaching to the various details.

Drs. Cobbold and Vandyke Carter, who are well-known in connection with the study of nematoid parasites, discussed the case before the Society, but they succeeded in throwing little new light on the mystery still surrounding *filaria sanguinis hominis*. That the worm requires for its due development the services of more than one "host" is now abundantly proven; as also is it that the human being and the mosquito are both concerned in its production. The filariæ of human blood are apparently embryonic forms which are received into the body of the mosquito at those times when the troublesome fly makes its raids upon men. It is, moreover, a curious coincidence that the immature worms should appear in the blood always at the time of evening, when the mosquito is most actively engaged in foraging. We must now, however, in consequence of Dr. Mackenzie's discovery, modify in great measure the inferences hitherto drawn from the coincidence, if indeed it be not further found that too much importance has in the past been attached to the phenomenon. That the mosquito does receive filariæ from its human victim needs no further demonstration, flies gorged with filarious blood having been again and again exhibited. These young filariæ, develop in the mosquito into sexually mature nematoid worms, which are subsequently liberated at the death of their host, the mosquito, which always makes its way to a collection of water to die. Thus far the history is certain; but in what precisely further progress consists, we are as yet unable to tell, since in some way there develops a worm nearly three inches long, the original filariæ averaging 1.75 inch long, by 1.3500 inch in diameter. The free mature worm finds access to the bodies of human beings in a similar way to that by which *dracunculus* gains a hold on its victims. What is the course of events regarding it when once *in situ* in the tissues, is another problem awaiting solution, the series of changes occupying the interval between such mature worms and the hæmatozoa found in the blood of Dr. Mackenzie's and all similar patients, being still unknown to science? It may indeed turn out that in these changes we shall by-and-by find elucidation of the many dark points surrounding our knowledge of the disease in which chyluria is a prominent symptom; and it can scarcely be more than profitless labour to speculate on them in the absence of such information. In this respect the discussion at the Pathological Society was commendable. Dr. Mackenzie taking the lead, those facts only were dwelt upon which are already firmly established, and it was left for a future occasion to enter into pathological details. Some few facts, notwithstanding, are even now worthy of note, about which there is still a suspicion

of improbability. Thus on the invariable or occasional relation of chyluria to filariæ in the blood, some authorities, as Dr. Vandyke Carter, assert that chyluria is produced only in cases where the parent worm is lodged in some part of the urinary tract; others insist on the constancy with which chylous urine is a symptom of the disease; but it should be said that Dr. Carter paid exceptional attention to the subject for a lengthened period, and that his observations deserve the highest consideration. Again, it is tolerably clear that filariæ may exist in the blood without any untoward symptom arising to indicate their presence, a fact difficult to associate with invariable chyluria in such cases. It may even be that Dr. Mackenzie's patient while in India had been infected with the worm, but that not until he became submitted to changed conditions of life in England was a stimulus afforded to its development. How long, and in what manner, the parent worm may exist ere giving birth to the embryonic nematodes, we know not as *flariæ sanguinis hominis* is, as we have said, as yet a mystery, and thus are we without the means of determining what is probably the most important point in connection with the whole question of the disease.

Dr. Mackenzie's contribution is exceptionally valuable in that it is an accurate and reliable record of what he has seen. Its worth is only increased by the avoidance of theoretical explanations, and we feel sure that the result of it will be to lead up to a better and surer knowledge than we yet possess regarding the subject treated in it.

THE ROYAL COMMISSION ON MEDICAL REFORM.

THE early date at which the Royal Commission has resumed its hearing of evidence affords us a most gratifying assurance that the Commission "means business," and intends to be ready for the meeting of Parliament with its programme of medical reform. The alacrity of Lord Camperdown, its chairman, is in delightful contrast with the slothfulness of the General Medical Council, now hibernating. The Royal Commission has commenced its winter's work, as we stated last week, with the examination of the representatives of the Irish Colleges of Surgeons and Physicians, the Irish Medical Association, and the Irish "grinders," and—if these gentlemen told their minds without reserve—we doubt not that the Commission heard much which they did not know before. We shall not know until the Blue Book appears what questions these witnesses were asked, but we hope that it was not forgotten to institute a few straightforward inquiries about Irish sham certificates, about monster curricula intended to be paid for but not studied, and about the credit fee system which diverts the money of the lecturer into the pocket of the apprentice farmer. "The truth, the whole truth, and nothing but the truth," is wanted for the enlightenment of legislators, and no one could give it with more authority than the Irish witnesses of last week, especially the gentlemen who represented the "grinding" interest.

It is, indeed, somewhat surprising to note the appa-

rently blank ignorance of the General Medical Council as to the abuses of the Irish system, and it is difficult to understand why that august body should be so completely uneducated on the medico-educational doings of one of the three medical kingdoms over which it is supposed to rule. Is it possible that not one of the six members of the Irish Branch Council has ever breathed a word in all these years about the Irish schools and hospitals which sell certificates to all comers for hard cash, without requiring even the pretences of an attendance on the courses of study represented by those certificates? Is it conceivable that the General Medical Council has never learned from the Irish members that its recommendations have been for years past treated with silent contempt. If so, it is obvious that the "intelligence department" of the Council is ridiculously inefficient. If not, the Council itself is, by the indifference with which it has treated the disgraceful condition of the Irish system, self-condemned.

OPHTHALMIC TEACHING IN DUBLIN.

THE Irish medico-educational world is just now somewhat disturbed by a contest between those who wish the Irish student to learn something of eye surgery and those who wish to catch and keep students on any terms. A couple of years ago the board of Trinity College and the Council of the Irish College of Surgeons determined on requiring from all students a three-months' course of clinical ophthalmological study. Thereupon the various hospitals of Dublin proceeded to consider how they could comply with this requirement; some of them added special ophthalmologists to their staffs and made special arrangements for teaching the subjects, while others, being prevented by unalterable arrangements from doing this, decided to send their students to one of the special eye hospitals and to pay the regulation fee for them. There were, however, other hospitals which thought it unnecessary either to appoint a specialist or to have their students instructed by one elsewhere; and they met the difficulty simply by dubbing one of their ordinary staff ophthalmologist, and throwing into the bargain with all the other valuable evidences of study granted by them an additional *gratis* testimonium of special education in eye surgery.

To this profitable little arrangement, however, there are one or two objections: The College of Surgeons—in the first place—refuses to accept certificates of special instruction granted by a non-specialist surgeon who has no adequate means of teaching the subject, and it has, therefore, decreed that every hospital which issues such certificates must have eight beds exclusively occupied with eye diseases, an ophthalmoscope room, a special out-patient department, and special days and hours for seeing patients and teaching. In the second place, the hospital teachers are themselves in revolt against the granting of certificates without additional fee. They have, they say, years ago bound themselves in a common compact to charge the same fee all round, and they won't stand any hospital giving the eye certificate *gratis*, not to say without study. A meeting of representatives from all hospitals in Dublin to discuss this point was

held on Saturday last at the College of Physicians, and it produced no satisfactory result. The delegate from Mercer's Hospital was called to explain why that hospital had—in breach of the fee compact—advertised in italics that it would grant the fee without charge; and the reply given was that the hospital had done it and would continue to do it, in which defiance it was backed by Jervis Street Hospital; and the meeting adjourned for a week without achieving unanimity.

We venture to submit that the teaching of ophthalmic surgery to students who may, next year, have to practise it on the persons of the sick-poor is not a question of fees, however important some people may consider that element to be. In our opinion hospitals might be allowed to charge what they pleased for their courses of instruction, if only we could be sure that those courses were honest and adequate; but that is exactly what cannot be hoped for if the certificate is to be only a piece of parchment thrown into the scale to catch idle and impecunious students. No teacher worthy of consideration has ever yet devoted, or is ever likely to devote his time to *gratis* instruction, and any pretence to make such instruction *bonâ fide* must inevitably end in the reduction of it to the category of a sham and an evasion. We are distinctly of opinion that if the medical staff of any hospital is not prepared to admit an ophthalmologist to a share of the pupil fees, or else to remunerate such an officer for his services by a special fee for his certificate, it is impossible that educational justice can be done to the student as regards the speciality within its walls, and no licensing body ought to accept its certificates.

But, whether or not a fee is charged, it is quite evident that in Dublin, colleges must, in future, be vigilant against such evasions of their requirements as have been attempted in this instance. The day of shams, we venture to hope, is past, and if the ophthalmic testimonium is to be merely an addition to the bundle of receipts for money which are, in Dublin, mis-called certificates of attendance, we hope the Council of the College of Surgeons will at once repeal its ordinance, and leave the licentiate to his pristine ignorance of ophthalmology.

Notes on Current Topics.

Manchester Royal Infirmary.

A GOOD deal of regret will generally be felt that the board of management of the Manchester Royal Infirmary are compelled to appeal for special assistance on behalf of the institution under their care. During the last few years a very considerable falling off in the income received by the charity has taken place, the receipts in 1879 having been £24,253, while in 1881 they reached no more than £19,841. In consequence of the serious differences it has been found absolutely necessary to draw on the capital account since June, 1876, £59,972 having been taken from this source to meet current expenses over and above subscriptions. The yearly excess of expenditure over income has been steadily

increasing of late, until now it stands at upwards of £8,000. The management of the infirmary declare that unless increased support is afforded to the hospital to this extent per annum, they will be compelled to close some portion of the building, since it is impossible for them to continue the suicidal policy of living on capital, which has lately been rendered absolutely necessary. Appended to the report is a declaration bearing the signature of Mr. Lund, the surgeon, to the effect that beneficial changes have followed the completion of the alterations commenced some time ago for the purpose of putting the building in a more satisfactory sanitary condition. Pyæmia, erysipelas, &c., which used to be of no infrequent occurrence, are now but rarely seen; but the improvement involved an outlay of £23,000. We trust that Lancashire cotton kings will not long permit the chief hospital in the county to want for funds.

The Action of Digitalis on the Cardio Rhythm.

KAUFMANN has been experimenting afresh as to the action of digitaline on the heart, and the following was his conclusions (*Le Praticien*):—1. That the inhibitory fibres of the heart are paralysed by the digitaline, since under its influence these fibres when excited lose their power of arresting the beating of the heart. 2. That this paralysis affects the peripheral extremities, seeing that the periphery of these nerves is no longer excitable. 3. That the acceleration of the beats of the heart becomes more and more pronounced in proportion as the excitability of the nerves diminishes. 4. That the acceleration reaches its maximum at the moment when the excitability ceases, and that it ought consequently to be attributed to the gradual paralysis of the peripheral extremities of the inhibitory nerves of the heart. 5. That very small doses of digitaline produce a slowing of long duration, whilst large doses immediately produce acceleration without preceding slowing. 6. That the inhibitory fibres paralysed by the digitaline regain their excitability in proportion as the poison is eliminated. From this, in conclusion, M. Kaufmann draws practical inference; when in treatment one wishes to slow the beating of the heart, we should use very small doses of digitaline; we thus obtain the slowing without much consecutive acceleration.

Testimonial to Mr. Cantlie, F.R.O.S.

At the annual students' dinner of the Charing Cross Hospital, held on the 18th inst. at the Holborn Restaurant, the chairman, Mr. James Cantlie, M.A., F.R.C.S., Demonstrator of Anatomy in the medical school attached to the hospital, was presented with a valuable gold watch and a purse containing £20 by the students of the school. The hearty good-will with which the address accompanying the present was received by the students assembled, was a gratifying testimony to the esteem and good-feeling with which Mr. Cantlie is regarded by his present and past pupils. It is always a pleasant sign when such occurrences as this mark the relations between teachers and their classes; and in this case we can equally congratulate the recipient of the testimonial on the evident regard experienced for him by those who contributed to the gift; and likewise the students who made it, on the

excellent manner in which they showed their admiration for one who has done much to help them in their work. The dinner was attended by, among others, Dr. Pollock, Dr. Forbes Winslow, Dr. Henry Green, Mr. Barwell, &c., &c.

Elimination of the Pancreas.

TRAFOYER published a case where the pancreas was eliminated by stool, the individual recovering. Chiari, in the *Wein. Med. Woch.*, 1880, publishes two new cases.

An individual, 38 years of age, suffered from violent pain in the epigastrium, with vomiting; after a few days' remission, he presented all the symptoms of intestinal occlusion, no purgative having any effect. Finally, after a period of alternating diarrhoea and dysentery, the patient found one day in the discharges a cylindrical mass about thirteen centimetres long, which M. Chiari recognised as a part of the pancreas, still having its excreting duct. This mass must have passed by perforation, from without inward, either into the intestinal canal or the stomach.

At the autopsy of a woman who had presented signs of generalised peritonitis, the pancreas was found in the midst of a purulent mass; the middle portion of the duodenum was perforated from without inward, as also the transverse colon. There has been abundant hæmorrhage from the ulcerated pancreatic duodenal artery. No cause could be assigned for these accidents.

An Ancient Pharmacy.

BEFORE pharmacies were thought of the dispensing of medicines was in the hands of the clergy. One of the first pharmacies was in Halle (Prussia). It still exists, and is known as the Lion Apotheke. It was established in 1555 by Wolfe Holzwirth, under the patronage of Archbishop Sigismund, which dignity prescribed at the same time a kind of prohibitive law for the inhabitants of Halle, which ran as follows:—Be it enacted that: No one in our town of Halle openly or secretly prepare or sell confections, tablets, ointments, plasters, fats, or things made with sugar, such as simplicia or composita, decoctions, tiriac, colloquintida, or other substances which belong to the exclusive privilege of the apothecaries.

Œdema Glottidis.

A PATIENT was, on Friday last, brought into Guy's Hospital, who was found to be dead on admission. No reason could be assigned by the friends of the deceased to account for the state in which he then was. He was described as having been found near the hospital, crawling with difficulty along the road; and when interrogated, declared himself to be on the way to consult a doctor, thus evidently indicating that he was suffering acutely. Post-mortem examination made on the body within twenty-four hours, revealed nothing at first sight to account for the sudden death, the chief abnormality apparent to naked eye inspection being œdema of the lungs, the tissue of which organ was otherwise fairly healthy. Heart, kidneys, and liver were normal to all appearances; as also was the brain. Somewhat puzzled by the case, the pathologist proceeded to examine the stomach, on the theory of poisoning. The viscus, however, contained only a pint of alcoholic,

beery-looking fluid, in which were masses of undigested meat; but there was nothing to suggest either an irritant or other poison. A foreign body in the larynx seemed the only remaining possibility; and on carefully investigating this organ, there was found slight œdema of the aryteno-epiglottidean folds on either side, thus at once offering an explanation of the whole event, taken in conjunction with the condition of the lungs and with a slight fulness of the ankles which was subsequently noticed. The case is an instructive one, as showing how easily this cause of death can be overlooked in the absence of distinct œdema of the part, and also as illustrating the rapidity with which post-mortem changes may bring about complete dispersion of the collection of fluid which primarily asphyxiates. Doubtless, had a complete history of the case been obtainable, sufficient evidence would have been forthcoming to suggest the probable cause; and this reference to it may prove serviceable in future instances of a similar kind.

Carbolic Acid for Carbuncles.

DR. J. T. WOODS, of America, gives the result of several experiments with carbolic acid in the treatment of carbuncles. He describes the treatment on a patient suffering with two carbuncles, one on the back of his head, the other below it on the neck. He loaded a hypodermic syringe and, passing the point through the openings and into the sloughing mass in every direction, completely saturated it with the pure acid and awaited results. In a minute all the smarting disappeared, and with it all pain and all sense of soreness. He again charged the instrument and thrusting it through the skin over the other carbuncle, in a variety of places, soaked the whole carbunculous mass beneath the skin, enough of necessity escaping to fully bathe the borders, modify inflammation, and destroy any septic elements then developed. In a few moments all the pain and soreness was gone in this also. The skin over the mass became quickly white, hard, and dead, and in a few days detached, in the form of a slough, the interior mass also becoming rapidly loosened, only requiring the cutting of a few shreds to remove it, when the cavity was found to present a satisfactory appearance and rapidly filled up, leaving an exceedingly small cicatrice. The remarkable feature in this case was that after the complete saturation of the carbunculous mass no pain occurred, the patient going about his ordinary labour without discomfort. Dr. Woods advises the use of the pure acids only, and to complete saturation. Dilution would increase, if not create, danger of absorption of the acid, converting a very simple procedure into a condition of great danger, and insufficient quantity defect the purpose for which it is used.

PHILIP HOYOL, artist, of Breslau, recently committed suicide in the Hampstead Road by burying his face in cotton wool saturated with chloroform.

THE *New York Medical Record* recommends nitrate of amyl as a very effectual remedy in chordee and painful priapism:—three to five drops by inhalation is the proper dose.

Guy's Again!

THE principle on which the ward administration of Guy's Hospital is conducted under the existing *regime*, has more than once served as subject of comment in these pages; and on one occasion we had to draw attention to the fact that the rule by which nurses were called on to administer medicine to patients led to the commission of a blunder very nearly involving loss of life. During the past week a somewhat similar *contretemps* occurred, though fortunately attended with no ill consequences. Though the rule by which nurses performed the duty of giving physic when prescribed does not now obtain, we believe, it yet may be undertaken by lady pupils, and one of these, the daughter of a gentleman renowned in medical circles, handed to a patient in the ward under her, a glass containing carbo-lic oil, in sweet ignorance apparently of the fact that there are essential differences between this substance and castor oil. The incident is instructive so far that it demonstrates the mistakes not only likely, but certain to occur wherever indiscriminate license is granted to novices in the art of nursing. It must, however, result injuriously not only on patients who run the dangerous risks sometimes incurred, but also on the institution where such mistakes are known to be possible; and it offers us one more warning against permitting the perpetration of existing abuses.

The Irish College of Physicians.

As we reported in our last issue the annual stated meeting of this College was held on Tuesday, the 15th, being St. Luke's day. Dr. George Johnston was re-elected President, and Professor Helmholtz, who visited Dublin last April and received the degree of LL.D., *honoris causa*, from the University of Dublin, and the Honorary Fellowship of the Royal College of Surgeons in Ireland, was elected by acclamation an Honorary Fellow of the College. Drs. J. W. Moore, Harvey, Macan, and Nixon were elected Censors; and Drs. Benson, Churchill, and Foot, additional Examiners, to take the place of an absent Censor or Examiner. The additional examiners in the subjects of the first professional examination elected, were Dr. Duffey (in *Materia Medica*), Dr. Nixon (in *Anatomy*), Dr. Pursar (in *Physiology*), and Dr. W. G. Smith (in *Chemistry*). Drs. Churchill and Kirkpatrick were elected Examiners in Midwifery. The outgoing Treasurer, Registrar, Librarian, King's Professor of Midwifery, Professor of Jurisprudence, and representative on the General Medical Council, were re-elected. The President appointed Dr. J. W. Moore Vice-President of the College. The Provost of Trinity College having attended and administered the statutory oath to the Fellows of the College present, they proceeded to elect by ballot to the vacant King's Professorship of *Materia Medica* and Pharmacy, and, *ex officio*, Physicianship of Sir Patrick Dun's Hospital. Dr. Walter George Smith, Physician to the Adelaide Hospital, was elected. Dr. Walter Smith succeeds his father, Dr. Aquilla Smith, in the chair which the latter has recently resigned. He is the author of the well known *Commentary on the British Pharmacopœia*, and of many valuable papers and reports on subjects relating to *materia medica* and pharmacy.

Celluloid.

CELLULOID is a complex product formed by mixing nitric cellulose (proxyline) with camphor dissolved in alcohol, this product is laminated and compressed. From it is obtained a hard, elastic, transparent material, which takes a brilliant polish. By the addition of other materials, celluloid can be rendered opaque, to imitate ivory, ebony, coral, &c. First discovered in 1869, in America, and afterwards manufactured exclusively at New Jersey, celluloid has for some years past been prepared at Stains, near Paris. Submitted to the action of heat, it softens up to 80° centigrade, and then is fit for moulding; it regains its hardness when allowed to cool. Celluloid ought to be preserved from any appreciable rise in the temperature so as to prevent serious accidents, for it is a very combustible body, and should only be stored in small quantities. Its preparation takes a long time, and requires a great deal of care. By the addition of a certain quantity of fatty oil, celluloid can be obtained in a flexible state, and thus rendered useful for collars, cuffs, shirt-fronts, &c., instead of linen, it can be easily and rapidly cleaned. Up to the present time the principal use of celluloid has been the manufacture of toys. Some time ago it was utilised to make the blocks of engravings for printing. The leaves which are used for this purpose are 3 mm. in thickness, they produce very fine and durable blocks. In fact, celluloid is a curious product, which is presented to us in many different aspects, and has various remarkable uses.

Action upon the Fœtus of Medicine taken by the Mother.

USING the microphone, Dr. Kubassow has observed the effect on the heart of the fœtus of medicines taken by the mother (*Dissertation: Russisch. Centralb. für Gynakol.*) 1. Chloroform and chloral-hydrate, he finds, have first a stimulant, then a sedative effect on the fœtus, this last effect being evidenced by the dulness and infrequency of the heart's beat, and the greater quietness of the fœtus; They act within five to ten minutes, chloral more powerfully than chloroform, and especially so if given per rectum, 2. Opium and alkaloids cause prolonged irregularity of the heart's beat in the fœtus, acting more slowly, but for a longer period than chloral or chloroform. Opium acts more powerfully per os than per rectum, 3. Digitalis has also a powerful and prolonged action on the fœtus. Dr. Kubassow believes, from chemical examination, that a dose of chloral hydrate taken by the mother is divided within fifteen minutes between herself and her child, in proportion to their weights. The practical conclusion is, that more than thirty grains of chloral hydrate will be dangerous to the child, if given at once per rectum, or repeated sooner than in half an hour. The same holds for one and a half grains of opium, as tincture, repeated sooner than in an hour.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were — Leicester 14, Bristol 15, Portsmouth 16, Norwich 16, Plymouth 16, Leeds 17, Sheffield 17, Dublin 18, Newcastle-on-Tyne 19, Salford 19, London 19, Oldham 20, Sunderland 20, Bradford 21, Brighton 21, Edinburgh 21, Wolverhampton 21, Manchester 21, Birmingham 22, Glasgow 23, Nottingham 25, Hull 26, and Liverpool 27.

The Society for Relief of Widows and Orphans of Medical Men.

THE quarterly Court of Directors was held on Wednesday, October the 12th, the chair being occupied by the President, Sir George Burrows, Bart. The court was unusually well attended. The deaths of two of the oldest members of the society, Dr. Billing, V.P., and Mr. R. C. Griffiths were announced. Two new members were elected. The deaths of two widows were reported, one had been in receipt of grants since 1833, receiving for herself and children the large sum of £2,272, the husband having been a member for only nine years, paying but 18 guineas. Applications were read from 60 widows, nine children and three recipients, from the Copeland Fund, and a sum of £1,250 10s. was recommended to be paid to them at the next court. The expenses of the quarter were £37 15s. The treasurer reporting favourably on the state of the funds, the directors resolved to give the same present this Christmas as last to the widows and orphans receiving grants. An application was approved of from one widow, and a grant of £30 was given to an orphan towards his self-maintenance.

Health of Dublin.

THE monthly report for September of the Medical Officer of Health on the state of public health in Dublin says, that the deaths within the metropolitan area during the five weeks, were 19·12 per 1,000. The deaths within the city were in the ratio of 21·24. The deaths from the seven principal zymotics were, in the whole district, 1·64 per 1,000. As compared with August, the admissions of typhus fever to hospital were about equal; there was a large increase in admissions of scarlet fever cases; a slight increase of typhoid fever cases, and a small falling off in admissions of fever patients.

The following shows the steady improvement which has taken place:—

Death-rate per 1,000 from all causes—

Feb.	March.	April.	May.	June.	July.	August.	Sept.
44·25	34·60	31·78	27·05	23·7	22·37	20·27	21·24

Death-rate from seven principal zymotic diseases—

Feb.	March.	April.	May.	June.	July.	August.	Sept.
4·15	2·45	2·16	·2	1·96	2·1	2·62	1·96

The zymotic deaths in this month and June are the lowest recorded, allowance being made for the increased accuracy in registration which recent legislation has effected.

Dr. Cameron thinks that the improvement in the state of public health in Dublin is, in some measure, due to the important sanitary works carried out in the city during the last two years. It is, however, necessary that the improved cleansing and paving of the city, the shutting of hundreds of old tenement dwellings, the more general use of water-closets in the tenemental dwellings, should be followed up by the erection of a large number of dwellings for the most humble and the most dependent classes of the population. There is a great dearth of dwellings for these classes, owing to the closing of 841 houses and hundreds of single rooms and cellar dwellings since August, 1879.

During September, 42 houses and 38 rooms and 22 cellar dwellings in other houses were closed, being unfit

for human occupation. Orders to close 39 other houses were obtained.

Surgical Society of Ireland.

THE election of Council of the Surgical Society of Ireland, for session 1881-82, will take place in the Royal College of Surgeons, on the first Monday in November. The ballot will commence at four o'clock p.m., and terminate at five. Members of the Society, being fellows of the College of Physicians, or of the College of Surgeons, are alone eligible or entitled to vote.

Candidates are required to send their names to the Hon. Sec. on or before Monday, the 31st instant.

Nocturnal Enuresis of Children.

PROF. GROSS advises the following:— (*Louisville Med. News.*) Strychnia. gr. j., pulv. cantharid. gr. ij., morph. sulph. gr. iss., ferri pulv. ℥j.—to be made into forty pills or powders, and one given three times a day to a child ten years old. They will speedily relieve the irritation of the bladder, especially if conjoined with such measures as a cold bath daily, the avoidance of irritant food and late suppers, the patient lying on the side or belly, not drinking for a few hours prior to sleep, and emptying the bladder on going to bed.

Military Officers on Medical Duties.

FOR the time being, it would appear that so far as British interests in India are concerned, there is a lull to war's alarms in that dependency. True, there are rumours of one small expedition in prospect: its object being, as usual, to punish a Border tribe. But such an expedition is, in itself, of little account; it can at best absorb but a very small number of military officers who have no more important functions to perform than those of "general duty-wallahs." Hence, perhaps, the anomaly of constituting a committee, composed of combatant officers, for the purpose of investigating a purely medical matter, namely, the causes and mortality of cholera in the Punjab. There is, indeed, a medical officer on that committee, but only as secretary. But to all intents and purposes its "executive" composition is precisely similar to that of a council of war, or court martial, court of inquiry, or other tribunal purely military in character, appointed for a purely military purpose. Surely, the officers so appointed must feel that they are altogether placed in a false position; besides the extremely unpleasant circumstance that they are expected to perform a duty, of the qualifications for which they are necessarily ignorant.

Consultation with Homœopaths.

THE autumnal meeting of the South Midland Branch of the British Medical Association was held at Leighton Buzzard.

The following resolution was adopted: "That under no circumstances do we consider it right to meet in consultation any practitioner of homœopathy; and that this Branch very much regrets the remarks on the subject of homœopathy made by the readers of addresses at the last annual general meeting at Ryde."

Poisonous Patent Medicines.

A Miss ASHFIELD recently died from the effects of an overdose of chloral. Deceased was a confirmed invalid, and eccentric. The servant of the deceased and her medical attendant deposed that she was found quite cold and stiff. She was lying with her head on the edge of the bed, with one hand placed over her mouth and nose, which were distorted. Under the bed was a medicine glass, which had been rinsed out, and on a stand by the side of the bed was an empty bottle, which had contained syrup of chloral. Deceased was in the habit of taking chloral, but against express orders. The chloral came from the University Stores, London. She had obtained thence several bottles of chloral. No respectable chemist would sell chloral in such large quantities as deceased purchased it, and without the order of a medical man. The bottles were labelled "Hunter's Solution of Chloral," but without the name of the seller, or the word "Poison." The bottles were covered by the three-halfpenny medicine stamp, and clause 16 of the Pharmacy Act excluded patent medicines from its operation. The Coroner remarked on the unsatisfactory nature of the Act, which permitted poisons to be distributed wholesale by the London stores without any precautions. After a brief consultation, the jury found a verdict as follows: "That we consider further precautions should be taken by persons who sell such articles, and that the bottle should be labelled 'poison,' notwithstanding the exemptions apparently provided by clause 16 of the 'Sale of Poisons' Act; the chloral having been issued as a patent article."

The Entries.

THE entries at the various hospitals for the present Session have now been completed with the following results:—St. Bartholomew's, 164 full entries, 6 occasional students; University College, 106 full, and 41 for preliminary science course; Guy's, 81, and 3 dental students; St. Thomas's, 65 full, 29 occasional; St. George's, 63 full, 3 occasional; King's College, 56; Charing Cross, 38 full, 6 occasional; Middlesex, 33 full, and 21 special students; St. Mary's, 21; Westminster 20 full, 3 occasional; Owens College, 80 full, 6 for preliminary science course; Durham University, 125, 35 of whom are first year's entries; Bristol, 29.

Indian Medical Items.

A COMMISSION, consisting of Colonel Hall as president, Mejors Stephen and King Harman as members, with Surgeon-Major Bellew as secretary, has been appointed to inquire into the causes and mortality of the cholera epidemic which lately passed over the Punjab. This committee has commenced its sittings at Murree, and is now visiting the principal cities of the province. The epidemic, which is known as *choleraic fever*, is still raging at Umritsur. It is generally agreed that it is due to the late excessive rainfall.

A new portable camp filter has been issued to all divisions in the Bengal Presidency, for the use of troops on the line of march and in cholera camps. For the present it is not intended for use in barracks.

THE Governor-General of India has been pleased to make the following appointments to his personal staff:—

To be Honorary Surgeons: Surgeons-General W. R. Cornish, C.I.E., and A. J. Payne; Deputy Surgeon-General W. J. Moore, Brigade-Surgeon J. A. Marston, Surgeons-Major G. Farrell, T. E. Charles, M.D., R. W. Cunningham, M.D., and C. A. Atkins, and Surgeon A. H. Rowe—all of the Army or of the Indian Medical Service. These appointments are similar to those of Honorary Surgeon to Her Majesty the Queen in this country.

Vaccination Fees for Workhouse Surgeons.

THE important case of Dr. Simpson and the Board of Guardians of Dover, was before the County Court judge last week, and decided. Dr. Simpson formally brought an action against the guardians for £38 18s. for 137 cases of successful vaccination performed by him in a period of fourteen months, during which he acted as the house-surgeon to the workhouse. The guardians did not dispute the claim, but they were disinclined to discharge it in consequence of an objection raised by the Local Government Board on the grounds that the appointment of medical officer had not been confirmed by them. The judge gave a verdict for the plaintiff for the full amount.

WE regret to learn that Surgeon-General Donville, C.B., Honorary Surgeon to Her Majesty the Queen, succumbed to an attack of typhoid fever last week at Haalar Hospital. We hope to publish a full obituary notice of the deceased in our next.

NEW YORK is apprehensive of a water famine, and the Mayor of New York has issued a proclamation to the inhabitants calling their attention to the perilous state of things caused by the long drought. The inhabitants are therefore exhorted to practise economy in using water, as, unless copious rains set in shortly, the entire reserve supply will be exhausted in sixteen days at the present rate of consumption.

DR. WALTER G. SMITH has been elected to the King's Professorship of *Materia Medica* in the Dublin School of Physic, and he becomes—*ipso facto*—Clinical Physician to Sir Patrick Dun's Hospital. As the Board of Trinity College has made it an essential that no professor shall hold any physiciancy elsewhere than in Sir Patrick Dun's Hospital, Dr. Walter Smith vacates his office in connection with the Adelaide Hospital. A vacancy in the staff of this hospital is thus created.

DR. A. COPPINGER, resident physician to the Mineral Water Hospital, Bath, having resigned that appointment, after eleven years' service, the patients and servants at the hospital presented him last week with a handsome time-piece, accompanying which was the following address:—"Mineral Water Hospital, Bath.—To Dr. A. Coppinger.—The patients and servants of the above institution beg to assure you, on the occasion of the severance of your connection therewith, of their sincere regret at your departure, and ask your acceptance of the accompanying time-piece, as a small mark of their esteem and regard, with their hearty wishes for your future success."

FROM diseases of the zymotic class in the large towns last week scarlet fever showed the largest proportional fatality in Hull, Nottingham, Sunderland and Leicester; in Hull no fewer than 33 fatal cases of this disease were recorded, making 286 that have occurred since the beginning of July. The 44 deaths from diphtheria included 13 in London, 10 in Glasgow, 5 in Edinburgh, 5 in Portsmouth, and 5 in Birmingham. The highest death-rate from fever occurred in Oldham and Salford. The fatality both of measles and whooping-cough was below the average. Small-pox caused 25 deaths in London and its outer ring of suburban districts, and one in Bradford; no fatal case of this disease was recorded in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENTS.)

ELECTION OF PRESIDENT OF THE COLLEGE OF SURGEONS.—At a meeting of the Fellows of the College last Wednesday, Mr. Francis Brodie Imlach was a third time elected to fill the Presidential Chair. A more fitting compliment, and one more richly deserved, could scarcely be paid to any man; and the generous tribute paid by Professor Spence to Mr. Imlach's disinterested devotion to the duties of his office met with a hearty and genuine response from the Fellows present. Among the many obligations, mentioned by Mr. Spence, which the College owes to Mr. Imlach, not the least is the almost tender interest taken by the President in the Extra Mural School. The lecture-room of every lecturer in the School has been visited, and a kindly word of encouragement has been addressed to the younger members of the School. Although at times we have been constrained to animadvert severely on some of the doings of the College, yet we cannot but recognise the disinterested devotion to duty which has signalised Mr. Imlach's tenure of office.

EDINBURGH UNIVERSITY COURT.—At a meeting of this Court, held on the 17th inst., the Earl of Rosebery, Rector, in the Chair, it was reported that the committee appointed to dispose of the application of Mr. D. J. Hamilton, M.B., for recognition as a teacher of medicine in Edinburgh, whose lectures on pathology should qualify for graduation in medicine, had directed recognition to be issued in his favour. Mr. William Dittmar, Ph.D., was re-appointed to be additional examiner in Chemistry for the year ending 30th December, 1882. It was ordered to be published that at the stated meeting in January, the Court would proceed to the appointment of the additional examiners in surgery, clinical medicine, and institutes of medicine for the next period of office. Dr. J. D. Cunningham was appointed assistant to the professor of anatomy.

THE LATE DR. G. A. SIMPSON.—This promising and accomplished medical man was interred on Monday, the 16th inst., in Nellfield Cemetery, Aberdeen. Dr. Simpson died suddenly, at Banchory, from heart disease, at the early age of 36. During eleven years he enjoyed an extensive practice at Highgate, London. He studied at the University of Aberdeen, London, Paris, and Berlin; and graduated in 1868 with the highest academic honours. His maternal grandfather was parish minister of Lechel-Cushine; his father was connected with the Indian Medical

Service, and died in India. Dr. Simpson was married to a daughter of the late Professor MacRobin, by whom, and a young family, he is survived.

EDINBURGH HEALTH SOCIETY.—If the public health of Scotland is not soon improved it will certainly not be for want of public medical lectures. Platform oratory of this nature is assuming the form of a mania in Scotland; and one does not know which most to admire—the disinterestedness of the lecturer, or the versatility of their talents. A public meeting, to inaugurate the Edinburgh Health Society was held on the 21st inst., in the Free Assembly Hall, Edinburgh. The object of this Society is to promote the observance of the laws of health in Edinburgh and neighbourhood. There was a large attendance, both lay and professional; but the poor, for whom this Society is intended, were, as usual, conspicuous by their absence. Lord Shand, in the absence of the President elect—Lord Rosebery—was called to the Chair. Professor Douglas MacLagan, Mr. Trayner, Advocate, and others took part in the proceedings.

EDINBURGH—HEALTH STATISTICS.—The deaths in Edinburgh during the week ending with Saturday the 15th inst., were 94, including nine country deaths. This is equivalent to an annual mortality of 19 per 1,000, and is five below the weekly average of last year. Eight deaths from zymotic diseases occurred in the old town, four of them being from diphtheria, and two in the new town, while no death from zymotic disease was reported in the southern suburbs.

FIFE AND KINROSS LUNACY BOARD.—At a meeting of this Board, held at Cupar on the 18th inst., a letter was read from Dr. Fraser, Her Majesty's Commissioner in Lunacy, thanking them for the honour the Board had conferred upon him, but that, considering his official position, he could not accede to the request to recommend a successor to Dr. Brown, late medical superintendent of the asylum. On the motion of Dr. Cleghorn, it was agreed to recommend to a special meeting of the Board that Dr. Turnbull, of Morningside, should be appointed.

THE ROYAL DISPENSARY, EDINBURGH.—In compliance with a request of the medical officers, the directors of the above charity have changed the hours of attendance of the medical officers from two to three o'clock. We regret that the advantages of the dispensary are not more appreciated by students, there being a great falling off in those attending the practical pharmacy department. This is probably owing to the institution by the University, of a practical pharmacy class, practically another means of adding three guineas a student to the professor. As most of the Scotch graduates go south on graduating, the teaching in the university class is a waste of time, for it does not fit them for the duties of an assistant, a most important preparation for practice. Surely, something might be done to make the dispensary pharmacy class more attractive.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.—At the examinations of the College held last week, out of eleven candidates only three passed. As far as we can gather, the examinations were fairly conducted, so that the rejections point to a deplorable want of proper preparation on the part of candidates. Dr. Inglis has resigned his post of examiner, and is succeeded by Dr. Macnair whose chief qualification for the office of examiner appears to be the fact that he is the parochial medical officer for North Leith.

EPIDEMIC OF SCARLET FEVER IN GREENOCK.—Scarlet fever has assumed something like epidemic proportions in Greenock, about 100 cases being at present known to be

under treatment by the sanitary authorities. In the hospital there are about 80 cases, and, as the ordinary fever ward was found insufficient for the accommodation of the patients, an additional ward has been opened for their reception. At first the disease was confined to working class families, but it has since broken out among the residents in the west-end of the town. On an investigation it seems that nearly all the families whose members have been attacked, have been served with milk by a person named James Holms, a farmer in the neighbourhood of the Cloch, in the parish of Inverkip, one of whose households was recently "down" with the distemper. The Sheriff interdicted the selling of the milk from Holms' farm.

Correspondence.

MR. BURDETT ON HOSPITAL EXPENDITURE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue for October the 12th, you published a paper read by Mr. Burdett before the Social Science Congress held in Dublin during the present month, in which it is said that the in-patients at the Leeds General Infirmary cost (I presume in 1878) £3 0s. 4d. per week. As this is such a serious error I should be glad if you will allow me space to say that the cost per patient per week at the period named was about 19s. 4d. not £3 0s. 4d. as stated by Mr. Burdett, I should also be glad if you would insert the following table:—

In-patients under treatment.	Average daily No. of in-patients resident.	Average No. of days in the Infirmary.	Out-patients under treatment.	Total expenditure under all heads.
3,763*	228	23	18,225*	£12,582 5 1

The in-patients cost per week about 18s. This sum is small as compared with many other Hospitals, and is much less than at the Seamen's Hospital, Greenwich, where Mr. Burdett was Secretary-Superintendent till the beginning of this year. It is a most difficult matter to compare hospital expenditure accurately, without knowing precisely the basis of management in each particular case. For instance, in some hospitals, the patients have to provide their own tea, sugar, and butter; the resident staff have to provide their own food and washing. In the Leeds Infirmary, everything is found for the patients and the resident staff. Again, some hospitals are built upon what is known as the *block* plan, others upon the pavilion plan, those of the latter class cost more in working expenses, but they have many advantages in a sanitary point of view. I enclose a copy of our last annual report.

I am, Sir,

Your obedient servant,

THOMAS BLAIR, General Manager,

Leeds General Infirmary,
17th October, 1881.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The importance and the necessity for the most able and experienced physician to read carefully, and to understand thoroughly, the notes of the case before giving his diagnosis, were never more completely demonstrated than by the letter of Dr. Carpenter, which appears under the above heading in your last issue.

If Dr. Carpenter will refer to the abstract of my paper on "Hospitals and the State," which appeared in the *Medical Press and Circular* of the 12th inst., he will find that in order to enable the public to arrive at a just conclusion on the points treated, I endeavoured to give a review of the working of different systems of hospital management at several

* These were all individual cases, not the same people registered several times over during the year.

classes of hospitals during the last five years. In this retrospect I included an abstract from a leading article which appeared in the *Times* on the 13th November, 1877, which was not contradicted at the time, and which contains the particular statement which has filled good Dr. Carpenter with the "utmost astonishment." No one can rejoice more than I do that in Alderman Stone the governors of St. Thomas's Hospital have found a treasurer who has conducted its affairs with discretion, intelligence, harmony, and success. This fact does not in any way invalidate my argument that the system of management at the larger endowed hospitals in this country is not the best system. It simply proves that a capable man, having his heart in his work can, in spite of the many difficulties which are incidental to such a system, conduct the affairs of a great hospital with satisfaction to the medical staff and to the governors.

The error into which Dr. Carpenter has fallen is the more surprising, because you gave the footnote marked "b," which clearly showed that the whole paragraph was merely an abstract, and that it referred to events anterior to the appointment of Mr. Alderman Stone as treasurer to St. Thomas's Hospital.

The letter of a physician to the North-West London Hospital I have also seen, and I beg to assure him that before publishing my paper, and the tables attached to it, I will take care that his hospital is duly noted.

I am, Sir,

Your obedient servant,

HENRY C. BURDETT.

39 Gloucester Road, London, N.W.

THE BATH HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The comments you were pleased to make in your last issue on the anomalous state of things at the Royal United Hospital, Bath, will doubtless have good effect. When I first went to Bath, I inquired of the porters if medical men were allowed to see the hospitals—the Royal United, and Bath Mineral Water Hospitals, and was told, no. I have been practising in Bath more than twenty years, and have not yet seen the wards of the hospitals. Now, my opinion is, that all public institutions should be open to the public, especially hospitals to medical men of the place. It would be of great advantage to young medical men to see cases and operations, cases that would not be seen in private practice; it would give them nerve for operations, and increase their knowledge for treating disease. It would be beneficial to the public, who would be the gainers by their medical attendants seeing the practice of others.

Most medical men would be glad to subscribe to the hospitals, if they had a right to do in Bath, as they can do in London. At Cambridge they send round a notice to the profession of any great operation. I have seen Chopart's amputation of the foot performed there, and never since.

As you have made a movement in a right direction, I hope it will be followed up for a general advantage.

I am, Yours &c.,

FRANCIS P. HOBLYK.

Bladud Buildings, Bath.

THE NOTIFICATION OF INFECTIOUS DISEASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to express my concurrence in Dr. Martin's excellent letter on the Notification of Contagious Diseases Bill in this day's *Medical Press and Circular*. Absence from Ireland prevented my taking part in the recent discussion on this question at the Social Science Congress, as I should have been glad to have supported Dr. Jacob (to whom, as also to the distinguished medical member for Dublin, Dr. Lyons, M.P., we owe so much for their action in this matter) in his opposition to the proposed attempt to degrade the position of the medical profession.

I have no doubt that those who have so actively interested themselves in promoting this Bill are acting in the best faith, and with the best possible intentions, for what they think the public interest. But no amount of respect for the personal motives of others should prevent us from deprecating and

opposing any measure which we regard as impolitic, and which we know to be unjust.

The proposal to compel medical men, *bon gré, mal gré*, to act as sanitary detectives may possibly become law. But it is utterly impossible that such a law could ever be carried into effect, unless medical men themselves consent to undertake the "happy dispatch" of their professional character by the violation of that professional confidence, which has been so unhesitatingly, and heretofore so safely, reposed in them by the public.

As physicians, our first duty is to our patients, and our second is to our profession and to ourselves. That the medical profession has been ever ready to do the State some service needs no demonstration. The record of its unpaid, arduous, and hazardous services in the hospitals and public charities of the country may well bear comparison with those of any other calling. But there is a limit even to medical endurance, and the State can surely have no right to call on any medical practitioner, and more especially on one who is not employed in the public service, to undertake duties which he regards as prejudicial to the public welfare, as well as at variance with his patients' interest, and opposed to his own sense of professional honour.

I rely too much on the wisdom and justice of the legislature to anticipate that such a measure will be enacted. But should it pass into law, I am certain that very few, if any, physicians will be found disposed to give that co-operation (without which, as I have already said, the proposed measure would be practically useless) in carrying out the provisions of a law totally opposed to their sense of duty to their patients and their profession, as well as entirely miscalculated for the purpose for which it is intended.

I am, Sir, yours, &c.,

THOS. MORE MADDEN.

55 Merrion Square, Dublin,
Oct. 19th.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I object to being compelled to notify infectious disease among my patients, not only on the general principle of its being a violation of professional secrecy, but because it would make me a party to carrying out a law in which, as far as I can see, no provision is to be made against a manifest injustice. It is all along covertly assumed, that a person is to blame because he has infectious disease in his house, and therefore it is no matter, though he should suffer penal consequences. One speaker has said, that it would be better a shopkeeper should be ruined, than that his shop should become a centre of contagion. Even you say "the danger to the neighbourhood is of his making." Now, I contend, that the danger is not of the householder's making; that in nine cases out of ten, the disease comes into his household, from circumstances over which he has no control. Nay, if he be a poor man, the public at large, and especially the wealthier portion of it, are responsible for his having to live among surroundings, which cause infectious disease to be rife. It is a glaring injustice to punish people by closing their shops and the like for the public benefit, when the public itself has brought about the conditions which cause the mischief. Any law is most unjust which does not provide for giving compensation whenever loss, by closing a shop, keeping lodgings unlet, and the like, has been incurred through the presence of infectious disease. Such a shopkeeper has as much right to compensation, if his business is injured for the public safety, as a farmer has for the cattle slaughtered to stop the cattle plague. If this principle were carried out, the motive for the concealment of infectious disease would be removed.

Yours &c.,

FIAT JUSTITIA.

CONSULTING WITH HOMŒOPATHS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I believe you need be under no apprehension with regard to the effect on the profession at large of the generous advocacy of liberality to homœopaths inculcated at the Ryde meeting by Dr. Bristowe and Messrs. Barrow and Hutchinson. The heart of the great body of representative men of the orthodox persuasion is still in the right place, according to your views. No fear of the illustrious heads of the medical faculty—such as the titled physicians

of the metropolis—weakly allowing themselves to be persuaded to desist from boycotting and rattening their homœopathic colleagues whenever occasion may offer. Indeed, to my surprise and consternation, I lately discovered that the principles of the Anti-Homœopath League had penetrated even to the hitherto indifferent operating surgeons, for one of the most eminent of these, Mr. Lister, lately refused to hold any professional intercourse with me in reference to a patient to whom I had called him in on account of a dislocated arm, on discovering that I was favourable to the homœopathic treatment. In all my thirty-six years of practice in London I had never been so treated. Indeed, actual Presidents of the College of Surgeons, notably Quain and Ferguson, have repeatedly done the surgical part of the treatment in patients whom I was attending medicinally, and treated me with the utmost cordiality. But, it seems, *nous avons changé tout cela*, that is to say, if I may judge by my treatment by Mr. Lister; and the word has gone forth to operating surgeons to make them also practise the same boycotting manoeuvres to homœopaths as have been always employed by illustrious physicians of the Gull and Jenner stamp. Of course I may be mistaken, and Mr. Lister's anti-homœopathic zeal may be peculiar to himself. He has not been a long time away from Edinburgh—my native town—where medical polemics, as a rule, rage more fiercely than in the metropolis, but he is an eminent man, and perhaps his example may have an effect on the other operating surgeons of London, and then we shall see the edifying spectacle of patients left unrelieved of their broken and dislocated bones, or of their over-distended bladder, until they consent to turn off their homœopathic attendant.

Yours faithfully,

R. E. DUDGEON.

53 Montagu Square, London, 19th Oct.

VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The International Medical Congress of 1881 will always be remembered gratefully if for only one circumstance, and that is because Mr. Pasteur announced at that meeting that *pox pua*. In consequence of that letter I was honoured by a visit from the other authority on this important point, Mr. Badcock, formerly of Brighton, now resident in London at 87 Kennington Park Road. That gentleman was good enough to leave for me a still rarer work written by him on the question of the origin of vaccinia. As it is out of print, I think your readers will gladly see some extracts from it which I now enclose. The work is thus entitled:

"A Detail of Experiments confirming the power of Cow Pox to protect the constitution from a subsequent attack of Small-Pox, by proving the identity of the two diseases, by John Badcock, chemist, Brighton. Henry King, Bookseller and Stationer to the Queen Dowager, 1 North Street, and 44 East Street, Brighton, 1845."

We read in this classical pamphlet in page 11, "Towards the end of the year 1836, I suffered severely from a dangerous attack of small-pox, which happened but a few months after re-vaccination, and my mind having previously been impressed with an idea that the old vaccinia had lost its protective influence by passing through so many constitutions, during the long period of forty years, I was exceedingly anxious to procure some fresh from the cow, for the purpose of having my own children re-vaccinated. On inquiry, I found that the true disease seldom prevails among cattle; and I also learnt, from very excellent authority, that disastrous consequences have arisen from inexperienced persons communicating other pustular diseases of the animal in mistake. The only satisfactory mode of obtaining, with certainty, the true vaccine that presented itself to my mind was, therefore, to inoculate a healthy cow with small-pox matter, as the result of that operation, if any, must be cow small-pox. I must here mention that this method of obtaining vaccine is opposed to Dr. Jenner's theory; for he informs us that the origin of vaccine was a disease on the heel of the horse, called the *grease*." Page 14. "Having, as I have already stated, lost some of my confidence in the old vaccine, and being desirous of avoiding the risk of taking the casual disease from the animal, I solicited some of my medical friends to inoculate a cow of mine with small-pox, but their want of leisure from professional duties disappointed me in that respect, and, after waiting nearly three years, I undertook the experiment myself."

"In the month of December, 1840, I commenced operations on a fine young cow, with small-pox matter taken from a strong healthy girl, and was singularly successful. My own little boy was the first vaccinated from the cow, and from this and subsequent operations I have carefully kept up the supply of vaccine. In these proceedings the utmost caution was observed for the public safety, as well as to make the experiment interesting to the profession. Three days after the inoculation with small-pox, the cow was inspected by medical men, the vesicle was watched in its progress, and the lymph taken in their presence. I also placed all my early cases of vaccination under the inspection of medical practitioners, and a great number of them visited my little boy during the progress of the disease."

"After my success in this experiment, the next was to inoculate a pony with small-pox, but without any result. I was equally unsuccessful with three cows which I inoculated with grease (the reputed source of Dr. Jenner's vaccine), for in all I failed to produce anything like a vaccine vesicle. It was not until some time after the commencement of my investigations, nor, in fact, before I had succeeded in my object, that I became acquainted with the experiment of Mr. Coely, of Aylesbury, made a few months previously, and so beautifully illustrated in the eighth volume of the 'Transactions of the Provincial, Medical, and Surgical Transactions.'

Page 16. "The following extract from a lecture by Mr. Erasmus Wilson confirms the opinion that cow-pox and small-pox are identical:—'We may,' says this clever surgeon, 'regard vaccine in another and its true light, namely, as identical with variola, and consequently the operation are the same with inoculation with small-pox, the only difference being the greater mildness of vaccine, resulting from its transmission through the cow. In this sense it is clear that variolation, after vaccination, is re-vaccination in all excepting in name.'

Page 17, "In a work published by Mr. Pruen in 1807, entitled 'A Comparative Sketch of the Variolous and Vaccine Inoculation,' the opinion of a Mr. Birch is quoted, that 'cow-pox was nothing but small-pox transmitted through the cow.' All these authorities, therefore, favour my view of the question, and tend *à priori* to show that the lymph obtained from vesicles produced on the cow by inoculation with small-pox matter, would cause on the human subject the usual effects of a perfect vaccination. This fact, as I have before stated, I have repeatedly demonstrated by direct experiment."

"I have already remarked that my own little boy was the first human being whom I vaccinated with the lymph which I obtained from the cow. The operation was perfectly successful, and one of the medical gentlemen who had witnessed the development of the vesicle upon the cow, became desirous to vaccinate his child from mine."

"Although I had the greatest confidence in the lymph thus produced, and infinitely preferred it to the old stock of doubtful origin, which appeared to be worn out, yet as it was the first experiment of the kind I had ever heard of, I naturally watched its transmission with some anxiety. My little boy's novel case exacted considerable interest, for more than thirty gentlemen of Brighton and the neighbourhood, including six physicians, visited him during the first ten days."

Page 18. "Notwithstanding the unanimous opinion of all regarding my child's case, I thought it advisable to subject most of the patients of the first and second removes from the cow to the same scrutiny; the results were equally gratifying. Good vesicles were produced, and the children did not appear to suffer more constitutional disturbances than is usual from the ordinary vaccine."

"By the kind co-operation of the profession in furnishing me with frequent supplies of small-pox lymph, I have been able, during the last four years, to repeat this experiment on upwards of ninety cows, and from occasional successful cases, am obtaining fresh supplies of vaccine. The experience I have now had in several thousand cases of vaccination with this virus, and in numerous instances when exposed to small-pox contagion (some of which, as they are remarkable cases, I shall refer to) would justify me in recommending it for general use."

Page 22. "Up to the period of the experiments performed by Mr. Coely and myself, I believe, there is no authentic record of an individual in this country having succeeded in inoculating the cow with small-pox matter; but I have already shown that she may be so inoculated, and that a vesicle thus produced yields a fluid which, being transmitted to the human subject, produces all the appearances which Dr. Jenner has described as the true vaccine vesicle; thereby demonstrating

the identity of the two diseases, and that, notwithstanding the several points of dissimilarity, they are, indeed, the same—that cow-pox is still small-pox which has passed through the constitution of the cow, having lost its *infectious qualities*, but retained its *protective power*."

These quotations, taken in conjunction with the ones I sent from Mr. Coely will, I trust, incite those who are in a position so to do, to try a further set of experiments on the bovine species by means of inoculation with small-pox virus. I know very well that first-class experimenters, such as Chauveau and Sanderson, have failed to get vesicles such as those which Coely and Badoock were fortunate enough to produce; but the extreme importance of the question makes it most essential to continue these experiments much further.

I am, Sir, your obedient servant,

CHARLES R. DRESDALE

17 Woburn Place W., London,
Sept. 6, 1881.

Literature.

ANTI-VIVISECTION ESSAYS. (a)

THIS curious volume is described in a short preface as consisting of three essays, among the authors of which the sum of £200 was divided as a reward for their labours. By whom contributed, or under what circumstances there is nothing to show, but we can very sincerely congratulate the writers of these "scientific and ethical" considerations of vivisection on their good fortune in reaping such a substantial recognition of very common place, and utterly worthless, productions. It might almost be conceded forthwith that any serious examination of the oft-repeated nonsense with which the anti-vivisection bolsters up his charge against the hated man of science, is altogether unnecessary; but unhappily there are still a vast number of the general public ignorant enough to be imposed on, and influenced by the tactics of those who aim at extinguishing research in this country. Such people will always serve as a following of the determined opponents of every intellectual advance, actuated either by ignorance, prejudice, or fanaticism, they lend a ready ear to hysterical declamation of the leaders of a crusade against knowledge. We cannot, however, but regard with keen regret, the spectacle presented by members of the medical profession in voluntary alliance with the enemies of science, and working with them to attain its ultimate destruction. The only satisfaction to be found in connection with this aspect of the anti-vivisection craze, is that its medical recruits have never, so far, been such as had vindicated a claim to speak with authority on the question at issue. With one voice, those who have advanced the cause of medicine, whether by direct experiment, or by inductive reasoning, have uttered condemnation of an agitation founded on a want of a knowledge, or a deliberate concealment of the inestimable benefits conferred on man by experiments on living animals.

Dr. Macaulay occupies 82 pages of the volume before us, with an attempt to prove the inadequacy of vivisection to do ought to advance progress in medicine; and he avails himself very extensively of quotations from numerous authorities in support of his assumptions. In many cases, however, he is very unfortunate, and perhaps in no way more so than when introducing Prof. Owen (p. 12), as reproaching vivisection as a means of demonstration. Dr. Macaulay, and others like him, are too prone to urge *ex uno disce omnes*, and to leave his readers to infer erroneously from disjointed expressions. Possibly the recent full and complete vindication of the claims of vivisection by Prof. Owen will materially alter Dr. Macaulay's opinion of him as an authority on the subject.

The great mistake made by the anti-vivisection fraternity, and one that places them in a ridiculous position with all educated persons, is the assumption they make of superior knowledge on all those points which remain even to trained and competent investigators, matters of mystery. The bold effrontery with which they presume to discuss the *scientific*

(a) "Vivisection: Scientifically and Ethically Considered in Prize Essays." By Jas. Macaulay, M.A., M.D., Rev. Brewin Grant, B.A., and Abiathar Wall, M.R.C.S. 1881. Marshall, Jupp, & Co.

value of researches, the simple description of which they signally fail to comprehend, carries aggravation from the knowledge that it imposes on the credulous public it is intended to affect; but, most of all, do they err in pandering to the silly sensationalism which is the distinguishing attribute of all ignorant persons.

Dr. Macaulay is guilty of all these errors, but most striking, perhaps, is the ridiculous nature of his examination of Dr. McKendrick's illustrations of what vivisection has accomplished. We cannot help a certain amount of admiration for the courage displayed in thus attempting to ridicule the conclusions of a great physiologist on purely physiological problems; but the feeling does not extend to acceptance of the intended refutations. Dr. Macaulay, moreover, will do well if he pursues this line in future works, to learn the correct mode of spelling the names of the authorities he mentions. No doubt it necessitates a good deal of labour, but it will not be thrown away. We had intended to quote from Dr. Macaulay's essay, but space will only admit our doing so with a short passage, which, however, displays the narrow, uncomprehending character of the whole work. "In most cases, the experiments can have no bearing on medical practice. Professors Hitzig and Ferrier may anticipate wonderful results from connecting glyco-genic function of the liver, with violent injury of the brain in dogs; but as a rational practitioner would confine his treatment of diabetes to the subduing of some supposed cerebral lesion" (p. 86.) This is a fair indication of the spirit and knowledge with which Dr. Macaulay attacks experimental physiology.

Mr. Grant is ambitious. He designs his essay to be "a handbook for investigators into the scientific and moral claims, &c., &c., of vivisection." It is necessary only to say of it that its author's preface concludes in these words, descriptive of "*experimental physiology*," viz., "it promised much, and did nothing." The reader of this remarkable clergyman's disquisition on the errors of physiology will find ample confirmation in it of the well-worn adage concerning the rash intrusion of foolish persons where angels fear to tread; and a good deal of amusement will be elicited by a perusal of the clerical author's onslaught on inquiring physiologists.

Mr. Abiathar Wall, in the third essay, "scientifically and ethically" considers "painful experiments on living animals." Mr. Wall is a licentiate of the Royal College of Physicians, Ed., and M.R.C.S.E., &c. The paper is a mixture of religious invocation and silly utterances, sprinkled by professional references justified by the author's qualification probably, but it is no improvement on its fellow. The donors of the £200 will, we trust, find a wiser method of disposing of any further super-abundance of their riches.

Obituary.

DR. McCLINTOCK, of Dublin.

We deeply regret to announce the death of this eminent obstetrician and gynecologist, who expired on Saturday last after a prolonged, and, in its latter stage, very painful illness. At a comparatively early age, and well within the three score and ten of the psalmist, Dr. McClintock passed through a laborious and distinguished professional career, commencing as assistant in the Rotunda Hospital, and assistant secretary to the Cow-Pock Institution. From this he was promoted to the mastership of our great Lying-in Hospital, which he filled with remarkable ability. His term of mastership having expired, he established himself in Dublin, and assumed a leading position in his speciality, in which he enjoyed a large practice; and to the literature of which he contributed on the most extensive scale. His writings are numerous and valuable, and remain a permanent monument of keen observation, great ability, and consummate experience. He was a member of all our local professional societies, and of numerous foreign ones; and the University of Dublin conferred upon him the honorary degree of master of the obstetric art. In the midst of a busy career, and with apparently many years of health and usefulness before him, he was struck down while visiting a patient with an attack of paralysis, apparently of an embolic character. Latterly he appeared to mend, but a relapse extinguished the hopes of his many friends and well-wishers in and out of the profession. Dr. McClintock belonged to a family of very high social position in the north of Ireland,

and was the youngest of three brothers. His elder brother pre-deceased him, but the second is the well-known and distinguished Arctic explorer, Admiral Sir Leopold McClintock, K.C.B. His death will be received with regret by the Irish public.

THOMAS JAMES RAWSON, M.D., of Carlow.

A TYPICAL provincial surgeon has just passed away in the person of the above, at the advanced age of 73. Thomas James Rawson was descended of a good old stock, which had long been located in Glashealy, co. Kildare. He received his early education at Ballitore and Carlow, both of which places were noted for their seminaries in by-gone days; he obtained the license of the Royal College of Surgeons, Ireland, in the year 1830, and then proceeded to the M.D. of the Glasgow University, which degree he obtained two years afterwards. Having qualified, he determined to accept no appointment of a lower grade than a county infirmary, and a vacancy soon presented in the Carlow Institution, and after a sharp contest with a competitor who possessed considerable local influence, he was declared the successful candidate. He was for some time surgeon to the Carlow Rifles, and also to the gaol and workhouse. He was very fortunate in practice, and enjoyed the confidence of rich and poor alike for a period of well nigh half a century. He was a very able surgeon, and possessed a capital nerve, and his opinion was largely availed of in consultations in the adjoining counties. He had a commanding presence, splendid physique, and this, with the charms of a happy manner and humour, made him welcome and marked wherever he went. He possessed a capital eye, and was, in his day, one of the keenest sportsmen of the south. In politics he was a staunch conservative, and an ardent admirer of the late Earl of Beaconsfield. All the same he held his own views, though in a determined, yet in a good humoured way, and never made an enemy by so doing.

Some years ago he contracted typhus in the discharge of his workhouse duty, and about the same time carried scarlatina to a favourite daughter. The slow recovery in the first instance, and the death in the second, made an impression on him which he can scarcely have been said ever to have recovered from. Ulceration of the semi-circular canals of the ears soon afterwards set in, and he suffered considerably from tinnitus aurium and vertigo, so much so that he was obliged to resign practice, which he did in favour of his only surviving son.

The immediate cause of death was passive dilatation of the heart, and consequent dyspnoea and dropsy of the extremities. He retained his consciousness almost to the last day or two of his life, when the urine became suppressed, and he died exhausted and comatose on the 12th inst.

Queen's University in Ireland.—The following candidates having satisfied the examiners received their degrees at the October Convocation:—

DOCTOR IN MEDICINE.—*First Honour Class*: Havelock Henry Charles, Thomas Sinclair.—*Second Honour Class*: George L. Galpin, William Henry Lendrum, Francis McLoughlin, James Pinkerton, David Sempie.—*Upper Pass Division*: Warwick Long Child, Timothy Dilworth, William Walter Gibson, Patrick F. Graham, James W. B. Hodson, John Kennedy, William J. R. Knight, John S. Logan, Robert W. S. Lyons, Samuel Macaulay, William O. Maher, Edward J. Parry.—*Lower Pass Division*: Robert Anderson, Wm. G. K. Barnes, John G. Black, John Blair, Samuel Connor, James Craik, Charles Daly, John Dodd, Charles Dundee, Alexander John Fleming, David Forysth, Henry Harper, Robert Henry, Michael Jennings, John L. Jaquez, Samuel W. Johnson, Walter C. Johnson, Samuel F. Loughheed, Daniel Lynch, Edward McConnell, Thomas S. McConnell, Robert James McCormack, Joseph R. McDonnell, Bettie McFarland, Jeremiah McKenna, W. McMurray, John R. McNeill, William N. McWilliam, James Minnece, Gerald Mitchell, David T. Mouteth, William Arthur Moyuan, William Nelson, David Valentine O'Connell, Arthur O'Keefe, Robert J. O'Malley, George H. Powell, Richard M. Ralph, John Redmond, Archibald C. Robinson, R. Kutterford, David M. Saunders, William D. Sexton, James Simpson, Henry Sinclair, Robert Stuart, Edward James Holmes Sullivan, George M. Thompson, John M. Trimble, Felix O. Vinrace, Charles H. Wheeler, Charles Wiseman.

M.A.S.T.R.S. IN SURGERY.—Robert Alexander, Joseph Anderson, William G. K. Barnes, John Blair, Richard Campbell, Havelock H. H. Charles, W. Naughton Davies, Timothy Dilworth, John Dodd, Alex. Fleming, George Luck Galpin, James Geraghty, Patrick F. Graham, Robert Henry, James W. B. Hodson, Edward Horan, John Kennedy, William Henry Lendrum, J. Smyth Logan, Daniel Lynch, R. W. Steele Lyons, Samuel Macaulay, Robert McCormack, Jeremiah McKenna, Wahab McMurray, John Robinson McNeill, W. O. Maher, James Minnece, Gerald Mitchell, David Taylor Mouteth, William A. Moyuan, James Mullin, John F. J. Mullin, William Nelson, James A. Oakesott, Arthur O'Keefe, David J. O'Malley, James Pinkerton, George H. Powell, David M. Saunders, David Sempie, Henry Sinclair, Thomas Sinclair, William Smyth, Robert Stewart, Jeremiah Sugree, Edward J.

Homes Sullivan, George M. Thompson, John M. Trimble, Felix Coulson Vinrace, Charles H. Wheeler, James B. White, James E. White.

DIPLOMA IN MIDWIFERY.—J. Greer Black, John Blair, Havelock, H. B. Charles, Warwick L. Child, Samuel Connor, Charles Daly, W. Naunton Davies, Timothy Dfiworth, Patrick F. Graham, John Kennedy, William H. Lendrum, J. Smythe Logan, David Lynch, Robert J. McCormack, Jeremiah McKennah, W. Odillo Maher, James Minnieor, James Mullin, James A. Oakshott, David V. O'Connell, Arthur O'Keefe, James Pinkerton, George H. Powell, Richard M. Ralph, John Redmond, David M. Saunders, David Sempie, Henry Stielar, Edward J. Holmes Sullivan, David Taylor, George Matthew Thompson, James B. White, James E. White.

King and Queen's College of Physicians.—At the October Examinations the following obtained the Licence in Medicine and Midwifery of the College:—

MEDICINE.—George Abbott, Francis George Bonyage, Mark Andrew Brennan, Patrick Joseph Dempsey, Walter William Stockton Jones, Charles Louis Lumley, Francis Edward McFarland, Vincent John Magrane, Lyster Andrew Noian, Daniel M. O'Connor, Charles Parsons, John Alexander Cairns Penny, John Tuthill.

MIDWIFERY.—George Abbott, Francis George Bonyage, Walter William Stockton Jones, Charles Louis Lumley, Vincent John Magrane, Lyster Andrew Noian, Charles Parsons, John Alexander Cairns Penny, John Tuthill.

The following Licentiates have been admitted Members:—

James Chalmers Cameron (George Cochet Chevaye (Surgeon-Major, Indian Army), George Nield Cooper, Thomas O'Dwyer Russell, Richard Baker Smith, George Westby.

NOTICES TO CORRESPONDENTS.

MR. SERBE (Leipzig).—The Directory in question contains all the hospitals, infirmaries, dispensaries, and medical institutions in the country.

MR. SPARKES (Kensington).—The subject selected for the next Astley Cooper Triennial Prize is "The Pathology and Pathological Relations of the Disease known as Osteo-Arthritis, or Chronic Rheumatic Arthritis." There is yet more than a year before essays need be sent in. Further particulars will be found on reference to our columns, Dec. 1, 1890, page xiii. The value of the prize is £300.

MEDAR BALVANTRAS VINCECK SHASTREE (Bombay).—The author referred to in your letter has been dead some years.

QUACKERY AS AN INVESTMENT.—A correspondent sends us a clipping from a local paper in which is evidenced—a fact but too well known to the regular practitioner—the enormous gains made by quacks, as contradistinguished to legitimate practice. A few days ago an estate was put up for auction and the quack outbidding all others, purchased the property for £10,000. The same quack is understood to be paying income-tax on £4,000 a year; not a happy illustration that "honesty is the best policy."

E. S. (Portlengone).—A student who has matriculated in the Q.U.I. will not be required to pass the matriculation examination of the Royal Irish University, but must pass the First Examination in Arts at the end of his first year.

MR. SIDNEY DAVIES.—Cases received with thanks. They are put in hand for early insertion.

MR. CHIPPENDALE will find all the information he desires in our "Students' Number," Sept. 21st, and in the subsequent number (Sept. 28th) containing chapter on "Student's Books and Reading."

S. S., MEDICAL OFFICER.—(1) When it is desired to build a dispensary residence the guardians must set forth in memorial to the L.G.B. their propositions and their reasons, and the L.G.B., before giving consent, must specially inquire. The medical officer should, of course, be consulted by the guardians, as he is specially interested, but it is not legally necessary that his opinion should be asked. He can, of course, with great force make representations to the L.G.B., who will certainly not oblige him to pay for, and live in, an unsuitable house. (2) A licentiate in midwifery is not entitled to hold office as medical attendant on the constabulary, or in any other public capacity, and, if he is so acting, an appeal should be made to the Irish Medical Association.

MR. BISSENDEN is thanked for his kindly interest.

DR. J. A. R.—The subject is scarcely ripe for discussion; information is being sought in various channels so that it may be treated exhaustively, and we trust with a useful result.

A LAY READER.—We do not prescribe in these columns; yours is a case which any qualified medical man could treat successfully.

DR. D. asks: (1) Is there any rule as to the number of years a dispensary medical officer must serve before he could be qualified for the appointment of Local Government Inspector, or how the appointments are made? (2) What is my remedy, as a dispensary hack, if I can get red tickets cancelled. Can I legally recover a fee from the issuer of the ticket?

[1. There is no special qualification for a Poor-law Inspectorship. A dispensary doctor has no peculiar claim, nor will any period of service give him a title to the appointment. 2. Fees can be recovered from the issuer of a cancelled ticket if it can be shown that he has negligently or wilfully issued a ticket to an undeserving person. There would be no difficulty about proving this if—as is usual—the ticket were not filed up by the issuer but only signed by him. The recipient may also be sued if it can be shown that he obtained the ticket by false pretence.—ED.]

DR. W. H. PEARSE.—Letter received as we were at press, shall appear in our next.

MR. F. A. C. H.—Probably in our next.

MR. H. THOMAS.—We know of no institution in the United Kingdom answering exactly to the requirements of your letter. Write to the Secretary of the National Hospital for Epilepsy and Paralysis, Queen Square, London. Possibly your case might be considered.

DR. M. P. J.—Many thanks.

THE SOCIETIES.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 8 Mr. Stevens will show a Tumour of the Brain.—Mr. T. E. Adams, "On Injuries to the Arteries of the Lower Extremities."

ABERNETHIAN SOCIETY (St. Bartholomew's Hospital).—Thursday, Oct. 27, at 8 p.m., Mr. Bowly, "On the Treatment of Wounds."

QUEEN'S MICROSCOPICAL CLUB.—Friday, Oct. 28, at 8 p.m., Ordinary Meeting.

CLINICAL SOCIETY OF LONDON.—Friday, Oct. 28, at 8.30 p.m., Mr. T. C. Dent, "On a Case of Strangulated Hernia (Littré's) or Partial Enterocoele."—Dr. Churton (Leeds), "On a Case of Cholesterolin-containing Fluid in the Pleura."—Mr. Keover, "On a Case of Stricture of the Pharynx and Oesophagus, with special reference to Gastrostomy and Oesophagotomy."—Dr. Stephen Mackenzie, "On a Case of excessively High Temperature."

Vacancies.

Bath Eastern Dispensary.—Resident Medical Officer. Salary, £150. Applications to the Hon. Secretary, 10 Beaufort Buildings, by Nov. 1.

Dental Hospital, London.—Assistant Surgeon. Full information of the Hon. Sec. at the Hospital, Leicester Square.

Drogheda Union, Termonteen Dispensary.—Medical Officer. Salary, £110, and £80 as Medical Officer of Health. Election, Nov. 8.

Middlesex Hospital.—Surgical Registrar. Full information of the Secretary Superintendent.

Monmouth Union (Wales).—District Medical Officer. Salary, £40, with the usual extra fees. Applications to the Clerk of the Union by Nov. 4.

South Devon Hospital.—House Surgeon. Salary, £80, with board. Applications to the Hon. Sec. at the Hospital, Plymouth, by Nov. 7.

Appointments.

FREEMAN, H. W., L.R.C.P. Lond., M.R.C.S.E., Surgeon to the Royal United Hospital, Bath.

FRY, J. B., L.R.C.P. Lond., M.R.C.S. Eng., Medical Officer of Health to the Swindon Urban and Rural Sanitary Districts.

HALBY, W. H., L.R.C.P. Ed., L.R.S. Ed., Medical Officer for the Wakefield District of the Wakefield Union.

HAMILTON, D. J., M.B., F.R.C.S. Ed., Pathologist to the Royal Hospital for Sick Children, Edinburgh.

HEWITSON, J., M.B., C.M. Ed., House Surgeon to the Royal Maternity and Simpson Memorial Hospital.

HOAR, C., M.B., C.M. Aber., Medical Officer for the Fifth District of the Battle Union.

KELLY, H. J., M.D. St. And., M.R.C.S., Medical Officer for the Castle Bromwich District of the Aston Union.

KIDD, F. H., M.B., C.M. Ed., House Surgeon to Great Yarmouth Hospital.

MURPHY, J. B.A., M.D., Consulting Surgeon to the Monkwearmouth and Southwick Dispensary.

Ogilvie, Dr. G., B.Sc., M.B., Physician to the Hospital for Epilepsy and Paralysis, Portland Terrace, London.

OZANNE, F. N., M.R.C.S., House Surgeon to the Weston-super-Mare Hospital and Dispensary.

Births.

CORFIELD.—Oct. 19, at 10 Bolton Row, Mayfair, W., the wife of Professor Corfield, M.D. Oxon, of a daughter.

FAULKNER.—Oct. 27, at 8 Coleridge Road, Finsbury Park, the wife of J. Faulkner, M.R.C.S., of a son.

MANDERS.—Oct. 17, at Yorktown, Surrey, the wife of Horace Manders, F.R.C.S., of a son.

STRITCH.—Oct. 10, at 24 St. Kevin's Parade, Dublin, the wife of George Andrew Stritch, M.D., Charlestown, co. Mayo, of a son.

Deaths.

BARNARDO.—Oct. 17, at Birkdale Park, Southport, Isabelle Florence, the beloved wife of Dr. F. A. Ernest Barnardo, aged 24.

BROSTER.—Oct. 20, at the Naval Hospital, Haslar, Edward R. Broster, Fleet Surgeon R.N.

COWAN.—Oct. 19, at Holles Street, Cavendish Square, London, Jessie, widow of J. Moffat Cowan, M.D., of Edinburgh.

DAY.—Oct. 13, at Hambrook Lodge, Ultracombe, Edwin Day, M.R.C.S., late of Court House, Hambrook.

DOMVILLE.—Oct. 21, at his residence, the Royal Hospital, Haslar, Wm. Thos. Domville, C.B., M.D., Inspector-General of Hospitals and Fleets, Honorary Surgeon to H.M. the Queen, aged 57.

DREW.—Oct. 10, at his residence, Clogher Head, John Drew, M.D.

GWILLIM.—Oct. 14 at the residence of his son-in-law, at Burton-on-Trent, William Gwillim, M.R.C.S., aged 89.

MAWHINNY.—Oct. 20, at his residence, 128 Rathgar Road, Dublin, suddenly, Thomas Mawhinny, M.D., son of the late Dr. Mawhinny, Belfast.

MCCLEINTOCK.—Oct. 21, of heart disease, Alfred Henry McCleintock, M.D., LL.D., ex-President of the Royal College of Surgeons, Ireland, second son of the late Henry McCleintock, of Dundalk, on his 60th birthday.

RAWSON.—Oct. 12, at Barrow-Ville, Carlou, Thomas James Rawson, M.D., aged 73.

SMITH.—Oct. 8, at Sheffield, Charles Smith, B.A. Cantab., M.D. Edin., aged 87.

WALSH.—Sept. 13, at Thayetmeyo, British Burmah, Thos. Pakenham Walsh, Surgeon A.M.D., late of Athlone, aged 24.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 2, 1881.

CONTENTS.		PAGE	PAGE	PAGE
ORIGINAL COMMUNICATIONS.				
Value of Recent Investigations in the Treatment of Disease. By Mathew Charteris, M.D., F.R.C.S. Ed., Professor of Materia Medica and Therapeutics in Glasgow University, &c.		379		
Remarks on Dissolution of the Nervous System, as Exemplified by Certain Post-Epileptic Conditions. By J. Hughlings Jackson, M.D., F.R.C.P., F.R.S., Physician to the London Hospital, &c. . . .		380		
A Note on Vaccination and Re-Vaccination. By William Berry, M.B.C.S. Eng. Hon. Surgeon Royal Albert Edward Infirmary, Wigan		382		
Stimulants in Workhouses—III. The Officers' Beer Ration. By Norman Kerr, M.D., F.L.S.		383		
CLINICAL RECORDS.				
St. Bartholomew's Hospital—Three Cases of Gout. Under the Care of Dr. Dyce Duckworth. Communicated by Mr. Sidney Davies, B.A.		384		
SPECIAL.				
France—Cystic Tumour on the Vulva—Coxalgia—Abscess of the Breast		385		
TRANSACTIONS OF SOCIETIES.				
CLINICAL SOCIETY OF LONDON—				
Strangulated Hernia		386		
Double Hemorrhagic Pleurisy, with Formation of Cholesterin		388		
Two Cases of Malignant Stricture of the Oesophagus in which Gastrostomy was Performed, with Special Reference to Oesophagostomy in Narrowing of the Tube		387		
Case of Excessively High Temperatures		388		
LEADING ARTICLES.				
THE ROYAL COMMISSION ON MEDICAL REFORM		389		
A MODEL FEVER DEN		390		
AN ANTIDOTE FOR SNAKE-POISON		391		
NOTES ON CURRENT TOPICS.				
Prolonged Meetings		392		
Prize Question		392		
Sewage Farming		393		
Dwellings for the Poor		393		
Fracture in Hemiplegia		396		
High Thermometric Readings		396		
Emigrant Fees		398		
St. John's Ambulance Association		394		
Indian Medical Service Defence Fund . . .		394		
British Medical Association in Relations with Homoeopaths		394		
Poisoning by Nicotine		394		
The Conflict between the Metropolitan Asylums Board and Local Authorities . .		395		
Education in Obitology		395		
Revenue for Patent Medicines		395		
Cremation Abroad		395		
SCOTLAND.				
Edinburgh School of Medicine—Vacancy in the Chair of Natural History University, Edinburgh—Health of Edinburgh . .		396		
Ophthalmic Teaching in Dublin		397		
Irish College of Surgeons		397		
OBITUARY		397		
CORRESPONDENCE.				
Consulting with Homoeopaths		397		
NOTICES TO CORRESPONDENTS		398		

Original Communications.

VALUE OF RECENT INVESTIGATIONS IN THE TREATMENT OF DISEASE. (a)

By **MATHEW CHARTERIS, M.D., F.R.C.S. Ed.**

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In consequence of the interest taken by the public in medical matters, the profession, said Professor Charteris, is now every day asked—"Have you utilised recent investigations in treating the diseases of every day life?" In endeavouring to answer this question he showed that disease, in so far as it generally attacks mankind, may be fairly and legitimately divided into two great classes:—1. Acute zymotic diseases; 2. general diseases and diseases of individual systems. The diseases of the former class are intimately connected with the investigations of the present day. They have been known certainly in all time, but until lately they have been but little understood. They were huddled together promiscuously. Their origin seemed mysterious. They were distinguished simply by their eruptions, their course, and their fatality, and such a classification, and such a conception, frustrated their sanitary prevention, and often rendered nugatory all care, and skill, and hope. We live now in a different time, and we have stripped off much of the mystery which surrounded their course. We say that they are dependent on particular lowly organisms, that these organisms entering into the system, produce and reproduce themselves in numbers infinite and possibly definite in form. True, we cannot catch the individual germs in which these diseases originate. We cannot place them on the microscopic slide and say, "Lo! there the germ, there the embryo of the race's fatal enemies." But that they do exist no one attempts to deny, for it is the only logical conclusion to be drawn from the history of

(a) A Lecture delivered at the opening of the Winter Session of the University of Glasgow on October 25th.

the maladies. Their etiology, based on definite facts, is now known beyond the professional pale, and has become the household information of every well-educated and intelligent man. The knowledge is also imparted that, while sanitary science has done much to destroy their virulence and impair their epidemic type, it cannot and never will be able to prevent their quasi-epidemic or sporadic character. The further question also is asked—"How may these germs be destroyed when they have gained an entrance into the system?" The answer might be made that diseases so engendered tend to exhaust themselves. Nature rebels against such unbidden and unwelcome guests, and we aid her efforts by careful hygienic surroundings and judicious diet. We attend, as Sir W. Jenner happily expressed it, to the little things connected with the sick bed, and we await with confidence the result: we trust to Nature.

The question of general fever was then discussed, and the means by which it may be lessened, either by the administration of potent drugs whereby the life of the fever-producing germs is destroyed, or by the direct withdrawal of heat by baths at a regulated low temperature. The action of quinine in malarial fever, and of salicin and the salicylates in rheumatic fever, was then noticed as illustrating the advance of therapeutics in late years. Such answers, then, may be given by the profession to the public about the progress of art in diseases which come home with startling force to peoples and communities. They show the affinities of the rightly-applied medicines and therapeutic methods of the present day. They indicate the principles on which they are given, and these principles are based on well-defined scientific lines. The idea is communistic, for it has the imprimatur of men of every land. The progress is recent, but it is great, and it bids us hope for more. The field is vast, but the labourers are many, and judging from what has been so rapidly accomplished, we may confidently anticipate with Binz, of Bonn, "that pharmacology, interpreting the etiology of infectious diseases, may yet discover specific antidotes for each" or, with Huxley, state "that it will become impossible to introduce into the economy a molecular mechanism which, like a very cunningly contrived torpedo, shall find its way to some particular group of living elements and cause an explosion among them,

leaving the rest untouched." With regard to diseases not dependent on germ life, the position of the profession is different. On the investigation of remedy *versus* disease—the crucial point on which the question turns—this may be considered as generally conceded, that every remedy must be adjudicated upon in connection with the natural march of the malady it is given to cope with. If this be slight and harmless, if nothing will go wrong, if ordinary care and common sense be exercised, then we cannot attribute extraordinary merit to any drug selected and prescribed. A recital of drug cures in circumstances like these, is unnecessary, when a candid explanation of, and intelligent sympathy with, the patient's state is the best, most truthful, and in the long run most paying recipe. But in dealing with other maladies not so trivial in their nature, nor so innocuous in their course, which are met with in practice every day, and where life, it may be, hangs in the balance, the physician is false to the traditions of his art who can only confess his incapacity, who knows nothing and suggests nothing. To the sick man this conduct is death. To the friends and to the public it is cool and heartless cynicism. To the impartial critic it means "medical suicide," for he sees that if the policy of expectancy is carried to its legitimate conclusion there is a sapping of the foundations of therapeutic faith. There is a lowering of the public interest in scientific inquiry. There is no use in "having doctors at all." Such a doctrine is properly fatal to the position of the profession in the eyes of the public. It is necessarily false to the best interests of the profession, and besides it is not in accordance with present facts. The acquaintance with pharmacology is based on intelligent premises. We endeavour to test the actions of medicines by the methods of research inaugurated by Morgagni, and followed up by his successors in the present day. It is needless here to state what these methods are. It is sufficient to aver that in the eyes of men most competent to judge they are excellent. They have led to a most correct appreciation of the value of individual remedies, for they have determined how each drug acts in health in relative parts of the body; what it specially affects, what it leaves untouched.

Its exactitude so far cannot be questioned, and the knowledge so acquired is applied to special forms of disease with a confidence we had not before. Thus it has narrowed a field of particular drugs. It has loosened the hold of empirical remedies. It has dismissed much of the polypharmacy which overshadowed vague and unseemly mixtures, and obliterated the triumphs apt to be assumed by incongruous ingredients. It makes prescriptions simpler and less fortuitous in their scope. Therapeutics takes up a position which is critical but not antagonistic to its ally. It acknowledges that physiology is not medicine, and that we cannot trust to it alone; for we must recollect that the most significant testing-ground for medical agents is the hospital ward and actual practice. It states that the action of a medicine may be accurately described so far as it affects a healthy human being or animal. Its influence on digestion, on the circulation, on the respiration, and the nervous system may then be unquestioned. Looking at what has already been accomplished by the cordial working of these two methods, I know I can truly say that of no other disease, unless pronounced hopeless by its nature, which could not be benefited by medical aid, meaning by this not the nurse's attention, but the physician's skill. When we contrast the bleakness of the prospect which stretched before anyone who a hundred years ago surveyed the therapeutic future, the triumphs of vaccination against small-pox, of chloroform in painful surgical operations, and of the alkaline bromides in epilepsy, these and others to which I might allude, are undoubted evidences of solid progress.

We are recipients of a trust, and he who is faithful to this will cherish it without seeking to deface the landmarks on which it rests. The cardinal point of our profession has ever been the giving of medicines in agree-

gates sufficient to produce physiological action, for without this there can never be therapeutic gain. If we keep this steadily in view, we find in the whole history of medicine no encouragement given to us by the career of those schismatics who have left our ranks. By what they afterwards accomplished they have done nothing. They can do nothing, for their infinitesimal quantities are contrary to every principle which science reveals and practice accepts. In every case where medicine has left its mark on disease no feeble policy has guided the hand. It has ever been strong, and vigorous, and active. To future graduates of medicine I would say, carry the hope of progress with you into the work of your after life, and you will feel yourselves loyal sons of men whose names are dear to every student's heart. Deal gently with the weaknesses of the old masters, as revealed in their writings, and with no scornful hand lay bare their errors in judgment and discrepancies in treatment. They failed in much, but they achieved much, and in the dim and shadowy past in which they lived, remember that their lights were feeble as compared with yours. Seek not to destroy the belief in the *Ars medicandi* which they helped to rear with great labour, and which they nourished with faithful care. "The proper study of mankind is man," and man sends for you to study him, not in the glow of his physical strength and pride of intellectual might, but in the day of his danger and hour of bodily weakness. He does so in the hope that you may do him good, and not that you may regard him simply as an instructive and interesting case of physical or mental decay. Remember this in the time of your pupilage, and when you have passed from the threshold of this University into the busy pursuits of your after-life, and so reflecting and so acting, your student days will be true and earnest, and your future career sustained by the rich reward of merited success. Place before you no other standard, however seductive the prospect, than the desire to diminish the suffering and extend the term of the troubled years of those who have trusted themselves or theirs to your honour or your skill.

REMARKS ON DISSOLUTION OF THE NERVOUS SYSTEM, AS EXEMPLIFIED BY CERTAIN POST-EPILEPTIC CONDITIONS.

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(Continued from page 70.)

SECTION XII.—The Nature of the Positive Elements (continued) Anatomically Considered.

ANATOMICALLY considered, the negative elements—to return to them for a moment—are (Section IX.) losses of adjustments of the organism, as a whole, to the environment in the order, according to the "depth" of the dissolution, from the most special and complex of them towards the most general and simple. Correspondingly the positive elements are anatomically considered *retentions*, and often over-developments, of more general and simple adjustments of the organism as a whole (a) to the environment

(a) It occurs to me as possible that the expression, "adjustments of the organism as a whole," may be taken to mean that all parts of the body, arms, legs, eyes, mouth, &c., are acting at once "upon the environment." This is as much a misunderstanding as if it were inferred from a common use of the term environment in the above, that I meant that every part of the patient's universe was being acted on. During a voluntary action (say that I pick up a pin) there is a movement which is an outcome of—is the then *termination* of—activities, however slight most of them may be, of the whole organism; and so there is whilst I am thinking of doing it. In *this* sense "the organism as a whole" is engaged during picking up the pin. Otherwise the pronoun "I" in the proposition, "I pick up a pin," is meaningless. The "I" stands in that context for what is physically the organism represented as a whole, and for what psychically is the person subjectively. And if "I" is meaningless,

than those in health, and still in the order, according to the depth of the dissolution, from the less special and complex towards most general and simple adjustments—down, in deep coma, to adjustments, some of which, as the circulatory, appear to be of parts of the organism one to another. (All adjustments are, strictly speaking, of parts of the organism to one another.)

The expression, "towards more general adjustments," requires some qualification which will be made later when we speak of Partial Dissolutions.

SECTION XIII.—*The Nature of the Positive Elements (continue I).*—*The Positive Element cannot be said to be always Abnormal from Over-activity.*

In the third sentence of Section X. I said of the positive condition that it was "often abnormal" by over-activity, because I cannot prove that the nervous arrangements, lower than those exhausted, are in all cases—as I really suppose them to be—over-active. They may perhaps be left in their ordinary state of activity or readiness for activity. I will now consider the positive condition, and partly clinically, with the hope of dissipating the vagueness of "most often;" in other words, I shall try to show why in some cases the positive condition is not, or is but slightly, hyperpositive.

We have not only to consider (taking here for illustration the second post-epileptic condition, that of actions) the particular things done, and the degree of speciality and complexity of the actions, but whether they are slow and unfrequent or quick and frequent. (a) Whether, that is to say, they are the outcome of a normal, or of a nearly normal, condition, or of a highly-raised activity of the lower nervous arrangements. We speak of the "rate of the actions." (b) They differ in different cases vastly in this way. There are at one extreme cases in which the post-epileptic patient's conduct is, so much as there is of it, almost normal in rate. The patient cannot be declared to be too busy or over-active. Thus, a child after a slight epileptic seizure, may do nothing, but may do simple things when told, such as shutting a door. Then at the other extreme there are cases of furious post-epileptic mania, in which the actions are very quick and frequent. The post-epileptic maniac

"pick up a pin" is so too. This part of the proposition stands for what again is physically the organism represented as a whole, and for what is psychically the person objectively. A fault of popular psychology is that it does not give full and true value to pronouns. It is for this reason that it is so tautological. Instead of saying, "He has a sensation," the common expression is, "He is conscious of a sensation," as if "he" were not a pronoun standing for a person—for one who is conscious. The duplication, subjective and objective, is sufficiently expressed by the simpler proposition; it means a sensation in relation to all our other mental states, and also a sensation referred to this or that part of us. To say the organism, as a whole, is specially adjusted to the environment—adjusted to specialities in the environment—is to speak of the physical side of what is psychically expressed in saying, "He does this particular thing." During a voluntary movement there are, at any rate, activities of some of the highest nervous arrangements—of some of those, that is to say, each of which represents the whole organism—the highest nervous arrangements are the whole organism, so to speak, potentially."

(a) The meaning of some words in the text may be made clearer by quoting what Sanderson tells us authors say of some characters of the pulse:—"1. As regards the number of pulsations per minute, the pulse is said to be frequent or infrequent—*pulsus frequens, pulsus rarus*. 2. As regards the time which seems to be occupied by each beat, not including the interval between it and its successor, the pulse is said to be slow or quick—*pulsus celer, pulsus tardus*."—*Handbook of the Sphygmograph*, p. 13.

(b) A man, after a slight epileptic fit, mixes cocoa in a dirty gillipot used for the cat's food, with a mustard spoon, which he must have gone to the cupboard to obtain (he remembered nothing of these doings on recovery). This action was a special and complex one. (It was in accord with what was arranged before the fit set in.) A man after a fit lies rapidly sprawling, kicking and shouting, on the floor. This is a simple and general action. Besides recognising the differences in speciality and complexity by these two post-epileptic actions, we should note the "rate" of the doings. Those of the latter patient are at a greater rate

is the most furious of all maniacs; the fury implies great "rate" of his actions. The hypothesis I have formulated is that the degree of activity of the lower nervous arrangements—and consequently the rate of the actions—varies directly, not according to the "depth" of the dissolution, but according to the time in which the dissolution "shallow" or "deep" is effected—according to the time in which "control is removed."

The "deeper" the dissolution the more general the actions; the more rapidly the dissolution is effected the greater is the rate of the actions. Some seeming, but not real, qualifications have to be made on these two statements.

The full complexity of the question raised in the preceding paragraph has not been laid out; it is a very complex one. By anticipation I will now state, and yet very briefly, an hypothesis as to differences in the effects of epileptic discharges of different severities, with special regard to the "depth," degree, and duration of the post-paroxysmal exhaustion effected by them; and consequently with regard to the generality, rate, and duration of the permitted actions. We must begin with the epileptic paroxysm, although what we have directly to deal with in this section is the post-paroxysmal condition, the condition remaining when the epileptic discharge answering to the paroxysm is over.

In Section VI. I said that the expression "severe" applied to epileptic paroxysms is vague; and so then, of course, is that expression applied to nervous discharges which produce the paroxysm. We have to consider not only the quantity of energy liberated, but the rate of its liberation. My belief is that a more rapid liberation of energy gives rise to nerve currents of greater force—that is, to currents capable of overcoming lines of greater resistance—than does a slower liberation of an equal quantity of energy. If so, then from the more rapid liberation there will be wider spreading of currents, and consequently convulsion of greater range. The highly unstable cells of the "discharging lesion" being a "fulminate," when discharged overcome—that is, discharge—normally unstable—that is, healthy—cells, collateral and lower. There is a primary discharge (of cells we likened to a fulminate), and then a secondary discharge of healthy cells physiologically connected with those primarily discharging. The more rapid the primary discharge of the "fulminate," the more of the normally unstable cells are overcome—the wider the secondary discharge. In other words, from a "severer" discharge—meaning one giving rise to currents of greater force—the spasm is greater in Compound degree than that from a "slighter" discharge. I mean that there is not simply more spasm, but greater range of spasm also. (See later on Compound Degrees of Paralysis.) There is, I believe, less spasm locally, but there is more altogether.

Nothing said in this Section implies the belief that nerve impulses travel at different rates. A rapid discharge means many impulses travelling in a short time—a great "quantity of motion" in a short time. A quantity of energy liberated in a short time gives rise to currents of greater force than does an equal quantity liberated in a longer time. Thus the terms "force" and "energy" are not used convertibly. This must be borne in mind when the term, "rapid discharge," or "rapid liberation of energy," is employed.

The expression, "lines of resistance," is used. What a nervous discharge can do depends not only on the force of the current developed, but also on the resistance met with. In the same way we have not only to think of nerve fibres as connecting centres, but as keeping them apart—the fibres resist as well as conduct. (a) Neglecting for the present nerve fibres, nerve cells are not only "energy reservoirs," but parts offering resistance. Thus the middle cerebral motor centres (I mean Hitzig and Ferrier's

(a) Sydney Ringer is the first physician who, so far as I know, has pointed out the importance of recognising resistance offered by nervous elements.

centres) stand betwixt the highest motor centres and the spinal (and higher homologous) motor centres. The primary discharges in the cases we speak of ("epilepsy proper") are of parts of the highest centres. It is only when the resisting cells of these middle centres are overcome that their energy is added on to that of the primary discharge—to that of the discharge of what we called the fulminate; ultimately the lowest motor centres are overcome, the muscles are gained and put in spasm. Observe there is a great multiplication of energy as the process "goes down." Of course currents spread in the highest centres also, when some part of these centres is discharged and they spread according to the different resistances offered. One difference betwixt *le petit mal* and *le grand mal* is, I suppose, that in the former the lower cerebral centres are not overcome (except for some cells representing some small muscles), and that in the latter they are. When the lower centres are not overcome, the currents, I suppose, spread more in the highest centres; hence in some cases of *le petit mal* there is complete loss of consciousness for a short time, with but little peripheral effect. (a)

Thus we may understand more clearly that a more sudden and rapid discharge leads to convulsion of greater range than does a deliberate and slow discharge. The currents developed from a rapid discharge spread in more ways, not only in lines of least resistance, but in lines of greater resistance.

Now for the hypothesis as to the condition after the discharges. First, for the negative element of the after conditions. There is exhaustion where the discharge or the current developed "has been." After a rapid discharge the exhaustion of nervous elements has been more suddenly established, it is more widespread, it is slighter in degree, and is more transitory than after a slower liberation of an equal quantity of energy. If so, the difference betwixt the exhaustion produced by the two is a difference in compound degree. We have on the one hand (1) suddenly established; (2) widespread ("deep"); (3) slight; and (4) transitory exhaustion, against, on the other (1) slowly established; (2) limited ("shallow"); (3) more nearly complete and (4) lengthy exhaustion.

Now for the positive condition "under," so to speak the negative condition; that is, the condition of the nervous arrangements next lower than those exhausted. We mean physiologically lower. I think that in the former case the positive condition is more hyperpositive (control being more rapidly removed), the outcome of it is in actions of greater rate, in more general actions (the dissolution being deeper), and that it is more transitory, the exhaustion being slighter. In the latter case I suppose that the positive condition is more nearly normal; that the actions are more nearly normal in rate, less general in character; that they continue for a longer time.

SECTION XIV.—*The Nature of the Positive Element (continued).—Its Psychological Side.*

In Section IX. we spoke, when considering the negative elements, both of the negative psychological state, and of the negative physical state corresponding to it. We should attempt a similar distinction in the positive elements.

It is manifest that in the positive element of the first degree there is a psychical state with a correlative nervous

(a) The reader will note that we speak of three motor centres of different grades of evolution. 1. Highest (the motor substrata of consciousness, or of most vivid consciousness). 2. Lower (Hitzig and Ferrier's centres). 3. Lowest (Spinal and higher homologous motor nuclei). In this we do not follow what I may call the geographical division into spinal cord, medulla oblongata, pons varolii, &c. (As already mentioned, the "cerebellar system" is ignored in this work.) The highest and lower motor centres, if not the lowest centres, are, I consider, only chiefly motor. Later on I shall speak of three chiefly sensory centres. I wish now to mention explicitly that this double order of centres is not supposed to correspond to our three degrees of post-epileptic conditions. In the first and second degrees, at any rate, the highest centres are engaged; in the second both the highest and the lower and lowest. Only some of the nervous arrangements of the highest centres are supposed to be exhausted in any of the three degrees.

state; the patient on recovery remembers his "dream," knows at least that he had some mental state.

As to the positive element in the second degree (of actions) there is the difficulty we have several times mentioned (Sections v. and VIII.) We say that the patient in this degree has "loss" of consciousness. On the arbitrary use of this term we commented in Section v.; for our present purpose it is enough to say that the patient, on restoration, remembers nothing of what he did. Yet this unconscious patient acts elaborately, and his actions are sometimes purposive-seeming. Whether there is a psychical state during, and corresponding to, such actions, is a question on which there will be differences of opinion. (See Section VIII.) That there is activity of some of the highest nervous arrangements, however many of the others are *hors de combat*, is, I think, not doubtful.

As to there being any sort of consciousness, however rudimentary, attending, I mean correlative with, the nervous activities, the outcome of which are the "vital" operations in the third degree, there will be but little difference of opinion. I express no opinion. But that either some mental state, or activities of some of the highest nervous arrangements, or some kind of condition persists in a few cases during coma, is, I think, probable (Section III., footnote a); for an operation, interrupted by the comatizing lesion, is sometimes re-begun on recovery, or, perhaps I should say, on partial recovery; indeed, it may go on in a fashion during part of the coma. (a)

(To be continued).

A NOTE ON VACCINATION AND RE-VACCINATION.

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INSUSCEPTIBILITY of vaccination is not much believed in either by the vaccination inspectors or public vaccinators, and during an experience of eight years in private practice, I can bear out this belief. I have seldom been called upon to certify that a child is not susceptible after having been vaccinated three times as required by the regulations for such a certificate, and my experience of two cases recently would certainly lead me to think that such a certificate should rarely be given.

My first instance is that of a child, seven months old, allowed by the parents, who objected to vaccination, to be delayed till compelled by the vaccination officer to submit the child for vaccination. I was requested to obtain calf lymph which I did, and vaccinated the baby the day I received a well charged point. I took good care to rub the lymph well into the scarifications, and on the eighth day, to my chagrin, nothing could be seen to mark the seat of operation; I now obtained a second point, and this was also unsuccessful. I was now asked to sign the certificate of insusceptibility, but objected, and left them to receive another request from the vaccination officer. In a few weeks, therefore, I was again requested to perform the operation for the third and last time. My faith being shaken in "pure calf lymph" I took a tube of fresh human lymph, and was rewarded on the eighth day by a fine crop of vesicles. The father of the child assuring me I had not used calf lymph this time.

My second example is that of a fine healthy babe, which was first vaccinated from a tube of lymph I had had from the National Vaccine Institution twelve months before, as I was anxious to begin a fresh stock of lymph, this failed. A second time I used a tube of lymph got at the same time as the last, and from the same institution, this also failed. The third time I wrote and got from the Vaccine Institution another supply, one tube was sent me

(a) Perhaps the term coma may be thought illegitimate when applied to cases where there are any sort of actions beyond "vital" movements, if the latter are to be called actions. But some elaborate actions, such as twirling a moustache, may go on in a man who is, for the rest, fatally comatose.

this also failed. I wrote and asked for another tube, and vaccinated for the *fourth* time, this also failed. I now got a tube of calf lymph from an agency in London, and this failed also. This being the *fifth* time I had performed the operation unsuccessfully. Not being satisfied I vaccinated for the *sixth* time from the fine vesicles of a healthy child, and was rewarded on the eighth day with three very fine vesicles.

These two cases, especially the last, are to my mind almost proof against the non-susceptibility of vaccination, and for the future I shall be exceedingly doubtful, if ever called upon to certify after a third vaccination. It is remarkable also that this is the first time, that lymph supplied from the National Vaccine establishment, has failed.

With regard to re-vaccinations, at the commencement of this year I had a remarkable run of success, and ample proof that re-vaccination should be resorted to oftener than it is, and more especially, if we are threatened with an epidemic of small-pox.

As medical officer to a college of pupil teachers, I re-vaccinated 29 pupil teachers, varying in age from 13 to 21 years, many of whom had very good marks of primary vaccination—23 were successful, or 79·3 per cent. I may here remark that three-fourths of them had vesicles equal to those of primary vaccination. I next vaccinated 12 boarders, ranging in age from 4 to 12 years, out of these 11 were successful, or 91·8 per cent. Fifteen mistresses and 2 assistants were next vaccinated, these varied in age from 30 to 55, some of whom had been re-vaccinated a few years previously—6 were successful, or 35·3 per cent. I re-vaccinated 10 private patients, and all were successful.

Therefore, out of a total of 68 re-vaccinations 50 were successful, or 73·5 per cent. In my first lot of 58 cases I had to make the lymph go as far as possible, one tube having to serve for nearly half a dozen people. I used a little cold water for dilution.

Many of the cases had very large vesicles, with an inflamed areola, which, however soon subsided after the use of a bread poultice for a day or two.

STIMULANTS IN WORKHOUSES.—III.

THE OFFICERS' BEER RATION.

By NORMAN KERR, M.D., F.L.S., London.

An inspection of the Parliamentary Return of 1871 brings to light the honourable position occupied by the officers of the union of St. Anstell, Cornwall, who are stated to be all total abstainers. At Eton, though the master was allowed ale, we are told he did not drink any.

In some unions, the official and healthy inmate proportion of the whole alcoholic expenditure is very large. The West Derby Union in the Special Report of 1871 inform us that, while the cost of alcoholic liquors for the sick was no more than £500, the corresponding outlay for officers, and inmates not under medical treatment, was as much £390.

An analysis of the Parliamentary Return reveals the fact that there was no expense at all for liquor to officers in the English counties of Northumberland, with twelve unions, and Westmoreland, with three unions. Neither was there in the Welsh counties of Anglesey, with two unions; Cardigan, with five; Carmarthen, with five; Carnarvon, with four; Denbigh, with three; Merioneth, with four; Pembroke, with three; and Radnor, with one workhouse.

In several counties, there was only a minority of the unions expending money on beer for the official staff. In the county of Cornwall there was but one union of the thirteen so doing; in Cumberland one union of the nine; in Durham there were three of the fifteen; in the West Riding of Yorkshire four of the ten; and in the North Riding three of the sixteen.

In England there were 171 unions which spent nothing for beer or other liquor for the officials, against 413 which gave the beer ration. In one union the schoolmistress and nurse had half a bottle of wine daily instead of beer.

Of the 171 providing no beer, a number gave a money allowance instead. The following are the particulars of such from the Parliamentary Return:—A money allowance, of which the amount was not specified, was given in the unions of Forehoe, Henstead, Loddon and Clavering, Mitford and Launditch, and Meriden; £2 a year was the amount of the grant at Chester and Williton; 1½d. a day at Yeovil; and 2d. a day at Calne. It is 1s. a week at Newent, Liverpool, Barrow-upon-Soar, Spilsby, Melton Mowbray, Radford, Thame, Malmesbury, and Rotherham. £3 a year was allowed at Ellesmere; and 1s. 9d. at Saffron Walden and Guildford.

In Wales only twelve unions provided liquor for their officers, thirty-three unions supplying none. Of the latter the Parliamentary Return gives the particulars in only one instance, that of Cardiff, where the officers of the workhouse and schools were allowed a money payment of 1s. 3d. weekly.

In the House of Common's Return, on the motion of Mr. Whitworth, of alcoholic stimulants used in the Irish workhouses during 1880, out of the 163 unions included in the Return 87 are reported as having supplied no intoxicating drink to the attendants.

Since the date of the Return for 1871, in a considerable number of unions the officers have asked for and received a money equivalent in lieu of the beer. At Brighton no fewer than fifteen of the resident officers and servants engaged in the Industrial School sent in a statement to the effect that they were total abstainers, and requested a grant of money in place of the drink they did not consume. At Banbury the guardians have resolved to allow the master and other officers £4 per annum. During the discussion of the question at Banbury it was stated that in Solihull union the master received £6 a year, the matron £3, and the nurse £3. In Manchester several officers receive milk at their own request, instead of ale and porter.

In only one case which I am acquainted has there been a really pathetic and touching appeal for beer by an official, though a few similar petitions, not quite so heartrending in their terms, have been made. I allude to what the press called "the singular application" to an English board of Guardians in 1880 from the schoolmistress of a union workhouse. This worthy lady applied for an allowance of beer or for 1s. 3d. per week. The beer, she urged, was necessary on account of her health. Will it be credited that neither of these requests, for the "necessary" physic or its value in money, was granted?

All may not be agreed on the propriety of sweeping away altogether the beer allowance to officials, though there are many unions where neither beer nor an equivalent in money is given. But no abstinent or non-abstinent ratepayer, or other person interested in parochial affairs, can possibly object to the officers, in unions where there is a beer allowance at present, being offered the alternative of either an unintoxicating or a cash equivalent. Everyone must acknowledge the fairness of conceding to such officers as cannot conscientiously drink ale, or do not care for it, a money or other equivalent in kind equal in value to the beer to which they are at present entitled. This is a simple act of justice, and cannot but commend itself to all. Not once, but many times, have guardian committees and Poor-law officials strongly urged the propriety of adopting the recommendation of the Special Committee of the West Derby Guardians in 1871, viz., "With respect to the supply of ale and porter to nurses and other officers, we strongly recommend that a money equivalent be granted in place of the daily allowance to such officers as may be inclined to accept it."

Permit me to conclude with the expression of the firm conviction, that procedure in this direction will have the strong and hearty concurrence of the Local Government Board, whose official staff (one of whom, Sir Hugh Owen, has recently been rewarded by Her Majesty for his long and efficient Poor-law services) have all along spared no effort in impressing the importance of this question on the various boards of guardians throughout the land.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Three Cases of Gout.

Under the Care of Dr. DYCE DUCKWORTH.

Communicated by Mr. SIDNEY DAVIES, B.A.

I.—*Gout in a Sailor.*—Alfred B., *æt.* 63, came to the out-patient department of St. Bartholomew's Hospital on May 8th, suffering from a severe attack of gout in several of his joints. He had been for forty-five years at sea, and was a master mariner when he left his ship, having become incapacitated by the gout. Being, in consequence, reduced in circumstances, he went into the union infirmary for a time. No history whatever was obtainable as to gout or rheumatism in any of his ancestors or relations. One brother, older, has never suffered. He used to drink bottled beer and Holland's gin in moderation when at sea. His first attack of gout occurred fourteen years ago, while he was sailing on the coast of Africa, within four degrees of the equator. The pain seized him about midnight in the great toe. Two days after it went to the ankle. After the attack had lasted a few days it left him for a space of two years. Subsequently the attacks came about every year, and, latterly, three or four times a year. The hands were first affected six years ago, the elbows and knees four or five years ago, and the shoulders and hips since that time.

When he presented himself, the patient had a pallid anæmic appearance. His hair was grey, his teeth strong, and well enamelled. There were no tophi in the ears, or anywhere else. The mucous membranes were pale, uvula large; tongue pale, coated with a thin yellow fur. Hands much deformed; carpus deflected to the ulnar side. Fingers of rather a "paranip" type. Extremities of the ulnae much enlarged. Knuckles everywhere enlarged. Right hand œdematous, puffy and swollen. He was not troubled with cramp in the legs. There was visible pulsation in the brachial arteries. The heart sounds were clear. There was thickening of the bursa over the right olecranon. Urine 1015, acid, contains a trace of albumen, but no sugar. The patient has had no previous illness but "fever." He stated that he slept well, but had to get up three or four times in the night to make water. He was ordered the following prescription:—

Pot. iod., gr. iij.;

Syr. ferri iod., ℥ss.;

Tr. nuc. vom., ℥x.;

Aquæ ad, ℥j. ter die sum.,

and lin. sinapis co. to apply to the affected joints.

When he presented himself at the hospital he had been in continual suffering for six months.

On May 28th he came, and said he felt much better. The medicine was discontinued, and he was ordered

Lin. saponis co., ℥vij.;

Tr. iod., ℥ss.;

to be mixed and applied to the joints instead of lin. sinapis co.

On June 4th he was again improved. Anchylosis existed in many of the phalangeal joints of both hands, only the fore-fingers and thumbs could be opposed, so that the grasp was very imperfect.

August 3rd.—Continues free from pain.

II.—*Gout in a Sailor.*—Peter W., *æt.* 78, came to the Hospital on April 6th to seek relief from an attack of gout, chiefly in the left hand. He had lived at Padstow and at Plymouth, and was formerly a sailor. He was married, and had six children, one had died, four were girls, and the eldest son was living, aged 58, was formerly a sailor, and suffered from gout.

The patient was a man of healthy appearance; his head was bald and shiny; he had no arcus senilis, and was nearly edentulous; the teeth which remained were yellowish; eyes glistening; the nails were striated. There was a well-marked tophus on the left ear, and a doubtful one on the right. The uvula was long and glossy; the skin of his hands smooth and shining.

The first attack of gout seized him in the left great toe eighteen years ago. On the occasion of the second attack his left wrist, instep, and right middle finger were involved in the disease.

The last joint of the right middle finger was much enlarged. The fingers were straight. The bursa over the right olecranon was full of presumably uratic deposit.

The patient did not suffer from cramps, nor from headaches. His urine was acid; sp. gr., 1024; contained a trace of albumen.

Three years ago he began to have attacks of "leadness" at the end of the ring finger, passing to the other fingers, and to the wrist, accompanied by burning pains, alleged to be constant. He was rendered miserable by them, and the discomfort kept him awake at night. The tongue was large; heart sounds clear. The vessels had the hardness of senility. He was ordered the following prescription:—

Pot. bromidi, gr. viij.;

Pot. citratis, gr. xv.;

Dec. chinchonæ pal., ℥j. ter die sum.;

Conf. sulphuris, ℥j. p. r. n.

April 9th.—Patient's right hand has been swelling since the 6th, and is affected with much pain, but it is not like ordinary gout, accompanied by œdema. The pain in the left hand is the same. Medicine changed to

Tr. colchici sem., ℥xv.;

Mag. carb., grs. x.;

Aq. menth. vir., ℥j. ter die sum.

13th.—The right hand is relieved. Ordered

Ung. veratriæ (B.P.) ad manum sinist. applic.

Rpt. hst. colchici.

27th.—The veratria gives no relief. Ordered

Lin. chlorof.

Pit. col. co. c. hyoscyam, gr. x. p. r. n.

Pot. cit, gr. xx.;

Inf. gent. co., ℥j. bis die.

III.—*Acquired Gout—Chronic Interstitial Nephritis.*—William Geoghegan, *æt.* 61, fur-skin dresser, came to the out-patient room complaining of weakness and pain in the left side. On examination no physical signs were found in the chest. But there were tophi in the ears; the joints between the first and second rows of phalanges were enlarged; the fingers were straight, and the hands in the same lines with the arms. There was slight œdema in the legs. Over two of the phalangeal joints were deposits (doubtful tophi.) The urine was acid; sp. gr. 1018, no albumen. Pallor and œdema of eyelids.

The patient stated that he had the first attack of gout six or seven years before, in the left great toe; he woke up one morning with pain and swelling there. The attack lasted six weeks. It was followed in eighteen months by another attack, which affected the right wrist. The fingers were attacked afterwards.

Patient had lived in England for forty-five years. When in Ireland, his native country, he used to drink whisky and water, and a little beer; since he came to England he had drunk chiefly beer. None of his relatives, as far as he knew, had ever suffered from gout. He was ordered *haustus quinæ c. ferri* of the Hospital Pharmacopœia, with mag. sulph., gr. xv.

Remarks by Dr. Dyce Duckworth.—Two of the foregoing cases were in the persons of sailors. Gout is certainly less common in sea-faring men than amongst landmen. There must be a reason for this, and if we could learn exactly what is the cause of this exemption, we should be better conversant than we are with the nature of gout. In both of these cases the patients were advanced in years. Dr. Duckworth could only recall one instance of a man who lived almost constantly at sea, a master mariner, and who was under forty years of age, who suffered from attacks of gout.

In the first case, a severe attack came on at sea, and in the tropics. The man was then forty-nine years of age. It was a "classical" attack of podagra, seizing a big toe-joint in the middle of the night. The patient could trace no hereditary acquirement of the disorder. He had drunk moderately

bottled beer, and a little Holland's gin while at sea. He presented no appearance of having been an excessive drinker. No evidence could be obtained of uratic deposit in any part. Would it be proper in such a case, therefore, to question the truly gouty nature of it?

We must suspend judgment as to the presence of urates, but we must accept the belief of Mr. Jonathan Hutchinson, which clinical observation and post-mortem research both support, that gouty arthritis may be independent of uratic deposition. And, in like manner, joints may be seriously disorganised and incrustrated with urates without any ordinary manifestations of gouty arthritis, such as pain, inflammatory signs, &c. We recognise gout by its type, by what it does, and by what it does not do. The points in this case which declare for true gout are, the occurrence of the disorder in a male of certain age, in a certain joint at a very definite period; further, the recurrence of other attacks at intervals, the arthritis not being of progressive character, and the deformities unaccompanied with those bony outgrowths which are so significant of osteo-arthritis. The supervention of renal affection in that form, so often met with in the gouty, and the other physiological features, all point in the direction of gout, and not in that of rheumatic or other arthritis.

The second case was in a man of 73, who had formerly been a sailor, afforded a history of the first attack when he was 55 years of age. He appeared to have been a temperate man. His son, also a sailor, evidently inherited his gout from him. Tophi were present in this case, and the occasional symptom of "dead fingers" occurred in a very annoying degree. The arterial spasm is noted to be somewhat more common in those who are goutily disposed than in other individuals. No relief was gained for the distressing sensations in the left hand; veratria and chloroform liniment were unavailing, and the patient returned to the country at the end of three weeks. Old people bear pain badly, as a rule, but I cannot doubt that relief might have ensued from full doses of bromides given early in the evening.

The third case affords an example of what is far from uncommon, viz., the acquisition of true gout by an Irishman, who alters the mode of life, and takes up his residence in London. This man had lived forty-five years in England, and had adopted a sedentary occupation, and taken to beer-drinking. Gout is known to be extremely rare in Ireland and Scotland. Evidence is forthcoming, however, that since porter-drinking has become more common in Dublin than it was formerly, there is a decided increase of true gout amongst the lower orders.

The reasons that led to suspicion of chronic interstitial nephritis in this case were, the low specific gravity of the urine, the œdema of eyelids, and the glistening conjunctivæ, together with the swelling of the lower extremities. The existence of albumen is not necessary to certify this diagnosis in the presence of so many plain symptoms associated in a case of chronic gout.

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

CYSTIC TUMOUR ON THE VULVA.—At the Société de Chirurgie, M. Despres communicated an observation of a little girl, 8, who was brought to him for menorrhagia. On examination he found at the vulva a tumour of the size of a nut, occupying the opening in the hymen, and almost completely obliterating the meatus. The tumour was detached by the ligature. Examination proved it to be a cystic tumour containing black blood. M. Despres considered it to be one of those vesicular vascular polyp very rarely observed amongst little girls in France.

COXALGIA.—M. Verneuil wished to draw the attention of the Society, upon an accident that he had observed in the course of coxalgia, and which was never mentioned sufficiently, in text books he meant, that particular kind of relapse after apparent cure of the disease. He cited the following case as typical:—Five years ago he had been called to see a young girl affected with coxalgia of a benign form. He put the limb in an immovable apparatus, and the cure was very tedious. However, fifteen months ago he was able to pronounce the cure as complete. Both limbs were exactly of the same length, and there was but a very slight degree of stiffness in the articulation. Six months after-

wards he was called to see the child again, and he found considerable deformity in the affected side; a marked shortening and flatness of the gluteal region. There was no swelling, no pain, nor any trace of inflammation. M. Verneuil diagnosed, contrary to the opinion of other medical men, a paralysis of the psoas sartorius and abductor muscles, which proved to be the case; as chloroform being administered, he was able to correct the deformity. The child was again put into an immovable apparatus, and faradisation employed. The results were admirable. These facts led M. Verneuil to find in the muscular system the physiological explanation of the two periods of coxalgia. As is well known, in the first stage there is abduction, rotation outwards, and apparent lengthening, and permanent flexion, all such as would give contraction of the gluteal muscles, and the psoas. In the second period, on the contrary, there is abduction, rotation inwards, and shortening. The articular inflammation extends to the capular muscles, the inflammatory contraction of the psoas causes permanent contraction, that of the glutæus medius and minimus, to lengthen with abduction. After a certain time these muscles become atrophied and lose their strength, then the inflammation extends further, to the abductors and the sartorius, which produces rotation inwards, and shortening. Bearing the above facts in mind, electricity should be employed to strengthen the muscles.

TREATMENT OF ABSCESS OF THE BREAST.—Dr. Pagnet, of Lille, adopts the following rules in the treatment of abscess and phlegmon of the breasts:—As soon as fluctuation is recognised, he makes a puncture with a broad bladed bistoury without incision. More frequently he multiplies these punctures, and afterwards by pressure and constant washing out of the abscess by antiseptic lotions, he succeeds in effectually emptying the breast of all purulent matter in a very rapid manner, and without leaving any apparent trace of the operation.

INJECTION OF COLD WATER.—The injection of cold water, even when used therapeutically, does not seem to be free from danger, as a case reported by the clinical professor of the hospital at Limoges would prove. A man entered the hospital to be treated for a simple gastritis, and washing out the stomach with cold water was ordered and performed. After the third operation the patient had a violent shivering fit, and the next day signs of pneumonia in the left lung were observed. On the sixth day the man died, and the autopsy showed the existence of inflammation of the parenchymatous tissue of the lung in its whole extent, while the right lung was found to be greatly congested. A similar case occurred in Paris at the hospital Tenon. A man, 66, was admitted for a simple chronic gastritis. After trying in vain different remedies, washing out the stomach was ordered, but in this case, warm water was used. After the fourth washing or *lavage*, he was taken with a shivering followed by high fever, pneumonia of the left side declared itself, and terminated fatally on the fifth day. This last case would show however, that the danger cannot be wholly attributed to the degree of temperature of the liquid, but to the operation itself.

In the *Annales de Gynécologie*, M. Tarnier recommends the following procedure for exploring the mucous membrane of the rectum for fissures, &c., in women. The index of the right hand is introduced into the vagina, and bent in the form of a hook; the pulp of the finger is pressed gently from above downwards, and outwards against the recto-vaginal wall, so as to make it come out by the anus covered by the rectal mucous membrane, and thus fissures, ulcers, and hæmorrhoids, can be easily recognised and dressed. This operation is very easily practised in women who have borne children. The pain is slight.

The *Gazette Hebdomadaire* has published a series of letters from medical men, who are with the troops in Algeria, from which it would appear that the sanitary state of the troops is deplorable, and that means placed at the disposal of the medical men are entirely inadequate, and in some cases the ambulance department is wanting in everything; medicines, clothing, beds, &c. Upon these facts, the Minister of War ordered a report to be drawn up by the Surgeon in Chief of the expeditionary forces, and this report seeks to contradict the statements contained in the *Gazette Hebdomadaire*, but the political journals here are not inclined to put much faith in it.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 28, Bombay 29, Madras 38, Paris 24, Geneva 22, Brussels 20, Amsterdam 21, Rotterdam 18, The Hague 20, Copenhagen 15, Stockholm 19, Christiana 16, St. Petersburg 40, Berlin 23, Hamburg 22, Dresden 25, Breslau 27, Munich 30, Vienna 23, Prague 25, Buda-Pesth 27, Rome 24, Naples 35, Turin 18, Alexandria 35, New York 29, Brooklyn 28, Philadelphia 24, and Baltimore 27.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 28TH.

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

Mr. C. T. DENT ON

A CASE OF STRANGULATED HERNIA (LITTRÉ'S) OR PARTIAL ENTEROCELE.

After remarking that the term "Littré's hernia" had now acquired rather a loose significance, and that several varieties had been described since M. De Littré's original article, the author narrated the case of W. G., *æt.* 37, a phthisical, emaciated man of intemperate habits, who was admitted into St. George's Hospital in February, 1881. The patient had never noticed any rupture till the day before admission, when he observed a tender swelling in the left groin. Two days previously he had vomited after taking food. The day after admission he vomited again after taking some milk, and the bowels acted several times. The swelling was the size of a small Tangerine orange, and slightly tender. No impulse; tongue dry and red; marked distress. The diarrhoea continued, and while he was being put under ether he passed a quantity of fluid feces. The hernial sac was greatly inflamed and thickened, and the parts so matted together that careful dissection was necessary. On dividing a slight constriction the hernia was felt to go back; the sac was not opened. The tissues were so lax that the entire sac was readily displaced beneath Poupart's ligament. The symptoms were relieved for the first two or three days, but persistent diarrhoea then set in and proved fatal on the sixth day. Post-mortem—Extensive disease of the lungs was found. The hernia proved to have consisted of a portion only of the circumference of the jejunum; a dark semigangrenous ring corresponding to the constricted part was seen on the gut. Extensive enteritis of the ileum was found, which may have accounted for the diarrhoea. The case resembled those described by M. De Littré in that there was no intestinal obstruction, faces passing freely; in that hicough was absent, the vomiting not persistent or stercoraceous, and the abdomen was not distended. It was peculiar in the following points: (1) It occurred in a man; (2) The jejunum was involved; (3) The hernia must have existed for some time without being noticed; (4) There was no diverticulum or sacculatum of the gut, which on post-mortem was found at a considerable distance from the sac. In conclusion, the author advocated the removal of great part of the hernial sac when, as in this case, it is thickened, inflamed, and ulcerated, and the closure of the neck of the sac by deep sutures.

THE PRESIDENT suggested that the absence of constipation in this case might be consequent on the partial obstruction of the gut; obstinate constipation, however, was not commonly met with in omental hernias, and those of the cord also. He remembered one case in Edinburgh Infirmary in which all the symptoms of a femoral hernia existed, but when explored there was found only a mass of fat, constricted by Gimbernat's ligament, which was divided. The patient subsequently dying, and post-mortem examination showing this to be the only obstruction.

A VISITOR remarking on the question whether the sac should be opened and the bowel exposed, said that in King's College Hospital Mr. Wood was in the habit of sewing up the orifice of the sac in such cases, and dissecting away the parts below the ligature, and that the practice was a good one results attested. He thought peritonitis might be incurred through the operation recommended by Mr. Dent.

MR. HAWARD thought Mr. Dent's object in leaving the sac open was to favour the escape of fluid from it, and not from the peritoneum, this being an argument for opening the sac. He considered it very undesirable to return into the peritoneum any inflammatory product escaping from the opened sac. By opening this and sewing up the edges support would be given to the hernia, but the lower part should be cut away, or left freely open for the escape of fluids, &c.

MR. HOWARD MARSH commented on the truth of Mr. Hutchinson's explanation that peritonitis in these cases is always due either to the escape of fluid into the peritoneal

cavity, thus necessitating the utmost caution to prevent such a misfortune, or the operation itself. He himself had never seen a case to which this reasoning did not apply.

MR. DENT urged that the existence of even profuse diarrhoea in these cases did not contraindicate operation. He had mentioned opening the sac in reference to the one case only. A drainage tube was necessary for the relief of possible effusion into the wound; he did not intend to hint that peritoneal suppuration was thereby to be relieved.

DR. T. CHURTON (Leeds) on

A CASE OF DOUBLE HÆMORRHAGIC PLEURISY, WITH FORMATION OF CHOLESTERIN.

A man, *æt.* 38, of originally good constitution, always temperate, not syphilitic, had in 1876 a wide-spreading axillary abscess, the discharge from which lasted six months, as a result of a wound on the left hand. His health was never perfect after this time, and in 1878 he became positively ailing, was short of breath, and lost flesh. He had no cough, no hæmoptysis, and scarcely any pain in the chest. He gradually got worse until June 1880, when he was admitted into the Leeds Infirmary. He then complained of loss of appetite, wasting to the extent of 20 pounds in 12 months, occasional vomiting, pain in the right side and between the shoulders. Complete dulness on percussion was found in both axillary regions; respiratory sounds, fremitus and resonance were greatly diminished or absent. The dulness was of irregular outline but sharply defined. On exploratory puncture in the left axilla a brown greasy fluid (exhibited) was obtained. It was composed of red blood cells, frayed at their edges, and scales of cholesterolin in great abundance in a highly albuminous but not spontaneous coagulating plasma. There appeared at this time to be only a very small quantity of fluid on this side, but on aspirating the right side in the fourth space, after failing to get anything in the fifth space, two ounces of a dark red fluid were withdrawn. This also contained cholesterolin crystals in abundance, the patient's temperature was normal. There was no disease of other organs. For the next twelve months the left side gave very little trouble, it was aspirated once (Aug. 10, 1881) during that time, one ounce of the same kind of fluid as before, but lighter in colour, being obtained. The right cyst, however, refilled again and again, and the fluid was more deeply reddened then at first. Aspirations were performed on July 4 (four ounces); August 10 (sixteen ounces); November 22 (twelve ounces); December 23 (quantity not recorded); March 3, 1881 (eighteen ounces); May 4 (quantity not recorded). Up to this date his general health had improved, he ate and digested food well, could walk about and do light work easily, especially after each operation; but now, remaining in hospital with a view to the abolition of the pleural cyst by any possible means, but unfortunately, or as it may prove fortunately, became involved in a quarrel with a nurse, and while in a nervous and agitated state drank some cold water, which caused immediately a feeling of chilliness throughout his whole body. He became feverish and slightly delirious. On June 23, thirty ounces of fluid now containing pus-cells though still glittering with cholesterolin, were withdrawn from the right side. On July 2, forty ounces were removed, and on July 10, as the fluid had again accumulated, and the temperature reached 103°, an incision was made at Dr. Churton's request, by Mr. W. H. Brown, the House Surgeon, in the right chest, seventh space, posterior axillary line. Thirty-eight ounces of similar fluid (specimen shown) escaped; the temperature fell to 99° within three days, but then again rose to 103°. Dr. Churton then discovered that there was a recent accumulation of fluid upon the left side and twenty ounces of clear but cholesterolin-bearing fluid were thereupon withdrawn. The patient did not, however, improve. Pulse 120, resp. 23, temp. 102°. He fancied poison was being given to him by various people, and left the hospital on July 19. At home the large drainage tube in his right chest fell out, and he then considerably improved. He continued to take quinine and steel. On Sept. 10 he had pulse 110, resp. 24, temp. 99° (evening). He was still unable to walk across the room. There was a little clear fluid on the left side (explored); no cholesterolin in the pus from the right side. The wound was fistulous and valvular; there were signs of gradual expansion of lung on both sides; a probe passed through the fistula seemed to reach the right lung at once. He went to Bridlington for a month; there he gained six pounds in weight, and otherwise improved so greatly that he could walk a mile. He returned on October 17. Unfortunately the narrow pus-channel became blocked, and he lost ground. On Oct. 27 the following note was made: Pulse 120,

resp. 27, temp. 102°; discharge of pus re-established; he is walking about. The dull area in the left axilla has diminished almost to nothing; a needle passed in at the dullest spot above the seventh rib found nothing. This part of the chest does not in him move in respiration; for this reason apparently there is little respiratory murmur in the lower axilla; fremitus and resonance are found here, but are not nearly so distinct as on the front of the chest, where also the breath sounds are, as they have always been, intensified. The right side is resonant throughout; respiratory sounds, though feeble, are unmistakably heard in the axilla and elsewhere; fremitus and resonance are distinctly present. Two or three ounces of inoffensive pus (without cholesterolin) flow from this side daily. There are no râles. He has some phlegm and occasional expulsive cough. While at rest he has no subjective discomfort. He is going to Scarborough for a month. The author believed that chronic pleurisy had caused the formation of a thick false membrane over a part of the lung (on each side); that blood-cells had escaped by diaporesis into the cyst thus formed; that the false membrane had at length undergone fatty degeneration, having as one of its final products cholesterolin. Dr. Mehn (*Archives Générales de Médecine*, Sept. 1881) asserts (p. 277) as the outcome of very numerous observations that cholesterolin in crystals is never met with in fluids which have not been encysted at least, six months. In this case it was once found in fluid from the left pleura, which had almost certainly not been there many days; moreover, a shred of membrane derived from the left pulmonary pleura which blocked up the aspirating needle was found to consist of small cells and cholesterolin crystals in almost equal quantity. Although Fraenkel states (Ziemssen's *Cyclopaedia*, vol. iv., p. 670) that when pleurisy appears simultaneously on both sides it is commonly of tubercular nature, and moreover (p. 614), that relapsing hemorrhagic pleurisy generally stands in more or less close connection with the eruption of tubercles, yet, having regard to the facts that the patient had continued in fair health and with a normal temperature for a whole year, while frequent aspirations were being practised; that the left chest had become almost normal; that an apparently accidental empyema on the right side had not been fatal; that the part of the right lung formerly compressed had, probably from the suppuration and disintegration of its thick false membrane, been able at length to re-expand to a great extent; and that since the empyema the patient had in every way greatly improved at the seaside once (and might therefore reasonably be expected to do so again), Dr. Churton did not despair of his ultimate recovery.

The PRESIDENT said it would be satisfactory if physicians would narrate their experiences of cholesterolin in the pleural fluid.

Dr. S. MACKENZIE generally considered that blood in the fluid obtained by tapping the pleural cavity indicated the existence of cancer.

Dr. DOUGLAS POWELL inquired if the corpuscles in the fluid obtained were much disintegrated. It was important to ascertain whether the pus consisted of dead cells in such cases, or were genuine living pus cells, which were of much more serious meaning. He had never observed cholesterolin in pleuritic effusions. Might not the substance be due to fatty changes set up by the influence of abnormal corpuscles. He did not think the blood-staining of fluid necessarily indicated cancer, nor that it was of high diagnostic importance.

Dr. T. WILLIAMS considered the most interesting points about the case were the production of cholesterolin, and the fact that the two pleuræ secreted different fluids. The condition of the liver should have been investigated. It was unusual in his experience for lungs long bound down to rise again in the way described by Dr. Churton. Tubercle was not incompatible with an absence of high temperature. He had met with it in cases where there was absolutely no rise at all.

Dr. HENRY GREEN and Dr. SYDNEY COUPLAND added their testimony to the fact that blood might be found in aspirated fluid drawn from non-cancerous patients. Dr. Coupland instanced two cases in proof—one, an old man, died of pyæmia; the other recovered. In neither was cholesterolin found in the fluid. He doubted the propriety of speaking of "living" pus.

Mr. PARKER asked if the abscess in the side described in the paper preceded the pleurisy?

Dr. CHURTON—Yes.

Mr. PARKER—Then might not a connection exist between the two conditions, the one influencing the other?

Dr. SILVER suggested that the cysts might have originated from pressure of fluid in a confined portion of the pleura.

The PRESIDENT said it was interesting to note the rapid formation of the cholesterolin. It was usual to find it only in very old collections of fluid, as in long-standing hydroceles, e.g.

Dr. CHURTON had intended to argue the production of the cholesterolin from the lining membrane of the lung, and not from the fluid, if it were true that in its production time was an essential element. The corpuscles were disintegrated and frayed at the edges. The liver had been carefully examined in response to the suggestion contained in the nature of the fluid first drawn off, but there was never any indication of hepatic disease. The non-tubercular theory was not founded entirely on the low temperature observed, but chiefly on the absence of any wasting during a lengthened period. The relation of the disease to previous suppuration had been considered, but as two years of health had elapsed he had not been justified in eliminating this cause.

Mr. REEVES on

TWO CASES OF MALIGNANT STRICTURE OF THE ŒSOPHAGUS IN WHICH GASTROTOMY WAS PERFORMED, WITH SPECIAL REFERENCE TO ŒSOPHAGOSTOMY IN NARROWING OF THIS TUBE.

After narrating the two cases, he pointed out how, having done gastrotoomy in deference to the wishes of his colleagues, he should proceed to act in any suitable case of stricture of the œsophagus. He said that the most recent information showed that malignant obstruction was most common in the upper part of the tube, occurring in that situation in about half the cases, and although a much larger number of observations were needed to arrive at a correct conclusion, still there was sufficient justification for the rules he wished to lay down, which were the following:—1. That because of the great mortality after gastrotoomy, and also because of the more frequent occurrence of malignant stricture in the upper portion of the tube, œsophagostomy is by far the preferable operation. 2. That even in cases where the stricture is as low down as the manubrium sterni (its depth rarely being very great), œsophagostomy is indicated as a preliminary or exploratory operation, and if it be found that the little finger or sound cannot be got through the narrowing, gastrotoomy may be performed. 3. That if it result that the opening in the œsophagus have been made below the stricture (as in most cases would be desired), the operation can be completed by stitching the mucus membrane to the wound, edges, and the stricture may, if thought proper, be dilated through the opening either at the time of opening or subsequently. 4. That if diseased œsophagus be reached, and no opening into it can be made through healthy walls, then it may be carefully performed, either by the finger or the thermo-cautery. 5. Œsophagostomy has been many times done, œsophagostomy several, and never have these operations caused any grave, local, or general symptoms, or—as operations—led to the death of the patient, whereas gastrotoomy has proved most fatal. 6. The operation should be done on the left side of the neck, and a sound, if possible, be passed, that of Vacca Bolinghieri being the best. The skin incision should be rather nearer the mid-line than that for ligature of the common carotid, and should extend from half-an-inch above the episternal notch to the level of the upper border of the thyroid cartilage. The surgeon should stand on the left of the patient, looking obliquely down and across his or her body. A tube with a funnel-shaped end should be passed, tied in place, and nourishment administered as soon as the tendency to vomit caused by the anæsthetic has passed off. It is necessary to make the opening in the walls with a sharpish stab, to prevent the loose mucous membrane being pushed before the knife. The edges of the wound may be stitched up, and care taken that no food gets into it. 7. The operation should be undertaken before the patient's strength is much exhausted, and even before obstruction is complete, because frequently attempts to swallow produce spasmodic suffocative dyspnœa, as in the first case related. 8. In severe cases of simple, fibrous, or of syphilitic stricture in the tracheal or upper thoracic portion of the tube, œsophagostomy is indicated, as then the operation might be curative, as well as palliative.

The discussion of this paper was deferred on the motion of the President, in order to afford opportunity to Dr. S. Mackenzie to read his paper, several country members being specially present in town on account of it.

Dr. GOLDING BIRD promised to open the discussion on Mr. Reeves's case by bringing before the Society a report of five similar cases operated on by him in the past year.

Dr. STEPHEN MACKENZIE ON

A CASE OF EXCESSIVELY HIGH TEMPERATURES.

The patient was a woman, *æt.* 42, who thirteen years before had met with an injury to her leg, which was followed by a persistent ulcer. Necrosed bone had on occasions been removed, and amputation of the limb previously recommended. The patient came under the care of Mr. Rivington in 1878, when the left thigh was amputated at the lower third. She was re-admitted on February 25th, 1879, for painful affection of the stump, which was red and inflamed. It was thought to be erysipelatosus, and she was placed in the isolation ward. She had some rigors, followed by pneumonia at the right base. On March 17th her temperature was found to be 108·8°, and twenty minutes later 111; a quarter of an hour later, 105·8. On the following day, two thermometers, one in each axilla, gave 110·6 and 111. On many occasions very high temperatures were taken—as high as 108 and 111 between February 20th and April 22nd. On April 21st, Mr. Rivington opened the stump antiseptically, and removed a piece of bone. After this, with the exception of the day following the operation, the temperature did not exceed 102. The case took an ordinary course, and the patient was discharged cured in August. The pain did not at once leave the stump, and convalescence was slow. The patient was re-admitted, under Mr. Rivington, on October 21st, 1879, for pain in the stump. Another piece of bone was removed. The stump remained painful, and pain and distension of the abdomen, with vomiting, were complained of. It was for these symptoms, and to investigate the peculiarly high temperatures, that the patient was transferred to Dr. Stephen Mackenzie's care on December 31st, 1879. The patient was then thin, but not unhealthy-looking. The abdomen was distended and tender, but no tumour or bone detected. The stump was erythematous. The patient frequently vomited. It was elicited that the patient had taken opium for about twelve years. No important peculiarity, other than the above, was noticed until January 13th, 1880, when she was stated to have had a slight rigor, and temperature was found to be 109·2. The pulse was 72, and the respirations 24. On January 14th the temperatures were—at 1 p.m., 108; 2 p.m., 108·2; 4 p.m., 107·4; 5 p.m., 108·5; 7 p.m., 109·6; 8 p.m., 106·8; 9 p.m., 102·6; 11 p.m., 106·4; 12 p.m., 113. On the 15th—3 a.m., 113; 4 a.m., 113; 5 a.m., 111; 10 a.m., 107·2; 12 a.m., 111·6; 2 p.m., 112·2; 4 p.m., 114; 6 p.m., 109·2; 8 p.m., 110·2; 10 p.m., 113·3. These are given as examples of the thermometric records. On January 16th the highest temperature was 114·2; on the 17th, 105·8; on the 18th, 112; on the 19th, 136·6; on the 20th, 108; on the 21st, 109·2; on the 22nd, 120·8 (the highest recorded). Probably many of the readings would have been higher, but the thermometer did not, as a rule, register higher than 111 or 113. On the 23rd, 116·6 (temp. in axilla, 105, in rectum, 99, in mouth, 98); on the 24th, 111·4; on the 25th, 111·2; on the 26th, 116·8; on the 27th, 110·6. After this date the temperature was irregular, but did not exceed 103 until April 6th, when 113 was recorded. Ten minutes after this last observation a thermometer in each axilla gave 99 in each. On April 10th, temperature, unwatched, 104, watched 99. On May 11 another high temperature was recorded. When a thermometer was placed in axilla it registered 110. Taken five minutes afterwards by the nurse, who watched her, it was normal. The same thing was repeated many times. With two thermometers in the same axilla, considerable differences were observed. From May 24th to July 3rd, when she was discharged, the temperature was about normal. Throughout the time she was under observation, Her general condition remained much the same; but the vomiting ceased, and the abdominal pain was not complained of. There did not appear any important constitutional disturbance. When the high temperatures were recorded, the pulse at such times was usually between 70 and 80, and the respirations between 20 and 30. Discharged September 24th. The patient was re-admitted on

August 16th, 1880, complaining of epigastric pain, abdominal swelling, and vomiting. High temperatures were again observed. On August 19th, a temperature of 110 was recorded. A fresh thermometer was immediately placed in the axilla, and the temperature found to be normal. On September 18th, the readings of two thermometers in the same axilla gave 105·5 and 101. On no occasion, when thermometers were held in the axilla, or the patient closely watched, were the excessively high temperatures observed. The patient has been visited within the last few days; her general condition was the same as when she left the hospital; her temperature was not taken. The author expressed his belief that the temperatures were *fictitious*, and on the following grounds:—1. The patient was a neurotic woman, and "an educated hospital patient"—*i.e.*, knew the importance attached to high temperatures. 2. That when on one occasion the temperature was taken simultaneously in mouth, rectum, and axilla, the temperature in the mouth and rectum corresponded, and were normal; whilst that in the axilla was six degrees higher. 3. That when two thermometers were simultaneously placed in the same axilla there was as much as from one to four and a half degrees difference. 4. That there was no correlation between the high temperatures, the pulse, and respirations. 5. That on no occasion when the thermometer was held in the axilla, or the patient closely watched, was an excessively high temperature obtained. When accused, subsequently, of causing the high thermometric readings, the patient absolutely denied the charge. The author stated that he did not wish to imply that all the recorded cases of similar high temperatures were of the same kind. The fact that some cases, recorded by good observers, were believed to be genuine, rendered it desirable that a fictitious one should be exposed to put all on their guard in their investigation.

Mr. J. W. TEALE (Scarborough), who had recorded the first case of the kind in the Clinical Society's Transactions, November, 1875, was inclined, with Dr. Mackenzie, to doubt the reality of the majority of recorded cases. The patients are, as a rule, hyperæsthetic and neurotic, a development of the latter half of the nineteenth century, Dr. Mackenzie's case differed from his own in that no importance was attached to the high temperature at the time; and also in that the patient was a healthy woman, ignorant of the significance of thermometry, being, moreover, incapable by reason of her injury, of manipulating the instrument. He suggested that a committee should be nominated by the Clinical Society to observe the progress of any future case recorded, and which should be at once communicated to them. He would undertake to send immediate information of the fact should any recurrence of the phenomena take place in the patient formerly observed by him. He had obtained the report of a case in which temperatures of 133° and 127·6° were said to have been reached.

Dr. MAHOMED mentioned a case under Dr. Watson and himself at Guy's Hospital, and whom Dr. Habershon had treated for anæmia without any indications of unusual temperature having been noticed. During her later residence in hospital, however, extraordinary readings were obtained from her, and in several instances the observations were made in the presence of several of the staff. On one occasion the instrument registered 102°, 106°, and 115°. Even when the thermometer in the axilla registered 128° her body did not feel unduly warm, and the surface thermometer never showed a high degree of heat, nor was the non-registering thermometer driven to any unusual height. It was eventually discovered that this patient utilised the respiratory movement as a means of driving up the mercury. She was an excitable girl, but never confessed to the fraud although many occurrences induced the belief that she was shamming. Friction of the bulb of the thermometer between the finger and thumb for ten minutes would, said Dr. Mahomed, force up the index, as also would breathing on it through folds of linen.

Dr. T. WILLIAMS asked if any observation had been made on patients during the hours of sleep?

Dr. GEORGE HARLEY said that Wunderlich had recorded a case in which one hour before death the temperature of the body was 112°, and one hour after death 113·8°. This also reminded him of a girl in University College Hospital who died from pericarditis in winter, and fifteen hours afterwards, when on the post-mortem table, the corpse was abnormally hot; the chest smoked when opened and the heart was

uncomfortably warm to the touch. It was always, he continued, extraordinary to observe the great fluctuations in temperature which sometimes accompany disease, but are never associated with health; and the circumstances attending existence in polar and tropical climates where the body temperature maintains the same average heat presented a fact of a marvellous kind in the same relation. In a girl there were great variations; and Goodrich recorded a case of brain softening in which the temperature of the patient was 130°. It was an error to regard all variations of temperature as due to the same cause. He would, with the permission of the Society, put his opinion on the subject in the form of a paper, on which, together with Mr. Mackenzie's report, discussion might take place.

The PRESIDENT, having thanked Dr. Harley for his proposal, accepted it on behalf of the Society.

Mr. RIVINGTON thought Dr. Mackenzie had taken a correct view of the case, that, viz., it was one of fraud. He himself had delayed adding notes to the report of the case already published because it was then incomplete. He believed the patient had tampered with the stump, several indications suggesting this during her stay in hospital. He would not, however, conclude that all cases of high temperature were fictitious.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, NOVEMBER 2, 1881.

THE ROYAL COMMISSION ON MEDICAL REFORM.

THE list of Irish witnesses which we gave last week was supplemented since our last issue by the hearing of the testimony of the following gentlemen:—Dr. Richardson, for the Medical Defence Association; Dr. Redfern,

on behalf of the Queen's University; Dr. Collins, for the Irish Apothecaries' Hall; Mr. Tomes and Mr. Edgell for the Dental Association; Rev. Dr. Haughton, on behalf of Dublin University; Dr. Greenwood, for the Victoria University; and Professors Struthers and Young for the Aberdeen and Glasgow Universities.

We understand that the Commission has now wound up its evidence, and that its members have been asked to send in their individual recommendations in order that a report may be prepared as soon as possible.

So far as the examination of witnesses has enabled us to form a judgment respecting the probable nature of that report, we anticipate that it will probably contain two propositions—first, that the General Medical Council must be reconstructed, and reduced in number if possible, and that provision must be made for increased representation of the profession at large, and for curtailing the influence of the licensing bodies which is now dominant in the Council. Secondly, that a State examination should be created, following upon and superior to the qualifying examinations of licensing bodies, and that these should have no validity as licenses to practice, or titles to be entered on the Medical Register, but should be simply qualifications preliminary to the State examinations.

This proposal for establishment of a State examination would naturally occur to anyone as a ready and reasonable means of settling the apparently irresolvable differences of opinion and interest between licensing bodies. But, on closer examination, it will be seen to provide no remedy whatever for the abuses which the Commission has been created to deal with, and we, therefore, hope that the report of the Commission will not contain any such proposal. The chief incentive to a lowering of the educational standard of the medical profession is at present, admittedly, the competition for fees amongst licensing bodies. These institutions have, speaking generally, displayed unmistakably their readiness to sell diplomas to all comers at the highest possible price and on the lowest possible educational terms, and they have been deterred from engaging wholesale in this traffic solely by the consideration that it would spoil their market to sell too cheap. They have recognised the wisdom of keeping up appearances and trying to retain *prestige* by rejecting the utterly ignorant claimants for their licenses, and thus competition has had a certain beneficial effect. Now, if a State examination were erected as the sole portal of admission to the profession, this wholesome competition of *prestige* would cease at once, because no collegiate license would have any value as an evidence of professional education. It would not, in the least, matter to the student what license or degree he took, inasmuch as it would be only a formal permit to present himself for the “Staats Examen.” Therefore, he would—as a matter of course—buy the very cheapest and easiest qualification he could find in the medical market, and—having obtained the necessary passport to present himself for the State examination—would then set to work to learn his business before offering himself for that examination. Moreover, it would be the interest of the licensing body to make licentiates on any terms, because it would have to depend chiefly for existence

upon the granting of its Fellowships and other higher medical distinctions, and the greater the number of its licentiates, the greater would be the demands for its higher degrees.

For these reasons we believe that an independent State examination would greatly stimulate low-class competition amongst licensing bodies, and increase the evils which it is intended to remedy.

But there is another reason why we hope that the Commission will not adopt the proposal of a State examination.

We wish to see a Reform Bill passed next session, and with this object we desire that a practicable measure, which will not evoke unnecessary opposition, should be placed in the hands of Parliament. If the Royal Commission recommends conjoint examination, as proposed by Mr. Hardcastle's Medical Reform Bill of last Session, it will achieve what is to all intents and purposes a State examination, and its recommendation will have the support of the profession and of most of the licensing bodies. If it proposes an independent State examination it will arouse the bitter and persistent opposition of every licensing body in the kingdom, and will not have the active co-operation of the profession at large. There would, we think, be no chance of the passing of such a proposal unless the Government undertook to force it through Parliament as a party measure, and, therefore, as we anticipate that the attempt at such legislation would result in no legislation at all, we earnestly hope that the Report of the Royal Commission will not take this line.

A MODEL FEVER DEN.

THERE is a certain class of writers and thinkers who are never weary of declaiming against the uselessness of much, if not all, the preventive sanitation that has been the outcome of recent decades of work and teaching. These persons are divisible into two great classes accordingly, as they are influenced by ignorance, complete or partial. The completely ignorant, that is, fanatical section, incessantly prate of the uselessness, and it may be the impiety, of interfering with traditional dirt, and the ills it carries in its wake; as it was in the past let it be in the future they say; they deprecate as sacrilegious any attempt to alter or improve what served the purposes and needs of their ancestors, and blinding themselves to the argument of facts, refuse to see any improvement in the condition of their country effected by hygienic surroundings with which the bygone centuries were unfamiliarised. Such beings it were idle to discuss with; they cannot be reached by demonstration; they cannot be influenced by proof. The second party of obstruction, however, occupies a different ground. Calling to aid certain fundamental truths respecting epidemics, they distort them in the bearings on scientific questions involving the theories of disease, and unable, or unwilling, to enlighten their own ignorance by further study of the problems before them, they dogmatise on points about which the pioneers of preventive medicine are concerning themselves, and particularly in regard to the question of epidemiology. More than one well-

known name will occur to our readers as examples of those here referred to, and in defence of the stubborn obstinacy with which they adhere to profound convictions on the etiology of epidemic outbreaks, it unfortunately happens that events from time to time occur to give them a semblance of reason. Yet the assertion that improved sanitary arrangements in dwellings and towns may not be depended on to remove even all the melancholy consequences that frequently arise in our midst to mock the endeavours of health reformers, has no force for the well-informed physician. He is at once able to allot the proper degree of importance as disease producers to unhealthy surroundings, and with power to pursue in its details the plan approved by scientific reasoning for their removal, can confidently predict the destruction for the future of the deleterious agency.

A striking proof of this is just now afforded in London itself, and in one of the wealthiest parishes in the metropolis. In Marylebone there has recently been exposed a fever den of the worst possible type: a collection of houses utterly unfit to be the abode of human beings, and so constructed, or rather, so ill-constructed as to constitute a breeding place for fever of the most malignant type. Since August last fourteen cases of typhus have been removed from four houses in Charles Street, Lisson Grove; and in all no less than thirty cases have arisen in the limits of this devoted thoroughfare. As a matter of course, examination of the houses reveals an utterly disgraceful condition of insanitation, four of the dwellings being described as resting on a bed of black, filthy sewage, from five to six feet in depth. This state of things is necessarily of no recent occurrence, and we scarcely feel surprised to learn that the state of the houses in this neighbourhood evoked the expostulations of the sanitary officer long before the present epidemic spread its ravages round. It always happens in great cities that population is most confined in the least appropriate spot, and in this respect Charles Street, Lisson Grove, offers no exception. We learn that in one room five and six inmates had their home in many cases, while the whole street of thirty-three houses gave abode to four hundred and twenty-three persons. Thus densely crowded they were subject to most favourable conditions for the immediate and destructive spread of any epidemic fever; and that terrible havoc has been committed among them the records of the week convincingly attest.

The state of matters in the "model parish of Marylebone" is something more than a dark disgrace to the metropolis; it is a very present danger to the whole of London, for even now we cannot with any certainty declare that there is a district in London that may not contain all the conditions needed for the full development of a specific poison once received in it. Hence it behoves everyone to have the utmost care for his own well-being, not only by insisting on the thorough purification of a now infected region, but by demanding the adoption of preventive measures in every situation where possible danger may be lurking. In spite of opposition and denial the germ theory of disease is par and parcel of the professional creed of every educate

practitioner; and with the recognition of its influence on the spread of infection goes also a knowledge of the means whereby the progress of the latter may be checked. It almost appears, however, that in Marylebone itself endeavours at prevention are liable to be hindered by mere considerations of a monetary character, and that the question of landlordism may arise to bar the introduction of drastic measures such as can alone be trusted to effectually cleanse the fevered neighbourhood. Local authority is seemingly powerless to order the changes imperatively demanded, and beyond the immediate pressing duty of local disinfection which it is incumbent on the parochial officials to see carried out, no steps can be taken such as would involve the complete destruction of a pestiferous neighbourhood. This cannot but be regarded as a serious matter, and one on which the public voice may rightly demand to be heard, and the requirements formulated by it be attended to. If local powers are impotent to command the alteration and improvement rendered necessary, then surely this is an occasion for invoking imperial aid, since a people's health is at stake as against an owner's rights. We need not, however, discuss this point here, our object being to insist on the pressing obligation there is to so act as shall ensure the impossibility of a repetition of the dread visitation which so recently passed over the parish of Marylebone. It will be well, too, if the warning conveyed by this epidemic is accepted in time, and a thorough cleansing of the numerous dens which serve as so many potential centres of infection in the city of London follow the exposure brought about in Marylebone. In pursuance of a plan with this end in view all minor considerations must give place to the paramount public interest, for so long as such spots exist in our midst so long are we subjected to the dangers of sudden pestilence. Accumulated filth is ever potent to serve as an important factor in the development of diseases; there needs only the introduction of the germs of ill to ensure the rapid spread therefrom of irresistible evil, and the prevention of such occurrences is the first and most important duty of health officers. How far these latter have failed in the fulfilment of their task, and how far this cause is blameable with the recent outbreak is a question that must some time be answered. It is a difficult and a dangerous matter to discuss it in its details now, but later on we trust it will receive full and fair attention. At present there is enough to do in remedying the mischief already incurred.

AN ANTIDOTE FOR SNAKE-POISON.

THE inconvenience and uselessness of discussing medical questions in lay journals are well illustrated by a letter on a supposed newly-discovered antidote for snake-poison, which appeared in the *Times* on the 28th ult. The writer of this letter, a Brazilian, wishes to claim for Dr. J. B. de Lacerda, of the Laboratory of Experimental Physiology in Rio Janeiro, the merit of having shown that permanganate of potash effectually counteracts the pernicious effects of snake-poison on the animal economy, and in order to do this, he quotes three cases

in which Dr. Lacerda's antidote was employed, and in which its efficacy was, he thinks, conspicuously and conclusively demonstrated. The first case is that of a negro labourer on Captain Rezende's coffee estate, who, having been bitten by a snake just above the ankle, displayed all the characteristic symptoms caused by snake-poison, until his master injected into him a little of the solution of permanganate of potash, when he recovered so rapidly and completely that he was able to return to his work next day. The second case is that of a negro at Barra de S. Joas, who was bitten by a jararaca, a most venomous snake, and who was insensible, with a swollen limb, and bleeding from the nostrils when carried to the engine house, where Mr. Lehmer, the manager, injected permanganate of potash with the effect of restoring him, almost instantaneously, to sound health, so that in four hours he went back to work. The third case is that of Mr. William Broadbent, of the Santos and Jundiaby Railway, who was bitten in the left hand by a jararacussu, also a very poisonous snake, on the 22nd of August last, and who escaped with nothing worse than a little inflammation on having permanganate of potash twice injected into his hand. "I presume," says the Brazilian, having finished his narrative of these cases, "that the foregoing evidence is conclusive enough," and no doubt many of the readers of the *Times* will think so too, and conclude that the snake may now hide its diminished head, and finally sheath its fangs, its vile arts having been effectually circumvented. But it is just here that medical experiences intervene, and recommends caution and a suspension of judgment. We do not mean to assert that the permanganate of potash is not an antidote to snake-poison. The well-known antiseptic properties of this agent, its actions as a caustic, deodoriser, and corrective of offensive evacuations, would predispose us to believe that it might decompose snake-poison, if brought properly and timeously into contact with it, just as it oxidises many other unstable organic compounds. But what we do mean to assert is that no proof whatever is adduced by the *Times* correspondent that permanganate of potash is an antidote to snake-poison. The fallacy into which he falls is just that into which so many medical amateurs are betrayed. He assumes that the recoveries in the cases he quotes were attributable to the remedy which was used. But spontaneous recovery from the effects of snake-bite is by no means uncommon, and a little investigation makes it evident that where there has been an appearance of success in the use of antidotes in cases of snake-bite, the favourable result has depended not on the neutralising or antagonistic action of the remedy so much as on the fact that the quantity or quality of the poison was defective. Sir Joseph Fayrer has shown that when spontaneous recovery takes place after snake-bite, or when a reputed antidote seems to counteract the venom, the snake may have been exhausted, or may have wounded without inoculation, or with the inoculation of a quantity of poison insufficient to cause death. Dr. Weir Mitchell has pointed out that there is in the rattlesnake an arrangement of sphincters round the fangs which enables it to bite without shedding any poison. Even when the snake-poison is undoubtedly introduced into the circulation, the rapidity and severity of its effects will depend in great

measure on the age, weight, and constitutional condition of the person bitten, and on the situation of the wound.

A few years ago one of the oldest of antidotes against snake-bites, viz., ammonia, with which Fontana experimented at Florence above a hundred years ago, was re-discovered, and we were assured that its injection into the veins prevented death, and mitigated all the symptoms of snake-poisoning. But several series of experiments since performed have dashed the hopes thus awakened, and shown that ammonia must take its place with Tangore pill, arsenic, quinine, ipecacuanha, Aristolachia indica, and many other drugs which have from time to time enjoyed popular confidence, but which have all failed to stand the test of scientific investigation into their power as antidotes to the poison of snake-bites. Dr. Lauder Brunton in this country has administered ammonia internally, injected it into the areolar tissue and into the veins, in animals to which the cobra poison had been administered, and has never seen any beneficial results. Sir Joseph Fayrer has tried it with as little success on the human subject in India, and Mr. Richards, of Balasore, and Dr. Wilson, of Maradabad, conclude as the result of their observations that the intravenous injection of ammonia is not followed by any diminution of the effects of snake poison.

It must, we fear, be admitted that no antidote to snake poison has as yet been discovered, but the search for such an antidote need not, therefore, be abandoned in despair. On the contrary all recent investigations into the nature of the poison, its absorption, excretion, and mode of action on the nervous system encourage the hope that its lethal effects may yet be effectually obviated; its action arrested and, its virulence broken up. It is the merit of these investigations that they have cleared away confusion and doubt, and made evident the directions in which antidotes and antagonists must henceforth be sought. A careful perusal of these investigations almost warrants the belief that, but for the miserable epidemic of sentimentalism and anti-vivisectional fanaticism which has afflicted this country of late years, and virtually put a stop to original medical research, some sure antidote to snake poison would now be in our hands. We seem to be standing on the threshold of the discovery: a few well directed series of experiments might conduct us to the goal, but these cannot be undertaken, because some silly women and selfish officials shrink from the idea of inflicting pain on a few rabbits and guinea-pigs. And in the meantime upwards of 20,000 human beings perish annually in India alone, in indescribable torture from the effects of snake-bites.

It is sincerely to be hoped that the permanganate of potash may justify the encomiums which a Brazilian passes on it, and prove a trusty antidote to the poison of venomous snakes, but before it can be recognised as such, it must be submitted to the ordeal of scientific trial. The facts adduced in the *Times*, entitle it to this trial, but they do not warrant any proclamation of its saving powers at the present time, especially as previous observers who have employed it have found it inefficacious. In respect to antidotes however, everything depends on the precise time and method of administration, and we may hope at least that Dr. Lacerda has hit on a mode of

neutralising snake poison promptly and thoroughly. It remains for him to prove to his scientific brethren that he has done so.

Notes on Current Topics.

Prolonged Meetings.

It was found necessary on Friday last to move an extension of the hours during which the rules provide for the sittings of the Clinical Society, in order to afford an opportunity to Dr. Stephen Mackenzie to read the paper standing in his name for that evening. This course of proceeding, though not usual, is becoming sufficiently frequent to make it desirable that a definite conclusion for future guidance should be arrived at. In this particular case there was good reason for the irregularity, since several country members of the Society had come to town purposely to take part in the discussion on the "Case of Excessively High Temperature" recorded by Dr. Mackenzie. This fact, however, was known beforehand, as was proved by the motion of the President to prolong the meeting for half-an-hour; and, this being so, it would have been much more satisfactory had the paper of particular interest been taken first instead of last. On future similar occasions this should be arranged, as there are many objections to sudden extension of the meeting hours. As it happened, on Friday there remained, at the time when the debate was ultimately adjourned—a quarter to eleven—barely a dozen members in the room, and previously the numbers had rapidly undergone decrease from the moment when it was decided to prolong the sitting. Ten o'clock is sufficiently late for most busy men to remain at a scientific meeting, and many members of the Clinical Society are probably compelled to make their arrangements for attending it with a view to punctual retirement at the regular hour. Not a few, too, are more or less dependent on the train service, so that even a few minutes' delay in closing the meeting may be productive of inconvenience to them. In all ways it would be best to rigidly adhere to the time fixed, and in cases like that which marked Friday's sitting, special measures should be taken to prevent any need for departing from custom. If the rules of the Society demand that communications shall be taken in the order they are received, such alterations as would enable a change to be made in this respect under exceptional circumstances, will be to the advantage of members. In any case, no permanent benefit can result from frequent repetitions of motion to extend the hour of closing.

Prize Question.

THE Prize Committee of the American Medical Association have selected the following question—"What are the special modes of action or therapeutic effects upon the human system of water, quinia, and salicylic acid, when used as antipyretics in the treatment of disease?" The essays must be founded on original experimental and clinical observations, and must be forwarded to the Chairman of the Committee of Award, by January 1, 1883.

Sewage Farming.

ON Wednesday last a large number of gentlemen interested in the question of sewage disposal were conveyed by special train on to the works of the Native Guano Company at Aylesbury for the purpose of inspecting the process of conversion of sewage into manure, and also to view an exhibition of roots and vegetables grown with native guano. The simplicity and efficiency of the A B C process were well seen by the visitors, the whole of its stages by which the incoming sewage from the town of Aylesbury is removed by precipitation with alum and admixed with charcoal and blood, and clear odourless water is sent away by the outlet stream, being illustrated in the regular working of the system. The effectiveness of the manure as an assistant to the growth of crops was plain in the wonderful samples of beet, potatoes, wheat, mangel, vegetables, &c., &c., collected in the exhibition tent, and for which numerous prizes were awarded in competition. Subsequently, a company of about 300 were entertained at luncheon in the grounds, and speeches were delivered on subjects connected with the agricultural interest in special relation to sewage manure, by the Chairman, the Hon. W. F. B. Massey-Mainwaring, Captain Bedford Pim, and others. A very pleasant afternoon was thus spent, and the party returned to town by 6.30 p.m.

Dwellings for the Poor.

MR. PEABODY'S original gift, of half a million sterling for the erection of model lodging-houses, has now become £720,000. This large increase on the capital of the trustees is stated by the trustees' surveyor to be due to the income from the buildings, the occupants of which include all grades of the working-classes. The entire expenses of the management of the trust, according to the same authority, are under £800 per annum. The mortality in these dwellings—calculated upon sixteen years' experience—has been at the rate of 16.7 per 1,000 per annum, while the general death-rate for the whole metropolis during the same period has been 23.4. According to the surveyor's evidence before the Select Committee on Artisans' Dwellings, the death-rate in crowded districts surrounding the buildings may be taken at thirty or forty to the thousand.

This is all very nice, but we are tempted to ask whether it is not a misappropriation of Mr. Peabody's money to provide cheap houses for well-to-do artisans while the really deserving poor are excluded from the benefits of the charity. There is—it strikes us—no merit in making a profit by using the testators' money for a purpose for which it was never intended.

Fractures in Hemiplegia.

IN a communication to the Paris Hospital Society, published in the *Gaz. des Hop.*, Dr. Debove observes that in his practice at the Bicêtre he had frequent occasion to see fractures in the subjects of hemiplegia, these fractures always occurring on the hemiplegic side, there being every reason to believe that changes took place in such cases in the osseous tissue, rendering it fragile. In one case of chronic hemiplegia, he found that not only the fractured bone itself, but all the bones on the same side, had undergone such change.

High Thermometric Readings.

THE question how far high temperatures recorded in cases of disease are to be regarded as trustworthy indications was raised at the Clinical Society of London on Friday evening by Dr. Stephen Mackenzie, who recorded the history of a patient under his care in the London Hospital. This woman had, for a long time, puzzled the authorities of the hospital by registering most unusual temperatures; in one case 120° having been attained. She was, however, watched for a lengthened period with the utmost care, suspicion having been more than once created by the suddenness with which even very considerable differences occurred in the readings, and the final result has been to convince Dr. Mackenzie that his patient was able to raise the index at pleasure. This explanation has been more than once suggested as the probable one for the phenomena in question; and though there are physicians who maintain the reality of at least some recorded instances, the discussion raised on Dr. Mackenzie's paper, and which stands adjourned to a further meeting of the Clinical Society, will do much good by finally settling the question of antecedent probability, even though it fails to definitely determine whether any, or how much, credence is to be attached to individual cases of unusual temperature.

Emigrant Fees.

THE question of remuneration on account of passengers by emigrant ships is one in which no inconsiderable number of the profession is directly interested. A case bearing on this was brought in the City of London Court last week, Mr. Commissioner Kerr presiding, in which the claimant, a medical man, named Confield, sought to recover from Messrs. Jones, Price, and Co., vessel owners, a sum of money alleged to be due on account of attendance on a number of passengers by one of defendant's ships. Plaintiff was surgeon on board, and had entered into an agreement to be paid so much per head for all the persons attended in his official capacity. Defendants held that this had reference only to pilgrims, of whom a considerable number were being carried to Mecca. The agreement specified that "fourpence per head of the total number of pilgrims was to be charged if they did not exceed 100," but Mr. Confield contended that instead of 100 pilgrims only, his remuneration was to be on all on board, thus including coolies also, many of whom were said to be on board the ship but a few hours. Plaintiff averred that he was retained by ship's articles to attend to all the souls on her, and not on pilgrims simply. Mr. Kerr decided to find for the defendants, however, on the ground that the agreement was specific.

The Collective Investigation Committee of the British Medical Association.

THE Collective Investigation Committee of the British Medical Association are about to appoint a secretary, whose salary is to be £200 per annum, with addition for travelling and other expenses. Applications to be made to F. Fowke, Esq., Secretary to the Association, 161A Strand, before November 20.

St. John's Ambulance Association.

THE Metropolitan District Medical Staff of Examiners and Lecturers of the St. John's Ambulance Association entertained Major F. Duncan, R.A., D.C.L., LL.D. (Director of the Ambulance Department, Order of St. John) at dinner on Wednesday, the 26th of October, at Limmer's Hotel, under the presidency of Dr. Sieveking, who was supported by Sir W. MacCormac, Surgeon-Major Baker, Mr. Steel, and with very few exceptions all the lecturers of the metropolitan districts. About twenty gentlemen welcomed Major Duncan and Captain Perrott, the latter with Sir E. Lechmere, and Mr. Furley having been asked to meet the guest of the evening.

The meeting was private, so that the very excellent speeches of the President, and Major Duncan's reply to the toast are unfortunately lost, except to those who had the pleasure of enjoying a feast of reason such as is rarely offered in post-prandial orations. Letters of apology were read by Mr. Steel from Sir E. Lechmere and Mr. Furley, who were unavoidably absent. The popularity which Captain Perrott, the chief Secretary, shares with Major Duncan, was amply shown by the enthusiastic reception he met with, and judging from the cordiality and *bon-homme* which characterised the meeting we shall not be surprised if the hope expressed by Messrs. Cantlie and Crookshank, who were the hon. secretaries, that the dinner may be annual will be borne out in future.

Indian Medical Service Defence Fund.

THE following appeal has been issued by the committee of this fund :—

2 Storey's Gate, St. James's Park, S.W.

The attention of the Committee has been called to rumours that very serious additional changes in the constitution of the Indian Medical Department are imminently impending. It is of the highest importance that all proposals for such a purpose should be carefully criticised, and instant measures adopted to induce the government to refrain from all changes calculated, either to ultimately damage the Public Service, or inflict unnecessary or avoidable hardship and injury on individuals. The Committee are willing to use their best efforts in this direction, but this must necessarily involve a certain amount of expenditure of time and money; the former, the Committee willingly place at the free disposal of their late brother officers, for the latter they regret that they must appeal to the members of the Service themselves. They venture to suggest, if their labours are to be continued, an additional subscription of one guinea, and that each subscriber should use his personal influence to induce those who have not yet subscribed to aid in the good work. Subscriptions may be paid to the Treasurer, the Secretary, or to the nearest branch of the Agra Bank.

The Fund was organised in February 1880. The Executive Committee have held sixty-six meetings; that owing to the organisation eighty petitions have been presented to the House of Commons, and a large quantity of printed matter, setting forth the grievances of the Service, has been distributed to members of Parliament and the public press. The total amount subscribed has been £700, and the balance now remaining (October, 1881) is £87.

The British Medical Association in its Relations with Homœopaths.

THE official record of the recent meeting of the Committee of Council of the Association affords us the following meagre information :—

The President of Council placed before the Committee the question of the relations of the Association to homœopaths.

Resolved unanimously : That the thanks of the Committee of Council be given to the President of Council for his prompt action in obtaining an unequivocal refutation of the charge made against the Committee of Council, that it had suggested to the readers of Addresses in Medicine and Surgery at Ryde the subject of those Addresses; and that it sympathised with the views on consultation with homœopaths therein propounded.

It was moved : That resolutions expressing the views of the Association on the question having been adopted at three meetings of the Association, such resolutions must be binding on the Committee of Council until rescinded by an annual meeting. The Committee of Council, however, does not interpret such views as calling upon it to expel any member of the Association on account of his opinions.

Whereupon an amendment was moved : That By-law 3 be put into force.

By-law 3.—Any member may be expelled from the Association by a resolution of the Committee of Council, if carried by three-fourths of the members present, subject to confirmation by the next annual meeting, and he shall thereupon cease to be a member, and shall not be eligible for re-election. One month's notice of the intention to propose such resolution shall be given to any member affected thereby.

The amendment having been put from the chair, the same was declared to be lost.

The original motion was then put, and declared to be carried *nem. con.*

It will be observed that the resolution adopted by the Committee of Council does not attempt to give expression to any repudiation of homœopathic principles, or of the Bristowe-Hutchinson doctrine of fraternisation with homœopaths. Such an undecided pronouncement is not either reassuring or satisfactory to those who would wish to see the Association purged from "the unclean thing." On the contrary, the adoption of the inaction policy by the Committee gives force to the suspicion that there are those in authority who would like to be allowed to consult with homœopaths if they dare confess as much. At all events, the resolution of the Committee clearly points to the annual meeting of the members as the occasion for deciding the question, and we hope the Association will not fail to take the hint when next it meets.

Poisoning by Nicotine.

It is reported by the Inspectors of Reformatories in Ireland, that during the year 1880, one boy was accidentally poisoned by nicotine. The evidence taken at the inquest on this boy showed that he was given a quantity of tobacco by his mother when she visited him, and that he was poisoned by the excessive use of the narcotic acting on a weak heart.

The Conflict between the Metropolitan Asylums Board and Local Authorities.

At a fully attended meeting of the managers of the Metropolitan Asylums District on Saturday last, Dr. Brewer in the chair, an important resolution was proposed by Mr. Galsworthy and carried unanimously:— "That, having regard to the interlocutory injunction recently granted by the High Court of Justice, restraining the managers from continuing to use the Fulham Hospital, constructed at the expense of the ratepayers generally, for the purpose for which it was established—namely, for metropolitan pauper patients, irrespective of area—and restraining the use of such hospitals to patients within a limited area, as well as to the injunction granted by the Court of Queen's Bench against the use of the Hampstead Hospital, and to the several threats of further legal proceedings, the managers are of opinion that the time has arrived when the General Purposes Committee should seek an interview with the President of the Local Government Board, and ascertain whether the Local Government Board are prepared to take steps, and, if so, what steps, to enable the managers to carry out their duties according to the spirit and intention of the Metropolitan Poor Act, under which the Metropolitan Asylums Board was constituted."

Education in Otolology.

At the last meeting of the Committee of Council of the British Medical Association, a communication was read from the Otolological Subsection passed at the annual meeting held at Ryde as follows:—

"That a committee be appointed to consider, and report on, at the next annual meeting of the Association, the best means of promoting the study of aural surgery, especially in regard to compulsory examination in this subject by the various examining bodies.

"That the committee consist of the chairman and honorary secretaries of this Subsection; and, with their consent, of all the teachers of otology in the United Kingdom, with power to add to their number. (Signed) URBAN PRITCHARD, M.D., F.R.C.S., Chairman of the Subsection; DOUGLAS HEMMING, F.R.C.S.Ed., E. CRESSWELL BABER, M.B., Honorary Secretaries."

It was resolved: "That the application be adopted, and the committee, as asked for, be appointed."

Tincture of Colocynth in Colic.

In the *Louisville Medical News*, Dr. Lowry states that he has found tincture of colocynth, in ten drop doses every 10 minutes for an hour, and hourly afterwards, a prompt remedy for colic, causing rapid expulsion of flatus and other contents of the bowels.

The Revenue for Patent Medicines.

ACCORDING to a return just issued the number of licences to sell patent medicines taken out during the year ending the 31st of March last was 18,754, for which there was paid the sum of £4,688. The revenue derived from stamps for patent medicines during the same time amounted to £139,762, which represented 17,198,442 stamps of different values.

Preparation of Antiseptic Catgut.

Dr. KOCHER, of Berne, having observed the lasting antiseptic effects of *oil of juniper*, employs it now for the preparation of antiseptic catgut. The same author has lately begun to treat silk in the same manner.

Cremation Abroad.

At Copenhagen, at the last meeting of the Society for Cremation, the Secretary-General announced that the Society numbered 1,400 members, among whom were eighty-three distinguished physicians, and many well-known Protestant ministers. The system adopted does not cost more than from 5s. to 7s. each burial. In Italy, as the result of a series of lectures in various capitals of Europe by Dr. Pimi, new societies have been formed, which now number nine in all Italy, and new crematories have been constructed near Rome, Varese, Pavia, Cremona and Leghorn. In Hungary also measures have been taken to establish societies for cremation.

PROFESSOR MAX MULLER was, on Friday last, elected Curator of the Bodleian Library, Oxford, in the room of the late Professor Rolleston, M.D., F.R.S.

THE annual dinner of the past and present students of the National Dental Hospital and College will be held on the 16th November, at the Guildhall Tavern, when the chair will be taken by the Treasurer of the Hospital.

SURGEON-GENERAL SIR ANTHONY D. HOME, K.C.B., V.C., has been selected to succeed Dr. Crawford as principal medical officer in India on the latter officer replacing Sir William Muir as Director-General of the Army Medical Department.

It is stated that the report of the Commission appointed in 1879 to inquire into the sanitary condition of the cemeteries in and around Paris negatives, generally, the popular belief in the noxious influences of great burial places. The composition of the air in the cemeteries, according to M. Schutzenberger, is not distinguishable from that of arable lands.

THE first number of a new periodical, *The Ophthalmic Review*, is announced to appear on November the 1st. It will be a Monthly Record of Ophthalmic Science, and will be edited by Karl Grossmann, M.D., Liverpool, and Priestley Smith, Birmingham. The first two numbers will contain contributions by Mr. Jonathan Hutchinson and Mr. George Critchett.

By arrival of the Royal West India mail steamer, *Medway*, at Plymouth, on Saturday last, we learn of the continued fatal effects of yellow fever in Barbadoes, Demerara, and Trinidad; and that the two medical men despatched from England some weeks since, in response to an appeal for surgical aid from the authorities, have died of this terrible scourge.

THE Admiralty last week issued a circular by which medical officers are relieved from transmitting to the Director-General duplicates or copies of the service cer-

tificates given to them, as to other officers, by the commanding officers of the ships in which they may be serving.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Bristol 15, Birmingham 16, Leeds 16, Plymouth 16, Wolverhampton 17, Nottingham 17, Bradford Newcastle-on-Tyne 17, Sheffield 20, Sunderland 20, Manchester 20, Brighton 20, Leicester 21, Portsmouth 21, London 21, Glasgow 22, Edinburgh 23, Oldham 25, Salford 25, Liverpool 28, and Hull 29.

FROM diseases of the zymotic class in the large towns last week scarlet fever showed the largest proportional fatality in Hull, Nottingham, Sunderland and Leicester; in Hull 32 more fatal cases of this disease were recorded, making 318 that have occurred since the beginning of July. The 41 deaths from diphtheria included 21 in London, 9 in Glasgow, 5 in Liverpool, and 4 in Portsmouth. The highest death-rate from fever occurred in Brighton, Hull, London and Salford. The fatality of measles showed an increase in Birmingham. Small-pox caused 16 more deaths in London and its outer ring of suburban districts; no fatal case of this disease was recorded in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENTS.)

EDINBURGH SCHOOL OF MEDICINE.—INTRODUCTORY LECTURE.—This school was opened last week by an introductory lecture by Dr. Alexander Miller. The lecture was a mixture *ad nauseam* of teetotalism, piety, and medical missionary work, and as such seemed to be much enjoyed by a section of the students present, but whether it will lead to any practical result is more than doubtful. There was a large attendance of lecturers and students.

VACANCY IN THE CHAIR OF NATURAL HISTORY UNIVERSITY, EDINBURGH.—Sir Wyville Thompson is about to retire from the above chair which he has held for eleven years. For the last three or four Sessions Sir Wyville has, through ill-health, been unable to lecture, his place being taken by Dr. Alleyne Nicholson, who has more than maintained the credit of the chair. The chair is in the gift of the Crown, and it is to be hoped that the claims of Dr. Nicholson will not be overlooked. It was only last Session that a magnificent testimonial was presented by the students to Dr. Nicholson. Dr. Nicholson is a most distinguished graduate of the University, and the University cannot afford to again ignore the claims of its graduates as was lately the case with Dr. J. Hamilton.

THE UNIVERSITY OF EDINBURGH.—Several of the classes were opened last week with introductory addresses by the respective professors. The addresses of Professors Grainger, Stewart, and Spencer were largely attended and much appreciated. Professor Greenfield was formally inducted into the chair of Pathology, and then delivered a most telling address on "Pathology, Past and Present." After paying a well deserved compliment to the late Professor Sanders and the former occupants of the chair, Dr. Greenfield went on to point out that the present standpoint of pathologists was a

physiological, or rather biological one, and that a large part of our present knowledge had been gained by experiments on animals. Speaking in this connection of the recently published experiments of Pasteur on splenic fever, carried out at the expense, and with the active encouragement of the French government, he claimed priority of this discovery for England, inasmuch as these experiments only confirmed the results of inquiries which he had conducted at the expense of a private society, and in the face of difficulties created by the law, and which results he had published more than a year before. Dr. Greenfield's address made a profound impression on the students, and it is to be hoped that the feeling engendered by the disappointment experienced on the non-election of Dr. J. Hamilton will be set at rest, and that both students and professor will see their way to work amicably together. Dr. Greenfield has certainly the whole matter in his own hands.

EDINBURGH ROYAL (DICKS) VETERINARY COLLEGE.—Professor Walley, of the above college, delivered last Wednesday in the City Council Chamber an able address on the important work which had been done during the last year, tracing also the rise of veterinary science and the establishment of the Royal College of Veterinary Surgeons. Councillor Russell made some remarks at the end of the address on the absurdity of having to ask the government to allow them to vaccinate a calf, yet compelled them to vaccinate children.

HEALTH OF EDINBURGH.—For the week ending with Saturday the 22nd ult. the deaths in Edinburgh amounted to 98, giving a death-rate of 22 per 1,000. There were 8 deaths from zymotic diseases, of which 6 occurred in the new, and 2 in the old town.

PROFESSOR RUTHERFORD AND THE ANTI-VIVISECTION CRUSADE.—In opening the class on Friday last of the Institutes of Medicine in Edinburgh University, Professor Rutherford took as the subject of his introductory lecture the circulation of the blood, with special reference to the discoveries attained by vivisection. By much speaking the anti-vivisectionists had been heard of late, and had succeeded in making some intelligent persons believe their false report. It seemed that physicians must no longer trust the common sense of the people to see that they were being misled by the enemies of science. They must provide the public with a true account of the manner in which physiological discoveries were arrived at. The circulation of the blood might be taken as a typical case. Harvey had himself stated that it was by vivisection that he had discovered the motions and uses of the heart. He was the greatest vivisector this country had ever known. Harvey was followed in the same strain by the Rev. Stephen Hailes. If he had lived and been asked to conduct an anti-vivisection prayer meeting—he (Professor Rutherford) was sure he would have felt no little sadness at the strange shortsightedness of some of his fellow-Christians. Hunter's experiments on living animals had led him to revolutionise the treatment of aneurism. Professor Rutherford then particularised several discoveries affecting the action of the nervous system in its relation to the heart, which had been made by experiments on living animals, and concluded by saying that he was convinced that if unbiassed minds would only consider what had actually been achieved for medical science by experiments on living animals they would not fail to see the necessity for carrying on in the future that kind of research which had yielded so much fruit in the past.

SELF-SUPPORTING PROVIDENT DISPENSARIES.—Writing to the *British Medical Journal* (Oct. 29th, 1881), Dr. Hey-

wood Smith remarks regarding hospital and dispensary practice, "We have been striving to establish on a proper footing, and to recommend to the profession, provident dispensaries, where advice, such as we have referred to (for that class which intervenes between the well-to-do and the poor, while at the same time retaining their self-respect) could be procurable for a small payment by the artisan class; and I would suggest, with a view of carrying out this principle to its widest extent, that the general hospitals, and especially in their special departments, should set apart some time on two days of the week, when artisans could come and get advice for a small payment. If this plan were inaugurated and carried on by the large hospitals, it would go a great way towards maintaining an independent spirit among that class, and would merit their deserved thanks." The Glasgow Public Dispensary was originated entirely on those lines. Advice and medicine are given on special subjects for a small payment to those able to pay the small sum demanded, while they are entirely gratuitous to the extreme poor. Advantage is largely taken of this privilege by the artisan class, and while affording experience alone (as the institution is still in debt) to the medical attendants, much benefit is conferred on the class frequenting the dispensary. It is desired to make it subserve the instruction of students, and should encouragement be afforded, the medical officers are anxious to deliver courses of lectures on the official subjects treated. Such an attempt deserves well of the community, and we trust that adequate support will be forthcoming, to carry on the work satisfactorily.

THE IRISH COLLEGE OF SURGEONS.

THE vacancy in the Council of the College caused by the death of Dr. McOlinlock, is the object of much competition amongst the Fellows. Mr. Butcher, Dr. Nixon, of Mercer's Hospital, Mr. Baker, Dr. Kendal Franks, of the Adelaide Hospital, and Dr. William Carte, of the Royal Hospital, Kilmainham, issued cards announcing their candidature; but as Mr. Butcher is understood to have been adopted as the representative of the party who are striving for improvement in medical education, we believe that Mr. Baker will reserve his candidature until the general election in June. We are not yet in a position to say which of the other candidates will go to the poll.]

OPHTHALMIC TEACHING IN DUBLIN.

AN adjourned meeting of hospital surgeons was held on Saturday last in the Irish College of Physicians to consider the question of clinical ophthalmology and the fees to be charged for instruction in that subject. It will be recollected that the arrangement which had been entered into some years ago that fees should be equal in all hospitals had been broken through by certain hospitals advertising that they would grant ophthalmic certificates free of charge; the meeting to which we refer was therefore called together for the purpose of restoring unanimity if possible. We understand that after some debate the representatives of the hospitals in question yielded, and an understanding was arrived at that a fee should be charged in all cases.

This decision deserves approval, because it may be interpreted to mean that in future ophthalmic teaching—being paid for—will be genuine, and that the requisite certificate will not be simply one of the shams which often represent teaching in other subjects.

Correspondence.

CONSULTATION WITH HOMŒOPATHS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am sorry to find by your paper of this date that my scientific and most laborious friend, Dr. Dudgeon, has found Mr. Lister unwilling to assist him with his surgical skill.

Ever since my letter appeared in the *Lancet*, three years ago, I have found no difficulty in obtaining, not only surgical, but medical, assistance from the first men in the profession.

In that letter I maintained with Hippocrates, that "some diseases were best treated by similars and some by contraries," and that, therefore, I was not a homœopath but a physician availing myself of any method of cure which seemed to me to be best for my patients.

That the law of similars is a most invaluable guide to the selection of medicines in a very large number of diseases seems to me absolutely certain, and that a continually increasing number of rising young physicians are now availing themselves of this law as a guide in the treatment of disease every one knows.

Very lately I had a letter from the most esteemed and venerated medical authority in Great Britain admitting this.

By this week's *Medical Press* I am sorry to find that medical men in the neighbourhood of Leighton Buzzard are still determined not to consult with homœopaths, although their *confrères* in the north-west of England have declared their willingness to admit any upright medical man to professional fellowship, whatever his views on therapeutics may be; and surely, as medicine is not a fixed science but a progressive art, it is only common sense to seek information regarding this art from all honest and thoughtful men of experience.

It is continually asserted that consultation with homœopaths is an absurdity as there is no common ground to stand on.

As one who has considerable experience of such consultations, I may be permitted to explain how this opinion is in error.

1. Consultations are held generally more to satisfy anxious relatives than in the hope of obtaining new light,

2. Consultations are held for the purposes of diagnosis, but especially for prognosis.

3. The medical substance sought for is the last and least important factor in a consultation.

Such being the case I have always found that, by a little mutual forbearance a medical substance was agreed upon without any difficulty, on the understanding that it was to be continued or given up, in accordance with the opinion of the medical man in charge of the case, after due experiment.

So long as medical men are kindly and honest, and equally desire, beyond all things, the good of the patient, there seems to me no difficulty in consultations between those holding various therapeutic theories.

I am, yours, &c.,

12 Gt. Cumberland pl., W.

GEORGE WYLD, M.D.

Oct. 26, 1881.

Obituary.

DR. HAYDEN, DUBLIN.

THE hope of the ultimate recovery of this distinguished physician, which arose a fortnight since, after an extraordinary rally made by him at the point of death, has, we regret to say, proved illusory, and on Sunday morning last death ensued.

Dr. Hayden was the son of the late John Hayden, Esq., of Parson's Hill, near Fethard, county Tipperary. At an early age he became the pupil of his relative, the late Dr. Hayden, of Harcourt Street, and soon after obtaining his degree of surgeon, in the year 1850, he was elected Professor of Anatomy and Physiology in the Peter Street School of Medicine, where he very rapidly obtained distinction as a laborious teacher. On the establishment of the Catholic University, Cardinal Newman, then the newly-appointed Rector, offered him the Professorship, which he held to the time of his death. He was an ex-Fellow of the College of Surgeons, a Fellow of the College of Physicians of the year 1867, of which institution he was lately Vice-President, and would this year have been President but for his lamented illness. He was also a member of the Senate of the Royal University, and Physician to the Mater Misericordiarum Hospital.

His first anatomical work was a paper on the yellow spot of Sommering, which appeared in the *Atlantic* in 1858, but he had previously published in the *Dublin Quarterly* communications on hydatid and on a method of microscopic measurement. He contributed to this journal in 1866 some very valuable clinical lectures on heart disease, which formed the groundwork for his well-known and admirable monograph on these diseases published in 1875. As a physician Dr. Hayden was very highly esteemed, and his services as a consultant were in constant requisition. In his profession he had no enemies, although he never hesitated to have and to express opinions in disputed questions. He was one of the few who never condescended to professional sharp practice in any form, and who preferred his

honour as a physician and a gentleman to the fees which he might have earned by a less conscientious method of doing business, and his memory is, therefore, universally respected, and his death deeply regretted.

Royal College of Physicians of London.—The following gentlemen, having passed the required examination, were admitted Members of the College, on October 27th:—

Ranking, John Ebenezer, M.D. Oxford, Tunbridge Wells.
Sainsbury, Harrington, M.D. London, 21 Huntley Street, W.O.
Springthorpe, John William, M.B. Melbourne, 49 Manor Park, S.E.
Willcocks, Frederick, M.D. London, 52 Scarsdale Villas, W.

The following Candidates obtained the Licentiatehips on October 27th:—

Bickle, Leonard Watkins, 7 Albert Square, S.W.
Clowes, Herbert Alfred, M.B. Durham, Guy's Hospital, S.E.
Dawson, Rankine, 48 Crosier Street, S.E.
Drysdale, Alfred Edgar, 3 Stamford Road, W.
East, Frederick William, M.B. Durham, 2 Clapton Square, E.
Foley, James Leslie, M.D. Montreal, 17 Horton Road, E.
Gubbin, George Frederick, Westminster Hospital, S.W.
James, Charles Alfred, Dispensary, Stoke Newington, N.
Jennings, Charles Ererton, London Hospital, E.
Macnamara, James Thomas, 19 Paris Road, S.E.
Mark, Leonard Portal, 11 Queen Anne Street, W.
Martin, John Michael Harding, M.D. Brussels, Blackburn.
Miller, Herbert Percy, 86 Stoke Newington Road, N.
Palmer, John, Middlesex Hospital, W.
Ross, James, M.D. McGill, 48 Crosier Street, S.E.
Shearman, Percy Edward, 6 Grove, South Wimbledon.
Twynam, George, 18 Blandford Square, W.
Usher, John Edward, M.D. New York, 89 Argyll Square, W.C.

NOTICES TO CORRESPONDENTS.

DR. ROEBUCK (Leeds).—With pleasure; we have directed our Publisher to send you the necessary wood-cuts.

SCRIPTOR.—We shall be very happy to consider the communication, and if it should prove unsuitable you may rely on its being returned. Unless specially requested, we do not return unused M.S., because to do so would entail considerable expense and labour. The letter is marked for early insertion.

DUBTANS.—We must repeat the reply previously given to you. While sorry for the dilemma you are in, we cannot help thinking you are chiefly to blame.

DR. FRASER.—You are scarcely correct in your surmise, since a public retraction has already been made of the expression you refer to. Our interest in the matter is, that of every professional man anxious for the dignity of medicine. How this will be benefited by a prolongation of the discussion we are at a loss to see.

MR. M. H. J.—More suitable for our advertising columns than for editorial reference.

INTEGRITY.—How, indeed! We see no course open to honest men but that of immediate severance from a body which can tolerate open fraud of the most unblushing description. Thanks for your offer; we have already considered the advisability of such a step, and possibly we may take it immediately.

DR. GORDON.—Many thanks; duly received, and marked for early insertion.

J. H. D.—Consult the "System of Medicine," edited by Dr. Russell Reynolds. It treats the subject more concisely than, and yet equally satisfactorily as, Ziemssen's. If you wish special references, and will write to us again, we will furnish you with them by post.

DR. JOHN McDUGAL (Glasgow).—Your lecture "On the Intimate Nature of Zymotic Poison" is marked for early insertion.

THE HOWARD MEDAL.—The subject selected for competition for the "Howard Medal" (1882), given by the Statistical Society of London, is: "On the State of the Prisons of England and Wales in the Eighteenth Century, and its influence on the Severity and Spread of Small-pox among the English population at that period." The Essays also to present a comparison of the Mortality by Small-pox among the prison population of England and Wales during the Eighteenth Century, with the mortality from the same cause during the last twenty years. In addition to the medal, the Council have again decided to grant the sum of £20 to the writer who may gain the "Howard Medal" in November, 1882. The Essays to be sent in on or before 30th June, 1882.

DR. RUTHERFORD.—If possible in our next.

THE CAMBRIDGE DEGREES.—Professor Annibering requests us to announce that the examinations for the degrees of M.B. and M.C. will begin on Tuesday, December 12. Candidates for the degree of M.B. are requested to send their names to the prolectors of their several colleges on or before Saturday, November 26th. The certificates of candidates for the degree of M.B. are to be sent to the Secretary; and the names and certificates of candidates for the degree of M.C. to the Regius Professor of Physic, Dr. Paget, Cambridge, on or before December 3rd.

MR. C. WILKES.—Interesting, very.

MISS B. R.—We are sorry that circumstances prevent us taking the matter up just now.

MR. THOMAS.—1. Either of the physicians named are competent to take your case in hand. 2. We have never heard it stated that they are extravagant as regards fees, which in this, as in every other instance, depends upon the nature of the case, the attendance required, and the reputation of the attendant.

MR. BURDETT.—We think you have just cause for complaint, and owing to a slight clerical error in your tables, Mr. Blair, of the Leeds Infirmary, should have seized the occasion to make certain statements which he must have known were not warranted by facts.

DR. D. CAMPBELL BLACK.—Your interesting "Notes on Spanish Hospitals from a recent Visit" will appear in our next. Proof shall be sent you in due course as requested.

DR. S. L. M. is thanked for the information which he will see has been utilised in another column.

A SECOND YEARS' MAN.—The three leading text-books are all good and reliable; as you profess a preference for one, you will be quite safe in purchasing it.

MR. W. PARKER.—Regret we cannot reproduce your communication as we totally disagree with the whole tenour of it. The treatment of lunacy with the aid of "artificial gastric juice" may appear satisfactory to your mind, but we fail to see the connection. Further, we could hardly be expected to publish a communication containing the statement that you "cured every one of a hundred cases of cholera with artificial gastric juice when a neighbouring practitioner had forty deaths in the same time."

THE SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.—This (Wednesday) evening, at 8, Dr. J. Matthews Duncan, "On Shortness of the Cord as a Cause of Obstruction to the Natural Progress of Labour."—Mr. N. W. Jastreban (St. Petersburg), "On the Normal and Pathological Anatomy of the Ganglion Cervicale Uteri."

HARVEIAN SOCIETY.—Thursday, Nov. 3rd, at 8.30 p.m., Mr. Edmund Owen, "On the Treatment of Joint Affections in Childhood."
BERKELEY SOCIETY (St. Bartholomew's Hospital).—Thursday, Nov. 3rd, Mr. Macready will introduce a discussion on "The Arterial Hemorrhage."

Vacancies.

Birmingham General Dispensary.—Resident Surgeon. Application to the Secretary on or before Nov. 15.

Bristol General Hospital.—House Surgeon. Applications to the Secretary on or before Nov. 5.

Drogheda Union, Termonfecken Dispensary.—Medical Officer. Salary, £110, and £30 as Medical Officer of Health. Election, Nov. 3.
East Sussex, Hastings, and St. Leonard's Infirmary, Hastings.—Assistant Surgeon. Applications to the Secretary not later than Nov. 11.
Monmouth Union (Wales).—District Medical Officer. Salary, £24, with the usual extra fees. Applications to the Clerk of the Union by Nov. 4.

Royal Picnic Dispensary, 104 Buckingham Palace Road, W.—Medical Officer. Candidates must reside in the district. Applications to the Secretary on or before Nov. 7.

South Devon Hospital.—House Surgeon. Salary, £20, with board. Applications to the Hon. Sec. at the Hospital, Plymouth, by Nov. 7.

Appointments.

ALEXANDER, J. A., L.F.P.S. Glasg., Medical Officer for Knocknashan Dispensary District of the Lisburn Union.

BOOBYER, P., M.R.C.S., Assistant House Accoucheur to King's College Hospital.

CHITTY, A. G., M.B.C.S., Medical Officer for the Berry Pomeroy District of the Totnes Union.

CHRISTIE, J. W. S., L.R.C.P., &c., Assistant Medical Officer to the County Asylum, Stafford.

CROOKSHANK, E. M., M.R.C.S., Assistant House Surgeon to King's College Hospital.

GEORGE, J. W., M.R.C.S., Medical Officer for the Fifth District of the Upton-upon-Severn Union.

WILLIAMS, T. H., L.R.C.P. Ed., Senior Medical Assistant to the Glasgow Town Hospital and Asylum.

Births.

BORTHISTLE.—Oct. 18, at Merrion Lodge, Clonsavan, co. Wexford, the wife of Dr. E. Borthistle, of a daughter.

CARMICHAEL.—Oct. 24, at Pollokshields, Glasgow, the wife of Dr. D. Carmichael, of a daughter, stillborn.

FISHER.—Oct. 27, at Falmouth, the wife of James W. Fisher, M.D., Staff Surgeon Royal Navy, of a daughter.

WEBB.—Oct. 23, at Kingsbridge, South Devon, the wife of W. H. Webb, M.R.C.S., of a daughter.

Marriages.

BOOKER-HACKETT.—Oct. 20, William A. Booker, M.D., of Clonsavan, co. Meath, to Jane Henrietta, younger daughter of Thomas Hackett, Esq., of Castle Armistrong, King's Country.

FULLER-BIRKETT.—Oct. 25, at the Parish Church, Ramsgate, Thomas Warburton Fuller, M.B. Lond., to Florence, only surviving daughter of the late George Birkett, M.D., of Stoke Newington.

Deaths.

DAVIDSON.—Oct. 23, at Coventry, Ellen Deane, wife of Charles Davidson, M.D., in her 80th year.

GARNEYS.—Oct. 21, at Repton, William Garneys, M.R.C.S., aged 64.

GREENHOW.—Oct. 25, at Newton Hall, Pottennewton, Leeds, T. M. Greenhow, M.D., F.R.C.S., in his 90th year.

HARMER.—Oct. 19, William Harmer, for more than forty years Proprietor and Resident Superintendent of the North Grove House Asylum at Hawkhurst, in his 74th year.

HAYDEN.—Oct. 30, at 18 Merrion Square North, Dublin, Dr. Thomas Hayden, Fellow of the College of Physicians, and Professor of the Catholic University.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 9, 1881.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
Remarks on Dissolution of the Nervous System, as Exemplified by Certain Post-Epileptic Conditions. By J. Hughlings Jackson, M.D., F.R.C.P., F.R.S., Physician to the London Hospital, &c.	399		
The History of Discoveries concerning the Circulation of the Blood. By Prof. Rutherford, M.D., F.R.S., Professor of the Institutes of Medicine in the University of Edinburgh	401		
Notes on Spanish Hospitals. By D. Campbell Black, M.D., F.F.P. & S.G.	402		
CLINICAL RECORDS.			
St. Mary's Hospital—Two Gall-Stones passed through an Abdominal Abscess. Under the Care of Mr. Norton	404		
Meath Hospital and Co. Dublin Infirmary—Brief Notes of Operations. Under the Care of Lambert H. Ormsby, F.R.C.S., Lecturer on Clinical and Operative Surgery	404		
SPECIAL.			
The Army Medical Department Report for the Year 1879	405	St. Matthew, Bethnal Green	418
France—Ablation of Fibroid Tumours of the Uterus—Osseous Lesions in Hemiplegic Subjects—Lindiment in Prolapse of the Uterus	406	The Health of Ireland	418
LEADING ARTICLES.		Overcrowding in London	418
FRESH OBSTRUCTION	406	Clairvoyant Diagnosis	418
THE TENURE OF OFFICE OF IRISH POOR-LAW MEDICAL OFFICERS	408	A New Dwarf	418
"CHOLERAIC FEVER"	409	Medical Society of the College of Physicians of Ireland	414
DESPAIR	409	Treatment of Goitre by Iodoform	414
NOTES ON CURRENT TOPICS.		The Use of Fumigations of Tincture of Iodine	414
The President of the Royal College of Surgeons	411	The Adelaide Hospital, Dublin	414
More Fever Dens	411	SCOTLAND.	
The late Drs. Hayden and McClintock	411	Royal Medical Society of Edinburgh—The Combe Lecture—Class of Clinical Surgery—Aberdeen Rectorial Contest	415
Durham University School of Medicine	412	CORRESPONDENCE.	
American Opinion on the late President's Case	412	Consultation with Homoeopaths	416
An Unpleasant Patient	412	Hypodermic Injection as a Prophylactic in Cholera	416
Fever in Private Houses	412	The Doctor in the Witness-Box	416
Anti-Vaccination Law	412	A Model Fever-Deu	417
		The Vacancy on the Senate of the Royal Irish University	417
		LITERATURE	
		OBITUARY	
		NOTICES TO CORRESPONDENTS	

REMARKS ON DISSOLUTION OF THE NERVOUS SYSTEM, AS EXEMPLIFIED BY CERTAIN POST-EPILEPTIC CONDITIONS.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P., F.R.S., Physician to the London Hospital, and to the National Hospital for the Epileptic and Paralysed.

(Continued from page 382.)

SECTION XV.—Difference between the Negative and Positive Elements.

The negative symptoms are directly caused, answer to exhaustion produced straightway by the epileptic discharge. The positive symptoms are indirectly caused, or, it is better to say, are "permitted;" they answer to increased activity of lower nervous arrangements, uncontrolled by their now exhausted higher.

Let us, partly recapitulating, state the stages of the whole process. 1. First, there is an "epileptic discharge," that is to say, a sudden and excessive discharge of certain nervous arrangements, the cells of which are abnormally highly unstable. These unstable cells are likened to a fulminate. This we call a primary discharge. According to quantity of energy liberated, and rate of its liberation (Section XIII.), is the width and depth of spreading in—discharges of—healthy (i.e., normally unstable), nervous arrangements, collateral and lower; these latter discharges we call secondary discharges. 2. When the epileptic discharges are over the cells discharged (those secondarily as well as primarily discharged) with the associated nerve fibres, also engaged in the paroxysm, remain temporarily exhausted. The exhaustion of them is physically the negative element, answering to what is psychically negative affection of consciousness; the positive element, physically, is over-activity of next lower nervous arrangements, which the epileptic discharge had not reached, and answers to what, in the first degree, is psychically the "dreamy state." (See Section XIV.)

Observe the over-activity during the epileptic discharge is excessive, and, therefore, leaves exhaustion; the over-activity in the positive elements, on the contrary, is only an hyper-normal discharge from "loss of control." In

both there are discharges, but they differ enormously in degree. (a)

As the distinction may not seem very definite, we add that the epileptic discharge is supposed to be analogous to that induced by strychnia poisoning; the discharges during the positive element are supposed to be analogous to those of the lower segment of the spinal cord of an animal after cutting the cord across, there is increased excitability of the lower segment.

SECTION XVI.—Two Aspects of the Negative Element.

Thus we look at the negative element from two points of view. It is, in itself, so much loss; it is for the next lower nervous arrangements a "loss of control."

The lower nervous arrangements are not "goaded on," but are "let go," as the heart is "let go," on cutting the pneumogastric nerve; or, as the lower parts of the frog's cord are when the higher parts are practically removed by a section of the cord.

An illustration may make the above clearer. Were the highest governing people in this country suddenly destroyed, we should have to lament the loss of their offices; the loss of them is the analogue of our post-epileptic patient's negative condition. But we should also have to lament the now permitted anarchy of the now ungoverned people consequent on that loss; the anarchy is the analogue of our patient's positive condition.

So far in this Section we are assuming that the positive element is hyper-positive—that the discharges are hyper-normal. But in Section XIII. we admitted that when "control" is slowly removed the positive condition may be normal in degree, or nearly so; and that the actions may be almost normal in rate, but more general than in

(a) After healthy nervous discharges there is, of course, some degree of temporary exhaustion of the parts discharged, although the word exhaustion, from its ordinary associations, is too strong a word. Negative after images are proofs of degrees of exhaustion a little more than normal. When after looking for some time at a brightly coloured object, we have before our eyes the complementary colour, there is evidently a duplex visual condition, negative and positive; we are blind to the colour of the object we had looked at, so far negative, and we have, positive, independently of anything external, the complementary colour—have it if we go into a dark room; the condition of nervous element for the complementary colour is evidently hyper-positive.

health. I suppose that if, in this country, the highest governing people were slowly removed, the "positive condition" of the rest of the country would not be, or would be only slightly, anarchical. The lower governing bodies would, being then highest, gradually become efficient substitutes for general purposes.

SECTION XVII.—*Two Aspects of the Positive Element.*

We have also to look at the positive element from two points of view. There is the result of what for brevity we may call the "permitted" over-energising of the now uncontrolled and thus over-active nervous arrangements. The outcome of this is the survival of the fittest states in what is left of the nervous system. (The survival of the fittest is the law both of healthy and of morbid mentation and of the concomitant cerebration). But there is more to be said. The over-activity of the nervous arrangements in question is, at the same time, a condition of them to be more influenced by the environment (a), from peripheral parts of the body, or from lowest or lower sensory centres. Just as the activity of a frog's spinal cord below a level of section—a part now uncontrolled—is so increased that a touch on the animal's foot produces abnormally vigorous movements of its leg, so I presume that in the several post-epileptic degrees the now uncontrolled and over-excitable nervous arrangements are more and more easily influenced by impulses coming to them.

What we called the "survival of the fittest" is here the resultant of two factors; (1), of permitted activity of what is already organised in what is left of the patient, and of (2) the influence of external things, or peripheral conditions interfering with, modifying, that activity of that already organised. Moreover, a more elaborate state is produced. Thus,—to take an illustration from a case outside our proper subject—in the "reduced" brain of a drunkard, intra-ocular bodies, which would give rise to what are called muscæ before his eyes were his brain healthy, develop elaborate nervous states; there is "projection" of more compound images; the patient "sees mice, &c." Speaking very loosely, the muscæ "turn into" mice, &c.

SECTION XVIII.—*Two Aspects of the Positive Condition (continued).—Illusions.*

Later on we shall give illustrations from certain post-epileptic states. It is now more simple to illustrate the principle stated in the last section by other cases of insanity. The best plan will be to state more fully the view I take of illusions. By an illusion I mean what would popularly be called mistaking a thing for something else, as in the instance from the drunkard's case; another instance is taking a coat, thrown partly on the seat, and partly over the back of a chair, to be a man sitting on the chair. I do not believe that disease ever directly "causes" illusions, or any other elaborate positive mental states, although no doubt it indirectly causes them. I believe that disease destroys or places *hors de combat* (b), certain nervous elements or regions of the highest centres, and that not only illusions, but all positive mental symptoms (except "crude sensations"), are the outcome of activity of lower non-diseased nervous arrangements of these highest centres. The disease—the pathological change—causes negative functional states, or places elements of the nervous system, *hors de combat*; these negative physical conditions answer to negative mental states. A delirious patient does not "see a rat" "by aid" of diseased "structures," any more than an aphasic says "no," or swears "by aid" of the softened part of his brain.

(a) The "influence of the environment" is really that it induces a "local bodily state," a state of our periphery. A lower sensory centre is one which represents the periphery. The three states, mentioned in the text, are fundamentally of one kind, in so far as they lead to changes in the highest centres.

(b) Perhaps the reader wonders why I do not say "loss of function," instead of using the expression "*hors de combat*." I avoid the expression "loss of function," because I believe that elaborate psychical states cease not only during loss of function, say during post-epileptic exhaustion, but during very excessive function also, say excessive nervous discharges in epilepsy proper; during such discharges there arise only "crude sensations."

All illusions, which are positive mental states, imply of necessity some accompanying negative mental states, answering to what are physically nervous elements *hors de combat* from disease. Manifestly the drunkard spoken of, who "sees a rat," does not "see a musca." The mental condition is obviously duplex, negative and positive, and so, of course, the correlative physical condition is duplex, negative, and positive.

Speaking only now of illusions, I believe them to be the psychical side of what are particular elaborate states in healthy nervous arrangements (although in permitted over-activity from loss of control), produced by peripheral excitations (ento- or epi-peripheral), often very simple ones, or by simple external conditions. Let me illustrate this dictum. I first, however, ask the reader again to bear in mind that all mental states, healthy or morbid, are the survival of the then fittest states during activity of what are the highest arrangements at the time. When produced by a peripheral excitation, &c. (see Section xvii), illusions are the termination of a struggle starting "from below;" they "appear at the top;" in dissolution the nervous system left is "shallower;" "the top" is then lower than normal; there is less of the person, less of the highest nervous arrangements.

We may, with propriety at a clinical conference, say that cerebral atrophy is the cause of a patient's illusions; it would be pedantic to object to the phrase. In scientific exposition we must be as rigidly exact as we can in our use of terms, and then we must say that cerebral atrophy cannot possibly be the cause of a patient's illusions. "Atrophied nerve tissue" is not nerve tissue at all; it is functionally just nothing, and cannot be the cause of anything positive; the positive mental symptoms, the illusions, arise during activity induced in non-atrophic, in healthy, nervous elements of what is left of the patient, at least, in elements capable of functioning. They cannot arise during activity of the atrophied elements, of what is lost of him; that is to say, they do not arise "during activity of nothing." All this sounds like mere barren truisms. But I confidently believe that the distinction is very frequently disregarded.

In the foregoing we are repeating the principle stated and illustrated by a case of "defect of speech," in Section XI, as to duplex symptomatology. Atrophy of the brain is no more the cause of illusions than softening of the brain in the case of an aphasic is the cause of his wrong utterances. (a)

The softening answers to the patient's inability to utter the right words; the atrophy answers to the patient's inability to see things as they are, that is, as he used to see them before the atrophy began. If a man takes a felt hat lying on the floor to be a black cat, it is as certain that, negatively, he does not see the felt hat, as that, positively, he does see a black cat; indeed, this is given in the expression, "he mistakes a felt hat for a black cat." To say that the patient cannot really see a black cat, "because there is not one," is of no avail. His nervous system is not ours; nor if it were quite like ours when he was well, is it so when disease has occurred in it; he sees a black cat; we see a felt hat. The thing outside *rouses in him* the image of a black cat; it *rouses in us* (and in him, too, on his recovery), the image of a felt hat.

There are similar illusions in some peculiar healthy states. In reverie, "we see faces in the fire." There is

(a) Let me instance a stronger case than that given in Section XI. A man after destruction by softening of some part of the left cerebral hemisphere, can only say "no." No one would declare that the destruction of so much of his brain was the cause of his saying "no;" it is the cause of his inability to say anything else. This is obvious enough, but the destination is not thought of in cases of "defect of speech." For the misinterpretation of these cases, popular psychology is to blame. The patient is sometimes said to have "loss of memory for words." If this covers his negative condition, his not saying the right words; it leaves out of consideration his positive condition, his saying the wrong words. I believe this psychologico-materialistic nomenclature is supposed to be justified, because very often the patient quickly and spontaneously corrects his mistakes.

here to use ophthalmological metaphor, temporary relaxation of object consciousness, or speaking more simply, we are dim to our surroundings, to the most special of them I mean. We do not see the cracks and marks in the burning coals. The cracks and marks do not produce the images of cracks and marks in us; they produce faces in us. (a) A simple thing acting on a person who has undergone such temporary normal dissolution, produces in him as it does in those whose dissolution is morbid, more elaborate nervous states; there is greater "irradiation," &c., with concomitant more elaborate psychical states. On the cessation of the reverie, the cracks and marks act just as much, but our very highest nervous arrangements being again in activity, the currents developed by the cracks and marks do not "stay" in the lower nervous arrangements, and spread widely therein, but pass quickly upwards."

Numerous illustrations of the above stated dictum are given in books on dreams. Sleep is a normal dissolution; the dream is analogous to our positive element.

It must not be forgotten that, as has been illustrated, a compound effect is produced. It is not that an external thing, or peripheral condition (the condition of the organism in each is, anatomically speaking, a peripheral one) simply produces a more intense effect, but that it produces also a more elaborate effect.

If the view above taken be correct, it is an error to suppose there to be necessarily particular localities of the brain diseased in any cases of illusions; that, for an example, there is necessarily disease of the auditory (cerebral) centre in cases of "hearing voices." (b)

There is, I submit, some negative condition widespread in the highest nervous arrangements in cases of illusions, and these positive mental states arise during great irradiations in the nervous arrangements left intact.

Visual illusions are commoner than others, partly because vision is the most special, most representative, sense; the nervous highest arrangements concerned will be less organised; they will "give out" sooner under conditions affecting the highest centres uniformly. I think that essentially the same holds good of what are called hallucinations. I believe that they are often really illusions, arising from external conditions, from morbid states of peripheral parts, or of lower sensory centres. They result from irritations propagated up to the highest centres, that is, to the uncontrolled, and thus over-ready-to-act, nervous arrangements left in these centres. When there is general "reduction" of brain, that one patient always "hears voices," and that another always has visions, may depend, I think, on irritations starting from the eyes or from the ear, or from the lowest sensory centres more directly representing those parts, and not necessarily on the cerebral visual, or auditory centres in particular being diseased; the disease is of some nervous arrangements throughout the highest centres, of those centres which represent all parts of the body. Similarly we do not suppose the physiological condition of the cerebrum to be different when a person dreams that he has a spoon in his throat, and on another night, that a cat is biting his finger; we infer that in the former he has a sore throat, and in the latter that he has cramp of the finger. The local bodily states produce elaborate states in the nervous arrangements of the highest centres left capable of functioning, or of being easily roused to function in this normal dissolution.

Yet I do not deny, but affirm, that particular parts of the highest centres represent more especially particular parts of the body, say the eyes or ears. Thus I tacitly admit three factors in the production of the morbid mental states spoken of.

(To be continued.)

THE HISTORY OF DISCOVERIES CONCERNING THE CIRCULATION OF THE BLOOD. (a)

By PROFESSOR RUTHERFORD, M.D., F.R.S.,
Professor of the Institutes of Medicine in the University of Edinburgh.

PROFESSOR RUTHERFORD prefaced his lecture by observing that the beginnings of physiological science were the results, not of curious desire to obtain a knowledge of the workings of the bodily mechanism, but of a necessitous desire to know how its diseased conditions could be understood and cured. Thus it came about that the history of physiology is wrapped up in that of medicine. At the outset when the complex and delicate machinery of the body was unknown, the practice of medicine and surgery was nothing more than a mere groping amidst the darkness of empiricism. By slow degrees the brightening light of advancing science was dispelling that darkness, and placing the practice of medicine upon the sound and firm foundation of well-ascertained facts and logical principles, but there yet remained, and would long remain, many dark places into which light could not be thrown until physiology had advanced far beyond its present standpoint. Going on to speak to the subject of his lecture, he said it had for some time past unfortunately become customary on the part of certain opponents of medical progress to systematically represent that nothing of any value had been learned from experiments on animals. These persons have been heard "because of their much speaking." By the frequent repetition of statements calculated to produce an erroneous impression upon those who had not been educated in biological science, they had succeeded in persuading many intelligent persons to believe their false report. It seemed to him perfectly plain that they must no longer merely trust the common-sense of the public to perceive that they were being systematically misled by the enemies of science. They must trouble themselves more than they had hitherto done to provide the public with a true account of the manner in which important physiological discoveries have been arrived at. He could not, in the course of a lecture, do more than allude to a limited part of physiology, and he had chosen the circulation of the blood, because that was a typical case from which the others might be judged. It was long a prevalent idea among the ancients that the blood of the body was contained in the veins and right side of the heart, while the left side of the heart and arteries were filled with air derived from the lungs, and distributed to all parts of the body to keep it cool. So completely did this idea of blood in the veins occupy the mind of classic writers that even now were anyone on some rhetorical occasion to say—e.g., that Mr. Gladstone had Scottish blood in his arteries, he would be regarded as an iconoclast of classical phraseology. That old erroneous idea resulted from a lack of knowledge regarding the many differences that arose between a dead and a living body. After explaining in detail the erroneous doctrines regarding the circulation of the blood which had continued to hamper the progress of medicine for many centuries, with special reference to the researches and theories of Galen, he observed that undoubtedly the reason why Galen, with all his ingenuity, failed to correct so many errors, was that he was not sufficiently impressed with the necessity for bringing all theories to the touchstone of exact observation or thoughtfully planned experiment. He also referred to the discoveries of Michael, Servetus, Colombo, and others; and gave an account of the life, work, and discoveries of Harvey, with regard to whom he remarked that it was not too much to say that Shakespeare had not done more for English literature than Harvey had done for English medicine. Harvey told them that he sought "by vivisection," and not by a "study of the writings of others, to discover the motions

(a) Abstract of a lecture delivered at the Opening of the Institutes of Medicine, in the University of Edinburgh, on Friday, Oct. 28th.

(a) There is a little thimble-rigging here in saying that the "cracks and marks in the coals" produce faces (certain images) in us. We shall consider this matter later on.

(b) If there were, the "hearing voices" would not result from the disease, but would occur during activity of parts of the centre not diseased. Besides what is called "hearing voices," is something more than hearing particular sounds.

and uses of the heart," that he was at first greatly perplexed when he looked at the moving heart, but that by "daily diligence at vivisection" on a variety of animals "he thought he had obtained the truth," and every physiologist knew that Harvey was the first to give a true account of the heart's movement. Harvey was also the first to give a correct explanation of the pulse. He proved by experiment that the pulse in the arteries was not synchronous with, but succeeded the impulse of the heart, and that the pulse was due to an expansion of the vessels by blood projected into them from the heart, and not to any inherent power of expanding like a pair of bellows, as was commonly supposed. Need he say how great a step was made in the progress of medicine when Harvey experimentally demonstrated the true cause of the pulse? Harvey had also experimentally demolished the old idea that air passed from the lungs into the pulmonary veins, to be mingled with blood in the heart, and distributed through the arteries to the body generally. Every surgeon knew well the importance of this discovery. In many of his operations he carefully guarded against the entrance of air into blood vessels, for he knew that death would inevitably follow the entrance of even a relatively small quantity of air into the veins. With regard to the flow of the blood in the veins, Harvey demonstrated that the blood flowed only towards the heart. He opened the jugular vein in a living animal and found that it ceased to bleed when its cranial aid was compressed, but continued to bleed although its cardiac aid was compressed, proving that the blood flowed in the vein towards the chest and not from it, as Galen had supposed. He experimented on the flow in the veins of the human forearm with a similar result, while in the same way he demonstrated the function of the venous valves. There was much commotion when Harvey proclaimed his doctrines. Many blamed him for his temerity in daring to call in question the doctrines of the ancients. Many denied the truth of what he said, but he was indefatigable in demonstrating his experiments and in devising new ones to carry his case, and he lived to see his doctrine accepted by all. How history repeats itself. Harvey in one of his letters said, "There are some who say I have shown a vain-glorious love of vivisection, and who scoff at the introduction of frogs and serpents, flies, and other lower animals, upon the scene, as a piece of puerile levity, and they do not hesitate to use opprobrious epithets. But to return evil speaking with evil speaking I hold to be unworthy in a philosopher and searcher after truth. I believe I shall do better and more advisedly if I meet so many indications of ill-breeding with the light of faithful and conclusive observation." His detractors did at length grow weary. Even in these days of detraction, he, the greatest vivisector this country had ever known, was treated with respect, and a monument was raised to his memory in his native town. How often it had happened in the history of science that those who could not comprehend the aims and methods of the searcher after scientific truth were all too ready to cast a stone. So it was with one so great as Harvey. His humble followers need not wonder if they fare no better. But while Harvey was saying these things, and wincing a little under the stings of the wasps who buzzed about his ears, there lived at Teddington, on the Thames, the Rev. Stephen Hales, rector of Faringdon, in Hampshire, and minister of Teddington. To him they owed the first measurement of the pressure of blood in arteries and veins. This knowledge was entirely arrived at by experiments on living animals. He introduced a long upright glass tube into one of the larger vessels, and observed the height of the column of blood which the pressure could support. He made many experiments on different animals, and under the varying conditions, and thereby tapped a spring of knowledge which still flowed with new discoveries. In physiology and pathology there was scarcely any subject which required to be more frequently taken into account than the blood pressure. It was like the pulse, a household word to the physiologist. He fancied the Rev. Stephen Hales

would have been greatly gratified could he have seen all that was to flow from his experiments, and he rather wondered what he would have said had he lived until now, and been asked to conduct an anti-vivisection prayer meeting. He was sure he would have felt no little sadness at the strange short-sightedness of some of his fellow-Christians. From Harvey and Hales let them pass to Hunter. John Hunter was a Scotchman, of whom they had reason to be proud. No monument had yet been raised to his memory, but he needed none. The great museum of the Royal College of Surgeons of London, one of the wonders of the scientific world, was his monument. He made many experiments on living animals. The result of one of them led him to revolutionise the treatment of aneurism, that disease of blood vessels, always so dangerous and nearly always deadly before he invented the great operation which bore his name. But how could he possibly recite in an hour an account of the other discoveries regarding the circulation made by vivisection? It was long imagined that the heart was the great source of the heat of the blood. The great phenomenon of fever was an increased production of heat. How could they hope to gain a true theory of heat production in fever if they were still under the delusion that the heart was the great source of heat? Experiments on living animals alone showed that the heart was not a more important source of heat than any other muscle, and that the hottest blood of the body was not in the heart. Their knowledge of the function of the nerves of the heart and blood vessels they owed exclusively to vivisection; and where was there in physiology and pathology a subject of greater importance than the nerves of the heart and blood vessels? Many lectures in future days must be devoted to these great subjects, and then also they should have to state yet other discoveries regarding blood circulation which had been made by vivisection, and he need hardly say many other discoveries regarding other departments of physiology which had been made in the same way. He was convinced that if unbiassed minds would only consider what had actually been achieved for medical science by experiments on living animals, they would not fail to see the necessity for carrying on in the future that kind of research which had yielded so much fruit in the past. He had never been an advocate for the performance of painful experiments for mere demonstration, and in that room they would not witness, and none of their predecessors had witnessed, a single experiment that implied pain. They had been in that matter subjected to very paltry misrepresentations, for the purpose of prejudicing the public mind. He was sure, however, that the great majority of the public gave them credit for doing their best to advance the interest of medical science, and although they might not understand their methods and objects yet he was persuaded that they were disposed to doubt the tales of their opponents, and to give them credit for sincerity, and for a humane pursuit of the knowledge by which all profited daily.

NOTES ON SPANISH HOSPITALS.

By D. CAMPBELL BLACK, M.D., F.F.P. & S.G.

DURING a recent visit to Spain, after having exhausted the sights which first claim the attention of the tourist, and they are emphatically numerous and interesting in the highest degree in Sevilla, turning my attention to matters pertaining more especially to my own profession I sought the "Hospital Central." It was late in the day when I arrived, the hour of professional visit was over, and the sense of repose which the magnificence of the climate imperatively impresses on animate nature, particularly at midday, was manifest in every direction. Knowing by former experience in other parts of Europe that courtesy and kindness are never denied to the foreign physician by his *confères* abroad, I sought the apartments of the resident physician of the hospital, and I confess to having felt a little misgiving when I

found that I evidently disturbed the *siesta* of Dr. Eduardo Fedriani y del Pozo after the performance of his forenoon duties, doubtless glad of shelter from a temperature of not far short of 150° F. in the sun. I explained to him the object of my call, when with a courtesy, not especial to our profession alone, but characteristic of his compatriots, according to my experience, he professed his willingness to guide me over the magnificent hospital of which he was in charge, and show me everything or anything calculated to instruct or interest me. I do myself the pleasure again of acknowledging his courtesy, and the ungrudging spirit in which he received the considerable demand which I made on his patience and time.

The "Hospital Central" of Sevilla is situate in the north-eastern suburbs of the city; an excellent view of it, in the distance, may be obtained from the Giralda, or cathedral tower. It is an immense building, built in 1546, and contains no less than 800 beds. Notwithstanding its great size Dr. Pozo informed me that it is felt inadequate for the requirements of the city with its moderate population of about 120,000. The building is quadrangular in form, and has its main entrance on the southern aspect, which presents a beautiful façade; it is subdivided in its interior by *patios*, or open courts containing luxuriant fruit and other trees—an arrangement admirably calculated to ensure a fresh and sweet atmosphere. The floors of the wards are of marble; the ceilings are arched, and are higher than I have seen in any hospitals, either in this country or abroad. The wards are scrupulously clean, and the patients seem all attended to by sisters of charity, whose delicate and unwearying attention cannot be too highly commended, other considerations notwithstanding. It strikes the stranger as peculiar that in an hospital such as this lunatics of both sexes are to be found, of course, in separate departments. I think it will hardly be doubted that the complete isolation of cases of mental aberration, from ordinary cases of bodily disease, as obtains in this country, is to be desiderated, and that certainly in this direction Spain would do well to follow the example of certain other European countries.

Among the lunatics three cases of erotomania were pointed out to me; and Dr. Pozo informed me that in a case of nymphomania which he showed me, cauterisation had been employed without any beneficial result. Specialism is recognised to the extent that there are separate wards for venereal, skin, and ophthalmic diseases, as also for diseases peculiar to women. Syphilis prevails to a considerable degree in Sevilla, as judged by the number of cases in hospital. I could not discover any severe cases of constitutional disease, a fact which I ascribe to the treatment observed, viz., the general treatment of this country, by perchloride of mercury and iodide of potassium. Ague is a prevalent disease in Sevilla, and many cases of it were in hospital. I was shown a case of double amputation of the upper extremities, one at the shoulder-joint, and the other immediately below the elbow, and the latter, by an unfortunate perversity for modern surgical science presented a beautiful stump, which *healed by the first intention, without carbolic acid!* The patient met with an accident at the railway station a few days before, he was picked up almost lifeless, and dreadfully mangled, notwithstanding which, when I saw him his case was doing well, and I doubt not his progress towards recovery has been uninterrupted. Listerism in its orthodox details of steam engine, smearing of instruments, and disinfection of body, &c., is here unknown. I should think that the magnificent atmosphere of Sevilla must be inimical to these wonder-working spores! Carbolic acid, salicylic acid, boracic acid, &c., are, however, used in the ordinary manner. The surgical instruments, which are extremely well kept, are entirely of French manufacture, and comprise all the modern instruments. In the department for diseases of women my attention was directed to a remarkably extensive case of *nævus*, extending from the pectoral region, over the abdomen, and down to the vulva. At the menstrual period, instead of the usual discharge per

vaginam, blood oozed from the whole of this extensive surface.

Dr. del Pozo properly deplored the too general abandonment of the Latin language, which formerly formed the medium of intercommunication between physicians of all nations. I observed a prudent taciturnity as to the accomplishments, in this respect, of the great bulk of Scotch physicians, in such large centres as the good city of Glasgow. He further expressed the hope, that the day is not far distant when the existence of a common pharmacopœia for Europe will enable medical practitioners to have their prescriptions dispensed in its several countries.

One of the sights of this hospital is its magnificent chapel—certainly, one of the finest in Sevilla, and that is saying a great deal. Its walls are beautifully ornamented with medallions by Machuca, and pictures chiefly by Zurbaran. There is a crucifixion to which a peculiar history attaches, being a copy from one at Rome, said to have been painted by a bishop who sold himself to the "leader of the opposition" in morals, and whose characteristic is the profusion of blood which flows from the wound in the side. Dr. Pozo made the just professional criticism that so much blood was not likely to flow from a contused wound.

The College of Surgeons of Sevilla is situated in one of its finest streets the *Calle de las Armas*. It is a dingy looking old building, with a small library of very much moth-eaten ancient books, chiefly in the Latin, Italian, and Spanish languages. Being quite obsolete, and valuable only on account of their antiquity, these books are evidently enough very rarely looked at. Unlike France, Germany, and Great Britain, Spain produces few medical books. Whether this is significant of learning, and good sense or not, I will not presume to decide. The standard medical works are chiefly translations from other languages. In this building there is a hall of considerable size evidently used for professional meetings, at one end of which there is a raised presidential chair. The walls are adorned with twelve well-painted "portraits." I am afraid I shocked the religious sentiment of the good lady who showed me round, when I inquired whether these were the portraits of famous Spanish doctors. Considerably taken aback she informed me that these were the "twelve apostles." As they lived, now, nearly two thousand years ago, I confess that I did not recognise the resemblance; and to me they certainly looked more like twelve Spanish *litterati* than twelve Jewish fishermen. This is a phase of Spanish social life which strikes the foreigner in visiting public institutions in Spain, hospitals included. The religion of the country obtrudes everywhere. Certainly in hospitals if the cure of the body is, as I believe well and scientifically attended to, that of the soul is not neglected. The *upas-tree* of Spain is widespread. It entwines itself around the human heart wherever it is rendered impressionable by grief, by misfortune, or by doubt; it embraces all ranks, particularly of females from the lowest to the highest, cripples the Spanish intellect, and fetters the progress of chivalrous Spain in the march of nations.

The General Hospital, Granada.—During my sojourn at Granada, I visited the large hospital in the *Calle de San Lazero*. It is in the same style as that at Sevilla; but it seemed to me in a more ruinous condition, and not so well kept. The courts are adorned with paintings of religious subjects, and here again the patients are tenderly nursed by nuns. Medical instruction is given here. At Cordova there is an excellent hospital quite near the celebrated *Mezquita*. I arrived during the hour of visit in the morning, introduced myself to the physician, but as he could not speak French, I had not the pleasure of interchanging opinions with him. With Dr. José Amo, one of the junior physicians, I was more fortunate. I was much struck with the prevalence of chest affections both at Cordova and Granada, when the magnificence of the climate was considered. I am inclined to think that some special cause, such as peculiarity of avocation, must be held accountable for this. Perhaps Dr. Amo of Cor-

dova, or Dr. Pozo of Sevilla, will courteously throw some light on this subject. Its elucidation might be useful in the interests of invalids who might be recommended to Spain, owing to its intellectual or climatic attractions.

I noticed several cases of typhoid fever in the wards at Cordova. The usual home-treatment was pursued, and the usual solemnity and prudent taciturnity as to the *modus medendi* of the remedial agents judiciously observed. In this hospital there are also lunatic wards; as also separate military wards. I had a look at the performance of the preliminary steps of a cataract operation; and was chiefly impressed with the *nonchalance* of the assistants smoking cigarettes, as they looked on, or assisted.

There is no teaching at Cordova. Surely the intellectual sun has set on the natal city of Averroes and Avicenna! As the result of my visit to these hospitals in the three principal cities in the south of Spain, I cannot join in the too frequent, and possibly ignorant, depreciation of Spanish medicine or surgery, and I would impress on any of my professional brethren sojourning in those beautiful, and historically, interesting localities, the pleasure and instruction which a visit to the Spanish hospitals affords, and the polished courtesy with which the stranger is received.

Clinical Records.

ST. MARY'S HOSPITAL.

Two Gall Stones Passed Through an Abdominal Abscess.

Under the care of MR. NORTON.

ELLEN W., married, *et.* 40, had three years ago, suffered from an abscess in the region of the umbilicus, which had continued to discharge up to the time when she presented herself at St. Mary's Hospital. It had occasionally healed up for a short time, but the closure of the wound had been followed by pain necessitating poulticing and warm fomentation, after which it had re-opened. When she applied at St. Mary's Hospital there was an opening about an inch above the umbilicus through which thin pus escaped. A probe was gently inserted and then the finger pressed through the opening in the direction upwards and deeply inwards towards the liver. On the following day a gall stone about the size of an average marble was passed through the wound, and about half an hour afterwards a second stone passed, three-quarters of an inch long by half an inch broad. The wound shortly afterwards healed.

It is to be presumed that the gall stones were formed in the gall bladder; that at the date of the first abscess, three years, or to be more precise, two years and eleven months before the patient presented herself at St. Mary's Hospital. The gall bladder had become attached and the stones had left the gall bladder for the sac of the abscess, where they remained until the sinus was sufficiently dilated for their passage. It was evident that the sinus did not communicate with the gall bladder at the time the patient was seen at St. Mary's, because no bile escaped from the outer wound, so that it is probable that the communication between the sac and the gall bladder was cut off shortly after the escape of the stones from the gall bladder, about the date of the first abscess.

MEATH HOSPITAL AND CO. DUBLIN INFIRMARY.

Brief Notes of Operations.

Under the Care of LAMBERT H. ORMSBY, F.R.C.S.,
Lecturer on Clinical and Operative Surgery.

(For these notes we are indebted to Mr. FRANK CAMPBELL).

OPERATION I.—*Case of Cleft Palate.*—Thomas H., *et.* 18, from co. Cork, was admitted to Meath Hospital, June, 1881, suffering from a congenital fissure of the entire soft palate. He suffered a good deal of inconvenience when swallowing liquids, as the fluid frequently came out through his nose, and soft food of all kinds lodged in the fissure,

besides his manner of speaking with a nasal twang, was most unintelligible.

A week before any operation was performed, the patient was ordered a gargle, containing sixty grains of bromide of potassium to six ounces of water, to be used constantly in the day in order to render the fauces and soft palate less sensitive, and therefore allow more freedom of manipulation of these parts during the operation. On June 18th the operation was performed without any anæsthetic; the patient was placed on the operating table in a semi-recumbent posture, in such a position that good light could enter the mouth, and so display the parts as well as possible. The steps of the operation were as follows:—

1st. Mr. Ormsby having the mouth well kept open by means of a gag, the edges of the cleft at each side were evenly pared and vivified all round.

2nd. Needles, with an eye in the end, and fitted in a good handle, armed with pink thread, were passed through the cleft at one side first, when four double threads at each side were thus introduced exactly opposite to each other.

3rd. The first two loops nearest the angle of the fissure were attached to each other, and then drawn through in order to have one thread through each side of the fissure exactly opposite to each other; the three other pink thread loops were treated in a similar manner.

4th. To the first loop of thread nearest the angle of the fissure, a stout piece of silver suture wire was attached and drawn through the fissure; when this was done the ends of the wire were twisted until the previously cut edges of the fissure came together evenly and perfectly. The remaining pink threads were treated in the same manner with the silver wire, until the entire fissure was brought together. The ends of the twisted sutures were then cut off short; very little bleeding occurred at the time, and none followed subsequent to the operation. The boy was then sent up to his bed, with directions that he should get nothing but liquid nourishment for one week after the operation; he was also cautioned to speak as little as necessary, so as to give as much rest as possible to the soft palate. In ten days the silver sutures were removed, and at the end of a fortnight the fissured parts had nearly altogether united, save one very small hole in centre of palate. The boy's speech, and manner of speaking, was also greatly improved. Mr. Ormsby finding this small aperture touched the edges, with strong nitric acid on the end of a pointed deal stick, after two such applications at intervals of a week, was found to be sufficient to close the opening permanently. At the end of six weeks the boy was discharged from the Hospital.

OPERATION II.—*Removal of a Horny Growth from Lip.*—

Mary C., *et.* 30, admitted 13th June, 1881, suffering from a hard horny growth, springing from centre of lower lip.

History—She does not remember having received any blow; but about a month ago her lip began to get very painful, and she then noticed this tumour growing very rapidly.

Operation performed 22nd June, 1881. A V-shaped incision was made at each side of the tumour in the lip, and the growth thus removed. It was found, however, not to encroach very deeply into the substance of the lip. The incision was then brought together with silk-worm gut sutures, and the woman made a very good recovery, with little or no deformity resulting.

OPERATION III.—*Muco-Gelatinous Polypus of Nose.*—

G. P., *et.* 42, was admitted under the care of Mr. Ormsby on September 3rd, suffering from a large polypus of the nostril.

History—States it had been growing for the last four months, and it always appeared worse in damp weather. Operated on the 7th September. On examination the pedunculated growth was found to be attached to the middle turbinated bone. A wire snare was passed round the pedicle of the tumour, and firmly constricted, and when the wire was tightened, a slight jerk of the hand was given, and the polypoid growth came away without much trouble; smart hæmorrhage followed, which, however, was arrested by cold applications.

OPERATION IV.—*Removal of Internal Piles.*—J. O., *et.* 38, was admitted to Meath Hospital, August 30th, suffering from internal piles. *History*—States he has been suffering from pain and irritation about his lower bowels for the last four years. He suffered from constipated bowels for a long time. He had frequent passage of blood from the bowels; has had a good deal of sitting to do, working at his trade as a saddler.

On examination on asking the patient to force down, a large bunch of inflamed piles were easily discernible; they seemed to affect the entire circumference of the canal. The patient was much annoyed by the passage of a large quantity of bloody viscid mucus; at the other times pure blood was passed in large quantities, particularly when the bowels were very confined. His face and lips presented a very blanched appearance, as if from the loss of blood. The patient's chest was carefully examined, as well as the abdominal viscera, and as there was nothing to contra-indicate operative measures, it was decided to remove the piles. Operation performed on 7th September. The patient having been ordered to sit over hot water an hour before, and having then been placed fully under the influence of ether by means of Ormsby's inhaler. The nates having been well divaricated, and brought well over to the edge of the operating table, as the patient lay on his left side. The piles were fairly protruded, but Mr. Ormsby drew them still further down by means of the ring pile forceps. A needle, armed with a double hempen ligature, was then passed through the base of each pile separately, and tied at each side, having thus deligated all the mucous tumour then apparent. A morphia suppository was then inserted into the rectum, so as to allay pain, and prevent the action of the bowels, all the ligatures, with the strangulated piles, came away in ten days, and the man was discharged to the convalescent home in three weeks, and returned, after a fortnight, perfectly well.

Special.

THE ARMY MEDICAL DEPARTMENT REPORT FOR THE YEAR 1879.

THE Report on the health of the British Army for 1879 is an extremely interesting document. It presents in clearly prepared statistics the rates of sickness, mortality, and invaliding, among the troops, whether occupying stations in the United Kingdom, or serving abroad. To some extent it enables its readers to compare those statistics with similar information having reference to previous years. It thus furnishes them with the means for tracing whatever relation exists between schemes of improved sanitation, reorganisation, administration, and so on, such as have recently been pressed on, and the actual health conditions of the men who fill the ranks of what, until very recently, were called out regiments. Taking the general conditions of the life of a soldier in India as they were in former years, and comparing them with those under which he served in 1879, they absolutely differ from each other in nearly every respect. No doubt such changes as have taken place, have been gradually introduced. For a good many years back they have been in gradual progress, and perhaps in the year under notice, they may, for the purposes of comparison, be looked upon as having been as complete in their manner of working as they are likely to be, until, in their turn, superseded by still further changes. Among the more important of the differences which characterise a soldier's life in India at the present time as compared with former years are these:—A brief period of service in that country instead of one of long duration; the great increase of hill sanitarium to which regiments, men in failing health, convalescents after attacks of illness in the plains, and young delicate recruits, even before they have joined their regiments are sent; all these classes in immensely greater numbers than formerly; the facilities afforded by the transport ships, and taken advantage of to dispatch to England men who became severely ill, and the great development of the system of railways, by which during the period of the year when transports have ceased to run, sick men may be dispatched from the intense heat of the plains to the cool climate of the hills. To this list must be added the extensive and palatial barracks recently erected at a cost of

some millions of pounds sterling; the demolition of buildings, the erection of others; the alterations made as regards surroundings of military barracks and stations; the improvements in water supply; the revolution effected in the system of scavenging; and the many other items included in that very comprehensive term "sanitation,"—the general result being an increase in the military budget for India from eleven to seventeen millions sterling. But there are other improvements connected with the soldiers in our great dependency as in the service generally, which are of importance in relation to what the report before us presents. In former years young medical officers arriving in India joined regiments in which henceforward they were to serve, and there, under the direct superintendence of their senior, learned—as he had done before them—the practical results of experience in the treatment of disease as it occurs in that country. In this way experience becomes accumulative, each medical officer adding his share to the general stock, correcting his theories by clinical observations, and so by means of personal teaching, and ready reference to hospital records, in his turn benefiting his successors as he himself had been indoctrinated. For a considerable number of years back this condition of things has been undergoing a process of destruction. In 1879, and indeed, for some time previous, it had ceased to exist. The report recently published, shows very clearly what, from a medical point of view, have been the results, as far as it is practicable to connect measures with circumstances that appear to lead to them.

The average strength of troops serving in the Bengal command in 1879 was 29,129. Of this number, according to ratios per 1,000, there were admitted 2,019·6; there died 32·06; there were invalided 43·60; and there were constantly sick 76·60. The year was comparatively free from cholera. What then, do these figures indicate? Taken by themselves, they may or may not be satisfactory according to the individual views of readers. Let us, therefore, compare them with other statistics having reference to the same command; and having done so, draw such conclusions as may thus be forced upon us. At page 145 of the Blue Book, such a comparison is presented to us ready prepared. Side by side with the figures already given, are others of a similar kind, having reference to the ten years from 1869 to 1878 both inclusive, embracing also two years in which cholera was epidemic, and at least two in which the occurrence of that disease was very similar to what it was in 1879. According to the table therein given, the average annual ratios for 1,000 strength for those ten years were: of admissions 1,466·3; of deaths 21·58; of invalided 42·01; and of constantly sick 57·26. Thus the circumstance transpires that there was in 1879, as compared to a period immediately preceding, an increase in the rate of admissions to 1,000 strength equal to 553·3; of deaths 10·48; of invalided 1·59; and of constantly sick 19·34. If the total inefficiency by deaths and mortality are compared, they give an average for the two years immediately preceding 1879 equal to 63·59 per 1,000 strength, against 75·66 for that year; showing for the latter a very material increase equal to 12·05. It is no easy matter to obtain a fair standard of comparison between statistics as rendered in this Blue Book, and those of years long gone by. Up to a comparatively recent date the numbers of soldiers who were sent home as invalids from India was inconsiderable; hence naturally enough the ratios of mortality appeared much higher than they are with such an efflux of men from the country before organic disease had time to prove fatal to them. And yet, there have been years, when with all those disadvantages, and in what may be called the pre "sanitary" period, when the

death rates compare by no means unfavourably with that of 1879. For example, in 1836 it was 39; in 1855-6 it was 32, precisely as in 1879; in 1859 it was 33; and in 1860 it was 37, so that, in reality, the results of conditions as they now are, contrast by no means so very favourably as might be anticipated with those of the years noted. From 1860 the order of things which so far, has now culminated, has been gradually developing itself. The returns from 1862 inform us as to the variation from year to year, during that interval in the wear and tear by sickness and death among our troops in India. If we contrast the results of the first three years of the period, then begin with the three latest, we learn that the average loss per 1,000 per annum from 1862 to 1864 was 54·86; that of 1877 to 1879 equal to 62·00; in other words, an increase of 7·14 over the first mentioned period. This also contemporaneously with the increase in the financial budget already noticed. Were demonstration required beyond what transpires from daily experience, as to the cost in physical health and human life involved in the conditions attending the service of the British soldier in India, it is to be obtained, clearly and unmistakably expressed in the Army Medical Blue Book for 1879.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

ABLATION OF FIBROID TUMOURS OF THE UTERUS.—At the Academie de Medecine M. Guéniot communicated some observations on the different methods employed in the ablation of fibroid tumours of the uterus. He would give the preference to excision by the aid of the constrictor or *serre-nerve* on account of its simplicity, and its security. He considered it even superior to Chassaignac's écraseur, in that it can be applied with greater facility, and that it can attain polypi situated on the fundus of the uterus without necessitating a previous traction on the organ. The operation is as bloodless as when the écraseur is employed, and the pedicle is cleanly cut across.

Mr. Teulon read an interesting report on opacity of the vitreous body, and its treatment by electro-therapy upon twenty-four patients observed by him and treated by the continual current, he reckoned twenty-two radically cured. He employs a very few number of elements, and applies the positive pole upon the closed eyelids, and the negative on the mastoid process, or upon the superior servical ganglion. The application lasts only two or three minutes. In conclusion, Mr. Teulon observed that in every opacity of the vitreous body, no matter what may be its degree or extent, provided that its development has not assumed the confirmed form of hypertrophy, that from experience he considered the constant continued currents as the most efficacious treatment.

OSSEOUS LESIONS IN HEMIPLEGIC SUBJECTS.—Before the Société Médicale des Hôpitaux, M. Debove made a few observations on the osseous lesions met with in hemiplegic subjects. As surgeon of the Bicêtre Hospital he had observed several fractures in paralytic subjects, and he soon remarked that the fracture was always on the side of the hemiplegia. There was reason to think that the bones of the affected side had undergone some alteration that rendered them more friable. At the autopsy of an hemiplegic, who had fractured the humerus, M. Debove was able to observe that not only had the fractured bone undergone this alteration, but all the bones of that side were affected. In comparing the two sides he found that the humerus of the side affected with paralysis was lighter than the opposite. On making a transverse section of the bone the medullary canal was larger than usual, and that the substances of the diaphysis was less compact. The Haversian canals were very dilated, and the bone was porous. There was evidence also of fatty degeneration. These lesions were sufficient to explain the relative frequency of fractures in hemiplegics. M. Debove further observed that these fractures united very rapidly.

LINIMENT IN PROLAPSE OF THE UTERUS.—In prolapses of the uterus, M. Cheron, of the St. Lazare Hospital, besides the application of a pessary to keep the organs in position, prescribes the following liniment in order to ease the neuralgic pains from which many patients suffer:—Chloroform three drachms, ether four drachms, camphorated spirits three ounces. These frictions on the lumbo-sacral region are attended with the best effects. Also to restore the tone to the relaxed ligaments he gives:—Bromide of potassium a drachm and a half, tincture of iodine fifteen drops, tincture of aconite twenty-four drops, syrup of tolu ten ounces. A tablespoonful before each repast.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, NOVEMBER 9, 1881.

FRESH OBSTRUCTION.

THE determined opposition to scientific progress in this country to which an appearance of authority was most unfortunately and unwisely given by the passing of the Vivisection Act, has, for a period of years, been making steady progress among the emotional and ignorant classes of the community. Few persons, therefore, will be surprised to learn that the society which trades on hysterical sentimentality, and derives its income from the donations of readily impressionable individuals, has at length striven to achieve something more than mere abuse of educated scientists in return for the funds it receives from those who believe in it. It is impossible to regard the silly prosecution of Professor Ferrier, against whom a summons, under the Vivisection Act, was issued by the presiding magistrate at Bow Street on Thursday last, as anything more than a fresh advertisement of the Association, on behalf of whose secretary three barristers made application for a simple summons. It is true that a feeling of dissatisfaction is growing up in some quarters at the manner in which Mr. Adams' society has of late been doing the work for which it professes to receive subscriptions; nor have the laboured efforts of that gentleman himself been quite of a kind to create a very favourable impression either of the

learning or the wisdom with which his attacks on scientific advance have been conducted. The most recent of these is probably known to a good many medical men since it has been widely distributed. It professes to be a reply, "from a scientific point of view," to Professor Owen's late emphatic protest against the vindictive prosecution of experimental physiologists, and written with the aid of a little cheap information, such as may be obtained from superficial study of surgical handbooks; it, no doubt, appealed with some degree of success to the minds of readers utterly without the trained capacity to appreciate the fallacies contained in the work. Following so swiftly on the publication of this misleading pamphlet, the attempt to harass the foremost English experimentalist is a fitting sequel to its production, and will, no doubt, "have" the temporary effect of satisfying the craving for results indulged by every subscriber to the organisation for suppressing the prosecution of physiological science in this country.

From the point of view, however, of an educated intelligence, this last move of the anti-vivisection army is a pitiable indication of the state to which objective study is reduced in our midst. No one probably is more universally recognised as a skilled and trustworthy observer in physiology than Dr. Ferrier, and the many benefits already conferred by him on scientific medicine have earned, as they deserve, the grateful admiration of the whole profession. We may not, possibly, always follow him in his deductions, but as to the value of the observations on which his conclusions are based there can be no two opinions. We need not enter into the abstract question already and often decisively settled in the affirmative to the satisfaction of every capable inquirer, whether or not medicine is indebted to vivisection for any or many of the advances made in its science and practice, but it is as well to consider briefly on what grounds the annoyance to which Professor Ferrier is about to be subjected is justified by its authors.

The act which sanctions such occurrences as will ere long be witnessed, which permits a few frenzied sentimentalists to force a busy man of science through all the worry and expense of time and money incident to a criminal prosecution in courts of law, lays down certain plain directions with which every licenser under its provisions is required to comply. In so far as the prosecutors in the present case have any grounds for their proceeding (outside and beyond the return of a *quid pro quo* to their subscribers) these are contained in the report of certain transactions of the International Medical Congress, contained in a medical paper. This evidence, on the face of it, is inadmissible, and some surprise has not unnaturally been created at the issue of a summons on mere hearsay reports laid before the sitting magistrate. Moreover, even this report contains nothing to show that anything beyond a demonstration of results was exhibited at the Congress meetings; indeed a careful perusal of what took place at Bow Street leaves the impression that there was nothing advanced there to indicate any reason why a summons involving a vast amount of trouble and indignity to a distinguished member of the profession should have been granted. Dr. Ferrier, too, is by no means unaware

of the peculiar conditions surrounding the Society which has selected him as their latest victim. He cannot be ignorant of the vital necessity it is under of doing its utmost to prove worthy of its patrons' shortsighted generosity, and that therefore it is ever on the *qui vive* to discover a *casus belli* against anyone by harassing whom it can hope to distinguish itself. These are not worthy motives of action it must be admitted; but that we are justified in assuming their existence, the lavish expenditure of money in the most silly and useless fashion wherever there is an opportunity of linking the officers of the Association in antagonism with the men of science it must perforce regard as enemies, is surely sufficient proof. Costly advertisements announcing the "beginning of the end," and glorying in the fact that licenses to prosecute original research have been refused to the two greatest living surgeons; reprinting of whole volumes of abusive nonsense against scientific discoverers, uttered by advocates of ignorance, employment of three barristers whose united fees must be a poor man's fortune, to make application for a summons, and which might with equal success have been done for a guinea by a solicitor; all these facts point irresistibly to the conclusion that the present prosecution is likewise a big advertisement, to be followed by an appeal for support on behalf of the Society.

Dr. Ferrier, no less than other witnesses of this Association's peculiar proceedings, is doubtless alive to the readiness with which any departure from prescribed regulations will be forthwith seized on by the lynx-eyed officials of the anti-vivisection brigade, and employed as a means of forwarding the suppression of science. It is difficult, therefore, to imagine that he has been guilty of so serious an omission as is assumed in the application made to Sir J. Ingham on Thursday last. Indeed, we feel certain that there is absolutely no case against Dr. Ferrier, since the course of action he followed at the recent Congress, knowing full well that the vast importance of his communication to the physiology section would at once be the subject of comment in every newspaper in the kingdom, conclusively points to the certainty that he knew himself to be personally protected from the hatred of anti-vivisection agitators. He would not thus have wilfully exposed himself to their machinations had he not this consciousness; and trusting in the security we assume that he enjoys, we sincerely hope the tables may be turned on those who seek thus injuriously to hamper knowledge in this country.

For the purposes sought to be served by the Association for abolishing Science, in bringing this charge it probably matters little who is the object of attack. Prof. Ferrier chanced to *seem* the first experimentalist who laid himself open to prosecution, and the opportunity was seized with a suddenness that may not unlikely be repented. But we ought to remember that the experiments, on account of which this prosecution is instituted, were undertaken with the aid of a grant from the British Association. It will, therefore, be a proper proceeding for that body to charge itself with the defence, taking from Dr. Ferrier as much of the

annoyance as he may be relieved of, and in its own person defending the dignity of research against ignorant or interested calumniators. The battle to be fought out is, we must not forget, an important trial of strength, with facts of recent origin all pointing to the determined nature of the opposition being constantly offered to progress in experimental physiology. The best interests of medicine, and the highest interests of humanity, moreover, are involved in the struggle which must sooner or later ensue, and which it may be almost on us now. It will have to be decided whether these interests are to give way to mere hysterical sentiment, or whether the universal agreement of men of science and of standing in the medical world, is to be accepted as of less weight on a purely medical question than the ravings of a band of hyper-sensitive and over-affectionate persons, of whatever social condition they may be.

Be the issue of the hearing appointed at Bow Street Police Court for November 17th what it may—and we feel secure in the acquittal of Dr. Ferrier—it must remain a lasting reproach to the English nation that it will permit an earnest and eminent physician to be called to defend his ardour in pursuit of the knowledge whereby mankind is benefited; and this at the instigation of those utterly incapable of judging either his motives or the consequences flowing from them.

THE TENURE OF OFFICE OF IRISH POOR-LAW MEDICAL OFFICERS.

THE summary dismissal of Dr. Kenny from the office of medical officer to the North Dublin Workhouse, because of his being confined as a "suspect" under the Coercion Act, has evoked, as we anticipated, a storm of indignation, partly genuine and partly sham. Apart from the matter-of-course horror of a certain class of politicians, an almost universal feeling of displeasure has been manifested by those who care little for politics, but who feel strongly about the arbitrary course adopted by the Local Government Board, and who strenuously object to the establishment of a precedent for the dismissal of Poor-law medical officers on other grounds than their fitness for duty. As we pointed out last week the power of the Board to dismiss an officer, is derived from the 33rd Section of the Poor Relief Act of 1838 (1 and 2 Vict., cap. 56), which authorises them to "remove any paid officer whom they shall deem unfit for, or competent to, discharge the duties of his office."

As to the interpretation of the word "unfit," we expressed the opinion that the word is restricted in its operation to some disqualification for the performance of medical duties, and that the Local Government Board had not any right to use the phrase to cover all sorts of matters of which they happen to disapprove. If Dr. Kenny were habitually intemperate, or if he were guilty of any immoral conduct in his capacity of medical officer, he would be obviously "unfit" for office. But, if we are correctly advised, the Board has no right of dismissal unless there exists some disqualification which prevents the medical officer from the due performance of his functions.

It would indeed be as reasonable that a board of enthusiastic Protestants should dismiss an officer because he turned Catholic, or because he married his deceased wife's sister, as that they should cast him out because he holds extreme political opinions. We hold, in fact, that the Board is legally responsible to interpret in a reasonable sense the words of the Act, and that any unreasonable interpretation of them might be reversed in the court of appeal.

Whether we are right or wrong in this interpretation of the law remains to be proved, and Dr. Kenny states that he has taken the necessary steps to test the validity of the sealed order of the Board, and to obtain a decision from the highest authority as to whether a workhouse officer is liable to removal without accusation, investigation, or the opportunity for explanation, and for an offence entirely outside his medical functions.

We observe that at the last meeting of the North Dublin Guardians, the local government inspector challenged our statement "that no officer dismissed by sealed order could ever again hold a Poor-law appointment." He asserted that all dispensary appointments, being held under the Medical Charities Acts, were open to medical officers dismissed from workhouses under the Poor Relief Acts, and that they might even be re-appointed to workhouse offices, if the Local Government Board gave their sanction.

As to the parallel thus drawn between workhouse and dispensary appointments, we quote the words of the Act:—"Any person so removed shall not be competent to be appointed to, or to fill any paid office connected with the relief or management of the destitute poor in any Union, except with the consent of the Commissioners." We are glad to have official authority for the view that this phrase does not include medical charities appointments, though it certainly seems sufficiently comprehensive to do so.

As to the suggestion that Dr. Kenny is, after all, not so much aggrieved because he might, "with the consent of the Commissioners," return to the Poor-law Service, we would be pleased if any one could adduce a single case, since this service was established, in which "the consent of the Commissioners" has been given to the re-appointment of a dismissed medical officer. We know of more than one case in which such officers have been prevented seeking re-appointment by the intimation that their election would not be sanctioned, and we are quite clear that Dr. Kenny is as completely driven out of the workhouse medical service as if his dismissal were absolutely irrevocable.

Nothing that has been said on behalf of the Local Government Board since the issue of their sealed order, has in the least shaken our opinion that the dismissal of Dr. Kenny—though it may have been barely legal—was hasty, arbitrary, and precedent of evil purport for all Poor-law medical officers, and that the occasion requires that the summary exercise of such a power as that which the Board has assumed, should be emphatically and universally repudiated by those who speak on behalf of the medical profession in Ireland.

"CHOLERAIC FEVER."

ACCORDING to recent accounts from India "choleraic fever" was raging in Umritsur. Business in that city was at a stand-still, and nine-tenths of the shops were closed. The appearance of the place was described as that of a city of the dead. Not a single European has escaped attack; the railway, post, and telegraph offices were working under great difficulties owing to sickness among their employes.

The circumstance of these two forms of disease prevailing together induces us to refer to the history of similar recurrences. Accordingly, it appears that the Hindoo physicians recognised the combined affection under the name of *Jwar antishar*, that is, fever with the excessive purging. They recognised the fact that soils favourable to the occurrence of fever were so also to that of cholera; further, that in such localities fever usually prevailed in the hot season, cholera in autumn; that on occasions the two affections prevail together; in others that they succeed each other. They were aware of the circumstance that in some cases of what appeared to be pure fever, the patients succumbed to choleraic symptoms. Now, recent experience illustrates the frequency with which what is known as secondary fever succeeds primary attacks of cholera; yet, notwithstanding the intimate relation which exists between both affections, it is a point to be noted that, whereas cholera epidemics often take their rise from assemblages of pilgrims, those of fever do not.

In the sixteenth century a connection was believed to exist between cholera and the double tertian fevers of Egypt. In the summer of 1610 there prevailed in England tertian ague, yellow fever, and choleraic fluxes. In 1756 to 1773 the severe form of fever which at that time attacked the crews of ships in the Hooghly, at Diamond Harbour, was attended by symptoms of cholera. In 1765 a choleraic form of fever is stated to have prevailed at Montpellier. In 1788, in England, cholera was considered "symptomatic" in ague and remittent fevers. Coming down to times more recent, in 1833 cholera and fever prevailed together in the districts around Hosunabad to such a degree that they were looked upon as endemic in that part of India. In Europe the prevalence of several other zymotic diseases has been observed during outbreaks of cholera. In 1832, and again in 1848, the advent of cholera in England was preceded by "fluxes;" while the epidemic raged there was an increase in typhus as compared with other years, and influenza of a fatal form was also present. In 1834 Calcutta was visited by what at the time was called "cholera fever." It first appeared in May, the worst of the cholera months; it continued throughout June, and disappeared with the full setting in of the rainy season. On that occasion attacks of fever were prone to merge into pure cholera. In 1861, at Lahore, Umritsur, Agra, and some other places cholera was accompanied, or followed, by an excessive prevalence of intermittent fever. The season in which the cholera outbreak took place was, however, that in which malarial diseases usually prevail. In 1865, prior to the recurrence of cholera in St. Petersburg, cerebro-spinal and relapsing fever occurred. In 1875-6, while cholera was prevailing in Central India, the troops and general population suffered from fever. In the latter

year the troops were severely affected with heat-apoplexy. In 1876 the districts of the Panjab, which suffered most severely from fever, escaped cholera. On the other hand, the fever mortality was comparatively low in the districts that suffered most severely from cholera.

DESPAIR.

It may seem somewhat beyond the province of a medical journal to notice the last contribution of the Laureate to poetical literature, but as Mr. Tennyson has gone somewhat out of his way to create prejudice against the practitioners of medicine and to disparage their methods of research, he cannot complain if a medical critic quits the beaten track of inductive science to glance for a moment at one of those imaginative flights by which he is supposed to delight, console, or inspire the English-speaking races of mankind. And even apart from any principle of reciprocity, it is justifiable and expedient that Mr. Tennyson's most recent flight should receive some medical attention, for if we might so say, it is pathological in its character, and reminds us rather of the convulsive plunging of a broken pinion than of the free and majestic sweep of a strong and healthy wing. "Despair," with which the *Nineteenth Century* opens this month, and which is proudly pranked in large type and heavy leading, is really a study of suicide, and as such will perhaps be best appreciated by those who have to deal practically with the mental infirmities of which suicide is generally the expression, and receive the confessions of those who have unsuccessfully attempted it; and their judgment will not, we conceive, be favourable to the motive, veracity, or influence of Mr. Tennyson's "Bridge of Sighs," or rather "Bridge of Groans." Leaving to others the discussion of its literary merits, or paying a passing tribute of admiration to those felicities of expression which adorn it, as indeed they do every poem of the Laureate, they will ask themselves what good purpose this work is likely to serve, and whether it is true to life and nature, to life in its direst extremity of suffering, and to nature in the strange clash and conflict of her forces. And in seeking an answer to these questions they will not have to pause to consider the sources of tragic emotion, nor the pleasures that are begotten by the contemplation of grief and calamity; for this poem, although called dramatic, is not a tragedy, but mere wailing and gnashing of teeth. There is in it nothing ennobling or sacrificial, no heroic action of illustrious men, no stately fatalism, no ray of brightness shining through the gloom. It is blank despondency and hideous egotism, and no one can rise from the perusal of it with any new insight into the mystery of being, with any sense of exaltation or refinement, or with any benevolent impulse or wise resolve. The feelings which it evokes are really those which might be called forth by a blending of the police news with the most offensive effusions of atheism, and it is difficult to understand what aim the Laureate has held in view in placing before the public so deleterious a compound. To clothe in choice language and to connect with modern speculation the doubts and fears that have vexed humanity in its moments of weakness, ever since it began to look before and after, is not to justify

the presentation of so dark a picture; and to paint in repulsive colours the end of the agnostic in order to make his infidelity distasteful would be like exhibiting the sores in an hospital as a deterrent from vice.

Despair is a monologue, but not like the grandest and subtlest dramatic poem on suicide, a soliloquy, for it is addressed by a man who has been rescued from suicide, to the minister of some Calvinistic sect who had saved him from self-destruction, and who is now endeavouring to save him from the spiritual destitution that had driven him to attempt to put an end to his existence. Composed chiefly of the repinings and blasphemies of the would-be suicide, interspersed with a few biographical details and fine descriptive touches, it includes some of the minister's comments and arguments, which are reproduced in the discourse of the prostrate man, to whom they are addressed. And with reference to these comments and arguments we must observe that the minister either must be very unjustly represented by the fragments of his speech which are repeated, or must have been but a poor specimen of his class, with little to say for the faith that is in him. There are but few clergymen of any sect who could not have met the ravings of the suicide with suggestions more acute and penetrating than those which are quoted in the monologue with bitter derision and contempt. But whatever the dialectical skill and theological knowledge of the minister may have been, he was certainly entitled to more courtesy than he receives from the man with whom he converses. We are told that he had been the minister of this man and his wife when they were still attached to the Christian faith, and that even after they had abandoned his fold he continued to watch over them during their gradual decadence into unbelief and hopelessness. And when at last the unhappy couple in supreme misery resolved to end themselves by drowning, this minister followed them as they went forth to effect their purpose, and drew the man from the water, although he could not succeed in rescuing the woman. Surely, then, he was entitled, if not to gratitude for services rendered, at least to respectful recognition of his good intentions, and there are very few even determined suicides, retaining their reasoning faculties, who at a short interval after the rash act, would not in some degree appreciate the goodness that had frustrated their attempt. Not so, however, Mr. Tennyson's graceless subject, who can only abuse the man who had "dogged" him and dragged him to land, and outrage his most cherished sentiments by gratuitous impieties.

The man and would-be suicide whose mental condition Mr. Tennyson sets himself to reveal is an agnostic of a common type, who, by a too exclusive attention to material facts, has lost hold, one by one, of spiritual beliefs. By persevering efforts he has circumscribed his powers, and lost sight of the sun while basking in the splendour of the electric light. At first the process of self-mutilation was delightful. He seemed to throw off rudimentary appendages, to strip himself of useless encumbrances, and to rise as he did so, by the levitation of self-esteem, above the heads of his fellow men, who remained sunk in superstition, and bound by cramping creeds. It was only after he had attained to a great

height of intellectual enlightenment that new miseries, worse than those he had abandoned, assailed him, and that his enfeebled and crippled nature succumbed to the disasters of life. And yet, even at the last, when ready to end his wretched life, he is not a downright agnostic; and herein he does credit to Mr. Tennyson's judgment and observation, for a downright and thorough agnostic, if such there be, who has involuted himself to the point of getting rid of religiosity altogether, is not likely to commit suicide. In that respect he would be on a level with the brutes that perish, and would enjoy his animal existence to the dregs, come what may. It is the incomplete agnostic, with broken faith, with strong phrases on his tongue, but with occasional dim glimmerings in his heart that there may be a God behind all; with an inability to grasp either a hope of futurity or an assurance of annihilation; with the righteous feelings that grew out of his religious sense still vigorous within him, although the parent sense is no more—he it is that finds the burden of life insupportable. And this incomplete agnosticism it is that has been causing an increase in the number of suicides in most European countries of late years. Frequent in Pagan ages, suicide declined under the influence of Christianity, and reached a minimum when faith was most in the ascendant. Since the decay of faith set in it has advanced once more, and a rapid revival of suicide is now going on. The rate of suicide calculated on the entire population of Europe, without distinction of nationality, or of local variations, has been more than quintupled since the middle of the last century; and who can guess when suicide may reach its maximum amongst us!

But the suicides that are due to incomplete agnosticism, are not due to it alone. Agnosticism is, as it were, the predisposing cause, but some more pressing and personal grief or misfortune is required to precipitate the catastrophe. An agnostic, more or less pronounced, may march through life pretty comfortably, if things go smoothly with him, and if he has a fair share of wealth, honour and enjoyment. It is only when trials, losses and disgraces fall upon him, that he finds it no longer worth while to go on living, and in some peculiarly excruciating moment, shuffles off this mortal coil, or tries to do so. And this, too, Mr. Tennyson has justly observed, for his agnostic does not think of drowning himself until ruined by the forgery of one son, bereaved by the death of another, and distracted by the knowledge that his wife is labouring under cancer, which can only be cured, if cured, by the surgeon's knife. It is when thus disgraced and anguished, without hope in this world or the next, that the fear, nay, the foreshadowing of madness, comes to reinforce his misery, and convert it to despair, and so his wife and he agree to drown themselves together, thus entering into a criminal compact, possible to youthful and romantic lovers, thwarted in passion, almost unknown in aged persons.

But while correct, thus far in indicating the predisposing and exciting causes of the attempted suicide in the case with which he is dealing, Mr. Tennyson fails in many other points in mental analysis in the poem. For instance, he tries to show that pity was a factor in the

despair of the man and woman, and so conducive to their suicide.

Pity for all that aches in the grasp of an idiot power,
And pity for our own selves on an earth that bore not a
flower ;

Pity for all that suffers on land or in air or the deep,
And pity for our own selves till we longed for eternal sleep.

Pity for their own selves doubtless played an important part in leading this forlorn pair to throw themselves into the sea, but pity for all that suffers had certainly nothing to do with the transaction, for compassion for the miseries of others serves as an effectual check on resentment and selfishness, by prompting us to prevent misery by checking the violence of our own evil passions, and to relieve misery by engaging in good offices for the benefit of every object of compassion within our reach. It is directly opposed to those narrow, egotistic, querulous feelings that lead to suicide. No truly pitiful man will destroy himself.

Despair ends with a grim note of defiance. The victim of despair predicts that he will escape in spite of the lynx eyes of those who watch over him, and that an orthodox coroner will consign him to a stake and the cross-road by a verdict of *felo-de-se*. Thus the painful—might it not be said revolting?—impression created by the poem is sustained to the last, and we turn from it with the conviction that it would have been better unwritten. Such morbid studies will not add to the reputation of the Laureate nor give pleasure or encouragement in any human being.

Notes on Current Topics.

The President of the Royal College of Surgeons.

WE are quite sure that in offering sincere and hearty congratulations to the President of the College of Surgeons on the distinguished honour of knighthood which Her Majesty has been pleased to bestow upon him, we shall only be giving expression to a widespread feeling of pleasure which must prevail throughout the profession of medicine. The graceful recognition of the many munificent and benevolent acts which Sir Erasmus Wilson, in the largeness of his heart has been prompted to exercise for the sole qualification of doing good, and seeing his good works fructify during his lifetime, is an example that few amongst us can hope in any way to imitate or emulate. We may well feel proud of one who, not only knows how and when to do a benevolent act, but who feels equal pleasure in dividing his substance for the encouragement of his profession, and the development of medical study—a work which in its aim and usefulness to mankind is of more value than any number of Cleopatra's Needles. The honour could not well have come more gracefully than it has through Mr. Gladstone, or at a more appropriate time, when, as the representative head of English surgery, it reflects equal honour upon the body of the profession as upon one we all delight to honour as the President of the Royal College of Surgeons of England.

More Fever Dens.

THE West end of London is not, it would seem, to monopolise the questionable privilege of having in its midst ill-ventilated, ill-drained dwellings to serve the purpose of breeding grounds for fever. Sir John Humphreys elicited facts at an inquiry held before him on Thursday last concerning the death of a child two years old, which unquestionably suggest the probability of there being houses in the East as detrimental to human life as those just condemned in Lisson Grove, Marylebone. According to the evidence referred to, a house in Usher Road, Bow, is underlaid by a filthy, rotting mass of material in somewhat the same fashion as the Lisson Grove houses. An examination of the premises, made by Mr. Hamblin, a surgeon, led to the discovery of a most inefficient system of drainage, and to the fact that highly offensive odours were given forth from beneath the basement flooring, which in great measure contributed not only to the death of the deceased child, but also to that of three other members of the same family living in the house. So impressed was the coroner with the description given to him that he adjourned the inquest in order that in the meantime a full investigation of the state of the dwellings should be made, and their condition reported on. It is satisfactory to find this willingness to insist on hygienic measures, although it is no more than might have been safely anticipated from Sir John Humphreys. We shall await with interest the result of the sanitary inspector's investigation.

The late Drs. Hayden and McClintock.

AMONG the many honourable offices held by these eminent physicians, one of not the least importance, as showing the estimation in which they were held by their professional brethren, was the post of President and President-elect respectively of the Dublin Branch of the British Medical Association which they occupied at the time of their deaths. The loss the Dublin Branch sustained by the deaths of its two principal officers is indeed a serious one. Its members, however, will be gratified at the sympathy which is felt with them by other branches of the Association. At a largely attended meeting of the Council of the Metropolitan Counties (London) Branch held on Friday, the following resolution was unanimously adopted:—"That this Council, having heard with much regret of the recent death of Dr. Thomas Hayden, the President of the Dublin Branch of the British Medical Association, and Dr. Alfred McClintock, the President-elect of the same Branch, desires to express to the Council and members of the Dublin Branch its fraternal sympathy with them in the loss which they have sustained by the removal of two such eminent and highly-esteemed members of the Association."

THE report of the Dwellings Committee of the Charity Organisation Society shows that about three millions sterling are now in the hands of 876 building societies in all parts of England. The influence of railway facilities in inducing artisans to obtain dwellings in the suburbs has been such, that workmen earning only ordinary wages have become, through these societies, possessors of the houses they occupied.

Durham University School of Medicine.

THE entries at Durham University School of Medicine, Newcastle-on-Tyne, as previously published, are, we are informed, incorrect. The amended returns give a total of seventy-four new students; of this number thirty-five have joined for the full course of instruction, while thirty-nine are candidates for the M.B. degree of the University, such candidates being required by statute to spend one year of residence within the academical limits. These numbers, however, sufficiently testify to the growing popularity of the Durham School, and point to a well-deserved success attending the liberal regulations for obtaining a degree in medicine in vogue at Durham for the last few years.

American Opinion on the late President's Case.

WE have purposely avoided reference to the case of the late President Garfield since the publication of the report drawn up by the surgeons who made the post-mortem examination of the body, feeling that it would be better to leave unsaid what we could not avoid saying had we considered the report at all. The *Detroit Lancet*, however, for October, writes in somewhat emphatic terms concerning the official bulletin. It remarks, "The document furnishes a basis for the comprehension of the symptoms exhibited by the President during his late illness. It will at once appear how far from the mark all opinions and experiments were. The boast of surgery to an exact science are sadly out of place in this case. Nor is it at all satisfactory to think what might have been. We shall no doubt have full and explicit histories of the case. But we fear it will be impossible to remove the impression from the popular mind that the head surgeon in the case acted the part of either an incompetent or of a dishonest man. In either case the profession has fallen in the minds of the people lower than it was. . . . One lesson we learn is, that many doctors in the case is clearly an evil. To be overhauled daily, or many times each day, by half-a-dozen doctors, more or less, is enough to kill even a strong man. . . . Many persons and many journals will doubtless indulge in a big job of whitewashing. But it will not at all repair the damage done to the good name of the medical profession. Still, doubtless, the best thing that can be done is to go about some better work than recounting the regretted past. No use 'to cry over spoiled milk.'"

An Unpleasant Patient.

IT is narrated in a recent number of the *Lyon Medicale*, that a *restaurateur* had been sent to Bicêtre asylum, and having been treated during eleven months, was dismissed in an apparently satisfactory state. Next day, having been drinking, he again showed signs of insanity, and his wife sent for the doctor, who ordered him a strict diet and abstinence from drink. On hearing this, the madman rushing upon the doctor, drew him to the window, which he threw open, and seizing him by the neck, held him suspended in the open air. More dead than alive, the doctor dared make no struggle, while his dangerous patient howled like one possessed, and threatened to let him drop. The neighbours, finding how things stood,

obtained a ladder, and one of them mounting it, got hold of the unfortunate doctor. He was, however, not yet saved, for the lunatic refused to relax his hold, and, in fact, did not abandon his prey until a blacksmith burned his hands with a red hot iron. The madman was taken back to Bicêtre.

Fever in Private Houses.

THE serious dangers to the public attendant on the occurrence of fever cases in the private dwellings of the poor were forcibly exhibited at an inquest held by Dr. Danford Thomas on Thursday last, on the body of a girl, aged twelve years, who died from scarlet fever. It transpired that deceased and two other children slept in the same room with their parents in a house in Somers Town. The sisters of the dead child had also had scarlet fever, and one got well over it. The medical attendant gave evidence to the effect that he had been called to see the deceased, having previously attended her sisters for scarlet fever, but death occurred before his arrival. He said he had advised the removal of the other children to a fever hospital, but that the parents strongly objected to such a proceeding. The unwillingness of the poorer classes to adopt this plan in case of fever in their families was commented on by the coroner, who added that if it was more generally understood how well these institutions were conducted, there could be no opposition to their being used on behalf of fever patients. In addition, the safety of the public demanded that where isolation of each case as it arises was impossible, removal to a special hospital should be forthwith adopted. The necessity for a fixed rule of this kind was shown by the fact that the lower rooms of the house in which these cases occurred were used as a public laundry; and the capabilities of far-spreading infection thus presented were likely to create an uneasy feeling among the vast numbers of families whose habit it is to "put out" their washing. The question is a serious one, worthy of serious consideration.

Anti-Vaccination Law.

ON the hearing of several summonses by the Brighton magistrates, last week, against persons charged with disobeying orders already made upon them to have their children vaccinated, one of the defendants urged a new objection, and called upon the magistrates to refuse the administration of the oath to the vaccination officer on the ground that he was an atheist. This the latter denied, and said he had not any objection to the oath; upon which the defendant rejoined, that those who ignored the perfection of the Almighty's handiwork, as did the supporters of vaccination were just as atheistic as those who repudiated the existence of a Supreme Being. The Bench was not at all impressed with the validity of this new line of objection, and fined each defendant 10s. and costs.

THE Hospital Saturday and Sunday Collections in Liverpool this year produced £10,027, an increase of £306 over last year. At the meeting of the committee last week, the Mayor announced that, by the death of Miss Hamilton, £16,000 had fallen into the hands of the Corporation, for distribution amongst the charities of Liverpool.

St. Matthew, Bethnal Green.

THE Annual Report for 1880-81 of the Medical Officer of Health for the parish of Bethnal Green (Dr. G. Paddock) has just been issued. The number of deaths in the period was 2,883, or 89 less than the preceding twelve months. These, however, include 126 non-parishioners, temporarily placed in medical institutions in the parish. This gives an annual rate of 23·2 per thousand. There were 5,201 births; and of the deaths, 29·2 per cent. were of infants, under one year, *atrophy and debility* being the cause most numerously assigned. Zymotics caused 615 deaths, 498 being children under five; small-pox, 20; and whooping-cough, 140. There were 405 cases of small-pox reported in the year: 20 died at home, and 31 in hospitals. Dr. Paddock adds elaborate and valuable statistical tables, and lengthy reports on various subjects.

The Health of Ireland, for the Quarter ending Saturday, October 1st.

IN the Dublin district there was registered during the thirteen weeks a birth-rate of 29·1 in every 1,000 of the population. There was registered in London during the same period a birth-rate of 33·4 in every 1,000; in Glasgow, 35·9; and in Edinburgh, 31·1.

The deaths in the Dublin district during the quarter amounted to 1,743, affording an annual ratio of 20·0 in every 1,000. The average in the third quarter of the ten years, 1871-80, was 22·1 per 1,000 persons. As was pointed out in previous reports, the burial returns under the Public Health Act came into force in 1879, raising the number of deaths registered by about 10 per cent. over the number registered in previous years. In addition to these returns further improvements in registration have been produced by the action of the "Births and Deaths Registration Act (Ireland), 1880," which came into force on the 1st of January of this year. On the other hand, the extension of the area of the Dublin registration district has included some suburban districts, the rate of mortality in which being comparatively low, tends to cause an apparent decrease in the general death-rate of the district beyond that which has really taken place.

The deaths registered compared with those registered in the corresponding quarter of the year 1880 shows a substantial decrease in all except two of the sixteen town districts. A comparison for the same period gives the following percentages of decreased mortality:—Dundalk, 58·8; Newry, 53·5; Waterford, 52·5; Sligo, 49·4; Queenstown, 48·8; Drogheda, 43·8; Wexford, 43·5; Lurgan, 40·0; Galway, 37·7; Dublin registration district, 36·6; Cork, 21·2; Londonderry, 19·7; Belfast, 17·5; and Limerick, 16·7; the total decrease during the quarter in the sixteen town districts being equal to 31 per cent.

The quarterly return for Ireland, now in course of tabulation, points to a general low rate of mortality throughout the country; and it is more than probable that the rate has not been so low in the third quarter of any year since registration commenced. This exceptionally healthy state of the population in the autumn quarter must be chiefly ascribed to a cool summer, which is (as is well known) nearly always accompanied by a low mortality. No

doubt abundant and cheap provisions have also much to do with diminished prevalence of disease among the labouring class.

In the Dublin district the deaths have been lower than in the third quarter of any year since 1871. In the City of Dublin the death-rate in the third quarter has not been so low since 1876. Compared with the corresponding quarter of the year 1880, the number of registered deaths is 41·0 per cent. less in the city, and 29·1 per cent. less in the suburbs of Dublin.

In London there was a mortality of 20·4 in every 1,000; in Glasgow, 20·7; and in Edinburgh, 16·9.

The deaths from zymotic diseases registered were 232, being 3 under the number for the preceding quarter, and 245, or 49 per cent., below the average for the third quarter of the last ten years. The deaths from these diseases are equal to an annual rate of 2·7 per 1,000 of the population. There were no deaths from small-pox registered.

Overcrowding in London.

PUBLIC attention having been directed to the alleged overcrowding of houses in Windsor Street, and other streets in Bishopsgate, a night inspection had been made, and, while the result did not justify the charge of overcrowding, it was impossible to exaggerate the dirty condition of the premises, owing to the filthy habits of the inmates. In Windsor Street there were 12 houses with 103 rooms, in which 359 people dwelt; in Widgate Street, 7 houses, 48 rooms, and 88 persons; in Sandy Row, 6 houses, 49 rooms, and 124 persons; and in Catherine Wheel Alley, 3 houses, 16 rooms, and 73 persons.

Clairvoyant Diagnosis.

THE following clear and highly scientific diagnosis was obtained from a clairvoyant, and sent to the *New York Medical Record* for publication:—"This lady has a slight congestion of womb and ligaments, attended with neuralgia, which, from a reflex action and sympathetic condition, affects the brain. The liver has malarial symptoms, affecting the stomach and system generally or constitutionally, and causing an impoverishment of the blood and nervous irritation. The condition of the system at present requires local healing and astringent treatment for the uterus, and tonic anti-malarial remedies for the general depletion of the system.

A New Dwarf.

AT the last monthly meeting of the "Pressé Scientifique," in Paris, a dwarf, a boy about 14, was exhibited. He is about 80 centimètres, or about 30 inches, in height, and weighs only 9 kilogrammes, or about 18 pounds. His head is small, but not out of proportion with the rest of his body. He was subsequently exhibited at the Academy of Medicine, where M. Jules Guérin pronounced the head to be an example of "microcéphalie généralisée." His intelligence is about the average of boys of his age and station in life, and he has the air of importance peculiar to dwarfs. His parents, who are French peasants, are of ordinary stature, and so is his elder brother. He is well made, has rather an aquiline nose, and reminds one of the model ☺

wax of the dwarf "Bébé," twenty inches high, to be seen under a glass bell in the anatomical museum attached to the School of Medicine.

Medical Society of the College of Physicians of Ireland.

THE annual general meeting of the Society, for the election of office-bearers, was held in the large hall of the King and Queen's College of Physicians in Ireland, Kildare Street, Dublin, on Wednesday, October 26th. The chair was taken by Dr. J. W. Moore, Vice-President of the College. The following members of the Society were elected as officers for the session 1881-82, viz. :—
President: George Johnston, M.D., President of the College of Physicians. *Vice-Presidents*: John William Moore, M.D., Vice-President of the College of Physicians; Thomas Fitzpatrick, M.D. *Council*: J. Hawtrey Benson, M.D.; Fleetwood Churchill, F.K. & Q.C.P.; John Magee Finny, M.D.; Arthur Wynne Foot, M.D.; Samuel Gordon, M.D.; Thomas Wrigley Grimshaw, M.D.; Reuben Joshua Harvey, M.D.; Thomas Hayden, F.K. & Q.C.P.; Surgeon-Major Jackson, C.B.; Henry Kennedy, M.B.; Christopher J. Nixon, M.D.; Walter George Smith, M.D. *Honorary Secretary and Treasurer*: Alexander Nixon Montgomery, M.K. & Q.C.P.

Treatment of Goitre by Iodoform.

M. BOECHAT (*Correspondenz Blatt f. Schweizer Aerzte*) has employed iodoform in the treatment of goitre, (1) by external application the author has employed a glycerole covered with a layer of collodion, the results were nil in old cystic or parenchymatous goitres. In recent goitres on the other hand of soft consistence the tumour diminished more rapidly than with iodine or iodide of potassium; the odour is a serious inconvenience. 2. Internally, Boechat prescribes iodoform in pills of one centigramme, not more than ten a day. This treatment has only been applied in the case of two patients with old standing goitres. 3. M. Boechat has employed interstitial injection in three cases. The first patient who had a goitre from infancy, received, for fifteen days, the injection of half of a Pravaz syringe of a saturated solution of iodoform in ether. Cessation was necessary on account of very intense inflammatory reaction, but the goitre was markedly diminished. In the second case two injections were sufficient to cause amelioration in an old standing goitre. In the third case, a very old goitre, suppuration took place with no improvement. To sum up, M. Boechat believes that this is a useful method which might become more general.

THE London Statistical Society will hold its monthly meetings, during the session of 1881-2, on the third Tuesday in the months of November to June, when the following papers, among others, will be communicated to the Society: "The Relative Mortality of Large and Small Hospitals, their Advantages and Disadvantages considered," by Henry C. Burdett, Esq.; "Two Hundred and Fifty Years of Small-pox in England," by William A. Guy, M.D., F.R.C.P., F.R.S. The general anniversary meeting will be held on June 27th, 1882, at p.m.

The Use of Fumigations of Tincture of Iodine.

THE powerful resolutive action of iodine, says M. Gueneau de Mussy, indicates its use in a large number of congestive and inflammatory affections of a subacute or chronic form (*Le Praticien*). There are cases, however, where its direct application to the diseased organ meets with some difficulties; in affections of the tympanic cavity, for example, the membrane tolerates badly applications of tincture of iodine. The author recommends the following proceeding which, without inflaming the tissues brings them in contact with the remedy; a small ball of iodised cotton is enveloped in cotton wool and introduced into the ear; the iodine is exhaled in the meatus and forms an iodised atmosphere over the membrane, at the end of twenty-four or thirty-six hours the cotton is decolourised, and should be removed.

M. de Mussy has applied the same proceeding with marked advantage in a case of chronic engorgement of the uterus. Besides general treatment and the use of belladonna suppositories, he prescribed tepid injections every evening of infusion of camomile and borax; immediately after these injections he introduced into the vagina a tampon of iodised cotton covered with cotton wool. Besides this direct resolutive action the author attributes to iodine emmenagogue properties, and warns against the use of applications of iodised cotton in women subject to metrorrhagia.

The Adelaide Hospital, Dublin.

It is generally understood that Dr. Wallace Beatty will probably succeed to the vacancy in the Assistant-Physiciancy of this hospital caused by the election of Dr. Walter Smith to the King's Professorship of Materia Medica in the Trinity College School of Physic, which appointment involves the transference of Dr. Smith to the Physiciancy of Sir Patrick Dun's Hospital.

THE *Citizen* states that the governors have determined to ask the Duke of Edinburgh to allow himself to be put in nomination for election as President of St. Thomas's Hospital.

DR. MANGET, Surgeon-General of Demerara, writes that the type of the present epidemic of yellow fever is not similar to previous ones; and that the old treatment of calomel and quinine has not, in consequence, proved so successful as heretofore.

THE Earl of Leicester, Holkham Park, Norfolk, has given the munificent sum of £15,000 to the Norfolk and Norwich Hospital, of which he is President, to be added to the endowment fund. The late Mr. Sewell, of Reepham, Norfolk, has bequeathed to the same hospital, £1,000.

AT the Middlesex October sessions last week, the following salaries were authorised to be paid to the several coroners of the county as from the 31st of December last, viz., Sir John Humphreys, £2,207; Dr. D. Thomas, £2,099; Dr. Diplock, £800; Mr. W. J. Payne, £54; and Mr. E. St. Clair Bedford, £500.

ONE of the oldest fellows of the Royal College of Surgeons of England has just past away in the person of Thomas Michael Greenhow, M.D. Durh., F.R.C.S. Eng., consulting surgeon to the Newcastle-on-Tyne Infirmary. The deceased was in the ninetieth year of his age, his diploma of membership bearing date August 5th, 1814.

THE mortality is still very high from zymotic diseases in some of the principal foreign cities. Paris last week gave a death-rate of 47 from typhoid and 52 from croup; Berlin 28 from diphtheria and 25 from scarlet fever; New York 50 from diphtheria and 24 from scarlet fever. In the latter city the entire death-rate is higher than all the other large cities of the world—Alexandria and St. Petersburg alone excepted.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Plymouth 13, Sheffield 16, Edinburgh 18, Birmingham 19, Leeds 19, Portsmouth 20, Bristol 20, Salford 20, Bradford 21, Sunderland 21, London 21, Nottingham 21, Brighton 21, Leicester 22, Dublin 23, Oldham 23, Manchester 23, Glasgow 24, Norwich 24, Newcastle-on-Tyne 25, Wolverhampton 25, Liverpool 27, and Hull 33.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Bombay 27, Paris 27, Geneva 20, Brussels (with 8 Faubourgs) 19, Amsterdam 24, Rotterdam 23, The Hague 17, Copenhagen 15, Stockholm 22, Christiania 13, St. Petersburg 42, Berlin 24, Hamburg 21, Dresden 19, Breslau 26, Munich 28, Vienna 22, Prague 24, Buda-Pesth 31, Rome 22, Naples 28, Turin 17, Alexandria 45, New York 33, Brooklyn 26, Philadelphia 20, and Baltimore 25. No returns were received from Calcutta, Madras, Venice, or Lisbon.

FROM diseases of the zymotic class in the large towns last week scarlet fever showed the largest proportional fatality in Hull, Sunderland, Brighton, and Nottingham; in Hull 39 more fatal cases of this disease were recorded, making 357 that have occurred since the beginning of July. The 47 deaths from diphtheria included 25 in London, 11 in Glasgow, and 7 in Portsmouth. The highest death-rate from fever (enteric) occurred in Brighton, Bristol, and Leeds. An outbreak of measles was recorded in Leeds. Small-pox caused 25 more deaths in London and its outer ring of suburban districts; one each in Salford and Newcastle-upon-Tyne, but none elsewhere.

University of Cambridge.—Dr. Watney and Dr. Creighton have been appointed Examiners for the Second M.B. Examination; Dr. Reginald Thompson and Dr. Galabin Examiners for the third M.B.; and Mr. Luther Holden and Mr. Thomas Bryant, Examiners for Medical and Surgical Degrees during the ensuing year. Dr. Cheadle has been appointed Assessor to the Regius Professor of Physics. The degree of M.B. has been conferred on Edward Ground, Downing College.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE ROYAL MEDICAL SOCIETY OF EDINBURGH.—The current session of the Royal Medical Society of Edinburgh was inaugurated on the 4th inst., by Professor Dickson, who delivered an address to a large audience of medical practitioners and students, in the Hall of the Society, George IV Bridge. Dr. Dobie, senior president of the society, occupied the chair, and among those present were Dr. Rutherford and Mr. Chiene. Dr. Dickson urged upon the students the value of such a society, where their wits could be sharpened by discussion in a more beneficial manner than mere book-cramming. Referring to the Vivisection Act, he maintained that it had incalculably retarded the progress of medical science in this country. The old Act for the prevention of cruelty to animals was all that was really required to protect the lower animals from wanton cruelty. On the motion of Dr. Dobie seconded by Dr. Lundie, a hearty vote of thanks was awarded to the lecturer.

"COMBE TRUST" LECTURE.—GLASGOW.—Professor George Buchanan delivered the fourth of the series of lectures under this trust, on the 31st ult., in the City Hall, Glasgow. Dr. Buchanan took for his subject "Surgical Emergencies and their Management—an Ambulance Lesson." In the outset Professor Buchanan insisted on the necessity of a knowledge of the proper treatment of persons who received injuries in our public thoroughfares. His opinion of the intelligence of persons who frequent crowded thoroughfares seems to be a very mean one, for he laid down the rule that if a person "fell out of a window, or off a roof, the first thing to be done by one of the bystanders, was to take him into some place where he would not be killed by the passing traffic; but if a person was injured in the country, it was best to leave him where he fell." He insisted on policemen undergoing ambulance drill, and that every constable that passed the ambulance drill satisfactorily should have his pay increased, and be preferred when promotion was going. The professor put the volunteers in uniform, through ambulance drill, on the platform, who showed how to treat the injured until the arrival of a doctor. Dr. Buchanan recommended small quantities of whisky as a stimulant in cases of depression from injury. He exhibited also, the framework of the human body by means of skeletons and diagrams. We are beginning to fear, almost, the extinction of the medical profession, in Scotland, as the result of this spate of lecturing. "Professor Coates," Phrenologist, Glasgow, is in the midst of a rival series of "Health Lectures."

CLASS OF CLINICAL SURGERY (EDINBURGH).—Professor Annandale opened his class of clinical surgery on the 31st ult., in the Edinburgh Royal Infirmary. The subject of the opening lecture was the "Diagnosis and Treatment of Surgical Diseases and Injuries." At the commencement of his address he referred to the new hospital, a building of which they might all be proud, and to its opening by the Queen. The hospital had been visited by many distinguished medical men, who attended the International Congress, and had been declared by them to be the finest hospital they had ever seen. In intimating the arrangements for conducting the class, the Professor adverted to the fact, of which he said he was very proud, that he had the honour of conducting the largest class of clinical surgery in this country. This made the arrangements for teaching diagnosis as it should be taught, matters of anxiety and difficulty; but if the students would only

attend regularly and take advantage of the facilities which would be afforded them for learning, he had no doubt that the result would be satisfactory to all concerned.

PROFESSOR MACLAGAN'S CLASS OF MEDICAL JURISPRUDENCE.—Professor MacLagan delivered the inaugural address of this course, to a large concourse of students, on the 31st ult. The Professor was accompanied to the rostrum by Professors Sir Wyville Thompson, Muirhead, and Mackay, &c. Professor MacLagan, after remarking on the close relationship between the Faculty of Law and that of Medicine, went on to speak of the antiquity of medical jurisprudence, which, he said, was said by some to be traceable to the Mosaic dispensation; but though that was not very distinct, there were some traces of it in classical times, though it were few and far between. It was truly not till the present century that it could be said to have been brought to such a condition as to merit the confidence of the profession and the public. It was in 1807 that the first professorship was founded in any British University—that of Edinburgh. The Professor then said, that he had heard a great deal of outpourings of late against vivisection, which he had treated with due disgust. He did not belong to that section, well knowing that without such experiments there would have been many miscarriages of justice. The occurrences of deaths, of which the cause could not be with certainty traced, could by the same drugs, or what might be found in the body or amongst the excreta of the poisoned person, being administered to the lower animals readily produce the same effects in the animals as in the human frame, and thus the cause of death could be accurately ascertained.

ABERDEEN—THE RECTORIAL CONTEST.—The students of the University of Aberdeen are now in the thick of their Rectorial Contest, the candidates being, as we formerly announced, Drs. Alexander Bain, formerly Professor of Logic and English Literature in the University, and Sir James Paget, of London. The contest on this occasion is not ostensibly a political one, both the candidates being Liberals, and the opposing parties profess to be supporting their respective champions purely on grounds of personal fitness for the office. Dr. Bain's adherents ground their support on the ex-Professor's long connection with the University, his great eminence as a philosopher, and his acknowledged position as an enlightened and able advocate of University reform; while Sir James Paget's admirers wax eloquent over his exalted professional position, his great experience and influence of University matters, particularly with reference to medical study, and his advanced views on University reform. Objection is taken to Dr. Bain on the ground of his alleged materialistic views, and while this is more insinuated than openly avowed there is no doubt that it will affect the vote to some extent. It was expected by Sir James Paget's proposers that he would command the entire support of the medical students, but the most prominent of these have associated themselves with Dr. Bain's adherents. Several meetings have been held by the opposing parties, processions have paraded the principal streets, and visited the houses of the more popular Professors, while there have been one or two nocturnal pilgrimages to the residence of Dr. Bain, who had to appear in response to clamorous demonstrations for a "speech." The doctor has refused to make speeches, and his usual advice to his enthusiastic admirers is to go home and "grind," a bit of advice that is not absolutely acted upon by the majority of the students. The election takes place within Marischal College Buildings next Saturday at eleven o'clock.

Correspondence.

CONSULTATION WITH HOMCEOPATHS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the letter of Dr. Wyld in your last issue are to be found some remarkable statements.

1. He "finds some diseases best treated by similars and some by contraries." Might I ask, is Dr. Wyld a homœopath and yet such a heretic as regards Hahnemannian? And can he tell us how he manages consistently to alternate two physiological principles, one of which must be false if the other be true? But I suppose he is one of your pay-your-money-and-take-your-choice class of practitioners to whom such principles are indifferent.

2. He says that consultations are generally to satisfy anxious relatives, and "not to obtain new light." They are especially for prognosis and the medicine to be prescribed is "the last and least important" factor in a consultation. Allow me to say that a consultation held for no other purpose than to hoodwink anxious relatives, in which new light is not wanted and the treatment of the dying patient is the "last and least" consideration, is a fraud, alike disgraceful to the consultor and consultee.

3. He says that he has no difficulty in obtaining "not only surgical but medical assistance from the first men in the profession." You will do an immense public service if you will obtain from Dr. Wyld the names of those whom he considers "the first men in the profession," and send them a copy of Dr. Wyld's letter with his *naïve* statement of the objects of his consultations with them. In my humble opinion, if any physician were known to sell himself to practise so disreputable a sham as that indicated by Dr. Wyld he would deserve richly to be drugged out of association with honourable gentlemen.

A more plain spoken and unblushing *exposé* of homœopathic practice never was penned than that to which Dr. Wyld has inadvertently given utterance.

Yours, &c.,

ONE WHO TRIES TO BE HONEST AND FINDS IT DIFFICULT.

HYPODERMIC INJECTIONS AS A PROPHYLACTIC IN CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—You did me the honour to publish, on May 12, 1880, a suggestion on the prevention of cholera. It was to the effect that if cholera appeared in a regiment, ship, gaol, &c., every one not affected should be hypodermically injected with a solution of quinine, arsenic, and muriatic acid.

Dr. Cameron's paper in your issue for October 19th, refers to the success of Dr. de Lacaille, of Rio, in treating yellow fever by hypodermically injecting phenic acid. This success seems to give reasonable analogy for trying my suggestion in cholera. Between the years 1860 and 1870 I made eight voyages in the East Indian emigrants from Calcutta to the West Indies. I carried hypodermic apparatus to carry out my idea, but no epidemic of cholera happened in either of my voyages. Since then I have often sent the suggestion to India and China, but have never seen a report of its trial. The method might be fairly tried in the actual disease, as also as a prophylactic.

Seeing that cholera is at this time so fatal to the troops in the Punjab, I venture to ask you to allow me to again draw attention to the possible or probable good which might result from the hypodermic injection of the combined quinine, arsenic, and muriatic acid, or of phenic acid.

Yours truly,

WILLIAM H. PEARSE, M.D.

Plymouth, November 2, 1881.

"THE DOCTOR IN THE WITNESS-BOX."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am sure very few members of the profession have read, without pain, the severe comments of Baron Downe on the evidence of Dr. Kelly in the case of The Queen and Peter Duff, and the pity of it is that few will say that the

judge's observations were undeserved. I saw, in yesterday's *Daily Express*, a letter from Dr. Kelly, in which, of course, he puts forward, in the best light, what he has done in connection with the case. His justification amounts to this, that on the day before the inquest, he received a summons from the coroner to attend and give evidence, and this he considered an injunction to him to proceed, and make a post-mortem for himself, in anticipation of an order from the coroner to do so. Surely, in a case of such importance, he ought to have waited to have the coroner order a post-mortem, and to leave the dead body undisturbed and unexamined till the inquest actually commenced, when there would be ample opportunity of making the closest investigation of the injured parts, with the help and supervision of other skilled witnesses. Well, Dr. Kelly did not choose to act in this way, but made an examination of the injured parts in anticipation of the coroner's inquest. He attended before the coroner, and acquiesced in the opinion that the butcher's knife produced could have caused the fearful wound of which poor Constable Daly undoubtedly died. Subsequently Dr. Kelly found some grit in the portion of the skull he removed, and then he came to the conclusion, on very slight data, that death was not caused by the knife. Dr. Kelly claims some credit for himself that he attended at the commission to give evidence in accordance with his later views, but it would appear that his evidence did not go for much, as the jury had no doubt whatever but that the murder of poor Daly was effected by the blow from the butcher's knife. The only doubt they expressed was as to the *proof* that it was Duff's hand inflicted the wound.

I am, Sir, yours, &c.,

F.R.C.S.I.

4th November, 1881.

A MODEL FEVER-DEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—Permit me to give an emphatic contradiction to the report of the Sanitary Committee to the St. Marylebone Vestry that at a recent interview with the committee I stated I had no charge to bring against the sanitary authorities. What I did say was that I did not blame individuals, but the system pursued for the past, for the failure the sanitary authority of the parish (in other words the Vestry) to prevent the epidemic of typhus fever (still spreading), and to arrest it immediately after its outbreak. There have been forty-one cases in all, with six deaths up to the present.

Typhus being at once the most contagious and the most easily preventible of diseases, the sanitary authority ought to have suppressed the epidemic more than a month ago, and thus saved several lives. Had I not stepped in, at some detriment to health and private practice (keeping up only with the aid of professional assistance, constant Turkish baths, extra diet, and the non-use of stimulants), and discharged the duty the vestry neglected, the cases would have numbered hundreds, and the deaths at least twentier. Typhus cannot survive fresh air, and the removal to the excellent hygienic conditions of Homerton Fever Hospital has saved probably seventeen lives that would have been lost had the patients remained in their insanitary houses. Of the cases so removed a number ought to have been attended to by the vestry. I had nothing to do with these, but had not the heart to see them die without a chance of life. The paupers are the care of the guardians, and right well do these gentlemen fulfil their trust, but no one seems to care whether struggling ratepayers who are not paupers live or die. In March last, from a non-pauper case of small-pox, which was not removed by the vestry, eleven cases occurred in Charles Street. I also told the committee that their professed disinfection was but an outside cleaning of the cup and platter, and was a delusion and a scare. Where attempted it was practically valueless, and I instanced two cases where no attempt was made. One was a man who was allowed to sleep in the infected bed from which a case had been sent the week before. The other was the poor woman on whom the inquest was held, and who slept and died on the infected bed from which her child had been taken seven days previously.

About nineteen years ago there was an outbreak of typhus fever in the same street and neighbourhood, when the relieving officer (then called "inspector") and the district medical officer caught the disease and died. The sanitary authority ought to have at once remedied the insanitation, but after re-

peated subsequent epidemics of contagious diseases the sewerage from the houses is still semi-stagnant and defective, and one house is actually built over a privy, which latter ventilates between the boards into the inhabited room above.

Let me bear, after repeated personal inspection of my cases in the typhus wards, ungrudging testimony to the excellence of Homerton Fever Hospital (the floors of which are so clean that a dinner could be eaten off them), and to the efficiency and skill of the superintendent, Dr. Collie, the medical and nursing staff. As I told the committee, if they would only distribute handbills and other information among the inhabitants of the healthfulness and comfort of Homerton Hospital, much prejudice would be removed, and their own sanitary efforts much aided.

I cast no reflection on my friend, Dr. Blyth, and his staff, or even on the vestry. The traditional conservatism of the *ancien régime* has been too much for them; but I venture to appeal to the latter intelligent and spirited body to immediately reorganise their system, and systematically ascertain the sanitary condition of the whole parish. By so doing they will earn the respect and gratitude of the entire community.

I am, your obedient servant,

NORMAN KERR, M.D.

Grove Road, Regent's Park, N.W.

Nov. 4th.

THE VACANCY ON THE SENATE OF THE ROYAL IRISH UNIVERSITY

CREATED by the death of Dr. Hayden, of Dublin, which will not be in the gift of the Lord Lieutenant of Ireland—as other such appointments have been, but will be filled up by Convocation. That body will consist of those of the Convocation of the Queen's University who choose to apply for a share in the management of the New University, together with the members of the existing Senate. We venture to remind those upon whom the selection of a Senator will rest, that surgery is altogether unrepresented in the executive of a University which is to give degrees in surgery and supervise a surgical curriculum.

This omission to recognise the second great division of the medical art, was one of the multitudinous muddles of Mr. Lowther, when Chief Secretary, and the sooner the wrong done to surgery is remedied the better for the University itself.

THE COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

THE election to the vacancy caused by the death of Dr. McClintock has been fixed for Saturday next. We believe that Dr. Nixon will not present himself at this election, Mr. Butcher being a candidate, and receiving the support of an influential body of the Fellows. Mr. Kendal Franks and Dr. Carte are probably the only claimants who will contest the seat with Mr. Butcher.

THE Duke of Westminster, who is President of the Westminster Hospital, has endowed that institution with a Scholarship of twenty guineas for second year's students, to be annually given to the student in the Medical School who shows the greatest proficiency in anatomy, physiology, and histology.

A PATIENT upon whom Mr. Spencer Wells performed excision of a cancerous gravid uterus on Oct. 21st is, we are informed, progressing most satisfactorily towards recovery.

DR. J. BRAXTON HICKS, F.R.S., has recently been elected an Honorary Fellow of the American Gynaecological Society.

Literature.

A TREATISE ON THE MATERIA MEDICA AND THERAPEUTICS OF THE SKIN. (a)

THIS work is another of "Low's Library of Standard Medical Authors," and is a good practical treatise on a very important subject. It consists of two divisions, viz., the materia medica and the therapeutical aspect of the subject. The former comprises a careful and conscientious selection of dermatic remedies from the American, British, German, French, and other pharmacopœias. The remedies are arranged in alphabetical order, and, under each heading, details are given as to the ways, nature, and use of every remedy, along with references to the several pharmacopœias from which they are derived. The therapeutical portion begins with a general introduction, and some remarks on diathesis; from whence it passes to a description of the leading features of all ordinary skin diseases. These descriptions are given in alphabetical order; and, without going into the lengthened details of Hebra or even of Fox, present a very fair picture of the affections in question. They are illustrated with woodcuts of instruments, of the various parasites, &c., &c.; and to the busy practitioner, who would wish to read a good account carried up to the present day of any skin disease, and then quickly work through all the remedies calculated to be of benefit, this volume will be much more practically useful than more pretentious treatises. Of course, both have their respective places but, it is not always remembered that many practitioners pass a life of great physical toil, and must have information in a handy form, and always ready for reference. Dr. Piffard's book exactly fits this groove, and concludes with a copious formulary, a good bibliography, and a very complete index. We strongly commend it to our readers.

LIFE ASSURANCE.

WE have before us a small pamphlet on the all important subject of Life Assurance, which is now being very widely circulated by Mr. F. A. C. Hare, consulting actuary. (b) Mr. Hare very rightly claims that, whether as a provision simply for survivors (ordinary assurance), or for survivors in case of premature death, and for one's own declining years, in the event of longevity, there is no form of investment that will bear comparison with life assurance in one of our leading companies, combining as it does the three grand requisites—Certainty, security, and profit. Those that assure, base their calculation on certainty, "Death," while those that rely on other modes of accumulation are trusting to uncertainty—"Life and Prosperity." With regard to ordinary assurance it is shown, by means of a carefully constructed table that the rate of interest to be realised on the annual premiums paid to a first-class office returning good bonuses is quite per cent. Even where the life assured lives to an advanced age, while in the event of premature death it ranges from 100 to 3,000 per cent. The benefits arising from an endowment assurance are illustrated by instancing the case of a gentleman, aged 38, who insured in 1853 for £1,000 (with profits), payable to himself on attaining the age of sixty, or to his representatives in case of prior death, upon which policy the bonuses were:—At the end of 1854 an addition of £60, in 1859 £110, in 1864 £120, in 1869 £190, and in 1874 £210. He lived to attain 60 years, and in 1875 received £1,690, having paid twenty-two premiums of £46 10s. 10d. each, or £1,023 18s. 4d., while his family had been secured in the sum of £1,000 (with gradually accumulating profits) from the very day the assurance was effected.

Mr. Hare points out that these results are only to be looked for in connection with the most careful and economical management, hence the great importance attaching to the selection of an office. An intending assurer in making this selection can hardly expect to receive any assistance by direct application to the offices, as it is not to be supposed that a manager would extol any other company above his own. The companies' agents are evidently in the same position, with this

(a) "A Treatise on the Materia Medica and Therapeutics of the Skin." By Henry G. Piffard, M.D. 8vo. Pp. 351. London: Sampson Low, Marston, Searle, and Rivington. 1881.

(b) London: F. A. C. Hare, 111 Finsbury Park Road, N.

further drawback, that being chiefly engaged in other businesses, and possessing little or no knowledge of assurance matters, they could not, if they would, give any reliable assistance in conducting a comparison between the various companies. Such men but rarely understand the workings of their own office, much less those of all others. Indeed, although by Cave's Act it is required that all life assurance companies make full periodical returns to the Board of Trade, yet, owing to their valuations being made, some at the end of every one, and some at the end of every three, five, seven, or ten years, it is necessary to wade through no less than ten formidable blue books to get at the figures of all, and when collected it requires considerable actuarial skill to draw accurate comparisons between them. This is very simply, and yet conclusively shown, in the pamphlet before us on pages 35 to 40. To use Mr. Hart's own words "among so many competing companies each in turn offering 'special advantages,' intending assurers have long experienced the want of an actuary, unconnected with any particular office, to whom they might apply for assistance in forming an independent selection, the importance of which cannot well be over-estimated, seeing that the net cost of assurance, in the case of an average life, is quite 30 per cent. less in some offices than it is in others."

Space will not permit of our following Mr. Hare through his explanations of the various ways in which life assurance may be applied by all classes, viz., in securing marriage settlements, in providing for the replacement of a deceased partner's capital, &c., &c., neither can we do more than mention the very useful hints contained in the chapter on the "Selection of an Office," and the interesting information given under the head of "Bonuses;" suffice it to say, that before assuring, our readers cannot possibly do better than to obtain Mr. Hare's pamphlet.

RHEUMATISM: ITS NATURE AND PATHOLOGY, AND ITS SUCCESSFUL TREATMENT. (a)

IT would be the merest commonplace to dilate upon the extremely unsatisfactory position which the therapeutics of acute rheumatism have occupied up to the publication of Dr. MacLagan's paper upon the salicin treatment in the *Lancet* of 1876. Every class of remedies and appliances, often of a very contradictory character, were in turn recommended, but with results most uncertain. Sometimes, severe cases did well under any or almost no treatment; but too often a grave attack of rheumatic fever resembled a conflagration in a town with no fire brigade, and burnt itself out, leaving the affected tenement permanently injured, if not destroyed. In fact, with the exception of blistering the involved joints (p. 190) or the affected pericardium, which really did good, there was practically no treatment satisfactory to the physician. We have tried salicin for the last few years, and with excellent results; and also its artificially produced congener Sodium Salicylate, with effects less satisfactory. The leading difference between them appears to be that whereas the willow alkaloid can be given safely, in almost any doses, the salt frequently disagrees, even in moderate quantities. It is hardly necessary to add, that Dr. MacLagan's present work is the result of the experience which he has had since 1876; and is an extension of his well-known paper. He undertakes, by the use of salicin in large doses, *coup sur coup*, to reduce the temperature and pain without delay; to render the attack a question of a few days; and to prevent involvement of the cardiac apparatus. There is no doubt that his treatment has accomplished this, and has thus abolished one more of the *opprobria medicinae*. He continues the salicin in small doses for a period after the cure, until the whole *materia morbi* has been destroyed. This is the only part of his book which is not yet fully demonstrated; for we cannot as yet entirely assent to his views that acute rheumatism, like ague, is a miasmatic disease and produced in a similar manner. He brings a startling array of facts to back up his theory: we do not deny it; in the language of his own jurisprudence, our verdict is "not proven." Speaking of salicin, Dr. MacLagan gives a curious letter (p. 258) from a South African hospital surgeon showing how discoveries are often postponed by want of vigilant observation. This gentleman writes that in the year 1861, he was called to attend the wife of a Dutch Boer suffer-

(a) "Rheumatism: its Nature and Pathology, and its Successful Treatment." By T. J. MacLagan, M.D. Medium 8vo. Pp. 333. London: Pickering and Co. 1881.

ing from severe acute rheumatism, and he prescribed the usual remedies. Two months afterwards, the woman walked into his surgery, perfectly well; and upon his expressing his satisfaction, bluntly informed him that his medicine had done her no good. She added that she had been at once relieved by their Caffre shepherd, who had administered large quantities of infusion of the green tops of young willows. On local inquiry the South African practitioner discovered that this was the ordinary and successful native remedy. The publication of Dr. MacLagan's paper in 1876 brought it back to his mind; but it is much to be regretted that the observation was not communicated to the profession in 1861, when salicin was a rather undervalued drug, principally used for adulterating quinine; from which it is difficult to distinguish it. Polarised light is the simplest test. A useful advance in practical medicine would have been thereby much accelerated.

Obituary.

DR. DOMVILLE, C.B.

THE medical officers of the Navy, and the Naval Service generally, will learn with sorrow and regret the death of Dr. W. T. Domville, C.B., Inspector-General, in charge of the Haslar Hospital, which took place on Oct. 21st., at the age of fifty-seven. The services of this officer extend over a period of thirty-seven years, and we feel that it is not too much to say that all who knew him esteemed and respected him alike for his devoted attention to his duties, his amiable courtesy, and the enviable example his life gave to the dignity of the medical profession in the Royal Navy. Dr. W. T. Domville had obtained the position of Senior Inspector-General, and there is little room for doubt, had his life been spared a little longer, the highest office in the medical branch of the Navy would have been conferred upon him, and at his funeral all the honours due to his rank were zealously observed. Dr. Domville entered the Navy in May, 1842, and served one year in the Royal Naval Hospital at Plymouth. In 1843 he was appointed to H.M.S. *Burydice*, and served on the North American and West Indian Stations three years. In 1846 he was appointed to H.M.S. *Excellent*, and in 1848 to Greenwich Hospital, where he had originally entered the medical profession in the lifetime of his father, Deputy Inspector-General of that hospital. Promoted to the rank of surgeon in 1852, he joined in February H.M.S. *Resolute*, for service in the Arctic (under the late Admiral Sir Henry Kellett, K.C.B.), and was mainly instrumental in the discovery, and rescue of the officers and crew of H.M.S. *Investigator*. He remained in the Arctic regions three summers, and two winters, and returned with all the Expedition in October, 1854, when he was appointed to do duty with the Royal Marines at Woolwich, where he served till July, 1855, when appointed to H.M.S. *Agamemnon*, Captain, now Admiral Sir Thomas Pasley, Bart., K.C.B., in the Black Sea, and was present at the taking of Kinburn and Sebastopol. In 1857 he was appointed Staff-Surgeon of H.M.S. *Indus*, flag-ship of the late Admiral Sir Houston Stewart, G.C.B., on the North American and West Indian Stations. In 1860 he joined H.M.S. *Nile*, flag-ship of Admiral Sir Alexander Milne, Bart., G.C.B., for service at Bermuda Hospital, where he had charge of French invalids from Mexico, and received the thanks of the Emperor of the French, as well as a case of surgical instruments. He returned to England after an absence of seven years in 1864, and was then appointed to H.M.S. *Fisgard*, at Woolwich. In June, 1866, Dr. Domville was promoted to the rank of Deputy Inspector-General of Hospitals and Fleets, having served continuously (with the exception of ten months on half-pay) since his entry into the service; he was at once appointed to the charge of the Naval Hospital at Malta, and remained there for five years, and returned to England in October, 1871. In 1872 he was appointed to the Royal Naval Hospital at Plymouth, and served there until promoted to the rank of Inspector-General of Hospitals and Fleets in February, 1875. In November, 1877, he was appointed to the Royal Hospital at Haslar, where he continued to serve until the date of his untimely death, from disease, it is believed, contracted in the performance of his duty, as head of that establishment.

Dr. Domville was made Honorary Surgeon to the Queen in November, 1872, and Companion of the Order of the Bath in May, 1879. He received the "Arctic," "Crimean," and "Turkish" Medals, and to him the Service looked forward

with confidence and satisfaction, as the Director-General of the Naval Medical Department.

H.R.H. the Prince of Wales on hearing of Dr. Domville's serious illness, with his accustomed consideration and kindness, requested his sincere sympathy to be conveyed to the sufferer, and, although arriving too late to be communicated to him, will ever be prized by his surviving widow. Dr. Domville both in public and private life, ever won the affection and respect of all with whom he came in contact, and his fine handsome figure, genial smile, and kindly word for all, will ever be remembered by those who knew him. The expressions of sympathy received from all quarters during his last illness, bear testimony to the widespread grief his death has occasioned, and as evidence of the esteem in which he was held officially, and in consideration of his public services and the circumstances attending his untimely death when in charge of Haslar Hospital, the Admiralty has decided to allow his widow a special rate of pension.

DR. BREWER, LATE M.P. FOR COLCHESTER.

BY the sudden death of Dr. William Brewer, the metropolis loses one who was foremost both in suggestions and practical work in all that pertained to sanitary matters. As Chairman of the Sanitary Committee of the Board of Works, he took an abiding interest in everything that tended to bring London to its present state as the healthiest city in the world; and at the meeting of the Board on Saturday last, the Chairman of the Board, Sir James McGaral Hogg, took occasion to pass a high eulogium upon the high moral and intellectual character of the deceased, a vote of condolence to his widow being subsequently passed. Dr. Brewer also occupied the position of Chairman of the Asylums Board for many years past, and for several years he represented Colchester in the House of Commons. He took his M.D. degree at St. Andrews in 1834, his membership of the London College in 1841, to which latter he was elected Fellow in 1872. Although possessed of high attainments, he rarely committed his views to paper, so that medical literature can boast of but little enlightenment in this direction. He was often urged by friends to give to the profession the results of his rare opportunities and ripe experience, but being of a naturally reticent disposition, he passed out of the world a unit in that vast community which is "content to hide its light under a bushel." His character in this respect is best exemplified in the closing sentence of the last speech we heard him utter, viz., "We are in measure content."

DR. DAVID FOULIS, OF GLASGOW.

WE deeply regret to have to record the unexpected death of this popular and accomplished medical man, which took place at Glasgow on Oct. 31st. Dr. Foulis began his medical studies at an early age, but before completing them he was induced to accept an appointment as a tea-planter in India, where he remained seven years. He afterwards returned to finish his medical curriculum, and it was only in 1873 that he finally graduated. After this he spent two years in hospital work at home and on the Continent, not beginning practice until about thirty years of age, when his thorough professional education and practical experience stood him in good stead. Shortly afterwards he became pathologist to the Glasgow Royal Infirmary. While studying in Vienna he had paid special attention to diseases of the throat, and shortly afterwards commencing life in Glasgow, the successful performance of one of the most complicated operations in surgery, the extirpation of the larynx, at so early a period of his career at once established his reputation as a bold and skilful operator, and he was rapidly attaining a solid position in practice. His recent appointment as dispensary surgeon at the Royal Infirmary insured that he would obtain the command of wards at an early opportunity, and no one doubted that, with such a field and the qualifications he possessed, a highly distinguished future lay before him. He has died at the early age of 35 years, one of the many victims which our profession supplies to the dangers incidental to the discharge of our duties. Dr. Foulis had occasion lately to perform two operations in cases of diphtheria during which he contracted the disease, which ended fatally in the course of a week. He was a man of independent mind, and as a surgeon was distinguished by readiness in device, boldness, and self-reliance. Naturally reticent, he did not appear much in general society, but he was per-

sonally held in high esteem by an extensive circle, and inspired a feeling of deep affection in the few who knew him best.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination, received the Diploma in Dental Surgery at a meeting of the Board of Examiners on October 28th:—

Headley, Harvey Parry, Oxford.
Hedley, William Snowdon, M.R.C.S., Army Med. Depart.
Mason, Charles Browne, Exeter,
Richardson, Francis, Derby,
Turner, William Arthur, Chichester.

NOTICES TO CORRESPONDENTS.

MR. E. JAMES.—In many such cases no structural changes are discoverable, and dogmatic utterances on the invariable existence of lesions of the nervous matter are not only "unsafe," as you suggest, but actually erroneous. The question of molecular disturbances of course remains, and you will find no authority to oppose the view that such alterations, which are truly physical changes, are not producing factors of the phenomena peculiar to the various nervous conditions. Dr. Gowen has just now published, through Messrs. Churchill, a volume "On Epilepsy," to which you may confidently turn for full scientific details on the point raised in your letter.

A MIDDLESEX STUDENT.—You cannot do better. Mr. Hy. Morris's work will serve your purpose excellently, and an appeal to him personally will, we are sure, be at once met by a willing response.

MR. E. R.—Sorry we cannot yield to your request, the subject being most unsuitable for our columns.

AWKWARD POLITENESS.—A certain physician, whose name shall be unmentioned, was called to visit a lady living at a considerable distance from him. After continuing his calls for some time, she expressed fear that it would be inconvenient for him to come so far on her account. "Oh, madam," replied the doctor, innocently, "I have another patient in the neighbourhood, and I can thus kill two birds with one stone."—*Detroit Medical Journal.*

NUMBER 9.—It was altogether due to a misconception, but the fault was not committed on our side. The contents were, though hardly suitable for publication, sufficiently authentic to serve the purpose originally intended, that usually of confirming the suspicion aroused by the letter. Many thanks for all your trouble, and for the cases which shall receive early insertion.

DR. JOHNSON.—See leading article in to-day's issue, in which your views are embodied. If occasion arises for calling in the services of others friendly to the cause of science, your suggestion shall receive full consideration. At present, however, there is nothing better than a mare's nest to be discovered.

A. G. Y.—We are much obliged, and will remember the offer when the time arrives to avail ourselves of it.

AMNON.—Probably the "Diseases of Women" by Dr. C. West, the new edition of which owes much of its success to Dr. Mathews Duncan's able assistance. Other works are, Thomas's valuable handbook and Atkinson's "Gynecology," the latter (published by Baillière, Tindall, & Cox) being the most likely volume for your purpose.

MEDICAL TEMPERANCE ASSOCIATION.—We are asked to announce that on Tuesday next, at the quarterly meeting of this Association in the rooms of the Medical Society of London, a paper will be read by Dr. Norman Kerr "On the Use of Stimulants in Workhouses." The meeting will be held at 4 p.m., and all members of the profession are invited to the discussion.

DR. CHALMERS.—The subject has been so frequently referred to of late in our columns that we would rather leave it for the present.

MR. BILLING.—We do not prescribe. You are quite right to refuse further payments to the quack mentioned, but we cannot take up your case. Consult any respectable practitioner in your neighbourhood.

F.R.C.S.—The matter is referred to in another column.

A COUNTRY PRACTITIONER.—We have made inquiries and find the book has been out of print for twelve months. The author advertises a second edition "in active preparation."

JENNER.—The following graceful tribute to the immortal Jenner appeared in the last number of the *Cincinnati Lancet and Clinic*:—

"Within this tomb hath found a resting-place
The great physician of the human race,
Immortal Jenner! whose gigantic mind
Brought life and health to more than half mankind.
Let rescued infancy his worth proclaim,
And lip out blessings on his honoured name;
And radiant beauty drop one grateful tear,
For beauty's truest friend lies buried here."

THE SOCIETIES.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 7.30 o'clock, Council Meeting.—8 o'clock, Dr. Robert Barnes, "On Antiseptic Midwifery and Septicæmia in Midwifery."

ROYAL MICROSCOPICAL SOCIETY.—This (Wednesday) evening, at 8 o'clock, Mr. B. Willis Richardson, "On Multiple Staining of Animal and Vegetable Tissues."

CLINICAL SOCIETY OF LONDON.—Friday, Nov. 11, at 8.30 p.m., Mr. Golding Bird, "On Cases of Gastrostomy."—Adjourned Discussion on Mr. Reeves's Paper upon "Two Cases of Malignant Stricture, in which Gastrostomy was performed."—Mr. Clement Lucas, "On a Case in which a Pebble was removed by Tracheotomy from the Right Bronchus."—Dr. Mahomed and Mr. Cripps, "On Two Cases of Direct Transfusion of Blood for Hemorrhage in Typhoid Fever."

Vacancies.

Belgrave Hospital for Children, London, S.W.—House Surgeon. Salary, £30, with board. Applications to the Hon. Sec. by Nov. 23.
Birmingham General Dispensary.—Resident Surgeon. Applications to the Secretary on or before Nov. 16.
East Sussex, Hastings, and St. Leonard's Infirmary, Hastings.—Assistant Surgeon. Applications to the Secretary not later than Nov. 1.
Portsmouth Lunatic Asylum.—Assistant Medical Officer. Salary, £21 with board. Applications to the Chairman of Committee at the Asylum by Nov. 14.

Appointments.

ALLAN, J., M.A., M.D., Medical Superintendent of Leeds Union Infirmary.
FERGUSON, D., L.R.C.P., L.R.C.S. Ed., Medical Officer of the Llanwy District of the Newtown and Llanidloes Union.
FLOWER, F. J., M.R.C.S., Medical Officer for the Warrminster and Corley Districts of the Warrminster Union.
GROOM, H. T., M.R.C.S., House Surgeon to the Clinical Hospital for Children, Manchester.
GROVER, J. F., M.R.C.P. Ed., M.R.C.S., Medical Officer for the Social Division of the Third District of the Newhaven Union.
HARVEY, W., M.R.C.S., Medical Officer for the Teignmouth District of the Newton Abbott Union.
HODGES, J., L.S.A. Lond., House Accoucheur to King's College Hospital.
HOLTHOUSE, E. H., B.A., M.R.C.S., House Surgeon to King's College Hospital.
JELLY, E. A., M.B., C.M., Resident Physician to Saughton Hall Private Asylum.
JENKINS, T. G., L.R.C.P. Ed., M.R.C.S., Medical Officer to the Workhouse of the Ruthin Union.
JOHNSTON, R. M'K., M.B., C.M., L.R.C.S. Ed., Resident Physician to the Royal Hospital for Sick Children, Edinburgh.
LITTLE, H. S., M.R.C.S., Medical Officer of the St. Giles's District, Reading Union.
MADDISON, W. T., M.R.C.S., House Physician to King's College Hospital.
POTTS, E., M.R.C.S., Medical Officer for the Tarporley District of the Nantwich Union.
RABBITT, S., L.S.A. Lond., Assistant House Physician to King's College Hospital.
RABY, J., L.R.C.P. Ed., L.R.C.S. Ed., M.R.C.S., Medical Officer for the Totnes District of the Totnes Union.
SCHOLEFIELD, G. E., M.B., Medical Officer for the District of Skirrow and the Lower Division of Warley, Halifax Union.
SEATON, E., M.D., M.R.C.P. Lond., Physician to the Nottingham General Hospital.
SELLERS, J. W., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Barrow-upon-Soar District of the Barrow-upon-Soar Union.
SNOWDEN, A., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Hutton District of the Stoke Newington Union.
TURNBULL, A. E., M.B., C.M., Medical Superintendent of the Fife and Kinross District Lunatic Asylum.
WEST, J. A., M.R.C.S., House Surgeon to King's College Hospital.

Births.

ORTON.—Nov. 3, at 30 Lower Phillimore Place, Kensington, W., the wife of George Hunt Orton, F.R.C.S., M.B. Lond., of a son.

Marriages.

PURCELL—REEVE.—Nov. 1, at the Church of the Sacred Heart, Leam, Edward G. Purcell, M.D., of Limerick, to Anne D. Reeve, also and adopted daughter of Mrs. E. Allen, of 165 Highway New Park, N.

WHEELER—TASKEE.—Nov. 3, at St. George's, Hanover Square, Leam, John Wheeler, M.D., C.M., of Pembridge Gardens, W., to Jane Tasker, of Gibraltar.

Deaths.

BREWER.—Nov. 2, at his residence, 21 George Street, Hanover Square, London, Dr. William Brewer, Chairman of the Metropolitan Asylums Board.

COURTENAY.—Nov. 3, Emma, eldest daughter of the late C.R. Courtenay, M.D., and last surviving sister of F. B. Courtenay, M.R.C.S. of Chandos Street, London, aged 76.

EDIS.—Oct. 10, at Santa Barbara, California, F. P. Edis, F.R.C.S. Surgeon-Major in Her Majesty's Indian Army, in his 29th year.

FOULIS.—Oct. 31, of diphtheria, at 191 Hill Street, Glasgow, David Foulis, M.D., aged 35.

FOWLER.—Oct. 30, at Marland Place, Southampton, Robert Stans Fowler, M.R.C.S., aged 77.

GEOGHEGAN.—Oct. 27, at Milton, near Portsmouth, Edward G. Geoghegan, Assistant Medical Officer, Borough Lunatic Asylum, youngest son of the late Dr. T. G. Geoghegan, of Dublin.

MACDOUGALL.—Oct. 30, at Jordan Lane, Morningside, Edinburgh, Alexander MacDougall, L.R.C.S. Ed., in his 78th year.

MACKERTICH.—Oct. 27, at Fitzroy Square, London, Surgeon-Major S. Mackertich, M.D., 5th Punjab Infantry, aged 44.

OLIVER.—Oct. 6, of yellow fever, at Barbados, John Richard Oliver, Surgeon A.M.D., late of Abbeyleafe.

RANDALL.—Oct. 30, at the residence of his father, Dr. J. Randall, Nottingham Place, W., Surgeon-Major J. G. Randall, of Westwick, aged 36.

SOLEY.—Oct. 30, at Windsor, T. Ap Preece Soley, M.R.C.S., L.S.A. Lond., aged 35.

TEMPLE.—Nov. 3, at 1 Belvoir Terrace, Cambridge, Alfred Robert Temple, M.R.C.S., in his 71st year.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 16, 1881.

CONTENTS.		PAGE	PAGE	PAGE
ORIGINAL COMMUNICATIONS.				
Remarks on Dissolution of the Nervous System, as Exemplified by Certain Post-Epileptic Conditions. By J. Hughlings Jackson, M.D., F.R.C.P., F.R.S., Physician to the London Hospital, &c.		421		
The Intimate Nature of Zymotic Poison. By John Dougall, M.D., &c., Lecturer on Materia Medica in the Glasgow Royal Infirmary School of Medicine		422		
Cyprus Regenerate. By W. H. Cullen, M.D., Nicosia, Cyprus		425		
CLINICAL RECORDS.				
Meath Hospital and Co. Dublin Infirmary—Brief Notes of Operations. Under the Care of Lambert H. Ormsby, F.R.C.S., Lecturer on Clinical and Operative Surgery		426		
SPECIAL.				
Medicine in China—I.		429		
France—Treatment of Polypt of the Uterus—Sarcoma of the Lower Jaw		428		
TRANSACTIONS OF SOCIETIES.				
CLINICAL SOCIETY OF LONDON—				
Five Cases of Cancer of the Oesophagus, in Four of which Gastrostomy was Performed		428		
Case in which a Pebble was removed by Tracheotomy from the Right Bronchus		430		
LEADING ARTICLES.				
"FREE" AND "FAIR" TRADE IN SOBERNESS		430		
INTRODUCTORIES		432		
ANOTHER PROFESSIONAL SCANDAL		433		
NOTES ON CURRENT TOPICS.				
The Returns of Health Officers		434		
"Jerry" Fire Extinguishing Apparatus		434		
The Vital Statistics of the Country		434		
Ophthalmia Neonatorum		435		
Hospital Sunday Funds		435		
Notification of Infectious Diseases		435		
Coroner for County Monaghan		435		
Accident to Sir Edward E. Sinclair		435		
Election of a Councillor at the Irish College of Surgeons		436		
Sponge Grafting on the Human Subject		436		
Rotundo Lying-in Hospital		436		
The Royal Society		436		
The Spread of Infection by Milk		436		
London College of Surgeons and the Medical Acts Commission		436		
Cost of Sewage Farming		437		
Pathological Society of Dublin		437		
Accident with Liquid Ammonia		437		
A Medical Duellist		437		
Treatment of Rheumatic Fever by Salicin and the Salicylates		437		
SCOTLAND.				
Messrs. Moody and Ira D. Sankey's Visit to Glasgow—Matriculation at the University of Edinburgh—Edinburgh Literary Institute—Combe-Trust Lectures—Glasgow Ophthalmic Institution—Aberdeen Rectorial Election—Neglecting to Report Infectious Diseases—Chair of Natural History in Edinburgh		439		
LITERARY NOTES AND GOSSIP		440		
NOVELTIES.				
Bed-clothes Elevator and Extension Apparatus		441		
A New Medical Cab		441		
NOTICES TO CORRESPONDENTS		442		

Original Communications.

REMARKS ON DISSOLUTION OF THE NERVOUS SYSTEM, AS EXEMPLIFIED BY CERTAIN POST-EPILEPTIC CONDITIONS.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P., F.R.S., Physician to the London Hospital, and to the National Hospital for the Epileptic and Paralyzed.

(Continued from page 401.)

SECTION XIX.—*Re-statements with Qualifications.*

The wording of some sentences in the first paragraph Section 17, is to be carefully noted. We are not to be understood as meaning that a person after an epileptic fit is always more affected by external circumstances, &c., than he was when well, for manifestly a man comatose is less so. All that is meant is, that those of his nervous arrangements next lower than those exhausted are more affected, what is left of him, much or little, is more easily influenced. So in one way the post-epileptic patient is less influenced and in another way more influenced by his surroundings; in so far as his negative condition goes he is not influenced at all, in so far as his positive condition goes he is too much influenced.

Reminding the reader of what was said in Section 13 I would qualify the foregoing by the admission that the positive condition in the cases of slowly effected dissolution may not be unduly modifiable or only slightly so in the way spoken of in this and the preceding Sections.

The reader will observe that we have now spoken of three factors in Dissolution (1) "Depth" of the dissolution; (2) Rapidity with which it is effected; (3) Influence of local bodily states, &c. These we shall later on consider at length, along with another factor, "the person in whom the dissolution occurs."

SECTION XX.—*Re-statement of Differences betwixt the Negative and Positive Elements in the First and Second Degree.*

Figuratively speaking, and yet almost literally, the patient who has undergone dissolution is at once "less

himself," and "too much himself," speaking more in detail, he is too little his *highest* self and too much his *lower* self. In one way he is less affected by externals in another way he is more affected by externals (Section 19). We may say that he suddenly *ceases* to be enough his highest self, and at once, or soon, *becomes* too much his lower self. The obvious illustration of this dictum is by cases of different degrees of drunkenness. The patient, after an epileptic seizure, is in the strictest sense another person differing in two ways from his ante-epileptic self, from what he was before the paroxysm I mean. We must never forget this double difference when using the pronoun "he." There are two "he's," one standing for the man before his fit, the other for the man after it. They are two different persons. Although, as we may put it, they are in the same skin, they do not look or act like the same person; they are not the same person. The normal "he" does not remember what the other "he" did after the fit; the normal "he" is held irresponsible by legal tribunals for the other "he's" doings. As suggested (Section 12) we must estimate the value of pronouns carefully. The word "he" is, a highly technical term in spite of its apparent simplicity, as is evident if we consider what "he" means in "He remembers so and so." "He" stands in that sentence for the whole person subjectively, whilst "remember so and so" stands for the whole person objectively. We might put it, as it were, diagrammatically thus: "*He* remembers so and so," and "*He remembers so and so.*" Every proposition implies such duplication—into subjective and objective.

The "he" after the fit is different from the "he" before the fit by a certain *minus* and a certain *plus*. The second "he" is objectively *minus*, and subjectively *plus*. There often is after a slight epileptic seizure (our first degree) a defect of object consciousness—so far negative—and positively remains of object consciousness with sometimes increase of subject consciousness, that is, "a dreamy state"—so far positive. In other words, "the positive condition" is itself duplex; it is an abnormal mental state; one imperfect by deficit and imperfect by excess.

As the last paragraph may be thought a little obscure, especially since further terms (subjective and objective) are introduced, I must illustrate what is said. But before that can be properly done, some important terms have to be defined, and some preliminary matters have to be discussed.

SECTION XXI.—Various Uses of the Terms Subjective and Objective.

The words subjective and objective are used in different senses by different medical men. Hence I must say how they are to be used in this work. First, let me state several contrasted ways in which they are used, in which ways I shall not use them.

(a) Subjective is sometimes used for psychical states in contrast to the correlative nervous states, which latter are then called objective. According to this view, colour is subjective, and the correlative activity in certain central nervous elements is objective.

(b) Subjective is sometimes used for faint psychical states in contrast to vivid psychical states, which latter are then called objective. Thus, to think of a brick is to have a subjective state; to see a brick, is to have an objective state. This amounts to saying that an image or idea arising during strong central changes peripherally initiated is objective, and that an image or idea arising during slight central changes, not peripherally initiated, is subjective.

(c) Subjective is sometimes used for vivid mental states in contrast, not to states of the organism, but to the environment, which latter is then called the object. Thus, the mental state in seeing an object, is subjective; the "real thing itself" (I mean here the popular real thing, not "the thing in itself,") is objective. According to this use of the terms, we have (subjective) an "idea of sugar;" the "sugar itself" existing outside with its qualities (sweetness, &c.), is objective, and yet, somehow, notwithstanding its having qualities, is altogether a material thing. This doctrine seems to imply that we have (subjectively) an "abstract idea of sugar," an idea of it divested of sweetness, particular colour, and other attributes, in relation to a sort of direct knowledge (objective) of the particular "real thing" outside us—particular lump of sugar—which is, itself, hard and sweet. On this view part of our mind is outside in the "real thing," literally taken the whole of it is outside, for an "idea of sugar," divested of all attributes of sugar, is nothing. Another way of verbally stating this view, is to say that in perception we see real things (perceive them) by aid of a faculty of perception; this is like saying that we walk by a faculty of locomotion.

(d) Subjective appears to be sometimes used for both mind and organism together in contrast to the environment, which latter is then called objective; thus an idea in the brain (compare "ideational centres," &c.), is subjective, the "real thing" (*vide supra*) outside, of which the idea is, is objective.

(e) Sometimes the term subjective is used for a nervous change only, and the term objective for the "real thing" outside (*vide supra*), supposed to correspond to it; thus a certain change in the cerebral centres answers to what is a brick, existing with all its qualities, redness, &c., outside us. This view is, verbally, that the whole of the mind is outside ourselves, for changes in cerebral centres are physical processes.

(f) Occasionally the two terms are used each in different senses in different parts of the same argument. By this plan verbal simplicity is introduced into accounts of mind body. By using the term objective sometimes for nervous changes, sometimes for "real objects" outside, and sometimes for vivid mental states, in contrast to faint mental states, and by using the term subjective sometimes for all mental states, in contrast with nervous states, sometimes for faint psychical states in contrast to vivid psychical states, and sometimes for "ideas of things" in contrast to "real things" outside, a pseudo-practical view of the relation of the anatomy and physiology of the nervous system to psychology is taken, and an un-

real clearness is given to some very complex problems which disease presents us with. On such schemes, to give an example, a sensation is either a psychical state, or a state of the nervous system, as convenience dictates. Starting with the periphery, active states, of sensory nerves become sensations in sensory centres, and in the highest centres are compounded into ideas, and from these the most elaborate mental states are easily traced. (a) The real crudity of the process is veiled by technicalities; a state of a sensory nerve first becomes in some nervous centre, an "unconscious sensation," and next turns into a "conscious sensation." The criticism on this is that "unconscious sensation" is contradictory, and "conscious sensation" tautological.

Considering how different are the significations given to the two terms by medical men, it is allowable for me to define them for my present purpose, without assuming that my definition is superior to some of those above given.

(To be continued.)

THE INTIMATE NATURE OF ZYMOTIC POISON.

By JOHN DOUGALL, M.D., &c., F.F.P.S.G.,

Lecturer on Materia Medica in the Glasgow Royal Infirmary School of Medicine. (b)

THIS subject is ever of the most vital importance and absorbing interest, not only to all medical men, but to all humanity. About 50,000 to 80,000 persons die annually from this poison, and allowing one death out of every twenty who suffer from its effects (for the great majority of those attacked recover), it follows that, roughly speaking, about 1,600,000 individuals in our country are poisoned yearly by this substance, and about twenty years ago their numbers were much higher. Now this frightful sickness and mortality is not confined to Britain alone, but prevails more or less, generally more, in every community in the world. I am not using any mere figure of speech nor hypothesis, either as regards the cause or number of these deaths, while the quantity of persons attacked, but who recover is a pretty close approximation. I mean what I have stated, that such a probable amount of sickness, and so great a number of deaths, are not the result of disease at all but of poison; while the Registrar's returns are my authority for this zymotic death-rate.

What then can be the nature of the potent agent that plays such terrible havoc with human, and it may be added in many cases with lower animal, life? An agent that causes an amount of mortality yearly in Britain alone, not surpassed probably by all the battlefields of Europe in twenty years. An agent which spares neither the learned nor illiterate, the rich nor poor, the young nor old. An agent which often shows us how contemptible and impotent are all our powders and potions, and numerous devices to thwart in the smallest degree, its dogged course and fatal issues. An agent which in the softest and subtlest manner, steals into the blood always,

(a) This is "getting the mind out of the body." (By the way, to my great surprise, a distinguished physician, whose opinion I greatly respect, tells me that this is what I try to do. I can only repudiate holding such an opinion, and appeal to what I have repeatedly said here and elsewhere.) The mind being got out of the body, the next thing is to endow it with "faculties," with will, memory, &c.; this being done, here is a sort of reversal of the process mentioned in the text. Now psychical states produce physical states; a person moves his hand by an act of volition; the will produces contractions of muscles. We start at the periphery with states of sensory nerves, and in the highest centres get mental states out of them, and these set agoing other psychical states, which end at the periphery in muscular contractions. These psychologico-materialistic theories are not really clear; they hinder progress in neurology.

(b) Lecture delivered in the Glasgow Royal Infirmary on October 26th.

contaminating its pure current, and frequently tainting it to death by its keen virulence. Of course it is obvious that it cannot be any even of the most active poisons known to the chemist or toxicologist. It cannot, *e.g.*, be phosphorus, arsenic, strychnia, atropia, aconitia, prussic acid, &c., &c., that is clearly quite out of the question. What can it be? Is it a vegetable, animal, or mineral product? Is it solid, liquid, or gaseous? What is its taste, or is it tasteless, is its odour pleasant or offensive; or is it odourless? Is it opaque or transparent, coloured or colourless, amorphous or crystalline, acid, alkaline or neutral? Can it be produced synthetically, and if so, how and from what? Is it a simple or complex body? Has it any known reactions with chemical agents, by which it can be isolated, or other distinctive properties by which it can be known; or is it only recognised by the manner in which it disturbs the healthy functions, or produces death? When and by whom was it discovered? Why is it called zymotic poison? Has it any antidotes? In short, has it been seen at all? Such are the chief questions in regard to any alleged lethal substance, which naturally occur to those versed in the chemistry and toxicology of the more common poisons; but at present I cannot do more than answer these in a general manner and without regard to the order in which I have put them. Zymotic poison then in no way resembles any other toxic substance, excepting that it is, as already indicated, a deadly poison. It differs, on the other hand from all other such bodies in respect that it cannot be confined in stoppered bottles, measured nor weighed, and in particular it differs in this important point, *viz.*, that while the actions of other poisons are confined to the individual affected, it renders the persons it poisons poisonous. For example, as you know, one may attend closely on a patient suffering from a fatal dose of opium or strychnia, without danger of becoming narcotised or tetanised by the opium or strychnine which the patient has swallowed. But one who has not survived the special form of zymotic poisoning with which a person is affected could not attend him with impunity. Because he might poison his attendant, his nurse or doctor, *ray*, even his friends or neighbours in the same house or land, with the identical virus by which he himself is affected. His body is for the time being an alembic in which a special virus is elaborating and multiplying enormously by an apparent destructive distillation of the blood and secretions, so that the tissues may literally be soaked and the body be enveloped in an atmosphere of virulent infection. The blood, saliva, breath, sweat, urine, *fæces* and epidermos may all be saturated with it. This poison is named from the Greek word *ζυμη*, or leaven, and a person under its influence is held to be in a condition of zymosis or fermentation. It was so denominated because, when it enters the body of an individual susceptible to its influence, it gives rise to phenomena very analogous to those caused by the addition of yeast to a substance capable of fermentative change. Supposing, for example, there is added to an aqueous solution of honey, or of grape, or any other sweet fruit juice, a single cell of the yeast plant "*torula cerevisiæ*." This speck of matter is about the size of a human red blood corpuscle and hence only visible under the microscope. Supposing further, that this solution is kept at a temperature of about 70° Fah., then in a few hours, or at most a day or two, from the single yeast cell, millions are produced so as to make the liquid turbid, and form a frothy scum at the top and a sediment at the bottom. During these changes the temperature of the fluid is increased and carbonic anhydride largely evolved, until latterly, the heat begins to reach the normal, the evolution of gas to cease, and the solution is now found to have lost its sweet taste, and changed into a mixture of alcohol and water incapable of further fermentation. Now for the analogy between this process and that of zymotic poisoning. Supposing I were to wet

the point of a needle with lymph from the body of a small-pox patient and push it under the skin of a person who had neither been vaccinated nor suffered from small-pox; then a thousand chances to one that in a few days, perhaps hours, the recipient of the lymph feels out of sorts, has nausea, vomiting, headache, thirst, backache, a high pulse and hot skin. In about three days after a papular eruption appears on the body which soon changes into blebs or vesicles. These may be few or many, separate or confluent, but the clear and apparently homogeneous fluid which they contain, as the identical specific infective nature, as that with which the needle was wetted. The minute portion on the needle having now multiplied in the blood of the person inoculated, to an enormous extent, how I need scarcely say, that the symptoms just enumerated are those of small-pox, and that the lymph introduced into the blood by the needle, was "zymotic poison." The putting of the yeast cell into the sweet solution and of the minute portion of small-pox lymph into the human body are both cases of pure infection, and the zymotic phenomena evoked thereby are almost perfectly analogous. You observed 1. That the saccharine solution was susceptible to the action of the yeast and the human blood to that of the lymph. 2. The extremely minute portions of yeast and of lymph employed. 3. The rise of temperature in both cases—the sweet solution becomes abnormally warm, the small-pox patient highly fevered. 4. The great multiplication of yeast in the sweet solution, and of small-pox lymph in the blood. 5. The yeast frothing to the surface of the fluid, and the small-pox eruption forming lymph bubbles or vesicles. 6. Both are infectious—a cell of the new yeast would cause fermentation in a susceptible fluid; a speck of the new lymph would cause small-pox in a susceptible person. 7. The sweet solution is no longer capable of fermentation, from the chemical change it has undergone in fermenting; the small-pox patient is no longer susceptible to small-pox, also from some chemical change produced in the body by that poison. 8th, and lastly. The sweet solution will ferment, as it were, spontaneously, that is, without putting yeast cells into it intentionally, because such cells are constantly floating about and fall on its surface; so may a person take small-pox spontaneously by inhaling air containing that specific poison. These are both cases of pure infection, though in neither is the infecting agent visible.

Now, I have chosen small-pox to compare with fermentation because it is a typical species of the genus zymotica, the other chief members of which are:—scarlatina, measles, diphtheria, typhus and enteric fevers, and cholera. These affections are generically related in respect that they are caused by a something which either enters the blood from without, or is, as seems in some cases, generated therein spontaneously, and re-produces itself to an enormous degree, usually rendering the secretions and excretions of the affected person poisonous, if inhaled or swallowed by a healthy person susceptible to their action. Also that they commonly only make one attack, and always cause a high pulse and increased bodily temperature. Their specific differences are so remarkable and distinct that each may be fairly considered as caused by a separate form of virus. For example, a medical man may be called to see a patient who sickened two days before, and now complains of thirst, and headache, is fevered, prostrate, the eyes suffused, the tongue probably dry, furred, and studded with red points, the throat swollen and tender, and the skin covered with an exuberant efflorescence of bright scarlet dots, and he pronounces the case scarlatina. Or the patient may have swelling of the eyelids, with eyes red, watering, and intolerant of light, sneezing, dry cough and hoarseness, with difficulty of breathing; on the fourth day of the fever the skin gets covered with small red dots which coalesce into slightly raised crescentic blotches, and the case is diagnosed as measles. Or the patient may have stiffness about the neck, slight diarrhoea,

nausea, pain on swallowing, salivation, foetid breath, the throat covered with specks or patches like damp, dirty wash-leather, symptoms indicating diphtheria. Or the patient may have frequent chills, a soft pulse, dry brown tongue, constipated bowels, heavy, flushed, smoky countenance, stupor, prostration, wakefulness, delirium. About the seventh day of these symptoms the skin is covered with irregular spots, of a dusky or mulberry hue, which at first disappear on pressure, are slightly elevated, but soon become persistent, symptoms showing the case to be typhus fever. Or the patient may have pains in the limbs, great weakness, loose bowels, with very offensive stools which may contain blood, glazed dry tongue, with ammoniacal breath; a pale languid face with a hectic flush on each cheek, clear eyes with dilated pupils and the mental faculties unaffected. About the eighth day a few elevated and isolated rose-coloured dots are probably found on the abdomen or chest, vanishing on pressure, appearing in successive crops which last two or more days, symptoms clearly indicating enteric fever. Or lastly, the patient, quite well a few hours before, may have severe diarrhoea, with evacuations like rice-water, cramps in the limbs, causing the muscles to be hard as wood, or contracted into knot-like masses, the circulation and respiration impeded, the nose, tongue, ears, breath, and extremities icy cold, the lips and general surface blue or livid, the eyes sunk, the pupils contracted and fixed, the complexion muddy, and the features pinched, the whole body shrunk and intensely prostrate, perhaps death taking place before the doctor has time to prescribe for what is too obviously a case of Asiatic cholera. But zymotic affections have other characteristics besides these enumerated which place their specific nature beyond doubt. For example, a person suffering from, say, typhus, only shows symptoms peculiar to the special virus of typhus, and should he infect another, it will be with typhus only. In other words, each zymotic virus produces a group of symptoms entirely peculiar to itself, and a crop of poison identical with the original poison. Just as a crop of wheat or oats is of the same nature as of the seed sown by the farmer. Another strong proof that the various zymotic affections are caused by different poisons is, that one attack usually confers immunity from subsequent attacks of that special poison, but does not exempt from being assailed by each of the other members of the zymotic group consecutively. Moreover, into whatever part of the body specific infective matter is introduced, it produces, so far as known, symptoms characteristic of itself, only, and not of any other form of virus.

Proceeding now to consider "what is zymotic poison?" I may at once say that this problem has hitherto all but baffled the skill and eluded the researches of the most profound thinkers and patient investigators in medical science. It has been fertile in numerous but fruitless discussions; it is susceptible of the most plausible but fallacious solutions, of the most ingenious, fascinating, but vain speculations, and has been the incentive to numberless of the most delicate, protracted, and even dangerous, but withal valueless experiments. All the reasoner's logic and the experimenter's results regarding the nature of specific infection have, until perhaps lately, practically ended in vague theories and conflicting hypotheses.

Such being the case I can only mention a few of the chief points and considerations on which observers have dwelt, and of the principal conclusions at which they have apparently arrived. There are two theories regarding the nature of "zymotic poison," viz., the "Germ Theory," and the "Physico-Chemical Theory." Believers in the germ theory hold that zymotic diseases are caused by microscopic living organisms, which, entering the blood, set up morbid changes characteristic of the special organisms, which may be scarlet fever germs, small-pox germs, cholera germs, &c., &c., each infectious disease having its special organism, germ, or ferment. The germ theorists also affirm that putrefac-

tion is the result of germs, which they allege, in densely populated places especially, are floating in myriads in the atmosphere, and only need a congenial soil, such as dead organic matter, or a weakly organism, to make them reproductive. Hence germs require morbid conditions for their existence. Now, in order that you may fairly comprehend the theory, I must say a few words on putrefaction. If a portion of clear fresh wine, blood serum, or juice of flesh be freely exposed to the air for a day or two at a temperature of about 70° Fah., and then a drop of it examined by the microscope, it will be found swarming with organisms called bacteria, measuring about 1-40,000th of an inch. The fluid is now turbid, foetid, neutral, or alkaline, but never acid. On the other hand, if portions of any of these liquids be boiled in separate glass flasks for about a minute, and during ebullition the necks of the flasks stuffed with cotton wool, and the steam allowed to issue through it a short time; and if the flasks be now set aside, their contents will be found months or years after pure and unchanged. But if at any time the cotton be removed from one of the flasks, then in a day or two its contents will putrefy, while those of the other flasks remain fresh and clear. Now these experiments show that it is not the air which causes putrefaction, because the cotton wool is pervious to air; neither can the cotton obviously have any antiseptic effect on the fluid, nor chemical action on the air passing through it into the flask. Nor can it be the boiling of the fluid which keeps it fresh, as such fluids in ordinary circumstances soon putrefy after boiling. This process is resorted to for the purpose of destroying that in the fluid which would cause it to putrefy if it were not boiled, even although the neck of the flask were stuffed with cotton. The cause of putrefaction must hence be something in, but distinct from, the air, and this substance is obviously filtered by the wool from the air entering the flasks. Now, according to the germ theorists, the something consists of the germs of bacteria and their allies, vibriones and monads, but chiefly of bacteria, which swarm in all putrid liquids. This, however, must be considered a mere inference, as no power of the microscope can detect the germs of adult organisms so minute as 1-40,000th of an inch, if they bear, which they doubtless do, the same relation in size to the parent organism as in most other cases, either in the vegetable or animal kingdom. Compare, e.g., the minute nautilus-like seed of the opium poppy, 200 of which only weigh a grain, to the entire plant and its numerous capsules as large as oranges; or compare an acorn to an oak, or the human germ, measuring about 1-250th of an inch, to a man weighing sixteen stone; or the germ of the bull and horse, which are said to be even smaller than that of man, to the adult animals.

The origin of these micro-organisms was a few years ago made the subject of numerous interesting experiments by Dr. Bastian, of London, who asserts that he has thereby demonstrated that life may arise anew from dead matter. I shall not dwell on this point, but merely state that Bastian obtained results that seemed to prove that life arose in certain rich nitrogenous fluids after they had been heated from 260° to 302° Fah. while hermetically sealed in glass flasks, a temperature, I am convinced, however his results may be explained, that no living things, germs or other, could resist. The fact, however, remains that minute organisms teem in all putrefying solutions, whatever way they get there, and are absent in all solutions not putrefying, whatever way they don't get there; and while the germ theorists assert that they are the cause of putrefaction, and that their functions in nature are malignant, the physico-chemical theorists generally believe that they are the result of putrefaction, and that their functions in nature are beneficent. The chief points adduced by the germ theorists in support of the malignant function of such minute organisms, are:—1st. That they are present in all putrid, and absent in all

fresh or healthy, organic matter. 2nd. That many diseases, both of animals and plants, they allege, are caused by parasites and fungi. The opponents of this theory, of which I am one, hold that all such organisms are the result of the morbid conditions of their habitat. 1st. Because that, whether bacteria, parasites, or fungi, they are only found on the parts of animals or vegetables of lowered vitality, or in their dead tissues. 2nd. That by strengthening the vitality in living, or arresting decay in dead parts, they disappear. 3. That when present in infectious matter it loses its power to infect, as observed in small-pox and vaccine virus. On these grounds the functions of such organisms are held as beneficent, and Prof. Owen, with that large grasp of intellect which marks all he says, calls them "Nature's Scavengers," for maintaining the salubrity of our atmosphere, and "Nature's Invisible Police," for arresting the fugitive organised particles, and turning them back into the ascending stream of animal life.

(To be continued.)

CYPRUS REGENERATE.

By W. HY. CULLEN, M.D.
Nicosia, Cyprus.

The Climate.—The year 1878 as all Cypriotes have told me, was both exceptionally hot and unhealthy. Without dwelling at any length on the strange misconceptions that generally prevailed, at the time of the annexation, as to the nature of the climate, and the fears that were so freely expressed of the effects of a residence there, it may not be undesirable to record the experience obtained during the last two years. The extent to which our soldiers suffered is not at all surprising when we know the conditions under which the occupation was conducted. The men were hurried on shore at Larnaca, which during the summer is especially unhealthy, on account of the exhalations from the salt lake near it, and the barren treeless character of the country round, huddled into single bell tents in the hottest month of the year, the thermometer standing in them at 110°, with indifferent food, and as if to make matters worse, camped near a marsh. In fact it might be truly said, made ill to order, though in the neighbourhood of Limassol, excellent localities were available, with abundance of running water, and trees affording ample protection and grateful shade from the burning sun.

That the climate is not *per se* unhealthy is satisfactorily proved by the fact that many employes, both military and civilian, who with their wives have been here since the occupation, have enjoyed as good health as if they had been all the time in England, and whose ruddy countenances are a sufficient refutation of the supposed unhealthy climate of the Island.

Vital Statistics.—Statistics, in the proper sense of the word do not exist, as no attempt has ever been made to register births and deaths, and even among the Christian part of the population it is impossible to obtain any trustworthy information, as in answer to my inquiries of the Archbishop I find that there are no church registers, every effort having been made to conceal the birth of males as far as possible, in order to avoid the payment of the tax for exemption from military service. Now that a Sanitary Commissioner has been appointed, these deficiencies will be gradually corrected, and Dr. Barry has lost no time in having meteorological observatories erected here at Larnaca and Kyrenia, to be followed by others at Limassol and Famagusta. At each of these places district surgeons are appointed to attend all who may apply daily at the Government Dispensary, and thus in time a very accurate knowledge of the prevailing diseases will be obtained from the Registers kept of the numbers of sick and the nature of the diseases under treatment. After the taking of the Census in April, a medical certificate of the cause of

death will be made compulsory in all cases, and where outlying villages are too far off to be visited by the district surgeon, the duty of registering both births and deaths will devolve on the Mucktar or head man of the village, though in all cases of death by violence or supposed poisoning the District Commissioner accompanied by the surgeon, will make the necessary inquiries.

Hygienic Conditions, Diseases, &c.—Before the occupation, a large open ditch, about twelve feet deep, and which served as the cloaca maxima, ran through a part of the town. This has now been covered, and a good road runs over it, while the same process of conversion of all open drains into sewers is being carried out. The following details have been obtained in answer to numerous inquiries, and will sufficiently enable anyone to form a fair estimate of the hygienic qualities of the town as a place of residence. Typhus, which, as may be supposed, was very frequent before the occupation, has disappeared, and though there appear to have been several cases, I have not heard of a single death during the last year. Of diphtheria one case occurred, but was not fatal. Phthisis, if not absolutely unknown, as asserted by Sir S. Baker, is exceedingly rare, the cases that have occurred during the last few years were not, as I have been told, hereditary, but as one informant told me "acquias," i.e., the result of some neglected disease of the lungs. Scarlet fever, measles, and whooping cough, appear to be unknown. Ague prevails more or less throughout the Island, though not of a malignant type, though at Morphose, towards the west end of the Island, and at Famagusta, at the east, the people suffer more severely, as the marshes are so nearly on the sea level that drainage will be very difficult. No objections are ever made to the periodical visits of the Government vaccinator, and I believe it will be made compulsory ere long, first in the towns, and subsequently throughout the Island. Ophthalmia is very general among the poor, owing to the dust prevailing during the summer, and aggravated by dirt and neglect, though the water supply is abundant.

The Military and Police.—The 20th Regiment, which left their encampment at Limassol last autumn, lost only one man in the nine months of their stay, and that from a disease previously contracted in Halifax. Among the 32 women belonging to the Regiment, there were 11 cases of fever, and 1 of diarrhoea, and among the 36 children, 9 cases of diarrhoea and 9 of fever, 2 children having died from the effects of burns. The mortality in Larnaca town last year was 22 per 1,000, and 18 for the country district, which is about the rate here for the last six months. The months of October and November, as is so generally the case throughout the east, affording nearly half the total number of deaths. In the Police Force, numbering 700 men, and composed of both Turks and Greeks, two deaths took place last year from pneumonia in men who had previously suffered from the same disease. All men declaring themselves unfit for duty, are obliged to enter the hospital, and more than 25 per cent. suffer from syphilis in some of its many forms. A suitable hotel for the reception of invalids is in contemplation at Limassol for the winter, and what will be of perhaps more importance a summer retreat or sanatorium on the slopes of Troodoo, about 4 to 5,000 feet above the sea level, in the midst of scenery of unrivalled beauty, and in a climate which will allow an invalid, even the most delicate, to live continually in the open air. A lady, threatened with phthisis, and who came out from England to Cyprus more than a year ago, has lost all symptoms of disease, and appears to be in excellent health.

There will be an election for an assistant physician to the Richmond Hospital, Dublin, on the 17th inst., in the room of Dr. Reuben Harvey, who has resigned.

Clinical Records.

MEATH HOSPITAL AND CO. DUBLIN INFIRMARY.

Brief Notes of Operations.

Under the Care of Mr. LAMBERT H. ORMSBY,
F.R.C.S.

Lecturer on Clinical and Operative Surgery.

(For these notes we are indebted to Mr. FRANK CAMPBELL.)

OPERATION I.—Reduction of Sub-Glenoid Dislocation of Humerus. (3 weeks' standing).—Patrick B., *æt.* 60, was admitted into Meath Hospital on September 4th, from Co. Cavan, suffering from a sub-glenoid dislocation of right shoulder of three weeks' standing, is a blacksmith by trade, and is very muscular. Mr. Ormsby having recognised the dislocation, placed the man on a hair mattress lying on his back, on the floor, he determined to apply the plan of the late Mr. White, of Manchester. The patient lying on his back—his shoulder having been firmly fixed by an assistant the affected arm was then grasped by the operator and, in the completely extended position, was then gradually drawn out from the side. Extension during this movement kept up all the time until the extended arm was carried directly over the head parallel with the body. Considerable but steady extension was then exerted, the shoulder being fixed by an assistant when the muscles of the patient appeared to be tired out, the doubled fist of an assistant was then placed in the axilla, and the arm was suddenly brought to the side and then over the chest. After this manoeuvre was repeated on the third occasion the head of the humerus returned to the glenoid cavity. The arm was then bandaged to the side and kept in that position for a fortnight, after which the patient was discharged.

OPERATION II.—Removal of Fibrous Epulis from Lower Jaw.—Ellen H., *æt.* 22, was admitted to the Meath Hospital under the care of Mr. Ormsby, suffering from a fibrous epulis growing from the gum between two decayed teeth in lower jaw. *History*—She stated that she had noticed the growth for the last seven months, and during that time it did not seem to grow very much larger. The growth seemed to be very hard to the touch and was occasionally rather painful.

Operation performed on the 22nd September, 1881. The mouth being kept well open, and by means of a strong knife, pair of scissors, and bone forceps, the growth was carefully separated and completely removed from the gum. Smart hæmorrhage followed which was controlled by pressure of a small quantity of lint steeped in solution of perchloride of iron. The girl made a good and rapid recovery.

OPERATION III.—Removal of large Sequestrum from Femur.—James M., *æt.* 50, was admitted to Meath Hospital on the 18th September, from Roscrea, suffering from necrosis of the lower inner third of the femur. There was a large sinus at the side of thigh immediately above the internal condyle of the femur which gave vent to a large quantity of pus. On exploration with a probe a loose sequestrum was found very deep in the sinus, it was also partially moveable. On the 28th September the patient was placed under the influence of ether, Esmarch's bandage being applied to the limb. An incision, 3 inches long, was made in the situation of the sinus parallel and close to the femoral artery, having carefully divaricated the soft parts, the extent and size of the sequestrum was clearly ascertained, but the dead portion of bone was found to be very firmly wedged above and below that it was hard to remove; however, by means of a long necrosis forceps, gouge, elevator, lion forceps, and bone forceps, the sequestrum was detached, which appeared to occupy two-thirds of the circumference of the bone. A good deal of hæmorrhage took place after the Esmarch's bandage was removed. It was found, however, to be venous, and was controlled by means of pledgets of lint with a well applied bandage. The man made a good recovery, and was discharged November 7th, 1881, to the country.

OPERATION IV.—Tenotomy for Talipes Varus.—An infant, *æt.* four months, was admitted into the Meath Hospital from Co. Kilkenny, suffering from double talipes varus, one foot being much more turned inwards than the other, as is usually the case when the deformity is

double. Mr. Ormsby invariably divides the treatment of club feet into three stages, the Manipulative, the Operative, and the Instrumental. Much can be done by an intelligent mother or an attentive nurse, in the first few weeks after birth, by careful manipulation with the hand. While the infant rests on the nurse's lap, the foot affected should be grasped and firmly turned outwards, and kept so for a few minutes; this should be done constantly in the day, and smart friction should be applied to the inner and outer ankles of the feet affected, by means of the hand. The foot is then in a position for the operative treatment which, in the case of varus, is divided into two stages. The *first stage* consists in the division of the tendons of the tibialis anticus and posticus muscles. The latter tendon need not be divided in every case. When the inversion of the foot is permanently corrected without any pressure of the hand to increase the eversion. Mr. Ormsby then carries out the *second stage* of operative treatment, which consists in the division by tenotomy of the tendo-achillis. By this procedure the heel is brought down on a level with the sole, and maintained in that position by a flat piece of well-padded hoop-iron, weak enough to bend in any direction, and a narrow bandage, after this has been applied for almost a fortnight, changed every day, and reapplied, if possible, so as to avoid pressure sores. The Instrumental line of treatment is then adopted, which consists in the application of a shoe suggested by Mr. Reeves, of London, and made by Mr. K. R. Schramm, of London, and other instrument makers in Dublin at a very moderate cost. In the case of this infant, the tendons causing inversion of the foot were divided first, and a month afterwards the tendo-achillis in each foot was divided, and a Reeves' shoe then applied.

Special.

MEDICINE IN CHINA.—I.

1. *Introductory.*—In the year 1870 the present Inspector-General of Imperial Maritime Customs in China instituted a systematic method by which information was to be obtained and utilised regarding disease among foreign residents as well as natives of that empire. Among other points arrived at, information was solicited as to peculiarities presented at the several Treaty ports in regard to disease in general, and in regard to particular forms of disease, rarely, if ever, encountered out of China. The reports were further to include information as to general health at individual ports; death-rate among foreigners; type, peculiarities, complications of prevailing diseases, and treatment pursued; the relation of disease to season, alteration in local conditions, as drainage, &c., and alteration in climatic conditions; peculiar diseases, as leprosy, and so on; the natural history of epidemics, including their absence or presence, their causes, their course, treatment, and lastly, the fatality of individual outbreaks. Considering the number of places at which the Customs Inspectorate has established offices, the thousands of miles north and south, and east and west, over which these offices are scattered, the varieties of climates and the peculiar condition to which, under such different circumstances, life and health are subjected, medical officers connected with the Customs service were confidently appealed to for their active co-operation in carrying out the intentions of the Inspector-General.

And with what amount of zeal and attention the medical officers thus appealed to, have carried out the important work assigned to them, the series of reports, already published sufficiently indicate. Extending over a period of ten years, they number twenty, the mass of information thus brought together being of the highest value. From these reports then, the following remarks on the subjects to be referred to are taken. As will be seen, the results there

indicated tend, in certain instances, to confirm the correctness of theories which find acceptance in the West; but in other, and no less illustrative instances their tendency has a very different direction.

2. *The Medical Art in China.*—(a) Science in relation to medicine exists not among the native professors of the healing art in China. Even as an "art," medicine holds but an abased position, practised for the most part on no other principle than that of charlatanism. Pharmacy, including the property of drugs, mineral and vegetable, holds a better position, although in its practice, superstitious observances on the one hand, a belief in the direct curative or specific properties of particular substances in relation to particular forms of disease on the other, appear to be the guiding principles held in view. And yet, notwithstanding a manner described as absurd of employing many substances in themselves absolutely inert, long experience and observation have beyond doubt made practitioners acquainted with the application of a large number of remedies of great power and value. Thus, anaesthesia has, for many generations, been obtained locally, or generally as required, by means of certain fungi, or by aconite root. Remedies are obtained from the mineral kingdom, from the animal, but mainly and chiefly from the vegetable. Of the first class are preparations of mercury, nitre, borax, ammonia, potass, soda, the more ordinary metals. Of the second a variety from which it is sufficient to name the bile from bears; hartshorn; gelatine from hides; bezoar from ruminants, bones, moustaichois, and claws of tigers, besides matters far more offensive and objectionable than these. Of the third, the assortment includes an immense number of different plants, several of which are received in our own country, including rhubarb, cubebs, camphor, ginseng (*Panax ginseng*), and so on. It is matter deserving notice that of medicinal plants, the great majority having definite properties are employed for precisely similar objects alike in empirical art in China, and in scientific medicine in England.

3. *Chinese Knowledge of Iodine.*—Iodine and some of its preparations enter largely into native Chinese practice. Chinese works, one in particular—namely, the *Pen-tao*, contains descriptions of the well-known therapeutic properties of several species of sea-weed in the dispersion of hard tumours and goitre, each species having its distinctive character in Chinese. One species is, moreover, prescribed as a diuretic; another as a remedy in "growths of all kinds," in orchitis, and against "any number of demons." Having regard to these and other uses to which sea-weed as containing iodine has been put in China, the report asks, "would it not be advantageous to introduce a powder and tincture of *laminaria* into our public dispensaries, poor houses, &c.?"

4. *The Relation of Insanitary Conditions to Epidemics.*—Throughout the very able reports under notice, many references occur to the condition as regards conservancy of individual cities, and the relation, when any exists, between it and epidemics. The condition of Pekin in this respect, having been minutely described, the reporter thus continues: "With all our filth, dirt, and smells—and people in the west can form no notion of what they are, for they defy description—there is wonderful immunity even from fevers. If bad smells alone created fevers, there ought to be no immunity from these diseases." Then follows a footnote to this effect: "The sanitary legislation of western cities is based upon the one idea that disagreeable and offen-

sive odours are necessarily deleterious to health. The condition and mortality of Pekin would rather seem to explode this belief. Many diseases prevail here, as in the west, without this reputed cause, and the cause exists at all times here without producing such diseases."

5. *Prisons in Canton.*—The state of the prisons in Canton is thus described: "Prisoners kept in separate enclosures, 30 or 40 confined in spaces of not more than 15 or 20 feet square, surrounded partly by posts with interspaces for the admission of air, the men crowded like herds of sheep, the picture of filth, rags, and misery, the stench that issued from these dens insupportable." In such conditions we wonder not that fever was rife, that new comers, unaccustomed to the poisoned atmosphere, often die; but read with surprise, and in disaccord with presumptions suggested by western hygienic principles, "that some of the old prisoners live and thrive under such circumstances."

6. *Climate.*—The subject of *climate* is frequently discussed in the reports before us. The writers record their views as to the influence of climatic conditions, physical features of the country, and food upon the development of the permanent character of the race or races inhabiting it. But food and diseases of a race themselves depend upon physical characters of a country, as also the adaptability or otherwise, of immigrants to conditions in which they are placed. Some valuable remarks occur in the observation so often made, but chiefly by persons without individual experience under circumstances to which they refer—namely, that climates of evil repute obtained that character undeserved, that in reality they are as healthy as our native lands, and that residents would find them to be so did they assimilate their diet and habits to those of the natives. It is remarked that there is a sophistry about this which deceives some persons. Such sophists do not think of the generations that have passed before the natives' suitability to the climate, diet, and other circumstances has been acquired; of the millions who must have died in the process of adaptation; they do not think that our own constitutions have been formed by a similar process long and elaborate; they try to effect the changes wrought by centuries in the fraction of a generation, and at once. We ought always to remember that we are exotics here, and that we should surely sicken and die if we did not in one way or another try to reproduce the circumstances of the lands in which our constitutions were bred. The true advice is, to make China as like Europe as we can, and by cultivating temperance remain vigorous to resist malign influences when they come.

7. *Mortality of Parturient Women.*—From such statistics as are available, the rate of mortality of Chinese women in child-bed is excessive. The Chinese themselves estimate it at 5 to 8 per cent. on all labours. This circumstance is readily accounted for. Except in the rare instances where spontaneous evolution takes place, presentations of the upper extremity must be fatal to both mother and child. Placenta previa, foetal hydrocephalus, pelvic tumour, distorted pelvis, insuperable rigidity of the cervix, and many other serious complications which demand interference must terminate in the death of the mother. To these are to be added such formidable sequelæ as syncope, secondary hæmorrhage, puerperal peritonitis, uterine phlebitis, and tetanus; whilst abortion in the early months with profuse hæmorrhage, doubtless results in death in many instances.

8. *Some Remarks on Fever.*—Notwithstanding the extremely filthy condition of Chinese cities, ten years ago typhoid fever was extremely rare among natives, if indeed it existed at all, while among foreign residents it only pre-

sented itself in very few instances. Thus, at Canton, in a period of ten years, up to and including 1870, two cases only had been observed among foreigners. But, according to the reporter:—"The natives have no faith in the skill of foreign physicians in the cure of fever, and when taken with it, they do not send for them, nor do they come to hospital to be treated as in-door patients. The fevers seen among the out-door patients are generally intermittents. From native books and physicians we can gather no distinct idea of such a fever as typhoid fever."

The reporter adds:—"Since the sewerage question has been so much in agitation, in connection with this fever, it may be well to mention that in Canton large numbers of the native population are daily using water, and inhaling air charged with impurities of human excreta, apparently with utter impunity."

In their treatment of fevers generally the medicine Chinese practitioners employ, in some cases diaphoretics, diuretics, and at times aperients. In other cases medicines are administered with the intention of subduing fever without diaphoretic action. In adynamic cases restoratives are given; otherwise nourishment is withheld.

In cases of remittent and intermittent fever, it is stated that the Chinese can, to a very considerable extent, cure with their own medicines the cases which quinine cures; also that the rates of recoveries under their native system are very considerable. With reference to this point the reporter states that the prospect is very remote of the Chinese abandoning their own, and adopting European medicines in the treatment of fevers; that they are well satisfied with their own medicines which give a fair amount of success; and that "to show the Chinese the superior efficacy of European medicines we must be able to effect cures quickly and decidedly, especially in those cases where they fail. And this is the very natural, as it is the crucial, test to demand.

(To be continued.)

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

TREATMENT OF POLYPI OF THE UTERUS.—M. Labbé, on Wednesday week, opened a discussion at the Académie de Médecine on the opinions expressed by M. Guéniot at the previous séance on the various methods adopted in the treatment of polypi of the uterus. M. Guéniot pronounced himself in favour of the serre noue. M. Labbé on Wednesday considered that M. Guéniot, in his communication, left an important point in the shade, for it was fully recognised to-day that every slow operation, having for its object the destruction of a morbid production by gangrene or suppuration, should be left aside. It was thus that the ligature was rightly abandoned. However, there was still in existence the elastic ligature, and which still obtains some favour amongst a certain class of eminent surgeons, but M. Labbé could not accept it, for its process is too tedious. Excision should likewise be rejected, as it has the inconvenience sometimes of opening important vessels and thus exposing to hæmorrhage. There is, however, a mixed operation which appeared to him much more acceptable, and which consisted in excision, combined with cauterisation. As for the linear écraseur, he could only understand its employment in cases where the pedicle was easily accessible. But there was another variety of uterine polyp which required attention. It was those voluminous fibrous polypi which were implanted by a large base on the fundus of the organ. The employment of the écraseur in these cases would be highly dangerous, as it has been known to implicate in its loop, the wall of the uterus, and in some cases perforate its substance. He much preferred the galvanic canterry, as the section obtained by this instrument was perfectly bloodless, especially when care was taken not to bring the wire beyond a sombre red. In several cases of voluminous and vascular tumours he had obtained the results by this method. M. Verneuil could not agree with M. Labbé that the écraseur should not be totally abandoned, on the contrary, he considered that since he has been able to hold in one hand the écraseur, and in the other the

thermo-canterry, he never felt the want of any other instrument. M. Gosselin believed that all the instruments in question were good, but he would give the preference to excision with the scissors. Upon fifty operations that he had practised for small polypi of the uterus, he had but one case of hæmorrhage which was easily arrested. He would remind his colleagues that the hæmorrhage from which women who have polypi suffer, does not proceed from the tumour itself, but from the congested mucous membrane. M. Trélat thought that the difficulty did not lie in the selection of the instruments, but in the diagnosis of each individual case. The discussion, which exhausted all the time of the members, was wound up by M. Tillaux, who advised the rejection of the chain of the écraseur, or any other chain in all cases of polypi which do not possess a distinct pedicle.

SARCOMA OF THE LOWER JAW.—At the Société de Chirurgie, M. Tillaux presented a young man who had been first operated on in Canada for a sarcoma of the lower jaw, and occupying the right parotidæan region. The tumour returned and the young man came to Paris and placed himself under the care of M. Tillaux, who performed resection of the bone, in cutting through the centre of the horizontal ramus, and then disarticulated the condyle from the glenoid cavity. The parotid gland was extirpated without difficulty, but the external carotid had to be ligatured. Recovery was slow, but it is now complete. A very interesting point in this case is, that the function of mastication is not in any way compromised. The facial nerve not having been cut, there was no apparent facial paralysis.

QUINTUPLE BIRTH.—A case of quintuple birth has been recorded in a recent number of a medical journal. A woman, *excisée* for the third time, was confined ten hours after the labour set in, of a male infant which presented naturally, a few moments afterwards a second bag of waters broke—a second child following, and in the normal position. A third child was born under the same conditions. The pains ceased for a short time, and on recommencing, gave exit to a fourth child. A few minutes later the fifth made his appearance, bringing with him his placenta and bag of water complete, soon after two more placentas, one large the other small, made their appearance, and then the uterus contracted spontaneously. The five children were well formed, four of them belonging to the male sex. All were born alive, but survived only a couple of hours. They appeared to be six months and a half old (intra-uterine life). The three first children were enclosed in one bag of waters, and the three placentas were joined to each other. The fourth and fifth had each a placenta and chorion separately. The mother made a good recovery.

TREATMENT OF TYMPANITIS.—Tympatitis is a complication of typhoid fever and enteritis, which merits to be treated with care. The late Maurice Reynard prescribed, with great success, the following:—Nux vomica, in powder, six grains; aniseed, in powder, three grains. Mix and divide in two powders, one to be taken in the morning, the other in the evening. M. Reynard also ordered two table-spoonful of powdered charcoal in the course of the day.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 11TH.

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

FIVE CASES OF CANCER OF THE OESOPHAGUS, IN FOUR OF WHICH GASTROSTOMY WAS PERFORMED, CONSIDERED IN REGARD TO THE ADVISABILITY OF THIS OPERATION.

Mr. GOLDING BIRD presented brief abstracts of these cases, together with one of a case in which the operation though commenced, had to be abandoned, from the occurrence of oesophageal hæmorrhage that threatened immediate death. He pointed out that being a palliative and not a radical operation it could not be judged by bare statistics, for it dwelt with the effect of the disease, not the disease itself. That his cases showed that the chances of giving relief were inversely as the length of time the patient had suffered. The man who lived five months after gastrostomy, was 66 years of age, but had only had symptoms two months. All the others had much longer histories. That gastrostomy of itself was not a fatal and hardly a risky operation, the one case of peritonitis that occurred being due to an accident, the causes of which were not likely to be often met with. That as with most other medical or palliative operations, the patient had the better chance the earlier he was operated upon, and this was especially so in gastrostomy where the surgeon only fed, but the patient still required power to digest; yet he would not withhold gastrostomy even from cases presenting themselves

late in the disease, where starvation was the only prospect, though he thought the anæsthetic added much to the existing share of depression in the patient. He would here, however, modify the usual plan and open the stomach at the time of operating, and give nourishment at once. He believed that he lost two of his cases by not doing this, fearing vomiting, &c., He was distinctly opposed to œsophagotomy as a substitute. Four out of the five cases quoted had the growth in the chest, and therefore would not have been benefited by œsophagotomy, while when the growth is at the cricoid level, it is operating dangerously close to a growth liable to fungate or increase on irritation. Dilation of a cancerous structure high up might be fairly tried, but when in the chest it was, in his opinion, more dangerous than gastrostomy itself.

Dr. COUPLAND related the case of an old woman who suffered from stricture of the œsophagus at a point on a level with the 8th dorsal spine, and who had suffered from dysphagia for eight months. The larynx was quite moveable; a bougie was passed in eight inches from the mouth, but no further, and Mr. Henry Morris, at Dr. Coupland's request performed gastrostomy, the stomach being reached by a vertical incision. The sutures held, and in three days the wound healed. Fluid food was administered, but this running out, finely chopped meat was given and retained somewhat better. The patient died five days after operation. Post-mortem examination revealed extensive disease of the bowels and of the œsophagus, and also that the fistula was situated only one and a half inches from the pylorus, the contracted stomach having displaced the pyloric end considerably. Dr. Coupland thought gastrostomy might possibly give a hope of prolonging life, otherwise dependent on nutrient enemata, but that the difficulty to be encountered arose from the late stage at which, from the extreme objection to operations of the kind entertained by patients, they could be induced to submit to it.

Dr. CAVAFY asked if, profiting by the experience of experimental physiologists, a canula had been inserted into the fistulous openings made into the stomach, as by such means the accident referred to by Mr. Golding Bird might have been averted.

Mr. ARTHUR DURHAM said he had been among the first to perform the operation in this country, and was much interested in it. He had been called on to treat many cases of cancered œsophagus, and he considered patients operated on for this disease fared as well as others of the same class. He could not withhold praise from Mr. Howse for his improved mode of operation in such cases. He considered the unfavourable statistics were due to a late recourse to operation, since patients refuse to undergo it until the time for beneficial results to follow from it had gone past. The idea of opening the stomach was naturally frightful, and similar objections apply to œsophagotomy, a bloody wound in a conspicuous position having great terrors. The danger of gastrostomy, however, had been much exaggerated; provided patient was in good condition, it was a safe proceeding. It could not be denied that œsophagotomy was an ugly operation; but the gullet had often been successfully opened for the removal of foreign bodies. For himself he would refuse to permit a hole to be drilled through his neck into his œsophagus; but he could propose a third alternative, and had at the time, in Guy's Hospital, a female patient who illustrated the certainty attending it. This woman had been for some time dysphagic, owing to an epitheliomatous growth on the back of her larynx. She left the hospital once, but returning in a worse condition, unable to swallow liquids, and supported only by enemata, various operations for her relief were considered. Finally, a small catheter was successfully introduced through the mouth, past the growth, and through it she had been fed for some months, and was still receiving food in the same manner. He considered this patient would have been infinitely worse off had her larynx and pharynx been cut away, and trusting to the plan described, he had adopted it in another similar case with equal success. These examples sufficiently indicated that in some cases at least the œsophagus would tolerate the introduction of a bougie, although the contrary opinion had been expressed at the recent Congress. He recommended a trial of tube-feeding before resorting to gastrostomy or œsophagotomy, and felt sure that the exercise of due caution would minimise all danger from such proceedings. He never hesitated himself to introduce a small tube, and emphatically condemned the suggestion made to introduce them through the nose.

The PRESIDENT suggested that Dr. Coupland and Mr. Durham should embody their remarks for insertion in the Society's *Transactions*.

Dr. DOUGLAS POWELL believed that, however skilful the operation might be performed, there was a danger of injecting fluids, in some cases, into the pleural cavity, as in a case he had recently seen where the malignant growth extended into the bronchus. He had seen a young woman at Guy's Hospital on whom Mr. Bryant performed gastrostomy by oblique incision through which the patient was entirely and easily fed. She had complete control over the opening, through which there was no regurgitation. Any operation, however, in advanced cases was, he thought, out of place.

Dr. GOODHART believed annular strictures were rare. They commonly involved one to two inches of œsophagus; and, in ordinary cases, gastrostomy was the operation he inclined to prefer.

Mr. RAVINGTON thought no surgeon would think of cutting an opening while any chance of passing a bougie into the stomach remained. In Mr. Reeves' case he had tried by all fair means to pass the stricture, but in vain. The case was thus a fair one for comparing the value of the two operations. Wherever no diseased structures were to be encountered he would select œsophagotomy as an aid to reaching the stomach with a bougie, and in cases of localised stricture high up, œsophagotomy or œsophagostomy; but in no case would he think of operating thus while it was possible to pass even the finest tube past the stricture.

Mr. DAVIES COLLEY wished the unfavourable impression as to gastrostomy could be removed. Mr. Howse's mode of proceeding was attended with complete success, the patient surviving for a lengthened period. He had twice done the operation; one patient died of gangrene of the lung, which existed at the time; the other, a woman, long dysphagic, was fed for eight months through a tube inserted into the stomach. The rest thus afforded to the diseased œsophagus led to its improvement, and the patient could afterwards swallow well, and continued to do so, even with solid food. He asked if Mr. Golding Bird had adopted Mr. Howse's operation.

Dr. ANDREW CLARK described the case of a little boy admitted into his ward at the London Hospital with ulcerated œsophagus, due to ammonia swallowed accidentally. After a time he went out, being then able to swallow liquids; but was re-admitted three months later, unable to swallow at all. The surgeons refused to touch the case, and he then endeavoured to introduce a bougie, but failed at first. Subsequently, however, a fine instrument was got in, and after long persisting, with gradually-increasing sizes, the boy was so far relieved that he could eat solid food without discomfort. He wished to know if any special plan was resorted to for making the food introduced into fistulous stomachs easy of digestion.

The PRESIDENT remarked that if malignant disease was found in the upper part of the œsophagus there could be no certainty that it did not extend downwards; his own experience was that it occurred more frequently low down. In all such cases a little prolongation of life is the most that could be hoped for, the triumph of the operation being attained in traumatic cases. He agreed that careful and continued use of a bougie might effect better results than operation. He knew nothing practically of œsophagostomy, but thought it a difficult operation to perform. He inquired if any difficulty had been found in feeding patients through the opening.

Mr. GOLDING BIRD said his dread of accident with the bougie led to his using it in two cases only. He had always operated after Mr. Howse's method. In the case where food passed into the peritoneum, the knife accidentally cut one stitch of the suture, and the stomach also was unduly stretched by the growth above it. He thought gastrostomy had been proved not an unsuccessful operation.

Mr. REEVES was glad to hear the opinions expressed, but was nevertheless not convinced of the inadvisability of his plan of operation. Œsophagotomy was not at all a difficult undertaking. In two of his cases the stricture was annular and small. As cancer might be expected possibly to involve the greater part of the tube, he always cut into the upper part first, and, except when food extravasated, no sloughing ever followed. No difficulty had ever been experienced at the London Hospital in finding the stomach; but when such difficulty existed it might be removed by inflating the viscus through a tube introduced from above. The oblique incision and the double row of stitches, as employed by Mr. Howse, had been suggested seven years ago by Verneuil. Though

statistics were unreliable, yet they tended to show that gastrostomy was more fatal than his operation. He therefore urged that œsophagostomy should first be resorted to, and a tube introduced through the opening for feeding purposes. His experience of treatment of cancer in the rectum, of which he saw not less than two or three every week, and of the absence of all danger from forcible dilatation in such cases, would lead him to proceed unhesitatingly to pass a bougie through malignant growths in the œsophagus. His final conclusions were favourable to œsophagostomy in cases of œsophageal stricture.

Mr. CLEMENT LUCAS explained that Mr. Howse's improvement on Vernouil's operation consisted in adding to that operation by leaving the stomach a few days prior to employing the opening made into it.

Mr. R. CLEMENT LUCAS on

A CASE IN WHICH A PEBBLE WAS REMOVED BY TRACHEOTOMY FROM THE RIGHT BRONCHUS.

A little boy, *et.* 4, sixteen days before admission into St. George's Hospital, was playing with a pebble, and accidentally swallowed it. He was immediately seized with violent paroxysms of coughing and dyspnoea, which lasted for some time, and then passed away. From that time he was usually seized about twice daily with these paroxysms of coughing, which were always accompanied by distressing dyspnoea. During the attacks the face became blue, and the veins prominent and turgid. It was especially on waking from sleep that the coughing became violent. In the intervals between the paroxysms he suffered no distress, and was able to laugh, sing, and swallow without the slightest discomfort. When seen by Mr. Lucas on July 14, 1881, the child was breathing with difficulty, and a physician who examined his chest had heard râles over the right bronchus. The cough was violent, rasping, and jerky, unaccompanied by whooping or wheezing. When the paroxysm came on the child became blue, and almost suffocated. Mr. Lucas further noticed that during the effort of coughing with his finger on the trachea, the foreign body could be felt to rise and strike that tube, and then fall back again. The trachea was opened under Mr. Lucas's direction by the house surgeon, Mr. Wood, and held open by retractors. At this time the child ceased breathing, but was restored by artificial respiration. The coughing which followed failed to dislodge the foreign body. A silk suture was next passed, by means of a semi-circular needle and needle-holder, through the margin of the wound in the trachea on either side. The trachea could by means of these be drawn widely open. The child was then inverted and percussed on the back. The body did not become dislodged till the child was again placed on its back, when a fit of coughing brought it into sight. It was two or three times sucked back by the inspiration which followed after it had been driven up in the trachea, but it was eventually dislodged, and prevented by forceps from re-entering. The foreign body proved to be a hard white pebble about the size of a cherry stone. The after treatment consisted in placing the child in a steam-tent, with moistened lint. For several days the child breathed chiefly through the wound. There were râles in the chest and muco-purulent expectoration. The temperature rose on the third day as high as 102° Fah., but gradually subsided to normal at the end of a week. The child left the hospital well on August 4, the wound being at this time soundly healed. Mr. Lucas remarked that tracheotomy was the only treatment in such cases, as it was highly improbable that the vocal cords, irritated by the presence of a foreign body in the trachea, would allow that body, when of considerable size, to re-pass the rima. Left alone the case would almost certainly after a time have proved fatal. He strongly advocated the use of sutures to draw open the tracheal wound, as being infinitely superior to any form of retractor or dilator that could be invented. The weight of the pebble in this case caused delay in its expulsion. Had it been a cherry stone, as the parents thought, it would probably have been more readily coughed up. Some foreign bodies, as tracheotomy tubes, cannot be expelled by coughing owing to the air passing by or through them. He alluded to a case of this kind that he brought before the Royal Medical and Chirurgical Society in 1877, and said that a narrow-curved forceps was the best instrument to use in such cases.

The PRESIDENT exhibited an improved forceps for removal of foreign bodies from narrow canals, the feature of which was that on being opened the blades occupied less space than when closed.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, NOVEMBER 16, 1881.

“FREE” AND “FAIR” TRADE IN SCIENCE.

In one of his clever speeches at Glasgow recently, Sir William Vernon Harcourt informed his audience with evident pride that he was a “free, and not a ‘fair,’ trader in administration, as well as in commerce.” A Royal Commission has just finished an investigation into the alleged grievances of the medical profession, in respect of medical education and qualification, and as it is at present considering its report, the present may not be an inopportune time to point out to our readers at least one direction in which the Crown encourages neither “free” nor “fair” trade, and that is in the highest of all commercial walks, that of education, and medical education in particular. If there be one possession more than another to which an individual has an inalienable right, it is that which accrues from mental application and culture, and surely of all others he has the most pre eminent right to impart the benefit to others—to make it, in short, a marketable commodity, if he so inclines, in the mart of learning. It cannot be predicated more truly of the grosser articles of commerce that fair competition conduces to the public good than of education, that freedom of imparting knowledge tends to the advancement of science and the benefit of the human race, by calling forth a spirit of healthy

emulation and rivalry on the part of those who assume the important office of public instruction. This is no new theory. Since University monopoly was blindly and ignorantly instituted it has been frequently proclaimed, often with the enthusiasm and commendable emulation of youth, and as often abandoned from sheer despair and disgust at official bondage. In the violent struggle for existence men are too prone to think only of the impediments to the interchange of the material, indifferent to the State thralldom which confines and administers the intellectual.

It was an axiom of Adam Smith that the State should take no cognizance of professional matters; but not only does the State, in matters relating to the medical profession, take cognizance of its intellectual affairs, but it regulates and creates monopolies prejudicial to learning, hurtful to the public, and it makes control of these monopolies the reward of political faithfulness or social accident. It is really difficult to see why the right to impart knowledge should be made a premium on a political garment, or why the obnoxious law of hereditary dictatorship should dominate in the realm of science. For the result of the Royal Commission to which we have referred, timid mediocrity in the Chairs of our Universities trembles; humbler intellectual life aspires to be free. It is not possible within the compass of such an article as this to present but the merest outline of much that seems erroneous in principle in the matter of medical education, as it is certainly at variance with the enlightened promptings of an age which perhaps too blatantly proclaims its intellectual advancement. We trust to be able to present one or two aspects of the question well worthy of, and demanding, attention. At the very outset, it is surely an anomaly that a Government which recognises the competitive system in its Civil Service departments, thereby seeking to secure the fittest occupants of office, should in the matter of medical instruction determine the fitness of the teacher by political predilections, the accident of birth, or the too frequent life long and unmanly subservience to some one to whom accident, and not worth, may have assigned an elevated social position. It is a remarkable truism that in few directions is public indifference more manifest than in that which relates to the instruction of a class of men on whom society is so dependent for so much that makes life tolerable or agreeable, and Arcadian innocence is seldom more faithfully portrayed than in the large class of individuals who indulge the belief that merit determines the possession of an academic medical chair, and are thus so easily charmed by the cabalistic term, "Professor." But the striking aspect of this matter is that the Crown itself distrusts the value of the education thus received by its non-acceptance of the diplomas of the Universities as guarantees of a sufficiently sound medical education for practice in the public service. It virtually proclaims that while students thus educated may be sufficiently competent to practise among Her Majesty's civilian subjects, they are not qualified to practise among Her Majesty's sailors and soldiers, and consequently a special examination is instituted, and the refuse relegated to find out a living as best they can amid the

unsuspecting communities at home or abroad, while those qualified to practise amongst soldiers and sailors are preferred to posts of honour and emolument. Surely there is some gross anomaly in this not unworthy the attention of even a Royal Commission.

We make another grave charge against the occupants of our University chairs, and it is this, that no sooner is a man appointed to a professorship than he sets about devising how he can best accomplish the diversion of guineas from the students' into his own pockets—how, in short, he can best farm his academic position. The office of a professor is not unlike that of the great scientific drone, the parish clergyman. By means of slavish copying from well-known text-books, even in the English language, or an hereditary course of lectures, the oratorical quiver is straightway equipped. The statutory obligations of his office are thus met; but his cupidity for gold is far from satisfied, and he proceeds to institute what is emphatically termed, "A practical (very practical) class," or some other flimsy device, which, while attendance on it is not legally obligatory, he takes very good care virtually to make so by the part which he performs in the examination of the student for qualification in virtue of his office. That the teacher should have anything at all to do with the examination of the candidate is the grievance of which the extra mural lecturer complains, for reasons sufficiently obvious. It thus follows that while the curriculum of medical study *has not* been extended during the past twenty years, the subjects to be studied *have almost doubled*, so that if twenty years ago too much was compressed into a curriculum of four years' study, what must be the position of the student under the present *regime* with the same curriculum! A glimpse at the subjoined comparison will afford a startling idea of this:—

Curriculum of study at Glasgow, 1852.			Curriculum of study at Glasgow, 1881.		
	£	s. d.	£	s.	d.
Anatomy, 1 course	3	3	0	11	11
Practical anatomy, 1 course	1	11	6	5	5
Anatomical demonstrations, 1 course	2	2	0	5	5
Chemistry, 1 course	3	3	0	3	3
Practical chemistry	1	11	6	3	3
Chemical laboratory, optional					
Physiology, 1 course	3	3	0		
Surgery, 1 course	3	3	0		
Practice of physic, 1 course	3	3	0	21	0
Materia medica, 1 course	3	3	0	6	6
(Second course succeeding session, optional. Taken by those who could afford it to conciliate the professor, and facilitate the passing of degree examination).				3	3
Medical jurisprudence, 1 course	3	3	0	2	2
Midwifery, 1 course	3	3	0	5	5
Botany, 1 course	3	3	0		
Perpetual hospital ticket, including clinical lectures on surgery and medicine	12	12	0		
Total thirteen classes at a cost of	38	17	0		
				Total twenty-one classes at a cost of 76 18.	

Thus in a period of less than twenty years the number of classes compressed into the medical curriculum has increased from *thirteen to twenty-one!* and the expense has, as nearly as possible, doubled! when the time occupied in study remains exactly as it was. If twenty years ago the mental resources of the student were strained to the uttermost, does not the *auri sacra flammæ* intensify his present misfortunes? It will be seen, therefore, from the foregoing, that the position of a university professor is by no means an unremunerative one, and perfectly understood, that while they exhibited more business acumen than scholastic scruples, the two gentlemen who invested in chairs at the University of Glasgow, speculated not only wisely, but well. But the scandal of the supernumerary classes goes still further, not only are they excrescences on the old curriculum, but some of them are actually taught by unqualified men. We call, with righteous indignation, on the Royal Commission, to step in between the academic lust and the struggling student.

But our statements will doubtless be met with the antiquated rejoinder. "It is easy to find fault; what remedy do you propose?" We propose that the universities be relegated to their original position as merely teaching bodies; and we, their graduates, demand from the universities that which they profess to give us, "*potestatem damus plenissimam de re medica legendi, docendi, consultandi, scribendi, et disputandi in cathedram doctoralem ascendendi.*" We want a more substantial reward for our studies, our money, our time, and our graduation, than the mere jingle of a few Latin gerunds; we claim our original right of being permitted to teach, and of subjecting, in the interests of the public, the result of our teaching to an impartial and disinterested Board. "The most valuable additions made to a legislation have been enactments destructive of preceding legislation; and the best laws which have been passed, have been those by which some former laws have been repealed. . . . The whole scope and tendency of modern legislation is to restore things to that natural channel (a) from which the ignorance of preceding legislation has driven them." Let the universities by all means continue to teach, if they so desire, but why the privilege of teaching should be made a political reward, why professors of our universities should be protected by the State, and not be compelled to find their level in fair competition with other teachers equally willing to qualify candidates for the medical profession, it is really difficult to see. No reform will be acceptable to the medical profession except on these lines. We invite the attention of the Royal Commission to the glaring anomalies and abuses which we have indicated, and we challenge discussion, while we trust, as the result of the recent inquiry, to see one independent Board for each division of the kingdom established for the qualifying of medical practitioners, thus conceding justice to scientific aspirations, and reflecting certain benefit on the public.

THE state of the health of Prof. Pirogoff, according to the *Sarja*, published at Kiew, is in a very doubtful condition.

(a) Buckle. "History of Civilisation."

INTRODUCTORIES.

It may be noticed by our readers that we have this year, not printed in our columns any of the Introductory lectures delivered in any part of the United Kingdom. We have determined upon this course advisedly, having, though fully conscious that, by so doing, we withhold from our readers much really sterling and readable matter, arrived at the conclusion that the mental pabulum assimilable from inaugural school addresses bears an insignificant ratio to the flood of platitudes and goody-goody exhortation which students have to endure at this season of the year, and that it would be hopeless for us to undertake to select from the Introductories of the three kingdoms, the portions which might be either interesting or instructive to our readers.

It is a matter of course that, when leading or rising teachers in each school throughout the kingdom are entrusted with the duty of speaking publicly in behalf of his school, most of them will do their best, and—being chosen by their colleagues because of their proved capacity for the duty—will do it thoroughly well, and the resultant will be matter well thought out and well expressed. But the real truth is, that genius and labour are wasted in the production of an Introductory, because the oration must be unsuitable either to the immature student to whom it is addressed, or to the fully developed hearer or reader who has to sit it out or peruse it. Those of the speakers who devote their eloquence to "pathology" or "specialism," or some abstract question of the sort, have a subject worthy of their minds and of their rhetoric, but their oration is not an Introductory, nor is it a fitting preliminary to the studies of a bucolic medical student.

We believe, indeed, that we speak as truthfully the opinions of the students themselves as of their elders, when we say that they do not want and derive little profit from introductory lectures. These hyper-developed boys have the habits and all the acuteness of boyhood, and know well enough that the Introductory is a ceremonial maintained for the advertisement of the school and the lecturer, and that, very probably, their mentor has not, as a student, practised what he, as an Introductory lecturer, professes. Is it therefore, surprising that they fail to appreciate the solemnity of the occasion? or to respect the dignity of the great people who come to adorn the ceremonial? and that they are wont to give vent to their boyishness either in untimely and too audible criticisms on the proceedings, or in the explosion of minor fireworks such as children affect.

It is, indeed, hard to look solemn or feel serious under such provocation, but if the big-wigs of a college, university, or school feel uncomfortable when their dignity is not respected by "the boys"—we believe they have, generally speaking, wisdom enough to say nothing, feeling conscious that they have earned the infliction by assisting at a sham.

We do not, in the least, recognise the prevalent tomfoolery of medical students at introductory lectures as anything either clever or funny, or, in any way, worthy of toleration. It is, on the contrary, stupid, the natural emanation of youths who are themselves stupid, and at the time uneducated in professional etiquette, and who

mistake childish noise and unalloyed coarseness for fun. It is a time-honoured and popular formula to say that "old heads cannot be put on young shoulders," but we recognise no such excuse for the total absence of the feeling which ought to animate a gentleman manifested by those who think it fun to insult their teacher in his earnest effort, however mistaken it may be, to advise them for their good.

Viewed from all points, we are driven to the conclusion that introductory lectures are an unreasonable tax upon the solemnity of the grandes under whose auspices they are delivered, and upon the animal spirits of the boys to whom they are supposed to be addressed.

A school which means business can commence business as well without the preliminary posturing, and those schools which need such a start to stimulate their students to begin in earnest are not likely to gain strength thereby.

ANOTHER PROFESSIONAL SCANDAL.

UNFORTUNATELY for the profession of medicine, there are among its members always some, few though they may be, who by their actions bring unmerited disgrace on the whole body of their fellows. How to clear the ranks of such unworthy followers has long been a problem which has vexed reformers, and although a year or two perhaps elapses without the occurrence of any glaring exhibition of turpitude on the part of black sheep, still we are never left sufficiently long without some proof of their existence to banish the dread they are constantly reviving. This, it is, we very much fear, that is chiefly to blame for the inferior position held by medicine in the affections of the people; they cannot be blinded to the shortcomings of many of its professors, and with the hasty logic characteristic of imperfect education, they do not hesitate to brand the whole class as being more or less tinctured with the shortcomings of the few who are false to their principles.

We regret very much to record the fact that the past week has witnessed an exposure which is, at the best, a serious blow to the universal honesty of medical men; and although in this, as in every similar case, disgrace actually attaches only to the perpetrator of the evil, yet notwithstanding the brotherhood of the profession is so close—and rightly so—that all must suffer in some degree from the moral culpability of one. It will count nothing to offer extenuation in cases of this kind; indeed, the honest and proper course alone can be adopted in respect of it, and that must lead to complete and unconcealed condemnation of the proceedings into which the culprit has permitted himself to be drawn. Briefly, the facts are these: Mr. A. A. Sadgrove, a Licentiate of the Apothecaries' Hall, Dublin, wishing to obtain appointments which, by reason of his single qualification, he was ineligible to hold, descended first of all to misrepresentation, and subsequently to forgery, as is alleged, for the purpose of securing certain appointments which he could not otherwise obtain. At the outset he transgressed strict propriety and legal right as well, by describing himself on his door-plate as "Dr. Sadgrove, Physician and Surgeon," and this certainly with the knowledge that he had not obtained any qualification entitling him to do so.

Next he represented himself as a surgeon to the railway contractors, and on the strength of his statement received the appointment of surgeon to the navvies on the line. It however came to the ears of his employers that the Royal College of Physicians of London had already prosecuted Mr. Sadgrove, and that he had been fined for fraudulently representing himself as a licentiate of that corporation, this fact being proved in his own handwriting by his returns to Messrs. Churchill for the *Medical Directory*, whereby he unfortunately obtained admission to that work with L.R.O.P. Lond. after his name. Inquiries were thereupon instituted, and the man was constrained to yet other misstatements of facts in defence of his position. Suffice it to say that these included a declaration of his being a doubly qualified Licentiate of the Faculty of Physicians and Surgeons of Glasgow, in proof of which a diploma, asserted to have been forged, was exhibited. A letter to the Secretary of the Faculty, which miscarried, was followed by another epistle from the clergyman of the parish in which Mr. Sadgrove was practising; and this one being registered, reached its destination, eliciting in reply the information that the person described in it was not on the roll of licentiates of the Faculty. A letter in answer to the first which miscarried, and declaring in the name of the Secretary to the Faculty that Sadgrove was duly licensed, was thus shown to be a forgery, and on this, action was taken, and hence the public exposure of yet another misguided member of the medical profession.

That a gross fraud has been perpetrated on the public, in case all the facts recorded against the defendant in the trial alluded to are true, there can be no question; and that the profession have a right to demand the punishment of one who is likewise an offender against itself, must also be sufficiently clear. That the magistrates who committed Sadgrove for trial on a charge of forgery take a serious view of the case, is testified by the heavy bail demanded for his re-appearance, viz., himself in £300, and two sureties of £150 each. Nor can we wonder at this in the light thrown on the case at the first hearing. Defendant had attempted to possess himself of the license he is said to have forged by fair means, having presented himself for examination at Glasgow in January, 1880. His display of ignorance then, however, was too excessive to have any chance of success in the examination; and it is a serious fact against him that about this time a diploma form of the Faculty was missed—a most unusual occurrence. We cannot but assume that, pressed by the necessity of showing some evidence of his claim to be a surgeon, and without which he would not be permitted to retain the position he enjoyed improperly, the desperate expedient of forging the testimonial presented itself as a last resource; and influenced by the pressure surrounding him it may be, in a moment of weakness he succumbed to the irresistible temptation.

All this, however, is no excuse for the commission of crime. Indeed we are not sure that if proved to have been thus committed, it does not in some measure aggravate the offence; and in the punishment which follows, if conviction for this latter offence takes place, we may hope to find some indication of the certainty that ill-doing by members of the medical profession is as

surely visited with its just reward as in the case of any other wrong doer.

We unfeignedly regret that this has occurred. We could ill afford that it should do so, and the sting of the disgrace is keen and lasting. We can, however, point with satisfaction to the prompt measures being taken for the vindication of their own honour by the corporation primarily offended against, even as the London College of Physicians has already vindicated itself. Still we feel that such possibilities should be beyond us, or the need of them; and by-and-bye, when the profession is yet further improved, we feel sure it will be so.

Notes on Current Topics.

The Returns of Health Officers.

A VERY excellent suggestion was that which was made at an adjourned meeting of the Association of Medical Officers of Health at Manchester last week by Dr. Tatham, of Salford, that health officers should endeavour to arrive at some system of uniformity in their statistical records, so as to render their work of greater practical value. He said that, as they were just entering upon a new decade, and those of them who held the position of health officers would soon have to make preparations for the writing of their annual reports for 1881, the first year of the new decade, some endeavour should be made by those who had to administer the Public Health Act to arrive at this desirable consummation. The present unsatisfactory condition of our national vital statistics is undoubtedly due to the fact that, with respect at least to the large urban districts, the health officers are working solely with regard to local requirements, and entirely without reference to a national statistical system, and their reports are consequently well nigh worthless from the want of uniformity in the tabular forms employed. No statistical forms issued by local associations or individuals are likely to enjoy more than very local and partial adoption, and Dr. Tatham therefore suggested that the association should petition the President of the Local Government Board to instruct the medical department of the Board to prepare and issue officially a set of forms such as they would recommend for adoption by medical officers of health generally. The meeting concurring, a sub-committee was appointed to draw up a memorial in accordance therewith.

"Jerry" Fire Extinguishing Apparatus.

A CORRESPONDENCE is at present appearing in *The Fireman* on a subject which cannot fail to have especial interest for every householder, that, viz., of the quality of material supplied for the purpose of quelling fires. The excellence of workmanship and materials expended in the manufacture of fire-engines and hose is an important matter in its bearing on efficiency of the apparatus under pressure of a sudden emergency. The letters in *The Fireman* are of a disquieting nature in this connection. They assert that through shortsighted economy

and acceptance of the "lowest tender" by many departments and corporations advertising for supplies of this kind, a quantity of inferior hose and many useless engines are now being relied on to achieve the task of conquering fire should it unhappily occur and call for their employment. The pipes, of inferior leather, or of canvas deficient in resisting power, will, when brought into service, burst, and the engines be out of order, or found utterly unfit for the work required of them; and, as a consequence, possibly, lives will be sacrificed and hospitals crowded by the sufferers from a false parsimony. One glaring example is cited where a large building is fitted with hydrants and pipes of a pattern the correspondent describes as "obsolete," unreliable, and ill made. These charges are serious ones to bring against the present system of fortifying ourselves against the powerful element that is so justly dreaded; and in view of the very serious consequences that may ensue from the continuance of such a condition of things as is sketched, prompt and effectual measures should be taken for their very general improvement.

The Vital Statistics of the Country.

THE Registrar-General reports that during the three months ending September 30 last, there were born in the United Kingdom 278,170 children, giving a birth-rate of 31.6 per 1,000, the deaths in the same period numbering 143,518, or at the rate of 16.3 per 1,000. In England and Wales alone 215,586 births, and 109,956 deaths were registered, the death-rate thus being 16.7 or 2.9 below the average, per 1,000, of ten preceding quarters. The mortality from zymotic diseases, however, was considerable, and numbered 8,307 deaths attributed to diarrhoea, 3,535 to scarlet fever, 2,031 to whooping cough, 1,705 to fever, 1,341 to measles, 674 to small-pox, and 629 to diphtheria. The last named affection was slightly more prevalent than usual at the same period, and from it a death-rate of 0.10 as against 0.09 for preceding years is recorded. Small-pox showed a decided decrease as compared with the two previous quarters, when they were 730 and 1,213. Notwithstanding, the deaths from this complaint, 674, are in greater number than at any summer quarter since the great outbreak in 1871 and 1872. Of the total number of deaths, 461 took place in London, and 61 more in the Outer Ring, many others occurring in the counties immediately adjoining. Lancashire and Yorkshire contributed 34 and 15 respectively. 4,030 deaths, or 3.7 per cent. of the whole were uncertified, but these deaths show a further decline, nevertheless; 6,142, or 5.6 per cent. of deaths were certified by coroners in inquest cases.

At a meeting of the Indian Medical Service Defence Committee on Nov. 10, the following resolution was unanimously agreed to:—"That the report of a consulting actuary be obtained on the losses sustained by the members of the Indian Medical Service through changes made since 1858. That the actuary's fees be defrayed from the general fund, but, to provide for any possible deficiency, all officers who entered prior to 1860 be invited to guarantee the probable amount."

Ophthalmia Neonatorum.

In a recent number of the *Louisville Medical News* Dr. W. Cheatham devotes an article to describing the method of treatment adopted by him in cases of ophthalmia neonatorum. This consists essentially of careful application of astringents to the diseased eyes, these being first washed scrupulously clean. He emphatically condemns the use of the syringe, which he asserts is the cause of frequent accidents, even in the hands of skilled operators. Sponge, also, he decidedly objects to, as being on account of its texture and the difficulty of thoroughly cleaning it, a possible carrier of contagion, while at the same time it is actually inferior in point of efficiency to absorbent cotton, or soft rag. The remedies employed by Dr. Cheatham are, argent. nit. and tannic acid. He observes "Tannic acid does not serve in all cases, and when a substitute is required nitrate of silver (one to fifteen grains to the ounce of distilled water) will best serve the purpose. This is to be used in the same manner as the tannic acid, with the extra precaution that it must be washed out of the eye almost immediately with a solution of common salt (a teaspoonful to the half pint of water). This does away with all possibility of silver staining." The writer goes on to defend silver nitrate against the charges brought against it, and ridicules the dread of its use entertained by many practitioners, and adds that he has even employed it *forty grains to the ounce*. Oedema of the lids he treats by iced cloth applications, first smearing the delicate skin with grease to avoid excoriating it. Poultices he strongly denounces, and believes that infinite mischief has been caused by their use. Early treatment of the disease will always, he considers, save the eye.

Hospital Sunday Funds.

THE Hospital Sunday collection for Dublin took place last Sunday, and, as the weather was favourable, it is hoped that the yield of the collection will show an increase on that of last year. The annual collections in Birmingham were made on the 30th ult. for the twenty-third time. The returns show a considerable falling-off from those of recent years, the total received being barely £3,000, as compared with £4,886 last year, and £6,414 in the year 1878. Several returns have, it is true, still to be collected, but it is feared that these will not materially affect the total. On the other hand, the Hospital Sunday and Saturday collections in Liverpool this year produced £10,027, an increase of £306 over last year.

The Notification of Infectious Diseases.

In another column (Scotland) we have given a report of a case of neglect on the part of a medical man in Edinburgh to report a case of infectious disease, as required by the Edinburgh Police Act. With Dr. Bowie's views as to the difference between gastric and typhoid fever we have nothing to do; but the case raises some curious points, that do not appear to have been satisfactorily settled by the police court proceedings. It appears that the usual proceeding in Edinburgh is to send a police officer to confirm or not the diagnosis of the medical attendant, and that in the event of any probable

further inquiry, Dr. Littlejohn, the health officer, then goes to further confirm the policeman's diagnosis. This seems to have been the course adopted in Dr. Bowie's case, and to which he very naturally objects. If Dr. Littlejohn has so much to do that he cannot attend to all the cases reported, two or more medical inspectors should be appointed, whose duty it would be to make the necessary investigations. It certainly seems preposterous that the public should be subjected to the annoyance of these police visitations, and that the medical profession should have to submit to the diagnostic skill of an inspector of police. It appears also that Dr. Littlejohn never visited the supposed cases of fever till the day of the trial—a week or more after notice had been sent to him; and it was, therefore, entirely on the strength of the policeman's diagnosis that the prosecution against Dr. Bowie was commenced. This is a little too bad, and we cannot exonerate Dr. Littlejohn from the charge of a direct neglect of duty. It was his place to visit the case, and in omitting to do so he has dealt most unfairly with a brother practitioner. The profession will, moreover, obtain some little insight into the working of the Act, which certain would-be reformers are anxious to force upon the profession at large.

Coroner for County Monaghan.

ON the 3rd inst. an election for a coroner for the Northern Division of the County Monaghan was held in the Court House, Monaghan. There were four candidates, but at an early hour two resigned; and the contest, as was expected, lay between Dr. Stewart and Dr. William Woods, of Monaghan. The most intense excitement prevailed, and party spirit ran so high that upwards of two hundred police were employed in the town to keep order between the partisans of each side. At twelve o'clock both candidates were equal; but, in a few hours, the numbers showed in favour of Dr. Stewart, the Conservative candidate, who, when the poll closed at four o'clock, was 263 votes a-head of his opponent. Both gentlemen were chaired round the town by their supporters, and the town was not restored to its usual quietude until midnight. We wonder how long will the choice of a "judge of first instance" for the trial of cases of life and death be left in the hands of a mob of turbulent politicians, who—it may safely be said—would as soon elect an imbecile as anyone else, so long as he was of the right political or religious colour. What a glorious humbug our glorious constitution is in such matters!

Accident to Sir Edward R. Sinclair.

As Sir Edward R. Sinclair, Professor of Midwifery in the University of Dublin, was driving in Dublin on Tuesday week, his horses took fright and ran off. They dashed along at a terrific pace, until the carriage came against a lamp-post, and was over-thrown. The lamp-post was knocked down by the violence of the shock, and smashed into several pieces. The horses were caught by several carmen, who witnessed the occurrence, but, strange to say, neither the horses, the carriage, nor its distinguished occupant, received any injury.

The Election of a Councillor at the Irish College of Surgeons.

THE choice of a Member of Council, to succeed Dr. McClintock, took place on Saturday last, and brought together the largest assemblage of the Fellows which has for many years come together at a by-election in the College. Mr. Butcher was the candidate adopted to represent the views of those who have promoted the New Scheme of Education and Examination in the College. Mr. Kendal Franks offered himself also, his views being, we believe, also favourable to the reform. Dr. William Carte came forward, being avowedly hostile to the proposed change of system. Each candidate was actively supported by his own party, and their united efforts brought together 104 Fellows. The result of the poll was as follows:—Butcher, 64; Franks, 35; Carte, 5—a signal success for the party of reform.

Sponge Grafting on the Human Subject.

A CONTEMPORARY calls attention to an interesting new and important contribution to what we know of the *surgical* healing process, which comes from the pen of Dr. Hamilton, Pathologist to the Royal Infirmary, Edinburgh, and is published in the current number of the *Edinburgh Medical Journal*. It speaks of it as "Sponge Grafting;" and, although the experiments which led to its discovery were of a purely scientific character, it is not unlikely that they may prove to possess even greater interest from a clinical standpoint.

Dr. Hamilton, while engaged in the study of the "process of healing," was led to the belief that in the process of organisation of a blood-clot or a fibrinous exudation the effused material itself only plays a mechanical and passive part, and that their vascularisation is not owing to new formation of blood-vessels, but rather to a displacement and pushing inwards of the blood-vessels of surrounding tissues."

Rotundo Lying-in Hospital.

A STATED general meeting of the board of governors and guardians was held on Friday last, George Johnston, Esq., M.D., President of the College of Physicians, ex-master, in the chair. The routine business having been transacted, the president, vice-presidents, and the several officers were re-elected for the ensuing year. Proposed by Lombe Athill, Esq., M.D., Master, seconded by Robt. Wm. Arbutnot Holmes, Esq., J.P., and resolved—"That this board have heard, with great regret, of the death of Dr. Alfred H. M'Clintock, ex-master of this hospital, and desire to record their concern at this sad event, and their sense of the loss they have sustained by his removal from among them."

VON ARLT, the professor of ophthalmic surgery in the University of Vienna, would, on completing the seventieth year of his age in April, 1882, have retired in accordance with law, but has been requested by the Minister of Instruction to remain in office until the end of the academic year in 1883. He has consented to this, and has accordingly withdrawn his notice of resignation.

The Royal Society.

THE anniversary meeting of the Royal Society will be held, as usual, on St. Andrew's Day, the 30th inst. The following is the list of the Council and officers nominated for election:—President: William Spottiswoode, M.A., D.C.L., LL.D. Treasurer: John Evans, D.C.L., LL.D. Secretaries: Professor George Gabriel Stokes, M.A., D.C.L., LL.D.; Professor Michael Foster, M.A., M.D. Foreign Secretary: Professor Alexander William Williamson, Ph.D. Other members of the Council: Francis Maitland Balfour, M.A.; I. Lowthian Bell, F.C.S.; Sir Risdon Bennett, M.D.; Professor Thomas George Bonney, M.A.; Professor Heinrich Debus, Ph.D.; Alexander John Ellis, B.A.; Sir John Hawkshaw, M.I.C.E.; Thomas Archer Hirst, Ph.D.; William Huggins, D.C.L., LL.D.; Professor Thomas Henry Huxley, LL.D.; Professor Joseph Lister, M.D.; Professor Daniel Oliver, F.L.S.; Professor Henry Haffield Roscoe, B.A., LL.D.; W. Warrington Smyth, M.A.; Henry Tibbats Stainton, F.G.S.; Edward James Stone, M.A. Professor Huxley having retired from his office as one of the secretaries, Dr. Michael Foster has been named in his stead.

The Spread of Infection by Milk.

AT a recently adjourned discussion of a paper on the "Milk Supply," read at a meeting of the North-Western Association of Medical Officers of Health, by Dr. Vacher, of Birkenhead, it was resolved to memorialise the Local Government Board to issue a memorandum urging upon local associations the necessity of efficiently enforcing present regulations for the control of milk-sellers and the inspection of milk, and to grant to local associations additional powers to require all licensed milk-sellers to notify all cases of infectious disease appearing on their premises, with ability to close such premises till the removal of the infected animal or person and the disinfection of the premises, and to enable a local association to veto the sale of milk by vendors coming from without its boundary on evidence of infectious disease being on their premises. Many recent epidemics have been traced on unmistakable evidence to the milk supply, and more stringent powers in the hands of local sanitary authorities is therefore desirable, and should have the effect of limiting the spread of infection to the *locale* of discovery.

The London College of Surgeons and the Medical Acts Commission.

AT the ordinary meeting of the Council of the Royal College of Surgeons of England the report of the committee appointed to consider the question of the Medical Acts Commission was presented, and, after some discussion, adopted. The report practically recommended the establishment of a Conjoint Scheme. No person should, it stated, be registered as a legally qualified medical practitioner unless he shall have passed an examination in Medicine, Midwifery, and Surgery, such examination to be conducted by two or more of the existing corporations. The report also suggested that no University should be allowed to grant registrable licences in Medicine or Surgery apart from its degrees in Medicine.

The Cost of Sewage Farming.

It appears, from the annual statement of the Reading Sewage Farm, which has just been published, that there has been a total loss on the year's operations amounting to £146. The loss on the crops could not be put at a smaller sum than £1,500: but from the cattle had been received, for butter and milk, £2,743; cattle sold, £434; increase of valuation, after deducting expenses of purchase, &c., £535; sheep, paid for keep, £102; total, £3,815. It was stated, however, at the Council meeting, at which these figures were presented, that, looked at from a sanitary point of view, the farming operations had been a great success, and that Reading had never before been in such an excellent sanitary condition.

Pathological Society of Dublin.

THE annual general meeting of this Society, for the election of officers and transaction of other business, was held in the Anatomical Theatre of the School of Physic, Trinity College, Dublin, on the afternoon of Saturday, November 5. The chair was then taken, in the first instance, by the out-going President, Dr. Arthur Wynne Foot. After the signing of the minutes, Mr. Edward Hamilton proposed, and Dr. J. W. Moore seconded, a resolution to elect Mr. William Stokes as President of the Society for the ensuing session. The motion having been carried by acclamation, Dr. Foot vacated the chair, which, was then taken by Mr. Stokes. Mr. Hamilton moved, and Dr. Nixon seconded, a vote of thanks to Dr. Foot for his dignified conduct in the chair as President during the past year. Dr. Foot acknowledged the vote of thanks. Dr. J. W. Moore moved, and Dr. Nixon seconded, the following resolution, which was adopted in silence, viz.:— "That the members of the Pathological Society of Dublin desire to accord their sense of the great loss which the Society, as well as the cause of pathological science, have sustained by the lamented death of Dr. Thomas Hayden, one of the Vice-Presidents, and some time President, of the Society.

The following officers for the session 1881-82 were elected:—*President*: William Stokes, M.D. *Secretary and Treasurer*: Edward H. Bennett, M.D. *Secretary for Foreign Correspondence*: John William Moore, M.D. *Vice-Presidents*: John Thomas Banks, M.D.; Samuel Gordon, M.D.; Edward Hamilton, M.D.; George H. Kidd, M.D.; William Moore, M.D.; T. Jolliffe Tufnell, F.R.C.S.I. *Council*: John Kellock Barton, M.D.; Anthony H. Corley, M.D.; George F. Duffey, M.D.; John Magee Finny, M.D.; Arthur Wynne Foot, M.D.; Reuben Joshua Harvey, M.D.; James Little, M.D.; Thomas Evelyn Little, M.D.; Robert McDonnell, M.D.; Christopher J. Nixon, M.B.; John Mallet Purser, M.D.; John Benjamin Storey, M.D. *Committee of Reference of Morbid Growths*: Phineas S. Abraham, Reuben J. Harvey, Thomas E. Little, John Mallet Purser; with the President and Secretaries *ex-officio*. Resolutions were subsequently passed authorising the Council to take steps to effect an amalgamation of the medical societies of Dublin, and to arrange for the holding of special meetings of the Society from time to time for the reception of reports by the Committee of Reference.

Accident with Liquid Ammonia.

At the Belfast Sessions a case was heard in which a railway porter, named Murray sought to recover the sum of £50 damages from Mr. Hogg, druggist.

Eliza Murray, one of the complainants, deposed that she sent her daughter to buy one pennyworth of "head salts," as she was subjected to headaches. The girl returned with the bottle produced. It was put on the shelf and not used for a few days. Having a headache she lifted it to apply it, and had it in her hand for a few minutes when it exploded, the contents covering her face. Her eye was destroyed, and her mouth and throat burned, the skin of both having been torn off. It had been put on the mantelpiece previous to the time that she used it. When about to apply it she was sitting near the fire.

Dr. Gault deposed that on September 28th, he saw Mrs. Murray. Her eyes, mouth, and throat, were greatly swollen. The contents of the bottle produced was liquid ammonia. "Swelling" or "head" salts were usually prepared with carbonate of ammonia and a few drops of the liquid ammonia.

The defendant deposed that he sold the liquid ammonia to the plaintiff's child. The custom of the trade was to give either carbonate of ammonia or the liquid in a diluted form. That given to the plaintiff was diluted.

His worship granted a decree for £30 with two guineas for expenses.

A Medical Duellist.

DR. J. CROX, formerly Professor of Physiology at the St. Petersburg Medico-Chirurgical Academy, who at present is residing in Paris as the editor of the Bonapartist newspaper *Le Gaulois*, was, in consequence of some statement in that journal, challenged to fight a duel with the editor of another newspaper. He received, according to the *Wratsch*, a wound in the wrist.

Treatment of Rheumatic Fever by Salicin and the Salicylates.

THIS subject will be discussed at the Medical Society of London on December 5th. The debate will be opened by Dr. Hilton Fagge, who will furnish the experience of Guy's Hospital upon this matter.

THE Medical Acts Commission having decided, before closing their sittings, to receive evidence tendered on behalf of the Medical Alliance Association, Mr. Nelson Hardy, President of the Association was examined on Friday last.

THE inaugural address of the session 1881-82 at the Meath Hospital and county Dublin Infirmary, was delivered on Thursday, November 7th, in the theatre of the institution, by Dr. Arthur Wynne Foot, Physician to the Hospital. There was a very large audience of visitors and students.

THE banquet in honour of Professor Virchow is to be held at Berlin on the 19th inst., and promises to be highly brilliant and successful. The sum of 30,000 marks

originally proposed to be raised for the memorial appears likely to be greatly exceeded. This memorial, will consist of a marble bust of the Professor, and will be placed in the hall of the Pathological Institute on the above-mentioned day, in commemoration of his twenty-five years' labours as a teacher of medical science.

A TELEGRAM announces that the epidemic of cholera at Mecca is increasing. The mortality from this cause on the 3rd inst. amounted to 55, but on the two following days the number of fatal cases increased to 215 and 214. The pilgrims, adds the telegram, left Mecca on the 6th inst., and it was feared that the Egyptian troops at present stationed at Elwadj, amounting to 460, would be either unable or unwilling to prevent them from entering the latter town, the caravans numbering upwards of 5,000, and a spreading of the disease is feared.

It is announced that Professor Huxley has resigned the office of Secretary of the Royal Society (an appointment which he has held since 1872) in consequence of the pressure of other duties. It is reported that Dr. Michael Foster, Prælector of Physiology in the University of Cambridge, will probably succeed to the office.

CAN it be true that the number of deaths for which no certificate of their causes is given is greater in Edinburgh and Glasgow, than in all the other large towns of the United Kingdom? We have the official statement of the Registrar-General that, for the week ending Nov. 5th, there were 68 uncertified deaths in Edinburgh and Glasgow, whilst in all the other large towns of the kingdom put together but 67 such deaths were returned. This serious evasion of the law in the two northern cities should be inquired into.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were in—Wolverhampton 17, Portsmouth 17, Bristol 17, Edinburgh 18, Leeds 18, Sunderland 21, Sheffield 21, Brighton 21, Nottingham 21, Bradford 22, London 22, Leicester 22, Norwich 22, Manchester 22, Salford 22, Newcastle-on-Tyne 22, Plymouth 24, Birmingham 24, Glasgow 24, Oldham 26, Hull 27, Liverpool 28, and Dublin 30.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 23, Bombay 29, Madras 35, Paris 25, Geneva 20, Brussels 21, Amsterdam 22, Rotterdam 20, The Hague 24, Copenhagen 20, Stockholm 20, Christiania 16, St. Petersburg 36, Berlin 22, Hamburg 23, Dresden 20, Breslau 27, Munich 29, Vienna 26, Prague 26, Buda-Pesth 29, Naples 34, Turin 22, Venice 25, New York 26, Brooklyn 26, Philadelphia 20, and Baltimore 25. No returns were received from Lisbon, Rome, and Alexandria.

FROM diseases of the zymotic class in the large towns last week scarlet fever showed the largest proportional fatality especially in Hull, Nottingham, and Brighton; in Hull 36 more fatal cases of this disease were

recorded, making 393 that have occurred since the beginning of July. The 51 deaths from diphtheria included 19 in Glasgow, 13 in London, and 8 in Portsmouth. The highest death-rate from fever occurred in Brighton. Small-pox caused 15 more deaths in London and its outer ring of suburban districts, one in Liverpool, and one in Newcastle-upon-Tyne; no fatal case of this disease was registered in any other large town.

AMONG the passengers on board the ill-fated *Clae Macduff*, lost during the recent gales in the Channel, on the voyage from Liverpool to Bombay, was Surgeon Creed C. H. Smyth, of the Army Medical Department, who, having recently exchanged with a medical officer serving in India, in addition to being a passenger, appears also to have been in the position of surgeon to the ship for the projected voyage, so sadly terminated. His body has been recently picked up at Old Head, Kinsale, and buried in the neighbouring churchyard at Templetril. It is stated that a brother of his on board the same ship was also lost.

WE learn from a contemporary that the Senate of the University of London has recently passed a resolution, intended to overcome an abuse which has assumed rather large proportions. It is notorious that many undergraduates who have passed the first examinations for degrees have either directly assumed or allowed it to be implied that they are possessors of the full degree, and the Senate has therefore been compelled to alter the designation of the primary examinations by a resolution which runs as follows:—"That the First B.A., First B.Sc., First LL.B., First M.B. and First Mus.B. examinations be henceforth respectively denominated the intermediate examinations in Arts Science, Laws, Medicine, and Music.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

MESSERS. MOODY AND IRA D. SANKEY'S VISIT TO GLASGOW.—The inhabitants of Glasgow are informed through the press that the Directors of the United Evangelistic Association are arranging for a general invitation from ministers, office-bearers, and other Christian workers, being forwarded to Messrs. Moody and Sankey asking them to visit Glasgow. Mr. Moody, it is understood, has condescendingly signified his intention of meeting the ministers of the city and the directors of the United Evangelistic Association on an early day. We certainly regret the prospect of any such visit, believing as we do, that the form of excitement with which these peripatetic "Christian" Yankees are associated is both unholy and unhealthy. Some years ago they visited Glasgow. What was the result? Ladies of uncertain age, and weak-minded youths were afforded an unwholesome sympathetic excitation; the trade in American musical instruments was said to have been stimulated, and public morality was unquestionably debased. We trust the clergy of Glasgow will exhibit some better sense than participate in this contemplated "religious" pantomime. They will not raise themselves in public estimation if they, by their conduct, tacitly

confess, that the "American Evangelists" outgeneral them in their assaults upon evil, and Beelzebub in particular. If Messrs. Moody and Sankey will insist on coming here to beat the theological tom-tom, then in the sacred name of common sense, may their reward be the contempt of the majority of Scotchmen. Well may it be said of Sankey "*Ira furor brevis est.*" Surely, we are on the eve of a religious degeneration when "religious" stimulants have to be imported from America into the country of Gabriel Kettledrummle, Manse Headrigg, and John Balfour of Burley!

MATRICULATION AT THE UNIVERSITY OF EDINBURGH.—Over 2,500 students have already paid their matriculation fee for the coming session, the great bulk of them belong to the Medical Faculty.

THE CHAIR OF NATURAL HISTORY, UNIVERSITY OF EDINBURGH.—Another candidate for this chair has started up in the person of Mr. Patrick Geddes, who is returning to England with all speed to push his claims. The special claims of Mr. Geddes have not yet developed themselves, but must be held to be considerable, for that gentleman is leaving Naples, where he is engaged in a scientific investigation for the British Association.

EDINBURGH LITERARY INSTITUTE.—LECTURE BY DR. MACADAM.—The weekly lecture at the Literary Institute was delivered on the 9th inst. by Dr. Stevenson Macadam. The subject was "The Chemistry of Sanitation." It was, he said, now an admitted fact that air contaminated by overcrowding or by gaseous emanations from organic matters, such as evolved from common sewers, and that water polluted with sewage matters or sewage gases, as well as food tainted with putrefaction or disease, had an important bearing upon the health of individuals and of communities. In the elucidation of the conditions and laws which subsist between man and other animals and the outer world, comprehended under the general title of sanitation, chemistry had played a foremost part, in explaining the atmospheric and other causes which led to the sustenance and spread of noxious germs and organisms. The lecture, which was illustrated throughout by many diagrams and experiments, was listened to with great attention.

"COMBE-TRUST" LECTURE.—The fifth of this series of lectures was delivered in the City Hall, Glasgow, on the 7th inst. by Dr. MacCall Anderson who chose for his subject "Small-pox and Vaccination." Mr. I. Campbell White presided. In the course of his remarks Dr. Anderson stated that there was at present a tendency to despise the need for a remedy, owing to the absence of small-pox. Against the practice of vaccination certain objections had been raised which merited a passing notice. It had been urged that to make vaccination compulsory was an unwarrantable interference with the liberty of the subject; but it must be remembered that in many other instances, where danger was likely to accrue to the public the law interfered. It had been said that there was a risk of the animal virus introducing poison into the blood, though this had been denied by distinguished authorities. His own experience led him to admit that such an occurrence was possible, but only when vaccination was performed by unskilful persons, or when reasonable precautions were neglected. He had no hesitation in saying that if he were compelled to have his blood poisoned by vaccination, or run the gauntlet of small-pox, he would unhesitatingly select the former.

GLASGOW OPHTHALMIC INSTITUTION.—The opening of the new extension of the Glasgow Ophthalmic Institution took place on the 7th inst. There was a numerous and influential

attendance. Mr. James White of Overtoun presided. In the course of his address the chairman stated that while in 1870-71, when the institution was first started, the number of patients was 119 in-door, and 1,257 out-door, last year the number was 373 in-door, and 3,227 out-door. He lavished eulogiums on Dr. Wolfe, and indulged the general apothecosis which is characteristic of the annual meeting of this institution.

ABERDEEN RECTORIAL ELECTION.—The election of a Lord Rector for Aberdeen University took place last Saturday, and resulted in Dr. Alexander Bain, the late Professor of Logic in the University, being returned by a large majority. The state of the poll was as follows:—Dr. Bain, 444; Sir James Paget, 238. About a year ago Dr. Bain was defeated for the post of assessor by the clerical party in the University; his election will, for the next three years at least, give him two instead of one vote in the councils of the University. His failure was attributed to his supposed materialistic views, and the probability is that he would not now be Lord Rector had he not then failed. Dr. Bain is to be congratulated on his success.

NEGLECTING TO REPORT INFECTIOUS DISEASES UNDER EDINBURGH POLICE ACT.—At the Edinburgh Police Court last week, before Sheriff Hamilton, John Bowie, medical practitioner, Edinburgh, was charged with contravening the 208th section of the Municipal and Police Act of 1879, in so far as he failed to report to the medical officer of health that there were cases of infectious diseases under his care. Mr. Bowie conducted his own case. Dr. Littlejohn, medical officer of health for the city, said that on the 19th of last month he received a letter, drawing his attention to cases of typhoid fever, and that he sent Inspector Kay to the place, and on receiving his report, visited the house himself, and then wrote to Dr. Bowie, asking why he had not, as required by the Act, reported the cases to him. Dr. Bowie replied to the effect that he was not aware he was required to do so. In answer to the accused, Dr. Littlejohn said that if it was necessary he would describe the symptoms of typhoid fever, but it might take half an hour to lecture on the subject. The Sheriff inquired if there was any kind of fever that was not infectious, to which Dr. Littlejohn replied in the negative. Dr. Bowie (to Dr. Littlejohn)—Is rheumatic or intermitting fever infectious? Dr. Littlejohn—I don't think so. Dr. Bowie—Then why do you say there are no kinds of fever but what are infectious? Dr. Littlejohn—Oh, I think his Lordship understands me. The accused proposed to produce printed authorities on the symptoms of typhoid fever, but these, the Sheriff said, could not be accepted as evidence. Dr. Bowie could put the authors into the witness-box if he chose. At the close of the evidence, Dr. Bowie submitted that it had not been proved that, according to the symptoms of his patients, they were afflicted with typhoid fever. The Sheriff said he could not quite go into the technical question of symptoms. The object of the Act was to prevent the spread of infectious diseases; consequently he thought the Act should be read broadly and not narrowly. Therefore he was inclined, in the absence of any evidence for the defence, to find the charge proven; but as it was the first case of the kind, the penalty would be nominal—one of 10s., or three days' imprisonment. Dr. Bowie—My Lord, can I appeal in this case? Mr. Linton (the prosecutor)—Oh, yes. The fine was paid.

THE CHAIR OF NATURAL HISTORY IN EDINBURGH.—We learn on good authority that Professor Sir Wyville Thompson has not yet tendered his resignation of his Chair, and that reports of his resignation are at least for the present premature.

ST. ANDREW'S UNIVERSITY.—Sir Theodore Martin, K.C.B., has intimated his intention of delivering his inaugural address as Lord Rector of the University of St. Andrew's on Monday, the 21st inst. He is to be accompanied by Lady Martin, and both will be the guests of Principal Tulloch.

Literary Notes and Gossip.

THE Committee of Selection, at the recent meeting of the American Medical Association, have selected as the subject for the prize to be awarded in 1883 the following question:—"What are the special modes of action or therapeutical effects on the human system of water, quina, and salicylic acid when used as antipyretics in the treatment of disease?" The essays must be founded on original experimental and clinical observations, and must be sent in to the Committee of Award on or before the first day of January, 1883.

If there be not a royal road to learning, teachers and authors endeavour to remove all difficulties in the way of traversing the old paths. In this direction Mr. Joseph Ince, F.C.S., F.L.S., has removed a great stumbling block and smoothed the road for candidates for examination in Pharmacy, by a Latin Grammar, containing the fullest explanation of the grammatical construction and distinctive character of the language, and complete directions for the reading of Latin prescriptions. To compounders this will be of considerable value, as physicians are not always understandable.

MOST of the medical, scientific, and literary societies are now in full session, the one or two remaining will commence during the next few days. The first meeting of the One Hundred and Twenty-Eighth Session of the Society of Arts will be held this (Wednesday) evening, when the opening address will be delivered by Sir Frederick J. Bramwell, F.R.S., chairman of council. Previous to Christmas there will be four ordinary meetings in addition to the opening meeting. The Association of Surgeons practising Dental Surgery, also holds its inaugural meeting this evening. The Statistical Society commenced last evening (Tuesday), with an address by Prof. Caird, F.R.S.

WE understand that the "Transactions of the International Medical Congress, 1881," will be published at the beginning of December. The complete work will consist of 3 vols. royal 8vo, and will be supplied to non-members at the price of 30s.; but we are a little uncertain whether members will be entitled to them by virtue of their membership. It would hardly be reasonable to expect this, considering the value members have already had for their guineas, and the enormous cost of producing the abstracts already supplied, and the Transactions about to be published; but the question has frequently been put to us, and some official pronouncement on the subject is desirable.

SOME few months ago we announced that an "International Encyclopædia of Surgery," by authors of various nations, edited by John Ashhurst, Jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania, had been undertaken by the publishers of "Ziemssen's Cyclopædia of Medicine," the first volume of which would appear in October. The promise has not yet been fulfilled, and at present no sign of the coming king appears on the literary horizon. Perhaps, like Baal, the editor is "asleep, and must be awakened, or he is on a journey," and has not yet returned from the International Medical Congress. Whatever be the cause of delay, our anxiety increases in accordance with its duration, the surgery of volumes sometimes leading to amputation.

A COMMENDABLE attempt is being made to popularise science by the issue during the last few days of a new weekly periodical entitled, "Knowledge; an Illustrated Magazine of Science, plainly worded, exactly described." The editor is Mr. R. A. Proctor, of astronomical fame, whose last literary venture, "The Stars of the Earth," is having a very large success. The initiatory number of the new journal promises well, but the difficulty scientific writers have to contend with is the bringing of their advanced ideas to the level of ordinary readers. If Mr. Proctor and his friends

succeed in this, "Knowledge" will become an institution, but not otherwise. The journal is well got up, its first number is a mine of wealth, and the price, twopence weekly, should place it within the reach of all who are "thirsting after Knowledge."

THE literature of otology increases rapidly, though British authors do not contribute much. It is in Germany and Austria that most of the otological work of the present day is done. The publication of the first volume of Prof. Politzer's text book (the second volume of which will, we hope, soon appear), was followed by that of Prof. Urbartschitsch, then in America by the practical volume of Dr. A. H. Buck, and now Prof. A. Hartmann, of Berlin, has brought out a volume on the Diseases of the Ear. Some of these German works will, we understand, be translated for the benefit of the profession in this country, that of Prof. Politzer being already in an advanced state by Dr. Patterson Cassells. Prof. Urbartschitsch's has already appeared in French, and we should like to see it in English, though still better should we welcome a comprehensive text-book from a British otologist.

THE first number of a new claimant for the favour of ophthalmic Specialists, has just been issued by Messrs. Churchill, under the editorship of Dr. Karl Grossman, of Liverpool, and Mr. Priestly Smith, of Birmingham. It is named "The Ophthalmic Review" and it will appear monthly at the cost of 1s. We can welcome the advent of a new representative of special journalism, although we are obliged to confess that—with our experience of newspapers—we hardly hope for a very prolonged or lucrative career for a periodical, which caters for so limited a constituency as the ophthalmologists. The new journal leads off with an excellent article by the prolific and ever original Mr. Hutchinson, on "Retinitis Pigmentosa" and allied affections, as illustrating the laws of heredity, which, being to "be continued in our next," will ensure a sale for the first two numbers of the journal, at least. The rest of its pages are filled with well selected excerpts, which, though not original matter, are none the less instructive. We shall look with interest for future issues of the *Ophthalmic Review*.

UNDER the pretentious title of "The British Imperial Atlas," Messrs. Letts, Son, and Co. have just bound up series I. and II. of their "Popular" into a most useful collection of 76 maps, with consulting index of 23,000 names, which they offer to the public at a price never before attempted in this country, viz., 21s., on paper, in handsome cloth covers, gilt edges, bevelled boards, or 47s. 6d. for their indestructible edition (a very novel and useful feature in atlases). There are beautiful Geological Maps of England and Wales, and the Environs of Dublin, Edinburgh, and London. The populations are delineated by colour from 3,000 to over 100,000; every important lighthouse, every lifeboat station is clearly marked; the old and interesting round towers of Ireland, the cathedrals of the two islands, and the depths of the ocean are all shown by colour. In the Indian maps we find the very latest results of the most recent surveys and explorations in the North-west, and Afghanistan; whilst the historical alterations of boundaries by the treaty of Berlin of 1878, and the Greco-Turkish boundary conference of 1880, are all duly recorded.

WE regret to learn that, notwithstanding the unremitting efforts on behalf of the "Index Medicus," the degree of support which that very useful publication has received from the profession, by way of *bona fide* subscriptions, has not been sufficient to meet the expense of issue during the current year, and the publisher has reluctantly been forced to call upon those who so promptly volunteered to see him safely through this year's issue, for the amounts severally guaranteed by them. The continuation of the "Index" for another year must depend upon the profession, and as it is necessary, in justice to the editors and publisher that an early decision should be reached, every subscriber is requested to respond to the following questions at the earliest moment possible:—1. Will you renew your subscription to the "Index Medicus" for 1882 at 6 dols.? 2. In what manner can you help to secure the "Index Medicus" against actual loss during 1882? The decision whether or not the "Index Medicus" is to continue, will depend upon the responses received to these two questions. To cover the deficit, £250 will have to be guaranteed by Societies or individuals, before the publisher will undertake

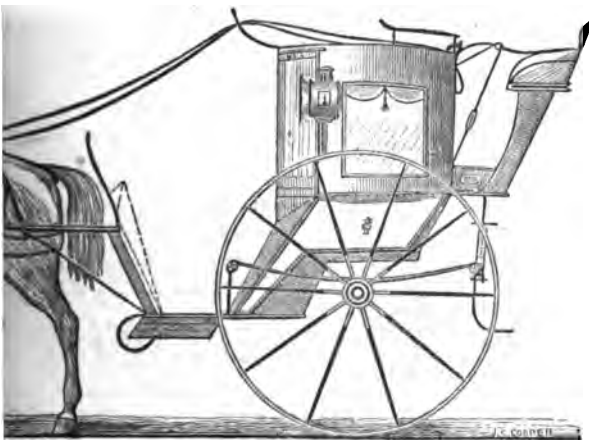
the publication for another year. From private information, we believe we are correct in stating that out of the entire subscription list, only about three in a hundred are from the United Kingdom, the rest being in the United States. Of course it will be argued that it is an American publication; true, but it is also an International one, and on this account, and on that of its value to authors, we shall be glad to learn that it is more liberally supported.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, Oct. 5th:—"A Treatise on Chemistry." By Professors Roscoe and Scholesmmer, F.R.S., Vol III. "A Practical Treatise on Impotence, Sterility, &c." By S. W. Gross, M.D. "A Treatise on Medical Electricity." By R. Bartholow, M.D. "An Essay on Suicide." By Hy. Morrell, M.D. "Dramatic Singing Physiologically Estimated." By W. Hayle Walahe, M.D. "University College Hospital Surgical Reports", 1880. "Davos Platz as a Winter Station." By J. E. Muddock. "Koumiss." By G. L. Carrick, M.D. "Manual of Diseases of Children." By Ed. Ellis, M.D. (4th Edit.) "Lectures on the Physical Examination of the Mouth and Throat." By G. V. Poore, M.D. "An Index of Surgery." By C. B. Keetley, F.R.C.S. "On Cholera." By Octavius Sturges, M.D. "On Diseases of Women." By Arthur W. Edis, M.D. "Table of the Average Weights of the Human Body and Brain." "The Latin Grammar of Pharmacy." By Joseph Ince, F.C.S.

PAMPHLETS.—The following have been received since the publication of our last list:—"A Propos du Railway Transsaharien, Reflexions Hygiéniques et Médicales." Par C. J. Masse, M.D. "Vaccination." By Peter A. Taylor, M.P. "Convulsions due to Depressions of Spinal Inhibitory Centres." By E. T. Reichert, M.D. "Ethylene Bichloride as an Anesthetic Agent." By the same author. "Report to the Local Government Board of the Outbreaks of Small-pox in Maidstone." "Chemical Notes and Equations." By R. Milne Murray, M.D. "Hunter and the Stag." A reply to Professor Owen, from the Scientific point of View. "The Unity of Poison." By G. de Gorrequer Griffith, M.D. "Cases of Hepatotomy." By Lawson Tait, F.R.C.S. "Life Assurance." By F. A. C. Hare. "Cirrosi Ipertrofica del Figato." Dell Dr. G. B. Ughetti. "The Toxicology of Cardiac Depressants." By E. T. Reichert, M.D. "Liberty and Authority in the Study of Medicine." By J. W. Haward, F.R.C.S. "Diphtheria." By Robert Bell, M.D.

Novelties.

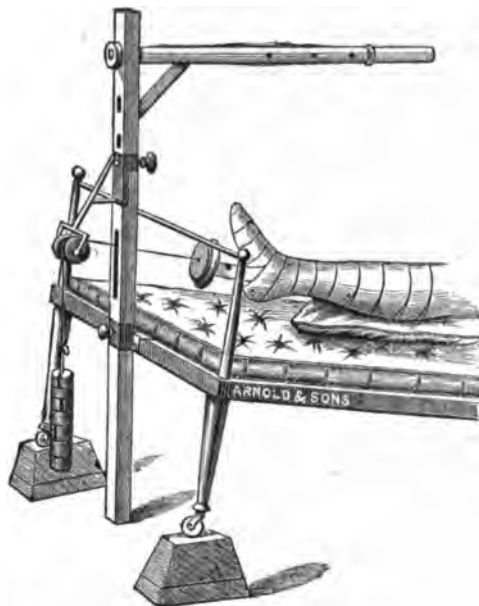
A NOVEL MEDICAL CAB.



THAT existing conveyances do not supply the need of practitioners, especially in districts which have to be traversed in all weathers and under varying circumstances, is evidenced by the number of letters we receive from time to time asking advice on the subject. During the present month an Industrial exhibition has been held in London at the Alexandra

Pfäce, and amongst the various exhibits were cabs and carriages of almost every conceivable variety. Of these one struck us as particularly useful to medical men who do not themselves drive, viz., "The Empress Patent Hansom," this is the invention of Lieutenant Dalzell, and is manufactured by a Mr. Thomas Eardley, of 13 Henry Street, Hampstead Road, London, which obtained the medal of the exhibition. The improvements in this over existing hansoms consist both in the means of ventilation, convenience, space, and noiselessness. The old falling windows are entirely superseded by others sliding from the side, which can be worked either by the passenger or the driver, thereby giving increased space in the front, together with better ventilation and view, and effectually overcoming the inconvenience arising from the old plan of the windows falling suddenly upon the hat or head, and the necessity of having to call the driver whenever occasion arose for it to be closed or opened. It is moreover easier of ingress and egress—a consideration when many calls have to be made—is remarkably comfortable, has a speaking tube inside for communication with the driver, and is of elegant exterior as the foregoing woodcut shows.

DR. WARD COUSIN'S BED-CLOTHES ELEVATOR AND EXTENSION APPARATUS.



The elevator can be fixed to any bedstead by a clamp, and at the same time it can be applied either at the ends or the sides of the bed. It serves also many other useful purposes. It will suspend a weight or icebag in any position over the body, or it can be converted into a very convenient stand for a vessel, as in the application of an evaporating lotion.

For the purposes of extension the bed-clothes elevator is fitted with a pulley, which is suspended by means of a sliding bracket from the back of the instrument, and is thus capable of adjustment at any convenient height. A sliding collar with a clamp working on a hinge is also supplied for the purpose of fixing securely the upright to the bedstead in those cases in which counter-extension is obtained by raising the foot of the bed. The apparatus is fitted with two counter-extension blocks, each giving three elevations, movable weights, and in fact everything necessary for the immediate use of surgeons practising in the country, or of medical officers going abroad.

SERIOUS CHARGE AGAINST A SUNDERLAND PRACTITIONER.

ALLEGED CONSPIRACY TO DEFRAUD.—Last week at the Sunderland Police Court, Dr. Abrath, medical officer to the Hospital for Foreign Seamen, appeared on a charge of conspiring to defraud, in conjunction with a man named M' Mann. Mr. J. L. Walton, barrister, instructed by Mr. Dix, solicitor, Gateshead, appeared for the North-Eastern Railway Com-

pany. Mr. Barker, the deputy clerk to the Bench, read the warrant, which stated that information was laid on November 7 against M'Mann and Gustave Adolphe Abrath to the effect that between the months of August and November, 1880, in Bishopwearmouth, they did unlawfully conspire together by divers false pretences to fraudulently obtain, and in pursuance thereof one or other did obtain, a large sum of money from the North-Eastern Railway Company. Mr. Walton in opening the case for the prosecution, said on September 10, 1880, there was a slight collision between a passenger and a luggage train, the jolt was of the slightest nature, but it was sufficient to throw the defendant M'Mann who was seated in a third-class carriage, against a partition immediately in front of him. He did not seem to be much hurt, and made no serious complaint. He got out at Durham station and changed into the Sunderland train without any assistance. On reaching Sunderland he walked to his home without assistance in the same way, and ultimately he put himself under the charge of Dr. Abrath, who had the medical custody of the defendant M'Mann from September to the following July. In the month of October a claim was made by M'Mann for very heavy compensation. That claim was compromised, and the sum of £700 was paid over to him or to his solicitor, Mr. Skinner, and the sum of £300 was agreed upon for costs. That compensation was paid in consequence of the representations of the man's condition, which were entirely false. It is charged that this man simulated subjective symptoms, and created with the co-operation of his medical attendant certain subjective symptoms. These subjective symptoms, which he was said to feel, were entirely fictitious, and the condition of the man was produced by artificial means at the instigation and under the agency of his medical attendant. If that were proved from evidence there could be no doubt that the conspiracy was actually cemented between these two men by the creation of these symptoms in order to defraud the company. The companies were exceptionally liable to frauds of this kind, and they had felt this to be a very important case. The solicitors then applied for a remand of the case for a week, which was granted, and both defendants were admitted to bail.

NOTICES TO CORRESPONDENTS.

DR. N. K.—Thanks for communication, but if we mistake not, all the main facts and arguments have already appeared in our columns; we have not, therefore, space to repeat them.

DR. E. T.—Sorry we cannot publish your lines on President Garfield. Firstly, because it is not up to the commonest standard of rhyming; secondly, because we disagree with the inference that—

"Doubtless recovery had been complete,
If changing to sea-air was not too late."

Thirdly, although the subject was an honourable and successful soldier and politician, we can hardly admit that—

"The greatest of humanity has passed away."

CAPILLARY-TUBES.—"Novice" asks where he can get capillary-tubes for vaccine-lymph, and also if it would be safe to use the tubes a second time?

[Capillary-tubes for collecting vaccine-lymph can be purchased from any surgical instrument makers or drug contractors at one shilling a hundred; they are supplied gratuitously to all dispensary medical officers under order of the Local Government Board, and when required should be applied for in the requisition for medicines, &c. Capillary-tubes will be found in the new forms of requisition for medicines, &c.—Ed.]

MR. NIXON.—Some boards require a certificate of having passed an examination in Public Health from one of the universities, special examinations on this subject having recently been fixed by most of these bodies. Many local authorities do not require this, but you must be prepared to show a practical acquaintance with health matters generally when making application for an appointment. On reference to our "Student's Number" you will find advertisements relating to both public and private instruction in public health.

C. H. G.—We shall be happy to publish the results of your investigations with your name attached; the views are decidedly heretical.

M.R.C.S. (Sunderland).—We cannot comment upon the case *sub judice*, but must content ourselves with a short record of facts as they occurred in connection with the case in the police-court; this you will find in another column.

MR. HOOPER.—Thanks for the local newspaper containing reports; you will find the case referred to in our leader columns.

DR. J. J. RIDGE.—The notice of meeting appeared in our last issue.

M.D.—The advertisement of "Mr. Hentsch, M.B.C.S. Eng." in the local papers is most objectionable, but, unfortunately, the practice has become so common of late that to take every case up would

almost fill our columns. We regret that any member of the profession should condescend to advertise "consultations and advice gratis to the working classes" side by side in the newspapers with his letterman and greengrocer.

DR. D.—The subject has been so thoroughly threshed out that we fail to see what can be said that has not already appeared in our columns. Perhaps later on something may arise on which a renewed discussion may be desirable.

MR. HOSKINS.—'Tis most unusual to give the names or addresses of writers of unsigned articles. Any communication addressed to the Editor will receive due attention, and probably reach the gentleman concerned.

AN OLD SUBSCRIBER.—We are a little uncertain as to the date, but will make inquiries and communicate with you by note.

QUINQUININE.—A correspondent asks "how is it that two firms, Messrs. Mackey & Co. and Mr. Sellers, advertise in your columns the quinine substitute 'quinquinine,' each that that only is genuine bearing their or his name, thereby assuming that the other is a spurious preparation. I am a little curious on the subject, as I have had good results from its use for some few years, and want to know if it is a 'trade mark' article, how a second firm can make it, as I want to be sure of getting the genuine preparation in future?"

[The reply to this question should set our correspondent's mind at rest on the score of genuineness. Messrs. Mackey & Sellers were, we believe, formerly partners as manufacturing chemists; "Quinquinine" was one of their registered articles, and was advertised as Mackey & Seller's Quinquinine. Last year the firm dissolved partnership, and as they now carry on business separately, each in its right, we presume, of manufacturing and selling the article in which the name of the firm jointly was associated. Either, therefore, is genuine, and the reference to each other in the advertisement is unnecessary and misleading.—Ed.]

AN INSPECTOR.—If you go in for the certificate of the Sanitary Institute of Great Britain you must be prepared for examination in the Acts relating to the Public Health and the Sale of Food and Drug Act, and to show some practical knowledge of ventilation, disinfection in cases of contagious diseases, &c., and of the nature and fixing of soil-pipes, sink-pipes, and overflow-pipes of a dwelling so as to prevent any danger to the inmates.

THE FULLERIAN PROFESSORSHIP OF PHYSIOLOGY of the Royal Institution of Great Britain is vacant. Candidates are requested to apply before 24th November.

THE SOCIETIES.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—The (Wednesday) evening, at 7.45 o'clock, Council.—8.30, Casual Communications.

HARVEIAN SOCIETY OF LONDON.—Thursday, Nov. 17th, at 8.30 p.m. Dr. G. C. Henderson, "On a Case of Small-pox followed by Amy." Dr. Cavafy, "A Case of Sciatic Nerve-stretching in Locomotor Ataxia."

Vacancies.

Belgrave Hospital for Children, London, S.W.—House Surgeon, Salary £30, with board. Applications to the Hon. Sec. by Nov. 23.

Charing Cross Hospital.—Assistant Physician on the Staff. Applications to the Secretary on or before Dec. 3.

Gateshead Dispensary.—Resident Surgeon. Salary, £210. Applications to the Hon. Sec., 2 Side, Newcastle-on-Tyne, by Nov. 23.

Liverpool Dispensary.—Assistant House Surgeon. Salary commencing at £108. Must be unmarried. Applications to the secretary by Nov. 22.

North Dublin Union.—Medical Officer. Salary, £150 per annum.

Election, Nov. 30. (See Advt.)

Ruberry Hill Asylum, Bromsgrove.—Assistant Medical Officer. Salary £100, with board. Immediate applications to the Medical Superintendent.

Births.

DUDLEY.—Nov. 3, at Durrrow, Queen's County, the wife of Henry J. Dudley, M.D., of a son.

KING.—Nov. 12, at Ambleside, Westmoreland, the wife of W. Max King, M.B.C.S., of twin girls.

Marriages.

ATKEY—ANDERSON.—Nov. 8, at All Saints' Church, Chichester, W. J. Atkey, L.R.C.P. Lond., &c. of Chichester, to Mary Catherine, daughter of J. Anderson, Esq., of Stockbridge, Chichester.

BLYTH—FINDLATER.—Nov. 12, at the Presbyterian Church, Kipp town, John Blyth, M.D., of Dublin, to Jane, widow of A. S. Findlater, of Kingstown.

KILNER—GOFF.—Nov. 9, at Horeton Church, co. Wexford, C. R. Kilner, M.B., youngest son of J. Kilner, F.R.C.S., of Bury St. Edmund, to Lucy, youngest daughter of S. Davis Goff, J.P., of Bury House, co. Wexford.

Deaths.

ERSKINE.—Nov. 7, at Sandys Place, Newry, Archibald Erskine, M.D.

FIGGINS.—Nov. 4, at Crabtree, Sheffield, Henry Figgins, F.R.C.S., 66 of Birmingham, aged 68.

MARSDEN.—Nov. 11, at Norwood, Elizabeth, widow of Wm. Marsden, M.D., of Lincoln's Inn Fields, London, aged 75.

MCCARROGHER.—Nov. 5, at Chichester, Joseph McCarrogher, M.D.M., aged 93.

M'EVoy.—Nov. 10, at his residence, Balbriggan, co. Dublin, after a long and painful illness, Francis M'Evoy, M.D., in his 66th year.

of which retain their vitality amid such extreme temperatures, that the wonder is the world is not depopulated by them; but the physico-chemical theory places zymotic virus under the same atmospheric influences as other organic matter, whereby it is soon reduced to elementary forms. Hence the dead are not contagious, and epidemics cease." Dr. Richardson also considers, and I agree with him, "that zymotic poison may, under extreme malhygienic states, arise *de novo* in the secretions, from which effects follow precisely, as though it had been introduced into the body, and attributes the immunity from, and tendency to, infectious diseases at various ages, to a constitutional or physiological peculiarity of secretion; and the non-recurrence of the same disease, in the same person, to the elimination of particles in a secretion susceptible of zymosis." Moreover, he says, "I protest that the attempt to connect our knowledge of the minute organisms with the phenomena of the various communicable diseases, so as to suggest, or, as some do, to assert that the diseases in question arise from germs, and that the person affected with a contagious disease has been fertilised like a piece of ploughed land, or virgin soil, with a crop of germs, and in turn he is the soil in which another crop is being produced, by the independant increasing or multiplying of the germs in him. I protest, I say, that this hypothesis is the wildest, the most innocent, the most distant from the phenomena it attempts to explain, that ever entered the mind of man to conceive. What most astounds me is that men who are conversant with the practice of physic, who are treating diseases of a communicable kind every day, should for a moment connect such a hypothesis with the phenomena they have under their observation. Does any one of them believe that hydrophobia is from a germ, that syphilis is from a germ, or other diseases I need not specify?"

It is favourable to the physico-chemical theory that certain epidemics as sweating sickness, black death, and plague, have long disappeared from this country. I may mention that in one night in London the plague caused 4,000 deaths, and in one week 12,000. If these pestilences arise from living germs, whither have the germs gone? If relapsing fever, of which we had an epidemic in Glasgow about ten years ago, depends on germs or on the organisms spirilla, alleged to be found in the blood of relapsing fever patients, whence did the germs or spirilla of that epidemic come, and whither have they fled? I think it far more likely that these affections did not arise from living germs at all, but from putrid poisons generated both in and out of the body, from abounding decomposing organic matter, filthy habits, ignorant and systematic violation of the laws of health, and that they were propagated in accordance with the physico-chemical theory. Further, as their extinction is unquestionably due to increased knowledge and improved sanitary conditions, hence by the same means we may reasonably expect, in course of time, to exterminate the other members of the zymotica; and moreover, I believe that a return to the insanitary conditions under which our forefathers lived, would again conjure to life the fearful epidemics referred to. But whether zymotic poison be living germ or putrid speck, if it be at all tangible, what does the microscope or test-tube say about it? As already indicated this problem is not only one of the most complex that the mind can grapple with. Although, of late years, diligent search has been, and is being made by the highest qualified persons, and with the best apparatus procurable, for the different human zymotic poisons, yet in reality only one has been found, viz. that of small-pox. This virus is easily obtained pure from a small-pox patient during the vesicular stage of the eruption. Like vaccine lymph it is fluid, translucent, odourless, alkaline, and albuminous, hence coagulable by heat and acids. Under the microscope both are found to contain numerous black, roundish, motionless particles, about 1-20,000th of an inch in diameter. M. Chauveau, a distinguished French veterinary path-

ologist first, and Dr. Burdon Sanderson, of London, latterly, succeeded by an ingenious method in separating the particles from the fluid parts. After this they found that a child might be vaccinated or inoculated with the fluid without effect, while the minutest portion that can be separated of the solid parts causes all the phenomena of cow pox or small-pox. Now the question comes to this—are these black virulent specks motionless organisms, or simply putrid particles? This is yet unanswered, although the germ theorists consider them organisms and call them micrococci. So also is the query—are the specific viruses of scarlatina, typhoid fever, &c., &c., of the same form? Any answer to the latter question can only be a mere surmise founded on inference, for the simple reason that these viruses have never been seen.

Some distinguished pathologists in France and Germany as well as in Britain seem to have their minds made up that all communicable diseases and many of an inflammatory nature, of man and the lower animals, are caused by minute living organisms. Now it was formerly held that the bacteria of putrefying fluids were the probable cause of such affections by their gaining access to the blood. But when it was shown that these were ever present in non-zymotic subjects—in the tartar of the teeth, in effete epithelial cells, in alkaline urine, &c., that they were swallowed by the million with impunity in stale cheese, high game, tainted flesh, and "turned milk," and that they were absent from the blood both of healthy and diseased persons, it was then conceded that the alleged virulence of organisms found in such fluids, and in alleged infectious pathological products, depend on the chemical condition of their environment; or in other words, that harmless organisms were metamorphosed into virulent ones, by an increased morbid change in their life conditions. Now this clearly implies, though partly denied by some germ theorists, that the essential virus is the material in which the organisms live, and not the organisms themselves; and these were next held if not constituting specific virus, to be at least carriers of it. That there may be no mistake here, I shall quote a statement of Klebs, of Prague and a supporter of the germ theory, made at the late Medical Congress in London in an address on "The relations of minute organisms to certain specific diseases." He says "such normal inhabitants of the body (bacteria) may, by alteration of the medium in which they occur, acquire virulent properties and so become causes of disease." This expression of opinion looks to me much more in favour of the physico-chemical than of the germ theory.

But in order to perfect, or at least improve the germ theory it was necessary to examine if any morphological differences existed amongst minute organisms, and especially those said to have been lately found in different specific diseases, chiefly of the lower animals. This apparently is the case, and it seems also that amongst these organisms, difference of form corresponds to difference of function. Now, at first sight this appears a strong proof in favour of the germ theory, but it also seems at least equally so for the other side. These organisms may or may not be simple bacteria, or micrococci and bacilli, as they are now called, morphologically transformed by some chemical change in their medium, but whether or no I certainly should not expect to find identical forms in different infectious fluids, but rather in diverse fluids, diverse forms. Moreover, if different infectious fluids, yield different organic forms, it follows as a corollary that the fluids themselves must have different properties, and may it not be to these properties more than to the peculiar organisms each fluid contains, that their specific infection is due? This at any rate is certain—that, until the alleged specific organisms of such fluids, entirely separated from the fluids with their life conditions maintained intact, and the fluids entirely separated from the organisms with their chemical states unaltered

by oxygen and manipulation during filtration are inoculated into healthy animals separately and the results noted, it should be held as undecided which constitutes the actual virus.

I admit that presently the germ theory seems most in favour, and if its adherents proceed as they are doing, we shall soon have disease germs enough, these being apparently blamed as the cause of every pathological state where they are found, and that is in every pathological specimen, animal and vegetable; and, moreover, for many diseases in which they are not found; and they are always looked on by the germ theorists as the causes of these states and diseases but never as the result.

While speaking thus of the germ theorists it is far from my desire to disparage their arduous and interesting labours. On the other hand the brilliant researches of Pasteur, Klebs, Koch, and others in France and Germany, as well as of Lister, Sanderson, Roberts, and others in Britain, command the admiration of every purely scientific mind, and seem presaging results which, if realised, will be the means of preventing annually, both in man and the lower animals, an enormous amount of disease and an immense number of deaths. At the same time it appears to me that these distinguished savants in many of their investigations tacitly admit the physico-chemical theory while ostensibly discarding it. Also that probably most, at least certainly many of their results already obtained may be as satisfactorily interpreted, and those anticipated as easily realised on the physico-chemical, as on the germ, theory.

Such are a few of the many facts and considerations regarding the nature of zymotic poison. In the brief time at my disposal I could not do the subject half justice, and have been obliged to treat it chiefly in the abstract. Many important points have been unnoticed, such as the cultivation of micro-organisms in different solid and liquid media, in which it is stated their alleged virulence can be maintained, augmented, modified, or destroyed. The ways in which infective matter seems to arise; the modes and channels by which it spreads, and the means and substances used for its destruction, &c., Still I hope that enough has been said to convince you of what was stated at the outset, viz. that the intimate nature of zymotic poison is a subject of vital importance, not only to all medical men but to all humanity.

It is much to be regretted that those of our countrymen who, from their abilities and position are naturally expected to aid in unravelling this complex problem, have, by the late prohibitive enactment regarding experiments on animals, been deprived of the chief means for doing so. I have studied for the last few years without bias, the various arguments in favour of anti-vivisection, and briefly they seem to me to consist essentially of rabid sentiment and mere sophistry, the result of morbid æsthetic conditions. Most medical men admit that some experiments formerly repeated on animals were only of interest in showing certain peculiar known vital phenomena primarily revealed by the experiments, and they willingly admit that such are superseded by the knowledge thereby acquired. But, is medical service perfect? Can the shifting, subtle, and profound intricacies of disease and of therapeutic action, be predicated and formulated like a proposition of Euclid? It would seem so, judging from the Anti-vivisection Act, and not that the birth of scientific medicine was only about forty years ago. As the treatment of disease is partly founded on a knowledge of healthy physiological function, how is this to be perfected but by studying the different organs and their functions during healthy life, which is only practicable by experimenting on animals. Partially conceding that there is already sufficient knowledge on this point for all practical purposes, this cannot however by any means be admitted in regard to pathology and therapeutics,

a knowledge of which is as necessary to the treatment of disease, as is that of the healthy organs and functions. Experimental pathology, as I may term it, is a branch of medical science, from which most favourable results in "preventive medicine" may be expected, and more especially in regard to zymotic affections. Certainly, such results can only be obtained by experiments on the lower animals, unless some of the anti-vivisectionists submit themselves as substitutes. For it will hardly do for them to say that men, women, and children and many useful lower animals, must suffer and die of infections and other maladies, in order that a few frogs and dogs, and cats and rats, may live.

As regards therapeutics, in the progress of which I am more particularly interested, its numberless intricate problems, can unquestionably only be solved by experiments on animals. From the great and universally recognised value of medicinal bodies in the treatment of disease, and from the continual introduction of new chemical preparations and vegetable products, some of which may be of great value when their actions are known, I think that the Anti-vivisection Act presses heavier here than elsewhere. Perhaps some of you may have heard of the introduction of Calabar bean as a medicine, by which Sir Robert Christison in trying its effects on himself, nearly lost his valuable life. Now were an anti-vivisectionist or any of his family to have tetanus, it is probable that they would get the benefit of this experiment. Then again chloral and its hydrate were discovered by Liebig more than forty years since, and a bare account of their preparation and composition in works and organic chemistry, was all that was known of them until about ten years ago, when Liebreich experimented on animals with the hydrate in Virchow's laboratory in Berlin, and thereby discovered its valuable soporific properties. These are now so well known and so largely appreciated throughout the world that whereas, at the time of Liebreich's discovery there were perhaps not more than a few ounces in existence, it is now prepared by the hundred-weight and used everywhere. But the anti-vivisectionists are not consistent. Why suppress experiments on animals indispensable for the acquisition of knowledge to be utilised in lessening disease and saving life, while in many cases neglecting the great cruelties inflicted on them for profit and mere sport. Indeed, the fact that thousands of animals are tortured and killed yearly, solely for sport, is surely, to say the least, a vastly greater infringement of morals than that alleged to be perpetrated by the comparatively slight pain inflicted on comparatively few of them, for beneficent ends. The cruelties to which I allude are demonstrated in deer stalking, in which the noble animal with "his round haunches gored," or a scapula fractured, or a leg broken, or his snout shattered by the leaden missile of the stalker, often escapes to some lone mountain corrie—to die. This is painfully illustrated in Landseer's picture entitled "A random shot," where a wounded hind with its fawn sucking it, lies bleeding and dying on the snow. Such cruelties are also seen in the trapping of ground game where a hare or rabbit may be caught by the leg in the iron teeth of the trap at nightfall and held there till next morning struggling in agony; or it may escape to die a lingering death in its burrow, leaving its mangled limb in the trap. They are also seen in the degrading sport of "drawing the badger," and in that of the rat pit where bets are taken on terriers to kill a number of rats in a given time, and where young terriers are often put to kill rats whose teeth have been extracted to prevent them acting in self-defence. They are also seen in the emasculating of lambs, in which the seminal glands are usually torn and gnawed out in the most cruel and brutal manner by the teeth of the shepherd. Female deer have also sometimes their ovaries removed merely to increase their size and improve their appearance. They are also seen in the well known murder spots of grouse shooting, pigeon shooting, hare coursing, deer

drives and fox hunting; and it may also be said in horse racing. Likewise in the conveying of cattle across the Atlantic, in which the poor animals are often dreadfully knocked about, sea-sick and vomiting, a most painful process for a ruminant, having their legs broken, their horns torn from their sockets, and frequently dying in great numbers. Also in the transport and sale of lobsters, in which these crustaceans are allowed slowly to die, as may often be seen in fishmonger's windows, where they are exposed, still in life, with their appendages fastened to prevent escape. Also in steam-dredging, in which masses of fish die a lingering death, especially the flat fishes, these often living many hours after leaving the water. Also in angling, in which a salmon or trout, probably hooked by the eye, may struggle long with its captor, or perhaps have several hooks of a phantom minnow buried in its palate, and perhaps, after all, escaping with the steel barbs still sticking in its mouth. And in angling with the worm, in which the poor creature usually has its sensitive double chain of nervous ganglia strung on the hook, or its tender skin pierced at intervals with three barbs, as in the "Stewart tackle," designed to torture it as little but as long as possible. Also in angling with the live minnow, in which one hook is buried in its skull, one in its spine, and one at the root of its tail. Other live animals are also used in angling, e.g., frogs, flies, grasshoppers, &c., &c. These facts surely show that the anti-vivisectionists are straining at gnats and swallowing camels, and that, for many reasons, they should be placed in the same rank as the anti-vaccinationists.

THE GERM THEORIES OF DISEASE COMPARED.

By Surg.-Gen. CHAS. A. GORDON, M.D., C.B.,
Honorary Physician to H.M. the Queen.

"THE state of disease is not a radically different condition from that of health. The pathological condition is, to the physiological, simply a prolongation of the limits of variation, higher or lower, proper to each phenomenon of the normal organism, and it can never produce any new phenomenon." (a) Thus is expressed the theory of disease looked at from the standpoint of philosophy. But from the days of Hippocrates, medicine has been separated from philosophy; and here are some of the results of this separation: "Hypothesis heaped on hypothesis, unsupported by observation, based on no truths." (b) How far the last quoted remarks apply to the theory of disease germs, which at present commands a large share of professional attention, remains to be seen. At the meeting of the Medical Congress, one (c) of the eminent men who addressed that body, expressed his views with regard to the phenomena of disease in words not very different in their purport from those quoted in the opening paragraph of the present article. At the same time he spoke of the germ theory in conditional terms, thus: "If the specific diseases be due to organisms, and the hypothetical contagium vivum be a reality, and if the doctrine of evolution," &c., &c. We propose now briefly to summarise a little of what very recently has been adduced for and against this hypothesis, bearing in mind the while that the subject is still in the stage so designated.

And, first, those that are for disease germs. The disastrous disturbances by which wounds and life are threatened, are ultimately due to the intrusion of lower organisms. (d) Drs. Fokker and Naegelli consider that there is only one form of bacteria subject to varieties

and modifications. (e) In anthrax the only agent necessary, or able to produce the disease, is the bacillus anthracis. (f) Everybody who did not believe in the specific nature of germs was wrong. (g) Germs or elements of destruction in the form of microzymes, which are the cause of all fermentation, and the lowest element to which our organism can be reduced. (h) Inoculation of animals, with the virus of pleuro-pneumonia, was stated to be a sure guarantee against that disease. (i) By the theory of germs, means were taken to diminish the chances of infection after great operations; morbid poisons could be attenuated, and by inoculation with the product, virulent diseases prevented. (j) The method of preparation of, and inoculation with the virus of children, cholera, and of splenic fever, was fully described by the greatest advocate of the system. (k) And so on.

2. Against the theory of disease germs are the following:—The figures given as results of treatment of wounds in accordance with the theory, have been slighted. (a) Equally favourable results would have followed the observance of perfect cleanliness. (b) It was said (c) that "the relation of micro-organisms to diseased processes was being exaggerated. Whether bacteria exist only as one form, or in that of several different forms, is a point on which opinions differ. (d) Portions of brain substance contained substances that not unlikely were mistaken for organisms. (e) The hay bacillus acquires virulent properties when cultivated in an albuminous fluid. So does aspergillus. (f) The bacillus anthracis could be converted into hay bacillus, and vice versa. (g) It was stated that this could be explained by an error in manipulation. (h) The transformation of a micrococcus had never been seen; therefore, it was not believed in. (i) It was shown at a meeting of the Academy of Medicine that inoculation with the virus of pleuro-pneumonia was of no benefit whatever. (j) It is said of a very eminent experimenter (k), that he sees germs everywhere. Of animals inoculated by him with saliva from the mouth of a child dead by rabies, all died. Their blood contained myriads of microzymes. Rabbits inoculated with the blood died, and in theirs precisely similar microzymes were found. Further experiments, however, with saliva of children who had died by other diseases, were followed by results precisely similar to the first series. (l) Regarding the *spirillum obermeiri* cases of relapsing fever occur in which competent observers fail to detect spirilla in the blood. Persons were equally inoculated with the blood, no matter whether it contained spirilla or not. Observations on septimic infection go to discredit the ministry of organisms. (m) The doctrine of specific organisms, as the cause of specific diseases, is alluded to as a hypothesis;

(e) *Ibid.*, p. 290.

(f) *Ibid.*, p. 299.

(g) Pasteur. *Lancet*, October, 1881, p. 548.

(h) Béchamp.

(i) Bouilly. *Medical Press and Circular*, October 12th, 1881, p. 322.

(j) Raynaud. *British Medical Journal*, August 13th, 1881, p. 272.

(k) Pasteur. *British Medical Journal*, August 13th, 1881, p. 283. Also Greenfield. *Journal of Agricultural Society of England*, vol. xvii., part I., p. 30.

(l) Volkman. *Lancet*, August 13th, 1881, p. 281.

(m) Spiegelberg. *British Medical Journal*, September 3rd, 1881, p. 401.

(c) Lister. *Lancet*, October 1st, 1881, p. 290.

(d) See *Lancet*, *op. cit.*

(e) *Ibid.*, p. 299.

(f) Buchner. *Lancet*, October 1st, 1881, p. 547.

(g) Greenfield. *Virchow*, *ibid.*

(h) Pasteur, *ibid.*

(i) Pasteur, *ibid.*

(j) Leblanc. *Medical Press and Circular*, October 12th, 1881, p. 322.

(k) M. Pasteur.

(l) *British Medical Journal*, July 23rd, 1881, p. 138.

(m) *Indian Medical Gazette*, September 1st, 1881, p. 260.

(a) Comte. "Positive Philosophy," book v., chap. i. Quoted in *Westminster Review*, October, 1881, p. 406.

(b) Knox. "On the Races of Man," p. 84.

(c) Professor Wilks. See *Lancet*, August 6th, 1881, p. 223.

(d) Volkman. *Lancet*, August 13th, 1881, p. 281. ¶

its adoption as the *assumption* of such a *theory*. (n) It is noticed as being of the number of theories regarding infectious disease as those of "arrows of Apollo, winged worms, little dragons, spiders," and so on; the power of resisting them, as the *vis medicatrix naturæ*. (a) Drs. West and Jacobi, speaking in the section of diseases of children, said that the presence of bacteria, or other organisms in the membrane of diphtheria, does not prove that they are the cause of that disease. Against the theory of inoculation of cattle with virus of spleen fever, it is stated that the results of experiments differ in French and in English cattle; also, according to breed, and that results obtained on the former do not necessarily hold with regard to the latter. (b) The theory of "anthrax poison" being brought to the surface by virus was shown to be inapplicable. (c) It was pointed out that, with the diminution in mortality by small-pox, which has occurred during recent years, there has been an increase in that by measles and scarlatina, exceeding that which increase of population would account for. (d) It is hardly possible to think of a neutral living organism. (*Monas tuberculosum* of Klebs) being charged with the power of conveying so complex details from one body to another. (e) The public is being universally "fetched" by the simple and attractive notion of numerous common diseases being caused by aerial swarms of organisms which have had, as it were, declared war against mankind. (f)

The references thus given, while they comprise the gist of all that has transpired in arguments adduced in support of the "germ theory," give only a few of those that are brought forward in opposition to that theory. Let us assume, for the sake of illustration, that in a criminal court the prosecution had no more definite evidence in support of a charge than such as is here brought forward in favour of the germ theory, as opposed to that "on the other side." Under such circumstances, is it reasonable to believe that an intelligent jury would pronounce a verdict of guilty against "the prisoner at the bar?" Most assuredly—No.

VIVISECTION.

[COMMUNICATED.]

THE futile but vexatious attack made on Professor Ferrier, by the anti-vivisectionists, will not be without useful results, if it discredits a society composed of sickly philanthropists, and presumptuous busy-bodies, and, by cutting off the stream of subscriptions, puts it out of its power in future to fee an eminent Q.C. to bespatter with abuse a man of science, when he is unrepresented and has no opportunity of meeting the charges unwarrantably brought against him. For fourteen days, between the application for the summons and its hearing, Professor Ferrier had to lie under the imputation of being a law-breaker, and of having performed experiments which were denounced as "terrible" and "shocking," and which the public, so prone to take things on trust, will probably continue to regard in that light notwithstanding the convincing evidence adduced that they were beneficent and deserving of the admiration and praise of all who wish well to their fellow men. It is, we understand, unusual as it certainly is unfair for anyone applying for a summons, to indulge in unnecessary expletives or do more than state the facts which justify the application, and we trust there-

fore that it will be remembered by the medical profession of any borough, the suffrages of which Mr. Waddy may hereafter seek, that he went out of his way to traduce an eminent physician whose sole offence is, that he has laboured to extend the boundaries of knowledge and increase the resources of the healing art.

But the attack on Professor Ferrier will have other advantages besides disgracing a silly society and showing forth a legal luminary and political aspirant in his true colours, for it will prominently direct attention to the whole subject of vivisection, and scattering the prejudices and falsehoods that have been diligently gathered round it, tend to spread just notions respecting it amongst the discerning classes of the community. And it is high time that the whole subject of vivisection should be reconsidered. The Act at present regulating painful experiments on living animals was accepted by the medical profession in 1876, at a time when it might have been readily defeated, with some reluctance, but with the understanding that it would be liberally administered. "The compromise which," as Lord Sherbrook has said "then in the language of the solicitor broke out between the parties," was accepted by the profession, not as involving that there had been the slightest abuse of vivisection in this country, or that there was any need for legislative interference, but rather as insuring to scientific investigators, official protection in their work and freedom from misrepresentation and annoyance. It is almost needless to say that the anticipations which led to the acceptance of the compromise have been woefully disappointed. The Act has been interpreted in the narrowest spirit. Obstacles have been placed in the way of the most necessary and praiseworthy investigations. Physiological and pathological discoveries have been practically forbidden in England. Ardent students have had to visit the Continent in order to solve pressing problems having an immediate bearing on the recognition and treatment of disease. Agitation has not abated. Anti-vivisection literature of the wildest description is still sown broadcast over the country, and now an utterly unfounded charge is trumped up against a distinguished medical man, who is accused of having violated an Act, which men of science at least have been careful to respect. It is clear that the yielding policy—the policy of compromise, has failed signally in this instance, and that it must be changed for bolder and more spirited measures. Those interested in the progress of biological science, cannot any longer submit to have their hands tied while they are subjected to insult and calumny. Further surrender is impossible, and a bold stand must be made for truth and humanity—not purblind but far-seeing humanity. The moment that men of science with no misgivings as to the justice of their cause, but with a natural desire for peace and the conciliation of their ignorant or misguided enemies, show a disposition to concede any point a more determined rush than ever is made on their whole position. When Oliver Twist, in his innocence and timidity took to his heels after the theft of Mr. Brownlow's pocket handkerchief, the actual depredators, the Dodger and Master Bates, as well as all the disreputable characters in the neighbourhood joined in the pursuit of him shouting lustily "Stop Thief!" and so when men of science in guilelessness and dislike to controversy, turn silently from the preposterous charges brought against them, all the cruel classes in the country raise the hue and cry and chase them with howls and execrations, in the hope perhaps of withdrawing attention from their own misdeeds, and gaining cheap applause, as the apostles of tenderness and pity. For the fact cannot be disguised that the ranks of the anti-vivisection army are recruited greatly from what must be designated the cruel classes. They include no doubt some raw soldiers, who are genial but stupid, but they are made up we fear chiefly of levies in whose breasts there is but little of the genuine milk of human kindness. There are to be found the torturers of consciences, who for the lust of priestly power, strips the poor soul of its

(n) Klebs. *British Medical Journal*, August 13th, 1881, p. 279.

(a) *Ibid.*

(b) Greenfield. *Journal of the Agricultural Society of England*, vol. xvii., part i., p. 30.

(c) Wortley Axe, *ibid.*

(d) Carpenter. *Nineteenth Century*, October, 1881, p. 638.

(e) Creighton. *Nature*, October 17th, 1881.

(f) *Medical Times and Gazette*, October 15th, 1881, p. 466.

natural integuments, lacerate its most sensitive recesses, and plant in it long festering issues. These are the heroic pigeon and pheasant shooters, who kill for the love of the thing, and shatter limbs and nerves and viscera in careless profusion. These are the egotistic females—women one cannot call them—whose delicately strung nerves cannot bear the idea that a rabbit should be poisoned for scientific purposes, and who are willing, therefore, to entail intolerable suffering on future generations of mankind. These are the *connoisseurs* of crimped cod and *pâte de foie gras*, the patrons of the bearing rein, the adulterators of food and drugs, the owners of coffin ships, and many others probably who hope

To compound for sins they are inclined to,
By damning those they have no mind to.

To give way to such opponents of vivisection, is to stultify scientific truth, and encourage further encroachments on its domain. As Virchow has well pointed out, were the attempt to restrict vivisection successful, an active crusade for its abolition would be begun, and after that would come an agitation against mortification. Those who now lament the torments to which, they allege, animals are subject, would then thunder against the desecration of corpses, and denounce our dissecting rooms and post-mortem theatres as places in which ingenuous youth is systematically hardened and demoralised. A firm stand must be made against fanaticism in alliance with ignorance and hypocrisy, and the great truth emphatically proclaimed that experiments on living animals are essential to further advances in medicine and surgery. It is not now to be anticipated or desired that such experiments should be carried on, except under registration and supervision, but guarantees must be obtained that no obstacle should be put in the way of their performance by any competent operator, that no bigoted nor popularity hunting official shall have it in his power to impede the growth of knowledge, and the alleviation of suffering, and that those undertaking such experiments shall be safe from harassment and persecution. There is plenty of solid good sense in the English nation to appreciate the irrefutable arguments in favour of vivisection when they are fairly and plainly stated, and to brush aside the follies of those who would extinguish science in these islands, and rivet on us and our descendants oppressive burdens, which a little judicious experimenting might remove. Hence the importance of reopening the question, and of exposing the fallacies, exaggerations, and cunning devices of the anti-vivisectionists.

And on a question of this kind the argument from authority will have much weight with the British public. It will not be slow to understand that the lay mind is as incompetent to prescribe to medical science its future lines of research as it is to dictate to astronomers what improvements they are to effect in their apparatus, or to chemists, what reagents they are to employ in testing. Medical science knows best what is needful for its further progress; and when 99 per cent. of doctors in the country declare solemnly that experiments on living animals are indispensable to deeper insight into the nature of disease, and to improved methods of treating it, then the loud asseverations of any number of ill-informed out-siders may safely be disregarded. All reasonable beings who have suffered from disease, or seen its effects on those they love, who have felt pain, or mourned over the work of the fell-reaper, who cuts down "the bearded grain at a breath, and the flowers that grow between," wish well to medical science, and hope that the resources of the healing art will be made more and more certain and effective.

There is not one man in ten thousand who, if convinced that the slaughter of a rabbit would instantly relieve him of an agonising toothache, or that the decapitation of one thousand frogs would bring back his hydrophobic child from the gates of death, would not instantly sanction the sacrifice. Is there one in ten thousand, then, who, on its being shown that the

slaughter of a rabbit might lead to the relief, not of an individual pang, but of the throes of generations of future sufferers, or that the mincing up of one thousand frogs would insure the abolition of hydrophobia, would hesitate for one instant to wish God speed to the hand that wrought such beneficent destruction?

How comes it then, it must be demanded again and again, that there is so much opposition to vivisection, not only amongst the small and irresponsible residuum of mankind, who would rather die than shed the blood of a guinea pig, but also amongst generally rational and matter-of-fact people? What is it in a painful experiment on a living animal that is objected to, not by the fanatics, for their cries and conjurations are unanswerable, but by sober-minded persons capable of listening to argument? Not surely the pain itself nor the reaction of the pain on those inflicting it. "The whole creation groaneth and travaileth in pain until now," and it is the law that animals must suffer for man's welfare. Wordsworth has told us that:—

"We must not blend our pleasure or our pride
With suffering of the meanest thing that feels."

but even the gentle Lakist has not maintained that it is unlawful to blend our safety, comfort, and convenience with suffering of any animal in the scale of being even up to the noblest, man himself. And no object of man's pursuit more fully warrants the imposition of suffering upon the lower creatures than the emancipation of the human race from the slavery of disease, or, at least, from some of those morbid fetters which have so long bound it in misery. The medical profession emphatically declares that the infliction of a small amount of suffering on animals in the past has brought unmeasured relief to tens of thousands of men, women, and children racked on beds of sickness and accident, and leaders of the profession, not vain dreamers or braggarts—but men like Lister, Rutherford, Lauder Brunton, Radcliffe, Burdon Sanderson—assure us that they have a full conviction that by the infliction of a little suffering on animals now, they will put within our reach new means of ameliorating the condition of our species. Is it to be endured that such men should be held back from their truly philanthropic enterprise, on account of any abstract proposition that it is unlawful to inflict pain on animals?

The argument that the reaction of the pain inflicted on animals on those who inflict it or on the community that sanctions its infliction is delirious, and tends to demoralise is scarcely more tenable than that which maintains that it is not permissible to give pain to animals on any pretext beyond the obvious necessities of procuring food and raiment at their expense. It may be demonstrated that the infliction of pain on sentient beings does not harden nor deprave those who inflict or sanction it. It is not what a man does but the motive with which he does it that purifies or defiles the mind. To give charity ostentatiously, out of one's superabundance is to cultivate the pharisaical spirit which is detestable, but to relieve distress secretly and with self denial is to encourage Christian virtues. And so to inflict pain for wantonness or personal enjoyment is to corrupt and brutalise the heart, but to inflict it, with the conviction of its necessity and for an assured future good, in the performance of duty or pursuit of truth is really to discipline and ennoble the mind. It has never been argued that the infliction of punishment, which means pain, with a view to the reformation of the individual or the masses is in any way prejudicial to anybody concerned. It would indeed seem to have been publicly recognised that the administration of pain in the form of chastisement to small boys has a dignifying effect on the intellect and character; for it used to be said that no one was fit to be a bishop until he had birched a thousand boys. The head masters of our public schools are daily performing very painful experiments on sentient beings with very problematical advantages, and if we possessed as delicate an instrument for measuring sensation, as we do for measuring the force of muscular

contraction it might be proved that any one of them has caused, through the artificial production of intense cutaneous erythema, more physical suffering than all the vivisections in the kingdom, to say nothing of the distressing mental accompaniments of flogging in a being that looks before and after, which have of course no analogues, in an animal living in the moment and not given to retrospection or anticipation. And yet these men are held in high esteem, and so excellent in this case are the effects, the infliction of pain considered on all the parties concerned, that the bigger boys are encouraged to imitate their example, and flog their smaller and weaker brethren, tunding being defended as a manly and invigorating exercise.

It is the motive with which pain is inflicted that determines its moral effects, and surely in the case of vivisection these motives are of the purest and best. They cannot be classed under love of sport, nor mechanical subservience to custom, nor personal aggrandisement, nor craving for the fleeting breath of popularity, but must be recognised as the love of truth, and a desire to improve the condition of humanity and free it from some of its most grievous burdens, and if any motives can exalt and sublimate human action, these surely are they.

Clinical Records.

MEATH HOSPITAL AND CO. DUBLIN
INFIRMARY.

Brief Notes of Operations.

Under the Care of Mr. LAMBERT H. ORMSBY,
F.R.C.S.,

Lecturer on Clinical and Operative Surgery.

(For these notes we are indebted to Mr. PERCY NEWELL.)

OPERATION I.—For Necrosis of Lower Jaw.—Kate K., *æt* 13, an exceedingly weak, unhealthy looking girl, was admitted into the Meath Hospital on the 12th Oct., suffering from necrosis of lower jaw, extending nearly from symphysis to angle. *History*—For nearly three years she has been suffering from abscesses continually forming along the lower jaw, and when formed they usually opened, leaving unhealthy sinuses behind which discharged a thin kind of ichorous pus. On examination it was found that a large piece of the bone was quite bare and loose.

Operation performed for Sequestrotomy.—An incision was made along the ramus of the jaw uniting the sinuses and with the aid of the necrosis forceps, bone forceps, and elevator, a large portion of the dead bone was successfully removed from the outside. The mouth was now opened and it was found that there was some more necrosed bone still remaining, which was loose to a certain extent, and to which was attached two of the molar teeth. After a good deal of gentle manipulation this further portion was removed through the mouth. A profuse hæmorrhage followed. This was arrested by plugging the wound, which was considerable in size, with lint. The girl made a good recovery, and was discharged from the hospital in a fortnight.

OPERATION II.—For Fibrous Anchylosis of Elbow.—Christopher R., labourer, *æt* 30, was admitted to Meath Hospital, Oct. 8th, suffering from fibrous or false ankylosis of right elbow joint. *History*—He states that about two months ago he got a fall out of a cart on his elbow, which probably was fractured above the condyles of the humerus. He went to a "country bone-setter," who set his arm in a perfectly straight position from the shoulder down. The patient felt this a most inconvenient and useless position for his arm; not being able to work or lift food to his mouth. After close examination, Mr. Ormsby decided to break up the fibrous extra-articular adhesions with passive motion under ether, and if motion could not be restored to the joint, the forearm could be placed in a more useful condition for him, viz., in the angular position. Accordingly, on the 12th Oct., he was placed fully under the influence of ether, and when perfectly unconscious, it was found that there was slight motion in the joint, although of a very limited character, but it was

quite sufficient to prove the ankylosis was the false variety, and not the true. By gradual force, the operator slowly but surely, broke up the various adhesions fixing the joint, so that from the completely extended position the forearm was flexed so as to allow the palm of the hand to touch the shoulder. After the forearm was thus flexed and extended on two or three occasions, the limb was bandaged to an angular splint and thus retained. Considerable swelling followed this passive motion, which was treated with cold evaporating lotions and perfect rest enjoined. After some few days the pain and swelling had subsided, and he began to use the arm. In ten days he was again put under ether, and the joint moved again in the same way, after which he could move the joint very fairly, as well as put food to his mouth which he could not do previous to the operation.

OPERATION III.—Tenotomy of Long Flexor of Thumb.—Mary A., *æt* 10, was admitted to Meath Hospital, Oct. 12th suffering from extreme flexion of second phalanx of right thumb due to contraction of the tendon of the flexor pollicis longus. *History*—States that about six weeks ago she received an injury to the top of her thumb, and from that date it began to contract on the palm of the hand, disabling her to a great extent. On examination it was found that the motion in the joint appeared to be in no way impaired, but on attempting to extend the second phalanx, it was prevented by the contracted tendon of long flexor, which was very prominent and hard. Mr. Ormsby fearing, by instrumental pressure it would take a very long time to get the thumb in position, determined to divide the tendon. Accordingly, the girl was placed fully under the influence of ether, and Mr. Ormsby placed a very sharp tenotome under the tendon, and quickly turned the cutting edge against the contraction, which gave way with a perceptible snap. A dossil of lint, and a strip of plaster was placed over the tenotome puncture, no bleeding followed, and a very small flat metallic padded splint was bandaged to the thumb. After the splint was constantly applied for three weeks, the thumb was in a perfectly extended position, and the patient at the end of six weeks had power to flex it as well, showing the tendon must have united and thus regained its utility.

OPERATION IV.—Removal of Warts from Glans Penis.—Thomas M., *æt* 20, was admitted into the Meath Hospital, suffering from a most extraordinary crop of warty growths around and covering over completely the glans penis, due to continued attacks of gonorrhœa, and dirt accumulation, &c. On examination it was found that the warts extended all over the glans and affected the inside of the prepuce as well. He never had chancres, but had repeated attacks of gonorrhœa. It was decided to remove this crop of warts. Accordingly, he was placed fully under the influence of ether, and the operator, by means of a very sharp curved scissors, was able to remove these extraordinary warty excrescences. The parts being very vascular, a great deal of hæmorrhage followed, but it was soon controlled by the application of strips of lint steeped in a solution of tinct. ferri perchlor. The man made a very good recovery.

Special.

MEDICINE IN CHINA.—II.

Ague.—On the subject of ague or intermittent fe much information of a peculiar and interesting kind is found in these reports. The popular name in Peking for ague is *yan-tze*, the book name, *niö-chi*, from the resemblance in its treatment of its subjects to a harsh and cruel man. Several kinds of ague are specified in Chinese medical works. The principal of these are arranged according to assigned cause, for, unlike their Western representatives, the Chinese physicians admit the power of several causative influences besides that indicated by the term *malaria*, or its equivalent, *fung-skui*; that is, air and water, otherwise "climate." Thus we meet with ague from wind, from cold, from heat, damp, "phlegm," food, excessive exertion of body or mind, spirits or devils, epidemic, pestilential vapours issuing from deep valleys, and so on. The causes of the cold and hot stages is traced to a

want of harmony between the two principles of Nature, the *yin* and the *yang*, this explanation perhaps, not more indefinite—and in its nature more abstract—than are some of those theories which find acceptance elsewhere than in China.

The symptoms of ague are minutely and very correctly described in all Chinese medical books, from 2,600 B.C. down to the present dynasty. Thus authentic experience with reference to the affection is carried back to a period of immense antiquity. But it cannot be said that advance has taken place in the methods followed if, as in the West, the significance of the terms "change" and "advance" is held to be synonymous. The remedies employed in the treatment of ague are those that have been used for the same purpose during the last 3,000 years. Full details with regard to them are given in the reports under notice; their composition can be only glanced at. In cases of ague, during the perspiration stage, a preparation is administered composed of cinnamon, *libanotis* root and liquorice (glycyrrhiza). In cases where perspiration is absent, the same with the addition of *ephedra*. In the ordinary and regular quotidian form, a combination of the root of *Bupleurum octotridiatra* cinnamon, scutellaria, ginseng (*Panax ginseng*), *pæonia albiflora*, an armroot (*arum macrori*), prunice, ginger, and jujubes (*Zizyphus jujuba*). In cases of day ague the treatment differs from that for night. One remedy consists of ginger, peppermint, honey and water—a little camphor in addition, should these prove "too hot." Other remedies are enumerated, some palpably inert, others extremely offensive in their nature. From the composition of those enumerated, however, the circumstance transpires that the remedies most trusted to are those the properties of which are severally aromatic, antispasmodic, and tonic.

9. *Dysentery*.—The occurrence of dysentery in China is one of the great dangers to which sailors visiting ports, and residents in that country are exposed. Among seafaring persons—more especially those of scorbutic diathesis—it is generally severe, and often fatal; in foreigners on shore liable to hepatic complications, and showing a tendency to become chronic. Dysentery and malarial fevers are frequently present in the same individual. They chiefly prevail during the same period of the year, namely, that in which marsh miasms are most abundant. They are, in fact, considered to be results of seasonal and climatic causes.

In the treatment of dysentery in China, ipecacuanha in large doses has been administered, as in Europe. In particular cases benefit has rapidly followed; in others the results have been less satisfactory. The native remedy, which has attained the highest reputation in the treatment of dysentery as that disease occurs in China, is the *Ailanthus glandulosa*, the actual properties of the plant being that it is intensely bitter and astringent; also that it is powerfully anthelmintic. As is natural to assume from its properties, it is chiefly employed in the chronic form of dysentery. In that form it is administered combined with aromatics, including mace, levisium, liquorice, together with other substances, as *Lonicera chinensis* and charcoal of *carthamus tinctorius*,—the combination taken in rice water while fasting, the diet of the patient to consist of milk and rice. This *regime* has been directed with success by physicians of the French Legation in Peking. In several respects it bears analogy to the treatment of chronic cases by the rind of the *Garcinia mangostena* in the Straits; by powdered bael (*Aegle marmelos*) in India.

10. *Small-pox*.—According to writings quoted in the reports before us, the history of small-pox is traced back in China to about A.D. 317-40. But as to the manner of its

first occurrence, or its original source, if, indeed, that were extraneous, information is necessarily indefinite.

Inoculation.—The employment of inoculation as a protection against small-pox has been followed in China for ages. Vaccination is rapidly superseding that method: yet among many natives there exists this plausible objection against the latter, that without a few marks as evidence of having passed through small-pox, a marriageable woman is wanting in one of her chief qualifications. But the practice of vaccination is rapidly spreading, nevertheless; and more especially in Canton in the south, and Peking in the far north, of China.

11. *Peculiar Diseases*.—*Sprue*.—The disease so named has long been known in India and Java. The term is sometimes applied to the thrush of infants associated with the development of *oidium albicans* in the mouth. Sprue, however, is entirely confined to adults. Its symptoms are referable, 1. To a remitting inflammation of the mouth and alimentary canal generally. 2. To diarrhoea and irregular action of the bowels. 3. To anæmia and general atrophy. It is peculiar to hot climates. During an exacerbation the tongue is more or less swollen, papillæ elevated, shallow ulcers on cheeks, tongue, and lips; saliva rapidly accumulating, pours from the mouth while being examined; tongue abnormally clean; no fætor. The œsophagus becoming implicated, renders swallowing difficult. Both the inflammation in the mouth and the diarrhoea are periodic. At times the diarrhoea is semi-choleraic in character, the attacks at night, occasionally also with diarrhoea; there is great sense of languor, tympanitis, and borborygmi. The evacuations pale, clayey, frothy. There is great emaciation, the patient is feeble, irritable, incapable of much mental effort, and anæmic. The progress of the disease is slow. Removal to a cold climate is absolutely necessary. Medicine and diet, although they may mitigate, will not cure the disease so long as the patient remains under the conditions in which the disease was acquired.

The cause of sprue is the general unsuitability of the European constitution to tropical climates. In China age and residence have a marked influence as predisposing causes; of five cases recorded the patients were over thirty-five years of age, and had been over ten years in the country; their habits differed—from free livers to teetotalers. At Shanghai, and other northern places, patients improve during the cold weather. The reporter has never seen it in a native. In Batavia the affection is generally associated with cirrhosis, or other disease of the liver.

In the treatment, bismuth and strychnia during the remissions, and bismuth and morphia during the exacerbations, are of some service as palliatives. Wine and spirits should be given much diluted. Other remedies recommended are grey powder, soda and rhubarb, taraxacum with alkali.

12. *Rabies*.—The occurrence of rabies in dogs in China depends not upon ill-usage to which these animals are subjected to. Were this the case, it would be ever present among the curs that live upon foul garbage in city lanes and streets, to speak not of other places no less foul. The several methods adopted by the Chinese of treating hydrophobia are carefully detailed in the Customs' reports. According to one of these, in order to guard against the affection, the newly-inflicted wound must be treated with moxa; then the remedy *yuh tsin* applied, while internally, first the *Foo wei san*, and next the *Hoo peih yu san* are successively administered. The constituents of the former are orris root (*Iris blorentina*), arum pentaphyllum, and another species (*Pek-lu-tze*), urtica tuberosa, angelica, and libanotis (*Libanotis Sibirica*)—equal parts. The combination triturated so as to form a powder, and moistened. The second remedy named,

that is, *Foo wei san*, consists of cantharides, 1 fly, a soft yellow earth, one oz., realgar, 1-10th oz., musk, 1-50th oz. Add one Spanish fly for every day that has transpired since the bite up to the seventh day, but on the tenth, and afterwards, add ten flies to the mixture. The third, namely, *Hoo pek yah san*, is thus composed: yellow earth, 6 oz.; liquorice, 1 oz.; amber, $\frac{1}{2}$ oz.; indigo, 1-12th oz. The dose, 1-3rd oz., "dissolved in water in which the rush has been boiled." Another remedy—and it is said to be infallible—is composed of musk, 16 grammes; native and artificial cinchar, of each 20 grammes. These are powdered, mixed, and administered in a spoonful of rice spirit (arrack). At the end of two or three hours sound sleep, followed by profuse perspiration, follows, and then the dose is to be repeated. But unhappily, a tual statistics of recoveries by all such means have yet to be supplied.

13. *Formication*.—One of the "peculiar" affections to which Chinese in Canton are subject is described as general formication. It appears to be undescribed except in the reports before us. It is there alluded to after this manner. Sensation like the crawling of ants over different parts of the body. These sensations come and go, except in aggravated cases, when they are felt nearly constantly. They are apt to be worst at night; they occur in such weather as usually produce neuralgic pains; they are excited by heat and atmospheric changes, by causes acting upon the mind. Cold has a soothing influence. It appears to be peculiar to the native Chinese; both sexes are about equally liable to attack; the general health of the patients otherwise good. The native physicians recommend a tonic course of treatment and mental relaxation. In its nature the affection is considered as allied somewhat to neuralgia.

14. *Peculiar Affections of the Throat*.—In the far north of China a peculiar form of disease affecting the throat is met with among the natives. It prevails during the winter season, and so far has been met with at no other Treaty port than *Neuchawang*. Its course is somewhat thus: A chill is experienced; then severe fever, lasting a few days; discomfort in the upper part of the mouth; sensation as if something were coughed up; on fourth or fifth day of illness the mucous membrane at the back of the pharynx seems to have disappeared, so completely has it lost its distinctive character. The surface looks as if a dry sponge had been applied, and the mucous membrane rubbed off; what remains of it is dry, shining, and looks as if stretched. Then comes a thin white membrane, which exudes from the part affected, and is coughed up; the exudation, at first white and thin, becomes yellowish and thick. The mucous membrane throughout the mouth and tonsils remains healthy, or very slightly affected. Associated with this affection there is great physical debility. A distinguishing feature is the liability of the patient to relapses.

The treatment employed consisted in steaming the throat with hot water with a little carbolic acid; then gargles containing opium, permanganate of potass or sulphurous acid; internally, phosphates, stimulants, and nourishing food, were given. The affection may or may not be associated with pulmonary disease.

15. *Dengue Fever*.—In 1872 an epidemic of dengue fever occurred in various parts of China. In the month of August of that year it appeared at Amoy, its occurrence was accounted for on the assumption that it was imported by returning emigrants from the Straits Settlements, where, as also in India, it had prevailed during several months. The native physicians at first looked upon the affection as a form of measles. Their theory is, that every person is liable to

three attacks of measles, in Chinese *Tchoot-pia* during his lifetime—twice before he has the small-pox, and once afterwards. When dengue appeared it was looked upon as being the second of such attacks. But the occurrence of the rheumatic pains with eruption in the person of a leading "authority" on the subject induced a change of opinion on his part, this, notwithstanding his national belief that all things new are *old*. Various names accordingly were given to the disease now become epidemic, as *Hong-pia*, or wind measles; *Sin-khi*, the new disease; "*Si-khi*," the seasonal epidemic; *Hong-khi*, the rheumatic disease, and so on. The disease rapidly spread in Amoy; business became in consequence interrupted, coolies, boatmen, and native merchants being nearly all prostrated with it, and not alone the natives, but foreign residents also suffered by it; crews of ships in harbour, as well as persons on shore. From Amoy the epidemic spread to places around. And yet, Foochow, Swatow, and Formosa, so far, remained exempt, notwithstanding that, between those places, India and the Straits communication was frequent and open.

THE HOSPITAL COMMISSION.

THE following appointments to the Governmental Inquiry Commission on the accommodation and administration of hospitals were officially gazetted on Friday last:—Lord Blachford, Sir J. Paget, Sir R. Alcock, Mr. W. Peel, M.P., Dr. J. Burdon Sanderson, Dr. A. Carpenter, Dr. W. H. Broadbent, and Mr. J. Hutchinson. The nature and objects of the inquiry are thus set forth:—

"The nature, extent, and sufficiency of the hospital accommodation for small-pox and fever patients provided by the Managers of the Metropolitan Asylum Board, and the several Vestries and District Boards in the Metropolis, including the Commissioners of Sewers for the City of London.

"The relative advantages and disadvantages to patients and the public of providing for small-pox and fever cases, whether amongst persons of the pauper class, or persons of the non-pauper class without proper means of isolation, or both, by a limited number of hospitals for the whole metropolis under one authority, such as the Managers of the Metropolitan Asylum District, or by parochial and district hospitals, under vestries and district boards.

"The expediency of continuing the several existing small-pox and fever hospitals now under the Managers of the Metropolitan Asylum District; or if it be considered desirable that any should be closed, the accommodation for small-pox and fever cases which should be substituted.

"The expediency of the Managers of the Metropolitan Asylum District establishing additional hospitals and of making special provision for convalescent cases.

"The conditions and limitations under which the hospitals provided by the managers should be continued, and the general conditions and limitations which should be observed in the case of the establishment of new hospitals, whether by the Managers or any other authority, so as to insure as far as practicable, the recovery of the patients and the protection of the public against contagion.

"The operation of the Acts relating to the establishment of hospitals for small-pox and fever patients in the Metropolis, and the provisions, if any, required for the acquisition of sites for such hospitals, whether by agreement or otherwise; and for the protection of the authorities providing small-pox and fever hospitals, subject to the same being conducted with reasonable care, and according to prescribed regulations, from liability to legal proceedings, so as to secure the public

against the loss of the benefits arising from such institutions ; and to make such suggestions as you may deem expedient in connection with all or any of the matters aforesaid."

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

COXALGIA.—At the Société de Chirurgie M. Auger drew the attention of the members to the theory of M. Verneuil in reference to the part played by the muscles of the joint in coxalgia, and endeavoured, by citing a few observations, to oppose the assertion of Verneuil, that cases of relapse in dry coxalgia were due to muscular atrophy and contraction. A little girl, *set.* 6, affected with coxalgia, was treated for several years. In the horizontal position the hip presented no flattening, there was no flexion of the leg, and the ordinary movements of the joint were hardly compromised. But, and this was most striking, there was a lengthening of half an inch. In walking, this lengthening became apparent, and the gluteal muscles were neither contracted nor atrophied. M. Auger believed this to be a case in which the theory of his colleague was not applicable. He (M. Auger) considered that everything depended on the state of the articulation, and that in it was to be found the cause of the different changes witnessed in this disease. M. Verneuil replying, said that in presenting his case (cited last week) to the Société, he did not intend to bring into discussion the whole history of coxalgia. He presented to the members a peculiar case, and endeavoured to explain it in the most natural manner. He did not pretend to speak of the vicious attitudes that the limb takes when the articular surfaces are affected or destroyed. M. le Dentu saw a case analogous to that of the last member. For six years he has been treating a little girl, *set.* 13, for coxalgia by an immovable apparatus, and considered the affection cured. A short time afterwards the mother perceived that the great trochanter of the affected limb was more projective than the other, and that the hip was flattened. Having examined the child, M. le Dentu found that the thigh was slightly flexed on the pelvis, and that there was a beginning of flattening. After some time the flexion became so great that for cible extension had to be practised, which was done under chloroform. During the operation, the resistance being so great, a sensation of tearing was felt. Was it from the ligaments, or the muscles? The child was put into an apparatus, and the limb made a good recovery. The muscles were not atrophied. M. Trélat never saw but two cases cured without ankylosis. M. Ollier considered that relapse was the rule in coxalgia, even after four or five years of apparent cure, and consequently ankylosis was, in his mind, the most fortunate result of treatment. The discussion was concluded as it was commenced, by M. Auger, who agreed thoroughly with MM. Trélat and Ollier, as to the frequency of relapse, and his object in bringing forward his communication, was to oppose the theory of M. Verneuil, who attributed the vicious attitudes of coxalgia alone to the contraction and subsequent atrophy of certain groups of peri-articular muscles, whilst in reality, these attitudes depended on articular lesions.

STRETCHING OF THE LINGUAL NERVE.—M. le Dentu presented a woman, *set.* 76, who suffered from *tic-douloureux* of the face for several years. The pain, which had become intolerable, was seated principally in left temporal region, the jaw, and the corresponding half of the tongue. The inferior lingual nerve was stretched, and the result was highly satisfactory. Thirteen days ago the operation was performed, and since then, the patient had no return of the pain. The nerve was elongated by half an inch. M. Incaise insisted upon the danger of stretching the tri-facial nerve. He had studied the effects of pulling on the superior maxillary nerve in ablation of superior maxillary bone, and he had seen very grave accidents,—trophic troubles, &c. In one case the eye of the side operated on, suppurated. M. le Dentu replied, that he was aware of these accidents, and consequently drew very gently upon the nerves.

HYPogastric LITHOTOMY.—M. Monod made a verbal report upon a communication of one of his colleagues, relative to two cases of hypogastric lithotomy. The first was that of a man affected with an ankylosis, the result of an old coxalgia, and which rendered the perineal section impossible. The calculus was not very voluminous, and weighed but six drachms. Lithotomy being practised above the pubis and the stone extracted, the wound was not closed by sutures, a drainage tube was inserted, and compresses of spirits of camphor applied. The next day a catheter was passed. After the third day of the operation the urine no longer flowed by the wound, and at the end of five weeks cicatrization was complete. The second case was that of a young boy of fifteen, and the operation was similar to that in the first case with this exception, the operator introduced an air-bag into the rectum, so as to throw forward the bladder. Eleven days afterwards the urine flowed by the natural channel, and in eighteen days the cure was definitely effected. The operator, encouraged by these

two successful cases, will to-day only admit of lithotomy, or hypogastric lithotomy. M. Monod, at the Necker Hospital, had occasion to practise three times hypogastric lithotomy, and the result in each case was unfortunate. The first was that of a man, *set.* 63, who had a very voluminous calculus. The extraction was easy, and the wound was sutured with all the necessary precautions. He placed a drain in the lower part of the incision, and a catheter *à demeure* in the bladder. All went well until the patient was attacked with erysipelas, which carried him off very rapidly. In the second case the patient died five days after the operation. No peritonitis could be found, but there was a little pus in the cellular tissue in the front of bladder. In the third case the patient succumbed also on the fifth day to a dangerous abscess of the pre-vesical cavity. M. Després observed that he published four years ago the successful result of two cases in which the operation in question was performed by a provincial surgeon. But the cases were those of children or very young subjects. It is not at all the same with adults, and above all with the old, they succumb, everyone to the hypogastric section. However, if he had a man of robust constitution, and of about fifty years of age, who had a stone of moderate size, he would prefer lithotomy above the pubis to that practised in the perineum. It is a very easy operation, but it should not be practised on the aged.

SUBCUTANEOUS INJECTION OF WATER IN PHTHISIS.—M. Raymond Tripier employs subcutaneous injections of pure water to prevent the vomiting of food in phthical patients. For this end, he injects over the epigastrium a Pravaz syringe-ful of very cold water before or after a meal. Under the influence of these injections, he has often seen the vomiting, which had resisted every other treatment, cease. M. Tripier has treated with success in the same manner the vomiting of certain dyspeptics, especially that of nervous females who dread the employment of morphine.

Transactions of Societies.

THE MEDICAL TEMPERANCE ASSOCIATION.

At the quarterly meeting of the members of this association held in the rooms of the Medical Society of London, Dr. B. W. RICHARDSON, F.R.S., the President, in the chair, Dr. NORMAN KERR read a paper on

THE USE OF STIMULANTS IN WORKHOUSES.

Dr. Norman Kerr treated the subject under three heads. 1. The officers' beer ration. 2. The beer allowance to healthy paupers. 3. The use of intoxicating drinks in the treatment of the sick poor. After pointing out that the presence of drink impaired the discipline, and tended to disturb the good order in workhouses, he strongly urged the entire withdrawal of the beer ration from the official staff, with a reasonable allowance of money instead. The allowance of beer to the healthy pauper, sometimes on the plea of work, was strongly objected to by Dr. Kerr, who held that the practice was condemned alike by many intelligent boards of guardians and by the Local Government Board. The medical prescription of strong drink to sick inmates was an entirely different and independent question, and ought to be considered without reference to any opinion one might have on the action of alcohol in health. There was no method in the medical use of stimulants in workhouses. In one union none would be given, and in another the value of £4 6s. 5d. per inmates would be prescribed. Dr. Kerr gave typical examples of this contradictory and confused prescription of alcohol from the returns affecting unions in England, Scotland, Ireland, and Wales. There was no evidence as yet to show what effect non-alcoholic treatment exercised on life or on disease in poor-houses, some unions consuming no liquor showing a higher percentage of death than other unions where alcohol was administered profusely. They knew nothing about the truth, because hitherto there had been no data complete and full enough to warrant any opinion whatever. Dr. Kerr did not plead for the total disuse of alcohol as a medicine, but for its careful and guarded prescription in accurately defined doses, for a definite purpose, and for the occasion only. He urgently appealed to his colleagues to order alcoholic drinks as cautiously as they did other powerful and dangerous drugs. He entreated his colleagues for their own reputation, for the credit of the profession, and for the benefit of their patients to seriously study the question of alcohol. Their knowledge of the nature of the drug, and of its action on the physical and mental constitution, had of late years been rapidly increasing. One lesson they ought all to take to

heart was, that it was a powerful and dangerous remedy, but too apt in many cases to prove more fatal than the original disease.

The discussion was opened by Dr. DRYSDALE, who said that no information with regard to the effect of alcohol upon disease could be gained from the archives of the Poor-law authorities. He was decidedly against giving alcohol to people in workhouses who were in good health, for he could conceive no greater inducement to the poor to go there than to give them that which perhaps had brought them into the condition which required relief.

Dr. ROGERS, President of the Poor-law Officers' Association, and medical officer to the Westminister Union, said he had not been thirty-five years a workhouse officer without seeing the consequences of intemperance to a degree which was perfectly horrible. At the same time he must complain that total abstinence were not fair in dropping down so heavily upon workhouse medical officers, when the same abuses (if they were abuses) existed in the hospitals. Workhouses were not places, as Dr. Drysdale supposed, where luxuries were served out to paupers, but he had found it judicious to give a little alcoholic drink as a reward for special service in carrying out the ordinary workhouse duties. Boards of guardians were too ready to come down upon medical officers to require assistance from without. Create a public opinion in favour of a non-alcoholic régime in workhouses, and then it could be easily carried out. In one case where a medical officer had denied the paupers any stimulant whatever, he based a claim for an increased stipend for himself, on the fact that he had saved the ratepayers a considerable sum of money.

Dr. RIDGE pointed out that Dr. Kerr had deprecated any attack upon workhouse medical officers, and that the paper fully recognised the difficulty of those gentlemen going against either public opinion, or the will of their respective Boards. The administration of alcohol to healthy paupers in Canada was quite unknown, and he believed it was also unknown in most parts of North America. He thought that much could be done by offering substitutes for beer.

Surgeon-General FRANCIS said that at the Wandsworth and Clapham Infirmary where the expenditure on stimulants had been reduced from £496 18s. 9d. in 1877 to £58 13s. 11d. in 1881 there was a reduction in the death-rate in the latter year, but the increased cost of milk was £50.

Dr. SCATLIFFF observed that the difference between workhouses and hospitals was this—that the workhouses were supported out of the rates, whereas the hospitals were supported by endowments or voluntary contributions.

Dr. RICHARDSON said he would not deprive paupers of any luxury, if it were not a luxury that was conducive to harm. The workhouse was not a desirable home, as could be seen by the instinctive horror of the poor to enter it. The evidence as yet adduced as to whether alcohol decreased or increased mortality was wanting in completeness, and unless some difference could be made in collecting the facts, it would be a long period before they could submit them in a thoroughly satisfactory form. He agreed with Dr. Rogers in thinking it unfair that one class of medical practitioners should be subjected to criticism, and the other not.

A vote of thanks to Dr. Kerr closed the meeting.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, NOVEMBER 7TH.

The President, MR. THOS. ARNOLD ROGERS, in the chair.

Specimens having been exhibited and casual communications read by Messrs. S. J. Hutchinson, J. R. Mummery, Chas. Jones and Lawrence Read,

Dr. B. W. RICHARDSON, F.R.S., read the paper of the evening on

THE CAUSES OF DENTAL CARIES, CONSTITUTIONAL AND LOCAL.

The present widespread prevalence of dental caries was, he said, a matter of more than mere professional, it was of national importance. For some years past he had noted on his clinical records the condition of the teeth of the patients who came before him, and their result of these inquiries had astonished him not a little. He found that of over 4,000 persons, of both sexes and of all ages, over 80 per cent. were

affected more or less severely with dental caries, whilst it was rare to meet with a person in whom both sets were altogether free from the disease. He believed also, that it was now more prevalent among the young, than it was twenty-two years ago, when he commenced medical practice. For such a general prevalence of disease general causes must be looked for, and there were two such which he believed to be of chief importance, viz., Hereditary Syphilis and Dyspepsia. With regard to the first, he quoted the statements of Prof. Gross and Dr. Holland, respecting the proportion of the adult population in the United States and in Great Britain respectively, who acquire the primary disease estimated in each case at about 1 in 8. Contracted in adult life syphilis did not materially affect the teeth, but the hereditary constitution bequeathed by it was undoubtedly indicated in the next generation by disease of the teeth and by a constitutional condition in which caries was readily developed. It was hard to say whether dyspepsia should be placed before or after syphilis in point of importance. The form of the disease which produced the greatest amount of evil, was that which was induced in the first months of life by improper feeding. In children who were deprived of their natural food, the tissues generally were improperly constructed; and although in the case of those which are constantly undergoing renewal some of this harm might be redeemed; in the case of such structures as the teeth, made for the whole of life in a few short months, perfection was impossible if the start was bad. Dr. Richardson did not think that the strumous or tuberculous diathesis caused of themselves any marked tendency to caries; nor did he find that the epidemic diseases of children had any such effect, though this had been asserted. Passing on to speak of local causes, he mentioned four, viz., the action of heated fluids taken into the mouth, the action of acids upon the teeth, deficient cleanliness of the teeth, and exposure of the teeth to the action of certain chemical substances during work at some special occupations. He believed, however, that these causes were of comparatively slight importance, that caries was rarely of purely local origin, though where there was a low state of nutrition within the tooth very slight external causes, acting physically or chemically, would produce serious results. In conclusion, he urged upon the dental profession the importance of impressing upon all with whom it came in contact the necessity of leading a more natural life if they wished to exorcise the terrible disease which was demoralising civilised humanity, and of assisting to promulgate the natural law that it was the duty of every mother of whatever rank to nurse her child and gradually to lead its vital steps into healthy independent existence.

A prolonged discussion followed.

THE annual rate of mortality last week in the principal large towns of the United Kingdom averaged 22.4 per 1,000 of their population, were in—Leicester 11, Wolverhampton 13, Bradford 15, Norwich 16, Plymouth 16, Sunderland 16, Oldham 16, Newcastle-on-Tyne 20, Portsmouth 20, Sheffield 21, Brighton 21, Leeds 21, Birmingham 21, Dublin 21, Edinburgh 21, London 22, Glasgow 23, Bristol 23, Nottingham 24, Manchester 24, Liverpool 28, Salford 29, and Hull 30.

FROM diseases of the zymotic class in the large towns last week scarlet fever showed the largest proportional fatality in Hull, Nottingham, and Brighton; 36 more fatal cases were recorded in Hull, in which town no fewer than 429 have occurred since the beginning of July. Measles showed fatal prevalence in Liverpool and Manchester. The 45 deaths from diphtheria included 23 in London, 8 in Glasgow, and 5 in Portsmouth. The highest death-rates from "fever" occurred in Brighton, Sunderland, Portsmouth, and Hull. Small-pox caused 29 more deaths in London and its outer ring of suburban districts, and one in Oldham; no fatal case of this disease was registered in any of the other large towns.

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The Medical Press and Circular.

" SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 23, 1881.

THE ANTI-VIVISECTIONIST COLLAPSE.

As we ventured to predict in our issue for Nov. 9th he prosecution of Dr. Ferrier by the Anti-Vivisectionists ended in a miserable collapse, the result of their application for a summons having been dismissal of the case. So far the end must be regarded as satisfactory, but none the less there will remain in the mind of every member of the profession a keen sense of the insult offered, not indeed to Dr. Ferrier personally, but to the whole body of scientific inquirers. Certain features of the anti-vivisection crusade have been brought into prominence during the past fortnight, which it might be almost expected would tend to a reaction among the forces of obstruction, were it not hopeless to anticipate any change in the tactics possible only to the ignorant and the fanatical. Low vulgar abuse has been resorted to in many instances, and several well-known physiologists and practitioners have been marked out as objects of vituperation by the uneducated mob who form the majority of the party of hindrance. A revival of the period when Lord Carnarvon's Bill was before Parliament has been witnessed in a small way, and the same species of attack has been resorted to by some at least of the number who, five years ago, yelled their ribald insults against the advance of knowledge. Nor

have the unknown masses alone maintained the cry, for, in a less disgusting, but no less partial manner, many of the lay papers have hastened to ally themselves with the advocates of stagnation. Prominent among them the *Daily News* may be mentioned, this organ having commented on the proceedings at Bow Street in a way which indicated either the most sublime ignorance, or intentional misrepresentation, of the working of the Act. The *Daily News* of Friday morning assured its readers that the charge against Dr. Ferrier had been misunderstood, and that, further, licenses under the Act were never refused to scientific men of the standing of Professor Yeo or Professor Ferrier. This statement may, of course, have been made in ignorance, but we are informed by a correspondent that when opportunity of correcting it was given to the editor of the *Daily News*, he refused to avail himself of it, and thereby maintained a position utterly misleading and partisan. So long, of course, as the organs of public opinion will persist in misinforming their readers, so long will the attempt to put the truth in scientific matters before the public be a futile endeavour.

The occasion offered at the present time of vigorously pursuing a plan of enlightenment and of reform in the question of experimental research, is one that it would be unwise to neglect; and while meetings are being held—as we feel sure they will be held—to express sympathy with Dr. Ferrier, opportunity may very well be taken also to arrange a system of universal instruction on the aims and means of physiological and medical science. Evidence is abundantly forthcoming to prove that most of the blind infatuation which animates the proceedings of various societies organised for the so-called protection of dumb animals, is the outcome of ignorance. Excited by the example of a very few persons placed in high positions, but who are the unfortunate subjects of hysterical and hyper-emotional manifestations, the crowd confidently lend their money and their voice to swell the tide of agitation. Hitherto the medical profession has been content to look on and watch with feelings of amused contempt the miserable exhibitions thus afforded, but now a time has come when prompt and effectual action should replace the passive indifference of the past. Not only is the study of scientific physiology rapidly dying out in this country, but the means whereby measures of remedial efficacy in disease have been perfected, are no longer a subject of study among our ablest observers. This is a question of the first importance; not to our pre-eminence in the ranks of science alone, but more especially to us as professors of the art of medicine. The people themselves are primarily interested herein, moreover, and it needs only a determined attempt to put the masses in possession of the real facts of the case as they chiefly affect themselves, to ensure a speedy rejection on their part of the specious misrepresentations they have been so long the victims of. Enlightenment in this direction is the proper function of the medical profession, and must necessarily precede that amendment of the law for which such pressing need exists. The means and the facilities must be a matter of discussion, and measures should be promptly taken.

NOTIFICATION OF INFECTIOUS DISEASE.

ONE of the statements which has been persistently repeated by those who advocate the forcing of the medical attendant to report his patient's disease to the sanitary authority, is that the anticipated inconvenience and loss to the physician who is compelled to perform this duty is all imaginary, and that the system works with perfect smoothness, and with the cordial co-operation of the medical practitioners wherever it is in force. We never believed the statement, nor have any of the advocates of the system ever afforded us the least proof upon the subject. It now appears that in one town at least, where notification has been for five years in full work, to wit, Bolton, the relation of a considerable section of the profession to the sanitary authority is, on account of the system, one of irritation and hostility.

A meeting of the Lancashire and Cheshire branch of the British Medical Association, took place recently in that town, and at it Mr. Sergeant, the medical officer of health, read the customary sanitarian eulogy on the notification system, but his opinions were not received with the enthusiasm which the notificationists have led us to anticipate. On the contrary, there was an immediate effervescence of opposition to the system, which seems not to be the least calmed down by the five years experience of its working in Bolton. We are told by the local paper that a somewhat animated discussion arose upon the paper. Dr. Royle, of Manchester, introduced the subject, maintaining that the householder and not the medical man ought to be held responsible, in which view he was warmly supported by Dr. Smith and Dr. Court, the latter of whom declared that the medical men of Bolton were not honourably treated by the Corporation. When the clause was first inserted, it was done in an underhand manner. He had still money owing to him by the Corporation for certificates (laughter). Dr. Smith said he had money owing to him also (laughter). Why did not the Corporation, he asked, require the publicans to report each drunken man; it came to the same thing (hear, hear, and laughter). Dr. Fergus Ferguson, speaking with eighteen years' experience of the work of the Sanitary Committee, believed great good resulted from such a system of reporting, but he protested and always had protested against being asked to do a thing under the threat of a penalty. Dr. Johnson Martin, as medical officer of the Bolton Rural Sanitary Authority, thought that although there had been some unpleasantness between the Corporation and the medical men of Bolton, great good had been done by the compulsory system during the time it had been in operation. Dr. Smith proposed to move a motion adverse to that part of Dr. Sergeant's paper relating to this question, but it was stated it was not usual to have motions to essays, and the subject then dropped.

This brisk wrangle, coupled with the fact that the Bill for extending the notification system to all England, was stopped in last session by Mr. Thomassen, M.P. for Bolton, is sufficient to prove that, as regards that town, the boasted cordiality of the medical profession exists only in the imagination of sanitarians. We know now that those who have had five years' experience of the system like it all the less the more they know of it, and we suggest to the profession the unwisdom of allowing the Parliamentary

Bills Committee of the British Medical Association to put the notification halter round their neck.

AUDI ALTERAM PARTEM.

THE daily papers of Thursday last contained reports of an inquest, held the preceding day, on the body of a surgeon who had died in St. Bartholomew's Hospital under circumstances that were deemed to call for an inquiry before a coroner. Briefly the facts were stated to be as follows:—Deceased, who was a surgeon, practising in Spencer Street, Goswell Road, was taken suddenly ill a week previously, and was then attended by three practitioners for some days; his condition, however, growing worse, and danger of suffocation appearing imminent, his attendants deemed it desirable that tracheotomy should be performed for his relief, the cause of illness being put down by Dr. Casidy, one of the medical men in charge of the case, as "inflammation of the larynx." This decision having been arrived at, it seems that, for some hitherto unexplained reason, it was determined to remove the patient to St. Bartholomew's Hospital, in order that the operation should be performed; and the allegation raised against the authorities of the institution is, that through delay in admitting him into a ward, death was accelerated, this being the written opinion also of Dr. Sherrard, another gentleman in constant attendance on deceased. At the inquest Dr. Sherrard described, in an indignant manner, how, on arriving at the hospital, he and his charge were first kept waiting in a cab at the door for a quarter of an hour, and that a further period of twenty minutes elapsed before the house-physician put in an appearance, the patient being all this time in a room subject to excessive draught from doors and windows. Further, that when in the ward even, the case remained uncared for in the manner that he, Dr. Sherrard, considered to be absolutely requisite for safety. In effect, it may be said that Dr. Sherrard charges the hospital officials, beginning with the porters and ending with the resident staff, with inattention and a want of regard for the interests of his patient.

So much the public has heard; but there remains to be considered the evidence of the other side, and it need hardly be said that a different complexion is, through it, put upon the story. We are informed that the statements referring to the time occupied in admitting Mr. Booth are exaggerated, as, indeed, might be assumed from the heated manner in which the evidence was tendered; and, further, the condition of the patient on admission was such as to create serious misgiving concerning the wisdom exhibited by the medical friends of the unfortunate man. By their description he was in *in extremis*, and most certainly in no fit condition to bear the removal and exposure consequent on it under even the most favourable circumstances. Also we must perforce, ask why, knowing that the only chance left for their patient was immediate opening of the larynx, these two practitioners permitted him to run the grave risk of death occasioned by delay. Surely it was their place to give him the relief they had determined to be his only remaining hope, and not to leave it unsecured

for a moment. This omission most certainly transfers any blame attaching in the case to the shoulders of those who are first to bring the charge; and far from thinking the administration of the hospital culpable in the matter, no professional reader of the accounts given will hesitate to throw the onus on the medical men who could thus incautiously expose a patient to the danger of suffocation. Moreover, on post-mortem examination signs of extensive disease were exhibited, which had been apparently overlooked by the practitioners in charge of the case, death having resulted from double pleural effusion; it will therefore be at once seen how seriously the difficulties have been overlooked. Double pleurisy is by no means an unrecognisable complaint, or one that should escape the observation of an attendant of ordinary carefulness; and all things considered, it may well be questioned whether the stigma of disgrace has been rightly allotted by Dr. Casidy to "an institution with half a million of money."

One point this occurrence may not improperly be expected to ventilate with advantage, and that is the desirability of an improvement in the room devoted to receiving applicants for admission into St. Bartholomew's Hospital. It is certainly not adapted for the purpose; it contains too many doors, which are constantly being opened and shut, and though this will in no way relieve Drs. Casidy and Sherrard of the liability they incurred by their treatment of Mr. Booth, and cannot, for a moment, be assigned as contributing to the result, mainly brought about by that gentleman's exposure and removal and the delay thereby involved, yet some benefit may be secured by an attention to the improvements called for in the room in question.

One word of advice may be permitted here to local practitioners. Too many of these entertain the notion that they are entitled to presume on their position as medical men, and to conduct themselves within the walls of public hospitals, as they may be accustomed to do in their own surgeries. This is an error; they have no more right to bluster and command, or to forget that they are governed by the laws which regulate the conduct of gentlemen when seeking favours of other gentlemen, simply because they happen to have sympathies in common with them, than is any other applicant for hospital relief. They are members of the general public as much as any other stranger, in the eyes of the hospital; and it is only by an extension of courtesy that they are permitted privileges in right of their education. These privileges are certainly worthy of respect, and so long as they are not improperly presumed on they will be recognised. When it unfortunately happens, however, that medical men forget the respect due to themselves, it should afford them no surprise if others are equally forgetful with themselves.

THE REPRESENTATION OF IRELAND IN THE GENERAL MEDICAL COUNCIL.

THE death of Dr. McClintock has placed in the hands of Lord Spencer, as Lord President of the Privy Council, the selection of a successor to represent Her Majesty in

Ireland in that body, and we hear of his lordship being importuned to appoint a specialist in obstetrics to that office, as if it were an acknowledged right of some practitioner in that department to have the place. Against such an assumption we must earnestly protest, and we venture respectfully to suggest to the Lord President that no specialist in any department ought to have any particular claim to the position. In the first place we would remind the obstetric party who are demanding that they shall hold the patent right to a seat on the General Medical Council, that they have less special claim to represent the Crown than to occupy any other seat.

The nomination of six members was intentionally reserved to the Queen by the Act of Parliament, in order that the interests of the public and the medical profession outside the licensing bodies might have some representatives in the Medical Council, and, for this reason, it would be at variance with the intention of the Medical Act that any one shall be chosen by the Crown who is not entirely independent of teaching or licensing bodies, and entirely free from personal interest in the pushing forward of any speciality. Members who are introduced to the Council simply because they are specialists, and are bound to advance their speciality, cannot be free in their judgment and in their votes upon questions in which their department is concerned, and, therefore, are not suitable for a Crown nomination. Besides, they have the elective seats of the nineteen licensing bodies open to them, and if obstetricity is, by its importance as a part of surgery, deserving of an exclusive chair for itself at the Council table, its practitioners ought to be able, by the exercise of legitimate influence, to secure one or more of these elective seats. We do not recognise in their speciality any greater right to representation than ophthalmology possesses, and we conceive that—considering the Medical Council is now constituted also a Dental Council—the dentists have an obvious right of priority against them.

The present attempt to secure the nomination of an obstetrician is encouraged, we presume, by the fact that the last occupant of the vacant seat was a practitioner in that branch of the profession. But Dr. McClintock was much more. He was the President of the Royal College of Surgeons in Ireland, and a man of supreme qualities for a maker of medical laws. If he had been a stricture surgeon, or a skin doctor, he would have been just as eligible as he was, being a gynæcologist. We entirely approve of the view taken of the matter by the Lord Lieutenant of Ireland, Earl Cowper, who told the deputation of obstetricians who waited on him that he did not see the necessity for giving the Crown nomination to anyone because he professed a given speciality, and we hope that Earl Spencer will share this opinion, and will refuse to let Her Majesty's choice be used to strengthen the influence of any "corner" in the medical profession.

Midwifery practitioners are as good for General Medical Councillors as other people, and no better; and it seems to us that the pretensions put forward on their behalf on this occasion are somewhat self-asserting and offensive to those who do not practise their particular art.

Notes on Current Topics.

Industrial Schools.

THE termination of the inquiry concerning the management of St. Paul's Industrial School may well be regarded as satisfactory evidence of a desire, on the part of the Home Office to do all in its power to render such institutions of the utmost possible benefit to society. Undoubtedly it is essential that they shall be conducted with the utmost regard to the welfare of the inmates, to the preservation of due order among them, and to ensuring thereby that protection to society which it is the first object of Industrial Schools to provide. That none of these results can follow mal-administration on the part of governors or masters of such an institution, the recent exposures have sufficiently shown, and that there may be other cases in which similar ventilation will lead to the advancement of public interests is no improbable matter. Indeed, it is already hinted that at least one institution demands searching inquiry into its management, this time at Glasgow, where, it is alleged, the matron has been guilty of acts of cruelty that will bear comparison with those perpetrated on the unfortunate inmates of St. Paul's School. This woman is said to have caused several girls to be most severely flogged, one having been thus ill-treated and then further submitted to a spray bath for the purpose of cooling. It is, of course, possible that the story is exaggerated, but it sufficiently indicates the necessity for a careful investigation into the working of all government institutions of the kind complained of, a course of proceeding that will fittingly follow as a sequel to the action already taken by the Home Secretary.

A New Needle Holder.

DR. GEORGE JONES describes, in the *New York Medical Record*, a new needle holder which presents several features that are important improvements on the holders usually employed. The forceps is placed on the end of a tube, and the jaws are closed by a strong clip embracing them, and sliding on the tube in connection with a lever situated between two handles at the other end of the principal tube. The instrument is made in two forms, and either shape when closed can be locked by a graduated slide under contact with the thumb. It can be made in various sizes, and though originally intended for gynecological work is equally adapted for use by laryngologists and other specialists. The inventor claims for his invention a power superior to that of any other needle holder, while it is also under perfect control of the operator. It can not only be used as a needle holder, but as a holder for other instruments, and an important advantage is that it maintains a certain grip of the instrument held in its teeth. The invention is apparently a very valuable improvement in many respects.

Smoke Exhibition.

An exhibition of smoke-consuming grates, and smoke abating apparatus will be opened to the public next week, at the Agricultural Hall, Islington, by the Lord Mayor. An interesting and important display may be expected, the number of exhibits being very large.

The Surgical Society of Ireland.—Retirement of Dr. Richardson from the Secretariate.

THE first meeting of the Society will take place on Friday evening next at the Irish College of Surgeons, when Dr. Chaplin, the President of the College, will deliver the inaugural address, and the Society will afterwards proceed to the reading of papers, &c., as is usual. The opening of this session of the Society is notable in consequence of the retirement of Dr. B. W. Richardson from the office which he has so long held in connection with it. The coming or going of an honorary secretary is not often an occasion for special observation, but, in this case, this Society which ministers so effectually to the progress of surgery in Ireland loses so much by Dr. Richardson's resignation that the occurrence is of direct importance to the profession in Ireland, and of some interest to students of surgery everywhere.

Dr. Richardson accepted the secretary's post nearly a quarter of a century since, when Dr. Bellingham vacated office, and since then it is no exaggeration to say that he has been the "*Deus ex Machina*" of the Society. The admirable punctuality and business-like accuracy with which his duties were performed gave strength to the institution, which it would have lacked in other hands; and by his enthusiastic co-operation with Dr. Charles Benson, who was for many years his senior in the secretariate, the meetings of the Society were always instructive and attractive.

Naturally its Council have felt that the services of a professional lifetime deserve some other recognition from the Society than mere thanks, and they have, therefore, taken steps to enable its members to show their gratitude to Dr. Richardson by offering to him a suitable present as a memento of his connection with it. The movement has been already organised, and a circular note will be—sent to each member of the Society, to which we anticipate a cordial and liberal response, such that the Council may be in a position to give a creditable expression to the sincere feelings of regret to which Dr. Richardson's retirement has given rise.

Madness and Murder.

THE agitation in favour of reprieving the convict Lefroy is based on the assumption of hereditary madness, and the Home Secretary is to be memorialised on the subject of respite. How far the prisoner really is an irresponsible agent can, of course, be decided only on the evidence of experts; but of his previous eccentricity an amount of proof has been tendered which encourages an idea of its reality. The question how far moral insanity may be recognised and admitted to explain acts of criminal violence is one that is rapidly assuming the importance it deserves; while, in France, it has long been held to absolve a culprit from the last dread punishment of the law. An extremely interesting article on this topic is printed in the current number of the *Journal of Psychological Medicine*, entitled "Legal Medicine in France;" and we are entitled to anticipate that the more enlightened views entertained by our neighbours in connection with crimes committed by lunatics, will, ere long obtain in England also. Lefroy's sanity may, with

justice, be fairly doubted; and this being so, humanity calls less for the exaction of a death penalty than for his being remitted to the care of those entrusted with the treatment of insane offenders against the laws. Up to the present we are without the data to be afforded only by actual examination of the prisoner; but this will probably be immediately forthcoming, and will offer a more reliable basis for forming a judgment on the question at issue.

A Scientific Cabinet Minister.

THE new French Ministry numbers amongst its members at least one scientifically-educated and interested individual; and very fittingly he holds the post of minister of public instruction. We refer, of course, to M. Paul Bert, the eminent professor of physiology at the Sorbonne, who has again and again lately shown his entire sympathy with the party of scientific progress, as well by action as by speech. That unbounded benefit will accrue from the presence of such a person in the Cabinet and from the influence of his counsel, is certain; and it is a noteworthy fact, as showing the thorough earnestness of M. Bert's devotion to science, that almost within an hour of his appointment by M. Gambetta he delivered, at the Academy, a lengthy and invaluable paper on "Chloroform, and other Anæsthetics."

Medicine in Japan.

ACCORDING to a note contained in the current number of *Nature*, Japan possesses a total of "169 hospitals where the patients are treated on the principles of Western medicine. Thirty-five of these are private institutions, in the sense that they receive no government aid; while twelve are military or naval hospitals. Vaccination, which is compulsory, is performed *gratis* everywhere. A law prohibiting the practice of physic or surgery by any except persons holding certificates of permission has recently been passed. A large school of medicine, with German professors, has been established for the last eight or ten years in the capital." This affords another satisfactory indication of the energy with which the Japanese are conforming to the customs of more civilised countries; and in the interests of medicine it would be interesting could we obtain the vaccination statistics already compiled.

Royal University of Ireland.

THE Senate of the Royal University met on Thursday last.

The following resolution, proposed by Dr. Lyons, M.P., and seconded by Dr. Banks, was unanimously adopted:—"That the Senate desires to record its sense of the loss this University has sustained in the death of Dr. Hayden."

It was ordered that this resolution be communicated to the family of Dr. Hayden.

The statutes of the University having been finally settled, they were sealed with the common seal of the University in the presence of the Senate, and were ordered to be transmitted to the Lord Lieutenant in order to obtain the approval of her Majesty, to be signified under the sign manual.

The Senate had under consideration the arrangements

to be made for carrying on the matriculation examination on December 6th prox., and appointed the examiners, among others those in experimental physics—George Coffey, Esq., B.A.; John England, Esq., M.A.; Joseph D. Everett, Esq., D.C.L.

These appointments have been made for the purpose of carrying on the approaching Matriculation Examination only, and confer no right to any future appointment in the University.

More Anti-Vivisection.

A MELANCHOLY meeting of about seventy or eighty persons interested in the total extinction of science was held on Monday afternoon, at Willis's Rooms, London. This gathering, convened for the "discussion" of the vivisection question, was addressed by Mr. G. R. Jones, Dr. de Noe Walker, and one or two other sympathisers with their well-known views. A single speaker who addressed the meeting on the other side so bothered the partisans of sentimentalism that they speedily thereafter dissolved the assembly, which was as convincing as any previous demonstration under similar auspices of the cant and one-sidedness of anti-vivisection principles.

Deaths of Indian Medical Officers.

THE death is announced at Delhi of Surgeon-Major Adam Taylor, Bengal Medical Service, on Oct. 24th, from an attack of measles. Dr. Taylor entered the Indian Army in 1857, and had lately been appointed Civil Surgeon and Superintendent of the gaol at Delhi. The death of Surgeon A. F. Adams, occurred at Kurrachee on Oct. 17th. He was for many years Civil Surgeon of Shirkarpur. The Madras papers also record the death of Surgeon-Major E. Trenmill, attached to the 39th Madras Native Infantry, on Oct. 25th, from disease of the kidneys.

The Census in France.

THE next census in France is to be taken before the end of the present year, and, for the first time, is to be got through in a single day. It is intended to show sex, age, birthplace, nationality, status (whether married, etc.) and occupation. The intention now expressed is to fix the next census for the year 1885, on the ground that most countries take the census in years ending with 5. Hitherto the forms have been filled in by municipal officers, who have been allowed a margin of several weeks, but forms are now to be delivered to the heads of families a few days before the date of the census.

Donations to English Medical Charities.

THE London Hospital, the German Hospital, Dalston, St. George's, and the Hospital for Consumption, Victoria Park, become entitled each to £2,000 under the will of the late Mr. M. F. Bruxner. The late Mr. James Lark, of Newlands, bequeathed £1,000 to the Kent and Canterbury Hospital. By the will of the late Mr. Horatio Bobb, formerly of Mamhead, Devon, St. Mary's Hospital becomes entitled to £100.

By latest telegrams, the cholera epidemic among the Mecca pilgrims is decreasing.

Queen's University Students in the Royal University.

THE Senate, at its meeting held last week, passed the following resolution:—"All students of the Queen's University, at the time of its dissolution, shall be entitled to present themselves for examination only to the Royal University, in the respective faculties, according to their status in the Queen's University, and in the subjects prescribed by the curriculum of that university, and according to the regulations in force at the time of its dissolution, provided that they shall not be entitled to the honours, exhibitions, or prizes maintained by the funds of the Royal University. This provision shall extend to all matriculated students of the Royal University."

The Indian Medical Service.

THE *Indian Medical Gazette* says that a rumour has got about that competition is no longer to constitute the portal to the Indian Medical Service, but that a certain number of nominations will be placed at the disposition of the principal medical schools. The native papers have it that the reason of this is that so many natives have obtained entrance into the Service, and that the authorities are afraid that the European candidates will not be able to hold their own against Indian competitors! We don't believe in the existence of any such motive, but we know well that abolition of competition means a return to nepotism and the appointment of people who have influential friends, but one too stupid to obtain appointment by work or brains. Why should the British soldier be condemned to suffer under such patronage nominee, and why should not a native Indian win his medical spurs if he can?

The Sunderland Conspiracy Case against a Medical Man.

THIS case being still *sub judice* we, as is our rule, refrain from commenting upon it, save so far having carefully read over the reports of the evidence yet adduced in support of the charge of conspiring, we cannot fail to have observed that several of the witnesses examined are, on their own confession, either what are called jail-birds, prizefighters, or the wives and daughters of the same. Moreover, it is an undeniable fact that these same persons went to Newcastle Assizes in July last prepared to perjure themselves—that is, swear to the truth of what they now swear to be false; and apparently for no better reason than that of having failed to squeeze out of their injured friends as much money as they thought they were entitled to. For a similar reason they now appear to sell themselves to the railway company, for as one of them said, "he saw others of his pals making money out of lying," and he saw no reason why he should not turn his hand to the same profitable line of business.

With regard to the medical evidence so far as it has gone, we do not see that it is likely to assist the case overmuch. A medical expert gave it as his reason for not communicating a suspicion he had formed, that the man was malingering at the time of the trial, that he had no confidence in his own knowledge of the electric test, and he had not resorted to it, nor to other equally well known tests, for, we suppose, equally good, or rather bad, reasons; and therefore he came to the conclusion

the man was a malingerer. Every opportunity had however been afforded to the company to make—not one, but three—examinations, and no impediment had at any time been placed in the way of the medical attendants in charge of the case, so that the company had the fullest opportunity of satisfying themselves as to the genuineness as to its being, as stated, a *case of concussion of the spine*. This is not denied. We shall keep our eyes open in the interest of the profession, and for the additional reason it is currently reported that the company are prepared to spend a large sum of money to secure a conviction against one who has already been a thorn in its sides.

The Hunterian Collection.

AT a quarterly meeting of the trustees of the Museum of the Royal College of Surgeons, on the 11th inst., the Right Hon. the Earl of Aberdare was unanimously elected a trustee in the vacancy occasioned by the decease of Sir Philip de Malpas Grey Egerton, Bart., who was elected in 1840 with his Grace the Duke of Devonshire and the Earl of Enniskillen.

Dublin Hospital Board.

DR. SAMUEL GORDON has been appointed to the seat on this Board, vacant by the death of Dr. M'Clintock. If the new member has any enthusiasm for official work or for hospital improvement, he will find enough left undone by the Board to occupy his energies for all the time he can afford.

The Confidences of the Physician.

EDITORS, like others mentioned in proverbs, should have good memories, for sometimes their pronouncements of last week come into a curious contrast with their opinions of to-day.

In a recent number of the *British Medical Journal* we find the following editorial advice to a correspondent who wanted to know "whether there would be any impropriety in divulging, for reward or otherwise, to a sanitary authority the existence of infectious disease in a private patient, when under no legal obligation to do so; and whether one would not be committing a breach of confidence in sending notice of disease in a private house to a public authority or anyone else."

The opinion given by the editor is as follows—

"We do not think there would be any impropriety in the medical man giving such information to the sanitary authority, but that, on the contrary, it would be a distinct gain to the public health;" and he adds the hint, "Usually, half-a-crown is paid for each such notification."

Surely, this is not the same editor who, two or three weeks previously wrote as follows—

"The duty of secrecy which is incumbent upon a medical man in respect to circumstances which have become known to him in virtue of his professional functions is regarded by medical men in all countries as involving sacred obligations, of which it is necessary to preserve the principle intact, and to defend, if necessary, even against the law itself. This obligation, like all others which an honourable profession accepts and upholds, is based upon the interests of society at large; for it is certain that if,

on the one hand, justice is concerned in acquiring the necessary knowledge for its operations, society is deeply interested in the maintenance of confidence in the medical profession, under whatever circumstances medicine is called upon to fulfil her functions."

We are charmed to find the views of our contemporary so sound on the subject of professional confidence, because it happens to be the custom of sanitarians just now to pooh-pooh the feeling of physicians on this subject as mere sentiment. This last quotation is the commentary of the editor upon the conduct of a Belgian surgeon who refused to give inculpatory evidence respecting a duel. We are dull enough not to see the distinction between such testimony and the testimony as to the disease from which a patient is suffering which the physician is to be compelled to give by the coming "notification" Bill.

The Site of the Royal Irish University.

It is reported that the Senate of the new University contemplates taking a disused skating-rink near Balls Bridge (outside Dublin), close to the suburban Cattle Show, and equi-distant from the Beggar's Bush Barracks, and the Ringsend Bottle works, with the view of placing the University Buildings thereon. The Senate might do better. If they are, as they seem, anxious to find a place out of everyone's reach, and where architectural beauty would be thrown away, we recommend the vacant ground next the manure works at Ballybough Bridge, near the Richmond Whisky Distillery, as being at once a classic and unobtrusive locality. But, surely, the report must be incorrect, for it is inconceivable that the Senate should throw its money away on a site so inconvenient and unsuitable as that which is spoken of.

Proposed Academy of Medicine for Ireland.

A PROPOSITION which has been talked about for some years, has just been revived in a more practical form, and it will shortly be brought before all the governing bodies of Medico-Chirurgical Societies in Dublin for their approval. It is proposed to amalgamate the Pathological, Surgical, Medical, and Obstetrical societies into one institution of the nature of an "Academy of Medicine," such as flourishes in Paris, the individuality of each of the constituent societies being maintained by giving to each of them a special section in the "Academy." The advantages claimed for the proposed incorporation are that while the subscriptions would not be more than the aggregate of all existing subscriptions, the work of the society would be done more effectually, and the audiences would be larger, while the publication of their transactions would be effected under very favourable circumstances, and in a form creditable to the Irish School of Medicine and Surgery. It is suggested, if this arrangement were generally approved, that the Colleges of Physicians and Surgeons and the University should be asked to allow the "Academy" to meet each year in turn within their walls.

The scheme certainly has the elements of success, and merits approval as an effort to reorganise and improve the existing means for interchange of medical thought in Ireland. The arrangements for establishment of such an institution will necessarily be troublesome, but the purpose in view is worthy the effort, and we hope the proposal will be at least pushed forward for further consideration by the societies.

The Overplus in the Profession.

THAT the profession at home is overloaded is increasingly evident from the number who openly advertise medicine and advice at sums varying from threepence to one shilling per week, still further is this impressed upon us by the number of applications we receive for information as to appointments and openings abroad. Of the former numberless instances are probably cropping up before the notice of most of our readers, and of the latter the following will suffice to illustrate our point. About a month since an appointment of medical officer to the Wynnad mining district was advertised in our columns, at a salary of £700 per annum—not a very lucrative post for India; yet seventy candidates applied, and were ready to risk the unhealthy climate of that locality for this emolument. For the consolation and information of the unsuccessful sixty-nine we may mention that, from these, five who had had considerable Indian experience were selected to meet the Board, and from these Dr. Mountain was finally appointed, and will at once proceed to take medical charge.

The population both fixed and floating of this district of Southern India has enormously increased during the past twelve months, and the health of so large and growing a community has hitherto been under the sole charge of a government apothecary, who though he has done his best during the past unusually sickly monsoon has proved totally unable to deal with any but the simplest cases. No doubt the Government of Madras, if appealed to would probably have appointed an efficient officer, but this step was not taken, and as the mining companies of the district felt that a serious responsibility rested upon them to provide the best possible advice and accommodation for their employes, eight of the leading gold mining company's associated themselves together and formed a medical board consisting of one director from each company to ensure prompt and efficient action in this important matter. An hospital will be erected, and it is hoped that a considerable decrease of sickness will be reported next season.

The General Medical Council and the Royal Commission.

WE stated last week, and we believe, truly, that the Report of the Commission was being put together. When fully drafted it will, of course, require the revision of the Commission at one or more special sittings, and it will probably not be made public until after Parliament meets in February. We think it time to ask whether the General Medical Council is to have anything to say to the subjects of the Report before it is finally approved. The Colleges of Surgeons of Ireland and Edinburgh, and other licensing bodies have recently been inspected by the Council's visitors, and it would be of great importance that the Royal Commission and the public should know what verdict has been passed on the examinations of these bodies. If the decision is favourable, these bodies ought to have the credit of the judgment when they are on trial before the House of Commons, if unfavourable, Parliament ought to know of it in order that reform may be decreed. But, if the Medical Council sleeps, as it is wont, until the dog days, these visitation reports will not see the light until special interest in them is past, perhaps not until the inspected bodies have been sum-

marily dealt with by Parliament, There seems to us good reason for a short Christmas sitting of the Council to receive these reports, and we hope the suggestion will be considered by the President.

A FIRE broke out in the Nottingham General Hospital last Wednesday night, but fortunately did but little damage.

By command of Her Majesty the Queen, a valuable present of old linen has been presented to St. George's Hospital for the use of the patients.

SIR HUGH OWEN, whose name will be remembered as Secretary to the Local Government during the passage of the Public Health Act, died at Nice on Saturday last, after only a few days illness.

THE Governors of the Glamorgan and Monmouth Infirmary have resolved to proceed at once with the erection of a new building, which is to cost £23,000. The site of the building is the gift of the Marquess of Bute.

SPEAKING at a meeting at the Royal Albert Hospital, Plymouth, Sir Massey Lopes said his duties when at the Admiralty brought him into possession of certain information as to the working of the Contagious Diseases Act. The measure appeared to have operated most beneficially, and a large proportion of the unfortunates affected by it had been reclaimed.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 25, Bombay 27, Madras 30, Paris 27, Geneva 20, Amsterdam 22, Rotterdam 21, The Hague 24, Copenhagen 21, Stockholm 18, Christiania 14, St. Petersburg 38, Berlin 23, Hamburg 21, Dresden 20, Breslau 25, Munich 30, Vienna 24, Prague 27, Buda-Pesth 28, Naples 28, Turin 20, Venice 23, Alexandria 44, New York 30, Brooklyn 26, Philadelphia 20, and Baltimore 28. No returns were received from Brussels and Rome.

THE APPARENT REDUCTION OF THE DUBLIN DEATH-RATE.

WITHOUT at all desiring to minimise the effect of the sanitary work carried out in Dublin by Dr. Cameron, it is right that we should guard against a too rosy hue being given to the current mortality by a comparison of past months. It is true that the decrease of deaths has been remarkable and gratifying, but that such decrease is not the result, exclusively, of improved sanitation is shown by the fact that the health-wave which has produced these results in Dublin has extended to the provinces where no sanitation has been attempted. The death-rate of last quarter for all Ireland is 0.9 per 1,000 of the population under the five year average, and the Registrar-General says that "the deaths were below average in all counties," and this decrease has saved 3,400 lives within the quarter. On the whole the death-rate, not of Dublin exclusively, but of all Ireland, is lower than in any year since 1876.

RE-APPOINTMENT AFTER DISMISSAL UNDER SEALED ORDER.

IN connection with the recent dismissal of Dr. Kenny, Medical Officer to the North Dublin Union, we stated, as to the possibility of his restoration to office, that we had never heard of a case in which an officer dismissed by sealed order had been re-instated. A correspondent supplies us with one such case which occurred in 1863, and does not seem open to question. We are much obliged for the correction, but it seems that this case is the exception which proves the rule.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE RELIGIOUS EDUCATION OF STUDENTS.—The students in Edinburgh are going through a process of religious patronage which will soon become a daily martyrdom. Every denomination is instituting services for the hapless youths where everything is taught but the duty they owe to humanity. Mr. Moody is to take them in hand next week. If half as much interest were taken in finding these young men healthy amusements, in a town where the dearth of such is appalling, as is taken in these so-called religious instructions there would be far fewer "chronics" and wasted lives than there are now.

A VALUABLE APPOINTMENT.—The Aberdeen Town Council are in want of an assistant sanitary inspector. The salary attached to the office is between £50 and £60 with the use of a house, (rent free) at the Epidemic Hospital. The applicants have to be married men without family, and we suppose, without hopes of such. The wife of the person to be appointed, is to act as matron of the hospital, without additional remuneration. It is to be hoped that the selected candidates have gone through a full academic course, and be thoroughly *au fait* with the nature of zymotic diseases, for it would surely grieve the liberal spirits of the Town Council to pay for additional help during the illness of the inspector or matron. All the Aberdeen sanitary officers appear to be lodged in the Epidemic Hospital.

POLICE SURGERY IN EDINBURGH.—It appears that the amount of work at the police office is so large, that surgical operations are frequently handed over to members of the "force." One woman, we learn, was so treated for a cut on her head, the amateur surgeon sewing up the wound "quite glove-like." It appears as the missionaries say, "the harvest is plentiful, but the labourers are few."

DEATH OF DR. ROBERTSON, OF HOPEWELL.—Dr. Andrew Robertson, of Hopewell, who for many years acted as Commissioner to Her Majesty and the Prince of Wales on their Balmoral and Abergeldie estates, died at Aberdeen, on the 16th inst. The deceased gentleman who had attained to the ripe age of eighty-two, was born in Perth, took the License of the Royal College of Surgeons of Edinburgh in 1818, and graduated at Aberdeen in 1858. He was thus a long time settled in the Upper Deeside district. When the Queen became proprietrix of Balmoral, Dr. Robertson was selected as Commissioner on the estate, and continued in that office until a short time ago, when he resigned on account of advancing years, Dr. Profeit being his successor. Dr. Robertson was a general favourite of the Court at Balmoral, and Her Majesty was a frequent visitor at Hopewell, both before and after he was Commissioner on the Royal estates. As a private gentleman he was greatly respected and esteemed, and his death will be universally regretted.

CHAIR OF NATURAL HISTORY IN THE UNIVERSITY OF EDINBURGH.—We hope there is no rumour for the report that certain manoeuvring is being indulged in to lessen the chances of Dr. Alleyne Nicholson's succession to this chair. Edinburgh cannot well afford to treat more of her distinguished graduates in the shabby and unjust manner which she has recently betrayed.

GLASGOW UNIVERSITY, BOTANY CLASS.—Messrs. Maclure and Macdonald, of Glasgow, have just executed a gold medal, which is to form one of the prizes in connection with the botany class of the University of Glasgow. The medal is presented by Dr. Balfour, formerly professor of botany in Edinburgh, and whose son is professor of the same useless subject, medically speaking, in Glasgow.

ABERDEEN UNIVERSITY RECTORIAL ELECTION.—As mentioned in our last, Dr. Bain, formerly professor of logic and rhetoric in the University, was elected on the 12th inst. to the office of Lord Rector of the University. The clerical and educational element strongly opposed Dr. Bain, owing to advanced and sensible opinions which he holds subversive of their authority. For Dr. Bain there were 444 votes, and for Sir James Paget 239. After the declaration of the poll, the victorious Bainites walked in procession to Dr. Bain's house at Ferryhill, where they announced the result to the successful candidate, amid protracted cheering. Dr. Bain made a short speech in reply thanking them for the honour that had been conferred upon him, and mentioning incidentally that many of his old pupils and friends had proposed to honour him with a commemorative portrait on the walls of the University. Professor Minto also spoke. The minority have lodged a protest against the election of Dr. Bain on the ground that he is an Emeritus professor, and draws a salary from the University funds.

MUNICIPAL REQUESTS TO THE PAISLEY INFIRMARY.—The trustees of the late Mr. James Clark, senior partner of the firm of Messrs. Clark & Co., Anchor Threadworks, Paisley, have just paid over to the treasurer of the Paisley Infirmary the sum of £6,000, bequeathed to that institution by Mr. Clark. £1,000 of the sum is to be added to the endowed funds of the Infirmary, and the other £5,000 is left to aid out-door patients affected by consumption. The treasurer has also received a sum of £900—being £1,000, less legacy-duty—bequeathed to the institution by the late Miss Jessie Gordon, of Helensburg.

EDINBURGH HEALTH LECTURES.—The first of the present winter series was delivered to a full audience by Councillor James Russell, M.B., on Saturday last; the subject selected being "Some Lessons from Modern Medicine." The lecturer dwelt on some of the recent advances in modern medicine and showed their relation to improved sanitary conditions, paying a just tribute of respect to the recent investigations of M. Pasteur.

FOULIS MEMORIAL.—Steps are being taken by an influential section of the medical profession in Glasgow, to raise a memorial to the memory of the late Dr. David Foulis. If a sufficient sum of money can be obtained, it has been thought that the foundation of a Travelling Fellowship in Pathology, open to all students of the Glasgow medical schools, would be a suitable form for the proposed memorial. The Fellowship is to amount to £50, annually, biennially, or triennially, according to circumstances. If the perpetuation of one's memory in this manner is at all desirable, there are few whose memories present greater claims than those of the deceased, and regretted gentleman in question. We wish, therefore, not to be misunderstood, when we say that there is usually an exuberance of emotion in connection with these movements,

and many will now come forward to perpetuate a memory, who would do very little for the bearer of it when in life. "Memoria bene reddita vitæ sempiterna." We have none but good wishes for the movement.

EDINBURGH PHARMACEUTICAL SOCIETY.—At the first meeting of the present Session of the North British Branch of the Pharmaceutical Society held in Edinburgh, on the 16th inst., Mr. Hugh MacCallum, of the Hong-Kong Government Civil Hospital, read a very interesting paper on the Chinese habit of opium smoking. Mr. MacCallum does not think the habit as injurious as it is represented to be. The Scotch clergy are disturbed on the matter, and have been in communication with Lord Granville. Would that the Scotch clergy would pay more attention to home vice, and trouble themselves less about what they know nothing of, and are perfectly impotent to influence.

Correspondence.

"DESPAIR."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your judicious and necessary article (Nov. 9th) on Mr. Tennyson's much to be deplored contribution to the current number of the *Nineteenth Century*, has recalled to my mind some verses, dealing also with "Despair," which I read in a Scotch newspaper a few weeks ago. These verses are from the pen of the Rev. Walter Smith, the author of *Olrig Grange*, a poet of no small repute, and while representing the same emotional phase with the Laureate's more studied lines, they strike a very different and much healthier note. The speaker in Mr. Walter Smith's poem is not a weak-minded egotist madly dashing himself against the bars of the cage of misery which he has laboriously constructed for himself, but a strong, kindly, faithful man, momentarily overwhelmed and crushed by a terrible and inscrutable visitation. "A Cry from the Merse," for that is the title of Mr. Walter Smith's verses, is a natural expression of the agonised grief of the relations of those poor sailors who perished suddenly in sight of their own homes during the late terrific gale on the East coast. The singer, standing in one of the fishing villages that was desolated, describes the universal bereavement, the broken hearts, the falling tears, the hearts at every door, the corpse in every home, and the extraordinary radiation and reverberation of grief in a little community, where all are "sib" or related to each other. He then goes on to indicate his own more personal share in the general calamity; how his brother-in-law has perished, and also his daughter's husband, and him who should have been the husband of his much loved Elsie. Little wonder that in such sad plight he should burst forth

"Lord God, what does it mean!
They were a' brave lads and true;
What can this misery bring
O' profit to us or to you?
My head gangs roon' when I think
How the sea lay calm in the bay,
Till it had them a' well in its grip,
And took the brave lads for a prey."

"Lord keep me frae sin, if ye can;
I canna be sure what I do;
There Elsie sits dazed-like and dumb,
And Janet moans a' the day through.
I try to keep hands o' thee Lord,
But a' that I get for my pains
Is to drift farther into the mist,
'Mid the wail o' the woman and weans."

This is natural despair born of tender affection and blinding sorrow, and not monstrous pessimism, the offspring of conceit and self-indulgence. The "Cry from the Merse," strikes a cord in every human heart, and does not require a course of Contium for its appreciation. It is an agonised cry; but no one hearing it can doubt that the trouble and sorrow are but for a season, and that hope will dawn ere long, and resignation come.

Surely, our Poet Laureate has lost his cunning, and has laid aside his inspiration, when he took up anti-vivisection. Some

decadence was inevitable when he turned from the sweetness and light of Euterpe and Erato and Polyinnia, to what Mr. Ruskin has called, "the sounding brass and tinkling cymbal" of our modern shrieking sisterhood. But we scarcely expected to find the author of "Ulysses" and "Locksley Hall" in the very slums of despair. Is it for demoralising stuff like this that the nation pays Mr. Tennyson £127 per annum as Laureate, and £200 per annum from the Civil Pension Fund? Perhaps he will favour us with an ode on Professor Ferrier's appearance at the dock of the Bow Street Police Office, a scene to which our descendants will certainly look back with feelings of anything but indifference.

I am, sir, yours, &c.,

MANDRAGORA, M.D.

November 15, 1881.

"FAIR" AND "FREE" TRADE IN SCIENCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—All medical students must feel indebted to you for the able *exposé* of their grievances contained in your impression of last week. I desire, however, to point out to you that your comparison columns are not quite accurate, as that, for the present time, makes the case even less iniquitous than it really is. Your kind insertion of this letter will correct this charitable error. Take one or two instances of great hardship, as compared with some time ago, the professor of surgery, at the University of Glasgow, takes about £10 10s. out of each student instead of £3 8s. For the Session 1881-82 he professes to overtake the following in the field of surgery:—

1. Surgical affections of the neck.
2. Hernia.
3. External injury.
4. Syphilis.
5. Tumours.
6. Injuries of the skull.
7. Diseases of blood vessels (aneurism).

The statutory course consists of 100 lectures; thus, in round numbers, 14 lectures are devoted to each of the above subjects! Surely there is something far wrong here. At the commencement of his course, he devotes about one week's lecturing to "the history of medicine." He does not say exactly whether Hippocrates wore a swallow-tail coat, parted his hair in the centre, or went to church, but assuredly we are treated to a great deal that is silly and irrelevant. If the student wishes to learn something about the history of surgery, there are plenty of books where, at his leisure, he can obtain this information. Of course I may be informed that it is not necessary to fee the course for a second time. All I can say to this is that I should consider myself ill-equipped for practice by listening to the mere course of lectures above indicated. The professor of medical jurisprudence has found out that he can compress his course into three months, the *class-fee remaining the same*. Could the professor of surgery not accomplish some such reduction under the same conditions?

The class of *practical materia medica* was taught by a druggist. For this class £3 3s. were charged; charged for learning what? to dispense medicines; a thing which no one is allowed to do if he aspires to the Fellowship of one of the Bodies. Thanking you for your article,

I am, &c.,

Glasgow.

A MEDICAL STUDENT.

Medical News.

Royal Colleges of Physicians and Surgeons, Edinburgh.—DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examination during the October sittings of the Examiners:—

Ernest Herbert Schäfer, Middlesex; John Gormley, County Roscommon; Theodore Mäller Kendall, Sydney, N.S.W.; Thomas Sharples, Preston; Searle Montith Howard, London; Alexander Wilson McFadyen, Stirling; Francis Gurney Mason, Newark; William Stephen Johns, Norfolk; Eustace Julian D'Grigny, India; Odoardo Tamasso Achille Villani Van Vestrant, London; Edmund Eyre, Limerick; James Maher, Ballinacree; John Gower O'Neill, Hastings; Robert Carrie, County Antrim; Edmond Walsh, County Cork; Alfred Ellisson Lancaster, Manchester; John Oldershaw, Derby; Arthur Wellesley Wales, Belfast; Frederick Cyril Joseph Capes, London; William Henry Clifton, Wiltshire.

During October and November the following gentlemen passed their final examination and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh:—

John Thomas Dickie, Edinburgh; Louis Fitz-Patrick, Dublin; Robert Andrew Stirling, Melbourne; Thomas Sharples, Preston; Henry Fimpson Wood, Melbourne; Alexander Macdonald Westwater, Edinburgh; John Busby Seymour, London; Edwin Williams Kelly, Calcutta; Robert Hall Neller, Madras; James Callaway, Gloucestershire; James McGregor, Portsmouth; Edgar Batricke Hanson, Cornwall; John Henry Whitham, Cambridge; William Henry Fretz, Colombo, Ceylon; Malcolm L. Cameron, Canada; Madabloy Sombaji Shroff, Bombay; William Gunn, Canada; Maurice Francis Jones, Bombay; John Buchan Spence, Berwickshire; Theodore Mäller Kendall, Sydney, N.S.W.; Howard Roxboro Elliot, Inverness, Ontario; James Howard Hough, Cambridge; Duocan McTavish, Canada; William Cormack, Canada; William Ebenezer Berryman, Madras; Francis William Joshua, Gloucester; Ernest Oxford Stuart, Woolwich; Alfred Llewellyn Perkins, Cwm Aman; John Trimble Elliot, County Armagh; John Mackenzie, Sutherlandshire; Harold Athelstane Baines, Melton Mowbray; John Oliver Chisholm, Jedburgh; Robert Joseph O'Farrell, Galway; Michael Augustine Lyson, Galway; Frederick Erskine Paton, Broughty Ferry; John Norman Thompson, Madras; William MacGregor, Ceylon; William Bird, Yorkshire; James Ballantine Hogg, Edinburgh; Anthony Salley, Yorkshire.

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their final examination, and were admitted Licentiate of the College on 21st October last:—

George Esidow, Galston; Alexander Bruce Low, Edinburgh; Alexander Stokes, Liverpool; Rudolph John Mass, Michigan, United States; Matthew Finlayson, Alton, having likewise passed his final examination for the Diploma in Dental Surgery, was admitted L.D.S. on 20th October last.

Royal College of Surgeons of England.—The following candidates for the Diploma of M.R.C.S., having passed the required examination, were admitted Members of the College on November 14th:—

Castaneda y Triana, M.D.	Line, William Henry, M.B. Dub.
Conway, John, M.B. Glasg.	Ochiltree, E. Graham, M.B. Glas.
Fligg, William, M.B. Edin.	Richmond, James
Frye, John, L.S.A.	Riordan, Daniel, M.D. Q.U.I.
Greaves, Thomas, M.D.	Summerhill, Thomas Henry
Hurtley, William Maw, L.S.A.	Sykes, Matthew C., L.R.C.P. Lond.
Karanja, Merwanji Dhungibhai	Taylor, B. B. Archer, L.S.A.
Lewers, T. Ross, M.B. Melbourne	Vitjoen, Anthony G., M.B. Edin.

The following were admitted on Nov. 15th:—

Adeney, Edwin Leonard	Hingston, Richard, L.S.A.
Archer, Henry Edward	Marshall, J. Grissell, L.S.A.
Chittenden, Thos. Hillier	Martyn, Ernest, M.B. Aberd.
Coles, Wm. James, L.S.A.	Rayner, Hugh
Daint, Elliot	shaw, Lauriston Elgie
Evans, J. Durance, L.R.C.P. Ed.	Square, James Elliot
Gordon, Bryce	Williams, Robert
Hart, William Hamilton	

The following were admitted on Nov. 16th:—

Cleaver, William Fidler	Greenwood, George
Cowan, Richard H., L.S.A.	Harrison, James, L.R.C.P. Ed.
Bertram, Benjamin	Harvey, Kildon, L.R.C.P. Ed.
Birkett, Ernest	Husband, J. C. Radcliffe
Deane, Herbert Edwd., L.S.A.	Kershaw, Hugh
Edwards, T. B. Charles	Pitt, G. Newton
Fox, George	Style, R. George
Garrard, C. B. Orish	Thomson, Robert Blair
Gotch, Francis	Williams, H. Egerton

King and Queen's College of Physicians in Ireland.—At the usual monthly examinations for the Licenses of the College, held on November 7, 8, and 10, the following candidates passed:

For the License to practise Medicine—

Callan, Richard	McCabe, Alfred Alexander Donald
Galston, John Seymour	McCormac, William Lane
Kisby, James Henry	O'Carroll, Joseph Francis
Ledwich, Edward L'Estrange	Skerrett, Patrick de Basterot

For the License to practise Midwifery—

Galston, John Seymour	McCormack, William Lane
Kisby, James Henry	O'Carroll, Joseph Francis
Ledwich, Edward L'Estrange	Peyton, Henry Reynolds
McCabe, Alfred Alexander Donald	Skerrett, Patrick de Basterot
	Sugrue, Jeremiah

The following Licentiate were admitted Members of the College during the same examinations:—

MacDowel, Benjamin George, M.D. Dub. 1858, F.R.C.S.I. 1845, Licentiate of the College 1880.
Rae, William Masters, Surgeon R.N., Bermuda, Licentiate 1876.

NOTICES TO CORRESPONDENTS.

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

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

ONE WHO WAS THERE, writes an account of what he heard at the police-court during the recent prosecution of Dr. Ferrier. The choicest morsels will hardly bear repeating. Needless to say they consist of decided abuse of science in particular and every branch of knowledge in general. Our correspondent will do well to avoid such recreations in future.

MR. CRISHOLME.—Thanks, the enclosure has been utilised.

MR. HARE—Communication not yet to hand, probably miscarried, or lost through the post.

HUMANITY.—Your disgusting letter is a fit indication of the loathsome condition to which systematic obstruction to the progress of knowledge reduces such as yourself. Your sickening cant about the "sanctity of animal life" is powerless to disguise the hypocritical pretence that governs your actions and affects us in no way.

CYPRUS REGENERATE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—A medical friend of mine who has been in bad health, but is now better, has read Dr. Cullen's account of Cyprus in your last issue, and has asked me to write to you to inquire (if you know) how district surrogencies in that Island are to be obtained, and, if possible, the duties and emoluments, also whether a surgeon would be able to make a living there by private practice? If you can answer any of these queries you will much oblige him and
Yours sincerely,
CHI HA ARTE PER TUTTO HA PARTE.

CHI HA ARTE PER TUTTO HA PARTE.

"* We have no personal knowledge of Cyprus, and cannot, therefore, furnish our correspondent with the desired information. We doubt not that Dr. Cullen, who kindly contributed the paper, will, as a resident in that Island, afford the information sought.—ED]

ERRATUM.—"FIRE" AND "FAIR" TRADE IN SCIENCE.—In consequence of the corrected proof of this article having miscarried, one or two trifling errors have occurred. The comparison columns of study should have been as follows:—

Curriculum of Study at Glasgow, 1862.	£ s. d.	Curriculum of Study at Glasgow, 1881.	£ s. d.
Anatomy, 1 course ..	3 3 0	Anatomy, 3 courses ..	11 11 0
Practical anatomy, 1 course ..	1 11 6	Chemistry, 2 courses ..	6 6 0
Anatomical demonstrations, 1 course ..	2 2 0	Botany, 2 courses ..	5 5 0
Chemistry, 1 course ..	3 3 0	Physiology, 2 courses ..	6 6 0
Practical chemistry ..	1 11 6	Zoology, 2 courses ..	5 5 0
Chemical laboratory, optional		Midwifery, 1 course ..	3 3 0
Physiology, 1 course ..	3 3 0	Medicine, 2 courses ..	5 5 0
Surgery, 1 course ..	3 3 0	(Chiefly lectures on diagnosis)	
Practice of physic, 1 course ..	3 3 0	Hospital and clinical medicine and surgery	21 0 0
Mat. medica, 1 course (Second course succeeding session, optional.	3 3 0	Pathology, 2 courses ..	5 5 0
Taken by those who could afford it to conciliate the professor and facilitate the passing of degree examination).		Surgery ..	5 5 0
Medical jurisprudence, 1 course ..	3 3 0	Operative surgery ..	2 2 0
Midwifery, 1 course ..	3 3 0	Mat. medica, 2 courses ..	5 5 0
Botany, 1 course ..	3 3 0	Practical materia medica ..	3 3 0
Perpetual hospital ticket, including clinical lectures on surgery and medicine ..	10 10 0		

Total thirteen classes at a cost of .. 44 2 0 Total twenty-one classes at a cost of .. 85 1 0

DR. H. C. L.—Thanks for enclosure; will have the book looked out and sent you.

MR. P. A. W.—We do not consider yours a case which calls for commiseration. If you have made £80 in your first years' practice you have been exceedingly fortunate. We know several, now eminent medical men, who did not make so much during several years. You must have patience; the fact of achieving even this much should be an incentive to go on, although we admit it is impossible to live upon such a pittance if you have no private resources.

H. C. B.—If possible in an early number.

ANTI—You might have signed yourself anti—everything which has for its object the public good. Both Prof. Ferrier and we can stand your anonymous attacks with equanimity.

THE CLINICAL SOCIETY OF LONDON.—A CORRECTION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your report of my paper on "The Removal of a Pebble by Tracheotomy from the Right Bronchus" the compositor has by some accident substituted St. George's Hospital for Guy's Hospital.

I would not have troubled you to correct this trivial error but that, viewed in connection with the nursing dispute which so disquieted us last year, it might convey to some the impression that I had separated myself from my Alma Mater.

I am, Sir, your obedient servant,

B. CLEMENT LUCAS, B.S. Lond., F.R.C.S.,
Senior Assistant Surgeon to Guy's Hospital.

18 Finsbury Square, E.C.

MR. WILSON.—Your distinguished namesake has received the honour of knighthood, and your surmise is, therefore, entirely justified by the result. The intention was frustrated without any interference from us.

DR. J. H. B. will find the subject referred to in another column.

DR. DAVEY.—The case was reported in a medical contemporary, and excited a considerable amount of attention at the time. Subsequently several suggestions were made for the removal of the bottle, and among them the plan proposed by you had a place. It is impossible to say what success would have attended it, but we think that when the Vivisection Act is repealed experiments to determine the point will be advisable.

SCUTATOR.—Not suitable for our columns, thanks nevertheless.

J. O. F.—The proceedings of the late International Congress will form the contents of special volumes which are now in course of preparation, and the issue of which must necessarily depend on the rapidity exhibited by the compilers entrusted with the work; they will be a most valuable memorial.

THE SOCIETIES.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 8 o'clock, Dr. Farl, "On some Cases of Hydatid Tumour of the Liver."

QUEKETT MICROSCOPICAL CLUB.—Friday, Nov. 25th, at 8 p.m., Mr. W. H. Gilbert, "On the Structure and Division of the Vegetable Cell."

CLINICAL SOCIETY OF LONDON.—Friday, Nov. 25th, at 8.30 p.m., Dr. Mahomed and Mr. Cripps, "On Two Cases of Direct Transfusion of Blood from Haemorrhage in Typhoid Fever."—Dr. Whitlam, "On Three Cases of Continued Fever with Affection of the Spleen and unusually High Temperatures."—Mr. W. H. Bennett, "On a Case of Talipes Equino-Varus treated by Resection of a Portion of the Tarsus" (the patient will be exhibited).—Mr. J. K. Lunn, "On Two Cases of Myxodema, male and female" (the patients will be exhibited).

SURGICAL SOCIETY OF IRELAND.—The Inaugural Meeting of the Session will be held on Friday evening, Nov. 25th, at 8.30 o'clock.

HARVEIAN SOCIETY OF LONDON.—Thursday, Dec. 1st, at 8.30 p.m., 1st Harveian Lecture by Dr. Alfred Meadows, "Menstruation and its Derangements." (The second and third lectures will be delivered on Dec. 8th and 15th.)

Appointments.

- COOPER, E. F., L.R.C.P.L., M.R.C.S.,** Assistant Medical Officer to St. Andrew's Hospital for Mental Diseases, Northampton.
- FOX, F. C., B.A., M.B., M.R.C.S.,** Physician to the North West London Hospital.
- GOFTON, J. E., L.R.C.P. Lond., M.R.C.S.,** Medical Officer for the North Shields District of the Tyne-mouth Union.
- GOULD, A. P., M.S. Lond., F.R.C.S. Eng.,** Surgeon to the North West London Hospital.
- LANGTON, H., M.R.C.S.E.,** District Medical Officer to the Brighton and Hove Dispensary.
- MARR, L. P., L.R.C.P. Lond., M.R.C.S.,** House Surgeon to the Richmond Hospital, Surrey.
- OSBORNE, H. E., M.R.C.S.,** Assistant House Surgeon to the Infirmary for Children, Liverpool.
- OSWALD, J. W. J., M.D. St. And., F.R.C.S.,** Medical Officer for the Third District of the Parish of St. Mary, Lambeth.
- POWELL, G. B., L.R.C.P. Ed., L.R.C.S. Ed.,** Public Vaccinator to No. 2 District of the Nottingham Union.
- REDMOND, J. M., M.D., M. & L.K.Q.C.P.I.,** Physician to the Mater Misericordiae Hospital, Dublin.
- EKKNIE, F., M.B., C.M. Ed.,** Medical Officer for the Whitley District of the Tyne-mouth Union.
- RICHARDSON, C. B., M.B., M.R.C.S.E.,** Senior House Surgeon to the Brighton and Hove Dispensary.
- TELFORD, A. B., M.D. Glas., L.R.C.S. Ed.,** Medical Officer for the Pilkington District of the Bury Union.
- THELWALL, L., L.R.C.P. Ed., L.R.C.S. Ed.,** Medical Officer for the Stillton District of the Peterborough Union.

Births.

- BELLAMY**—Nov. 16, at 17 Wimpole Street, London, the wife of Edward Bellamy, F.R.C.S., of a daughter.
- WOOD.**—Nov. 17, at Gosport, the wife of Staff-Surgeon J. Wood, M.D., B.N., H.M.S. Duke of Wellington, of a daughter.

Marriages.

- KENNY—M'GRATH.**—Nov. 8, Michael J. Kenny, L.R.C.S.I., Lismore, to Kate, daughter of the late John M'Grath, Esq.
- WATSON—BLANSONE.**—Nov. 15, at Mount Kisco, New York, Barclay S. Watson, M.D., of Iowa, to Ada, daughter of the late Dr. S. Ransom, of Wandsworth Common. (By telegram)

Deaths.

- BATEMAN.**—Nov. 21, at his residence, Canonbury, N., Henry Bateman, F.R.C.S. Eng., aged 74.
- BUCKNILL.**—Nov. 12, at Rugby, Samuel Birch Bucknill, M.D., aged 65.
- CAMDEN.**—Nov. 15, at 18 West Parade, Rhyll, Sarah Camden, for 50 years the beloved wife of G. J. S. Camden, M.R.C.S., aged 81.
- GORE.**—Nov. 14, at Bath, Richard Thomas Gore, F.R.C.S., in his 83rd year.
- OLDFIELD.**—Oct. 17, at Surinam, West Indies, Edmund Oldfield, M.D., late of Aahill, Norfolk, in his 49th year of his age.
- SCOTT.**—Nov. 17, at Lancaster House, Lincoln, William Edward Scott, M.R.C.P., aged 30.
- VARLEY.**—Nov. 13, at Burton Street, Nottingham, John Varley, L.S.A. Lond., aged 67.
- WILSON.**—Nov. 19, at Alnwick, Northumberland, Robert Wilson, M.D., M.R.C.S., Surgeon-Major, aged 52.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 30, 1881.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
Clinical Lectures on Symptoms. By Frederick T. Roberts, M.D., B.Sc., F.R.C.P. Professor of Materia Medica and Therapeutics at University College; Physician and Professor of Clinical Medicine at University Hospital, &c.	465	TRANSACTIONS OF SOCIETIES.	
On Aids to Epidemiological Knowledge. By George Buchanan, M.D., F.R.C.P. Lond., President of the Epidemiological Society, &c.	467	CLINICAL SOCIETY OF LONDON—	
The Practical Value of Recent Research on Micro-Organisms. By Thomas M. Dolan, F.R.C.S. Ed., Medical Officer to the Halifax (Yorks) Union Infirmary	469	Two Cases of Direct Transfusion of Blood for Hæmorrhage in Typhoid Fever	472
		Three Cases of Continued Fever with Affection of the Spleen, in Two of which an Extremely High Temperature occurred before Death	473
CLINICAL RECORDS.		OBSTETRICAL SOCIETY OF DUBLIN—	
East London Hospital for Children—Two Cases of Calculous Vesicæ in Girls, removed by Rapid Dilatation of Urethra. Under the care of Mr. Parker. Communicated by Mr. Sidney Davies, B.A., Clinical Assistant	470	President's Inaugural Address	474
SPECIAL.		DEPARTMENT OF LUNACY.	
Medicine in China—III.	471	Lunacy in New Zealand—The Causes of Insanity—Resignation of Dr. Sheppard	475
		LEADING ARTICLES.	
		MEDICAL REGISTRATION AND THE RE-ASSURE OF NAMES	476
		ROYAL COMMISSION ON FEVER HOSPITALS	477
		ST. BARTHOLOMEW'S HOSPITAL INQUIRY	478
		NOTES ON CURRENT TOPICS.	
		Exclusion of Cancerous Uterus	479
		Royal Irish University and the Queen's University, Ireland	479
		Memorials of Broca	480
		Death of Mr. Gore, F.R.C.S.	480
		Fatal Street Accident to a Physician	480
		Linnæus Chair of Physiology, Oxford	480
		Doctors in Scandinavia	480
		Women Doctors in France	481
		Fees for Medical Evidence	481
		The Medical Acts Commission	481
		Deaths amongst Medical Foreigners	481
		Poison Vending by Deputy	481
		Fever in India	481
		Angina and Albuminuria	482
		Resorcin in Aural Surgery	482
		SCOTLAND.	
		Illegitimate Births in Scotland	482
		Aberdeen Milk Epidemic	482
		Anatomy Class in Edinburgh University	482
		Health of Edinburgh	482
		Sir Wyville Thomson	482
		Fellowships of the Royal Irish University	483
		Surgical Society of Ireland	483
		CORRESPONDENCE.	
		Notification of Infectious Diseases	483
		LITERATURE	484
		Novelties	485
		NOTICES TO CORRESPONDENTS	485

Original Communications.

CLINICAL LECTURES ON SYMPTOMS.

Delivered in the Wards of the Hospital.

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

LECTURE I.

GENTLEMEN,—If you desire really to learn medicine, and to become competent practitioners in this department of your profession, you must make up your minds to study the subject systematically and progressively, and must be prepared to give your intelligent and close attention to what may often seem to you to be tedious and uninteresting details. Your object in coming to these wards is, or ought to be, to lay a good foundation, broad, sound, and firm, upon which you may build in the future. You may now acquire useful knowledge, and learn many facts which it is essential you should be acquainted with; you may familiarise yourselves with the clinical examination, and to some extent with the management and treatment of patients; you may gain practical skill in carrying out the different modes to this clinical examination, some of them difficult and needing much patience, and at the same time learn the meaning of the phenomena thus elicited; and you may train yourselves in clinical observation, in careful and systematic case-taking, and in that mental process by which the diagnosis of a patient's disease is arrived at. Do not imagine that while students you can acquire all that you need for practice. Some students soon arrive at the opinion that they know everything, but they do not, and a very short experience of actual practice on their own responsibility will convince them of this, if they are not incorrigibly conceited.

I have on a former occasion given you an outline of how to "take a case," and I then pointed out that one of the most important parts of this process consists in finding out

what symptoms are present. I take it for granted that it is unnecessary for me to define the meaning of the word "symptom," and my first duty is to impress upon you that you have no right to be satisfied with merely ascertaining the chief symptoms which are present in any case, and then proceeding to treat these without troubling to investigate further, or to trace them to the morbid condition or conditions upon which they depend. This is what is often done, not uncommonly to the serious injury of the patient. Of course, I do not imply that symptoms must never be treated, but they should not be treated as a rule until their meaning in the particular case is understood, and their relations duly recognised; it will then frequently be found that they need not be specially interfered with. Your clear duty is to fathom to the best of your ability the whole case, when a patient comes under your care. It may not even be sufficient to discover one *disease*, for very frequently, as is exemplified in these wards at the present time, there are combinations of diseases in the same or in different organs or structures, each of which may contribute to the causation of the symptoms, and may demand recognition. Symptoms must only be regarded as one class of phenomena by which we are helped and directed in our endeavour to attain the end which I have indicated. Even when they are in a sense *diseases*, it is requisite to try to trace them to their ultimate source. For instance, we have at present in these wards some cases in which there is ascites or dropsy of the peritoneum; this is obviously in itself a diseased condition, nevertheless we are not justified in regarding it independently, but must seek to find out the precise seat and nature of the disease upon which this local dropsy depends, before we have any right to take measures for its treatment. I must qualify these remarks by stating that if a symptom is urgent, or if the investigation of its cause is likely to injure the patient, our duty is often to treat such symptom at once, and wait for a more favourable opportunity for further inquiry. Thus, we have recently had a case of severe hæmoptysis in the wards, which ultimately proved fatal, and you will remember that I refrained from disturbing the patient myself, and forbade any examination of his chest. Our duty

in this case was clearly to endeavour to stop the bleeding, and not to endanger the life of the patient by seeking to find out precisely what it depended upon, or searching for its exact cause, especially as we had sufficient evidence to show that he was suffering from phthisis.

In the next place let me remind you that it is not sufficient to learn by rote, and to be able to repeat in parrot-like fashion, the symptoms belonging to each particular disease to which the body or its various parts are liable. I might take several diseases of an organ, and enumerate precisely the same symptoms as belonging to each one of these diseases; and, indeed, two or more organs may present certain symptoms of a similar character; while very different cases may have exactly the same symptoms. Therefore it is necessary to *understand* symptoms, not only in themselves, but also in relation to particular organs and diseases, and in individual cases. This brings me to the object of these lectures or demonstrations, which is to *study* symptoms with you, and, so far as opportunities permit, to study them as they are exemplified in cases in these wards, so that thus we may come to comprehend them more fully in all their relationships. I propose to carry out this object according to the following plan:—1. To offer a few observations respecting symptoms in general. 2. To discuss the symptoms belonging to particular systems, organs, or structures. 3. To consider the combinations of symptoms in individual cases, of a more or less complicated nature. 4. To study some of the most important symptoms separately and in detail, as regards their ætiology, varieties, treatment, and other points.

GENERAL OBSERVATIONS ON SYMPTOMS.

Various terms have been applied to symptoms, but I only think it necessary at present to call your special attention to the following divisions, namely, into:—1. *General* and *Local*; and, 2. *Subjective* and *Objective*. These distinctions you should always keep in mind, and probably you all know the meaning of the terms, which is obvious enough. For the sake of completeness, however, I will try to indicate their real meaning, which is not always recognised, and to offer one or two remarks relative to them. *General* symptoms usually imply that the entire system is more or less involved, and, as a rule, they are not connected with any one particular cause, nor have they a local origin of a definite kind, but may be due to many causes, and have their source in a variety of local conditions—various as to their seat and nature. Emaciation and debility will serve to illustrate these remarks. There are general symptoms, however, in so far that they affect the body extensively, or it may be throughout, which yet have a definite local origin, such as jaundice connected with the liver, general dropsy with the heart or kidneys, and general paralysis with the nerve-centres. *Local* symptoms are limited to some particular part of the body, or are evidently associated with some individual organ or structure, and have a more or less obvious local cause originating them. It is, therefore, of the utmost consequence to learn at the outset the symptoms which may be expected in connection with each system or part of a system, such as the respiratory, circulatory, or nervous; as well as with the several organs and structures of the body.

The division of symptoms in *subjective* and *objective* is also a very important one to bear in mind.

Subjective symptoms are those which are merely felt by the patient, and of which he alone is conscious, whose statement and description we have, therefore, mainly to rely upon as to their reality and characters. This group is exemplified by such phenomena as pain, tenderness, headache, nausea, general languor or debility, diminution or loss of sensation, blindness or deafness, numbness, itching, &c. Patients sometimes describe subjective feelings of the most unusual and extraordinary kind, and you must be prepared to consider these in an intelligent and sensible manner, taking them for what they are worth, but guarding against being led by them into erro-

neous conclusions. While, on the whole, we have to be satisfied with the patient's statements with regard to subjective symptoms, and, consequently, their diagnostic value is far less than that of the objective class, and we have to be very careful what importance we attach to them; yet we may be able, by careful observation of the patient, and by certain modes of investigation, to verify these statements, or to prove that they have no foundation in fact; and also to make out the degree and certain other points about subjective sensations which we can determine for ourselves, and of which, perhaps, the patient can give us no reliable information. For instance, when a patient complains of pain or tenderness, we can often test its reality and intensity, and may be able to localise its exact seat, by noticing his manner, posture, movements, expression, mode of breathing, &c.; or by watching the effects produced by acts likely to influence certain local pains, such as the effect of deep breathing or coughing upon pains in the chest, or of rising from the sitting posture upon pain in the loins. It may happen, moreover, that the patient does not spontaneously complain of any abnormal sensation; but this is only brought out by the practitioner's examination, and it may even then be of much importance. This applies particularly to tenderness which may be a symptom of considerable moment when there is no spontaneous pain. Again, by proper investigation and care, tenderness may be distinguished from mere excessive sensibility or hyperæsthesia of the skin—a point of much practical importance. It is often easy to test the reality and degree of weakness of which patients complain. Such symptoms as loss of sensation, blindness, and deafness, can also be investigated very effectually in many cases; and it is a point worthy of special notice that examination by a doctor has sometimes revealed to a patient that one of his eyes has lost its sight.

You will gather, then, from the foregoing remarks that subjective symptoms, while always being taken into due consideration, must be regarded with caution, and not have too much weight attached to them; and they should in every case be duly tested when practicable. Care is especially needed when the patient has some purpose to serve in his own interest. Apart from positive malingering you will find in many kinds of practice that people want holidays, or belong to a "club," on which they wish to be placed, or are anxious to get into a hospital for a while, and they complain of pains and various other sensations, which you, perhaps, cannot positively deny, or prove or disprove the existence of, and your discretion and judgment may be sorely taxed sometimes. But remember to be just to your patient, and cautious on his behalf, as well as in the opposite direction. I have known cases in which patients were supposed to be "shamming," and treated accordingly, because they complained of a constant localised pain for which no cause could be found, but which was afterwards accounted for by the sudden bursting of an aneurism, or the rupture of a gastric ulcer. The various strange sensations you will meet with in hysterical and hypochondriacal patients you may as a rule regard as of little or no real consequence, but these must also be duly noted and investigated.

Objective symptoms include all clinical phenomena which are either at once evident to the observer, or can be discovered by the aid of the senses of sight, hearing, touch, or smell, as these are ordinarily employed. It is expedient to place in a separate class the so-called "physical signs," which are ascertained by certain special modes of "physical examination." It will be obvious to you that objective symptoms are of far greater importance and diagnostic value than those of the subjective class. They can usually be verified without any difficulty, and it is the duty of the practitioner never to take a patient's statement as to the presence of these symptoms, but always to investigate them for himself. It is remarkable how often patients deceive themselves even about objective conditions, and innocently imagine them when they do not exist. Moreover, malingers and hysterical persons will deliberately pretend to be affected

with certain symptoms, such as paralysis, local swelling, fever, dyspnoea, or cough, the reality of which can be usually easily tested, though even here there is a danger of being misled. You probably have heard of cases in which individuals have practised deception when actually under close observation in hospital wards, by causing the temperature, as recorded by the clinical thermometer, to rise to remarkable heights. They will sometimes colour the urine and skin to simulate jaundice; produce artificial blisters on the surface of the body; feign fits or convulsive attacks; pretend to have discharges of blood, and to suffer from various other symptoms which have no actual existence. Again, it is often requisite to investigate objective symptoms, when they do exist, in order to determine their degree, localisation, characters, or other points which may be suggested in connection with particular symptoms, and in particular instances. Redness, swelling, wasting, cough, and dyspnoea will serve to illustrate this remark. It may be insisted upon as a general rule, that any unusual discharge from certain important organs should be examined by the practitioner himself, and that he should not trust to the descriptions of patients or their friends. This applies to such things as vomited matters, the stools in many cases, expectoration from the respiratory organs, discharges in the urine, hæmorrhages, and purulent discharges from various parts of the body.

The foregoing remarks will have prepared the way for indicating the modes by which symptoms are made out and studied in particular instances, and I may take this opportunity of pointing out in general terms, without entering into any details, what methods of investigation may be required in order to determine the clinical phenomena present in any given case. They may be considered under the following heads:—

1. Superficial observation.
2. Questioning.
3. Objective examination.
4. Ordinary physical, chemical, and microscopic examination.
5. Special skilled examination.

(To be continued.)

ON AIDS TO EPIDEMIOLOGICAL KNOWLEDGE. (a)

By GEORGE BUCHANAN, M.D., F.R.C.P. Lond.,
President of the Epidemiological Society; Consulting Physician
to the London Fever Hospital.

OUR Society enters to-day on the thirty-first year of its life. It has experienced its ordinary share of difficulties, and its full measure of success. In no small degree its difficulties have been the creation of its success. That greater concern is now felt about scarlatina, typhus, small-pox, &c., than at the time of the Society's creation, and that public bodies and their officers compete with us in their interest for the problems which we study, is a result to which our Society has contributed in a foremost degree, but we still continue to hold our place as pioneers. We have among us people who study the subject from different standpoints at the bedside, in the post-mortem room, or in the camp, the ship, &c., but we want for success to study the *δημος* under other aspects than the technically medical, to study other *δημοι* than our own, and to identify ourselves with statesmen, geographers, and with travellers, to obtain help from chemistry and physics, from meteorology, botany, and zoology; indeed, it would be difficult to name a department of human knowledge to which we do not hope some day to become indebted.

Our first thought is of the place we shall gratefully

assign to mathematics. So identified is epidemiology with mathematics that there has occasionally been a confusion in the popular mind, and the study of epidemics has been regarded as essentially an affair of statistics. Epidemic disease claims the aid of numbers, but it would be a serious error to think of this relation ending with records of quantity of disease, of death-rate, sickness-rate, &c. It is by arithmetical analysis of coincident circumstances of one and another sort that a clue is often got about the relation of effect to cause, as to efficiency of cause to produce effect. The case of relation between cholera and elevation of soil is an example familiar to us of an experience noted by the arithmetician to have something in it for the physician to inquire about. Of another sort of arithmetical help an evidence was afforded to me in the investigation of a fever outbreak, when, of two competing sets of circumstances, either of which might contain the cause of the outbreak, I was told the probabilities in favour of the one set were as 375 to 1, while the probabilities in favour of the other set (putting aside any probabilities against it) were but as 6 to 1. As another illustration:—An investigation is being made as to the possible influence of an infectious centre upon its neighbourhood. Putting aside influences that may destroy it, there is necessarily more of it at a spot near the centre than there is at a spot further off—that is, so long as the distribution is effected after the fashion of a something radiating from centre to circumference. The question arises: How much more infection will there be at a given nearer point, than at a given more distant point? because an answer to this question is wanted before we can go on to consider the meaning of the facts we observe. In reply to this question we shall see that the distribution of our infection will be affected according as it is effected along a single plane or into space of three dimensions. In the former case the relative amounts of infection present in two given places will be inversely as the distance of each place from the centre; in the latter they will be inversely as the squares of the distances. Now, there is reason for thinking the contagious matter is subject to the laws of gravitation, wherefore it is to the plane of the earth's surface that the contagion will tend, and its distribution in that plane will come to be effected according to the law that governs radiation in one plane. In this way we can appreciate the rate at which the spread of infection should manifest itself, and we can understand the significance of the actually observed distribution.

The best example of our indebtedness to physical science may be taken from the lessons that the physicist has taught us of the characters of infection itself. At the foundation of our Society there was but a half-formed recognition of the fact that every disease of the class with which we concern ourselves has a material of its own. The earlier addresses of our first President contain many exhortations to the use of the microscope as a means of understanding the nature of diseases which we had to study, and from the microscope in the hands of Dr. Lionel Beale we soon came to know of the existence of particulate matter in infective liquids; but it was not until the resources of the physicist had been applied to separate out the particle from the fluid that any conclusion could be formed about the inherence of the quality of contagiousness in the one or the other element of the infectious liquid. The method of diffusion was used by Chauveau to such liquids, and first to vaccine lymph: the soluble was separated from the particulate, and the potency of the lymph was found to be in the particulate only. It was soon found that other contagia, like small-pox, exhibit the same quality.

At this time the pathologist had been cautiously tracking other lines of research; and so long ago as 1841 a happy inspiration had led Dr. Farr to insist upon the use of the word "zymotic" as best expressing the character common to epidemic, endemic, and contagious diseases; and then in 1848-49, Dr. John Snow had satisfied himself that the best explanation of the phenomena of

(a) Presidential Address delivered at the opening of the Epidemiological Society for the Session 1881-82.

cholera and its spread was to be found in the existence of a specific cholera "cell," capable of passing into other bodies and producing cholera in them.

Further, Dr. Budd reached the judgment, alike for diseases propagated through air and for those communicated by water, that "the contagious agent which issues in the excreta is the fruit of its own prior reproduction within the already infected body."

In studying the nature of various fermentative and putrefactive processes, it has appeared to Professor Schroeder and M. Pasteur that certain microscopic bodies are essential to such changes. From the standpoint thus reached by the chemist, the chemist himself came to regard similar organisms as probably concerned in processes of disease also; and the researches of M. Pasteur in 1865 into the disease which was so fatal to silkworms, gave sufficient demonstration. This was a true view of the case in respect of that disease, and afforded a stronger presumption that the material of contagion was in nature a parasitic being having a life and life-history of its own. This strong presumption rapidly led to further inquiries; one after another the characteristic staff-shaped bodies of splenic fever, the spirillum of relapsing fever, and the microzymes of vaccine, of small-pox, and of sheep-pox have been made out.

For years before this period, the suggestion that particulate contagium must, almost of necessity, be *contagium vivum* had been one that had its attractions for the botanist. What if it should be the reproductive matter of some vegetable thing? At one time it did seem that we should find the genesis of cholera in that direction. It is to be admitted that Dr. Burdon Sanderson's critical examination of Professor Hallier's experiments relegated to the domain of the unproved this promising vision, but we are coming more and more to expect that the materials of some contagia have another *habitat*, perhaps in a known, but not yet recognised, alternative form. As time has gone on, and one disease after another has been found to be accompanied by organisms that are apparently concerned in their pathological processes, as the several members of the epidemic and contagious groups have been brought, with more or less of probability, into the list of those which have parasitic vegetable organisms for their actual cause, we are invited further to observe in the natural history of the various organisms affinities of botanical classes broadly corresponding to the nature of the groups of diseases with which they are found associated.

Unquestionably the prospects held out to the epidemiologist are of the most fascinating kind. As there was a period when we were promised in the behaviour of metallic oxides in the presence of peroxide of hydrogen the line of explanation of what constituted contagiousness, so now we seem to have reached a point where the botanist offers us the most promising insight into the nature of what is epidemic.

I wish to spend the time that remains to me in pointing out some of the interesting and important consequences that follow from the doctrine which would regard the material of infectious disease as something in its essence having a place and mode of life beyond the infected body. One of these is the possibility that is appearing of being able to cultivate that material outside the body in ways that shall give it different degrees of potency. So long ago as 1867, Dr. Sanderson had distinguished two sets of consequences producible by local inflammations artificially set up in the lower animals—the one a chronic disease having the characters of tubercle, the other an acute disease presenting the features of pyæmia, and both infective and being producible at the will of the experimenter by the inoculation of the same material. In 1872 he demonstrated in a number of acute infective processes, microzymes abounding in the exudation liquids and in the blood; he showed how by successive transmissions of infective material an intensely virulent material could be obtained, the original product and the cultivated material having certain microscopical and physical characters

distinguishing the one from the other. Dr. Knoch, of Wolstein, made a notable advance, and found the bacilli of splenic fever grow and multiply in blood serum or aqueous humour, and even in artificially prepared cultivating liquids, and that this could be done through successive generations, more than this, he found that mice inoculated with matter that contained numerous spores died of splenic fever in twenty-four hours, whereas mice inoculated with liquid in which spores were scarce did not die until later. And shortly afterwards our own Dr. Klein found this same property of cultivating outside the body in the very similar bacilli of the disease of the pig, known as pnenmo-enteritis, and that liquid of the eighth generation inoculated in a pig produced a disease reduced in intensity.

In 1879, Dr. Burdon Sanderson found that the cultivation of anthrax in the body of rodents modified the poison so that the subsequent inoculation of a bovine animal did not destroy the life of the latter, but protected it from subsequent attacks of disease. At the same time M. Pasteur made out for the disease called "fowl-cholera" the same quality of cultivability by multiplication of its bacilli in organic, but not vitalised, liquids.

We cannot help having before us the dazzling prospect of being able to offer to men and animals the protection of a trivial disease against each more fatal disease, to achieve what M. Pasteur calls the "vaccination" of animals against the several dangerous contagia.

But perhaps as valuable are the indications we are gaining of possible means of preventing epidemic diseases in other ways. Suggestions arise of material of contagion having, like tape-worm, an alternative mode of life outside the animal body, or in one animal body leading a different sort of existence from that in the other animal body. What if the material of cholera, or of yellow or of enteric fever, should have another *habitat* than as a contagium, and there exist, having no power of producing disease until its conditions were changed, but then altering its mode of life, and becoming the active material of disease in animals into whose bodies it was introduced? What if we could recognise it in its other fashion of life, and destroy it or prevent the conditions necessary for its development? In 1875, Dr. Klein recognised in a particle peculiar to enteric fever a microphyte, which had been identified by Professor Cohn, of Breslau, as occurring in the water of a well at Breslau, and the district of the city supplied by that well had long been famous for the amount of enteric fever in it. The relation between milk and outbreaks of enteric or scarlet fever or diphtheria has been thought of as a mere affair of disease entering milk-cans by the aid of water used in washing or of hands used in milking cows. It may turn out that the disease-producing milk has received some organism that under other conditions of life would have been impotent, or such organism have been derived from the body of the cow itself.

Indeed, the hygienist is coming to suspect that he may often have to do with organised material not far developed from perfectly non-specific germs. It is impossible not to recollect the inquiries of Dr. Ballard, of Welbeck and Nottingham, in which he heard of strange maladies occurring in groups of people, and having their cause in some common article of food.

Such are a few examples of the aid which pathology is rendering to an understanding of epidemics. It must be of concern to our Society in the future to have regard to the many new considerations that are presenting themselves to us, and to put the views of the pathologist to the test of our manifold experiences.

ACCORDING to the report of the health officer of Hastings, it appears that the mortality of that favourite watering place for the past quarter was only 13 per 1,000 of the population. A most satisfactory state of things.

THE PRACTICAL VALUE OF RECENT RESEARCH ON MICRO-ORGANISMS. (a)

By THOMAS M. DOLAN, F.R.C.S. Ed.,

Medical Officer to the Halifax (Yorkshire) Union Infirmaries.

MR. DOLAN commenced by saying there is a romance in history, in philosophy, and there is even a romance in science. We read in the early myths of different countries how fabulous knights went forth armed *cap-a-pied* to destroy the grisly monsters—dragons, centaurs, and griffins, who came down from mountain passes, or from the depths of dank morasses, and impenetrable forests, to devastate and destroy; how whole flocks of sheep and oxen were carried off; how men and women were slaughtered; how vineyards were blasted; how all life and vegetation disappeared before the flame of the breath of these mythical creations. No doubt, in early days, famine and pestilence prevailed. Man, ever eager for knowledge, was anxious to know the cause of such occurrences; in explanation teachers fell back upon the unscientific use of the imagination. In more imaginative climes, with more poetic temperaments, a belief in gods and goddesses took the place of ruder and earlier conceptions on pestilence. Thus we read in that grand work the *Iliad* of Homer, how a fatal pestilence is raging in the camp of the Greeks. What can be the cause? The soothsayers are consulted. The answer is given. The sun god is angry. Diana and Apollo are showering down their wrath in the form of the mysterious diseases which are devastating the Grecian lines.

In other ages, superstition associated disease with magic, witchcraft, the enchanter's wand, the evil eye. At the present day, the romantic conceptions of early days have taken a new departure. In the place of the all devouring, fabulous, mythological griffin, we have an almost infinitesimal particle or organism, varying from the 20,000th to the 40,000th part of an inch, playing the same part, continuing the work of destruction. On the slopes of Russian mountains destroying horses, oxen, sheep, men; on the fertile plains of France invading oxen, sheep, the silk worm; in the pastures of England and Ireland killing animals and men. The age of romance is not yet over. The knight of old has disappeared—sword and spear are thrown away; in their place we find the test tube and the microscope, modern weapons against disease producers and man destroyers. The fierce light of science bears rudely down upon old superstitions and old beliefs as regards the finite, proving to us that underneath the phenomena of disease, we have agencies at work operating in accordance with natural laws, linking as it were the past with the present. The myth of the earliest ages finds a certain degree of verification in the facts of the nineteenth century. Modern researches on micro-organisms read to me like a romance. Our savants, in studying these minute organisms were assisting not only in revealing the wonders of animated nature, but were benefiting at the same time the art of medicine. About thirty-five years ago a number of rod-like bodies were discovered in the blood, which were at first thought to be crystals of organic compounds, but it was found that these bodies grew, reproduced, and died; in other words that they manifested all the signs of vitality. Competent modern observers regard them as photo-phytic *fungi*, and had classified the *bacterium* as an organism capable of living on organic and inorganic matter, possessed of motion, and belonging to the vegetable kingdom. After describing the various species of germs and their classification, the lecturer said the researches of Drs. Dallinger and John Drysdale read like a story out of "Alice in Wonderland." They treated of an organism the minute character of which might be imagined when he told them that 30,000 could be placed in a pinhole. These men, who had followed the *bacterium* through all its phases from life to death, had now discovered the small granular white bodies or eggs from which the *bacteria* developed. Speaking of the heat-resisting capacity of the germs, he said they bore a temperature of 250 degrees; a little below that point they developed and went through all their stages as if they had never been heated. Just the same order and regularity were observable in the evolutions of the monad as in those of the highest forms of life. The *bacterium*, however, was a comparatively harmless agent; it fed on putrid matter, and thus served a purpose in the economy of nature.

(a) Abstract of a Lecture delivered at Halifax Literary and Philosophical Society, Nov. 22nd, 1881.

The *bacillus* was, on the contrary, a disease producer, a dangerous organism—a potent destroyer of life. This form was the cause of wool-sorter's disease. These *bacilli* consisted of cells and rods. The latter were of considerable length, and broke up into segments and separate cells. Passing on to the consideration of the germ theory, he referred to the works of Professors Tyndall and Grove, the latter of whom was, he said, the first in modern times to advocate the hypothesis, that living germs were the exciting agents of epidemic and infectious diseases. The lecturer stated that he had communicated Grove's name to Professor Tyndall, with some remarks as to his being the originator of this hypothesis, and observed that nothing could be clearer than Grove's exposition of the germ theory. He had a claim to be considered its modern originator. Grove was an Englishman, and we should feel a certain degree of national pride that this useful theory was formulated in England. Grove wrote to the lecturer as follows:—"The only merit I can claim from my work is, that I endeavoured to lay a foundation for more definite ideas as to the nature of the morbid poisons, both as regards their influence on the vegetable, as well as on the animal kingdom. And again, in pointing out the necessarily practical results that only by antidotes to these poisons, or prophylactic measures, could we ever hope for any great success in the avoidance of communicable diseases. I made sulphur an antidote for cholera, acetic acid for typhoid. . . . Dr. B. W. Richardson, though he differs from me in his views, has in *Nature* given me the credit for being the first in modern times to draw serious attention to a germ doctrine of diseases." The lecturer next touched upon Pasteur's researches on the silk-worm, which had been carried out to find a counter-agent to *pebrine* or silk-worm disease; he, by discovering a remedy, had saved millions to his country, and had restored to France her ancient industry. This was an argument, the lecturer urged, why all countries desiring to be great should encourage scientific studies, and aid in the establishment of free libraries and technical schools. Listerism or anti-septic surgery had sprung from Pasteur's researches. The eminent professor of surgery at King's College, London, had applied the germ theory to the dressing of wounds with most beneficial results. Commerce, surgery, and medicine had all gained by the researches of micro-organisms. The lecturer next described the researches of Branell, Pollender, Greenfield, and Koch on splenic fever—a disease due to the *bacillus anthracis*—and traced the connection of this germ and wool-sorter's disease. Of the latter disease, he said its pathology had only lately been cleared up. The links in the chain of causation in disease were made up of scattered facts. Primary causes operating in Russia, produced secondary effects in English manufacturing towns. Coming to the more recent researches of Pasteur on the causes of fowl cholera and splenic fever, he said it was another phase of the germ theory. By inoculating the tamed virus of fowl cholera and splenic fever, Pasteur has been able to mitigate those diseases, on the same *rationalis* as vaccination. If the premises of Pasteur were true, then the power of man over disease would be vastly increased. Pasteur was now experimenting with the virus of scarlatina and another formidable disease, puerperal fever. They had every reason to believe that scarlatina was caused by a self-multiplying germ from the outside world. Pasteur would cultivate scarlatina virus in his laboratory just as the gardener cultivated a rose or an apple tree. He would see what agreed and what disagreed with its life, and next he would experiment with it on some living animal. This brought the lecturer to the question of vivisection, and he continued:—"So much for the labours of Pasteur, and the latest development of his industry, of his genius, and, I may say, of his inspiration. Consider, for one moment, what may be the possible results of his discoveries. Should it prove true of all septic and contagious diseases, as of splenic fever and fowl cholera, that in the laboratory a vaccine to protect from each can be prepared, we are on the threshold of a discovery, which will so vastly increase the sway of man over those diseases before which we are now comparatively powerless, that we may, in time, eliminate them. What a priceless boon this will be to humanity. The illustrious Jenner, by the introduction of vaccination, conferred a boon on his race, on humanity, on the world, though, perhaps, the process of vaccination has not been altogether without its alloy. Proceeding on similar lines, Pasteur is continuing the work initiated by Jenner. The whole subject is, as yet, in its infancy, but results prove

that we have foundation for the hope for more brilliant, and even more practical achievements, as there are so many conscientious workers in the field. The ultimate benefits to humanity cannot be over-estimated. In the art of medicine we have it in its higher elements, in regions quite out of the ordinary practitioner's path. Medicine, to most minds, is associated with drugs, with the taking and giving of medicine, this is medicine in its lowest form. In its highest form it is seen in its connection with Biology, that science, which, as Huxley says, "makes one chain of causation connecting the nebulous original of suns and planetary systems, with the protoplasmic foundations of life and organisation." It is in this higher field we find the workers, who search for the explanation of diseased states in modified cell life, who search with the microscope for the organisms we have been considering, and who do so with the hope of establishing preventive medicine on a scientific basis, thus saving life and misery. It is in this field we find the experimental physiologists who are revealing to us the power of drugs over diseased states, who supply the scientific physician with the means of affecting in any desired sense the functions of any physiological element in the body, so that, as Huxley tells us, "It will, in short, become possible to introduce into the economy a molecular mechanism, which, like a very cunningly-contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion there, leaving the rest untouched." You will, I trust, in conclusion, pardon me if I say a few words to you about animal experimentation, mis-called, as I have said, vivisection. I should like to take this opportunity of disabusing your minds about the practice and to ask you to consider this question rationally, I shall not say a word to hurt the most ardent anti-vivisectionist. (1st) Cruelty to animals is abhorred by medical men; I need not tell you I allude to unnecessary cruelty. (2nd) Experiments on animals are only made by scientific skilled physiologists; nearly all animals experimented on are rendered insensible by curare. (3rd) All we ask for is that our tried and trusted physiologists and surgeons should be allowed, under a certificate to conduct those experiments which they may deem necessary, without the harassing and annoying conditions which are almost prohibitory, and which are fatal to the advance of physiology. I know we have English talent in the physiological department of medicine, equal to any foreign talent, undeveloped, however, owing to the discouragement it receives. I would ask you to consider the present condition of the profession in England, and if you desire the advance of English medicine, to strengthen the hands of those who are advancing it, by your moral support.

To torture a living animal, under the pretence of research, deserves condemnation; no language is too strong to use against such iniquity. Let the act stand in force against such dabbles in science; with a ten-fold greater severity even than at present, let its punishment be increased, but let us discriminate. Pasteur, with all his honours thick upon him, loved, revered, with family ties, and everything that can bind him to life goes calmly down to the foulsome Lazzaretto, to try and find out the cause of yellow fever, to stamp it out as he stamped out silk worm disease. He goes with his life in his hand to slay disease. Colville and Payne (Englishmen) went to Astrakan to study the plague; they went forth nobly, as medical men should go, to confront the plague in its home. They exposed their lives, and I am convinced that the humblest member in my profession, is so imbued with its traditions, so educated, that, whether it be cholera, the plague, or typhus he has to encounter when called in, he will be at his post, faithful unto death. It is for those unselfish men, for Brunton, Frazer, Lister, Sanderson, Greenfield, Ewart, I ask your sympathy and support; for the leaders in medicine, who are striving in this prosaic weary work-a-day world, like the knights of old, to overcome the powers that surround us, the hidden, unseen, impalpable agents of disease and death, to bring them into subjection to laws of health, to benefit you and posterity.

THE statement published by several journals that cholera has made its appearance in Egypt is totally unfounded. On the contrary, the sanitary condition of the country is excellent, and not a single case of cholera has taken place.

Clinical Records.

EAST LONDON HOSPITAL FOR CHILDREN.

Two Cases of Calculus Vesicae in Girls, Removed by Rapid Dilatation of Urethra.

Under the care of MR. PARKER.

Communicated by MR. SIDNEY DAVIES, B.A.,
Clinical Assistant.

(With remarks by MR. PARKER.)

CASE I.—Emily M., *æt.* 5. was admitted into the Hospital on February 19th, 1881.

Previous Diseases.—Patient had had measles, scarlet fever, and whooping cough.

Family History.—The mother has had seven children, all living. No miscarriages. The father was a French poliaber, temperate and healthy. The mother is healthy.

Present Illness.—Two years ago the child complained of pain in passing water. This symptom improved for a time, and then got worse again. She had had nocturnal incontinence for several months. She used to "save it because it did not hurt to pass water at night." She now passes water very frequently and in very small quantities, and lately has got up several times in the night. The operation for removal of the stone was performed the day after admission by Mr. Parker. Chloroform having been administered, the child was examined bimanually per rectum and per hypogastrium. The stone was felt, and gave the impression of being small. The urethra having been dilated by a Weiss's three pronged dilator, a small pair of forceps was introduced and the stone seized. Several ineffectual attempts were made before the stone was extracted; at last it came out in small pieces. The calculus consisted of a uric acid nucleus and a coating of phosphate, the whole being surrounded by a thick layer of mucous, entangling calcareous material.

February 21st.—The temperature rose after the operation to 102°, and there were some rigors.

24th.—The child is comfortable. There has been no rigor since the 22nd, and the temperature has fallen to 99°. The urine dribbles away still. The urethra has returned almost to its natural size. The patient is taking bicarbonate of potash and hyosciamus.

25th.—The child is said to be able to retain her urine during the day. Passes two ounces at a time.

27th.—She does not wet the bed by day, calling when she wants to micturate, but still wets the bed at night.

March 2nd.—Patient still wets the bed at night. She can only retain her water a few minutes after the desire to micturate comes on.

9th.—Nocturnal incontinence continues.

The patient was discharged on the 14th. She came to be seen as out-patient on the 16th, when it was reported that she had only wetted the bed once since leaving the Hospital.

CASE II.—Ellen T., *æt.* 8, was admitted into the hospital on September 6th, of the present year. The patient had resided all her life in Limeshouse. There was no history of gravel in the family.

Previous History.—She had had symptoms of vesical calculus for nine months past. The first thing noticed was tenesmus of the lower bowel; this was followed by an almost constant dribbling of the urine and increased frequency of micturition. She also had suffered from an eczematous eruption about the vulva.

On admission, the patient had an ammoniacal urinous smell, and was obliged to pass her water every five or ten minutes. The urine was alkaline. There were enlarged inguinal glands in both groins, secondary to the eczematous condition of the thighs and vulva. On the day of admission the child was put under chloroform, and Mr. Parker examined the bladder with a sound. The stone was found to be a large one, and ensacculated in the anterior wall of the bladder near the fundus. The urethra was easily dilated so that the index finger could be introduced. The stone could be felt between the finger in the bladder and the other hand laid on the abdomen, the posterior part of the bladder being free and empty. Forceps were then introduced, and after two or three attempts, in which the external soft layer of phosphate was partially detached, the stone was successfully removed.

It weighed three drachms without the *débris* and measured about $1\frac{1}{2}$ by $\frac{1}{2}$ inch. The bladder was then thoroughly washed out with warm water. Considerable pieces of vesical mucous membrane entangling calcareous deposit were removed by this washing out.

The evening of the operation the patient's temperature fell to 96° and she vomited up everything given to her, notwithstanding the administration of ice and lime water. She complained of no pain. There was a good deal of sanguineous discharge, about 16 oz. Ordered chloral hydrate, gr. v., statim.

September 7th.—Temp. normal. Patient has had three hours good sleep after the chloral, and has been dozing this morning. Complains of no pain and looks very comfortable. Her urine dribbled away without causing any discomfort.

8th.—Temp. normal. The child is looking very well. The urine is a deep scarlet colour, strong ammoniacal odour, and deposits a sediment of ropy mucus, pus and broken down blood corpuscles; it is strongly alkaline.

Ordered Acid. nit. dil. $\mathfrak{r}x$;
Ext. belladon., gr. $\frac{1}{2}$;
Ext. hyoscyam., gr. v.;
Inf. buchu., $\mathfrak{z}ss$. t. d. s.

and to have fancy diet, with beef tea.

13th.—The child complained of pain yesterday for the first time. The urine passed during the night and early part of the day, is coffee coloured, ropy, strongly alkaline, the ammonia given off being sufficient to turn red litmus blue when held over the glass. Patient sleeps well and has a good appetite. The vulva to be smeared with vaseline.

20th.—Much improved. There is still an eczematous eruption on the vulvæ which are coated with a white incrustation. Ung. zinci. et vasel. is applied as before. The urine which has passed since 10 o'clock this morning is still ammoniacal and turns litmus paper blue, and it contains ropy shreds of blood stained mucus, but much less in quantity than a week ago. Temp. normal. General condition satisfactory. No control over the urine.

23rd.—Urine still alkaline, but very slightly. Patient has to-day for the first time called for the bed-pan for micturition.

29th.—Urine nearly clear and acid. Patient now has full control over her bladder, for a limited time, always calling for the bed-pan for micturition.

October 4th.—Urine has been once or twice alkaline since last note. To-day it is acid, but very cloudy, with urates, mucus, and pus. Less discharge from the labia. Her general condition improves daily.

6th.—Got up to-day.

11th.—Patient gets up daily. She retains her water during the night, but not always at night. Urine acid, but still cloudy.

21st.—For the last two nights patient has not wetted the bed. The urine is clear and acid, and the eruption about the labia is nearly healed.

23rd.—The patient was discharged to-day.

This girl was seen in the out-patient department a fortnight after her discharge. She had then full control over her bladder both night and day.

Remarks (by Mr. Parker).—All authors agree as to the comparative rarity of stone in the female bladder; but they disagree as to the actual percentage of the cases. The Norwich statistics show the proportion to be 1 to 19. It so happens that of my own cases I have had two females and three males during the same period. As regards symptoms, in both my cases they pointed to the rectum rather than to the bladder. Case II. had been under treatment at one of the large hospitals for some bowel trouble, the actual condition of things not having been recognised, although there was a strong urinous odour, together with an eczematous excoriation of the vulvæ. I have seen this condition before, and regard it in children as a most valuable sign in the diagnosis of calculus vesicæ. For some time before admission Case I. had been in the habit of holding her water during the day, because she could pass it during the night (unconsciously), without any pain. It is probable that, during the recumbent position, the stone fell away from the neck of the bladder, and so caused less irritation. In Case II. the stone was encapsulated in the anterior wall of the bladder. Thus while the child was on the operating table, after dilating the urethra, the stone could be felt by the finger in the bladder, and some difficulty was experienced in dislodging it, although it could be distinctly grasped through the abdominal wall.

Rapid dilatation has proved quite free from danger, and it offers a simple and ready means of access to or from the bladder. I doubt whether crushing, after Bigelow's method, would have proved more successful.

Special.

MEDICINE IN CHINA.—III.

16. *Plague*.—In the report on Amoy for the half-year ending 31st March, 1878, there is an article on the plague in China, prepared chiefly from notes by Mr. Rosher, of the Chinese Customs Service. These notes are believed to prove the existence of bubonic plague in China; that of late years the disease spread over a large area of the empire, and that it did not in reality disappear as believed by some writers.

In Yunnan, the sickness known as yang-tzu, otherwise plague, carries off yearly many victims in that province. It appears to have been imported from Burmah; its early history is imperfectly traced, but since the outbreak of the rebellion in that province it has spread among the population of it. A belief was expressed that its cause existed in exhalations from the ground, because animals that live in, or much upon it, suffered in an especial manner. After animals had suffered, the disease spread to man. Then the people employ such "sanitary" measures, as purifying their houses, lighting fires in every room, and abstaining from pork. The reporter states that in Yunnan he has seen many persons attacked by the disease, but few recovered. In places where the plague passes but lightly through, the mortality may be estimated at 4 per cent.; in places where it stops whole families disappear one after another, and the general population is decimated. In some districts the inhabitants, to avoid the pestilence, abandon their homes and harvests and camp out on the heights. Since, however, in some instances, the epidemic follows them, the dead are usually left exposed unburied; thus, the *Fung-shui* is not desecrated by their interment. But the odours from decomposing bodies is intense.

In 1871, 1872, and 1873, the epidemic began about the period of rice-planting, that is, in May or June, inward, during summer, which, in Yunnan, is also the rainy season, the disease continues, but in a mild form; after the rains have ceased, however, the disease becomes most active and deadly. Instead of visiting every village in its direct progress, it would pass some completely by, visiting places near to, and on, either side of them, to return several months afterwards to those forgotten spots, when elsewhere it would appear to have died away. After having devastated villages in the plains, it often ascended mountains and there affects severely the aborigines. It was constant among the Imperial troops, during the years named, while they were operating against the Mahomedan rebels.

17. *Filaria Disease—Chyloderma*.—With regard to the occurrence of filaria disease at Amoy, 1879, the reporter quotes various opinions in favour of, and adverse to, the theory of the relation of filaria to lymph scrotum and elephantiasis. He then enters into details with a view to support his belief that the parasite and disease are related in the manner of cause and effect. He observed six cases of this affection, all of which had this feature in common that in them there was enlargement of the inguinal glands. In the clear lymph obtained from them there were abundance of filariæ, although none in blood obtained from the finger.

In some instances lymph scrotum was associated with elephantiasis; in others not so. In those of elephantiasis, attended by inflammation of the leg, the attendant pyrexia was designated *elephantoid fever*, also *transient fever*. Then follow remarks as to whether filariae are oviparous or viviparous; as to the specific alliance between those entozoa and those found in the *Corvus torquatus*, the *Goura coronata*, and the dog. The reporter had examined a number of patients "with the result of finding that, unless there is some disturbance as fever, interfering with the regular physiological rhythm of the body, filariae embryos invariably begin to appear in the circulation at sunset, their numbers gradually increase till about midnight, during early morning they become fewer by degrees, and by 9 or 10 o'clock in the forenoon it is a very rare thing to find one in the blood." This diurnal periodicity is accounted for after this manner: "The nocturnal habits of *filaria sanguinis hominis* are adapted to the nocturnal habits of the mosquito, its intermediary host," and then a dissertation more or less conjectural upon the stages through which this filaria embryo is stated to pass. The present object is sufficiently obtained by simply transcribing these particulars, adduced, as they are, with the evident desire to support a theory.

18. *Cholera*.—The reports before us contain valuable reference to the history of cholera in China, as given by native authors. As in India, so in China that scourge has been recognised as existing from time immemorial. At a period 2,500 years before our era it was described by the very name it now bears—"huo-luan"—an expression meaning something huddled up in a confused manner inside the body, and which is evidenced by vomiting and purging. As to the early theories of its etiology, an author, during the Tang dynasty, A.D. 620—697, attributed it to food and not to demons; a second, of the Yuen dynasty, A.D. 1280—1368, ascribed it to retained ingesta aided by external influences, such as cold, by which the male principle or *Yang* ceases to ascend, the female, or *Yin*, to descend; thus the diaphragm is drawn down. An author of the Ming dynasty, A.D. 1368—1644, ascribes the disease principally to heat, for the reason that it prevails most in summer and autumn, and very rarely at other times. Accepting the views thus expressed by competent inquirers that cholera is one of the oldest diseases of which a distinct description exists, writers are struck with the small number of widespread epidemics which, from early times, have travelled eastward from India to China, compared with those which have extended westward, not only to the very furthest limits of Europe, but far beyond. The natural barriers eastwards are not more formidable than in the west; the habits of the Chinese, the conditions under which, densely crowded, they live in walled cities, the extreme filth which everywhere abounds at the doors and around their dwellings would seem eminently adapted to foster and propagate the malady, and yet on former occasions, as so recently as 1877, while Japan has been severely devastated by epidemic cholera, China, still nearer the cradle of the disease, has comparatively, if not altogether and absolutely escaped. The flood of travel westward alike by land and sea, has for generations far exceeded the currents eastward. But the reporters in China accept the explanation thus indicated as only in part sufficient. The occurrence of epidemic cholera in China is first stated to have taken place in 1669, on which occasion it was believed to have been brought from Malacca. In 1761 and 1769 it prevailed in the Coromandel, and shortly after the latter date was conveyed to China. The epidemic of 1817 extended from Bengal to Dacca, thence north eastward along the

Bramapootra to Rungpore, and onwards to the borders of Thibet and south-western China. In 1820 it made its first appearance in Canton, whence, as from a focus, it penetrated into the interior of the Empire by direct route; it radiated to Ningpo, and thence upwards along the Yangtze Kiang. In 1821 it reached Peking, where, in 1822, and again in 1823, it prevailed, forming the centre of infection in Northern Asia. In 1826 it was again borne from India to China; it reached Peking, whence, advancing, it crossed the Chinese wall, swept through Mongolia, and onwards to Moscow. In 1840, by means of the expedition from India, the disease once again reached China. It travelled to Peking, thence by caravan route westward to Russia. It 1841 it prevailed in malignant form at Ningpo; in 1842-3 it affected the men of the British East India Squadron. From that date a lull in its record appears, lasting fifteen years. In 1858 it reappeared, and year after year continued to do so till 1867. Then another lull till 1877.

19. *Conclusion*.—And so could we continue our analysis of the reports by medical officers at the several Treaty ports in China; while also it were practicable, if expedient, to add remarks obtained from similar reports regarding consulates in Japan. But the present object will be attained if, by the remarks now made, the attention of the profession generally be directed to the valuable store of information in progress of being accumulated, and twice in each year made available for general use through the forethought and energy of the Custom's officials and medical officers scattered throughout the chief maritime and river ports of China.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 25TH.

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

Dr. F. A. MAHOMED ON

TWO CASES OF DIRECT TRANSFUSION OF BLOOD FOR HÆMORRHAGE IN TYPHOID FEVER.

The first case was that of an unmarried man, 26 years of age, who was stout, rather bloated looking, and thoroughly out of condition; he passed through an anxious attack of enteric fever, complicated during the latter part of it by wakeful, excited delirium, resembling that of "delirium tremens," a complication not unfrequent during the defervescence of the specific fevers, and, perhaps more especially liable to occur in persons addicted to the excessive use of alcohol. He relapsed on the 25th day of his illness; on the 10th day of his relapse, and the 35th of his fever, he had a severe hæmorrhage, which recurred twice on the following day. Exhausted, anæmic, restless, with cold extremities and a very small, thready and often irregular pulse, about 160 per minute, he was evidently fast sinking, when transfusion was performed, with the immediate result of bringing down his pulse rate from 160 to 144. After this he rallied for a few days, and even gained ground so much as to give great hopes of his ultimate recovery. Six days after the operation hæmorrhage recurred to a small amount which caused a sudden change for the worse, one or two more slight discharges of blood soon reduced him to a state of exhaustion, from which he could not recover. He died nine days after the operation, on the 19th day of his relapse and the 44th of his fever. The second case was that of a married man, who had a young family dependent upon him. He was 25 years of age. A powerful, well made man, who during his attack of fever suffered a probably irrecoverable injury by collapse of a large part of his right lung, while in addition to this he had severe general bronchitis. On the 26th day of his illness he too had a relapse. On the 5th day of his relapse and the 31st of his illness, he

also had a severe hæmorrhage; four days later he had three more severe hæmorrhages, and relapsed into a state of complete exhaustion and impending dissolution. On the following day when he appeared to be "in extremis," transfusion was performed with the best possible effects; for two days he rallied greatly, when during the exceptionally cold weather, his bronchitis increased, and he died from the lung complication on the 5th day after the operation, on the 15th of the relapse and the 40th of his fever. Dr. Mahomed gave some statistics showing that the average frequency of hæmorrhage in enteric fever was about 7 per cent. of all cases, and that about 50 per cent. of these were fatal, more than half of the fatal cases of hæmorrhage lost their lives as a direct result of the bleeding, and that it was in these cases more especially that the operation might be called for. He estimated that it might prove of service in about 20 cases out of 1,400 cases of enteric fever. Each case must be judged on its own merits, and he would advise its performance whenever the patient was sinking into a dangerous condition, as a direct result of the loss of blood. He claimed that by means of it fatal exhaustion and syncope might be warded off, and time given for the action of remedies, a ready stimulant and food supplied to the heart and tissues; and the danger of destructive ulceration of the intestines during exhaustion and anæmia be diminished. He advocated only direct transfusion of human blood by means of Aveling's transfuser, with a small expansion and no valves. He referred to Professor Schäfer's report to the Obstetrical Society in 1879, as proving the uselessness of the blood of the lower animals or saline solutions for this purpose.

Mr. BARKER said it would be interesting to have the experience of those who had employed Roussell's apparatus. He had used it during the past summer on a patient of Dr. Barlow's, the subject of pernicious anæmia. Blood in plenty was yielded by the brother of the patient, and in both donor and recipient the vein was exposed without difficulty. From this stage of the operation, however, troubles arose. In the first place the forcible pressure exerted by the instrument created embarrassment, followed by trifling leakage and subsequent coagulation of the blood within the tubes, after which no good could be effected with the apparatus. Direct injection of defibrinated blood was then resorted to; but little benefit resulted, the patient dying shortly after. His own experience, therefore, was fatal to the use of the instrument.

Dr. COUPLAND inquired if Prof. Schäfer's suggestion to remove blood from an artery of the donor had been considered by the authors of the paper, the reasons urged for the preference being the greater pressure under which the fluid was thus obtained, and its higher stimulating power. Dr. Coupland considered arteries more favourable as a source of supply on several grounds, and while admitting as an objection the difficulty of estimating the quantity drawn off, he thought this would not be insuperable.

Mr. R. W. PARKER related the circumstances under which he had seen Roussell himself use his own apparatus to transfuse blood into a patient in the London Hospital, on whom Mr. James Adams had performed amputation at the thigh. The operation failed through a mere accident caused by a dresser overturning the instrument. Mr. Adams yielded the blood employed, and but for the mishap all might have gone well.

Mr. HAWARD said it was desirable to ascertain the best mode of performing so important an operation as transfusion, and all instruments should be of the simplest description possible. He had seen Roussell's apparatus in use. The chief advantage claimed for it was that blood coagulated less rapidly in it, but this could not be observed, because of the number of valves and complications. In a case of pernicious anæmia under the care of Dr. Cavafy, he had employed this instrument, and found no difficulty in getting it into action, but when about four ounces of blood had passed from arm to arm further action was arrested, and on examination it was found that a coagulum had formed on the interior of the syringe, which was roughened. The patient in this instance showed some improvement, but he had not been encouraged to resort to the use of this particular apparatus often. Dr. Aveling's improvement in the construction of transfusion apparatus marked a considerable advance, but in a perfect instrument there ought to be no valves whatever. Introduction of the canula would be assisted by pinching up the vein, and holding it so. Mr. Haward added that he had assisted Mr. Smith in injecting defibrinated blood into a patient with temporary benefit; and in reply to a question from Mr.

Parker, explained that the instrument he condemned was one of Roussell's own make.

The PRESIDENT, agreeing that simplicity should be a first desideratum in transfusion instruments, advocated the use of ordinary glass syringes and defibrinated blood as preferable to any other means for the purpose. The operation should be carefully performed; the vein of the recipient first being exposed, blood from the donor should be received into a vessel, defibrinated and injected with the syringe; the basin should be scrupulously cleaned before being again used to hold the second supply of blood, and the same measures repeated as required. Thus all complications and risks might be avoided; the apparatus was always ready, and procurable at short notice. The danger to the donor in these cases he thought to be much exaggerated. There could be none, provided the skin and instruments were properly purified, and the incision protected by a purified pad. He explained that some years ago he had shown coagulation to be due to contact of the blood with solid matter of some kind, such contact even for a short time sufficing to bring about the change. During transfusion this tendency was favoured very much, and yet blood so transfused did not coagulate, it thereby being proved that the animal economy by some means overcame the tendency once set up.

Dr. MAHOMED said much less than ten ounces of blood were needed to produce favourable results. In his last case four ounces only were used, the effect being markedly good. He thought the question as to source of the blood not sufficiently discussed. It was manifestly unfair to submit hospital attendants to the risk incurred by donors, and he could not but consider that insertion of a canula was a more dangerous operation than that of ordinary phlebotomy. He had in one case adopted antiseptic precautions, but could not carry them out in detail, the conditions of emergency being so against it. The incision made into the vein should not be longitudinal, but transverse and valve-like. The question of artery v. vein was really unimportant, since the newly-received blood underwent arterialisatio*n* speedily after entering the body, and before its actual reviving influence was experienced to any great degree.

Mr. CRIPPS explained that he had perfected Dr. Aveling's apparatus by the omission of all valves and stop-cocks, thus simplifying it to the greatest possible extent.

The PRESIDENT announced that a patient was on view in the waiting room, the subject of typical chromidrosis, and suggested the appointment of a committee consisting of Drs. Cavafy, Radcliffe Crocker, Stephen Mackenzie, Hewett, and Fox, to report on it, and the similar cases described previously by Dr. Crocker.

This was agreed to

Dr. T. WHIPHAM ON

THREE CASES OF CONTINUED FEVER WITH AFFECTION OF THE SPLEEN, IN TWO OF WHICH AN EXTREMELY HIGH TEMPERATURE OCCURRED BEFORE DEATH, AND ONE OF WHICH CLINICALLY RESEMBLED ENTERIC FEVER.

The cases had come under Dr. Whipham's observation during the past three years. *Case I.* was a domestic servant, æt. 20; had enjoyed excellent health, and save that she was an inordinate meat eater, was guilty of no excesses. Five weeks before admission into hospital, she was attacked by headache; vomiting, and profuse sweats set in about nine days before she came under observation; at this time she complained of abdominal tenderness. While under treatment the symptoms were but little altered, and on the 38th day she was suddenly attacked with severe pain in the left iliac region; so severe was this pain, that she never ceased screaming until her death in the evening. At the autopsy a few yellowish white masses of irregular shape were found in the spleen, giving the general impression of infarcts; no other organ showed any appreciable change from the normal condition. *Case II.*—A domestic servant, æt. 21, had been remarkably free from illness, and had never been seriously ill save when she had chicken-pox as a child. She was in perfect health four days before admission, when she took a warm bath, after which the catamenia appeared, but ceased in about three hours, and she was then attacked by abdominal pain, chiefly in the hypogastrium, and also in the legs and back. She had lost two brothers and a sister from phthisis. After four days rest in hospital she was so much better, that she was allowed to get up, but eleven days later she was unable to stand, and had fits of alternate laughing and crying; was constipated and complained of pains on the top of her head. On July 1st,

1878 (eighteen days after admission), her pulse was 104, and the temperature still normal, but she was delirious and so noisy, that she was removed to the separation ward. She became gradually worse, and died on July 11. The temperature having risen to 109 deg. F. shortly before her death. At the autopsy a few circumscribed dark red patches were found in the spleen, which contrasted strongly with the general brick red colour of the organ. Beyond some congestion of the lungs, no other morbid change was found. *Case III.*—A domestic servant, *æt.* 26, was attacked about November 10th, 1880, with many of the symptoms of enteric fever, and was admitted on November 24th. Next day several rose-coloured spots were found on the abdomen indistinguishable from typhoid spots. Diarrhoea persisted, the patient became very weak and then delirious; the abdomen tympanitic, on December 1st the diarrhoea was profuse; pulse 168, and she died in the afternoon. About ten minutes before death her temperature rose to 108.6 deg. F. At the autopsy the spleen weighed 16 ounces, in its substance was a large infarct partially broken down; the tissue of the organ was diffident. The solitary glands of the intestines were unusually conspicuous, but no other abnormality was found. The cause of the disease was in each case obscure. Two explanations suggested themselves, viz., blood poisoning or local inflammation of, or in the neighbourhood of, the spleen. The weight of evidence pointing rather to the latter. The absence of any history pointing to splenic affection is remarkable, as also is the fact that, these three patients were all female domestic servants, and of about the same age. The high temperature which was observed in Cases II and III is noteworthy.

Dr. THEODORE WILLIAMS asked if the brain and spinal cord had been examined, with a view to throwing light on the cases.

The PRESIDENT said that recent investigations on lower animals had shown numerous blood diseases to be dependent on the presence of different minute organisms, and that consequently it was usual to examine the blood in all obscure diseases before death with a view to determine the presence or absence of bacteria.

Dr. WHIPHAM replied that the brain had been examined in three cases, and the cord in one, but that the blood was not examined. The condition of the spleen, however, might be taken to negative the theory of blood poisoning.

OBSTETRICAL SOCIETY OF IRELAND.

FIRST MEETING OF THE SESSION, SATURDAY, NOV. 26TH.

ABSTRACT OF THE INAUGURAL ADDRESS BY THE PRESIDENT, J. AUGUSTUS BYRNE, M.B. Dub., L.K.Q.C.P., M.R.I.A., Professor of Midwifery and Diseases of Women and Children in the Catholic University.

AFTER thanking the Fellows for the distinguished honour conferred on him in his election as President of so ancient a Society, he spoke of the many deaths which had occurred in their midst since the last session was opened. Among these were Dr. Halton, of Kells, Dr. Rainsford, Dr. Cryan, and Dr. Alfred McClintonck, of Dublin. To the memory of the latter he paid a well-merited tribute. He said: This is not the place, nor is this the opportunity, to write a memoir of our lately departed President and friend. It would, however, be scarcely compatible with the respect which we all entertained for him and with our admiration for his abilities if I in this address, the first which has been given in this hall since his decease, did not say a few words of his early history. Dr. McClintonck was born in Dundalk, and at a very early age became a pupil of Dr. Brunker; thence he went to Paris, where it has been stated to me, that in that gayest of capitals he devoted himself so exclusively to study, that he never enjoyed the gaieties of it like other students. From Paris he went to Edinburgh and Glasgow, where he graduated in medicine in 1844. He became a Licentiate of the Dublin College of Surgeons in 1842, and subsequently a Fellow in 1844. In 1848 he, in conjunction with the late Dr. Hardy, published his work on "Midwifery," and this was followed in 1863 by his treatise on "Diseases of Women"—a book replete with useful information and learning—his first essay being a most useful and instructive addition to our knowledge of obstetrics, and worthy of that hospital which had afforded him, from its great numbers, &c., the means of enabling him to glean

statistics and facts of a highly interesting and important nature. His latest contribution to the store of obstetrical literature was his edition of Smellie's "Midwifery," published by the Sydenham Society. For Smellie he had always entertained a great admiration, and there is not much doubt that it was in some measure due to his familiarity with his works that he was indebted for that terseness of style and that vividness of language which distinguished him not only as a writer but as a speaker. From every quarter he was presented with honorary distinctions, and his name was enrolled on the list of most of the special gynecological societies in other countries, and since the year 1881 two of the highest professional honours were conferred upon him—viz., on the death of the late Dr. A. Hudson he was appointed by Her Gracious Majesty to the vacancy on the General Medical Council of the United Kingdom, and he was also selected to fill the Presidential chair in the Gynecological and Obstetrical Section of the great International Congress, 1881. What stronger proof can be assigned of the great estimation in which he was held by our distinguished *confreres* in London than their selection of him for this position, which could easily have been filled up by a selection amongst the eminent specialists of London? It may be regarded as a tribute of their admiration and gratitude for the many and constant efforts which he had used to improve our knowledge, and of the great personal esteem in which he was held by them. Of his conduct during that short term of office it were needless for me to speak. With all the multitudinous subjects brought before the Sixth Section he displayed an intimate acquaintance, with most of them practically, and with others theoretically; and the event proved that the council of management of this great medical gathering could not have selected one more highly gifted to fill the office. He was highly cultured, impressive, resolved in his manner, and was a model of courtesy.

Ah, how little did any of us then assembled on the day of his opening address in our section suspect that he, our President, would soon be gathered with the illustrious dead, whose history he had compiled and brought before the notice of the many distinguished men *frères* assembled in a most pleasing and instructive memoir. But let us hope that the influence of his name and his reputation will live long, and that his life-long labours in the branches of the profession, which he cultivated so well and so ardently, will be an example to others to imitate and follow, and, if possible, to excel.

Since the commencement of my Presidency an event of great importance has occurred, one which not only affects the interests of this Society, but also of medical education—I allude to the representation of obstetrical interests on the General Medical Council of Education and Registration of the United Kingdom. The Report has furnished to you the details of the action which your Council took upon the death of Dr. A. Hudson, in order to have a special representative appointed by Her Majesty in his place, and also has told of the success of the joint applications of this and the London Society that at least there should be one representative of it on the Council. Her Gracious Majesty, by the advice of the Lord President of the Council, Earl Spencer, hearkened to the prayer of our memorial, addressed and presented to His Excellency Earl Cowper, Lord Lieutenant of Ireland, and the result was that the late Dr. McClintonck was selected to fill the vacancy; and I think that I express the opinion not only of this Society, but also of the medical profession here and in England and Scotland, but this appointment was the means of giving great satisfaction, inasmuch as in the first place the condition of obstetrical and gynecological education required it; and, secondly, no better selection could have been made, for reasons into which I need not enter here, than that of Dr. McClintonck; and I trust that in the filling up of the hiatus caused by his greatly lamented death, the same cogent reason will have weight with the Lord President, Earl Spencer, and that he will continue the appointment in the same line as heretofore; for what do we find on analysing the list of the names of the Council? That out of the twenty-three names constituting the Council there is not a single one representing this great and important branch, nor ever has there been one, since the formation of that Council until the late Dr. McClintonck was appointed. Corporationism and collegism, medicine, surgery, pharmaceuticals, have all had representation, but this great section of medical science was passed over, and no one on that Council—I say it with much respect for the eminent gentlemen constituting it—could be supposed to be familiar with its needs and requirements, nor with the great advances which it has made of late years—an advance un-

equalled in any other department of medicine and surgery. I trust, therefore, that the attempts now being made by the advocates of the plan to induce those in power to discontinue this special representation and to hand back this one seat upon the Council to other quarters may not be successful, and that the extract from *The Medical Press and Circular*, published in yesterday's papers, will have no weight or force in guiding the action of those who advise Her Gracious Majesty, who has always manifested much interest in everything that concerns the health and wellbeing of her own sex, of which she is so bright an ornament.

It would be scarcely compatible with the position which I occupy here this evening were I not to make some allusion to the great event which has occurred during the autumn of this year—the meeting of the great International Medical Congress in London. This, the seventh session of this great medical association, which comprised so many celebrated names, has just passed away, and must mark an era in medical science. I believe that it has been the largest gathering of medical men which has ever taken place, and when I say that 3,200 names were inscribed on the roll of names it will give some idea of the vast numbers of medical savants from every part of the world who came to London to instruct, to learn, and to add to the pile of knowledge which has been accumulating since the earliest birth of medicine.

This great medical army, marshalled by its different generals, during its brief but brilliant campaign, proceeded from victory to victory, overcame obstacle after obstacle, and achieved successes which could not have been achieved in any other way; for in the discussions which took place in the different sections truth could not fail to be elicited and error to be exposed. To our fellow-countryman, Dr. (now Sir) W. MacCormac, much, if not the greater part, of its success is to be attributed, for it was by his talents and skill and energy that this great undertaking was inaugurated, commenced, carried out, and brought to a glorious termination. He as honorary secretary, and with the aid of his eminent confrères in London, was mainly instrumental in organising this vast army, and gained his laurels by his great skill and talents, for he was honoured by Her Gracious Majesty at the termination of the proceedings by being offered the distinction which he can proudly wear—a distinction which met with the approval of the entire medical profession in foreign countries, in London, and here in Ireland.

Department of Lunacy.

LUNACY IN NEW ZEALAND.

It is a gratifying reflection to us that last year we stood, as we believe, alone amongst English medical journals in affording support and encouragement to the late Dr. Frederick Skae, Commissioner in Lunacy in New Zealand, in the laborious and disheartening work in which he was engaged in that colony. That work at length proved overwhelming, and Dr. Skae unhappily sank beneath it in June last in the thirty-ninth year of his age, but not without leaving behind him monuments of his zeal and patient persistence in a good cause. The state of the lunatic asylums in New Zealand is still, we fear, in many respects deplorably bad, but it is very different from what it would have been, but for Dr. Skae's unselfish toil, and very different from what it was when he entered on the duties of his office eight years ago. In spite of obstruction and misrepresentation Dr. Skae went on manfully making the best of the miserable machinery at his disposal, and if he failed in approaching his own ideal, or even in bringing the institutions under his supervision into a state of moderate efficiency, the fault was not his but that of the system in which he found himself involved. The lunatics of the colony have even now cause to feel grateful to his memory for the ameliorations of their lot which he introduced.

All the lunatics in New Zealand would not fill one of our large English asylums. They numbered only 1,125 on the first day of the present year, but they are distributed in seven asylums at wide distances apart, and some of them only to be reached by long sea voyages, so that the visitation of these institutions is an arduous undertaking. And if the visitation of the asylums is arduous, the adequate inspection of their inmates must be still more troublesome and laborious, seeing how they are huddled together. On the 1st of January last there were in all, in the seven New Zealand asylums, 232 patients in excess of their proper accommodation, an amount of overcrowding that ought to keep alive serious apprehensions of epidemic disease, and that must occasion incessant disorder and turmoil in the wards. Steps are being taken to relieve this overcrowding, new wings being now in course of erection at the Auckland and Christchurch asylums, and a temporary building having been raised at Sealiff to receive the overflow from the Dunedin asylum. If, however, overcrowding is to be permanently avoided still more extensive enlargements must be begun forthwith, as the lunatic population is increasing in New Zealand even more rapidly than in England. It has doubled itself in eight years and no abatement is apparent in the rate of increase. If the moral treatment of the insane is to be adequately carried on, not merely enlargements but new asylums will be required, provided with dining halls, chapels, bath-rooms, work shops, and suitable quarters for a staff of officers, and especially of medical officers upon whom the future success or failure of the New Zealand asylums must entirely depend. The present state of matters is not only discreditable to the colony but is cruel and extravagant, as may be gathered from the following statement by Dr. Skae, introduced into his report on the Dunedin Asylum.

"It is no exaggeration to say that many of the present patients have gradually lapsed into hopeless dementia, partly owing to the utterly unfavourable circumstances by which they have been surrounded in the old asylums, and that they would in all probability have recovered had they been treated in such a place as the new one will be."

Mechanical restraint is still too freely and indiscriminately resorted to in the New Zealand asylums, but it is, of course, impracticable to put stringent restrictions on its employment until suitable asylum buildings are secured, and much of the present pernicious system of management amended. Only two out of the seven asylums have resident medical superintendents, and these are miserably underpaid. At Auckland Dr. Young, whose services the Commissioner highly commends, receives a salary of £383, and at Christchurch Dr. Bacon appears to receive only £166. Men fit to hold such appointments and able judiciously to perform the varied and onerous duties connected with them ought to receive £600 or £700 a year, and Dr. Skae's successor ought to be offered £1,000 per annum. After the lamentable fate of Dr. Skae who received only £800 per annum, no one in this country really qualified to fill it would think of accepting it for less than the annual honorarium named.

The average cost per head per patient in the New Zealand

land asylums during 1880, less payments, was £36 15s. 1d., a sum which appears to us considerably too low considering the wages paid to nurses and attendants. The highest cost per head was at the Nelson Asylum and amounted to £34 16s.; the lowest was at Dunedin, and reached only £19 2s.

Notwithstanding the defects in the New Zealand asylums the death-rate in them for 1880, calculated on the average number resident, was only 6.89, and thus considerably lower than the average rate in county and borough asylums in England, which for 1879 was 10.59. Of the 64 deaths reported, 47 were due to diseases of the nervous system, 12 to diseases of the lungs, 3 to heart disease, 8 to abdominal disease, 1 to ruptured intestine, 1 to suffocation by a piece of meat getting into the wind-pipe, and the remainder to various other causes. General paralysis proved fatal in 13 cases, and epilepsy in 6.

THE CAUSES OF INSANITY.

UNTIL the medical superintendents of lunatic asylums can obtain some really useful information about the causation of the mental disease in the cases falling under their notice, we should recommend them to abstain from wasting the money of the ratepayers in printing in their annual reports, elaborate tables purporting to deal with this subject. In the report of the South Yorkshire Asylum which lies before us, we find a table giving the assigned causes of insanity, in the patients admitted during 1880 in which a cause is stated in just 135 out of 494 cases. In 359 cases the cause is said to have been unknown. The utility of such a table is obvious on the face of it. But the table contains worse errors than mere imperfections, betraying a kind of careless confusion that is inexcusable. Thus the same cause figures in it repeatedly under different names, as for instance "business affairs," which reappear as "losses in business," as "trouble" and as "worry and anxiety," or "change of life," which again presents itself as "suppression of periodic discharge," or "excessive study" which comes up a second time as "over work" or "poverty," which disguises itself lower down as "distressed circumstances." These forms of mental diseases are set down in this table as causes, as for example, "puerperal mania" and "low-spirited." Again, new and startling causes of insanity are invented in it, such as "false impressions" and "getting into debt," whilst in successive items it oscillates between hopeless vagueness and perplexing precision, as when it charges "imbecility" and "husband being in prison," "weakness" and "loss of a house" equally with the production of mental derangement. We are at a loss to imagine why this table should have been printed unless to throw discredit on those who compiled it, or to bring etiology into ridicule. A more reasonable table was quite within the range of possibilities. No one in the slightest degree acquainted with lunatic asylum practice can believe that it was impracticable to trace more than six out of 494 cases of insanity to intemperance, or more than one out of that number to senile changes. A very trifling exercise of consideration and research would have made the table if not instructive at least intelligible. Better no tables at all than such as this.

RESIGNATION OF DR. SHEPPARD, COLNEY HATCH ASYLUM.

DR. EDGAR SHEPPARD has resigned his medical superintendentship at Colney Hatch Asylum, after a term of office extending over twenty years. The Committee of Visitors have been unanimous in the expression of sincere regret at losing Dr. Sheppard's valuable services, and in conjunction with the staff generally and all the employes of the establishment, have determined to present Dr. Sheppard with a testimonial to indicate their relationship towards him and their sorrow at losing him. Dr. W. J. Seward, M.B. Lond., one of the assistant medical officers of the Asylum has been appointed to the vacant post.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 30, 1881.

MEDICAL REGISTRATION AND THE ERASURE OF NAMES.

THE system which has been hitherto adopted for purging the Medical Register of errors has been brought to something like a dead lock by a recent judgment of the Courts, in a prosecution instituted by the Medical Alliance Association. The defendant's name did not appear in the Register, and he was, in consequence, prosecuted for illicit practice; but it turned out that his

name had been once on the list, and had been erased because he did not reply to the inquiry letters addressed to him by the Registrar. The 14th Section of the Medical Act, under which this erasure is effected, is as follows:—

“To enable the respective Registrars duly to fulfil the duties imposed upon them it shall be lawful for the Registrar to write a letter to any registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to practise, or has changed his residence, and if no answer shall be returned to such letter within a period of six months from the sending of the letter it shall be lawful to erase the name of such person from the Register, provided always, that the same may be restored by direction of the General Council should they think fit to make an order to that effect.”

Now, under this Section great activity has recently been displayed, and numbers of practitioners have been “disestablished” as practitioners. The Minutes of the Executive Committee of the General Medical Council just issued contain the names of sixty-eight medical men who paid the fine of 5s. to have their names reinstated; and these are only a small proportion of the whole who were struck out of the Register, although they are alive, and in practice.

Up to the delivery of the legal decision in the case to which we refer, it has been held to be the business of every practitioner to see that his name and address are correctly published in the Register, and he has been held liable to prosecution for illegal practice if he omitted to do so; but now it has been ruled that the duty of maintaining the accuracy of the list devolves upon the Medical Council, and that an erased registrée may go on in practice, and enjoy all the privileges of registration, even if he has long ceased to appear in the official list.

We assume that this judgment will—as it certainly ought—put a stop to the wholesale “scratchings” of medical men which have recently taken place. We can answer for the fact that the Irish Branch Council have struck off the roll many practitioners, some of whom are still extant, and in practice at their original address, and—we believe we may add—have deprived such persons of the registration, for which they originally paid £5, though they knew that such practitioners were neither dead nor gone away. Whether or not this has been done in order to force these persons to pay the fine of 5s. we are unable to say, but that it has been wilfully done we have unquestionable evidence.

The arrangements for correcting the Register are, indeed, most unsatisfactory, and great injustices are inflicted thereby. In the first place, most country practitioners are absolutely careless about answering circular notes; in fact, not more than one in three of them will take the trouble even to read such a missive. Are they to be punished for their unbusiness-like and negligent habits by deprivation of their professional privileges? We certainly think not. Then again, the Post Office Returned Letter Department is absolutely untrustworthy and miserably ineffective. It publishes regulations to the effect that all undelivered letters and circulars shall be returned to the sender; and, probably, the Medical Council officers are under the impression that their note

—not being returned to them—has reached the person to whom it was addressed. Such an idea, we can testify, is perfectly delusive, for not in one case out of twenty do the postal authorities comply with their own regulations. Thus a practitioner who has changed his address may expect to find his name erased from the Register, simply because the Post Office has not taken the trouble either to send the letter after him or to return it to the Medical Council.

We commend to the attention of the Registrars this matter, and we invite them to devise some method of keeping the Register free of error without depriving large numbers of medical men of their rights. Of course, any new method must be legalised in some future Act of Parliament before it can be put in operation; and, meanwhile, we hope that the Registrars will content themselves with removing the names of persons whom they know to be dead, and refrain from making use of the 14th Section, under which these difficulties have arisen. Should they continue these wholesale erasures, we shall have a new class of practitioners created, who are qualified and were once registered, but of whom the official list takes no cognisance, and endless confusion will arise therefrom.

THE ROYAL COMMISSION ON FEVER HOSPITALS.

It is, perhaps, a fortunate circumstance that nothing further is demanded of Royal Commissions than that they should consider evidence bearing on the existence of evils, and suggest measures of relief arising out of such consideration. Were it to be required also, that effect should, through the agency of the Commission, be given to the plan recommended by it, it is to be feared that opportunities for improvement would not often present themselves. Especially might this be so in the case of the Royal Commission last appointed, that, viz., on fever hospitals, and the members of which we were able to announce in our last issue. That something must ere long be accomplished to rescue the metropolis from the miserable confusion heaped up by the incompetent efforts of the Metropolitan Asylums and the Poor-law Government Boards, is abundantly clear. It is indeed only too evident that nothing further can be expected from the body which exercises official sway in this particular; and nothing, it must be added, could well be worse than the chaos in which matters now are in all connected with the management of small-pox and fever cases within the London area.

The work before the Royal Commission, indeed, is a labour of almost incalculable magnitude; ere it can succeed in performing its duty it will have to introduce order where worse than disorder is now reigning; or, at least, it must make such suggestions as shall, on being carried out, ensure a change in this respect. Not only will it be called upon to adjust conflicting claims of rival interests, but it must attempt the more difficult task of allotting the degree to which individual rights are to be respected in one of the most important relations of citizen to citizen and to the State that can be imagined to exist. In fact, whatever light it may be regarded in,

the work of the Commission is both delicate and arduous, and hence it is that a sensation of relief is experienced when the names of those entrusted with so grave a charge are read. No more admirable selection, probably, could have been made; and all it is possible to urge against the list is that it might, with advantage, have been increased by the addition of two or three names of those who have shown ability and interest in the question to be considered.

The chief object of the Commission will, of course, be to ascertain in what particulars existing arrangements for the accommodation of infectious patients are defective, and how far modification will serve to render them more effective. A difficult task this must of necessity be: conflicting interests will each require to be separately weighed, and already there is proof that strenuous attempts will be made to induce the commissioners to side with the abolitionists, if we may so term the committees whose aim it is to sweep away intra-urban hospitals. One local committee is engaged in preparing evidence with a view to this end, and has lodged an application to be heard through its representatives. It is by no means unlikely, we should imagine, that the plan so often insisted on in these columns, whereby infectious hospitals may be safely located outside of towns, and in situations permitting absolute isolation, will meet with approval from the Commission. In any case it can hardly be that further sanction will be accorded to the existence of such danger-spreading centres within the limits of cities, thereby enhancing the chances of infection already sufficiently great without such addition. Dr. Richardson's suggestion for isolating fever and small-pox patients in specially constructed buildings placed in the midst of other dwellings, though, as he described it in his paper before the Social Science Association, possessing very many important and obvious advantages over the present system, is yet surrounded by the possibility of dangers which, to the timid, would fatally bar its acceptance. One point, however, that Dr. Richardson specially insists on, viz., registration and immediate isolation of infectious cases, is bound, sooner or later, to be an essential provision of the law regulating the imperial sanitary service. We presume this will be quite within the province of the Commission to consider, even though the strict letter of the object for which it is created, is to receive evidence as to fever hospitals, and to report on the subject. Whatever may be the outcome of the Commission, however, we feel assured that much-needed radical improvements in the arrangements for receiving fever and other infectious patients will result from it, and the relief will not be provided before it is urgently required.

THE ST. BARTHOLOMEWS' HOSPITAL INQUIRY.

In our last issue we ventured to impress upon our readers the peculiar need of reserving their judgment on an issue raised through a medical man and supported by another practitioner, by way of complaint against the treatment of an inmate (himself a surgeon) in St. Bartholomew's Hospital.

The statement of complaint by a Dr. Sherrard, and the

corroboration of that complaint by a Dr. Cassidy, had occupied the entire time of the court at its first sitting. The hospital had to suffer the severe hardship of a week's interval before one word in its defence could be spoken. Its legal representative, Mr Cross, had indeed significantly intimated at the rising of the court, that a different complexion would be put upon the case when the defence was heard, but this did little to retard popular opinion from arriving at sage and final conclusions. For the few who suspected the complainants on the principle of the "sullied nest," and the "bad birds," crowds regarded them at their own valuation, as self sacrificing reformers, who at any cost to themselves, protested against, and exposed, a gross, an inhuman, a diabolical abuse. Others were willing to admit the hospital plea "not so bad as we seem," but even these more merciful judges not satisfied with damning the hospital with such faint praise, ominously quoted the popular fallacy "no smoke without fire."

Our tone was in no way undecided, yet it is to be honestly confessed, the revelations of the further sitting now held, and the position accepted by the so-called defendants have fairly startled us.

We predicted that exaggeration could be testified to. We heard the diagnosis of the previous attendants had been disputed by the hospital authorities, Drs. Smith and Duckworth, and negatived by the autopsy; but we repeat we were startled to learn that the facts deposed to throughout the first day's hearing, were by a monotonous corroboration of Dr. Smith's evidence by Dr. Duckworth and everyone of the hospital representatives, challenged as complete fabrications, and on oath deposed to as such.

Practically, they deny being defendants by raising a cross issue, in which they charge their assailants with incompetence in their professional treatment, ignorance in their diagnosis, and perjury in their testimony.

The jury cannot escape a verdict final and uncompromising. Either this is indeed a case of smoke without fire, or the entire staff of St. Bartholomew's Hospital engaged, have conspired to shield the institution attacked, at the expense of their oaths, and have been aided and abetted by the independent medical witness, retained by the court to make the autopsy, and on it and the evidence to form and express his opinions and convictions upon the points in dispute. We neither prejudice nor express an opinion upon the matter of the verdict when we record as we now do, without comment, an outline of the incidents which filled the second sitting. We advisedly postpone our comments until the jury shall have to day pronounced its verdict. Dr. Montray was selected by the court, to make an impartial and complete autopsy, and to listen as an expert, to the entire testimony, with a view to the expression of his opinions or convictions at its close. He alone is able to speak of the post-mortem appearances, and of the evidence, as a qualified and independent observer; we shall therefore be happy to place our columns at the disposal of this gentleman for the publication of the case as it came under his notice. Such details will have weight, and they are obviously due both to the profession and the public, who are alike interested in such an inquiry. How Dr. Montray justified his selection for this heavy and trying responsibility, is best

evidenced by the fact that, throughout an entire hour on Wednesday last, he gave evidence without being once challenged or interrupted by either of the sides between whom he was called on to arbitrate. It was with evident reluctance and pain he revealed circumstances to a large jury, far from creditable to his profession as represented by some of its members present. It was with still more visible pain he administered a scathing denunciation of some of the positions accepted, when the court had over-ruled his request to be silent on other points than post-mortem appearances, and when his allusion to these in general terms had been objected to by the coroner, notwithstanding his appeal. On behalf of the jury's time (with possibly a wish to spare the *then* weaker side), the evidence was as frank as it was severe, and while every term was explained to the jury, who listened with eager attention, every opinion expressed was defended by the witness, apparently to the satisfaction of his opponents, as no single statement was challenged.

At the conclusion of his evidence, both Dr. Sherrard and Dr. Cassidy declared further testimony needless. The latter joined the majority present in feeling the charge disposed of, and fit only for withdrawal but with a perseverance worthy the best of causes, Dr. Sherrard retained as much of the complaint as was possible, viz., the charge of accelerated death by hospital neglect, though Dr. Cassidy appealed to him to withdraw it *in toto*.

The Court was crowded. A large proportion of the audience were medical students of the hospital. It was evident their *esprit de corps* made the charges personal, and the satisfaction with which they received the many refutations forthcoming was natural. Their obedience to a dignified and kindly request for perfect neutrality, made by the coroner, speaks equally for the official's tact, and "the boys'" sense of fair play and discretion.

Notes on Current Topics.

Excision of Cancerous Uterus.

MR. SPENCER WELLS communicated to the Royal Medico-Chirurgical Society on Tuesday, the 22nd inst., an account of a case in which he had successfully removed the gravid uterus from a woman suffering from cancer of that organ. This, which is with justice to be regarded as a pronounced triumph of modern surgery, can safely be said to have been rendered possible only by the aid of experience, and facts learned through long series of experimental researches; and although it remains to be seen how far permanent benefit accrues from the operation, it still remains that abdominal surgery is now so far advanced that such an apparently impossible proceeding as total extirpation of the gravid uterus ranks among the attempts successfully made to alleviate human suffering by adopting an extreme and radical measure. It is not to be expected, of course, that the operation will immediately become a common or a favourite one, and a fear may perhaps be expressed lest some more daring surgeons should hasten to perform it under the sanction thus given by Mr. Spencer Wells. All such eager spirits will do well to remember that successful under-

takings of the kind included under operations on the viscera, by direct incision through the parietes, are to be expected only from those who bring to them the judgment, experience, and knowledge that constitute the only claim properly describable as "special." And, further, in the case of cancer of the uterus it should not be forgotten that only the smallest number of instances of this disease are actually more than affections of the cervix, in which the only legitimate remedies are applicable per vaginam. No reflection, however, of this kind can take away from the achievement which is Mr. Spencer Wells' latest claim on the gratitude of humanity; it is possible that he has by it opened up prospects of at least a little life to numberless doomed women, who, but for his endeavours to relieve them, might have perished unassisted. And regarded from any point of view, the success of the operation has proved most convincingly the possibilities open to the future of abdominal surgery.

The Royal Irish University and the Q.U.I.—A Difficulty. The Coming Matriculation Examination.

THE first matriculation examination under the Royal University of Ireland will be held on the 6th prox., and four following days. Long after the constitution of the Senate, under the Royal Charter, the authorities of the Queen's University applied to the Government, and obtained permission to postpone the dissolution of the Queen's University to next April, so that the Royal University and the Queen's University will exist co-ordinately, or rather independently, for the next few months. The practical effect of this permission is that all the students of the three Queen's Colleges matriculate, as heretofore, last month in the Queen's University without submission to the forthcoming Matriculation Examination next month in the Royal.

This exemption excludes some 300 or more students—the collegiate muster on the books of the Queen's Colleges being about 1,000—from the impending examination, all the rest of the candidates being from other colleges and schools. These candidates, including about thirty young women who have given notice of their intention to attend the Matriculation Examinations, amounting to over 740.

The *Irish Times* says that an important question, seemingly purely legal, but mainly one of equity, arises owing to the unexpected postponement till next April of the dissolution of the Queen's University. About 300 students, as we have said, passed the matriculation examination last month in the Queen's Colleges—that is, in the Queen's University. Will these be eligible to compete for scholarships next January with the 700 candidates, more or less, who may matriculate next month under the Royal. In the scheme submitted to Parliament and the Government these twelve scholarships of £50 a year for three years, "will be open to all students who, at the matriculation next preceding the Scholarship Examination, shall have gained honours." Some suppose that these terms preclude from competition all students save those who may matriculate and obtain honours at the examination under the Royal next month. It is said that the Queen's College authorities and students will submit the question for the opinion of counsel, and that the case, like the Supplemental Charter of 1866, may go the Queen's Bench.

Memorials of Broca.

By the generosity of the widow of the late M. Broca, the eminent French anthropologist, a prize has been instituted, to be awarded by the Society of Anthropology, of Paris for researches bearing on the subjects with which the name of Broca is inseparably associated. The last work undertaken by the deceased savant is completed in the current number of the *Revue d'Anthropologie*, edited by Dr. Topinard. The subject of this paper is "Torsion of the Humerus," and it includes a complete description of the *tropometer*, an instrument for determining the torsion of bones. Tables compiled by Broca, with the assistance of M. L. Manouvrier, and relating to the angles of torsion of the humerus in man and other animals, are given in the work, and consideration of all the facts gathered in it led to the conclusion that torsion attains its greatest amount in man, but in the case of the negro its condition is intermediate between the more highly developed races and anthropoid men, a not unexpected deduction. Some Oceanic tribes are described as being inferior to negroes, in the same way, and the transition from the human being to the larger anthropoids is an insensible one. The smallest angle observed in man is less than the smallest angle, however, observed in sixteen humeri of gorillas, a fact which does not invalidate the general law enumerated above, for this is exemplified in the fact that comparison of the gorilla with other large anthropoids yields a larger angle for the former, while the latter again possess a greater angle than that ascribed to smaller monkeys. Insensible gradations again mark the passage to carnivorous animals; and one curious fact elicited by a large number of examinations is that the angle is all but invariably greater in the left humerus than it is in the right.

Death of Mr. Gore, F.R.C.S.

THE Bath papers of a recent date contain a lengthy account of the late Richard Thomas Gore, F.R.C.S., who died on November 14, at the ripe old age of eighty-two years. Mr. Gore occupied an honourable and prominent position among the medical men of his generation, and, for many years he was intimately associated with the Bath United Hospital, being elected surgeon to it in 1844, and ceasing his connection with it but a few weeks before his decease. His medical education was carried out at St. Bartholomew's Hospital, and in 1821 he obtained the membership of the Royal College of Surgeons. He at once commenced practice in Bath, where he remained throughout a long and useful life, respected by all, and loved by every intimate acquaintance. Mr. Gore was a refined scholar, and possessed an extensive acquaintance with biological science, comparative anatomy having always been a favourite study with him. It is related that the Chair of Comparative Anatomy in University College, London, was at one time offered to him, but that he declined to accept it. Mr. Gore spent an active and useful life, and though we do not possess a considerable list of literary productions from him, he leaves behind that best testimony of a well spent existence, popular regret, and universal regard.

Fatal Street Accident to a Physician.

ON Saturday, the 12th inst., an inquest was held at St. Bartholomew's Hospital into the cause of death of Dr. Samuel Maitland Headaway, æt. 76, of 5 Dean Street, Park Lane, an Inspector-General of Hospitals. The body having been identified by Captain Headaway, of Newbridge, Ireland, as that of his father, evidence was given showing that on Monday week the deceased gentleman was proceeding along Threadneedle Street, at its narrowest part, when, to avoid the crowd on the pavement, he attempted to pass them by walking on the kerb. Suddenly his foot slipped into the road, and before he could regain the pavement it was crushed between the kerbstone and the wheel of a van. The deceased was promptly taken to a local surgery, thence to the hospital, but died from shock to the system, the result of the injuries received. He entirely exonerated the driver from all blame, and the jury, therefore, returned a verdict of "accidental death."

Linacre Chair of Physiology, Oxford.

THE Linacre Chair of Physiology in the University of Oxford, rendered vacant by the lamented death of Professor Rolleston, M.D., F.R.S., was on Saturday again filled up by the election of Mr. H. N. Moseley, Assistant Registrar of London University. Professor Moseley first achieved a general reputation in the scientific world by the publication of his inimitable researches on the anatomy of the obscure worm-like articulate *peripatus capensis*, and subsequently the whole reading public became acquainted with him as one of the eminent naturalists on board the *Challenger* during the last round-the-world exploring voyage. On returning from this journey, Exeter College, Oxford recognised Mr. Moseley's vast services to science, by electing him to a valuable fellowship tenable for five years, and since his return to England he has been chiefly engaged in work connected with the *Challenger* voyage. Mr. Moseley will make an admirable Linacre professor.

Doctors in Scandinavia.

IN his delightful work, "The Land of the Midnight Sun," M. Paul du Chailu speaks of the high esteem in which medical men are held by the people of Scandinavia, and describes the neatness and refinement which he observed in their homes even in remote country districts. Throughout Scandinavia there are *distrikts lægs* (doctors of a district), who receive yearly a certain amount of remuneration from the State, varying according to places; for the population is so scattered that, were it not so large tracts of country would be left without medical help, for doctors could not make a living. The fees they receive are regulated by law according to the distance travelled from their residences. Hard indeed, is the life of country doctors, especially of those whose districts are on the fjords or by the sea-coast. The only way of locomotion they have is by boat. Often they have to sail or row some twenty or thirty miles or even more, and encounter all sorts of weather, and great praise is due to them for the lives of self-denial they lead. There is a health officer for each province, besides one for each parish or district, and the former are especially charged

to look after the public health and take precautions necessary to prevent the spread of epidemic diseases.

Women Doctors in France.

FROM the Faculty of Paris, Madame Perrée, aged thirty-two, has recently obtained a doctor's decree. It is stated that she is only the second lady-doctor authorised to practise in France. After being successfully treated by an American "doctress" in a severe illness she was induced to undertake the study of medicine with a view of entering the profession.

Fees for Medical Evidence.

At the Bloomsbury County Court this week, the case of Whiteford v. Fitzgerald was heard, in which a medical man sued the defendant to recover the sum of two guineas for professional services rendered as a witness in a case in which the defendant recovered £18 for having one of his ribs fractured, and in which case the plaintiff gave medical evidence. After the plaintiff had stated his case, the learned judge said the claim could not be allowed, whether the plaintiff attended on subpoena or at the simple request of the defendant. His honour was then informed that after action was brought the defendant's solicitor had sent the plaintiff a postal order for one guinea. In the case of Whiteford v. Smith, heard in this Court in 1878, his honour had allowed the same plaintiff two guineas for his attendance at the police court for similar evidence. His honour, however, ruled that the plaintiff in the present instance was not entitled to recover.

The Medical Acts Commission

MET at 2 Victoria Street, Westminster, on the 18th, 19th, and 21st inst. Evidence was taken from Dr. Quain, and from Mr. F. W. Crick (Medical Herbalists' Association) (!!!). Present:—The Earl of Camperdown (chairman), the Bishop of Peterborough, the Right Hon. W. H. F. Cogan, the Master of the Rolls, the Right Hon. G. Sclater-Booth, M.P., Sir William Jenner, Mr. Simon, C.B., Professor Huxley, Dr. McDonnell, Professor Turner, and Mr. John White (secretary).

Deaths amongst Medical Foreigners.

DR. HOLLAND, the talented editor of Scribner's monthly, died very suddenly on October 10th. He was educated as a doctor, and practised medicine some three years. There can be no question that this education greatly modified his writings and his lectures. He was one of the most prolific writers of this century.

Dr. W. W. Greene, Professor of Surgery in the Medical College of Maine, U.S., died at sea on his return from the late International Congress at London. He at one time occupied the chair of surgery at the University of Michigan, and at the Long Island Hospital Medical College.

Dr. Crowe, Professor of Obstetrics in the University of Louisville, died on September 27th, very suddenly. He was in his fifty-third year. He was supposed to have died of oedema of the glottis.

Dr. Howard was drowned at Baltimore on September

5th. It is supposed that he fell overboard from a tug during an attack of uræmic apoplexy.

Dr. Otto Spiegelberg, late Professor of Midwifery in the University of Breslau, died on August 10th, from renal disease, at the age of fifty-two. He was well known for his writings on obstetrical subjects, and especially for his text-book on midwifery. As an ovariologist he had considerable reputation.

Poison Vending by Deputy.

A SOMEWHAT important decision was recently given in an appeal case brought by the Secretary of the Chemists' and Druggists' Association, in order to have the law declared as to whether a trader can sell by retail poisons supplied to him by a duly qualified chemist and druggist, under cover of a label bearing the name and address of the chemist, and not of the actual vendor. In this case, a grocer at Oxford had received packets of drugs from a chemist to sell for him on commission. The magistrates would not convict him, but referred it to the Court whether the sale was legal, and whether the packet was duly labelled. It was decided that the magistrates had not drawn the proper inference from the facts as to the sale, and that the packet was not duly labelled within the Act. In the present case it was clear that the chemist who first sent the poison to the defendant could not be deemed the seller of the packet of poison, as he was not on the premises, and was not, therefore, in a position to comply with the Act. The person who sold poisons was to enter the names of purchasers in his books, and a person living at a distance could not do so.

Fever in India.

A GREAT increase of a malarious fever of the most virulent type is reported to have broken out in certain districts of Lower Bengal. Opinions differ, as they usually do, as to the cause of the outbreak; but one which finds most favour is that which attributes it to the obstruction of drainage of the country by the road and railway embankments. The Lieutenant-Governor of the province, accepting this view, has made a grant of Rs. 50,000 for the purpose of constructing culverts and improving the drainage. Extra medical aid has been sent to the affected districts; and, as a matter of course in India, a committee has been appointed to report on the whole subject. On this occasion a medical officer has actually been appointed president of that committee. Dr. Lidderdale is placed at its head—we may therefore expect a valuable report by-and-by.

The latest returns from Umritsur show that the mortality from choleraic fever in that city is rapidly diminishing. The improvement is believed in a great measure to be due to the opening of soup kitchens, and the distribution of wholesome food among the poorer classes.

A FEW days since, Dr. Yeld, medical officer for the borough of Sunderland, committed suicide at his residence in that town. He had held office about eight years, and was highly respected. The deceased had been in a desponding frame of mind lately. He was in his 74th year, and leaves a widow and three daughters.

Angina and Albuminuria.

At a recent meeting of the Société Médicale des Hôpitaux, M. Lereboullet read a report on a "memoir" by Dr. Laure, of Lyons, on the relations of angina with albuminuria. We know that in rheumatism, the albuminuria depends on a slight congestive nephritis, and that the nephritis is more severe in gout. M. Laure basing his opinion on several observations of rheumatism with angina and severe albuminuria, attributes to the angina the most part in the production of the albuminuria. He seeks also to establish the fact that in the course of any angina, even catarrhal, we find albumen in greater or less quantity in the urine, albuminuria which may at length become permanent. M. Lereboullet does not entirely agree with this opinion, and does not think that albuminuria is so common in various anginae. The cases which M. Laure has observed may offer some special conditions; but in presence of such a considerable albumen in rheumatic patients, 3 grammes per litre in one case, it is very probable that a pre-existing nephritis added its action to that of the actual affection. In the second place if the patients were followed up long after the cure, one would doubtless find an albuminuria independent of the rheumatism and the angina, and symptomatic of a renal lesion. This opinion is supported by the retractility of the albuminous coagulum observed by M. Laure.

Resorcin in Aural Surgery.

DR. ROSSI, of Rome, communicates to the *Archives of Otolology* a note on the use of resorcin in aural practice. This substance, a parabioxy benzole, discovered by Hlaswitz and Barth in 1864, was introduced into medical practice by Andeer in 1877. Dr. Rossi has used it in more than 300 cases of purulent middle ear inflammation, and claims that no remedy at his disposal has given such substantial results in this obstinate affection as resorcin. He has used it pure, or in aqueous or alcoholic solution, 4 in 100. He promises further records of results.

A DESPATCH from Havana announces the receipt of advices from Barbadoes, according to which the yellow fever has almost entirely disappeared from that island.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their population, were, in—Norwich 17, Leeds 17, Bristol 17, Plymouth 18, Sheffield 18, Bradford 19, Birmingham 19, Leicester 19, London 19, Oldham 19, Newcastle-on-Tyne 20, Dublin 21, Edinburgh 21, Wolverhampton 21, Portsmouth 21, Nottingham 22, Glasgow 22, Manchester 23, Salford 23, Sunderland 24, Brighton 25, Liverpool 26, Hull 27.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 26, Bombay 28, Madras 36, Paris 27, Geneva 17, Amsterdam 23, Rotterdam 21, The Hague 19, Copenhagen 20, Stockholm 15, Christiania 18, St. Petersburg 40, Berlin 21, Hamburg 21, Dresden 26, Breslau 32,

Munich 26, Vienna 26, Prague 24, Buda-Pesth 29, Naples 28, Venice 21, Alexandria 30, New York 29, Brooklyn 22, Philadelphia 20, and Baltimore 27. No returns were received from Brussels, Lisbon, Rome and Turin.

FROM diseases of the zymotic class last week in the large towns, the death-rates per 1,000 from scarlet fever were 13.8 in Hull, 4.4 in Nottingham, 2.7 in Edinburgh, and 2.4 in Brighton; from measles, 3.1 in Liverpool, and 1.7 in Manchester; and from "fever" 1.2 in Portsmouth, and 1.0 in Brighton. The 39 deaths from diphtheria included 15 in London, 12 in Glasgow, and 6 in Portsmouth. In Hull 41 more fatal cases of scarlet fever were recorded, making no fewer than 470 that have been recorded since the beginning of July. The 11 deaths from measles in Manchester included 10 in the Crumppall Workhouse. Small-pox caused 14 more deaths in London and its outer ring of suburban districts, and 2 in Salford; no fatal case of this disease was registered in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ILLEGITIMATE BIRTHS IN SCOTLAND.—The return of the Registrar-General of the births, deaths, and marriages registered in the divisions, counties, and districts of Scotland for the quarter ending 30th September, contains some curious information. In the North-eastern divisions the illegitimate births were 14.6 per cent.; in the counties of Nairn, Elgin, Banff and Aberdeen, they were respectively 15.15, 18.8, 18.8 per cent. These are just the parts of Scotland from which Dr. Begg, Principal Rainey, and other shining lights of the free church, draw their majorities in crushing Dr. Robertson Smith, and other heretics. There seems to be some occult relationship between great religious fervour and morality of a very questionable kind.

THE ABERDEEN MILK EPIDEMIC.—The good people of Aberdeen do not appear at all satisfied with the report issued by the inspectors appointed by the Board of Supervision. Matters, as we pointed out at the time, were not improved by the report, and the Aberdonians have had to pay pretty heavily for being told, in official language, what they knew all about before the Commission investigated the matter. There are inherent difficulties doubtless in the case which, it does not appear, further discussion or investigation would clear up. A memorial, however, signed by a large number of those who suffered from the epidemic, and by the Presidents of the Aberdeen, Banff, and Kincardine Branch of the British Medical Association, and the Aberdeen Medico-Chirurgical Society, has been presented to the Home Secretary, praying for an additional investigation into the causes.

THE ANATOMY CLASS IN THE EDINBURGH UNIVERSITY.—The practical anatomy class in the University numbers 700 students, to teach which there is one professor, and two or three demonstrators. The students cannot complain of over-supervision. If the Professor were not an examiner, students would scarcely submit to the chances of seeing a demonstrator once a fortnight, and the Professor by accident.

THE HEALTH OF EDINBURGH.—At a meeting of the Public Health Committee of the Edinburgh Town Council, held on

the 22nd. inst. Dr. Littlejohn submitted his report on the health of the City for the month of October. The report showed that 368 deaths had been registered during that period, giving a rate of 18.90 per 1,000 per annum. The average rate for October in the five preceding years was 17.80, so that the rate for last month is considerably above the average. There were 125 deaths, or 17.58 per 1,000 recorded in the new town; 213, or 23.11 in the old town; and 30, or 11.08 in the southern suburbs. 99 deaths were due to diseases of the chest, 43 to debility and age, and 48 to zymotic diseases. Half of the zymotic cases were scarlatina, and no fatal case was reported from the southern suburbs. 648 births were registered, giving a rate of 33.85 per 1,000; of these, 325 were males, and 318 females—58 were illegitimate. During the month 313 cases of infectious disease was reported, in terms of the 208th section of the Edinburgh Municipal and Police Act. These comprised 245 cases of scarlatina, 19 of measles, 43 of typhoid fever, 8 of diththeria, 1 of syphus fever, and one of small-pox. Of the cases of scarlatina, 112 occurred in the new town, 109 in the old town, and 20 in the southern suburbs; while of the typhoid fever cases 15 occurred in the new town, 23 in the old town, and 5 in the southern suburbs. The Committee had before them several cases of insanitary houses, and the usual instructions were given to the clerk with regard to communicating with the proprietors. The Committee had also under consideration the propriety of adopting more stringent measures with reference to the inspection of newly-erected houses, so as to ensure that they were in a fit state before certificates were granted.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday the 19th inst., were at the rate of 23 per 1,000, against 23 in the preceding week, and 21, 22, and 23 in the corresponding periods of 1880, 1879, and 1878.

OUTBREAK OF MEASLES AT CARDONALD, NEAR GLASGOW.—There are upwards of 100 children enrolled at Cardinal School, and out of that number only forty-two were present recently, in consequence of the alarming outbreak of measles in the neighbourhood.

SIR WYVILLE THOMSON.—The resignation of Sir Wyville Thomson of the Chair of Natural History in the University of Edinburgh has been at last officially notified to the Senatus Academicus. This step had been expected some months past, and the resignation was announced in several journals more than a month since, but subsequently withdrawn as premature. We regret to learn that continued ill health is the cause of the learned professor's relinquishment of his duties at the University, and trust that rest and retirement will bring about a speedy restoration.

THE FELLOWSHIPS OF THE ROYAL IRISH UNIVERSITY.

It will be recollected that under the University scheme as approved by Her Majesty, a considerable number—we believe twenty—of Fellowships are to be created, of which the Senate are to select the occupants. These appointments will be worth £400 a year each, and—so far as has yet been determined—will be sinecures, so that it will be readily believed that the number of appointments for these desirable distinctions are numerous. We understand that the selection of Fellows will probably not be made until February, and it is generally understood that the Professors of the Queen's Colleges who have, to a certain extent, been discredited by the establishment of

the new University, will receive the largest share in these appointments, and that part of their duty as Fellows will be to act as Examiners. Upon all these matters, however, the strictest secrecy is observed, and nothing authentic is known as to the intentions of the Senate.

THE SURGICAL SOCIETY OF IRELAND.

THE opening meeting for the Session 1881-82 took place on Friday last in the College of Surgeons, the Chair being occupied by the President of the College, Dr. Chaplin. The attendance of members and visitors was very large. The inaugural address of the President was devoted chiefly to an interesting review of the practical operation of the Contagious Diseases Act, which he had special opportunities for observing in his capacity of visiting surgeon to the Lock Hospital at Kildare, for the Curragh district. The address was followed by a narrative by Mr. Wheeler, on a case of nerve stretching for the cure of tetanus, which had been followed by immediate relief, and the reading of the paper was followed by an interesting debate. After the adjournment of the Society, the President entertained the Council of the Society and a number of visitors at supper in the College.

Correspondence.

THE NOTIFICATION OF INFECTIOUS DISEASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—When this subject was recently under debate in the Public Health Section of the Social Science Congress I actively opposed the introduction of the proposed system into Ireland, on the ground that to compel the physician to send to the sanitary authority notice of every infected case would cause him in many instances, to be excluded from the sick house, and thus inflict incalculable loss and inconvenience both on him and on the patient. Although I quoted the public confession of the Public Health Committee, that the limited system of notification which exists in Dublin does actually produce the result which I foretold, yet I was contradicted by Mr. Hastings, M.P., Mr. Gray, M.P., and others, and it was positively asserted by them that in English towns where infectious diseases were compulsorily notified no such inconvenience ever resulted, and moreover, that both medical profession and the public in these towns, having found the system satisfactory in every sense, highly approved of it and cordially administered it. Let us see whether these assertions are true or not? The model towns selected by the champions of compulsory notification are Edinburgh and Bolton, and the great guns which they brought to bear against my argument were Drs. Littlejohn and Sergeant, the medical officers of health of those two places. Within this week the attitude of the medical profession towards the notification system was clearly manifested in Edinburgh and in Bolton. In Edinburgh a Dr. Bowie was prosecuted for not notifying to Dr. Littlejohn an alleged case of typhoid fever. From the report of the proceedings in the *Medical Press*, of the 16th, it appears that Dr. Littlejohn, having been informed by a private letter that Dr. Bowie was attending a case of typhoid fever, sent a policeman to ascertain the nature of the case. How the policeman diagnosed the case, whether he entered the sick room and examined the patient for the characteristic typhoid eruption on his or her body does not appear, but at any rate on the report of this policeman Dr. Bowie was prosecuted. Dr. Littlejohn admitted in court that he had not seen the patient at all until the day of trial, a week after the accusation was lodged by the policeman. Are these, then, the blessings which Mr. Gray promises the citizens of Dublin if they accept his bill? Are the public expected to rejoice over the prospect of a diagnostic visit from the sanitary policeman of the Corporation? and are the

medical profession to be considered obstructive, because they object to have their diagnosis reviewed by such an authority, and themselves subjected to prosecution if their opinion of the signs of typhoid fever does not happen to agree with that of the policeman. In Bolton, again—the land of “utter” sanitarianism and self-immolating doctors—it appears that the result of five years’ experience of the working of the notification system has been to disgust the medical profession with it. The fact that the English Notification Bill of last session was stopped by Mr. Thomassen, the representative of the town where the system is in its pure delight, would be a sufficient cause for suspecting the law of compulsory notification is not altogether so beneficent as it has been pourtrayed, but the proceedings of a recent meeting of the Lancashire Branch of the British Medical Association takes the blush off the rose-coloured accounts of Bolton given by Mr. Gray and his supporters. At this meeting Mr. Sergeant, the medical officer of health for the town, read an elaborate eulogy on the notification system, but instead of the chorus of approval which Mr. Gray would lead us to expect, the communication was met by a storm of dissent. Time did not allow of half the abuse heaped on the system by the physicians present, and eventually a hostile vote was barely avoided by the ruling of the chairman that it was not in order to move resolutions upon the reading of a paper. Sir, I ask your readers are these illustrations of the notification system such as to reconcile either the public or the physicians to Mr. Gray’s bill? If my statements cannot be impugned—and I believe they cannot—they prove, I think, that the advocates of compulsory notification have painted a picture to suit their own argument, and that the citizens of Dublin and the medical profession in Ireland ought to think very seriously before they have the sanitary persecutions of Edinburgh, or the endless squabbles which seem to be current at Bolton.

Yours, &c.,

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

23 Ely Place.

Literature.

A TREATISE ON ORTHOPÆDIC SURGERY. (a)

MR. HAWARD prefaces his work with the question as to how far surgery has been benefited by its subdivision into so many special fields, and he goes on to remark that though in some cases the results may have been an increase of knowledge, yet that an exclusive devotion to one part of surgery is apt to interfere with a just appreciation of the proportion which that part bears to the whole. Heartily do we endorse this sentiment, and clearly will we say that in our opinion, if orthopædic surgery is to be practised as a special art, it should be undertaken by those whose skill in general surgery has been approved, and whose judgment has been tempered by practical experience. Before looking into the book we may say that Mr. Haward’s position is one that will entitle him to speak and to be attended to in the question of orthopædic surgery, for he is surgeon to a general hospital, where he is also entrusted with the care of that special department. Moreover, he was for some years on the surgical staff of the Great Ormond Street Hospital for Children.

The first chapter treats of the various forms of talipes, and is illustrated by woodcuts, which, though a little rough, are likely to be of great value to the student. The description of the operation of tenotomy for the talipes is clearly written and carefully explained. The specious claim held forth by those who would cure club-foot without tenotomy is condemned, and it is advised that the treatment of congenital deformity be undertaken in the healthy child at the third month. As regards the accidental division of the artery along with that of the posterior tibial tendon the author is very honest. He says, “The hæmorrhage will be controlled by a pad and bandage, and I have never seen any harm result, though, of course, every care should be taken.” To affirm that one has operated often for club-foot and that he has never cut the large artery, is suggestive neither of surgical veracity nor anatomical knowledge.

(a) “A Treatise on Orthopædic Surgery.” By J. Warrington Haward, F.R.C.S. London: Longmans, Green, & Co. 1881.

When dealing with the subject of talipes which follows on infantile paralysis, he points out the need of taking precautionary measures against the occurrence of the deformity, and of promoting the nutrition of the limb by friction, passive exercise, and warm clothing. Of the service rendered by galvanism he has no firm belief, though he has watched many cases in which it has been systematically and perseveringly practised for long periods. He regards it as one among other efficient stimuli, but inferior in therapeutic value to friction. This definite expression of opinion is of considerable value, and coinciding as it does exactly with our own experience and teaching, we venture to direct especial attention to it.

The first chapter, which consists of 52 pages, ends with the judicious advice that each individual case be thoroughly examined before any treatment is suggested, for similar deformities are produced by various causes, and each will be found to give special indications.

The chapter upon wry-neck is too short to be entirely satisfactory: three lines quoted from Dr. Little hardly do justice to the question of the association existing between the sterno-mastoid tumour of early infancy and subsequent permanent contraction of the muscle. A lingering and instrumental labour, or a breech presentation, is frequently the cause of rupture of the sterno-mastoid muscle, and the contracting cicatricial tissue which fills in the gap forms, in our opinion, at least, a frequent prelude to wry-neck. The subject of cervical deformity, the result of vertebral caries, also demands at Mr. Haward’s hands, a fuller clinical description than it has received.

The author regards the contraction of the finger upon the palm as a manifestation of the gouty diathesis, but admits that in some cases, neither constitutional nor local cause for the deformity can be discovered.

In speaking of congenital dislocation of the hip, it might have been well if attention had been called to the close resemblance to this condition, which is presented by certain cases of rachitic deformity, though when the author remarks that in the former condition the upper border of the great trochanter is above the level of Nélaton’s line, he gives the diagnostic sign of the congenital displacement.

For ingrowing toe-nail, the treatment suggested consists in the elevation of the edge of the nail by the flexible lead plate.

Rickets (p. 90), is described as being “essentially a debility,” so that a surgeon, “taking the mechanical and restricted view, which would look upon rickets merely as a disease of the bones, requiring only appropriate instruments to remedy their distortions,” will but partially succeed. Indeed, it would be well in these days, when so many of us are affected with what the French surgeon called “*pruritus secundæ*,” if one appreciated the truth of Mr. Haward’s statement, that, “while the bones are capable of being bent, they also admit of being straightened.”

The entire chapter on Rickets is excellent, and full of practical remarks and suggestions. That part of the book which deals with the subject of lateral curvature of the spine is extremely clear and well written. It explains the rotation of the vertebrae as the result of uneven muscular contractions, in a weak and lolling patient, and in the last paragraph of page 134, the author explains the unsymmetrical condition of the vertebral segment and its processes in the same manner as he deals with the deformity of the femoral condyles in an extreme case of knock-knee. One anticipates what line of treatment for cases of lateral curvature Mr. Haward is going to prescribe, when he says “the spinal curvature is only a part of a general debility.” Nor is one disappointed, for a few pages on he writes, “that the treatment is so obvious that he will content himself with saying only, that it should not be a ‘spinal’ instrument.” Moreover, (p. 155) if the explanation which I have given of the origin of lateral curvature be correct, it must follow that the merely mechanical treatment of the distortion is an error.” Rest during the greater part of the day on an appropriate couch, short periods of gymnastics, or some other suitable exercise in the open air; cold or tepid douches, are the therapeutic agencies in which he places most reliance.

We are surprised to find that the important subject of spinal caries and angular deformity finds no place in Mr. Haward’s “Treatise on Deformities;” true, he mentions it as a cause of wry-neck, but the only other reference to it is (p. 158), where he says that in its treatment he has now

given up the plaster of Paris jacket. Nothing is said in connection with the treatment of talipes by plaster of Paris rollers, but the omission leads us to infer that Mr. Haward does not approve of it. Luxation of the scapula, the result of paralysis of the serratus magnus, is another matter which has escaped attention.

In conclusion, we would say that though, as we have just remarked, Mr. Haward's treatise on orthopaedic surgery has its errors, they are those of omission rather than of commission. In other words, we are so pleased with his work that we wish there had been more of it. We feel sure that it meets a real need: it is practical, and is, moreover, charmingly free of *ad captandum* jingle or mystery. We do not find even the illustrations of splints, or other apparatus, described as "the author's," or "modified by the author." The author is, on the other hand, careful to give others due credit for their material which he has used, and for their ideas which harmonise with his own. We predict for the book an extensive circulation, and we will hail the early issue of an enlarged edition with a heartiness equal to that with which we commend the present one.

The work has evidently been carefully revised, and is, in consequence, almost entirely free of errors. The type is excellent, and the paper so thick and good that we would willingly have relegated the task of cutting the leaves to the Messrs. Longmans' machine boys.

POWER ON THE ARTERIES. (a)

THE additions and improvements incorporated in the third edition of Mr. Power's well-known work on the arteries of the human body, bring it up to the present requirements of a high-class standard guide to the special anatomy of the arterial system. Its value will be chiefly for the advanced student and the surgeon as a work of reference, in which respect it is impossible to over-praise it. It includes short and historical records of the more important operations for tying the larger arteries, and gives explicit directions for actual performance of them in each case. The arrangement of the material is calculated to assist in the study of the course, relation, &c., of the vessels, but it might, perhaps, be said of it, that the introduction of tabular accounts of distribution would add to the ease of mastering its contents. By the omission of physiological details, the necessity for which, in the earlier editions, was never apparent, and the discussion of the most recent German and other researches, the volume is made more purely a work on surgical anatomy of the arteries, and in its present form is a compendious and perfect description of the subject. The publishers are to be congratulated on the elegant appearance of the volume, the typographical execution of which leaves nothing to be desired.

Novelties.

"FOSSILINE" PLASTERS.

THE plasters recently manufactured by, and introduced to the profession by Messrs. Evans and Sons, of Liverpool, under "Mason's" patent, are deserving of notice by those who are prohibited by the extravagant price of plasters spread on leather from using them in hospital work and in the general run of practice. The Fossiline Combination or Leatherine on which the plaster is spread seems to us to serve almost every purpose which leather itself fulfils.

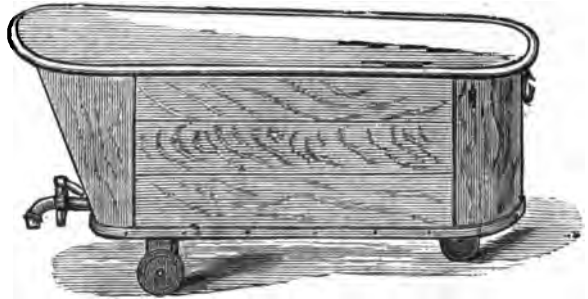
It is extremely tough—stretches readily to the shape of the part to which it is applied—does not crack, and is entirely impervious to water. With these qualities it combines the special merit of cheapness, and—as it can be bought at very much less than the leather or swansdown plasters—we anticipate that it will supersede the more expensive articles for the general run of surgical work. Having practically tested these plasters, we would add that if further experience of their use should justify the favourable opinion formed from first use, the "Fossiline" Plaster will be a valuable addition to the surgeons' stock of requisites.

(a) "Anatomy of the Arteries of the Human Body." By J. H. Power, F.R.C.S.I. Third Edition. By W. Thompson. 1881. Dublin: Fannin and Co.

A PORTABLE BATH FOR WARD AND PRIVATE USE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you permit us to draw the attention of the profession to a hospital bath we are about to introduce. This bath is 5ft. 6in. long, and made of strong tinned iron, japanned in and out, fitted with a large draw-off tap, and



drainer-plate over same; is mounted on a wood bottom, on iron wheels with india-rubber tyres, to be noiseless for ward use. This bath is being now used in a house where there is scarlet fever, and as this disease is very prevalent just now, and the fever hospitals are re-opening, we humbly think our new bath will meet a want.

Your obedient servants,

J. ALLEN & SON, Manufacturers.

21 and 23 Marylebone Lane, London.

Royal College of Surgeons of England.—The following candidates for the diploma of M.R.C.S., having passed the required examinations were admitted Members of the College on November 17th:—

Booth, George
Foxwell, William Arthur
Gardner, Percy H.
Green, Edwin Collier
Grimsdale, Thomas B.
Johnston, Thomas
Knight, Alfred Osborne

Lothouse, Arthur, L.S.A.
Morton, Charles Alexander
Pook, William John, L.S.A.
Stonham, Charles
Stretton, John Lionel
Walker, Francis John

The following were admitted Members on Nov. 18th:—

Bisall, Austin Charles
Campbell, Harry
Colville, Ernest George
Cooper, George Frederick
Giles, Oswald
Hays, James
Humphrey, Francis William
Kempster, Wm. Henry, M.D.

Longman, George Philip
Pollock, William Evers
Rackham, Arthur Richard
Sackeving, Herbert Edward
Stuart, Sidney Offord
Williams Jn. Frederick, L.S.A.
Wray, Charles

The following were admitted Members on Nov. 19th:—

Adams, William Coope
Andrews, Archibald George
Benham, Robert Fitzroy
Benson, Ernest Walter
Bevan, Henry Cook
Carter, Thomas Edward
Dendy, Walter Chester
Elliot, Edgar
Harris, David Phillip

Ingoldaby, Fred. John
Jones, Henry Lewis
Marston, Francis Ernest
Sanderson, Robert
Sanders, F. C. Scott
Strachan, W. H. Williams
Stroyan, Frederick
Treadwell, O. F. Naylor
Wood, Henry Simpson

The following were admitted Members on Nov. 21st:—

Coombe, Albert Townsend
Davies, Sidney
Dodd, Henry Work
Hewley, Frank
Nicholson, Gerald
Pike, Charles James, L.S.A.
Powock, A. G. Clarke

Pollard, Joseph, M.A., L.S.A.
Pope, Percy
Unsworth, Francis Henry, L.S.A.
Walker, Theodore Harry
Walker, J. G. Agars
Writers, Walter Scott
Webster, George Leonard, L.S.A.

NOTICES TO CORRESPONDENTS.

"IRISH MEDICAL DIRECTORY" FOR 1882.

WE are requested to state that the sheets of the Directory will be put to press in a couple of days, and that the last moment has arrived at which any correction or addition to its pages can be accepted. Therefore, those who have not already sent alterations must do so at once.

A DISGUISED ONE.—You will see many such characters portrayed in that curious mixture of fact and satire, "Medical Men and Manners of the Nineteenth Century," a little book published a few years since, the truth of which has been but too certainly shown in some recent cases, notably the one to which you refer.

THE APOTHECARY'S FRIEND.—The following is copied from an old book:—"Died, at Beckington, aged 65 years, on May 17, 1817, Mr. Samuel Jessup, an opulent grazier of pill-taking memory. He was distinguished for the last thirty years of his life for an inordinate craving for physic, as appeared on the trial respecting the amount of an apothecary's bill. The evidence then given affords the following material for an epitaph. In twenty-one years, from 1794 to 1816, the deceased took 2,6,984 pills, supplied by a respectable apothecary at Botsford, which is at the rate of 10,800 pills a year, or 29 pills each day, but as the patient began with a more moderate appetite, and increasing it as he proceeded, in the last five years preceding 1816 he took the pills at the rate of 7 a day, and in the year 1814 he swallowed no less than 51,590. Notwithstanding this, and the addition of 40,000 bottles of mixture, julep, and electuaries, extending altogether to fifty-five closely-written columns of an apothecary's bill, the deceased lived to attain the advanced age of 64 years."

MR. W. D.—The result is eminently satisfactory, and we tender to you our best thanks.

ONE WHO TRIES TO BE HONEST.—We disapprove of the practice, and think with you that it is inconsistent with the protestation made when junior practitioners attempt to advertise themselves in a still less objectionable way. We would commend to their consideration the reply of an eminent president of a medical society who, when asked to sit for a photograph, said: "I have never been in a photographic gallery in my life, and do not intend making an exhibition of myself for shop windows; younger men appear to like it, I do not."

"QUINQUININE"

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—For the information of your correspondent respecting "Quinquinine," I beg to be allowed to say that this article was discovered and introduced by myself more than fifteen years since, and was known as "Seller's Quinquinine" long before my short connection with the firm of Mackey, and no other person possesses the exact knowledge for its production.

I still continue to manufacture the article as originally produced, and do not hold myself responsible for any preparation bearing the name of "Quinquinine" which has not my name and address on the label.

I am, dear Sir, yours faithfully,

17 Farringdon Road, London, E.C. JOHN SELLERS.

MR. ANTHONY (Colonial Office).—You will find the article on "Cyprus" by Dr. Cullen in our issue for Nov. 16th.

QUEST.—Your surmise is incorrect; the Obstetrical Society of Dublin is the oldest of the kind in the United Kingdom or America.

DR. MOOREHEAD'S paper is marked for early insertion; proof will be sent him as requested.

MR. H. W. R. will please accept our best thanks for the interest he takes in the welfare of the *Medical Press*, and for the name of another subscriber through such instrumentality.

LUNACY CERTIFICATES.—W. C. asks: Please inform me if I can recover a fee for examining a dangerous lunatic where the magistrate refuses to sign the order authorizing the Board of Guardians to pay me. The friends of the lunatic gave me a red-ticket asking me to visit and examine the patient, which I did, sending the medical certificate and form for my fee to the magistrate who refused to sign the latter on the ground that the lunatic was not discovered and apprehended under circumstances denoting a derangement of mind and a purpose of committing some crime for which, if committed, such person would be liable to be indicted, although she had attempted suicide by placing herself before a train in motion.

[You are not entitled to a fee unless the patient is actually brought before the magistrate by the police as dangerous. There is no obligation on you to certify at all, but on red-ticket—you must visit, and, if necessary, prescribe, and if you certify you cannot recover a fee.—ED.]

RETINAL HÆMORRHAGE IN ITS MARITAL ASPECT.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Would you, or some of your readers, kindly give their opinion on the following case:—

A young woman has been under treatment for some time for recurrent retinal hemorrhage. Her friends wish to know if marriage—which she contemplates—will be prejudicial or otherwise; and as I can find no reference to it in any of the authorities, I would be glad of the views of those who may have had experience in the matter, and oblige,

Yours, &c.,
"MYOSOTIS."

MR. J. DUNCAN.—Many thanks for the Turkish address.

CYPRUS.—From an advertisement in another column it will be seen that two assistant-surgeons are required for the Government Medical Establishment of Cyprus. The salary of an assistant-surgeon is, for the first year, £50; and then if the officer passes a satisfactory colloquial examination in either Turkish or Greek, £200 a-year, rising by annual increments of £10 to £200 a-year. Private practice is allowed. This information will be of interest to our correspondent, "*Chi He Aris*," whose letter appeared in our last, and to others seeking Colonial appointments.

A VOLUNTEER HOSPITAL CORPS FOR DURHAM UNIVERSITY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—For some time the idea of the formation of a Volunteer Hospital Corps has been mooted among the students of this College, and in furtherance of the project, a meeting was held on Oct. 28th, Dr. Mears presiding. A large number of the students attended, and resolutions passed appointing a committee consisting of Dr. Mears and Messrs. C. H. C. Milburn, F. W. Gibbon, and D. J. McNabb to carry the project into effect, and engaging the students to support the movement. As the committee were at first unable to see in what way the full strength of a bearer-company, on the model of the Army Hospital Corps, might be made up, although nearly sixty students had given in their names, they waited on Lieut.-Col. Potter, C.B., of the

1st Northumberland Artillery, who evinced great interest in the matter. He pointed out that there were two plans open—viz. for the Corps to be attached to a regiment such as his own, detachments being left to other regiments, or for the Corps to be independent, having for its cadre the students of the College, the strength being made up by drafts from the regiments in the district. The former plan at the time appeared the more feasible, as Col. Potter kindly undertook all negotiations with the War Office, and at the same time offered the use of the drill-hall and other advantages to the Corps. No reply has as yet been received from the War Office, but whatever it may be, there can be little doubt, from the interest taken in the matter in the district, that the movement will be ultimately successful.

I am, Sir, yours faithfully,

W. F. MEARS, M.B.

University of Durham College of Medicine,
Newcastle-on-Tyne, Nov. 27, 1881.

N. F. M.—If possible in our next.

ONE OF THE OLD SCHOOL OF DOCTORS.—Your letter will be inserted in next issue.

DISPENSARY HOUSES.—E. H. says: The committee of a dispensary district are thinking of borrowing money from the Board of Works to build a dispensary and residence for the medical officer; is there not some Act by which money can be borrowed cheaper than 5 per cent.?

[Under sec. 6 of Dispensary Houses (1879) Act, "Every loan made under the provision of this Act shall bear interest at the rate of 4 per cent. from the date of each advance to the fifth day of April the tenth day of October which shall next happen after such advance, and shall be repaid by the payment to Her Majesty of an annual rent-charge of five pounds for every one hundred pounds of such loan from time to time advanced, and so in proportion for any lesser amount, to be payable for the term of thirty-five years, to be computed from the first of the said days which shall next happen after the advance in respect of which the rent charge shall be charged.—See "Irish Med Directory," page 601.]

DR. LITTLEJOHN (Edinburgh).—Communication in type, omitted at last moment for want of space; will appear in our next.

THE SOCIETIES.

HARVEIAN SOCIETY.—Thursday, Dec. 1, at 3.30 p.m. First Harveian Lecture: Dr. Alfred Meadows, "On Menstruation and its Derangements."

Vacancies.

Bckett Hospital, Barnsley.—House Surgeon. Salary, £151, with board. Applications to the Hon. Sec. before Dec. 10.

Isle of Man Hospital.—Resident Medical Officer. Salary, £100, without board. Applications to the Secretary at Douglas, before Dec. 5.

Kent County Asylum.—Assistant Medical Officer. Salary, £130, with board. Immediate application to the Medical Superintendent. (See Advt.)

Middlesex County Lunatic Asylum.—Assistant Medical Officer in the Male Department. Salary commencing at £150, with board. Applications to be made on printed forms to be had of the Clerk. (See Advt.)

Births.

ALLEN.—Nov. 20, at Willowbank, Keady, co. Armagh, the wife of Dr. J. Gower Allen, of a son.

CLARK.—Nov. 24, at 19 Cavendish Place, London, W., the wife of Andrew Clark, F.R.C.S., of a daughter.

DRUMMOND.—Nov. 18, at 3 Piazza di Spagna, Rome, the wife of Edward Drummond, M.D., of a daughter.

HILLIARD.—Nov. 23, at Fairmead House, Upper Holloway, N., the wife of E. Harvey Hilliard, M.D., of a daughter.

MACSWINNEY.—Nov. 22, at Westall House, Brook Green, W., the wife of G. H. MacSwinney, M.D., of a daughter.

TABUTEAU.—At The Chestnuts, Fortarlington, the wife of J. M. Tabuteau, M.D., of a son.

Deaths.

CHEESBROUGH.—Nov. 20, at his residence, Blackburn, Harry A. Cheesbrough, M.D. Edin., Consulting Physician to the East Lancashire Infirmary, aged 44.

COOTE.—Nov. 17, at Ashby-de-la-Zouch, Michael Coote, M.D. M.R.C.S., aged 89.

DAVIS.—Nov. 23, at Duffryn Firwd, Mountain Ash, E. W. S. Davis, M.B.C.S., aged 63.

DAVISON.—Nov. 13, at Saffi, Morocco, Dr. Frank Davison, of Armagh, aged 29.

DENNY.—Nov. 18, at Stoke Newington Dispensary, John Denny, L.R.C.P. Ed., M.B.C.S., only son of the late John Denny, Surgeon of Ipswich, aged 62.

ERKINE.—Nov. 7, at Sandys Place, Newry, Archibald Erkinie, M.D. HAYNE.—Nov. 19, at 1 The Hill, Northfleet, Frederick Graves Hayne, M.B.C.S.E., in his 60th year.

HEAD.—Nov. 11, at the residence of his brother, the Rev. G. Q. Head, of Fishwick, Newton Abbot, Devon, Edward A. H. Head, M.B. Lond., M.R.C.P., aged 63.

TAYLOR.—Oct. 21, at Delhi, India, after a short illness, Adam Taylor, Surgeon-Major, Bengal Army.

WRIGHT.—Nov. 22, at Hollycot, Lasswade, Alexander Wright, Surgeon-General (retired), Bombay Army, aged 71.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 7, 1881.

CONTENTS.		PAGE	PAGE	PAGE
ORIGINAL COMMUNICATIONS.			TRANSACTIONS OF SOCIETIES.	
Menstruation and its Derangements. By Alfred Meadows, M.D., F.R.C.P., &c., Physician to, and Lecturer on Midwifery and Diseases of Women and Children at St. Mary's Hospital. Abstract Report of Harveian Lectures for 1881	487		SURGICAL SOCIETY OF IRELAND— President's Address	492
A New and Reliable Operation for the Cure of Webbed Fingers. By Arthur T. Norton, F.R.C.S., Surgeon and Lecturer on Surgery at St. Mary's Hospital	489		THE MINERAL WATERS OF EUROPE— The Medical Press Analytical Reports on the Principal Bottled Waters. By C. C. R. Tichborne, LL.D., F.C.S., F.I.C., with Notes on their Therapeutical Uses. By Prosser James, M.D., M.R.C.P. Lond., &c.	494
Clinical Lectures on Symptoms. By Frederick T. Roberts, M.D., B.Sc., F.R.C.P. Professor of Materia Medica and Therapeutics at University College; Physician and Professor of Clinical Medicine at University Hospital, &c.	490		LEADING ARTICLES.	
CLINICAL RECORDS.			THE DIPHTHERITIC POISON	495
Meath Hospital, Dublin—Epithelioma of Tongue. Under the care of Mr. Hepburn. Reported by Mr. W. B. Robinson 491			SUPERANNATION OF POOR-LAW MEDICAL OFFICERS IN IRELAND	496
SPECIAL.			ANTI-VIVISECTION FANATICISM	497
France	493		NOTES ON CURRENT TOPICS.	
			Metropolitan Hospital Sunday Fund	497
			Lung Capacity of Children	498
			The Royal Society	498
			Heart on the Right Side of Body	498
			Defer's Method of Treatment of Simple Hydrocele	498
			Sir James Paget	499
			Death from Chloral	499
			Military Hospitals in India	499
			Amputation at the Hip-joint	499
			SCOTLAND.	
			Healthy Womanhood — Professor Mac Kendrick on Vegetarianism—Glasgow Maternity Hospital—Notification of Infectious Diseases — Royal College of Physicians of Edinburgh	501
			LITERATURE.	
			Throat Diseases and the Use of the Laryngoscope	503
			LITERARY NOTES AND Gossip	503
			CORRESPONDENCE.	
			Professor Lister on Transfusion	505
			Notification of Infectious Diseases	505
			The St. Bartholomew's Hospital Inquiry	506
			NOTICES TO CORRESPONDENTS	507

Original Communications.

MENSTRUATION AND ITS DERANGEMENTS.

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

Abstract Report of Harveian Lectures for 1881.

THE subject selected for the Harveian Lectures of 1881 was chosen, said Dr. Meadows, after much consideration, as being that on which he felt himself most able to speak with authority. He had felt the difficulty attendant on finding a topic which might prove of general interest to the profession, but for many reasons menstruation might be regarded as being of this nature. There were also connected with it many obscure points, investigation of which would lead to the discovery of important facts, and he earnestly invited young and enthusiastic observers to devote their attention to the study of those physiological problems which in this connection offered such inviting fields of research. Every practitioner of medicine, moreover, must be nearly and deeply interested in the phenomena of menstruation, and the derangements to which the process was liable. To surgeons it was a factor of the first importance, from the influences it exerted on the condition of the body as regarded operations to be performed, while the emotional disturbances to which it gave origin presented problems to arouse the attention of physicians at every turn. In fact, no department of practice could be said to remain unaffected by the disturbing element of the menstrual functions, and thus it behoved each and every member of the profession to devote a special study to all in connection with the process.

The course of lectures to be delivered would deal with the subject under two heads, viz. :—(1) The Physiology of Menstruation, and (2) Its Derangements and Treatment, Therapeutic and Otherwise.

Inasmuch as all elementary knowledge could be recalled with advantage, particularly when of a scientific nature, and this because the consideration of such details by the

matured judgment ensured a truer appreciation of their meaning and relations, therefore it would be wise to preface the proper subject matter of the lectures by a brief outline description of the anatomical peculiarities of the parts concerned in menstruation.

Of these arrangements, the vascular and nervous offered points of especial interest, for the reason that the light shed on many obscure problems by an attentive study of the rôle played by these organs, alone enabled a clear understanding to be arrived at with regard to many intricate questions associated with menstruation.

The Ovaries, situated at the back of the broad ligament, $1\frac{1}{2}$ inches long, $\frac{1}{2}$ -inch wide, and $\frac{1}{2}$ -inch thick, lie in a position which enables them to be felt *per vaginam* only under certain favourable conditions, as a rule being distant from the roof of the vagina about an inch and a-half. Their blood supply is very free, and derived from three sources; (1) the *spermatic or ovarian* arteries arise from the forepart of the aorta below the renal varieties, coming downwards over ureter and external iliac, inclining inwards between the layer of the broad ligament, and thence to the attached border of the ovary. This vessel has anastomosing branches, with (2) the ovarian offset of the uterine artery, by which latter channel the ovary is also supplied with blood in considerable quantity. The third origin of supply is (3) the *Fallopian artery*, and it is easily seen that these united sources must convey a very considerable amount of blood to the parts they are distributed in. The venous system surrounding the ovaries is very remarkable for the number and extent of plexuses and networks presented by it, and a due comprehension of the facts it presents will largely assist appreciation of symptoms as they arise; and many of the points dwelt on in these lectures, being new to gynaecology, have as yet not been incorporated in any text-book of the science.

The object obtained by the free arterial anastomosis existing between the arteries that go to the organs under discussion, is more perfect discharge of the ovarian functions than would be possible without some such provision. It is certainly not for the benefit, primarily, of the surrounding structures, although they necessarily participate in the advantages thus conferred; and, notwithstanding the un

impregnated organ derives little good from the copious blood supply to it, yet the tremendous importance of such abundant flow, following impregnation, is readily perceived. By the existence, ready to be called into play at any time, of an arrangement of vessels whereby vastly increased volumes of blood can be hurried to the ovary without excessive enlargement of a single artery, as the proper uterine, there is removed an obvious inducement to serious disease. This would tend to demonstrate that it is the necessities of the ovary that are the principal elements determining this free supply of blood, and that the uterus and Fallopian tubes do not act materially as factors of arrangement in the matter. It should be particularly noted that inter-communication often exists between the various plexuses proper to the ovaries, and to the uterus, and that besides acting as channels for return of blood, they serve also to secure erection of the ovary, &c., whereby the Fallopian tube is brought into relation with the ovary, and the space between the latter and the uterus is bridged over.

The *nervous supply* of the ovaries is derived from the spermatic (ovarian) plexus, branches from the renal and superior aortic plexuses uniting to its formation. These plexuses being both situated high up in the abdomen, it is apparent that the ovaries are in nervous connection with the abdominal viscera, and also through inter-communication of the superior aortic plexus, the several nerves and sympathetic ganglia, they are extensively related to the brain, spinal cord, and other organs. These facts are of the utmost importance, as assisting to explain the wide-spreading disturbances possible to arise from any morbid condition within the ovaries; and particularly do they elucidate in some degree those subtle derangements incident to the "change of life." Even in the male-being phenomena in striking resemblance of character may be observed when changes are produced either naturally or artificially (as by castration), and which are exemplified in altered voice, or in those more general features associated with the advent of puberty, &c. In women, too, the observations of Dr. Meadows have shown, that marked changes may take place in the voice at the period of ovulation.

The fundus and upper part of the body of the uterus are chiefly concerned in menstruation, and a study of the anatomical structure and relations of these parts, and especially of their blood supply, must demonstrate the improbable nature of the mechanical system of uterine pathology, and the theory of strangulation of the uterus (Dr. Graily Hewitt) based upon it. This viscus is supplied with blood from three sources: (1) uterine arteries, directed downwards from the anterior division of the internal iliac to the neck of the uterus, and pursuing an exceedingly tortuous course on its walls; (2) uterine branch from the spermatic artery, thence being directed to the fundus uteri; and (3) a small branch of the epigastric.

The arrangements for the return of the blood from the uterus are especially worthy of attention, and in connection with them Dr. Meadows offers certain original observations tending to influence the theory of pathological disturbance of the organ. The bulk of blood from the fundus does not descend to the cervix, but finds its way to the bulb of the ovary, and thence into the spermatic vein. The upper and the lower parts of the uterus are, therefore, relieved of blood by entirely different channels, a point which cannot be over-estimated when considering the nature and cause of flexions of the uterus.

Through the nervous arrangement in connection with the ovaries it is possible to locate the position of injuries to these organs with a degree of exactness that affords opportunity for prompt measures of relief. Several plexuses supply the uterus with its nervous energy, and it must be borne in mind that its upper and lower portions derive their supply from different sources. The body receives filaments from the inferior aortic plexus, while branches from the spermatic plexus in the mid renal region go to the fundus, and pain felt along the back to the position of the kidney will sufficiently indicate the site of its excitation. Intimate relations, however, are maintained

among the different parts by aid of minute anastomosing branches, and the central point of the menstrual organs, the ovaries, are in direct nervous connection with the upper and mid portions of the uterus.

Ovulation, and the changes incident to the process, present many important and highly interesting subjects for study, much remaining in this direction for elucidation by future enquirers. Dr. Meadows' own observations, indeed, lead him to believe that, contrary to the usual supposition, the ovaries are engaged in active functional performances both before and subsequent to the menstrual life of the individual. In proof of this may be cited those occurrences of pregnancy that have been recorded on good authority as taking place earlier than, and long after, the appearance of menstrual excitement; also that the ovaries are the seat of grave disease after the menstrual activity has terminated, so far that it is as external evidence is concerned.

The importance of vascular, and particularly of nervous, arrangements as determining the physiological products of ovulation, cannot be over-estimated, and so intimately is the connection between the factors one of cause and effect, that the consideration of physiological and anatomical details might be accepted as a means of inferring those changes which must be the necessary outcome of the process of ovulation. Furthermore, it becomes a difficult matter in this connection, to sharply delimitate the point at which we are called upon to deal with physiological as distinct from pathological processes, so closely do natural and normal impinge on diseased and irregular conditions. Cases illustrative of this truth might be quoted in number, and as bearing on it the following possess interest:—

Twenty years ago Dr. Meadows had under his care a single woman, *æt.* 23, who since her childhood had been troubled with a swelling in the right inguinal region, which underwent no apparent increase in size, and was thought to be a rupture. At fifteen years she menstruated, often with accompanying pain. Three years ago a second swelling made its appearance under the first tumour, and smaller in size. Menstruation now became exceedingly painful, and was attended with increase of the tumour, and eventually it grew so acute that the patient was confined to bed during the periods of her flow. She had been examined by a hospital surgeon three months before coming under Dr. Meadows on July 21, 1861; hernia was diagnosed, but operative interference declined by the surgeon. Dr. Meadows believed the lower tumour to be ovarian, but agreed that the first was hernial in character, and recommended the adoption of surgical measures, an opinion concurred in by, among others, Sir W. Fergusson. On August 27 chloroform was administered to the patient, and Mr. Lawson removed the lower tumour. No adhesion was encountered; the cyst was punctured, separated, and pedicle ligatured. The growth was found to be the right ovary much altered in nature, containing many spaces filled with serous fluid, and exhibiting no proper graafian follicles; it weighed three and a-half drachms. The patient did well, a slight abscess alone giving any anxiety for a time, and though the first subsequent menstruation was somewhat painful no uneasiness was experienced afterwards. The point of special interest in this case is that the size of the tumour underwent periodical increase coincidentally with the periods of menstrual excitement, and its bearing on the propositions previously enumerated will be apparent.

A second example in illustration of the same principles occurred in the practice of Mr. Christopher Heath, *E. V.*, *æt.* 19, single, was operated on for left ovarian disease, and at the time, the right ovary was seen to be much enlarged, while one particular point of the organ presented a shining glistening appearance, surrounded by a zone of injected vessels, and limited by a further and paler zone, the whole organ being in a state of hyperæmia. The operation was performed at 10 a.m., on the 4th of November. On the 6th menstruation set in and lasted three days, so that it may be accepted that the signs ex-

hibited by the right ovary in this patient were those indicative of oncoming rupture of a graafian vesicle; and those, therefore, preceding normal menstruation. The history here given proves that the ovary undergoes considerable enlargement at the "period," and that this is, normally, unassociated with manifestations of pain.

Menstruation is synonymous with changes in the uterine organs, which in their totality are significant of the event; but also the ovaries and uterus react, during these changes, in a definite and constant manner, through the agency of vascular and nervous channels of communication and connection. The ovary being the actual centre, however, of the functional activity which inaugurates these changes, it is improper to give the place of importance to the uterus, as is done when "the uterus and its appendages" are spoken of; rather should it be rendered "the ovary and its appendages," by which phrase the position proper to itself is accorded to the ovary, the chief essential organ of the series.

The question of reflex impressions is one which is deeply interesting in connection with the subject in hand, and one, too, on which opinions are not generally expressed in a way that truth demands. It has been already explained how the nervous system serves to bring the ovaries into relation with the other viscera, and how disturbance in the former may suffice to set up unusual conditions in the latter. For instance, excessive excretion of urine is a commonly observed occurrence in certain forms of hysteria, and it is possible to understand how ovarian excitement may induce renal activity through the connection whereby the spermatic plexus of nerves, whence the ovarian supply is derived, is associated with the renal plexus. But it is unjustifiable license of language to denominate this a *reflex* action, since it possesses none of the proper characteristics of reflexes, but is purely and solely *direct* in nature. Recent inquiries have clearly demonstrated how the sudden excitation of function in an organ may react on its blood supply, causing dilatation of afferent vessels, and almost unlimited augmentation of secretion.

It has been shown that the fundus and upper part of the uterus, is that portion of the organ chiefly in nervous connection with the ovaries, and with this it is significant to know that the menstrual flux is not from the cervix, but from the fundus and body, a fact proved by Mr. Arthur Power, who observed in a woman dying during a menstrual period, that these parts of the uterus were those in active vascular turbulence. Such a discovery is but another argument in favour of the dependence to be placed on anatomy and physiology alone as aids to comprehending pathological changes and their consequences.

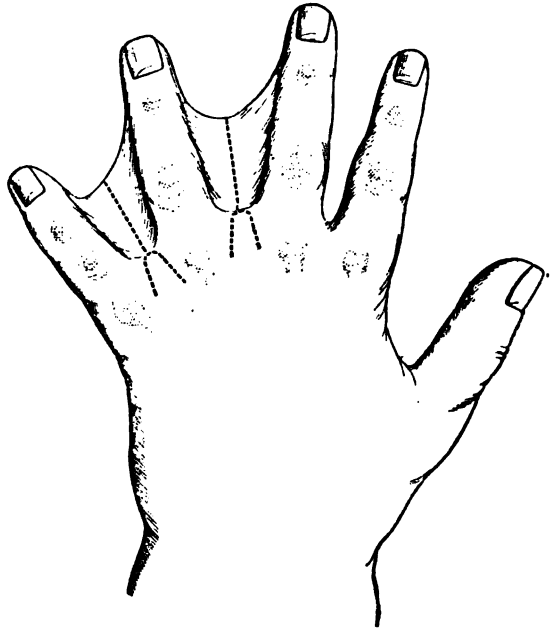
A NEW AND RELIABLE OPERATION FOR THE CURE OF WEBBED FINGERS.

By ARTHUR T. NORTON, F.R.C.S.,
Surgeon and Lecturer on Surgery at St. Mary's Hospital.

C. K., was sent to me by Mr. Moore, of Chiswick. The boy, one of four children, was about four years of age, and had the three inner fingers of the left hand webbed together. No relative had suffered from the same deformity. The operation which I performed can be best explained, and, indeed, can only be understood, by referring to the diagram.

A tongue of integument was cut from between the knuckles, and another, corresponding in shape, and position, and size, on the palmar surface. These tongues were then raised by dissection, and the webs cut through. The knife was then carried back so as to sever all the tissues as far back as the bases of the tongues, and a little super-abundant tissue was removed. Next, the apices of the tongues were sewn together, and lint dipped in cold water applied. The flaps or tongues united by

the first intention between the little and ring fingers, but one of the pair between the ring and middle fingers sloughed at its apex from its suture. The cause of the sloughing was incomplete section of the tissue between the fingers up to the base of the tongues, the result of which was too great tension, and consequently giving way at the suture. However, even in this case, the tongues separated only a very short distance, and the interspace rapidly healed, so that there was no re-development of the web.



A drawing of the hand was taken after the operation, by which it will be seen that in the case of the middle and third finger, a little more tissue might have been removed with advantage after the raising of the tongues, in order to bring the lines of the natural web in proper position. The healing of the fingers progressed rapidly in the middle finger and on the outer side of the ring finger. Between the ring and little fingers the healing was not so rapid, because the web between these fingers was thick and narrow, so that, after its section, a larger surface was denuded.

The points to be considered in performing the operation are: 1. The tongues should be cut thick, so that their vascular supply may be complete, and the chance of their sloughing reduced to a minimum. 2. They should be cut rather narrow, with judgment; otherwise, they get compressed laterally and bulge upwards at the margins, instead of lying in adaptation to adjacent tissues. Such compression, of course, interferes with their circulation. 3. The tissue between the knuckles is to be cut back, or, if necessary, cut away, so that the apices of the tongues shall lie well in contact with each other without tension. 4. The tongues must be of sufficient length, so that there shall be no tension when the suture is applied; they had better be too long than too short. 5. The apices of the tongues are very small, so that a very small needle should be used to carry the suture. 6. In shaping the tongues the line of the natural web should be carefully observed. If the tongues heal by first intention, no web can re-develop. There is no reason whatever why union by the first intention should not invariably take place if the above points are remembered whilst performing the operation, and thus one of the most troublesome and unsuccessful of operations is converted into one of the most simple and most certain of success.

CLINICAL LECTURES ON SYMPTOMS.

Delivered in the Wards of the Hospital.

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

LECTURE I.—(Continued.)

1. *Superficial Observation.*—You must be prepared, whenever a patient comes before you, to take note of any symptoms which may be at once evident to the most superficial observation, and which immediately strike you and attract your attention. Not only should you be on the alert to take in what you see, but also what you hear, smell, or feel. To give a few examples of symptoms thus immediately recognised, you may see jaundice, dropsy, cyanosis, anæmia, emaciation, dyspnoea, hæmorrhage, unconsciousness, convulsions, or choreic movements; you may hear peculiar characters of breathing or cough, the stertor of apoplexy, the moaning suggestive of suffering, the wandering of delirium, or rumbling sounds in the abdomen; you may smell the peculiar odour of the body associated with certain febrile diseases, such as rheumatic or typhus fever, or that of the breath indicative of ulceration or gangrene, or of alcoholism; you may feel burning heat, profuse sweating, or marked dryness and harshness of the skin. It is remarkable how often, after due experience has been gained, this superficial examination will reveal, or at any rate afford a good clue to the nature of the complaint from which the patient is suffering, and will give a direction to further inquiry. Of course, the phenomena thus ascertained must only be taken for what they are worth, and we must always guard against placing too much reliance upon them.

2. *Questioning.*—The next mode of investigation is to find out what the patient, his friends, or others who are in a position to give the required information, can tell you about the symptoms. If intelligently and properly conducted, this method is in most cases very satisfactory, and affords valuable aid in diagnosis. It is well, in the first instance, as a rule to hear what symptoms are complained of; and then the practitioner can ask such questions as may thus be suggested, or which it may be necessary in his judgment to inquire into. Now this questioning ought to be proceeded with in an intelligent and orderly manner, and with a clear comprehension of what you want to ascertain. It is absurd and amusing sometimes to hear the questions which patients are asked, evidently having no meaning whatever, or any bearing on the case under examination. The course and minuteness of your inquiry must be guided by circumstances, and let me remind you that it will require no small amount of practice on your part before you become able to conduct it satisfactorily in a good many cases. It implies a knowledge of details relating to symptoms which many do not possess, or take the trouble to acquire; and also a habit of investigating as to these details, which is frequently not practised. From what I have previously said, it will be evident that concerning *subjective* symptoms we chiefly gain information in this way, and what I have stated when speaking about these symptoms will put you on your guard against taking a patient's statements without due consideration on your part; moreover, you must be particularly careful not to accept patients' *explanations* of their sensations, which many are very fond of giving, attributing them to particular organs or diseases. It must not be forgotten, however, that we may learn by questioning many facts about *objective* symptoms, such as cough, dyspnoea, vomiting, palpitation, &c., which we ought to know, but which we have no opportunities of observing for ourselves. On these matters we may gather much information often from intelligent relatives, nurses, and others, as well as from patients themselves.

3. *Objective Examination.*—One of the most important parts of the clinical examination of a patient, in a large

number of cases, is for the practitioner personally to observe any ordinary *objective* symptoms which may be complained of or revealed on superficial investigation, or to look for such symptoms if he has any reason to suspect their existence. I have already said that a patient's statement should never be accepted as to the presence of objective symptoms, although he may be able to give you details concerning them; and I now emphatically repeat this remark. For instance, if a patient complained to you of a swollen leg, and you believed him without seeing for yourselves, you would be falling far short of your duty. These objective phenomena are usually very suggestive and instructive. They often reveal all you want to know, and do away with the necessity of much or any questioning of the patient. Indeed, if there are evident objective symptoms in any case, it may be stated that, as a general rule, these should be attended to at once, and thus a good deal of time will probably be saved. You are by them attracted frequently to a particular organ, or, it may be, even to a particular disease, and your diagnosis is quickly made, provided, of course, that you know the symptoms which belong to each organ or structure, and which are associated with the several diseases that you are likely to meet with. You will bear in mind that what we regard as objective clinical phenomena are not only those we see, but also include those we recognise by the aid of the other external senses. It is therefore frequently necessary to make the patient do some act which brings out a sound we want to study, such as to cough; or we use our hands and fingers to examine external swelling and other objective signs; we apply the sense of smell to certain special objects, and so on. These points will be made more clear when we come to study the various local and general symptoms. In the meantime, I hope what I have said will have impressed upon you the essential importance of investigating for yourselves all kinds of objective symptoms, in so far as you are able to do so. Remember also that objective examination may help you in the study of subjective sensations.

4. *Ordinary Physical, Chemical, and Microscopic Examination.*—Intimately associated with the mode of investigation just considered, inseparable from it by any marked line of demarcation, and yet demanding special recognition, is that which may be termed *ordinary physical examination*, with which may be associated the simpler methods of *chemical* and *microscopic* examination. So important do we consider this subject, that, as you are aware, it is systematically taught at this hospital in all its branches by the Assistant Professors of Clinical Medicine; and I devote one of my demonstrations every week to its practical study in cases illustrating the different physical signs, and the physical conditions upon which they depend. Therefore, I need not enlarge upon it at present, and only desire to draw attention to two or three points. I include under this general heading such methods of physical and other forms of examination as you ought all to be familiar with, and should be prepared to carry out in any case which comes under your care; and the following list will indicate what these methods are, so far as medical practice is concerned:—

- (a) The use of the clinical thermometer.
- (b) Examination of any obvious external morbid condition, such as a swelling or tumour.
- (c) Examination of the mouth, throat, and tongue.
- (d) Ordinary physical examination of the chest, and of its contained organs and structures.
- (e) Ordinary physical examination of the abdomen, and of its contained organs and structures.
- (f) Examination of the urine, so far as to determine its common morbid conditions.
- (g) Examination of the blood-vessels generally, including the pulse.
- (h) Chemical and microscopic examination, so far as to be able to apply these modes to the more simple investigation of the blood, vomited matter, stools, expectoration, discharges of various kinds, morbid products, particles from the skin, &c.

(i) Examination of the nervous system up to a certain point.

(j) The employment of simple operative procedures for diagnostic purposes, such as removal of fluid by the aspirator.

Now these methods of clinical examination are within the reach of every one of you, and you ought not only to learn them, but also to carry either of them out in practice, whenever occasion seems to indicate that it can be of service in diagnosis.

5. *Special Skilled Examination.*—There are certain methods of clinical investigation which may be called for in particular instances, and which are of a more elaborate character than those just considered. You may, if you choose to do so, and ought to qualify yourselves now for carrying out most of these methods, by the aid of your surgical teaching, special classes, and attendance in the various special departments. Probably, however, many of you will not do this, and it must be recognised that not a few are unable to acquire the skill necessary for practising some of them properly while even if you do learn them, cases in ordinary practice requiring their application will probably occur so rarely, that you may lose any skill you have once gained. Therefore, it may be necessary for you to call in the aid of one who is specially skilled in a particular mode of examination; and you should not hesitate to do so if you think it desirable, and you are not competent to carry it out. I would include the following under this group:—

(a) The use of special instruments, such as the laryngoscope, ophthalmoscope, sphygmograph, cardiograph, hæmacytometer, &c.

(b) The skilled examination of particular internal organs, as the œsophagus, stomach, bladder, or female generative organs.

(c) Elaborate chemical or microscopic investigation, applied to the blood, urine, vomited matter, discharges, &c.

(d) Skilled examination directed to the nervous system. This is often very complicated, various instruments being required, with electricity and other methods, which demand much education and practice.

(e) Examination of the special senses.

(f) The more serious operative procedures for diagnostic purposes, such as abdominal section.

This outline will serve to convey to you a general idea of the course you may be called upon to pursue in the investigation of a particular case.

(To be continued.)

Clinical Records.

MEATH HOSPITAL, DUBLIN.

Case of Epithelioma of Tongue.

With observations thereon by Mr. HEPBURN, Surgeon to the Hospital.

Reported by Mr. W. H. B. ROBINSON.

JOHN CODY, æt. 55, married, a labourer, was admitted into the Meath Hospital, under Mr. Hepburn, on Tuesday Sept. 27th, 1881, suffering from Epithelioma of Tongue. *History*—In June last he noticed a small sore on right side of tongue, near the point, which he thought was caused by a loose tooth, which he had had extracted, without relief. He attended a dispensary for some time, receiving treatment, but without effect. The first symptom he noticed was soreness of tongue and mouth when smoking, this was soon followed by increased flow of saliva, and later on by difficulty of swallowing, which, however, shortly afterwards subsided. He states he never had syphilis, nor is there any appearance of the disease on minute examination.

Appearance on being admitted.—Tongue sharp pointed, right side partially ulcerated, edges being ragged, with mushroom-like margins, which encroached upon the floor

of the ulcer, there was much deep hardness on the affected side, which however, terminated in a well-defined margin of about one inch, beyond which all seemed healthy. No enlargement of the sub-maxillary gland nor infiltration of the floor of the mouth could be detected. He was suffering also from profuse salivation, and neuralgic pains darting up into right ear, especially at night.

Oct. 5th.—The patient being placed in the semi-recumbent position, and ether having been administered, the mouth was opened and firmly fixed so. The tongue being pierced with a curved Lister's needle carrying a double ligature of strong thread such as sail-makers use, it was raised to the roof of the mouth. Instead of cutting the sub-lingual attachments with the knife, it was suggested by Mr. Macnamara (my colleague) that I should do so with the chain écraseur (thus performing Mr. Holt's modification of Sir J. Paget's operation). In order to do this, it was only necessary to introduce a curved needle under the tongue as far back as possible, and to attach the chain to the loop of the ligature with which the needle was armed, so as to include as much as possible of the sub-lingual structures with the chain which was pulled through. The chain was slowly tightened and worked home. The tongue now being loosened and capable of being drawn forward, a strong curved needle was passed through the tongue (well behind the diseased mass) bearing a double ligature. The ligature was separated, and two écraseur chains were successfully pulled through the single opening in the tongue; these were screwed up and worked out, thus removing the greater part of the right side of the tongue. The wound was then brushed with a 40-gr. solution of chloride of zinc, and the mouth washed out with iced water. A piece of ice was then put in the patient's mouth and he was placed in bed, where he shortly afterwards fell into a calm sleep.

6th.—Slept well, takes nourishment freely, no hæmorrhage.

7th.—Complained of some difficulty in swallowing, tongue considerably swollen, ordered a linseed-meal poultice, and a mouth wash containing a dilute solution of perinanganate of potash.

8th.—Better able to swallow, in very good spirits and inclined to talk, wound granulating healthily.

10th.—Swelling greatly decreased. Ordered a gargle containing chloride of potash with tinct. thymol.

13th.—Allowed to get up.

15th.—Wound healing rapidly, and looking quite healthy. Neuralgic symptoms completely gone, no salivary trouble. Partaking freely of nourishment.

28th.—Wound almost healed. Became an out-patient.

Remarks.—Removal of the entire portion of the tongue will be regained almost exclusively for the epithelioma form of cancer, true schirrus or encephaloid being extremely rare, some even stating that of their existence there is no certainty. As a clinical fact, which supports this view, the cases of what is commonly called cancer of the tongue invariably commence on the surface, and nowhere do we find instances of cancerous infiltration in connection with and unpreceded by ulceration. Nor do, so far as I know, museum or post-mortem specimens reveal the presence of other forms of cancer as primary affections of this organ. Errors of diagnosis no doubt have caused syphilitic hardening to be mistaken for cancer, but even in these a sore on the surface is mostly, if not always found. Epithelioma of the tongue seems to advance either in two ways, or rapidly. The case reported would seem to belong to the latter class, for the disease seems to have progressed to a serious extent in less than four months.

It is in the former, i.e., the slowly advancing tumours, that early diagnosis is so difficult. The number of what I shall call "suspicious cases" is painfully familiar to the operating surgeon, who finds a slight crack or fissure of the tongue caused perhaps by contact with a decayed molar tooth. Is a patient of confessed

specific taint and general localised hypertrophy of the papillary structure of the tongue itself.

Icthiosis.—These affections exist for a longer or shorter period, and though they appear to yield to local or constitutional treatment, yet may terminate in unmistakable and rapidly spreading cancerous disease. In the future development of surgical research we may yet be enabled with certainty to point out when this change commences, and perchance to anticipate the period of malignant cell development. But as yet I fear we must rest satisfied with the relief to be afforded by an early operation, in apparent cases, ere glandular complications appear which too certainly proclaim that epithelioma of the tongue is no longer truly and solely a local affection. When the diagnosis has been established the early and free removal of the tumour affords the only prospect of relief. Having discussed the various operations proposed for removal of segments of the tongue, Mr. Hepburn continued, as to the results of the operation, my personal experience is not worth naming, but I think I am correct in stating that the few recorded cases in which the disease has not returned after a longer or shorter interval, if viewed only as results, would not give much encouragement for a repetition of the operation. But, I do not think we would be justified in measuring the benefits of the operation solely by the cases which remain free from permanent relapse. These are as yet but few for no very long time has elapsed since the operation was considered even justifiable much less simple comparatively painless and safe. I would rather direct attention to the immediate advantages arising from exemption from great distress—freedom from severe pain—greater ability to breathe and swallow—starvation averted and comfort secured—arrest of salivary and purulent discharges so wearing to the patient, even for a limited period, benefits not to be lightly regarded, when they can be secured by a safe surgical operation. I shall say nothing of the advantages or disadvantages of the other operations I have referred to when compared with the one selected for this case, namely the simple *écreuseur* of Charinière, but I shall conclude by observing that in my mind the result has been sufficient to justify its repetition in a similar case.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE First Meeting of the Society for the Session 1881-2 was held in the Albert Hall on Friday evening, the 25th ult.

SAMUEL CHAPLIN, Esq., M.D., President of the College, in the Chair.

MR. JOLIFFE TUNNELL, one of the Hon. Secs., read the minutes of the last meeting.

The PRESIDENT read the following address:—

GENTLEMEN,—In an Association like this, assembling after an interval of some months, each member looks forward with feelings of pleasure to meet again his brethren, and initiate those meetings for the encouragement of that particular branch of science for which each of them was formed. So it is with us in this, the Surgical Society of Ireland; grateful to meet so many of our friends here to night, we are happy to find that we miss so few from among the familiar faces usually assembled on an occasion like this, yet we are painfully reminded that those we miss we shall never see again. Death has laid his hand upon Alfred Henry McClintock, late President R.C.S.I., and of this Society, on Thomas Hayden, Vice-President K.M.Q.C.P.I., and on Alexander Carte, all members of this Association. I feel it difficult to speak of their merits in the presence of those who have been more intimately acquainted with them than I have been, who have met them in their professional capacity, and have known and valued their private worth; but I feel I would be wanting in paying that respect to their memory if I did not take this

opportunity of recording that, which I am sure, is the feeling which pervades this Association, that of deep and sincere regret at the loss which, not only this Association, but the profession and public have met in their death. The late Dr. McClintock was born in Dundalk, commenced his career as apprentice to Dr. Brunker, a gentleman well-known for his ability and skill as the then surgeon of the County Infirmary there. From the Dundalk Infirmary, where he had opportunities of acquiring a large amount of both surgical and medical information, he came to Dublin, and having studied in the Park Street School of Medicine, he became a Licentiate, and subsequently a Fellow, of this College. He also graduated in medicine in Glasgow University, and finally decided on settling in this city. You are all aware of his career since then. Having been appointed assistant in 1843 to the Rotunda Hospital, and subsequently its master, he utilised to the utmost the great opportunities which that noble Institution afforded for studying midwifery and gynaecology. His term of mastership having terminated, he soon took a foremost position in that branch of the profession which he had selected, and which he maintained till his death. His earlier writings in connection with the late Dr. Hardy are familiar and valued. His memoirs on diseases of women will remain among the standard works of this branch of surgery. The professional public have acknowledged his great merits in the lucid diction, the accuracy of description and logical deduction with which his writings abound, and the University of Edinburgh thoroughly appreciated his great talent and acumen in his comments and annotations on Smellie's "Midwifery," as published by the Sydenham Society, conferred upon him *honoris causa*, the degree of LL.D. Although failing strength had overtaken him, and his bodily health was on the wane, the powers of his gifted intellect shone forth none the less, and at the great Medical Congress, held last summer in London, he, as President of the Obstetrical Section of Surgery, delivered the Introductory Address long to be remembered by those who had the opportunity of hearing it. I cannot pass over the period when the late Dr. McClintock governed us in this College as its President. You, of its Council, who have felt his kindly rule, must have admired the genial manner with which he discharged the onerous duties of his office; and the tact which he displayed in settling many points of difficulty requiring knowledge, toleration, and mature judgment. He was one who could bear and forbear, yet would not deviate in the slightest degree from the course which he considered right. In his private life, he was beloved by those who had the pleasure of his intimate acquaintance, for his kind and gentle disposition, his upright and honourable bearing, and his thorough honesty of purpose. For years he devoted himself to the advancement of the Royal Medical Benevolent Society, and none that have heard him, as its honorary Secretary, read his reports showing its work, and its wants, but have felt the great influence of his appeals for this charity. He administered to the poor on the principles which actuated his whole life—as part of his duty—and as it was truly said at his grave "His left hand knew not what his right hand did."

The late Dr. Hayden was born in the county Tipperary, and at an early age came to Dublin, where he received his medical education and was finally induced to settle. He became a Licentiate and subsequently a Fellow of this college; but resigned the latter position on being elected a Fellow of the K. & Q.C.P., of which he was also a Licentiate. Soon after having received his earlier diplomas, he became connected with the Ledwich School of Medicine, was shortly afterwards appointed Physician to the Mater Misericordie Hospital; a position which he held to his death, with advantage to it, and honour to himself; and when a Catholic University was founded, he was selected for the Chair of Anatomy and Physiology in it. As physician to the above mentioned hospital, he took the greatest advantage of the opportunity which it afforded of studying disease, and stored up the valued information which he communicated some time since to the public in his work on diseases of the Heart, and Aorta. Observant, careful in discovery, and noting down his experience, he described with great truth and accuracy, the changes in the heart, which disease produced and localised the effects of those changes on this important organ. His researches in this direction as well as his earlier contributions in medicine, physiology, &c., were much valued, and had created for him a reputation which was

largely bearing fruit. He caught cold in the discharge of a public duty, got inflammation of the lungs, and having struggled against it for many days succumbed to it. Among his professional brethren, he was highly respected for the soundness of his opinion, and his advice was much sought for. As a teacher Dr. Hayden was greatly esteemed by the students, for his assiduity and the manner with which he communicated information to them. They will regret his death not only as the teacher, from whom they received knowledge, but as the kind friend, who sympathised with them in their difficulties, and rejoiced with them in their success. He was much beloved by his friends, both in public and private life, and it might be truly said of him, he had hosts of friends and never made an enemy.

Dr. Carte has also passed away from amongst us. Who, that have been students of this college when he occupied the responsible position of Curator of its Museum, will forget his urbanity and the kind readiness with which he assisted them in their studies in it. He became curator of the museum of this college, and continued to discharge his duties with the greatest ability till he was elected Curator of the Museum of the Royal Dublin Society; since then, he had, until recently, performed the duties entrusted to him there with skill and ability, and only retired when failing strength warned him that he must no longer hold the trust committed to his charge. He died honoured and sincerely regretted by all who had the pleasure of his acquaintance. As a curator, his works testify to his ability, both here, and in the Royal Dublin Society. None more genial in his disposition, kindly in his nature, or more to be loved than Alexander Carte, has passed from amongst us.

In those we have lost were men who, each in his way, was an ornament to our profession. Their mark has been left on the Medical and Surgical records of their times, and their names will adorn the long beadroll of the distinguished members of this Association. They are gone, their faces will be no more seen in these halls, but their memory will remain long cherished by those they have left behind.

(To be continued.)

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

URINARY FISTULA.—At the last meeting of the Academie de Medicine, M. le Dentu communicated an interesting case of urinary fistula of the left inguinal region, consecutive to a peri-nephritic abscess that occurred in his practice, and for which he extirpated the corresponding kidney with success. He was called to an individual, *æt.* 32, who was affected with a fluctuating tumour of the left iliac fossa, and suffering great pain. In the most dependent part, M. le Dentu made an incision, and a liquid, clear, but soon mixed with blood, flowed from the wound. In a few days the urine commenced to issue in abundance through the same aperture. However, after a short time, the liquid diminished considerably, yet never totally, and gave rise frequently to inflammatory attacks, followed by suppuration. The life of the patient being compromised, M. le Dentu proposed extirpation of the kidney which was agreed on. The decortication was easy, and the renal organ was found to be degenerated in its two upper thirds, and converted into a cyst, which was voluminous. Two ligatures of cat-gut were thrown round its base, and with the scissors ablation of the tumour was effected. All antiseptic precautions were used. During some days the patient was very low, the pulse varying between 120 and 145. The temperature was about normal. The operation wound was completely cicatrised at the end of two months. As to the fistula, that was enlarged by the thermo-cautery on the day of the operation, it is not yet completely closed, it gives issue to a few drops of purulent serosity daily, but no urine, the flow of which, by the ordinary channel, had never been disturbed, and the patient, who is a distinguished dramatic artist, has been able to make a brilliant appearance last month.

SPONTANEOUS CURE OF VAGINAL HERNIA.—An extraordinary case of spontaneous cure of vaginal hernia, followed by perforation, has occurred in the service of M. Auger, of the St. Antoine hospital. A woman, *æt.* 25, mother of two children, who became for the third time *enceinte*, and displeased at this new pregnancy, consulted a midwife as to the best means of procuring abortion. Injection of tepid solution of coarse salt was advised and practised. The syringe employed had a long canula, and its intro-

duction into the vagina caused considerable pain. Three injections were used, an interval of a week being allowed between each, and soon hæmorrhage, very abundant, was excited. On the day of her entry into the hospital, the patient on sneezing, felt a tumour in the vagina, and soon it appeared at the orifice. Frightened, she came to the hospital, when, on examination, a tumour of a dark violet colour, and resembling a loop of intestine, was observed between the labii. It was soft and seemed to contain gas. On exploring with the finger in the vagina, the hernia was partially reduced, but it was impossible to find the point through which the intestine passed, neither could the os uteri be reached. However, no loss of substance could be detected in the recto-vaginal wall. There was no nausea or vomiting, the pulse was not accelerated, nor was the temperature lowered, the abdomen was not tympanitic. Rest and constant poulticing was ordered. The following day the tumour was observed to be of a darker hue, which, towards evening became still blacker and more salient. It also smelt gangrenous. The general health remained always undisturbed. On the afternoon of the third day the bowel burst, giving exit to hardened fecal matter mixed with a blackish and foetid liquid, and a great quantity of gas. For two days fecal matter continued to pass through the artificial anus in abundance, but on the fourth day it had completely ceased, the bowels evacuating themselves through the rectum regularly. On passing the finger into the vagina no trace of the recent perforation could be found. Examination by the speculum gave no better results. On the twentieth day of her residence in the hospital, the patient returned home in her usual health.

NERVE STRETCHING.—M. Palailon communicated to the Société de Chirurgie a case of nerve stretching that was practised by him for severe neuralgia of the fifth pair on the right side. A man, *æt.* 61, entered his service in the hospital La Pitié suffering excessively from rebellious neuralgia, which was particularly manifested in the parts animated by the sub-orbital, lingual, and above all the inferior dental nerves. Bromide of potassium, chloral, morphine, &c., were given without benefit. Stretching of the superior dental nerve was decided upon, and for that purpose an incision was made in the form of an L, over the right ascending ramus of the inferior maxillary bone. A trepan was applied, and the nerve, which presented itself under the form of a white cord, and by no means congested, was reached. By means of a small hook it was drawn out of its bed gently for about half an inch, and then replaced. This operation was followed by considerable relief, but soon the attacks commenced as bad as ever. However, the medicines that hitherto proved unavailing, had now the best effects, and to-day, two months after the operation, the cure is complete.

TEPID WATER IN CHRONIC CYSTITIS.—In chronic cystitis accompanied by a little fever ammoniacal urine, and charged with mucus, with frequent desire to micturate, M. Thonton, after emptying the bladder, recommends the injection of at first four ounces of tepid water which is allowed to run out immediately afterwards; then an injection of the third part of the following solution:—Quinine 16 grains, sulphuric acid, q. s., distilled water ten ounces. The liquid thus injected is maintained some seconds in the bladder, after which two-thirds are allowed to flow out, while the remainder is left for an hour in the urinary reservoir. This injection produces a very slight smarting, and after a treatment of some days, the urine becomes acid and no longer contains mucus.

THE COCOA-NUT AS A REMEDY FOR TAPEWORM.—In the Antilles the cocoa-nut is the popular remedy for tapeworm, and its efficacy has been conclusively demonstrated by medical men in Senegal. A cocoa-nut is opened, and the almond extracted and scraped. Three hours after its administration, a dose of castor oil is given. The worm is expelled in two hours afterwards. In nine cases in which this remedy was tried by a surgeon in Senegal, the result was complete.

FROM DISEASES OF THE ZYMOTIC CLASS last week in the large towns, the death-rates per 1,000 were from scarlet fever 10.8 in Hull, 3.3 in Nottingham, and 2.4 in Brighton; from measles, 3.5 in Liverpool, and 2.0 in Manchester; and from "fever" 1.3 in Bristol, and 1.0 both in Hull and Brighton. In Hull 32 more fatal cases of scarlet fever were recorded, making 502 since the beginning of July. The 49 deaths from diphtheria included 26 in London, 12 in Glasgow, and 5 in Portsmouth. Three more fatal cases of measles were recorded in the Manchester Workhouse at Crumpsall. Small-pox caused 23 deaths in London and its outer ring of suburban districts, one in Brighton, and one in Newcastle-on-Tyne; no fatal case of this disease was registered in any of the other large towns.

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer
on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

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

(Continued from page 169.)

THERAPEUTICS OF TABLE WATERS.

In studying this part of the subject it is essential to bear in mind what has already been stated with regard to the consumption of ordinary potable water in varying quantities, and at various periods of the day. All that we have there said necessarily applies to the use of such mineral waters as are recommended to be taken at table. Some of these are feebly saline, others are slightly alkaline, a third class—containing iron—are called chalybeate or tonic, while some less common constituents give a character to others. In waters intended for constant use it is obvious that the mineralisation must be moderate, and in some cases the ingredients are such that very small quantities suffice to render the water a medicinal rather than a dietetic agent. Thus table waters with a considerable quantity of salt approach in character saline waters. Those containing sodium carbonate are related to the alkaline waters, and those with small quantities of iron have a claim to be admitted into the class of chalybeates unless the proportion of metal is very small. Most of these waters contain free carbonic acid, an agreeable stomachic frequently employed in other forms, to which some of the qualities of the beverage are unquestionably due. The familiar effervescing draughts and the artificial aerated waters of commerce have their uses. Richter has recommended artificially aerated distilled water as a menstruum, and lately it has been offered us as a beverage, as if it were a novelty.

It is an error to suppose that the value of a water is in proportion to the amount of gas it contains. A large quantity is expelled from the stomach almost as soon as swallowed, or else is liable to cause distress. Hence waters containing a moderate amount are found more digestible. When, however, a suitable water is found to contain more gas than agrees with the stomach, the dose can be allowed to stand awhile so as to let the carbonic acid escape. From 5 to 10 or 12 cubic inches per pint of water is an agreeable quantity, and within these limits the beneficial action on the stomach and bowels is most marked. It will be said that our ordinary aerated waters sometimes have a large quantity forced into them, but it should be remembered that much of this escapes the moment a bottle is opened, and many persons find it better to sip these than to drink them off. Moreover,

one of their most important uses is to mix with a non-aerated fluid like milk. In the gaseous saline waters the constituents are rapidly absorbed, and the digestive energy of the carbonic acid well marked. But instead of going over the general therapeutics of table waters we will pass in review those of which we have given analyses.

Seltzer.—This claims first place as the general favourite which has longest maintained its repute. Our new analysis will correct the impression which has generally prevailed as to its ingredients, and give an idea of its action. It is both antacid and saline. The slight alkaline reaction of the water depends on the fact that its antacid quality is, for the most part, due to alkaline earths, though, as will be seen, it does contain some sodium bicarbonate. The saline quality is largely due to the sodium chloride, which is added to the water when it is bottled. The purgatives, it will be seen, are only in minute quantity, Mr. Tichborne's careful analysis giving only one grain in the half-pint, and yet it is a common observation that the use of seltzer increases intestinal action. This confirms what we have stated as to the value of gaseous and other waters in constipation. All who require a gaseous, feebly alkaline and saline water, with a tendency to relax rather than constipate, may therefore try seltzer. Its saline constituents give it the refreshing quality which assists in allaying thirst, and the gas makes it palatable. It promotes the secretions of the skin and kidneys. It can be mixed with milk, but it is not so pleasant in this form as artificially aerated and alkaline waters. It is a pity it is not universally sold in glass instead of stone bottles.

Taunus.—Here we have a palatable calcareous table water, containing no purgatives, but as rich in salines and antacids as the seltzer. As the antacid quality is due to the carbonates of the alkaline earths, some persons may find it sit rather heavy on the stomach, and some may think it constipating. On the other hand, it might be preferred where earthy salts are supposed to be indicated.

Harzer.—This is a pure, light, antacid, saline, gaseous water, very pleasant to the taste, and grateful to the stomach. The alkaline reaction is due to sodium carbonate, and the saline quality to the same chloride. It contains even less purgatives than seltzer, so that it may be said to be non-aperient, but this minute quantity, with the other ingredients, suffices to render it non-constipating. It is an excellent digestive water.

Apollinaris.—This water has been so prominently brought before the public of late years that many people are under the impression that it was previously unknown. We, however, have long been acquainted with it, and some of our patients drank it regularly years before it was advertised in England. There are several springs, and we are not aware that the Company has purchased all. It will be seen that the Apollinaris water now in the market does not quite correspond with the original analyses. Prof. Tichborne finds it stronger, especially in sodium chloride, and carbonate. Of the former of these we are informed that a certain quantity is added. It would be interesting to learn whether any of the latter is also artificial, as otherwise the spring would appear to be increasing in strength, for we can scarcely suppose that so ordinary a salt would have been erroneously computed.

It may surprise some to hear that Apollinaris is closely related to seltzer, and yet a comparison of the analyses will show that this is the case. The two contain nearly the same quantity of solid ingredients, and they are distributed in a similar manner. Still there are some differences. Thus Apollinaris contains in half-a-pint more antacids and less salines than seltzer, and it has half as much again purgatives. It is, therefore, quite as digestive, rather more antacid, and more likely to increase the action of the bowels. It has a good supply of gas, and is tolerably palatable. Personally we should prefer it without the added salt. The Company boast so much of the "Chemistry of Nature" that they might perhaps make the effort to abide by her works without the additions of art.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 7, 1881.

THE DIPHTHERITIC POISON.

PREVALENCE of diphtheria in several districts of England has recently renewed the interest some little time ago generally evinced in the nature of the *contagium* distinctive of the disease. That the attainment of any specific knowledge on this question would materially tend to perfection in treatment will not admit of doubt; and a keen sense of chagrin must be felt by all who consider how small are the chances of disco-

very in this direction being likely to be credited to English observers, so long as their endeavours are impeded by legislative prohibition of absolutely needful experiments. We have sufficiently good reason to anticipate that starting from the point already gained by the researches of Pasteur, Klebs, and others, and aided by the assistance to be obtained from the experiments referred to in these columns last year, as being carried out by Drs. H. C. Wood and Formad under direction of the American National Board of Health, we may speedily be in a position to oppose to epidemics of diphtheria measures of repression far in advance of those we are now compelled to employ.

By inoculating rabbits with shreds of diphtheritic membrane taken from the throats of human patients, Drs. Wood and Formad long ago succeeding in showing that in place of reproducing diphtheria—which occurred in a very few cases—tuberculosis was developed; and further that false membrane is developed in the trachea as a result of severe trachitis from whatever cause set up, whether from the introduction of diphtheritic membrane or otherwise. Now, however, a new fact of high importance is thoroughly established in connection with these membranes; they differ in appearance but little, if at all, from whatever cause produced, but in every case of true diphtheria they are loaded with micrococci, and also the blood and internal organs of the patients dying from the disease are similarly infected. Whatever suspicion may have been entertained, and undoubtedly it has been felt, that this explanation would sooner or later turn out to be the true one, it cannot be denied that much credit is due to the series of patient experiments whereby it has been established. The manner in which the micrococci accomplish their destructive labours has been shown to be through their attacking the white corpuscles in the first place. The leucocytes thus influenced lose their form and granulations and are ultimately invaded with micrococci to such an extent that they burst, giving exit to an irregular transparent mass, packed with micrococci, the so-called zoogloea mass. We may naturally assume the reproduction of the liberated organisms, and it is not difficult to perceive the consequences that may follow from their uninterrupted and virtually unimpeded development within the body. Contagiousness is preserved by the micrococci as was shown by communication of the disease from animal to animal artificially; and not least interesting among the facts brought to light is that showing that there is an identity of cause and effect connecting ordinary sore throat with the diphtheritic variety, micrococci being found in each, and differing only in the stage they had reached and the activity they exhibited.

The detailed reports of Drs. Wood and Formad are as yet unpublished, but they may soon be expected to appear. That they will be an important contribution to the literature of contagious diseases cannot be doubted for a moment, and taken in conjunction with other recent researches, and particularly those of Pasteur, it is difficult to see to what they may not give rise. The number of diseases in which the blood is primarily invaded by microscopic organisms, which latter are the exciting causes of pathological changes, is very considerable; and

the opinion gathers ground daily that the explanation of many obscure complaints must be sought in the condition of the blood. In what exact way all this will lead to successful interference by remedial measures is not yet apparent; but it is not only the experience of the past which animates hope for the future, but the certainty we enjoy that modern improvements in medicine have kept exact pace with the advance made in the study and comprehension of the laws of disease.

Once it is definitely certain that we need no longer grope in darkness for a true and full explanation of what it is that provokes the symptoms of a diphtheritic attack, so soon there will then be marked an era of improvement in the treatment of the disease. Already, indeed, is it evident that reforms must be introduced, and less urgency be attached to local signs while they are not threatening immediate destruction. But in this, as in every similar case, prompt and speedy measures at first are those most surely to be trusted.

SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS IN IRELAND.

THE Local Government Board for Ireland have just issued upon this subject a most important circular letter which we print *in extenso* in the Supplement to the *Medical Press*, which is generally devoted to Irish Poor-law affairs. The subject is, however, of so much general importance that it is necessary for us to epitomise in these columns the nature of the course which the Local Government Board has decided upon, and the opinions which it has officially expressed. The Board—in the first place—takes exception to the manner in which the discretion which Boards of Guardians possess as to the amount of superannuation has been exercised. They point out that, in some cases, “allowances have been proposed which are quite disproportionate to the length of service of the retiring officer, and equal or very nearly to two-thirds of his salary and emoluments, even though his period of service may have been comparatively short.” At the same time the Board “state that they have observed with regret that in some unions the guardians have refused to grant superannuation allowances to old and deserving officers which . . . has induced officers who have become inefficient by reason of age and infirmity to struggle on in their situations when physically unable to discharge their duties.” This statement is, in fact, the official formula for the complaints which we have ourselves repeatedly uttered. Everyone knows that the discretion given to Boards of Guardians has been abused by them, and that, as long as Irish guardians are of the present class, it will continue for a long time to be abused. Everyone knows that the medical officer who is of the right politics—religious persuasion—who has tact enough to make himself useful and subservient to his masters, who has money enough to give a nice little dinner to the Poor-law Guardians now and then, and a select little garden party to their wives and daughters, who makes it a rule not to see nuisances or to smell stench belonging to influential people, everyone knows—we say—that this class of doctor can get his full two-thirds superannuation at any time that it pleases him to

fall ill for a few weeks. On the other hand, everyone knows that the hard-working dispensary alavey, with a large family, a starvation income, an inconvenient conscience, an hallucination that he ought to do his duty, and an incompatibility of religion and politics with those of the majority of his guardians, will have to keep slaving until his mainspring runs down, his wheels wear out, until his very soul is sacrificed with his body to his work, and yet he dare not ask for even the meagre provision for his old age. The Local Government Board are well aware that this is no over-drawn picture, and we thank them for having the courage to say so.

The practical outcome of their consideration of this state of affairs is a determination to fix a scale of superannuation which they will rigidly apply to all ordinary superannuation cases which may, henceforth, arise, beyond which Boards of Guardians may not go and—up to which—we venture to hope, the Local Government Board will endeavour to keep them.

Such a scale was decreed last year by the English Local Government Board, and it is simply an application to the case of Poor-law medical officers of the rate allowed to civil servants of the Crown by the Superannuation Act of 1859—better known as Playfair's Act. “The Board think it expedient to state . . . that, in giving their consent in future to superannuation allowances . . . they will be governed, as far as circumstances may permit, by” the civil service rules. Thus a non-medical union officer, after he has passed ten years of service, may be granted a pension amounting to one-sixtieth of his aggregate emoluments for each of his years of service—*e.g.*, for twenty years, twenty-sixtieths, or one-third; for thirty years, thirty-sixtieths, or one-half; until at forty years the extreme limit is reached, of two-thirds of his full emoluments, after which period no further increase can be allowed. As regards medical or other professional officers, “where, for the due and efficient discharge of the duties, professional or other special qualifications are required,” a number of years, not exceeding ten, may be added, for the purpose of computing the pension, to the period actually served. Thus, a medical officer who has, in fact, served fifteen years may be allowed credit for twenty-five years, and may attain his full two-thirds pension on reaching thirty years' service.

Although the effect of this determination of the Local Government Board is to impose a limit to the amount of Poor-law pensions, to which, heretofore, there was no similar limit, and thus to debar medical officers from receiving the full two-thirds of their emoluments on retirement after short service; nevertheless, we entirely approve of this act of the Board, and we congratulate Irish Poor-law medical officers thereupon.

The scheme thus officially adopted by the Board is, identically, that which was submitted by the Irish Medical Association to the Chief Secretary, and to the Board itself, in the early part of this year. Such an arrangement is, of course, hopelessly imperfect, and of little or no value to the medical officer as long as the guardians continue to be invested with a power to refuse superannuation; and it is to take from them that discretion that Parliament will be asked during the coming session. The principle of the Irish Medical Association has now been

admitted and approved, both by the Chief Secretary and the Local Government Board, and much difficulty is thus removed from its legislative progress; but there is yet much to be done—powerful influences to be met, opposition to be cleared away—and the indolence of our profession to be converted into activity and enthusiasm.

It is quite possible to do all this, and we doubt not that the Irish Medical Association will succeed in effecting the object; but we would earnestly call for the co-operation of medical men throughout Ireland, without which the effort cannot succeed.

ANTI-VIVISECTION FANATICISM.

It is quite useless to argue with the victims of an *idée fixe*, and to try by reasoning to shake their faith in the belief which absorbs them. Whether they labour under the delusion that they are some historical personage long since deceased, whether they are rendered miserable by the ever present thought that most diseases are due to vaccination, or whether they look upon vivisection as a horrible amusement indulged in by certain fiends in human form—albeit qualified physicians and earnest scientific workers—it is all the same, they are beyond the reach of reason, at least on the subject of their monomania. Therefore, we were glad to notice that the recent invitation of the anti-vivisection society to the profession to meet them and discuss the subject of vivisection was entirely disregarded; and we are pleased to notice that the numerous letters which these fanatics have addressed to the newspapers since the failure of their shameful prosecution of Dr. Ferrier have been left unanswered by the profession. These letters have certainly been very provoking in character, containing shameful imputations upon the profession and medical press. Whilst, however, these fanatics are best left individually unanswered, it is necessary that they should be collectively dealt with, and that the unreasoning outcry which they are raising should not be allowed further to excite the minds of a sympathetic, but ill-informed portion of the public. Seeing how the late government in carrying the mischievous Vivisection Act yielded in very truth to mere unreasoning clamour, it behoves us to be careful lest, by a too silent attitude of contempt, we again allow similar means to give rise to measures further restrictive of legitimate indispensable scientific research. It is unfortunate that at this day busy men of science labouring for the good of humanity, should be taken from their work to combat ideas identical in their essence with such as led to persecution of scientific discoverers in the Dark Ages; but, however much we may deplore the fact, we must not ignore it. We trust to see practical steps taken towards the formation of an association of scientific men to counteract the anti-vivisection agitation—to enlighten public opinion and, if not to obtain the repeal of the obnoxious Vivisection Act, to bring such pressure to bear on Government as shall compel them to interpret the Act in the most liberal sense, and to remove every possible obstacle to the free pursuit of science. Such an association may count on our hearty and active support.

Whilst on this subject we would direct the attention of

our readers to the three admirable articles on vivisection just published in the *Nineteenth Century*, for the present month, from the pens of Sir James Paget, Professor Owen, and Dr. Wilkes. Each article is admirable in its way, and it is hard to conceive how any dispassionate reader could, after their perusal, remain unconvinced of the needfulness of vivisection to biological science; or fail to see the necessity for the removal of every obstacle to its legitimate pursuit. We can think of no better means of combatting the exaggerated statements of the anti-vivisectionist than the republication of these articles and their wide distribution among the public; and any funds that may be raised for the purposes to which we refer above, cannot be better employed than in carrying out such an undertaking.

Notes on Current Topics.

Metropolitan Hospital Sunday Fund.

At a meeting of the Council of the Hospital Sunday Fund, held last week at the Mansion House, the Annual Report of the Council was presented and adopted. The collection, this ninth year of the existence of the Fund, was the largest yet made, the total amounting to £31,856. Another gratifying circumstance also was that a considerable increase had taken place in the number of contributing congregations. Of this sum £27,402 went to ninety-four hospitals, and £2,513 to fifty dispensaries, the surgical appliance branch of the Fund getting £840; whilst the working expenses absorbed £1,054—about 3 per cent. of the receipts. The Surgical Aid Society, by deputation, once more appeared to urge upon the Council its claim to participate in the Fund; but it was not entertained, as the Society refused to discontinue its reprehensible practice of compelling the lame, the halt, and the blind to canvass its subscribers for letters equivalent in value to the surgical appliance. On the recommendation, however, of the General Purposes Committee it was resolved unanimously to ask for an increased amount for the purchase of surgical appliances. The cordial thanks of the Council were offered to the clergy, and ministers of all religious denominations, for their valuable co-operation in so successfully pleading the cause of Hospital Sunday before their several congregations. Some inquiry was, it appears, needful, and explanations were asked for, from no less than eleven hospitals and one dispensary, before awards could be made. Three of the same expressed themselves satisfied to leave their cases in the hands of the Committee. This can scarcely be looked upon as a perfectly satisfactory way of adjusting differences, especially so, as it may seem to others as to ourselves—a way of slurring over a difficulty. If we are creditably informed, one hospital has again received an award upon a *written* return of the secretary, whilst no *printed* report whatever has been issued to its subscribers for five or six years past. It is, therefore, somewhat questionable whether the *auditing* contemplated by Rule IV. has actually taken place. We likewise fail to perceive why so large a sum as £506 5s. should have been awarded to the All Saints Convalescent Hospital, Eastbourne, and in

return for which it sends fifty letters only of admission to its benefits—a number far below that provided for by Rule VIII. of the Hospital Sunday Fund. It is scarcely just to a struggling institution, one labouring under difficulties, as the Westminster, which has quite recently been compelled to sell out stock to pay its debts, and but for a disproportionate payment, should, as it well deserved, have received a larger award than it did. We may remark, also, that we are at a loss to conceive why dental institutions should be classed under the heading, "Hospitals," and receive a sum equal to that of the larger dispensaries. We have looked forward with some hope that the Council of the Hospital Sunday Fund would make an attempt to bring about a reform of the abuse of the vast system of hospital eleemosynary charitable relief. In this respect, however, our hopes seem a long way from being realised; for no effort whatever has been made to induce these institutions to act in some kind of concert and upon a well-arranged plan, which would materially relieve them of the imputation of expending their funds upon unworthy and improper objects.

Lung Capacity of Children.

AN interesting series of experiments has been carried out in Russia by Dr. Nagorsky with a view to determine the relative lung capacity of growing children. The observations were conducted on 944 children, 630 of whom were boys, and all in attendance at one or other of the schools in the St. Petersburg district. The results arrived at by Dr. Nagorsky have been described in the *Surgeon*, a Russian medical paper, and the chief conclusions formulated in the article tend to throw doubt on the law of Quetelet to the effect that in persons under 15 years of age the body weight is proportional to the square of the stature. Dr. Nagorsky determines this ratio to be 1.15, and with this number he gives the lung capacity as proportional to 2.4 of the height of the body in boys, and to the square of the height in girls. In respect to absolute weight of the body; the lungs were found in these children to possess a capacity of 65 cubic centimetres in boys, and 57 cubic centimetres in girls for each kilogramme; other observations have been made bearing on the same question, and it is expected that the whole work will, ere long, be issued in a separate form, with additional researches conducted by Dr. Nagorsky.

The Royal Society.

THE anniversary meeting of the Royal Society was held on Wednesday last, Nov. 30th, when the President, William Spottiswoode, D.C.L., delivered the usual address from the chair. In it he described the progress marked by the events of the past twelve months, dwelling especially on the importance of the works achieved by Fellows of the Society. A considerable portion of the address was devoted to consideration of the advances in electrical science signalled by the late Conference of Electricians in Paris, and we are not surprised to find the President of the Royal Society stamps it with his high authority, as the most important gathering of the kind ever held. Referring to the obituary of the year, Dr. Spottiswoode

announced that no fewer than twenty-two British and one foreign Fellows had been lost to the Society through death. Among the former the late Dr. Billing was the most advanced in years. The Government grant of £4,000 per annum for promoting original researches having been given for five years, which have now expired, a report, based on the experience already gained as to its usefulness, has been submitted to the Department of Science and Art, through which the vote is made; and future arrangements, of a modified kind, are looked for as its outcome. During the year 127 papers had been received, many of high importance. Dr. Spottiswoode, referring to the resignation of his post as Secretary by Prof. Huxley, dwelt with satisfaction on the fact that Prof. M. Forster, of Cambridge, had consented to accept the post thus rendered vacant.

Heart on the Right Side of the Body.

A CURIOUS case of abdominal position of the heart in a human subject is related by Dr. J. G. Wiltshire, in the *Maryland Medical Journal* for Nov. 15. The body was one dissected in the Baltimore College of Physicians and Surgeons, and was that of a negro, well-developed, and with no indications of chronic disease as producing death. "The heart was found on the right side, with its base at the proper level, corresponding with the upper borders of the third costal cartilages, with its apex pointing to the right, resting on the diaphragm at a point corresponding with the space between the fifth and sixth ribs. It was normal in size and appearance, and had evidently taken this position in its cavity without any agent to determine the displacement. From the left side of the heart the aorta came off, and in every way behaved as it ought to have done, save in giving off its branches." The *arteria innominata* was wanting, its branches coming off from the arch in the following order: The right common carotid from the upper transverse face of the arch, where it begun to descend towards the third dorsal vertebra; then ascended in front of the trachea dividing at the usual point. The external carotid gave no branches until opposite the symphysis of the chin, when a short axis gave origin to the facial, lingual, and superior thyroid. The internal carotid exhibited no abnormality. The left common carotid came from the outer side of the descending part of the arch, ascending and dividing as the right. The left subclavian arose from the third part of the arch, and prevented no anomalous distribution. The celiac axis arising from the back of the vessel was the only abnormality found in connection with the abdominal aorta.

Defer's Method of Treatment of Simple Hydrocele.

DR. ROL, in the *Bull. de Ther.*, praises this method of treatment, of which he gives the following description: The hydrocele is punctured with canula and trocar, as usual, and evacuated; through the canula is introduced a sound, on the end of which is fused a little piece of nitrate of silver; the interior of the tunica vaginalis is then rapidly touched at different points with this caustic, when the sound, and after it the canula, are withdrawn. The results of this mode of treatment are said to be excellent.

Notwithstanding the occurrence of a sharp inflammation, lasting five or six days, a cure is generally obtained, not by adhesion of the two surfaces of the tunica vaginalis, but by a simple vital modification of that membrane. The return of the effusion is rare. Defer's operation is thus described as perfectly safe, thoroughly efficacious, and easily performed.

Sir James Paget.

UNIVERSAL regret will be felt at the announcement made in connection with Sir James Paget to the effect that the condition of his health is a cause for much anxiety to his many friends. Sir James has been for some days confined to bed with an attack of pneumonia, of a very similar kind to the seizures he has suffered from occasionally since he was laid up with blood poisoning. The worst of this present attack may now be said to be past, and it is hoped that in a short time the distinguished patient may be able to be removed to the south of Europe, where he will in all likelihood pass the winter. Sir James Paget has been attended by Sir William Jenner, Dr. Andrew, and Mr. T. Smith.

Death from Chloral.

ANOTHER death from chloral was recorded in the Coroner's Court last week, the victim having been a young man, recently a student in a Welsh College, and who had been only a short time resident in London, in quest of a situation. The evidence went to show that deceased had been more or less habituated to the chloral habit as a means at first of subduing neuralgic pains. It must be assumed, however, that the fatal influence of the drug grew irresistibly strong, and that this adds another to the long list of deaths from the indiscriminate use of the drug.

Military Hospitals in India.

At last the long threatened recession in the system of military hospitals in India has become a fact, at least as far as the Bengal presidency is concerned. That is to say, station hospitals in India, found unsuitable for military purposes eighty years ago, have been re-established; regimental hospitals then introduced, and which ever since have completely fulfilled their purposes, are now abolished. That this measure is only one of a series in regard to which usages that in bye-gone times had been found unworkable or unsuitable, for their intended purposes have been reverted to, and proclaimed as novelties, is true. Like several others also, its reintroduction has taken place in opposition to the views, and directly against the protest of experienced officers as to the requirements of British troops in that country.

And how do matters progress under the present state of things? According to Indian journals, medical officers, even those trained under the "unification" system, "do not seem to be all of the same opinion as regards the great advantages said to be gained by the introduction of station hospitals, and certainly, as far as they have gone at present, things have not run particularly smoothly." Some of the reasons of this are plain enough to men personally acquainted with Indian cantonments. In the larger stations,

for the most part, every set of regimental lines had its own hospital. In this way, soldiers suddenly seized with one or other of the more rapidly fatal diseases peculiar to the country, as for example, cholera or heat apoplexy, had the benefit of immediate by their own regimental attendance surgeons. Under the present system, in the first place, a medical officer has to be sought for, he living, as he most likely will be, at a distance; having at last been found, and seen the sick man, the latter has then to be conveyed a distance, it may be of two, three, or more miles to the "station" hospital; this, too, during the hottest period of a day in June, while the hot winds are blowing their fiercest. Thus the chances of recovery under treatment immediately applied must, of necessity, be very materially reduced by delay and exposure incidental to the so-called new and improved system. In the cold season these disadvantages will no doubt be less apparent than in the hot; but even then they will not be altogether absent. Another point in regard to which a positive evil to soldiers is threatened by the "new" order of things is this: The statement occurs that "the old pernicious system of men attending hospital, and convalescents in barracks, is strictly forbidden, and now a soldier must be either detained, or admitted into hospital, the only exception being as regards men recently vaccinated." In reference to this, it need only be said that if the framers of such a rule had themselves been personally associated as regimental officers, with soldiers, they would have learned the fact that in India there are, not a few, but many cases of illness in which treatment in, and confinement in hospital, not only cease after a time to be of benefit, but become directly injurious; and others, by no means few, in which a soldier, undergoing tedious convalescence from severe illness, is far more likely to be restored to health in the society of, and among his own comrades in barracks, than he would be in hospital with all its associations of sick and dying men around him, with wretched-looking cold, apathetic native ward coolies, bestowing their very indifferent attentions upon them, the "melancholy punkah" swinging languidly overhead, and, at intervals, sometimes very brief, the "Dead March," telling that one more soldier has gone to his rest. There are other points in regard to "station hospitals," which contain in themselves the elements of failure once again, as such establishments have, on previous occasions, met with in India, and in the United Kingdom.

Amputation at the Hip Joint.

On the 28th ult., Mr. Stokes, of the Richmond Hospital, Dublin, performed amputation at the hip-joint in the case of a young man, who suffered from a large recurrent tumour on the thigh, which had a distinctly traumatic origin. The tumour on microscopical examination proved to be a round-celled sarcoma. Davy's lever was used to control hæmorrhage, and proved as it usually does, effectual; very little arterial blood having been lost. Eucalyptus was the antiseptic employed both during and subsequent to the operation. The progress of the case has so far been most satisfactory, the patient's pulse and temperature having scarcely ever passed the normal standard since the operation.

A Curious Species of Leech.

M. MOURN lately presented to the Société de Biologie a collection of fifteen leeches, of a species foreign to those found in France. They were adhering to the walls of the mouths of horses just returned from the Tunis campaign. They had been camping near Bizerte. All the brooks of Northern Africa contain that kind of leeches, called *hemopsis sanguisuga*, whose jaws are too weak to bite the skin, so that they enter into the animals' mouths when these come to drink, and cling to the mucous membrane. They may live in this situation for weeks, causing hæmorrhages, and even asphyxia, if they enter the larynx. But they die almost immediately when introduced into the stomach or the rectum.

Condensed Milk.

In a communication published by Dr. Voelcker in the Dairy Association's Journal he says that not unfrequently condensed milk is represented to be nothing more or less than new milk evaporated, at a low temperature, to a certain degree, with the addition of white sugar. None of the five samples analysed by him however, were produced from whole new milk, but from more or less skimmed milk. If milk rich in cream is evaporated to a small bulk, even with the greatest care the resulting condensed milk, when mixed with water, draws up oily globules, tastes somewhat rancid, and not so nice and sweet as condensed milk produced from partially skimmed milk. Really good condensed milk, as a matter of fact is always made from skim milk, or from milk unusually poor in cream. However, apart from the greater price of condensed milk, it is not a perfect substitute for new milk either chemically or physically. At the best, most kinds of good condensed milk are milk-syrups, consisting of concentrated skim milk and white sugar.

The Proposed Compulsory Notification of Infectious Disease at Liverpool.

We learn with much satisfaction that, in consequence of the energetic opposition of the profession in Liverpool to the notification clauses of a Bill which was to have been promoted by the corporation of that town, the clauses have been rejected by a majority of nine to four. We warmly approve of the firm stand taken by the profession, and we are quite confident that, if physicians elsewhere make their influence felt in the same way, we shall hear no more of the project to force them to act as detectives or process-servers on their own patients. It is the public boast of the sanitarians who advocate this system, that the notification law for Edinburgh and other places was passed by keeping the movement quiet, and that the doctors knew nothing of the penalties to which they were subjected until it was too late for them to resist. Happily, professional opinion has now grown so strong on the subject that it will not be any longer possible for corporations or sanitarians to steal a march, and we hope that the success of the resistance offered by the Liverpool medical practitioners may encourage the whole of their confrères throughout England to oppose the Social Science Association's Bill, which is so graciously patronised by the Parliamentary Bills Committee of the British Medical Association.

The Blaine Gold Medal.

THE Director-General of the Naval Medical Department, and the Presidents of the Colleges of Physicians and Surgeons of London, to whom is entrusted the duty of awarding the gold medals provided by the bequest of Sir Gilbert Blaine Bart.—have awarded them to Fleet Surgeon Belgrave Ninnis, M.D., St. And., M.R.C.S. Eng., of H.M.S. *Garnet*, and Staff Surgeon Alexander Macdonald M.D., L.R.C.S. Edin., of H.M.S. *London*.

Irish Registration Prosecution.

WE note that the Registrar-General for Ireland has found it necessary to prosecute Dr. Kean, of Newry, for three offences against the Registration Act, he having refused persistently to register the birth of his child; the charges were all clearly proved and fines were imposed. We give the Registrar-General the fullest credit for the firmness shown by him in vindication of the law which it is his duty to administer, and we have no sympathy whatever either with Dr. Kean or any other medical practitioner who lays himself open to the penalties imposed on him. Whatever excuse may be pleaded on the ground of ignorance of the general public for their non-compliance with the law is entirely absent in the case of a medical man, and there can be in his case no explanation of a refusal to perform the simple duty required of him. We do not believe that Dr. Kean will find in Ireland one of his profession either to approve of his proceedings, or to justify him, and, if there be a medical man willing to set the law and the good government of the country at defiance we may leave him to the castigation which it will be the duty of the Registrar-General to inflict on him.

The French Social Problem.

At the beginning of the present century, with a population of not more than twenty-seven millions, there were actually more births in France than took place in the year 1880. M. Legrand, in his well known essay on *Le Mariage et les Mœurs en France*, states that between 1800 and 1815 the number of children born per marriage averaged 4.24; since then it had sunk gradually; and in 1860 averaged only 3.03 for the five preceding years. It rose again until 1865, but has since declined; and in the year 1871, the date of the Franco-German war, reached its lowest depth of 2.28. In 1872 the average rose to its highest for the last few years, namely 2.67, and in 1877 it was 2.55. M. Legrand asserts, on the strongest possible grounds, that this decrease in the birth-rate of his country continues, and is becoming more marked as the years go by. It is a noteworthy and perhaps ominous fact that lately the number of marriages have not decreased. Indeed, there are actually more marriages per cent in France than in England, the average per hundred being in the former '88, and in the latter '86.

THE George Henry Lowes studentship of £300 per annum, tenable for three years, on the condition of the holder devoting his whole time to the prosecution of Original Research in Physiology, is now vacant. Applications should be sent in on or before January 1, 1882, to Dr. M. Foster, Cambridge.

Treatment of Phthisis.

At a meeting of the Société Médicale des Hopitaux (*La France Médicale*) Dr. Debove said that he had had under his care a phthisical patient who became unable to take milk. Dr. Debove decided to feed her with the esophageal sound. He gave her in this way at first a litre of pure milk, then meat and eggs. At length he was able, without causing vomiting, to give her two litres of milk, 200 grammes of meat, and 10 eggs. Singular to relate the patient's appetite returned, she increased in weight 100 grammes a day; she sleeps well and the sweats have disappeared. Dr. Debove has decided to treat all his phthisical patients in the same way. Dr. Dojardin-Beaumez has had similar results.

Hypodermic Injection of Cold Water.

DR. RAYMOND TRIPIER employs subcutaneous injections of aqua fontis to prevent vomiting of food in phthisical patients. For this purpose, he writes in the *Lyon Medical*, he injects into the epigastrium a syringeful of very cold water—either before or immediately after the meal. Under the influence of these injections he has often witnessed the cessation of vomiting which had persisted in spite of appropriate remedies. It appears similarly to stop vomiting in some dyspeptics, and especially in so-called nervous women who dread the use of morphia. It is in these latter patients especially that it is convenient not to let them know the nature of the fluid injected.

Benzoate of Soda in Whooping-Cough.

D. TORDEUS, of Brussels, writes that he has prescribed the benzoate of soda in a number of cases of whooping-cough, and that in all the cases the parents reported that the coughing fits began to diminish in force and frequency after one or two days of treatment. He gives four grains of the salt every hour to a child of two or three years. The drug seems not alone to diminish the force and frequency of the paroxysms, but also to exert a favourable influence on the mucous membrane of the respiratory tract, and to prevent the development of serious pulmonary complications.

THE Public Health Committee of the Corporation of Cork have recommended that a public analyst be appointed at a salary of £100 a year, with a fee of 10s. 6d., for each analysis in excess of £100 made for the Corporation.

OUT of the twenty-five candidates who presented themselves last month for the Fellowship of the Royal College of Surgeons of England, no less than seventeen failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to further professional studies for one year.

THE Customs duty of 1s. 3d. per pound, levied on chloral hydrate from abroad, was, during the year ending March 31st, paid on 14,361 pounds, amounting to £910. The receipts on account of imported chloroform, collodion, and ether were very trifling, amounting altogether to less than £40.

THE report going the round of the profession and copied into some of the medical journals, that the doctors in attendance upon the late President, have presented their bills in without foundation. No bills have been called for and none have been presented. Probably some one is interested in circulating the report.

A MEETING of two hundred and fifty physicians was held at Copenhagen on November 28, at which a resolution was adopted approving the proposal to hold the next International Medical Congress in 1884, at Copenhagen, and proffering a cordial welcome by the Danish medical profession to their foreign colleagues on that occasion.

DIPHTHERIA would almost appear to be epidemic in Berlin just now, as the number of deaths in that city last week from this malady exceeded those in Great Britain and Ireland combined. It is also very prevalent in Paris and New York, the mortality therefrom being only one less than in Berlin.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their population, were, in—Wolverhampton 13, Leeds 15, Bradford 16, Newcastle-on-Tyne 16, Sheffield 18, Plymouth 18, Bristol 19, Sunderland 19, Portsmouth 19, Leicester 19, Glasgow 20, Edinburgh 21, Brighton 21, Birmingham 21, Oldham 21, Nottingham 21, London 21, Norwich 21, Manchester 22, Salford 27, Liverpool 28, Dublin 29, and Hull 30.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 28, Bombay 25, Madras 35, Paris 26, Geneva 19, Amsterdam 24, Rotterdam 14, The Hague 19, Copenhagen 20, Stockholm 20, Christiania 18, St. Petersburg 37, Berlin 23, Hamburg 24, Dresden 23, Breslau 27, Munich 28, Vienna 22, Prague 29, Buda-Pesth 28, Naples 28, Venice 32, Alexandria 34, New York 28, Brooklyn 25, Philadelphia 19, and Baltimore 25. No returns were received from Rome, Turin and Lisbon.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

DEATH-RATE OF GLASGOW.—For the week ending with Saturday the 26th ult., the death-rate of Glasgow was 21 per 1,000 per annum. In the corresponding periods of 1880, 1879, and 1878, it was 27, 17, and 26 respectively.

HEALTH OF EDINBURGH.—The deaths in Edinburgh for the week ending with Saturday the 26th ult. were 87, giving a death-rate of 20 per 1,000. While there were 26 deaths under one year, one was recorded as 94. No death from fever was reported, and the southern suburbs were free from zymotic mortality.

HEALTHY WOMANHOOD.—We are glad to understand that Dr. W. L. Reid's lecture on "Healthy Womanhood" has proved an immense success. Several women were carried out of the City Hall in a fainting condition. What an excellent

substitution for Moody and Sankey during their absence from Glasgow? It is understood that there were many "anxious inquirers" as to the physical effects of tight lacing, and that after prolonged admonition they were successfully "revived."

PROFESSOR MACKENDRICK ON VEGETARIANISM.—It cannot be said that Professor John MacKendrick grudges a large portion of his time to the public. His ubiquity is no less surprising than his versatility. He presided on the 29th ult. at the third annual vegetarian banquet of the Scottish Food Reform Association which took place, where all pious and philanthropic movements are inaugurated, in the Christian Institute, Glasgow. In the course of his address Dr. MacKendrick said he was not in practice a vegetarian—a totally superfluous confession, one would have supposed—but he was satisfied that many ate more animal food than was good for them. But vegetarians wasted power in their controversies on this subject. For example, the moral aspect of the question had been severely strained. He could not agree with those who argued that avoidance of animal food would work a revolution in the character of men—that the fierce and warlike would become gentle and docile. Neither did he attach much importance to the anatomical conditions which had been in argument on both sides. The digestive apparatus of a man and of a monkey were very much alike, but their diets might be very different, and it might be added, however, that in all probability the earlier races of human beings lived on fruits and herbs. If our progenitors lived an arboreal life, they probably consumed the same kind of food, fruits, and roots as the gorilla or chimpanzee of the present day. From the purely scientific standpoint, he thought it had been clearly proved that men might live in a state of vigour and do good physical and mental work on a diet derived entirely from the vegetable kingdom. The question was one of digestibility and power of assimilation. And here the art of cooking came in. If by various appliances vegetables could be so cooked as to be assimilated, then there was no scientific reason why a vegetable diet should not be as nutritious as one composed of animal substances.

GLASGOW MATERNITY HOSPITAL.—The now customary inverted amenities of discussion were duly observed at the annual meeting of the subscribers to the Glasgow Maternity Hospital, held on the 29th ult., in the Religious Institution Rooms. Mr. R. R. Grant presided. Mr. Arthur Forbes, secretary, read the Forty-Seventh Annual Report, which congratulated the contributors on the opening of the new hospital. Of the £1,100 required at the beginning of the year for the new building, £400 had already been received, leaving a balance of £700 still to be contributed. The medical report was read by Dr. Sloan, from which it appeared that the number of cases treated in-door was 273, and out-door, 974—in all, 1,247. The mortality among mothers was 3.6 per cent. It would be instructive to know to what this maternal mortality was due. The Chairman moved the adoption of the report. Mr. Donald Munro objected. He said the new building was no better than the old one. He paid a visit to it recently, along with a director, and the atmosphere in one of the rooms, which was overcrowded, was so bad that they could not wait, and ventilation was impossible. They found the patients in bad order, and the wonder was that the death-rate was not higher. From what he saw and knew, he would recommend the poor of the city to shun the Maternity Hospital, and avail themselves of the resources at their disposal at the Western and Royal Infirmaries. It was nothing short of a plague-spot, and unworthy the support of the citizens of Glasgow. Before there was much improvement a great

change must take place in the medical staff. Dr. Leishman, whose appointment afforded him great satisfaction, ought to be asked to recommend a resident medical officer, and then the death-rate would decrease. He moved that the directors' and medical officer's reports be not adopted, because he had no confidence that the death-rate, large as it was, fully represented the facts. The amendment was not seconded. Mr. Munro asked that his protest be recorded. The Chairman said Mr. Munro came forward and made statements which, he had not the slightest hesitation in saying, were, every one of them, direct and utter falsehoods.

GLASGOW ROYAL INFIRMARY APPOINTMENTS.—Dr. W. J. Fleming has been appointed one of the Dispensary Surgeons, and Dr. David Newman has been appointed Pathologist to the Glasgow Royal Infirmary.

THE COLLEGES OF PHYSICIANS AND SURGEONS EDINBURGH.—On the occasion of the bi-centenary dinner, Mr. Imlach, the President of the College of Surgeons, tried hard to rally his hearers round the College, by telling them of the mighty works it had been engaged in during the term of his Presidency. Dr. Haldane, President of the College of Physicians, stated "that the proportion of rejections of the College of Physicians of Edinburgh was higher than that of any of the other Colleges." This statement was greeted with great applause by the collected guests, who were not treated to a reverse side of this glowing picture. The facts of the case, well known to everybody not connected with the colleges, are, that the number of rejections is almost entirely due, not to the severity of the examinations, but to the great inferiority of the candidates, who, as a rule, are composed of the chronics of the London, Dublin, and English provincial schools. It may well be asked why London students should go to the expense of a railway journey and a week's residence in Edinburgh to get a qualification inferior to their own Colleges, and in most cases after failure at them. There are students now in Edinburgh who have passed their anatomy and physiology at the London College of Surgeons, their chemistry at the Glasgow Faculty, and who, having failed hopelessly at the London Final, are going in for the double qualification. This is the kind of material that the Edinburgh Colleges pride themselves in rejecting. Could they do less?

THE NOTIFICATION OF INFECTIOUS DISEASES.—The Littlejohn Bowie case is not yet to be shelved. At a late meeting of the Edinburgh Town Council Mr. Councillor Reid took exception to the employment of a policeman for the purpose of confirming or not the diagnosis of a medical man as to the nature of any cases of disease. Mr. Reid maintained that "if a case of infectious disease occurred in a private family, Dr. Littlejohn's entrance there under Parliamentary powers would be perfectly satisfactory; but anyone coming into a citizen's house in the position of a sanitary inspector," here he was caught up by the Lord Provost that he was out of order. Mr. Reid persisted that, as it was a matter affecting the public health, he should give notice to take up the subject at a future meeting. It appears that the Town Council feel that they have made a mistake, and are anxious to silence all discussion on the subject. One councillor stated that "if Dr. Littlejohn was to go personally and see every case of fever reported, there would need to be not one, but several, medical officers." The question may arise as to the necessity for confirming the diagnosis of the medical attendant by Dr. Littlejohn or his "skilled policeman," unless the authorities are fearful lest the prospect of half-a-crown for every notification

of disease will be too much for the moral strength of the members of the medical profession in Edinburgh.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.—At the annual meeting of the Royal College of Physicians of Edinburgh, held on Thursday last, December 1st, the following office-bearers were elected for the ensuing year:—Dr. Daniel Rutherford Haldane, President. Council: Drs. Alexander Peddie (Vice-President), Alexander Kieller, George William Balfour, Andrew Douglas MacLagan, Claud Muirhead, and John Batty Tuks. Examiners: Drs. Bell, Douglas, R. Paterson, Keiller, Haldane, G. W. Balfour, Struthers, Ritchie, Ziegler, MacLagan, Smart, Muirhead, Brakenridge, Wyllie, Andrew, Tuks, Sinclair, Afflock, Russell, Stevenson Macadam, Messrs. Joseph Bell, John Dunca, John Chiene, William Lees, and Drs. Arthur Mitchell and Henry D. Littlejohn. Treasurer: Dr. John Alexander Smith. Secretary: Dr. John Wyllie. Curator of Museum: Dr. Thomas A. G. Balfour. Librarian: Dr. George W. Balfour. Registrar of Applicants for Licence: Dr. John Wyllie.

Literature.

THROAT DISEASES AND THE USE OF THE LARYNGOSCOPE. (a)

In the words of the author, "the aim of this work is to give a brief account of the diseases of the throat, including the use of the laryngoscope and rhinoscope." It makes little pretension to originality, much of the contents being avowedly derived from the writings of other authors, most of whom, especially those of this country, are laid under a tolerably fair amount of contribution, but with just recognition of their claims. References to continental authorities are, for the most part unimportant, and we notice that there is no reference either to Stoerk of Vienna, Fauvel of Paris, Tobold of Berlin, Massei of Naples, Moure of Bordeaux, or to many others who occupy such a prominent position in their respective centres as practical clinicians, that excerpts from their published practice could not have failed to greatly enhance the value of Mr. Hemming's manual without in any way increasing the size, since for English readers frequent and lengthy quotations from the works of such well known British authors as Morell Mackenzie, Lennox Brown, Johnson, James, and Gibb, might well have been omitted. The book however deserves commendation on account of its methodical arrangement and condensation of material.

Chapter II. on the pathology of throat diseases is fairly given, though its scope might, with advantage, have been extended. In the matter of treatment, the author has, as would be expected from his connection with the Central London Throat and Ear Hospital, given due insistence to the importance of constitutional measures, but he has nothing very new to say with regard to topical treatment. The illustrations are all familiar friends.

In conclusion, we have pleasure in recommending this little volume as a guide for students; any one who has thoroughly mastered its contents, should be able to answer an examination question in laryngology; though without the addition of technical instruction, Mr. Hemming would, we are sure, be the first to acknowledge, that, neither this, nor any work of whatever size, would succeed in making the reader a practical laryngoscopist.

Literary Notes and Gossip.

The name of the *Atlanta Medical Journal* has been changed to *The Atlanta Medical Register*. The management has also changed.

ANOTHER new journal has just sprung into existence called

(a) "Throat Diseases and the Use of the Laryngoscope." By Douglas Hemming, F.R.C.S.Ed., formerly Assistant Surgeon to the Central London Throat and Ear Hospital. Churchill. Pp. 120.

The Medical News and Collegiate Herald, it is published in London every Friday at a penny in the interests of medical students.

Northwestern Lancet is the name of a new medical journal published at St. Paul, Minnesota. It contains eight pages, and is issued twice per month at 1 dollar per year. It is edited and published by Jay Owens, M.D.

THE Howard Medal of 1881 offered by the Statistical Society for the best essay on "Gaol Fever," has been awarded to Dr. Frederick Pollard, of Liverpool. The recipient was Cheselden Medallist and Senior Prizeman of St. Thomas's Hospital in 1868, and is a contributor to current medical literature.

A NEW edition of Dr. Henry's little vest pocket companion "Posological and Therapeutic Tables" has been issued by Messrs. MacLachlan and Stewart of Edinburgh. Having noticed fully the previous edition, we need only add that this, which appears to be a reprint of the same excellent little treatise will be found as succinct and useful a guide as its predecessor.

THE announcement of the award of the prize of £200, offered by the Rev. E. Wyatt Edgell for an essay on the "Range of Hereditary Tendencies in Health and Disease," will be made by the adjudicators at the first ordinary meeting of the Sanitary Institute of Great Britain for the session 1881-82, which will be held on this (Wednesday) evening, at 7.45 p.m.

A NEW feature will be introduced into the *Medical Journal of Obstetrics* next year; the quarterly issues of which will be supplemented by monthly sheets to subscribers. Now that the English Obstetrical Journal has ceased to appear the American journal is being energetically pushed in this country by the publishers Messrs. Baillière Tindall, and Cox with every prospect of success. The English Editor is Dr. Robert Barnes.

THE second edition of "Neales' Digest" is announced to appear in July next, and the sterling value of this 'great work will procure for it a hearty and general reception. The labour expended on the production of the book is deserving of the widest recognition, and it speaks eloquently for its usefulness that a re-issue is now demanded. As a record of progress in professional matters the work is unique, and we shall gladly welcome it in its revised form.

THE publication, in a cheap and readable form, of Prof. Owen's great speech at Folkestone on the occasion of unveiling the Harvey memorial, is a happy thought from which we may anticipate much good will follow. With the speech proper is included, also an account of the proceedings of the day, and an engraving of the statue itself. The book is offered to the public at fourpence, and may be obtained from the *Folkestone News* office.

ABOUT twelve months since we announced in this column that "The Equitable Life Assurance Society" of New York and London had invited competitive essays on "Life Assurance," with special reference to its influence in promoting habits of economy, thrift, and sobriety; and the consequent repression of intemperance, poverty, and crime. The prizes offered were a first prize of £100, and £25 for the second best essay. We have much pleasure in congratulating a frequent and valued contributor to this journal, Mr. T. M. Dolan, F.R.C.S., of Halifax, Yorks, upon the success of his essay, he having been awarded on Saturday last the first prize of £100 over 164 competitors.

THE literature of opium has been considerably added to within the past few months, and will be yet further increase by the agitation against the importation and sale of it in various countries that is now being carried on. A number of pamphlets in relation to opium and the opium habit have reached us, and one particularly, consisting of a clinical lecture by Dr. C. W. Earle, of Chicago, deals with the subject in a plain and outspoken manner. It concludes with a set of rules addressed to medical men, the last of which is significant; it urges, "never under any circumstances teach a patient how to use a hypodermic syringe."

THE *Family Doctor* is the name of a new publication which, though "edited by a physician," it is difficult to regard as anything else than a journalistic error. The plan of popularising medicine is a serious mistake, and any medical information, of a desirable or necessary kind for general use, can only rightly be such as to find admission to the pages of hygienic journals and health reviews. The *Family Doctor* fails to convey a favourable impression, either from its literary contents, which are injudiciously selected, or by its advertisements, which, are many of them, such as would be peremptorily declined by the publishers of high class medical journals.

THE current number of the *Nineteenth Century* is chiefly remarkable for containing three admirable essays on the vivisection question from the pens respectively of Sir James Paget, Prof. Owen, and Dr. Wilks. Sir James Paget's paper is a clear demonstration of the superiority enjoyed by vivisection in a comparison of usefulness, following its prosecution on one side, and the humane sports on the other. Prof. Owen takes the opportunity of silencing the utterances of the ignorant crowd who have deluged him with papers and pamphlets since his memorable Folkestone address; and Dr. Wilks contributes an able and logical exposition of the aims and needs for vivisection in extension of knowledge.

A CURIOUS publication, named the *Zoophilist*, which appeared on December 1st, presents two features of interest. It announces on one page that the kidney is supplied by "the fifth pair," the most acutely sensitive in the whole body; and on another it executes the most daring and most disgraceful misrepresentation in support of anti-vivisection absurdities we have ever seen perpetrated by literary wrongdoers. We regret very much that it should be possible for such unprincipled conduct to pass unrecognised by the public it is designed to cheat; however, but for a little space only, we trust, will the tactics pursued by those who trade on the weakness of crowds, and thrive on the donations of ignorant fanatics, be successful.

"THE enterprising Yankee," not content with the moderate cheapness of pirated English medical works, has invented a new method of distributing the work of English brains among American readers. A New York firm of publishers is issuing a "Library of Medical Classics" at prices ranging from tenpence to one and tenpence per volume, and with a fine discrimination, admits into the series only British books. This may be just as a defence of title—although it looks unpatriotic to ignore the "classical" nature of American productions—but it, nevertheless, presses somewhat heavily on our English authors. The volumes already issued are Mr. Henry Smith's "Diseases of the Rectum," price 25 cents.; Dr. Matthews Duncan's "Clinical Lectures," price 30 cents.; and Mr. Berkeley Hill's "Venereal Diseases," price 20 cents.

THE sixth edition of a little work of about a hundred pages, neatly bound in cloth, and which the publishers, Messrs. Goodall, Backhouse, & Co., of White Horse Street, Leeds (who have forwarded us a copy), offer to send gratuitously, to any of our readers on receipt of a penny stamp to cover postage, is likely to have a great demand. The title of the book is "Good Things," it is in fact a compilation of household recipes, for soups, bread, pastry and the like; with hints on cooking, the catering for dinners at small cost, and other matters of interest to housekeepers. Naturally it will be asked how a book of this nature, which must have cost a large sum to produce, can be given away. The answer is simple, and the object perfectly legitimate. Messrs. Goodall and Backhouse are the well known makers of Yorkshire Relish, Baking Powder, and similar household requisites, and many of the recipes show how food can be better and more economically prepared by their use; hence the book is an advertisement of the firm, but at the same time it is an exceedingly cheap and useful pennyworth to the public.

THE annual issue of Smith's "Visiting List for 1882," has been issued in good time for the coming year, and it is we think, as useful and convenient a business note book and pocket companion in practice as any medical man need desire. Its form with column for a record of visits paid, and for obstetric engagements, vaccinations, accounts due

and paid, drugs and instruments wanted, and memoranda, are already familiar to many of our readers. In addition we notice in this issue, the incorporation of *The Pharmacopoeial Companion*, which was published separately in 1877 by Dr. Bartley, as a "pocket remembrancer;" it is a valuable aid to the busy practitioner, inasmuch as the dose is given to every medicine in the British Pharmacopoeia, and the whole of the remedies, both internal and external, are arranged according to their best recognised action. A table showing the equivalents of different Thermometric Scales, and one giving the Period of Incubation of the Eruptive Fevers of our Climate, is also incorporated in this edition.

FROM an interesting article in the December number of *The Leisure Hour*, a good insight is obtained of student life in Modern Athens, and the difficulties the pursuit of knowledge there entails. Not only do many youths pass through the lower schools and gymnasiums up to the University, but the University, being the centre of learning, not for Athens only, but for all the Greek race whether still under Turkish rule or no, and offering an education nearly free to all, attracts to it all ambitious young men from Thessaly, Epirus, the Aegean Islands, and Constantinople itself. Hither they come penniless, but athirst after knowledge, take menial situations, and thus they earn board, lodging, and clothing, while they pursue their studies and attend the university lectures. There are hosts of graduates looking out for Government appointments, and ready meantime to turn a penny by any employment, however humble. The high esteem in which education is held, the large proportion of public funds devoted to it, and the eagerness with which it is sought and acquired, are among the most striking features of New Greece. The people manifest a natural and instinctive love of learning for its own sake, and apart from its commercial value. The learned professions are accessible to all, and to a much greater extent even than in our own country, are they overstocked.

A PAMPHLET on the "Physiological and Therapeutical Properties of Mineral Waters," by Paul Kilian, M.D., (Churchill), is the first of an interesting series on Balneological subjects, and, as such, a little more ambitious than the majority of such productions. Dr. Kilian has practised for many years at Aix-la-Chapelle, and, we are therefore not surprised to find that his ideas are mainly those of the German school. We hope in future he will do more justice to French and English authorities, for even on balneology we can assure him Germany has no monopoly of wisdom. He however does full justice to Cantani, for that able Italian's theory of gout is very fully expounded in this pamphlet. Dr. Kilian speaks of the still imperfect analysis of mineral waters, preventing their action being strictly confined, but he gives us no investigations into their chemical nature, and but scanty excerpts from the analyses of German chemists, without stating their date. A perusal of the new analyses by Prof. Tichborne, which have appeared in this journal during the past two years, would have been satisfactory to the author, and if he carries out his proposal to write further on the subject, could scarcely fail to modify some of the remarks with which he might follow up what he has said. Still we have read this pamphlet with interest, and are especially glad to see Cantani's theory placed so clearly before the English profession.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review, since the publication of our last list, Nov. 16:—"Eczema." By L. Duncan Bulkley, M.D. "The Latin Grammar of Pharmacy." By Joseph Inos, F.R.S. "Transactions of the Clinical Society of London." Vol. XIV. "The Prevention of Stricture and of Prostatic Obstruction." By Reginald Harrison, F.R.C.S.

PAMPHLETS.—The following have been received.—"On Brain Strain." By C. D. Montray, L.R.C.P. "How to Use the Bromides." By G. M. Beard, M.D. "The Communicability to Man of Diseases from Animals used as Food." By Hy. Behrend, M.D. "On the Action of Water upon Lead Pipes." By W. Sedgwick Saunders, M.D. "On the Failure of the Contagious Diseases Act." By the Repeal Association. "The Use of the Ambulance in Civil Practice." By R. Harrison, F.R.C.S. "On Excision of the Tongue." By Walter Whitehead, F.R.C.S.

THE CROWN REPRESENTATION FOR IRELAND IN THE GENERAL MEDICAL COUNCIL.

DR. LYONS, M.P. for the city of Dublin, and Physician to the Richmond Hospital, has been appointed to the vacancy as Crown Representative for Ireland, caused by the death of the late Dr. McClintock. The selection made by Lord Spencer will be universally approved, Dr. Lyons' claims as a member of the profession being as deserving of recognition as the political position which he occupies in Ireland.

THE PROFESSORSHIP OF ANATOMY IN THE IRISH COLLEGE OF SURGEONS.

At the last meeting of the Council of the College a decision was arrived at of much importance to the medical school of the College, and indirectly, to anatomical and surgical teaching in Ireland. The object of the resolution adopted, was to obtain for the College school, at the next vacancy in the professoriate of Practical Anatomy which might occur, the services, so to speak, of a specialist in anatomical teaching with the view of ultimately amalgamating the two Professorships of Practical Anatomy which now exist, and thus placing the Anatomical Lectures and Dissecting Room Management under the responsible charge of one Professor who would have no other employment than the discharge of the duties of the office.

It was, therefore resolved by the Council,

1. "That it is desirable the two chairs of Descriptive and Practical Anatomy in the College School should be amalgamated, and that in filling any vacancy that may occur, in either, arrangements be made with this view."

2. "That when a vacancy shall occur in either of the Chairs of Descriptive and Practical Anatomy, the Council shall make it a condition in filling the same that the person appointed shall not hold any Hospital or Dispensary appointment, nor engage in private practice or private teaching, or any occupation that would, in the opinion of the Council, interfere with his devoting his energies and attention to the interests of the School."

In addition to the decision expressed in these resolutions, the Council has determined that the Professor thus to be appointed when a vacancy takes place, shall act as Assistant to the Professor of Physiology for the teaching (during the Summer Session) of Histology and Practical Physiology, the study of which subjects has been decreed by the New Scheme of Education and Examination, recently adopted by the College. It is stated that the emolument of the new Professoriate will be at first about £600 a year, after a year or two about £800, and eventually about £1,100 a year, which scale of remuneration will, we hope, be sufficient to attract skilled anatomists and energetic teachers as competitors for the chair.

We are gratified to learn that it is the intention of the Professors of the School to follow the example set them by the Professors in the School of Physic at the University of Dublin, by abolishing for ever the pernicious system of "credit fees," as far as the College School is concerned. Heretofore, the payment of fees has been in nine cases out of ten, postponed by the student or by the apprentice-farmer until the certificates were required to be sent in before the examination, the consequence of which arrangement was, that in all cases in which the student, from one cause or other, did not offer himself for the examination, the

lecturers received no pay whatever for their instruction of him. The loss thus sustained by them has, we believe, been not much less than 25 per cent. of their entire professional incomes, and it is only surprising that, under such circumstances, the "tick" system has been so long allowed to continue.

It will be necessary, in order to carry out the intention of the Council, to obtain the assent of the Home Secretary to a trivial alteration of the College bye laws, but we anticipate no difficulty about this.

Correspondence.

PROFESSOR LISTER ON "TRANSFUSION."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your report of my description of an operation for transfusion, given at the last meeting of the Clinical Society, it is stated that I advised the use of defibrinated blood; whereas what I desired to recommend was a simple and safe method of transforming normal or undefibrinated blood.

This mistake, which I fear may have been due to want of perspicuity on my part, is of so much importance that I trust you will allow me the opportunity of correcting it in your columns.

Your, &c.,

Nov. 30, 1881.

JOSEPH LISTER.

NOTIFICATION OF INFECTIOUS DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of November 16th you allude to a recent case in Edinburgh. As the account of it, with which you have been furnished, is inaccurate, I beg to trouble you with the following particulars.

An anonymous letter reached me, stating that there were several cases of typhoid in a certain house. As this might have been a malicious hoax, I sent one of my inspectors to ascertain whether illness of any kind existed in the house mentioned, and if a medical man were in attendance, and to ascertain his name. The inspector reported that he found several cases of fever in a single bed, that they were without a nurse, and that the neighbours were loud in their complaints. He ascertained from the mother, who was ill, the name of her medical attendant, to whom I at once wrote. In a few days I received an answer, virtually allowing that the cases were fever, but stating that he had conscientious scruples against reporting such cases. I then gave him further delay to consider his position, as he said he was ignorant of the special provision of the Act of Parliament. As I did not hear again from the gentleman the case went to trial.

By a commendable provision in our court practice, if a person pleads not guilty to any charge the trial is at once postponed, to allow full time to prepare his defence. When the medical practitioner heard the charge he said it was all a mistake, and that he was prepared to prove it to be so. It was then considered advisable by the Public Prosecutor that I should see the cases, and be prepared to speak as to their nature. Up to that time it had been anticipated that ignorance of the special enactment would have been pleaded, and that the case would have been settled by the practitioner being cautioned to be more careful in future.

On his second appearance in court, a plea of not guilty was again made; and my inspector had to speak to his obtaining the name of the medical attendant. He was, thereupon, subjected to a cross-examination as to the nature and diagnosis of fevers—a subject on which he was not qualified to speak; but in Scotland, as, I have no doubt, in Ireland, a witness is bound to answer any questions that may be put to him.

In consequence of this cross-examination by the defendant, you have been led to believe—1st, that "the usual proceeding in Edinburgh is to send a police-officer to confirm or not the diagnosis of the medical attendant;"

and, 2nd, that "it was on the strength of the policeman's diagnosis that the prosecution was commenced."

The first is so ludicrous a misstatement that I content myself with saying that such a proceeding would not be tolerated for a moment in Edinburgh; and as to the second, the sanitary inspector, as I have shown, was not sent to diagnose a case of illness, but to ascertain the name of the medical attendant; and the letter from the latter gentleman was the basis of the prosecution.

The question of the compulsory intimation of infectious diseases is one of great importance, and demands the fullest investigation and the freest criticism; but I submit that this solitary case of refusal tends to prove the great success which has attended the experiment which has been carried on in Edinburgh for the last two years, during which period upwards of 9,000 intimations have been sent in to this office—the profession here legally obeying the provisions of the Act of Parliament.

Not a whisper has reached me of any dissatisfaction of my medical brethren with the manner in which the Act of Parliament has been carried into execution. With a free medical and local press, it is not likely, if such proceedings take place in Edinburgh as you have been led to believe, that your readers and the public should not, long ere this, have heard of them.

I have only further to add that the case in question was not appealed, and that, since the decision, the medical man has regularly reported his cases to this office.

Yours, &c.,

HENRY D. LITTLEJOHN, M.D.,
Medical Officer of Health.

Public Health Office,
Police Chambers, Edinburgh.
15th Nov., 1881.

[Dr. Littlejohn, it will be observed, admits—

1. That he sent the policeman to the patient's house.
2. That the said policeman "reported that he found several cases of fever."
3. That the medical practitioner was prosecuted not because *prima facie* guilt was brought home to him by a proper official inspection, but because of something he himself wrote, which something is not forthcoming.

We do not think that Dr. Littlejohn has much improved his position, for it seems to us that the proceedings which he admits, are nearly as objectionable as those he denies.

It is not, we submit, usual or desirable to prosecute anybody on the strength of a supposed admission of guilt, and it is obvious that if Dr. Bowie had omitted to answer Dr. Littlejohn's letter, the only evidence against him would have been the diagnostic policeman.

Dr. Littlejohn congratulates himself that this is "the solitary case of refusal," but is it not also "the solitary case" of successful prosecution? Have not all such prosecutions failed elsewhere, and would not this also have failed if Dr. Bowie, instead of calling books as witnesses, had called persons?

The whole question was one of disputed diagnosis. Dr. Littlejohn (who did not see the cases during sickness) said they were typhoid, Dr. Bowie (who did) said they were not; Dr. Bowie called no witnesses to support his diagnosis, and the Sheriff, therefore, preferred the official opinion of Dr. Littlejohn and condemned Dr. Bowie, a pleasant example for any physician who may chance to differ from a medical officer of health as to what his patient is sick of. In any case, with such examples of prosecution as this before us, it is quite useless for Dr. Littlejohn, or the sanitarians, to call to the physicians, like little pigs, to "come and be killed."—Ed. M. P. & C.]

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to forward a copy of a letter addressed by me to-day to the Chairman of the Liverpool Health Committee

with reference to Dr. Ransome's letter to him published in your last issue. I beg you will have the kindness to insert it in the *British Medical Journal*.—Yours, etc.

A. H. JACOB, M.D., F.R.C.S.I.

23 Ely Place, Dublin, November 26th, 1881.

[Copy.] 23 Ely Place, Dublin, November 26th, 1881.

"To the Chairman of the Health Committee—Sir,—I notice in the *British Medical Journal* of this day, copy of letter addressed to you by Dr. A. Ransome, respecting proposal to make notification of infectious disease compulsory in Liverpool. Not having before me the proceedings at Liverpool which gave occasion for this letter, I am at this moment unable to discuss them, but I hasten to controvert one or two of Dr. Ransome's statements. He says that 'at the last meeting of the British Medical Association at Ryde, the manifest favour with which the plan was received proved that no alteration has taken place in the general approval of the profession.' As a member of the British Medical Association present at that meeting, I assert—1. That the general approval of the profession is a complete myth; 2. That the great majority of the working men of the profession in England neither know of, nor understand the proposed notification system; 3. That the effort of the Social Science Congress at that meeting to obtain approval of direct compulsory notification was outvoted by a large majority; and 4. That discussion and inquiry was at that meeting peremptorily quashed by the chairman, and that a *pro forma* vote was taken in a violent hurry, without adequate debate, and without any understanding of the matter by those present. As I warmly sympathise with the objections to the proposed notification system urged on behalf of the public and the profession, I think it my duty to remove from your mind any misapprehension which may exist as to the attitude of the great body of medical men in reference thereto.—I am, sir, yours truly,

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

THE ST. BARTHOLOMEW'S HOSPITAL INQUIRY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At your request that I should furnish the profession with my post-mortem notes and impressions of the case of Dr. Booth, about which so much interest has been created. I beg to submit the following:—A medical man, Dr. Sherrard, having charged St. Bartholomew's Hospital with mainly causing, or, at least, accelerating, the death of Dr. Booth, a surgeon, this is the sum and substance of the finding of the coroner's jury—death from natural causes, injudicious method of removal to hospital, delay in reaching the ward, with the contradiction of every attention on arrival there. A porter always on duty at the gate is the sage suggestion of these lay arbitrators. Who is responsible for this impotent and abortive climax to an impotent and abortive assault? Not the worthy coroner; Mr. Langham's charge to the jury would have equally graced a medical lecturer or the president of any forensic assembly. Not the hospital—the refutation was as complete as it was substantial. Dr. Duckworth, Dr. Smith, Mr. Spicer, a Bartholomew's student, a lady superintendent, two nurses, and two porters, all gave admirable evidence with a candour compelling credence. The hospital defence and cross case was conducted by Mr. Cross, barrister-at-law, the official representative of the hospital, with the highest professional skill and acumen. Who or what then was responsible for so equivocal an ending? The responsibility is a mixed one. Dr. Sherrard, as the original and only complainant, must bear the full responsibility of the method of this inquiry. Even if one assumes, for the sake of argument, that Dr. Sherrard had reached an absolute conviction that culpable negligence had been shown, such assumption will not help to justify the method of redress adopted. The venue for his appeal was obviously the governing or medical council of the hospital. When this protest had failed to satisfy, it would have been ample time to force the lay press to place the discussion before the ignorant poor. For their benefit hospitals exist; and as natural a whet to their recognised prejudice against hospitals, as the preferring of a charge by a medical man must do incalculable harm. Dr. Sherrard cannot possibly be ignorant of the glorious part St. Bartholomew's and all hospitals play in philanthropy, nor of the difficulty of discharging their invaluable offices under the most favouring conditions. His case was, at his own estimate,

an abuse of function and a failure of administrative organisation. Could a lay jury be expected to grasp such an issue? Could the publication of such details benefit the deceased? Could such publication fail to do incalculable injury to the suffering poor? I repeat then that acquitting Dr. Sherrard of any unworthy motive (such as the yearning for notoriety at the expense of a world-renowned temple of his art), assuming him fully imbued with the feelings of injury and indignation, he stands convicted of a gross blunder and an inexcusable error of judgment. But having prefaced thus much, something may be added in Dr. Sherrard's defence, and in support of a divided responsibility. Dr. Sherrard accepted unchallenged the diagnosis of those in charge of this patient until his admission, Dr. Cliff and Dr. Cassidy. Dr. Cliff was conspicuous by his absence from this inquiry. Dr. Cassidy was present throughout it, until at least the issue was being reached. Dr. Sherrard had the courtesy to publicly admit himself satisfied with my evidence, after Dr. Cassidy vainly appealed to the students and then Dr. Duckworth against it. He also faced alone an undivided audience to the bitter end, and as he stood alone before a large body of students, whose *esprit de corps* made them regard the charges as personal which maligned their alma mater, and directly inculpated so justly valued a member of the staff as Dr. Smith, one could not help devoutly wishing his perseverance and determination had been shown in a worthier cause. Dr. Sherrard's bearing throughout the inquiry contrasted favourably with his quasi-supporter, Dr. Cassidy. Dr. Cassidy opened his evidence by announcing he was not a co-complainant, and concluded it by refusing to associate the hospital with the cause of death, even to the minor extent of acceleration, but between these points he barked loudly behind the fence. He was at pains to inform the Court that he considered and had denounced the hospital treatment as monstrous; he admitted having "bullied" an official of the hospital. On uncontradicted evidence he is alleged to have sworn before the female officials of the ward, and in the hearing of his dying friend: "If he dies, by God I'll have an inquest." The coroner's mild sarcasm, that such conduct does no good and is not to be expected of medical gentlemen, does not err on the side of severity. As a medical man he will be condemned in this for nigh as gross a *lache* as his failure to examine the urine of a patient he had known for years and treated for days, and who was discovered to be passing half albumen by "a bit of a boy." (Dr. Cassidy's description of Dr. Smith to the lady superintendent of the ward). The vulgarity of an oath before female witnesses and a dying man speaks for itself as a social outrage upon gentlemanly usages.

Dr. Smith in his evidence pointed out the insult to the profession in limiting operations to hospital surgeons. He truly said the surgeon who could not do tracheotomy ought to be ashamed of himself. My evidence on this point was demanded. I gave it reluctantly, because I felt in exposing such flaws in brother professionals I was doing our common profession hurt; but forced to speak, I tried to speak frankly, and I have to thank your journal and the learned President for most generous allusions to my examination. I assured the Court that tracheotomy had been performed by students and with a penknife, and as an operation whose performance was often demanded instantly, I further declared that assuming oedema of the glottis to have existed to an extent justifying tracheotomy, to talk of it as being possibly needed at any moment is to reveal as gross an ignorance of the theory of surgery as inability to operate reveals an ignorance of its practice. If demanded, it is demanded instantly, another spasm is not to be waited for, and no delay for removal or other reason can be justified. This disposed of a gratuitous assertion that Dr. Booth's residence was unfit for operation. Here I ask leave to pause to say one word on this subject. The coroner well said that the evidence proved the good people with whom deceased lived to have shown him devoted attention. It is one of the results of this wretched trial that these poor people have lost all their lodgers, because it was stated that deceased had had no solid food for three days; the folly of associating those who gave him the tenderest care with such a fact (the more when brother professionals were in constant attendance upon him), is only of importance from the gross injustice of its consequences. I was further obliged to depose to my opinion as to the existence of oedema of the glottis. I denied its existence to an extent justifying tracheotomy or endangering life. I submit to the profession now my grounds for this assertion. That oedema may disappear on post-mortem I granted as a possibility but

that oedema can exist with no evidence in the throat to touch or sight during life when viewed through the mouth, with a sudden cessation of the spasms during the few minutes drive to hospital, with death there by assthenia in twelve hours, and without a single spasm, I declared impossible. Further, that spasms which may have occurred in this case were due to oedema glottidis I refuted as an unphilosophical deduction in view of such obvious causes for reflected spasm or its occurrence in the bronchi as double pleurisy of the renal type (tripe-shred lymph without effusion). One old pleural adhesion, emphysema and oedema of the lungs (bronchitis). No consolidation (deposed to by Dr. Cassidy). Hypertrophy of the left ventricle (possibly compensatory), atheroma of the aorta, and general venous congestion. It is perhaps convenient I should here complete an outline of the post-mortem appearances:—The dura mater adherent, a soft spot in the left hemisphere, anterior to corpus striatum, the same venous engorgement which was well marked in every organ, including the right heart (grumous blood), but not the pulmonary artery (damaging the assumption of death by suffocation anticipated by complainants and denied by hospital). The larynx had distinct traces of old specific ulceration and cicatrices; it was naturally large, and cracked like bone. No evidence of acute inflammation (diagnosed by Dr. Cassidy). A circlet of ulcers round the epiglottis, and some trifling active congestion there with a trace of oedema of glottis (perhaps due to the painting of the throat by Dr. Cliff). Conical projection of the liver superiorly, due to fatty enlargement, with perhaps incipient cirrhotic contraction at the base, and an old adhesion to right side, with a deep sulcus (probably from syphilitic gummata), congestive spots on the surface (not deep). A large stomach (empty), as were all the intestines, these latter being markedly friable. A spleen overloaded with venous blood (period from death, fifty-four hours, left this organ and others in a doubtful condition). The large fatty kidneys of chronic Bright's disease. Traces of old peritonitis. A thickened bladder.

Fatty degeneration almost everywhere. The valves of the heart were marvellously healthy, and the brain vessels seemed free of the atheroma.

The item in the verdict which admits a delay in the surgery is a travesty on the weight of evidence, I do not attempt to understand. For this delay in the surgery the jury had but the unsupported testimony of the complainant. The house physician was already with the patient before Dr. Cassidy had concluded the "bullying" of the porter described in his own evidence. Dr. Sherrard, the complainant, made a second charge as to delay in the ward, but withdrew it, admitting a necessary error of thirty-five minutes, his times being recorded on a watch, for whose accuracy he will not vouch. Against the reputed delay is a perfect phalanx of evidence. Porters, nurses, students, and physicians all in exact accord, and proving *exceptional* rapidity of conveyance to the ward, as was naturally to be looked for in a moribund case, and to one with the claim of professional brotherhood. Three minutes after arrival the patient was in the surgery; ten minutes afterwards in the ward. He himself never complained of the hospital. He was supplied with a cleric—all left to be done for him. He did resent tracheotomy, proposed by his previous advisers. He complained of his back—the autopsy shows with what good reasons. An indiscreet visit to an out-door closet the day of removal to hospital, a not perfectly judicious mode of life and specific mischiefs, are accelerations to death for which the evidence revealed the deceased responsible.

Yours truly,

CHARLES D. MOUTRAY.

NOTICES TO CORRESPONDENTS.

DR. KNOTT (Mayo).—Your communication is marked for early insertion.

THE WIDOWS AND ORPHANS OF MEDICAL MEN resident within a radius of twenty miles of London are notified by advertisement in another column that all applications for participation in the funds of this charity must be made to the Secretary before Dec. 20th.

A COUNTRY PRACTITIONER will probably find Dr. Haberahon's "Diseases of the Stomach, their Diagnosis and Treatment," of value to him."

AUTHOR.—The book is laying on our table and will be reviewed in turn with others.

A JUNIOR.—We hardly know which to advise; "Smith's Visiting

List" and "Letts's Medical Diary" are both good; some prefer the arrangement of one, and some the other.

THE COLLEGE OF PRECEPTORS.—We understand that there are no less than 7,500 candidates for the half-yearly certificate examination of this College, which opened yesterday. This is the largest examination which has ever been held in this country by any examining body, and, taken in connection with the various university local examinations, which attract about 10,000 candidates annually, furnishes a striking evidence of the great extension which the system of middle-class examinations has now attained. The higher certificates of the College having been recognised by the General Medical Council, as guarantees of a good education, exempting the holders of them from the preliminary examinations of the various medical corporations of the United Kingdom. The College has arranged for holding two supplementary examinations, in March and September each year, for these higher certificates, which will be open to medical students.

A PROVINCIAL FELLOW.—Sir James Paget was so decidedly better upon inquiries at the time of going to press, that hopes are entertained that he will be strong enough in a day or two to bear removal to the south of France. We sincerely hope that this pleasing outlook may be justified by events.

QUESTIONS.—The drug fully deserves the encomiums that have been passed; in our hands it has answered admirably.

DR. H. J. M.—We will make inquiries, and, should your suspicions be well founded, will deal with the subject in our next.

M. OR N.—We are not personally acquainted with the author, but, from what we hear, should imagine him to be an honest man, one who thoroughly believes in the opinions propounded.

A HOSPITAL SUBSCRIBER will find a satisfactory reply to his queries in the letter of Dr. Moutray in our present issue.

SURGEON-MAJOR HOGG.—Many thanks.

MR. J. E. R.—It is, as reported, that the first issue of the Transactions were swallowed up as soon as issued, and that a second is in the press to supply so unexpected a demand. We cannot vouch for the truth of this report, in fact, we have reason to doubt it.

A LAY READER.—The pay system at hospitals, though good to a certain extent, is liable to gross abuse, and the subversion of charitable endowments to the purposes of the rich is not a little to be feared.

DOCTORS' DOORPLATES IN AMERICA.—We take the following from a Canadian contemporary:—"Anent doctors' signs," the *New York Record* says, "the brazen sign is large; it covers the whole door-post, it stretches from window to window; its lettering is brilliant, and it is set off with scroll-work in the corners; the passer-by sees it, and cannot but read it; small boys shout out the name as they go by, and adults mutter it over till they reach another block. It is judiciously placed so that the street-lamp illumines it at night. It affects the more public ways, and it indicates the astute and enterprising physician. He is one who maintains a dignified equipage between the code which says, 'Thou shalt not advertise,' and the Bible which says, 'Let thy light so shine.' In these days, when aestheticism is in the ascendant, when every man of thorough culture lunches at least once a week on the sight of a lily, it would be strange if a love of the beautiful did not affect the style of that corner slab of modern civilisation—the subject of this discourse. The aesthetic sign, in its supremest development, consists of a black marble slab, in which the physician's name is carved and gilded. When especially "intense," the letters are old Roman, with golden punctuation marks, which delicately suggest to the looker-on that he should come to a full stop."

HERNIA (INGUINAL).

The following lines, sent us by an Edinburgh (fourth year's) student will probably interest some of our younger readers:—

Of this, two forms you will find—
Namely, the "Oblique" and "Direct,"
From parts in which they are confined,
They form, at sundry times, project.

The former down a canal pass,
"Inguinal," thro' internal ring,
"External," and to scrotum, pass
Obliquely the way canalising.

The latter is called "Direct"
Escaping thro' a triangle
"Hesselbach's," to exit effect
Thro' external ring, or strangle.

Their coverings please bear in mind
In many ways are just the same,
If you take them as here you find,
You will easily mind their name.

Three fascia, one tissue and sac,
Skin—"Direct" has a muscle more,
In the bargain a tendon pack,
And that puts us right on this score.

The difference you must master
Between "Oblique" and the "Direct";
In "Oblique" you have Cremaster,
But "Conjoined Tendon" in defect.

N. P. M.

N.B.—The "external and internal rings" are the abdominal.

A. W. W.—In our next.

THE SOCIETIES.

SANITARY INSTITUTE OF GREAT BRITAIN.—This evening (Wednesday), at 7.45 o'clock, Dr. Alfred Carpenter will deliver the Inaugural Address.

HUNTERIAN SOCIETY.—This evening, at 7.30 o'clock, Council Meeting.—8 o'clock, Dr. Francis Warner, "On a Case of Empyema treated by Antiseptic Drainage."—Dr. F. C. Turner, "On a Case of Cerebral Hemorrhage."

EPIDEMIOLOGICAL SOCIETY OF LONDON.—This evening, at 8 o'clock, Dr. Cobbold, "On *Filaria Sanguinis Hominis*," sent by Dr. Wykeham

Myers, Formosa; followed by a short paper of his own on the same subject.

OBSTETRICAL SOCIETY OF LONDON.—This evening, at 8 o'clock. Specimens will be shown by the President, Mr. Thornton, Dr. Percy Boulton, Mr. Outhwaite, and Dr. Herman.—Dr. Godson, "On Five Cases of Spasmodic Dysmenorrhoea associated with Sterility, successfully treated by Dilatation with Graduated Metallic Bougies."—Dr. Herman, "On a Case in which Dilatation of the Cervical Canal was followed by Removal of Sterility."—Mr. N. W. Jastrebau, "On the Normal and Pathological Anatomy of the Ganglion Cervicale Uteri."—Dr. W. S. Playfair, "On Trachelo-rhaphy, or Emmet's Operation."

LONDON PHARMACEUTICAL SOCIETY.—This evening (Wednesday), at 8 p.m., the following papers will be read:—"Proximate Analysis of the Fruit of *Omphalocarpum procera*," by W. A. H. Naylor, F.C.S.—"The Antiseptic Properties of Cinnamic Acid," by J. B. Barnes, F.C.S.—"Note on *Hedyosmum Nutans* and *Critonea Dalca*," by E. M. Holmes, F.L.S.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Thursday, Dec. 8, at 8.30 p.m., Mr. E. J. Fry-Smith, "On a Case of Glaucoma cured by Esarine."—Dr. Gowers: (1) "On a Sequel to a Case of Cerebral Tumour;" (2) "On Two Cases of Optic Neuritis in Chorea;" (3) "On a Case of Axial Neuritis and Spinal Disease;" (4) "On a Case of Hemiplegia in Locomotor Ataxy."—Mr. G. E. Wherry, "On a Case of Paralysis of the Fifth and Facial Nerves in a young Child."—Dr. Stephen Mackenzie, "On a Case of Acute Vascular Disease with Retinal Hemorrhages."—Mr. Nettleship, "On a Case of Diabetic Cataract."—Mr. W. E. Fitzgerald, "On Unilateral Exophthalmos"—Living Specimens at 8 o'clock.—Mr. Miles: General Retinal Ferriarthritis. Mr. Nettleship: (1) Cystic Tumour of the Eyebrow; (2) Diabetic Retinitis. Mr. Cowell: Cases of Retinitis Pigmentosa.

BARVEIAN SOCIETY.—Thursday, Dec. 8, at 8.30 p.m., Second Harveian Lecture: Dr. Alfred Meadows, "On Menstruation and its Derangements."

CLINICAL SOCIETY OF LONDON.—Friday, Dec. 9, at 8.30 p.m., Mr. W. H. Bennett, "On a Case of *Talipes Equino-varus* treated by Resection of a Portion of the Tarsus."—Mr. J. E. Lunn, "On Two Cases of Myxodema, Male and Female."—Dr. Cavalet, "On Two Cases of Myxodema."—Mr. W. H. Keasteven, "On a Case of Unilateral Exophthalmos" (patient will be exhibited).

Vacancies.

Ballina Union, Crossmolina Dispensary.—Medical Officer, Salary, £120, and £20 as Medical Officer of Health. Election, Dec. 23 (See Advt)

Beckett Hospital, Barnsley.—House Surgeon. Salary, £160, with board. Applications to the Hon. Sec. before Dec. 16.

Lincoln General Dispensary.—Resident Medical Officer. Salary, £150, with board. Applications to the Secretary by Dec. 14.

Middlesex County Lunatic Asylum.—Assistant Medical Officer in the Male Department. Salary commencing at £160, with board. Applications to be made on printed forms to be had of the Clerk.

Sunderland.—Medical Officer and Public Analyst. Salary, £300. Immediate application to the Town Clerk.

University of Edinburgh.—Examinerships in Clinical Medicine, Surgery, Physiology, Materia Medica, and Pathology. Applications must be lodged with the Secretary to the University Court before Jan. 16.

Appointments.

PITTARD, M., M.B.C.S.E., Assistant Surgical Officer to Charing Cross Hospital.

SUTTON, S. W., M.B.Lond., L.R.C.P., M.R.C.S., Senior Assistant House Physician to St. Thomas's Hospital.

TIBBLES, W., L.R.C.P., L.M., Medical Officer of Health to the Rural Sanitary Authority of Helton Mowbray Union.

WELLS, A. K., L.R.C.P., M.R.C.S., Junior Assistant House Physician to St. Thomas's Hospital.

WHITE, E. F., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

WIGAN, C. A., Assistant Medical Officer to Charing Cross Hospital.

WILLIAMS, E., L.K.Q.C.P.I., Consulting Surgeon to the Wrexham Infirmary.

Births.

BUCKLE.—Nov. 29, at Great Bardfield, the wife of John Buckle, M.E.C.S., of a son.

WALSH.—Nov. 26, at Jersey, the wife of Surgeon-Major Walsh, A.M.D., of a daughter.

Marriages.

KANE—CARDEW.—Dec. 1, at St. Andrew's Church, Bath, J. Seymour Kane, B.A., M.D., of Almonbury, to Emma, eldest daughter of Inspector-General G. S. Cardew, M.D., of Bath.

Deaths.

BLAKE.—Nov. 24, at Bishopstone, Moseley, Valentine Walsham Blake, F.R.C.S., late of Birmingham, in his 64th year.

GREEN.—Nov. 29, at the Borough Lunatic Asylum, Birmingham, Thomas Green, M.R.C.S., aged 81.

JOHNSTON.—Nov. 29, at his residence, Huskisson Street, Liverpool, John Johnston, M.R.C.S.E., &c., aged 80.

MAHON.—Nov. 25, at The Hermitage, Crossmolina, co. Mayo, after a short illness, Dr. Thomas Mahon, aged 39.

MILLER.—Nov. 23, at Camberwell New Road, Dr. David Graham Miller, Fleet Surgeon, B.N., in his 81st year.

PHILLIMORE.—At Sneuton County Asylum, Nottingham, Wm. Phillimore, M.B. Lond., aged 60.

POLLOCK.—Nov. 26, at Rose Hill, Hornsey, Timothy Pollock, M.D., late of Hutton Garden, London, aged 83.

STRIDE.—Dec. 3, at 72 High Street, Sheerness, Edward Stride, M.R.C.S., aged 58.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 14, 1881.

CONTENTS.		PAGE	PAGE	PAGE
ORIGINAL COMMUNICATIONS.			TRANSACTIONS OF SOCIETIES.	
Menstruation and its Derangements. By Alfred Meadows, M.D., F.R.C.P., &c., Physician to, and Lecturer on Midwifery and Diseases of Women and Children at St. Mary's Hospital. Abstract Report of Harveian Lectures for 1881	509	CLINICAL SOCIETY OF LONDON—	Talipes Equino-Varus treated by Resection of a Portion of the Tarsal Bones	518
The Early Detection and Treatment of Disease of the Hip-joint. By Edmund Owen, F.R.C.S., Surgeon to St. Mary's Hospital, and Senior Assistant Surgeon to the Hospital for Sick Children, Great Ormond Street	511	SURGICAL SOCIETY OF IRELAND—	Four Cases of Myxodema	514
Case of Diffused Aneurism of the Femoral Artery treated by Antiseptic Ligature. By T. H. Moorhead, M.A., M.D. Univ. Dub., Medical Officer, Cootehill Union Workhouse	512	THE MINERAL WATERS OF EUROPE— The Medical Press Analytical Reports on the Principal Bottled Waters. By O. C. E. Tichborne, LL.D., F.C.S., F.I.C., with Notes on their Therapeutical Uses. By Prosser James, M.D., M.R.C.P. Lond., &c.	President's Address (conclusion)	515
CLINICAL RECORDS.			LEADING ARTICLES.	
Westmoreland Lock Hospital—Case of Gangrene—Under the care of Rawdon Macnamara, M.D., F.R.C.S.I., Senior Surgeon	513		TRAPS FOR FOOLS	520
			PROFESSOR CHARTREIS ON THE GERM THEORY	521
			NOTES ON CURRENT TOPICS.	
			Scientific Garotting	522
			Anti-Vivisection Fanaticism	523
			The Vienna Tragedy	523
			M. Pasteur	523
			Galvano-Puncture in Aneurism	523
			The Radical Cure of Cancer	523
			The Metropolitan Hospital Saturday Fund	523
			Ophthalmic Teaching in Dublin	524
			The Meeting of the British Medical Association for 1881	524
			Extraordinary Case of Suicide	525
			The French Trichina Scare	525
			Fever Dens and Disinfectants	525
			Administration of the Vivisection Act	525
			Proposed Alterations in the Indian Medical Service	525
			The Examiners at the Royal College of Surgeons, England	526
			SCOTLAND	
			The Infectious Diseases Act in Edinburgh—A Well-merited Rebuke—Hint on Home Surgery—Glasgow Royal Infirmary—Edinburgh Health Society, &c. ...	526
			OBITUARY.	
			Mr. Douglas Hemming	528
			Dr. Philip Bevan	528
			Dr. Madden	528
			Dr. Henry Berkeley	528
			Mr. John Reid	529
			Novelties	529
			NOTICES TO CORRESPONDENTS	58

Original Communications.

MENSTRUATION AND ITS DERANGEMENTS.

By ALFRED MEADOWS, M.D., F.R.C.P. &c.,

Physician to, and Lecturer on Midwifery and Diseases of Women and Children at, St. Mary's Hospital.

Abstract Report of Harveian Lectures for 1881.

LECTURE II.

DR. MEADOWS prefaced his second lecture by a brief review of the main facts dealt with in the first discourse, particularly insisting on the importance of the ovaries, as shown in the nervous and vascular supplies to these organs. The second lecture, he observed, would be devoted to consideration of the derangements to which the menstrual function was subject, and to the treatment of them suggested by a due appreciation of anatomical and physiological data; the principal points of the lecture are included in the following synopsis:—

A study of the subjects already fully described in Lecture I. will materially assist the interpretation of problems connected with the pathology of deranged menstruation, the point of especial significance being the nervous and vascular communion existing between the ovaries and fundus uteri. Some classification of the derangements to which the function is subject, is called for as an aid to its study, and this may be based either on anatomical data; or on distinctions of origin as "organic" or "functional;" or it may be made to follow deviations in the amount of (1), discharge, and (2), pain attending the periodical menstrual disturbances. Diagnosis, the vital aid to treatment in all these cases, will be little assisted by classification depending on either anatomical or merely descriptive distinctions, but it will derive the most useful and instructive help from that which is founded on the variability of the discharge and its attendants; this mode, therefore, is that adopted by Dr. Meadows. On this ground, then, menstrual derangement would be separable into amenorrhœa, dysmenorrhœa,

menorrhagia, and metrorrhagia, and the varieties depending on these forms; each requires to be considered in turn.

Amenorrhœa must be carefully distinguished from *delayed menstruation*, since, though in the latter class of cases; the menstrual discharge may not appear for many years; even after its usual time, yet it is a distinct condition, as will be seen later, from that of which absolute absence of all discharge at all times is the sign. The discharge usually appears for the first time at about 14½ years, but it is subject in this respect to almost infinite variety. In rare cases it is *never* established, and they called for particular and separate study. The diagnosis of amenorrhœa, however, is a comparatively easy matter. As its name implies, the presence of the condition is at once established by simple observation. The *cause* is another matter, and must be looked for in the condition of the organs implicated. Thus a mechanical obstacle may prevent the outlet of the discharge, in which case its progressive increase quickly reveals the true state of the case, for in every instance of true menstruation, *ovulation* is an invariable accompaniment, it is as invariably absent in every case of true amenorrhœa. Some inexplicable cases, however, must be admitted to occur; but in every instance of congenital defect, the subsequent unusual symptoms will be found due to the arrested development of the genital apparatus. Either the ovaries will have been arrested in growth, or the ovaries and uterus may both have shared in it; but, as a rule, there is a less degree of malformation than this, an imperfect kind of menstruation, small in amount, being possible to the organs. These cases admit of early recognition, and in them the ovaries can be proved to be the organs at fault. There are other cases in which the menstrual function, after being duly performed, perhaps for a considerable number of years, may become arrested and entirely cease, as a consequence of some local and general and constitutional changes, the essence of which Dr. Meadows' experience tends to demonstrate, is a blood-poisoning of some description. Thus, after blood-poisoning due to scarlet fever, arrest of the menstrua is by no means uncommon; and similarly, though less frequently, the same effect may be produced after measles, typhoid fever, and rheumatic fever. In all such

instances the pathology is obscure, but the changes are probably due to *atrophy* of the ovary, and no hope of effectually remedying the condition can be entertained. Colds taken during menstruation are another cause of arrested function. Pain is a frequent accompaniment of these cases, in which, inflammation being induced by the exposure, trophic changes follow, producing a state of things for which it is futile to expect a remedy to be found.

The cause of all the menstrual irregularities above described is arrest of *ovulation*; the ovary atrophies, shrivels, shrinks up, becomes mobile in the pelvis, but usually out of reach, and assumes a senile appearance. Diagnosis is confirmed by cessation of function, and the clinical history forms an explanation of the cause of the change.

Treatment of amenorrhœa, under whatever form, resolves itself into treatment of ovarian atrophy; and hence the indication first and foremost is, to stimulate the sluggish action of the organ. Very few remedies, however, can be relied on to effect this result—if, indeed, any—and when the condition is consequent on blood poisoning, absolutely *nothing* will avail to produce any benefit. Tincture of cantharides in ten to twenty minim doses have been most efficacious in Dr. Meadows' hands, where remedies have not been resorted to in vain; and rue and savin have a reputation in the same connection. Iron will be of service when the constitutional state demands it, and blisters may be productive of some slight good. The most efficient agent, however, in any case of the kind, is undoubtedly *electricity*, and the method of applying it as a stimulant to ovarian activity has occupied the attention of several authorities. The late Sir James Simpson advocated the use of an intra-uterine galvanic stem, by the employment of which the uterus is excited, lumbar pains are produced, and a slight discharge is provoked. This is certainly not a true menstrual discharge, since it possesses no ovarian character, and is not preceded by the excitement of ovarian activity to ovulation. Moreover, this mode of applying electricity is attended with serious risks, it being within Dr. Meadows' experience that it may be followed by retro-cellulitis and pelvic abscess, the stem in one case referred to having been removed with difficulty, and found to be covered with a thick membranous deposit from the irritated mucous membrane adjacent. Stimulation by galvanism for a short time daily has been adopted with better results, special bougies, sounds, &c., having been constructed to facilitate the passage of electrical currents to particular regions as required. Daily passage of sounds, introduction of sponge tents, and dry cupping, are other modes of promoting functional activity which are unscientific and extremely unsafe proceedings. By these means irritation of a kind is certainly set up, and a thin sanguineous discharge is provoked, but this is by no means *menstruation*, for, in the circumstances, the ovaries are not in the least degree affected, and without they are in active function ovulation and true menstruation cannot take place. It is nevertheless possible to transmit the electric current directly through the ovaries, several plans having been suggested for thus exciting them to action. The patient may be placed in a galvanic bath, or the poles of a battery may be adopted to secure the desired end in various ways. The bath is to be preferred in many cases, and in conjunction with it enemata of rue and tinct. cinnaomon on alternate days, for five or six times, may be advisable.

It is well to remember that obesity is a frequent accompaniment of amenorrhœa, and even plethora, the latter being more common in married women than in single. Also the uterus varies as the general condition of the body differs, and the general treatment must be carefully directed on well-known general principles, in regard to such conditions.

In *chlorosis*, amenorrhœa is not, as is very generally insisted, a *cause*, but a *consequence*, of the condition of the blood. To this is due the arrest of ovulation, and any

attempt to restore the function must be addressed to improving the state of the blood, without any regard whatever to the generative organs pending essential changes in the circulating medium. These once brought about, menstruation will be re-established without any special attention being directed to it. The digestive system, however, should be seen to.

Dysmenorrhœa in some of its forms presents characters analogous to those exhibited by amenorrhœa. It may vary wonderfully, from a large amount of discharge to a mere "show." As the amount of nervous excitation produced is to be taken as a measure of the ovarian act, it is evident that when this is scanty and abortive pain will not accompany it, the effect produced, or energy displayed, being too infinitesimal to bring it about. Nevertheless, as long as a discharge, however small in amount, is regular in appearance, there is good hope of restoring the functional vigour of the organ.

Scanty menstruation is commonly associated with obesity of figure, and sterility as a consequence of improper ovulation. Examination per vaginam of such cases shows that the organs generally are normal in form, &c., but that the ovaries are atrophic and, as a rule, undiscoversable by the fingers in this position. The uterus may exhibit scarcely any alteration. In all such instances the diminution and cessation of the menstrual discharge, are matters of time and degree, and are thus sharply separated from those in which total disappearance suddenly follows blood-poisoning. In case of gradual loss of function, emmenagogues may be found useful, but bromides and iodides are contraindicated when the signs are as above described. With them, however, electricity is signally serviceable, but must be frequently applied to secure benefit, the reason for this being that the remedy acts on a function which only recurs periodically, the ovaries and *not* the uterus being the organs implicated.

Entire *absence* of the generative organs is very rarely witnessed, only a single instance ever having come under Dr. Meadows' own observation. This was an infant which lived but a few minutes after birth: ovaries, uterus, and urinary organs were all wanting.

Rudimentary organs may be encountered. Thus, when the ovaries are abortively developed, menstruation will be very slight, and treatment must be directed to assisting the better development of the stunted organ. A rudimentary condition of other organs, e.g., uterus, vagina, and especially the mammae, usually goes with this condition of ovary when occurring congenitally.

The ovaries may be perfectly normal in all respects, and the uterus also, above the os, but from that point occluded. In such a case diagnosis will be simple if the vagina also is normal, for a globular, bulging tumour of increasing size will be found in the situation of the cervix, which needs only not to be confounded with pregnancy. The real nature of the case being understood a trocar may be introduced for the evacuation of the uterine cavity, care being taken to preserve the vaginal wall from contact with the confined, acrid secretions.

Lastly, dysmenorrhœa may be due to occlusion of the vagina, necessitating operative procedure for relief. Here it must be remembered that true amenorrhœa has not been present, and precautions must be taken to guard against danger to the patient, by (1) evacuating the collection of fluid slowly, (2) excluding air from admission to the pent-up fluid, (3) freely injecting disinfectants into the cavity opened; and (4) by acting on the uterus with oxytocics.

(To be continued.)

A MIDWIFE was, on the 30th ult., committed for trial for manslaughter by the Tunbridge Wells magistrates. She had, it was alleged, conveyed puerperal fever from one patient to another, and death resulted in the second case.

THE EARLY DETECTION AND TREATMENT OF DISEASE OF THE HIP-JOINT. (a)

By EDMUND OWEN, F.R.C.S.,

Surgeon to St. Mary's Hospital, and Senior-Assistant Surgeon to the Hospital for Sick Children, Great Ormond Street.

It is, I think, hardly necessary to insist at any length upon the importance of making a prompt estimate of the condition of an affected joint: it is in the early days that our treatment can effect so much; but if we allow the inflammation to get even a short start of our diagnosis, we may never be enabled to make up the lost ground. We may work at high therapeutic pressure, but we can never get abreast, as it were, of the adverse conditions. "A stern chase is a long chase." If it is necessary that we make an early diagnosis of the presence of joint-disease in children, it is only that the little patient may derive the utmost benefit from our treatment. That is self-evident. But, although the presence of some early, and therefore slight inflammation may be detected, still an unfortunate supineness in dealing with it is often to be deplored. And here I make a general accusation: the determined treatment of joint-disease is not, as a rule, undertaken sufficiently early. A child complains that his knee pains him; perhaps advice is obtained. The surgeon detects something amiss, and tells the mother, correctly enough, that the hip-joint is slightly inflamed; but when the mother asks what is to be done, he is apt to content himself with saying, "Keep the child quiet; do not let it run about very much." Instructions so indefinite are of little value. The child is allowed to run or hop about, and it is a matter of chance whether his trouble gets better or worse. In many children, I grant, the reparative powers are so active that even in these unfavourable circumstances the joint recovers; but there is a large proportion of subjects in whom a slight articular injury lights up so keen a local conflagration that in due course the synovial membrane, cartilage, ligaments, and even the joint surfaces of the bones themselves become consumed.

A strong, healthy-looking child is often the subject of rapidly advancing joint-disease. It would be an error to suppose that it is only in the so-called scrofulous child that a joint-trouble would become serious. I will, then, insist upon this that all children, with early joint-affection, must be treated alike; and in each case we must procure for the joint that absolute physiological rest of which so much has been written.

I must not open up the subject of treatment before we have dismissed that of diagnosis, but I will venture to say, in passing, that if the tender joint is in the lower extremity, the child must, for a time, be kept in bed: nothing short of this will satisfy the demands. It may seem to be a severe measure for so slight a matter, and in this light it strikes the mother, for she is almost certain to ask if it will not be equally efficient if the little fellow is kept on the sofa. No, it will not. The boy who is allowed to get upon the sofa will be off it upon the first opportunity. His book or his toy falls on to the floor; perhaps, even, it slides or rolls under the sofa, and he must get it. The affected joint is, with the others, pressed into the service, and, it may be, does its work so well that both the boy and his mother deem further confinement, not only unnecessary, but even prejudicial. At his next visit the surgeon finds the joint a little worse than when he left it.

Before I leave these prefatory remarks, I would suggest that the surgeon must never slightly regard a tender joint: he must rather give it his best and serious attention. He cannot tell of how much evil this is the starting point; and, to return to our own simile of the conflagration, I will ask what he would do if he found that some little flame was appearing between the

boards of the floor of one of his rooms. He would pour on water, nor would he desist until, not only flame, but smoke had ceased entirely to issue. Let us bear that in mind, his treatment would be equally energetic when only smoke attracted his attention. In the case of the joint, obscure pains or uneasiness in the movement are, if I may be allowed the expression, pathological smoke: acute symptoms are the flame which may or may not eventually burst forth. And the old adage is as full of meaning in surgery as it is in everyday life, "There is no smoke without fire." With us the child would agree that the inflamed joint is on fire; and neither has he, nor have we, wandered a hair's breadth from either the language or the thoughts of the old pathologists.

In order that we may examine a hip-joint in the early days of inflammatory changes, we will take the case of a boy who was pushed down the school steps three or four weeks previously. His mother heard of the fall, and two or three days afterwards noticed a bruise over the hip. It is now, as I have already suggested, about a month since the fall, and the boy complains of some stiffness and pain, perhaps, in the thigh or knee. I would not now allude to the fact of the pain in the thigh and knee being probably due to the distribution in those associated regions of certain filaments of the obturator nerve (whose anterior division also supplies the hip-joint), were it not that even now the knee is occasionally poulticed for disease of the superior articulation. As Sydney Smith, I think it was, said, "one might just as well have stroked the dome of St. Paul's to please the Dean and Chapter." When the child walks he limps, and is easily tired; and if the limb is handled roughly he shows evident signs of distress, so that I trust I may be pardoned if I ask that the limb may be examined with the utmost gentleness. Above all things, I would ask that the old fashioned plan of striking the heel or the great trochanter may not be resorted to. It is not only an unscientific method of investigation; it is rough and barbarous. It does not differentiate between disease of the hip and that of the sacro-iliac articulation.

The first step in the pathological process is effusion of thin synovial fluid into the interior of the injected synovial membrane. So the capsule becomes distended, and, bulging forwards beneath the muscles at the base of Scarpa's triangle, helps to obliterate the fold of the groin; and as it is only by comparison with the opposite side that one can estimate or make out this effacement it will be absolutely necessary that the child should have his trousers taken off before the examination is undertaken.

From this effusion the intra-articular pressure is increased and pain results, and the limb arranges itself in that position in which there is greatest roominess in the joint. This position is, briefly, that of flexion, the explanation being this,—that the anterior part of the capsule is, on account of the presence of the accessory band, much stronger than the posterior part, and refuses to yield sufficiently to give the extra room for the fluid which is increasing within the joint. But the back of the capsule bulges out around the neck of the femur until it can yield no more. Then increased space for the fluid is only to be obtained by flexion of the femur towards the abdomen.

To show that this change of position of the femur is exactly what might happen when inflammatory effusion fills the synovial membrane, I now inject fluid into the interior of a hip-joint by means of a small syringe which throws a stream of water through a perforation in the acetabulum which has been made from the pelvic side. Mark, as soon as I inject, the femur is flexed. This position of the limb is maintained as long as the joint is full; and bearing this fact in mind, the explanation of the rest of the anatomy of the earlier days of hip-joint disease becomes beautifully simple. Let us watch the

(a) Read before the Harveian Society of London, November 3, 1881.

boy (in our mind's eye) as he walks; he comes in carefully stepping on the tip of the toe of the affected side, and when he stands he leans over on to that side, and very likely rests his hand upon the front of his thigh.

First as regards the walk; the limping on the toe.

You will notice that in the diagram upon the wall I have represented in rough outline the bones of the right lower extremity in the normal, erect position. The hip and the knee-joints are straight, and the foot is firmly planted upon the ground.

In the next diagram you will see that the femur is slightly flexed as in the early days of hip-joint disease, and as we have shown in this injected joint. Now, because the knee is advanced, the extremity seems shortened, and the foot cannot reach the ground flat, as it did before. So the boy as he stands, can only get the toes to the ground, and as he walks he seems to paddle himself along with the tip of his boot. This method of progression is as characteristic of, as it is inseparable from, the condition of hip-joint effusion, but it does not differentiate hip-joint disease; any pathological state which involves a permanent flexion of the hip or knee will be characterised by this tip-toe symptom. So we shall find it in those cases of spinal disease in which abscess in the sheath of the psoas demands, on account of the pressure upon the cords of the lumbar plexus, an approximation between the thigh and the abdomen; and we shall find it also in cases of knee-joint disease, when the amount of the effusion within the articulation may almost be measured by the acuteness of the retiring angle of the knee-joint.

In proceeding to the differential diagnosis of these three conditions, the flexion of psoas abscess, of hip disease, and of knee disease, the subjective symptoms of pain will not be of material avail; for in each case persistent knee-pains may be the chief source of suffering. So the child must be put flat upon his back upon a firm mattress, and the knee must be gently flexed and gently extended; if its movements are free and do not elicit a complaint, or even an apprehensive facial expression, the trouble is not there. Then the thigh may be gently manipulated, and if its movements are free and painless, then we shall probably find that the head and front of the offending are in the lumbar vertebrae, and that the debris of the molecular disintegration and other products of inflammation are accumulating in the iliac fossa as an iliac or psoas abscess. But if the disease is at the hip-joint, after all, its presence will be best detected in the following way:—Bearing in mind that the flexion of the thigh is maintained in order that the pressure in the interior of the joint may be (diminished) that the pain is thereby reduced within its narrowest limits, we may infer that if we attempt to bring down the limb we shall increase the intra-articular pressure in proportion to the amount of tension which we impart to the anterior part of the capsule. And so it is. As soon as the attempt to bring down the thigh is made, every muscle towards the front of the joint, from the tensor fasciæ femoris on the outer side, to the adductor longus on the inner, springs into energetic contraction, and effectually prevents any straightening of the joint. Yet, if the manipulation be carried out with discreet but steady firmness, the thigh can, apparently, be brought down. This extension is but apparent, not real; it is the result of a tilting forward of the pelvis, and an arching of the loins, the relative position of the os innominatum and the femur being never once altered. To this arching of the loins, or extension of the pelvis upon the vertebral column, as a fallacy in the examination of hip-joint disease, I would direct especial attention; when the child is lying supine the amount of the deformity may even be estimated by the amount of loin-arching.

(To be continued.)

CASE OF DIFFUSED ANEURISM OF THE FEMORAL ARTERY TREATED BY ANTISEPTIC LIGATURE.

By T. H. MOORHEAD, M.A., M.D., Univ. Dub.
Medical Officer, Cooteshill Union Workhouse.

ON August 31st, 1881, I was asked to see Mr. K., a strong, healthy, looking man, æt. 30, who gave me the following account of his illness:—

Some weeks ago he observed a hard swelling on the inner aspect of the right thigh, just above the knee-joint. When first noticed it was about the size of a walnut, hard, painless, and pulsating. He showed it to a practitioner in the city where he resided, who told him it was rheumatism and prescribed a liniment. He thought no more about it till August 26th when he came down to the country and indulged in some violent exercise, jumping ditches, &c., after which he felt his leg rather stiff. Aug. 28th, while out walking, he suddenly got severe palpitation, with great pain in the thigh, and fainted. On his return home he found the thigh swollen, hard, and very painful. He had a soft sore and secondaries eight or nine years ago, for which he was treated with mercury, but of late he has been troubled with dyspnoea on exertion, and failing sight.

When I saw him he was up and dressed, his tongue was clean; pulse 80, temp. 99.4. The posterior aspect of right thigh was occupied by a large hard tumour, extending from the ham to the buttock, with extensive ecchymosis over middle third. He was unable to extend the leg which, together with the foot, was oedematous. A diffused pulsation could be felt over the lower half of the swelling, ceasing on compression of the femoral artery. A loud systolic bruit was audible over the same area and was propagated up the artery as far as Poupart's ligament. No pulse could be detected in dorsalis pedis artery.

Sept. 2nd.—I saw him in consultation with Mr. Young and Dr. Moore, and it was decided to make an attempt to treat the aneurism by compression, as the chances of ligature succeeding seemed small.

5th.—Cannot tolerate compression of the femoral, either digital or with a shot bag, for more than a minute or so at a time. Has been suffering great pain, relieved only by hypodermic injections of morphia; 3¼ inches above patella the circumference of the thigh is 19 inches, and that of opposite side 14½ inches. Pulse 100, temp. 99. A loud systolic murmur audible over aortic valve.

10th.—Has been getting rapidly worse. The circumference of thigh is now 20½ inches, and the surface of the aneurism is red and glazed. The pain for the last few days has been intolerable, and comparative ease has only been obtained by large doses of morphia hypodermically.

The nature of the case having been fully explained to the patient, and his consent obtained to amputation should the vessel on exposure prove unfit for ligature, I proceeded to tie the femoral artery at the apex of Scarpa's triangle, Dr. Moore administering chloroform, and Drs. Ryan and Sharpe assisting me.

The operation presented no difficulty. Strict Listerism was adopted; the vessel was tied with chromic acid catgut, and the edges of the wound brought together with sutures of the same material. Pulsation ceased in the tumour as soon as the ligature was tightened, and the dressings having been carefully applied, and the patient removed from the table to his bed, the limb was elevated and wrapped in cotton wool, and at 6 o'clock I left him quite comfortable.

At 8 p.m. I returned to see him. On looking at the dressings I found blood oozing from beneath them, and a considerable clot in the bed. As soon as the spray could be got to work I removed them, and found the wound distended with clot and a thin red stream issuing from the lower angle which pressure would not check. I re-applied the gauze and ran across the street to Dr.

Sharpe's residence, who was the only practitioner within four or five miles, but he had gone a long distance away to a midwifery case. Fortunately, I was able to get Mr. Armstrong, the local apothecary, who had most satisfactorily managed the spray for me at the operation, and with a stout-hearted neighbour to hold the candle and assist me generally, I again exposed the wound, cut the stitches, and turned out the mass of clot. So much were the sides of the incision infiltrated with blood that I could hardly reach the vessel as it lay at the bottom of the wound, but after some sponging I ascertained that the blood was coming from the distal side of the ligature and was only welling up slowly. I then compressed the artery at the spot whence the blood seemed to flow with my thumb and finger for a few minutes, and on removing them the hæmorrhage ceased. After waiting a little time to make sure, I brought the edges of the wound together with wire sutures and re-applied the dressings.

From this date his progress has been one of uninterrupted recovery. For the first few days the wound had to be dressed daily owing to the free oozing of serum, nevertheless it continued aseptic throughout, and united by first intention, except the upper and lower angles where blood clots slowly organised. The leg never lost warmth nor required artificial heat, and the œdema rapidly subsided. The temperature only reached 100 on one occasion—twenty-four hours after the operation—and on the ninth day was normal night and morning. For some days he complained of great pain in the foot and leg, but even this did not trouble him long, and was easily relieved by a hypodermic injection night and morning. On the 24th day I finally removed the gauze dressings, the wound being skinned over with the exception of one small spot, which soon healed under simple dressing.

On the 29th day he was out of bed, and a few days later got about on crutches. All the extravasated blood was by this time absorbed, the sac alone remaining, its contents still fluid, and measuring with the thigh $18\frac{1}{2}$ inches circumference. On the 30th day he got downstairs, and is now, eleven weeks after the operation, able to walk about with a high-heeled boot, the tumour being still a considerable size, but quite solid, and preventing the full extension of the leg. In all other respects his health is as good as ever it was.

There appear to be several points of interest in this case:—1st. The hæmorrhage which occurred a few hours after the operation (as I feared from the femoral artery) evidently proceeded from some small branch, which gave no trouble till it, together with the other branches, began to enlarge; 2nd. The effect of Listerism in saving the patient from a foul sloughy wound, such as would almost inevitably have resulted had it been treated in the ordinary way after its walls were infiltrated with blood clot, and 3rd, the effect of the diffusion of the aneurism. Our fear was that owing to the enormous mass of effused blood occupying the posterior and inner aspect of the thigh gangrene would have resulted, but it is now manifest that this mass of blood acted as a partial compressor of the vessel, and that the collateral circulation was fully established before the femoral was tied.

Clinical Records.

WESTMORLAND LOCK HOSPITAL.

Case of Gangrene.

Under the Care of RAWDON MACNAMARA, M.D.,
F.R.C.S.I., Senior Surgeon.

(Reported by MR. FRANK CAMPBELL.)

C. W., æt. 27, was admitted into the Westmorland Lock Hospital under the care of Mr. Macnamara, suffering from hypertrophied labia and chancres, which, after some little

time, began to improve under appropriate treatment, but these were soon followed by suppurating buboes on each side, the amount of pus discharged from these was excessive, and continued for a very long time, wearing the patient down very much. Mr. Macnamara having adopted a stimulating and energetic mode of treatment they healed up satisfactorily, and the patient began to improve in health and appearance. A month now elapsed during which she appeared convalescent, when huge abscesses formed on the buttocks, followed by extensive sloughings despite all Mr. Macnamara's efforts these remained open for nearly two months, when they finally cicatrised, only to be followed by an iliac abscess (left side) which opened first above, and afterwards below Poupart's ligament. The suppuration was very profuse and, notwithstanding that the patient was supported by stimulating medicines, and the best of diet, it wore her down to a skeleton. The left knee began to swell and contract, poroplastic splints were used to keep it straight; but the pain was intolerable, and despite all efforts the contraction continued and increased, until finally, gangrene which attacked the foot set in, and made rapid progress. The line of demarcation formed about four inches above the malleolus, and as a last resource Mr. Macnamara determined to amputate. The patient was at this time in a terribly emaciated state from the previous abscesses; she was put under the influence of the bichloride methylene. Mr. Macnamara operated by the circular flap, hands breadth below knee; very little blood was lost during the operation, as the arteries were well compressed. The stump was swabbed with a solution of chloride of zinc (40 grains to ounce) and the flaps brought together by silver wire. From this the patient made a steady and quick recovery. Her temperature never rose above 99° , and little or no pus escaped from the stump during cicatrisation. In three weeks it had entirely healed up. Two months after the operation she was attacked by a secondary papular eruption, which necessitated her continuance in hospital; this soon yielded to treatment, and in three weeks she was in perfect health.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, DECEMBER 9TH.

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

TALIPES EQUINO-VARUS TREATED BY RESECTION OF A PORTION OF THE TARSAL BONES.

Mr. WILLIAM H. BENNETT exhibited a man, æt. 47, who had been the subject of the above description of talipes in a severe form. The patient had been born lame, and when an infant had been under surgical treatment; tenotomy had been performed with temporary relief only. For thirty-five years the patient had been walking much on the deformed limb, wearing an ordinary boot padded and adapted by himself. At times there had been most severe pains from the bursa which had developed, and the deformity had gradually increased. When admitted to St. George's Hospital under Mr. Bennett's care on June 25, 1881, the patient hobbled about in an unsightly manner. The left lower limb was wasted and shortened; the foot was much drawn up at the heel, and the sole was so twisted inwards that it was directed towards the median line of the body. The patient in walking or standing bore his weight entirely on the outer edge of the foot over which the skin was greatly thickened, and beneath this thickening bursa had formed. No alteration in the shape of the foot could be made by any force applied. On June 30th a portion of the central part of the tarsus was resected. A flap was turned back from the dorsal aspect of the mid-tarsal region, and with a chisel sufficient of the tarsus was chipped away, piece by piece, to allow the anterior part of the sole to be placed in a perfectly flat position. The tendo-achillis was divided, and the heel brought down as much as possible. The parts were accurately adapted, a drainage-tube introduced,

and the limb placed on a splint with a foot-piece. The operation was performed antiseptically and the wound dressed in the same way. The portions of bone removed included the cuboid and the scaphoid. No constitutional disturbance of any kind followed the operation. The dressings were changed for the first time eight days later, the wound had then healed excepting at its extremities where the drainage tube was lying. By July 8 the whole wound had soundly healed excepting a small sinus at the lower part. At this date antiseptic dressing was discontinued in consequence of irritation produced by the carbolic acid. A few days later erysipelas attacked the foot; cellulitis followed; the wound had to be opened up; all union between the bones, which before had been remarkably firm, broke down; and at one time much sloughing seemed likely to occur. By degrees this attack passed off, and after much trouble the foot was brought again into a good condition. By September 8 the wound had again healed, and the bones were again consolidating. The progress from that time was uninterrupted. On November 8 he was provided with a boot with iron supports and was allowed to walk. The condition of the foot when the patient was exhibited was described as follows:—The foot is somewhat shortened; the anterior part of the sole is as nearly as possible flat, and is planted firmly on the ground in standing and walking; the heel is still somewhat inverted, but can be made to touch the ground. The union at the point where the bones were resected is firm but not bony. The gait is altogether better than on the patient's admission into the hospital, and is gradually improving. Mr. Bennett thought the case might fairly be considered successful, and also that it demonstrated the desirability of performing this operation in certain examples of talipes. The case itself was peculiarly suitable for the form of treatment adopted, inasmuch as the long continuance of the deformity and the age of the patient rendered relief impossible by any milder procedure. It was suggested that fibrous union would be preferable to bony ankylosis as it would allow a certain amount of movement in a position where a joint is naturally provided. It was then submitted that the operation was one of extreme severity, and although performed with a successful result in a considerable number of cases recorded by other surgeons, should be resorted to only in those instances in which no other milder form of treatment could be adopted with success.

Mr. DAVEY expressed the satisfaction he felt at the general sanction which was being accorded to this class of operations. His own experience of them was limited to seventeen cases, and the success obtained justified him in anticipating that by-and-bye resection would be regarded as the only reliable treatment in all cases of the kind. He exhibited a foot taken from a post-mortem subject, and from which he had removed a wedge-shaped mass of bone, as would be effected in his mode of operating for excision of the transverse tarsal joint as a remedial measure for the malformation under discussion. This operation had been performed on a boy, *æt.* 10, who had been suffering from talipes equinus, and after remaining two months in hospital he could walk easily on the foot, which thus had been transformed from a useless to a useful member. The operation had been simplified as compared with its original form. A quadrilateral fold of skin should be removed from the outer side of the foot, and a special wedge-shaped director employed as a guide to the knife in making the subsequent incisions prior to removal of the bony mass, the form of which followed that of the director. All the seventeen operations had been performed with no other antiseptic precautions than a scrupulous cleanliness, and but one death had occurred out of the number. Mr. Bennett's case was undoubtedly the oldest patient yet operated on, but it should be recollected that children who are submitted to surgical interference for remedying the defect of club-feet, had been for years subject to interference of one kind or another; and in their case a radical procedure of even so serious a description might be expected to produce good results. In fact, the operation was preëminently beneficial, substituting a strong useful limb for a weak, useless, and malformed one, and the risk attending it might be estimated by the fact that no relapse had occurred in any of his cases, and only one death. He thought fibrous union between the bones might produce a valuable extremity.

Mr. HOWARD MARSH, admitting that talipes was a difficult subject to understand thoroughly, thought it would conduce to a better comprehension of the claims of the operation if an opportunity were afforded for examining the

cases described by Mr. Davey, and watching their future progress. Mr. Bennett's case was certainly so far successful, but it ought to be noted in the future. The operation was undoubtedly a dangerous one, and it ought to be had recourse to only as a final measure of affording relief. It seemed to him that Mr. Bennett's proceeding almost necessitated the formation of what might be termed a "wooden" foot, a consequence of the treatment pursued, since this involved the severance of the anterior and hinder portion of the foot so far as articular connection was concerned. A committee might, perhaps, he thought, be appointed to watch and examine the progress of the cases described.

Mr. HAWARD said no one who had seen Mr. Bennett's patient when exhibited at the preceding meeting of the Society, could doubt the successful issue of the operation. This, however, by reason of its severity, should be adopted with the utmost caution. He believed that the usefulness of such recovered limbs might even increase with time, and concurred in the opinion that their progress should be observed. In the case of children, it would rarely happen that a simpler and less dangerous operation could not be more wisely undertaken for the cure of these deformities, and it should be remembered that the previous treatment they had endured might favour relapse, this treatment, as a rule, being only half carried out from the ignorance, or impatience, or misplaced kindness of persons in charge of the patients; for instance, it not rarely occurred that the tendons were divided, foot put into position, and directions given for maintaining it so; and there all treatment ended, the limb returning to its malformed state owing to unwillingness of the parents to continue painful applications of apparatus, &c. If rightly and persistently followed, such treatment would rarely prove ineffectual. The few cases of talipes found in persons of advanced years might be proper subjects for the proposed operation, but it would be a matter for regret if, on this account, enthusiastic surgeons should be led away to its adoption with children.

The PRESIDENT thought there could be no doubt that, in this particular instance, Mr. Bennett had performed an operation which was indicated by the circumstances, and which resulted very satisfactorily. For children, however, it was inappropriate and uncalled for. Patient treatment of such cases would effect wonderful improvement, and by simple, unheroic measures. He was interested to learn the good results obtained by Mr. Davey without the employment of antiseptic precautions; but he considered that had he adopted them, instead of experiencing any surprise at the favourable consequences, he would rather have been astonished had they not ensued as a matter of course. Mr. Bennett would have done well to substitute eucalyptus oil gauze for the carbolic dressing when he discovered the injury done to his patient by the antiseptic, thereby avoiding any necessity for remitting the precautions against the introduction of septic influences. Erysipelas had been of very rare occurrence in cases treated antiseptically; only one instance had come under his notice in King's College Hospital. He had seen four cases where septic conditions existed which could not be removed, notwithstanding this treatment. They were, however, of a nature to indicate the difficulty of meeting the conditions surrounding them. One was a case of epithelioma of the vulva, and was necessarily out of the sphere of cases in which antiseptics could hopefully be pursued. He would, however, perform such an operation as Mr. Bennett described without any feeling of risk being incurred, pursuing it, of course, antiseptically. In the case of children, however, he should look upon such a proceeding as unnecessary mutilation.

Mr. BENNETT, in reply, said he had never met a single case of a child in which it would, in his estimation, have been justifiable to perform the operation; but in adults the conditions were different. When, in his case, carbolic irritation set in, strict antiseptic treatment was for a time discontinued, and this, doubtless, accounted for the attack of erysipelas. He expressed a doubt whether Mr. Davey would have had to chronicle the single death he mentioned in his series of cases if these had been treated antiseptically. That gentleman's mode of operating was, in every respect, admirable. He thought the progress of all cases of this kind, after operation, should be carefully watched.

Mr. JOHN R. LUNN on

TWO CASES OF MYXŒDEMA, MALE AND FEMALE.

First Case.—Male; family history, good. G. M., *æt.* 47,

a stout man, well nourished, movements of locomotion slow, skin dry, harsh, and translucent, does not pit on pressure. Whole of face puffy, especially under lips, suggesting renal disease; several moles on face, nose flattened, lips thickened, teeth fairly good, breath offensive, articulation slow, with a nasal intonation, hair on head thin, especially on vertex, thin on pubes, none in axilla. No apparent disease of fundus with the ophthalmoscope, fulness about supra-clavicular regions. Thyroid gland not to be felt, drowsy at times, does not perspire, temperature 96° — 97.2° , both sides alike, pulse small and weak 80, respiration 18, no anaesthesia or hyperaesthesia, taste good, no apparent chest symptoms, appetite good, *urine* sp. g. 1815, contains a trace of albumen at times, no sugar, no apparent increase of urea, with nitric acid. Has had delusions lately, and only passing 34—38 ounces daily, averaging 5.72 grains per ounce of urea, equal to 194.48 per cent. grains in the 24 hours.

Second Case.—Female; Mrs. J., *et.* 45, mother of eight children, four of whom are dead, cause unknown. She had had five miscarriages. No history of syphilis, gout, intemperance or fright. The woman has the appearance of a cretin, being drowsy, movements slow, hands look puffy, harsh and dry, never perspires, *ae* nasi thickened, always feels cold, temperature 97.4° — 95° , pulse 76 slow, R. 18, taste good, hair dark and thin, no thyroid gland to be felt, hearing not good, appetite fairly good, slight hyperaesthesia of whole body when pricked with a pin, slight bronchitic signs in chest, latter otherwise normal. *Uterus*, soft, axis normal, no disease. Catamenia stopped 1880. *Urine*, amber coloured, sp. g. 1020, vesical epithelium, distinct trace of albumen at times, no sugar, urea diminished in the 24 hours, 6.78 grains in each ounce. Often has horrid dreams, but no distinct delusions.

Dr. JOHN CAVAYT, on

TWO CASES OF MYXOEDEMA.

Case 1.—Was a woman, *et.* 59, married, who had had six healthy children and four miscarriages. The catamenia ceased at the age of 45. She had good health until eight years ago, when she suffered from dyspeptic attacks, which have come on at intervals ever since. Five years ago she was subjected to a severe mental shock, after which she gradually became very weak and low-spirited, walking with difficulty, and the characteristic swelling of the disease slowly supervened, but was not sufficiently marked to attract attention until two years ago. On admission there was moderate tense swelling of the cheeks, nose, and lips, with a bright patch of dilated capillaries on the cheeks, the skin of the face being waxy. The hair was scanty, the eyebrows raised and scanty, and the eyelashes largely wanting. The hands were rather broad and swollen, covered with dull reddish, dry and rough skin. The rest of the skin was dry and harsh. Her expression was dull and listless, and speech slow and nasal. The gait awkward and slow, common sensation blunted, special sense unaffected, and intelligence good. The thoracic and abdominal viscera were normal and the urine free from albumen. She was very chilly and her temperature was always subnormal, averaging 96.5° . The pulse was very slow, about 43, and urine scanty. She had two sudden attacks of dyspepsia and diarrhoea during her stay in the hospital, lasting a week and three days respectively, and was discharged feeling rather stronger, but with no appreciable change in her condition.

Case 2.—A married woman, *et.* 33, she had had five children in eleven years, of whom two survive and are healthy, the remaining three having died in infancy during teething. Five years ago after the birth of one of her children, she began to feel very weak, and at the same time her eyelids were swollen. In the course of a year the swelling became general, and her speech slow, with great awkwardness in all movements, so that she fell occasionally. On admission the face was much swollen, the upper eyelids especially pearly and semi-transparent, the nose very broad and the lips much thickened. The hands were large, clammy, red, and rough; the feet and ankles swollen, and the whole skin very dry and rough. She had a placid expression and slow speech, but intelligence and special senses were unaffected. Her movements were slow and awkward, common sensation rather dull, and she felt constantly chilly. Heart, lungs, and abdominal organs were normal, and there was no albumen in the urine. The pulse was constantly slow, varying from 45 to 65 and the temperature averaged 97.6° . She remained in the hospital nearly a month without alteration, and has since been an

out-patient. She has lately felt worse owing to grief from the death of one of her children from bronchitis, and the eyelids are more swollen, but there is no other change. It seems probable that the oedema and nervous symptoms are both due to a common cause in the central nervous system, as the former predominated in the second case and the latter in the first case. This view is supported by the slow pulse and sub-normal temperature, which was highest in the second case in which there was most oedema. The acute dyspeptic attacks in the first case somewhat resembled the gastric crises of locomotor ataxia.

Dr. ORD read notes of another case of the same kind.

Dr. MAHOMED wished to draw attention to certain points in these cases, which assimilated them in character to those of renal dropsy. He had collected together for the Guy's Hospital Reports a number of examples of this kind, and dwelt on the concurrence of evidence pointing to the existence of similar conditions in the two classes of disease, and especially the non-albuminous nature of the urine. He had regarded these cases, one having been recorded as an example of myxoedema by Dr. Goodhart, as instances of chronic Bright's disease without albuminuria, under which term he would also include Gull and Sutton's cases of arterio-capillary fibrosis. The result of his own experience and comparison of published cases had been to compel him to regard myxoedema as having much in common with such forms of Bright's disease; and even the changes in the spinal cord favoured this view, the nervous changes not being, moreover, an invariable accompaniment of myxoedema. On all grounds, therefore, and particularly on those afforded by the variability of albuminuria in both myxoedema and in the forms of Bright's disease he referred to, he thought that the explanations afforded of the myxoedematous state should be carefully reconsidered.

Dr. STEPHEN MAORENZIE moved the adjournment of the debate, and the motion was carried.

SURGICAL SOCIETY OF IRELAND.

THE First Meeting of the Session for 1881-2 was held on Friday evening, November 25, in the Albert Hall, Royal College of Surgeons.

Dr. CHAPLIN, President of the College, in the Chair.

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

The PRESIDENT delivered the Inaugural Address, the first portion of which we published in our last.

From time to time since the Contagious Diseases Acts, 1864 to 1869, came into operation at the Curragh, very many of my medical friends knowing the position which I occupied as visiting surgeon of the district, and medical officer of the Lock Hospital established at Kildare, have been inquiring as to the working of these Acts in that locality. I, therefore, think it may not be amiss on an occasion like this to offer some observations as regards the sanitary and moral effects of their operation. I am aware that you have had already before you an able and exhaustive paper by Mr. Thomson, in which he referred to the working of those Acts generally. I wish, therefore, to confine my observations nearly altogether to their operation at the Curragh district. It will not be necessary for me to notice the Act of 1864, further than to say that by it districts were apportioned, hospitals established, and inspectors, medical officers, and other officials were provided for them. Its provisions were altered and extended by the Acts of 1866 to 1869, under which the measures for the prevention of contagious diseases have been, and are being, carried out. The Act of 1866 extended that of 1864 in many ways. The Act of 1864 provided that a common woman, on cause being shown that she was a prostitute, and had a contagious disease, should be sent to hospital, examined, and, if necessary, detained. The Act 1866 extended these powers, and, for the first time, provided for the periodical examination of those women. It authorised the appointment of a visiting surgeon to examine them, and extended the period of detention in hospital to six months. This Act also provided that those women, on being discharged from hospital, should be sent home free of charge, and that on ceasing to be common prostitutes they may be relieved from examination. It also provides against the harbouring of common prostitutes affected with contagious disease in houses or lodgings. The Act of 1868 is merely explanatory with regard to the meaning of certain terms in the last mentioned Act, and the Act of 1869

extends the powers given in the Act of 1866 as regards the power of V.S., the extent of district, and the period of detention in hospital to nine months. It also extends the power of granting relief from periodical examinations by a justice, as in the Act of 1866 to the visiting surgeon, unless the woman is detained in hospital at the time. A few remarks will explain the working of these Acts. There must be a district, and in it a certified hospital, *i.e.*, certified by the medical inspector as to its fitness, &c. It must be provided with a medical officer, whose duties are confined to the treatment of the patients therein; chaplains, a matron. Outside the hospital, there must be a visiting surgeon, whose office is restricted to the examination of those women brought to him by the police. And there must be a sufficient staff of the latter to carry out the necessary duty.

The police at the Curragh consist of a constable and three sub-constables belonging to the R.I.C. (in England the metropolitan police). They are all married men, and have been specially selected for this position on account of their good character and fitness for the duty. They are under the immediate order of the sub-inspector of the district, without whose direction no compulsory measure can be initiated or carried out. The constable keeps a list of all the prostitutes in the district, and it is his duty to see that they come up at stated periods for examination, the times and place for which have been notified to the clerk of the peace for the county. Any woman being a prostitute is required to come and be examined at such times as the visiting surgeon may determine. *She may come voluntarily*, in which case she signs a paper (Form H) after the constable has explained to her the effects of it upon her, *viz.*, that she must so long, and only so long as she resides in the district, and is a common prostitute, appear periodically for examination; but if she does not avail herself of coming voluntarily, the constable then, after he has ascertained beyond doubt that she is a common prostitute, makes an information stating the circumstances of the case, and that she resides within the district, or being resident within ten miles of the limit of the district, or having no place of abode, has, within fourteen days, been within those limits for the purpose of prostitution, or outside those limits, has been in the company of men resident within the limits. A copy of this information, together with a notice (Form F) he gives to the woman, who is bound to appear herself or by any person appointed by her, before a justice, to answer what is stated in the information. Should she carry out the notice, she can claim to have the matter tried privately, she may even then voluntarily submit to examination, but if she fails to attend, or to refute the charges made against her in the information, the justice, on being satisfied, may order her to be subject to periodical examination, and may cause to be issued to her the order so subjecting her. On coming before the visiting surgeon he, previously to examining her, is bound to inform himself thoroughly (no matter whether she comes of her own accord, or is ordered to appear by a magistrate), of the circumstances of each case, and her knowledge of the effects of that which she may have done will have upon her. It is his duty also to tell her that she can, by good conduct, be released from the necessity of appearing at the examinations, and that if she wishes to be reclaimed, she will be aided in doing so. The effect of the voluntary submission, or the order of the magistrate, is binding for a year should she not be sent to hospital for treatment, or, having been sent there, till she is discharged. After having been so discharged, she is free from further subjection. The visiting surgeon is bound to have a notice (Form I), served on each woman as to times and place for examination, and if on examination she is found diseased, he fills up three copies by which she is admitted to hospital. One of these is given to her, another is forwarded to the hospital authorities, and a third is kept by the police. Should any woman from natural causes be unfit to be examined, if he believes that she is affected with contagious disease, he fills the Form L, by which she can be detained in hospital until she is fit to be examined, but not for more than five days; if drunk he can, under similar circumstances, have her detained in a bridewell.

When admitted to hospital she comes under the care of its medical officer, and may be detained there till cured, or for nine months. On being discharged he fills up a Form P, certifying to the fact; *this is retained by the police*. Should the woman have remained in hospital over nine months, and be not cured, or in case of her becoming affected with a zymotic disease, lunacy, or being advanced in pregnancy, he may give her a certificate (Form R) to the effect that she is

still affected with a contagious disease, and discharge her. This renders her liable to punishment if, after having been discharged, she is found pursuing her calling in any place. Whilst in hospital she can make herself acquainted with the regulations, a copy of which is hung in each ward. The 19th Clause of these informs her that *any patient, who sincerely desires to reform*, will, on stating her wish, be assisted as far as possible on entering a refuge, joining her relations or friends, or procuring employment on discharge from hospital. She is also informed that any patient who considers herself entitled to be discharged from hospital, may, if the medical officer refuses to discharge her, claim to be brought before a magistrate in order to have it decided whether she is fit to be discharged. Such is the manner by which these Acts are carried out, not only at the Curragh, but in all the other districts.

I now will bring before you the effects of the working of these Acts at the Curragh. As sanitary agents I have selected two years before the Acts came into operation, two years immediately after the Hospital was opened, and the years 1878 and 1879 because they afford a fair contrast as regards statistics. I would have preferred to have taken 1879 and 1880 for the last period, but the Army Medical Hospital Reports for the last year is not yet published.

There were on the police rolls of common women in 1870, 101; 1871, 104; 1878, 88; and 1879, 76. Many of those had been living on the Curragh from the time when the camp was established. Others came from different parts of England, Scotland, and this country (particularly Dublin). From Dublin there came in 1870, 15; 1871, 19; 1878, 16; 1879, 19, and had accompanied regiments there. As soon as the Hospital was opened, December 6th, 1869, those women were at once brought under the operation of the Acts, and those found diseased were admitted into it. In giving the admissions it is not to be supposed that each admission represents a different woman, for many of those were admitted twice and oftener in the same year. I have classified the form of disease for which they were admitted, according to the arrangement prepared for those Hospitals.

Return showing the Number of Cases of Venereal Disease admitted into the Kildare Lock Hospital during the following years:—

Diseases.	1870.	1871.	1878.	1879.	Total.
Gonorrhœa	82	117	126	127	452
Primary syphilis	69	50	22	14	155
Secondary syphilis ..	—	7	4	6	17
Primary syphilis and gonorrhœa	33	25	26	26	110
Gonorrhœa and secondary syphilis	5	5	4	4	18
Primary and secondary syphilis	6	2	1	—	9
Primary and secondary syphilis and gonorrhœa	5	3	—	—	8
Veneral warts	1	3	1	—	5
Certificate L.	4	5	56	31	96
Total	205	217	240	208	870

Some of the worst cases admitted came from Dublin, or other places outside the district. They were cases of bad primary and secondary syphilis, condylomata, mucous patches and warts, the latter being accompanied with filthy and profuse discharge; *they were such that if not immediately admitted to Hospital would inflict fearful harm*. Nearly all the women admitted with syphilis presented the soft form of chancre, with enlarged inguinal glands, but very seldom accompanied with suppurating buboes; indeed, I don't recollect having seen more than six such since the hospital was opened. Secondary symptoms followed many of those sores, but I confess that I am not able to distinguish the sore that may be followed by secondary effects. Ulcers on the os, and within the canal of the cervix uteri, were not unfrequent, and were most troublesome to treat. I have not seen them except rarely on women, who have had no children, and I am inclined to think many of them secondary.

As to the effects of these Acts in promoting disease among the soldiers, I find on referring to the Reports of the Army

Medical Department, that it will be seen that the average per 1,000 of primary syphilis admitted to the Hospitals at the Curragh and Newbridge was (1868 and 1869, the Acts having been in operation 25 days in December of the last year) 85 and 88 respectively. In the two following years the average per 1,000 fell to 56 in 1870, and 35 in 1871. In these years the Order in Council stopping soldier's pay when admitted to Hospital with primary syphilis had not been promulgated, nor were the cases caught within the district separated from those introduced into it from without. Nor can I now correct the error, for the Police Reports for these years are imperfect. The Reports of the Army Medical Department gave the admissions for 1878 as 54, and in 1879, 77. These figures include all cases of admission to Hospital within the district, but on referring to the Police Reports furnished to me weekly, which contain the name, regiment, and all particulars connected with each case, I find that in 1878 the average per 1,000 was 28½, and in 1879, 36½, thus reducing the admissions in those years for primary syphilis caught within the district to in 1878 25½, and in 1879 40½ per 1,000. A careful scrutiny of the admissions for primary syphilis caught within and without the district by the different regiments shows that they generally bring disease with them from unprotected places; thus I find that in 1878 the 47th Regiment introduced in that way 24 cases, the 20th Hussars brought with them 34. The 47th remained at the Curragh for two years, and left it without having a single case in it; generally, disease diminishes in each regiment during its stay, unless where this diminution was interrupted by draughts coming from regiments stationed in other places, or men returning from furlough, and bringing infection along with them. I have not mentioned anything relative to gonorrhoea; I think the result would be equally satisfactory with it as with primary syphilis, for I find that in 1878 397 cases were admitted to Hospital, and in 1879 213. Many of these were relapses, and 184 in 1878, and 118 in 1879 were caught out of the district.

It will thus be seen that notwithstanding the introduction of disease by regiments coming from other stations, and from the women who have accompanied them, as well as those who come from various other places, the operation of the Acts at the Curragh has been beneficial. Placing statistics aside altogether, it must be apparent to all who wish candidly to inquire about the matter, that if a woman affected with disease comes into a district and is left to ply her calling undisturbed, she must distribute disease in proportion to the length of time she remains out of hospital. Many of such wretches and pitiable creatures have I seen since the hospital was opened; covered with filthy clothing, with broken down health, the result of drunkenness and debauchery, whose private parts were covered with mucous patches, the discharge from which was profuse and offensive. What must the result be to the man having communication with such? Ruin to himself, and probably to many others, the innocent sufferers from his sin.

When the hospital at Kildare was opened, the women who were admitted, "The Curragh Wrens," were found to be the most degraded of their class, living a wild life on the open common, exposed to the inclemency of the weather in all seasons, with no more shelter than that which the large breaks of furze, or a few rude huts, whose sides were formed of furze, and their roofs of corrugated iron—the refuse the camp could afford—sometimes living outside, other times, and in bad weather, within the huts. Crouched (for they could not stand upright) around a central fire formed of furze stubbings, they passed a life—to them attractive—of freedom, drunkenness, and debauchery, never visiting a house of worship, never receiving any spiritual care, few seeming to pity, few to care for them. They by degrees abandoned all civilised habits and ideas, and sank deeper and deeper in wretchedness and sin. Such was their condition, that when they were admitted to hospital they could hardly be induced to use the comforts provided for them. Many of them preferred to eat their meals at the fire, sitting upon their haunches, than to sit and partake of their food at the tables, or use the appliances with which they were supplied. It was, indeed, uphill work to make them change their ways. However, by kindness and forbearance on the part of the matron and the other officials of the hospital, they came to see that they were regarded with sympathy; by degrees they became civilised again. Most of them, except when under the influence of passion, ceased to use the vile language with

which they had been familiar; they became more tidy in their appearance and habits, and more amenable to discipline. For the first time for years they attended religious services, and had the advantages of religious administration. Although at first, in a half-rebellious, half-lazy mood, they assisted to do the work of the hospital, they, after some time, found that it was better for themselves to conform to its rules, as doing so materially contributed to their own comfort. By-and-bye they became, with but few exceptions, changed, and learned to [knit] stockings, make their clothes, and do the general work of the hospital. It is not to be supposed that all this was brought about without a great struggle for the mastery with some of them, but whenever insubordination arose it generally originated, not with the old *habitués* of the Curragh, but among the importations from Dublin and elsewhere. Even now it can be seen that where recourse to punishment is necessary for the repression of violence or breaches of discipline, it is caused by one or other of a few bad characters, who are thoroughly hardened in crime, and spend the most of their time in gaols. It is a pity that provision was not made in the Acts for the punishment of such characters in the hospitals, as in the workhouses, by solitary confinement and diminished diet, instead of sending them before magistrates, for in some cases the delay which occurs between the offence and its punishment takes a good deal from the effect of the latter. This might easily be arranged, and necessary safeguards provided that the *power* should not be abused.

Seeing the sad effects of disease and drunkenness on those whose health had given way, and witnessing the death of a few of their comrades, induced some of them to think of their own condition, and caused that change which led to their requesting to be sent to their friends, to reformatories, asylums, &c. On referring to the matron's report of these cases I find that 171 women were sent to their friends and parents, to reformatories, to hospitals, or died in hospital apparently penitent. Four of them were sent to America either at the charge of, or assisted by, the Secretary of State for War. One of them was a poor girl whose father was dead, and whose mother she had not seen since she was four years old. She was sent to America to her, and with the others who followed, were known to do well. It would detain you too long to go through the report, but it can be seen by it.

Return showing the Number of Women sent to Reformatories, Homes, Friends, Parents, Unions, and who have Died since the opening of the Hospital.

Remarks.	Numbers.
Have not since been heard of	77
Still remaining	33
Sent to America	5
Married	2
Went to situations	9
Returned to former life	29
Died	16
Total	171

These Acts have been opposed on various grounds. 'Tis said they are immoral, and tend to increase vice by the supposed immunity they afford to its indulgence. That they have been useless, and that the good they are said to have effected has no foundation. That in carrying them out innocent women have been insulted, and that these periodical examinations tend to further debase those unfortunate women.

Those objections have again and again been refuted. Mr. Thomson, in the paper referred to by me, has done this so thoroughly that I will here only refer to some of them in which my experience tends to strengthen his refutation.

I think I have shown the operation of these Acts to have been physically and morally beneficial. I feel certain that in carrying them out *no innocent* woman has been insulted, or has in any way suffered by means of them. That the slightest complaint has not been made against the manner in which the constables perform their duty, or a whisper heard that they have abused their trust. On the contrary,

their operation has tended to diminish open solicitation, and prevent by their repressive action and the kindly warning conveyed to themselves or their relations, young girls—keeping bad company for the first time—continuing in that course, the end of which is destruction. Places where, before the Acts came into operation no decent female could pass through after dark without having her sense of delicacy offended, can now be traversed at all hours without such annoyance. As to the effect of the examination on these women, it will be seen by anyone taking the trouble to inquire, that their habits, dress, and manners have much improved since the Acts were introduced. With very few exceptions, they come freely to the examining room, and rarely indeed has (ten times in four years privateers) the constable in charge been obliged to resort to the penal clauses of the Acts to compel them to do so. The exceptions are those to whom I have before referred. They try to avoid attending, not that they feel themselves debased by doing so, but that they fear being sent to hospital, for, generally speaking, such are careless about cleanliness, and consequently more prone to disease.

Return of Women sent to Reformatories, Homes, Parents, Friends, and Unions from Lock Hospital, Kilaare, since 1870. Also Number of those who Died in Hospital.

		Sent to Reformatories	... 104
Of those that were sent to Reformatories	6	Remained for some time, then went to situations.	
" " "	2	Died in them sincerely penitent.	
" " "	1	Left, entered another, then went to America.	
" " "	10	Have not since been heard of.	
" " "	24	Are known to be still remaining.	
" " "	17	Returned to district and former life.	
" " "	2	Left and entered other refuges.	
" " "	2	Returned and were sent to friends.	
	104		
		Sent to Friends and Parents	36
Of those sent to parents and friends	23	Have not since been heard of.	
" " "	1	Got married.	
" " "	5	Are still remaining with them.	
" " "	2	Died with them.	
" " "	5	Returned to district.	
	36		
		Sent to Union	... 21
Of those sent to Union	3	Remained there to await collections and arrangements for emigration to America, which was done assisted by War Office grants, and known when heard of to be doing well.	
" " "	1	Got married.	
" " "	2	Went to situations.	
" " "	4	Have not since been heard of.	
" " "	4	Died there penitent.	
" " "	7	Returned to former life.	
	21		
Died in hospital apparently penitent	...	8	
Sent to America from hospital and known to be doing well	...	1	
Sent to situation from hospital and known to be doing well	...	1	
	Total		171

I have certainly found occasionally some who pretend to be shy, and affect a mock modest manner. They are almost invariably diseased, and on admission to hospital are found to be, both in demeanour and language, no better than the rest. I recollect one such in particular. Her examination proved she had bad secondary disease, which she would insist she had got a few days before. Soon after her admission to hospital I found that she had made a charge against a soldier for having raped her and given her disease. Upon her information he was sent to gaol, but at the Assizes, on my informing the Crown solicitor of the above-mentioned facts, he entered a *nolle prosequi*. There was no doubt that whilst her husband was away on detachment duty she had gone loose, and reasonably suspecting that all was not right with herself, and in order to throw dust in her husband's eyes, made the false charge referred to.

I believe that without periodical examination these Acts would be useless. Some come voluntary to the hospital when disease prevents them from carrying on their trade; but I am confident that unless compelled, few would be found to seek admission there in the early stages of disease before they had contaminated others, and when their retirement there would have largely benefited themselves.

Gentlemen, I have to apologise for the length of this address, and to thank you for your kindness in listening to it. If I believed that the effects of disease resulting from the unhealthy illicit intercourse of the sexes could be confined to the persons who had originally transgressed, nothing would induce me to prevent the removal of these Acts from the Statute Book; but confident as I am that this is not so, I feel that it is our bounden duty to endeavour by all means at our disposal to check the ravages of a disease that is the greatest scourge that could afflict humanity; that stalks in secret throughout the length and breadth of the land, affecting not only the guilty, but the innocent and unborn, the peer and the peasant, and which destroys the health, blights the happiness, and involves in wretchedness and ruin its mi-erable victims.

Dr. Wheeler's paper on "Nerve Stretching for Tetanus," and the discussion thereon, will appear in our next.

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

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

(Continued from page 495.)

THERAPEUTICS OF TABLE WATERS.—(Continued).

Adelheidsquelle.—This is a much stronger water, containing nearly 29 grains of solids, as against 17½ in seltz-r. The strength is due almost entirely to the salines, which amount to nearly 24 grains. The antacids are rather less than seltzer, but the alkaline reaction is well-marked, being due chiefly to sodium carbonate. The purgatives are so slight that they may be practically disregarded. The presence of iodides and bromides make this a useful table water where those salts are indicated in combination with salines, or may lead to the selection of this where a saline water is wanted for a patient taking pharmaceutical preparations of iodine and bromine. It has some claim to be considered a medicinal as well as a dietetic water, and has considerable repute in glandular and cutaneous affections.

Gerolstein is a light, antacid, well aerated water,

grateful to both palate and stomach. The mineralisation is slight, and composed chiefly of antacids, these being nearly equally alkaline bicarbonates, and carbonates of the alkaline earths. Compared with seltzer it contains less total solids, but much more antacids, one half the quantity of purgatives, and scarcely any salines. It is then as a pure, digestive, mildly antacid, table water that Gerolstein must be employed. It mixes well with milk and may be taken freely as a beverage.

Bellthal.—Antacid, contains only eleven grains of solids in a pint, but the presence of nitric acid, ammonia and phosphates is objectionable.

Wilhelm's Quelle.—A light, saline, highly aerated, feebly antacid water, the last property being chiefly due to calcium carbonate. There is also a small quantity of iron and traces of bromides, and iodides. This water has obtained a high reputation, and, as it is pleasant and perfectly free from organic matter, deserves a trial.

Birresborn.—This is a more decidedly alkaline water, out of the twenty-one grains of salts in the half-pint no less than eighteen being antacid. With a grain of purgatives it may sometimes seem aperient, and in no case would constipate. It should suit well when seltzer is not sufficiently antacid.

Harrogate Kissingen may be used as a table water when chalybeates are indicated as well as a saline beverage. It may, however, be fairly classed as a medicinal water. It contains thirty-eight grains of solid matter in the half-pint, of which thirty-four are the salines, distributed after the manner of table waters. The same quantity also contains 1-3rd grain of iron, giving it a ferruginous character, and three grains of salts which may be sufficiently aperient to counteract the tendency of the iron to produce constipation. The water is artificially aerated and will therefore keep in bottle. This water is closely related to that of one or two springs at Kissingen in Bavaria.

Saint Galmier.—This has long been a favourite table water in France, and most people who have travelled in that country are acquainted with it; it has been called the French Seltzer water. It is a light digestive beverage, containing quite a number of ingredients, distributed in excellent proportions. Thus it furnishes a light, antacid drink, uncomplicated with much saline matter, only 1 gr. in the half pint, and with just enough aperients to prevent it from constipating. It may be mixed with other drinks without spoiling them, is somewhat aerated, and is perfectly pure. It is quite a typical table water.

Rosbach is aerated at the springs by the natural gas which escapes. It seems to be a saline water, feebly antacid, and without a trace of aperients.

Contrexéville is a light water, with $1\frac{1}{2}$ gr. in the half pint of antacids, and the same amount of salines, but these springs yield traces of arsenic and of iron. For a century and a quarter the value of the water has been asserted by medical authorities, and it is nearly as long since English invalids began to visit the village. The waters are in most repute for gout, and diseases of the bladder, and prostate. In most disorders of the urinary organs, a systematic course has been recommended. Civiale expressed a strong opinion as to their great utility, and there seems no question that they do determine to the urinary system. Durand-

Fardell (a) recommends Contrexéville in renal colic and in catarrh or inflammation of the kidneys when Vichy or other alkaline waters are contra-indicated. An attempt has been made to treat diabetes by this water, to which may be added, that it would be found a suitable water when arsenic is being taken as it contains a trace of that element.

Orezza is a valuable, highly sparkling, chalybeate water containing sufficient iron to give it a claim to a position as a medicinal article, though it may also be used as a beverage by patients who would be benefited by steel. In all anæmic cases it may, therefore, be used as a tonic table water.

Schwalheim is a sparkling, very slightly chalybeate water with some antacid properties and no tendency to constipate. It contains also some salines and is agreeable to take. The iron is in less quantity than in Orezza—as one-tenth to one-half.

Baden-Baden has lately made great efforts to increase the attractions of its springs, and Prof. Bunsen finds the waters contain arsenic. His elaborate investigation shows that the water is constant in its composition and the supply is unlimited. It contains 12 grs. of solids in the half-pint, the salines being $9\frac{1}{2}$, the antacids $\frac{1}{2}$, with a trace of purgatives and arsenic. This water sits well on the stomach and may be found an agreeable beverage when arsenical preparations are being taken or may be utilised as a menstruum for them.

Besides the foregoing, there are springs at Buxton, Bath, Malvern, and other English resorts from which waters are furnished, which may be taken at table, as indeed may the waters of many "Holy Wells" scattered over the country, and in more or less local repute. To this class may also be added the weaker saline waters in so much esteem on the Continent. The water of Purton Spa has been usually classed with purgatives, but the aperient property of some of its ingredients is almost entirely neutralised by others, and claims are made for it on account of its bromides and iodides. We have, however, employed this, and some others, as a table water after the manner spoken of in reference to those containing arsenic or iodides.

THE annual rates of mortality last week in the large towns of the United Kingdom per 1,000 of their population were, in—Edinburgh 15, Wolverhampton 15, Portsmouth 16, Birmingham 17, Bradford 18, Bristol 18, Oldham 18, Sheffield 19, Plymouth 19, Leicester 19, Newcastle-on-Tyne 19, London 19, Glasgow 19, Norwich 20, Salford 21, Leeds 21, Brighton 21, Nottingham 22, Dublin 24, Sunderland 24, Liverpool 24, Hull 26, and Manchester 26.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 33, Bombay 25, Paris 24, Geneva 25, Amsterdam 22, Rotterdam 23, The Hague 23, Copenhagen 27, Stockholm 15, Christiania 18, St. Petersburg 43, Berlin 25, Hamburg 24, Dresden 21, Breslau 24, Munich 24, Vienna 27, Prague 29, Buda-Pesth 29, Naples 28, Venice 26, Alexandria 35, New York 29, Brooklyn 23, Philadelphia 21, and Baltimore 25. No returns were received from Madras, Rome, and Lisbon.

(a) *Traité Pratique des Maladies Chroniques*. 1868.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, DECEMBER 14, 1881.

TRAPS FOR FOOLS.

It is impossible now to take up any ordinary newspaper or other publication addressed to the general public, without finding in it instance after instance of the mischievous ingenuity with which traps for the foolish are set by unprincipled advertisers of worthless nostrums. Nor is it by any means only the lower class papers and serials that exhibit too great willingness to accept the highly charged but questionable announcements; even the organs of public opinion which arrogate to themselves the title of “leading” daily or other papers, sink themselves in this direction to the level of the meanest and most contemptible “penny dreadful.” Indeed, a careful examination of the contents of the principal dailies, extending over a period of many months, reveals such wholesale advertising, not merely of quack remedies, but also of an equally harmful, though more insidiously injurious class of nostrums, as suggests a startling conclusion regarding the danger thus temptingly put before the public. Thus, dentrifices, solid, liquid, and of every other kind, warranted to beautify, cleanse, and even restore the teeth,

however neglected or decayed; hair washes, hair dyes, and hair tonics, possessing powers undreamed of by the most ardent specialist in dermatology; pills, whose multiple qualities adapt them equally for the cure of cancer, piles, or bronchitis; balms, balsams and creams, application of which is warranted to insure complexion of ravishing hue; these, and a myriad of like impossible remedies, are each day found in newspapers, placed at the foot of a column, and set in that particular type and style which unerringly indicated the special rate charged for their insertion. In addition to these, in themselves of sufficient evil, we have to draw attention to yet one other form of announcement, which it is nothing less than disgraceful to the conductors of a respectable journal to accept for publication. This is that particular description of notice which, in the most unblushing way, invites invalids to consult the proprietors of quack institutions, respecting the ailments they suffer from. Some years ago righteous indignation was excited against harpies who ruin the health and prospects of those deluded beings who apply to them in response to oily invitations to consultation “in all cases of a private nature.” The consequence of the outburst of wrath then excited, was rigid exclusion of all such advertisements from the pages of respectable papers; but we find now that in a lesser degree, but with no less offensive results, equally disgraceful, and equally illegitimate announcements find daily admission to the press. In proof we have only to quote the advertisement of “a golden medical discovery” said to be specific in almost every disease, and possessing all the virtues usually assigned to secret remedies, accompanied by a request for the public to consult the gifted author of this marvellous heal-all; or we may call attention to a freely advertised institution, the advantages of which are offered to women, and the unqualified proprietor of which, also a benefactor of unknown proportions from the evidence of his handbills, magnanimously sells his opinion for one shilling on each case submitted to him. All these surely point but too truly to the gradual introduction of a laxity which may result by and bye in a scandal as grave as that which was vigorously suppressed a few years ago. It is no palliation of their crimes that the eminent lights of American medicine who flood this country, with preparations vaunted as infallible in every disease that afflicts unfortunate man, shield themselves from actual prosecution for unqualified practice by employing some out-at-elbows and elastic-conscienced possessor of a British diploma to act in such cases as may, without this precaution, terminate in difficulties. Our laws, however, with regard to the practice of quacks is so very tolerant and unexact, that, unless he acts with an utter disregard to caution—which these gentry rarely display—any would-be offender against it can pretty safely speculate on escape from the few meshes it spreads. Thus it is that so many traps of the kind are set in so many different situations; and thus it is, too, that the miserable pretenders who set them are able to pursue a system of plunder and maltreatment up to the last moment at which it can be done with safety to themselves. Robbed of health, money, and time, the wretched victim then

comes to the charitable institution which should have been resorted to in the first instance, whenever the fee of a legitimate practitioner is beyond his means; and then commences a tedious system of treatment, which, but for the disgraceful proceedings the patient had been subjected to, would never have been necessary at all. Hundreds of such instances come weekly before hospital officials, and the number of them is chiefly maintained by means of the advertisements contained in the daily papers.

Again, the number of special notices addressed to women particularly, is becoming larger and larger, as each addition to the series is seen to provoke remunerative response. For it is one of the most astonishing features of these advertisements that, costly as they are, from the premium put on them by newspaper proprietors, they nevertheless appear not for once or twice, or occasionally only, but day after day, and month after month, thus demonstrating the enormous sums obtained from the numbers who are daily deluded by them. We recently counted in a single number of a penny weekly publication, which we are assured is read entirely by women, and which has a very extensive circulation among the ignorant and ill-educated classes, no less than *thirteen* different advertisements of preparations for restoring the lost beauty of skin or hair. Were it not that we know what disastrous consequences follow the employment of these baleful concoctions, it would be amusing to read the preposterous statements made about them. Thus one enterprising advertiser asks, and no doubt obtains, *ten shillings and sixpence* for a pot of stuff which "removes small-pox marks, cicatrices, birth-marks, moles, wrinkles, &c., and ensures a new skin." This delectable composition is then described as "perfectly harmless," and but for the certainty one must experience that the whole thing is a swindle of the first order, it might be interesting to learn what "quite harmless" substance would be equal to eradicating a cicatrice and creating a new skin. This is but a single sample of the announcements we refer to, but it illustrates their character with sufficient clearness. It must be said again that the journal whence the abstract is taken is little read, save by uneducated women and hysterically-minded domestics; but these, unfortunately, are just the class likely to be influenced by the nonsensical descriptions of nostrum mongers. In their case such advertisements are most excellent traps for fools; and most excellently, judging from experience gained in out-patient departments of hospitals, do they act. The number of skin affections set up or encouraged by the advertised "beautifiers," is beyond all calculation, and we cannot but think the time has arrived when respectable papers should place restrictions on the dissemination of announcements productive of so much serious harm. Let them cease to advertise traps for fools.

PROFESSOR CHARTERIS ON THE GERM THEORY.

[COMMUNICATED.]

PROFESSOR CHARTERIS has issued, in a separate form, his thoughtful Introductory Address to the medical

students at the opening of the winter session at the University of Glasgow. We have had "thoughtful address," and we might add "well expressed address," while we differ entirely from him in many of the positions assumed, and the conclusions drawn from them. By everyone who knows anything of Dr. Charteris's writings on medical subjects, it will be readily admitted that if he is anything at all he is a thoroughly satisfied and hopeful exponent of medical science—a thorough believer in the power of drugs, and a ready acceptor of new ones. This may, and doubtless does, result from the groove in which his inclination, his studies, and his good fortune may have led him. We are sorry to confess that we do not see such cause for thankfulness in the past progress of medicine, nor are we equally hopeful of the future. We belong to that class of ancient people who worship at the shrine of the god Terminus; or who, as Dr. Charteris better puts it, "love to stand on the ancient pathways and swear by the Shibboleths which gladdened their hearts in their youthful days, but they represent only a body small in numbers and unimportant in influence." A small particle, however, Dr. Charteris should remember leavens a large lump; truth is, more frequently than the reverse, the possession of the few, and once a fact a fact for ever. No science can be worthy of the name whose particular truths once established, can ever be shaken. But there are two distinct kinds of success and satisfaction in life, the one based on piping to the fickle and ignorant multitude, the other on steadfast devotion to the eternal verities. Medical science, so-called, is charmed by periodical "fads," the public become possessed of them, and by the great majority of practitioners it is regarded as the best policy to join the universal chorus. Any one who philosophically contemplates a given period in the history of medicine need not be informed of this. With how many "infallible cures" have the pages of our journals groaned during the past ten years which are now consigned to the tomb of irrevocable forgetfulness. The present "fad" is what is called the spore-theory, and the great spore-killer and cure-all—carbolic acid. To this theory, and to this acid, numerous men of acknowledged ability have unquestionably bowed, and on it has been based a mode of treatment which threatened to revolutionise the former physiologico-chemical mode of treatment, one whose scientific and rational aspects found a successful exponent in a former possessor of the chair which Dr. Charteris presently holds, on the classic banks of the now subterranean Molendinar.

Dr. Charteris, we notice, at the onset of his address, accepts Pasteur's experiments as elucidating satisfactorily the nature and treatment of a very important class of diseases—viz., acute zymotic diseases. We pass over, without further remark than stating our disbelief in the assertion, that tubercle is an infectious disease communicable by man to the lower animals, and of being reproduced in the human subject by the drinking of the milk of tubercular cows! Even if it were thus an infectious disease why should it matter if tubercle can be cured by three grain-doses of the hypophosphite of lime or soda, or if the patient suffering from "galloping consumption" and tubercular peritonitis, can be rescued from the grave even, as it were, by "the skin of his teeth." Verily, we do live in startling times. If these statements be facts, they are

surely among the mightier achievements of the nineteenth century! When are we to receive confirmatory testimony from *men of science*? Compared with the dubiety which surrounded the nature of zymotic diseases in former times, Dr. Charteris indulges the following pœn: "We live now in a different time, and we have stripped off much of the mystery which surrounded their course. We say that they are dependent on particular lowly organisms, that these organisms, entering into the system, produce and reproduce themselves in numbers infinite, and possibly definite, in form. Their hostile inroad is marked by an unvarying period of incubation, and when this is completed they seem to awake to life. They then impair health, nullify animal vigour, and produce increased combustion and fever. Moreover, we can truly say, with reference to these organisms from which they originate, that like produces like, and that alone, and that a specific fever, the outcome of their multiplication on the human body, will retain its inherent characteristics, and never, however weakened the system, merge into another. Thus small-pox produces small-pox; scarlet fever, scarlet fever; typhus, typhus; and typhoid, typhoid;" and so on *ad astra*. This is the theory of the deservedly popular Professor of *Materia Medica* at the University of Glasgow. These wicked spores! Their conduct reminds one of the slumber, the rumbling, and final explosion of a Vesuvius or a Stromboli before it vomits its liquid death on the dreaming peasant of the plain below.

Applied to the elucidation of particular diseases, we are to believe that the germ of typhoid poison selects, as its manoeuvre ground, a certain part of the intestine; that of typhus seizes on the nervous system; that of scarlet fever on the throat; of diphtheria the same part, but permeating and implicating the whole glandular system; that of rheumatism, the joints; mingles the skin; whooping-cough, the recurrent laryngeal nerve, and so on, *ad infinitum*. This is surely drawing on the credulity of any educated person to an extent that homœopathy never dreamt of. Against the theory, if it can seriously be entitled to the dignity of such a name, it appears to us reasonable to urge, 1st, that the very existence of these germs has never been proved. Even Dr. Charteris himself admits "we cannot place them on the microscope slide and say, 'Lo! there's the germ, there's the embryo of the races' fatal enemies:'" and the Professor adds, with a complacency that is certainly not justifiable by fact, "But that they do exist no one attempts to deny, for it is the only logical conclusion to be drawn from the history of the maladies!" 2ndly, It may be urged against this precious theory, that it presupposes a peculiar germ for every different disease, and worse than all, their possession of a dreadful instinct for pouncing on the most vital part which plays havoc with the teleological argument of design—"That they do exist no one attempts to deny." Dr. John Dougall, who has devoted a good deal of intelligent attention to this subject, lecturing at the Royal Infirmary of Glasgow, exactly about the same time, remarks (see *Med. Press* Nov. 16, 23): "The chief points adduced by the germ-theorists in support of the malignant function of such minute organisms are—1st, That they are present in all putrid, and absent in all fresh or healthy organic matter. 2nd, That many diseases, both of animals

and plants, they allege, are caused by parasites and fungi. The *opponents of this theory, of whom I am one*, hold that all such organisms are the result of the morbid conditions of their *habitat*—1st, Because that, whether bacteria, parasites, or fungi, they are only found on the parts of animals or vegetables of lowered vitality, or in their dead tissues. 2nd, That by strengthening the vitality in living, or arresting decay in dead, parts, they disappear. 3rd, That when present in infectious matter it loses its power to infect, as observed in small-pox and vaccine virus. On these grounds the functions of such organisms are held as *beneficent*," Prof. Owen terming them "Nature's scavengers," for maintaining the salubrity of our atmosphere, and "Nature's Invisible Police" for arresting the fugitive organised particles and turning them back into the ascending stream of animal life. Now, is it really necessary to ask any intelligent man to which theory he will profess adherence! Alas! who can decide when professors disagree! One startling assertion of Dr. Charteris's we notice in conclusion: "It is possible, also, that against the germ which makes the name diphtheria a word of evil omen in every household, we have a newly-discovered drug—pilocarpine, an antidote as potent, as some confidently anticipate, and all eagerly desire." On what established observation is this based? The question is, Is pilocarpine an antidote against diphtheria in any degree whatever? Might it not be worth while that Dr. Charteris select a case of diphtheria and satisfactorily demonstrate this to, say six intelligent men in the profession in Scotland? As for the rheumatic spore, and its death by the salicylates, it must fall in the same fell swoop. We have tried the salicylates and found them inert! We are sorry to have been called upon thus to notice Dr. Charteris's address. For himself personally we have the highest regard; we only wish we could say the same for his theory.

Notes on Current Topics.

Scientific Garrotting.

A NEW danger has been created of a nature to arouse most uneasy feelings in the minds of those compelled to traverse alone the more unfrequented streets of large towns. This was exemplified in one of the metropolitan police-courts on Thursday last, when two persons, a man and his wife, were charged with robbery from the person, their victim having been first—in some unexplained manner—rendered unconscious by chloroform or ether. The circumstances under which the anæsthetic was administered were not described, the prosecutor knowing nothing further than that he found himself in a police-cell on the south side of the Thames at 3 o'clock in the morning, with no recollection of the events intervening between that time and 5 o'clock on the preceding afternoon, when he was proceeding homewards from the Euston Railway Station. In the interim he had been robbed of all valuables about him at the time. A strange fact in connection with the case is that relating to the theory by which the police accounted for the condition of the victim, whom they at once concluded to be drunk and incapable. It is, however, sufficiently startling that

such an occurrence could take place in London, in daylight almost and the ingenuity, and scientific knowledge displayed by the prisoners may well be regarded as a future terror of no mean proportion.

Anti-Vivisection Fanaticism.

We learn with pleasure that the movement to which we referred under this heading in our last, is making satisfactory progress, and that an Association for the protection of scientific workers from the persecutions to which they are liable in the present state of the law, is in process of rapid formation. From Mr. Darwin downwards, we believe the majority of eminent scientists have expressed their sympathy with the project, and have made offers of pecuniary and personal assistance. It only now remains to organise the moral and material force thus made available, and no doubt this will be done without delay. A meeting will be shortly called to appoint a committee and working officers, and this being accomplished, the Association will be able to set about its appointed task. Those desiring to co-operate in this excellent undertaking can, in the meantime, communicate with Dr. Lauder Brunton, F.R.S., 50 Welbeck Street, London.

The Vienna Tragedy.

VIENNA was, on Thursday last, the scene of a terrible tragedy, whereby more than 300 people lost their lives. The old story of carelessness, panic, and destruction was once more illustrated; a theatre packed with victims, declared to be on fire, and with no means of egress at all adequate to the need of the occasion; in terror of death the surging mass of human beings poured towards the few tiny outlets, only at once to block up every opening to the exterior. This ought to be another warning to Governments which still permit theatrical proprietors to build places utterly unfitted to the objects they are destined to serve; nor are we in England altogether free from a similar reproach.

M. Pasteur.

ON Thursday last the French Academy proceeded to the election of three new members to fill vacancies in their body recently created by death. One of the successful candidates is M. Pasteur, whose infinite claims on the gratitude of mankind are thus recognised by the bestowal of the highest honorary distinction possible to be obtained in France.

Galvano Puncture in Aneurism.

THE treatment of aneurism by galvano-puncture has frequently formed the subject of suggestive comments by speakers at society and other meetings during discussions on the method of proceeding for the relief of these tumours, but it has never yet received any considerable sanction from surgeons. In connection with it, however, the *New York Medical Record* for November 24 last, records a cure of aortic aneurism, which presents some points of interest. The case was under the care of Dr. Richard Cameron, of Valparaiso, Chili, the patient being a man forty years of age, and the tumour situated on the ascending arch of the aorta. The reme-

lies more commonly relied on having failed to produce any result, galvano-puncture was resorted to as a last resource. Two fine steel gilt needles were passed into the aneurism and retained in position for twenty minutes, and after about two weeks interval the swelling subsided, and the symptoms thenceforth slowly, but permanently disappeared. A curious fact, however, was discovered after the needles were removed, namely, that owing to defective action of the battery no current had practically been passing during the operation, and thus is opened up a field for speculation concerning the means whereby the beneficial consequences were brought around. It is perhaps allowable to presume that the previous treatment had something to do with the result, and that the irritation set up by the mere presence of the needles completed a reparative process which needed only some such stimulation to effect the ultimate end gained. In any case, however, the history is a very instructive one.

The Radical Cure of Cancer.

PRIZES to the value of three hundred dollars, and one hundred dollars for essays on "The probability of the discovery of a radical cure of malignant disease, and the line of study, or experimentation most likely to bring such a cure to light," are offered by advertisement in the *American medical journals*. The donor is veiled under the guise of anonymity, but essays in competition are to be forwarded to Dr. J. Collins Warren, 58 Beacon Street, Boston, Mass, not later than noon on the 15th February, 1882. The judges will be selected by Dr. Warren, and the following are the rules laid down for observance by intending candidates for the prizes:—

The essays must be legibly written and neatly bound. Each essay must bear a motto, and be accompanied by a sealed envelope bearing the same motto and enclosing the name and address of the writer. All the essays presented will become the property of the donor of the prizes, but none of them will be published. Any writer may, however, publish his essay, if he choose to retain a copy of it. The decision of the merits of the essays will be made chiefly from a practical stand-point, it being the object of the donor of the prizes to obtain suggestions by which a search for a cure for cancer may be instituted. The right is reserved to decline to award any prize in case no sufficiently meritorious essay be offered.

The Metropolitan Hospital Saturday Fund.

THE annual meeting of the board of delegates of this fund was held on Saturday last under the president Mr. Samuel Morley, M.P. The report, read by the retary and adopted by the meeting, stated that the council had the gratification of announcing that the total sum collected during the year had exceeded any previous effort, the increase over 1880 having been £1,540. The total collected for the year was £8,174, but the council were of opinion that that sum did not adequately represent the artisans of the metropolis fairly canvassed, and their earnest endeavours must be to impress upon working men the many advantages and great importance of the movement. The council dealt at length with the subject of the necessity of working men having a seat on the governing bodies of the metropolitan hospitals and

dispensaries, and also detailed the steps they had taken towards establishing an "Hospital Saturday Convalescent Home Fund." The chairman expressed general approval of the report. He thought there might be some difference of opinion as to whether the movement might not be weakened by losing the support of many of the working classes, unless their opinion was ascertained to be decidedly in unison with that of the council as to the convalescent home scheme, and suggested that that subject should be omitted from the report, and considered at a special meeting convened for that purpose, which suggestion was agreed to.

Ophthalmic Teaching in Dublin.

It will be in the recollection of our readers that the year before last, the Council of the Irish College of Surgeons, determined that a certificate of three months clinical instruction in ophthalmology should be required of every candidate for its licenses. In due course the special ophthalmic hospital, and the ophthalmic departments of general hospitals in Dublin began to receive pupils and issue certificates, and, moreover, some of the hospitals which had no such special departments, proceeded to do the same, although, their means of teaching ophthalmology were entirely mythical. It being then brought under the notice of the Council, that the issue of certificates of these hospitals was contemplated, the subject was again taken into consideration, and certain requirements were laid down which any hospital should fulfil before its certificates could be accepted as evidence of study. Thus difficulties arose with those hospitals which neither possessed the means of teaching the subject, nor were willing to provide themselves with such means, and at length, the College had again to take the subject in hand. Accordingly, it was proposed that all general hospitals should be disfranchised, *quoad* ophthalmic teaching, whether they possess special departments or not, and that no ophthalmic certificate should be accepted from any but a special hospital; a proposition which would have the effect of destroying the special department of certain hospitals in which, admittedly, the teaching was *bonâ fide* and excellent. This proposal was, for obvious reasons, warmly supported by the representatives of the special hospitals, and by those of one general hospital which was forbidden by its Act of Parliament to appoint an ophthalmic specialist in addition to its present staff, and by the influence of this coalition, the disfranchisement would probably have been carried out, but for an intervening motion that the requirement of an ophthalmic certificate should be abandoned, and that instead of it, a special examiner on the subject should be added to the Surgical Court of Examiners of the College.

This proposal has been approved by the Council, and thus, all certificates of ophthalmology are dispensed with.

PROFESSOR W. H. FLOWER, F.R.C.S., F.R.S., Hunterian Professor at the Royal College of Surgeons, has been elected a trustee of Sir John Soane's Museum in Lincoln's Inn Gardens, to fill one of the vacancies on the board, created by the deaths of Sir Philip de Grey Egerton, and M. F. Ouvry. The other vacancy is filled by the appointment of Mr. George Godwin.

The Meeting of the British Medical Association for 1882.

THE Fiftieth Annual Meeting of the Association will be held on August 8th, 9th, 10, 11th, 1882, at Worcester, under the presidency of William Strange, M.D. The Address in Medicine will be delivered by W. F. Wade, F.R.C.P., Physician to the General Hospital, Birmingham. The Address in Surgery will be delivered by W. Stokes, M.D., F.R.C.S.I., Professor of Surgery in the Royal College of Surgeons of Ireland.

The contemplated arrangements are as follows:—

On Tuesday, August 8th, there will be the usual service, at four o'clock, in the Cathedral, and a sermon by the Dean of Worcester (Lord Alwyne Compton). At eight the first general meeting will take place, in the newly restored Guildhall, when the President-elect will give an address.

Wednesday, August 9th, is proposed to be held as the Jubilee day *par excellence*. After the Address in Medicine, to be read by Dr. Wade of Birmingham, the Worcestershire and Herefordshire Branch, with their friends, will entertain the members of the Association at luncheon in the Shire Hall, which is calculated to seat 500 persons. At this meeting, Mr. Hastings, M.P., will read some remarks upon the life and work of his late father, Sir Charles Hastings, the founder of the Association. After luncheon, the bust of Sir Charles, at present being prepared by Mr. Brock, the sculptor, will be presented to the Mayor of Worcester, for preservation in some public place in the city, as a memorial of its late illustrious citizen. In the evening, the usual *conversazione* will be held, at which several unique objects of interest are expected to be open to inspection.

Thursday, the 10th, will begin with the Address in Surgery, which has been entrusted to Dr. W. Stokes, of Dublin. Sectional meetings will be held, and in the evening the usual dinner of the Association will take place in the Guildhall.

Worcester is the centre of a very populous district, and some hundreds of medical men will be able to come and go by rail daily, which will very much relieve the expected pressure upon the hotel and lodging house accommodation.

On Friday, the 11th, after sectional work in the morning the Association will be entertained by the Lord-Lieutenant of the county and Countess Beauchamp at Madresfield Court, near Great Malvern.

An endeavour will be made to wind up the work of the week by a performance of sacred music at the Cathedral, in connection with a special service, for which the kind sanction of the Dean has already been obtained by the President-elect.

THE Gulstonian Lectures will be delivered at the London College of Physicians, on the 3rd, 8th, and 10th of March, 1882, at the College, by Dr. W. Ewart. The subject is: Pulmonary Cavities; their Origin, Growth, and Repair. The Croonian Lectures will be delivered by Sir J. Fayer, on March 15th, 17th, and 22nd, on the Climate and Fevers of India. The Lumleian Lectures, on the Pathology of Inflammation, will be delivered by Dr. Bardon Sanderson on March 24th, 29th, and 31st. The hour for the lectures will be 5 P.M. on each day.

An Extraordinary Case of Suicide

TOOK place in Belfast last week. A man, named Stewart, was discovered in the yard of his house, his breast resting on the ledge of the ashpit, which is about four feet high. The head was hanging over in the ashes, and a small hatchet was lying between the hands. The scalp was removed for nearly five inches, and in the centre of this wound there was a fracture of the skull extending into the brain. The peculiar position of the wound is noteworthy, more especially as several blows of the hatchet were possibly required to inflict such an injury as that produced. The deceased, it may be added, was of somewhat weak intellect. The coroner, at the inquest held, said the case was most singular; but the only evidence they had led them to believe that suicide had been committed; and a verdict to that effect was returned.

The French Trichina Scare.

THE decree issued by the French Government, February 18th, prohibiting absolutely the admission of American pork on account of the danger from the trichina said to infect it, has given rise to great dissatisfaction and many complaints. It has interfered greatly with large commercial interests, and has pressed hardly upon the poorer classes, who in France make great use of pork. All this might have been borne had the danger been as great as it was at first represented to be, but it is now believed that it was in a great measure imaginary, seeing how little mischief has resulted in those countries which took no similar precautions. The decree was passed very precipitately, without the consultation with the Académie de Médecine which is usual on such occasions. The proposed organisation of laboratories for the microscopical examination of pork has never been carried out and it is expected that the decree will in a short time be withdrawn.

Neglect of Vaccination in Ireland.

THE medical officers of the New Ross Union have drawn attention to the great neglect of vaccination which exists in their districts; and their complaint, backed by a representation from the Local Government Board, have determined the guardians to take active steps by instituting prosecutions against the defaulters.

Fever Dens and Disinfectants.

PROBABLY the most effective and assuredly cheapest, costing less than one farthing a gallon, would be found to be a solution of chloride of lead, so strongly recommended by the late Dr. Goolden, of St. Thomas's Hospital, as the most simple, the most powerful and economical agent for eliminating sulphide of hydrogen from the atmosphere as well as from all organic matter in a state of decomposition or putridity. It is prepared thus:—Half a drachm of nitrate of lead, dissolved in a pint of boiling water, to be mixed in a pail of water in which two drachms of common salt have been dissolved. A cloth dipped in the solution and hung up in any place where bad odours prevail will sweeten the fetid atmosphere instantaneously; or thrown down a sink, w.c., or drain, or over a heap of refuse, will produce a like result.

The Administration of the Vivisection Act.

IT has now become an open secret that persecution by anti-vivisection zealots is not the only or the greatest difficulty which is now placed in the way of physiological workers in this country. It has, for some time, been known to a few, and is now becoming evident to the many that the administration of the Vivisection Act by the Home Office authorities is being carried on in a spirit never intended by the Act, and that, indeed, they are dealing in regard to the granting of licenses in a manner so arbitrary as to suggest they are actuated by partizan feeling rather than the rigid impartiality which ought to be displayed by officials in their position. We are adverse to giving currency to mere rumours, but we believe we are justified in stating that pressure has certainly been brought to bear from persons in high positions, with a view to biasing the authorities in favour of restricting vivisection; and whether this has had any effect or not, the fact remains that more than one of our most valuable physiological workers, upon whose personal labours questions of the highest importance depend for solution, have been directly or indirectly refused licenses which they might claim by right to perform necessary experiments. If this state of things continue in spite of protests quietly made, it may become necessary, by more active public measures, to demonstrate to all concerned that no one, however exalted their position can now-a-days be allowed by exercise of their personal influence, to interfere with the just and equitable administration of the law.

Proposed Alterations in the Indian Medical Service.

A PROPOSAL has been made by the Government of India to the Secretary of State to abolish the double appointments of Surgeons-General of the Indian and British Medical Departments, and to at once bring in the unification system to place the whole medical services under one head, who is to be in future styled the Director-General of the Medical Department in India, and receive Rs. 3,500 per mensem salary. It is estimated that this will effect a saving of Rs. 20,800 annually. The wants of India, as far as a medical establishment is concerned it is proposed to supply, by the formation of a Medical Staff Corps, which will be recruited by volunteers from the British Medical Service, and direct appointments from nominees who are selected by a certain number of the British medical schools. Our Lahore contemporary believes that the proposed reform has had its origin in Dr. Cunningham, the Surgeon-General with the Government of India; but it is believed the scheme has also received the imprimatur of Surgeon-General Crawford, who is on his way home to take up the post of Director-General of the Army Medical Department. As a reward for financial virtue and self-sacrifice, Dr. Cunningham has been nominated to the proposed Director-Generalship.

MR. CHARLES COPPINGER, F.R.C.S.I., and surgeon to the Mater Misericordiarum Hospital, has been elected to discharge the duties of the chair of Anatomy and Physiology in the Catholic University School of Medicine, filled by the late Professor Hayden in that school.

The Examiners at the Royal College of Surgeons, England.

At a meeting of the Council of the College on Thursday last, the following Fellows were elected members of the Board of Examiners in Anatomy and Physiology for the Membership and Fellowship of the College for the ensuing year—*For Anatomy*: Messrs. Walter Rivington (London Hospital), John Langdon (St. Bartholomew's Hospital), T. P. Pick (St. George's Hospital), and E. Bellamy (Charing Cross Hospital). *For Physiology*: Messrs. Henry Power (St. Bartholomew's Hospital), Marrant Baker (St. Bartholomew's Hospital), B. T. Lowne (Middlesex Hospital), Jeremiah McCarthy (London Hospital), and Gerald Yeo (King's College).

Enlargement of Irish Lunatic Asylums.

An Order in Council has been published authorising the expenditure of £20,000 on the enlargement and improvement of Londonderry Lunatic Asylum, and a sum of £1,800 to complete necessary additions to the Kilkenny District Asylum. This will provide accommodation for three hundred in the former institution, and one hundred in the latter.

Resignation of M. Vulpian.

At the meeting of the Paris Faculty of Medicine on last Thursday, M. Bouchardat read a letter from M. Vulpian in which he stated that he then resigns the office of dean.

Accordingly, after the perusal of this letter, the following resolution was passed: "The Faculty of Medicine express their regret that the Dean has resigned his appointment, and thank him for the services rendered them during his term of office." A warrant has appeared in the Official Journal appointing Professor Bélard, of the Faculty of Medicine.

An epidemic of typhoid of a somewhat severe type has broken out at Oldham in Lancashire.

M. ROBIN has exhibited before the Société de Biologie a specimen of blue urine, passed by a patient suffering from interstitial nephritis. The colour is supposed to be due to the decomposition of indican.

DR. G. M. STERNBERG ("National Board of Health Bulletin"), from observations made on the mud in the gutters of New Orleans, concludes that pathogenic bacteria are bred not alone in the bodies of animals.

THE managers of the Royal Institution of Great Britain have appointed Dr. J. G. MacKendrick, F.R.S.E., of the University of Glasgow, Fullerian Professor of Physiology for three years.

THE charge of conspiracy to defraud the North-Eastern Railway Company, mentioned in a recent issue, against Dr. Abrath and Mr. Michael McCann, of Sunderland, has been transferred by the magistrates' commitment to the next assizes. Bail for the appearance of the accused was offered by Dr. Potts, and accepted.

THE President of the Royal College of Physicians of London, Sir William Jenner, has appointed Dr. Long Fox, of Bristol, to give the Bradshaw Lectures at the College. Dr. Fox has chosen as his subject: The Position of the Sympathetic in the Causation of Disease.

THE Wyatt-Edgell Prize of £200 for the best essay on the Range of Heredity in Health and Disease, referred to in our last in connection with the Sanitary Institute of Great Britain, has been awarded to Mr. George Gaskoin. Twelve essays were sent in; the adjudicators were Dr. W. Farr and Dr. B. W. Richardson.

At Windsor, on Wednesday, the following members of our profession received from Her Majesty the honour of knighthood:—Dr. John Kirk, Her Majesty's Agent and Consul-General at Zanzibar; Mr. William MacCormac, late Secretary of the Medical Congress; Geo. Birdwood, M.D., C.S.I., Assistant Reporter in Statistics, India Office; and Mr. Erasmus Wilson.

FROM diseases of the zymotic class in the large towns, the highest death-rates per 1,000 were, from scarlet fever, 7·7 in Hull, 3·9 in Nottingham, 2·9 in Brighton, and 2·7 in Sunderland; from measles, 2·4 in Liverpool, and 1·7 in Leeds; and from "fever," 1·4 in Wolverhampton, and 1·0 in Leeds. In Hull 23 more fatal cases of scarlet fever were recorded, making 525 since the beginning of July. The 39 deaths from diphtheria included 21 in London, 7 in Portsmouth, and 5 in Glasgow. Small-pox caused 30 more deaths in London and its outer ring of suburban districts, one in Plymouth, one in Nottingham, and one in Liverpool; no fatal case was registered in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE INFECTIOUS DISEASES ACT IN EDINBURGH.—An important meeting was held in the Waverley Hall, Edinburgh, for the purpose of discussing the present mode of administering the 208th section of the Edinburgh Municipal and Police Act, 1879, under which medical practitioners, failing to report infectious diseases to the health officer, are liable to a penalty. Dr. Bowie, whose case has been fully reported and commented upon in the *Medical Press and Circular*, addressed the meeting in reference to his recent conviction in the Edinburgh Police Court for a contravention of this section, in that he failed to report a case of typhoid fever. His defence at the Court was that it was not a case of that fever; and even if it were, it was not infectious; and after quoting various medical authorities in support of this contention, Dr. Bowie said that it was infectious only to those who were exposed to the cause of the disease. He went on to say that the diagnosis of infectious diseases, before they were fully developed, was one of the most delicate duties of a physician, and it was preposterous that the officials connected with the health department of the city should entrust that duty to an ex-policeman. He (the speaker) did not regret having been made the first victim of the section, because it afforded the public an oppor-

tunity of seeing how the Act was carried out, and how unjustly it pressed upon the profession.

A WELL-MERITED REBUKE—THE ODIUM MEDICUM.—At the Sheriff Court, Kilmarnock, on the 7th inst., Sheriff Anderson issued an interlocutor in the action recently raised against Dr. Buchan, medical officer for the parish of Kilmours, by a man named Wm. Hannah, recently a pauper, though not suing *in forma pauperis*, for £50 damages, on the ground that the defender, Dr. Buchan, by careless and incompetent professional treatment of the pursuer's wife, had accelerated, if not caused, her death. An extensive bill of indictment was brought by the pursuer, including the evidence of five medical witnesses, and the defender had proceeded a short way in his case when the pursuer's agent suddenly abandoned the case. In these circumstances a formal judgment is not required, but the Sheriff thought it his duty to state that nothing had been disclosed which, in his opinion, justified this action, or that in any way affected the professional character of the defender as a well-qualified and attentive medical practitioner. The Sheriff added that he was sorry to see the proverbial *odium medicum* so abundantly displayed among the skilled witnesses, and he also regretted that the defender had been so improperly subjected to serious expense, which he could not recover from the pursuer.

HINTS ON HOME SURGERY.—The ninth of the series of lectures delivered in Glasgow under "The Combe Trust," was given on the 5th inst., in the City Hall, by Prof. G. H. B. Macleod. The subject was "Hints on Home Surgery." Prof. Macleod, at the outset, warned his audience that no part of the instruction given in his lecture was intended to interfere with the legitimate domain of the medical practitioner. The aim was rather to strengthen his hands in dealing with the sick. He desired to make some simple suggestions regarding the best management of those simple ailments that occurred in households. A large amount of harm was done by doing certain things before the arrival of a doctor, and while information would benefit people it would enable them to carry out better the instructions received from medical men. The professor then spoke at length on bruises, describing their nature and management, and pointing out some of the common errors which prevailed regarding their treatment. He also spoke on other ailments requiring surgical treatment, and at the close of an interesting lecture received a cordial vote of thanks.

EDINBURGH UNIVERSITY COURT.—At a meeting of the Edinburgh University Court, held on the 5th inst., *inter alia*, Dr. James Allan Gray was appointed class-assistant to the professor of medical jurisprudence; and the following gentlemen were recognised as teachers of medicine, whose lectures should qualify for graduation in medicine in the University, viz.:—Thomas Carnelly, D.Sc., lecturer in chemistry, Sheffield; John Wallace, M.D., lecturer on midwifery, Liverpool; and Chas. W. Cathcart, M.D., lecturer on anatomy, and teacher of practical anatomy, Edinburgh.

THE GLASGOW ROYAL INFIRMARY.—This old Institution is beginning to feel the effects of competition in public charity, in a greatly diminished income from the public, while curiously enough its directors in an appeal just issued, talk of the "laudable desire" of having a hospital on the south-side of the river. It would appear that the expenditure of the Glasgow Royal Infirmary this year will amount to £28,000, while the revenue cannot be estimated at more than £18,000, thus leaving a deficiency of £10,000. The appeal by the directors also states that last year the necessary expenditure for proper equipment and maintenance not only exhausted the whole ordinary and extraordinary

income, including upwards of £10,000 of legacies and donations, but also required that a sum of upwards of £4,000 should be withdrawn from the capital stock. During the past seven years the legacies and donations have been drawn upon to the extent of £25,000. This result is entirely as we have invariably predicted would happen. There is a limit beyond which the public will not support so-called charity, and there is a limit beyond which "charity" becomes a power of generalisation, and a social curse. These limits have been distinctly exceeded, and we make bold to assert that while the profession is thus pauperised by wholesale and indiscriminate medical "charity," *pari passu* the artisan class are demoralised and driven to intemperance and improvidence. This is in reality one of the most serious questions of the age. "The Royal" is suffering from the competition of the Western Infirmary; and but for the removal of the University to Gilmorehill, the "felt want" for the Western would never have been discovered. It is another phrase of professional greed, and of injustice to the medical profession at large. It is out of all reason to maintain that it requires two such large hospitals to meet the really just necessities of so large a community as that of Glasgow; and yet the directors of "The Royal" would evidently welcome a third!

THE EDINBURGH HEALTH SOCIETY.—The third lecture of this series which is being given in the Free Assembly Hall, was delivered on the 3rd inst., by Dr. Andrew Wilson. The subject was "Parasites in their Relation to Food and Health." Having given a few examples of the better known parasites, and their relations, among other things, to certain skin diseases, he proceeded to offer a popular classification of parasites by reference to the social relations between a lodger and his host. The first class he designated as being lodgers pure and simple, having shelter alone from their host. The second he distinguished as boarders, having not only shelter, but also feeding themselves at the expense of their hosts. And the third he denominated tenants by right, having as well as food and shelter, as it were a right to the host, by which he meant the class most typical of parasitic life, and which was found seated in one particular part and in no other part of the animal which it infested. Having given examples of all three classes, Dr. Wilson went on to consider more particularly those parasites which infest man, or which inhabit the human area, and these he considered in the order—(1) of flat worms, as the *Tania*; and (2) of round worms, as the *Ascaris*. He next related the life history of both of these classes of parasites, and laid stress on the important fact that these parasites required, in order to their development, two hosts. Taking the life history of the common tape-worm of man—*tania solium*—he showed that, in order to its attaining maturity in the human stomach or intestine, it must first undergo a preliminary stage of development in the pig. Similarly, the beef tape-worm, or the *tania mediocanellata* had its first host in the ox; and the *tania echinococcus*, which was the cause of hydatid disease in the human liver, we derived from the dog. Talking on the *trichina* in the class of round worms, Dr. Wilson sketched the life history of these parasites, and pointed out that, whilst we got the parasite from the pig, the rat probably gave it to the pig; and, in some way or other, the vicious cycle was completed by the rat getting it from man. The lessons which he deduced from what he had said on the subject of the parasites infesting man were the following:—(1) That they should see to the perfect cooking of all meat, including fish, from which they got a special tape-worm. (Applause.) It was ascertained

that a temperature of 140 degs. Fahr., maintained for some time, was fatal to parasitic life. (2) That all raw vegetables, especially those used to make up salads, should be thoroughly washed to guard against the eggs of tape-worms. (3) That they should never drink water from suspected sources, such as canals or ponds containing water snails, &c. (4) That the general health should be carefully looked to, inasmuch as parasites required a special soil for their development. (5) That care should be taken that dogs were not made a special source of infection; and (6) that personal cleanliness should be maintained.

PROFESSOR MACKENDRICK, GLASGOW.—Professor MacKendrick has been appointed Fullerian Professor of Physiology in the Royal Institution of Great Britain, an office which he can hold along with his chair in the University of Glasgow.

ABERDEEN UNIVERSITY.—At a meeting of the Aberdeen University Court held on the 7th inst. Dr. P. Buchanan White, Perth, was appointed examiner in medicine.

"THE EVANGELISATION OF FRANCE."—Such is the startling heading of a paragraph which appeared in the Scotch daily newspapers last week. We would not, and could not with propriety have taken any notice of this paragraph, but for the fact that the representative in Parliament of those Universities, which are connected with the medical profession, Glasgow and Aberdeen, took a prominent part in the meeting. As we cannot conceive a piece of grosser impertinence to one of the most enlightened nations in Europe than this, we feel somewhat humiliated as to the estimate which any intelligent Frenchman, in reading the paragraph in question, would form of the culture of our Universities. It is surely high time that the Universities should be rendered conformable to advancing intelligence. We are glad to believe that a large number of intelligent Scotchmen have no sympathy with the fanaticism which is too often, with good reason, charged against their country.

Obituary.

MR. DOUGLAS HEMMING, F.R.C.S., OF BOURNEMOUTH.

In chronicling the death of this gentleman we do so with the feeling of a personal loss, difficult to conceal. For the last few years Douglas Hemming's hand was frequently seen in the columns of this journal, most of our translations being from his industrious and facile pen. As evidence of his industry even when metaphorically speaking "at death's door" we may mention the fact that we received some "copy" for the press written in bed a few hours before his death, which melancholy event had actually happened before the letter reached us through the post. A more zealous, persevering, and honourable fellow labourer in the arduous duties of journalism it would be difficult to find, and there can be no doubt that had his young and valuable life been spared, he would have attained to a prominent position in the profession.

Three years since he was compelled to leave London and take up his residence in Bournemouth, on account of rapidly developing symptoms of lung disease; and to this change immediate danger was probably averted. At Bournemouth his accomplishments, gentle manner, consistent life, and his constant watchfulness for any opportunity of doing a kindly action, won for him the esteem of the many members of the profession, with whom he came in contact, whose sympathies were shown by many acts of kindness and solicitous care during his last illness. The predisposing cause of death was phthisis, but he actually succumbed to an attack of hæmoptysis on Friday last in the thirty-fourth year of his age. He had suffered

severely from sciatic pain for two months past, which seemed to point to some pelvic mischief, but he bore his suffering so uncomplainingly, that none but his attendant *confidés* had any conception of its extent and severity. Mr. Hemming was the author of several small works on throat diseases, otology, examinations, &c., and at the time of his death was contemplating the translation of a large German work on his favourite subject; but he has now passed away with the majority, leaving behind him an unsullied name, an honourable career, and the work of an unostentatious christian gentleman.

DR. PHILIP BEVAN, OF DUBLIN.

ONE more link of the chain which binds the passing generation of Irish Surgeons to those who are now the chief representatives of our profession in Ireland, has been severed within the past week by the death of Dr. Philip Bevan, which took place on Wednesday 7th, at his residence. Dr. Bevan was the son of one of the Vicar's Choral of St. Patrick's Cathedral in bygone days. After the completion of his medical education in the Irish College of Surgeons and the University of Dublin he took the License of the College and afterwards the Fellowship (1837) and the M.D. of Trinity College in 1845. His first recognition as an Anatomist of repute was his appointment to the Lectureship on that subject in the Dublin School of Medicine under Dr. Kirby, from which position he was promoted shortly afterwards to the Professorship of Practical Anatomy in the Royal College of Surgeons, which office he occupied until his death. For some years he held also a seat on the council of the same College, and during the chief part of his professional career he held the office of surgeon to Mercer's Hospital. He contributed to the *Dublin Journal of Medical Science*, a description of an apparatus devised by himself for putting up the fractured femur, and afterwards an able paper on "Scalds of the Larynx." In the *Medical Press* he also published an important case of fracture of the odontoid process of the axis. As an anatomist and a lecturer Dr. Bevan was noted for the minute accuracy of his descriptions and his lucid and quiet method of instruction. He was universally recognised by his professional brethren as a gentleman in every sense, and therefore incapable of any discreditable act, and he has left behind him the unanimous esteem of those who lived in his era and had the opportunity of observing his high qualities.

DR. MADDEN, OF BALLYCASTLE.

WE regret to announce the death of this gentleman on Saturday, December 3rd, at a comparatively early age. Dr. Madden was an M.D. and ex-scholar of the Queen's University of the year 1865, and had held the local dispensaries at Ballycastle for some years. Dr. Madden possessed considerable literary taste, and could give expression to his ideas both orally and on paper with a facility and grace that were to be envied. He was cut off in the prime of life, in the middle of a career—labouring, it is true, and testing to a constitution by no means robust—of great usefulness, and his death has cast a deep gloom over the district in which he lived, and where he was universally respected and loved.

DR. HENRY BERKELEY, OF MULLINGAR.

THE death is announced of this gentleman, who for a prolonged period has occupied the post of Resident Medical Superintendent of the Mullingar District Lunatic Asylum. He died at the mature age of 77, having been for a long time in failing health. No doubt he would long since have retired from office, but that the existing law of superannuation for officers in his position is so unsatisfactory, and the resignation of office involves a heavy sacrifice.

MR. JOHN REID, OF GLASGOW.

THE medical profession of Glasgow has lost by death a well-known and highly respected member in the person of Mr. John Reid, surgeon. Mr. Reid's death took place at his residence, 150 Renfrew Street, after an illness of about three weeks' duration, in its more aggravated form, though he had been ailing for the past eighteen months. The commencement of his last illness was ascribed by himself to a chill. Mr. Reid was a native of Glasgow, having been born in Gorbals in February, 1809. He was consequently in his 73rd year. For the first twelve years of his professional life Mr. Reid practised at Markinch, Fife, where he is still warmly remembered as a conscientious and painstaking medical practitioner. During the leisure time stolen from the active and multifarious duties of a country doctor, Mr. Reid wrote his work, "On the Philosophy of Death," which was well received by the press and in professional circles. Tired of country practice, he returned to his native city and commenced practice there. Some years ago he revived for a time a medical periodical published about forty years ago by Mr. Glen, surgeon, termed the *Glasgow Medical Examiner*, which, in conjunction with a friend, he edited. Intolerant himself of every form of abuse or meanness, the *Examiner* faithfully mirrored the character of its editor.

That the *Examiner* was faultless no one will maintain, especially in view of the steadily increasing commercial tendencies of the profession; but its faults were those usually incidental to genuine indignation at abuses, and a sincere, though possibly Quixotic, desire to remedy them. These, however, will be forgotten, while the good intentions of its conductor will linger long in the memories of those conversant with the medical history of the city and period. Mr. Reid was in many respects a man of striking character. It was quite in keeping with his robust mind that with every form of cant and hypocrisy he had no sympathy. His vigorous understanding led him to believe, as he had the courage to express, that he could form no opinion on those sublime questions which lie in that unknown tract which separates the finite from the infinite, and which ought to be regarded as a secret and individual covenant between man and his God, a conclusion, however, for which ignorance and intolerance have too frequently neither sympathy nor excuse. Mr. Reid performed during his long life many acts of unostentatious and secret goodness. He had sincere sympathy for suffering or sorrow, felt a warm interest in the early struggles of his junior professional brethren, was outspoken and fearless in his speech, and of untarnished honour. He will be much regretted by his patients and his numerous friends. The world would be better with a larger proportion of such men.

Novelties.

BERNHARDINE ALPINE HERB BITTERS.

Analytical Report by CHARLES R. C. TICHBORNE, LL.D., F.C.S., M.R.I.A.

I HAVE carefully examined this preparation as sent out by Mr. Wallrad Bernhard, and have submitted it also to a careful chemical analysis. The following are the most important heads of that analysis:—

It contains in the 100 parts—

Dry vegetable extract	...	...	2.55
Salts	...	...	0.17
Proof spirit	...	...	78.70
Aromatic oils, water, &c.	...	...	23.58

100.0

Bernhardine is perfectly free from mineral medicaments, and from drastic purgatives of any kind. It consists of a mixture of fluid extracts of a vegetable source, which are quite harmless, but which are, at the same time, powerful tonic bitters. It contains besides ingredients which render it highly carminative and grateful in affections of the stomach.

I am in a position to state that it does not contain any absinth, aloes, podophylline, or rhubarb, or any ingredients of such a nature that the continued use of it would be calculated to injure the system. Bernhardine is obtained entirely from herbs, which may be classed as bitter tonics, stomachics, and blood purifiers. It seems to be carefully prepared, and is pleasant to take to those who like bitters.

THE GENERAL PRACTITIONER'S POCKET SURGICAL CASE.

Messrs. LAWLEX, of Farringdon Street, London, have recently brought out a "Pocket Case for the Use of General Practitioners," much the same size as those now in use, but containing an infinitely greater variety of instruments.



Space being saved by an economical arrangement of combining parts of different instruments. Thus a handle is made to fit on to large sized scalpels, straight and curved bistouries, hernia knives, &c., and also on to a Butcher's saw some three inches and a half in length; and the male and female catheters are cleverly combined. Another metal case about the size of a caustic holder, contains a subcutaneous injecting syringe, two needles and a bottle for solutions. The clinical thermometer, which is

self-registering, is a curious novelty—it is flattened on two sides, so that when laid upon an incline it immediately ceases to roll, and when the mercury is observed at the line of junction of the two flat surfaces it is magnified to a breadth of nearly 1-16th of an inch, so that the degree reached by the mercury is readily observed, even in a dull light. The case throughout is very well made, and all its contents are of a serviceable character, many, as we have shown, being most ingeniously designed.

REDWOOD'S PREPARED COCOA.

WE can heartily testify to the admirable qualities of the cocoa paste prepared according to Prof. Redwood's plan. It possesses characters which place it in the first rank of articles of this description, while it exceeds all the samples we have hitherto tested in excellence of flavour, revivifying power, and ready digestibility. The paste formed by the milk and cocoa is perfectly uniform, and easily miscible in water; and in every respect this new preparation is a most successful improvement.

Royal College of Surgeons of England.—The following Candidates having passed the required examinations for the Fellowship, were, at a meeting of the Council held on Thursday Dec. 8th, admitted Fellows of the College:—

Baring, Harry Gilbert, M.B.Lond., Newham, Gloucestershire.
 Gill, Richard, M.B. Lond., Princes Street, Hanover Square, W.
 Griffith, W. S. Anderson, Guilford Street, Russell Square, W.
 Leaby, Albert William Denis, Warwick Street, Pall Mall, S.W.
 Lockwood, Charles Barrett, Serjeants' Inn, Fleet Street, E.C.
 Shattock, Samuel Geo., Downshire Hill, Hampstead, N.W.
 Uthoff, John Caldwell, M.D.Lond., Western Road, Brighton.

NOTICES TO CORRESPONDENTS.

PUBLIC ESTIMATION OF MEDICAL SERVICES.—The *Phar. Med. Times* says, that the State of South Carolina pays a very competent and estimable physician fifty-two cents (\$2.1d.) a head for treating thirteen hundred and eighty-three cases among the convicts of her penitentiary, and requires him to furnish his own conveyance and driver. The same State pays a lawyer five hundred dollars to go into an adjoining county and look into a faulty bill of indictment. Other states are much the same. But then, there are probably many doctors who would do the same work for half-price or less.

DR. — (Edinburgh).—In consequence of great pressure on our space we are compelled to hold over the New Regulations kindly sent us till our next.

DR. BOWIE (Edinburgh).—Reply to Dr. Littlejohn's letter arrived as we were at press. Proof shall be sent you before insertion.

A. W. W.—See reply to Dr. — (Edinburgh).

MR. HENRY LAKE.—With pleasure.

DR. TANNER.—If possible in our next.

ANTI-HUMBUG.—The suggestion is not original, a similar proposal being made by a correspondent in our columns nearly two years since. However, if it be carried into effect now that the prosecution of Prof. Ferriar has aroused the ire of our somewhat apathetic profession, it matters little to whom the credit of the first suggestion be due.

*MR. W. C. PAYNE.—A note has been made of the case, which will be utilised when opportunity arises.

ECZEMA OF THE SCALP.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—May I recommend your correspondent "M.D." to treat his cases of obstinate scurf after eczema capitis with careful anointing of the scalp with saccera (a pure colourless hydrocarbon made from petroleum, which can be procured of most chemists), and in addition five or six grains of red oxide of mercury and two or three minims of creosote, the latter being left out after the first week's treatment. Necessarily the scalp should be well washed with warm water and oatmeal, or yolk of egg, or pure glycerine soap, and dried before using the ointment, night and morning. "Clean, dry, and anoint" was the good maxim in such cases by the great Abernethy.

I am, Sir, your obedient servant,

Sackville Street, W., Dec. 1881. JAMES STUART.

CYPRUS AS A FIELD FOR PRACTICE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—I lose no time in answering my unknown correspondent in your issue for Nov. 23rd, and thus I hope prove to his satisfaction that I allow the truth contained in his *nom de guerre*. Private practice, I may tell him, is impossible in Cyprus without a fair colloquial knowledge of both Greek and Turkish; and as to the District Surgeoncies, he must make application to the Sanitary Commissioner, Nicosia, Cyprus, enclosing a list of his qualifications, and give some little information on the nature of his past experience. One other point, he ought to be a good horseman, as there is plenty of rough riding to do in many districts. Yours very truly,

W. HY. CULLEN.

DR. D. C. B.—It is one of those mushroom-like institutions which are springing up with such terrible persistency throughout the metropolis. Like you we have been told that the *co-dicant* physician makes a handsome income from the enterprise, and we have no reason to doubt the fact, considering the number of dupes who seem to flock thereto.

F. C. S.—We learn that an English translation from the original German has been undertaken, which will be ready by March or April next.

MR. J. S. R. is referred to the "Literary Notes and Gossip" column in our last issue.

CHEAP, VERY!

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—The annexed advertisement from the *South Hampstead Advertiser* is either a melancholy corollary of your remarks on the "overplus in the profession" in your issue of Nov. 23, or it is evidence of the philanthropic feelings of the rising generation who, with all their advanced studies, are determined to show the public how to appreciate them in their desire to do good, "of course, not for themselves." In my day an ignorant lobbolby would grin if he was offered a shilling for advice and medicine, even of the quality vended according to his enlightenment; and a cat and dog doctor in my neighbourhood who attended my dog a few days since charged medicine and visit 3s. 6d. each time, but the educated and legally-qualified member of the Royal College of Surgeons of England is willing to give similar services for a third this amount.

Yours,

ONE OF THE OLD SCHOOL OF DOCTORS.

SELF-SUPPORTING DISPENSARY, ST. JOHN'S WOOD.

Medical Officer: _____,
Private Residence: _____, N.W.

Hours of attendance Daily except Sundays.

Morning .. 11 to 1 o'clock.
Evening .. 8 to 10 o'clock.

Scale of Charges for ready cash only.		s.	d.
Advice and Medicine .. .. .	.. .. .	1	0
Visit and Medicine .. .. .	.. .. .	1	6
Vaccination .. .. .	.. .. .	1	0
Midwifery .. .. .	.. .. .	15	0

Messages for Home visits to be left before half-past eleven in the morning at the Dispensary.

Sunday attendance can be had at the Medical Officer's residence at the usual Dispensary charges.

Urgent cases occurring out of Dispensary hours receive immediate attention on application at the Medical Officer's residence.

The Medical Officer can be consulted daily, Sunday included, from 9 a.m. to 11 a.m. and 6 p.m. to 8 p.m. at the above charges for cash only.

[We have refrained giving the medical officer (who, by the way, seems to occupy the usual ubiquitous position of sole surviving partner in the concern, treasurer, secretary, compounder, &c., &c.) an advertisement of his name and address, as it might not be of moral or material support to him in our columns; the advertisement is, other-

wise, verbatim, except that we have not space for quarter-inch type.—ED.]

S. D.—The Secretaries of the Royal Irish University are, Dr. Meredith and Dunne, 25 Upper Merrion Street, Dublin. The list of Senate is too long for insertion here, but we can send it if you wish.

THE SOCIETIES.

ROYAL MICROSCOPICAL SOCIETY.—This evening (Wednesday), at 8 o'clock, Mr. A. D. Michael, "On Further Observations on British Urbitellids."—Mr. W. H. Symons, "On a Hot and Cold Stage for the Microscope."

HARVEIAN SOCIETY.—Thursday, Dec. 15th, at 8.30 p.m., Third Harveian Lecture: Dr. Alfred Meadows, "On Menstruation and its Derangements."

Vacancies.

Ballin Union, Crossmolina Dispensary.—Medical Officer, Salary, £128, and £20 as Medical Officer of Health. Election, Dec. 24. (See Advt.)

Birmingham General Hospital.—Surgeon on the Honorary Staff. Must be a Fellow of the Royal College of Surgeons of England, Ireland, or Scotland. Applications to the House Governor by Dec. 14.

Donaghmore Union, Rathdowney Dispensary.—Medical Officer, Salary, £100, and £20 as Medical Officer of Health. Election, Dec. 24. (See Advt.)

Loughborough Dispensary and Infirmary.—House Surgeon. Salary, £106. Applications to the Secretary by Dec. 17.

Monmouth Union.—Medical Officer for the Monmouth District. Salary, £40, with the usual extra fees. Applications to the Clerk of the Union by Dec. 30.

Sheffield General Infirmary.—House Surgeon. Salary commencing at £120, with board. Applications to the care of the Secretary by Dec. 17.

University of Edinburgh.—Examinerships in Clinical Medicine, Surgery, Physiology, Materia Medica, and Pathology. Applications must be lodged with the Secretary to the University Court before Jan. 14.

Appointments.

CHITTENDEN, T. H., M.R.C.S., House Surgeon to St. Peter's Hospital for Stone, London.

CORBOLD, H. F., L.R.C.P.Lond., M.R.C.S., Resident Obstetrical Officer to Charing Cross Hospital.

CRANE, C. R., M.R.C.S., Resident Surgical Officer to Charing Cross Hospital.

DURCAN, W. A. M.D., L.R.C.P., M.R.C.S., Resident Accoucher to St. Thomas's Hospital.

EVANS, E. W. J., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer of Health for the Wrexham Urban Sanitary District.

GURBIE, G. F., M.R.C.S., L.R.C.P.Lond., Senior House Physician and Chloroformist to the Westminster Hospital.

HAYNES, S. W., M.B., C.M.Ed., House Surgeon to the Birmingham General Dispensary.

LUNDY, L. F., M.R.C.S., Medical Officer of Health for the Staines Rural Sanitary District.

LYSTER, G. R. C., M.R.C.S., Resident Medical Officer to Charing Cross Hospital.

MCNALLY, F. C., M.R., M.Ch.Dub., Medical Officer to the Colton District of the Ulverstone Union.

MAONAKARA, H. W., M.R.C.S., Resident Obstetric Physician to the Westminster Hospital.

ROBBE, E., M.R.C.S., Medical Officer for the Shepperton District of the Staines Union.

SELLERS, W. H. I., M.B., C.M.Edin., M.R.C.S.E., Junior House Surgeon to the Royal Southern Hospital, Liverpool.

STONHAM, C., M.R.C.S., House Surgeon to University College Hospital.

Births.

LEE-STRATHY.—Dec. 6, at Harborne, Birmingham, the wife of Fredk. B. Lee-Strathy, M.D., of a daughter.

MIDDLETON.—Dec. 8, at Belzoe House, Mullingar, the wife of W. H. Middleton, Surgeon Westmeath County Infirmary, of a daughter.

Marriages.

BROWNE-BRODIE.—Dec. 1, at St. Peter's Church, Dublin, G. H. Browne, Esq., Ballingany, co. Limerick, to Alice, daughter of T. Brodie, M.D., Local Government Inspector, Cork.

Deaths.

BEVAN.—Dec. 6, at his residence, 38 Pembroke Road, Dublin, Philip Bevan, M.D.

COX.—Nov. 14, at Dikusa, Oudh, India, of cholera, Henry Lawrence Cox, M.D., A.M.D., aged 28.

FINCH.—Nov. 23, suddenly, at Stainton Lodge, Blackheath, Robert Finch, M.D., aged 64.

HENNING.—Dec. 9, at his residence, Glenalmond, Bournemouth, William Douglas Henning, F.R.C.S.Fd., &c., youngest son of William B. Henning, M.R.C.S., &c., of 26 Notting Hill Terrace, London, aged 33.

HENRY.—Dec. 4, at 10 Lowther Street, Whitehaven, Emerson Wilson Henry, M.D., M.Ch., aged 47.

HUNTER.—Dec. 5, at Belcoo co. Fermagh, Anna, the dearly-loved wife of Dr. Christopher Hunter; also, on the same morning, the infant daughter, aged 5 days.

JUNOD.—Nov. 26, at Onnaburg Street, London, Victor Theodor Junod, M.D., of Bonvillars, Switzerland, aged 76.

MARTIN.—Oct. 19, at Port of Spain, Trinidad, of fever, Alfred E. Martin, M.B.T.C.Dub., Colonial Medical Service, youngest son of James Martin, F.R.C.S.I., of Portlaw, aged 33.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 21, 1881.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			NOTES ON CURRENT TOPICS.
Menstruation and its Derangements. By Alfred Meadows, M.D., F.R.C.P., &c., Physician to, and Lecturer on Midwifery and Diseases of Women and Children at St. Mary's Hospital. Abstract Report of Harveian Lectures for 1881	581	DEPARTMENT OF LUNACY.	Torture in the United States
The Early Detection and Treatment of Disease of the Hip-joint. By Edmund Owen, F.R.C.S., Surgeon to St. Mary's Hospital, and Senior Assistant Surgeon to the Hospital for Sick Children, Great Ormond Street	582	Homicides in Lunatic Asylums	Dangers of Electricity
Nerve Stretching in Tetanus—Successful. By W. I. Wheeler, M.D., T.C.D., F.R.C.S.L., Surgeon and Lecturer on Clinical and Operative Surgery to the City of Dublin Hospital, &c.	584	The Dundee Royal Asylum	Health Congress at Brighton
CLINICAL RECORDS.		TRANSACTIONS OF SOCIETIES.	Curious Sequel to Suicide
Trim Fever Hospital—Case of Ursemic Convulsions in Scarlatina treated by Hypodermic Injection of Pilocarpine. Under the care of Francis J. O'Reilly, Physician to the Hospital	586	SURGICAL SOCIETY OF IRELAND—	The Wimbledon Mystery
		Nerve Stretching	Patent Medicine Revenue Fraud
		EDINBURGH OBSTETRICAL SOCIETY—	Notification of Infectious Diseases in Edinburgh
		Funic Hemorrhage during Labour	False Certificates of Death
		OPHTHALMOLOGICAL SOCIETY—	Surgeon Poisoned by Prussic Acid
		Acute Glaucoma—Cerebral Tumour—Chorea—Unilateral Exophthalmos	Anti-Vivisection Prosecution
		ODONTOLOGICAL SOCIETY—	Medical Scandal at Birmingham
		Poisoning by Arsenical Paste	The Sunderland Conspiracy Case
		Preparation of Nitrous Oxide Gas	
		SPECIAL.	SCOTLAND
		France	New Regulations for Extra-Mural Lectures
		LEADING ARTICLES.	"Healthy Womanhood"
		THE HARVEIAN LECTURES	"Diphtheria"
		ENTRIES OF STUDENTS AT IRISH MEDICAL SCHOOLS	CORRESPONDENCE.
		THE MEDICO-SANITARY EXHIBITION AWARDS	Notification of Infectious Diseases in Edinburgh
			The Germ Theory of Disease
			Medical News
			NOTICES TO CORRESPONDENTS

Original Communications.

MENSTRUATION AND ITS DERANGEMENTS.

By ALFRED MEADOWS, M.D., F.R.C.P. &c.,

Physician to, and Lecturer on Midwifery and Diseases of Women and Children at, St. Mary's Hospital.

Abstract Report of Harveian Lectures for 1881.

LECTURE II. (Concluded).

Menorrhagia.—This term must be carefully distinguished from metrorrhagia, a task rendered easy by reason of the essential differences between the conditions which give rise to one and the other form of discharge. The former appears only at the regular periods at which the menstrual flow is wont to recur, whereas the latter is constantly present in patients who suffer from it. The causes tending to the production of menorrhagia are to be found in such excessive changes in the ovary as bring about a state of hyper-stimulation of the organ, and these changes may be initiated either through the nervous, or through the vascular, system, or as a consequence of constitutional state. In the first case, excessive activity of the ovary results in an increase of function in the parts connected by nervous communication with it, and in these circumstances the blood supply will undergo variation commensurate with the changes set up. In such conditions of the general system as are observed in anemia, on the other hand, fluid is easily transfused from the circulatory organs, and goes to increase the natural discharge in menorrhagic patients. In such cases constitutional treatment, by iron and other appropriate remedies, must be encouraged; but there will be also encountered varieties of this class of case, each demanding special treatment, the nature of which must be decided on the merits of each as it presents. In this connection it may be urged that no drugs are, strictly speaking, definable as emmenagogues. Some substances which, under certain circumstances, act thus, may, at another time, and under varied conditions, ensure quite opposite effects, and therefore it should be regarded as an improper license of language to retain the term emmenagogues as fixed and invariable for any particular remedy.

Menorrhagia may be of different types. The congestive variety is encountered in florid women, and where it exists

the uterus will be found thickened, deeply injected, and from it will flow a blueish sanguineous discharge following the introduction of a sound. This condition will, moreover, be attended by dragging pains in the back, aggravated at the periods of menstrual flow, and which may be set down as due to a passive uterine hyperemia. The indications for treatment of such cases point to relieving the local congestion, for which purpose leeching is probably most suitable; and it may be repeated when required. General treatment is also called for, and particularly should the liver be attended to, since it is generally found to be at fault; likewise the digestive organs. The drugs to be looked to for benefit are such as ergot, nux, &c.

In ovarian menorrhagia the symptoms encountered present well-marked features to indicate the source whence they originate. There are no signs to indicate that the uterus is directly concerned in their production; pain is felt in the groins and down the thighs, and may also be experienced in the mammae, all these special signs of ovarian implication being absent in the form of menorrhagia previously described. As in it, however, the symptoms are aggravated at the menstrual period, and find an explanation in the physiological principles already enumerated. In these cases examination of the uterus reveals no abnormality connected with that viscus, but, on the contrary, pain and tenderness are always discoverable about the region of the ovaries, and at the same time possibly enlargement of the ovary itself. Also in these cases of true menorrhagia, the menstrual act occurs more frequently than it would under normal conditions of health, and this also serves to separate these cases from those of the uterine class, in which no such increased frequency is met with. The reasons for this peculiarity again are to be found in the structural arrangements and physiological influences at work in the parts affected, and a due understanding of them will determine the nature of the treatment best to be adopted. The guide to this is in the pathology of the state, and would lead to the neglect of astringent remedies, which, from their mode of action, are improper and unscientific, since attention is to be devoted immediately to the ovaries, the seat of the morbid process that is to be attacked. The most powerful agent that can be employed in this connection is undoubtedly bromide of potassium. It exerts a direct and considerable action on the ovary, inducing atrophic changes in it, and thereby effects speedy diminution in the amount of discharge set up by over-excitement in its tissues. The bromide exerts

specific influence over the nerves supplying the ovary, and hence the importance attaching to its use in all those instances where these nerves are in a condition of undue stimulation. Other treatment must of course be determined on the merits of each case; thus iron may be beneficially prescribed, and especially the application of anodynes locally in the form of pessaries. One of the most useful formulæ of this description is, Dr. Meadows explained, the following: coneia, 1 gr.; and atropine, 1-12 gr., in a pessary.

Menorrhagia consequent on organic changes in the uterus, may be considered as being amenable to treatment, except in those cases where such changes are due to presence of a malignant growth. The commonest form of such organic changes is so-called "sub-involution" of the uterus. This, the opposite condition to "involution," is readily understood when the sequelæ to delivery are considered. Following parturition the uterus is left in a condition of enormous hypertrophy, which however undergoes natural reduction, and in from three to four weeks in ordinary circumstances the organ resumes very nearly its natural condition. The process whereby this is effected is one of fatty degeneration, the uterine muscles, increase in which is that which produces the great enlargement of the organ, being thereby gradually diminished by resorption of the hypertrophied mass. The contraction of the muscular fibres themselves is a material operation, moreover, in bringing about the result; and anything which may interfere with due performance of such action will necessarily arrest the process of normal involution of the uterus, and set up a state of sub-involution, thus favouring the menorrhagic condition; and it is a matter of observation that this consequence of its existence may be present with greater frequency after abortion than when delivery takes place at the full term. In such cases, too, metrorrhagia will not rarely be discovered. The occurrences which mark this state of affairs clearly show how the discharge may be maintained during their existence; they include descent of the uterus, a consequence of its increased weight acting on the weakened supporting structures, and the increased tissue substance at the same time constitutes a much thickened wall, while the cavity of the organ may be even double its usual length. The presence of these conditions, taken together with the history of the case, enables a positive diagnosis to be immediately arrived at. Treatment is then comparatively simple. The indications are to relieve the stony, which is the most important depraved condition, and thus restore the structures to a state in which the arrested process may once more be pursued to the natural termination.

In those instances, however, where the history given is that of a chronically inflamed hypertrophied uterus, the treatment resorted to will be different, inasmuch as the operating causes are shown to be other than in the variety just considered. In order to meet and arrest menorrhagia due to sub-involution, attempts are directed to inducing tonicity and contraction in the uterus, for which purpose such remedies as ergot, cinnamon, nux, quinia, &c., will be found serviceable. Locally, the application of galvanism, if persisted in with a determination to overcome the menorrhagia, will sooner or later be attended with relief of the symptoms, and is well worthy of most careful trial.

Intra-uterine Growths may be either malignant or non-malignant in character, and the symptoms of their presence may include both menorrhagia and metrorrhagia. The nature of the discharges, however, may undergo very considerable alteration in accordance with changes taking place in the uterus itself. It should be carefully remembered, also, that over frequent ovulation will give rise to excessive secretion, the discharge of which may be mistaken for evidence of a menorrhagic flow. The phenomenon of periodicity, in all such cases, will serve to arouse suspicion as to their real nature, and the further influences exerted over the discharge by, and through, the ovaries, will afford confirmatory proof concerning them.

When the fact that the uterus does contain a growth of some kind has been accurately established, then, if it be malignant in character, further decision respecting its special nature will be materially assisted by the signs its presence affords. Thus, the situation and character of the pain experienced by the patient will be a valuable means of diagnosis in cancer of the cervix, scirrhus. Absence of painful sensations is by no means of uncommon occurrence, whereas in that description of cancer which is found invading the fundus uteri agonising pain is an all but invariable accompaniment, and it is never unattended by severe attacks

of pain. The knowledge already gained of the nerve distribution of the uterus will render the explanation of this difference a simple matter, as also it will indicate why operation on the neck of the womb may be resorted to without the fear of unduly disturbing the patient.

There is also a distinct connection between the pain experienced and the amount of discharge from the organ. Thus the greater the degree of pain the smaller is the flow; and the more considerable the discharge the less excruciating is the pain, or the greater, in other words, the freedom from pain. This correlation is of immense value as a means of diagnosis in case of cancer uteri, and will often become a guide in the question of operative procedure. Whenever a copious discharge is met with in patients who suffer but little, and in whom the presence of a cancerous growth has been made out, then the conclusion is justified that the cervix is the part implicated, and never the fundus of the uterus. Again, as to the appearance of the discharge. This will be of a dirty foetid nature, only in cases of malignant tumours, unless it be that it arises from a sloughing sore, or from pent-up secretions. In malignant cases it is always present.

The presence and nature of the growths under consideration need to be made out with care and certainty ere their treatment can be hopefully resorted to; and for this purpose several modes of investigating them must be pursued. Several aids to physical examination can be employed, and the chief may be noticed in succession. The fingers of the operator are the most important of all these aids, by them the size, consistence, &c., of the cervix are at once determined; they unerringly ascertain the presence of growths on the walls they are in contact with, and as well, too, they will enable a determination to be arrived at concerning the preservation of the tumour, whether that is it be properly associated with one or other of the groups of cancerous growths, or is of non-malignant origin, as, e.g., polypi, &c.

At this point Dr. Meadows proceeded to describe at some considerable length the numerous tumours to be found in the uterus under abnormal conditions, and the way in which they would be found productive of menorrhagia. From this subject he then passed to a consideration of the second most important aid to physical examination, the *uterine sound*, which he likened to an elongated finger, by the employment of which valuable information might be gained concerning the length and extent of the uterine cavity, the situation and nature of growths in its walls, &c., &c. He next enumerated the various kinds of tents, sponge, tangle, &c., also of service as aids to examination, which acted by dilating the canal of the cervix, and so admitting freer inspection of the interior of the womb.

In respect of *interstitial tumours* of the uterus, Dr. Meadows strongly inclined to the view that *enucleation* is the most appropriate treatment to adopt towards them; and he expressed his conviction that in the future it would be universally employed. In the majority of cases the tumour is, he explained, so free of the proper tissue of the organ as to admit of being safely everted, and he had been surprised sometimes to find how thin the wall could be which permitted this to be done with absolute safety.

THE EARLY DETECTION AND TREATMENT OF DISEASE OF THE HIP-JOINT. (a)

By EDMUND OWEN, F.R.C.S.,

Surgeon to St. Mary's Hospital, and Senior-Assistant Surgeon to the Hospital for Sick Children, Great Ormond Street.

(Continued from page 512.)

The next diagram upon the wall shows the anterior superior spine of the ilium tilted down in order to diminish the amount of the joint tension, and it also shows how the loins have to arch backwards so that the centre of gravity of the erect trunk may not be thrown too far in front of the basis of support. This arching, or lordosis as it is grandly called, becomes permanent if the ilio-femoral trouble, for which it is the mechanical compensation, be not obliterated. It will be well to place the fingers under the spinous processes of the

(a) Read before the Harveian Society of London, November 3, 1881.

lumbar vertebrae whilst this depression of the femur is being undertaken; nor must it be forgotten that the arching is at times associated with psoas abscess.

I can imagine that in certain cases of hip joint disease the arching is not sufficiently characteristic or diagnostic, so that the surgeon may be led to seek for other and more definite signs; but whatever his method, he should, in order that he may secure the confidence of the child, begin by manipulating the sound limb. He will notice the amount of the furrow of the groin on the two sides, and will probably find that on the affected side it is a good deal effaced by the bulging of the capsule beneath; and by thrusting the finger over the front of the joint he will increase the intra-articular pressure, and so gently draw forth some complaint from the child. But there is no diagnostic method better calculated to increase the intra-articular pressure than that of gently rotating the thigh outwards, so as to put strain upon the ilio-femoral ligament. This movement drives the head of the femur up into the depths of the acetabulum to press upon the swollen and tender ligamentum teres. Rather than allow of such a pain-producing movement, the whole of the pelvis travels round with the femur; indeed, that bone seems to act as a handle to the entire body. This fixation of the femur is due partly to muscular action, partly to the distension of the capsule which has rendered the joint fixed and solid. (This injected specimen shows the firmness of the distended capsule, and shows how it is that even in the early days of hip-joint disease the administration of chloroform does not always suffice to allow of the limb being brought straight, without the arching in the loins accompanying it.)

And now we will turn the child gently over, so that we may examine the gluteal region. We will notice that the buttock is rather wider than on the sound side, on account of the fluid in the joint having driven the head of the femur from the depths of the acetabulum. (This effect can be imitated by injecting fluid into the joint through the pelvic perforation.) Another sign of joint disease is the intolerance to the pressure of the finger in the interval between the tuberosity of the ischium and the great trochanter; that is, over the region of that part of the inflamed synovial membrane which is bulging on to the back of the neck of the femur. Before I leave this part of the subject I would like to direct your attention to a most delicate indication of there being, or of there having recently been, something wrong with the joint; it is the change in the arrangement of the lines of the gluteal folds and those of the inner borders of the upper part of the thighs. The change itself results from the flexion of the thigh, the extrusion of the head of the femur (and with it the great trochanter), and from the flabbiness of the disused muscles.

soon as the contour of the buttock is altered by the intra-articular effusion—and altered it must be—the arrangement of these lines or folds is disturbed, and the symmetry is lost. This second scheme shows the alteration in no exaggerated degree. I shall venture to call this the escutcheon-sign of the disease. It is particularly useful in the examination of those young subjects in whom a slight inflammation is present, or where inflammation has passed happily away before advice is sought. To see if the term is appropriate I looked out the word in Webster. There I find that escutcheon is a "shield; the part of a vessel's stern on which her name is written." The name that is written on this altered escutcheon is "Hip-joint Disease."

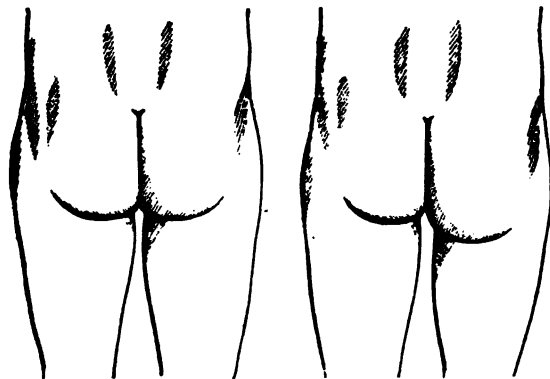
Now we must pass on to the subject of the treatment of the early disease. Whether the affection be slight or severe the child must be put to bed, where, possibly, after a few days, complete restoration may be obtained. But so satisfactory a result must not be expected; very probable is it that the treatment will extend through weary months, or even years.

We will imagine, in the first place, that the local trouble is not much; that the limb comes down flat on the bed without any loin aching, but that movement between the bones distresses the child. In that case a well-made Thomas's splint may be applied. It ensures absolute rest of the parts, being a flat and light wrought-iron bar, which, running behind the limb is clamped on to the ankle, thigh, and thorax. Those made by Sanders, 23 Osnaburgh Street, are the lightest, best, and cheapest that I have yet seen.

When the child has lain on the splint for some days, weeks, or months, as the case may be, and is not only used to it, but even likes it, he may be allowed to learn to go about on crutches, provided always that the foot of the affected side does not touch the ground. And to secure this he must wear a raised boot upon the other—the sound—side. He must, of course, be still employing the Thomas's splint. If he is careful, and is not permitted to be on the crutches for more than a short time—say half-an-hour in the morning, and the same in the afternoon—he will quickly attain proficiency. But if the femur is rigidly bent towards the pelvis, and refuses to be brought straight, the weight stirrup and pulley must be used to bring the limb gradually down. It is not necessary, I know, to say how the stirrup should be applied, but I may venture to give a hint as to how the extending force may in these cases best be used; and for that purpose I will once more direct your attention to the diagram which shows the arched loins, and will suggest again, that if the weight be so brought to bear on the limb, as at once to bring the rigid thigh flat upon the bed, the apparent improvement in position can be effected only by increasing the arching of the loins from off the mattress.

Whenever the weight is applied, or being adjusted, the hand must be run beneath the lumbar spinous processes to see that they are in a straight line. And the rule should be followed to keep the line of traction always in the axis of the femur. Sometimes it will suffice to place a pillow beneath and for the support of the knee. At other times a large and firm wedge-shaped junk will best serve for keeping the limb raised to the proper height. Such a junk may be almost as large, though rather more pointed than an ordinary sugar loaf. The apex of the wedge will of course come up to the buttock-fold, whilst the base lies just beneath and supports the heel. In the next diagram I have shown in dotted outline the size and position of the junk, but you will see that the thigh is yet too much flexed upon the abdomen for it to be of use. In that case, which is an extreme one, the pulley has to be raised to the level of the top rail of the bed in order that the rule may be observed of keeping the traction in the axis of the femur. As the thigh comes down, so gradually may the pulley be lowered.

One point which I would suggest as well worthy of



Here I show a scheme of the normal arrangement of these lines, a shield-shaped figure being marked out. Notice how definite and regular is the shape. But as

discussion by the Society is the propriety of applying blisters, the actual cautery, or leeches over the region of the hip-joint in the early days of the disease. For my own part I would say that I am opposed to all forms of counter-irritants in the circumstances, but that I consider the application of two or three leeches over the acutely inflamed joint very judicious. But the hip-joint lies so deeply placed amongst the surrounding muscles that local depletion cannot be expected to have as direct an influence upon the capillary engorgement as it would have, for instance, in the case of the knee or ankle. The hip-joint is almost beyond the pale of direct therapeutic influence, but what is worse, being so far out of sight, it is also apt to be out of mind; at any rate it often becomes a matter of niceness, if not of difficulty to give a decided answer as to whether it is sound or not.

To return to the matter of counter-irritation, I would say that I have at times employed it in certain painful conditions, but rarely, if my memory serve me, when the disease was young. I would maintain that counter-irritation should never be resorted to as a by-chance, but only after absolute rest had been steadily employed, and when other favouring influences had failed to give entire relief.

Of the merits of ice and iodine I know but little, but I may perhaps state that the fat boy, whom you have seen here this evening, on whom six months ago I performed excision of the hip-joint, was treated for many weeks in the early stage of the disease by a neighbouring bone-setter by the combined influence of ice, iodine, and promises unfulfilled. Ice had probably the effect of postponing the result of his shameful endeavour to "put the bone in;" it did not entirely preclude it. (I wonder if it was a qualified member of our profession who gave the anæsthetic when this disgraceful "attempt at reduction was undertaken.")

Another point upon which I would lay great stress is that when the child is being submitted to the influence of extension he must not be allowed to sit up in bed, not even for a moment, for such an attitude encourages that very mal-position against which we are waging a gentle but determined warfare. Due restraint is, I grant, irksome at first, but, like children of maturer growth, our little patient calmly settles down, (like his femur also), under the influence of a therapeutic providence. And as affairs begin to improve, or are advancing towards recovery, the instrument maker may come and measure him for a Thomas's splint, which is to be applied when the limb is straight. In time, too, the crutches and the high-boot may be allowed to arrive, until at least the child's cot, near which these various apparatuses are placed, looks like a shrine about which have been hung the votive offerings of grateful convalescents. Nor are such matters devoid of therapeutic influence upon the little patient; to look at them opens up a long vista of happy prospects, and turns his submissiveness into absolute contentment.

NERVE STRETCHING IN TETANUS— SUCCESSFUL. (a)

By W. I. WHEELER, M.D.; T.C.D. F.R.C.S.I.,

Surgeon and Lecturer on Clinical and Operative Surgery to the City of Dublin Hospital; Member of Council Royal College of Surgeons.

THE operation of nerve stretching has, of late years, been often practised, and has been a subject of much interest to, and investigation for, most practical surgeons, although the case I am about to record, viz., nerve stretching in acute traumatic tetanus, scarcely as yet comes within the present literature of the operation, only

one case, as far as I know, being fully and well recorded of nerve extension in tetanus. I feel that a limited epitome of one or two of the earlier accounts will render this communication more interesting. Truly, many cases recorded in times past bear on the operation of stretching nerves, although a different explanation is given, to what now, they would seem to require; this is well exemplified by a case of secondary amputation performed by Mr. Langstaff, for a neuralgic stump, in which he states, he drew out the nerves before dividing them, and that the neuralgia was cured. He performed this operation in order that the nerves might be free from cicatricial tissue, but it is reasonable to assume that the favourable result was due to the nerve stretching.

Amongst the earliest operations of this kind, we find the following remarkable case, published by Professor Nausbaum (*Deutsche Zeit. f. Chirurgie*) which I will briefly record:—

A soldier, æt. 23, received a blow with the butt end of a rifle, on the nape of the neck, and another on the left elbow. At the former place an abscess formed and was opened and duly healed up again. He afterwards suffered from contraction of the left pectoral region, the whole left upper and fore arm, and hand of the same side. This contraction was a spasm, which became more violent the more attempts were made to oppose it; besides, there extended over all the dorsal aspect of the fore arm, an anæsthesia, which increased to such a degree, that deep incisions, tenotomies, &c., could be practised without any pain to the patient. The spasms varied in intensity, and were so violent that for hours the finger tips were driven into the palm of the hand, the great pectoral muscle was always as hard as stone. Numerous were the remedies applied—Iodine, mercury, belladonna, and the constant and interrupted galvanic currents, &c., &c., without affording the slightest relief. Professor Nausbaum operated after this manner:—

The patient being under chloroform, an incision about three inches long was made over the site of the ulnar nerve, which was lifted, gently extended, and then replaced. The wound was cleansed, and closed by suture. A second incision was made in the axilla over the artery. The nerves, which closely surround the vessel, cutaneous as well as muscular, were drawn out one by one, the median, radial, and ulnar being recognised to a certainty by the twitching of the muscles of the finger, which they respectively supplied, and after being subjected to the same treatment as the ulnar nerve, were replaced and the wound brought together; lastly, an incision was made over the left clavicle, such as would suit the ligation of the sub-clavian, the platysma having been divided, the four lower curved nerves were isolated, traction was exercised upon each, and each was followed with the tip of the right forefinger to its point of exit from the vertebral column, here each was pushed upwards and downwards, and right and left. A good tug at the nerve in a direction, although it were to be pulled away from the spinal cord, completed the operation. The four upper curved nerves were not touched, as there had been no indication that there was any lesion of the phrenic nerve at its origin. The operation was successful beyond expectation, the spasms did not return, the forearm and fingers could be flexed and extended at will, and the skin of the arm, which before the operation was so devoid of sensation that puncture and the application of hot sealing wax were painless, had regained sensation to such an extent that the patient, even when blindfolded, could localise the slightest touch. The man made a good recovery, although he had of necessity to run the gauntlet of pyæmia, nearly always present, then rife in Nausbaum's hospital.

Close after Nausbaum, we have cases recorded by Billroth, and the late Mr. Callender. The observations of the latter gentleman, well worth perusal, may be found in the Clinical Societies "Transactions"; were it within the province of this communication, I could myself

(a) Read before the Surgical Society of Ireland. The discussion will be found at page 527.

relate cases with satisfactory results from stretching the supra-orbital, facial, spinal accessory, and external popliteal nerve, and quote published statements, that substantial and advantageous results have followed the stretching of the ischiatic nerve in Duchenne's paralysis. That relief may be obtained in such cases is quite tenable, but the pathology of the disease negatives the assertion, that more than that can be gained; the notes of the following case under my care, were chiefly taken by the house surgeon:—

Teresa M., *et. 8*, a strong, healthy child, was admitted to the City of Dublin Hospital on the 10th of October, 1881, suffering from what she stated to be a sore finger. Eight days previous to admission, a stone fell on the middle finger of her right hand, bruising it severely; the finger had been dressed and placed on a splint by the medical man who saw the case, but, owing to the neglect of the parents, the dressing had not been changed for six days previous to admission. On examination the end of the finger was found to have been destroyed by gangrene, and fell off with the foul dressings, leaving the end of a fractured phalanx (the second) protruding, this fell away at the joint next day. The patient did not complain of any pain in the hand, but did of pain in the back, which was stated to be caused by a fall off a table. When the question of making a neater stump was under consideration, it was noticed that the patient lay in a peculiarly stiff way in bed; operative procedure was postponed, commencing tetanus was diagnosed, and was followed by the train of usual symptoms. The muscles of the back and abdomen became rigid, the sterno-cleido, mastoid, and trapezius muscles were also in a state of rigidity, the risus sardonius was well marked, and strong tetanic spasms backwards (opisthotonos) contorted the child's body; the spasms came about every two hours. The treatment was locally, opiate stupes applied over the wounded finger, enveloping the hand as far as the wrist, and ice to the spine and head. Internally, bromide of potassium, belladonna, and canabis indica were administered; chloral hydrate was given by the rectum to produce sleep; the nourishment was chicken broth, milk, and beef-tea. The room was carpeted, and a screen placed round her bed. There being no improvement from the above treatment, but, on the contrary, the patient getting worse, and the spasms increasing in intensity, on Sunday morning the 15th Oct., I determined to stretch the median nerve in the forearm; the child being put under the influence of chloroform (my colleagues, Dr. H. Benson and Mr. Butcher were present), I made an incision about two and a half inches long in the forearm and quickly caught the median, closely applied to the posterior surface of the flexor digitorum sublimis appeared somewhat red. I stretched the nerve between two fixed points, and also pulled it firmly downwards towards the wrist joint in its long axis; while under chloroform the tetanic spasms stopped. The wound was brought together by means of strips of American rubber plaster, and quickly healed. No deleterious carbolic spray was used, but there was minute attention paid to surgical cleanliness before bringing the edges together. For two hours after the operation the spasms increased a little in frequency, but gradually became less frequent. Never were they so intense from the time of the operation, and from this time the recti muscles of the abdomen became relaxed. The temperature was always normal or sub-normal, (a) and the pulse ranged from 60 to 70 per minute, save on two occasions when it was 110 and 90 per minute. The further history of the case was a gradual progress towards recovery, the last recorded twitch, for it could not be called a spasm, was on the 20th of October. The patient is now quite well and she has returned to the country. In her photograph (here produced) can be seen, on close

examination, the line of incision. On testing the sensation in her right hand with the aesthesiometer, three days before leaving the hospital, it was found unimpaired, as also motion.

As before stated, the only well recorded case of nerve stretching in tetanus that I can find is that reported by Dr. Paul Vogt, who cut down on the brachial plexus, and pulled it in a case of traumatic tetanus occurring fifteen days after an accident which inflicted wounds on the palmar and dorsal aspects of the same hand; he states that there were attacks of the most powerful opisthotonos, that there was no pain in the forearm or arm, not even tenderness, and that the wounds were healthy and granulating. Slight spasms occurred in his case on only two occasions after the operation, but there was some stiffness of the jaws remaining. In discussing the treatment of traumatic tetanus, it can be done under two heads, viz., by operative measures, and medicinal measures. The results of treatment are so unsatisfactory as to justify any reasonable line of action that has a chance of success. Under medicinal agents we could not well be at a loss, as almost every medicine in the Pharmacopœia has, some time or other, been prescribed for this affection. On the contrary, operative measures are much more limited. I may name amputation, actual cautery, division of nerve trunks, and nerve stretching; of these I selected the latter, believing it to give the best chance to my patient. That the pulling and pulling forcibly of a nerve is not followed by any untoward results is manifest not only from the cases I have quoted, but from those recorded by Billroth and others, where large nerves have been exposed and roughly handled, neither was their motor power nor their nutrition impaired; but when we come to consider how the stretching of a nerve relieves pain, how it stops tetanic spasms arising from central irritation with our limited physiological knowledge of the spinal cord it is difficult to offer an explanation.

Now Flaubert and Le Bret have shown that inflammation of the spinal cord may follow as a consequence of irritation of the brachial plexus, and Brown-Séquard has confirmed this, and illustrated the extension of irritation through a nerve trunk to the spinal cord; developing symptoms through the extension of the mischief in the nerve centres, to parts removed from those first involved, hence, the necessity for the recognition and discerning between a peripheral and a central irritation. Nausbaum has made a speculative statement, that in neuralgia the stretching is of service by altering the relations of the nerve fibres and improving their nutrition, but this would not account for the cessation of spasms due to tetanus. It would seem that as neither sensation or motion, even in violent nerve stretching, is impaired, that it must be a temporary numbing of the nerve, by which numbing there is a cessation of the power of the nerve fibres to transmit abnormal impressions, and thus the centres have time to resume their normal condition and control. *Appropos* of this, Dr. Brown-Séquard has proved that if a nerve is exposed and frequently washed with ether it will be unable to transmit any irritation. But, it may be asked, will not the division of the nerve break the chain of these abnormal impressions. I think experience teaches us the contrary, for if there is a neuritis present, as I believe there was in my case, the limits of the affection are unknown, and in the cases recorded by Drs. Sands and Seguin, in which portions were cut out from the brachial plexus, the nerves of which were found matted together, the patient was only relieved as the neuritis probably extended further on the central side. Knowing these facts, I was prepared to stretch the brachial plexus of nerves, were I not convinced as I was by the relaxing of the abdominal recti, and afterwards by the lessening of the spasms, both in frequency and intensity, that the amount of stretching I practised would be sufficient; but, in thinking over the case, it has occurred to me that had I stretched the brachial plexus, like Dr. Paul Vogt's, the spasms might have ceased almost immediately. I deem this case one of much interest,

(a) The highest temperature recorded in tetanus is that by Wunderlich. Even the thermometer stood at 112 Fahnt., and the temperature continued to rise for an hour after the cessation of all signs of life.

and being anxious to know if there had been any cases of nerve stretching for tetanus in the sister Island that I could quote here to-night, I inquired of Mr. Bryant, who informs me he cannot give me reference to any case of nerve stretching for tetanus in London.

Clinical Records.

TRIM FEVER HOSPITAL.

Case of Uremic Convulsions in Scarlatina treated by Hypodermic Injection of Pilocarpine.

Under the Care of FRANCIS J. O'REILLY,
L.K.Q.C.P.I., &c.,

Physician to the Hospital.

THE recent unpleasant legal proceedings relative to the administration of the above drug, by which it was sought to inflict grievous injury on the professional reputation of a distinguished member of the profession, have induced me to place before your readers the following brief, though, I hope, not uninteresting notes.

J. H., *st.* 14, was admitted to the Trim Fever Hospital on October 5th, suffering from scarlatina. The case presented no feature of interest beyond the ordinary course of that disease till the morning of October 26th, when I was informed that the boy had had fourteen fits during the night.

At the time of my visit, about 10 a.m., the boy lay quite insensible, and two convulsive fits manifested themselves whilst I was making inquiries about the case. A small quantity of urine, about half-a-wine glass full was shown to me by the nurse as the product of the night which, on the application of heat, gave abundant evidence of the presence of albumen. The case was most unpromising, as from the insensible condition of the patient the administration of internal remedies was rendered impossible; besides, the sufferer could not long withstand the frequency and severity of the fits.

Half a grain of pilocarpine in solution was, without delay, injected under the skin of the arm, the patient was enveloped in a sheet wrung out of warm water and two heavy blankets well heated placed tightly round him. The physiological effects of the drug almost immediately developed themselves, the patient's face became flushed, saliva literally flowed from the mouth, and the skin was soon bathed in profuse perspiration. After the lapse of an hour from the introduction of the drug into the system the boy regained consciousness and took a little brandy and warm milk. The convulsions did not return, and thus time was given to get under the kidney mischief which had so suddenly threatened the life of the patient.

The boy made an excellent recovery, and was discharged, cured, November 28th.

Department of Lunacy.

HOMICIDES IN LUNATIC ASYLUMS.

THE occurrence of a fatal affray between lunatics in the Derby County Asylum, so soon after a similar event in the Cambridge County Asylum, is likely to lead to a good deal of ribald criticism on the administration of our lunatic hospitals, and to suggestions more or less wild for the avoidance in future of such deplorable misadventures. Of course every occurrence of the kind should be strictly inquired into, and closely criticised, blame being bestowed or penalties inflicted, wherever it can be shown that there has been contributory carelessness or culpable negligence,

but it is worse than foolish to make the mere fact of a homicide having occurred in an asylum, the pretext for a general attack on those institutions and the authorities, who are charged with their control. In asylums, as in other households, accidents will happen, and to anyone who dispassionately and with adequate information inquires into the matter, the wonder must be, not that homicides are so frequent in these establishments but that they are so few in number. On the 1st of January last there were 54,445 insane persons shut up in lunatic asylums in England and Wales, representing, of course, the quintessence of the uncurbed passion, reckless violence, and irresponsible caprice of the country, and in all this vast crowd of lunatics there was practically no mechanical restraint. And yet the record of homicides in the establishments containing these lunatics for the previous twelvemonths was actually less than it was for the same period in convict prisons, containing, only one-eighth of their population, and in which every necessary measure of restraint, seclusion, and repression is unhesitatingly resorted to.

The truth would seem to be that an occasional homicide in an asylum is one of the inevitable consequences of the modern and humane method of treating the insane. If lunatics, many of whom are charged with dangerous impulses, dominated by delusions, or liable to sudden outbursts of fury, are to be allowed to walk about unbound, to associate together as in a great club house, and to use all the tools of industry and of domestic convenience, then murderous incidents must be looked for from time to time. No diagnostic skill nor foresight can absolutely prevent them. The tact and vigilance of trained nurses and attendants, even when zealously exercised, will not always avail to obviate them, as was notably illustrated in the recent case at the Cambridge Asylum where the murder was committed in the presence of experienced and trustworthy attendants who had no time to interfere before the deed was done. One blow given suddenly by a sly and dangerous epileptic, on the side of the head of a feeble melancholic patient, sufficed to cause instant death, and it is difficult to see what possible blame could attach under such circumstances to the attendants who were close by at the time, and were so watchful that they had overpowered the aggressor before a second blow could be struck. No doubt all such calamitous events could be effectually obviated. Let all asylum medical officers be given to understand that we must hear no more of such incidents, and that at any cost they must be prevented, and the instruction will be fulfilled, but by the infliction of an amount of misery and evil that the country will tolerate far less than an occasional incident. In order to carry out the mandate, the non-restraint system must be abandoned, solitary confinement must be largely resorted to, and a severity of discipline must be introduced into asylums in painful contrast with their present liberal and homely organisation. At a recent trial for murder by a lunatic in an asylum, a learned judge went so far as to suggest all this, seeming inclined to censure the asylum officers, because they had not kept all those lunatics in whom there was reason to suspect any dangerous propensities locked up in strong cells by themselves. The public, however, is not likely to adopt

this singular judicial view, nor to sanction what would be practically a return to barbarism in the treatment of a severely afflicted class of our fellow men.

The tendency is to emancipate the insane from the last vestiges of restraints, rather than to plunge them again into dungeons and fetters, and the advantages of the humane method of treatment in promoting recovery, and in securing tranquillity and comfort where recovery is out of the question, are so well known that no apprehension need be felt that they will be sacrificed to the clamour of timidity or ignorance. A price must be paid for freedom. Certain risks must be run in carrying out all great projects. These must be diminished as much as possible, but their existence need not cause any weak and cowardly halting on the path. The humane system of treatment of the insane has certainly its risks and dangers, to which not only lunatics themselves but those who have the charge of them are exposed. A Commissioner in Lunacy, a number of medical officers, attendants, and nurses have been killed at their posts, and about 6,000 asylum officers go about to-day cheerfully with their lives in their hands, applying the great principles of humanity in dealing with lunatics. They never think of calling these principles in question when one of their number falls a victim to their faulty application, or to the chances of the particular mode of life which they have chosen, and the public need not, therefore, call for radical changes and stringent measures whenever one lunatic is unhappily killed by another.

THE DUNDEE ROYAL ASYLUM.

THE severity of the weather during last winter caused considerable delay in the works at the new Dundee Asylum at Westgreen, but the buildings are now approaching completion, and it is hoped that they will be ready for occupation in the course of next month. The old asylum, which is to be abandoned, contained at the close of the Asylum year on the 20th of June last 290 patients, 114 males and 176 females. During the previous twelvemonths 126 patients were admitted, of whom Dr. Rorie says, that their physical condition on admission was very unsatisfactory. Of the 126 cases only 28 were found to be in really good bodily health; 43 were in a fair or indifferent condition; 35 were in a frail or very indifferent state; 6 were registered as very frail, or as frail and paralytic; 2 were suffering from long standing epilepsy, 2 from advanced heart disease; 1 had a fractured forearm, 1 a fractured ankle, and 1 had a severe and dangerous wound in the abdomen. Twenty of the patients admitted had, on one or more previous occasions, been inmates of the asylum.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 35, Bombay 26, Paris 27, Geneva 19, Amsterdam 21, Rotterdam 20, The Hague 24, Copenhagen 20, Stockholm 25, Christiansa 22, St. Petersburg 39, Berlin 21, Hamburg 21, Dresden 21, Breslau 22, Munich 26, Vienna 24, Prague 24, Buda-Pesth 29, Naples 25, Venice 32, Alexandria 41, New York 26, Brooklyn 22, Philadelphia 19, and Baltimore 26. No returns were received from Rome or Lisbon.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

(Continued.)

Mr. WHEELER read a paper on

THE OPERATION OF NERVE STRETCHING FOR TETANUS.

Which will be found on page 534.

Professor E. H. BENNETT thought the Society might congratulate Mr. Wheeler on his communication, and particularly on his success. [At the International Congress last summer, Professor Esmarch quoted five cases of traumatic tetanus in which he had stretched the nerves with deplorable failure. So far as Esmarch's experience went, the operation had produced no result. In quoting so well-known an authority, he did not in the least disparage Mr. Wheeler's laudable attempt to control tetanus, but with the view that they should have knowledge of the unfavourable cases as well as the favourable.

Professor STOKES joined with Professor Bennett in congratulating Mr. Wheeler on the result he had obtained; but he was surprised that Mr. Wheeler, who had evidently looked into the literature of the subject, had not mentioned either the cases of Esmarch, or those of Dr. Carl Langenbuch, who had published two cases of traumatic tetanus in which he had stretched the nerves. In both those cases, as in Professor Esmarch's, the result proved fatal. This fact should make the Society congratulate Mr. Wheeler the more on his success. As he (Professor Stokes) believed he was the first who performed the operation of nerve stretching in this country, he desired to mention a few facts connected with the case in which he had operated. It was not one of traumatic tetanus, but of *locomotor ataxy* in which the symptoms were well marked. Everything that the highest medical skill and science could do had been done for the patient, who was under the care of the most eminent physicians in the city, first in the Meath and subsequently in the Whitworth Hospital. The symptoms included lightning pains, great irritability of the bladder, night and day, necessitating his passing water almost every half-hour, and there was a want of muscular co-ordination. He exposed the sciatic nerve and stretched it, making the central tension greater than the peripheral. What was the result? No marked improvement in the patient's power of locomotion, but a cessation altogether of the pains from which he had acutely suffered, and for a considerable time also there was great relief from the vesical irritability. He would not discuss the theories respecting the *modus operandi* of the procedure, believing they were altogether in the dark as to how it acts; but it was certain from the experience they had had, that in many cases the operation of nerve-stretching was attended with beneficial results, and these in many instances not of a temporary, but permanent, character. In the case in which he had himself operated, the effect was temporary as regarded the vesical irritability, while from the great pains the patient had ever since enjoyed complete immunity. Owing to want of improvement in the patient's powers of locomotion, he did not deem it justifiable to perform the operation on the opposite side of the limb. He had mentioned the case as possessing features of clinical interest, and bearing to a certain extent on Mr. Wheeler's interesting communication.

Dr. ROBERT McDONNELL, while congratulating Mr. Wheeler on the success of his case, thought they should be extremely slow in drawing conclusions from single cases of the kind. They could not possibly draw a conclusion as to the success of the treatment in question until there was a much larger number of cases than had been yet recorded. The literature of the subject did not point to happy results; and before adopting an important innovation in surgical treatment for affections of the kind, they should carefully consider whether there was reasonable likelihood of its being successful. In other words, before they were justified in taking a knife to perform the operation, they ought to consider, first, whether it was not purely experimental, and next, whether it was an experiment justified by the facts and knowledge before them. While admitting freely that everything in medicine and surgery was tentative, and that it was their duty, especially in a case of so terrible a nature as tetanus, not to be too cautious, still, if there was anything

certain about the pathology of tetanus, it was this, that the spinal cord was very much affected in the cases that had become fatal. All pathologists agreed that the spinal cord was found of a distinctly pinkish colour. Even on examination of the spinal cord by the naked eye, it could be discerned. Dr. Lockhart Clarke from examination of men and the lower animals, had stated that the spinal cord in tetanus resembled the condition of poisoning by strychnine. It was difficult to see how the stretching of a nerve could produce any effect on an organic disease of the spinal cord, either in tetanus or *locomotor ataxy*, which was a more remarkable condition. If there was anything certain, it was that the posterior columns of the cord were in cases of *locomotor ataxy* completely disorganised. It was inconceivable how a disease which had advanced slowly until the nervous structure had disappeared, could be wiped out by the stretching of the sciatic or any other nerve, and he should be unwilling, in view of the facts, and on merely tentative grounds, to undertake an operation of the kind. There were two theories with regard to tetanus which were generally received: one that it was the result of nerve irritation, and the other that it was the result of a poison generated in the wound and producing toxæmia. If toxæmia, nerve-stretching could not cure it. On the other hand, assuming it was irritation, neuritis, the operation would be quite legitimate, it was possible, that by some unexplained process, the stretching of the nerve might produce counter irritation, and so stop the formidable effects produced. He did not attempt to explain it. There were many things it was difficult to explain; for instance, the action of a common blister, the physiological reason of which was inexplicable, but they did not doubt the effects. Though he would be chary about adopting nerve-stretching himself, in a case of tetanus, feeling that there was not sufficient likelihood of its doing much good, he looked with interest to those who, being bolder than himself, did not hesitate in performing the operation, and therefore he looked forward to other cases which would give firm data to go upon before drawing conclusions as to the curative effects of the operation.

Dr. HENRY KENNEDY mentioned, as bearing on the subject, that the late Dr. Colles, speaking of trismus in infants, had specified the application of turpentine to the umbilical cord as affording the only benefit he had seen. When a person got a wound which was followed by tetanus it was natural to attribute the tetanus to the wound. No matter how it extended to the spinal cord, the disease had its origin in the seat of the wound. Therefore, where the operation was done with little or no injury he would be inclined to follow out Mr. Wheeler's case. There were a number of cases in which general symptoms have been alleviated by such an operation as Mr. Stokes had described.

Mr. CORLEY having had rather unfortunate experience himself, listened with interest to learn if there were any improvement suggested in Mr. Wheeler's treatment. The statistics, which he had heard for the first time, showed one cure out of eight cases. Under his own care he had had sixteen cases of tetanus which had been treated in various ways. Of these, two recovered. He could not honestly attribute their recovery to the remedies used. Mr. Wheeler had said he was thinking of stretching the brachial plexus, and, if he had done so, he thought he would attributed the result to that. Suppose he had done nothing, what would have been the result?

Mr. HAMILTON had no doubt that if the tetanus was merely a local matter resulting from the effects of the wound or injury, such an operation as Mr. Wheeler had described would be exceedingly useful. Under similar conditions he would himself try the experiment; because, after all, he did not think it was a serious operation, especially in a disease of so deadly a nature. But from what he had seen and read, he had long held that tetanus was not merely a local disease. Looking carefully over the history of tetanus, it would be found to have occurred in epidemics. An epidemic of tetanus occurred in London when first the operation of tying hemorrhoids was introduced. Three or four terminated fatally. He remembered one year in which they had three cases of tetanus at Steeven's Hospital, and there were six in various hospitals in Dublin, a fact which made a forcible impression on his mind that there were some atmospheric influences at work which rendered tetanus liable to occur. There was a good deal to be learned

about tetanus, and they must not allow their attention to be concentrated altogether in one direction, but look to general causes as producing it.

Mr. WHEELER said he was aware of Prof. Esmarch's cases; but he had emphasised the words that he knew of only one case "well and fully reported"—Dr. Vogt's. Prof. Esmarch's were so epitomised that no conclusions of value could be drawn from them. Of the other case mentioned, he was not aware, nor did the speaker state where it was published. He had intended the discussion on his paper to be confined to nerve-stretching in tetanus, remarking that he could have related cases where he had stretched the supra-orbital, spinal-accessory, facial, and external popliteal nerve, and even others where the sciatic nerve was stretched in locomotor ataxy with results similar to what Dr. Stokes stated. He concurred with Dr. M'Donnell that if the affection commenced in the spinal cord (central) from poisonous effects nerve-stretching could not be of use; nor would one know what nerve to stretch. But he could not hold that an operation should be refused to a patient because it was a bold one that would give the sufferer a chance of recovery in acute traumatic tetanus, or because only a limited number of such operations happened to succeed. Dr. Corley had misunderstood what he had said in his communication. What he did say was, that had he stretched the brachial plexus; he believed the spasms might have stopped at once, as in Dr. Paul Vogt's case. Dr. Corley was also mistaken in saying there was only one successful case out of those recorded, his (Mr. Wheeler's) being a second. In the treatment of traumatic tetanus he himself had had two recoveries out of six or seven cases. Dr. Corley then asked what in Mr. Wheeler's opinion would have happened had he not stretched the nerve? He (Mr. Wheeler) had no hesitation in saying the child would have died. She had not got relief until after the nerve was stretched. In reference to Dr. Kennedy's remarks, he believed Venice turpentine was recommended to be applied to the funis of children suffering from trismus. No doubt vicissitudes of climate sometimes caused tetanus, but the observations of the two last speakers had no special reference to his case. In this operation he believed there was a numbing of the nerve which prevented impressions being carried up to the cord and thus the cord regained its normal state nerve centre, and control. This was a reasonable deduction when it was proved by Brown-Séquard that a nerve rubbed with ether would not transmit impression.

The discussion then closed, and the Society adjourned.

EDINBURGH OBSTETRICAL SOCIETY.

THIS Society held its third meeting on Wednesday, Dec. 14th, under the Presidency of Professor SIMPSON.

Dr. HALIDAY CROOM exhibited a "Malformed Fœtus," about the fifth month, the malformation consisting in the presence of two cysts on the back of the neck; they were symmetrical, not connected with the spinal cord, and evidently diurnal.

Prof. SIMPSON showed a bottle containing some fluid which had been drawn from a cyst on the anterior lip of the uterus, impeding labour. The fluid was removed with an aspirator, and the labour completed with the aid of forceps. The child was stillborn, but the mother is doing well.

Dr. CHAPMAN exhibited two fibroid tumours removed from the cervix uteri.

Dr. CROOM read a paper on

FUNIC HÆMORRHAGE DURING LABOUR.

After discussing that form which occurred through sudden delivery and rupture of the cord, in which hæmorrhage is always very slight, he went on to discuss, with illustrative cases, that form of funic hæmorrhage which arose during labour from a faulty insertion of the cord. He pointed out the rarity of the condition, and after disposing of the literature of the subject, went into a description of insertio-velamentosa, the condition usually associated with this form of hæmorrhage. He showed three sources. 1. Where the hæmorrhage comes from the funic vessels, passing over the lower segment of the membranes to a placenta normally situate. 2. Vessels inserted marginally into a placenta situate low down. 3. From vasa aberrantia. The diagnosis and treatment were discussed at length, the latter mainly consisting in the preservation of the membranes, and immediate delivery on their rupture.

Prof. SIMPSON, after thanking Dr. Croom for his interesting paper, stated that he had never met with a case of hæmorrhage from the cause noticed in Dr. Croom's paper, but that the possibility of such a complication rendered the communication most important.

Dr. PETER YOUNG had had three cases of velamentous insertion in the placenta of the cord, but in one only had the pulsations of the umbilical vessels been felt before delivery.

Dr. CROOM briefly replied.

Dr. KEILLER's "Report of the Royal Maternity and Simpson Memorial Hospital for the quarter ending August 1, 1881," was then read.

The reading of the report led to some desultory remarks by Dr. Craig, Dr. Croom, and others on the value of ergot in labour.

As the evening was far advanced, Prof. Simpson's paper on "A Case of Basilysis," was postponed to a future meeting of the Society.

OPHTHALMOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.

W. BOWMAN, F.R.S., President, in the Chair,

Dr. MILES, of Manchester, showed a case of

GENERAL RETINAL PERIARTERITIS IN ONE EYE.

The patient was a man, æt. 59, suffering from chronic albuminuria and valvular disease of the heart. The arteries of the retina were all transformed into snow-white cylinders, capable of being traced to their third divisions. The exudation so nearly obliterated the red colour of the vessel that only the most minute inspection enabled one to determine the existence of a blood current here and there in the form of fine red dots. Extensive hæmorrhages were present in the retina. Vision was reduced to perception of light in the affected eye. The sight of the other eye was reduced.

Mr. R. J. PYE-SMITH (Sheffield), sent notes of a case of

ACUTE GLAUCOMA FOLLOWING CONCUSSION—CURED BY ESERINE.

On the fifth day after a fall downstairs, the left eye of a lady, æt. 70, became acutely glaucomatous (+ T. 2), vision reduced to counting fingers, cornea steamy, pupil dilated, coloured rings observed round a candle. The use of eserine discs entirely relieved all the symptoms within twelve hours. Very slight and transient relapses occurred for a year at intervals of not more than a month. They were always dispelled by the use of eserine discs, and latterly became less and less frequent till they seem to have finally ceased three months ago. The eye is now normal, and can read "brilliant" type (Jaeger 1) with the reading-glasses that have been used for several years.

Dr. BUZZARD related the case of a lady, æt. 64, seen by him some two or three years since; she had suffered for eight weeks from severe frontal neuralgic pain in both eyes, especially the left. He found great increase of tension in the globes, intense photophobia, pupils moderately dilated and immovable to light. A leech was applied to each temple in both eyes, and by Mr. Lawson's advice eserine discs were used two or three times a day. She rapidly recovered, and has had no relapse during twelve months.

Mr. BOWMAN thought this evidence of the value of eserine in some cases of glaucoma very important, as it seemed to indicate that it might be used in place of an operation.

Mr. A. CRITCHETT remarked that he had recently under his care a man with chronic glaucoma who was treated persistently with eserine, and his vision steadily got worse.

Dr. ANDREW (Shrewsbury) had seen great good from the use of eserine in eyes showing early signs of sympathetic irritation; in such cases at the same time as he excised the bad eye, or when this operation was delayed, he used eserine to the "sound eye." Where the iris was at all hazy he recommended occasionally testing for synechia by atropine.

Mr. MOHARDIE had noticed that while eserine might cure one or two attacks of glaucoma, it might prove quite useless in a subsequent relapse. He was therefore unwilling to trust it where he had not the patient constantly under observation. It was of great use where iridectomy had to be postponed, or as a preparatory step to that operation.

Mr. GEORGE CRITCHETT was doubtful of the permanent effects of eserine; while very useful for its temporary good effects, he would rather trust to iridectomy for actual cure;

he should not like to lose sight of a case that had been treated only by eserine.

Dr. GOWERS related the subsequent history of a young woman suffering from

CEREBRAL TUMOUR AND DOUBLE OPTIC NEURITIS.

shown last session. She is better, and the upward movement of the eyes has increased. The neuritis has slowly subsided into atrophy, with deterioration of vision, so that in March last sight was 1-15th, but now she can make out No. 2 test type. The discs are very pale, with much new tissue and narrowed vessels. The field of vision in one eye is normal; in the other restricted for white, blue, and yellow; very small, irregular, and different for green and red, with a scotoma for each colour above the fixing point. He thought an irregular alteration of the fields of this diverse character pathognomonic of consecutive atrophy.

Dr. GOWERS also related two cases of

CHOREA WITH OPTIC NEURITIS.

One was a boy, æt. 11, with "paralytic chorea" and distinct double neuritis, who gradually recovered and remained well. The second occurred in a man, æt. 20, whose chorea followed acute rheumatism, and who had a mitral systolic murmur, and no albuminuria; there was marked neuritis. He had examined a large number of cases of chorea, but had never before seen this condition, and there was only the case of Dr. Hughlings Jackson's recorded. Probably the two conditions were both the result of some common cause, and not consecutive.

Dr. BUZZARD remarked that he had never met with optic neuritis in chorea. He referred to the case of a young woman lately under his care with chorea who had developed symptoms of mania which ended in recovery, the crisis being marked by a crop of herpes about the mouth and tongue. He was disposed to attribute this outbreak of herpes to some basal meningitis, which had occasioned irritation of the fifth nerve within the cranium. A case of chorea which had presented similar mental disturbance was now in hospital, under the care of Dr. Radcliffe. In that patient also facial herpes had occurred. He suggested the possibility of the occasional occurrence of meningitis in chorea, explaining the association of optic neuritis. The latter patient's mental state had prevented ophthalmoscopic examination.

Dr. GOWERS replied, that in the younger of his patients there was no endocarditis, and the disease was so slight that he thought the occurrence of meningitis could be fairly excluded. One of the cases of chorea mentioned by Dr. Buzzard he had examined, and found to be free from neuritis.

Mr. C. E. FITZGERALD (Dublin) read a paper on

UNILATERAL EXOPHTHALMOS, AND THE VALUE OF THE SIGN DESCRIBED BY VON GRAEFE AS CHARACTERISTIC OF GRAVES' DISEASE.

The author's main object in this paper was to raise the question of the value to be attached to the interference with the consensus of the movement of the lid with that of the globe, especially when the latter is directed downwards. This is stated to be independent of the protrusion of the eyes, and even precedes it; it is often present in cases in which the position of the globe hardly exceeds physiological limits. The disease may, at all events at the outset, be unilateral. The author reported a case of well-marked one-sided exophthalmos in a young lady, aged seventeen; and of the true nature of this case there could be no doubt. Three other cases, however, which he recorded, appear open to question. The first was that of a young lady who consulted him for protrusion of the right eye and asthenopia. She was myopic in both eyes, and slightly astigmatic in the left. She had also well-marked insufficiency of the internal recti muscles. Glasses for distance and reading were prescribed, and gradually the protrusion subsided. About two years later she again consulted him, as the left eye had begun to protrude. She was seen by three physicians, who considered it was not a case of Graves' disease; but Mr. Liebreich, who also examined her, considered it an example of an incomplete form of this affection. She presented the effect already alluded to, and at one time a slight enlargement of the thyroid gland. The second case was that of a gentleman, aged twenty-eight, who had maculæ of both cornea, probably the result of an attack of phlyctenular keratitis some years previously, and well-marked exophthalmos of the left eye, which was myopic (-7 D). Two months before his visit he had an attack of erysipelas of the face; since then had observed a protrusion

of the left eye. No enlargement of the thyroid. Pulse normal; lid movement defect marked. The third case was that of a resident magistrate in a disturbed part of Ireland. He stated that about twelve months ago he had observed his right eye protruding forward. He had always enjoyed good health until about two years previously, when he was suddenly seized one day with a violent attack of what appeared to be colic, with retching. This passed off, but it was some time before he got quite well, and since that date he lost flesh. Latterly felt quite well. Observed that his eye always becomes more prominent after any excitement, smoking, or the use of stimulants. Had a great deal of anxiety during the present disturbed state of the country, and has had his life threatened. Pulsation of vena centralis retinae; no enlargement of the thyroid. Pulse normal. This gentleman has seen a well-known physician in Dublin who regarded it as a case of Graves' disease. He consulted Mr. Liebreich, who considered it the exophthalmos due to some affection of the orbit; defect of movement of lid well marked. The author quoted passages from Professor Sattler's monograph to show the importance attached to this sign, as shown by cases already published, where some of the other signs and symptoms were absent.

Mr. BOWMAN considered the failure of the lid to follow the movements of the eye as a very characteristic mark of Basedow's disease; it was not seen in other cases of protrusion of the eyeball, it appeared to be due to some interference with the action of the levator and orbicularis muscles.

Dr. GOWERS thought the absence of this symptom of small weight. He had known of a patient with cardiac mischief in which at death there was only a very slight degree of exophthalmos, and this strange effect on the eyeball was not seen at all. He had shown that in this disease, on attempting to look down, the eyelid does not fall over the eyeball, but on closing the eye it was easy to raise the lid.

Besides the papers read, there were several *card specimens* exhibited which attracted the attention of members. The society adjourned with the usual votes of thanks.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, DECEMBER 5TH.

Mr. THOMAS ARNOLD ROGERS, President, in the Chair.

AMONGST other "casual communications," Mr. W. E. HARDING, of Shrewsbury, related

A REMARKABLE CASE OF POISONING BY ARSENICAL PASTE.

A lady came to him complaining of acute pain in a lower molar. Finding the pulp exposed, Mr. Harding applied a small quantity of a preparation known as "Baldock's Nerve-killing Paste," closing the cavity with cotton-wool and sandarach. Within a few hours the patient was seized with symptoms of poisoning by arsenic—burning pain at the epigastrium, vomiting, and a rash resembling measles, but slightly raised. The stopping was at once removed, but the patient was very ill for several days, and did not altogether recover her health for a fortnight. A remarkable feature in the case was that this lady had suffered in the same way three times previously: once from arsenic used by another dentist, and twice from prescriptions containing it ordered by medical practitioners.

The PRESIDENT remarked that it was very important that patients who were the subject of such idiosyncrasias should mention them when they applied to a stranger for treatment, and any practitioner discovering such peculiarities should impress the necessity of doing this upon the patient.

The paper of the evening was by

Mr. A. COLEMAN, F.R.C.S., on

ECONOMICAL PROCESSES OF PREPARING AND ADMINISTERING NITROUS OXIDE GAS.

In proof of the importance of the subject to hospitals and large consumers, Mr. Coleman stated that the one item of nitrous oxide gas cost the Dental Hospital of London over £70 a year. After describing various ways in which the gas could be obtained, he said that he believed it could be manufactured on a large scale most cheaply by the action of dilute nitric acid on zinc. As a plan for making nitrous oxide alone, this method would be extravagant, since only about

one-third as much gas could be obtained by this means compared with that which could be obtained for the same money by the decomposition of nitrate of ammonia. But by treating the residual nitrate with sulphuric acid, the nitric acid could be recovered, and sulphate of zinc obtained, which was a well-known article of commerce. By making this the main object of the manufacture he believed that the gas could be obtained as a by-product at an almost nominal cost. Mr. Coleman then passed on to describe various devices for securing economy in administration. He hoped, however, that these might be superseded in large institutions by a plan for saving all the products of respiration during the administration of the gas, and then separating the latter for use over again. This might be effected by conducting the respired air and gas into a closed vessel containing a certain amount of water, in which a little caustic potash had been dissolved. This would fix the carbonic acid; the nitrous oxide would be absorbed by the water, and the remaining air might then be allowed to escape. Heat being applied, the gas would be driven off again from the water, and re-collected in another gasometer. The process was much facilitated by agitating the vessel containing the mixture of air, gas, and water, and by reducing the temperature of the latter as low as possible in the first instance. It would be attended with some expense, but might probably be found to pay in the case of large institutions, and where circumstances were favourable for its application.

Special.

FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

SUCCESSFUL CASE OF THYROIDECTOMY.—M. Terrillon read a report at the Société de Chirurgie of a successful case of thyroidectomy. A woman, æt. 25, had a goitre for eleven years. For several years different remedies were tried without success, including puncture followed by injection of iodine, and application of caustics and drainage. She appeared cured for three or four years, but by degrees it returned, and she became subject to severe attacks of dyspnoea, and the voice was all but extinct. The tumour was half the size of the closed hand, and divided into three lobes. The skin was adherent, and a capillary puncture gave exit to a sanguineous liquid. The symptoms becoming rapidly worse, the operation was decided upon, and for that purpose an incision was made over the lower part of the tumour, comprising the skin which was dissected off the hypertrophied organ. The three lobes were successively ablated, hæmostatic forceps being applied to each large vessel as it was opened and then replaced by a ligature. The avulsion of the tumour terminated three drainage tubes were placed in the wound, which was partly closed by silver wire sutures. The operation lasted two hours. Reunion by first intention failed in many points, but, nevertheless, the patient made a good recovery.

PROLAPSE OF THE UTERUS.—M. Guéniot gave an account of five personal observations of prolapse of the uterus, treated by uniting the posterior and anterior walls of the vagina (*Cloisonnement*), by the operation practised by M. le Fort. M. Després considered that every operation made to restore the uterus to its position was useless, for the real cause of prolapse was the insufficiency of the perineum. The perineum is composed, not only of skin, but muscles, and it is to the weakness or insufficiency of these last that prolapsus is to be attributed. It suffices to make the patient cough to recognise this fact. M. le Fort could not accept this theory of M. Després, on the contrary, he considered that the perineum had nothing to do with prolapse of the uterus. M. Trelat was of the same opinion, and believed that the operation of M. Després (suture of the inferior third of the vulva) as worse than useless.

HYDRARTHROSE OF BOTH KNEES.—M. Nicaise presented a young man who was attacked with a double hydrarthrose of both knees, of four years duration, and on whom he had operated with success. M. Nicaise, after exhausting all the usual remedies, performed orthotomy, after which the articulation was washed out by an injection of dilute phenic acid, and a drainage tube was placed. On the nineteenth day the patient was cured. The opposite joint was submitted to a similar operation, and in fifteen days a like fortunate result was obtained. There was no articular stiffness left. M. Marc See regretted that M. Nicaise had not employed compression by means of the elastic bandage (Martin's), as he had seen it succeed where other means failed.

BROMISUS.—Dr. Lowy relates the case of a woman, who, being epileptic, took daily during her pregnancy thirty grains of

bromide of potassium. After her confinement the child was observed to be constantly sleeping, awaking but twice in the twenty-four hours. It rapidly got thin. At twenty days old he had the appearance of a little withered old man. The heart beat only eighty-six in the minute, the number of respirations did not exceed ten. The urine revealed traces of the salt. As soon as these phenomena were observed the child was seivered, and in a few days all the symptoms of bromism disappeared.

CARDIAC SYMPHYISIS.—A case of cardiac symphysis was observed recently at the Hôpital St. Andre, in a man who had succumbed to acute bronchitis. This individual was not rheumatic nor addicted to drink; he had a violent dyspnoea, but the heart was apparently healthy and without bruit. At the autopsy a complete cardiac symphysis was discovered, very thick, of cartilaginous consistence, and occupying the whole anterior surface of the organs. Hypertrophy was slight, but without valvular lesions. The aorta was slightly atheromatous, and the pericardium adhered to the neighbouring organs, and notably to the lung by false membranes.

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“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, DECEMBER 21, 1881.

THE HARVEIAN LECTURES.

PRACTICAL gynæcologists will feel that Dr. Meadows has conferred a considerable obligation on them by the delivery of the Harveian lectures for 1881 on the subject of Menstruation and its Disorders. It is probable that, though there are several important points, both in theory and in practice, on which Dr. Meadows is not in agreement with a large proportion of his fellow workers in the field of gynæcology, his lectures will nevertheless be universally regarded as an able addition to the literature of the subject. We cannot here withhold from them the praise to which they are justly entitled, whether they may be regarded simply as a description of the derangements the menstrual function is subject to, or as a guide to the treatment to be adopted in such cases. Throughout the three discourses, Dr. Meadows successfully held the attention of his audience, and even in those places where he was compelled to assume a position of antagonism to the authority of other names, his words were received with the deference and approval that they are justly entitled to. It may not be, of course, that this is to be regarded as indicative of any

radical change in the opinions which have ruled the past, but it assuredly shows that enlightenment on subjects open to fresh demonstration is always eagerly sought and received; and we have much pleasure in congratulating both Dr. Meadows on the probable discussion that will be excited by his Harveian lectures, and the medical profession on the opportunities these lectures will afford of arriving at sound and safe conclusions on more than one moot point associated with the treatment of complaints peculiar to women.

The first of the three lectures delivered by Dr. Meadows was devoted to anatomical and physiological considerations. From the report of it already printed in the *Medical Press and Circular*, it will be seen that the points on which greatest stress was laid were those that gave functional importance to the ovaries. Pursuing a course somewhat unfamiliar to British ears, but concerning the justice of which there are probably few practitioners who would not agree with him, the lecturer insisted on the principal place occupied by the ovaries in the generative apparatus. In place of regarding these organs merely as appendages to the uterus, he declared them as being inferior to none of their surroundings in order of importance, and as being, in fact, the central point of the menstrual activity. This view is much more commonly accepted in America than it is here; but there can be no question that it is essentially correct, and that the majority of medical men will agree with Dr. Meadows in the opinion he thus expressed. We need not follow the mode of demonstration the lecturer pursued, except to say that it was based on anatomical grounds chiefly, the nervous and vascular supply to the ovary being, as Dr. Meadows urged, an ample proof of the dignified rôle pursued by the organ. It might almost be considered that unnecessary weight was attached to this demonstration, and we cannot but think Dr. Meadows imagines the principle he enunciated in this direction is less freely accepted than is the case. Our American contemporaries have, for some time, been discussing the importance of the ovary in the sexual act, and the result generally arrived at is favourable to its superiority over the uterus, &c., in point of functional power. The particular line of demonstration pursued by Dr. Meadows is certainly calculated to carry conviction with it, and we must not for a moment be supposed to express anything but admiration for the clear and excellent way in which he unfolded the truth he sought to deduce. We only venture to hint that he should be prepared to find a very considerable number of his professional brethren quite prepared to go with him the full length of his discoveries and conclusions.

The distribution of the nervous elements that go to the ovaries and uterus and associated organs, is perhaps the most interesting branch of this subject, from the clinical bearings it possesses. Dr. Meadows was particularly clear in his descriptions of the plexuses and their connections; and those who follow his lecture will have little difficulty in future, in comprehending the significance attaching to the variations in position and degree of pain originating either in the ovary or its appendage, the uterus. From the clinical standpoint this probably is the most deeply interesting of all the

anatomical details of the subject, and it is that, too, on which Dr. Meadows dwelt at most considerable length, while his conclusions as to treatment based on it were complete and admirable.

Lecture II. dwelt almost entirely on amenorrhœa, menorrhagia, and metrorrhagia, with the conditions giving rise to these disorders, and the most appropriate treatment of them. Those forms of amenorrhœa which are to be regarded as hopeless of cure, were shown to be such as are associated with ovarian deficiency, and as a detail of clinical significance must be regarded as the mode in which the diminished flow is brought about. In every instance where the cessation is attributable to blood poisoning, we are to expect no restoration of function, since the conditions set up are such as to produce changes in the ovary, with which ovulation will be utterly impossible. In all cases of this kind, moreover, sudden cessation of the menstrual discharge is a distinguishing symptom, whereas in those examples of slowly progressing ovarian atrophy, from the treatment of which benefit may be anticipated, the first recognised sign of disturbance is a gradual falling off in the amount and duration of the periodical discharge. The question of treatment here comes in, and Dr. Meadows' experience leads him to place but little reliance on drugs merely, his best results having been achieved by means of electricity and galvanism directly applied to stimulate the ovary to action.

Menorrhagia and metrorrhagia naturally occupied a considerable amount of attention, and the conclusions to which Dr. Meadows' ripe experience has conducted him concerning these conditions, will be read with very general interest. It is, perhaps, more than usually comforting to observe the frank outspoken contempt of mere druggists' treatment, in which such faith has formerly been reposed. The scientific study of signs afforded in these cases of deranged menstruation, conclusively shows the little influence that ordinary remedies exert upon them, but we imagine most readers of Dr. Meadows' lectures will thank him, where they do not already agree with him, for the hint as to employing the bromide of potassium for promoting ovarian quiescence. Nor will there, we suspect, be found any to disagree with Dr. Meadows respecting the mode of action of the bromide. It is assuredly a sedative by direct action on the ovarian nerve supply, and hence the value of it in checking the over-activity of the organ. Similarly good counsel is the advice to employ local anodynes to ease excessive pain, for it may be surely accepted as true that, in the absence of physiological rest, no organ can progress towards recovery when deranged.

We have not space to dwell as we would wish on each point of interest or importance, as it occurred, in these lectures, otherwise we might discuss the question of uterine tumours, on which Dr. Meadows dwelt at some length, in connection with menorrhagia, and on the diagnosis of which he offered valuable suggestions. His third lecture was chiefly devoted to dysmenorrhœa, its varieties and treatment, and under each division much valuable information was afforded. Naturally the association between difficult menstruation and flexions of

the uterus offered a field for the discussion of theories of treatment, and in this connection Dr. Meadows expressed his inability to endorse Dr. Graily Hewitt's explanation of the so-called strangulated condition of the womb, or the treatment of it by mechanical means, based on what Dr. Meadows regards as erroneous views. He insists that Dr. Hewitt's analogy between the flexed uterus and the bandaged arm is wholly false, since the venous blood returns from the uterus by *two* paths, a point dwelt on in the first lecture. Hence even when flexed on itself, no venous strangulation of the uterus can result, and hence also such treatment as is based on the assumption must likewise be ill-founded. On this point we may look for further discussion, and we trust it may be excited, in the interest of this branch of medicine. Of course, Dr. Meadows insists that treatment by a simple pessary in these cases is useless, and that a stem, such as his glass stem, will alone lend efficient support to the organ, the restoration of which he declares is but little aided by the mere assistance *by* support.

Regarded from every point of view, the Harveian lectures of 1881 are a valuable addition to the medical literature of the age, and on the special subject of menstruation and its disorders, they will doubtless become a starting point of future further advances.

THE ENTRIES OF STUDENTS AT IRISH MEDICAL SCHOOLS.

WE have received from Dr. Brady, the Inspector of Anatomy, the following statement of the number of students in anatomy returned to him by the various Dublin schools as having entered their names for the current year :

Trinity College	...	...	...	216
College of Surgeons	...	...	..	140
Carmichael School	...	...	...	159
Ledwich School	...	...	...	221
Catholic School	...	...	...	100
Total, Dublin Schools				836

We understand also that the class at Belfast College is very nearly 350—not much less than half the number of students entered at all the Dublin schools put together. We commend this interesting fact to the teachers of the Irish metropolis and to the administrators of Irish colleges for their most careful and speedy consideration. Belfast Medical School began at zero twenty years ago—steadily and surely it has gained ground (as far as the number of its students is concerned)—and has advanced foot by foot, until to-day its school greatly out-tops, in this respect, any school in Dublin. But Belfast and the other Queen's colleges of Cork and Galway are provincial, and as medical teaching centres they labour under all the difficulties of provincialism, the chief of these disabilities being the limited extent and insufficiency of their hospital teaching. Why then this numerical success? Some of it, no doubt, in the case of Belfast, is due to the reputation and the zealous indefatigability of Professor Redfern, its chief professor, but the greater part to the cheapness of the education obtainable in the

Queen's colleges, and the low price of the diplomas of the Scotch Corporations. In Dublin the teachers are engaged in the practical vivisection of "the goose with the golden egg," and have combined to prevent the Irish metropolis from competing with its provincial sisters for the patronage of the Irish medical student. They insist on the Dublin colleges requiring three courses of lectures in the leading subjects of the curriculum, while Edinburgh and Belfast only ask for one such course. It is only a few weeks since the Dublin teachers held a caucus and agreed together to charge nine guineas for the courses of instruction which can be had nearly, if not quite as well, in the Queen's colleges for two guineas. Furthermore these teachers uphold the charge of forty guineas for a Dublin diploma when an article of the same legal value can be had in Scotland by the Belfast student for fifteen guineas *plus* the return ticket fare to Glasgow or Edinburgh.

The Dublin teachers are, in fact, forcing the Irish double diploma to be sold at a cost of £150 odd—where its Scotch analogue can be had, *viâ* Belfast, Cork, or Galway, for a little over £60. Is it any wonder that—to use a commercial phrase—most buyers are seeking the cheaper markets? and, how long do the Dublin teachers calculate that the Dublin School can survive such treatment? Probably, we may be told "It will last for our time," but possibly even this limited aspiration may not be realised, and that the present occupants of professorships in Dublin may experience in each succeeding year the decadence of class and of fee income which is foreshadowed in the return given above.

This is not a question, however, to be settled without a word said on behalf of the Irish Licensing Corporations whose position as the nursing mothers of the profession in Ireland is being gradually sacrificed to the greed for multiple lectures and excessive diploma fees. The Irish Colleges of Physicians and Surgeons have already—we assert—lost their full grasp of the Irish student, and they retain barely enough hold upon him to make it possible, by immediate and sweeping reforms, to draw him back to their portals. For years past surgical and medical licensing in Ireland has been gradually falling away from the institutions, and—at the present moment—they are threatened with a competition on the part of the Royal Irish University which cannot fail to injure them vitally, if not to destroy them utterly. For such result the teachers would care little, so long as there were students to be educated for other licensing institutions, and there is therefore no reason why the colleges in question should submit to be starved out of existence by the all-absorbing greed of these functionaries. Let it be kept in mind that a wholesale cutting down of the bloated curriculum, now required by the Dublin colleges, would not, in the least degree, imply a depreciation of the educational standard heretofore maintained by them. Let it be recollected that reiterated courses of lectures and repeated fees do not indicate—do not even pretend to imply—a higher degree of education. Let it be kept in view that the monstrous course of sham study now ordered by these colleges might, at any moment, be curtailed to half its dimensions without the least injury to anyone but a few three-course teachers, and, bearing these facts in mind, it will be un-

derstood with what earnestness we urge Irish medico-educational reformers to the consideration of the figures which we have quoted, and to activity in saving the Dublin Medical School from the danger of dissolution which we apprehend.

The foregoing comments upon the returns of anatomical *entrants* at the Dublin schools have their foundation upon the falling off in the Dublin School and the rapid progress of that of Belfast, which circumstance can be neither denied nor explained, except by the reasons we have given. We ought not, however, to pass from the discussion of these returns without pointing out how utterly untruthful they may be, and have been, as a measure of the success or *prestige* of a particular school. In London each medical school records the actual number of students entered therein for the session. In Dublin nothing is allowed to transpire except the number of students who are said to enter in each year for dissections, and this becomes known only because the inspector of anatomy requires the information for the purpose of providing a sufficiency of subjects. Each school contributes one delegate to form what is called the "anatomical committee," and that body receives the returns of dissectors, sends the numbers to the inspector, and makes all other arrangements. Each school pays to the committee a guinea for each student returned by it, and the inspector is expected to supply one *cadaver* for each two dissectors. Under this system the returns could indicate at best only the number of dissectors entered at the various schools, omitting those students who have not begun, or else have concluded, their anatomical work. But the returns are illusory and unreliable in a much larger sense than this. It is said to have been the habit of certain schools to send in to the committee a much larger statement of their class than was really true, and they were believed to have done this for two purposes. First, they wished to look well in presence of the delegates of rival schools, and, with this object, they placed on their list every student they could possibly claim, no matter how hopelessly chronic he might be. Thus, certain pupils did duty as dissectors for, sometimes, seven to ten consecutive years. Secondly, these schools desired to obtain a plentiful supply of subjects which, always scarce, are apportioned to the schools in ratio of the size of their dissection classes.

It is true that they were obliged to lodge one guinea for each student included in their returns, but, as a rebate is always made at the end of the session, for all those subjects which the school did not require or receive, they got the money back again and lost nothing but the interest of a small sum for six months.

So much for these anatomical returns. As we have observed that they have been accepted and argued from by some of our contemporaries as an official measure of the relative strength of Dublin schools, we have thought it well to explain that, as such, they are unworthy of credit, and, at the same time, to expose one of the evolutions which the managers of certain Dublin schools have performed annually for years past in order to deceive the public as to their educational status.

THE MEDICO-SANITARY EXHIBITION AWARDS.

WE are induced to revert to this unpleasant subject in consequence of receiving from the Honorary Secretary of the Parkes' Museum of Hygiene a copy of the "Certificate of Awards," with a request that we should express an opinion upon its merits. As an artistic design it is eminently satisfactory, albeit the use of light and shade are not by any means such as could be seen in Nature. However, it is not with its artistic merits we are concerned, but we are reminded by the faulty shading of the certificate, that the process pursued by the judges in the Drug Section of the late Exhibition is also of a decidedly shady description; and we exceedingly regret to learn that it has been finally determined not to review the awards, concerning which we first put forth a protest.

We ventured at the time when we drew the attention of the profession to the improper awards made at the Exhibition, to point out the utter worthlessness of any made in association with those of which complaint is so justly made. The unanimous way, too, in which the whole medical press followed us, and endorsed the opinion to which we gave utterance, was then taken very generally as an assurance that the subject demanded careful reconsideration. The feeling experienced in regard to these adjudications, moreover, was one of such strength and universality, that it was impossible to imagine they would be for a moment sustained when such decided expressions concerning them had been pronounced. All the more surprise therefore, will be created by the fact that it has been decided by the Committee that the glaring inconsistency of the judges cannot be gone into; the exhibitors, therefore, who are justly entitled to demand at least an explanation of the treatment they have received, are afforded not even this to account for such extraordinary conduct. We do not intend to enter again at length into the particulars of the *modus operandi* which so unfavourably marked the judges of the drugs exhibited in Section 7. It will be enough to remind our readers that the awards included some to certain secret preparations, articles it is now admitted ought never to have been in the Exhibition at all, and which received high commendation from the judges, while the preparations of several of the best-known firms of chemists were passed by in absolute silence. It would have been supposed that such serious errors of judgment would have needed only to be pointed out to ensure a remedy; and we admit to a feeling of this kind when we decided to take on ourselves the duty of acquainting the profession with what had occurred. On the contrary, however, it would almost appear as though conviction of the inappropriateness of their awards has but intensified the determination of the judges to persist in upholding them, for the only reply vouchsafed to inquiries whether the decisions are at all likely to be reviewed, are met by the explanation that they are "final." We are thus presented with a curious spectacle that will probably possess features of interest for contemporary moralists.

We have first a body of highly intelligent and deservedly eminent scientific men conferring the distinctions of their approval on articles of unknown composition, and of the most unblushing quack descriptions. Next we have these same gentlemen refusing to acknowledge the existence of any merit in preparations by firms of worldwide renown, and of definitely known constitution. To these must be added the fact that these same gentlemen collectively or individually admit the preposterous nature of the pretensions put forth on behalf of the unknown remedies already approved by them, and further acknowledge that they were entirely unfit to be classed among the exhibits. Lastly, we have this same body of gentlemen arbitrarily refusing to undo any portion of that which not only is a glaring injustice, but is tacitly accepted by themselves in this very light. After this the question may well be asked, what possible value can be attached to the awards of the jurors; or, at any rate, of those to whom fell the task of adjudicating on the drug exhibits?

That certain well known English and American firms, and notably the latter, have been most unfairly treated in this matter, has been unanimously declared throughout the profession; and it may be, that this is itself an infinitely greater reward of merit than any that could have been bestowed by the judges. This, however, does not in any way remove the undesirable impression created by the action of these gentlemen, and especially by the obstinate determination they evince to stand by the decisions they have pronounced.

There is one other point on which we must for a moment dwell, and it is of considerable significance. The awards of the judges at all exhibitions like the one in question are recorded on certificates which, thenceforth, are rightly regarded by their possessors as testimonials of no little value. Also the ceremony of presenting these certificates and the other prizes awarded with them is usually the most interesting, as it is the final one connected with the exhibition. Certificates, it is true, have been prepared for distribution to successful exhibitors at the recent medico-sanitary exhibition, but no public ceremony has marked their receipt by those to whom they have been given; and this, we regard as the most conclusive evidence yet offered that the success of the exhibition has undergone some serious blow. We do not care to pay attention to the rumours which declared no person of eminence would consent to preside at such a meeting, nor to the reports circulated with equal freedom to the effect that the executive dreaded an outbreak of inevitable disapproval. It remains only to chronicle the fact that no meeting has been held, and that each exhibitor entitled to a certificate or prize by the judges' award, has received it through private delivery.

It will be a little curious to watch the effect produced by these certificates by and by. In many cases, of course, they will truly and rightly be regarded as honourable distinctions, but we do not hesitate to prophecy that no possessor of an award in Section 7, will long care, to herald the fact to the world, seeing that he would thereby declare himself as associated with successful exhibitors of avowed secret nostrums.

Notes on Current Topics.

Torture in the United States.

In the first number of the *Century Magazine*, Scribner's new monthly, it comes out incidentally in the course of "a curious experience" related by Mark Twain, that torture was used by an officer of the Northern Army in the examination of a supposed spy during the war of Secession. "A Curious Experience" is the picturesquely-told story of what befel a Major of the Northern army when Commandant of Fort Turnbull at New London, Connecticut, in dealing with a boy whom he had befriended from pity, whose singular proceedings led to his being regarded as a traitor in the camp, and a secret emissary of the Confederates engaged in dangerous practices, but who ultimately turned out to be only a romantic and ingenious little trickster, who was playing the spy for his own amusement and to gratify a morbid appetite for the mysterious, whetted by the study of lurid and sensational literature. At the time when he was actually believed to be a spy, and when disclosures as to the plans of the enemy was being extorted from him he suddenly broke off in his confessions, and then the Major goes on as follows:—"Neither coaxing nor threats had any effect on him. Time was flying—it was necessary to institute sharp measures. *So I triced him up a-tip-toe by the thumbs.* (The italics are ours.) As the pain increased it wrung screams from him which were almost more than I could bear, but I held my ground and pretty soon he shrieked out, &c., &c." A little further on we are informed that the boy again halted in his narrative, upon which, says the Major, "I tied him up by the thumbs again. When the agony was full upon him, it was heart-breaking to hear the poor thing's shrieks, but we got nothing else out of him. To every question he screamed the same reply 'I can die, and I will die; but I will never tell.'"

Now, the Major's history of his curious experience may be an artistic description of a real occurrence, or a piece of pure invention. Every effort is made to induce us to believe that it is the former, for a note is appended to it to the effect that the manuscript has been submitted to the Major, who says after reading it, "You have got the main facts of the history right and have set them down just as they occurred," an assurance which leaves us no choice but to believe that under the Major's command a boy was subjected to cruel torture. But if, on the other hand, the whole tale is a product of Mark Twain's fertile and intricate fancy, then it is singular that he should have introduced into it, when he was labouring to give it an air of probability, an incident that could not, by any possibility, have happened. If torture never was employed by officers of the Federal army in the interrogation of supposed spies, how comes it that this gifted author, without a word of apology or explanation, makes it a part of the machinery of his story? The point certainly requires elucidation, and at this moment when the great Western Republic is contending for the control of the Panama Canal, in case of war it is important to inquire whether there is the faintest ground for believing that any of her officers are capable of forgetting the usages of modern warfare, and of condescending to practices that remind one of the infamous Lopez in the worst days of Paraguay.

The Dangers of Electricity.

THE accident by which a labourer, on the Marquis of Salisbury's estate at Hatfield has come by his death, will very probably be taken to indicate the excessive dangers associated with electricity as a means of illuminating. This, however, it is to be hoped, will not be allowed to influence the arrangements whereby the new light is being rapidly introduced into general use; but, at the same time, it ought to serve as a warning against the commission of errors such as that to which the death of the unfortunate man was due. It should always be remembered that a current of electricity of power sufficient to afford lighting power of any dimensions, is at the same time a fearful engine of death if, by any mischance, it should be brought into contact with a human, or, indeed, any living body. Hence, a first duty to be discharged in connection with the new illuminant is at all times to secure chance passers by from harm by effectually insulating the conducting wires. Had this been done at Hatfield there would have been no accident to chronicle, and no distrust excited against a force which exhibits itself in so terrible a fashion.

As the facilities for employing the electric light become further developed we must expect to witness its almost unlimited adoption, and in proportion as its use increases, so also will the dangers attendant on it multiply until they are efficiently guarded against. The more particular, and the more quickly these are sought, then the more confidently will the people regard electricity and admit it into general employment.

Health Congress at Brighton.

DURING last week an important series of meetings have been held at Brighton, in connection with the Health Congress which has been in session in that place. The work done by the Congress has been of service rather in the way of suggestion than in that of actual performance. But it will most certainly be productive of good if only by leading to circulation of the admirable addresses delivered by Dr. B. W. Richardson, Dr. Alfred Carpenter, Mr. Edwin Chadwick, and Mr. Brudenell Carter. This last-named gentleman addressed an audience, at an evening meeting, on "Eyesight;" and in the papers read at the ordinary meetings of the Congress, such subjects as "Domestic Health," "Educational Training," "Sewage," &c., &c., found a place. The attractions of the Congress were enhanced by an exhibition of sanitary objects, held under its auspices. Both this and the general meetings and lectures have been fairly well attended by the general public; and the Congress is pronounced by its originators to have been successful throughout.

THE annual rates of mortality last week in the large towns of the United Kingdom per 1,000 of their population were, in—Wolverhampton 13, Norwich 14, Plymouth 15, Brighton 15, Portsmouth 17, Bristol 18, Sunderland 18, Birmingham 18, Bradford 20, London 20, Edinburgh 20, Sheffield 21, Salford 21, Manchester 21, Newcastle-on-Tyne 22, Glasgow 22, Leicester 22, Leeds 23, Oldham 24, Nottingham 24, Liverpool 26, Dublin 28, and Hull 33.

A Curious Sequel to Suicide.

THE Plymouth papers report a somewhat interesting case of suicide, which presents certain features to make it worthy of being remembered. The would-be victim—a young woman—swallowed two threepenny packets of rat poison, containing a considerable proportion of nux vomica in its composition. Soon afterwards attention was drawn to the suicide, and medical aid sought on her behalf. She was found in a tetanic condition by Dr. Pearse, who, in company with Dr. Miller, then treated her with a view to expelling the poison swallowed, and the nature of which was abundantly clear. The spasms, however, prevented any effectual treatment by ordinary means, and subcutaneous injection of morphia was resorted to. This would appear to have been attended with the most beneficial consequences, for the newspaper report proceeds: "After one spasm, both breathing and pulse having ceased, she was pronounced dead; but, to the surprise of those about her, she recovered both her pulse and consciousness, and the usual treatment being followed up, she gradually came to herself." The case is interesting in several respects, but especially as showing the power thus exerted over the tetanus of strychnia poisoning by means of morphia injected directly into the circulation.

The Wimbledon Mystery.

THE death of a scholar in a school at Wimbledon, and the circumstances surrounding it, have excited a painful interest in the medical profession, from the prominent position occupied by one of its own members in connection with the affair. Mr. Lamson, who is the holder of more than one medical qualification, having voluntarily presented himself at Scotland Yard to testify concerning the last interview he had with the unfortunate deceased, was forthwith arrested by the authorities, and himself charged with committing the deed. Into the merits of the case we do not, of course, for a moment propose to enter at present; but we may be allowed to express the regret we cannot but feel that this imputation of disgrace should be added just now to another blow recently sustained by the profession of medicine.

Patent-Medicine Revenue Fraud.

AT the Central Criminal Court, recently, a woman named Lewis, was indicted, together with Walter Stafford, an agent, for having in their possession parts of stamps which had been fraudulently mutilated. It was alleged on the part of the Inland Revenue authorities, the prosecutors, that they had been defrauded by the defendants of a considerable sum of money by means of an ingenious system of fraud in connection with the mutilation of the Government stamps. The defendants seemed to have carried on the business of selling patent medicines. They dealt principally in two patent medicines, which were described as being essence and syrup of phosphorus. These they sold in bottles priced 2s. 6d. and 4s. The regulations of the Inland Revenue Department provide that a stamp of 3d. must be affixed to each 2s. 6d. bottle, and the charge against the defendants was that they had cut the stamps in half, and by a peculiar and ingenious manner of placing the wrapper on the bottle the half stamp was made to appear as an entire one, one stamp being made to do duty for

two. The defendants denied the charge and urged in defence that the fraud had been committed by a man who had formerly been employed by the female defendant as a messenger, and that they were entirely ignorant and innocent of the matter. The jury acquitted the accused, who were accordingly discharged.

The Notification of Infectious Diseases in Edinburgh.

IT seems that the recent prosecution of Dr. Bowie for not concurring with the sanitary policeman in his diagnosis of typhoid fever is not likely to rest where the decision of the Sheriff left off. The subject of the working of the notification system is to be brought under the special notice of the Town Council. Meanwhile, a meeting was held last week in the Waverley Hall, for the purpose of discussing the present mode of administering the notification law in Edinburgh. Dr. Bowie, whose case has been fully reported and commented upon in the *Medical Press and Circular*, addressed the meeting. Dr. Bowie's letter, which we print to-day puts on the transaction an entirely different complexion. The diagnosis of infectious diseases, before they were fully developed, is one of the most delicate duties of a physician, and it is preposterous that the official connected with the health department of the city should entrust that duty to an ex-policeman. Dr. Bowie does not "regret having been made the first victim of the section, because it afforded the public an opportunity of seeing how the Act was carried out, and how unjustly it pressed upon the profession."

False Certificates of Death.

WE are pleased to chronicle the fact, that a few days since, Mr. P. J. Kendrick, M.R.C.S.Eng., residing at 9 Tavistock Square, London, who keeps a branch dispensary, which is managed by an unqualified assistant, was summoned by the Medical Defence Association, and fined £10, and £2 2s. costs, for signing a certificate of death in the case of a child which he had not seen, but which had been attended by his unqualified assistant. A few such wholesome lessons as this will go a long way towards stopping that outrage to the profession, and the public "the unqualified assistant system."

A Surgeon Poisoned by Prussic Acid.

AT Writtle, Chelmsford, last week, an inquest was held on Nathaniel Barlow, 64, surgeon. The deceased suffered from internal pains, and had recently taken small doses of chlorodyne. On Thursday he suggested to a brother practitioner that a little prussic acid might afford more relief. He was advised that his heart was too weak for this remedy, but he took it on being left alone, and died in a few seconds. The jury returned a verdict of "Death from inadvertence."

A BUST of Dr. Protheroe Smith, the founder of the Hospital for Women, Soho Square, London, the first of its speciality, was recently presented to the Institution by friends and patients, and was unveiled, on Thursday last, by Sir Rutherford Alcock, K.C.B., the Chairman of the Committee of Management, in the hall of the Hospital.

The Anti-Vivisection Prosecution.

At a meeting of the Harveian Society, on November 17th, the following resolution, proposed by Dr. Broadbent, and seconded by Dr. Cavafy, was passed unanimously:— "That the Harveian Society of London tender a very hearty vote of congratulation to Dr. Ferrier on the happy result of the fanatical prosecution to which he has been subjected."

Female Guardians.

An influential meeting has been held at Leeds, under the presidency of the Mayor, to consider the advisability of promoting the election of a certain number of ladies to serve on the Leeds Board of Guardians, which body has just adopted the triennial system of election. A resolution in favour of female guardians was unanimously carried, and two or more lady candidates will be selected for the election in April next.

A Medical Scandal at Birmingham.

A SERIES of charges, gravely reflecting on the conduct of Dr. Simpson, Senior Medical Officer to the Birmingham Workhouse, have been made by the guardians to the Local Government Board. It is alleged that patients have been systematically subject to blistering, shower-baths, and other extreme modes of treatment, simply as "punishment;" and, naturally enough, the assertion has excited strong indignation against the authors of the system. It seems that such proceedings have been continued for some time, and at length the abuse has become so excessive that the attention of the guardians has been compelled to it. This body, after an exciting discussion, has resolved to apply to the Local Government Board to hold an inquiry into the whole matter.

The Sunderland Conspiracy Case.

A MUCH respected member of the profession writes that there appears to be a desire in some quarters to misrepresent the Sunderland case of conspiracy. It is only fair to say that the learned Counsel for the accused, Mr. Strachan, gave an emphatic denial to the statements which appeared in the columns of a contemporary last week, and that the local public have sufficiently interested themselves in the matter to call a meeting in the Assembly Rooms for the purpose of forming a defence fund to defray the expenses of the ensuing trial. As the case is now remitted to the assizes, and will probably be tried before a special jury, our correspondent need have no fear lest justice should not be done; and we are quite sure that the profession and the public will suspend their judgment on the whole case until it is fairly stated and decided. However careful reporters and editors may be it is often difficult to avoid showing an apparent bias in publishing necessary reports of cases *sub judice*, but this is seldom in the end the cause of injury to any party in the case.

DR. WILLIAM SMYTH, M.B., of Banbridge, has been appointed by the Lord Chancellor of Ireland a Justice of the Peace for co. Down.

THE library of the late Dr. McClintock which is

especially rich in obstetric and gynecological works will be sold by auction at Jone's sale rooms in Dublin, on the 28th and following days.

WE regret to announce the death on November 14th, of Surgeon H. L. Cox, Army Medical Department, at Dilkosha, Lucknow, East Indies. Dr. Cox entered the army in April, 1880, and after passing through the Netley course proceeded to Bengal for a tour of duty. He fell a victim to cholera, of which there had been a few sporadic cases amongst the troops.

IN the large towns last week the highest death-rates per 1,000 from scarlet fever were 12.1 in Hull, 2.8 in Nottingham, 1.8 in Sunderland, and 1.7 in Leicester; from measles, 3.2 in Leeds, and 3.1 in Liverpool; and from "fever" (principally enteric), 2.8 in Oldham, and 1.4 in Plymouth. In Hull 36 more fatal cases of scarlet fever were recorded, raising the numbers registered since the beginning of July to 561. The 56 deaths from diphtheria included 25 in London, 10 in Glasgow, 9 in Portsmouth, 4 in Edinburgh, and 2 in Leicester. Small-pox caused 25 more deaths in London, 2 in Nottingham, but none elsewhere.

WE consider it our duty to reproduce the following notice from the *Journal of the Society of Arts*:—"It having come to the knowledge of the Secretary that circulars, purporting to be issued by 'The Society of Science, Letters, and Art, of London,' or some similar title, and dated from Finsbury Park or Upper Tollington Park, have been sent to certain Members of the Society of Arts, inviting them to subscribe to the 'Society of Science, Letters, and Art,' and that several subscriptions have been paid to the Secretary of the above Institution under the impression that it was connected with the Society of Arts, he is desired to give notice that nothing whatever is known of such a Society at this office, and that it is not associated in any way with the Society of Arts."

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

NEW REGULATIONS FOR EXTRA-MURAL LECTURES IN EDINBURGH.—The following regulations regarding the recognition of courses of instruction given by extra-academical lecturers, as qualifying for graduation in medicine in the University were adopted at a meeting held last week:—"Every applicant for recognition shall furnish for the information of the authorities of the University:—1, A syllabus of his course of lectures; 2, a statement of the number of lectures, and of the number of written or oral examinations in the course; 3, a statement of his opportunities of studying the subject in which he desires recognition, and of the length of time devoted thereto; 4, a statement of the experience he has had in teaching the subject; 5, a note of the titles of his contributions to the science of the subject; 6, a statement as to whether his course or courses of instruction have been already recognised by any University or other examining body, and if so, what means were adopted for ascertaining his qualifications for teaching. In the case of every applicant for recognition residing in Edinburgh or its neighbourhood, an inspection shall be made of his teaching

appliances and accommodation for teaching. Every recognised extra-academical lecturer shall annually furnish the University with the information regarding his course or courses which is required from the University Professors as to—(1) The number of students attending the recognised course or courses of instruction; (2) the number of meetings for ordinary class work in the session, and in each week, thereof, excluding meetings which fall under the next head; (3) the number of special written examinations; (4) the system of conducting the ordinary class work, and the number of meetings devoted to each kind of work. In the event of an extra-academical lecturer removing from the premises or building occupied by him for teaching a recognised course, such lecturer shall be required to intimate his removal to the University Court, in order that the Court may have an opportunity of considering whether the accommodation in the building to which he has removed is adapted for the purpose of teaching the subject in which he was recognised. When application is made for the recognition of a course taught by two or more lecturers in conjunction, information shall be given of the share to be taken by each lecturer in such a conjoined course; and the recognition of such conjoined courses, and of each of the lecturers recognised as teachers of a conjoined course, shall, *ipso facto* terminate, should one or more of the lecturers cease to conduct the course, or should any material change be made in the share of each lecturer in the teaching of the conjoined course. The recognition of any lecturer who has ceased for the period of two consecutive sessions to teach the subject on which he was recognised shall, *ipso facto*, terminate."

"HEALTHY WOMANHOOD."—Dr. W. L. Reid's lecture on this subject, delivered recently under the auspices of "The Combe Trust," has been published, and is being sold throughout Glasgow at the very moderate cost of one penny. The purchaser is, of course, left to determine whether he gets value for his money. Prior to its delivery this lecture was extensively advertised, and it was intimated that only females would be admitted to hear it. Curiosity thus whetted after the manner of sign-boards, which announce "Please don't read the other side of this board," the lecture is published as above indicated. We say in the fullest personal friendliness to Dr. Reid that we very gravely question the public benefit likely to accrue from the indiscriminate publication of a penny pamphlet detailing so much of a delicate and essentially professional nature regarding the female sexual organisation. We understand the pamphlet is bought largely by young men, and through the pushing of "The Christian Institute." The association of religious fervour and sensual proclivities have been long noted. We have no hesitation in saying that we consider the publication of this pamphlet, in this manner, an ill-advised act.

GLASGOW UNIVERSITY AUTHORITIES AND THE STUDENTS.—In consequence of the recent unseemly demonstrations by the students of the University of Glasgow at the Gaiety Theatre, the Senate has issued a notice, in which they condemn the behaviour of certain students, and state that any student guilty of such discreditable conduct is liable to rustication, or to expulsion from the University; and the Senate considers that any attempt on the part of a body of students to disturb the public peace calls for the exercise of academic discipline, and concludes by asking students, whose conduct inside the walls has been exemplary, to render impossible any repetition of proceedings which may bring discredit on the University.

MATRICULATION OF STUDENTS AT THE UNIVERSITY OF EDINBURGH.—Since the number of students who have matriculated this session at the University of Edinburgh was last

mentioned, the enrolments have showed a further increase as compared with the figures for last year, which were unprecedented in the history of the university. Up to the present date the number of students who have matriculated is 2,867, as compared with 2,787 at the same date last year, being an increase of 80.

UNIVERSITY OF ABERDEEN.—HONORARY DEGREES.—At a meeting of the Senators of the University of Aberdeen recently held, it was resolved to confer the honorary degree of LL.D on Sir Erasmus Wilson, and Dr. Andrew Clark of London. Dr. Clark is a graduate of the University.

"DIPHTHERIA."—Buckle, in his magnificent work, remarks that the people who see ghosts, are those who are anxious to see them. So it is with the "diphtheria" alleged to be so prevalent in Glasgow. That indefatigable "discoverer," Dr. Robert Bell, has just published a pamphlet on "Diphtheria: its Cause, Cure, and How to Prevent it." Since Dr. Aneas Munro's celebrated work "On Nursing" fell like a bombshell on the profession, no book which appeared in Glasgow has caused so much professional merriment as the one in question. "Healthy Womanhood" does not touch it. Dr. Bell, it may be stated, is author of "The Potato Disease," and considering that he does not hail from the sister isle, his observations on this subject are in the highest degree interesting. The pamphlet "On Diphtheria" is written in the Northumbrian tongue.

HEALTH LECTURES AT EDINBURGH.—These still continue to draw large audiences. The third which has just been issued is by Andrew Wilson, M.D., "On Parasites." We have carefully examined the *Medical Register*, but have been unable to [discover anyone corresponding to the person named above. In fact there is only one Andrew Wilson on the Register, but he does not reside in Edinburgh. We also notice on some magazines the name of Professor Andrew Wilson, M.D., Edinburgh. We have lived some years in Edinburgh, but have failed in our search to discover where Mr. Andrew Wilson is a professor, or where he obtained the degree of M.D. Perhaps the Professor may be able to enlighten us on the subject, for the description of himself is a little misleading.

Correspondence.

THE NOTIFICATION OF INFECTIOUS DISEASES IN EDINBURGH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of December 7th Dr. Littlejohn professes to give an accurate account of the proceedings connected with the recent alleged contravention of "The Edinburgh Municipal and Police Act, 1879." His statement is erroneous from beginning to end. He commences his marvellous epistle by saying that he received an anonymous letter, "stating that there were several cases of typhoid in a certain house." In the witness-box his version was, "the existence of fever;" not "several cases of typhoid." The following is the letter I received from him, dated 20th October:—

"Dr. Bowie, dear Sir,—My attention has been called to the existence of fever at No. 6 Caledonian Crescent, in a family of the name of Stoddart. By the late Municipal Act you are bound to report such cases at this office, and should feel obliged by your informing me why you have not done so."

I replied: "Dr. Littlejohn. Dear Sir,—I am not aware that medical men are bound to inform you of all cases of fever under their care. Perhaps you will kindly say where such information can be had, or send me a copy of the Act which compels me to do as you say. I have many reasons for not communicating all such cases in my practice to the medical officer of health, but if the law of the land makes it obligatory for me to report all such occurrences, I shall do so, but not unless."

The next note I received was a summons on November 1st to appear at the police court on the 3rd. It was the policeman who first called the diseases in question typhoid fever.

Dr. Littlejohn did not visit the house until the afternoon of the first day of the trial, and on evidence admitted that I was brought to judgment on the representation of his inspector. He says I "had conscientious scruples against reporting such cases." There were no scruples in the matter. The mother suffered from erysipelas of the throat, head, and face; the two children from an eight-day simple continued fever. The three witnesses for the prosecution testified that I told them that the children had a fever from gastric derangement, which, for want of a better name, some medical men would call it "gastric fever;" but that I distinctly said it was not typhoid fever, neither was it an infectious disease of any kind.

On examination by me Dr. Littlejohn stated that he did not examine any of the patients; could not say if there was diarrhoea, eruption, or pain in the abdomen; made no inquiries about complications, temperature, pulse—not even if they had a nurse. On being asked to inform the judge how he or his inspector knew typhoid fever without the symptoms, answered, "The long experience which he and his inspector had enabled them to discover a disease sooner than an ordinary practitioner."—*Daily Review*, Oct. 8.

I refrain from characterising the true nature of his remarks in your issue, such as "my inspector had to speak as to his obtaining the name of the medical attendant." The truth is, Dr. Littlejohn put him in the witness-box to swear that the cases were typhoid fever. "Charles Kay, assistant to Dr. Littlejohn, said he saw Mrs. Stoddart and children, and he had no doubt they were suffering from typhoid. Had Dr. Bowie reported the matter the cases would have been removed to the infirmary. He did not examine the bodies of the parties, nor did he notice any eruption. He examined the tongue, lips, and complexion, and concluded that it was a case of typhoid fever."—*Daily Review*, Oct. 8.

I am at a loss to understand why he says, "In consequence of this cross-examination by the defendant you have been led to believe, 1st. That the usual proceeding in Edinburgh is to send a police officer to confirm or not the diagnosis of the medical attendant; and 2nd. That it was on the strength of the policeman's diagnosis that the prosecution was commenced."

The first is the custom, and declared to be so by his inspector in giving evidence. The second was admitted to be true by Dr. Littlejohn when in the witness-box.

He continues, "I have only further to add that the case in question was not appealed, and that since the decision the medical man has regularly reported his cases to this office."

I regret that I was misinformed as to the nature of an appeal, and allowed the three days to pass by without going forward. Moreover, he knows I only notified a case of measles since the decision, and he dares to represent that single occurrence as "regularly reported his cases to this office." The grounds upon which the sheriff found me guilty in contravening the Act were:—

1. The sanitary policeman, from his experience, affirmed the cases to be typhoid.
2. He knows typhoid fever from the complexion, lips, and tongue of the patient.
3. In ten years' experience among such cases he has never seen any spots on the bodies of typhoid cases.
4. Dr. Littlejohn assured the judge that his inspector knows the disease better than an ordinary practitioner.
- "5. That gastric fever was synonymous with typhoid."
- "6. All fevers are infectious."
- "7. There was no class of fever that was recognised as non-infectious."

"8. That Murchison ('On British Fevers') holds all fevers to be contagious."—*Daily Review*, Nov. 8.

"9. Fever was equivalent to an infectious complaint, and the fevers in this Act included all the recognised fevers known."

I appealed to the judge not to believe these most extravagant and unfounded assertions, and requested the sheriff to hear my statement, but he refused, and said he knew nothing about medicine, and as Dr. Littlejohn had stated on oath that all fevers are infectious, he must find me guilty.

I am, sir, yours, &c.,

JOHN BOWIE.

43 Lauriston Place, Edinburgh.

THE GERM THEORY OF DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read carefully the lecture on the germ theory of disease by Dr. John Dougall lately published in your columns. Will you allow me space to put the *status questionis* clearly, which, it appears to me, the lecturer has not done. It is agreed that it is a virus which produces zymotic disease.

The physico-chemist asserts that the virus is *dead*, that it is a decomposing albumenoid, and that it acts on other bodies by catalysis, which may be likened to the decomposition of a small quantity of fulminate exploding a magazine of dynamite.

The germist asserts that the virus is *living*, that it is cellular, and that its action on other substances is a vital one.

The kernel of the controversy lies in whether the virus is living or dead? Whether it be cellular is a secondary matter. Whether, if it be cellular, these cells are vegetable as to their classification is still more remote from the immediate question.

Now there is a hitch in the logic of the physico-chemist, for his physico-chemical theory which he puts forward as an explanation of the phenomena of contagion, is not a theory at all, but an isolated fact, which itself needs explanation. For example, a portion of decomposing albumenoid is put into a solution of sugar kept at a certain temperature, the sugar is changed into carbonic acid and alcohol, but if the temperature is raised a little more, the action is stopped altogether. Now this is an occurrence for which neither chemistry nor physics affords either explanation or analogy, whereas it is exactly paralleled among vital actions. What the decomposing albumenoid appears to do in a solution of sugar, the protolytic ferments of the body most certainly do in various solutions, and that in virtue of their being not dead and decomposing, but living and active. The same temperature, too, which stops all action in the one case, does so in the other also.

If it be proved that along with the dead decomposing albumenoid, which is used as ferment, there are always introduced living cells into any solution, the analogy of the case to that of the vital ferments is so complete that it looks very like as if the "physico-chemical theory" had gone over bodily to the germist side, and ranged itself as one case among many others of the action of a vital ferment.

When I was student in the Edinburgh University, I recollect one of the professors ridiculing the idea that spermatozoa had anything to do with conception, and amusing his class by a description of the little manikin finding his way up to the ovaries. I do not recollect whether one of his objections was that no microscopist could distinguish between the spermatozoon of a man and the spermatozoon of a monkey.

I am, sir, yours, &c.,

A. W. W.

LETT'S MEDICAL AND OTHER DIARIES.

We have received from Messrs. Letts and Co., copies of their well-known and widely appreciated diaries. The 1882 issue of these works is in every way on a par with those of former years, and the several varieties compiled for professional use are excellently adapted for their purpose. The rough diary for desk work is a model of cheapness and usefulness, and the smaller kinds for pocket use leave nothing to be desired. Messrs. Letts are so universally and favourably known as publishers of diaries, that the announcement that the 1882 issue is now ready is all that need be said concerning them.

RUDALL CARTE & CO.'S PROFESSIONAL POCKET BOOK.

A SOMEWHAT different arrangement characterises this book from any others that we have seen. The outer roan or leather cover is the same as others, but the interior is in four separate sections or quarters of the year, so that only one section need be carried in the pocket, which in turn can be discarded as another quarter arrives. This has its conveniences, but is at the same time not free from drawbacks. The workmanship of this is decidedly of a good class.

The Harveian Society of London.—The following is a list of the names of Gentlemen proposed by the Council as Officers of the Society for the year 1882. *President*.—W. Hickman. *Vice-Presidents*.—J. Milner Fothergill, M.D., H. Sewill, M.R.C.S., *W. B. Cheadle, M.D., *H. Cripps Lawrence, F.R.C.S. *Treasurer*.—James E. Pollock, M.D. *Hon Secretaries*.—M. Morris, F.R.C.S., W. H. Lamb, M.B. *Council*.—*Henry Power, F.R.C.S., *George P. Field, F.R.C.S., T. T. Whigham, M.D., Alfred Cooper, F.R.C.S., F. A. Mahomed, M.D., Osman Vincent, F.R.C.S., Robert Argles, M.R.C.S., W. Rayner, M.R.C.S., *D. Ferrier, M.D., *J. Knowsley Thornton, M.B., *H. W. Kiallmark, M.R.C.S., *J. H. P. Staples, M.D. An Asterisk is prefixed to the names of those gentlemen who did not hold the same office the preceding year.

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.

SURGEON-GENERAL GORDON.—We have deferred the insertion of your letter to the first number of the new volume in January, when we shall be happy to open our columns to a discussion of the points raised.

MR. GILSON.—It is our rule to refrain from recommending any particular physician in our columns. Yours is a case that any competent general practitioner should be able to treat successfully.

DR. S. S. E.—Unfortunately the case to which you refer is of everyday occurrence, and detracts from the dignity of the profession. In so large a body, and where indirect competition is so keen, numbers are sure to descend to the despicable depths to which you allude, but it would involve us in another action for libel to mention names.

DR. R. NEALE.—We have much pleasure in acceding to your request.

DR. WAHLTOCH (Manchester).—The administration of the provident dispensary system in Manchester and Salford appears to be fraught with serious consequences, both to the profession and the public; abuses of all kinds have been allowed to go on unchecked, and to have considerably impaired the usefulness of a well-intentioned effort of medical relief. We shall make further inquiries and revert to the subject more fully in a future number.

MR. J. RICHARDSON.—We hear that several hundreds of the profession and the public have written to the family of the deceased Earl with suggestions as to the whereabouts of the stolen body. Your hypothesis falls to the ground in face of the latest telegrams, and we are reminded forcibly of the passage in Hood's poem, "Mary's Lament," in which the dead girl is supposed to be thus speaking to her lover:—

"I thought the last of all my cares
Would end with my last minute,
But though I went to my long home
I didn't long lie in it.

"The body-snatchers, they have come,
And made a snatch at me,
It's very hard them kind of men
Won't let a body be.

"You thought that I was buried deep,
Quite decent-like and chary,
But from her grave, in Mary-bone,
They've come and boned your Mary.

"The arm that used to take your arm
Is took to Dr. Vyse,
And both my legs are gone to walk
The hospital at Guy's."

DR. SEGUIN (New York) is thanked for his communication, which shall receive early attention.

DR. J. S. GREEN.—Your paper is marked for early insertion in the new volume.

ECZEMA ASSOCIATED WITH INFLAMMATION OF THE CONJUNCTIVÆ.—A QUERY.—A. W. asks what is the best remedy for eczema palpebræ associated with chronic inflammation of the conjunctivæ?

[*] A lotion of nitrate of silver, one-tenth of a grain to the ounce, should be dropped into the eye three or four times a day, and the red oxide of mercury ointment (N.B. not the golden ointment which is usually employed) should be applied to the roots of the eyelashes. Before applying the ointment the secretion should be washed off with warm soap and water. The strength of the ointment required differs in different people. If redness increase immediately after the application, reduce the strength.—Ed.]

E. H.—Do not hurry; we can wait very well; put more time in the work, it will be the better for it. We will forward the papers to the War Office if you still think it advisable.

DR. CLINTON.—The remarks were made in good faith, and with an intention to attract the notice they have received. If they have offended you we are sorry of course, but they will most certainly not be withdrawn.

YOUNGER SON.—The medical profession offers noble prospects to every earnest and determined man. Enter it by all means if you have a liking for it.

DR. SURTER.—The discussion referred to was "On Cancer," opened

by Mr. C. de Morgan at the Pathological Society in March, 1874. A full report of the discussion is contained in the "Transactions" of the Society, vol. xv.

PUBLIC INQUIRY INTO THE HOSPITAL SYSTEM.—A meeting of the Social Science Association will be held to-day (Wednesday), at 3 p.m., when a paper by Mr. Timothy Holmes, F.R.C.S., "On the Necessity of a Public Inquiry into our Hospital System," will be read and discussed. The meeting, which will take place at the rooms of the Association in the Adelphi, has been convened in consequence of the Council having been requested by the Health Section at the recent Congress to take steps with a view of promoting an inquiry into the administration of hospitals.

Vacancies.

Ballina Union, Crossmolina Dispensary.—Medical Officer, Salary, £20, and £20 as Medical Officer of Health. Election, Dec. 24 (See Advt.)

Birmingham General Hospital.—Surgeon on the Honorary Staff. Must be a Fellow of the Royal College of Surgeons of England, Ireland, or Scotland. Applications to the House Governor by Dec. 21.

Brompton Consumption Hospital.—Physician on the Staff. Honorary Applications to the Secretary by Dec. 28.

Castle Ward Union, Northumberland.—Medical Officer of the Workhouse and District. Salary, £50, exclusive of the usual fees. Applications to the Clerk at Highways, Morpeth, by Dec. 20.

Charing Cross Hospital, London.—Medical and Surgical Registrar. Full particulars to be obtained of the Secretary.

Killala Union, Ballycastle Dispensary.—Medical Officer. Salary, £11, and £20 as Medical Officer of Health. Election, Dec. 29.

Monmouth Union.—Medical Officer for the Monmouth District. Salary, £40, with the usual extra fees. Applications to the Clerk of the Union by Dec. 30.

Mullingar District Lunatic Asylum.—Resident Medical Superintendent. Full particulars on application to Dublin Castle. (See Advt.)

Warnerford Hospital, Leamington.—House Surgeon. Salary, £20, with board. Applications to the Secretary by Dec. 27.

Appointments.

BROWN, A. S., M.R.C.S., Medical Superintendent of St. Mary's Hospital, London.

CARTER, G., M.R.C.S., House-Surgeon to the South Devon and East Cornwall Hospital, Plymouth.

DENNY, C. J., L.R.C.P.F., M.R.C.S., Medical Officer for the Southhurst District of the Easthamstead Union.

INGERS, J. W., M.R.C.S., Medical Officer for the Fourth District of the Nottingham Union.

LAMBREK, F. F., L.R.C.P.Lond., M.R.C.S., House Surgeon to the Liverpool Royal Infirmary.

MCCORMICK, A., M.B., M.R.C.S., House Surgeon to the Liverpool Royal Infirmary.

MCCOURBRY, D. M.D., M.C.Q.U.L., Medical Officer for the Slihan District of the Penistone Union.

MASTERS, J. A., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Hednesford District of the Cannock Union.

MONEY, A. M.B., M.R.C.S., Medical Registrar to the Hospital for Sick Children, Great Ormond Street, London.

RAYNER, H., M.R.C.S., House Surgeon to the Liverpool Royal Infirmary.

STOOKES, A., L.R.C.S.Ed., House Physician to the Liverpool Royal Infirmary.

THOMPSON, M. B., M.B., C.M. Edin., House Physician to the Liverpool Royal Infirmary.

UTZHOFF, J. C., M.D. Lond., M.R.C.S., Honorary Surgeon to the Sun and Brighton Eye Infirmary.

WILLIAMS, W. R., F.R.C.S., Surgical Registrar to the Middlesex Hospital.

Births.

FASKALLY.—Dec. 14, at Sidmouth, Devon, the wife of G. R. Faskally, F.R.C.S.Ed., of a son.

HUTCHESON.—Dec. 12, at Brighton, the wife of Surgeon-Major G. Hutcheson, M.D., H.M.'s Bengal Army, of a daughter.

STEWART.—Dec. 13, at Glaslough, the wife of Dr. R. William Stewart, of a son.

TEEVAN.—Dec. 14, at 116 Netherwood Road, Kensington Park, W., the wife of Alfred Teevan, M.R.C.S., of a daughter.

Deaths.

BARLOW.—Dec. 8, at Writtle, Essex, J. N. Barlow, M.R.C.S., L.S.A. Lond., aged 64.

BATTERSBY.—Dec. 13, at his residence, 45 Wellington Road, Dublin, Robert Battersby, F.R.C.S.I., Deputy Inspector-General of Hospitals, aged 79.

BERKELEY.—Dec. 10, at the District Lunatic Asylum, Mullingar, Henry Berkeley, M.D., Resident Medical Superintendent, aged 78.

HOPGOOD.—Dec. 6, at Slough, Bucks, Joseph Hopgood, M.R.C.S., in his 69th year.

NEWSHOLME.—Nov. 10, at The Green, Hellfield, Henry Withness Newsholme, M.R.C.S., aged 72.

STEELE.—Nov. 27, at Abergavenny, Elmes Yelverton Steele, M.R.C.S., aged 69.

WANTED, by a MIDDLE AGED MAN, who has had great experience as a Dispenser—a similar situation with a professional gentleman. Can keep books, and extract teeth—Town or country. Excellent references. C. B., 63 Gloucester Terrace Hyde Park W

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 28, 1881.

RETROSPECT OF THE YEAR 1881.

England.

INTRODUCTORY.

EIGHTEEN HUNDRED AND EIGHTY-ONE will ever remain a year memorable in the annals of medicine as being that in which the most imposing and successful gathering of all that is great and good in connection with the profession took place. The future historian of the time we live in may not perhaps be able to chronicle so many brilliant triumphs of the surgeon and the physician over disease and death as will perchance be associated with the years yet to come, but it will, notwithstanding, be for ever true that the year just past gave birth to a spirit of progress which must, sooner or later, be fruitful in the extreme. Never before has the profession of medicine occupied, in the general estimation, a position so honourable as that to which it now lays claim; never before have its professors received the homage of the people in the same manner that it is now accorded to them; and never before, finally, have there been crowded into the narrow limits of a single year so many significant events as have marked the season intervening between this and the preceding retrospective number of the *Medical Press and Circular*.

It is not, as we have remarked, that an unusually large number of brilliant improvements, of perfected operations, or new discoveries, have been achieved within the time, though, in each respect, the year has been by no means less remarkable than many preceding ones; but above all, 1881 is distinguished for the impetus given to universal medicine through the most notable scientific gathering ever convened.

THE INTERNATIONAL MEDICAL CONGRESS.

In comparison with this event all others shrink to insignificance, and now, nearly four months subsequently, we are able to judge at greater advantage the influences exerted by it. The Congress assembled in London on August 3rd, and remained in Session seven days. During this time daily meetings were held in different places for

the reading and discussion of papers, which were classified, according to their nature, under seventeen different heads. Any detailed account of the vast collection of monographs thus produced would be impossible here; some of the most notable will find a place further on under its appropriate sectional headings, but this is, perhaps, less to be regretted since the absorbing interest excited by the proceedings of the Congress, ensured a certain familiarity with the work accomplished by it. The first value of this, however, is to be sought less in the actual achievements in the sections, great though these undoubtedly were, than in the influence unquestionably exerted by the Congress on the progress of medicine throughout the world. Stores of knowledge, to serve for many a day, were added to our possessions, and a healthy stimulus given to the "science of improvement" by mutual intercourse of the three thousand or more medical men who thus met for a common object; but greater than all this is the loftier position thenceforth assumed by the profession itself, from the tacit admission of its claims on the part of social leaders who have not previously been wont to lend personal influence to its support. We may not, perhaps, be quite willing at first to admit the extent to which the success of the Conference, and the nature of all the consequences flowing from it are due to this particular, but none the less the fact remains, and we may, with better grace, accept than deny it.

The Congress was attended by the *élite* among medical men from the chief European and American cities, and the reception accorded to them by the general public, who eagerly assisted the endeavours of the profession to do honour to our foreign guests, has produced an impression on the minds of these visitors, which finds reflection in the pages of our contemporaries in every language and every land. Scientific discussions occupied the early portion of each day of the Congress, and in the afternoon a series of general addresses were delivered

before crowded audiences in the St. James's Hall by Sir Jas. Paget, who gave the presidential oration, Professor Virchow, Dr. Billings, Prof. Volkmann, Prof. Huxley, and also one which had been prepared by the late Prof. Reynand before his death, and which was read by Dr. Féréol at the second general meeting. Public dinners, soirées, *conversaciones*, excursions and garden parties were among the amusements provided for the entertainment of members of the Congress during their leisure hours, and it may be safely said that the hospitality so freely shown, and willingly accepted, will always be regarded by those who were its recipients as an invaluable proof of the universal brotherhood which reigns among medical men throughout the world.

THE BRITISH MEDICAL ASSOCIATION

held its annual meeting for 1881 at Ryde, Isle of Wight, and timed it to follow immediately after the great Congress. The change from the heat and turmoil of London, and the incessant engagements of the preceding week to the calm, cool, seaside town, was a welcome relief to not a few of those who had been busiest at work. The meeting of the Association was naturally not so considerable as usual, many who would otherwise have spent time in attending it, having elected to be present at the more important Congress; notwithstanding, however, over 300 members and foreign visitors put in an appearance, so that the proceedings were by no means uninteresting from the absence of audience; but scarcely more was ever anticipated than that the meeting would be a sort of "fag-end" to the Congress itself. It acquired, however, an unexpected notoriety from the nature of the addresses delivered by the President, Mr. Barrow, and the Presidents of the sections of medicine and surgery, Dr. Bristowe and Mr. Hutchinson. All these, strangely enough, practically dwelt on the same theme, viz. homœopathy and consultation with homœopaths; and all these, moreover, sanctioned by their approval the hitherto condemned practice of consultations between practitioners who do and do not recognise a science of medicine. This action on the part of leaders in medicine and surgery, speaking as they then were, *ex cathedra*, naturally excited much heated controversy which cannot yet be said to have ceased. They also did such injury to scientific practice as will not quickly be remedied, for by thus unwisely admitting to an equality, practitioners whose theories they did not hesitate to condemn, they in a sense authorised proceedings never previously regarded with approval by regular practitioners. The statements of opinion, however, were purely arbitrary and personal, and have been expressly disavowed by the Council of the Association; and it may, perhaps, not unjustifiably be hoped that the strong and all but united protest raised against the view taken by the authors of the Ryde addresses, will have a due effect in suppressing any desire to adopt the suggestions therein contained on the part of the general body of the Association.

GENERAL MEDICAL COUNCIL.

The General Medical Council held but one public Session during the year, at which even less real work was accomplished than has been usually the case with

this body. The chief questions for consideration were those relating to admissions on to the register of dentists, and to the preliminary examination of candidates for medical qualifications. In connection with the dentists' registration, the Council showed itself more than usually careless of public opinion in the profession, for in spite of it, and in direct opposition to its own legal adviser also, it insisted on granting the same license to hair-dressers and mechanics who claimed to be dentists, as had already been accorded to them by the ridiculous terms of admission to the *Dentists' Register*. Efforts had been made by regularly qualified surgeons practising dentistry to influence the Council in favour of purifying the list, and the minutes contained several reports and letters on the subject, addressed to the Council with a view to affecting its decisions. It is not, therefore, surprising that the dentists regard themselves as having been unjustifiably inveigled into the anomalous position they now occupy as the registered associates of unqualified pretenders. Nor can they be blamed for this, as the Council is chiefly responsible for the creation of the anomaly, and is certainly mainly instrumental in maintaining it. This, moreover, is what dentists have gained by sanctioning measures for transferring the conduct of their affairs to a body which had again and again proved its utter incompetency to do aught for the advantage of the profession it is assumed to support. This, too, is that for which dentists have consented to pay a large annual sum of money, and is all that they are ever likely to obtain.

The usual wearisome discussion on preliminary education occupied a prominent place in the Council's proceedings, and terminated as unsatisfactorily as any preceding debate of the same description. It almost appears as though barren results are inseparable from the deliberations of what is, in reality, the parliament of medicine; and, in fact, were it not for the enterprise and energy sometimes shown by a few of the corporations that ought, in reality, to be directed how to progress by the Council, there would be nothing to chronicle in the way of advance in educational medicine. Far from simplifying or expounding the system of instruction, the Council, by its interminable debates and recommendations and counter-recommendations, has done more to bar improvement than the obstructive influence of all the examining boards together. Even in the last Session of the Council was this well shown, when attempts were made to re-enact old, discarded measures, having for their object further complication of an already burdened curriculum. The work actually accomplished consisted in formulating and adopting propositions to accept the higher examinations of the College of Preceptors as an equivalent for that of the Royal College of Surgeons in Arts, which has been held for the last time in the present year. The example thus set by the English College might well be followed in other cases, but the action of the Council in continuing to acknowledge the well-nigh numberless examinations admitting to registration as a medical student affords little hope of any immediate palpable diminution of them.

Of the nature of work this constitutes all that the Council accomplished in a sitting of several days' dura-

tion, unless it be added that after some six hours' consideration, it decided to remove from the register the name of a Scotch practitioner who had been guilty of grossly unprofessional conduct, and whose case might have been easily settled on its merits after twenty minutes debate. In its *personnel* the General Medical Council has undergone considerable changes within the past twelve months. Of its members no less than four have been removed by death, viz., Drs. Andrew Wood, George Rolleston, Hudson, and McClintock, the last named having but a short time previously been appointed in succession to Dr. Hudson as Crown representative for Ireland. His place is now taken by Dr. Lyons, of Dublin. The Council has likewise suffered the loss of its legal adviser by the decease of Mr. F. Ouvry, who had long been regularly entrusted with the conduct of all business appertaining to the Council in its legal functions.

Sir James Paget's term of office as representative of the Royal College of Surgeons of England having expired, and Sir James declining to be re-elected, Mr. John Marshall has been appointed to succeed him in this capacity, while Mr. Spence replaces Dr. Andrew Wood.

In other respects the constitution and conduct of the General Medical Council calls for little comment. It exhibits no signs of throwing aside the characteristics which have distinguished it as a model of "masterly inactivity;" nor is there any indication to show that it has at last awakened to a consciousness of its own uselessness, a fact long patent to every observer of its proceedings.

ROYAL COMMISSIONS.

Two Royal Commissions in connection with the medical profession have sat during the year to receive evidence, the one in relation to the Medical Acts Amendment, and the other with respect to fever hospitals, and modes of meeting fever epidemics in towns. The first of these was composed of a number of gentlemen a majority of whom are not members of the medical profession. Its Chairman was Lord Camperdown, and it held a long series of sittings, receiving the evidence of a very considerable number of witnesses representing the various corporations and boards interested in the new bill to be introduced. The nature of the evidence is not yet disclosed, the Committee having elected to sit with closed doors. It is now considering its report, which may be expected ere long to be made public. There is reason to believe, however, that the scheme put forward in this paper will be very nearly that to which approval will be given: that is, that a single uniform examination will be recommended as the test for admission into the profession of medicine, this examination to be conducted by a board on which the various licensing bodies will be represented. Direct representation of the general practitioner's class on the Medical Council will be provided for by the practical extinction of three existing bodies, viz., the Apothecaries' Societies of London and Dublin, and the Faculty of Physicians and Surgeons of Glasgow; and further powers will be conferred on the Council to punish illegal practice; the Council, in fact, will, under a new Act, assume the functions which it has so long merely played

at discharging. Such are the principal points to which the Report of the Royal Commission may be expected to direct attention; it will, probably, also deal with a multiplicity of minor but important subjects bearing on the detailed carrying out of the scheme as above sketched forth. The second Commission, that on Fever Hospitals, is presided over by Lord Blachford, and has held several sittings already. Its report will not be ready for some time.

VIVISECTION AND ANTI-VIVISECTION.

Those restless persons who devote their time and attention to fomenting agitation against the progress of science along the path of experimental research, have, during the last few months, been more than usually busy. It might have been expected that occasion would eagerly be sought in the proceedings of the International Medical Congress for fastening the charge so dear to anti-vivisection sympathies, as that of cruelty under the guise of science. As a matter of fact this really occurred, and Professor Ferrier, of King's College Hospital, was summoned before the magistrate at Bow Street to meet an accusation of illegal vivisection, brought by the Victoria anti-vivisectioners. The basis of the charge it will be remembered, was contained in certain reports of a speech made by Dr. Ferrier on the opening day in the physiology section of the Congress, when he met in debate Prof. Goltz on the functions of different cerebral areas. A demonstration followed the discussion, and Dr. Ferrier illustrated the remarks he had made by exhibiting two monkeys which had been operated on after a manner described by him, while Prof. Goltz showed a dog in proof of the assertions he had made. On this ground Dr. Ferrier was cited to answer the charge of illegal vivisection, he not being duly licensed to pursue the study of physiology on the lines laid down by the Act of Parliament. Naturally, the summons was dismissed, the astute advocates of ignorance having omitted to assure themselves that Dr. Ferrier *did* actually perform the experiments himself. These were in fact, carried out by Dr. Yeo by authority of the Government license, and thus the whole prosecution miserably collapsed. The incident however, clearly enough shows that every means will henceforth be adopted by anti-vivisectioners to develop the craze they advocate, to the utmost possible extent; and on the same measure will hindrances be opposed to experimental research in this country. There are not wanting either indications of unwillingness on the part of those with whom the granting of licenses depends, to interpret the law in its freest sense. Licenses indeed, have already been refused to the most eminent surgeons England can boast of, and many others also have been compelled to lay aside the prosecution of special studies because of the silly and fanatical opposition to practical physiology expressed by the societies maintained with that object. So serious has the evil now become, that it is generally admitted in the profession that something further than passive resistance must be indulged in if the malign influence against which physiology struggles in vain is to be fairly met and conquered. Hence the necessity that is recognised of a medical and scientific defence committee, charged with the duty of exposing

and defeating the tactics of anti-vivisection zealots; this decision, to check by personal influence the mischief so long allowed to work damage in our midst, has been arrived at none too soon, and we may hope for some speedy sign of its successful outcome.

It is cheerful to turn from what has been done to kill science to that which has been uttered on its behalf, and of the speeches directly addressed to vindicating the claims of the experimental method. We have this year heard several that will never cease to echo in the ears of every listener who was present when they were delivered. Chief among these declarations must be remembered the great oration of Prof. Virchow before the Congress, and that pronounced by the Father of English physiology, Prof. Owen, on the occasion of unveiling the Harvey memorial at Folkestone, in the presence of a numerous assemblage of visitors to London for the Congress. In addition to these admirable declarations of the benefits conferred on humanity through information yielded by experimentation on the lower animals, scarcely a single speaker of note in all the meetings of the Congress failed to lend, directly or indirectly, testimony in the same important cause; and more recently in connection with the Ferrier prosecution eloquent and powerful demonstrations of the value of vivisection as an engine of advance, have poured forth from pens innumerable in the professional organs of public opinion.

It remains, however, that the time has gone by for temporising with fanatical obstructions to science, organised by the various societies which avowedly exist for the sole purpose of fostering a non-scientific spirit. Active and energetic counter measures are urgently demanded from the profession of medicine itself, and it is hopeful to note that a general consensus of belief to this effect is showing itself among its members. Soon, possibly, a change for the better will be evident.

THE GERM THEORY.

In the hands of M. Pasteur the germ theory has made important advances during the past year, and the marvellous results achieved by this French chemist, communicated by him to the Medical Congress at one of its general meetings, have been deservedly followed by the election of their author into the dignified circle of the Academie Française. The researches inaugurated by investigation into the causes and consequences of chicken cholera, and its mode of propagation, led Pasteur to further experimentation to determine the possible modes of preventing transmissible disease. The sum and substance of these inquiries is contained in the unparalleled success attending treatment of animals subject to infection of splenic fever and chicken cholera, by vaccination with the attenuated virus of the disease itself. The chief claim of Pasteur in this connection is embodied in his assertion that by such means he is enabled to fortify unaffected animals with the power of resisting serious consequences in even the most rankly infected districts, together with the discoveries whereby he has succeeded in virus culture to a degree that is marvellously perfect. The interest attaching to the particular address in which the methods of investigation pursued, and the results ob-

tained by them, was strikingly manifested in the eager attention with which the lecture was received by a crowded and enthusiastic audience. The mode by means of which M. Pasteur prepares his cultivated attenuated virus for employment in inoculation experiments, is one of those wonderful proofs of the genius he exhibits in all that emanates from his fertile invention. He shows that atmospheric oxygen is the agent intervening between two cultures, and to it he ascribes a modifying influence on the development of disease germs in the bodies of animals. His words are, "Let us produce a culture in a tube containing very little air, and close this tube with an enameller's lamp. The microbe, in developing itself, will speedily take all the oxygen in the tube and the liquid, after which it is quite free from contact with oxygen. In this case it does not appear that the microbe becomes appreciably attenuated, even after a great lapse of time. The oxygen of the air, then, would seem to be a modifying agent of the virulence of the microbe of chicken cholera—that is to say, it may modify more or less the facility of its development in the bodies of animals. May we not be here in presence of a general law applicable to all kinds of virus? What benefit may not result? We may hope to discover in this way the vaccine of all virulent diseases." This, indeed, is what we are now bidden to expect, and in respect of one disease at least, viz, Charbon or splenic fever, it can be confidently asserted that the experiments conducted by Pasteur on living animals, in conjunction with his own chemical researches in the laboratory, have armed the French farmers with an agent which, employed for inoculating cattle, effectually preserves the latter from the ravages of charbon as certainly as vaccination preserves from small-pox. Already has the discovery borne valuable fruit in France, and in view of the facts, against the truth of which no evidence has been attempted as yet, we may hopefully anticipate this phase of the germ theory will yet be a boon of health to humanity.

Incidentally the germ theory has received frequent illustrations during the year, and the influence it exerts over the spread and extent of disease has been again and again manifested by observers in the field of practical medicine. Later on we shall be recalled to it. The chief and most important contribution to the literature of the subject, however, is undoubtedly the address of Pasteur referred to above.

A meeting was held last week for the purpose of taking into consideration the necessity of forming an association of medical and scientific men to act in defence of scientific interests by combatting the ignorance and prejudice existing in the public mind on the question of experimental research. This will be followed by a large general meeting, at which further discussion will take place, and a united society, with these objects in view, be formed. We may therefore expect a speedy removal of the dense ignorance which now reacts so detrimentally to progress in medicine and surgery; and none too soon will the relief be obtained.

MEDICINE.

TYPHOID FEVER AND ITS TREATMENT.

The influence of individual constitution as determining the onset and course of typhoid fever, has been insisted on by Dr. Henry Kennedy, of Drumcondra, Ireland. He asserts his conviction that it chiefly occurs in persons who are either strumous, or of a constitution closely allied to struma, and in connection with this he insists on the dangers to be apprehended from hæmorrhages in such persons. Numerous reasons for the existence of the assumed connection are given by Dr. Kennedy in addition to those his own observation affords, such as the frequency of lung affections in typhoid, strumous markings, often found in typhoid patients, &c., and he urges a recognition of the association he demonstrates as being of signal importance in relation to treatment and prognosis. Dr. Kennedy is averse also to prohibiting stimulants, considering that no type of fever bears them so well as typhoid; and on the subject of diet he is strong in condemnation of the unlimited employment of milk, which he avers is often given in direct contradiction to the powers of digesting it the patient possesses. In this respect the authority of Sir Wm. Jenner supports Dr. Kennedy, whose conclusions are summed up as follows: 1. That the constitution in which typhoid fever occurs is very generally tainted with struma. 2. That a consideration of the morbid states found in the abdomen, not only in typhoid, but in other fevers, accounts most satisfactorily for the varied phases which typhoid presents. 3. That as we have a distinct morbid lesion to contend with, our treatment should be regulated accordingly. 4. That wine, or other stimulant, should constitute a part of the treatment of typhoid fever. 5. That the use of milk in the treatment always demand special consideration. 6. That both leeches and blisters may be used with decided advantage, for either the abdominal or chest symptoms of typhoid. 7. That at an advanced stage of the disease aperients are frequently of much benefit.

Anti-pyretic treatment of typhoid by the salicylate of soda is advocated by Dr. Henry Tomkins, Medical Officer to the Monsall Fever Hospital at Manchester. He records the results obtained by this method in forty-six cases, twenty-eight males and eighteen females, varying in age from seven to fifty-six years. They represent only one-third of the total number of cases in the hospital. During the period trial of the treatment was made, and in every instance where the salicylate was employed the temperature in the axilla ranged over 102°. The results were satisfactory, and the general treatment resorted to is thus described: "Perfect rest, milk diet, with small quantities of beef tea, acid and opium when diarrhoea is excessive; acetate of lead or turpentine, with iced injections, for hæmorrhage. Alcohol was never given, unless the state of the circulation decidedly demanded it, except in the convalescent stages of some few cases in the form of wine." Fifteen to twenty grains of the drug were given every two hours when the axilla temperature exceeded 102°, and a reduction of two or three degrees usually ensued

after six hours. Otherwise the same dose was continued until remission occurred, when it was reduced one-half, being increased if much evening exacerbation took place. The duration of the treatment varied from three to ten days, when a normal temperature would be restored in all but a very few cases. Alcohol in the form of brandy was freely administered in a small number of instances.

Dr. C. E. Shelley, of Hertford, recommends the anti-septic treatment of typhoid by carbolic acid and tincture of iodine administered internally. The formula he adopts is a modification of Rothe's, and is as follows:—One to two minims of carbolic acid; one to three minims of tinct. iodi; half a drachm of simple syrup; and an ounce of lemon water. The doses given every two, three, or four hours, or less frequently, and no untoward consequences were obtained.

The search after a typhoid germ has resulted in certain discoveries by Klebs, whose results are described as follows by a correspondent of the *Philadelphia Medical Times*:—

Klebs claims that he has proved that there exists in typhoid fever a separate and special bacillus—the bacillus typhosus; that it undergoes certain transformations, consisting at first of little rods and small fine threads, containing a spore in the centre, and often at the end (which spores divide off and form new bacilli); it later assumes a longer thread-like form, twisted at the end and frequently taking a beautiful spiral shape; that the bacilli are observed first in the masses of epithelial cells, which accumulate in the alimentary tract or in the air-passages; that they later penetrate the tissues, and are carried along by the blood vessels and the lymphatics, and form a large network among the tissues they invade; that under a certain procedure, which never causes this same staining on any other living organism or tissue, they appear of a blue colour; that they are found only in enteric fever, in which disease every part of the human body is the seat of masses of these bacilli, their quantity corresponding exactly with the severity of the symptoms; and that they produce, when carried into the system of animals, exactly the same disease with the same morbid alterations as typhoid fever in men.

Klebs has proved by a number of dissections that the cold water treatment influences the disease very little, but produces rather damaging results in a majority of cases. He suggests a remedy which decidedly influences and shortens the disease, viz., the benzoate of sodium or magnesium, used as a gargle, by inhalation, and internally in doses of 320 grains per diem. He cites a case in which he especially had opportunity to observe the effect of this medicine. A physically very strong man, who worked in his laboratory the whole day, and was most of his time engaged with the culture of the bacillus typhosus, became affected with typhoid fever in what promised, to all appearances, to be a very aggravated and serious form. After nine days of treatment with twenty grains of benzoate of magnesium daily, all the symptoms and all the fever left the patient, and a rather remarkable weakness was the only symptom he complained of after that for some time.

Klebs recommends the benzoate instead of other similarly acting remedies, as salicylic acid, carbolic acid, &c., because the benzoates alone can be given in doses large enough to keep up a continuous disinfection without producing any disagreeable symptoms, which would necessitate a smaller dose or the total omission of the remedy, as is so frequently the case with either salicylic or carbolic acid.

FILARIA SANGUINIS HOMINIS.

Dr. Stephen Mackenzie has had under his care, in the wards of the London Hospital recently, a most interesting patient suffering from chyluria, and whose blood contained immense quantities of the entozoon named *filaria sanguinis hominis*. For a considerable time the man, who had been a soldier in India, was under constant observation, and careful study was made during this period of all the phenomena presenting. There was a well-marked periodicity of filarious activity, the organisms appearing at night, becoming most numerous about the middle term, and gradually diminishing as morning advanced. An interesting fact, moreover, was noticed, viz., that, by reversing the order of sleeping and waking, a like reversal of the appearance of filariæ took place; and many other observations were made, all tending to confirm and extend the information previously accumulated concerning filariæ. Necessarily, nothing new was added to our knowledge of the life-history of the parasite by observation of Dr. Mackenzie's patient, but the facts of clinical significance were recorded with a diligence and carefulness that give to the report prepared by Dr. Mackenzie a very high value as a contribution to the literature of the subject. Dr. Spencer Cobbold, Dr. Vandyke Carter, and others, discussed the paper read by Dr. Mackenzie at a recent meeting of the Medical and Chirurgical Society, at which a lively interest was shown in the subject of the debate. Since that time we learn that the patient has suddenly ceased to suffer from chylous condition of the urine, and no longer is infected by filariæ.

SURGERY.

THE CATGUT LIGATURE.

In his Presidential Address before the Clinical Society of London in January last, Mr. Lister confined his remarks entirely to a consideration of the catgut ligature. Replying to the question why his own experience with this ligature had been more satisfactory than that of many other surgeons, he gave two reasons to account for it; one, that he never ventured to tie an artery of considerable size in continuity without having taken pains to ascertain that the catgut was of thoroughly trustworthy material; the other, that he had adopted strict antiseptic precautions from the first to the very end of treatment in every case. On the importance of the latter provision he says, "so long as any part of the wound remains unhealed, antiseptic treatment of the strictest kind ought, I believe, to be employed. Even though the sore may seem to be superficial, there may still exist a sinus leading down to the site of the ligature, and, if ordinary treatment, as distinguished from antiseptic, be employed down this sinus, the septic process may advance and invade the ligature,

and inducing unhealthy suppuration and ulceration, may lead at last to disaster from hæmorrhage." Regarding the mode of applying the ligature, Mr. Lister employs a single reef knot, with short cut-ends, tying it sufficiently tightly to cause the giving way of the internal and middle coats. The latter point, however, is not regarded as essential, but if, as in the case of catgut, the form of ligature admits of it, the injury done to the deeper tunics is, he considers, advantageous, by leading to a salutary process of repair. Mr. Lister published for the first time in this Presidential Address, an improved method of preparing catgut for ligating purposes. This consists of the submucous cellular coat of the sheep's intestine twisted and dried, and subsequently 'seasoned' in a solution composed of chromic acid, 1 part; distilled water, 4,000 parts; pure carbolic acid, or absolute phenol, 200 parts. Catgut, equal to the weight of carbolic acid employed, is immersed in the solution, and at the end of 48 hours, it is sufficiently prepared. It is then taken out, dried, and kept for use in a 1 to 5 solution of carbolised oil. Mr. Lister explained also how the catgut within the tissues is alone acted on, and that, not by chemical solution, since the stitches of a wound, freely bathed in serum, remain unaltered, but "in some way or other by the living textures." He further asserts "it has never happened, so far as I am aware, that a ligature of catgut, when once the knot has been secured, has proved treacherous in the way of rupture of the cord. When mishap has followed its use, it has either been from slipping of the knot, from premature softening and absorption of the catgut (faulty preparation), or last, not least from putrefaction having been allowed to take place in the wound."

Dr. William McEwen, of Glasgow, published almost simultaneously with Mr. Lister, a mode of preparing catgut, which he describes as useful in most cases. The method consisting of adding 1 part of a watery solution of chromic acid, 15 to 20 parts of glycerine, steeping the hanks of cat-gut in this six or eight months and storing for use in carbolised glycerine 1 in 10. Such ligatures, it is claimed, produce no irritation, do not become too speedily absorbed, and admit of a firm, effectual, and reliable knot being tied.

Almost immediately after Prof. Lister's address on the cat-gut ligature had been delivered before the Clinical Society, two papers were read at the Royal Medico-Chirurgical Society by Mr. Treves and Mr. J. MacCarthy respectively, which tended to illustrate the incompetency of cat-gut ligatures to produce permanent occlusion of arteries tied in their continuity. The discussion on these papers brought out many points in connection with pathological considerations to lend it an especial interest. The condition of the ligated arteries after death was particularly shown to be only imperfectly understood, judging from Mr. Erichsen's admission that such a state of non-occlusion in vessels tied ante-mortem had not been recognised by him. It is a matter for congratulation, however, that further investigation was excited, and in Mr. Barwell's continuation of the subject we are supplied with an explanation of the results obtained by Messrs. Treves and MacCarthy, which may perhaps be regarded as satisfactory. Suspicion as to the efficiency of the ligature was created in Mr. Barwell's mind by the absence of clot

above or below the ligature in two out of the three cases reported on ; while in the third instance, where suppuration took place, perfect closure ensued. Moreover, this successful occlusion was in an artery tied (by Mr. Treves) with a single knot, the other unsuccessful cases having been tied with a double, and then a single, hitch. Mr. Birwell's explanation of the differences obtained is to the following effect : " If a piece of prepared cat-gut be drawn through the fingers it will rarely be found to be smooth, but to be roughened by little asperities studded over the surface. *These are not sufficient to obstruct in a knot made with a single hitch.* I tied, with a double hitch, a number of knots round different arteries, and I found that these roughnesses sufficed in the intensified friction thus produced to render the tightening of the first knot difficult, and even uncertain. In one or two instances the sense to my hand was that of having tied the experimental object tightly, the loop being afterwards evidently lax." He continues : " This, however, is only the hypothetical explanation ; the fact remains that two out of the three cases were tied with the double hitch, and in these two occlusion either did not take place or was very transitory." We may, with good reason, anticipate that further researches will be conducted with a view to arriving at a definite decision on this subject ; and it is, without doubt, a point on which accurate information is of the first importance as a guide to surgical treatment of wounds of all descriptions.

EXTIRPATION OF THE PYLORUS.

The present year has witnessed the performance of one of those daring operations which, in the eyes of many surgeons, do not appear to be justified by even the most extreme necessity. There are still a goodly number, of conservative tendencies it is true, who regard the regions open to operative surgical interference as being limited to those already ranked under so-called legitimate surgery ; but, fortunately for mankind, such narrow renderings of the license accorded to the operator, are not universally recognised by the profession, and, as time progresses, we may, with firm confidence anticipate that the triumphs of surgical art will advance also until there shall be no disease impossible of relief, and no condition not amenable to remedial measures employed in its amendment. Prof. Billroth, the greatest among the surgeons of Vienna, has done much in the past to lay claim to that admiration with which he is everywhere regarded, and now we have yet another instance of the success with which he essays and succeeds in the performance of operations such as, at no distant date, were regarded as impossible in the extreme. This consists in removal of the pylorus in those cases where it is invaded by carcinomatous growth. The first occasion on which this course was adopted was January 24th last. Patient, a female, æt. 43, presented all the symptoms of carcinoma of the stomach with stenosis of the pyloric orifice. Exhaustion was fast progressing when Billroth proposed the desperate remedy, and received permission to resort to it. The operation is thus described :—" An incision eight centimetres long having been made over the tumour, which was freely movable, it proved to be a nodulated carcinoma of the pylorus, the lower third of the stomach being involved. The parts were carefully separated from

the omentum, the vessels tied before wisdom so that subsequently very little blood was lost. The tumour having been completely brought on to the integument of the abdomen, an incision was made through the stomach one centimetre beyond the infiltrated part—first only backwards, and then through the duodenum. An oblique incision through the stomach was next directed, from above and inwards to below and outwards, always at a distance of one centimetre from the infiltrated parts. After uniting the oblique incision only sufficiently to allow of its being adjusted to the duodenum, the tumour was completely separated from the duodenum one centimetre from the infiltration, by means of an incision parallel to that made in the stomach. The duodenum was adapted to the aperture made in the stomach, about fifty sutures of carbolised silk in all having been employed during the operation. After cleansing with a 2 per cent. carbolic acid solution, and the application of a guard ligature, the parts were replaced in the cavity of the abdomen. The time occupied in the operation was one and a half hours, but the preliminary chloroforming took some time. The patient did very well subsequently, and lived for several months, and the success of the operation was most unquestionably established."

The same operation has been repeated on several occasions since, with varying results ; but although some discouragement has been naturally felt when it has been followed by no evidence of improvement, yet a due consideration of all the facts in connection with it should be held to modify any unfavourable judgment passed on it. It would, of necessity, be resorted to only in extremity, and thus but a minority of those subjected to it can reasonably be expected to recover. It does, however, offer the chance, and a fair chance, of prolonging life, and in this way it deserves to be ranked among perfectly legitimate operations. That it will ever become a common practice to submit patients suffering from cancer of the stomach to its risks is hardly to be expected ; but that in favourable cases it will be undertaken we are certainly justified in believing.

EXCISION OF THE UTERUS.

Excision of the uterus for the removal of cancerous growths has been brought into prominent notice very recently by reason of a successful case recorded by Mr. Spencer Wells, the organ, moreover, in this instance, having been in a gravid condition. The operation cannot of course be classed as a new one, except that Mr. Wells' case was surrounded by unusual circumstances, since it has been performed by a number of operators. It is to be hoped, however, that the renewed interest excited in the subject will lead to a fuller and detailed study of it in all its bearings, and that we may be placed in possession of sufficient information to be able to decide definitely on the chances afforded by it in the future. From the nature of such cases there are unusual difficulties to prevent successful issues in them. It is not until the disease to be attacked has made very considerable ravages that the question of removing its chief seat can be entertained ; and then there are the probabilities of constitutional disturbances to act as disturbing factors in the after progress of the patient. Nor from the histories of such cases, even the most successful, as that of Prof. Billroth, in which extirpation of

a cancerous organ is resorted to, can hope of absolute remedy be obtained. Sooner or later there is the certainty, there may be said, of a return of the disease with the equally certain train of attendant troubles, ending only in death to the sufferer. Notwithstanding this, however, the growing perfectness of the surgeon's art does at least offer amelioration, and, for a time, comparative freedom from disease; and this much is an addition for which we must needs feel grateful. In the present stage of surgery it may be said, then, that excision of cancer-stricken organs is a recognised operation, from which beneficial results have been unquestionably obtained, and from which yet greater benefits may by-and-by be looked for.

IMPROVED ANTISEPTICS.

The danger sometimes attending the employment of carbolic acid as an antiseptic agent in surgical treatment, and the comparative frequency of poisoning produced by it, have been illustrated several times of late. One case recorded by Mr. Pearce Gould at a meeting of the Clinical Society in May last is especially important, as in connection with it Mr. Lister explained that he had been devoting his attention to the question of replacing carbolic acid by a harmless antiseptic which should yet be equally valuable in its effects. The result of a lengthened series of observations had been the discovery of such a substance, in oil of *Eucalyptus globulus*. This is a powerful antiseptic, perfectly reliable, and its use is unattended by any injurious effects, no case so far, of constitutional susceptibility having been noticed at all comparable to that shown in respect to carbolic acid in numerous instances. Mr. Lister recommends the oil not to be made into an emulsion with spirit and water, in which form it very quickly evaporates, but that it should be mixed with dammar gum, such mixture long remaining soft, and smelling of the eucalyptus, even for weeks. He, himself, employed a gauze prepared with a mixture consisting of oil of eucalyptus 1; dammar 3; and paraffin 3; and in every case when he had employed it, the result had been most satisfactory. This discovery ought to prove of value in the future history of antiseptic surgery, and the worst charge it has to support in many respects, is that associated with the undoubted toxic effects not unfrequently produced by carbolic acid.

EXCESSIVE TEMPERATURE.

The question of unusual temperature has been freely discussed lately on more than one occasion, but the most notable instance is one recorded in minute detail by Dr. Stephen Mackenzie, and in which temperatures as high as 130 degs. had been registered. The patient, however, was a woman whose temperament was such as to induce a disbelief in her bona fides. The temperature, too, varied with so much irregularity, and under such strange conditions that no faith was entertained in their reality. The case however, was recorded as a sample of those that might be expected to present themselves, and since the publication of the paper the woman herself has confessed to Dr. Mackenzie that she had been guilty of imposture while a patient under him. Dr. Mahomed however, still considers that high temperatures do sometimes exist in hospital patients, even to 118 or 120 degrees, and with him Dr. George Harley is in agreement. The latter has

consented to present at a future meeting of the Clinical Society an account of several cases of unusually high temperature. The question, in fact, has received a certain share of the general attention, and it may be expected that it will ere long, be well sifted out.

BOOKS OF THE YEAR.

Medical literature has not been enriched by any considerable number of new books during the year just ending, but several of the contributions to it possess the highest intrinsic importance, and are entitled to rank among the more valuable works of reference. Of minor text books, and guides to various branches of professional practice, a goodly array of volumes has been, it is true, issued, and while, admitting the general excellence of their contents, it is, notwithstanding, impossible to regard them, as a whole, as evidencing any remarkable advance over similar classes of works published in previous years. The preparation of student's manuals, it should be remembered, in this connection, is a task that requires for its successful accomplishment somewhat unusual power of demonstration combined with ripe experience and a lucid expression that are to be found and expected only in those who have been for some time engaged in the labour of teaching. By malcontents who give free expression to dissatisfaction at the slow advances made in this direction by authors, this circumstance is, we must insist, too little considered. It quite sufficiently accounts for that poverty of books possessing "standard" value that is so much complained about, and should be held in view while passing judgment on the literary activity of any age or season. Moreover, the very persons who must of necessity be the ones to produce guides for students' use, are at all times busily engaged in the actual instruction of students, and are thereby prevented from giving the time and close attention to composition, without which no really able text book can be prepared. Hence the difficulty encountered by publishers also, whose frequent disappointment of work promised by busy practitioners and teachers is an oft reiterated complaint; against it there can be no guard so long as the present system of education lasts to encourage an unwise union of the professorial and the professional duties in a single individual.

In respect of weightier treatises on special subjects the same cannot be said. These are, as a rule, but the collected experience of men engaged in the business life of medicine; they embody the facts and observations noted from day to day, and when accumulated in sufficient amount there is required only the additional trouble of arrangement and deduction to make them ready for imparting information to others. In most instances works of this kind are eminently serviceable to the advanced student, and to men who are engaged in practice, and in not a few cases they are monuments at once of inductive skill and of permanently valuable research. This class of books has been well represented in the publications of the year.

Any complete enumeration of the books included under either of the two heads above described is obviously impossible in this place. It may be permissible, however, to indicate a few of those that have attracted particular attention; and of new works in this respect must be named the incomparable volume of abstracts of

papers read before the International Medical Congress. This consists of one bulky volume, in which are included short accounts of every memoir presented at the meetings, and each printed in the three official languages, English, French, and German. With it also, every member of the Congress received a catalogue of the temporary museum of pathological, &c., objects, arranged for the inspection of those who took part in the proceedings. Those two volumes, by themselves, form no unworthy memorial of the great World's Congress of 1881; but they shrink into insignificance before the *Transactions of the International Medical Congress*, which are officially announced to be ready for distribution on the last day of the present year, that is on Saturday next.

This great work consists of four volumes, and all the papers, speeches, &c., are printed in the language they were originally delivered in by their authors. Vol. I contains a List of Members, General Meetings, General Addresses, Museum, Anatomy, Physiology, Pathology, Materia Medica, and Pharmacology. Vol. II contains Medicine, Military Surgery and Medicine, and Surgery. Vol. III. includes Ophthalmology, Mental Diseases, and Diseases of the Skin, Throat, Ear, and Teeth. Vol. IV. contains Diseases of Children, Obstetric Medicine and Surgery, and State Medicine. Any criticism of this work would fail to convey an adequate view of its importance, or of its value: it is unique in every way, and will probably always remain unparalleled as a record of the greatest conference of medical men ever held.

The late Dr. Francis Sibson left behind him a large number of invaluable scientific monographs on physiological, anatomical, and clinical subjects, many of which have been of practical service as the basis of further study by their observers. Many, too, are of classical interest as, for instance, those relating to the position of the heart and other organs, &c., &c., scattered however among the pages of Society "Transactions," magazines, and reviews, a number of the most important were practically not available to the ordinary student. Recognising this fact Dr. William Ord, of St. Thomas's Hospital, has undertaken the task of collecting and editing the separate papers, which have been issued in four elegant and handsome volumes which reflect the greatest credit on editor and publisher alike. An interesting life of Dr. Sibson is prefixed to the first volume, from the perusal of which young and enthusiastic physicians will doubtless derive both hope and stimulus to the unflagging prosecution of professional and scientific work.

Dr. J. Milner Fothergill has published the first volume, dealing with "Indigestion and Biliousness" of a systematic treatise on the protean forms assumed by these diseases and gout, &c. The subject is treated from a strictly physiological standpoint, and while it is handled in the wonderfully attractive manner that lends such force to the author's style, it is also in the best sense a guide to the effectual treatment of the conditions dealt with in its pages. Dr. Fothergill's indefatigable pen has also been employed in the production of a number of invaluable papers contributed on various subjects, to the pages of contemporary journals, and to those, as well, of the *Medical Press and Circular*, one calling for special notice appeared in the *Practitioner* on the "Diagnosis of the Fatty Heart."

Messrs. Sampson Low and Co. have introduced during the year a new feature in medical publications by the issue of the first of an annual series of subscription works of standard authors. The arrangements made in connection with this provide for the production each year, in return for a fixed subscription of four guineas, of twelve volumes, and those for 1881 included several of the best known and most highly valued special treatises, such as Rosenthal on "Diseases of the Nervous System," Mundé on "Minor Gynæcological Questions," Trousseau's "Clinical Medicine," &c., &c. The scheme is a worthy one, and deserves to be successful.

A treatise on "Eczema and its Management," by Dr. Bulkeley, has recently appeared, which contains a vast amount of valuable and interesting information on the subject, and many original observations respecting the cause and nature of the complaint and its accompaniments.

Dr. MacLagan's work on "Rheumatism," Dr. Gross's on "Impotence," &c., Dr. Bartholow's on "Medical Electricity," Dr. Gower's on "Epilepsy," Mr. Barwell's on "Diseases of the Joint," and Mr. Treves's on "Scrofula," are all important publications of the present year.

Of the books written for students' use more particularly, we may make note of the following:—"Schematic Anatomy," just published, by W. P. Mears, M.B., is an attempt to lay the facts of anatomy in the form of diagrams and schemata before the learner, and so to aid him in appreciating the parts exposed during dissection, and remember them. It possesses a more than usual value in this connection. The "Index of Surgery," by Mr. Keetley, is a well-prepared and carefully-arranged synopsis of the chief points of importance in surgical science, and will doubtless become a favourite aid with students reading for examination. "The Diseases of Children," by Dr. Day, whose treatise on "Headaches" is now in a third edition, is an attempt to supply a much needed manual of instruction on the subject; it is, however, though ably compiled and full of sound practical information on many points, yet somewhat profusely illustrative on others, and hardly deals with the diseases of early infancy in a manner that is likely to afford assistance to the young practitioner in those most trying cases. The manual on the same subject by Dr. Ellis, a new edition of which has recently been published, is brought up abreast of recent advances, but it also fails to yield the sort of information that is frequently needed to help the due understanding and mode of treating complaints of very young children. These two works, however, are the most reliable the student can, in the present time, avail himself of. "The Diseases of Women" has been treated by Dr. A. W. Edis in a new work which is less bulky than many of the handbooks usually consulted. On "Throat Diseases" and "The Use of the Laryngoscope" we have contributions from the pens of Mr. Gordon Holmes, and the late Mr. W. Douglas Hemming.

From America announcements have been received of a new Encyclopedia of Surgery, among the contributors to which numerous well-known British and continental eminent surgeons will find a place. This promises to be the most complete and exhaustive treatise on the subject yet attempted, and will rival the similar English work

edited by Mr. Timothy Holmes, of which also a new edition is in preparation. The second volume of Dr. Agnew's admirable text book of surgery has appeared during the year, and the third and concluding volume is to be published shortly. New editions of several standard American books have been recently issued, such as "Flint's Medium," "Thomas's Diseases of Women," &c., &c.; of the regular publications mention may be made of the Transactions of the Clinical Society of London, the new volume of which contains several communications of particular interest; the annual "Reports of St. Bartholomew's, St. George's, and Guy's Hospitals;" Braithwaite's "Retrospect of Medicine;" "The American Journal of the Medical Sciences," an invaluable *resumé* of progress in the science and practice of the profession; and other works similar in character to them. A second edition, it should be added, of "Neale's Digest" is advertised as being among the publications for 1882, and the value possessed by the work will cause the announcement to be received with general satisfaction.

THE YEAR'S LOSSES.

Not a few of those who have long been familiar to medical men, either personally, or by the reputation they have achieved through their services to science, have passed away within the twelve months just concluded. The year has not, indeed, been so disastrously fatal in this respect as the one immediately preceding, when an unprecedented number of illustrious names were added to the roll of the honoured dead. But, notwithstanding, many of the younger and active members of the profession have paid the debt of Nature in 1881. The name of Dr. Archibald Billing had long ceased to be connected with the actual practice of medicine; but there are none among us, perhaps, who have not learnt to revere its owner for the value of the work achieved during the earlier period of his life. At the ripe old age of ninety-one, Dr. Billing entered into his rest, surrounded by the

members of his family to the third generation, and affectionately regretted by a large and appreciative circle of personal friends, to whom his hearty and kindly genial character had long endeared him.

Almost about the same time that Dr. Billing ceased to be, another former member of the staff of the London Hospital, and a *confrère* at one time of Dr. Billing, also died. Mr. James Luke, though very much junior in years to the venerable physician, had in his time done a vast amount of able and valuable work as a surgeon; and at the period of his death was consultant to the London, the hospital he had formerly served in the capacity of surgeon and lecturer. He had, however, retired for some years from active professional life, and living in the country, had to a great extent cut himself off from association with the working members of his profession. He died aged 74.

The University of Oxford sustained a heavy loss in May through the death of the Linacre Professor of Physiology—George Rolleston, M.D.—at an age but little over fifty years. Dr. Rolleston occupied a prominent position in all educational discussions, and was one of the most energetic members of the General Medical Council, in which he sat as representative for the University. He faithfully served in many other capacities. He had long suffered under ill-health, and his friends could only hope almost against hope for his complete restoration to strength. His death, however, created a void which will scarcely ever be filled up, and removed one who was under every circumstance devoted to maintaining the honour and dignity of the profession he did so much to adorn.

Other names crowd to the recollection as we reflect on the losses the year has seen. Thus Reynaud, Skoda, Otis, Greenhow, Hemming, Peatson, Bevan, &c., will all be remembered with a regretful feeling that much as they did in the time they were here, much more would have followed had they been longer spared.

Ireland.

INTRODUCTORY.

THE past year has been, as our readers well know, an eventful one, and one fraught with trouble and hardship to Irish doctors as well as the rest of the community. In the cities and among consultants the "hard times" have been severely felt, patients being comparatively scarce and generally impecunious, fees grudgingly promised, and payment long delayed; indeed, the metropolitan physicians and surgeons whose *clientelle* lay chiefly amongst the Irish landed classes, have been obliged to content themselves with earning prospective fees, booking them as income to be hoped for, but not to be enjoyed until the prospect brightens. In the Irish provinces the impecuniosity of patients has not been the cause of complaint, simply because the tenant farmers—paying no rent and being blessed with abundant crops—are just now the wealthiest part of the Irish community. Nevertheless, provincial practitioners have been placed, in all parts of Ireland, in a situation of much difficulty, being obliged to cultivate, with much diplomatic discretion, the art of "holding the candle to" one who should be nameless. In rabidly disaffected districts the local medical man has, in some instances, been obliged—willee-nillee—to join the current agitation and show himself as a supporter, in person and in pocket, of the popular side. In other places medical men, whose ideas of politics and of morality would not allow them to take this course, have been "boycotted" out of their income from private practice and tortured without mercy in their official capacity.

THE HEALTH OF IRELAND AND DUBLIN.

Happily Ireland has, within the year, been blessed by the advent of a health wave, which has materially altered the sanitary aspect of the country. The small-pox and fever epidemics, which, in the early part of 1880, bore so hardly upon the poorer classes and upon the medical officers who have professional charge of these classes, passed away in the early part of 1881, and, since then, there has been a uniform fall in the death-rate throughout Ireland. In Dublin, as will be recollected, the mortality of the year 1880 (chargeable in great measure against the abominably filthy state of the city and the utter incompetency of the Corporation of Dublin Health Committee) had reached a ratio so terrible that the usually lethargic citizens and always somnolent civic guardians of the public health were at length awakened to the presence of a death-rate which had no equivalent in any European city. Early in 1881 the Colleges of Physicians and Surgeons took joint action in the matter, and, after much deliberation, produced a public report on the subject which placed before the citizens for the first time the true causes of the extraordinary mortality of the city. Since then, under the improved administrative energy of Dr. Cameron, the Medical Officer of Health, a good deal has been done to

ameliorate the healthy state of the city. A vast number of poison-laden houses and cellar-dwellings have been closed against human habitation. Spaces are being cleared for the erection of artizans' dwellings, and, quite recently, the Dublin Town Council has arrived at a decision to spend a large sum of money on labourers' habitations under the Act which is in force in Glasgow. How far this increased sanitary vigilance of the Public Health Committee and its officers is to be credited with the present satisfactory condition of the health of Dublin cannot at present be decided, but it is beyond dispute that there has been a marked change for the better, the death-rate of the city having fallen, since this time last year, by nearly 30 per cent.

PUBLIC MEDICAL AFFAIRS.

The relation of public and parliamentary business to medical matters in Ireland within the year 1881 has been of considerable interest and importance. Apart from those legislative affairs which have special reference to education and Poor-law affairs, the profession has had to consider several Bills by which their interest was affected.

Mr. Gray's Bill for the

COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES by the physician to the Sanitary Authority gave rise, as our readers know, to a very animated contest between the sanitarians and the profession. The Bill was introduced by Mr. Gray at the instance of certain ardent medical sanitarians, and the principle embodied in it, i.e., that the physician should be compelled under prosecution and penalty to send notice of all infectious cases to the City Sanitary Authority, was accepted by Mr. Gray in the belief—no doubt—that it would not be seriously objected to throughout Ireland. This anticipation was, however, falsified, for immediately, an active agitation to prevent the passing of the measure—in which movement we had pleasure in co-operating—was started by the Irish Medical Association, who sent a deputation to Dr. Lyons, M.P., to ask him to oppose the measure. Previously to this the Colleges of Physicians and Surgeons had given special consideration to the matter, and had passed resolutions acknowledging the propriety of notification of infectious disease in the abstract, but altogether disapproving of the proposed method of notification, i.e., by the attendant physician. Moreover, the Irish Medical Association held a special council meeting to consider the matter, and afterwards took a *plebiscite* of the profession in Dublin on the question, the vote then given being two to one against the proposal.

Subsequently a *plebiscite* of all Ireland was taken by the *Medical Press*, which revealed the fact that the medical profession was all but unanimous in its hostility to the measure. Under these circumstances Dr. Lyons felt himself called upon to act with decision against the Bill which, owing to the resolute opposition given to it by him,

was eventually withdrawn. In the autumn the subject was re-opened in the Public Health Section of the Social Science Congress with a negative result, and it now remains for settlement in the next session of Parliament. We hope, however, that the attitude assumed by the medical profession in Ireland will have convinced Mr. Gray, M.P., Mr. Hastings, M.P., and the sanitarians that, in Ireland, at least, the system of forcing the physician to notify to the sanitary authority will not work, and that, therefore, the Bill ought not to be re-introduced in its original form. There should be no difficulty in framing a system which would ensure that the sanitary authority shall be possessed of the desired information without sacrificing the medical profession to the necessity, and we hope to see a Bill which will serve the purpose introduced, with the approval and hearty co-operation of the doctors.

A CORONER'S BILL FOR IRELAND.

Was passed within the year after a limited consideration of the subject by a Select Committee of the House of Commons. It was introduced by Mr. Healy, M.P., and its objects were:—

1. To provide for payment of coroners by salary (at the rate of £2 per inquest for the average number of the last five years), instead of by fees as heretofore.
2. To restrict the polling at coroners' elections to one day instead of two as heretofore.
3. To increase the payment to poor witnesses, and for removal of the dead body.
4. To enable a disagreeing jury to be discharged and another empanelled.
5. To enable the coroner to take bail and recognizances.

On the introduction of this Bill the Irish Medical Association applied to be heard before the Select Committee, but—as no witnesses were heard—this request could not be granted. As therefore it seemed unlikely that any written communication would materially influence the Select Committee, the Association made no attempt to alter the existing law with reference to medical testimony at inquests. At present the law directs the coroner to call in “a duly qualified medical practitioner being at the time in actual practice at or near the place,” which definition is so vague that certain coroners are in the habit of bringing with them a friend from the other end of the county, and taking his evidence to the exclusion of the local practitioner who attended the deceased. It is to be regretted that the occasion could not be used to remedy this abuse, but, probably, it can be equally well dealt with by attacking the first typical case that arises first before the grand jury and then before the sitting judge. If once a fee wrongly paid were disallowed the precedent could be used to invalidate all similar payments in the future. A noteworthy episode in connection with this Bill was that the Irish College of Physicians, after solemn deliberation, actually pronounced its opinion that medical men should in future be excluded from the office of coroner, a theorem which evoked a warm protest from Dr. Lyons, M.P., and from the “Medical Press,” and which was treated by the Select Committee with significant silence.

CENSUS.

The year 1881 was “Census” year, and the adminis-

trative capacity of Dr. Grimshaw, the Registrar-General, was severely tested, and found fully equal to the tremendous task which devolved on his department. The result of the enumeration has, not yet, been fully published, but it has been ascertained that the ten years last past has resulted in a considerable reduction in the Irish population.

THE CORK PILOCARPINE HYPODERMIC INJECTION CASE.

The persecution of Dr. H. McNaughten Jones, of Cork, by a crack-brained schoolmaster named Crawford, who supposed that his child had died in the Cork Fever Hospital from a hypodermic injection of pilocarpine, administered by Dr. Jones, culminated within the past year in a trial for libel, in which the *British Medical Journal* was defendant, it having courageously, and not too strongly, censured the plaintiff for his outrageous proceedings. After a prolonged trial the case resulted technically in a “draw,” but the absolute innocence of Dr. Jones of either negligence or incapacity was so completely established, that his persecutor thought it wise to let the matter drop, paying, of course, the enormous cost which his vindictiveness had led him to incur. Since then the propriety of Dr. Jones's line of treatment has been fully vindicated by experience, and by its adoption by many of the leading physicians in Europe and America.

THE SOCIAL SCIENCE CONGRESS IN DUBLIN.

The Autumn of the year was enlivened by a very interesting and successful meeting of the Social Science Congress in Dublin.

Contrary to previous apprehension, the meeting was largely attended by extra-Hibernian members, and was hospitably received by the Dublin Statistical Society; the Royal College of Surgeons; the Royal Dublin Society; and the Lord Mayor. Trinity College opened its doors to the meeting, and thus gave special *clat* to the assembly of the Congress. The Public Health Section was presided over by Dr. Cameron, M.P., who not only displayed ability as its chairman, but delivered one of the most interesting addresses before the Congress at large, taking for his subject the recent investigations of M. Pasteur, and others upon “germ inoculation.” Under his presidency the Public Health Section debated with much warmth the Notification of Infectious Diseases; the State Supervision of Hospitals, and the mode of providing suitable Dwellings for Artizans and Labourers. During these debates a mass of information was elicited which amply repays consideration, and we entertain no doubt that the papers read will, before long, produce tangible legislative fruit.

ROYAL IRISH UNIVERSITY.

In the Irish collegiate world the great event of the year has been the completed organisation of the Royal Irish University and the contemporaneous disestablishment of the Queen's University. Although the Act for erecting the new University had passed Parliament in the previous year, there was some uncertainty whether it could be carried into effect, and the Queen's University hung on to the forlorn hope that some diplomatic change of front would save their *Alma Mater* from extinction. This hope proved illusory, for, though the Treasury vetoed the money estimates which had been prepared by the Senate

of the new University and reduced the sum asked for by nearly one-half, nevertheless, the organisation of the institution was completed, and the first matriculation examination was held on the 6th of December. At the last moment the Queen's Colleges succeeded in obtaining a concession in favour of their students, i.e., that such students should be allowed to take up the same position in the Royal University as they occupy in the Queen's.

The establishment of this great educational Institution appears to us to determine a crisis in the system of medical teaching in Ireland. Heretofore, the Irish Colleges of Physicians and Surgeons have been enabled to keep up the educational and monetary cost of their licenses because they had no serious competitor in the diploma market nearer than Scotland. Trinity College did not seriously interfere with them because of its determination to adhere to a full academic course in arts, and grant medical or surgical degrees to none but full A.B.'s. The Queen's University was, so to speak, "handicapped" in its race with the Colleges because of the requirement that each graduate should spend a year in Belfast, Cork, or Galway, which, to many students, was equivalent to a prohibition against their seeking the Medical Degree of the Q.U.I.

The Royal Irish University is, however, not restricted in the granting of its degrees by either of these requirements, for, while it accepts in without reservation students from all quarters, it will grant its medical and surgical licenses after surmountable examinations in arts. Moreover, it has adopted a curriculum and a scale of degree fees which will enable the student to obtain for £89 those licenses for which he now pays £160, and, as an additional attraction, it offers to the diligent student monstrous bribes in the way of scholarships and exhibitions.

We repeat that, against this competition, the exaggerated curriculum and diploma fees of the Colleges cannot stand, and it is only a question of time when both shall be materially curtailed.

IRISH EDUCATIONAL AFFAIRS.

The year 1881 may be noted as especially a reform year as regards medico-educational affairs, for in it the College of Surgeons—not too soon, but after prolonged deliberation—completed a new scheme of education and examination. The purpose of this scheme is to subdivide the student's work into the following grades of subjects (a) Preliminary Scientific; (b) Preparatory Professional; (c) Complete Professional; (d) Final and Practical; and thus to facilitate both his studies and his payments, while, at the same time, enlarging the range of his education and compelling him to work steadily from first to last through his studential career. We need not dwell upon the merits of this scheme with which most of our readers are already familiar. Inasmuch, as it peremptorily abolishes certain abuses which had for the last quarter of a century been profitably worked by a certain class of teachers, it was, of course, resisted by them with a great persistence, and with energy worthy of a better cause. At each step the scheme met with violent hostility at their hands, and on its final adoption a great effort, happily in vain, was made to prevent its adoption by the College of Surgeons. Its final promulgation and enforcement now only awaits the formal

approval of the Home Secretary, and we anticipate that long before our next *Annus Medicus* is written we shall be in a position to congratulate our readers on the accomplishment of the most valuable educational improvement of the current half century.

PROFESSOR HELMHOLTZ.

The College of Surgeons availed itself of the presence of Prof. Helmholtz in Dublin to confer on that very distinguished scientist the Honorary Fellowship of the College, an act which did as much honour to the College itself as the learned Professor.

THE DATE OF THE ANNUAL GENERAL MEETINGS OF THE FELLOWS

Was also changed, an alteration of greater importance than might appear at first sight, inasmuch as it will, we believe, induce a much larger contingent of the provincial Fellows to be present at the College assemblies than have heretofore been able to be present. Henceforth, the business meetings of the College will take place on the Saturday immediately preceding the first Monday in June, on which day the Council is annually elected.

PRELIMINARY EXAMINATION AND REGISTRATION.

This year, for the first time, the rule has been put in force that each student shall pass his preliminary examination and register with the Branch Medical Council as a medical student before he enters on his medical studies, requirements which will serve good purpose, inasmuch as they will prevent students holding over their general education examination until the end of their third year, and will also prevent school registrars from entering pupils in February and March for the lectures which commenced in the previous November—a practice which was as dishonest as it was usual.

IRISH POOR-LAW MEDICAL AFFAIRS.

This service—in which very many of our readers are deeply interested—has experienced not a little of the hardships which have arisen from the miserable state of Ireland during the past year. As we have said, fees have been scarce and "red-tickets" plentiful, and the work-houses being crowded much unremunerative labour has devolved upon the medical officers.

The Irish Medical Association was active during the Parliamentary Session in protecting medical interests, and working for those amendments of the Irish Medical Poor-law which are so much needed, but, in the perturbed state of the House of Commons, little could be accomplished.

SUPERANNUATION

has been the first subject of consideration, and we believe we may say that, by the efforts of the Association, it has been brought within a measurable distance of satisfactory settlement. A Bill has been drafted of which the following are the chief provisions.

1. That the pension shall be the right of the Poor Law Medical Officer, and that it shall no longer be possible for the guardians to refuse it, or curtail it.
2. That the Poor Law Medical Service shall rank for pension as a branch of the Civil Service, and receive superannuation according to the Civil Service Scale, i.e., ten-sixtieths of his total salary and emoluments, at the end of two years service, and one-sixtieth for each subsequent year of service until the pension amounts to two-thirds of these

emoluments, after which there shall be no further increase. 3. That in the case of Medical Officers ten years be added to the period of actual service, and the pension computed on this basis. 4. That a Medical Officer incapacitated from duty by old age (60 year) or infirmity of mind or body be entitled to the two third pension—irrespective of his period of service. This scale of pension had been adopted in 1880 by the English Local Government Board, and has within the last few weeks been also adopted by the Irish Board, but in both countries the grant of a pension is still discretionary and it is to the removal of this option that the efforts of the Irish Medical Association will be chiefly directed. During the last parliamentary session a deputation from the Association waited on Mr. Forster, the Chief Secretary, in the hope of obtaining Government approval for their Bill. And, though it was obviously out of the question that the Chief Secretary could undertake to force any measure of the sort through the hopelessly obstructed parliament of last session, nevertheless, his reply was favourable to the measure, and he promised to look with favour on the Bill if it should be introduced by a private member. The Irish Medical Association is now preparing for its presentation to the House in February, but a serious difficulty stands in the way, which, if not removed, may seriously impede progress. The union clerks, and other non-medical officers, are not willing that the case of the medical officers should be dealt with without including all union officers, and they are not disposed to accept a measure which will be suitable to medical officers. The non-medical officers make a strong point of being able to retire from office early in life and robust in health, and they do not regard it as of vital importance that the guardians should cease to have power of refusal.

It is to be earnestly hoped, in the interests of all parties, that there will be no antagonism between the medical and non-medical officers, for—if there be—it is quite certain that neither party will gain anything. The Irish Medical Association has, after careful thought, decided to proceed with the Bill for medical officers alone, because they are convinced that a measure to include every union officer in Ireland would not be tolerated at present. It would, we think, be wise for the non-medical officers to encourage the smallest measure, and thus establish a precedent for the larger scheme which they themselves desire.

With reference to the subject of superannuation, an important return, moved for by Mr. Meldon, M.P., in 1880, was presented in 1881. It showed the applications for pensions made, distinguishing those granted from those refused, and setting forth the reason (if any) for refusal. From this return it appeared that only eleven medical officers had been refused since the passing of the Superannuation Act in 1869. This is apparently a small proportion of refusals, but it will be at once seen that the number of instances in which applications were rejected is no measure whatever of the extent of the grievance which exists, because it takes no note of those cases (the great majority) in which the medical officer was not refused simply because he dare not think of asking. The return, indeed, contains only those cases in which the medical officer was pretty confident that his request would be granted, but was disappointed in his hope.

THE LUNACY LAW ASSIMILATION BILL,

Which had been introduced by Lord O'Hagan in the Upper House in 1880, was taken up in the House of Commons by Mr. Litton, M.P., in 1881. It provides that the English law shall be extended to Ireland, which allows of harmless lunatics being "boarded out" with their relatives or caretakers, payment for their maintenance being made by the lunacy authorities. In order to their better care, it is also provided that the dispensary medical officer of the district in which they live, shall visit them frequently, and make report of their condition, and shall receive a fee of half-crown for each such visit. This Bill the Irish Medical Association supported by petition in the House of Commons, but sought to have introduced into it a clause to make better provision for superannuating the medical officers of lunatic asylums, who have long remained in a very unfair position in this respect. In consequence of the obstruction to business in the House of Commons, the Bill was eventually withdrawn, and, as Mr. Little is now promoted to a land judgeship, it will be necessary for some other member to take up the measure, which certainly deserves to pass. There are, however, some persons of influence by whom the measure is not looked on with favour. They hold that "boarding out" is all wrong, and that all lunatics should be in asylums; but as the Irish lunatic population had outgrown the accommodation of the asylums, and the resources of the Lunacy Department, it was proposed to appropriate workhouses, which are now little used to the purpose of auxiliary asylums. This scheme was, however, successfully resisted by the guardians of such unions, because they did not choose to be disestablished and deprived of the honour (?) of the P. L. G.; and thus Lord O'Hagan's Bill became necessary. We hope to see it made law in next Session.

RE-VACCINATION FEES.

An important issue was fought out within the year on behalf of the dispensary medical officers by the Irish Medical Association. The Vaccination Amendment Bill of 1879, which had been introduced at the instance of the Association, and passed by their influence, provided *inter alia* that "The Board of Guardians shall pay to every Medical Officer for every person successfully vaccinated, or for every person re-vaccinated by him," a fee of 2s. Small-pox having broken out in the Fintona District of the Omagh Union, the medical officer—Dr. Duncan—re-vaccinated a large number of persons, some of whom developed a vesicle and some did not. For the whole number he sent in his bill to the guardians, who—acting on the advice of the Local Government Board—refused to pay for any re-vaccination which was not "successful"—i.e., which did not produce a vesicle. This reading of the words above quoted was directly at variance, not only with the intention of the framers of the Act, but with its plain meaning; and the Irish Medical Association, being advised by counsel that the Local Government Board's interpretation of the Act was entirely wrong, took up the case. It was argued twice before the Queen's Bench in Dublin, and the unanimous judgment of the Court given in favour of the Association. It is, indeed, difficult to

understand how the legal adviser of the L. G. B. could have encouraged the Omagh guardians to contest the case. It is, however, satisfactory that the right of vaccinators to be paid for *all* re-vaccinations has been established beyond further dispute.

RED TICKETS.

The intention of the Association to deal with the abuses of red tickets by a Bill in Parliament could not be carried into effect last year, in consequence of the block to business in the House of Commons. The Bill, framed by the Association, simply improves the method of cancelling tickets by enabling the medical officer to apply to the next Petty Sessions, instead of waiting three or four months for a meeting of the Committee which, probably, is unwilling to discredit a ticket issued by one of their number. The Bill also gives the medical officer the power to sue either the issuer (wilfully) of an improper ticket, or the recipient thereof, if it be obtained by false representation.

We suppose this most necessary and just measure will have to stand aside until the superannuation question is settled, but we hope no opportunity will be lost of dealing with a condition of things which greatly burthens the dispensary medical officer and robs him of his just earnings.

UNION DRUGS.

The Local Government Board for Ireland made one step in the direction of the much-needed reform of the notorious drug contract system. In the autumn of the year, the old drug list, upon which estimates have been prepared for the last thirty years, was withdrawn, and a new one issued, which omitted a multitude of obsolete medicines, and introduced a few of the more modern therapeutic agents which, hitherto, the medical officer has been obliged to order as extras at an enormous price. One of the features of the new list is that it authorises the use of coated ready-made pills, a change which will not only relieve the medical officer of much pharmacy work, but will give him new confidence in the medicine he prescribes, and will strike a blow at the old system of supplying fraudulent drugs at monstrous prices for the use of the sick-poor. We earnestly hope that the Local Government Board will not be content with this small measure of drug reform, but will, once and for all, purge the medical charities of the disgrace which the drug contract system has so long brought upon it.

POOR-LAW WIDOW AND ORPHAN'S FUND.

The establishment of a Poor Law Widow and Orphans Fund which has for some years been in contemplation has advanced a step within the year. The Irish Medical Association has taken the actuarial advice of Mr. Hancock on the subject, and has taken as a model the scheme under which a similar fund is worked in connection with the church of Ireland. This scheme has by the experience of several years since its establishment, proved a success, and the Association has thought it well to frame its plans as closely as possible upon data which have been tried and found to be sound. The principles of their scheme are as follows:—*a.* That every new entrant of the Poor Law Medical Service shall be compelled to contribute to the fund. *b.* That those now in office be permitted to

do so—the amount of their contribution being fixed upon an actuarial examination of their particular case. *c.* That the contribution be a quarterly deduction from salary, collected by the Fund Council from the clerk of each Union and debited by him to the individual officer. *d.* That a deduction of £5 a year will be sufficient to provide £20 for the widow and £10 for each child under twenty-one, payable after the death of the contributor.

This scheme was submitted to the Local Government Board by a deputation of the Committee of the Association, and was favourably received by them. Since then Mr. Hancock has examined the proposal and expressed his belief in its financial soundness, and it may be expected that, on the first suitable opportunity, a Bill will be introduced into Parliament to make it law.

RECENT APPOINTMENTS.

In the early part of the year the office of physician to the Queen in Ireland fell vacant by the death of Dr. Hudson, and to it Dr. Benjamin George M'Dowel, Physician to the Whitworth and Hardwick Hospitals, and one of the Court of Examiners of the Irish College of Surgeons, was appointed.

The office of Crown Representative for Ireland in the General Medical Council had been occupied by Dr. Mc Clintock after the decease of Dr. Hudson. Again the appointment fell vacant in November last by the lamented death of Dr. McClintock, and to it Dr. Lyons, M.P., has been recently elected, a choice which was fully expected, and generally affirmed.

In the College of Surgeons, Dr. Chaplin, of Kildare, succeeded Dr. McClintock in the presidency, while Dr. Barton, of the Adelaide Hospital, became vice-president, and Dr. Bennett replaced Dr. Nixon as a member of the council.

In the College of Physicians, Dr. George Johnston still holds the presidential chair, having consented to retain office for another year in consequence of the much regretted death of Dr. Hayden, who would otherwise have been chosen President.

The King's Professorship of Materia Medica in the School of Physic which is in the gift of the Fellows of the College and which has been held for many years by Dr. Aquilla Smith, was vacated by him, and his son Dr. Walter Smith, Physician to the Adelaide Hospital was elected. This appointment involved the transfer of Dr. W. Smith to Sir Patrick Dun's Hospital, and his place at the Adelaide was filled by the appointment of Dr. Wallace Beatty.

The office of Consulting Physician to the Rotunda Hospital, vacant by the death of Dr. Hudson, was the subject of a contest which ended in the election of Dr. Little, Professor of Medicine in the College of Surgeons.

IRISH MEDICAL LITERATURE.

Our columns have, during 1881, contained the following contributions from Irish authors: Mr. Barton, on Excision of the Wrist; Dr. Franks, on Acute Laryngitis; Dr. Thomson, on Excision of the Tongue; Mr. Knott, on Colles's Fracture; Mr. Wheeler, on the Merits and Demerits of Antiseptic Treatment; Dr. Quinlan, on Paracentesis of the Bladder; Dr. Bennett, on Osteotomy; Dr. Nixon, on MacEwen's Operation; Dr. Cameron, on the Provision of

Labourers' Dwellings; Dr. Finney, on Herpes; Mr. Richardson, on Vertebral Caries; Mr. McCarthy, on Skin Grafting. Numerous clinical records of interests were also contributed by Drs. Mayne, Ormsby, Young, O'Grady, and other esteemed contributors.

OBITUARY.

Our record of Irish medical events must close with the melancholy record of the deaths of many members of the profession of distinction. Amongst those most worthy of memory by their brethren we must name Dr. Christopher Fleming, for many years Surgeon to Steeven's Hospital, and Chairman of the Court of Examiners of the College of Surgeons; Dr. Hayden, Professor of Anatomy and Physiology in the Catholic University School; Dr. McClintock,

Ex-Master of the Rotunda, and late President of the College of Surgeons; Dr. Alexander Carte, Curator of the Natural History Museum, under the Science and Art Department, and some time Curator of the College of Surgeons; Dr. Hamilton Labatt, Dr. Edward Peele, Dr. Corigan, Physician to St. Vincent's Hospital, Dr. Sydney Murdoch, of Dublin, Dr. Gabriel Stokes, of Mullingar, Dr. Little, of Lifford, Dr. Rawson, of Carlow, Dr. Abbott, of Bray, Dr. Bernard, of Dundrum, Dr. Jencken, of Kingstown, and Dr. Willes.

The Retrospect of the year is, as far as Ireland is concerned, not a happy one, and we must only look forward to a time—not yet in view—when we may be able to give a report of greater prosperity and better progress for our Irish brethren.

Scotland.

INTRODUCTORY.

ANOTHER year, with furtive step, is about to be placed to our account. It is, as the poet says, "the time that exalts the soul to solemn thoughts and heavenly rousing;" and we are all confronted with the momentous reflection that we are one goal nearer the eternal solution of that sublime enigma which prostrates intelligence, and before which reason stands appalled. As is our wont we dedicate this, the last number of the year, to a retrospective summary of occurrences and movements touching our profession, and to the pious duty of recording losses sustained by our calling during the past twelve months. These, we regret to say, have been both numerous and unexpected.

Many questions deeply affecting the medical profession have been agitated during 1881. Paramount in importance is the one at present engaging the attention of a Royal Commission, that of

MEDICAL REFORM.

Quite recently the general question of University reform was largely discussed in Scotland; the *status quo*, being on the one hand defended by interested parties, the Scotch professors, and the urgency of reform being advocated widely by such as maintain that the present position and powers of the Universities are not in harmony with the progressive spirit of the age, and are educationally subversive of the best interests of the public, those of learning. It was made sufficiently manifest in the course of this discussion, that with the monopolies at present possessed by the Universities, widespread dissatisfaction exists among all intelligent people. Early in November an influential deputation waited upon Lord Rosebery, Under Secretary of State for the Home Department, and the Lord Advocate, urging the appointment of an Executive Commission to inquire into the state of the Universities of Scotland. This deputation had in view more especially reforms in the Arts' Departments; but it is sincerely to be hoped that in any such inquiry will be many anomalies touching the teaching of medicine will not be passed over. In these columns we quite recently referred to the state of matters at the University of Glasgow; how classes and expenses had enormously increased during the past twenty years, while the curriculum of study remained the same; and how disadvantageously extra-mural teachers were placed in having as competitors teachers who also examined and qualified. So strikingly are these shown in the subjoined comparison columns that further reference to the subject is, at present, superfluous.

Curriculum of study at Glasgow, 1862.

	£	s.	d.
Anatomy, 1 course	3	3	0
Practical anatomy, 1 course	1	11	6
Anatomical demonstrations, 1 course	2	2	0
Chemistry, 1 course	3	3	0
Practical chemistry	1	11	6
Chemical laboratory, optional			
Physiology, 1 course	3	3	0
Surgery, 1 course	3	3	0
Practice of physic, 1 course	3	3	0
Materia medica, 1 course	3	3	0
(Second course succeeding session, optional. Taken by those who could afford it to conciliate the professor, and facilitate the passing of degree examination).			
Medical jurisprudence, 1 course	3	3	0
Midwifery, 1 course	3	3	0
Botany, 1 course	3	3	0
Perpetual hospital ticket, including clinical lectures on surgery and medicine	12	12	0

Total thirteen classes at a cost of 46 4 0

Curriculum of study at Glasgow, 1881.

	£	s.	d.
Anatomy, 3 courses	11	11	
Chemistry, 2 courses	6	6	
Botany, 2 courses	5	5	
Physiology, 2 courses	6	6	
Zoology, 2 courses	5	5	
Midwifery, 1 course	3	3	
Medicine, 2 courses	5	5	
(Chiefly lectures on diagnosis)			
Hospital and clinical medicine and surgery	21	0	
Pathology, 2 courses	5	5	
Surgery	5	5	
Operative surgery	2	2	
Materia medica, 2 courses	5	5	
Practical materia medica	3	3	

Total twenty-one classes at a cost of 87 1

SCOTCH MEDICAL CHARITIES.

By an immense number of superficial thinkers it is considered that there is no limit to every form of charity. By the more thoughtful, and certainly not the least charitably disposed, unostentatious charity is regarded as an agent of moral depravity and social demoralisation. That medical charity has far exceeded the legitimate requirements of our large communities, and is operating in the direction indicated, is admitted by all unprejudiced men whose opinions are worthy of being attended to. The "survival of the fittest" (though it is by no means the most worthy medical men who survive in large communities, as the proportion of fools to sensible people is so unequal): we say the theory expressed in this now celebrated law is well brought out in the proportion of medical practitioners to a given community. Speaking generally, and with a nearness to accuracy, the proportion in which medical men are maintained in any degree of comfort by a population, may be put down at one medical man for every thousand of the community. In 1851 the population of Glasgow was 255,000, and, on the basis submitted, the city should comfortably support 255 medical men. The actual number was 231 medical men. In 1851 there was but one Public General Hospital, the Royal Infirmary, with 200 beds for medical and

surgical cases, and 120 beds for fever cases. In 1861 the population had increased to 329,000, and the number of medical practitioners had fallen to 226, instead of, as ought to be the case, according to our belief, 329. In 1881, with a population of over 500,000, there are but 294 practitioners; but 63 practitioners more than in 1851 *with a population about doubled*; but in 1881 there must be over 150,000 of the community in receipt of *gratis* medical aid, while in 1851 it was merely nominal, there being but 200 beds available for medical and surgical cases, and only the very poorest taking and receiving medical advice at the dispensaries. If we deduct the 150,000 which we believe to be in receipt of medical aid at our infirmaries, &c., and those who are in medical clubs, which may safely be put down at 50,000, we come very near the proportion which we believe the community is able to support, 300; *while the actual number is 294*. Is it not thus demonstrated unmistakably, that the profession is robbed by this excessive charity? But what is the result on the community? It leads to improvidence, and the feeling of self-respect, which ought to be encouraged among the middle, among all classes—is unquestionably undermined. In 1881 people frequent hospitals whose position in society is such that they would never have dreamt of doing the same in 1851, encouraged as they are to go there by the directors, in order that they may appeal with a larger bill of woe to a stupid and unthinking public. Nay more, it is alleged that the “better classes” who frequent hospitals are followed to their houses as by sleuth hounds, by the starving acolytes of the senior physicians and surgeons. But what is the effect on the hospitals themselves? It is this. They have outgrown all reasonable dimensions and necessities; the public are beginning to find the demands for their support intolerable; and their directors are engaged in a continual struggle to find the means of maintenance. In the face of all this Glasgow is threatened with a third hospital, and by a mental twist, which is difficult to reconcile with ordinary intelligence, the directors of the Royal Infirmary regard the scheme as “a laudable desire!” In the same breath they appeal “to those of both classes who may not have considered or realised to any extent the particular and pressing claims of hospitals, that they will come to the aid of the directors with a portion of the means with which a kind Providence has favoured them.” What has the struggling doctor to say to this? He doubtless begins to experience in Patriarchal anguish that Providence seems to be on the side of dealers in brass and iron, and that, consequently, so far as he is concerned, the struggle is far from being a fair one. We would suggest, in the interests of the profession and the public, that it is high time to inquire into this gross abuse, and that the “provident system” of medical relief be substituted, where possible, for the indiscriminate eleemosynary aid at present so wantonly extended in all quarters.

THE EDINBURGH SCHOOL.

ROYAL COLLEGE OF SURGEONS.—Mr. Imlach has been elected, for the third year, president of this ancient corporation. It is understood that the object of this election is to keep the seat warm for Prof. Turner who, while

acting on the Royal Commission, was not eligible for election. If another president than Mr. Imlach were elected, Prof. Turner could not be elected for two years, and this would be regarded as unfortunate in the highest degree by the opponents of medical reform, as by the election of Prof. Turner to the presidentship, the University influence in the College will be strengthened, and a desire for teaching by it be thus more effectually repressed. During the past year the College has been fairly successful in a commercial aspect. It received £1,025 for its Fellowship Qualification; and from the Double Qualification the sum of £1,150. Its total revenue amounted to £3,659 2s. 7d. It has increased the salaries of its treasurer and clerk to £100, and gifted £100 to the library fund. At a recent dinner of the Edinburgh Merchant Company, Mr. Imlach made a speech in which he openly avowed his hostility against Medical Reform, which, he alleged, “if carried into effect, would deprive them of their privileges of licensing candidates for admission into the profession.” It is well understood that the recent rigour of examination in Edinburgh, and the existence of the Royal Commission, stand in the relation of cause and effect. Mr. MacNair, a Leith Parochial Medical Officer, was recently elected an examiner at this College.

Dr. Haldane was elected, for the third year, likewise, President of the Royal College of Physicians, because being in the Medical Council, he can perform the not most enlightened nor dignified duty of a “drag.” Dr. Douglas MacLagan is regarded as the probable president for next year.

At the UNIVERSITY OF EDINBURGH certain changes have taken place in the teaching staff. To the Chair of Pathology, which became vacant by the lamented death of Dr. Saunders, Dr. Greenfield, of London, was appointed, very much to the regret and disappointment of a large number of Edinburgh graduates, who maintained that the paramount claims of Dr. J. D. Hamilton had been very unjustly overlooked. Personally, no objection is taken to Dr. Greenfield. It is noted with interest that, like all his Scotch professional *confrères*, he has glided happily and promptly into the principle of farming his chair to the best advantage to himself. Not having been to Glasgow to study this branch of political economy the ability displayed by Dr. Greenfield in this department is truly presumptive of intellectual keenness. The learned Professor finds that it is impossible for him to recommend a text-book in pathology, no English work being equal to the knowledge required. Hence, the most copious notes possible must be taken. Of course, Prof. Greenfield has got a practical class, and both his classes are full to overflowing. We regret that Dr. Hamilton does not lecture this winter, finding the manner in which he is handicapped by the University authorities so discouraging. We trust the time is not far distant when this cannot be said in such cases. The Practical Anatomy class numbers about 600, and it is thus easy to understand that “subjects” are scarce and the demonstrators, for they must be paid, too few. Minto-House Anatomy Class continues to hold its own, while that of Surgeon's Hall is small as usual.

A discussion has been going on as to the composition of the medical school. The colleges repudiate all connec-

tion with the extra-mural schools, at the same time drawing fees from candidates for the lectureships. Some six years ago we understand a committee of extra-mural lecturers was appointed to take into consideration the advisability of applying for a charter of incorporation for the extra-mural school, the late Dr. Handyside being chairman. Counsel's opinion was taken, but the justly aspiring lecturers were given to understand that the University was prepared to spend any amount of money to crush so impious a scheme. It was certainly very questionable whether the University had any right to spend public money in any such attempt. It is somewhat difficult to see why the Edinburgh Colleges should not support the school, and spend some of their great wealth in thus putting it on a better footing. It seems to us to be the renown of the school, and not the value of the college licenses, which attracts students to Edinburgh. At a recent meeting of the University Court the following regulations, regarding the recognition of courses of instruction given by extra-academical lecturers, as qualifying for graduation in medicine, were adopted:—

"1. Every applicant for recognition shall furnish for the information of the authorities of the University:—1, A syllabus of his course of lectures; 2, a statement of the number of lectures, and of the number of written or oral examinations in the course; 3, a statement of his opportunities of studying the subject in which he desires recognition, and of the length of time devoted thereto; 4, a statement of the experience he has had in teaching the subject; 5, a note of the titles of his contributions to the science of the subject; 6, a statement as to whether his course or courses of instruction have been already recognised by any University or other examining body, and if so, what means were adopted for ascertaining his qualifications for teaching.

"2. In the case of every applicant for recognition residing in Edinburgh or its neighbourhood, an inspection shall be made of his teaching appliances and accommodation for teaching.

"3. Every recognised extra-academical lecturer shall annually furnish the University with the information regarding his course or courses which is required from the University Professors as to—(1) The number of students attending the recognised course or courses of instruction; (2) the number of meetings for ordinary class work in the session, and in each week, thereof, excluding meetings which fall under the next head; (3) the number of special written examinations; (4) the system of conducting the ordinary class work, and the number of meetings devoted to each kind of work.

"4. In the event of an extra-academical lecturer removing from the premises or building occupied by him for teaching a recognised course, such lecturer shall be required to intimate his removal to the University Court, in order that the Court may have an opportunity of considering whether the accommodation in the building to which he has removed is adapted for the purpose of teaching the subject in which he was recognised.

"5. When the application is made for the recognition of a course taught by two or more lecturers, in conjunction information shall be given of the share to be taken by each lecturer in such a conjoined course; and the recognition

of such conjoined courses, and of each of the lecturers recognised as teachers of a conjoined course, shall, *ipso facto*, terminate should one or more of the lecturers cease to conduct the course, or should any material change be made in the share of each lecturer in the teaching of the conjoined course.

"6. The recognition of any lecturer who has ceased for the period of two consecutive sessions to teach the subject on which he was recognised, shall, *ipso facto*, terminate."

The object of these regulations is certainly one of hostility against the school.

Professor Wyville Thomson having resigned the chair of Natural History, candidates are already spoken of, among them may be mentioned Professor Alleyne Nicholson who has the greatest claim on the office, Dr. Young, of Glasgow, Ray Lankester, Professor Huxley, Professor Oarus, and Mr. Patrick Geddis. Dr. Nicholson is a distinguished graduate of the University, and it cannot well afford to repeat the mistake and injustice which it visited on Dr. Hamilton.

THE GLASGOW MEDICAL SCHOOL.

The number of students continues to increase at the University of Glasgow, to an extent incompatible with efficient teaching. The matriculations for the present Session amount to a total of 2,316, out of which 624 belong to the Faculty of Medicine; and Arts and Medicine 25. Last session the matriculations in medicine were 557, and in the previous year 539. It is extremely probable that this gradual increase in the number of medical students is stimulated by the dread of impending change, as resulting from the Royal Commission, in the matter of Medical education and qualification, and possibly also the dread of an increased expense, which, in all truth, is high enough at present. In quite a recent number we pointed out the shameful growth of supernumerary classes at the Scotch universities, the injustice thus done to the student, and the widespread dissatisfaction that exists thereanent in the entire profession. The hope is indulged that we are on the eve of radical changes in the matter of medical education, which, by restricting the mischievous monopoly possessed by the universities, will give a beneficial stimulus to medical education.

The popularity of the Faculty of Physicians and Surgeons continues. During the year the number of candidates who presented themselves for the preliminary examination was 275, and of this considerable number but 76 passed. At the first professional examination 51 passed, and 55 were rejected—total 106; at the second professional examination 63 passed, and 55 were rejected—total 118. It is thus evident that as large, if not a larger proportion, is rejected by the Faculty, as by any of the other examining bodies; and that its claim to existence are undoubtedly as strong as those of its competing Corporations. To the Board of Examiners, a new examiner, Dr. Hugh Miller, was elected this year. This is a step in the right direction. Some of the present examiners have held office for nearly thirty years, and the warmth of their affection for the Faculty is easily explained on very evident principles of political economy. So strongly is the desire for centralisation in this respect manifested, that, not satisfied with the powers possessed at the University, and the benefits accru-

ing therefrom, certain of the University professors are also examiners at the Faculty. It is difficult to avoid the conclusion that this either evinces a spirit which had better not be distinctly characterised, or a sad want of capacity on the part of many Fellows of Faculty. Further change in the Board of Examiners at the Faculty is urgently demanded.

Anderson's College is fairly well attended. At this School students, if at all attentive themselves, cannot fail to become well grounded in the all-important subject of anatomy. We understand that the teaching of Drs. Gemmell and Wallace, the two most recently appointed lecturers, is much appreciated by the students.

At the Royal Infirmary School certain changes have also taken place, and by the well-wishers of the School it is deplored that the recent appointments do not seem of a nature likely to advance the teaching reputation of the School. It is perfectly absurd to make men with an infinitesimal practical acquaintance with their profession, teachers of any branch whatever. By a dexterous *coup* on the part of Dr. Wood Smith, Dr. Wallace Anderson lectures on the Practice of Physic; Mr. Glaister is now Lecturer on Medical Jurisprudence, vice Dr. William McEwen, who in turn lectures on Surgery, vice Dr. Cameron, removed to the Western Infirmary. The class of Physiology at this School should be looked after compassionately.

The Western Medical School is still struggling for existence, and, considering its youth, shows signs of vigorous vitality. The versatility of the teachers is one feature which strikes us. Dr. J. M. Milne lectures on Chemistry; Mr. A. E. Mayland, lately of Guy's Hospital on Anatomy; (Mr. Mayland has been driven to Northern latitudes by the delusive advertisement which the managers of the Royal Infirmary cause yearly to appear). Dr. Neil Carmichael, on this occasion, expounds the mysteries of *Materia Medica*, and Dr. Ebenezer Duncan those of Medical Jurisprudence, and Public Health.

The vacancy caused by the lamented death of Dr. Foulis has been filled by Dr. D. Newman's appointment as pathologist and lecturer on Pathology at the Royal Infirmary; and Dr. W. J. Fleming has been appointed Dispensary Surgeon to the same Institution.

ABERDEEN MEDICAL SCHOOL.

It is gratifying to be able to record that no deaths occurred in the Aberdeen profession during the year, and that no changes have taken place in the professoriate. Dr. Simpson was appointed medical officer of health in succession to Dr. F. Ogston, sen. It says very little for the inducements offered by the medical profession, that several candidates of high professional standing were willing to give their entire time to the duties of this office, for the very modest remuneration of £300 per annum. Dr. Hall was appointed assistant surgeon to the Royal Infirmary.

SCOTCH MEDICAL SOCIETIES.

At the Edinburgh Medico-Chirurgical Society several papers of importance were read during the year. Of these may be noted Dr. Byrom Bramwell's paper on the Differential Diagnosis of Paralysis, accompanied as it was by a beautiful series of microscopical preparations and drawings; Dr. Grainger Stewart's paper on Paralysis of the Hands and Feet from Disease of Nerves; Dr. Hamil-

ton's paper on the Physics of Inflammation; Professor Fraser's paper on the Failure of Salicin and Salicylate of Soda in Acute Rheumatism accompanied with Inflammation of the Genito-Urinary Mucous Membrane; Dr. James's remarkably able and original paper on the Reflex Inhibitory Centre Theory; and Dr. Cadell's paper on the Treatment of Syphilia, which Dr. A. Gray properly observed should have been entitled on the Non-Mercurial Treatment of Syphilia. It is noteworthy that even in Edinburgh where anti-mercurial tendencies run so high, testimony to the efficacy of mercury in the cure of certain forms of syphilia was borne by such men as Mr. Joseph Bell, Dr. Argyll Robertson, and Dr. Miller. A vast amount of painstaking work was accomplished in connection with the *Edinburgh Obstetrical Society*. Dr. Halliday Croom in his paper on the Systematic Employment of Antiseptics in Midwifery, evinced a more than usual faith in carbolic acid. Dr. Hart contributed a very valuable paper on the Shape of the Empty Female Bladder. Dr. Bell, of Glasgow, read his peculiar paper on an Improved Method of Treating Uterine Displacements, regarding which, the President, Dr. Angus Macdonald, cautiously observed "that he must be held as distinctly guarding himself against being in agreement with a great part of what Dr. Bell had advanced in his paper." Like most of the papers read at the Edinburgh societies this one was also published in the *Edinburgh Medical Journal* and such was its peculiarity that we felt called upon to notice it in the form of a "leader" during the year. We scarcely think it likely that this respectable journal will risk its well earned reputation soon again by the publication of such primitive English and such questionable science. A celebrated Frenchman, Turgot, long ago remarked "moins on sait, moins on doute . . . quand les hommes sont ignorans il est aisé de tout savoir." Dr. William Turner, of Glasgow, read a valuable paper on a Case of Delivery by "the Breech" through a greatly Narrowed Flat Rachitic Pelvis. Dr. Angus Macdonald Two Cases of Chronic Inversion of the Uterus; Dr. Chas. Bell on Extra-Uterine Conception.

At the *Glasgow Medico-Chirurgical Society*, the papers did not attain to the usual level of interest or intelligence. The Society is, indeed, not so well attended as it used to be. This seems due to two circumstances: the existence of the *Pathological Society*, which is chiefly composed of young men, who accordingly "discover" much; and of the *Philosophical Society*, composed of the *nouveaux riches* tradesmen of the city, and which is consequently resorted to by medical men as a better advertising arena. Among the papers read at the Medico-Chirurgical may be mentioned Dr. Kirk's on a Case of Poisoning by Carbolic Acid, Dr. Murdoch Cameron's on Uterine Flexions; Dr. Lyon's on Axis Traction Forceps; and Dr. William L. Reid's paper on the Use of Antiseptics in Obstetrics and Gynecology. This paper was a *réchauffé* of a German one, and seemed to create a good deal of interest, doubtless, owing to the originality of many of its suggestions. The obstetrician himself was to be rendered "aseptic;" his instruments, clothes, hands, hair, eye-brows, &c., and the *homunculus* was to be ushered into a sinful and sorrowful world purified by having passed (if he did not happen to be choked) through a cloud of carbolic acid

spray! Some profane medical sceptics of the old-school in Glasgow, alleged that, doubtless, we were on the eve of being recommended to micturate under the spray! Dr. Reid's paper does not seem to have made a lasting impression on scientific thought. This Society had also under consideration the much agitated question of Vivisection, when the following resolution was moved by the President, and unanimously adopted "That it is the opinion of this Society that experiments on animals are necessary for the advance of medicine, and that no obstacles should be thrown in the way of competent men performing such experiments. Further that this Society strongly deprecates the infliction of unnecessary pain, and would support any law which would check this without obstructing competent observers, as the present law does."

LITERATURE.

Few new books have issued from the press in Scotland, or belonging to Scotland, during the past year. The fifth edition of the "Syllabus of Materia Medica, for the use of Students, Teachers, and Practitioners, based on the Relative Value of Articles and Preparations, in the British Pharmacopœia," by Dr. Harvey and Dr. Davidson was published by Lewis. The third edition of Dr. Charteris's little manual published by Churchill appeared; and also Dr. Robert Bell on "Diphtheria," which philologically, philosophically, and psychologically is indeed a study. The *Edinburgh Medical Journal* continues to maintain on the whole, its high standard of excellence. The *Glasgow Medical Journal* we believe drags out its tabetic existence. Still it is much to be regretted that with such a field as Glasgow at command, a journal acceptable to the entire profession, should not be maintained in this city. The extreme mediocrity of the present one, and the small amount of support extended to it are due to the fact that this journal is conducted on a narrow basis, and under assumed pretensions to which the profession in Glasgow do well to refuse to bow the knee.

OBITUARY.

DURING the past year many and well-known members of the medical profession have passed over to the great majority. Early in the year Edinburgh had to deplore the death of Dr. ANDREW WOOD, who occupied a high position in the medical world as a physician, a man of letters, and a medical legislator. The Edinburgh University sustained a severe loss in the death of

WILLIAM RUTHERFORD SANDERS, Professor of Pathology. Dr. Sanders was the son of an eminent Edinburgh medical practitioner. He received his early education in France, and in 1849 took the degree of M.D. at the University of Edinburgh, obtaining at the same time the gold medal for his graduation thesis "On the Anatomy of the Spleen." Dr. Sanders was an assiduous contributor to medical literature; he was physician to the infirmary, and Professor of Clinical Medicine, and was in public as in private life held in high-merited esteem and affection by a large circle of patients and friends. In the death of

Dr. PETER HANDYSIDE a well-known and familiar figure was called from Edinburgh circles. Dr. Handyside was likewise by birth an Edinburgh man, and graduated at the University in 1831, where his course as a student was a

distinguished one, in acknowledgement of which he was elected by his fellow-students senior president of their society, the Royal Medical. He was also medallist of the Harveian Society. Early in life he had been an apprentice to Mr. Syme, and this, doubtless, inclined his tastes towards anatomy and surgery. He studied likewise in Paris and Heidelberg, in the latter place under Tiedemann. In 1833 he was admitted a Fellow of the Royal College of Surgeons, and in 1833-34 he commenced his lectures on anatomy at No. 4 Surgeon's Square. At this time Munro Tertius was Professor of Anatomy in the University; and in the extra-mural school the gifted Knox taught anatomy next door to Dr. Handyside. Knox, it is well known, did not spare his rivals; and Dr. Handyside used to relate that he owed his first pupil to the satire of Knox on the presumption of so young a man entering into competition with him. Dr. Handyside's connection with Edinburgh was a long and honourable one, and his memory will be long revered as that of a thoroughly tolerant Christian gentleman. Lasswade lost a respected practitioner in

Dr. WILLIAM MACLAREN, who graduated only in 1866. Subsequent to graduation he studied in Berlin. In August, 1880, dyspeptic symptoms appeared, which were quickly followed by emaciation and pain, and death ensued on the 4th March from cancer of the pylorus, at the early age of 34.

WILLIAM CRICHTON SAUNDERS, L.R.C.S.E., of Dundee, died at Broughty Ferry, where he had resided since failing health incapacitated him for professional duty, on the 25th April. Mr. Saunders was a member of an old Dundee family, where he was born on the 12th April, 1809. On completing his preliminary education he was apprenticed to his grand-uncle, Mr. John Crichton, Dundee, the celebrated lithotomist. He became a licentiate of the Royal College of Surgeons in 1830, and afterwards spent two years in Paris and Montpellier, attending the lectures of Dupuytren and other French celebrities. During the revolution of July, 1830—"the three days"—he was in Paris, and gave assistance to the wounded at the barricades and in hospital. For nearly half a century the deceased enjoyed a large practice in Dundee, and endeared himself to a wide circle by his skill, his kindly sympathy, and unostentatious benevolence. Mr. Saunders was a man of highly cultivated tastes and polished manners, an accurate scholar, and an accomplished linguist. While dying in a distant colony, medical circles in Edinburgh lost a well-known friend in

Dr. FREDERICK W. A. SKAE, third son of the late Dr. Skae, of Morningside. His death occurred at Wellington, New Zealand, on the 25th of June. After graduating at the University of Edinburgh, Dr. Skae studied both in London and Paris. He was assistant-physician to his father at Morningside for some years, after which he received the appointment of medical superintendent of the Stirling Asylum at Larbert, which he resigned on being appointed Medical Inspector of Lunatic Asylums to the colony of New Zealand. He was subsequently made Inspector of Hospitals for the colony. Dr. Skae was of an amiable and genial disposition, possessed a humour and geniality which made him a charming companion. His gentleness of speech and character made him

greatly beloved by his patients. The insane instinctively felt his genuine sympathy. Of a sensitive disposition, it appears, that a succession of worries to which he was subjected in the colony told seriously upon him, depressing his vital energy, and causing his death from an attack of erysipelas. He was an earnest and able public servant, and succumbed prematurely to circumstances, which a coarser and less upright man would have doubtless survived. A melancholy accident, in youth and health, deprived the department of lunacy of

JOSEPH J. BROWN, M.B., F.R.C.P. Edin. Thrown from a gig on the 28th Sept. at Coupar-Fife, he sustained such severe injuries that death took place on the same day. Dr. Brown was the son of a respected medical man at Wooler. He studied at Edinburgh where he took his M.B. degree with credit, and then had the advantage of being a resident in the Royal Infirmary. After this he became an assistant to Dr. Batty Tuke at Saughton Hall Asylum, where he became an enthusiast in nervous pathology. Three years of his subsequent life he spent at Morning-side, and was thence transferred to the Fife Asylum, where he maintained the reputation earned by his predecessors for that institution. He was of a most social disposition, and was highly beloved by a large circle of friends.

In GLASGOW the obstetric department of the profession sustained a loss in the sudden death of

Dr. J. G. WILSON, who occupied the chair of midwifery at Anderson's College. Dr. Wilson was the son of a Glasgow medical man, who likewise devoted special attention to obstetrics. The deceased graduated at the Glasgow University in 1853. He was in the enjoyment of a large practice in the city. A misapplied confidence in occasional assistants made, however, serious inroads on the amount of his work. Of an extremely amiable and active disposition, Dr. Wilson enjoyed a large share of professional esteem, and his loss is regretted by a large circle of friends. On the 21st of June died the immediate predecessor of Dr. Wilson at Anderson's College, Dr. JAMES PATERSON. Dr. Paterson was also the son of a medical man, and entered the profession in 1834. He commenced practice in the east end of the city, where he soon gathered round him a numerous *clientele*; subsequently he migrated to the west end. Dr. Paterson was devoted to his practice, taking but few holidays. As a teacher on midwifery his lectures were much appreciated by the students. In character he was straightforward and manly, commanded the success and respect to which he was so well entitled. Just as we write information has reached this country of the death

of Dr. Paterson's son, Dr. R. H. PATERSON, who also lectured on botany at Anderson's College. Receiving a tempting appointment, he went to Rockhampton, Queensland, where he died in November from the effects of blood-poisoning received in the course of his professional duties. He was aged only 26, and was a well-educated and accomplished gentleman. The premature death of

Dr. DAVID FOULIS, at the age of 35, caused a genuine feeling of sadness in the profession and among the public of Glasgow. He died on the 31st October last from the results, it is believed, of contagion from diphtheria, received when operating in cases of that disease. Dr. Foulis graduated in 1873. After this he spent two years in hospital work at home and on the continent. He was pathologist to the Royal Infirmary of Glasgow, and surgeon to the dispensary of that institution. He was a bold and skilful operator, and was widely known for the success which attended his operations on the throat, a department to which he specially devoted himself. Naturally reticent, he did not appear much in general society, but by those who were privileged to enjoy his friendship and intimacy he was much beloved. In the recent death of

Mr. JOHN REID, a man of excellent character, who will be much missed, has passed away to the unknowable future of which he certainly had no superstitious dread. A native of Glasgow, Mr. Reid studied at the university of that city, and took, in 1833, the licence of the faculty, to which body he always cherished friendly feelings. As our columns so recently contained an obituary notice of him, further recapitulation is unnecessary. Mr. Reid had, doubtless, his angularities; but he possessed other qualities which relegated these to the background; he was truthful; he was manly; he was sympathetic. We have thus been compelled to chronicle a sufficiently long list of fellow-labourers who have entered before us on "the first dark day of nothingness, the last of danger and distress." Men of all periods of life, and of all professional stations, most of whom began the year in robust health, with hopes flattering and prospects bright; and the duty of recalling their memories to our readers, on the threshold of another year, is one not unmixed with solemn thoughts. From our personal knowledge we can testify of some, and of the rest we have the best reason to believe that they were good men and true. Faultlessness we do not claim for them, for they were human. Striving to emulate the behests of their noble calling, we can but hope that having for ever rested from their toil and their petty strifes, they reap—

"In better world the meed
To blameless life by heaven decreed."

METROPOLITAN HOSPITAL SUNDAY FUND.

THE Annual General Meeting of the constituents of the Hospital Sunday Fund took place at the Guildhall on Tuesday last. The Lord Mayor presiding. The report of the Council which we have already referred to was formally received and adopted. A sum of money over and above that authorised to be expended upon surgical appliances was ordered to be paid out of the general fund in the hands of the bankers. It was further resolved, upon the motion of the Rev. Canon Spence, that an alteration be made in the rule constituting the surgical appliance fund, so as to enable the council to expend a further sum of 2 per cent., (taking 4 per cent from future collections) upon surgical appliances. Several speakers warmly supported the change, testifying to the immense amount of good already effected by the existing regulations, and which enabled poor persons, requiring surgical instruments to obtain immediate help, instead of begging from door to door for letters from subscribers to surgical aid societies. Cardinal Manning pointed to the list of 1,023 appliances distributed to the poor during the past year as proving the importance of such a provision, and the necessity for a further increase, it being within his own knowledge that many poor persons would but for the timely aid afforded by the fund, have been driven into the workhouse. We would add one remark with regard to the larger expenditure proposed: That it seems to require a good deal of care and additional discrimination to see that nothing like imposition is practised upon the Council fund. It is manifestly impossible to eliminate self-interest from human affairs, and the way in which the Hospital Sunday Fund is disposed of concerns the public at large no less than the executive. It would be much to the advantage of the fund, if a proper business arrangement were made for the purchase of instruments by contract or from one wholesale house of repute, which we believe has not yet been acted upon. A check should likewise be placed upon the indiscriminate distribution of expensive forms of surgical appliances, and their bestowal upon unworthy objects of charity. The whole of this wants watching indeed with a good deal of care, we might say with more care than has hitherto been bestowed.

The 11th of June, next year, was fixed upon for Hospital Sunday.

THE annual rates of mortality last week in the large towns of the United Kingdom per 1,000 of their population were—Bristol 15, Plymouth 16, Edinburgh 16, Norwich 19, Portsmouth 19, Newcastle-on-Tyne 19, Bradford 20, Sunderland 20, Leeds 21, London 22, Leicester 23, Sheffield 23, Glasgow 23, Nottingham 23, Brighton 24, Oldham 24, Wolverhampton 24, Birmingham 27, Salford 29, Hull 30, Liverpool 32, Dublin 33, and Manchester 34.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official weekly returns, as follows:—Calcutta 37, Bombay 24, Madras 34, Paris 27, Geneva 20, Brussels 21, Amsterdam 22, Rotterdam 29, The Hague 21,

Copenhagen 24, Stockholm 16, Christiana 16, St. Petersburg 38, Berlin 23, Hamburg 23, Dresden 18, Breslau 28, Munich 26, Vienna 24, Prague 31, Buda-Pesth 30, Naples 25, Turin 19, Venice 22, Alexandria 30, New York 29, Brooklyn 20, Philadelphia 19, and Baltimore 22. No returns were received from Rome or Lisbon.

FROM diseases of the zymotic class last week in the large towns, the highest death-rate per 1,000 were:—From scarlet fever, 8·7 in Hull, 3·9 in Nottingham, and 3·1 in Sunderland; from measles, 2·5 in Liverpool, and 2·8 in Plymouth; from whooping-cough, 2·1 both in Leicester and Salford; and from "fever" (principally enteric), 1·2 in Portsmouth, and 1·0 both in Brighton and Leeds. In Hull 26 more fatal cases of scarlet fever were recorded, raising the number registered within this borough since the beginning of July to 587. The 33 deaths from diphtheria included 12 in London, 8 in Glasgow, 5 in Portsmouth, and 3 in Birmingham. Small-pox caused 25 more deaths in London and 1 in Hull, whereas no fatal case was registered in any of the other large towns.

NEW YEAR'S GIFT-BOOKS FOR THE YOUNG.

WE have before us the bound volumes for the present year of "The Boy's Own Paper" and "The Girl's Own Paper," and we can conceive nothing that boys or girls under about fifteen years of age would be more delighted with than these annuals. There is so much pernicious literature published, presumably for the edification of the young, but actually for their destruction, that it is a pleasure—in fact, it becomes the duty of conductors of the press—to commend to the attention of parents such works as those before us. During their progress in monthly parts through the year we have scanned many a well-told tale—many an instructive article with pleasure; and the children to whom we gave them have testified their appreciation with unbounded delight. Throughout these volumes a high moral tone pervades, without any admixture of the goody-goody nonsense, or uncharitable sneer at this or that religious sect. "The Boy's Own Annual," and "The Girl's Own Annual," are works that can be placed with safety in the hands of the young; and even those not in their 'teens will find in them much to entertain and amuse.

South London School of Pharmacy.—At this popular School, the prizes were presented to the following successful competitors in the lecture room of the Institution, on Dec. 17th, 1881:—Senior Chemistry Medal: E. John Bull. Certificate: Herbert Shaw. Junior Chemistry Medal: W. I. Mignot Tucker. Certificate: Walter Lloyd. Botany Medal: Clement Caldicot. Certificate: Frederick E. Tozer. Materia Medica Medal: H. Hardy White. Certificate: W. I. M. Tucker. Practical Pharmacy and Dispensary Medal: Frederick E. Tozer. Certificate: C. Caldicot.

NOTICES TO CORRESPONDENTS.

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

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

THE INDEX.—The Index for the present volume will be given in our next number.

TO OUR READERS.—With the first number of the new volume for 1882 we propose continuing those valuable Lectures commenced during this month—"On Symptoms," by Frederick T. Roberts, M.D., B.Sc., F.R.C.P., Professor of Materia Medica and Therapeutics at University College, Physician and Professor of Clinical Medicine at University College Hospital; and the Harvelan Lectures "On Menstruation and its Derangements," by Alfred Meadows, M.D., F.R.C.P., &c., Physician to, and Lecturer on Midwifery and Diseases of Women and Children at, St. Mary's Hospital. We have also many promises of Lectures, Original Communications, and Clinical Records from the leading hospital physicians and surgeons throughout the United Kingdom, exceeding any previous year.

We would also remind those of our readers who are not attached to hospitals that our columns are equally open to them for correspondence and for "Cases in Private Practice;" these form the most useful feature, because the most practical of a medical journal, as by such records, and the comparison of notes and experience of others, many valuable lessons and useful hints are derived for the more perfect understanding and practice of our art. Whilst thanking those gentlemen who have in this manner contributed to our common stock of knowledge during the year now closing, we would wish to impress the utility of this department upon all our readers, and hope they will assist therein in increasing numbers during the coming year. We beg, also, to thank our subscribers for their continued and increasing support; some have kindly introduced new subscribers to our ranks, and during the year nearly 200 additional names have been added to our List, whilst scarcely any, except by death, have ceased their support. The new year, therefore, dawns upon us very brightly, a prospect, we sincerely hope, that awaits all our readers.

TO CANDIDATES FOR THE ARMY MEDICAL SERVICE.—Notice is given in our advertising columns of the next examination for appointments in the Medical Department of Her Majesty's Army. The date fixed is February 20th, and following days, but applications must be made in due form at least fourteen days prior to this.

MR. WATSON (Manchester) is referred to a little work, "Notes on Drugs," published by Messrs. Corbyn, Stacey, & Co, of London. Thymol, he will see, is a crystalline substance obtained from Oil of Thyme, slightly soluble in water, very soluble in alcohol, with a highly aromatic odour. In strong solution it acts as a caustic, and is also a powerful antiseptic. Comparative experiments with salicylic and carbolic acids show that thymol possesses much greater power than either of these acids in arresting fermentation in a solution of sugar containing yeast. When inhaled it is a strong stimulant and disinfectant, and has been recommended in pharyngitis and laryngitis when associated with exanthemata; for this purpose the Throat Hospital Pharmacopoeia gives the following formula: Thymol, 20 grains; rectified spirit, 3 drams; light carbonate of magnesia, 10 grains; water to 3 oz. A teaspoonful in 20 oz. of water at 150° F. for each inhalation.

STUDENTS will find the information he seeks in our "Student's Number," Sept. 21st. The following number, also, contains advice on the choice of books which he will do well to study before deciding.

THE JACKSONIAN PRIZE.—Intending competitors are reminded that their essays must be sent in not later than Saturday next.

ETIQUETTE.—Such conduct is unbecoming a gentleman; as he appears to be in unconscious possession of education, we would suggest that you should instruct him in its development by the opposite course of conduct, when good manners, which should spring therefrom, will follow as a matter of course.

STUCK.—The difficulty is a real one, especially as you confess to a bad memory. We have a book on our table for review, "Schematic Anatomy," by Dr. Mears, of the University of Durham Medical School, on a new basis, which would probably assist to impress the parts upon your memory.

A CANDIDATE.—The alteration in the bye-laws took place a short time since; candidates for the diploma of membership will henceforth be examined in midwifery unless holding a recognised licence showing that they have been examined in that branch of medicine.

ONE ANXIOUS FOR REFORM.—The whole question has been gone into by the Parliamentary Commission, and we shall probably hear of suggestions being made in the direction indicated in your letter when the report is presented. We were from the first in favour of conjoint examinations, and have never ceased to advocate this change as a

means of counteracting the disreputable practices of certain colleges. This much needed reform must come eventually.

MR. F. G. L.—The local paper containing report of case to which you allude has not yet been received.

MR. WELLS (Blackburn).—We do not prescribe in these columns. Consult a local practitioner of known ability.

BARTLE.—Appropriate to the season, but hardly so to our columns.

DR. RIDLEY DALE (Sunderland).—Came too late for insertion this week.

THE QUACKS OF THE OLD TIMES.—As a contrast with the advertisements of the present hour in our newspapers, we reproduce a couple of specimens from the original edition of Addison's *Spectator*, published in the reign of Queen Anne. The first relates to the cure of "stuttering and stammering," &c., and the second to the "loss of memory." Listen to the quack: "An admirable confection which assuredly cures stuttering and stammering in children or grown persons, though never so bad, causing them to speak distinct and free without any trouble or difficulty; it remedies all manner of impediments in the speech or disorders of the voice of any kind proceeding from what cause soever, rendering those persons capable of speaking easily and free, and with a clear voice, who before were not able to utter a sentence without hesitation. Its stupendous effects in so quickly and infallibly curing stuttering and stammering and all disorders of the voice and difficulty in delivery of the speech are really wonderful. Price 2s. 6d. a pot, with directions. Sold only at Mr. Osborn's Toy Shop at the Rose and Crown, under St. Dunstan's Church, Fleet Street." Here is the second nostrum:—"Loss of memory, or forgetfulness, certainly cured by a grateful electuary peculiarly adapted for that end; it strikes at the primary source, which few apprehend, of forgetfulness, makes the head clear and easy, the spirits free, active, and undisturbed; corroborates and revives all the noble faculties of the soul, such as thought, judgment, apprehension, reason, and memory, which last in particular it so strengthens as to render that faculty exceeding quick and good beyond imagination; thereby enabling those whose memory was before almost totally lost to remember the minutest circumstance of their affairs, &c., to a wonder. Price 2s. 6d. a pot. Sold only at Mr. Payne's, at the Angel and Crown in St. Paul's Churchyard, with directions."

Vacancies.

Birmingham.—Resident Second Assistant Medical Officer to the Workhouse. Salary, £150. Applications to "The Guardians of the Poor," Paradise Street, to be sent in on or before Jan. 4.

Gravesend Dispensary and Infirmary.—House Surgeon and Dispenser. Salary, £100, with board. Applications to the Hon. Sec. before Jan. 10.

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

Mullingar District Lunatic Asylum.—Resident Medical Superintendent. Full particulars on application to Dublin Castle. (See Advt.)

Sheffield.—Resident Medical Officer for the Infectious Diseases Hospital. Salary, £200, with board. Applications to the Town Clerk on or before Jan. 3.

Appointments.

APLIN, A., L.R.C.P. Lond., M.R.C.S., Medical Superintendent of the Nottingham County Asylum.

BAIN, W., M.D. Glas., Medical Officer for the Patterdale District of the Westward Union.

CALVERT, F., M.R.C.S., Medical Officer for the Workhouse of the Beverley Union.

GREAVES, H., L.S.A. Lond., Medical Officer of Health for the Ashbourne Urban Sanitary District.

HARRISON, D., L.K.Q.C.F.I., M.R.C.S., Surgeon to the Northern Hospital, Liverpool.

NEWMAN, —, M.B., C.M. Glas., Pathologist to the Glasgow Royal Infirmary School of Medicine.

PARK, J. P., M.D., M.Ch. Q.U.I., Medical Officer for the First District of the Beverley Union.

SYKES, M. C., M.R.C.S., House Surgeon to the Beckett Hospital, Barnsley.

Deaths.

CARRUTHERS.—Dec. 12, at Hulton House, near Runcorn, Cheshire, William Carruthers, M.R.C.S., aged 69.

ELLIS.—Dec. 19, at Redcliff Parade West, Robert William Ellis, M.R.C.S., aged 55.

LOGAN.—Dec. 18, at Redcliff Parade West, after a painful illness, James Logan, M.D., aged 58.

OMOND.—Dec. 13, at Charlotte Square, Edinburgh, Robert Omond, M.D., F.R.C.S.E., aged 75.

RAMSBOTHAM.—Dec. 19, at Amwell Street, Middleton Square, London, J. Meredith Ramsbotham, M.D. St. And., aged 80.

ROBERTS.—Dec. 17, at his residence, Shamrock House, Rhyll, North Wales, R. Price Roberts, M.D., aged 65.

SLIGHTHOLME.—Dec. 14, at North Ormsby, Middleborough, J. P. Slightholme, L.R.C.P. Lond., M.R.C.S., aged 41.







