

Brighton was held last week, not without some free discussion on questions of general interest to hospital authorities. The number of inpatients during last year was 1,445; the daily average 128; average stay 33½ days; out-patients 5,700; total receipts £8,000; expenditure £9,600. All these figures are less than the corresponding items last year, and the revenue from subscriptions has been falling for some years past; and to meet the deficiency the number of patients had recently been limited, and a special appeal issued. In response to that, about £600 in new subscriptions has been already received, and £2,000 in donations since this year began. It was pointed out that the expenditure was large compared to the number, and the appointment of a general superintendent was urged; also the payment of a contribution by those "who were in a position to pay a doctor's bill"; also "that the junior officers should be paid salaries". Dr. Taaffe, saying that neither the governors, the committee, nor the secretary, could inquire into the cases, and that much abuse went on, suggested the help of the Charity Organisation Society for inquiry. Mr. Blaker protested against the suggestion that junior or any officers should be paid a salary; he knew that not one of his colleagues would condescend to take one. One speaker was bold enough to say that the charities of the town were not abused: "the public talked about abuse, but it was not true" (when it is a matter of calculation that, in Brighton alone, one person out of every four is in receipt of charity in some form). Baron de Teissier moved that all bequests and two-thirds of all donations should be placed to an inalienable fund—the hospital is said to have already a permanent fund of £40,000—and his seconder asked "if it were not a species of dishonesty to spend legacies and donations as current income?" Dr. Withers Moore fairly argued the opposite view, pointing out that if earlier legacies had been saved, later ones would not have been left. Ultimately, no change was made.

The local lying-in institution reports also a deficiency in its receipts. About nine hundred cases are attended yearly—twenty-eight only in the hospital—and seven hundred out-patient; but the provision for the special treatment of diseases of women here is by no means equal to the accepted standard now in most large towns. Mr. Frederick Blaker has been elected honorary surgeon in place of Mr. Salzmann, resigned.

The Brighton Provident Dispensary is more flourishing, £500 having been divided—the highest amount attained. In the course of the meeting, Dr. Moore plainly said "he could not understand how rich people could drive about in their carriages and when their servants were laid by with sickness expect educated gentlemen to attend them for nothing. If they would make them members of such a dispensary, they would avoid the ignominy of pauperising their servants. It was a disgrace that one-third of the population of Brighton should be receiving gratuitous medical assistance."

The modest but very useful Throat and Ear Dispensary, established only two or three years ago, had a successful meeting, and reported a clientele of over three hundred patients, with a revenue of £120 and a small balance. "Otitis media catarrhalis" describes nearly fifty, and "otitis purulenta chronica" thirty-four of the patients.

At the local Medico-Chirurgical Society, Dr. Broadbent lately read a valuable paper on the Diagnosis and Prognosis of Mitral Stenosis; it was heard with much interest.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### SELF-SUPPORTING AND PROVIDENT HOSPITALS.

SIR,—I am well aware of the objections to the Honorary Fund in connection with those and similar institutions, as pointed out by Dr. Fairlie Clarke. In this case, as in many others, it becomes a choice of two evils. Dr. Clarke has shown those of the Honorary Fund to amount mainly to an absence of a complete provident principle, as apart from one which is half eleemosynary and half self-supporting but which ensures good management. The plan I suggested would be practically provident throughout, because the subscriptions of the honorary members would reach only a nominal sum. If you abolish the Honorary Governor and leave the management wholly in the hands of free members, a greater abuse will result. The "Medical Institutes" managed by working men are not pleasant places for professional men to labour in. Where working men are masters, the medical profession do not find the situation a bed of roses. So well is this known, that I believe such a system of management would discredit the self-supporting hospital with the profession at the outset of its career. I therefore much prefer the Honorary Fund, which is but a bonus fund after all, and which ensures pleasant and efficient management. Canon Clarke owns the

Battersea Hospital, and so he will be at liberty to nominate a Committee of Governors, and can so avoid both evils in his case.—I am, etc.,

HENRY C. BURDETT.

Seamen's Hospital, Greenwich, January 1880.

## THE SUNDERLAND AND NORTH DURHAM EYE INFIRMARY.

THIS is a small but a growing institution; and situated, as it is, in the midst of a mining and seafaring population, amongst whom injuries to the eye must be common, we may anticipate for it an useful career. Last year the number of new cases was five hundred and ninety-three; the number of operations performed, forty-six. The in-patient accommodation is inconveniently cramped, and it is no wonder the Committee are desirous of obtaining more suitable premises. "At the present time", says the report, "only having one room for beds, male and female patients cannot be admitted at the same time, and therefore one bed may be occupied and the other remain empty, although cases are waiting to be admitted." The total receipts for the year amounted to £84:14:6; and, after defraying all expenses, there remained in the treasurer's hands a balance of £9:7:6.

## ASSOCIATION INTELLIGENCE.

### METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.

THE next meeting of this district will be held at the Myddleton Hall, Islington, on Thursday, March 18th, 1880, at 8.30 P.M. The following papers will be read.

Mr. Henty: On the Treatment of Tapeworm.

Dr. Dowse: On Neuralgia of the Heart.

THOMAS STRETCH DOWSE, M.D., *Honorary Secretary.*  
2, Old Burlington Street, March 2nd, 1880.

### WEST OF IRELAND BRANCH.

A MEETING of this Branch will be held at the Queen's College, Galway, on Thursday, March 18th, at 7.30 P.M.

The following papers will be read.

1. Dr. W. B. Deely: A case of Intestinal Obstruction: Successful Aspiration of Bowels.

2. J. J. Gorham, M.D.: On the Vaccination Amendment Act (1879).

3. William Rutherford, M.D.: Short Notes on Peculiar Symptoms connected with the Eruption of the Permanent Molars.

JOHN J. LYNHAM, M.D.,  
*Honorary Secretary and Treasurer.*

Galway, March 3rd, 1880.

### METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THIS district will hold a meeting in the London Hospital Medical College on Thursday, March 18th, at 9 P.M.; STEPHEN MACKENZIE, M.D., in the Chair.

Alexander Collie, M.D.: On the Treatment of Pneumonia.

A. GRANT, M.D., *Honorary Secretary.*

### THAMES VALLEY BRANCH.

THE next meeting of this Branch will be held at the Griffin Hotel, Kingston, on Thursday, March 25th, at 6 P.M.

Dr. Langdon Down will read a paper on Some Causes of Idiocy.

The dinner will take place after the meeting, at 7 P.M.

FREDERICK J. WADD, *Honorary Secretary.*  
Richmond, Surrey, March 4th, 1880.

### WEST SOMERSET BRANCH.

THE spring meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, March 18th, at Five o'clock.

The following question has been settled by the Council as the one on which members should be invited to express their opinion at the said meeting after dinner:—"What are your views on the Resolutions with regard to Medical Education passed by the Metropolitan Counties Branch, as published in the JOURNAL of January 24th, 1880, p. 146?"

Members who have any communication for the meeting are requested to send early notice of its title to the Honorary Secretary.

Dinner 5s. a head, exclusive of wine.

W. M. KELLY, M.D., *Honorary Secretary.*  
Taunton, February 20th, 1880.

## GLOUCESTERSHIRE BRANCH.

THE meeting for this month will be held in the Board Room of the County Infirmary, Gloucester, on Tuesday, March 16th, at 7.30 P.M., under the presidency of T. S. ELLIS, Esq., of Gloucester.

*Business.*—1. H. E. Waddy, Esq.: Surgical Cases. 2. A. M. Sydney-Turner, Esq.: Open Wounds. 3. Dr. Batten: Arsenical Wall-Papers.

RAYNER W. BATTEN, *Honorary Secretary.*  
Gloucester, March 1880.

## SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

A MEETING will be held at Dartford on Tuesday, March 23rd; JOHN M. BURTON, Esq., in the Chair.

Dr. Armstrong will introduce a discussion on Rheumatism.

A. HALLOWES, *Honorary Secretary.*

## SOUTH-EASTERN BRANCH: WEST SURREY DISTRICT.

A MEETING will be held at the Bush Hotel, Farnham, on Thursday, March 25th, at 4 P.M.; S. G. SLOMAN, Esq., in the Chair.

*Business.*—1. Dr. Brushfield: A paper on Medical Certificates of Lunacy.

2. Mr. T. M. Butler: Three Cases of Intussusception.

3. Dr. Pearse: A paper on the Disorders of the First Dentition, and their Treatment.

4. Mr. S. Sloman: A Case.

A. ARTHUR NAPPER, *Honorary Secretary.*  
Broad Oak, Cranleigh, March 12th, 1880.

## SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

THE next meeting of this district will be held at the Ship Hotel, Faversham, on Thursday, March 25th, at 3 o'clock: Dr. GANGE in the Chair.

Members intending to read papers are requested to communicate at once with the Secretary.

WM. KNIGHT TREVES, F.R.C.S., *Honorary Secretary.*  
Margate, February 24th, 1880.

## SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

A MEETING will be held at Brighton in the afternoon of Wednesday, March 31st; JARDINE MURRAY, Esq., in the Chair.

Gentlemen willing to read papers, etc., are requested to forward particulars to me by the 21st instant.

THOS. TROLLOPE, M.D., *Honorary Secretary.*  
St. Leonard's-on-Sea, March 10th, 1880.

## METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THIS district met in the London Hospital Medical College, on February 19th; THOMAS BARLOW, M.D., in the Chair.

*Papers.*—The following papers were read.

Mr. FREDERICK TREVES read a paper on certain Unavoidable Errors in Surgical Diagnosis, founding his remarks on cases of hernia, on tumours and chronic abscess, on fractures, and on wounds.

Mr. J. O. ADAMS read a paper on Forcible Feeding, and exhibited the chair in which he usually placed the patient, as well as the various instruments he found useful for overcoming difficulties that might arise.

The CHAIRMAN exhibited several Syphilitic Crania of Children.

## GLOUCESTERSHIRE BRANCH: ORDINARY MEETING.

A MEETING was held on Tuesday, February 17th, Dr. WILSON presiding, in the unavoidable absence of the President, Mr. ELLIS.

Dr. ASKWORTH read a paper on the Treatment of an Encysted Tumour of the Scalp.

Mr. BENNETT brought forward a case of Amputation at the Hip-Joint, showing the value of Davy's lever.

Mr. CARDEW exhibited the lungs and heart of a patient under Mr. Bubb's care, who had died suddenly and unexpectedly from Embolism of each Pulmonary Artery; also the Lens, infiltrated with cancerous masses, from a patient of Dr. Cook; also a portion of a Knitting Needle which had penetrated the right frontal lobe of the brain in a boy of six years of age; but which had been removed without the occurrence of any subsequent symptoms.

Mr. SHAW exhibited some well prepared Microscopic Specimens, illustrating fatty infiltration of the muscular structure of the heart; lymphadenoma; and myoma of the uterus.

## CORRESPONDENCE.

## MEDICAL MEN IN PARLIAMENT.

SIR,—Will you allow me to add a line in addition to your notice regarding the reasons which have led me to decline the invitations which have been made to induce me to become a candidate for the representation of East Surrey in the Imperial Parliament? I should have no objection to become a candidate, but I have objection to the conditions which are necessarily attached to such candidature—viz., that I should spend five thousand pounds in the contest. Such is the vicious principle upon which parliamentary elections are conducted, that a heavy expenditure is absolutely necessary to fight a good fight in East Surrey. I should have no objection to do a fair share; but I am not prepared to make so heavy a sacrifice. If the medical profession could be true to themselves, it would be unnecessary. To be an Englishman first and then a medical man is my motto. The custom, I fear, is self first; political party second; and our own profession third. I believe that the interests of the public are identical with our own, and in making the interests of the profession a prime consideration I should be doing that which is best for the country at large. Many of my professional brethren do not take that view; they think they show a magnanimous feeling to the world, and that they are entirely above such petty matters as self-interest, whilst in reality it is that feeling which is guiding their action.

Nevertheless, if opportunity arise, I should not hesitate to fight a fair and honest fight on equitable conditions.—Believe me, faithfully yours, Croydon, March 8th, 1880.

ALFRED CARPENTER.

## QUEEN CHARLOTTE'S LYING-IN HOSPITAL.

SIR,—In the Registrar-General's report, published on Thursday, the 26th ult., it is stated that a death occurred in this hospital from puerperal fever. This is an error. There has been only one death, that of a single girl on the 14th ult., who was admitted in the hospital suffering from advanced Bright's disease, and in whom labour had to be induced at the eighth month as the only means of giving her a chance of life. She was delivered of a putrid child and placenta the next day.

The house surgeon in the death certificate entered amongst the possible causes of death, "puerperal peritonitis (septicæmia?)", which was evidently misconstrued by the Registrar-General to imply "puerperal fever".

There has not been a single case of puerperal fever since the reopening of the hospital in September last, out of over two hundred and fifty deliveries; although many of the cases have been very severe, requiring operative interference or the induction of labour, besides which three-fourths of the patients have been single women, primiparæ, with whom the mortality in childbed is always exceptionally high.

I beg leave to call attention to the Registrar-General's system of always alluding by name to any lying-in hospital in which death from septicæmia or erysipelas occurs, while failing to treat other special or general hospitals in a like manner, as misleading to the public, who naturally conclude that deaths from such causes are peculiar to lying-in hospitals. If, in the public interest, the Registrar-General find it necessary particularly to note these deaths, it is but just that all hospitals and public institutions should be put on an equal footing.—I have the honour to remain, yours faithfully,

W. C. GRIGG, M.D.,  
Physician to Queen Charlotte's Hospital.  
6, Curzon Street, Mayfair, W., March 6th, 1880.

## THE PREVENTION OF HYDROPHOBIA.

SIR,—Paulus Aegineta tells us (vol. ii, page 157, Sydenham Society's translation), "that if a person happens to be bitten or stung by any venomous animal, he ought immediately to get the part sucked. The person who sucks it should not be fasting, and he ought first to rinse his mouth with wine and retain oil in it; and then, if the part admits, it should be cupped with much heat, scarifying also the surrounding parts; for the poison is forced back out of the body along with the spirits and blood, which are drawn out. The part in which the wound is situated ought also to be burnt, and eschar formed on it.....".

Sir Thomas Watson has cautioned the public against suction, in the article on Hydrophobia which appeared in the *Nineteenth Century*, and doubtless his advice will be followed by a large number.

I prefer to follow the advice of Paulus Aegineta, and must unhesitatingly recommend suction as an excellent remedy, and as unattended by danger to the operator. As, however, many may be deterred by the views of Sir Thomas Watson from lending their mouth, I offer a sub-

heartily congratulate Mr. Roper upon his good fortune, and trust that he may live long to enjoy it. We gather from the particulars furnished to us by the *Croydon Advertiser*, that Mr. Roper has been medical officer to the Croydon Board of Guardians for thirty-one years, and during all that time not a single complaint has been made against him for neglect of duty. Mr. Roper has also advised the board upon many important points besides his ordinary duties, which he has zealously performed; and those extra services are acknowledged to have been of great value. The decision was not arrived at without opposition; but, owing to the advocacy of the President of the Council of the British Medical Association, who is an *ex officio* member of the Croydon Board of Guardians, the resolution granting the annuity was unanimously agreed to, and a precedent set which we hope other boards of guardians will not be slow to follow. The result shows to some extent the advantage which may accrue to us as a profession by the presence of individual members of it, who are true to the interests of their profession, being among our governing bodies generally. It is especially a matter of congratulation for our Poor-law medical officers.

#### THE NOTIFICATION OF INFECTIOUS DISEASE.

SIR,—I note with great pleasure that you are again giving prominence to this important subject. No one can have read Mr. Ernest Hart's report on the recent progress of legislation with regard to the notification to the sanitary authorities of the occurrence of cases of infectious disease (BRITISH MEDICAL JOURNAL, November 22nd, 1879), without coming to the conclusion that the important towns which have already adopted means of insuring this notification are only the vanguard of all others which are surely marching in the same direction. The valuable paper by Dr. J. W. Moore of Dublin, in this week's JOURNAL, shows how deeply the want of some registration of at least infectious disease had sunk into the minds of thinking men. This subject, and Mr. Hart's proposed model clause, were discussed at a recent meeting of the Birmingham and Midland Association of Medical Officers of Health, and adjourned until the next meeting. What the exact recommendations will be which the meeting may adopt I know not; but I am satisfied that that society, and every other similar one in the kingdom, will, before long, agree to press this subject most vigorously upon the attention of Parliament. But I should not have troubled you with these now trite observations, had it not been for the difficulties which appear to your correspondent Mr. North in this week's JOURNAL, to stand in the way of any useful action being taken upon the notification of cases of infectious disease to the sanitary body by their executive officers; nor are these difficulties confined to Mr. North; they have been expressed to me by other medical officers of health, who, I think, should have been more fully acquainted with the subject. Mr. North asks, "What use medical officers are to make of the information (of the existence of infectious disease) when they get it?" And, again, he supposes the medical man attending such a case saying to the friends of the patient: "Your corporation have an Act by which I am obliged, under a penalty, to give you this certificate; and by the same Act you are obliged to see that it is delivered at the office of the local authority; but no officer has any right to enter your house without your permission, and certainly no authority to examine or interfere with your sick relative." "If this be true," continues Mr. North, "surely it is not wise to be urging local authorities to obtain powers they cannot use for any practical purpose." But is it true? All I can say is that, if it be so, I and my sanitary authority have long been acting in a most illegal manner, and, I doubt not, other sanitary authorities also. How does Mr. North construe this clause of the Sanitary Act? "With the consent of the superintending body of a hospital or place for the reception of the sick provided within the district" (*without* now), "a justice may, on the certificate of a qualified medical practitioner, order the removal thither, at the cost of the sanitary authority, of persons suffering from any dangerous, contagious, or infectious disorder, being without *proper lodgings or accommodation*, or lodged in a room occupied by more than one family, or being on board any ship or vessel" (29 and 30 Vict., 90). It is evident that the giss of this section turns upon the construction given to the words which I have placed in italics. How often can it be said that a person ill of a contagious disease in any house whatever has "proper lodgings or accommodation", when, in nine cases out of every ten in the houses of the poor, and in at least one case out of every ten in the houses of the wealthier classes, such proper lodgings, etc., cannot be obtained? For what is a proper lodging for a case of infectious disease? Assuredly one in which the patient may obtain every reasonable appliance necessary for his recovery, and which affords all reasonable guarantee against the spread of his infection to other persons. If this be not the legal as well as the natural meaning of these words, what meaning have they? If no action can be taken when the lodgings and accommodation are found to be *improper*, of what use was the insertion of such a clause in the Act? Mr. North continues: "No officer has the right to enter your house without your permission, and certainly no authority to examine or interfere with your sick relative." All I can answer is that I, as the medical officer of health, am in the habit of entering *every* house amongst the poor where the "lodging and accommodation" are almost sure to be *improper*, and most of the houses of the richer classes where the lodgings, etc., are *proper*, whenever information reaches me of the existence of "dangerous, contagious, or infectious disease" in that house. No objection has ever been made to this action of mine. It is looked for as a necessary part of my duties; and, in point of fact, I am frequently applied to to remove to the "infection" hospital cases from the houses of tradesmen and others wherein proper lodging accommodation might easily be obtained.

Again, how is the inspector to disinfect any house where infectious disease has existed unless it be presumed, that he has the power to enter it for that purpose? Our Sanitary Committee would severely censure him unless he reported that every house so infected had been, either by the householder or (more generally) by himself, thoroughly cleansed and disinfected, and the bedding and clothing of the sick sent to the disinfecting chamber. If I am asked, as I have been asked, under what section of the Sanitary Act we do this, I reply, under that which give the authorities power to enter *any* premises where they have reason to believe an unabated nuisance exists. Is not a case of typhoid fever, or scarlatina, or small-pox, which has not proper lodgings, etc., as defined above, a nuisance and injurious to health? I think so, and so I construe the Act. The question I would ask of Mr. North and others is, have you a hospital for infectious cases? If you have not, then, indeed, this notification of infectious disorders will not only be useless, but a farce. If you

have, for what was it provided except to remove thither cases of infectious disease not having proper lodging accommodation? and how can they be removed thither unless some one has the power to do so? And this, in conclusion, suggests to my mind an addition to the excellent form which has been drawn up to serve as a guide in reporting cases in the event of an enabling act being passed. After No. 4, "Nature of the Disease", in your JOURNAL, I would suggest a No. 5, stating whether the patient has or has not proper lodgings and accommodation (under the meaning of the Act), so as to give a reasonable protection to the other inmates of the same house from catching the disease. This would be a guide to the medical officer of health, and would, indeed, compel his immediate attention to such cases as have *not* proper lodgings, etc.—I am, sir, faithfully yours,

WILLIAM STRANGE, M.D., Medical Officer of Health.  
Worcester, February 2nd, 1880.

#### MEDICAL ETIQUETTE.

SIR,—I attended a patient for about a fortnight, and, as her husband was out of work, she applied for parish relief, which was granted. Next day, the parish medical officer told her that, as she had accepted parish relief, she would be compelled to have him to attend her. She told him that I was in attendance, and that, as she was now convalescing, she did not wish to change. He told her that there was no alternative, and that she must discharge me and submit to his treatment. He never communicated with me in any way, but took the case and kept it. Was this in accordance with medical etiquette? and does the fact of a person's accepting temporary parish relief compel that person to have the parish doctor *nolens volens*?—I remain, yours, etc.,

DELTA.

\*.\* Delta's patient having applied for parochial relief, it was incumbent on the relieving officer to give an order to the district medical officer to visit, take charge, and report on the nature of the case. So far, we consider that the medical officer was strictly *en règle*; but, having been informed that the poor woman had been under the care of another medical man, it would have been but an act of courtesy if he had allowed the case to remain under his treatment, or had communicated with him thereon. This, however, he was not required to do if he did not care to give himself the trouble.

MEMBER.—Our correspondent does not inform us whether in the contract he has made with the guardians all extras are commuted in the salary; if not (and the advice of the clerk would appear to show they are not), then he may charge a fee ranging from 10s. 6d. to £1 1s., according to the scale of fees paid in the union of which he is a medical officer; but one thing must be remembered, that if objection be made and the decision referred to the Local Government Board, the minimum fee of 10s. 6d. only will be paid, unless it be made clear that the cases were accompanied with difficulty or danger. Neither of the cases quoted can fairly come under that category.

#### THE MEDICAL OFFICER OF HEALTH FOR EXMOUTH.

MR. T. M. WARD of Exmouth writes to us that he did not resign the appointment of medical officer of health to that town. He says that he was appointed for 1879 at a salary of £40 a-year, for which he was to give the usual annual report on the health of the town, and also four long quarterly reports, all of which had of course to be in duplicate, for the Local Government Board requires a copy of each. He had also to perform the usual routine duties of medical officer; and that these duties were well and properly done was acknowledged. At the expiration of the year, the appointment was again offered him at £20 a-year inclusive, i.e., he was to pay the registrar for all death-returns, books, etc., which must be legally provided by the sanitary authority; on which point he had fought and won a hard battle when first appointed. Of course, he says, he would not accept the miserable terms offered.

#### POOR-LAW MEDICAL APPOINTMENTS.

DOYLE, G. W., M.B., appointed Medical Officer to the 5th District of the Norwich Union, *vice* W. Woodhouse, M.R.C.S.Eng., resigned.  
GOSSETT, George, M.B., appointed Public Vaccinator for No. 3 District of the Abingdon Union, *vice* J. H. Daly, L.R.C.P., resigned.

#### MEDICO-PARLIAMENTARY.

##### HOUSE OF COMMONS.—Wednesday, March 10th.

*Vaccination Bill.*—This Bill stood first on the Orders of the Day for second reading. Dr. CAMERON said he did not intend to proceed with this Bill, as neither the country nor the House of Commons was in a state of mind for its consideration. Moreover, the Local Government Board had, since the question was mooted, made experiments to ascertain if his suggestions could be at the present juncture adopted. He therefore asked that the order for the second reading might be discharged. The order was discharged accordingly.

#### MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received certificate to practise, on Thursday, March 4th, 1880.

Waterhouse, George Beardmore, London Hospital

The following gentlemen also on the same day passed their primary professional examination:

Fotherby, Henry Arthur, Guy's Hospital

Sykes, Matthew Carrington, St. Bartholomew's Hospital

## MEDICAL VACANCIES.

Particulars of those marked with an asterisk will be found in the advertisement columns.

THE following vacancies are announced:—

\*CARMARTHEN INFIRMARY—House-Surgeon. Salary, £125 per annum, with lodgings, fire, and washing. Applications to the Secretary on or before March 31st.

GREAT YARMOUTH HOSPITAL—House-Surgeon. Salary, £100 per annum, with board, lodgings, and washing. Applications, with testimonials, to the Honorary Secretary, on or before March 18th.

\*HALSTEAD UNION—Medical Officer for the Fourth District. Salary, £46 per annum. Applications, with testimonials, on or before March 19th.

\*HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST—Resident Clinical Assistant. Applications, with testimonials, on or before March 20th.

INVERNESS NORTHERN INFIRMARY—Consulting Physician and Surgeon. LONDON LOCK HOSPITAL—Assistant House-Surgeon to the Female Department. Applications, with copies of testimonials, on or before March 17th.

MANCHESTER TOWNSHIP—Medical Officer of the Industrial Schools at Swinton.

\*METROPOLITAN FREE HOSPITAL—Assistant Physician. Honorarium of twenty-five guineas per annum. Applications on or before March 27th.

NEWPORT (Monmouthshire) ODD FELLOWS' MEDICAL AID ASSOCIATION—Assistant Medical Officer. Applications to the Secretary, with testimonials, before March 20th.

NORTH STAFFORDSHIRE INFIRMARY, HARTSHILL, STOKE-ON-TRENT—House-Physician. Salary, £100 per annum, increasing £10 a-year at the discretion of the Committee, with board, furnished apartments, and washing. Applications, with testimonials, to the Secretary not later than March 24th.

\*QUEEN CHARLOTTE LYING-IN HOSPITAL, London—Resident Medical Officer. Salary, £60 per annum, with board and lodgings in the hospital. Applications, with copies of testimonials, to the Secretary before April 5th.

QUEEN'S UNIVERSITY IN IRELAND—Examiner in Medicine at a salary of £100; in Surgery, at £100; in Midwifery and the Diseases of Women and Children, at £75; in *Materia Medica*, at £75; and in Medical Jurisprudence, at £75. Applications to be made to the Secretary, Queen's University, Dublin Castle, on or before the 16th instant.

ROMFORD UNION—Medical Officer for the First District. Salary, £45 per annum. Applications to be sent in by the 15th instant.

ST. BARTHolemew's HOSPITAL, Chatham—Assistant House-Surgeon. Salary, £300 per annum, with board, washing, etc. Applications on or before March 22nd.

\*ST. LEONARD'S PARISH, Shoreditch—Resident Assistant Medical Officer for the Workhouse and Infirmary. Salary, £100 per annum, with board, furnished apartments, and washing. Applications not later than March 22nd.

\*Salford UNION—Resident Assistant Medical Officer to the Workhouse. Salary, £180 per annum, with furnished apartments in the workhouse. Applications, with testimonials, on or before March 22nd.

\*THE GREAT NORTHERN HOSPITAL, Caledonian Road, N.—Physician for Out-patients. Applications, with testimonials, on or before March 31st.

TOWNSHIP OF TOXTETH PARK, Liverpool—Assistant Resident Medical Officer to Workhouse and Infirmary. Salary, £100 per annum, with rations and separate apartments. Applications on or before the 24th instant.

\*WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—Honorary Surgeon. Applications, with testimonials, to the Secretary on or before March 22nd.

\*UNIVERSITY COLLEGE HOSPITAL—Third Assistant Physician. Applications on or before March 29th.

\*UNIVERSITY OF EDINBURGH—Additional Examiner to the Clinical Surgery Department. Applications, with testimonials, to the Secretary not later than April 5th.

YORK DISPENSARY—Physician.

## MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

BRADY, George S., M.D., M.R.C.S. Eng., F.Z.S., re-elected Honorary Medical Officer to the Sunderland Hospital for Sick Children.

MURPHY, James, M.D., appointed Honorary Medical Officer to the Sunderland Hospital for Sick Children, *vice* R. A. Smith, M.D.

\*WALMSLEY, F. H., M.D., appointed second Assistant Medical Officer to the Leavesden Asylum for Imbeciles, *vice* W. H. George, L.R.C.P. Ed., resigned.

WELFORD, G. E., M.D., re-elected Honorary Medical Officer to the Sunderland Hospital for Sick Children.

WILLES, William, M.R.C.S., L.R.C.P., L.M., appointed Resident Surgeon to the Royal Sea-Bathing Infirmary, Margate, *vice* R. V. Musgrave, M.R.C.S. Eng., resigned.

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcements.

## BIRTHS.

ADAMS.—On March 6th, at Rippingale, Lincolnshire, the wife of George Norris Adams, M.D., of a son.

BATEMAN.—On March 2nd, at Whitchurch, Oxon., the wife of Francis Bateman, M.B. Lond., of a daughter.

## DEATHS.

COHEN, Daniel W., M.D., at Bideford, aged 67, on February 28th.

CORNISH.—On March 7th, at Taunton, aged 67, Jane, the wife of Charles Henry Cornish, F.R.C.S., Mayor of Taunton.

DUKE, Herbert, M.B., at 321, Clapham Road, aged 26, on March 1st.

WALKER, Alfred, M.D., late of Hertford, at Palace Road, Upper Norwood, on March 3rd.

WARING, Thomas W., L.S.A., at Cavendish, Suffolk, aged 68, on February 28th.

WILSON, John, M.D., of Woodcliff, Inverness, suddenly, in Edinburgh, aged 60, on February 17th.

WATSON, Albert J., L.K.Q.C.P., of Tuam, aged 35.

LOCH KATRINE WATER.—The monthly report of the quality of Loch Katrine water, prepared by Professor Mills of Anderson's College, has been issued, and the results, stated in parts per 100,000, are as follows. Total solid impurity, 2.96; organic carbon, 0.147; organic nitrogen, 0.014; ammonia, 0.000; nitric nitrogen, 0.007; total combined nitrogen, 0.021; chlorine, 0.60; hardness, 1.11. The water was sampled on February 12th, and was very light-brown in colour, and contained little suspended matter.

UNIVERSITY COLLEGE HOSPITAL.—Vice-Admiral Pothuan, the French Ambassador, recently visited this hospital. His Excellency was highly pleased with the arrangements, and intimated his intention to become a subscriber.

BEQUEST.—Miss Susanna Caroline Palmer, late of Holme Park, Sonning, Berkshire, has bequeathed £2,000 to the Royal Berkshire Hospital.

DONATION.—The *employés* of Mr. Bernard Hughes, baker, of Belfast, have contributed the very handsome sum of £50 towards the funds of the Belfast Royal Hospital.

THE Duke of Beaufort has accepted the presidency of the centre of St. John's Ambulance Association being formed at Monmouth. New centres have lately been opened at Sydenham, Blandford, and Bournemouth, and numerous classes are now undergoing instruction in different parts of London.

BEQUEST.—Mr. Robert Donne of Odcombe, Somersetshire, has left £100 each to the Taunton and Somerset Hospital, the Sherborne Hospital and Dispensary, the Yeovil Hospital and Dispensary, and the Crewkerne Hospital and Dispensary.

MR. GEORGE T. B. MOFFATT of Downderry, Cornwall, Medical Officer of the emigrant ship *Taranaki*, accidentally fell overboard on the 15th November, and was drowned. He was only twenty-eight years of age.

PUBLIC HEALTH.—During last week, being the ninth week of this year, 3,762 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 23 deaths annually in every 1,000 persons living. The annual death-rate was 23 in Edinburgh, 23 in Glasgow, and 36 in Dublin. The annual rates of mortality in the twenty English towns were as follow: Bradford 17, Bristol 19, Birmingham 19, Portsmouth 19, Sunderland 20, Brighton 20, Wolverhampton 20, Hull 20, Leeds 21, Norwich 21, Sheffield 21, Salford 22, Leicester 22, Newcastle-upon-Tyne 22, Oldham 22, Manchester 23, London 23, Liverpool 25, Nottingham 26, and again the highest rate 29 in Plymouth. The annual death-rate from the seven principal zymotic diseases averaged 3.2 per 1,000 in the twenty towns, and ranged from 0.4 and 0.7 in Portsmouth and Wolverhampton to 4.9 and 9.7 in Hull and Plymouth. Measles showed the largest proportional fatality in Plymouth, Hull, and Nottingham; scarlet fever in Sheffield; and whooping-cough in Salford and Plymouth. In London, 1,607 deaths were registered, which were 150 below the average, and gave an annual death-rate of 22.9. The 1,607 deaths included 8 from small-pox, 17 from measles, 44 from scarlet fever, 5 from diphtheria, 155 from whooping-cough, 14 from different forms of fever, and 14 from diarrhoea—in all, 257 zymotic deaths, which were 19 above the average, and were equal to an annual rate of 3.7 per 1,000. The deaths referred to diseases of the respiratory organs, which had steadily declined from 1,557 to 459 in the four preceding weeks, further decreased to 390 last week, and were 81 below the average; 258 resulted from bronchitis, and 91 from pneumonia. Different forms of violence caused 43 deaths; 37 were the result of negligence or accident, including 21 from fractures and contusions, 3 from burns and scalds, 2 from drowning, and 8 of infants under one year of age from suffocation. Six cases of suicide were registered. At Greenwich, the mean temperature of the air was 48.5°, and 8.1° above the average. The air was dry. The general direction of the wind was south-westerly, and the horizontal movement of the air averaged 26.4 miles per hour, which was 12.5 above the average in the corresponding week of sixteen years. Rain fell on two days of the week, to the aggregate amount of 0.41 of an inch. The duration of registered bright sunshine in the week was equal to 19 per cent. of its possible duration. The recorded amount of ozone showed a general excess throughout the week.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.

TUESDAY.....Guy's, 1.30 P.M.—Westminster, P.M.—Royal London Ophthalmic, 11 A.M.—Royal 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.—King's College, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.

FRIDAY.....Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.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.—Royal 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.

## HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.

GUY'S.—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th. S., 1; Ear, Th., 2; Skin, Th.; Throat, Th.; 3; Dental, Tu. F., 10.

LONDON.—Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W., 9; Dental, Tu., 9.

MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, F., 9.

ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

ST. MARY'S.—Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, W. S., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.

ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. W. F., 2; Ear, S., 1.30; Skin, Tu., 1.30; S., 9; Throat, Th., 2.30; Dental, W., 10.3.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. The President (Mr. Gant) will deliver an opening address. Dr. Ord, "A Case of Thoracic Aneurism treated by Electrolysis, and Observations on Thoracic Aneurism".

TUESDAY.—Pathological Society of London, 8.30 P.M. Dr. Saundby (Birmingham), Specimens illustrating the Histology of Granular Kidney. Dr. Greenfield, Specimens of Granular Kidney. Mr. Nunn, 1. Section of Secondary Tumour after the Removal of the Breast; 2. Epithelioma of the Penis; 3. Melanosis of the Fingers. Dr. Norman Moore, 1. Aneurism of Mitral Valve; 2. Aortic Aneurism opening into Right Auricle; 3. Ulcer of Stomach. Mr. Startin, Sections of Molluscum Contagiosum. Dr. Thin, Microscopic Sections of Elephantiasis, and Photographs of the same disease from Shanghai. Mr. Walsham, Horny Growth from Lower Eyelid. Mr. Godlike, Melanosis of Finger. Dr. Barlow, Congenital Syphilis of Larynx. Mr. Murrant Baker, Skin-Disease, probably Lichen Ruber (living specimen). Mr. Huile, Drawings of Cancer. The President, Multiple Ivory Patch Morphea in process of rapid recovery (living specimen).

WEDNESDAY.—Association of Surgeons practising Dental Surgery, Council 7.30 P.M. 8.30 P.M. Mr. Francis Fox, "On Irregularities of the Teeth, and their Surgical Treatment".

THURSDAY.—Harveian Society of London, 8.30 P.M. Dr. A. J. Pepper, "A Case (and prepared specimen) of Malignant Disease of the Hip"; Mr. Knowsley Thornton, "The various methods of dealing with the Pedicle in Ovariectomy".

FRIDAY.—Clinical Society of London, 8.30 P.M. Papers postponed from the last meeting (Friday, March 12th). Mr. Thomas Smith, r. Spontaneous Gangrene of the Thumb and Fingers of the Right Hand"; 2. "Two Cases of Cystic Hygroma". Dr. de Havilland Hall, "A Case of Intrathoracic Sarcoma". Mr. Nettleship, "Two Cases of Sympathetic Ophthalmitis, setting in three weeks after Excision of the other Eye". Dr. F. Taylor will show a case of Unusual Transmission of Cardiac Bruit by the Lung.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 161, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the General Secretary and Manager, 161, Strand, W.C.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *Duplicate Copies*.

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

## COLONIAL APPOINTMENT.

SIR.—Will you be so good as to inform me through the medium of your JOURNAL with regard to the colonial government medical appointments? I refer to salary, etc., especially. I should like to know something of Demerara, the African settlements, etc. I am not including the Indian army.—Yours truly, COLONIAL.

DE. R. P. HARRIS (Philadelphia).—Duly received; and marked for early publication

## A QUESTION OF DIAGNOSIS.

SIR.—In July last year, I was requested to visit a patient, aged about 60, suffering from lumbar pain, especially on the left side, extending downwards to the iliac region and causing pain in and retraction of the left testis. This pain supervened after my patient had got wet in fishing, when barely recovered from a fit of gout, and he said it was a different pain from what he had ever suffered from before. He graphically described the pain as leading down to and attacking the testis on that side. The pain was constant, with exacerbations at times, almost unbearable, aggravated by rising or walking. He passed clear urine (very acid) frequently. He had sickness and vomiting at times. His bowels were regular. The pulse and temperature were affected. The pain continued more or less for two days; and when he went up to town, it was much aggravated by the motion of a cab.

Might I ask what, under these circumstances, would be the diagnosis? The patient's father suffered from calculus, and had it crushed when he was over seventy-one. Three days after I first saw him, and had given my diagnosis, a patch of herpes appeared on the upper part of the left thigh. The patient had occasionally suffered from gout, and he told me on the fourth day that he was free from pain.

Your obedient servant,

X. M.

## INDIA-RUBBER BANDAGES.

SIR.—As I had used Martin's bandages pretty extensively and under various conditions, as far as age, temperament, etc., are concerned, I can hardly attribute, as Mr. Owen and Dr. Spender have done, the mischief that occurred in their practices solely to the use of the India-rubber bandage. Within the past twelve months, I have used the bandages for sprains, varicose ulcers, eczema, chronic ulcers of traumatic origin, all of the lower extremities; and I have never yet met with an instance where any injury was occasioned by them. In two instances—one a woman, aged 84, with chronic ulcer; and the other a middle-aged man with slight displacements of the ankle-bones from old injuries and apparently enfeebled ligaments—there were complaints of blisters forming very soon after the first application of the bandages; these burst and made the legs tender, but on closing them to leave the bandages off for a couple of days, and sponging the legs either with cold water or some lotion, they were enabled to continue the bandage without any further discomfort. I think it is probable, in some cases where the sponging of the legs every night with cold or tepid water, as directed by Martin, is omitted, the secretions of the skin may act as an irritant, and set up mischief, and when one sees the collection of perspiration that is present on the removal of the bandage at night, and where thorough cleanliness is not practised, and perhaps the bandage, unknown to the medical attendant, worn for a longer time than specified by him, one can imagine changes taking place in a limb, the possessor of which, in five out of six instances, is in indifferent health. In that way, the bandage may be blamed for cellulitis or any other damage that may occur; but where the directions are carried out, as given on several occasions most explicitly in the columns of your JOURNAL, I hardly think it possible any great harm can ever accrue from the use of Martin's bandages. I have never met with an instance of bad symptoms from the healing of a chronic ulcer, and some of my patients are over seventy years of age. It is likely, in the case given by Dr. Spender as occurring in his practice, that the subject, advanced in years and in broken health, underwent some rapid blood-deterioration, and that the state of her limb—a weak point in her case—and the pneumonic attack, were irrespective of the presence of the bandage.—Yours truly,

L.R.C.S.I.

## SEA-SIDE LODGINGS.

SIR.—In reply to "A Doctor's Wife", I can confidently recommend Withernsea, near Hull. It is a large village standing well out to sea, and has a good pier, sea-wall, and promenade. It is exceedingly healthy, and much resorted to in the summer season. There is plenty of accommodation at a cheap rate; and a good hotel, standing in its own grounds, and having a full view of the German Ocean. From the present time up to the end of May, the lady and her children can be boarded and lodged at a very reasonable rate—half the usual charges. I have made inquiries about this, and should be glad to give her all particulars. The village is of easy access from Leeds—only about a three hours' run.—Yours faithfully,

Owthorne, Withernsea, Hull, March 6th, 1880.

W. A. RUDD.

## PREMATURE GREY HAIR.

SIR.—A patient—female, fair, and considerably under forty—appeals piteously to me as to the condition of her hair, which is turning rapidly grey, its natural colour being a jet black. She is extremely unwilling to do anything which would injuriously affect her health, but would be glad to adopt any wash which would be harmless and cleanly, and which would keep her still young-looking to her children. I am profoundly ignorant in the matter. Can any of your correspondents help us in the matter by the recommendation of an innocuous dye?—I am, yours truly,

THILOCOMA.