

SELECTIONS FROM JOURNALS.

PATHOLOGY.

SUBEPICRANIAL ECCHYMOYSIS AND CEPHALHEMATOMA.—According to M. Charles Féré (*Bulletin de la Société Anatomique and Boston Medical and Surgical Journal*), these two lesions, common in newborn children and important from a medico-legal point of view, are to be carefully distinguished the one from the other. Subepicranial ecchymosis is oftenest seen on the parietal bones, along the sagittal suture; but, instead of being, as is the case with the cephalhematoma, limited to a small region, it can extend so as to include the greater part of this bone; and it may even be found in other regions of the cranium, as the frontal and occipital. When this lesion is examined on the dead body of a new-born infant, the pericranium is found in great part detached, and its union to the subjacent bone is by a few isolated points only; it is raised by a layer of blood, which is more or less liquid, according to the age of the effusion. In the reparatory stage, however, the periosteum is no longer separated from the bone by a layer of blood, but firmly adherent to the bony surface; the bone itself, when stripped, presenting a dark red colour. In cephalhematoma, in the stage of repair, section of the bone presents superficially, under the pericranium, an ossiform layer which covers the bloody effusion, and underneath the bone itself appears porous. The anatomical characters of these two lesions, macroscopic as well as microscopic, show very well the differences in their manner of production and of repair. It is always a subperiosteal hæmorrhage; but in cephalhematoma the effusion which is made by the rupture of a relatively large vessel is sufficiently abundant to raise the periosteum completely; while in ecchymosis the effusion caused by the laceration of many small vessels is not sufficient to detach all the adhesions of the pericranium and to form a distinct tumour.

MULTIPLE NEUROMATA.—At a meeting of the New York Pathological Society in January, Dr. T. E. Satterthwaite related a case in which there were multiple tumours of the cranial, spinal, and sympathetic nerves, with remarkably few symptoms. The subject was a woman aged 25, who was admitted into the Presbyterian Hospital on October 14th last. During convalescence from an attack of small-pox at the age of 13, both lower extremities became paralysed. She regained motion, to some extent, under the use of the electrical current. She subsequently had severe pain along the course of the sciatic nerve. There was no uterine trouble, and no evidence of syphilis. On admission, sensibility was diminished in the right foot, and motion was limited. Under the use of the continuous current, she became, in the course of about ten days, able to walk with greater ease; but she still had dull pain in the limbs at night. On November 1st, nausea, vomiting, and diarrhoea set in, and she died on the 4th. Before death, a large tumour was felt on the right iliac fossa. At the *post mortem* examination, this was found to embrace and include the cords of the lumbar and sacral plexuses, forming a mass as large as a hand, and closely connected with the bone. The growths constituting the tumour varied in size from a pea to a goose's egg. They were either on the sides of the nerve-cords or pressed them centrally. The mesentery was studied with them. No tumours were found on the spinal cord. The intercostal nerves were thickened and beset with tumours up to the size of a small almond, some of which passed through the intercostal foramina. Small tumours were found on branches of the fifth nerve, and on the occipital, spinal accessory, and phrenic nerves. The right pneumogastric was thickly beset with tumours, the largest of which was ovoid, and measured about $1\frac{1}{2}$ by $1\frac{1}{2}$ inches. The cardiac and œsophageal plexuses presented numerous small tumours; the right sympathetic was extensively involved; and the cervical portion of the right sympathetic was converted into a bulbous cord about as large as the little finger. The remaining spinal nerves in the extremities were for the most part thickened; in the foot and hands, the change was but slight. Both sciatics, as they entered the thighs, presented themselves as large knotted cords. In the left leg, all the branches of the sciatic down to the ankle were beset with tumours, as was the anterior crural with its branches. On the left anterior crural and its branches, 276 tumours, large and small, were counted. In the left arm, all the nerves down to the wrist were thickened, and, especially above the elbow, beset with tumours. They were abundant alike in the muscular and in the cutaneous nerves, perhaps, in general, more so in the latter. There were extensive changes in the muscles of the leg. Examination of the fresh tumours with the help of osmic acid (one per cent.) showed that the medullated nerves were very closely connected with the growths. In some instances, the medullated fibres passed directly through the

centre of the nodules; in others, merely skirted their periphery, or were expanded over them. The nerve-fibres were apparently not increased in number. Dr. Satterthwaite remarked that growths conforming to these gross anatomical characters had been described by Robert W. Smith of Dublin, Toynbee, and others; but they were loosely described under the head of neuromata, fibrous tumours, myxomata, sarcomata, and the like. True neuromata were probably extremely rare. This case was remarkable as exhibiting extensive implication of the cranial, spinal, and sympathetic nerves. The auditory and optic nerves were unaffected.

DILATATION OF THE SEMINAL VESICLES.—At a recent meeting of the New York Pathological Society (*New York Medical Record*, March 6th), Dr. Heinemann presented a specimen of dilatation of both seminal vesicles removed from a patient who died at Roosevelt Hospital. No history had been obtained during life. The seminal vesicles were the seat of cystic degeneration; they measured two inches in length, an inch and a quarter in breadth, and three-quarters of an inch in thickness. They contained a brownish mucoid fluid, which could by slight pressure be forced through the ejaculatory ducts, and which, upon microscopic examination, revealed the presence of well-developed spermatozoa. Medical literature recorded, up to 1879, but three similar specimens, one referred to in *Pitha and Billroth's Handbook*, in Göttingen, and two in the possession of English of Vienna. Drs. E. Mason, G. L. Peabody, and I. Adler, of New York, had personally communicated that they each had met with a similar specimen. English, who had written upon the subject of cysts of the posterior wall of the bladder, divided them into four groups: one, found as single cysts in the median line of the posterior wall of the bladder, low down; a second, connected with either vas deferens; a third, cysts in the prostate gland, being really only a dilated sinus prostaticus; and, fourth, cystic degeneration of the seminal vesicles. The first three varieties might be congenital; the second and third were unilateral. The fourth variety was usually the result of inflammatory action, and was generally bilateral. In the specimen, the thickening from inflammation of the vasa deferentia seemed to have been propagated to the seminal vesicles, and confirmed the views of English. Whether such specimens were as uncommon as the literature would seem to indicate was open to doubt.

SURGERY.

HYPODERMIC INJECTIONS OF MORPHIA IN EPIDIDYMITIS.—Dr. Z. C. McElroy, of Zanesville, Ohio, in a short communication to the *St. Louis Med. and Surg. Journal*, says he has used these injections for several years, with the best results. He injects about half-a-grain under the skin of the scrotum; and, in the course of twenty-four hours, he has invariably found all pain, swelling, and soreness gone. Constitutional treatment is at the same time instituted, to get rid of the cause and prevent a relapse. No cases have been treated by him save those of urethral origin.

DISLOCATION OF THE RADIUS BACKWARD.—A case of this rare injury is reported by Dr. J. J. Berry in the *New York Medical Gazette* for February 7th. The subject was a boy aged 15, who was admitted to hospital as an out-patient with arthritis of the knee. The dislocation was said to have occurred when he was one year old, at which time he suffered severely from convulsions. The left arm was smaller and shorter than the right. The elbow was enlarged, and had lost its normal contour, and the head of the radius could be felt at the outer aspect of the arm. No evidence of fracture could be discovered. The condyles of the humerus were not enlarged. The arm could be flexed to the normal limit, but could be extended to only about 160°. Motion was painless and free. The forearm was in a state of semi-pronation; supination was impossible, and movement in the other opposite direction was imperfect. The extensors of the hand were diminished in power, while the flexors were nearly normal in strength. The diagnosis of dislocation of the head of the radius backwards was confirmed by Dr. F. H. Hamilton. The boy experienced little inconvenience from the deformity.

THE LATE DR. DANIEL DONOVAN.—The Ballincollig Dispensary Committee, at a recent meeting, passed the following resolution unanimously: "That we beg to offer to Dr. Donovan, medical officer of the district, our deep sympathy in the loss he has sustained by the lamented death of his brother, Dr. Donovan, Skibbereen, by typhus fever, contracted in the faithful discharge of his professional duties; and we warmly sympathise with his mother and family in their sorrow in this heavy bereavement, which has deprived the poor of a kind and attentive friend."

SPECIAL CORRESPONDENCE.

MELBOURNE, VICTORIA.

Lunatic Asylums in Victoria.—The British Medical Association in Australia.—Dr. Fitzgerald.—The Yarra-Bend Lunatic Asylum.

OUR report on the condition of the Kew Lunatic Asylum has recently been the topic of interest. The daily and weekly newspapers of every political shade have followed up the subject, in leading articles unanimous in condemning the existing state of affairs, and urgent in their demands that the Government should at once take action in remedying the evils complained of. Our independent and self-imposed work has been warmly applauded by the public, accompanied with assurances of its ready support. In accordance therewith, the subject was brought prominently before Parliament; and the Chief Secretary, in whose department the charitable institutions are placed, has ordered an investigation of all the lunatic asylums in Victoria to be made. Our political horizon is at present in a state of intense excitement pending a dissolution, so that members of the Legislative Assembly have not been able to deal with this matter in a more exhaustive manner. The special motion in reference to our report is, however, still on the papers, so that it can be brought forward at any time. The satisfaction that we have experienced by the indirect recognition of the Ministry in noticing our report, and to a certain extent acting thereon, has been marred by the first step they have taken towards the enforced reform. The Acting Inspector of Lunatic Asylums has always been a medical man, both here and in the adjacent colonies. The present Inspector, Dr. Paley, who has been suffering from ill-health for some time past, received leave of absence; and the Government, instead of appointing the next in command to fill the office, selected the Governor of the Melbourne Jail as "Acting Inspector of Lunatic Asylums" *pro tempore*. The illegality of this appointment was brought under the notice of the Premier in Parliament, but he justified this step by referring to the Lunacy Statute. The law reads thus: "It shall be lawful for the Governor in Council from time to time to appoint an inspector or deputy-inspector of asylums, hospitals, and licensed houses in Victoria, etc.; provided that such inspector shall not, during the continuance of his office, himself carry on in Victoria, or be the partner or assistant of any person carrying on in Victoria, the profession or business of a physician, surgeon, or apothecary, and any inspector who shall violate this enactment shall be guilty of a misdemeanour." I think the intention conveyed by the legislature is sufficiently expressed, that the inspector should be a medical man. By an arbitrary action of this sort, all chance of promotion is naturally cut off. It is intended, I believe, to refer the point to the gentleman who drew up the Act just quoted, and who is at present one of our most eminent barristers. Action will be taken according to the tenor of his reply.

Dr. Milford, of Sydney, has expressed his willingness and ready co-operation in forming a Branch of the Association in Sydney. Your correspondent has also been in communication with Dr. Thomas of Adelaide and Dr. Bright of Hobart Town with a similar view. Dr. Thomas informs us that a Branch is in existence in Adelaide.

Dr. Fitzgerald, the President of the Medical Society, gives a dinner on his retiring from office.

We have received permission to visit the Yarra-Bend Lunatic Asylum, and a visit will be made shortly after the new year. The number of inmates has been greatly reduced, and the patients sent to Sunbury, where the children belonging to the Industrial Schools were formerly housed. A complaint is made from this institution, that the lunatics are placed under "a head warder in charge, and that the medical officer is but second in rank". I dare say that these matters will be discussed during the next weeks.

VITAL STATISTICS OF THE GERMAN EMPIRE.—According to the German Imperial statistics for 1878 of births, deaths, and marriages, just published, the estimated population being 44,200,000, the marriages numbered 340,000, the births 1,785,000, and the deaths 1,225,000. The still-born are reckoned in both births and deaths. It is interesting to compare the latter figures with those of the same year for France. In France, the number of births was 936,000, and of deaths 839,000; so that the births exceeded the deaths by 97,000. In Germany, the excess of births was 557,000; that is to say, while in France population increased in 1878 at the rate of .27 per cent., it increased in Germany at the rate of 1.25 per cent. The number of marriages in Germany has greatly fallen off since 1872, when 423,900 were registered.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:

NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the offices of the Association, 161A, Strand, London, on Wednesday, the 14th day of April next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, London, March 22nd, 1880.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

THE meeting notified in last week's JOURNAL to take place at Brighton on the 31st instant, is unavoidably postponed until Tuesday, the 6th of April.

THOMAS TROLLOPE, M.D., *Hon. District Secretary*.

9, Maze Hill, St. Leonard's-on-Sea, March 1880.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.

THE next ordinary meeting of this Branch will be held at Aberdare on Thursday, April 22nd. Gentlemen desirous of reading papers, etc., are requested to send titles without delay to one of the honorary secretaries.

ALFRED SHEEN, M.D. } *Honorary Secretaries.*
J. HANCOCKE WATHEN. }

March 16th, 1880.

BATH AND BRISTOL BRANCH.

THE fifth ordinary meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Thursday evening, April 15th: J. BEDDOE, M.D., President.

R. S. FOWLER, } *Honorary Secretaries.*
E. C. BOARD, }

Bath, March 1880.

NORTH WALES BRANCH.

THE intermediate meeting of this Branch has been deferred until after the General Election.

The subject for discussion at the meeting will be "The Zymotic Influence in Disease".

J. LLOYD ROBERTS, *Honorary Secretary*.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Tuesday, March 23rd.

Trichinosis on Board the Cornwall Training-Ship.—Earl BEAUCHAMP, in answer to Lord THURLOW, said that the Secretary of State, having consulted the Local Government Board, had undertaken an inquiry as to the sickness that had existed on board the training-ship *Cornwall*. The inquiry had been carried on in a very careful and laborious manner, and the result was a report that the sickness had resulted in one death only. At first, the sickness was believed to be fever; but it was in the end found to be due to trichinosis. The report would be laid upon the table, and it was a most interesting document.

HOUSE OF COMMONS.—Friday, March 19th.

The Case of Acting Staff-Surgeon Allen.—Reply to Mr. SULLIVAN (who put a question for Mr. O'Shaughnessy), Mr. W. H. SMITH said: Mr. Marcus Allen, while a patient in Haslar Hospital in 1878, was recommended for survey by Dr. Watt Reid, on the ground that he was suffering from an incurable disease, but one which, nevertheless, was not beyond remedial measures. This survey, however, was not then ordered by the Medical Director-General. On Mr. Allen's discharge from hospital, he was appointed to a Coastguard cruiser. In accordance with the practice of the service, he was medically surveyed in London, and not at Haslar, as he had requested, and was reported fit for active service. On this, he requested permission to resign, as not equal to the responsibilities of the position either mentally or physically. His resignation was accepted, and he never joined his ship. It is not customary to give compensation to officers who resign, nor to reconsider their cases with a view to their readmission into the service, for which an Order in Council would be required.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

METROPOLITAN LUNATICS.

At the last weekly meeting of the St. Saviour's Board of Guardians, the Clerk reported that nearly every private lunatic asylum receiving pauper patients in the metropolis is full, and that it is intended to send a number of lunatics to Fisherton House, Salisbury, in order to make room for more urgent cases. It is understood that there are, or were quite recently, a number of vacancies in the new Middlesex Asylum on Banstead Downs; and it might be a fit subject of inquiry why, while these vacancies existed, metropolitan lunatics were sent to a licensed house, in which their maintenance must cost the ratepayers nearly double what it would do at Banstead. It is manifestly inexpedient to send metropolitan lunatics to Salisbury if such a measure can possibly be avoided, for their removal to such a distance involves entire deprivation of those visits from relations and friends which are always consolatory, and sometimes restorative, in their effects on the incarcerated insane.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

BETHNAL GREEN.—Considering the character of the population in Bethnal Green, the death-rate is not so high as might have been anticipated, being 23.0 per 1,000, against 23.5 for London generally. The proportion of deaths amongst infants under one year of age was 145.7 per 1,000, or more than 18 less than the whole of London. Out of the 2,951 deaths registered in this district, 1,443, or 48.8 per cent., were those of young children under the age of five. Persons aged over sixty years died to the number of 545. The chief zymotic diseases caused 477 deaths, against 521 in 1877. To these, however, must be added 48 deaths amongst parishioners of Bethnal Green in the Fever and Small-pox Hospitals, raising the numbers to 525, and giving a zymotic death-rate of 3.9 per 1,000. A total of 334 cases of small-pox were reported, 22 of which died at home, and 33 (out of 188 removed thither) in the Small-pox Hospital. Measles was, as usual, prevalent, causing 59 deaths, and scarlatina caused 68 deaths. The most fatal zymotic disease was, however, whooping-cough, which was extremely fatal, and caused 192 deaths, or more than 6 per cent. of the total deaths. Tubercular diseases were accountable for 423 deaths, of which no less than 372 were from pulmonary phthisis alone.

SUPERANNUATION.

THE following letter has been received by the Council of the Poor-law Medical Officers' Association from the Local Government Board.

"Local Government Board, Whitehall, S.W.,
"February 27th, 1880.

"Sir,—I am directed by the Local Government Board to advert to their letter of the 12th instant, and further to acquaint you, for the information of the Council of the Poor-law Medical Officers' Association, that inquiry having been made of the Guardians of the Tenterden Union respecting the case of Mr. Terry, formerly medical officer of that union, the Guardians have explained that they entertain objections to the system of superannuation, especially in cases where the whole time of the officer is not devoted to the duties of the office. As the Council are probably aware, the initiative in these cases rests with the Guardians, and the Board have no power to insist upon a superannuation allowance, even where it might seem to them that a proper case for superannuation had been made out.—N. ROTTON, Assistant Secretary."

THE HEALTH OF SOUTH-COAST TOWNS.

SIR,—In to-day's issue of the BRITISH MEDICAL JOURNAL, you have inserted my letter on the above subject without omitting the latter part of the third paragraph, commencing with the words, "On the other hand". I sent you a letter asking you to make this correction, as I found I had misinterpreted Table VIII of the Registrar-General's Report respecting the rate of mortality of those above sixty years of age. [We regret that Mr. Greenway's correction was accidentally overlooked.—Ed.] In the second line of the second paragraph of my letter, "equal average" should be "equal acreage".

In your foot-note you say, "We attach, however, very little value to calculations of density of population based merely upon the average number of persons living on each acre within the arbitrary boundaries of different municipal boroughs". This passage implies I have attached value to such calculations. My argument, however, showed quite the reverse, for I said, "It would be far more valuable to ascertain the average density of population in the inhabited portions only of a given borough or district"; but it is beyond controversy that, although of no real

benefit, the enlargement of a given borough or district, containing old and overcrowded dwellings, so as to include a large number of good class houses and inhabitants, would materially lessen the death-rate. It is for this very reason the death-rates of Portsmouth and Plymouth cannot be judged by the same standard. You also say, "Nor do we think it probable that the Plymouth population contains a much larger proportional Irish contingent than does that of Portsmouth". My informant, who has resided some years in Portsmouth, says Plymouth does contain a much larger proportion of poor Irish. This is stronger evidence than probability. Plymouth also contains another large class not to be found in Portsmouth—the poor fishermen, who chiefly reside in the old and overcrowded parts of the town in the neighbourhood of the quays. Large numbers of emigrants are also lodged here from time to time. You do not say in what manner the Public Health Acts can be made to relieve the overcrowding in Plymouth, where the supply of house-accommodation is not equal to the demand. The poor cannot be turned out into the streets.

You take exception to my remark that "fortunately, infantile diarrhoea is not a zymotic disease, otherwise the mortality would have been much greater". Surely, if it were zymotic, it would affect the rate of mortality to a greater degree than if it were not; and still more so in a town partly overcrowded than in one with a population evenly distributed. Whether my assertion as to the non-infectious character of the disease be "sound or unsound", I may safely leave it to be judged by the medical profession. The Registrar-General classes infantile diarrhoea as zymotic. In the book issued by the Royal College of Physicians for the guidance of the profession in the nomenclature and classification of diseases, "diarrhoea" (unless it be choleraic) is placed under the head of "Diseases of the Digestive System"; and I have not yet met with any experienced practitioner who regarded the disease in any other light. I shall hope to deal with this subject more fully in a separate communication.

I must again express my belief that I have fully explained why a difference of 2 per 1000 exists between the average death-rates in Plymouth and Portsmouth, excluding those from zymotic diseases, which you have shown are about equal.—I am, sir, yours obediently,
HENRY GREENWAY.
Plymouth, March 6th, 1880.

POOR-LAW MEDICAL APPOINTMENTS.

*BLACKER, E. J. Latham, M.D., appointed Medical Officer to the B District of the Thrapstone Union, *vice* J. Bird, L.F.P.S.Glasgow.
MACGREGOR, Peter, L.R.C.P.Ed., appointed Medical Officer to the Crosland Moor Workhouse, Huddersfield Union, *vice* G. W. Rhodes, M.R.C.S.Eng., resigned.
WRIGHT, William Henry, L.K.Q.C.P.I., appointed Medical Officer and Public Vaccinator to the Normanton District of the Shardlow Union, *vice* J. C. Brady, L.R.C.P.Ed., resigned.

MILITARY AND NAVAL MEDICAL SERVICES.

NAVAL MEDICAL SERVICE.—The following appointments have been made: Fleet-Surgeon—W. Telfer, to the *Britannia*; Staff-Surgeons—A. G. Colquhoun, to the *Pembroke*; T. Conry, and Surgeon C. W. Magrane, to the *Flora*, for service at Ascension.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

FACULTY OF MEDICINE.—The following notice has been issued by Dr. Acland, Regius Professor of Medicine. Candidates for the several examinations in medicine are informed that, in conformity with the statute passed on December 17th, 1879, examinations for the first (or scientific) and for the second (or practical) part, and for the certificate in State medicine and public health will be holden during Trinity Term next, *i.e.*, at an early date subsequent to May 15th. Notice will be given in Easter Term stating the days and hours of each examination. Intending candidates are requested to forward to the Regius Professor of Medicine, 'Medical Department, Museum', their names, addresses, standing, and the date of passing their final examination in arts.

EXTIRPATION of the larynx was performed, for the first time in America, by Dr. Lange, in October 1879. The patient was a gentleman aged 74, who had a tumour at the upper part of the larynx, which pointed upwards to the base of the epiglottis and everted it, almost entirely occluded the larynx, and pressed on the œsophagus. The parts removed were the larynx, with the exception of the lower part of the cricoid cartilage, the right wing of the hyoid bone, and anterior wall of the œsophagus, which latter had become involved. After three months of a very difficult and troublesome after-treatment, during which his life was in question more than once, the patient returned home. By means of an artificial apparatus, closure of the œsophagus was effected, deglutition was secured, and the patient was able to take his food without difficulty, and, by means of an artificial larynx, was able to articulate. Still, the apparatus was troublesome to him. He was getting along tolerably well when the case was reported by Dr. Lange, at a meeting of the New York Pathological Society, on January 28th.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 18th, 1880.

Bartlett, Charles Richard, 32, Halsey Street, S.W.
Clarke, William, Lamont, Ottawa, U.S.
Grindon, Francis James, Olney, Bucks.
Hepburn, John, Turnham Green, W.
Hormasdjii, Robert Nesbitt, 21, Artesian Road, W.
Lecoq, Jules Arthur, 15, Soho Square, W.

The following gentleman also on the same day passed his primary professional examination.

Yeatman, John Walter, 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:—

- ***ABINGDON UNION**—Medical Officer and Public Vaccinator for No. 3 District. Salary, £95 per annum. Applications, with testimonials, to the Clerk of the Guardians, on or before April 10th.
- ***BETHLEM HOSPITAL**—Two Resident Medical Students. Applications, with testimonials, before April 10th.
- BOYLE UNION**—Medical Officer for Keadue Dispensary District. Salary, £120 per annum, with £10 a year as Medical Officer of Health. Registration and Vaccination Fees. Election on the 31st instant.
- CARLISLE UNION**—Medical Officer to the Dalston District. Salary, £10 per annum.
- CARMARTHEN INFIRMARY**—House-Surgeon. Salary, £125 per annum, with lodging, fire, and washing. Applications to the Secretary on or before April 31st.
- CELBRIDGE UNION**—Medical Officer for Lucan Dispensary District. Salary, £100 per annum, with £15 per annum as Medical Officer of Health. Registration and Vaccination Fees. Election on April 12th.
- CHORLTON UNION**—Assistant Medical Officer to the Workhouse. Salary, £120 per annum.
- CORK UNION**—Medical Officer for Ballincollig Dispensary District. Salary, £120 per annum, £15 per annum as Medical Officer of Health, with Registration and Vaccination Fees. Election on April 3rd.
- CREDITON UNION**—Medical Officer to the Mochard Bishop District. Salary, £52 10s. per annum.
- ***DENTAL HOSPITAL OF LONDON**—Dental House-Surgeon. Salary, £40 per annum. Applications to the honorary secretary on or before April 14th.
- GREAT NORTHERN HOSPITAL**, Caledonian Road—Junior Resident Medical Officer. No salary but board and residence in the hospital. Applications, with copies of testimonials, to the Secretary up to April 1st.
- GREENOCK INFIRMARY**—Oculist to the Out-Door Patients. Applications not later than March 31st.
- HUDDERSFIELD UNION**—Medical Officer to the Marsden District. Salary, £18 per annum.
- INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT**—A vacancy in the Honorary Medical Visiting Staff. Election on April 15th.
- IRVINESTOWN UNION**—Medical Officer for Ederney Dispensary District, at a salary of £120 per annum, £15 as Medical Officer of Health, Registration and Vaccination Fees. Election on April 3rd.
- ***ISLE OF WIGHT UNION**—Medical Officer to the Carisbrooke District. Salary, £80 per annum, with fees for Vaccination. Applications on or before April 14th.
- ***LONDON HOSPITAL, E.**—Clinical Assistant to the Out-patient Physician. Salary, £80 per annum. Applications, with testimonials, before one o'clock on Tuesday, March 30th.
- METROPOLITAN FREE HOSPITAL**—Assistant Physician. Honorarium of twenty-five guineas per annum. Applications on or before March 27th.
- QUEEN CHARLOTTE LYING-IN HOSPITAL**, London—Resident Medical Officer. Salary, £60 per annum, with board and lodging in the hospital. Applications, with copies of testimonials, to the Secretary before April 5th.
- ***QUEEN'S HOSPITAL, BIRMINGHAM**.—Resident Physician. Salary, £50 per annum, with board, residence, etc. Applications, with testimonials, to the Secretary, on or before April 8th.
- ***SHEFFIELD GENERAL INFIRMARY**.—Assistant House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications, with testimonials, on or before April 10th.
- SUDBURY UNION**—Medical Officer for the Fourth District. Salary, £62 per annum. Applications, with testimonials, on or before March 29th.
- ***SUNDERLAND UNION**—Medical Officer to the Workhouse—Salary, £250 per annum. Applications, with testimonials, on or before April 2nd.
- THE GREAT NORTHERN HOSPITAL**, Caledonian Road, N.—Physician for Out-patients. Applications, with testimonials, on or before March 31st.
- TORBAY HOSPITAL AND DISPENSARY**, Torquay. — House-Surgeon. Salary, £100 per annum, with board, lodgings, and attendance. Applications on or before the 29th instant.
- 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.
- WESTMINSTER HOSPITAL**.—Medical Registrar. Salary, £40 per annum. Applications before March 30th.

***WESTMINSTER HOSPITAL**.—Pathologist and Curator of the Museum. Salary, £52 10s. per annum. Applications, with copies of testimonials, to the Secretary, on or before April 10th.

WETHERBY UNION—Medical Officer to the Harewood District. Salary, £15 per annum.

MEDICAL APPOINTMENTS.

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

ABBOTT, George, M.R.C.S.E., appointed Surgeon to the Central London Ophthalmic Hospital, *vice* A. Dunnage, M.R.C.S., deceased.

MACKENZIE, A. G., L.R.C.P. Edin., appointed Surgeon to the *Severn*, in the Royal Mail Steamship Company's Service.

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.

BAKER.—On March 17th, at "The Cedars", Tenterden, Kent, the wife of Charles Eaton Baker, M.R.C.S.E., of a son.

DICKSON.—On the 20th March, at 33, Albany St., Edinburgh, the wife of Frank K. Dickson, F.R.C.P.E., Wye House, Buxton, of a son (Francis Henry).

DEATHS.

BOLTON, Robert H., L.K.Q.C.P.I., Surgeon-Major Army Medical Department, of Candahar, aged 40, on February 27th.

ELSON, Joseph F., M.R.C.S. Eng., at Limehouse, aged 67, on March 11th.

***SINCLAIR**.—On the 17th instant, at Halstead, Essex, Duncan Sinclair, F.R.C.S. Ed., aged 71.

SYKES, George, M.D., at Queen's Road, Dalston, aged 49, on March 17th.

DR. JOHN DONOVAN was, on the 18th instant, elected by the Skibbereen Board of Guardians medical officer to the Workhouse. He was unopposed for the post, which was recently held by his deceased brother, and previously by his father.

BEQUESTS.—Mr. James Robertson, Carnegie Street, Edinburgh, has left to the Royal Infirmary £100; the Orphan Hospital, £95; the Blind Asylum, £95; the Destitute Sick Society, £100; the Association for Incurables, £40; and the Society for Improving the Poor, £95.

RULES FOR THE USE OF THE FORCEPS.—In the course of a recent discussion on the use of the obstetric forceps, in the New York Academy of Medicine, Dr. Fordyce Barker said that there were certain rules which he regarded as well established. 1. In that form of contraction of the superior strait called the oblique oval of Naegele's, the forceps should not be used, but we should always resort to version. 2. In that class of cases in which the contraction is at the inferior strait, with a straight sacrum instead of the normal curvature, narrowness of the subpubic arch, etc., we should never resort to forceps, but always select version, if we have the opportunity to make the election by a sufficiently early examination. 3. In face-presentation, we should never resort to forceps when the head is above the superior strait, and not engaged. He would not say that the forceps should never be applied when the head was not engaged at the superior strait; for he knew he had safely delivered several women, where it was necessary to save the life of the mother, when the head was not engaged at all, or was lying loose at the superior strait. But, if the face presented under the same circumstances, we should not resort to the forceps. He had, in at least three cases where there was a face-presentation in a contracted superior strait, and the face had become engaged in the strait, been successful in delivering by the forceps, by first flexing the head and converting it into a vertex presentation, and partially rotating it. Then, taking off the blades, he had reapplied them as if it were a vertex. In these cases, it was fortunate that the original presentation was the face, because the vertex would not have engaged in these contracted pelves if it had presented.

PUBLIC HEALTH.—During last week, being the eleventh week of this year, 3,692 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality was at the average rate of 22 deaths annually in every 1,000 persons living. The annual death-rate was 27 in Edinburgh, 24 in Glasgow, and 37 in Dublin. The annual rates of mortality in the twenty English towns were as follow: Brighton 11, Leicester 16, Hull 17, Wolverhampton 18, Bristol 18, Birmingham 18, Portsmouth 19, Leeds 20, Sunderland 21, London 21, Bradford 21, Salford 21, Sheffield 21, Newcastle-upon-Tyne 22, Liverpool 24, Norwich 24, Manchester 28, Nottingham 29, Plymouth 31, and the highest rate 35 in Oldham. The annual death-rate from the seven principal zymotic diseases averaged 3.3 per 1,000 in the twenty towns, and ranged from 0.8 and 1.5 in Portsmouth and Brighton, to 9.9 and 15.3 in Oldham and Plymouth. Measles showed the largest proportional excess in Plymouth, Nottingham, Oldham, and Hull; scarlet fever in Oldham, Norwich, Sunderland, and Sheffield; and whooping-

cough in Plymouth, Norwich, and Salford. In London, 1,465 deaths were registered, which were 278 below the average, and gave an annual death-rate of 20.9. The 1,465 deaths included 11 from small-pox, 45 from measles, 45 from scarlet fever, 18 from diphtheria, 114 from whooping-cough, 10 from different forms of fever, and 14 from diarrhoea—in all 232 zymotic deaths, which were 4 below the average, and were equal to an annual rate of 3.3 per 1,000. The deaths referred to diseases of the respiratory organs, which had steadily declined from 1,557 to 315 in the six preceding weeks, were again 315 last week, and were 145 below the average; 220 resulted from bronchitis, and 65 from pneumonia. Different forms of violence caused 52 deaths; 49 were the result of negligence or accident, including 22 from fractures and contusions, 3 from burns and scalds, 3 from poison, and 16 of infants under one year of age from suffocation. At Greenwich, the mean temperature of the air was 41.3°, and 0.1° above the average. The general direction of the wind was easterly, and the horizontal movement of the air averaged 10.7 miles per hour, which was 2.3 below the average. No rain fell during the week. The duration of registered bright sunshine in the week was equal to 45 per cent. of its possible duration.

PHILADELPHIA ACADEMY OF SURGERY.—An application for a charter for a new medical and surgical institution has been filed in the Prothonotary's Office, in Philadelphia, by Mr. A. Haller Gross, who represents the medical gentlemen instrumental in starting the enterprise. It is to be called the "Philadelphia Academy of Surgery"; and the objects of the organisation are the cultivation and improvement of the science and the art of surgery, the elevation of the medical profession, the promotion of the public health, and such other objects as may come legitimately within its sphere. With these purposes in view, when the Academy is established, a suitable hall will be selected where the members can meet at stated intervals, and read essays and discuss matters pertaining to medical and surgical affairs. The temporary officers of the Academy are: *President*, Dr. A. Hewson; *Secretary*, J. Ewing Mears; and *Treasurer*, Dr. Wm. Hunt.

NATIONAL HOSPITAL FOR CONSUMPTION, VENTNOR.—Dr. Coghill reports that the number of patients under treatment during 1879 was 581, of whom 570 were in-patients, and 11 out-patients. The numbers for 1878, 1877, and 1876 were 537, 525, and 487 respectively. The average length of residence, calculated on 401 cases completed within the year, was 8.1 weeks; but many stayed for periods varying from 14 to 24 weeks, and the average is unduly depressed by the inclusion of a large number patients whose condition rendered speedy departure advisable. In the 570 cases, the results were the following: 82 were very much improved; 158 much improved; 128 improved; 110 *in statu quo*; 55 worse; and 15 died. The remaining 22 were in hospital for too short a time to show any result. The number of fatal cases was 15, or 2.63 per cent., of whom 12 were men and 3 women. Of the 15 deaths, of which 4 only occurred during the second half of the year, 7 resulted from phthisis pulmonalis uncomplicated, 3 from profuse hæmoptysis, occurring in the course of phthisis, and the remaining 5 cases were variously complicated with abdominal tubercle (in 3 cases), Bright's disease (in 2 cases), empyema (in 1), cirrhosis of the liver (in 1), and simple meningitis (in 1). Nearly all the patients gained weight during their residence in the hospital. In ten weeks, four patients gained collectively 56 lbs., i.e., an average of 14 lbs. each; in eight weeks, two gained 26½ lbs., one in five weeks gained 14¾ lbs., and one in four weeks 12½ lbs. The total gain by 398 patients was 1963¾ lbs.; while 131 patients lost weight to the extent of 328½ lbs.

VITAL STATISTICS OF CAVALRY HORSES.—At the meeting of the Statistical Society on March 16th, a paper on this subject was read by Dr. T. Graham Balfour, F.R.S. The subject had received much attention in France, where, in 1843, owing to the heavy losses by glanders sustained by the army during the preceding ten years, a permanent commission, presided over by the celebrated physiologist Magendie, was appointed to examine all questions relating to the health and preservation of the horses of the army. The commission established statistical returns to be furnished annually by the veterinary surgeons of the army, and was authorised by the war minister to publish an annual volume giving the results of these returns, and any information it might judge deserving of publication relating to the health of the horses. The mortality of the horses in the French army during the thirty years 1837-66 averaged 58 per 1,000 of the strength; ranging between 125 in 1841, and 26 in 1862; and the proportion "cast" was 80 per 1,000, ranging between 135 in 1849, and 47 in 1855. The total loss amounted to nearly 14 per cent. annually. As a result of the

improvements introduced by the commission, the deaths in the last five years have been only 27.5 per 1,000, against 115 in the first. The casting, however, was higher in the last two than in the first two periods. The influence of sex was shown in a slightly higher rate of mortality, but lower of casting, among mares than horses. The death-rate decreased steadily till eleven years of age, when the minimum was reached. The casting, as might be expected, increased steadily with advancing years. The disease which caused the highest rate of mortality was glanders, and next to it was inflammation of the lungs and pleura. The highest death-rate by glanders occurred at the age of six, after which it steadily decreased; the highest rate of deaths by lung-disease was among the four-year-old horses. The chief cause of casting was legs worn out, which accounted for two-fifths of the whole. The admission of cases into the infirmaries averaged more than 50 per cent. annually, about one-fourth of them being on account of wounds and injuries. The influence of the seasons on the sickness was shown by a table of the admissions in each quarter of the year for the chief classes of the diseases; they were lowest in the fourth, and highest in the second quarter. The returns, unfortunately, did not show the number constantly non-effective. The information respecting the British cavalry was very meagre. The deaths, on the average of eighteen years, 1861-78, were 21.07 per 1,000, ranging between 16.9 in 1864, and 28.1 in 1871. The number cast averaged 98 per 1,000 and ranged between 76 in 1871, and 156 in 1878. The mortality was lowest in the Household Cavalry, and highest in the Cavalry of the Line; whilst the casting was lowest in the Royal Engineers, and highest in the Military Train and Army Service Corps, the Household Cavalry furnishing the next highest proportion. There was no information available as to the causes of death and casting. The author called attention to the valuable results obtained by the statistical method of investigation as applied to the horses of the army in France, and suggested that a similar course should be followed in our service. He also pointed out the importance, as shown by the French returns, of stamping out glanders by killing all infected horses as soon as the nature of the disease was verified.

RUSSIAN VITAL STATISTICS.—The fourteenth number of the second series of the *Statistische Jahrbuch* gives some interesting details concerning the population of Russia. A careful series of investigations extending over years gives the average annual number of births in Russia as 3,163,405; of the children born, 1,619,108 were males, and 1,587,297 females. The average annual deaths were 2,382,196—viz., 1,214,467 males, and 1,167,729 females. This gives a net annual average increase to the population of 781,209, which assuming the population in the fifty governments to be about sixty-five millions, would be a mean increase of 1.2 per cent. The marriages average annually 646,971. If the present average rate of increase be maintained during the next fifty-eight years, the population of Russia will, at the end of that period, have been doubled. The corresponding increase goes on much more slowly in some other European countries. Thus, for example, according to the present rate of increase in the several countries, the population would be doubled in Sweden at the end of 68 years; in Belgium at the end of 79 years; and in Austria at the end of 95; but the same result will not happen in Italy till the end of 141 years; and in France till 165 years have passed. The greatest increase is to be observed in the western and southern (Polish) governments, where it is over 1.5 per cent., while the least, or less than 1 per cent., is in the north-eastern and Baltic districts. In the governments of Esthonia and St. Petersburg, there is actually a decrease of population amounting to about 0.6 per cent. in the former district, and 0.33 per cent. in the latter. Three per cent. of all the children born are illegitimate, which is only one-third of the proportion existing in the neighbouring Sweden. The greatest number of births occur in autumn, and the least in spring. In the mass of the population, the proportion of boys to girls, is 102 to 100; but among the Jews the state of things is reversed, there being 128.9 girls to every 100 boys.

INTERNATIONAL SANITARY CONFERENCE IN AMERICA.—The following joint resolution, authorising the President of the United States to call an International Sanitary Conference, to meet at Washington, has been introduced in the Senate, and also in the House of Representatives, and has been referred to the Committee on Epidemic Diseases: "That the President of the United States is hereby authorised to call an International Sanitary Conference, to meet at Washington, District of Columbia, to which the several powers having jurisdiction of ports likely to be infected with yellow fever shall be invited to send delegates, properly authorised, for the purpose of securing an international system of notification as to the actual sanitary condition of ports and places under the jurisdiction of such powers, and of vessels sailing therefrom."

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 Orthopedic, 2 P.M.
TUESDAY.....	Guy's, 1.30 P.M.—Westminster, 2 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 Orthopedic, 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, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopedic, 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; Orthopedic, 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.

THURSDAY.—Harveian Society of London, 8.30 P.M. Dr. Cavafy, "A Case of Urticaria Pigmentosa"; Mr. Malcolm Morris, "A Case of Pemphigus cured by Arsenic"; Mr. Reeves, "Rectal Stricture, with special reference to Rectotomy and Twenty-five Colotomies".

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.

NOTICE TO ADVERTISERS.—Advertisements for insertion in the BRITISH MEDICAL JOURNAL should be forwarded direct to the Publishing Office, 161, Strand, London, addressed to Mr. FOWKE, not later than *Thursday*, Twelve o'clock.

INTRAPROFESSIONAL OBLIGATIONS.

SIR,—Will you permit me to take exception to your "ruling" as not being strictly applicable to the case related by Dr. Beatty in the last number of the BRITISH MEDICAL JOURNAL. I entirely agree with you "that it is not the recognised custom of the medical profession to take payment from a medical man for attendance on a member of his family". But the question arises, Who are the members of a medical man's family? Assuredly not his grandchildren; for, if so, why not his nephews, and nieces, and cousins, and so on; to the remotest consanguinity?

Dr. Beatty's illustration of his argument, "that one member of his family was attended by a country physician of high standing, who spurned the idea of remuneration, although he received a present", and that he himself had five operations performed on him by an eminent London surgeon, without fee or reward, is obviously beside the mark, and does not touch the case of grandchildren. My idea is, that your ruling applies to the doctor himself, his wife, and children, and to none besides.—Yours faithfully,

AN OLD MEMBER.

Choltenham, March 22nd, 1880.

SIR,—Dr. Beatty does not make it clear who the father of his grandson may be; if he be a medical man, I agree with Dr. Beatty; if not, I cannot see the just cause of his complaint. We must, I think, draw the line somewhere, and that line has, I believe, limited the free attendance to the widow or children of a medical man.

Your note does not explain whether we may be expected to attend, gratis, grandchildren, aunts, cousins, nephews, and nieces, or sons-in-law, of any professional brother. Would it not be convenient to settle this point?—I am, sir, yours truly,

Coventry, March 22nd, 1880.

MILNER MOORE.

* * * Our note on Dr. Beatty's letter was, we observe, not sufficiently explicit; and we would supplement it by saying, that no ethical rule or custom can be laid down with regard to charging fees for attendance on the more remote relations of a member of the medical profession.

We have received from D. C. a post-office order for ten shillings as a contribution to the Dalton Fund.

HELP IN STREET-ACCIDENTS.

SIR,—A stranger passing for the first time through the large thoroughfares of London cannot but be struck with the imminent risk that threatens the public on account of the great amount of traffic; while a resident accustomed to the crowd of vehicles and foot-passengers must have wondered, not so much at the number of casualties occurring daily, but rather how it is that so many escape. No little credit is doubtless due in this respect to excellent police-arrangements and control of the traffic; but still accidents, preventable or otherwise, constantly happen. The annual summary of the Registrar-General for 1878 states that, during that year, 237 persons were killed in London by horses and vehicles of different kinds; many of these were possibly maimed and subsequently died of their injuries; but many more were injured and yet survived. A recent statement makes the relative numbers for 1879, killed 236; run over 3,390.

Add to street-accidents the multitude of casualties that occur in factories, in workshops, by machinery, during building, excavation, and other works, by falls, fires, etc., and we shall have a fearful array of injured persons, to say nothing of those suffering from fits, disease of heart or other organs. A large number of these require means of conveyance to their homes, the hospital, or the workhouse; but for this purpose, beyond the police-stretcher, a cab, or some improvised shutter, no means are available. The police-station where the stretcher is possibly kept may be at a considerable distance, and much valuable time will in such case be lost before the injured person can be removed; while a cab, when it can be had, is seldom the easiest or best means of carriage.

The Royal Humane Society provides drags and ropes at spots where they are likely to be of use; the Society for Protection of Life from Fire has a well organised staff and apparatus for their purpose; in foreign cities, there are stations where help can be obtained for the wounded, drowned, and insensible. Is it too much to hope that in this great and populous city, some means for ready help in cases of necessity should be supplied?

The establishment of ambulance classes for instructing men and women in the methods of rendering first aid to injured persons has wrought a thoroughly good work by popularising much valuable information in the manner of dealing with accidents and casualties of all kinds until proper medical aid can be had. As a means of making more profitable the knowledge thus acquired, it would be well if some simple apparatus, say, of bandages, tow, common splints, and above all a litter, could be had quickly and readily at some well known spot. There are, both in the city and in the metropolitan district, certain positions called "fixed points"—about 150 and 270 respectively in number—where a police officer is to be found during sixteen hours of the twenty-four, and at a few during the whole day and night. It would doubtless be unnecessary to furnish all these with the ready apparatus, but certain central, well known, and busy situations might at first be selected, where, under the charge of the police officer on duty, a locker or depository containing the simple helps might be kept. The police have very generally profited by ambulance teaching, and many have gained certificates of capability to render first aid to the injured. In this way, prompt and efficient help would be speedily obtainable in all cases, while the bungling though well intentioned kindness, or the delay, which converts an accident at first of a simple nature into one of a more dangerous character, would be avoided, at the same time that a great amount of pain and suffering would be obviated by the easy carriage and position of the injured person, time would not be lost before professional aid could be obtained, and many a life would thus be saved.—I am, etc.,

130, King Henry's Road, N.W.

G. CARRICK STEET, F.R.C.S.

THE English sparrow has been introduced into American cities to destroy the worms on the trees. "Which would you rather have", asked a young lady of an exquisite, "sparrows or worms?" The young man answered, "Really, I—I don't know. I never had—sparrows".

POLITICAL DEVOTION.

THE physician attending Representative Becklen, in Washington (Dr. Garnett), is a stout Democrat. Somebody asked him if it were true that his patient was dying. "Dying!" ejaculated the doctor; "do you think I would let a vote die when we have only one majority, and no time for a special election to fill the vacancy? Erebus, no. I'd take his medicine and die myself first."