

SELECT COMMITTEE ON THE CONTAGIOUS DISEASES ACTS.—MARCH 16TH, 1881.

MR. HENRY LEE was called in and examined by Mr. Stansfeld, the examination being afterwards continued by Mr. Osborne Morgan, Mr. Cavendish Bentinck, Dr. Farquharson, and other members of the Committee.

Mr. Lee is strongly opposed to the Acts, but, like all the medical witnesses recently examined, has had no personal or practical acquaintance with their working. He believes that the infecting and non-infecting sores depend upon two entirely different poisons, having no relation to each other; and he holds that the two may co-exist in the form of the mixed chance. The general purport of Mr. Lee's evidence may be briefly epitomised as follows. He believes that the primary infecting sore may be cured by a course of mercury properly carried out, and that secondary disease may thus be prevented in most cases. In this his opinion is directly opposed to that of Dr. Drysdale, as mentioned last week. He condemns the classification by the Army Medical Department of all primary sores under one head as unscientific and useless, and thinks that a competent army surgeon ought to be able to distinguish the infecting from the non-infecting form correctly, without waiting for the constitutional effects to appear. The possibility of doing this with any approach to scientific accuracy will hardly, we think, be generally admitted. The tendency of his evidence was to minimise the severity of the non-infecting sore, which, according to Mr. Lee, does not incapacitate a soldier so much even as gonorrhœa, although it may occasionally have serious complications. The proper test of the Acts is, he thinks, in their effect on true syphilis, which is infinitely more serious, and in which, it is alleged, there has been little or no decrease. The failure is attributed to the difficulty which attends the discovery of this form of disease with certainty. Many women, he thinks, are passed as sound while still in a contagious condition, the outward signs being slight, or altogether absent. The reduction which has been effected has been only in the non-infecting sores, and these were already diminishing rapidly under increased cleanliness, and from other causes. These sores, moreover, are said to have been decreasing rapidly of late years throughout the population; so much so that, whereas formerly they were in the proportion of about three to one, the proportion at the present time is about three to one the other way. We are not aware that this remarkable alteration has been noticed by other surgeons—at all events, to anything like the extent alleged. It must, however, if it has occurred, have affected equally both the army and the prostitute class. The argument, therefore, would seem to prove rather too much; for, if there has really been this enormous increase in the proportion of infecting sores, and the other form is now comparatively rare, there ought to have been a corresponding increase in secondary disease in the whole army; whereas the most that can be said is that the rate has remained nearly stationary, and this, as we stated in commenting on Dr. Drysdale's evidence, can hardly have been effected in any other way than by the effect of the Acts in reducing the number of infecting sores in the fourteen protected districts, which contained in 1878 more than 55,000 men. It is too much to be asked to believe that the exclusion of all the women in those districts, who can be found to show any trace of syphilitic disease, should have no effect whatever in reducing the amount of disease amongst the men who frequent them. The gist of the argument seems to be this. There is an admitted diminution in non-infecting sores, but this is owing to causes outside the Acts; therefore the Acts are a failure as regards this form of disease. They are also a failure as regards the infecting form, because secondary disease has not diminished. But it is not denied that primary sores have diminished by more than one half at the protected stations, as compared with the others, and these protected stations contain more than half of the whole home army. In what, then, has this decrease taken place? It must have been in either one form of sore or the other; and it is difficult to see how it can have been caused otherwise than through the Acts, for both sets of stations have been under the same general sanitary influences throughout.

As regards the detection of disease in women, Mr. Lee thinks the soft sore is easily discoverable; the indurated sore offers more difficulty, and may often escape detection. He considers that syphilis is very frequently communicated through the secretions of a syphilitic woman, even although she may present no *local* signs of disease in the form of a sore, either primary or secondary; and that more than half the disease would be thus communicated by women who had passed the periodical examination. He admits, however, that he has no knowledge of the way in which the examinations are carried on, and that a thorough scrutiny of the whole body, which, we believe, is always made by the examining surgeon, would be almost sure to show some evidence of

disease. He would expect by such an examination to be able to detect it himself.

Mr. Lee believes, also, that syphilitic blood is contagious, although its inoculation has always been attended with difficulty in the experiments which have been made to prove it. The contagious character of the secretions of syphilitic patients, as well as of syphilitic blood, is generally admitted as possible; but Mr. Lee broaches a doctrine which we believe to be a novelty. He holds that the admixture of blood with the secretion greatly increases its virulence, and that, although a woman may show no outward sign whatever, if her disease be not thoroughly eradicated, the mixture of the smallest quantity of blood with her secretions will enable her readily to communicate a syphilitic infection.

As an instance of the inutility of the Acts in suppressing syphilis, Mr. Lee mentions the case of a woman who was discharged from the Portsmouth Lock Hospital as free from disease, and who straightway communicated disease to eight men. The only foundation for this story, however, was that it was told to Mr. Lee by a gentleman from Portsmouth, who had been told by a third person that this had taken place. The gentleman did not say that he had any personal knowledge of the case; nothing was stated about the eight men, or whether they might not have contracted disease from other women. In fact, the story was entirely unsubstantiated, and was based upon nothing better than this second-hand hearsay.

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 13th day of April next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*

161A, Strand, London, March 15th, 1881.

BRANCH MEETINGS TO BE HELD.

NORTH OF ENGLAND BRANCH.—The spring meeting of this Branch will be held at the Grand Hotel, Tynemouth, on Thursday, April 28th, at 3 p.m.; G. B. Morgan, Esq., President, in the chair. Members wishing to read papers, and those intending to be present at the dinner (at 5 p.m.), are requested to communicate at once with T. W. BARRON, M.B., Honorary Secretary, 10, Old Elvet, Durham.

YORKSHIRE BRANCH.—A meeting of the Branch will be held at Ripon on Wednesday, April 27th, at 3.15 p.m. Members intending to make communications are requested to write at once to the Secretary.—A meeting of the Branch and the profession will also be held at the Philosophical Hall, Leeds, at 5 p.m., on Wednesday, April 6th, to consider the report on Medical Education; P. E. Miall, Esq. (President), in the chair.—ARTHUR JACKSON, Secretary.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The next meeting will be held at the Cawdor Arms Hotel, Llandilo, on Thursday, April 28th. Gentlemen intending to be present, and desirous of reading papers, etc., are requested to communicate with ALFRED SHEEN, M.D., Honorary Secretary, Cardiff.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH : ORDINARY MEETING.

THE sixth ordinary meeting of the session was held at the Medical Institute, on the 10th instant. The chair was occupied by the President, Mr. R. PROSSER; and there were forty-five members present. Apologies were received from Mr. J. S. Gamgee and Dr. Rickards.

New Members.—The following were elected as members of the Branch: Mr. Ernest Hardwicke, Solihull; and Mr. Walter Flewitt, Birmingham.

Communications.—The following communications were made.

1. Mr. Furneaux Jordan showed a patient, aged 9, with Caries of the upper part of the Dorsal Vertebra, in whom he had fitted a plaster-of-Paris jacket with a "jury-mast". He explained the details of the process, and pointed out the complete immobility of the application.

2. Mr. T. F. Chavasse showed a patient, aged 9, from whom he had taken a Tumour in the Right Side of the Neck. During the operation, it had to be carefully dissected from a close connection with the pneumogastric and sympathetic nerves. There was still marked contraction of the pupil, decrease in the size of the palpebral fissure, and slight ptosis. The tumour was sarcomatous in nature, and the patient had done well.

3. Mr. Furneaux Jordan showed a modification of Bigelow's Aspirator Apparatus for Washing out Fragments of Stone from the Bladder, and illustrated its application and utility.

4. Mr. West showed a specimen of Necrosis of the Tibia following Acute Periostitis. The patient had made a good recovery.

5. Mr. Lawson Tait showed a large Extraperitoneal Cyst which he had removed after a formidable operation (the patient died on the third day); also a Cyst of the Uterus which had contained about twelve pints of purulent fluid, and which was removed by an operation involving much trouble; also an Enlarged Ovary, taken from a case where there was abscess of both ovaries and Fallopian tubes, all of which were removed with considerable difficulty and risk from haemorrhage.

6. Mr. T. F. Chavasse showed a specimen of very fine Gilt Wire for operative purposes.

Resolutions.—The following resolutions of the Council of the Branch were received and adopted.

1. "In reference to the mode of election of officers, Council, and representatives of the Branch in the General Council of the Association, the Council are of opinion that the resolution passed at the general meeting of April 8th, 1880, be rescinded, and that this recommendation be submitted to the Branch at the next general meeting."

2. "Your Council, having discussed the resolution passed at the general meeting of February 10th, and referred to them for consideration, are of opinion that the promoters of the Skin and Lock Hospital have acted irregularly and prejudicially to the public interest, in the election of medical officers by mere nomination at a private meeting convened by circular. The public and the profession have a right to require that public offices shall be publicly filled, and that they shall be open to competition."

A proposal that the latter resolution should be sent to the Birmingham daily papers and the medical journals was negatived after discussion, and an amendment carried that it should be sent to the medical papers only.

Officers and Council.—The nominations for officers, Council, and representatives of the Branch in the General Council of the Association were received.

Antiseptic Osteotomy.—Mr. WEST opened the adjourned discussion on Mr. Bartleet's paper on Antiseptic Osteotomy, and showed a case. Mr. Furneaux Jordan, Mr. F. E. Manby, Mr. Lawson Tait, Mr. T. F. Chavasse, Dr. Barling, Mr. Jordan Lloyd, Mr. E. L. Freer, and Mr. Reginald Harrison of Liverpool made remarks. Mr. Bartleet replied.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.
THE seventy-eighth meeting was held at the Harp Hotel, Dover, on Thursday, March 17th; Mr. ASHBY G. OSBORN in the Chair.

Wine at Dinner.—Dr. PARSONS's proposal, with regard to relieving the Honorary Secretary of the duty of providing wine at the dinners at the common cost, was carried.

Papers.—The following were read.

1. Notions begotten of Attendance upon Two Thousand Labours. By Mr. Edward Garroway. This led to a lively discussion.

2. On Embolism: with Specimens. By Dr. Thomas Eastes.

3. On Phlebitis. By Dr. Bowles.

4. Mr. Charles Lewis showed a morbid specimen: Stricture of the Ileo-caecal Valve, with extensive ulceration of the small bowel, and two or three constrictions in the ileum and jejunum.

Dinner.—Fourteen of the members afterwards dined together.

VICTORIAN BRANCH: ORDINARY MEETING.
THE ordinary monthly meeting of the above Branch was held at the Hall of the Royal Society, Melbourne, on January 19th; Dr. CUTTS in the Chair.

The late Dr. John Day.—The PRESIDENT referred to the death of Dr. Day, and the great loss the profession had sustained by his decease. It was moved, and unanimously carried, that a letter of condolence be sent to Mrs. Day. Dr. Carstairs, who attended Dr. Day in his illness, explained that he had died from typhoid fever complicated by Bright's disease of old standing.

Proposed Australian Journal.—The Honorary Secretary, Dr. LOUIS HENRY, reported that communications were in progress between the Victorian, the New South Wales, and South Australian Branches, relative to the establishment of a new journal.

Council of the Branch.—On the recommendation of the Council, it was resolved that each year three members of Council should retire, who should not be eligible for re-election; the resolution to be embodied in the rules.

Papers.—1. Dr. CARSTAIRS of Geelong read a paper on the Use of the Peroxide of Hydrogen in the Treatment of Albuminuria unconnected with Organic Disease of the Kidneys, illustrating it by cases of albuminuria, of scarlatina, of pregnancy, and of a case of double pneumonia. The aim of the paper was to show that suspension of the functions of

the organs of primary digestion (the stomach, but chiefly the liver) was the cause of albuminuria; that observation of the symptoms agreed with the results of scientific investigation on this point; that the indications of treatment were—1. To relieve the stomach by rest, cold water at first only being given; then the very lightest articles of diet in small quantities; and, as improvement took place, a gradual but cautious increase in the amount and variety of the food, as it could be borne; 2. By mild aperients and diaphoretics, acting on the bowels and skin to relieve the liver; and 3. By the administration of the peroxide of hydrogen, presenting a substance rich in albumen, which readily parts with one of its atoms of oxygen in the presence of oxygen, and so contributing to the oxidation of that substance, its disintegration in the liver, and its conversion into urea and lithic acid, which it is the function of the kidneys to eliminate.—Mr. GILBEY considered that diabetes and Bright's disease were very frequent in this colony.—Dr. JAMIESON believed that the quantity of oxygen in the peroxide of hydrogen administered was too small (half-drachm doses every four hours) to have an oxidising influence (in diabetes) on sugar sufficient to destroy its action on the blood. He thought that the large doses of ozonic ether given acted as a stimulant; and that nature's reparative action played some rôle in the cure of albuminuria after scarlet fever or eclampsia.—Dr. L. HENRY drew attention to the fact that it had been found that mental depression sometimes caused albuminuria, the reduced action of the heart being principally concerned in the result.—The PRESIDENT seemed sceptical as to the selective oxidising power of the peroxide of hydrogen in diabetes or albuminuria. Speaking as a practical man, the tendency of non-organic albuminuria to spontaneous recovery was very great, other conditions being favourable.—Dr. CARSTAIRS, in reply, said he could adduce cases equally strong in proof. In albuminuria, twenty years ago, he had been satisfied that disordered liver was its cause; so that, entertaining this view, he had less difficulty in explaining the effect of the remedy. In the albuminuria after scarlatina, he had been singularly struck with its effect. As to the alleged quantity being inoperative, he thought the latent oxygen was much greater than was supposed. A spare diet was imperative, also

2. Dr. MCCREA read a paper on Scarlatina. He considered that treatment in the malignant cases occurring in this colony had very little influence, the blood being quickly poisoned. Insanitary conditions complicate the disease. Suppression of the functions of the skin throws a much greater amount of work on the kidneys, and they are consequently more liable to suffer than any other organ. He considers it necessary in all cases to give an emetic, and after its operation a warm bath should be administered; should the emetic fail to act on the bowels, a mild purgative should be given. Good ventilation should be secured. The diet should consist of bread-and-milk, and plenty of cold water with a little lime-juice. After the diminution of the temperature, the diet might be more nutritious. The room should be fumigated every night with burning sulphur, and kept for a quarter of an hour as nearly filled as the patient can bear with the fumes. Should the temperature reach above 103° Fahr., the patient should be immersed in a cold bath for fifteen minutes, if necessary, three times a day. Should symptoms of albuminuria show themselves, the whole loins should be painted over with strong iodine liniment, daily, to the verge of blistering, and warm baths used frequently. External applications will effect more good than internal remedies in this complication. In malignant cases, a change of locality was desirable. The wet pack was a powerful and successful remedy.—Dr. McMILLAN considered the wet pack of great value.—Dr. WHITCOMB had used the sulphocarbonate of soda in sorghum doses with great benefit.—The PRESIDENT had found that the severity of the disease was associated with the early swelling of the glands of the throat. Local conditions, he thought, had something to do in determining the severity of the symptoms. He quite thought that little medicine was needed. He had used the pack, but had begun with the hot pack, as he thought the shock of the cold rather hazardous.—Dr. NEILD described his experience under the hydropathic treatment, as illustrating the pleasures of the process, etc.—Dr. MCCREA, in reply, said that there was in the cold pack an advantage with the shock, on account of the revolution of effect it occasioned.

STAFFORDSHIRE BRANCH: ORDINARY MEETING.
THE second ordinary meeting of this session was held in the board-room of the Infirmary at Stafford, on Thursday, February 25th, 1881. Present: Mr. W. H. FOLKE, President, in the Chair, and seventeen members.

New Member.—The following member of the Association was elected a member: G. Russell, M.B., of the North Staffordshire Infirmary.

Rules of the Branch.—The meeting considered the rules, as recently

revised by the Council. Each rule was separately read over; and, after several alterations had been made, all were approved and unanimously passed. Upon the resolution of Dr. Fernie, the rules were ordered to be printed, and a copy to be sent to each Branch member.

Communications.—1. Mr. Spanton made some remarks upon his method of operating for the Radical Cure of Hernia; and he gave a demonstration of a recent modification of the operation, which he believes will be an improvement.

2. Mr. E. J. Gray commenced the reading of a paper upon Alcoholism and the Treatment of Inebriates. Its conclusion was adjourned until the next meeting.

CORRESPONDENCE.

THE DENTAL REGISTRATION CLAUSES.

SIR,—As Mr. Tomes is quite able to take care of himself, I will not presume to enter into the matter at issue between him and your correspondent “*Dens Sapientia*”. I would, however, with your permission, draw attention to an assertion made in the opening part of his letter which appeared in yours of April 2nd. The permissive scheme of the Government is referred to in the following terms, “The Lord President’s Bill contained a clause enabling the Dentists’ Association, or any person to submit a scheme for examination”, etc. At page 15, Minutes of Medical Council, April, 1878, the clause stands thus.

“The General Medical Council may, if they think fit, submit to the Privy Council a scheme for the examination”, etc.

How then can it be said that any person is enabled to submit a scheme? I am fully aware that any person might submit a scheme to you as the Editor of an important and powerful JOURNAL, and that you might, if you thought proper, insert it in your pages; but as the scheme has to be submitted to the Privy Council by the Medical Council, such sophistry is hardly worth a thought, and yet it seems to me to be the only ground on which such a misleading statement could be made.

The allusion to the Dentists’ Association is even more remarkable, inasmuch as at the time when the terms of the Government were under consideration, the formation of a Dentists’ Association was not even contemplated.—Yours obediently, JAMES SMITH TURNER, Honorary Secretary, British Dental Association.

THE RECENT APPOINTMENT AT THE ROTUNDA HOSPITAL.

SIR,—I cannot allow Dr. Atthill’s letter, which appeared in your JOURNAL of the 12th instant to remain unnoticed. It would have been better had he permitted the matter to rest.

In my opinion no letter could be more calculated to mislead. Dr. Atthill would have us to understand that he, as “Master” of the Dublin Lying-in Hospital, had but little to say to the appointment of consulting physician to that institution. The governors, forsooth, are the sole electors to the office, and they perform their duties, as electors “above board” at a general meeting subsequent to that on which the candidate had been proposed.

Now, strictly speaking, the appointment is virtually in the hands of the master. The manner in which Dr. Atthill (in common with nearly all those that preceded him in the office of “Master”) was appointed is as follows: There are a certain number of governors provided by charter. Some of these are *ex officio* and constant. The majority are fluctuating, some being life-governors, and others yearly. The life-governors pay, or have paid for them £100; and the yearly governors pay, or have paid for them £15 or so *per annum*. A candidate for the mastership is not elected on his professional merits, but on his power to make governors, either by his own or by borrowed money. The governors which he makes vote for him; it is on that condition they are made. The candidate keeps his yearly ones “up” and probably sports two or three “lifers”. If he can obtain a majority “by hook or by crook” he succeeds. Many have been the aching hearts during these struggles.

Dr. Atthill had his majority, and got “in” as master; had he not the majority, he would still have been “out in the cold”, and I would have been spared the writing of this letter. The doctor still carries his majority with him, and there is even a possibility, that the governors of the out-going masters may, somehow, be made available for the incoming master.

Of course, Dr. Atthill’s governors supported Dr. A.’s nomination, and he obtained the post for his old friend and former colleague in the Adelaide Hospital. And why should he not—why can he not be candid—why beat about the bush?

Dr. Atthill tells us he consulted with several of the governors, both lay and medical, whose opinions always had great weight with him, and to whose “advice” he pretends to have willingly deferred. In other words, he was actuated by their advice in proposing the man he did. We all remember how Mrs. Proudy used to ask the advice of the junior clergy of her husband’s see, “Don’t you think?” etc. Why all this refined feeling of the dignified doctor. He wanted the post for his friend, he got it for him, and he is fit for the same. As to the question of taste, that is a matter I should not enter upon; but I take this opportunity of saying, that the sooner this hospital is placed upon a more wholesome footing as to elections, the better for the public, and for the dignity of the profession,—which latter Dr. Atthill has always had so much to heart.—I am, Sir, yours faithfully,

LOOKER ON.

AXIS-TRACTION FORCEPS.

SIR,—It is a matter of congratulation for the profession when any of the members of it turn their attention to improvements in the construction of the midwifery-forceps. The most important modification in their structure that has been made in recent times is unquestionably the adaptation, which we owe to M. Tarnier, of rods jointed to the blades so as to allow of axis-traction with the double-curved instrument. Hence I welcome the praiseworthy effort of Dr. Lyon to furnish a modification of the Tarnier rods which would be available for application to British forceps. But, as he has offered some objection to the axis-traction forceps which I have already placed before the profession, I should like to meet these at once; and I venture to affirm that Dr. Lyon himself, if he had had practical experience of the instrument, would have found his objections invalid.

1. He thinks it an objection, that my traction-rods are permanently attached to the forceps. But, in my earlier attempts at constructing an useful instrument, I began with movable rods, which I ultimately rejected for three reasons. 1. The introduction of the movable rods after the forceps had been applied to a head high in the pelvis caused in some cases considerable difficulty, and always occupied some time. 2. When any portion of the traction-apparatus is not permanently attached to its blade, it is apt to be mislaid. 3. The more I have used the axis-traction forceps, the more I have become satisfied that they ought to be employed in every kind of forceps-case, whatever be the situation of the head. I think it is a mistake for a practitioner to apply a pair of double-curved forceps either at the vulva or the os uteri, or anywhere between, without having the apparatus attached for correct axis-traction; and no one should ever use an instrument which would tempt him to dispense with the true traction-handle. My students are now taught and trained in this universal applicability of axis-traction forceps; and even where I have failed by theoretical reasoning to convince the mind of the superiority of the new to the old forms of the forceps, the direct experience of the practical class succeeds in producing conviction.

2. Dr. Lyon thinks “the right traction-rod is much in the way during the introduction of the upper blade”. This objection is purely imaginary. When it is pushed forward past its shank, as it can easily be, it is not the least in the way, and does not complicate the application of the blades.

3. Dr. Lyon says, “Mechanically, they are weak at the point of attachment of the rods to the blades of the forceps”. I have just tested the pair with which during this week I have delivered two primiparae: one in my own practice; the other in consultation with my friend Dr. Sidey. They bear, without yielding, a weight of 200 lbs. They might have borne much more; but I do not care to test them more. No man, in pulling with forceps, uses, or ought to use, so much force. Perhaps it would be well for both mother and child if traction-rods were constructed just of such strength as to ensure their breaking whenever the obstetrician began to apply a force exceeding 150 lbs.

I do not wish to criticise Dr. Lyon’s model; but, as it is of the highest importance that obstetricians who make trial of the value of forceps constructed on Tarnier’s principle should not be misled by any imperfection in the construction of the instrument, it is necessary to insist on the importance of securing the blades by means of a fixation-screw adapted close to the lock. I myself tried India-rubber rings, towels wrapped round the handles, and various kinds of catches at different parts of the handles; and was obliged in the end to return to Tarnier’s fixation-screw slightly lessened in size. I cannot, in the limits of a letter, pretend to discuss the subject; but I would emphatically warn any of my professional brethren who wish to use axis-traction forceps against employing any contrivance for fixing the blades that is employed at a distance from the lock, and that does not admit

HOSPITAL AND DISPENSARY MANAGEMENT.

THE BATTERSEA PROVIDENT DISPENSARIES.

THE fifth annual meeting of the Battersea Provident Dispensary, since it was put upon a provident instead of a charitable basis, was held on January 20th, 1881. From the report which was presented by the honorary secretary, it appeared that above 6,000 persons had become members during the year 1880, and they had received nearly 15,000 attendances from the medical officers. About a quarter of these had been at the patients' own homes, and the rest on the dispensary. The financial position was reported to be satisfactory; and the balance available for division amongst the four medical men was £415 7s. 9d. It is a proof how well the provident dispensary meets the wants of the population, that since the reorganisation of the dispensary in 1875, the sum divided amongst the medical staff has increased as follows: 1876, £112; 1877, £242; 1878, £271; 1879, £355; 1880, £415. It appears that nearly 2,000 persons yearly who join the dispensary, let their payments lapse. Some, doubtless, remove from the parish; many find it inconvenient to leave their homes in order to call at the dispensary at the specified time; while others forget when their payments are due. To meet this difficulty, a collector has been appointed, who calls on all members who prefer to make their payments in this way instead of at the dispensary. And, so far as there has been time to judge, this plan seems likely to prove successful.

A second provident dispensary in Battersea parish, known as the Wandsworth Common Provident Dispensary, was opened two years ago. Its second report has just been issued. From this we gather that the total number of members is 1,168. This dispensary is, in effect, the out-patient department of Bolingbroke Pay Hospital, and the patients are attended by the resident medical officer. Its financial position is very encouraging, and the dispensary is undoubtedly popular in the neighbourhood.

THE DENTAL HOSPITAL.

At the twenty-third annual meeting of the governors and subscribers of this institution—Mr. Thomas H. Hills presiding—the committee's report stated that the total receipts for the year amounted to £1,234, which included a balance brought forward of £240 12s. 9d. The sum received for donations and subscriptions amounted to £794, and from the Hospital Sunday Fund £58. The total expenses were £988, leaving a balance of £255 in hand. The medical report stated that 28,578 cases had been treated during the year. The report was adopted unanimously. The meeting then proceeded to elect the officers for the ensuing year, and approve of the revised rules, after which a vote of thanks was accorded to the chairman for presiding.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology, at a meeting of the Board of Examiners, on the 4th instant, and when eligible will be admitted to the pass examination.

Messrs. David C. M. Lunt, Lewis Brown, Frederick W. Bennett, Gilbert L. Barratt, and William A. Evans, students of Owens College, Manchester; J. Nicholson Kaye, of the Leeds School; Rudolph J. Maas, of the Toronto School; John Kaeser, of the Bale School; Bryce Gordon, Bombay School; Henry G. Bryer, of the New York and Leipsic Schools; Arthur Overton, Liverpool School; James Limont, Edinburgh; Robert S. Coulthard, Bristol School; Walter B. Platt, of the Harvard, Berlin, and Vienna Schools; Isaac Hartley, of the Newcastle School; and John D. Price, of the Birmingham School.

Eight candidates were rejected.

The following gentlemen passed on the 5th instant.

Messrs. Harry F. Wylde, Ernest S. Reynolds, John Stevenson, John H. Jones, Robert Jennings, and William E. Wilson, of Owens College, Manchester; Edgar A. Hughes, Harold Simmonds, and William C. Lysaght, of Bristol; William Travis and Arthur W. Dawson, of Liverpool; Edgar Beaumont and Herbert Child, of Leeds; Arthur Hepworth, of Newcastle; Leonard H. Armstrong, of Cambridge; Charles J. Evers, of Birmingham; and John H. Potter, of Sheffield.

Seven candidates were rejected.

The following gentlemen passed on the 6th instant.

Messrs. John W. Bentley, George Thomas, and William J. Black, of Owens College, Manchester; Charles B. Waller and Percy R. Mander, of the Westminster Hospital; Frederick W. Hatchett and Ambrose E. L. Charpentier, of St. Thomas's Hospital; Robert H. Peck and Robert H. Martin, of University College; Hugh C. Thurston, of the Bristol School; Haward A. Bredin, of the Liverpool School; Herbert J. Robson, of the Leeds School; Joseph A. Hutchinson, of the Newcastle School; James T. Lilburne B.A. Cantab., of the

Cambridge School; Francis J. G. Mason, of St. Bartholomew's Hospital; George W. Hill of St. Mary's Hospital; William C. Parsons, of the London Hospital; Thomas Greaves, of the New York School and King's College; and Arthur W. Ogle, of the Middlesex Hospital.

Five candidates were rejected.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, March 31st, 1881.

Locke, George, Aylesbury.

Morris, Gerald de Courcy, 65, Albany Street.

The following gentlemen also on the same day passed their Primary Professional Examination.

Dawson, William Edward, London Hospital.

Tireman, Arthur Lumley, Guy's Hospital.

MEDICAL VACANCIES.

THE following vacancies are announced:—

BETHLEM HOSPITAL—Two Resident Medical Students. Applications by April 9th.

BRAINTREE UNION—Medical Officer and Public Vaccinator. Salary, £100 per annum. Applications to be sent on or before Friday, the 15th inst.

BRITISH LYING-IN HOSPITAL—Physician to the Out-Patient Department. Applications on or before April 9th.

CARLISLE DISPENSARY—Assistant House-Surgeon. Salary, £90 per annum. Applications to the Honorary Secretary.

CARRICKMACROSS UNION—Medical Officer for Donaghmoyle Dispensary District. Salary, £100 per annum, with £15 per annum as Medical Officer of Health, registration and vaccination fees. Election on the 11th inst.

CARRICKMACROSS UNION—Medical Officer for Raferagh Dispensary District. Salary, £100 per annum, with £15 yearly as Medical Officer of Health, registration and vaccination fees. Election on the 22nd instant.

CITY OF ABERDEEN—Medical Officer for the City. Salary, £300 per annum. Applications by April 9th.

CHELTENHAM GENERAL HOSPITAL AND DISPENSARY—Junior House-Surgeon and Dispenser. Salary, £80 per annum. Applications by the 19th April.

GENERAL INFIRMARY, Hertford—House-Surgeon and Secretary. Salary, £100 per annum. Applications on or before April 22nd.

HOLLOWAY AND NORTH ISLINGTON INFIRMARY—Two Medical Officers. Particulars from the Resident Medical Officer.

HULL AND SCULCOATES DISPENSARY—House-Surgeon. Salary, £150 per annum. Applications by April 19th.

LANCASTER UNION—Medical Officer. Salary, £45 per annum. Applications by April 15th.

LIVERPOOL ROYAL INFIRMARY—Resident Medical Officer. Salary, £100 per annum. Applications by April 20th.

PAROCHIAL BOARD OF KILARROW AND KILMENY—Medical Officer. Applications to Mr. Peter Chisholm Bowmore, Islay.

POPLAR HOSPITAL FOR ACCIDENTS—House-Surgeon. Salary, £100 per annum. Also Deputy House-Surgeon. Applications to the Secretary.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY—Two Assistant House-Surgeons. Salaries, £65 and £50 per annum. Applications to the Honorary Secretary of the Medical Staff.

SUNDERLAND INFIRMARY—Two House-Surgeons. Applications by May 4th.

THE HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Junior Resident Medical Officer. Salary, £50 per annum. Applications by the 27th April.

THE LEEDS AMALGAMATED FRIENDLY SOCIETIES' MEDICAL AID ASSOCIATION—Assistant Medical Officer. Salary, £140 per annum. Applications by April 18th.

TOTTENHAM TRAINING HOSPITAL—House-Surgeon (single). Salary, £150 per annum. Applications by April 30th.

WEST SUSSEX, EAST HANTS, AND CHICHESTER GENERAL INFIRMARY—House-Surgeon. Salary, £80 per annum. Applications on or before April 9th.

WHITEHAVEN AND WEST CUMBERLAND INFIRMARY AND FEVER HOSPITAL—House-Surgeon. Salary, £150 per annum. Applications before May 1st.

MEDICAL APPOINTMENTS.

CARDEW, G. Arthur, M.R.C.S., appointed Medical Officer to the Branch Dispensary of the Cheltenham General Hospital, *vice* C. Spurway, resigned.

FOX, T. Calcott, M.B., M.R.C.S., appointed Physician to the Skin Department of the North-West London Free Dispensary for Sick Children.

KIRBY, Thos. Charles, L.K.Q.C.P.I., appointed Consulting Physician to the North-West London Free Dispensary for Sick Children.

LILLEY, G. Herbert, M.D., M.R.C.P., M.R.C.S., appointed Assistant Surgeon to Her Majesty's Convict Prison, Portland.

MCGRAH, William, M.D., appointed Honorary Assistant Medical Officer to the Ladies' Charity and Lying-in Hospital, Liverpool.

NEWSHOLME, A., M.B., M.R.C.S., appointed Surgeon to the City Dispensary, *vice* J. A. Kingdon, F.R.C.S., 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.

BIRTH.

SPARROW.—On the 5th instant, at Southsea, the wife of Dr. G. Gordon Sparrow, of a daughter.

MARRIAGE.

WHERRY—CUST.—On the 2nd of April, at St. Botolph's Church, Cambridge, by the Rev. W. M. Campion, D.D., Rector, Hon. Canon of Ely and Rural Dean, George Edward Wherry, M.C.Cantab., F.R.C.S., to Albina Lucy, eldest daughter of Robert Needham Cust.

DR. DOWNING, Dispensary Medical Officer, Queenstown, has consented to take charge of the Intercepting Hospital at that place, at a remuneration of £20 per annum; Dr. Townsend having retired in his favour.

VACCINATION.—Dr. Moxon, medical officer for the Matlock District of the Bakewell Union, Derbyshire, has obtained the Government grant of £9 1s., for successful vaccination in his district.—Mr. John H. Wraith has received a grant of £28 14s., for efficient vaccination in the Darwen District of the Blackburn Union. This is the third which he has received.

MEDAL FOR SANITARY SCIENCE.—The Council of the Royal Institute of British Architects have accepted Mr. Ernest Turner's offer to present a silver medal to the candidate in the first obligatory examination under By-law 14 who most distinguishes himself in subjects connected with sanitary science.

INDIA-RUBBER SURGICAL APPARATUS.—In order to prevent India-rubber surgical apparatus from becoming hard and brittle, and losing their elasticity, or to restore it to them, Dr. Pol recommends that they should be steeped in a mixture of one part of ammonia to two parts of water, and be left in it from some minutes to half an hour, or an hour at the most, until they regain their original elasticity.

MARCHAND ON THE CONDITION OF THE LOWER SECTION OF THE UTERUS AT THE END OF PREGNANCY.—The death of a primipara, twenty years of age, from rupture of a varicose vein at the end of pregnancy, gave an opportunity of examining the uterus at this period. The uterus was removed unopened, the child taken out, and the uterus hung up in Müller's fluid. The author found (*Breslau Artzl. Zeitschr.*, 1880, No. 22) the canal of the cervix two inches long, of which the lower two-thirds had the form of a canal, two-fifths of an inch in width, while the upper third was funnel-shaped, base upwards at the os internum. Stretched roof-like across the base of the funnel were the membranes, and the whole space of the canal was filled with a tenacious mucous plug.

PUBLIC HEALTH.—The annual rate of mortality last week, which was the thirteenth week of this year, in twenty of the largest English towns averaged 21.9 per 1,000 of their aggregate population. The rates of mortality in the several towns were as follow: Leicester 13, Sheffield 17, Norwich 17, Bradford 18, Newcastle-on-Tyne 18, Brighton 19, Birmingham 20, Leeds 20, Portsmouth 20, Sunderland 20, Salford 20, London 21, Wolverhampton 22, Plymouth 22, Nottingham 23, Liverpool 24, Hull 25, Bristol 26, Oldham 28, and Manchester 28. Scarlet fever showed the largest proportional fatality in Sunderland and Wolverhampton; and whooping-cough in Portsmouth, Newcastle-upon-Tyne, and Liverpool. Of the 20 deaths referred to diphtheria in the 20 towns, 10 occurred in London, 2 in Portsmouth, 2 in Birmingham, and 2 in Liverpool. The death-rate from fever was highest in Wolverhampton. Small-pox caused 60 more deaths in London and its suburban districts, one in Newcastle-upon-Tyne, and none in any of the eighteen other provincial towns. In London, 2,668 births and 1,547 deaths were registered. The deaths were no fewer than 302 below the average, and gave an annual death-rate of 21.8. The 1,547 deaths included 56 from small-pox, 39 from measles, 26 from scarlet fever, 10 from diphtheria, 26 from whooping-cough, one from typhus fever, 7 from enteric fever, 4 from ill-defined forms of continued fever, 16 from diarrhoea, one from simple cholera, and not one from dysentery; thus, 186 deaths were referred to these diseases, being 75 below the average. The deaths referred to diseases of the respiratory organs, which had been 345 and 348 in the two preceding weeks, further rose to 358 last week, but were 131 below the average; 221 were attributed to bronchitis and 88 to pneumonia. Different forms of violence caused 64 deaths; 58 were the result of negligence or accident, among which were 26 from fractures and contusions, 6 from burns and scalds, 6 from drowning, and 14 of infants under one year of age from suffocation. At Green-

wich, the mean temperature of the air was 39.1°, and 5.3° below the average. The mean was considerably below the average on each day of the week. The coldest day was Sunday, the 27th ultimo, when the mean was only 35.8°, and showed a deficiency of 7.2°. The general direction of the wind was N.E., and the horizontal movement of the air averaged 15.8 miles per hour, which was 3.3 above the average. No rain was measured during the week. The duration of registered bright sunshine in the week was equal to 62 per cent. of its possible duration. The recorded amount of ozone was considerably below the average during the week.

HEALTH OF FOREIGN CITIES.—From a table, in the Registrar-General's last weekly return, may be gathered the following facts, bearing upon the recent health and sanitary condition of various foreign cities. In the three largest Indian cities, the death-rate averaged 28.9 per 1,000, and was equal to 30.2 in Bombay, 30.7 in Calcutta, and 45.5 in Madras; small-pox caused 47 deaths in Madras, showing a further increase upon recent weekly numbers. In Alexandria, the rate was equal to 36.2. In twenty European cities, according to the most recent weekly returns, the average annual death-rate was equal to 31.6 per 1,000, showing a marked excess upon 21.9, the average rate in the twenty large English towns last week. In St. Petersburg, the rate was equal to 56.0; and the fatal cases of typhus and typhoid fever, which had been 74 and 85 in the two previous weeks, further rose to 102. In three other northern cities—Stockholm, Copenhagen, and Christiania—the death-rate did not average more than 23.2; the highest rate was 28.7 in Stockholm, which corresponded with the rate in the previous week. The Paris death-rate showed a further increase to 32.5; 45 deaths were referred to typhoid fever, and 27 to small-pox. The rate was 23.3 in Brussels, and 22.8 in Geneva; "fevers" caused 5 deaths in the former city. In Amsterdam, Rotterdam, and The Hague, the rates were, respectively, 29.0, 25.6, and 19.4, and no epidemic fatality is noted. The list includes seven German and Austrian towns, in which the death-rate averaged 29.6, and ranged from 23.8 and 24.8 in Dresden and Berlin, to 39.6 and 41.3 in Munich and Breslau; small-pox caused 24 deaths in Vienna and 5 in Buda-Pesth, and diphtheria 28 in Berlin. In three Italian cities, a still higher average rate (31.7) prevailed: the rate was 26.2 in Venice, 32.5 in Rome, and 34.0 in Turin; the deaths in Turin included 11 fatal cases of diphtheria. In four of the largest American cities, the recorded death-rate did not average more than 25.8; it was 31.0 in New York, while it did not exceed 20.9 in Baltimore. Diphtheria and scarlet fever were fatally prevalent in New York and Brooklyn; and small-pox caused 45 deaths in Philadelphia, against 49 in the previous week.

COVENTRY.—Though the general death-rate of this place was lower than in 1879, a considerable increase took place in the number of deaths from zymotic disease. This, however, was almost entirely due to the epidemic of infantile diarrhoea which occurred in the summer, and caused 77 deaths. To the various causes which combined to produce this result, Dr. Fenton has evidently given much and careful attention. Scarlatina was prevalent in the city throughout the year, and was more malignant in its nature than in 1879. The fever hospital received ninety of the sufferers from scarlatina, with very satisfactory results, for it was clearly demonstrated, in several instances, when fresh outbreaks occurred in new and uninhabited neighbourhoods, that the early removal to hospital of the first case or cases, completely stopped the dissemination of the fever. In one district this course was found impossible, and several cases were allowed to remain in the houses in which they occurred. As a result, the disease spread, and remained in that district, and more than 70 per cent. of the total number of cases and of the deaths took place there. A total of 348 cases of infectious disease came to Dr. Fenton's knowledge during the year, and the large number of 6,316 articles, principally bedding, and articles of clothing were disinfected. In other departments of sanitary work evidences of equally vigilant work appear, though there is yet a great deal to be done. The general death-rate was 21.1 per 1,000 or 0.3 less than in the preceding year.

ERITH.—The local board of this place have commenced an onslaught on the evil-smelling factories on the banks of the Thames; but they seem to have overlooked the pressing need to the district of a system of drainage. Mr. Easton has made some very elaborate plans for this purpose, but they still lie at the board's office, and in the meantime drainage has, perforce, to be into cesspools. Mr. Jessett says that "the general health of the parish was very good during the year," the death-rate being 14.64 per 1,000. There was a very sharp and extensive epidemic of measles at the commencement of the year, though the disease was of a very mild type. Isolated cases of scarlet fever and chicken-pox also occurred.

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, 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.—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.—North-west London, 2.30 P.M.
FRIDAY.....	King's College, 2 P.M.—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.
GUR'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. 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., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th., 1; 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; Orthopaedic, F., 12.30; Dental, Tu. 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., 2; 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. Mr. George Lawson will read a short paper showing the Evil Results which follow Partial Operations in Cases of Cancer of the Breast. Mr. Reginald Harrison (of Liverpool): Acute Prostatitis.
TUESDAY.—	Royal Medical and Chirurgical Society, 8.30 P.M. Mr. C. Higgens: Case of Vascular Protrusion of the Eyeball. Mr. Arthur E. Barker: Nephrectomy by Lumbar Section.
WEDNESDAY.—	Epidemiological Society of London, 8 P.M. Surgeon E. G. Russell: Certain Points in connection with Malarial Fevers in India. —Royal Microscopical Society, 8 P.M. Mr. W. H. Shrubsole and Mr. F. Kitton: On the Diatoms of the London Clay.

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 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 Manager, 161A, Strand, W.C.

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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

EMULSIONS OF COD-LIVER OIL.

SIR,—I understand that it is the unanimous wish of the Fellows of the Medical Society of London, that a thorough trial of the new principle of preparing emulsion of cod-liver oil (suggested by Dr. Fothergill's recent paper) should be made with a view of testing its therapeutic value. Being myself also desirous of further knowledge on this important subject, I beg you will publish the following offer from me.

I shall be pleased to make a donation or present of such emulsion to as many as twelve different hospitals (where a careful trial of it will be made), to the value of at least two guineas to each hospital; and will prepare the emulsion of the finest cod-liver oil, and according to the suggestions of the physicians of the hospitals where it is to be tried, using as emulsifying agents either bile or choleate of soda and extract of malt. I can also guarantee to make a permanent and palatable emulsion. I hope that twelve hospitals will forthwith avail themselves of this offer of a donation. Acceptances of this offer will be attended to in the order in which they are received, until the number of twelve acceptances is reached.

My object is (as a pharmacist) to learn, from the experience of the medical profession, the value of bile, choleate of soda, and extract of malt, as emulsifying agents in increasing the usefulness of cod-liver oil.—Yours very respectfully,

Snow Hill, E.C., March 30th, 1881. S. M. BURROUGHS.

P.S.—I make this offer at the suggestion of the Medical Society of London.

SIR,—I should be glad if any of your numerous readers would inform me whether there is any assurance or insurance office where one could insure for a weekly sum in case of illness.—I remain, yours truly, WILLIAM A. ROSS, M.R.C.S., etc.

The Square, Alderney, Channel Islands, March 27th, 1881.

A HARD CASE.

SIR,—At 7 o'clock on a dreary damp night last November, I found myself on the way to a midwifery case over two miles' distance. During my conversation, I discovered that it was a young unmarried girl, with a hint that I should not be paid. After waiting about half-an-hour at the bedside, and no pains occurring, I made an examination, and found the rectum loaded with faeces. I ordered a dose of castor-oil, making occasional visits upstairs until 10.30. The pains diminishing as time went on, I left, with instructions to send again when a change took place. Hearing nothing during the night, I called on my rounds the next morning. The mother of the girl said that I ought not to have left, etc.; that the child was born a quarter of an hour after I went away; but afterwards admitted it was over two hours; and who also said that she did not get settled for the night until 2.30 A.M. A neighbour, who was in the room the night before, told me she left an hour after I did, and that the mother had told her, that morning, that the birth took place an hour after she left. I brought an action against the mother for my fee; and the judge decided against me, because I had only fulfilled half my contract.

I wish to compare another case (to show the well known uncertainty in such) with one a few yards' distance from the above. It was that of a woman whom I had attended on three previous occasions. On my arrival, I found that the liquor amniæ had escaped; there were slight pains every twenty minutes, and the os was of the size of a sixpence. I left after remaining an hour, with instructions to send when any change took place. Hearing nothing more during the night, I called on the following morning, and found my patient downstairs, and about her work. Nearly three weeks elapsed before the child was born.

Without the slightest feeling of disrespect towards one of the most able, impartial, and respected judges on the bench, the law stands thus: That, when you are summoned to attend a midwifery case, you must wait until it is over, even if it be three weeks, as in the above, unless the parties think fit to send again.

The case must be considered hard, considering that I felt too unwell to dine with a friend; that I was suffering fearfully from lumbago; that I had to sit in a filthy dirty down-stair room, with a large heap of dirty clothes on each side of a scanty fire (the house of a laundress); that I had to walk home in a thick fog over two miles; that I was insulted the next morning; and that I had to pay fees into court, six shillings, and then lose the case. This would make many a young fellow, bent on going into this noble profession, think twice before he exposed himself to such hardships. May I ask what I could have done?—Your obedient servant,

L.R.C.P., L.R.C.S.E.D.

On the authority of a telegram from Chicago, the *American* of March 15th states that leading physicians attribute the "winter cholera", which has prevailed alarmingly in that city this winter, to the use, not of Lake water, but of "butterine", in the composition of which hog products largely enter. They say "the process of making the compound does not require the temperature which is necessary in rendering lard, and the germs of the disease might pass through the process without being killed".

THE STOMACH-PUMP.

SIR,—Your correspondent, "Quæstor", may find the anecdote relating the discovery and introduction of the stomach-pump in Bransby Cooper's life of Sir Astley. I do not happen to have the book by me, but I think it occurs in the last volume. As Mr. Godfrey remarks, it was a gardener of the name of Reid who invented it and brought it to Sir Astley Cooper, somewhere about 1825. It is to Sir Astley's credit that he at once grasped the value of the discovery, and introduced it to the profession.—Yours, etc.,

FRANK SHEARAR.

Carlisle, March 27th, 1881.

SIR,—For the information of "Quæstor", and in reference to the reply which ascribes the invention of the stomach-pump to Mr. Jukes, I have extracted the following footnote from Beck's *Medical Jurisprudence* (page 435; 2nd ed., 1825).

"It is certainly astonishing that Mr. Jukes should claim this as an invention of his own, since Renault evidently proposed it many years before him. The work of the latter is reviewed in the *Edinburgh Medical and Surgical Journal* for 1811. But even were this not so, we can still adduce a prior claim to the invention in question, for our own country. Dr. Physick, of Philadelphia, published a paper in 1812, in which he mentions that he successfully applied the syringe to a child poisoned with laudanum; and Dr. Dorsey afterwards cured two individuals by the same treatment. That distinguished surgeon, however, subsequently states that Dr. Alexander Monro, junior, first suggested the invention in 1797, although he (Dr. Physick) was ignorant of the fact when he applied it practically. I conceive Dr. Physick is entitled to the honour of having been the first who saved life by its means."—I am, sir, your obedient servant,

THOS. SCATTERGOOD.

Leeds, March 30th, 1881.

NORWEGIAN BOXES.

SIR,—In the exhibition of 1861, some Norwegian boxes lined with a thick layer of felt were shown, for the purpose of keeping food warm for a long time when put into them hot. Where can these boxes be bought?—Yours truly,

V. POULAIN, M.D.