

scriptions are invited, are Dr. Holman, Reigate, and Mr. Malcolm Morris, 63, Montague Square, Hyde Park, London, W.

First List.

Sir Wm. Jenner, Bart., M.D., K.C.B., F.R.S., President of the Royal College of Physicians of London	£	s.	d.
Sir Erasmus Wilson, F.R.S., LL.D., President of the Royal College of Surgeons of England	5	5	0
E. Saunders, Esq., F.R.C.S., President of the Metropolitan Counties Branch of the British Medical Association, London	5	5	0
H. C. Burdett, Esq., F.R.S., London	10	10	0
Dr. C. Holman, J.P., Reigate	5	5	0
E. Truman, Esq., M.R.C.S., London	5	5	0
G. H. Pinckard, Esq., Godalming	5	5	0
J. G. Cattley, Esq., Shabden, Reigate	5	5	0
Wm. Adams, Esq., F.R.C.S., London	3	3	0
The Rev. Thos. Burningham, M.A., Charlwood, Surrey	3	3	0
Sir James Paget, Bart., F.R.S., D.C.L., LL.D., London	2	2	0
Sir W. W. Gull, Bart., M.D., F.R.S., London	2	2	0
Sir H. Peek, Bart., M.P., Wimbledon	2	2	0
F. B. Hallowes, Esq., M.R.C.S., President of the South-Eastern Branch of the British Medical Association, Redhill	2	2	0
T. M. Butler, Esq., M.R.C.S., Guildford	2	2	0
C. W. Chaldecott, Esq., M.R.C.S., Dorking	2	2	0
Dr. S. O. Habershon, London	2	2	0
Dr. H. T. Lanchester, Croydon	2	2	0
Malcolm A. Morris, Esq., F.R.C.S., London	2	2	0
J. Cooper Forster, Esq., F.R.C.S., London	2	2	0
J. Hutchinson, Esq., F.R.C.S., London	2	2	0
J. E. Erichsen, Esq., F.R.S., F.R.C.S., London	2	2	0
Dr. R. L. Bowles, Folkestone	2	2	0
Surgeon-Major Waring, M.D., London	2	2	0
F. H. Harris, Esq., M.R.C.S., Mildenhall, Suffolk	2	2	0
Dr. J. Braxton Hicks, F.R.S., London	2	2	0
Dr. W. Withers Moore, Brighton	2	2	0
A. J. Keen, Esq., Betchworth, Reigate	2	2	0
J. M. Barton, Esq., F.R.C.S., Lee	2	2	0
Arthur Secretan, Esq., Reigate	2	2	0
A. E. Durham, Esq., F.R.C.S., London	2	2	0
W. J. Harris, Esq., M.R.C.S., Worthing	2	2	0
Miss M. Cooper, Reigate Hill	2	2	0
Herbert Knowles, Esq., Reigate	2	2	0
J. H. Baxendale, Esq.	2	2	0
Mrs. J. H. Baxendale	2	2	0
The Earl of Onslow	1	1	0
W. A. Berridge, Esq., M.R.C.S., Redhill	1	1	0
Dr. W. Chessall, Horley	1	1	0
R. Gravely, Esq., M.R.C.S., Newick	1	1	0
T. Hopcroft, Esq., L.R.C.P., Dorking	1	1	0
A. Kelsey, Esq., M.R.C.S., Redhill	1	1	0
Dr. C. Parsons, Dover	1	1	0
A. G. Roper, Esq., F.R.C.S., Croydon	1	1	0
Dr. H. S. Stone, Reigate	1	1	0
Dr. J. H. Stowers, London	1	1	0
Dr. J. Walters, J.P., Reigate	1	1	0
Dr. C. H. Allfrey, St. Mary Cray	1	1	0
D. B. Balding, Esq., F.R.C.S., Royston	1	1	0
T. Clark, Esq., L.R.C.P., Dunster, Somerset	1	1	0
J. L. Jardine, Esq., M.R.C.S., Dorking	1	1	0
Dr. Hy. Colgate, Eastbourne	1	1	0
T. B. Haywood, Esq., Reigate	1	1	0
T. Bowyer, Esq., Guildford	1	1	0
W. Triggs, Esq., Mayor of Guildford	1	1	0
Mr. W. Pimm, Guildford	1	1	0
T. H. Martin, Esq., M.R.C.S., Crawley	1	1	0
J. Croft, Esq., F.R.C.S., London	1	1	0
F. W. Parsons, Esq., L.R.C.P., Wimbledon	1	1	0
T. E. Parsons, Esq., M.R.C.S., Wimbledon	1	1	0
A. Stedman, Esq., M.R.C.S., Great Bookham	1	1	0
E. Crossman, Esq., L.R.C.P., Hanbrook, Bristol	1	1	0
Dr. R. Elliot, J.P., Carlisle	1	1	0
J. A. Bright, Esq., M.R.C.S., Glastonbury	1	1	0
Major F. Duncan, R.A., Woolwich	1	1	0
St. Barbe Sladen, Esq., Reigate, Chairman of Committee of Reigate Cottage Hospital	1	1	0
The Rev. Wm. Powell, M.A., Newick	1	1	0
Edwd. W. Thurston, Esq., L.R.C.P., Ashford	1	1	0
Dr. J. II Galton, Anerley	1	1	0
Dr. Alfred Carpenter, J.P., Croydon	1	1	0
Dr. T. Rutherford Adams, Croydon	1	1	0
Dr. Alfred Hall, Tunbridge Wells	1	1	0
James Reid, Esq., F.R.C.S., Canterbury	1	1	0
J. Bishopp, Esq., L.R.C.P., Tunbridge Wells	1	1	0
Dr. W. Clement Daniel, Epsom	1	1	0
H. S. Taylor, Esq., F.R.C.S., Guildford	1	1	0
Dr. F. Bagshawe, St. Leonard's	1	1	0
Dr. J. R. Stedman, J.P., Guildford	1	1	0
M. A. Adams, Esq., F.R.C.S., Maidstone	1	1	0
E. H. Galton, Esq., F.R.C.S., London	1	1	0
Dr. W. H. Axford, Southsea	1	1	0
Dr. J. Ewart, Brighton	1	1	0
W. C. Satchell, Esq., M.R.C.S., Tunbridge Wells	1	1	0
Mrs. Wix, Reigate	1	1	0
H. A. Roope, Esq., M.B., Guildford	1	1	0
J. Lees, Esq., Reigate, late Treasurer of the Reigate and Redhill Cottage Hospital	1	1	0
Mrs. A. Saunders, Reigate	1	1	0
P. Ricardo, Esq., Guildford	1	1	0
J. W. Baxendale, Esq., Guildford	1	1	0
Mrs. J. W. Baxendale, Guildford	1	1	0
F. Crooke, Esq., Guildford	1	1	0

Dr. J. Morton, Guildford	1	1	0
Dr. F. J. Corbould, Reigate	1	1	0
F. W. Costar, Esq., Redhill	1	1	0
Dr. F. Bossey, Redhill	1	1	0
J. R. Corbett, Esq., Betchworth, Reigate	1	1	0
Mrs. Samuel Bostock, Walton Heath, Surrey	1	1	0
Miss Bostock, Walton Heath, Surrey	1	1	0
Dr. J. Gardner, Bungay, Suffolk	1	1	0
E. Horne, Esq., J.P., Reigate	1	1	0
A. O. Wilkinson, Esq., Redhill	1	1	0
R. Field, Esq., J.P., Redhill, Mayor of Reigate	1	1	0
J. Shaw, Esq., J.P., Redhill	1	1	0
Surgeon-Major W. C. Coles, M.D., Bourton	1	1	0
The Rev. Canon Cazenove, M.A., Reigate	1	1	0
E. Brocklehurst, Esq., J.P., Reigate	1	1	0
W. D. Paine, Esq., Cockshot Hill, Reigate	1	1	0
J. M. Head, Esq., Hon. Treasurer of Reigate and Redhill Cottage Hospital, Reigate	1	1	0
P. L. Pelly, Esq., Merstham	1	1	0
E. C. Hulme, Esq., Guildford	1	1	0
James Langton, Esq., Reigate	1	1	0
T. H. Cheate, Esq., M.R.C.S., Burford	0	10	0
J. Moore, Esq., M.R.C.S., Bourton-on-the-Water	0	10	0
Dr. T. J. Burroughs, Crondall, Hants	0	10	0
Miss Chitty, Guildford	0	10	0
Mr. Henry Holden, Guildford	0	10	0

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:

NOTICE OF QUARTERLY MEETINGS FOR 1882: ELECTION OF MEMBERS.

MEETINGS of the Committee of Council will be held on Wednesday, April 12th, July 12th, and October 18th. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than 21 days before each meeting, viz., March 22nd, June 22nd, September 27th, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

November 4th, 1881.

FRANCIS FOWKE, General Secretary.

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.—A conjoint meeting of the above districts will be held at Brighton on March 29th, 1882. Dr. Ewart of Brighton will preside. Members desirous of making communications to the meeting are requested to give notice thereof to the Honorary Secretary, West Sussex District, 5, The Steyne, Worthing.

SOUTH-EASTERN BRANCH: EAST AND WEST SURREY DISTRICTS.—A conjoint meeting of the above Districts will be held at the Red Lion Hotel, Dorking, on Thursday, March 9th, at 3 p.m.; C. W. Chaldecott, Esq., of Dorking, in the chair. The following communications have already been promised. 1. Dr. Hughlings Jackson, F.R.S.: Observations on Megrin. 2. Dr. James F. Goodhart: Notes of Cases of Lunacy from Lead-Poisoning. 3. Mr. H. H. Clutton: Notes of a Case of Removal of Lymphadenomatous Glands from the Neck. 4. Mr. Malcolm Morris: Ringworm. 5. Mr. Thomas Hopcroft: Case of Complete Inversion of Uterus after Parturition. 6. Dr. Stowers will exhibit some Coloured Drawings of Rare Skin-Diseases. Dinner will be served at 6 p.m. precisely; charge, seven shillings (exclusive of wine). Members desiring to read communications will oblige by informing the Honorary Secretaries as soon as possible.—A. ARTHUR NAPPER, Cranleigh, Surrey, Honorary Secretary of the West Surrey District; J. HERBERT STOWERS, M.D., 23, Finsbury Circus, E.C., Honorary Secretary of the East Surrey District.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.—The sixth meeting of the session will be held at the Medical Institute, Birmingham, on Thursday, the 9th instant. The chair will be taken by the President, Mr. Bartleet, at three o'clock p.m. Business: To ballot for members of the Association for their election as members of the Branch. To receive nominations for officers, Council, and representatives of the Branch in the General Council of the Association for the ensuing year. Adjourned discussion on Mr. Gamgee's paper—The Benefits conferred by Vivisection on Human Surgery. The following papers are promised. Mr. Bennett May: A Case of Extirpation of Goitre. Dr. Savage: Abdominal Sections performed during 1881. Members are invited to exhibit patients, pathological specimens, new drugs, instruments, or appliances, at the commencement of the meeting.—E. MALINS, M.B., 8, Old Square; E. RICKARDS, M.B., 14, Newhall Street, Honorary Secretaries.—March 1st, 1882.

WEST SOMERSET BRANCH.—The spring meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, March 30th, at five o'clock. The following question has been settled by the Council as the one on which members should be invited to express their opinion at the said meeting after dinner: "What is your experience of the Complications and Sequelæ of Scarlet Fever?"—W. M. KELLY, M.D., Honorary Secretary.—Taunton, February 28th, 1882.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE fourth ordinary meeting of the session was held at the Museum and Library, Bristol, on Wednesday afternoon, February 22nd, 1882; present, D. DAVIES, Esq., President, and 58 members.

New Members.—The following gentlemen were elected members:

—E. C. Bousfield, M.R.C.S., Bristol; J. A. Barton, M.B., C.M., St. George's; W. J. Penny, M.R.C.S., Bristol; A. L. Wade, B.A., M.D., T.C.D., Wells; G. W. H. Cumming, M.R.C.S., Wick; T. D. Ransford, F.R.C.S., Bath.

Homœopathy.—The secretary read a communication from the secretary of the South Western Branch on the subject of homœopathy. It was resolved: "That the secretary be requested to acknowledge the receipt of the communication, and to forward a copy of the resolution of the Bath and Bristol Branch passed at their meeting on November 30th, 1881."

Papers.—The following communications were made:

1. A case of Litholapaxy, by Mr. W. H. Harsant. Mr. Greig Smith, Dr. Swayne, and the President made remarks upon the case.

2. A case of Polypus Uteri, by Dr. Steele; which led to comments by Dr. Aust Lawrence and Dr. Swayne.

3. On the co-existence of Pregnancy with Fibroid Tumours of the Uterus, by Dr. Aust Lawrence. Dr. Swayne, Dr. Markham Skerritt, Mr. Cross, and the President joined in the discussion on this paper.

4. On Amputation in Senile Gangrene, by Mr. Dobson. This paper was commented upon by Dr. Swayne and Mr. Coe.

5. Mr. Pickering described a new method of administering cholera-form in operations about the mouth, and exhibited the apparatus which he had invented.

METROPOLITAN COUNTIES BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held at the St. George's Hall, Langham Place, on Wednesday, February 22nd, at 8 P.M.; EDWIN SAUNDERS, Esq., President, in the chair.

Dr. Howard's Ambulance Apparatus.—The ambulance carriage designed by Dr. BENJAMIN HOWARD, and described in the BRITISH MEDICAL JOURNAL of February 4th, had been brought into the room in which the meeting was held, and was inspected by the members present.

The PRESIDENT briefly explained the motives which had led him to invite Dr. Howard to explain to the Branch his views on ambulance conveyance. The Branch was interested in all such subjects as improvements in the means of conveyance of the sick and wounded. Referring to the police, he said that they were not to be blamed if the arrangements under their control were not altogether satisfactory or in consonance with modern requirements. The police did all that could reasonably be expected of them, and perhaps more; their action was especially useful in regard to the prevention of accidents by regulation of the street traffic.

Dr. HOWARD said he had promptly responded to the invitation of the President from considerations of duty, appropriateness, and utility. It was in the BRITISH MEDICAL JOURNAL, the organ of the Association, appeared the earlier articles from him upon this question; and it was from Mr. Ernest Hart, its editor, the movement received its earliest sympathy and encouragement. To avoid repetition of what he had said or written before, he would proceed from a different standpoint, and attempt such an exposition of the question as would properly come under the headings of The Science, Art, and Ethics of Ambulance Conveyance. This line he had adopted chiefly because he had heard that a friendly rivalry in ambulance construction was springing up; and, as the Macedonians taught the Greeks to beat them, he wished to tell all he knew, and so help others to achieve something better than he had himself accomplished. First, as to the science. Given a centre of motion and a radius: in proportion to the length of the radius from the axis, the amount of vibration would be increased. The corollary from this was that, the higher the patient was placed above the axis of motion or the ground, the greater would be the vibration to which he was subjected. As regarded wheels: the larger the wheel, the smaller was the amount of shock produced on meeting with an obstacle, such as a stone. A large wheel passed over an obstacle as over inclined planes; a small wheel met it more nearly at right angles, and the shock was increased. Hence, for ambulances, small wheels were bad. Regarding springs, Dr. Howard said that a spring did not of necessity diminish motion, but modified it; a good spring always diminished shock. An excess of springs was a general fault which he had noticed in ambulances designed by amateurs, of which he had seen many in the American civil war. Patriotic individuals presented ambulances furnished with a splendid arrangement of springs; they went very well on ordinary ground, but, on the rough ground over which they had to travel after a battle, the patients were often thrown together in consequence of the excess of spring action. In an ambulance, the action of the springs should be easy, but limited. In the police-stations, there were to be found stretchers, made to be carried on the shoulders of four men by

means of long handles. It was not often that four men of the same height could be brought together for the purpose; and the mode of conveyance on the shoulder produced increased vibration, especially on rough ground. Another form of conveyance, at first sight very captivating, was the wheelbarrow-litter. Here, however, the spring was elliptical, and motion was increased rather than diminished; the wheel also was small, and the means for secluding the patient was not all that could be desired. There was also danger that the patient's head might, as he had seen it, lie lower than his feet. The position and motion by these contrivances were decidedly objectionable. In London a century ago, the principal means of conveying the sick and injured was the common hand-stretcher; and this, though simple, if well constructed and well carried, was, for short distances and rough ground, the easiest means of conveyance yet devised. Respecting the art of ambulance conveyance, Dr. Howard showed how the principles he had demonstrated were illustrated in the hand-stretcher, and in the horse-ambulance before the meeting. The chief points thus referred to were the lowness of the floor, the suspension of the body, the length and semi-elliptical shape of the main springs, the use of interior counterpoise springs, the suspension in the case of the additional stretchers, the rubber tires and rollers, etc., the largeness of the main wheels. As incidental points, were mentioned perfect provision for regulating light and air, and the turning of the entire vehicle on its axis. Respecting the ethics of the question, he said that human helplessness incurred the duty of human help, asking no questions. The possible drunkenness of the patient did not absolve us from that duty. On the contrary, this was the most frequent precursor of injuries to be averted. The help given should be prompt, official, qualified, responsible. While legal qualifications were demanded for trivial maladies, the gravest street accidents were too often allowed to be maltreated by the kindness of the most incompetent first comer. The working committee of the London Ambulance Service was now meeting weekly at Scotland Yard; and he hoped that London, which now had the finest fire-brigade and the best police department in the world, would in its own due time have also the best ambulance service the world could boast.

Dr. MOUTAT had seen during a visit to New York, eighteen months ago, two examples of the working of a well organised ambulance system. One day, while he was going over the New York Hospital with the superintendent, a bell rang, which, he was told, was for the ambulance. He went at once with the superintendent to the stable, where they found a horse ready harnessed, which had of itself left its stall and put itself in the shafts of the ambulance-carriage. In the carriage were appliances of all kinds likely to be required. Information had been received by telephone that some one had been run over in the street; and the ambulance-carriage was ready and left the hospital within five or six minutes, with trained assistance. It was important that skilled assistants should be brought as quickly as possible to the scene of injury. He had himself fallen in the street about three weeks ago, and dislocated his shoulder; and the bystanders had attempted to raise him by the injured arm. In the case at New York, the accident was found to be a simple fracture; this was put up by the surgeon, and, when the patient arrived at the hospital, he was at once conveyed to a room where anything that was necessary could be done. He had observed that the driver of the ambulance carried a small flag, and was informed that in New York everything had to give way to the ambulance and the fire-engine. The other case which he saw was at Bellevue Hospital; it proved to be one of drunkenness, with a lacerated wound of scalp. It was surely possible to organise an ambulance system in London; but a very careful organisation would be required. It should be under the management of the police, who ought to know every day what number of beds were available in each hospital for medical and surgical cases. He would say that none stood higher in public estimation, for the display of humanity, than the London police.

Dr. GORDON had seen much of ambulance service. Among other apparatus used in the Franco-German war, he had seen Dr. Howard's military ambulance, and he preferred this even to that before the meeting. It was arranged so that patients could be conveyed either sitting or lying; it could contain several, and was better adapted for going over all kinds of ground. His experience was opposed to placing wounded men over one pair of wheels; there was greater jolting. In the present apparatus, there was also danger of dismemberment from the ironwork under the seat breaking. He placed himself in Howard's ambulance on the field of battle outside Paris, and had been driven rapidly over fields and rough roads with comfort. He had counted about a dozen forms of ambulance; but Howard's (of 1870) was incomparably the best of them all for the purposes of war. He thought that it would be advisable to make the conveyance suitable for country work as well as for the streets of London; As to the administration, if it were undertaken by the

hospitals, an entire change in the management of those institutions, and administration by a central bureau, would be necessary.

Mr. FURLEY wished that the President and Dr. Howard could have witnessed the training of the police in the classes of the St. John's Ambulance Association. He believed that there were now more than a thousand policemen properly instructed and qualified. One of the instructions given to them was, never to carry the stretcher on the shoulders. Great credit was due to the police for the readiness with which they had come forward to be instructed. He disapproved of the military step in carrying a stretcher; the police were always instructed to avoid it, and to use the broken step. He had just built one ambulance carriage and had nearly completed another; and it remained to be proved what form would be adopted in London. He thought that the form of ambulance adapted for the field of battle differed in many respects from that best fitted for city work, and thought Dr. Howard was wise in having adapted his vehicles to that difference. In his ambulance, there were seats for those slightly injured in addition to the means of conveying those who were seriously hurt. In the stretcher shown by Dr. Howard, the loops at the sides were a great improvement.

Dr. R. T. DANIELL said that every policeman had the power of at once informing a medical man of a case of accident in the streets; and when an injured person was brought to a station, the divisional surgeon was summoned. It was quite true that what was best for the field of battle was not best for the streets of London. The volunteer ambulance department had been doing good work in London, in training two thousand volunteers for the service. All were taught to use the broken step in carrying patients. It was now an exception for the police to attempt to distinguish between the drunk and dying.

Dr. HOWARD said his different ambulances had been expressly made conformably to the differences in the conditions of the respective services for which they had been intended. He had fully appreciated and co-operated with the St. John's Ambulance Association, as it had reciprocally done with this movement. However, while the various hand machines for extinguishing fires were of immense value, they were not a substitute for, but only a complement to, the fire brigade. The guarantee of personal security so desirable for the public, could only be assured by an ambulance service for the saving of human suffering and life as official and complete, as is the other for the saving of property.

CORRESPONDENCE.

DEATHS FROM ANÆSTHETICS.

SIR,—The difficulties attending the classification of deaths from anæsthetics are forcibly put by several correspondents in your issue of the 25th, and must have been felt by all who, like myself, have attempted to tabulate these disasters.

The published accounts of most accidents of this kind are so meagre, that it is difficult, in many cases, to know how far to charge the anæsthetic with the fatal result; I have accordingly recorded all cases in which death could have been due to the agent employed, adding such notes as were given of the peculiar circumstances of the case.

I am glad to have elicited further particulars of the case at Addenbrooke's, which must now be classed with No. 4 in my list, in which death occurred through obstruction to the bronchus. This reduces the deaths due directly to ether to two, just one-fourth of the number assignable to chloroform, if the recent case at Pendlebury be excluded from the list.

Although it is impossible to exactly estimate the relative fatality of anæsthetics without a knowledge of the exact number of administrations, I may remind your correspondent, Dr. Sheen, that, according to a report published in your columns a few years ago, ether is in general use at most of our large hospitals; and, excluding cases in private, no fewer than twelve out of the fifteen cases I reported occurred in such institutions. Ether never came into general use at its first introduction. The idea of anæsthetics was new, and there was no good form of inhaler; while the advantages of the newer anæsthetic were pressed by the zeal and energy of Simpson. It was not till years after that some one was found to calmly add up the death-bill, and to recollect that this operation was hardly required when the older anæsthetic was in use.

Within the last few days, I have heard privately of another death from chloroform, occurring in a provincial hospital, of which I hope some account will reach you. This makes the sixth in the past six weeks.

Dr. Hollis refers to the need of more skilled administration of chloroform. It is a melancholy fact that many deaths have occurred in the

practice of the most highly skilled administrators; and, I believe I am right in asserting that nearly all our professional anæsthetists—I refer to Mr. Clover and others, whose experience and skill are beyond all question—are in favour of ether as the most safe and convenient anæsthetic.—I am, sir, yours, etc.,
ERNEST H. JACOB, M.D.
Leeds, February 25th, 1882.

SIR,—Whilst acting as chloroformist to Westminster Hospital, a case occurred to me like the one cited by Mr. Marmaduke Sheild at Addenbrooke's Hospital, with the exception that chloroform was used instead of ether.

The operation was for removal of the right superior maxilla, and had proceeded as far as the removal of the diseased portion, when pulse and respiration suddenly ceased. The usual remedies were applied without avail. As in the case cited by Mr. Sheild, the hæmorrhage was very great—in fact, greater than I had ever seen before. The *post mortem* examination showed the trachea and bronchi filled with coagulated blood.

Should the Committee of Council of the British Medical Association appoint a subcommittee to obtain statistics of the anæsthetics used in hospitals for some time back, as suggested by Mr. Woodman, I shall be most happy to send the results of my cases whilst acting at Westminster Hospital and elsewhere.—Yours truly,

CHAS. H. GLASSINGTON, M.R.C.S.Eng.

105, Fulham Road, South Kensington, Feb. 26th, 1882.

CHLOROFORM AS AN ANÆSTHETIC.

SIR,—The indignation created by Dr. Ormsby's letter, in your JOURNAL of the 18th instant, was inevitable. How can he explain the cause of death in three of the cases mentioned by Dr. Hollis in to-day's JOURNAL? It would appear that each subject was in good general health when the ether was administered, yet all died suddenly during its administration. If Dr. Ormsby believes it to be "criminal and unscientific" to use chloroform, what shall we say of the alternative—ether? Both Dr. Ormsby and the writer whom he quotes would appear to indulge in unscientific reasoning. If I condemn the practice of every surgeon who does not adhere to the principles of Listerism as "criminal and unscientific," what judgment might I expect the profession to pass on such an opinion? The very disciples of Lister would laugh at it. Ringer "has given chloroform in serious heart-disease, in every stage of phthisis, in Bright's disease, cancer, chronic bronchitis, etc., to patients almost dead of exhaustion from loss of blood, to children of a few weeks, and to persons close upon a hundred years old, without any threatening symptoms." The use of chloroform, like the use of other drugs, requires skill and caution; and I hold that, with a due exercise of both, the administration of chloroform is almost absolutely free from danger. In fact, the very small proportion of deaths that do occur from chloroform may, in most instances, be attributed to the surgeon's supreme confidence in its perfect safety; and hence a lack of preliminary investigation and subsequent caution. I have administered chloroform, when in the great iron and coal centre of South Wales, at nearly every hour of the day and night, often in cabins on the hills, with hardly standing room, and the only light for operating, a candle. The patient once anæsthetised, it was our custom to get a collier to keep up anæsthesia; and I have never witnessed alarming symptoms from such practice. I never go to a case of parturition without chloroform, and I certainly never apply forceps without previously administering it; indeed, in those cases where forceps are inadmissible—the head at the perinæum; the pains at a climax of severity, with no appreciable intermission; and the perinæum, from some anatomical peculiarity, in danger of rupturing—it is our manifest duty to give chloroform; and, by doing so, we not only convert a condition of intensest agony to a perfect elysium of repose, but we also secure time for due structural relaxation of soft parts; and this is effected, too, with a rapidity and certainty to which ether can lay no claim. The man who has the hardihood to suggest the erasure of chloroform from our list of remedies, had better propose a whole burnt offering of the *Pharmacopœia*.—I am, sir, your humble servant,
JOHN LOWE.

Lichfield, February 26th, 1882.

CHLOROFORM OR ETHER?

SIR,—I have read with deep interest the letters upon anæsthetics appearing in the BRITISH MEDICAL JOURNAL, and it seems to me that there are a few questions bearing upon the subject, that may be overlooked or quite forgotten in the present discussion.

One gentleman speaks in the highest terms of chloroform, and another equally praises the virtues of ether as an anæsthetic. I fail to

and most frequently during the incubation stage of a fever. He finds a quick pulse and high temperature, a furred tongue, all the evidences which tell him that "a storm is brewing", which, so far as he can see, will most likely become a fever. Is he to wait till the disease has fully developed itself, till the simplest old woman can tell what is the matter, before he recommends his patient's removal to hospital? The idea is absurd.

Another and a more unpleasant aspect of the question arises in the fact that there is always a keen rivalry for private practice between the medical officer of a workhouse and the surrounding dispensary medical men. It follows that, if the workhouse doctor choose to say to a board of guardians of his brethren in the dispensaries that they are mistaken in their diagnoses of cases, and that he does this it may be with all honesty of purpose, and in what he considers the discharge of his duty, the end attained is, I say, inevitably this: that he, on his own showing, and by publicly announcing the incompetence of others, gets credit for more skill, and in all human probability gets more private practice, to the exclusion of his discredited *confères*.

As I said in the beginning, I am discussing this matter altogether outside Dr. O'Neill, of whom I know nothing; so that if he sees this, he will not consider I am even remotely alluding to him.

My idea is that, in cases where such differences of opinion are frequent, an "observation ward", where cases of a doubtful nature could be put into on admission, would best meet the difficulty. Let the medical officer of the house classify them as he pleased then.

I must apologise for the length of this letter; the importance of the subject, and a hope that it will elicit the views of others more competent to express an opinion thereon, must be my excuse.—I have the honour to remain, your obedient servant,

JOHN L. WALSH, Workhouse and Dispensary Medical Officer.

Kilmacthomas, County Waterford, Ireland, February 23rd, 1882.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Licentiate on February 23rd, 1882.

Alderton, Herbert Charles, Dispensary, Stoke Newington, N.

Bevan, Henry Crook, 29, Frederick Street, W.C.

Cooper, George Frederick, St. Thomas's Hospital, S.E.

Day, Thomas Montagu, Harlow.

De Lom, Henry Anthony, 31, Denbigh Street, S.W.

Fell, Walter, 198, Earl's Court Road, S.W.

Harper, Charles John, 2, Station Road, Finchley, N.

Joseph, John Baptiste Edgar, Trinidad.

Parry, Robert, Festiniog.

Prabhakar, Govindrao Bhanu, 48, Saltoun Road, S.W.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, February 23rd, 1882.

Ford, William Henry, Melbourne, Victoria.

Furnival, Francis Henry, Meeston, Nottingham.

Hudson, Ernest, Harleston, Norfolk.

Lewers, Arthur Hamilton N., 55, Torrington Square, W.C.

Stacpoole, Charles, 127, Inverness Terrace, W.

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

Baird, T. Patrick, Aberdeen University.

Williams, Charles, Middlesex Hospital.

UNIVERSITY OF CAMBRIDGE.—At a congregation held on February 23rd, the degree of M.B. was conferred on F. J. Cannon (Trinity), and James Oswald Lane (St. John's).

UNIVERSITY OF DUBLIN.—At the Hilary Term Examination for the Degree of Bachelor in Medicine (M.B.), held on Monday and Tuesday, February 6th and 7th, 1882, the successful candidates passed in the following order of merit.

George B. Russell, Edward F. Pigot, Henry St. J. Brooks and William H. Burke (equal), Travers M. Smith, George F. Dean, James S. Carson and James Gloster (equal), John W. Gowland, Patrick Neary.

At the examination for the Degree of Bachelor of Surgery (B.Ch.), held on Monday and Tuesday, February 13th and 14th, the successful candidates were arranged in the following order of merit.

George B. Russell, Edward F. Pigot, Thomas R. Gillespie, Henry St. J. Brooks, George A. Marshall, James Craig.

MEDICAL VACANCIES.

The following vacancies are announced:—

ASHBOURNE UNION RURAL SANITARY AUTHORITY.—Medical Officer of Health for the Southern District. Salary, £25 per annum.

BELMULLET UNION.—Medical Officer for Workhouse at a salary of £50 per annum, together with £5 per annum as Superintendent Medical Officer of Health. Election on the 9th instant.

CARNARVONSHIRE AND ANGLESEY INFIRMARY.—House-Surgeon. Salary, £100 per annum. Applications by March 7th.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Assistant Honorary Surgeon. Applications by March 4th.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C. Assistant Surgeon. Applications by the 8th March.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Administrator of Anæsthetics. Applications by March 13th.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Assistant Dental Surgeon. Applications by March 13th.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Clinical Assistant. Applications by March 23rd.

EPSOM UNION, DISTRICT OF LEATHERHEAD AND FETCHAM.—Medical Officer and Public Vaccinator. Salary, £50 per annum. Applications by March 21st.

ESSEX AND COLCHESTER GENERAL HOSPITAL.—Member of Surgical Staff. Applications by the 29th March.

ESSEX AND COLCHESTER GENERAL HOSPITAL.—Physician. Applications by the 29th March.

GENERAL INFIRMARY, NORTHAMPTON.—Assistant House-Surgeon. Salary, £80 per annum. Applications by the 13th March.

KENT AND CANTERBURY HOSPITAL.—House-Surgeon. Salary, £80 per annum. Applications by April 6th.

KENT COUNTY LUNATIC ASYLUM, Chatham Downs, near Canterbury.—Second Assistant Medical Officer. Salary, £120 per annum. Applications by the 21st instant.

KIDDERMINSTER FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Medical Officer. Applications by the 11th instant.

NORTH WALES COUNTIES LUNATIC ASYLUM, Denbigh.—Medical Superintendent. Salary, £450 per annum. Applications by the 29th instant.

PAISLEY INFIRMARY.—House-Surgeon. Salary, £80 per annum. Applications to Francis Martin, County Buildings, Paisley, by the 4th March.

PARISH OF GAIKLOCH, Ross-shire.—Medical Officer. Salary, £100 per annum. Applications to the Chairman, Osgood H. Mackenzie, Esq.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road.—House-Physician. Salary, £80 per annum, in lieu of Board. Applications by the 9th March.

ST. BARTHOLOMEW'S HOSPITAL.—Assistant Surgeon. Applications by the 7th instant.

ST. GERMAN'S UNION RURAL SANITARY AUTHORITY.—Medical Officer of Health. Salary, £100 per annum. Applications, marked "Appointment Medical Officer of Health", by March 9th.

ST. LUKE'S HOSPITAL.—Clinical Assistant. Applications by March 23rd.

WESTERN GENERAL DISPENSARY—Marylebone Road.—Honorary Physician. Applications by March 6th.

MEDICAL APPOINTMENTS.

BAIN, WM., L.R.C.P., appointed Resident Medical Officer to St. Mary's Hospital, and the Manchester and Salford Lying-in Hospital and Dispensary for Diseases of Women and Children, Quay Street, Manchester.

BAKER, W. M., F.R.C.S., appointed Surgeon to St. Bartholomew's Hospital.

BARTON, J. E., M.R.C.S., appointed Medical Superintendent to the Surrey County Asylum, Brookwood, *vice* T. N. Brushfield, M.D., resigned.

BARTON, W. E., L.R.C.P., appointed Medical Officer and Public Vaccinator to the Burwash District of the Ticehurst Union.

BEATTY, Wm J., L.R.C.P.E., L.F.P.S.G., appointed Surgeon to the Stockton-on-Tees Boiler Makers' and Iron Shipbuilders' Society.

CRIPPS, W. H., F.R.C.S., appointed Assistant Surgeon to St. Bartholomew's Hospital.

GRANT, J. Dundas, M.A., M.D., M.R.C.S., appointed Honorary Surgeon to Out-Patients at Poplar Hospital.

HOLLAND, L., B.M., M.D., L.S.A.Lond., appointed Lecturer on Aural Surgery to the Newcastle-on-Tyne Dispensary.

HUTCHINSON, S. J., L.D.S., appointed Dental Surgeon to the Dental Hospital of London, *vice* A. Coleman, L.D.S., resigned.

JUNE, J. B. T., M.B., appointed Assistant Medical Officer to the Montrose Royal Lunatic Asylum.

KEAY, John, L.R.C.P.Ed. and L.R.C.S.Ed., appointed Junior House-Surgeon to the Stockport Infirmary, *vice* R. A. Murray, M.B.

MARSH, R., M.B., appointed House-Surgeon to the Royal Surrey County Hospital.

MOODY, J. M., M.R.C.S., appointed Senior Assistant Medical Officer to the Surrey County Asylum, Brookwood.

MURRAY, Robert A., M.B.Ed., appointed Senior House-Surgeon to the Stockport Infirmary, *vice* R. E. England, M.D., 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.

MARRIAGES.

RHODES—NOOTT.—On the 21st February, at St. John's Church, Dudley, by the Revd. John Frederick Noott, M.A., Donative Rector of Blyford, and Vicar of Dunwich, assisted by the Revd. W. H. Crump, Curate of St. John's, Wm. Rhodes, M.R.C.S., L.R.C.P., Bridgnorth, to Ellen Elizabeth, third and youngest daughter of the Revd. E. H. L. Noott, Vicar of St. John's, Dudley.

ROBSON—JAMIESON.—On the 21st instant, at St. Mary-in-the-Boltons, South Kensington, by the Rev. W. T. Du Boulay, Vicar, Edward Shedden Robson, B.A., M.R.C.S., eldest son of Robert Naisbin Robson, Esq., of Durham, to Edith Isabel, youngest daughter of the late James Young Jamieson, Esq., of Gainford House, co. Durham.

DEATH.

JONES.—On February 22nd, at Swan Hill, Shrewsbury, Emma, the beloved wife of James Thoresby Jones, M.R.C.S., L.R.C.P., deeply regretted.

SANITARY ASSURANCE ASSOCIATION.—Dr. Farquharson, M.P., will preside at a meeting of the Sanitary Assurance Association on Friday, March 10th, at 7.30 P.M., when Mr. Henry Rutherford, Barrister-at-Law, will deliver an address on "Sanitary Assurance from a Householder's Point of View." A discussion will follow the address.

A MEDICAL practitioner at Bolton has been fined £5 and costs, under a clause in the Local Improvement Act, for neglecting to report a case of small-pox.

MR. J. H. CHANCE (of the firm of Chance Brothers and Co., of Spon Lane Glass-works, Birmingham) has offered to build an outpatient department at West Bromwich Hospital, at a cost of £600. The offer is accepted.

THE DRESS OF THE PERIOD.—A lecture on this subject was given, under the auspices of the National Health Society, by Mr. Frederick Treves of the London Hospital, on Saturday, February 26th, in the Kensington Town Hall, before a crowded audience, almost wholly composed of ladies. Professor Flower, in the absence of Dr. Andrew Clark, took the chair. Mr. Treves, assuming that the primary objects of dressing were to cover the body and maintain an equable temperature, pointed out that in a low evening dress these objects appeared to have received little or no attention. The neck and arms, and the upper part of the chest and back, were left bare; while about the lower extremities was accumulated a mass of raiment that would clothe a dozen children. In the ordinary dress of women, also, little regard was had for maintaining an equable temperature. The covering of the upper part of the chest above the line of the corset was very thin, perhaps that of the dress only. The region of the corset was reasonably covered, while about the hips many layers of clothing were massed. Thus the body might be divided geographically into a frigid, a temperate, and a torrid zone. Dealing next with tight-lacing, the lecturer said that children had normally no waist; and, if a mother gave her thought to the matter for a week, she could devise nothing more fatal to health than to make her daughter wear stays "to improve her figure". The normal waist of a woman, which was oval in section, had a circumference of twenty-eight to twenty-nine inches; the "elegant" waist, which was in section circular, a circumference of twenty inches; while the measurement of dressmakers' lay figures now varied from twenty-one to twenty-four inches. Mr. Treves also showed how, by the compression of the lower ribs, the stomach, liver, and lungs were displaced, and their free and necessary action prevented; and quoted medical evidence of the many and serious, often fatal consequences. It was announced by Mr. Ernest Hart that, as very many ladies had been unable to get into the hall, the lecture would be repeated there on the 18th of March.

HEALTH OF FOREIGN CITIES.—Trustworthy indications of the recent health and sanitary condition of various foreign and colonial cities are afforded by the following figures, deduced from a table in the Registrar-General's last weekly return. According to the most recently received official weekly returns, the annual death-rate in the three principal Indian cities averaged 32.0, and was equal to 29.5 in Calcutta, 21.0 in Bombay, and 35.8 in Madras; cholera caused 34 deaths in Calcutta, and 26 in Madras; measles 38 in Bombay; and small-pox 5 in Madras. The death-rate in Alexandria rose to 35.4, and 9 of the 144 deaths resulted from typhoid fever. In twenty-one European cities, the death-rate averaged 30.2, and exceeded by 4.8 the mean rate prevailing last week in twenty-eight of the largest English towns. The death-rate in St. Petersburg was equal to 51.3, and showed but a slight decline from the high rate in the previous week; 52 deaths resulted from typhus and typhoid fevers, 18 from diphtheria, and 17 from scarlet fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate did not average more than 26.6; measles, however, caused 15 deaths in Copenhagen and 5 in Christiania, and diphtheria 4 in Stockholm. In Paris, the death-rate declined to 31.7, although 62 deaths were referred to diphtheria and croup, 32 to typhoid fever, and 14 to small-pox. The rate in Geneva rose to 36.1; while it was 27.1 in Brussels, where 5 deaths resulted from typhus and typhoid fevers, and 4 from measles. In the three principal Dutch cities, the death-rate averaged 29.4, and was equal to 23.4 in the Hague, 27.2 in Amsterdam, and 35.3 in Rotterdam; whooping-cough caused 7 deaths in Rotterdam and 9 in Amsterdam. The Registrar-General's table includes returns from nine German and Austrian cities, in which the death-rate averaged 23.6; it ranged from 24.3 and 25.7 in Berlin and Dresden, to 39.9 in Trieste and 44.5 in Buda-Pesth. Small-pox caused 23 deaths in Vienna, 15 in Buda-Pesth, and 9 in Prague. The death-rate was equal to 26.1 in Venice and 27.9 in Turin; diphtheria is still somewhat fatally prevalent in both these Italian cities. No recent returns have been received either from Rome or Naples. The average death-rate in four of the principal American cities was equal to 29.1; the rates in these cities ranged from 23.1 in Brooklyn to 34.6 in New York. Small-pox caused 12 deaths in Philadelphia and 11 in New York; scarlet fever again showed fatal prevalence in New York and Brooklyn, and diphtheria in Philadelphia and Baltimore.

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 Orthopædic, 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, 1 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 Orthopædic, 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.

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., 1; Ophthalmic Department, W., 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; Orthopædic, 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; Orthopædic, 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, M. Th., 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. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.3.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1; 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 P.M. General Meeting. Ballot for Officers and Council. Dr. Hughlings Jackson: A Case of Cortical Tumour of the Brain, with Convulsive Seizures beginning in the Right Foot. Dr. Sanson: A Case of Hodgkins' Disease, with Suppuration of some of the Glands of the Neck.—Royal College of Surgeons of England, 4 P.M. Professor W. H. Flower: On the Anatomy, Physiology, and Zoology of the Edentata.—Odontological Society of Great Britain, 8 P.M. Paper by Mr. Walter H. Coffin. Casual communications by Messrs. S. J. Hutchinson and M. Davis, etc.

TUESDAY.—Pathological Society of London, 8.30 P.M. Mr. Hutchinson: 1. Anomalous Nerve-Disorder in Infancy; 2. Multiple Osteochondromata (living specimens). Mr. A. Barker: 1. Congenital Dislocation of Hip; 2. Spinal Caries in Early Stage; 3. Fracture of Condyle of Femur (card). Mr. Davies-Colley: 1. Radically cured Inguinal Hernia; 2. Congenital Hypertrophy of Face (card). Mr. Eve (for Mr. Edwards): Sarcoma of Epididymis. Mr. Dent: 1. Double Displacement of Tibia (living specimen); 2. Sequester in Head of Femur. Dr. Warren: Intestinal Obstruction in a Marmoset. Dr. Burnet: Carcinomatous Stricture of Esophagus (card). Dr. T. Robinson: Case of Alopecia. Dr. Thinn: Three cases of Alopecia Arenta in one Family. Dr. Duckworth and Dr. O. Harris: Microscopical Preparations of Alopecia Arenta.

WEDNESDAY.—Royal College of Surgeons of England, 4 P.M. Professor W. H. Flower: On the Anatomy, Physiology, and Zoology of the Edentata.—Hunterian Society, 7.30 P.M., Council Meeting. 2 P.M., Dr. Bedford Fenwick: Venesection in Cardiac Disease.

THURSDAY.—Ophthalmological Society of the United Kingdom, 8.30 P.M. Dr. Walter Edmunds: Case of Suppurative Ophthalmitis after Ligation of Common Carotid. Mr. Lawford: An Unusual Case of Gun-shot Injury of the Eye. Mr. Waren Tay: 1. Case of Optic Neuritis after Concussion of the Brain; 2. Case showing Condition three years after Optic Neuritis from Injury to the Head. Dr. Sidney Coupland: Case of Optic Neuritis following Contusion of the Brain. Mr. McHardy: Case of Extensive Retinitis following Injury to the Head. Mr. Fitzgerald (Dublin): On a Case of Defective Vision in a Seaman. Dr. Brailey: Microscopical Specimens—1. From a Case of Retinal Detachment simulating Sarcoma of Choroid; 2 (for Mr. Mason of Bath). From a Case of Corneo-scleral Tumour. Mr. Snell (Sheffield): Case of Sympathetic Ophthalmitis setting in after Excision. Living specimen, (8 o'clock). Mr. Nettleship: Case of Atrophy of Optic Disc after Orbital Erysipelas.—Abernethian Society, St. Bartholomew's Hospital, 8 P.M. Mr. Griffith: The Diagnosis of Syphilis.

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. G. Lawson: On a Case of Chimney-sweep's Cancer of the Axilla, treated by Excision of the Growth, Ligation of Axillary Artery, and Amputation at the Shoulder-Joint. Mr. H. Marsh: A Case of Aneurysm of Axillary Artery; Ligation of Subclavian; Rupture of Sac; Amputation at Shoulder-Joint; Recovery (patient to be shown). Dr. Mahomed: Case of Myxœdema improving under Treatment (patient to be shown). Mr. Warrington Haward: Case of Removal of the Hypertrophied Spleen. The following living specimens will be exhibited: A Case of Radical Cure of Congenital Hernia in the Adult, by Mr. C. H. Golding-Bird; A Case of Cured Spina Bifida, by Mr. Pearce Gould; Two Cases of Universal Ichthyosis in Adult Females, by Dr. B. O'Connor.—Royal College of Surgeons of England, 4 P.M. Professor W. H. Flower: On the Anatomy, Physiology, and Zoology of the Edentata.

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.

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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

THE SHEFFIELD POISONING CASE.

MR. HARRISON informs us that the facts of the above case, as reported by us, are not quite correct. These facts were given by us as reported in the daily press. We are happy to make the necessary corrections. We should have stated that arsenic was not found in the stuffing of the fowl; we said in the stuffing in the tin. Arsenic was found in the vomit of the deceased, and not in the beer.

KNOCK-KNEES.

SIR,—I am attending a little boy, aged two years, who is slightly knock-kneed, and the parents are very anxious to have the deformity remedied, if possible. Will you kindly inform me, in your next impression, if it is curable, the best kind of splints to use, and also the time usually required in slight cases to get the limbs straight?—I am, faithfully yours, INGLUVIN.

*A Knock-knee in a child of two years of age is certainly curable. If the deformity be slight, straight outside wooden splints, reaching from the pelvis to the ground, will answer the purpose. The splints should be secured at the pelvis and ankles, and the knee drawn out by degrees by means of a webbing strap. The time occupied in cure varies in almost every case; it can never be determined beforehand, but it depends to a great extent upon the care with which the treatment is carried out.

OBSTETRIC PRACTICE IN AUSTRALIA.

SIR,—Can any member afford information as to the chances of success in Sydney, or other large city in Australia, to a man aged 36, who could make gynæcology a speciality, has the best social introductions, possesses £300 a year of private means, and is willing to wait?—I am, etc., M.D.

HOME FOR INEBRIATES.

SIR,—Can you, through the JOURNAL, inform me of a home for a dipsomaniac whose circumstances are these? She is a middle-aged woman, who is parlourmaid in a gentleman's family, where she has been fourteen years, and where she is much valued. During the last two years, she has given way to intemperance, and drugs have failed to allay the craving for stimulants. She is desirous of being cured from what she feels to be a disease. Is there any home for inebriates where persons from such a position in life as mentioned can be admitted at low rates of payment? If not, is there any opening in a home for inebriates from the upper classes where she could serve as parlourmaid, and so work out the cost of her maintenance and treatment?—I am, sir, yours faithfully, S. REES-PHILLIPS, M.D.

Wynford House, Exeter, February 22nd, 1882.

*A The weekly charge at the Spellborne Sanatorium for Female Inebriates, Feltham, Middlesex, and the St. James's Home for Female Inebriates, Ebenezer Terrace, Kennington Park, London, is 15s. per week. It is not at all likely that any inebriate institution would employ a female dipsomaniac, as an attendant on rich lady dipsomaniacs, unless there had been a long test of persistent total abstinence; but inquiry might be made of the secretary of the new St. Raphael's Hospital, Woodside, Croydon.

PROFESSOR PARKER'S LECTURES ON THE MAMMALIAN SKULL.

THE following errata occurred in our report of the first lecture of this series. Page 202, second column, lines 25 and 27 from top, for "good yolk" read "food-yolk"; line 26, for "mesoblastic" read "meroblastic"; line 59, for "oval opening" read "oral opening".

TAPEWORM IN THE INFANT.

SIR,—Will you kindly allow me to ask my brother practitioners, through the medium of your valuable JOURNAL, what treatment they would recommend with the view of dislodging a tapeworm from the intestines of a child between two and three years of age?—Believe me, yours faithfully, A MEMBER.

NEW TEST FOR THE PURITY OF CHLOROFORM.

SIR,—In the BRITISH MEDICAL JOURNAL of January 14th an editorial note appears on "Impure Chloroform", an abstract of a paper by M. Lucas-Championnière. As the subject has attracted a good deal of attention in Paris, especially since the further publication by M. Yvon, in the *Journal de Pharmacie et de Clinique*, of his mode of testing and purification, I have examined six different samples, five English and one German (prepared from chloral), and find that all of them quickly decompose permanganate of potash in the presence of caustic alkali, producing first a green colour—manganate of potash—and then a dark-brown—oxide of manganese.

Following the process given by M. Yvon, I have purified some chloroform, and beg to submit a sample to you herewith. I also send you a little of M. Yvon's test solution, of which one cubic centimetre should be added to about five cubic centimetres of the chloroform to be examined, and well shaken; the test solution should remain violet for at least ten minutes. Care must be taken to try the test in a clean bottle—a stoppered one preferably—that has been treated with oil of vitriol, and rinsed afterwards with distilled water.

As you have lately had some discussion in your columns on the subject of anaesthetics, the importance of this new test for chloroform should not be overlooked by your readers.—I remain, sir, yours obediently, W. MARTINDALE.

10, New Cavendish Street, London, W., February 25th, 1882.

OZENA.

SIR,—I have just read, in last week's number, a very interesting letter on the above subject from Mr. Lennox Browne. He alludes to the successful treatment of this troublesome complaint by residence in the Engadine. Permit me to express my entire concurrence in that opinion. Italian and German practitioners have been acquainted with the value of this highly antiseptic air, both for ozæna and hay-fever, for many years, and rarely prescribe sea-voyages when a delightful sojourn in the Alps is generally sufficient to rid the patients of these tiresome ailments.—Yours truly, J. HOLLAND, M.D.

St. Moritz, February, 1882.

A. M. D., writing from India, asks whether it is true, as reported there, that the ordinary five years' tour of service of British medical officers in India has been changed to six years. We can only say that no rule of the kind has been promulgated, and that, as the whole subject of medical service in India, and especially the mutual relations of the Indian and British medical services, are under anxious consideration, it is not at all likely that any change of the kind feared by our correspondent has been decided upon.

THE ISLE OF MAN.

SIR,—In answer to your correspondent's second query on the above subject, I found the cost of living, about ten years ago, to be not more than two-thirds of that in this country. Many articles of consumption were about half the price. From the difficulty experienced in obtaining the usual medical fees from natives visiting the mainland, I should imagine that fees are proportionately small in the island. It is a favourite resort for people living in the north of England; and in the season the towns are full of visitors. The climate is equable, and warmer in winter than many places in the south of England. According to the guide-books, the mean winter temperature is 42°, and the average range of temperature throughout the year only 20° F.—Yours faithfully, J. FOSTER PALMER.

King's Road, S.W., February 28th, 1882.

THE FULHAM SMALL-POX HOSPITAL.

SIR,—According to the London Asylums Board's manner of treating the question, as gathered from their reports, we must assume a special providence in their favour, always leading them to plant their hospitals where small-pox was sure to occur, seemingly (as I put it), not as an epidemic, but as an endemic disease. Sir E. Curry not only did not in any way contradict my quotations from his reported statements in the *Globe*, but, at the next meeting of the Board, he is reported as saying that "it was very unfortunate that the *Atlas* ship was moored where she was. The in and out bound ships must pass within a few yards of it." What is this but a recantation of the theory that small-pox hospitals can inflict no harm on their neighbours. If the ships passing the *Atlas* may, as Sir E. Curry supposes, intake and carry the disease, what can he possibly say about the Metropolitan Railway, which, running under the walls of the Fulham Small-pox hospital, stands no chance of giving it a wide berth.

The present hospitals are "badly" placed, that is, are not sufficiently isolated, as statistical facts of their neighbourhoods undoubtedly show. They are "badly constructed and ventilated", seeing that the only objects of their construction and ventilation is to throw the infected air, laden with small-pox dust, into the houses and streets of those who surround them, instead of first destroying, as far as possible, its infectious influence, either by combustion or by mixing it with strong germicides. The better an infecting hospital is ventilated in the ordinary way, namely, by opening doors and windows, the better, doubtless, it is for its inmates the worse for its neighbours.

It is strange that the London Asylums Board still remains like the proverbial ostrich in the desert with its head buried in the sand. Will it keep it there, deaf and blind to the fact that the hospitals of Paris, Belfast, Christiania, Stockwell, Fulham, Hampstead, Homerton, and Islington, have one and all proved centres for the atmospheric convection of small-pox germs to their respective neighbourhoods?

That I have written to the public papers on a subject which largely and so materially concerns the public is not to be wondered at, considering that the medical journals have been persistently closed against me. My late father and myself have had but one object in view, notwithstanding your remarks, namely, the good and well-being of those intrusted to our charge. Without our exertions, and the help of the public press, no doubt the Fulham Hospital would still exist as a flourishing centre of infection in our midst.—Your obedient servant,

ALFRED GODRICH, Medical Officer for South Kensington.

740, Fulham Road, February 28th, 1882.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to advertisements, changes of address, and other business matters, should be addressed to the Manager, at the Journal Office, 161A, Strand, London, and not to the Editor.

A CAUTION.

SIR,—I am desirous of putting medical men on their guard against an impostor who is assuming the names of old St. Bartholomew's men, with the view of obtaining money on the plea of destitution. His scheme appears to be to assume the names of old students, who, for some reason or other—say, seniority—are likely to be unknown personally to those to whom he makes application.—I am, sir, your obedient servant.

DR. CRUTCHLEY (Holmcroft, Stoke-on-Trent).—1. The address of the National Health Society is 44, Berners Street, London, W.; Secretary, F. Lankester. 2. As to Baff's process for preserving iron, a description of it will be found in the *Sanitary Record* for June 15th, 1881, page 493.

METEOROLOGY AND MEDICINE.

SIR,—The application of meteorology to medicine is very much in vogue at present, and there is no health-resort the virtues of which are not supported by columns of temperatures often carried out to the second place of decimals. Hitherto, the results of any scientific value which have been obtained in this way have been few.

As an illustration of misdirected minuteness and care in observation, I would refer to the papers on the climate of the Undercliff, which were read at the meeting of the British Medical Association at Ryde. Elaborate tables of temperature were presented, which give such results as these: "The mean daily ranges for the seasons of spring, winter, summer, and autumn, were 7.10, 10.6, 10.24, and 8.8, respectively. But in the Island of Valencia, off the coast of Kerry, the ranges were only 8.1, 9.0, 8.4, 8.0, respectively." Probably there is not a station on the south-west coast of either England or Ireland which would not show a similar mean range: but this proves absolutely nothing as to the suitability of the climate for consumption, or, indeed, for anything else. In fact, if anything is certain about the climatal treatment of consumption, it is that temperature *per se* has nothing to do with it. The Undercliff and the Riviera, Davos Platz, Colorado, and New South Wales, have all proved beneficial to phthisis; and the conditions as to temperature in these places are as different as their longitudes. Again, I find that the fact that the average annual rainfall in the Undercliff has been 31 inches (excuse omission of the decimals) during the last ten years is quoted as a proof of the dryness of the climate. But, at the meteorological station near which I am now writing, the rainfall was only one inch more in the year 1877; yet, in that year, rain fell on 260 days out of the 365, and the district is noted for the prevalence of consumption.

On the whole, therefore, it is manifest that most medical writers are very much at sea as to the application of meteorology to medicine. To account for this, it must be remembered that the meteorologist collects his facts with a view to discover the laws which regulate the various atmospheric changes which are continually taking place; and that he has no reference to the effects on health of the changes he records. He records observations for the purpose of ascertaining the mean for twenty-four hours; whereas the variations in temperature, humidity, etc., during the hours of daylight are of chief interest to the physician. Moreover, extremes are generally of more importance than means. It appears to me, therefore, that it would be of the greatest importance if the Collective Investigation Committee would get a series of medico-meteorological stations established, where the observations would be taken for the purpose of throwing light on medical questions. The following are the chief matters to be noted.

1. The maximum and minimum temperature in the shade during the twenty-four hours.

2. The temperature one foot below the surface of the ground. This might throw light on some sources of disease; at all events, it is of interest.

4. The hours during which rain falls. It is obvious that a climate is wet in proportion to the duration of rainfall, and not to its amount in inches. The rainfall in Hamilton, Ontario, and in this town, is about the same; but while, in the former place, weeks and even months pass without rain, in the latter it rains, on an average, two days out of every three. The reason being that, in the one place, it rains in torrents, and is done with it: in the other, it is always dripping.

5. The most important element in a climate is the relative humidity. But this is usually referred to, in the most general terms, as mild, relaxing, bracing, etc. So far as my observation goes, when the relative humidity is between 55 and 65, air at any temperature feels bracing. With the relative humidity above 80, and a temperature between 32° and 45°, the air feels raw and chill, especially if in motion; between 55° and 70°, soft and mild; above 70°, oppressive. Given the temperature, the relative humidity, and the amount of sunshine on each successive day, and one can judge of the climate. The relative humidity is observed at the meteorological

stations at 9 A.M. and 9 P.M., but this does not give what, as medical men, we want. For nine months of the year, the evening observation gives the relative humidity for night, and it is, therefore, usually not far from saturation. Of course, the relative humidity of night is much more influenced by the absence of the sun than by any local cause; and, when it is included in the means, it tends to neutralise the day variations, which are due to local conditions, and of which we are specially anxious to take account. The same remark applies to the morning observation, which, during five months of the year, is affected by the night. I do not doubt, therefore, that an observation taken daily any time between 11 A.M. and 2 P.M. would give most insight into the medical character of a climate; and any night observation which is taken ought not to be used to get a mean. It seems to be entirely overlooked by most writers on climate that a dry atmosphere and clear sky necessarily imply a large diurnal variation. For instance, a day temperature of 70°, and relative humidity 61, implies a night temperature of 56°, that being the corresponding dew-point. And the statement that the mean diurnal range of temperature in the Undercliff is from 7° to 10° implies that the mean relative humidity during the driest part of the day exceeds 75° in winter and autumn, and 72 in spring and summer, which certainly excludes it from the class of bracing climates, so far as humidity is concerned.

6. The amount and direction of the wind. The amount is as important as the direction.

As an example of what a medico-meteorological paper ought to be, and as illustrating most of the points I have endeavoured to bring out in this letter, I would refer to the article on the Winter Climate of San Remo, by Dr. H. Hassall. It will be found at p. 659 of the JOURNAL (volume ii for 1881), immediately preceding the papers on the Undercliff.—Yours, etc.

ALEX. W. WALLACE, M.D.
Parsonstown, Ireland, February 8th, 1882.

SPLINTS ON HORSES' LEGS.

SIR,—In answer to "J. L. J.," a splint which had existed for several years without altering in size, and without causing lameness in a nine years old horse, which I possessed several years ago, began to enlarge and encroach beneath the tendon. As lameness was produced, the skin over the splint was blistered, but no good resulted. After waiting a few weeks, and finding the tumour and the lameness increasing, I "fired," penetrating the exostosis. The result was excellent, for the splint was removed and the lameness disappeared. In this case, the lameness was possibly caused more by periostitis than by interference with the action of the tendon. If the tumour had been more in contact with the tendon, destruction of it by "firing" would probably have done harm to the tendon or to its sheath; but I can see no reason why careful removal of an exostosis with a chisel and mallet should not be performed successfully wherever the tumour may be situated, provided that any active inflammation be first subdued.

I may add that, in operating upon a horse, the probabilities of success will be enhanced by the observance of the same care, gentleness, and accuracy which are so much valued in operations upon human beings. This is a fact which is not always recognised.—I am, etc.,

Queen Anne Street, W. E. NOBLE SMITH.

PRACTITIONER.—Day, Eustace Smith, and West, would be found useful for diseases of children.

B. B. asks: "Can you, or any of your readers, tell me anything that will stop night-sweating in locomotor ataxy? I have a patient suffering from this disease, and for three months he has been greatly troubled by excessive perspiration, often having his clothes changed five and six times during the night."

* A hypodermic injection of one-eighth of a grain of sulphate of atropia at bedtime would probably speedily stop the sweating. Should this fail, one-sixtieth of a grain of picrotoxine, given either in solution or as a pilule three times a day, would succeed.

COMMUNICATIONS, LETTERS, etc., have been received from:—

Dr. Stevenson, London; Mr. Joseph Williams, Brentford; Dr. McCombie, Deptford; Mr. M. E. Ling, Saxmundham; Mr. T. Nugent Griffith, Liverpool; Mr. G. Stoker, London; Mr. Arthur Cooper, London; Dr. P. J. Cremen, Cork; Mr. H. E. Spencer, York; Dr. Russell, Birmingham; Dr. Philpot, Bournemouth; Mr. J. Howell Thomas, Wellingborough; Dr. Barnes, Carlisle; Dr. J. Whitson, Glasgow; Dr. C. H. Alfrey, St. Mary Cray; Dr. R. W. Ingle, Cambridge; Mr. Charles Sanders, Cheshunt; Mr. E. Wortner, London; Mr. H. Cripps Lawrence, London; Our Aberdeen Correspondent; Dr. Collins, Scarborough; Dr. G. Johnson, London; Mr. Edmund Cook, Richmond; Mr. M. D. McKenna, London; Mr. R. Mansell Jones, Llandudno; Mr. C. W. Glassington, London; Mr. W. Newton Parker, London; Dr. W. Ewart, London; Dr. H. Bennet, Mentone; Mr. E. W. Hope, Liverpool; Mr. H. Wart, Eastbourne; Dr. Holman, Reigate; Dr. W. Carter, Liverpool; Dr. William Chessall, Horley; Dr. Jacob Leeds; Dr. Saundby, Birmingham; Mr. A. Adams, Maidstone; Mr. W. Whitehead, Manchester; Mr. G. D. Sutherland, Richmond; Mr. Henry Brown, Northallerton; Mr. T. C. Railton, Manchester; Dr. Glascott, Manchester; Mr. R. Clement Lucas, London; Dr. Percy Boulton, London; Mr. M. R. J. Behrend, Burringham, Doncaster; Mr. E. S. Page, Solihull; Mr. B. Blower, Liverpool; Dr. Middleton, Strathpeffer; Mr. H. Lewis Jones, London; Dr. G. W. Potter, London; Dr. G. F. Bodington, Kingswinford; Dr. Fairlie Clarke, Southborough; Mr. H. C. Taylor, Jersey; Our Birmingham Correspondent; Mr. Frederick Canton, London; Messrs. Ross and Co., London; Mr. S. H. Lindeman, King's Lynn; Dr. G. Danford Thomas, London; Dr. Henry Crutchley, Stoke-on-Trent; Mr. W. T. Ramsden, Ravensthorpe; Mr. J. Thoresby Jones, Ruthin; Mr. J. W. White, Glasgow; Mr. J. Foster Palmer, London; Dr. C. M. Campbell, Torquay; Mr. C. Stephens, Jedburgh; Mr. B. Barker, St. Leonard's; Mr. Timothy Holmes, London; Mr. Simeon Snell, Sheffield; Mr. G. Arthur Cardew, Cheltenham; Dr. R. Sarell, Constantinople; Mr. A. Godrich, London; Mr. W. Beatty, Stockton-on-Tees; Dr. Broadbent, London; Mr. E. White Wallis, London; Dr. Markham Skerritt, Clifton; Mr. H. Davies, Morriston, Swansea; Dr. S. Coupland, London; Dr. Ransome, Bowden; etc.

BOOKS, ETC., RECEIVED.

Du Traitement des Fractures des Membres: Nouvelle Méthode, dispensant du séjour au lit, et permettant le transport immédiat, sans douleur, du blessé. Par V. Raoult-Deslongchamps. Paris: J. B. Baillière et Fils.

Opium-Smoking in America and China. By H. H. Kane, M.D. New York: Putnam's Sons. 1882.

Cancer of the Breast. By Thomas W. Nunn, F.R.C.S. London: J. and A. Churchill. 1882.

Philosophy and Religion. By Caroline Haddon. London: Kegan Paul and Co. 1881.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE "BRITISH MEDICAL JOURNAL".

Seven lines and under	..	..	..	..	..	£0	3	6
Each additional line	..	..	..	..	..	0	0	4
A whole column	..	..	..	..	..	1	15	0
A page .. .. .	..	..	..	..	..	5	0	0

"An average line contains eight words."

When a series of insertions of the same advertisement is ordered, a discount is made on the above scale in the following proportions, beyond which no reduction can be allowed.

For 6 insertions, a deduction of 10 per cent.

"	12	OR	13	"	"	"	"	"	20	"
---	----	----	----	---	---	---	---	---	----	---

" 26 " " " " " 25 "

Advertisements should be delivered, addressed to the Manager, at the Office, not later than Twelve o'Clock on the Wednesday preceding publication; and, if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association, at the West Central Post-Office High Holborn. Small amounts may be sent in postage stamps.