

DR. MAHÉ'S REPORT ON THE ORIGIN OF THE LAST EPIDEMIC OF CHOLERA IN EGYPT.

M. MAHÉ, sanitary inspector at Constantinople, was intrusted with a special commission from the French Government to investigate the origin of the outbreak of cholera in Egypt. On arriving at Alexandria, M. Mahé communicated with the principal European delegates of the Sanitary Council. The predominate opinion among them was that cholera was imported. Some among them believed that the epidemic had a local origin. Dr. Hussan Pasha, President of the Council, Dr. Chaffey Bey, and Dr. Ferrari shared this view, which resulted in the development of the very original theory that bovine typhus, which has ravaged Egypt during the last year (it must be remembered that bovine typhus has been endemo-epidemic the last two and twenty years), engendered human typhus, which again was the starting point of a pathological eccentricity, a bastard-malady, half cholera half typhus. At Cairo, cholera was believed to be imported, and the theory of the hybrid affection was not admitted by the members of the council of public health.

M. Mahé, after ascertaining the prevailing opinion, commenced a personal investigation. He left Cairo and visited Ismailia, Suez, Port Said, Damietta, Mansourah, and finally returned to Alexandria. He learned that an epidemic of cholera had broken out three times at Ismailia. The first time it was imported by a sanitary cordon of indigenous soldiers who came from Mansourah, the second by the terror-stricken from Mansourah, Zagazig, and other places, who took refuge at Ismailia. The last epidemic was imported by English troops who took refuge from the cholera epidemic at Cairo. M. Mahé states in his report that the inhabitants and medical men of Ismailia concur in holding the English officers responsible for the outbreak; that they imprudently contaminated the city, formerly healthy, by establishing the soldiers close to inhabited houses, facing the principal establishments of the city. They were met with in the streets, in public walks, and were camped on the banks of canals into which they threw the excrement of patients. In consequence of the constant complaints of the inhabitants, the English troops occupied the Khedive's palace at Ismailia, which they left infected. The inhabitants assured M. Mahé that they had seen the English troops more than once bury their dead cholera patients in the sand-lots close to the pipes which supply Port Said with water. The bodies were left barely covered. There were twenty-eight deaths among the soldiers in a very short space of time; of these, twenty-five were from cholera. Among the inhabitants, the first infected were the Arabs and the children who gained a livelihood by selling fruit to the English soldiers. At Suez, M. Mahé gathered evidence that the rules of quarantine are by no means rigidly enforced either before entering the Canal or afterwards. Communication with isolated vessels is by no means impossible. The sanitary officials, whose duty it is to visit the vessels and decide concerning them, are not men whose capacity and honour appear very evident. M. Mahé concludes that a radical change in the organisation of the sanitary service is urgent, in order to protect Egypt from the arrival of vessels from India bringing with them infection. At Port Said, matters are equally bad. The captains of vessels undergoing quarantine are often seen taking an evening walk. The stokers are a constant cause of communication between the vessels in quarantine and the land-population. They are only engaged for the voyage; their names are not inscribed among those of the crew, nor among those of the passengers. It is thus impossible to ascertain either their number, their names, where they disembark, when they leave, or their death. The captains of vessels often allow their stokers to leave the vessel before arriving at Port Said, just at the spot where the vessels that run between the Canal and Damietta. Thus control, already difficult, is even made still more so by the connivance of the sanitary authorities. It is this state of affairs which enabled the stoker Mohammed Khalifa, of whom so much has been written, to disembark at Port Said from a vessel which had left Bombay and was suspected to have cholera-cases, and then proceed to Damietta, where M. Mahé, on inquiry, ascertained that he had been seen before cholera broke out.

Mohammed Khalifa was not the only person who might probably have acted as a conductor of cholera. A pilgrim fair took place at Damietta, and lasted from the 13th until the 20th of June; 2,500 persons visited the city during that time, among whom were the stokers of vessels, workpeople and merchants from Port Said, besides foreigners, such as Syrians, Afghans, Boukharales, etc. Indians sold different stuffs from their country; two Meccah merchants also sold Indian goods. The first death from cholera happened on the 21st of June.

M. Mahé exposes the inaccuracies contained in the report made by MM. Chaffey Bey and Ferrari, and refutes the hypothesis that the epidemic of 1883 was a resuscitation of that of 1865, and believes that it was imported to Damietta either by travellers or by goods. The sanitary cordon round Damietta was established too late, cholera had already reached neighbouring localities. Communication between Damietta and the environs is very easy. The first case of cholera which had been observed at Mansourah was that of a soldier from Damietta, who had been present at a necropsy of a cholera patient. M. Mahé admits the partial utility of sanitary cordons; they prevent the wholesale immigration of inhabitants to cities non-infected.

M. Mahé suggests the following measures.

1. The sanitary council at Alexandria should be quite independent of the Egyptian Government.
2. The sanitary officials of the Canal should be independent of the local government.
3. A penal sanitary code should be drawn up in concert with the consuls who represent in Egypt the different foreign powers, and be enforced according to the judgment of a commission composed of consuls and the important sanitary officials of the Canal.
4. A large lazaretto should be established in the Red Sea, near Suez, at Dyebel-Tor, exclusively for ordinary vessels which undergo quarantine, and not available for the pilgrim vessels from Hedgaz, which should be in quarantine at El-Widi.
5. The sanitary taxes in the Egyptian ports should be remodelled to the pattern of those in force in the Turkish ports, which are in proportion with the necessities of the service.

THE CASE OF MESSRS. BOWER AND KEATES.

The eighth and final list.

The following have sent One Guinea each.—T. A. Carter, M.D.; A. E. Cumberbatch, F.R.C.S.; G. Borlase Hicks, Esq.; J. Irving, M.B.; T. J. MacLagan, M.D.; W. Pearce, Esq.; J. B. Story, M.B.; W. L. Underhill, F.R.C.S.

The following have sent Half-a-Guinea each.—W. Curtis Hugman, F.R.C.S.; G. Knapp, Esq.; C. Latham, Esq.; W. H. Latham, Esq.; A. C. Tunstall, M.D. The following have sent Ten Shillings each.—R. Ives, Esq.; R. J. Pye-Smith, F.R.C.S.

The following have sent Five Shillings each.—W. Grant, M.B.; B. Harvey, Esq.; H. Hick, Esq.; W. A. Maybury, M.D.; M. F. Ryan, Esq.
F. A. MAHOMED, } Hon. Secs.
R. W. BURNET, }

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF QUARTERLY MEETINGS FOR 1884: ELECTION OF MEMBERS.

MEETINGS of the Council will be held on Wednesday, April 9th, July 9th, and October 15th, 1884. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than twenty-one days before each meeting, viz., March 20th, June 20th, and September 25th, 1884, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

FRANCIS FOWKE, *General Secretary.*

COLLECTIVE INVESTIGATION OF DISEASE.

CARDS for recording individual cases of the following diseases have been prepared by the Committee; they may be had on application to the Honorary Secretaries of the Local Committees in each Branch, or on application to the Secretary of the Collective Investigation Committee.

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| I. Acute Pneumonia. | v. Syphilis, acquired. |
| II. Chorea. | va. " inherited. |
| III. Acute Rheumatism. | VI. Acute Gout. |
| IV. Diphtheria, clinical. | |

URGENT.—The Committee propose to publish a final report on *Acute Pneumonia* as soon as possible. Cases are therefore urgently needed. Cards will be received until further notice.

Applications should be addressed to

The Secretary of the Collective Investigation Committee,
September, 1883. 161A, Strand, W.C.

NOTICE.—The *Life-History Album* prepared by the Collective Investigation Committee is now ready, and can be ordered of all booksellers, price 3s. 6d

PROCEEDINGS OF THE COUNCIL.

At a meeting of the Council, held in the Council Room, Exeter Hall, Strand, W.C., on Wednesday, January 16th, 1884; present—Mr. C. G. Wheelhouse, President of the Council, in the chair; Dr. A. T. H. Waters, President; Dr. W. F. Wade, Treasurer; Dr. Bushell Anningson; Mr. Alfred Baker; Dr. M. M. De Bartolomé; Dr. T. Bridgwater; Dr. A. Carpenter; Dr. C. Chadwick; Dr. J. Ward Cousins; Dr. G. W. Crowe; Dr. J. L. H. Down; Dr. D. Drummond; Dr. G. F. Duffey; Dr. W. A. Elliston; Dr. B. Foster; Dr. C. E. Glascott; Dr. W. C. Grigg; Professor G. M. Humphry; Mr. T. V. Jackson; Mr. Evan Jones; Dr. H. T. Lanchester; Dr. W. G. Vawdrey Lush; Mr. C. Macnamara; Dr. F. A. Mahomed; Mr. F. Mason; Dr. W. Withers Moore; Mr. R. H. B. Nicholson; Dr. C. Parsons; Mr. R. J. H. Scott; Dr. A. Sheen; Mr. S. W. Sibley; Dr. E. M. Skerritt; Mr. T. Sympton.

The President of the Council reported that no objection had been raised to the minutes as printed and circulated, whereupon Dr. Grigg gave notice that he would move at the next meeting:

"That the abstract of the minutes of the adjourned annual meeting, No. 871, be referred for correction to the subcommittee appointed to report on the proposed alterations of the by-laws relating to the Branch organisations."

Read letters of apology for non-attendance from the President-elect (Dr. Cumming); Dr. Clifford Allbutt, F.R.S.; Mr. Barron, Mr. Dix, Dr. C. Holman, Mr. Husband, Dr. Eytton-Jones, Dr. McVail, Dr. Rickards, Dr. Rees Philipps, and Dr. Strange.

The President of the Council reported that Sir Andrew Clark had accepted the invitation to give the Address in Medicine, Dr. Redfern the Address in Physiology, and Dr. G. W. Kidd the Address in Obstetric Medicine.

Read letter from Dr. Rogers, thanking the Association for the resolution on his behalf passed at the last meeting, and expressing great gratification for the consideration of the Council.

Read letter from Dr. Alexander Henry, thanking the Council for the increase in his salary.

Resolved: "That the 152 candidates whose names appear on the circular convening the meeting be, and they are hereby, elected members of the Association."

Read communication from Surgeon-Major Sibthorpe, I.M.D., and Surgeon A. M. Branfort, I.M.D., asking for the recognition of a proposed Branch, to be called the South Indian Branch.

Resolved: "That the proposed Branch in Madras (to be called the South Indian Branch) be, and it is hereby recognised as, a Branch of the British Medical Association."

Resolved: "That, subject to revision by the President of Council, the proposed by-laws of the South Indian Branch be approved and confirmed."

The President of Council drew attention to the case of wrongful prosecution of Messrs. Bower and Keates for malapraxis.

Resolved: "That the minutes of the Journal and Finance Committee of to-day's date be approved, and the recommendations carried into effect."

The minutes of the Journal and Finance Committee include report upon examination of quarterly accounts, amounting to £4,131 17s. 4d.; the auditors' report on the examination of quarter's payments and receipts; a memorial forwarded by Sir William Jenner on the publication of medical bulletins, and Editor's memorandum thereupon, to the former of which the President of Council was instructed to reply; and the recommendation that the Treasurer be empowered to invest a further sum of £3,000 in some first class security.

It was moved: "That the minutes and report of the Printing and Office Subcommittee of the 15th instant be approved, and that the Subcommittee be empowered to continue their inquiries, and to report the result to the Journal and Finance Committee."

The report of the Office and Printing Subcommittee contains a recommendation that a freehold site now offered for building efficient offices upon be valued.

Whereupon an amendment was moved: "That the question of the removal from the present site be adjourned for consideration until the next quarterly Council, and the subject of the union of the commercial with the social position be submitted to a Subcommittee consisting of equal numbers of the Journal and Finance Committee and non-members."

The amendment having been put from the chair, the same was declared to be carried.

The amendment was then put as a substantive motion, and also declared to be carried.

A deputation of the Poor-law Medical Officers' Association attended

to ask for the assistance of the British Medical Association by its influence and consideration. The deputation consisted of Dr. Rogers (Chairman), Mr. James Cornwall, Mr. D. B. Balding, Surgeon-Major Evatt, Dr. Walter Smith, Dr. Grubb, Mr. J. Wickham Barnes (Honorary Secretary).

The Honorary Secretary, Mr. Wickham Barnes, read minutes of the Council of the Poor-law Medical Officers' Association, of which the following are copies:

At a council meeting of the Poor-law Medical Officers' Association, held on January 18th, 1884, it was unanimously resolved that the Council of the British Medical Association, now assembled at Exeter Hall, should be earnestly requested to bring the subject of superannuation of Poor-law medical officers before their members, with a view to united and energetic action towards making superannuation compulsory after long and continued Poor-law medical service.

The Council of the Poor-law Medical Officers' Association desire to draw the attention of the Council of the British Medical Association to the large number—estimated at over 2,000—of Poor-law medical officers who are non-members of the British Medical Association, and to the advantages which would accrue to them if the Poor-law medical service could be, in some way, more intimately associated with that body.

The President of the Council, on behalf of the Committee of Council, promised that the representations of the Poor-law Medical Officers' Association should receive the full consideration of the Council.

The consideration of the minutes of the Arrangement Committee, and other business, was postponed till the next meeting of the Council.

BRANCH MEETINGS TO BE HELD.

THE NORTH-WESTERN PROVINCES AND OUDH BRANCH.—Meetings are held on the first Friday in every month, at half-past nine, after dinner at eight o'clock. Gentlemen wishing to be present are requested to communicate with the Secretaries, Surgeons SHIRLEY DEAKIN and W. A. MORRIS, 8, City Road, Allahabad.

STAFFORDSHIRE BRANCH.—The second general meeting of the present session will be held at the Railway Hotel, Stafford, on Thursday, February 28th, at half-past three o'clock in the afternoon.—VINCENT JACKSON, Secretary.—January 28th, 1884.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of this district will take place on Friday, March 28th, at Woolwich; Sir James Hanbury, K.C.B., A.M.D., in the chair. Gentlemen desirous of reading papers or exhibiting specimens are requested to inform the Honorary Secretary of the district, A. W. Nankivell, F.R.C.S., St. Bartholomew's Hospital, Chatham, not later than February 29th. Further particulars will be duly announced.—A. W. NANKIVELL, Honorary Secretary.—January 29th, 1884.

BORDER COUNTIES BRANCH.—The Spring meeting will be held on Friday, February 22nd. It is requested that notices of papers, specimens, etc., be sent at once to either of the Honorary Secretaries: H. A. LEDIARD, Carlisle; J. SMITH, Dumfries.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR SPECIAL CORRESPONDENT.]

Transfusion of Blood in Bright's Disease—Infection with Tuberculosis—Chorea Provoked by a Nasal Injection—Incompatibility of Potassium-Iodide and Quinine-Sulphate—The Minister of Commerce and the Académie de Médecine—Chevaliers of the Legion of Honour—Candidates for the Vacant Obstetric Chair—The Duple Prize—Recent Theses.

M. DIEULAFOY, whose instrument for transfusing blood we described in our last letter, has furnished some interesting data concerning transfusion of blood in Bright's disease and epistaxis. Three patients were submitted to this treatment; two appeared to be permanently cured; the third exhibited rapid amelioration, but eventually death ensued. The first patient was a man who had suffered for twenty-five years from violent attacks of epistaxis, occurring once or twice each year. Every form of treatment, including hypodermic injections of ergot, sulphate of quinine, nasal injections of iced water, and plugging the nostrils, failed, and the patient's condition became serious; he was subject to fainting fits, almost reaching syncope. M. Dieulafoy proposed ligature of the external carotids. M. Hayem suggested transfusion of blood. One hundred and twenty grammes (about 4½ ounces) were injected into a vein of the arm. Hæmorrhage was immediately arrested; and, in fifteen days, the patient was in perfect health. In a patient suffering from Bright's disease, transfusion of 100 grammes of blood was followed by disap-

The inhabitants are to pour their house-slops into them by trapped gullies, but not the faeces, which are to be collected as of yore (in the old native town) and carried off to the country.

It is the presence of the numerous visitors inhabiting the villas, and assembling in large hotels to the number of 100, 200, or more (the Hotel Victoria has 200 beds), that renders the drainage of the locality difficult. Small sewers would have burst with the heavy rains and have overflowed; whilst it is feared that the large sewers now building would allow solid matter to collect (especially during the five months' summer drought) were they used for sewage. There is a water-company now in operation at Mentone, which, in the season, distributes daily over 400 cubic metres of water (the metre is 3 feet 4 inches) to its clients, all of which finds its way to the sewers; but it is thought that even that amount would be insufficient to scour efficiently the main drains in the level part of the town if the latter were used as sewage-drains. The old town is to be still better off, for a small stream or rivulet from the valley of Mentone, at a higher elevation, is to be daily let into the sewer in the Rue Longue described by your correspondent, and it has been thought best, therefore, to continue the system of cesspools, at least, for the present. The latter are, or ought to be, always emptied by the pneumatic apparatus so much used in Paris and elsewhere on the Continent. When it is used by the hotel and villa proprietors, and not shirked to avoid expense, there is no smell or inconvenience whatever. A vacuum is established in a large cask or tub drawn on wheels, like a water-tub, only larger. The cesspool is connected with it by a gutta-percha tube, and, on turning a valve, the contents of the cesspool are precipitated into the tub by atmospheric pressure. The difficulty is to know what to do with the contents of the tubs. A locality was at first given to the contractor a long way up one of the valleys, but objections have been raised to this mode of disposal of the town sewage; and it has been recently determined by the municipal authorities to throw it into the sea, at a distance from the land, on the maritime side of the new jetty or pier. A ledge of rocks, which advances into the sea, continuing the promontory on which Mentone is built, will, it is hoped, render this feasible and safe. There is a strong sea-current trending along the coast from east to west, which will, it is thought, carry off the sewage to the sea, away from the coast.

The Medical Society suggested to the town authorities to provide flat-bottomed boats and a steam-launch, and to tow the sewage out to sea daily; but the heavy expense this plan would have entailed has negatived it, at least for the present.

Up to the present time, the system described—well-built, well-cemented cesspools, with good and efficient ventilation at the roof of the house—has sufficed to keep Mentone exceptionally healthy. During the twenty-three years I have resided here, there has been no epidemic among the visitors, and the only cases of typhoid fever we have seen amongst them, with very rare exceptions, have been imported cases. I may also mention that I have only seen at Mentone three cases of real diphtheria during that long period, and two were fatal. I do not call tonsillitis, with albuminous pultaceous deposits on the tonsils, diphtheria. I used to see such cases when I began to study medicine fifty years ago, have seen them every winter everywhere ever since, and have never known a fatal case. My German colleagues here, and many English practitioners, following, I am told, German teaching, call these cases diphtheria—most incorrectly.—I remain, sir, very truly yours,
Mentone, December, 1883.

HENRY BENNET, M.D.

MEDICO-LEGAL AND MEDICO-ETHICAL.

A QUESTION OF PRECEDENCE.

SIR,—I should like to ask a question on a matter of precedence. If in labour twins be known to exist, and, on examination, a hand present; and should it become necessary to put the hand back, and bring down and deliver the other child first, in point of law, which child would be the heir, the one presenting with the hand, or the one first actually born? I cannot find a reference to this in any work on medical jurisprudence.—Yours truly,
Halifax, January 23rd, 1884.

T. M. DOLAN, M.D.

** We are not aware that this question has ever been settled in a law-court. The law has not defined "live-birth" except by judicial decisions; but all these make it clear that live-birth means completely born. We believe, however, that, under the circumstances named, the first fully born child would, if a male, be the heir. Compare the story of Pharez and Zarah, Genesis, chap. xxxviii, v. 27-30, with chap. xlvi, v. 12, where the first fully born child, Pharez, is treated as the elder son, although the hand of Zarah came out first.

MILITARY AND NAVAL MEDICAL SERVICES.

LADY NURSES IN MILITARY HOSPITALS.

Our contemporary, the *Broad Arrow*, has some very judicious remarks, in a late issue, on the above subject, which are well worth the attention of the authorities. One statement, however, requires qualification. "The experiment," the writer says, "did not succeed at Netley." Now it is quite true that the "lady superintendent," to whom the conduct of the "experiment" was first committed, very nearly made shipwreck of the system. This lady had high notions on the subject of her duties, her dignity, and her authority. A month had hardly elapsed before the place was in an uproar. It was evidently her "mission" to establish in the Royal Victoria Hospital an *imperium in imperio*. With this view the military commandant, the principal medical officer, the executive staff of the various divisions of this great Hospital, were given to understand that "the nursing" was the be all and end all, the sole purpose for which the whole establishment was created and kept up, and that as her position was superintendent of "the nursing," her voice was to be supreme. The functionaries above named very soon had practical experience of what that very practical and plain-spoken man, John Knox, called the "intolerable regimen of women," and they rebelled against it. This led to a War Office inquiry. The issue of this was a foregone conclusion, for it was conducted by War Office officials, two of whom were deeply committed to "the nursing" system as understood by the lady whose mode of carrying on her duties was the subject of inquiry, and one of them so deaf that he might as well have been sitting on the cross of St. Paul's, as in the court room, when the inquiry was going on. The result was a triumphant acquittal. This did not mend matters; and "the nursing" was carried on with as high a hand as before, finally culminating in an incident which, as it illustrates in an instructive way the "regimen of women," we must relate. In the medical division was, at the time in question, a soldier in the last stage of cardiac disease, drawing near the end of the thorny path he had to travel, perfectly helpless and suffering greatly. In attendance on this man was a particularly handy and kind orderly, who ministered to this patient in a way no one else could. On a particular night this orderly placed his bed on the floor at the patient's bedside, ready to give assistance when needed, which it was, frequently. The lady-superintendent, going her rounds at night, found this state of matters, and at once directed the orderly to leave the ward. In vain the patient pleaded his entire dependence on his attendant; but as this was not "nursing" in accordance with her notions, she persisted, on which the poor patient flew into a passion of rage, and immediately expired. This filled the cup to overflowing. Another inquiry was conducted, this time by the late General William Hay, an officer of a calm temper and judicial mind; and shortly afterwards the lady-superintendent vanished into space, and with her, "the nursing" as understood by her. Then, and not till then, "order reigned" within the walls of the Royal Victoria Hospital. Under another lady a new system was introduced, which has been a complete success. Under her, the system of female nurses has been a great blessing to the sick and wounded soldiers, and a great help to the medical officers, between whom and the lady superintendent and her staff of nurses, the best relations have existed, and we believe we are right in saying that not one unpleasant incident has happened to disturb the harmony of all concerned in the treatment of the sick and the discipline of the hospital.

Surely here is a lesson for all who are charged with hospital administration, civil or military. If our space admitted, we could "point the moral" by another illustration, to which we can only refer. Some years ago some "lady nurses" were sent to the General Hospital at Madras. Their notions on "the nursing" were much the same as those of the first superintendent at Netley. The result was the same. Powerful Government House influence for a time prevailed against the doctors, but there, as elsewhere, the "intolerable regimen" proved too much even for Government House, and the ladies had to be relegated to their proper place and functions in hospital work and administration.

INDIA AND THE COLONIES.

SOUTH AFRICA.

THE EPIDEMIC IN SOUTH AFRICA.—We recently received from a correspondent in Kimberley, South Africa, a piece of skin taken from the body of a white man, who died in the Dutoitspan Lazaretto, from the epidemic which has been extensively prevalent in that region. The nature of the epidemic has been, as our readers are aware, much disputed, the cases presenting certain peculiarities which lead some of those who saw them to doubt whether the disease was true variola. We have submitted the piece of skin we received to Dr. John MacCombie, Medical Superintendent of the South-Eastern District Fever and Small-pox Hospital, who has reported to us the eruption on the skin presents, both to the naked eye and on microscopical examination, the appearances and structures characteristic of the eruption of small-pox. Telegraphic information with regard to the manner in which the epidemic is spreading appears fully to confirm this opinion.

We have also received from Dr. Robertson, of Kimberley, a couple of photographs, one of Mrs. R., and the other of her son George. It will be remembered that Drs. Jameson and Crook were stated to have said that the members of this family were suffering from chicken-pox. We have, from notes supplied us, given our opinion that they were suffering from small-pox, and the photographs fully bear this out. The boy's appearance is characteristic of an unvaccinated small-pox patient about the tenth day of the eruption. The boy fell ill on December 2nd, and the photo-

graph was taken on December 13th. The plump pustules, the swollen skin, and the way in which he sits on the chair so as to avoid, as much as possible, pressure on the tender skin, are all typical of small-pox. The great majority, if not all the vesicles of a case of chicken-pox, might be expected to have dried up before the tenth day of the eruption. Mrs. R.'s face and hand (the only parts photographed) are also quite typical of small-pox. With regard to the epidemic generally, the Board of health are to be congratulated on the vigorous measures they have taken to combat the spread of the disease; and, in spite of the opposition of certain sections of the community, their efforts have been rewarded with a large amount of success. The concealment by the mine-owners of cases of small-pox amongst natives in their employ is a practice which calls for the severest censure, not only on account of the danger to the patients themselves from defective nursing and bad sanitary surroundings, but also on account of the danger of infection spreading from them to others in their neighbourhood. It is worthy of remark that the majority of the cases seem to have come from Dutoitspan, where there has been most disinclination among the residents to consider the disease small-pox, and where, consequently, preventive measures were less likely to be faithfully carried out than in those districts where the dangerous nature of the disease was fully realised.

AUSTRALIA.

INQUIRY INTO THE PREVALENCE OF TUBERCULOSIS IN VICTORIA.—The extensive prevalence of tuberculosis, both among men and animals, in some parts of Australia, is attracting a good deal of attention. The Hon. J. Buchanan has brought the subject before the Upper House of Victoria, and a board, consisting of Mr. Buchanan, M.L.C., Mr. J. L. Dow, M.L.A., and Drs. Allen, Jamieson, and Plummer, has been appointed to inquire into and report on this alleged prevalence of tuberculosis in the colony, and on any danger to the public health that may be thereby incurred. At the first meeting of the board, it was resolved that Professor Allen and Dr. Jamieson be requested to draw up a draft of a circular to be sent to veterinary surgeons and others, soliciting information and assistance on the matters to be inquired into. At a special meeting of the Veterinary Medical Association, held in Melbourne, the secretary stated that he had called the meeting in consequence of the action of the Hon. J. Buchanan, above referred to. After a considerable amount of discussion, the following resolution was passed: "That it is the opinion of this meeting that tuberculosis in cattle is rapidly increasing throughout the colonies; that tuberculosis is communicable from cattle to their own and other species, as well as to man, by the ingestion of the flesh and milk of affected animals, and by inoculation and inhalation; and that, in the ox tribe, it is both hereditary and congenital."

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

LOCAL AUTHORITIES.

THE behaviour of parochial boards has come in England to be recognised as capable of improvement; in London particularly it has been suggested that the vestryman is not omniscient, and that the conclusions at which he and his colleagues arrive are not always the result of the exercise of common sense. But while it has become the fashion in the south to look somewhat critically upon the actions of our parochial rulers, we would fain have hoped that the harder headed Scot would have shown greater capacity for dealing with local affairs. It is, therefore, somewhat disappointing to find that Stirling at any rate must be regarded as exceptional, if we are to retain our good opinion of Scotch local government. The medical officer to the Stirling Parochial Board had pleaded for better accommodation than was afforded him for the examination of paupers in the parochial offices. As a result of his complaint, Dr. Littlejohn, of Edinburgh had, at the instigation of the board of supervision, inspected the arrangements. The office, his report informs us, consists of a good sized room, a considerable portion of which is boarded off to form a passage, which is a public one, leading to the old council chamber, and to the Burgh court; this apartment is occupied by the inspector, his clerk, and the doctor; the only waiting-room for the paupers is the passage, through which rate-

payors pass to pay their taxes and for other purposes. Under these disadvantageous circumstances, the doctor has to see his patients, but even then his view of them is limited, for his only opportunity is a square opening in the partition separating the room from the passage. Dr. Littlejohn may well point out that there are some examinations which cannot conveniently be conducted in such a situation! The only other opportunity for a more private examination of a patient is an adjoining night-shelter, which consists of but one apartment, used at night by male tramps, but access to this can only be obtained by exposing both doctor and patient to the weather in the passage from one to the other.

Dr. Littlejohn has been bold enough to suggest that another room should be found for this purpose.

The result produced by his report is instructive. It was regarded as ludicrous, discourteous, and eventually ordered to lie on the table. An ingenious member of the board recollected that, when the medical officer's services were first engaged, there was no statement in the agreement that a room should be provided, and that the rules of the board of supervision stated that the medical visitation of paupers should be at their own homes. After a lengthy debate, the inspector was ordered that this part of the rules should be carried into effect.

What course the board of supervision will take under these circumstances remains to be seen, but the result of such action as that of the Stirling board is obvious enough; if the medical officer be obliged in future to attend at their own homes all sick paupers, however slight or severe their ailments, a far greater claim will be made upon his time, and the salary must, sooner or later, come to be apportioned with regard to this demand.

SANITARY INSPECTORS AND SANITARY AUTHORITIES.

AT the last monthly meeting of the Association of Public Sanitary Inspectors, an interesting discussion took place on two papers which had been read at a previous meeting, one on the position of the sanitary inspector, and the other on his tenure of office. Mr. G. P. Berram occupied the chair, and in opening the discussion remarked that there was a general unanimity of opinion that the sanitary inspector was not in the position he ought to be; that, in the country districts, at any rate, private influence was so predominant amongst those who constituted the sanitary authority that the inspector could not do as he would, and then if anything went wrong the cry was "What is the sanitary inspector doing?"—Mr. Sherborne (Chelsea) said, as far as his district was concerned, the inspectors were more or less free agents. It seemed that one of the Acts of Parliament had been lost sight of, the Act of 1874, which gave the Local Government Board power to compel any metropolitan district, or any district with more than 10,000 ratepayers, to enforce the third section of the Sanitary Act, that which was called the Lodging House Section. The Board had now drawn attention to that Act, and that was one reason why the urban and rural inspectors should be on a level. He moved a resolution declaring it to be desirable that the position of the metropolitan, urban, and rural inspectors should be assimilated.—The motion was seconded by Mr. Poulson, inspector of the Tottenham district, who remarked that he had never found the Board he worked under opposed to sanitary reform.—A country inspector said some inspectors refrained from reporting the bad state of property lest they should lose their appointments. After his appointment to the first district he inspected, which was in Worcestershire, he was distinctly told that the less he did the better it would be for him.—A London inspector said, as far as London was concerned, the inspectors had no reason to complain, and that it made no difference to him whether the property he had to report belonged to a vestryman or to anyone else. Ultimately the resolution was agreed to, as was also another declaring it to be expedient that the appointment of all officers should be approved of by the Government sanitary authority, and that no officer should be dismissed by any local authority without final appeal to and approval of the Government sanitary authority.—A paper on the sanitary inspection of the dwellings of the poor was then read by Mr. T. Buckworth, sanitary inspector of St. Saviour's, Southwark, in which, referring to overcrowding, he said the erection of dwellings on the block-system was not to be admired, as they did not meet the requirements of the people they were intended to benefit. Torrens's Act and Sir Richard Cross's Act, if fully carried out, he thought would remedy the evil, as had been done at Birmingham. The sanitary condition of London, he believed, was far better than it was ten years ago, and as an evidence of this he stated that the death-rate for the past twelve months in London was the lowest it had ever been. Discussion on the paper was postponed.

showed a further increase upon the rate prevailing in recent weeks; the 627 deaths included 16 from typhus and typhoid fever, and 20 from diphtheria. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate did not average more than 20.2, the highest rate being 24.5 in Copenhagen; scarlet fever caused 3 deaths in Stockholm. The death-rate in Paris was equal to 24.5, and the 1,055 deaths included 41 from diphtheria and croup and 21 from typhoid fever. In Brussels, the deaths gave a rate of 24.4, and included 11 from small-pox. The rate in Geneva was equal to 28.3, but no zymotic fatality was reported. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 28.7; the rate was equal to 30.1 in Rotterdam and 30.0 in Amsterdam, where 10 fatal cases of diphtheria and 26 of croup were recorded. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 28.0, and ranged from 23.2 and 26.3 in Berlin and Dresden, to 31.2 in Vienna and 35.8 in Prague. Small-pox caused 33 deaths in Prague, 4 in Buda-Pesth, and 3 in Vienna. Diphtheria showed excessive fatality in Dresden, Berlin, and Trieste. In three large Italian cities the mean death-rate was 29.4, the recorded rate being 25.5 in Turin, 30.1 in Rome, and 34.8 in Venice; measles caused 14 deaths in Turin. The 161 deaths in Lisbon were equal to a rate of 41.2, and included 4 from diphtheria. The mean death-rate in four of the largest American cities was equal to 23.5, the rate ranging from 19.7 in Brooklyn to 25.2 in Baltimore. Diphtheria caused 21 deaths in Philadelphia and 11 in Baltimore; the deaths referred to typhoid fever in these two cities were 12 and 3 respectively.

DISTRICT OFFICERS AND CERTIFICATES OF LUNACY.

Sir,—Will you kindly give me advice in the following case? In this borough, as in others, the district or workhouse medical officers have always been asked to visit, and sign certificates of lunacy in their own districts. Now, the Bench threaten to oblige one to go into another's district, and threaten to indict any one refusing to visit a lunatic, or supposed lunatic, and report on the case. The Act clearly gives power to the magistrates to call in any surgeon they like; but can it compel any surgeon, objecting to do so, to act except in his own district? An answer to this will oblige, yours faithfully,

A POOR-LAW MEDICAL OFFICER.

“* We hold that no justice, stipendiary, or borough magistrate, has any power to order that any given district Poor-law medical officer, physician, or surgeon shall, at his mandate, visit and report on the state of a lunatic, or supposed lunatic. All that the law requires of a district medical officer is, that he shall report to the relieving officer the fact of the existence of a pauper lunatic, or supposed lunatic, in his district; and the justice, etc., may then call in the aid of any medical man, who may choose to accept the duty and the fee appertaining thereto. He may clearly refuse to act if he be so minded.”

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, January 24th.

Marriner, William Herbert Lister, Gunterstone Road, W.
Pilgrim, Hubert Wilson, St. Augustine's Road, N.W.
Urwick, William, St. George's Road, Pimlico.
Vince, John Foster, Wheelley's Road, Birmingham.

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

Heath, Charles Joseph, St. Bartholomew's Hospital.

MEDICAL VACANCIES.

The following vacancies are announced:

ARDEE UNION.—Medical Officer, Dunleer Dispensary. Salary, £145 per annum, and fees. Election on February 4th.
BOSCOMBE PROVIDENT INFIRMARY, Bournemouth.—Resident Medical Officer. Salary, £60 per annum. Applications by February 11th.
CHORLEY DISPENSARY.—House-Surgeon and Apothecary. Salary, £130 per annum. Applications by February 20th.
GENERAL INFIRMARY, Leeds.—House-Surgeon. Salary, £100 per annum. Applications to Dr. T. Clifford Allbutt by February 8th.
HANTS COUNTY LUNATIC ASYLUM.—Junior Assistant Medical Officer. Salary, £120 per annum. Applications by February 15th.
HEARTS OF OAK BENEFIT SOCIETY.—Consulting Physician. Applications by February 16th.
HOSPITAL FOR WOMEN, Soho Square.—Two In-patient Clinical Assistants. Applications to the Registrar.
MANCHESTER ROYAL INFIRMARY.—Second House-Physician. Applications to the Chairman of the Medical Board at once.
MANCHESTER ROYAL INFIRMARY.—Fourth House-Surgeon. Applications to the Chairman of the Medical Board at once.

NOTTINGHAM BOROUGH ASYLUM.—Assistant Medical Officer. Salary, £100 per annum. Applications by February 16th.
PAROCHIAL BOARD OF PENNYGOWN AND TOROSAY.—Medical Officer. Salary, £30 per annum. Applications to Alex. Macdougall, Inspector of Poor, Auchnacraig, by February 2nd.
RADCLIFFE INFIRMARY, Oxford.—Honorary Physician. Applications by February 6th.
ROYAL SURREY COUNTY HOSPITAL, Guildford.—House-Surgeon. Salary, £75 per annum. Applications by February 6th.
SEAMENS HOSPITAL (late Dreadnought), Greenwich, S.E.—House-Surgeon. Salary, £50 per annum. Applications by February 5th.
SUSSEX COUNTY HOSPITAL.—Physician. Applications by February 6th.
SUSSEX COUNTY HOSPITAL.—Assistant-Physician. Applications by February 6th.
THE HOSPITAL FOR SICK CHILDREN, 49, Great Ormond Street, Bloomsbury. Assistant-Surgeon. Applications by February 6th.
WEST HEERTS INFIRMARY.—House-Surgeon and Dispenser. Salary, £100 per annum. Applications by February 6th.
WEST NORFOLK AND LYNN HOSPITAL.—Honorary Physician. Applications by February 8th.
WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton.—House-Physician. Salary, £100 per annum. Applications by February 8th.

MEDICAL APPOINTMENTS.

BOOTH, E. H., M.B.Lond., appointed House-Physician to the Seamen's Hospital.
CROCKER, J. Hedley, M.R.C.S.E., L.S.A., appointed House-Surgeon to Charing Cross Hospital.
DODSON, Arthur E., L.R.C.P.Edin., L.S.A.Lond., appointed House-Physician to Charing Cross Hospital.
FELIX, Edward, L.S.A., appointed Resident Obstetric Officer to Charing Cross Hospital.
GANGEE, Arthur, M.D., F.R.S., appointed Physician to the Manchester Hospital for Consumption and Diseases of the Throat.
HUZZEY, R. Lee, L.S.A., appointed House-Physician to Charing Cross Hospital.
JONES, J. T., M.R.C.S., appointed Surgeon to the Westbourne Provident Dispensary and Maternity, *vice* J. J. Gawith, M.R.C.S., resigned.
LARBER, Herbert, M.R.C.S., L.S.A., late Senior House-Physician to the Westminster Hospital, appointed Assistant Medical Officer to the St. Marylebone Infirmary.
LIMONT, James, B.Sc., M.B., (late Senior House-Surgeon), appointed House-Physician to the Infirmary, Newcastle-on-Tyne.
MACDONALD, John, L.R.C.P. and L.R.C.S.Ed., M.R.C.S.Eng., appointed Lecturer on Materia Medica in the University of Otago.
MOLYNEUX, I. Francis, M.R.C.S., L.R.C.P.Ed., appointed House-Surgeon to Charing Cross Hospital.
MYLES, H. G., L.R.C.P., appointed Medical Officer to the Abbeyshrule Dispensary of the Ballymahon Union, *vice* J. T. Myles, L.R.C.P., deceased.
NANCE, A. C., M.R.C.S., appointed Junior Resident Medical Officer to the General Hospital for Sick Children, Pendlebury, Manchester, *vice* F. H. Mayor M.R.C.S., promoted.
PURVIS, R. Scott, M.B., appointed Visiting Medical Assistant to the Newcastle-on-Tyne Dispensary, *vice* J. Foggin, L.R.C.P., resigned.
REYNOLDS, J. J., L.R.C.P., appointed Medical Officer to the Boxford District of the Osoford Union, *vice* C. F. Mann, F.R.C.S., resigned.
ROBERTS, Henry W., M.R.C.S., L.S.A., appointed Divisional Surgeon to the Brockley Police Station.

NOVEL MODE OF COMMITTING SUICIDE.—The methods adopted by suicides in order to attain their end, are often extremely eccentric. A few years ago was reported the case of a man who deliberately seated himself on a barrel of dynamite and ignited it; quite recently, a young man, aged 20, the son of an ironfounder, committed suicide by jumping down a cupola in which iron was being melted; the metal was at a white heat at the time, and death was probably instantaneous. Water was poured in to cool the cupola, but the body when removed would appear to have been almost completely cremated.

A CONTRIBUTION TO STATISTICS OF SYPHILIS.—In a clinical lecture recently delivered by Mr. W. Whitehead, at the Manchester Royal Infirmary, he said: “It is a singular fact that during the last twelve months I have not met with a single chancre, either in my private practice or at the Look Hospital. I could trace, as originating in Manchester, notwithstanding a large increase in the number of infective sores that have come under my observation. All the chancroids that have presented themselves, have been contracted in other towns, notably Stockport and Liverpool. In singular contrast, considering the close proximity of the towns, I am informed by Mr. Lowndes, that in Liverpool the proportion of infective sores to chancres is one in four, a relative proportion that existed in Manchester two years ago. I cannot pretend to account for this sudden disappearance of chancroids from this town, but I make the statement to explain why I have so few opportunities of providing for your clinic a sufficient number to enable you graphically to contrast the wide dissimilarity of the two diseases.”

OPERATION DAYS AT THE HOSPITALS.

MONDAYSt. Bartholomew's, 1.30 P.M.—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.—Hospital for Women, 2 P.M.
TUESDAYSt. Bartholomew's, 1.30 P.M.—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.
WEDNESDAYSt. 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.
THURSDAYSt. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.—North-west London, 2.30 P.M.—Chelsea Hospital for Women, 2 P.M.
FRIDAYKing'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.
SATURDAYSt. 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. Tu. Th. F., 1.30; 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, Th., 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, 1.45; Obstetric, Tu. F., 9.30; o.p., M. Th., 9.30; Eye, Tu., F., 9.30; Ear, W. S., 9.30; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; 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., 10.30.
WESTMINSTER.	—Medical and Surgical, daily, 1.30; Obstetric, Tu., F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.	—Royal College of Surgeons of England, 4 P.M. Professor Parker's Lecture on Mammalian Descent.
TUESDAY.	—Pathological Society of London. Mr. Bowlby: Sporadic Cretinism. Dr. Barlow: A Case of so-called Fetal Rickets (?) Cretinism. Dr. Lediard: Epithelioma of the Foot after Injury (card). Dr. Hale White: Fibroid Disease of Heart. Mr. Butlin for Mr. Benton: Carcinoma of Oesophagus. Sir H. Thompson: (1) A Growth from the Bladder; (2) Calculus impacted in a Sac in Bladder. Dr. Norman Moore: Interstitial Disease of Ovary. Dr. Angel Money: Spinal Cord of a Recent and Old Case of Infantile Paralysis. Dr. Sainsbury: Malignant Disease of Mesentery. Mr. G. Stokes: Pigmentary Degeneration of the Tongue (living specimen). Mr. Bowlby: Dermoid Cyst of the Finger (card).
WEDNESDAY.	—Obstetrical Society, 8 P.M. Dr. Matthews Duncan will show Dr. Ansdard's Vest. Specimens will be shown by Dr. Galabin and Dr. Horrocks. Mr. Alban Doran: The Relation of Prolapse of the Vagina to Hernia, illustrated by two Pedigrees. Annual meeting.—The President, Dr. Gervis, will deliver the annual address.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL should be addressed to the Editor at the office of the JOURNAL, and not to his private house.

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

MEDICAL SICKNESS, ANNUITY, AND ASSURANCE SOCIETY.
PRELIMINARY EXPENSES FUND.

		s.	d.
Mr. U. E. Shelly (Hertford)	...	10	6
Mr. A. T. Wear (Newcastle)	...	10	6
Mr. J. Altham Read (Galloway)	...	10	0

A HOSPITAL AMBULANCE.

SIR,—Being desirous of improving our ambulance arrangements at this hospital, I will esteem it a favour if you or any of your correspondents can give me any information regarding the best sort of ambulance-car, and the probable cost of an efficient vehicle for such purposes.—I am, sir, your obedient servant,
THOMAS COLLINS, M.D., Superintendent.
Royal Infirmary, Aberdeen, January 23rd, 1884.

WHOOPING-COUGH.

SIR,—In answer to Mr. Blenkarne's inquiry respecting the use of alum in the above disease, I may state that it has been extensively used, and found to be of great service, more especially after the first stage. The dose recommended is a grain for each year of the patient's age, up to twenty, generally given four times a day, either in syrup, or wrapped up in water-paper. Further information can be gleaned from *Diseases of Children*, by Drs. Meigs and Pepper, and the *Medical Digest*.—Yours truly,
ARTHUR KEMPE, M.H.C.P.

THE SHOEING OF HORSES.

SIR,—In the JOURNAL for December 15th, I notice a letter from Dr. Watters, of Stonehouse, in which he refers to a short article of mine in a late number of the *Veterinarian*, on horse-shoes.

It has been well said that a horse's body would last as long as two sets of legs, and this is true, as things are at present. But why is it so? Not surely because the legs are worse constructed than the body, but simply because man has tried to improve on the original form of the hoof—one among many instances of his meddlesomeness with the inferior animals, as he is pleased to call them. He cuts six inches off the tail of his horse and three inches off the tail of his spaniel under the delusion that he is "improving" these appendages, and making them look "prettier." These are, however, harmless freaks compared with the liberties he takes with the horse's frog. The evolutionist will pardon me for once using the old phraseology, if I say that nature has cunningly devised the frog to act as a buffer in diminishing the shock conveyed to the frame by each stroke of the hoof on the earth; and man has invented the horseshoe to checkmate Nature in her endeavours to maintain the wonderful machine in good working order, the results of the interference being plainly enough seen in the broken knees, or rather, wrists, the cracked hocks, swollen legs, and a whole Pandora's box of ills, which every horse-owner knows to his cost.

A more extended experience of the Charlier-tip, formed of a few ounces of steel, has confirmed all the views I expressed in the *Veterinarian*, and satisfied me that a horse shod with the tip never stumbles, needs no preparation in frosty weather, and, in all probability, has a few years of useful work added to his life.

On buying a horse, Dr. Watters' first step seems to be to strike off the mass of iron in which blacksmiths delight, substituting a steel tip, weighing a couple of ounces, and his experience fully justifies the step; but, nevertheless, I cannot help thinking that it is safer to pursue the following course, as it must not be forgotten that one failure might be the means of deterring a hundred horse-owners from trying the new plan. I, therefore, always advise my friends to have their horses shod for the last time with the old shoes, at the same time insisting that the shoeing-smith on no account touches the frog or the crust. These shoes ought to be allowed almost to drop off, which will happen in about six weeks or two months, and by this time the frogs will have somewhat regained their natural form. Then the Charlier three-quarter shoe may be put on, and, next time of shoeing, the tip only ought to be used. In March, when the roads begin to dry, the tips may be knocked off the hind feet, and, a month later, those on the fore-feet may follow. The horse will run well until the approach of winter, when possibly the tips will be again required if the horse have to run on country roads, but London horses would most likely go all the year round without tips, or require them on the fore-feet only.

The inhabitants of London can scarcely realise the difference it would make in their lives were all the streets paved with wood, and the shoes struck off their horses. The money saved would amount to about £2 a year for each horse; but this sum I would suggest being expended on india-rubber tires for the wheels of cabs and carriages.

Contrary to what might be expected, it takes longer time and greater care to get a horse employed on the land, when used to the new system of shoeing. It seemingly needs a certain amount of friction on the hard roads to ensure speedy success.—Yours faithfully,
BERRY WOOD, Northampton.

RICHARD GREENE.

DANGERS OF FALSE TEETH.

SIR.—I have before me two cases of false teeth, each of which has recently caused the death of its wearer.

For the first of these, as well as for his notes, I am indebted to Mr. Butlin, by whom the patient was treated. As, however, he intends to publish full particulars, I need refer only to those which chiefly concern the dentist. The patient, while asleep, managed to get his plate of false teeth so firmly lodged in his throat, that every effort to remove them failed. In the morning, he was taken to St. Bartholomew's Hospital, where cesophagotomy was successfully performed; but, unfortunately, he died on the fourth day after the accident from blood-poisoning.

In the second case, the plate was found by a student who was dissecting. It was firmly imbedded in the pharynx of a pauper, who was certified to be 85 years old, and to have died from phthisis. There were, however, no tubercles, and from the position, and the circumstances in which it was found, it was evident that death was due to suffocation, caused by its slipping out of its place and lodging in the throat, probably during a paroxysm of coughing. The existence of this gold plate, which weighs 156 grains, could not have been known (for, if it had been, it certainly would have been appropriated by somebody); and, of course, the medical certificate would have been very different.

The first plate is disgracefully made, and, as Mr. Butlin truly remarks, a most formidable obstacle; it is of gold, an inch and a quarter long, and supports three incisor teeth, which are pivoted into the roots of the lateral incisors by two wires, each three-eighths of an inch in length; these were meant to fix it permanently, but, as the roots decayed, the place became loose, and finally dropped into the throat. The other plate is of superior workmanship, and of a more usual type; it holds six teeth, fastened by two gold bands, one to a molar, the other to a bicuspid; these are at each end, and, unfortunately, project in opposite directions. The special danger in this kind of plate, is that, if it enters the gullet lengthways, the clasps at one end cut into the pharynx and anchor it there; the effort at expulsion throws it across, and the band at the other end immovably transfixes it.

These two cases occurring, simultaneously, are sufficiently impressive; but scarcely a week passes without some accident from the same cause being reported. I think, therefore, that special attention should be directed to the subject.

Most accidents arise from the folly of wearing false teeth during sleep. There is no more reasonable excuse for this dangerous practice, than there is for people to go to bed with misfitting boots to make them comfortable; in either case, if they be properly made there should be no discomfort from them. Another unnecessary danger too often arises from the way the plates are made. Small, movable plates, with thin wire fastenings or bands, are objectionable not only from the risk of swallowing them, but also because the fastenings damage the teeth to which they are attached. Large suction plates are much more satisfactory; because, if by any chance they do get into the throat they are easily expelled, for there is nothing to fix them there, and they are too large to be swallowed. The prejudice against them arises from the mistaken notion that, by covering the palate, taste is interfered with. What really happens is, that the thickness of the plate deprives the tongue by so much of the space to which it is used, and also hinders it, at first, from appreciating so readily the form of the food; fish-bones, etc., cannot so easily be detected. This is, however, only a temporary inconvenience, for in a very short time it accommodates itself to the altered conditions. I can speak from considerable experience, because for twenty years I have employed suction upper plates exclusively, and have made hundreds for all sorts of people, in every possible variety of case.—I am, sir, your obedient servant,
51, Wimpole Street. NATHANIEL STEVENSON.

J. P. has not inclosed his card.

BRUTAL ASSAULTS AND THE PUBLIC PROSECUTOR.

SIR.—However desirable it may be to seek to raise the poor of "outcast London" to a higher state of morality by means of external influences such as improved dwellings, etc., such efforts will, I fear, prove futile so long as intemperance reigns supreme.

On December 13th, at 7 A.M., I was called by the police to see a poor woman whom I found almost moribund from severe concussion of the brain—so severe, indeed, that I feared a fatal issue from laceration of brain-substance. The scalp showed marks of violence, and the body presented recent bruises in various places. On inquiry, I learned from an eye-witness that the husband had returned home drunk at 3 A.M., and, without provocation, had beaten her violently about the head with his heavy boot until she fell unconscious on the floor, on seeing which, he thought it advisable to disappear. The wife remained in a critical condition for eight or ten hours, and then slowly recovered consciousness; and in the afternoon, the husband, who had learned that she was not dead, returned home.

As the patient, for the time being at least, is out of danger, the police refuse to prosecute, and she dare not do so herself, knowing full well vengeance would be in store for her on the release of her husband. So the assailant, like many others, goes scot-free. One would almost say that it was a pity for society, and indeed for this poor miserable woman herself, that she was not killed outright, as her demoralised husband, who has given her venereal disease on three separate occasions, and spends his time in debauchery and brutality, makes her so-called home a perfect pandemonium.

I was surprised to learn from the police that it was not part of their duty to bring this affair before the notice of the Public Prosecutor; and I deplore the fact the more since hearing of the "Keates and Bower" case. Now what course ought the medical attendant to pursue in such a case?—I am, etc.,
London, January 22nd, 1884. SAM. WILSON.

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

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BOOKS, ETC., RECEIVED.

- Handbook of Electro-Therapeutics. By William Erb, M.D. London: Sampson Low, Marston and Co.
- Lectures on Diseases of Children; A Handbook for Physician and Student. By Dr. E. Hensch. London: Sampson Low, Marston and Co. 1883.
- The History of the Year, from October 1st, 1882, to September 30th, 1883. London: Cassell and Co. 1883.
- Our Homes, and How to Make Them Healthy. Edited by Shirley F. Murphy. Cassell and Co., Limited. London, Paris, and New York.
- A Memoir of the late John Deakin Heaton of Leeds. Edited by T. Wemys-Reid. London: Longmans, Green and Co. 1883.
- Metropolitan Sewage. By Edward Monson, M.I.C.E. London: B. T. Batsford. 1883.

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