

system works.<sup>1</sup> The plan is as follows. Application is first made to the district committee within whose area the patient lives. The district committee then decides (1) Whether the patient is in need of help; (2) How much, if any, of the cost the patient is able to pay. It then sends to the Medical Secretary a form, in which are three divisions, for (1) An entry by the district committee of the name and address of the applicant, and of the nature of the apparatus; (2) the surgeon's order certificate; (3) the surgeon's approval certificate. On receipt of the form, the Medical Secretary sends a letter to the patient enclosing the form, to be taken to the surgeon of the out-patient department of the hospital nearest to the patient's home. The surgeon there examines the patient, and fills up and signs the "surgeon's order certificate," by which an order is given for the exact description of apparatus required. The order is then sent to the nearest or most suitable instrument-maker. Subsequently, when the apparatus has been supplied, the patient, wearing it, has to reappear before the surgeon whom he saw before at the hospital, and he now vouches for its fitness by signing the "surgeon's approval certificate." Until this has been done, the instrument-maker is not entitled to payment.

The out-patient departments of most of the hospitals have also been supplied with a form on which are entered (1) the name, age, and full address of patients; (2) the kind of instrument required; and (3) whether the Samaritan Fund of the hospital will contribute towards the expense. This form is signed by the attending surgeon, and given to the patients to be taken to the Charity Organisation Committee of the district in which they are living. When the district committees forward such a case to the Medical Subcommittee, they attach the form to that used by themselves in surgical aid cases (see above); and it then serves as the surgeon's order certificate. The Subcommittee pay the instrument-maker from a fund raised for this purpose, and they expect him to charge the ordinary hospital prices. Any contributions from the patient, or from charitable persons interested in the case, are devoted to the purchase, and help to keep up the central fund, on which the work depends.

From the details furnished in the report, it appears that, since the commencement of this surgical aid work of the Charity Organisation Society, 750 instruments of various descriptions have been supplied by the committee; and the amount expended having been rather over £700. This is a most admirable and useful work, very intelligibly directed.

### IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.

THE ninth annual meeting of the above Association was held on St. Patrick's Day (March 17th) at 49, Berners Street, the President, Dr. Macnaughton Jones, in the Chair. There was a large attendance of members.

The report stated that, since July 29th, 1885 (when the last annual meeting under the old organisation was held at Cardiff), the numbers on the roll had increased from 272 to 355. Two members had died since then, namely, Drs. Helen Prideaux and J. J. Jennett. There had been no resignation during the seven and a half months. The Association was in a flourishing condition, over £40 remaining as a balance in the hands of the Honorary Treasurer. The Senior Vice-President (Dr. Balthazar Foster) being now in Parliament, the Council hoped that ere long the King and Queen's College of Physicians would be able to register its membership, and the Royal University of Ireland its degree of M.A.O.

On the motion of Professor YEO, who said the Association was under great obligation to Dr. Macnaughton Jones for his valuable services in connection with the re-organisation and rapid development of the Association, and who drew attention to the curtailment of his period of office by the operation of the new code, that gentleman was re-appointed President. Sir Thomas Crawford, K.C.B., F.R.C.S.I., was appointed President-Elect; Brigade-Surgeon W. Alexander, M.D., and Dr. W. Henry White, were elected members of Council. Dr. James Thompson (founder of the Association) was re-elected Honorary Treasurer.

The annual dinner was held the same evening at the Holborn Restaurant. The President (who occupied the chair) was supported by Sir Spencer Wells, Bart., F.R.S.; Sir Joseph Fayrer, K.C.S.I. (Honorary Physician to the Queen); Professor Humphry, F.R.S. (Cambridge), and other distinguished guests of the Association. Ninety-two members and their friends, the latter including several ladies, sat down. Among the members present were Sir William MacCormac (Vice-President); Professor G. F. Yeo (Chairman of Council); Brigade-Surgeons Thomas Wright and W. Alexander;

<sup>1</sup> A little paper, entitled "Notes on Medical and Surgical Aid," suitable for distribution, can be had on application. It fully explains the system of work.

Staff-Surgeon O. Sullivan, R.N.; Dr. S. J. Flood, A.M.S.; Dr. W. A. Carte (Coldstream Guards); Dr. James Thompson (treasurer); Dr. Daniell and Stewart (honorary secretaries), etc. The usual loyal toasts were duly honoured.

Sir SPENCER WELLS, in responding for the guests, said that he was not only an Honorary Fellow of the King and Queen's College of Physicians, but had pursued part of his medical studies at two of the Dublin medical schools. He was therefore qualified for membership, and would be glad if the Council would allow him to join an Association on the roll of which he saw so many distinguished names inscribed.

Sir JOSEPH FAYRER, in responding for the "Naval and Military Medical Departments," said that, as an examiner for the Indian Medical Service, he had formed a very high opinion indeed of the teaching given in the Irish medical schools.

Professor HUMPHRY proposed the toast of the evening in a humorous speech, and said that Englishmen were under great obligations to Ireland for giving them such men as his distinguished colleague, Professor Alexander Macalister.

The PRESIDENT, in his reply, said he felt greatly honoured by being that afternoon re-elected President. The Association had not completed the first eight months of its life since it was reorganised, but there were already indications that before long the aspirations of their indefatigable honorary secretary (Dr. Stewart) would be realised, and that the roll would contain a thousand names at least. He hoped that there would be quite 500 members before he resigned the chair next year to Sir Thomas Crawford, who would have been with them that evening but for a severe cold, which prevented his facing the night air during the continuance of the Arctic weather. He (the President), alluding to Professor Humphry's reference to English and Irish mixtures, said his experience of the kindness and hospitality of Englishmen was of a most agreeable kind. He knew of no country in which honest work was more justly estimated than in England, no matter where the worker hailed from.

The speeches were interspersed with Irish songs, and performances by Mr. Augustus Tamplin on the harmonium, which contributed greatly to the enjoyment of a very pleasant evening.

## ASSOCIATION INTELLIGENCE.

### COUNCIL.

#### NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room, Exeter Hall, Strand, London, on Wednesday, the 14th day of April next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, March 25th, 1886.

### NOTICE OF QUARTERLY MEETINGS FOR 1886.

#### ELECTION OF MEMBERS.

ANY qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Meetings of the Council will be held on April 14th, July 14th, and October 20th, 1886. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary, not later than twenty-one days before each meeting, namely, March 25th, June 24th, and September 30th, 1886.

Candidates seeking election by a Branch Council should apply to the secretary of the Branch. No member can be elected by a Branch Council, unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary*.

### COLLECTIVE INVESTIGATION OF DISEASE.

INQUIRIES are in progress on the subjects of

DIPHTHERIA, ACUTE RHEUMATISM,  
OLD AGE, CANCER OF THE BREAST,  
THE VALUE OF HAMAMELIN.

Memoranda on the above, and forms for recording individual cases, may be had on application.

It is requested that returns on Acute Rheumatism be sent in at as early a date as possible, as the printing of the Tables is in progress.

**THE ETIOLOGY OF PHTHISIS.**—Continuation of inquiry. The Committee will be glad to receive the names of gentlemen willing to engage in joint investigation of any of the following points in relation to the origin of cases of Phthisis;—(a) The influence of residence and occupation; (b) the previous state of the patients' thoracic organs and general health; (c) heredity and communication. Full particulars will be sent on application.

A general inquiry into the THERAPEUTIC VALUE OF HAMAMELIS has now been issued. A report will be made to the Section of Therapeutics in the annual meeting.

**PROGNOSIS IN HEART-VALVE DISEASE**, based on an examination of cases in which the lesion has existed for an unusual length of time without producing serious symptoms; **THE EXTREME DURATION OF INFECTIOUSNESS IN INFECTIOUS DISEASES**. The Committee has proposed these two subjects for future inquiry, and has referred them to the Branches of the Association, in accordance with its regulations, with a view to preliminary discussion during the present year. Arrangements have also been entered into with the Section of Medicine of the Annual Meeting of 1886 to hold a discussion upon "Cases in which Disease of the Heart-Valves has been known to exist for upwards of five years without causing serious symptoms;" and with the Section of Public Health to hold a discussion on "The Duration of Infectiousness." The former discussion will be opened by Sir Andrew Clark, Bart., the latter by Mr. Arthur Ransome. The inquiry-papers, to be subsequently issued, will be based upon the information afforded in these Branch and general discussions.

*Application for forms, memoranda, or further information, may be made to any of the Honorary Local Secretaries, or to the Secretary of the Collective Investigation Committee, 161a, Strand, W.C.*

### BRANCH MEETINGS TO BE HELD.

**SOUTH INDIAN BRANCH.**—Meetings are held in the Medical College, Madras, on the first Friday in the month, at 4.30 P.M. Gentlemen desirous of reading papers or exhibiting specimens are requested to communicate with the Honorary Secretary.—J. MAITLAND, M.B., Honorary Secretary, Madras.

**WEST SOMERSET BRANCH.**—The spring meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, April 15th, at 5 o'clock; dinner at 5.30. Discussion: Do you consider the Antiseptic Dressing of Wounds Advantageous in Country Practice? Election of a representative of the Branch on the Council.—W. M. KELLY, M.D., Honorary Secretary, Taunton.

**BORDER COUNTIES BRANCH.**—The spring meeting will be held at the Commercial Hotel, Dumfries, on Friday, April 9th. The chair will be taken by the President at 3 P.M. Dr. Thomson, of Dumfries, will introduce a discussion on Brain-Surgery. Dr. Campbell Garland will read notes of Four Abdominal Cases of interest. Dr. Eaton (Cleator Moor) will read Illustrations of the Origin of certain Zymotic Diseases in an isolated house. Intimations of papers and specimens should be sent to the undersigned. Dinner at the hotel, 5s. a head, at 6 P.M.—HENRY A. LEDIARD, Honorary Secretary, 41, Lowther Street, Carlisle.

**NORTH OF ENGLAND BRANCH.**—The spring meeting will be held at Roker, on Wednesday, April 21st. Members intending to read papers, show specimens, etc., are requested to communicate with the Honorary Secretary (Dr. DRUMMOND) as early as possible, Newcastle-on-Tyne.

**SOUTH WALES AND MONMOUTHSHIRE BRANCH.**—The spring meeting of this Branch will be held at Carmarthen, on Wednesday, April 21st next. Members wishing to join the Branch should send in nomination papers by the end of March. Members desirous of reading papers, etc., should send titles to one of the Honorary Secretaries. Further particulars in circulars. Signed, A. SHEEN, M.D., Cardiff; D. ARTHUR DAVIES, M.B., Swansea, Honorary Secretaries.

**METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.**—The next meeting will be held at the Hackney Town Hall, on Thursday, April 15th, at 8.30 P.M. Photographs of a Case of Myxœdema will be exhibited by Mr. C. R. WALKER. A paper on the "Byways of Rheumatism," will be read by Thomas Barlow, M.D., F.R.C.P.—J. W. HUNT, 101, Queen's Road, Dalston, Honorary Secretary.

**SOUTH-EASTERN BRANCH.**—Notice to Members. Allow me to remind the members of this Branch, "That candidates for the office of representative of the Branch at the Council of the Association, should be nominated, by any two members of the Branch, before April 15th, and their names sent to the Honorary Secretary, who shall issue voting papers to the members of the Branch, who shall then vote for any of the nominated members." The Branch is at present entitled to three representatives, one for each county comprised in the Branch; namely, Kent, Surrey and Sussex.—CHARLES PARSONS, M.D., Honorary Secretary.

### SOUTHERN BRANCH: ISLE OF WIGHT DISTRICT.

An ordinary meeting of the Isle of Wight District of the Southern Branch was held at the Royal Marine Hotel, Ventnor, on January 28th, 1886. In the absence of the President, the chair was temporarily filled by Dr. COGHILL until the arrival of the Vice-President, Dr. WILLIAMSON.—The SECRETARY read letters from the President, and others, regretting their absence.

*The Etiology of Phthisis.*—Dr. ISAMBARD OWEN, Secretary of the Collective Investigation Committee, who was present by request of the District, opened a discussion on the "Etiology of Phthisis."—Dr. ROBERTSON read a paper on "Family-History in Phthisis." A discussion ensued, in which Dr. Williamson, Mr. Meeres, and Dr. Coghill took part.—Dr. OWEN replied.

*A vote of thanks* to Dr. Owen was moved by Dr. COGHILL, seconded by Dr. JAS. NEAL, and carried unanimously.—Dr. OWEN, in responding, said it was always both pleasure and profit to him to attend a meeting of a branch of the British Medical Association, and expressed his sense of the incalculable benefit of the Association to medical science and the medical profession.

*Dinner.*—The members then adjourned to dinner.

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

The sixth meeting was held at the London Hospital on March 18th; present, Dr. J. Dundas Grant, in the chair, and twenty-five members and visitors.

*Specimens from a case of idiopathic pericarditis* were exhibited by Mr. Major Greenwood.

*Heart-disease.*—A boy, suffering from mitral disease, was shown by Dr. A. Ernest Sansom. In addition to the usual apex systolic murmur, a diastolic apex murmur was audible, the origin of which gave rise to some discussion. On this patient, Dr. Sansom demonstrated his method of percussing out the thoracic and abdominal organs, and transferring the records to a chart.

*Myxœdema.*—Dr. Sansom showed a series of cases of myxœdema, and, after a few remarks, introduced Dr. Ord to the meeting, who gave a clinical lecture on Myxœdema, illustrating his remarks by the cases present. Dr. Anderson joined in the discussion.

After the usual votes of thanks, the meeting adjourned.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

*On the Propagation of Cholera.*—Scarlet Fever in Paris Hospitals.—*The Contagious Properties of Typhoid Fever.*—*Small-pox concomitant with Vaccination.*—*Litgeois on Hypnotism.*—*The Pharmacie Centrale.*—*General News.*

DR. BOURGUET, of Aix, Provence, has published, in the last volume of the *Mémoires de l'Académie d'Aix*, a report on the cholera-epidemic of 1884 and 1885 at Aix, which presents some features of interest. The first case of cholera occurred at Aix on June 26th, 1884, at the time when Toulon was the only cholera-stricken locality. Other cases followed in different parts of the district. Eight deaths occurred between June 26th and July 8th. It has been positively ascertained that six among them were never in contact with cholera-patients, nor with any article of clothes, food, etc., belonging to such patients or coming from a contaminated locality. Three of them lived in the country, one in a convent belonging to an Order where the inmates are forbidden to leave their cloisters. After July 8th, the epidemic spread over a considerable number of communes, and it was difficult to follow its course. M. Bourguet considered that it was difficult to determine whether cholera at Aix travelled from Toulon, or whether it spontaneously appeared. The condition of the district was favourable to the incubation of the cholera-germ. During May and the beginning of June, there were a greater number of diarrhoea and dysentery cases than usual. Towards the middle of June, there were several cases of cholera, accompanied with cramp and algidity. From June 3rd to June 30th, there were fifty patients sent to the infirmary for diarrhoea and vomiting. The principal part of the cholera-patients at Aix drank spring-water or good well-water. Dr. Bourguet did not think that drinking impure water was a factor, either in causing the epidemic or in spreading it.

M. Ollivier draws attention to the imperfect arrangements in the Paris hospitals for preventing the invasion of epidemics of scarlet fever. Two

no limit was placed to the income of those who joined the dispensaries. Consequently artisans, skilled mechanics, small shopkeepers, and families whose united earnings amounted to several pounds a week, enrolled themselves as members, and by this means were able to obtain medical attendance for the small contribution already mentioned. Many medical men lost many of their patients who were in the habit of paying ordinary fees, and the provident dispensary was regarded as a cause of depriving them of the legitimate earnings of their profession.

There are now nine provident dispensaries in operation in Manchester and Salford. Each dispensary is managed by a "working man's managing committee," who have the power to admit any person as a member, and are subject to no controlling authority. At the annual meeting recently held, the Chairman remarked: "Those who belonged to these dispensaries had the matter pretty well in their own hands; they were the managers and proprietors. The measure of success attained by provident dispensaries depended, in his opinion, on the devotion of the doctors, the collectors, and the working-men's managing committee." These dispensaries are scarcely recognised by the medical profession; they are mostly worked by one or two medical men who make as much money out of them as they can. If at the end of a year there be a deficiency in the expenses of a dispensary, a grant is made by the association to cover the loss. It requires about 2,000 members to make a dispensary self-supporting, and they are all self-supporting, with the exception of two.

The most flourishing dispensary is at Pendleton, where there are 3,500 members. This is owing partly to the personal popularity of one of the medical officers, and also to the fact that, in this township, which has a population of 50,000, there reside a large number of well-to-do working and lower middle-class families, who have largely availed themselves of the privileges of the dispensary. It is against this dispensary that complaints of abuse have been most numerous.

A correspondence has been carried on in a local paper, between some medical men and the honorary secretary, with regard to the way in which the dispensary is abused. "Justitia," a medical man, gives the following cases as instances of how the dispensary is taken advantage of. 1. Shopkeeper in a main street, not satisfied with dispensary treatment, paid a bill of £3 to another medical man; had £200 in the bank. 2. Working man paid a bill of £2 2s., then joined the dispensary; wages, 35s. a week; wife and child, and a daughter working; combined weekly income, probably £2. 3. Married couple in Whit Lane, one child; husband a carter, wife a weaver; combined weekly income, £1 16s.; members of the dispensary. 4. Mother and three daughters; combined weekly income, £2 10s.; said to be members of the dispensary. 5. Family in Seedley; income several pounds a week; young men described as big swells; keep a servant; members of the dispensary. It is believed that the circumstances of a large number of the members of the Pendleton Provident Dispensary resemble those which are mentioned. I enclose the copy of a letter written by a respectable working man, who is prepared to uphold all that he says in it.

"Pendleton, February 27th, 1886.

"DEAR SIR,—I would have answered your note sooner, but I have been working late, and have not had an opportunity before now. While I sympathise, to a certain extent, with the object of the Provident Dispensary, yet I fear and know that it is largely taken advantage of by the improvident. I have known many members of above, earning from 40s. to 60s. per week, piece-work, able to lose and win heavy bets, stop days off work drinking, and otherwise squander their earnings, and yet take advantage of this and other charities. Of course, it is a long vexed question how to deal with such. Still, I presume it is more of the well-to-do you want to know, and of these I do know some; one, a family of five (wife, husband, and three children), husband earning 35s., and children upwards of 30s. per week. I am not quite sure if they are all in, but I know the husband is a member, and recently received benefit. I knew a young man (single), wages upwards of 36s. per week, who received considerable benefit; he has lately left Pendleton. Also, I knew a man (married, two children), wages over 40s. per week, who received benefit; he has lately left Pendleton. I have not the paper, but I think Mr. Harwood referred to some rule, that applicants for membership were inquired into before admitted. This is certainly not the case. I joined myself, among upwards of a hundred more in the works, some three years ago, and I think I am safe in saying not one case was inquired into, if suitable; certainly, mine was not, and the question of wages was not mentioned by the agent who came down to propagate the scheme.—I am, etc.,

As regards remuneration, the individual fee is very small, but many of them reach a considerable sum. The sum of £497 was distributed among the medical staff at the Pendleton Provident Dispensary during the past year; and, out of that Dr. Stewart and his assistant or partner received £476. According to the report, 8,900 visits were made during the past year, and 9,000 patients were prescribed for at the dispensary. I believe a considerable item of profit is made upon medicine, even when sold at a penny a bottle. It must not be forgotten that the medical men attached to these dispensaries compete with their neighbours for private practice as well. No person would find fault with these dispensaries if worked within proper limits; but at present the frugal, industrious, and well-paid working and lower middle classes are being gradually absorbed by them, leaving behind a "residuum," which, if they were in their proper place, ought to be members of a provident dispensary.—I am, sir, your obedient servant,

THOMAS N. ORCHARD.

Claremont Place, Pendleton.

#### A CASE OF GASTRO-ENTEROSTOMY FOR CANCEROUS OBSTRUCTION OF THE PYLORUS.

SIR,—I have been much interested in reading Mr. T. Morse's case of gastro-enterostomy in the JOURNAL for March 13th, and share his regret that it was unsuccessful. I send this line to refer him to an earlier case than either his or my own, operated on by Mr. Reeves at the London Hospital early last year, of which a short note was inserted in, I think, one of the May numbers of this JOURNAL. This case, which was also unsuccessful, would be, so far as I know, the first operated on in England.

It may interest your readers to know that my own patient, operated on on January 5th, left hospital for her home on March 4th, considerably improved. This improvement was steady from the day of operation. Having been confined to her bed for five months before the latter, she was naturally very feeble, but for some weeks before leaving was able to get up, and latterly had been able to move about the ward on her feet with only a little assistance, and was daily improving in this respect. She had ceased all vomiting, and bore light food well, but had occasional eructations, and was somewhat inclined to constipation. This was best treated with a mild aloetic pill, with a little extract of nux vomica. She was very grateful for the relief she had obtained, and was to let me know if she were not getting on well at home. As I have not heard, I presume she still remains well.—I am, Sir, faithfully yours,

8, Harley Street, W.

ARTHUR BARKER.

## INDIA AND THE COLONIES.

### NOVA SCOTIA.

THE HALIFAX PROVINCIAL AND CITY HOSPITAL.—We regret to learn that there appears to be now little hope of an amicable adjustment of the difficulties which arose last spring between the medical staff of the Provincial and City Hospital at Halifax, Nova Scotia, and the Board of Charities. The difficulty has led to the resignation of the whole medical staff and the closure of the medical school. The hospital has been managed, since 1878, by a Board of Charities, which also manages the Hospital for the Insane and the Poor Asylum. The work of the hospital was done by a visiting staff of physicians and surgeons, and two resident officers, a house-surgeon and a clinical clerk. The appointment of the resident officers was governed by a by-law passed in 1872, and not abrogated by the Board of Charities when it was created. This by-law enacts that the Board shall advertise for applications for the appointment about to become vacant; and that "applicants shall undergo a competitive examination before the Medical Board, who shall communicate the results thereof to the Board." The difference has arisen on this point. The Medical Board contend that the object of holding the competitive examination was the selection, by competition, of the best candidate. The Board of Charities, on the other hand, contend that the examination was designed to ascertain that the candidates came up to a certain standard of knowledge, and have assumed, apparently without any ground, that any candidate who obtained 50 per cent. of the marks was qualified for the appointment. For the appointment of house-surgeon, vacant on May 1st, 1885, two candidates presented themselves; the one obtained 80 per cent. of the marks; the other, 66 per cent. The Board of Charities appointed the candidate who obtained the fewest marks. The Medical Board thereupon held a meeting, and denounced the action of the Board of Charities. A similar diffi-

culty had arisen on a former occasion; and, two years earlier, a vacancy caused by the resignation of the house-surgeon had been filled up without any consultation with the medical staff. It was clearly time, therefore, that a stand was made. It is universally recognised in every hospital throughout the civilised world that the appointment of the resident medical and surgical officers ought to be governed by the opinion of the medical staff. The reason is obvious to anybody who will take the trouble to understand how the work of a hospital is done. The house-physician, or house-surgeon, or clinical clerk, is directly responsible to the visiting surgeon or physician, whose deputy and representative he is. It is essential that the house-surgeon or physician should look upon the visiting surgeon or physician as his superior officer, and serve him with loyal obedience. The Board of Charities, however—which, it must be noted, consists of five laymen, namely, two *ex officio* members and three paid commissioners—in the plenitude of its wisdom, thinks it advisable to ignore all such considerations, and has insisted upon its supposed right to appoint the house-surgeon who may most commend himself to it. An attempt to refer the difficulty to arbitration failed, owing, so far as can be gathered from the statements which have come to our knowledge, to the determination of the Board of Charities to beg the whole question in dispute in the statement of their case to the arbitrator. The resignations of the physicians and surgeons were accepted by the Board of Charities, and certain other medical practitioners were induced to take their places. The late staff, however, appear to have the sympathy of the profession in the province; and a petition has been extensively signed, praying the Legislature to “attentively consider the present condition of the management of the institution, and devise such means as may restore to it the confidence of the medical profession, the public, and especially of those for whose benefit it was established;” and “that, in arranging the matter of the government of the hospital, the Medical Board should have granted to it, by law, the same privileges as have been conceded to the medical staff of other similar institutions elsewhere.” It is, perhaps, not a matter for regret that the legal question was not tested in a court of law, since the real cause of the difficulty seems to be the very unsatisfactory constitution of the governing body. It is certainly sufficiently surprising to find in a British colony, where it might be expected that the democratic spirit would be at least as strong as at home, the management of the chief charities of the province committed to the care of a nominative board. The question has been so completely thrashed out and settled on this side of the Atlantic, that it is a little disappointing to find it raised again in a most acute form. Experience has shown that the management of a hospital ought to be in the hands of an elective body, chosen *ad hoc*, and containing also representatives of the medical staff. The correct course for the profession in the colony to take would certainly appear to be to use every constitutional means to obtain a thorough investigation into the constitution, mode of appointment, and powers of the Board of Charities; and its reformation might then be urged upon the Government with greater effect.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

**INQUIRER.**—In reference to the several ethical points submitted for our consideration by “Inquirer,” we are clearly of opinion, assuming the facts to be correctly stated, that “Dr. G.” (irrespective of the subsequent reputed understanding between him and “Inquirer’s” partner, the expression of whose views on the point in question should not, especially under the peculiar circumstances, have been privately sought or acted upon) should have been governed by the following rule extracted from the *Code of Medical Ethics*, second edition, page 69, rule 7. “When a practitioner is called to an urgent case, either of sudden or other illness, accident, or injury, in a family usually attended by another, he should (unless his further attendance in consultation be desired), when the emergency is provided for, or on the arrival of the attendant in ordinary, resign the case to the latter; but he is entitled to charge the family for his services.”

### PHYSICAL EXAMINATION OF CANDIDATES FOR PUBLIC APPOINTMENTS.

**SIR.**—I seek the opinion of brother practitioners, as also that of the Editor of the *BRITISH MEDICAL JOURNAL*, together with advice how to act in the following case, which I have endeavoured to condense as much as possible.

My son took first place in open competition for a berth in the British Museum; he had to obtain certificates for Civil Service Commissioners from his family doctor and others, as also testimonials from independent persons as to his bodily health and strength. All of these certificates were quite satisfactory, and particularly that from his medical attendant, Mr. A., specialist, who attended him for curvature of spine, and pronounced him cured, leaving but slight deformity. He had to go before the Commissioners’ medical referee (say Dr. A.), who, differing in opinion, found, in his judgment, “physical defect,” and took his fee of £1 ls., though knowing that his father was a medical man. Feeling it a great hardship and injustice that one opinion (and given after a very short interview) should be taken as against others who knew my son so well,

and who were so well able—indeed, better able—to judge of his real state, I appealed to the Commissioners, who agreed to reopen the case if he were prepared to appear before a board of three eminent medical men, and to pay a fee of £6 6s., which sum had to be paid to the secretary before examination, which lasted only a short quarter of an hour. Judge of my son’s and my astonishment and indignation at finding Dr. A. one of the three eminent men!

Now, sir, I would ask through you, firstly, if it were professional etiquette for Dr. A. to appear, under the circumstances, without at least option being granted me to protest or object, he having already given an adverse opinion?

Secondly, is it not against all medical etiquette and good order to take fees of a young man quite dependent on his father, a registered medical man, though retired from practice; and, having taken them, Dr. A. knowing, Mr. B. and Mr. C. not knowing, my position, ought they not all to have returned them?—Yours obediently,

\* \* \* According to our correspondent’s statement, we consider that Dr. A., in taking the fee from the son, and a minor, of a brother practitioner, acted in contravention of the Faculty’s prescriptive custom; and, further that, inasmuch as he had previously expressed an adverse opinion in regard to the alleged “physical defect,” he erred in judgment and good taste in electing to be one of the re-examining “board of three eminent medical men,” receiving at the same time a double fee.

Looking at the question from our own point of view, we are of opinion that Dr. A. should have at once retired, and left the case to the unbiased decision of the other examiners. An examination and decision thus unfairly influenced can scarcely be regarded as satisfactory or just.

### PRACTITIONERS, CONSULTANTS, AND PATIENTS.

**A.** London practitioner, acts as *locum tenens*, in the country, for B, during the latter’s holiday. Among the patients entrusted to A’s charge, is one C, who has been under B’s treatment for a long time without improving. A is equally unsuccessful, and suggests C’s going to town, and taking further advice. C being impatient, and thinking B will ridicule this course, leaves for London before B returns. Shortly afterwards, A returns to London, and is asked by C to aid in getting further advice. A then writes to B, in the country, telling him this, and asks whom he would like C to consult, suggesting D. B agrees, and writes to C, saying that, if he has time, he will write to D about the case, but does not do so. At this juncture, A, who for the time is attending C, discovers that a grave error has been committed in the diagnosis of the case. He is confirmed in his view by a surgeon, who operates, and removes the cause of disease. A writes to B, informing him of the discovery, and of the success of the operation. B writes back cordially. C remains under A’s treatment until fit to return home, but is very angry with B for having mistaken the case for so long. When, at the present time, a medical man is required, C does not go to B, and does him harm in the country-town, by telling everyone of his mistake. A therefore stands in the position of having unwittingly been the means of damaging B, and would be glad to know if he is wrong according to medical ethics.

\* \* \* A careful and critical examination of our correspondent’s communication, leads us to the conclusion that “A,” in suggesting to “C” (while acting as the *locum tenens* of “B” during his holiday trip) the expediency of seeking further advice in London, undoubtedly, however unwittingly, erred in so doing. The case, moreover, being chronic and non-urgent, “A” should, in our opinion, have withheld his suggested advice until “B’s” return home, and then, if it were deemed judicious, should have been communicated to “C” through “B,” the principal. “Grave” as the error in diagnosis may have been, where, it may be asked, is the practitioner that has not, in the course of his professional life, committed like grievous errors. The mischief, however, which we think might easily have been averted by a little care and forethought on the part of “A,” has unfortunately been done; and will probably, at least for a time, injuriously affect “B’s” practice.

In regard to the ethical aspect of the case, on which our opinion is solicited, we consider that, although “A” sadly erred in judgment, he acted without any direct unethical intent.

### UNQUALIFIED ASSISTANTS.

**AN UNQUALIFIED ASSISTANT** says that, in the letters in the *JOURNAL* of March 13th, persons of his class are described as “evils,” “dangerous to the public,” and it is stated that employment of them casts a shadow on the “integrity of the employer,” etc. Had these remarks been confined to those who have sole charge of outlying practices, nothing could have been said by him; but those are in the very small minority, the majority doing their work under the eye and guidance of the principal. There are many men, who now occupy high positions in the profession, would never have been able to qualify had they not been unqualified assistants. He is confident that the lamentations of “A Qualified Assistant” will not elicit much sympathy. Men who have recently taken their diplomas are at no loss for assistantships. Principals object to them, because they often profess to know much better than their seniors, and not because they can get unqualified men to do the work for less money. The “unqualified assistant” is recognised by the Colleges. A certificate of having been “visiting assistant” is accepted instead of the class-certificates of Practical Pharmacy. As regards taking out labours at the hospital, it must be remembered that students do not become assistants, either because their pockets are well filled, or because they have “not succeeded in taking a minimum qualification.” There are many who have taken all, or almost all, their curriculum, and have only to pass the final examination, but who, for lack of money, become assistants. In a couple of years or so they save enough money, return to their school, and take their diploma. Mr. Alfred Smith says, “clever and needy students have the sympathy of the profession.” But is this to be shown by taking away the only means a “needy” student has of qualifying? No special incentive need be provided. Those who are worthy of the profession have “incentive” enough in the desire to become members of it. “A Qualified Assistant” wants an “insight into practice.” Which would be the more “dangerous to the public and derogatory to all,” an inexperienced qualified man alone, or an inexperienced unqualified man, under supervision, getting an “insight into practice”?

twenty-seven provincial towns, and ranged from 0.0 and 0.5 in Wolverhampton and Hull, to 3.5 in Bolton, 4.8 in Plymouth, and 9.6 in Blackburn. The fatal cases of whooping-cough, which had been 197 and 161 in the two preceding weeks, rose again during the week to 171, and caused the highest death-rate in Newcastle-upon-Tyne, Plymouth, and Portsmouth. The deaths referred to measles, which had risen in the three previous weeks from 67 to 91, further rose to 101 during the week, and showed the largest proportional fatality in Bolton, Plymouth, and Blackburn. The 42 deaths from diarrhoea differed but slightly from recent weekly numbers. The fatal cases of fever, which had been 33 in each of the two preceding weeks, were during the week 31: this disease was somewhat prevalent in Cardiff. The deaths referred to scarlet fever, which had risen from 30 to 34 in the three previous weeks, declined again during the week to 28, and showed the largest proportional fatality in Birkenhead. The 27 fatal cases of diphtheria showed a further decline from recent weekly numbers, and included 19 in London, and 5 in Liverpool. Of the 3 deaths from small-pox in the twenty-eight towns during the week under notice, 2 were recorded in Liverpool, and 1 in Brighton. No fatal case of small-pox was registered in London, but the deaths of 3 London residents from small-pox were recorded in the Metropolitan Asylum Hospital-ship *Atlas* situated outside Registration London. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 10 and 15 in the two preceding weeks, declined again to 7 on Saturday, March 6th; no new cases were admitted to these hospitals during the week under notice. The death-rate from diseases of the respiratory organs in London during the week was equal to 9.4 per 1,000, and considerably exceeded the average. The causes of 97, or 2.1 per cent., of the 4,630 deaths registered during the week under notice in the twenty-eight towns were not certified, either by registered medical practitioners or by coroners.

## MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Tuesday, March 23rd, 1886.

*The Care of Idiots.*—The LORD CHANCELLOR brought in a Bill to give facilities for the care, education, and training of imbeciles and idiots.—The Bill was read a first time.

*Burgh Police and Health (Scotland) Bill.*—The Earl of ELGIN moved the second reading of this Bill.—Lord BALFOUR of BURLEIGH said that, as he understood that Bill was introduced in almost exactly the same state as it left the Select Committee last year, he thought their lordships might safely pass it, and let it go to the other House of Parliament as soon as possible. He did not say that as it stood it was perfect. There were many points in it which were open to grave objection; but those who were best entitled to speak for the inhabitants of the burghs affected by it were perfectly unanimous that some such measure was required. He hoped, however, that an interval of ten days or a fortnight would be given before the Committee stage of the Bill was taken, in order that a reasonable time might be afforded for its consideration.—The Earl of GALLOWAY suggested that it would be well if the Government would consider whether the time had not now come when there ought to be established one general police force of an Imperial nature.—The Earl of ELGIN said he did not think that this was a fitting occasion on which to enter into a defence of the principles of the Bill. He could not, however, agree with the observations made by the noble lord who had just sat down. The noble lord was in error in thinking that the Bill would increase the local police forces to any appreciable extent. The Bill had been the outcome of a Select Committee which sat last year, and there had not been any discussion of it. This discussion might very well take place before entering committee. The Government would give ample notice of any amendments they desired to propose. With the object of meeting the wishes of the noble lord who opened the discussion, the Government would suggest that the Bill should be put down on the paper for that day week, not with the intention of taking it on that day, but in order that a later day might be considered.—The Bill was read a second time.

HOUSE OF COMMONS.—Thursday, March 18th, 1886.

*Compulsory Vaccination.*—In answer to Mr. ROBINSON, Mr. CHAMBERLAIN said he did not intend to bring in a Bill this Session to repeal the compulsory clauses of the Vaccination Act, but there was a motion on the paper which, when it was reached, would afford an opportunity for discussing the whole subject.

Tuesday, March 23rd.

*Ventilation of the House.*—On the motion of Mr. LEVESON-GOWER, a Select Committee was appointed to inquire into the ventilation of the House, to consist of Dr. Farquharson, Sir H. Roscoe, Mr. Lyell, Sir G. Hunter, Mr. Isaacs, and Mr. R. Power.

Wednesday, March 24th.

*The Bodies of Drowned Persons.*—Mr. HUGHES, in moving the second reading of the Drowned Persons (Discovery and Interment) Bill, said the object of the measure was to enable a fee of 5s. to be paid to those who picked up the body of a drowned person, and also to transfer the cost of interment from the parish in which the body was found to the county. The hon. gentleman referred to the fact

that, in consequence of the disaster to the *Princess Alice*, Woolwich had to incur an expenditure of £1,200 in burying the bodies recovered from the wreck.—After a few remarks from Mr. AKERS-DOUGLAS, Mr. Childers said he should support the second reading of the Bill which proposed such a sound change, and amend it in committee.—Sir J. SWINBURNE asked the hon. gentleman if it were intended that the Bill should apply to the United Kingdom.—Mr. HUGHES said he was afraid it would only apply to Great Britain. The Bill was then read a second time.

*The Lunacy (Vacating of Seats) Bill.*—This Bill was read a third time.

## MEDICAL NEWS.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed the Examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on Thursday, March 18th, 1886.

Adie, Alexander James, 38, Leonard Street, E.C.  
Halsted, Harold Cecil, M.R.C.S., Slindon, Arundel, Sussex.  
Lister, Joseph Jackson, M.R.C.S., 81, Wimpole Street, W.  
Pope, Henry Alexander Lepthairia, Donegal, Ireland.  
Priestley, Percy, M.R.C.S., 95, Norfolk Street, Sheffield.

## MEDICAL VACANCIES.

The following vacancies are announced.

- BATTLE UNION.—Medical Officer. Salary, £30, extras. Applications to F. G. Ticehurst.
- BETHLEM HOSPITAL.—Two Resident Medical Students. Applications by April 10th.
- BOURN UNION.—Medical Officer and Public Vaccination. Salary, £25, and extras. Applications to J. L. Bell, Board Room, Bourn.
- BRIGHTON AND HOVE LYING-IN INSTITUTION.—House-Surgeon. Salary, £120. Applications by April 2nd to the Secretary.
- CITY OF ABERDEEN.—Medical Officer of Health. Salary £300. Applications by April 14th, to W. Gordon, Town House, Aberdeen.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Resident Clinical Assistant. Gratuity, £20. Applications by April 6th to T. Storrar Smith, 24, Finsbury Circus, E.C.
- COUNTY OF SOUTHAMPTON.—Public Analyst. Applications by March 30th to the Clerk of the Peace, County Hall, Winchester.
- COVENTRY UNION DISTRICT.—Medical Officer. Salary, £63. Applications to W. H. Harris.
- ESSEX AND COLCHESTER GENERAL HOSPITAL.—Physician. Applications by April 7th.
- FLINTSHIRE DISPENSARY.—House-Surgeon. Salary, £100. Applications by April 7th.
- GENERAL HOSPITAL, Birmingham.—Resident Registrar and Pathologist. Salary, £100 per annum. Applications by March 27th to H. Fox.
- HOLLINGBOURN UNION.—District Medical Officer and Public Vaccinator. Salary, £35. Applications to G. Hurn, 36, Earl Street, Maidstone.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton. Resident Clinical Assistant. Applications by April 17th, to Henry Dobbin.
- HULL ROYAL INFIRMARY.—Honorary Assistant Medical Officers. Applications by April 3rd.
- HULL ROYAL INFIRMARY.—Ophthalmic Surgeon.—Applications by April 3rd.
- HULME DISPENSARY, Hulme, Manchester.—Honorary Physician. Applications by March 30th to Dr. A. Wahlteuch.
- LEICESTER INFIRMARY AND FEVER HOUSE.—House-Surgeon. Applications by April 6th to T. A. Wykes.
- PORTSEA ISLAND UNION.—Medical Officer. Salary, £250. Applications by March 31st, to S. R. Ellis, Guardians' Office, St. Michael's Road, Portsmouth.
- PORTSEA ISLAND UNION.—Public Vaccinator. Applications by March 31st, to S. R. Ellis, Guardians' Office, St. Michael's Road, Portsmouth.
- RICHMOND UNION, Surrey.—Medical Officer for Workhouse. Salary, £125. Applications by March 27th to A. J. Wood, 17, The Green, Richmond.
- ROYAL SOUTH LONDON DISPENSARY, St. George's Road, Lambeth.—Surgeon. Honorarium, £20. Applications by March 31st to the Resident Medical Officer.
- SHEFFIELD GENERAL INFIRMARY.—Assistant House-Surgeon. Salary, £30 per annum. Applications by April 5th to G. H. Day.
- SHEFFIELD GENERAL INFIRMARY.—House-Surgeon. Salary, £120 per annum. Applications by April 5th to G. H. Day.
- SOVERBY BRIDGE LOCAL BOARD.—Medical Officer of Health. Applications by April 6th, to Godfrey Rhodes, Solicitor, Sowerby Bridge.
- ST. PANCRAS NORTHERN DISPENSARY.—Physician and Surgeon Accoucher. Applications by April 6th, to H. P. Bodkin.
- ST. PANCRAS PARISH.—Assistant Medical Officer. Salary, £100. Applications by March 30th, to A. A. Millward.
- ST. PETER'S HOSPITAL, Henrietta Street.—House-Surgeon. Honorarium, £26 5s. per annum. Applications by March 27th.
- SUNDERLAND HOSPITAL FOR SICK CHILDREN.—Honorary Surgeon. Applications to Secretary, before April 8th.



**UNIVERSITY OF MELBOURNE.**—Chair of Chemistry. Salary, £750 per annum. Applications to Robert Murray Smith, Victoria Office, 8, Victoria Chambers, Westminster.

**YORK COUNTY HOSPITAL.**—Two Honorary Medical Officers. Applications by April 6th, to R. Holtby.

### MEDICAL APPOINTMENTS.

**CLAPP, Robert, L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Senior Assistant Medical Officer to the Devon County Asylum.

**GOODRIDGE, William P. B., L.R.C.P.Ed., L.R.C.S.Ed.,** appointed Surgeon Superintendent in the Queensland Government Emigration Service.

**MORTIMER, John, M.B.,** appointed Surgeon-Administrator of Anaesthetics to the Dental Hospital of Exeter.

**PLATT, Henry T., M.B.,** appointed Assistant House-Surgeon to the Preston Royal Infirmary, *vice* F. P. Maynard, M.B., M.R.C.S., L.R.C.P.Lond., resigned.

**ROPER, Arthur C., M.R.C.S.Eng.,** appointed Surgeon-Administrator of Anaesthetics to the Dental Hospital of Exeter.

**SHORTLAND, Walter E., M.R.C.S., L.R.C.P.,** appointed Medical Officer and Public Vaccinator to No. 3 District, Barton Regis Union.

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### BIRTHS.

**HENDERSON.**—March 21st, at 6, Hampstead Lane, Highgate, London, the wife of A. Milne Henderson, M.D., of a daughter. Australian papers please copy.

**MAXWELL.**—At Lasswade, on March 23rd, the wife of C. M. Maxwell, M.B., of a son.

**SCOTT.**—At Musselburgh, N.B., on March 21st, the wife of Thomas R. Scott, M.B.Edin., of a son.

**SMYTH.**—On March 24th, at Holly Lodge, Brockley Road, Brockley, S.E., the wife of F. Sydney Smyth, L.R.C.P., F.R.C.S.E., of a son.

#### MARRIAGES.

**HARWOOD—ROBINSON.**—March 18th, at St. James's, Pokesdown, Bournemouth, Sweitzer Soutter Harwood, M.D. (Univ. of Pennsylvania), L.R.C.P.C.P., and L.M.Ireland, of Gordon Harwood, Pokesdown, to Josepha, widow of John Mundell Robinson, Edinburgh.

**MARSH—WEBB.**—On March 17th, at St. Paul's, W. Brixton, Edwin Addison Marsh, L.R.C.P., and L.R.C.S. to Clara, widow of the late Arnold Webb.

**LEAD POISONING.**—On March 13th, Mr. Carttard held an inquest at Greenwich, on a young woman named Frances Pollard, who was stated to have worked at Messrs. Pontifex and Wood's lead works, Millwall. On the previous Sunday she had several fits; on Monday she became insensible, and on Tuesday she died. The medical evidence showed that the cause of death was lead-poisoning. It was stated by the manager of the works that all precautions were taken, according to law, in the works to prevent poisoning, such as the wearing of respirators, the use of alum-water, bathing, and medical attendance. But from the evidence of one of the work-women it appeared that the precautions were little heeded by those at work, as the respirators hindered breathing, and the alum-water was insufficient in quantity. After hearing evidence, the jury returned a verdict "That the deceased died from lead-poisoning," and the coroner urged the manager of the works to be as strict as possible in enforcing the regulations.

**THE PARKES MUSEUM OF HYGIENE.**—The Parkes Museum of Hygiene has received a donation of fifty guineas from the Court of the Fishmongers' Company.

**THE Duke of Norfolk** has been elected President of the Sussex County Hospital, Brighton, for the ensuing year.

**DR. GUTHRIE RANKIN,** being about to leave Kilmarnock to practise at Warwick, has been entertained at a dinner, by the medical profession and other friends, at the George Hotel in the former town.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.**—Medical Society of London, 8.30 P.M. Dr. Day: Irritable Brain and Congestion of the Brain in Children.

**TUESDAY.**—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Barwell: On Suprapubic Lithotomy. Mr. Rivington: A case of Vesical Calculus of unusually large size removed by Suprapubic Cystotomy. Mr. Jacobson: A Case of Suprapubic Lithotomy.

**THURSDAY.**—Parkes Museum of Hygiene, 8 P.M. Dr. Louis Parkes: London Vestries, and the Administration of Sanitary Law in the Metropolis.—Harveian Society of London, 8.30 P.M. On the Treatment of Obscure Forms of Uterine Metrorrhagia.

**FRIDAY.**—West London Medico-Chirurgical Society, 8 P.M. Specimens to be shown by Mr. Percy Dunn: Scirrhus Growth of Breast; Sac and Contents of large Femoral Hernia, with Gangrene of Walls; Stomach from case of Carbolic Acid Poisoning. By Brigade-Surgeon Curran: Photographs of Elephantiasis and Oriental Boil; Native Indian Eye-probes; Gall-stones. Mr. R. F. Benham: On Epileptiform Seizures, due to sudden Anæmia of the Brain. Dr. Campbell Pope: Case of Epileptiform Seizure, due to Irregular Cardiac Action. Dr. G. N. Pitt: On Cardiac Dilatation at Puberty.

### OPERATION DAYS AT THE LONDON HOSPITALS.

**MONDAY.**.....10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's (Ophthalmic Department); and Royal Westminster Ophthalmic.—2 P.M.: Metropolitan Free; St. Mark's; Central London Ophthalmic; Royal Orthopædic; and Hospital for Women.—2.30 P.M.: Chelsea Hospital for Women.

**TUESDAY** .....9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; St. Bartholomew's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Westminster; St. Mark's; Central London Ophthalmic.—2.30 P.M.: West London; Cancer Hospital, Brompton.—4 P.M.: St. Thomas's (Ophthalmic Department).

**WEDNESDAY** ..10 A.M.: National Orthopædic.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: Middlesex.—1.30 P.M.: St. Bartholomew's; St. Mary's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: London; University College; Westminster; Great Northern Central; Central London Ophthalmic.—2.30 P.M.: Samaritan Free Hospital for Women and Children; St. Peter's.—3 to 4 P.M.: King's College.

**THURSDAY** ...10.30 A.M.: Royal London Ophthalmic.—1 P.M.: St. George's.—1.30 P.M.: St. Bartholomew's (Ophthalmic Department); Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M.: North-west London; Chelsea Hospital for Women.

**FRIDAY** .....9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.15 P.M.: St. George's (Ophthalmic Department).—1.30 P.M.: Guy's; Royal Westminster Ophthalmic.—2 P.M.: King's College; St. Thomas's (Ophthalmic Department); Central London Ophthalmic; Royal South London Ophthalmic; East London Hospital for Children.—2.30 P.M.: West London.

**SATURDAY** ...9 A.M.: Royal Free.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: King's College.—1.30 P.M.: St. Bartholomew's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Middlesex; Royal Free; Central London Ophthalmic.—2.30 P.M.: Cancer Hospital, Brompton.

### HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

**CHARING CROSS.**—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.30; Dental, M. W. F., 9.

**GUY'S.**—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. 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. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; 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, W., 2; Throat, Th., 2; Orthopædic, 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., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; Children, S., 12.30; Dental, Tu. F., 10.

**UNIVERSITY COLLEGE.**—Medical and Surgical, daily, 1 to 2; Obstetrics, 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.

### 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 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. 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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

## ALCOHOL IN HOSPITALS.

THE result of the inquiry into the use of alcohol in hospitals has led to the conclusion that the diet, as prescribed in some of our hospitals, has a tendency to sanction and encourage drinking habits, which lead to drunkenness. It is not proposed to charge hospital medical officers with intending to produce this result, but to point out that their practice naturally tends to promote it.

A great attachment to alcoholic drinks is still shown, notwithstanding the strong declaration made in 1847 by the late Sir Benjamin Brodie and 2,000 medical men, "That the most perfect health is compatible with total abstinence from all intoxicating beverages."

I will give my reasons why this subject should be investigated, in order to correct a great abuse, the result of a blind attachment to antiquated habits, and an unwillingness to take the trouble to inquire and profit by modern discoveries.

I am a subscriber to the London Hospital, and obtained the report for 1884, and found there had been in that year 8,565 patients, and £1,350 6s. 7d. spent in alcoholic drinks, besides paying £374 13s. 9d. in lieu of rations to officers. After much trouble, having to apply more than once to the Committee for explanation about these alcoholic matters, I came to the conclusion that there is no accurate account kept of alcohol used for patients separate from that used by the medical men, officials, nurses, etc., the whole staff being reckoned at 250 persons.

In the course of my inquiry, I procured a copy of the diet-table, and found that, for full diet, the medical staff were at liberty to prescribe one pint of porter daily. I also learnt that, at the Middlesex, the Westminster, and the Royal Free Hospitals, no alcohol forms any part of daily diet. On this, I made a remonstrance to the Committee of the London Hospital, and pointed out that, for twelve years the Temperance Hospital had carried on a successful practice with a low rate of mortality without the use of alcohol, and had, therefore, proved that the pint of porter daily was not needful, that the giving it was a mischief, and was fostering a dangerous habit.

It is clear that, in many hospitals, alcoholic drinks are a source of danger. The question also naturally arises whether any money subscribed in charity for the use of the sick and suffering should be applied to supply luxurious drinks for medical men, officials, nurses, etc.

Unless our hospital reports be framed with much more care, and an accurate account given of what is used by the patients distinct from officers, nurses, and others, the numbers given, and the quantity daily allowed, it will be impossible to form a proper estimate of the management, and to check irregularities.

From the present hospital report, it is mostly impossible to decide how much is used in the hospital proper, and how much by officers, nurses, etc.

In the present day, when many medical men have discovered that, for the sake of their own health, it is good for them to be partial, if not total, abstainers, I imagine a small additional money payment, instead of alcohol, would be acceptable, while cocoa, coffee, milk, or tea, would be better for the nurses and attendants. I hope I have shown the need for this inquiry. I have obtained the information that there is a hospital in the London district where accounts are carefully kept; and find that, in the year 1884, they had 2,640 patients, and 106 medical men, nurses, and attendants. On patients, £320 10s. 9d. was spent on alcohol. On 106 officers and others, £218 18s. 10d., or nearly 70 per cent., was spent. Much may be learnt from some of our country hospitals, where little is spent on alcohol compared with London, notably, Manchester, Leeds, Birmingham, Chester, and Sunderland. I hope some one will be able to show how their cures and their rate of mortality compare with the London district.

Sydenham.

GEO. STURGE.

## DAMP AND DIPHTHERIA.

ON reading Mr. Nelson Hardy's communication under the above heading in the JOURNAL of March 13th, I was struck by the very favourable results of the seven cases of diphtheria which he reports. That seven cases of diphtheria should occur without a single death appears to be opposed to the teaching of our standard works on medicine, and, I may add, to my own experience of the mortality of true diphtheria. In Fagge's *Principles and Practice of Medicine*, the average mortality is stated to be from 30 to 40 per cent., and, when the larynx is implicated, as high as 95 per cent.; in Quain's *Dictionary of Medicine*, the rate of mortality is much the same, but it is admitted that in occasional epidemics, in which the local manifestation of the disease is limited to the pharynx, the prognosis may be more favourable. In Mr. Hardy's cases, there is no mention of diphtheritic membrane, albuminuria, or paralytic affections, and in no case was tracheotomy required, or, at least, there is no mention of its having been performed. Is it unreasonable to assume that these cases were examples of that variety of sore-throat which occurs in persons weakened by unhealthy hygienic surroundings, the symptoms being considerable constitutional disturbance, with whitish-yellow patches of inspissated follicular secretion on the tonsils, and frequently with small, white, superficial ulcers? These cases are common enough in practice, but they are not diphtheria; and although they may cause much local and general discomfort, and subsequent debility, they always ultimately do well, and are not followed by the characteristic diphtheritic sequelæ; so that when one hears of several cases of diphtheria resulting so favourably, it seems natural to be somewhat doubtful as to the real nature of the disease. True diphtheria, with its usual extension to the air-passages, is an extremely fatal malady, recoveries in most cases being brought about by the early performance of tracheotomy. When examining the question of the connection between damp and the development of diphtheria, we must be assured that we are dealing with the real disease, if any value is to be attached to the result. If these seven cases were really genuine diphtheria, I feel sure that the profession would be indebted to Mr. Hardy if he would make known the treatment he adopted to attain such happy results.

H. FRASER STOKES.

Highbury Crescent, N.

## AN AGREEABLE DISINFECTANT.

IT is of importance in recommending deodorising or disinfecting preparations, to have some regard to their relative agreeableness from the point of view of smell, etc., and the number of such preparations which comply with the exigencies of fastidious patients, and at the same time possess any genuine properties of this description, is by no means large.

I have for some time employed a solution of peroxide of oxygen (the so-called ozonic ether) in Rimmel's toilet vinegar as a spray, etc., with the most satisfactory results so far as my patients' tastes are concerned. The ozoniser of the same manufacturer, which consists of the *débris* of various aromatic woods impregnated with encalyptol is also a very convenient and elegant preparation in good clinical practice. The popularity of these fragrant and useful deodorisers among patients emboldens me to call attention to their value. A. S. V. G.

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## BOOKS, etc., RECEIVED.

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