

## THE IRISH CONJOINT SCHEME.

A WELL-INFORMED correspondent writes :

Notwithstanding the agreement between the King and Queen's College of Physicians and the Royal College of Surgeons in Ireland, to form a conjoint scheme for Ireland on the same lines as that which has been entered into by the English Colleges for England ; and notwithstanding that a joint committee of both Colleges is, and for some weeks past has been, at work arranging the details of the scheme as adopted by the Colleges and submitted to the General Medical Council, an event has occurred, at the eleventh hour, which has threatened the success of the scheme. As on former occasions, the move was now again first made by the Council of the College of Surgeons. It informed the College of Physicians that it was desirous of conferring with it in reference to a modification of the scheme for constituting an Examining Board for Ireland, "so as to embrace within its operations the Apothecaries' Company." As the College of Physicians has repeatedly declined such a "tripartite combination," the result of this application might be anticipated; although a resolution in favour of complying with the request of the College of Surgeons, and inviting the Apothecaries' Hall to join in the proposed conference was moved and seconded by two of the most esteemed and respected Fellows of the College of Physicians, it was rejected by a vote of seventeen to four. A report of a Committee of the College of Physicians appointed to consider the letter of the Governor and Court of the Apothecaries' Hall of Dublin to the General Medical Council, stating that they had been unsuccessful in effecting a co-operation with both Colleges, or with the College of Surgeons, or with either the University of Dublin or the Royal University of Ireland, and requesting the General Medical Council therefore to give them an Examiner in Surgery and in Midwifery, in accordance with the clause of the Medical Act of 1886, has just been adopted by the College. In this report, evidence, supported by legal opinion, is given that the certificate of the Apothecaries' Hall is not one "to practise medicine." It is empowered to grant a certificate in pharmacy only. Section 3 of the Act of 1886 (49 and 50 Vict., cap. 48) requires that a body capable of holding a qualifying examination must be—(a) a university or a medical corporation qualified to grant diplomas in medicine and surgery ; or (b) a combination of two or more corporations, one of which at least is capable of granting such diploma as aforesaid in respect of medicine, and one in respect of surgery ; or (c) a combination of such university or universities, or of one such university or universities with a medical corporation or corporations, being in the same part of the United Kingdom. Under these provisions, the Apothecaries' Hall was not qualified, for it was not qualified to grant a diploma in either medicine or surgery, being empowered to grant a certificate in pharmacy only. It could not, therefore, enter into any legal combination with either of the other medical corporations in Ireland. The Apothecaries' Hall, having been refused a combination with either the University of Dublin or the Royal University of Ireland (as stated in the letter to the General Medical Council), can therefore qualify candidates only by the method of the appointment of assistant examiners. The College of Physicians holds that it would be contrary to the spirit of the Statute, if not to its letter, that a body disqualified from combining with medical corporations in consequence of its inability to grant legally a diploma of medicine, and without any claim to combine with universities, should be permitted by the General Medical Council to hold, on its own account, a fully qualifying examination in medicine, surgery, and midwifery, such as is required by the Medical Act of 1886.

## ASSOCIATION OF MEMBERS OF THE COLLEGE OF SURGEONS.

THE Secretaries of this Association inform us that they are issuing 5,000 copies of a petition to be signed by Members of the College, and presented to the Privy Council. This petition prays that, before any supplemental charter is granted to the College, the Privy Council should consider the claims of Members, and secure for them the right of representation and other privileges. In the event of no application for a supplemental charter being made by the Council of the College, the petition prays that the pre-ent charter may be altered so as to allow of the representation of Members, both as voters, together with the Fellows at the Council elections, and as Members of Council, and to ensure the right of voting by papers, the abolition of all fees to any College-fund on election of a Member or Fellow to office, the issue of a yearly report, including financial statements, to be submitted for approval to the Fellows and Members, and published in the journals on adoption. It is further urged that the charter may be altered so as

to confer enlarged power on the Council to deal with persons guilty of discreditable conduct. A circular has been issued by the Secretaries, and forwarded to Members who have already signed the petition. This circular states that the funds of the Association are not in so flourishing a condition as would be conducive to a more energetic prosecution of the work. On several occasions the members of the Committee have individually made up deficiencies. The annual subscription is five shillings, and the Secretaries in this circular ask for donations from those who do not care to enrol themselves in the ranks of the Association. The Secretaries inform us that very complete lists have been sent in by the Local Honorary Secretaries, from all parts of the country, which tend to prove that a large majority of the Members desire representation on the Council of the College.

Correspondence should be addressed to Messrs. Warwick C. Steele and W. Ashton Ellis, at the Western Dispensary, Westminster, S.W.

## 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 19th day of January next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, December 16th, 1886.

## NOTICE OF QUARTERLY MEETINGS FOR 1887.

## 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 January 19th, April 13th, July 13th, and October 19th, 1887. 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, December 29th, 1886, and March 24th, June 23rd, and September 29th, 1887.

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 being pursued on the following subjects

DIPHTHERIA, THE ETIOLOGY OF PHTHISIS,

THE VALUE OF HAMAMELIS, THE VALUE OF PURE TEREBENE,

*Memoranda on the above subjects, and forms for communicating observations on them, may be had on application.*

The Inquiries on OLD AGE, CANCER OF THE BREAST, and the CONNECTION OF DISEASE WITH HABITS OF INTEMPERANCE, are now closed.

A Report on the CHOREA Inquiry has been prepared by Dr. Stephen Mackenzie ; and will be published in the BRITISH MEDICAL JOURNAL as soon as the printing can be completed.

A Report on CENTENARIANS, prepared by Professor Humphry, was published with the JOURNAL of December 11th ; a full Report on OLD AGE will follow.

Reports are in preparation upon the Inquiries made into ACUTE RHEUMATISM, DIPHTHERIA, CANCER OF THE BREAST, and HABITS OF INTEMPERANCE, and a Supplementary Report on PUERPERAL PYREXIA. All the above will be published in the JOURNAL as soon as completed. Tables of the Chorea and Acute Rheumatism cases will be published in separate form.

The Returns made to the GEOGRAPHICAL INQUIRY are being tabulated for report.

*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.

GLOUCESTERSHIRE BRANCH.—The next ordinary meeting will be held at the Gloucester Infirmary, when Dr. Batten will give his presidential address, on Tuesday, January 16th, at 7.30 P.M.

**METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.**—The next meeting will be held, by the kind invitation of Dr. Mickie, at Grove Hall, Bow, on Thursday, January 20th, at 8.30 P.M. The chair will be taken by Cornelius Garman, Esq. Dr. Mickie will demonstrate a number of patients illustrating various forms and phases of insanity and general paralysis of the insane. Dr. C. R. Walker will show a patient suffering from locomotor ataxy, with perforating ulcer of the foot.

**OXFORD AND DISTRICT BRANCH.**—The next general meeting will be held on Wednesday, January 26th, 1887. Members who wish to read papers or show cases are desired to send notice of such intention to one of the honorary secretaries, on or before January 18th.—Dr. DARBISHIRE, 60 High Street, Oxford; W. L. MORGAN, Esq., 42, Broad Street, Oxford.

#### ABERDEEN, BANFF, AND KINCARDINE BRANCH.

The December meeting of the Branch was held at 198, Union Street, Aberdeen, at 8 P.M., on December 22nd, the President, Dr. Urquhart, in the chair.

**New Members.**—After the nomination of four gentlemen for ballot at next meeting, Dr. James S. Milne (Peterhead), Dr. Arthur A. Morrison (Suez), and Dr. John D. Thomson (Marischal College), were balloted for and unanimously admitted as ordinary members of the Branch.

Replies to letters of condolence of the Branch from Mrs. Dyce Davidson and Mrs. Mackie, of Inch, were read by the President.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

*Terpine in the Treatment of Neuralgia.*—Balzar on Scarenzio's Treatment of Syphilis.—Féré on Hysterical Paralysis following a Dream.—Pilocarpine as a Galactagogue.—General News.

**DR. DUCROUX**, in a paper recently read before the Société Médico-pratique, described some cases showing the good effects of terpine in neuralgia. The first was that of a woman, aged 47. Two years before, she had been attacked with neuralgia, consequent on occupying a damp house. Sulphate of quinine, and afterwards aconitine, gave temporary relief. On February 15th, 1886, she was suffering from constant neuralgia on the right side of the lower jaw, in the right cheek and temple. There was also pain in the supra-orbital notch, the mental foramen, and in the occiput. The patient complained of a constant feeling of heaviness in the head, and of cold in the right side of head. Terpine (.60 centigramme) was given in three pills between meals, during three days. On February 19th, considerable relief was obtained. The pains and the feeling of cold had disappeared, and also the heaviness of head, which had persisted for two years. The pains having returned in a few days, terpine was again administered in the same manner on February 25th. The pains ceased, then recommenced, but in a milder form, and without any heaviness of the head. Terpine was again given on March 8th. Neuralgia having again come on, doses of .80 centigramme were administered in four pills, beginning on March 16th, and being continued for three days. During the month of April, these doses were repeated at intervals. At the end of that month, the back of the head was still sensitive, but all other pains had ceased. At the beginning of May and June, terpine was again administered, the pains having reappeared. On June 15th, the patient was able to go out without extra covering on the head. Dr. Ducroux is of opinion that the patient may be again obliged to have recourse to terpine, as the neuralgia shows a tendency to recur, though in a milder form. The therapeutic effect of the terpine seems to cease after a few days. In cases of obstinate neuralgia, it might be advisable to give it for three days every week. The second case was that of a married woman, aged 35. At the age of 22 she had intermittent fever. From the age of 13 or 14, she had suffered from headache from time to time, and when she was 22 she had intermittent fever. Menstruation had ceased for six years. A week ago she was attacked with pain in the right side of the head differing from her habitual headache. This pain, which gradually increased, extended in front, around the ear, and over the temple and cheek, and behind, over the mastoid region. There was also pain in the external auditory meatus. The pains were accompanied by a humming in the ears. Terpine (.60 centigramme) was given in three pills, to be taken between meals. On April 29th the pains had disappeared, but the humming in the ears continued; .50 centigramme of sulphate of quinine was administered during three days. This had no effect. A few days before May 17th the humming in the ears diminished, and took a different

form. The sound in the ears was no longer that of humming but of running water. The patient could neither hear herself nor others speak. Terpine was again administered in the same way. The sounds in the ears diminished and completely disappeared two or three days after the last dose. Dr. Ducroux believes that the disappearance of the pains was due to the use of terpine, and that it had some effect upon the sounds in the ears. The third case was that of a man aged 23. Fifteen years before he had suffered from bronchitis, with hæmoptysis. In May, 1885, he was attacked with severe pain over the right eye, in the supra-orbital notch, and about the occiput. A blister was applied to the temple, and dressed with 1 centigramme of morphine; terpine (.60 centigramme) was given in the way already described. The first morphine dressing did not relieve the pain, but the second, applied the following evening, was more effectual. The patient had then taken three terpine pills. As the improvement continued, only eight pills were administered in the three days following the second day. The neuralgia was completely cured. Dr. Ducroux attributes this result to terpine, as the morphine application produced no effect.

Scarenzio's treatment, it may be remembered, consists in the subcutaneous injection of calomel, held in suspension in glycerine (10 centigrammes of calomel to 1 of glycerine). Several injections are given, to the amount of 40 centigrammes in all, the treatment lasting about four months. The plan is said to be very effectual, not only curing the symptoms appearing in the progress of the disease, but preventing their return. M. Balzar, wishing to try this treatment at the Lourcine Hospital, but fearing the irritating action of glycerine, and the great pain which it causes, determined to use vaseline oil as a vehicle for the calomel. Two hypodermic injections of the pure oil were first tried, which proved absolutely painless, and left behind them neither irritation nor induration. A severe case of syphilis was then chosen. The patient was a young woman, aged 19, who had been suffering from the disease for about five months, and was in the sixth month of pregnancy. Large mucous patches covered the labia majora, and the posterior portion of the anus; there were also some on the left tonsil. She had, besides, general roseola, with large maculæ, and an abundant papulo-squamous eruption on the abdomen and the lower limbs, with general enlargement of glands. The patient had been for some time under the following treatment: two Dupuytren's pills daily, with two spoonfuls of the syrup of iodide of iron; compresses, moistened with Van Swieten's fluid, diluted with distilled water, applied to the vulva during the night; cauterisations, with a 1-20th solution of nitrate of silver; gargles of chlorate of potash; and baths. All this had been absolutely without benefit. On October 4th, a first injection of 2½ centigrammes of calomel, in 50 centigrammes of vaseline oil, was given in the back. No pain was caused by the injection. On the following days, a small, soft, slightly painful swelling appeared at the seat of injection. On October 11th, another injection of 5 centigrammes of calomel was given in the lumbar region, and, in a few days, the swelling was as large as a hen's egg. At one time the formation of an abscess was feared, but, in about ten days, the indurated swelling began to subside. Meanwhile, the cutaneous affections which had hitherto proved so refractory under treatment, had rapidly improved. Already, on October 25th, the roseola, together with the patches on the vulva had disappeared; of the latter there remained but a dry, violet-coloured macula. The general state was excellent, and the pregnancy was following its normal course. On November 18th, the amelioration still continued, and the induration at the seat of injection had shrunk to two-thirds of its original size.

At a meeting of the Biological Society, M. Féré related the following interesting case. The patient was a young girl, aged 14, who for some time had grown rapidly, and whose menstruation had stopped. One night she dreamed that men were chasing her about the Place de l'Odéon, in order to kill her. She managed, with much effort, to escape, but, on waking up, felt extremely fatigued. On the following day, her legs gave way under her. The dream was repeated several nights in succession, and even continued while awake. Every morning the weakness of the legs increased. A few days later, on attempting to go up stairs, she fell, and was unable to rise; she was found to be paralytic. In this case, M. Féré called especial attention to the fact of paralysis following the dream. In some cases, so-called psychical paralysis admits of a pathogenic interpretation different from that generally accepted since the investigations of Russell Reynolds and Charcot. It is, in fact, admitted that this kind of paralysis occurs through idea or suggestion; that is to say, the motor disturbance is only manifested after mental symptoms. This theory has even been applied to paralysis from traumatic shock. The circumstances which preceded the appearance of paralysis in this case seemed to favour the theory of paralysis from exhaus-

years, and 1 under the number for the week ended December 11th; they comprise 1 from measles, 5 from scarlet fever (scarlatina), 1 from typhus, 2 from whooping-cough, 8 from enteric fever, 5 from diarrhoea, etc. Forty-nine deaths from diseases of the respiratory system were registered, being 1 under the number for the preceding week, and 9 under the average for the fiftieth week of the last ten years; they comprised 33 from bronchitis, 7 from pneumonia or inflammation of the lungs, and 5 from croup. The deaths of 24 children under 5 years of age (including 22 infants under 1 year old) were ascribed to convulsions. Seven deaths were caused by diseases of the brain and nervous system (exclusive of convulsions), and 11 by diseases of the circulatory system. Phthisis or pulmonary consumption caused 18 deaths, mesenteric disease 8, and cancer 2. Two accidental deaths were registered. In 48 instances the cause of death was "uncertified," there having been no medical attendant during the last illness.

In the week ending December 25th, 400 deaths were registered in the sixteen principal town districts of Ireland. The average annual death-rate represented by the deaths registered last week in the same towns was 24.1 per 1,000 of the population. The deaths registered in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000: Armagh, 10.3; Belfast, 21.6; Cork, 24.0; Drogheda, 16.9; Dublin, 27.8; Dundalk, 30.6; Galway, 33.6; Kilkenny, 0.0; Limerick, 18.9; Lisburn, 9.7; Londonderry, 25.0; Lurgan, 35.9; Newry, 14.0; Sligo, 9.6; Waterford, 27.8; Wexford, 21.4. The deaths from the principal zymotic diseases in the sixteen districts were equal to an annual rate of 2.3 per 1,000, the rates varying from 0.0 in nine of the districts to 8.9 in Londonderry; the 14 deaths from all causes registered in that district comprising 5 from measles. Among the 92 deaths from all causes registered in Belfast were 1 from scarlatina, 1 from diphtheria, 2 from simple continued and ill-defined fever, 1 from enteric fever, and 4 from diarrhoea; and the 37 deaths in Cork comprised 1 from typhus and 2 from enteric fever. In the Dublin Registration District the births registered during the week amounted to 134—64 males and 70 females, and the deaths to 193—104 males and 89 females. Twenty-two deaths from zymotic diseases were registered, being 8 below the average for the corresponding week of the last ten years, and one under the number for the preceding week; they comprise 6 from scarlet fever (scarlatina), 1 from typhus, 6 from whooping-cough, 1 from diphtheria, 1 from ill-defined fever, 3 from enteric fever, and 3 from diarrhoea, etc. Fifteen cases of scarlatina occurred during the week. Thirty-eight deaths from diseases of the respiratory system were registered, being 21 below the average for the corresponding week of the last ten years, and 11 under the number for the preceding week; they comprised 30 from bronchitis, and 2 from pneumonia or inflammation of the lungs. The deaths of 22 children (including 18 infants under one year old) were ascribed to convulsions. Ten deaths were caused by diseases of the brain and nervous system (exclusive of convulsions), and 7 by diseases of the circulatory system. Phthisis or pulmonary consumption caused 24 deaths, mesenteric disease 2, and cancer 5. Five accidental deaths were registered. In 31 instances the cause of death was uncertified, there having been no medical attendant during the last illness.

#### HEALTH OF FOREIGN CITIES.

It appears, from statistics published in the Registrar-General's return for the week ending December 18th, that the annual death-rate recently averaged 29.4 per 1,000 in the three principal Indian cities; the rate was equal to 22.4 in Bombay, 32.7 in Calcutta, and 34.0 in Madras. Cholera caused 73 deaths in Calcutta, and diarrhoeal diseases 44 in Madras; "fever" mortality showed the largest excess in Calcutta. According to the most recently received weekly returns, the annual death-rate averaged 24.8 per 1,000 persons estimated to be living in twenty of the largest European cities, and exceeded by no less than 4.1 the mean rate during the week in the twenty-eight large English towns. The death-rate in St. Petersburg was 24.0, showing an increase upon the rates in previous weeks; the 427 deaths included 13 from scarlet fever, 10 from "fever," and 5 from small-pox. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged 19.8, and ranged from 14.8 in Stockholm to 29.0 in Christiania; diphtheria and croup caused 12 deaths in Christiania, 5 in Stockholm, and 3 in Copenhagen; 8 deaths from scarlet fever occurred in Christiania, and 7 from whooping-cough in Stockholm. In Paris, the death-rate was equal to 24.7, and exceeded by 5.9 the rate that prevailed during the same week in London; the deaths included 40 from measles, 38 from diphtheria and croup, and 31 from typhoid fever. The 178 deaths in Brussels, of which 4 resulted from fever and 4 from measles, gave a rate of 21.3. The rate in Geneva was equal to 21.6, and no death from zymotic disease was reported. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 25.5, the several rates being 23.1 in Rotterdam, 25.8 in Amsterdam, and 27.7 in the Hague; the deaths in Amsterdam included 6 from measles and 5 from diphtheria, and 5 fatal cases of scarlet fever occurred in Rotterdam. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 25.9 per 1,000, and ranged from 19.2 and 22.3 in Dresden and Berlin, to 34.7 in Buda-Pesth, and 35.3 in Hamburg. Small-pox caused 44 deaths in Buda-Pesth and 4 in Vienna; diphtheria mortality showed the largest excess in Buda-Pesth, Hamburg, Dresden, Munich, and Prague; "fever" caused 12 deaths in Hamburg, and scarlet fever 13 in Buda-Pesth. The death-rate was equal to 25.3 in Rome, and to 22.5 in Venice; small-pox and typhoid fever each caused 8 deaths in Rome (in the week ending October 9th the most recent return received), and 12 of the 63 deaths in Venice were referred to diarrhoeal diseases. The death-rate was 45.5 in Cairo, and 38.1 in Alexandria; diarrhoeal diseases caused 103 deaths in Cairo and 45 in Alexandria, and typhoid fever 17 in Cairo and 4 in Alexandria. In four of the principal American cities, the recorded death-rate averaged 23.2, and ranged from 15.9 in Baltimore to 26.1 in New York. Diphtheria and croup caused 36 deaths in New York, 34 in Brooklyn, 34 in Philadelphia, and 16 in Baltimore; the deaths from typhoid fever were 13 in Philadelphia, 6 in Baltimore, and 5 in Brooklyn.

It appears, from statistics published in the Registrar-General's return for the week ending December 25th, that the annual death-rate recently averaged 29.0 per 1,000 in the three largest Indian cities; the rates were 19.8 in Bombay, 32.6 in Calcutta, and 38.1 in Madras. Cholera caused 54 deaths in Calcutta, and diarrhoeal diseases 41 in Madras; "fever" mortality was nearly twice as great in Madras and Calcutta as it was in Bombay. According to the most recently received weekly returns, the annual death-rate averaged 25.5 per 1,000 persons estimated to be living in twenty-one of the largest European cities, and exceeded by 4.1 the mean rate during the week in the twenty-eight large English towns. The death-rate in St. Petersburg was 24.1, and showed a further slight increase upon the rates in previous weeks; the 428 deaths included 18 from typhoid fever, and 17 from scarlet fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged only 19.3, and

ranged from 16.0 in Stockholm to 21.5 in Copenhagen; diphtheria and croup caused 17 deaths in Copenhagen, 10 in Christiania, and 8 in Stockholm; 4 deaths from scarlet fever were also returned in Christiania. In Paris, the death-rate was equal to 24.5, scarcely differing from the rate in the previous week, and was no less than 4.8 above the rate that prevailed during the same week in London; the deaths included 40 from typhoid fever, 34 from measles, and 31 from diphtheria and croup. The 178 deaths in Brussels, of which 3 resulted from "fever," and 2 from diphtheria were equal to a rate of 21.3. The rate in Geneva was 22.3, and 2 of the 31 deaths were referred to measles. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 25.3, the several rates being 23.6 in Rotterdam, 24.8 in Amsterdam, and 26.2 in the Hague; the deaths in Amsterdam included 2 from "fever," and 4 from measles; and 3 fatal cases of measles were reported in Rotterdam. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 27.6, and ranged from 20.9 and 21.6 in Berlin and Dresden, to 36.0 in Hamburg and 36.8 in Buda-Pesth. Small-pox, caused 62 deaths in Buda-Pesth and 9 in Vienna; diarrhoeal diseases 54 and "fever" 15 in Hamburg; and the greatest mortality from diphtheria and croup occurred in Dresden, Hamburg, Breslau, and Munich. The death-rate was equal to 25.4 in Rome, and 28.9 in Venice; the 161 deaths in Rome included 12 from small-pox and 8 from typhoid fever. The rate of mortality was 40.1 in Cairo and 34.9 in Alexandria, diarrhoeal diseases caused 103 deaths in Cairo, and 32 in Alexandria; and typhoid fever 7 in Cairo and 6 in Alexandria. In four of the largest American cities, the recorded death-rate averaged 24.1, and ranged from 17.8 in Baltimore, to 41.8 in Brooklyn. Diphtheria and croup showed very excessive mortality in New York, Brooklyn, and Philadelphia; and 11 fatal cases of typhoid fever were reported in the last-mentioned city.

## 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, December 30th, 1886.

Cook, Edward Thomas, M.R.C.S., 3, Bessborough Gardens, Cottage Grove, Southsea.

Jong, Edward Meyer de, 10, Bright St., South Shore, Blackpool, Lancashire.

Walls, James, 67, Chapel Green, Hindley, Wigan.

#### MEDICAL VACANCIES.

The following vacancies are announced.

**BEDFORD GENERAL INFIRMARY AND FEVER HOSPITAL.**—Resident Surgeon. Salary, £100 per annum, with apartments and board, etc. Applications by February 3rd to the Secretary.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—Resident Clinical Assistant. Applications by January 15th, 1887, to the Secretary, 24, Finsbury Circus, E.C.

**CITY OF LONDON LYING-IN HOSPITAL,** City Road, E.C.—Surgeon Accoucher. Applications by January 11th to the Secretary.

**CHORLEY DISPENSARY.**—House-Surgeon and Apothecary. Salary, £130 per annum, with house. Applications by January 20th to B. Stanton, Esq., 14, High Street, Chorley.

**COUNTY MONAGHAN FEVER HOSPITAL.**—Physician. Salary, £50 per annum. Election on January 12th.

**FLINTSHIRE DISPENSARY.**—House-Surgeon. Salary, £100 per annum, with furnished house, etc. Applications by January 25th to the Secretary, Bagdet Street, Holywell.

**MALDON UNION.**—Medical Officer and Public Vaccinator. Salary, £65 per annum, and extras. Applications by January 15th to A. C. Freeman, Esq.

**MONAGHAN UNION.**—Medical Officer, Monaghan Dispensary. Salary, £120 per annum and fees. Applications to Mr. Forster, Dunwoody House. Election on January 14th.

**NEWCASTLE-ON-TYNE DISPENSARY.**—Medical Officer. Salary, £250 per annum. Applications by January 12th to the Honorary Secretary.

**NORTHERN INFIRMARY, Inverness.**—House-Surgeon and Apothecary. Salary, £50 per annum, with board, etc. Applications by January 14th to the Secretary.

**NORTH-WEST LONDON HOSPITAL,** Kentish Town Road.—Assistant Resident Medical Officer. Applications by January 17th to the Secretary.

**NORTH LONDON HOSPITAL FOR CONSUMPTION,** Hampstead and London. Resident Medical Officer. Salary, £40 per annum. Applications by January 17th to the Secretary, 216, Tottenham Court Road.

**ROYAL ISLE OF WIGHT INFIRMARY,** Ryde.—House-Surgeon and Secretary. Salary, £50 per annum, with board, etc. Applications by January 11th to the Secretary.

**SCARBOROUGH HOSPITAL AND DISPENSARY.**—House-Surgeon and Acting Secretary. Salary, £80 per annum, with board and lodging. Applications by January 26th to the Medical Staff.

**ST. PANCRAS AND NORTHERN DISPENSARY.**—Honorary Physician. Applications by February 13th to H. P. Bodkin, Esq., 23, Gordon Street, Gordon Square, W.C.

**UNIVERSITY OF EDINBURGH.**—Examiner in Clinical Medicine. Salary, £75 per annum, and extras. Applications by January 17th, 1887, to the Secretary.

**UNIVERSITY OF EDINBURGH.**—Examiner in Surgery. Salary, £75 per annum, and extras. Applications by January 17th, 1887, to the Secretary.

**UNIVERSITY OF EDINBURGH.**—Examiner in Materia Medica. Salary, £75 per annum, and extras. Applications by January 17th, 1887, to the Secretary.

**UNIVERSITY OF EDINBURGH.**—Examiner in Physiology. Salary, £75 per annum, and extras. Applications by January 17th, 1887, to the Secretary.

UNIVERSITY OF EDINBURGH.—Examiner in Pathology. Salary, £75 per annum, and extras. Applications by January 17th, 1887, to the Secretary.  
 WORCESTER GENERAL INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board and residence. Applications by February 7th to the Secretary.

### MEDICAL APPOINTMENTS.

BARBER, R. D., M.R.C.S., L.S.A., appointed Assistant Resident Surgeon to the Nottingham Dispensary, *vice* R. C. Giddings, M.B., C.M., resigned.  
 BARRETT, W. A. H., L.R.C.P.Lond., L. and M.S.A., appointed Medical Officer and Public Vaccinator to the Littleport District, Ely Union, and to the South Welney District, Downham Union.  
 CLARKE, A. B., L.R.C.S.Ed., L.S.A., appointed Medical Officer and Public Vaccinator to the Shebbear District of the Torrington Union, Devon.  
 FINDLAY, G., M.B., C.M., appointed Assistant Medical Officer to Murray's Royal Asylum, Perth, *vice* J. Murray, M.B., C.M., resigned.  
 FRASER, D. A., M.D., M.R.C.S., appointed Deputy Coroner of the Totnes District, South Devon, *vice* Mr. Jelley, resigned.  
 HARDY, Albert E., M.R.C.S., L.S.A., appointed Senior House-Surgeon to the Charing Cross Hospital, London, W.C.  
 HAYNES, Charles, L.S.A.Lond., appointed Electrical Assistant to the Charing Cross Hospital, London, W.C.  
 HOCKEY, J. Preston, L.S.A.Lond., appointed Resident Obstetrical Officer to the Charing Cross Hospital, London, W.C.  
 JONG, E. M. de, B.A., L.S.A., appointed Junior Visiting Surgeon to the Anco ts Hospital, *vice* A. Mackey, M.B., C.M., resigned.  
 LLOYD, John Jenkin, L.R.C.P., etc., appointed Medical Officer to the Prince of Wales Lodge of Oddfellows, Llanelly.  
 LUCY, Reginald H., M.B., C.M.Edin., M.R.C.S.Eng., appointed House-Surgeon to the South Devon and East Cornwall Hospital, Plymouth, *vice* W. A. Buchan, M.B., C.M.Edin., L.S.A.Lond., resigned.  
 MACDONALD, P. Wm., M.D. and C.M.Abd., appointed Medical Superintendent to the Dorset County Asylum, *vice* J. G. Symes, M.R.C.S., resigned.  
 NELHAM, Albert E., M.R.C.S., L.S.A., appointed Junior House-Surgeon to the Charing Cross Hospital, London, W.C.  
 NORRIS, Edwin J., M.R.C.S., L.R.C.P., L.S.A., appointed Senior House-Physician to the Charing Cross Hospital, London, W.C.  
 OLIVER, W. Pye, L.S.A.Lond., appointed Junior House-Physician to the Charing Cross Hospital, London, W.C.  
 PARKER, G., M.A., M.D.Cantab., M.R.C.S.E., appointed Surgeon to the Bristol Dispensary, *vice* C. K. Rudge, L.R.C.P., M.R.C.S., retired.  
 REYNOLDS, E. S., M.D., appointed Resident Medical Officer to the Manchester Royal Infirmary, *vice* Malcolm Webb, M.D., resigned.  
 ROWE, Arthur Walton, M.S., M.B.Durham, M.R.C.S., appointed Surgeon to the Royal Sea Bathing Infirmary, Margate, *vice* W. H. Thornton, appointed Consulting Surgeon.  
 STARLING, Edwin A., M.B., M.Ch., etc., appointed Honorary Medical Referee for Tunbridge Wells District, to the National Hospital for Consumption at Ventnor.  
 THOMSON, D. G., M.D.Edin., Senior Assistant Medical Officer, Surrey County Asylum, Cane Hill, appointed Medical Superintendent of the Norfolk County Asylum, Thorpe, near Norwich, *vice* Dr. Hills, resigned.  
 THORNTON, Bertram, M.R.C.S., L.R.C.P.Lond., appointed Consulting Surgeon to the Royal Sea Bathing Infirmary, Margate.

A SERIES of dances—Portman Cinderellas—have been arranged in aid of the building fund of the Great Northern Central Hospital. At the Cinderella on Twelfth Night, in the Portman Rooms, Baker Street, a new waltz by Miss May Ostlere, who is the wife of a highly respected member of the medical profession in London, was conducted by the accomplished composer. The friends of the Great Northern Central Hospital are sanguine that the medical profession in London will, both directly and indirectly, support these Cinderellas; and everybody desirous of attending should apply to Dr. Burnet, 6, Upper Wimpole Street, who is the honorary secretary.

THE DANGERS OF CHEAP LAMPS.—At an inquest held at the Islington Coroner's Court on January 5th on the body of a woman, aged 52, who met her death from burns caused by the exploding of a paraffin lamp when the deceased was in the act of blowing out the flame, the coroner, Dr. Danford Thomas, called attention to the large number of lamp accidents which were due in many instances to the fact that the lamps did not provide sufficient depth between the burning wick and the receptacle for the oil, the consequence being that the vapour which arose from the oil was easily ignited by blowing down the chimney. He called attention to the special instructions issued by the Metropolitan Board of Works, which, if followed, would tend very much to diminish these fatalities, and uttered a word of caution against the use of the cheap German lamps and dangerous oils which were so fruitful a source of accidents of this kind.

ANTHROPOLOGY IN FRANCE.—One of the most appreciated organs of French Anthropology, the *Revue d'Anthropologie* of Paris, founded in 1872 by Paul Broca, and continued by Paul Topinard, inaugurates a third series with the assistance of some of the most distinguished representatives of the various branches of anthropological science, including Dr. Gavarret, director of the *Ecole d'Anthropologie*; Dr. Mathias Duval, director of the *Laboratoire d'Anthropologie de l'Ecole*

*des Hautes Etudes*; Marquis de Nadaillac, whose works on prehistorical archaeology have been translated into most languages; General Faidherbe, Grand Chancellor of the Legion of Honour, well known for his philosophical works; Professor de Quatrefages; Dr. Hamy, and Louis Rousselet, who represent ethnography; Baron Larrey, Jules Rochard, of the medical service of the French navy; D'Arbois de Jubainville, of the Institute, and others. The director of the *Revue*, Dr. Paul Topinard, is the general secretary of the Anthropological Society of Paris, and the author of the *Elements d'Anthropologie*, to which the Académie des Sciences has recently awarded one of its annual prizes.

STOCKPORT AND DISTRICT MEDICAL SOCIETY.—At the annual meeting of the Society, held at the Stockport Infirmary, on Thursday, December 9th, the following were elected officers for the ensuing year:—*President*, Dr. Heginbotham; *Vice-President*, Dr. Bride (Wilmslow); *Treasurer*, Dr. Maclean; *Secretary*, Dr. Bailey (Warple); *Auditors*, Drs. Godson (Cheadle) and Bain; *Committee*, Drs. Ball, Murray, and Jones (Chapel-en-le-Frith).

PROMPT GASTROTOMY.—A tailor at St. Louis swallowed a table-knife, 9½ inches long; a surgeon was at once summoned, and with the most remarkable promptitude immediately performed gastrotomy, and removed the knife; within thirty minutes of the knife being swallowed it was once more in the outer world. This is probably the first case where immediate gastrotomy has been performed for a dangerous foreign body in the stomach, but if the risk attending the performance of the operation at one sitting instead of two stages—that is to say, the opening of the stomach before peritoneal adhesions have formed—may be safely taken, there is no reason why this example should not be generally followed. The wound in the stomach was closed by the Czerny-Lambert suture, and the man recovered.

MEDICAL MAGISTRATE.—Dr. Connor has been appointed a Justice of the Peace for County Down.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Odontological Society of Great Britain, 8 p.m. Communications by Messrs. L. Matheson, C. D. Davis, W. St. George Elliott, S. J. Hutchinson, A. S. Underwood, Morton Smale, and Joseph Walker. President's Valuedictory Address.—Medical Society of London, 8.30 p.m. Dr. Ralfe: Phosphatic Diabetes. Mr. A. Pearce Gould: A Case of Wound of the Common Femoral Artery.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 p.m. Mr. Bland Sutton: Suture of the Median Nerve Ten Weeks after Division, with Recovery of Function. Dr. Eccles: Observations on the Physiological Effects of Massage (communicated by Dr. Lauder Brunton). Mr. Barwell: On Widely Incising, by a two-stage method, Hydatids of the Liver.

WEDNESDAY.—British Gynaecological Society, 8.30 p.m. Annual Meeting. Presidential Address.—Epidemiological Society of London, 8 p.m. Mr. Edward F. Willoughby: Preventive Inoculations. Council Meeting, 7.30 p.m.—Obstetrical Society of London, 8 p.m. Specimens will be shown by Dr. Amand Routh and others. Papers: Dr. Pedley: Midwifery among the Burmese. Dr. Herman: Stricture of the Female Urethra. Dr. Gibbons: Case of Unilateral Galactorrhoea.—Hunterian Society. The President: Cases of Lead-Poisoning, terminating rapidly with Cerebral Symptoms. Dr. Fox: The Nature of Asthma. Dr. Turner: Actinomycosis of the Liver. Mr. Symonds: Further History of a Case of Intestinal Obstruction.—Royal Microscopical Society, 8 p.m. Mr. A. W. Bennett: Fresh Water Algae (including Chlorophyllaceous Protophyta) of North Cornwall; with descriptions of six new species. Mr. J. Mayall, jun.: A Visit to Jena.

FRIDAY.—Clinical Society of London, 8.30 p.m. Annual General Meeting for the Election of Officers and Council. Dr. Samuel West: Right Hemiplegia, with Aphasia, occurring during a Paroxysm of Whooping-Cough, with Slight Rigidity, subsequently passing into a Condition of Athetosis. Mr. Mayo Robson (Leeds): 1. A Method of Treating Thyroid Cysts; 2. A suggested Method of Operating on a Uniform Principle in the Treatment of Imperforate Anus. Living specimens.—Dr. Radcliffe Crocker: A Case of Athetosis after Hemiplegia. Dr. Stephen Mackenzie: Living Embryo Filariae Sanguinis Hominis from a Case of Chyluria.

### BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 6d., which should be forwarded in stamps with the announcement.

#### BIRTHS.

HANLY.—December 31st, at 3, Upper Phillimore Gardens, Kensington, W., the wife of Edward Hanly, M.D., M.Ch., of a son.

TYRRELL.—On January 5th, at 95, Cromwell Road, S.W., the wife of Walter Tyrrell, of a daughter.

#### MARRIAGE.

WAGHORN.—Hale.—December 30th, at the Memorial Church, Colaba, Bombay, by the Rev. A. G. Lewis, Henry Waghorn, Surgeon-Major, Army Medical Staff, to Florence Isabel, younger daughter of the late John Hinde Hale, of Chesham, Bucks.

## OPERATION DAYS AT THE LONDON HOSPITALS.

<b>MONDAY</b> .....	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 Orthopaedic; and Hospital for Women.—2.30 P.M.: Chelsea Hospital for Women.
<b>TUESDAY</b> .....	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).
<b>WEDNESDAY</b> ..	10 A.M.: National Orthopaedic.—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.
<b>THURSDAY</b> ...	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.
<b>FRIDAY</b> .....	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.
<b>SATURDAY</b> ...	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.

<b>CHARING CROSS.</b> —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin M. Th., 1.30; Dental, M. W. F., 9.	
<b>GUY'S.</b> —Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 1.30; Skin, Tu., 1.30; Dental, Tu. Th. F., 12.	
<b>KING'S COLLEGE.</b> —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., 2; Throat, Th., 3; Dental, Tu. F., 10.	
<b>LONDON.</b> —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.	
<b>MIDDLESEX.</b> —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, Tu., 4; Dental, daily, 9.	
<b>ST. BARTHOLOMEW'S.</b> —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; Orthopaedic, M., 2.30; Dental, Tu. F., 9.	
<b>ST. GEORGE'S.</b> —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; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.	
<b>ST. MARY'S.</b> —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.	
<b>ST. THOMAS'S.</b> —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.	
<b>UNIVERSITY COLLEGE.</b> —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.	
<b>WESTMINSTER.</b> —Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3. Eye, M. Th., 2.30; Ear, M., 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.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

## QUERIES.

## CONVALESCENT HOME FOR A LADY.

Mr. E. C. CRIPPS (Chenchester) wishes to know if there is any convalescent home or establishment in a warm climate, such as Bournemouth or Ventnor, where a lady with weak chest and chronic cough could go for two or three of the colder months. The charge must be moderate, as expense to any great extent cannot be incurred.

## ANSWERS.

## WEIR-MITCHELL'S TREATMENT.

M.D. writes: There are numerous places in London where Weir-Mitchell's treatment can be carried out thoroughly if "M.A." is prepared to pay the price. I know of no place where it is done gratuitously, and with the exception of one most successful case, where the treatment, including isolation, was carried out under the parent's roof, the total expense is nearer £100 than £50. I enclose my name to the Editor, and shall be happy to send any particulars to "M.A." by letter.

## SACCHARINE.

A. M.—Saccharine is not at present procurable. It is stated that a factory is in course of erection, and that it will shortly be obtainable in considerable quantities. It is a chemical product belonging to the aniline series; very small quantities, it is said, suffice to give the sweetening effect. It has no nutritive value, and leaves an unpleasant acid after-taste. Its use in dietetics may be considerable, but that remains still to be tested by chemical experience.

## TREATMENT OF URETHRAL CARUNCLE.

DR. PERCY BOUTON recommends "R.N." to paint the urethral caruncle and urethra surrounding it with a 10 per cent. solution of eucaine. In five minutes he can snip off the caruncle with a pair of slightly curved scissors. If he holds the caruncle with anything to draw it forward, he should use dressing forceps rather broader than usual at the points, as these growths tear easily and bleed profusely. The bleeding can be stopped at once by the application of Paquelin's cautery, and, in many cases, pressure of the urethra against the pubes by means of a plug of wool in the vaginal orifice is quite sufficient. The operation, performed in this way, is exceedingly simple, effectual, and painless.

WALTER GRIPPS, M.B., writes: In answer to "R.N.'s" query in the JOURNAL of January 1st regarding eucaine in urethral caruncle, I removed a small one by ligature and the actual cautery, with the smallest amount of pain, by freely swabbing the part and surroundings with a 6 per cent. solution of the salt. I have not seen the patient for eighteen months.

## SCHOOL FOR GIRLS.

In reply to "G. H.," Mr. Brierley (Tattenhall) highly recommends Pelican House School, Grove Park, Denmark Hill. Mrs. Bennett, Lady Principal, is the widow of a medical man, and "G. H." would find all he could desire for his daughter in her establishment, it being the only high-class boarding school for girls the writer has ever heard of where advantages so valuable and special are offered to the daughters of members of the medical profession.

## FREE-MARTINS.

G. P. B. writes: With regard to the word free-martin, it is quite true that a cow is called mart, which is, probably, an abbreviation of martin. But the question arises how it came to be so called. Brewer says, "November, or Martinmas, was the great slaughter-time of the Anglo-Saxons, when beeves, sheep, and hogs were killed and salted." Still, one would like to know why the north-country folk should specially "affect" a Bishop of Tours of the fourth century. As a fact they do. Haydn says, "In parts of the north of England, and in Scotland, Martinmas, November 11th, is quarter-day." The explanation will probably be found in the channel through which these parts of Great Britain were Christianised. The word free seems to be a contracted form of ferry, seen in Scotch ferry-cow, one not in calf (Palmer).

DR. R. R. YOUNG.—We cannot undertake to carry on a private correspondence on such subjects. We have, however, made an exception in this case.

## PHARMACY, DENTISTRY, AND MEDICINE.

J. BROCK can legally practise dentistry if registered in the *Dentists' Register*, and pharmacy if registered in the *Register of Pharmaceutical Chemists*. He cannot legally practice medicine or surgery except he be registered in the *Medical Register*.

## NOTES, LETTERS, ETC.

## DR. BERGEON'S TREATMENT OF PHTHISIS.

SURGEON-MAJOR T. MURTAGH writes: The application of Dr. Bergeon's method of treating phthisis is so objectionable as to be prohibitory in many cases. Would it not be well, therefore, to test the prolonged internal administration of sulphur which, to some extent, passes off by the breath as sulphuretted hydrogen.

## THE IMMEDIATE TREATMENT OF WOUNDS OF THE FACE.

DR. GEORGE MUNDIE (Canterbury) writes: In reference to the suggestion of Dr. J. Kent Spender, relative to the immediate treatment of wounds, specially on the face, I beg to state that it is the only method I have adopted for the last twenty years; but I think he will find that silk-sutures will answer every purpose, and common medicated wool suffice, if a thin layer is laid over the wound after the edges have been brought together by a ligature, and the bleeding stopped, the collodion applied with a camel's hair brush, which causes it instantly to adhere; it must be applied from the centre to the edges, so as to expel every particle of air, which ensures it acting as a perfect antiseptic. I have usually found that the ligatures have come away with the removal of the wool about the end of a week from the time of application, having cut their way through and adhering to the wool; the layer of wool ought to be very thin and even. As soon as the collodion is dry, it is scarcely visible, and there ought to be no further pain in the wound whatever.

About twelve months ago, I published in the *Lancet* an account of some cases. One very severe case, in 1882, in which a man had his face severely cut on board a vessel in the Humber from having lost his power over the windlass, the lever having struck him and cut his cheek open in several places. A few days after he was dining with his club, no one recognising that anything had been the



matter with him, although the dressing was still on. Several of the stitches were deep, but not one had to be removed; all were found adhering to the wool when peeled off. The same method may also be applied to an abrasion. However sharp the pain at the time, it will cease directly the collodion is dry. If done quickly and evenly, the wool will adhere until quite healed. In erysipelas of the face, I have found nothing equal to collodion, either with a few grains of nitrate of silver, or without, according to the case. Adhesive plaster applied to cuts or such wounds of face, hands, or exposed part of the body, is simply barbarism, and the result nothing equal to a dressing of collodion and wool.

DR. F. CHURCHILL writes: Referring to Dr. Spender's remarks upon this subject, I should like to say that the best way to avoid ugly scars in these cases, as also the pain of passing the suture-needle, is to clamp together the edges of the wound with a very fine steel pin, and then to apply a spiral silk thread over and under the pin, so as to keep up the compression, restrain hæmorrhage, and approximate the deeper tissues. The scar-tissue will then be reduced to a minimum, and there will be no "cross-scars" caused by the grip of the ligature.

A. L. EVANS, L.R.C.P. (Hawarden).—We are obliged to you for a copy of the BRITISH MEDICAL JOURNAL for April 19th, 1884, which has been forwarded to the College of Surgeons' Library, for which it was needed.

#### THE RIDDELL FUND.

	£	s.	d.
Amount already acknowledged ..	33	14	6
R. T. Davison, Esq., Newburn-on-Tyne ..	1	1	0
C. T. Brookhouse, Esq., M.D., Brockley ..	1	1	0
F. Vacher, Esq., F.R.C.S. Edin., Birkenhead ..	1	1	0
W. Collier, Esq., M.A. Cantab., M.D., Oxford ..	1	0	0
H. W. Furnivall, Esq., Exeter ..	0	10	0
Collected by Dr. Woodman, Exeter:			
The Earl of Devon ..	1	0	0
The Honourable and Rev. H. H. Courtenay, Chairman of St. Thomas's Board of Guardians ..	1	0	0
A. H. A. Hamilton, Esq., J.P. ..	2	0	0
A. Steele Perkins, Esq., Exeter ..	1	1	0
A Lady, ..	1	0	0
J. C., ..	1	1	0
P. A., ..	0	10	0
Mrs. Henry Ward, ..	0	10	0
John Mortimer, Esq., M.B., ..	0	10	6
G. Foster, Esq., Exmouth ..	1	1	0
John Elliot, Esq., Kingsbridge ..	1	1	0
R. Walker, Esq., M.D., Budleigh-Salterton ..	1	0	0
T. F. M., ..	0	2	6

Mr. Wickham Barnes, 3, Bolt Court, Fleet Street, wishes to inform intending subscribers to this Fund that the list will close on January 19th.

#### AN APPEAL.

MR. W. HOWARD CORY (The Avenue, Redland Road, Bristol).—The appeal in question should be addressed to a local newspaper rather than to the BRITISH MEDICAL JOURNAL.

#### POISONED SANDWICHES.

A SINGULAR case of poisoning occurred recently at Sydney. A hotel proprietor, named Uhde, being troubled with the presence of rats in his house, which he sought to exterminate, spread some poison known as "Rough on Rats" on some sandwiches. Being called to another part of the house, he left the poisoned sandwiches in a room where several of his customers were sitting, enjoining on them, however, not to touch them as they were poisoned. Returning a little later, a Mr. Berndt, a merchant, one of the number, informed him that he had eaten some of the sandwiches, believing that the warning was not meant seriously. The unfortunate man at once took an emetic, and, after vomiting, retired to bed. During the night, however, he became worse, Dr. Wright was called in, remedial measures were taken, but, in spite of all treatment, the deceased expired on the following morning. The deceased was 30 years of age.

#### UNQUALIFIED ASSISTANTS AND THE GENERAL MEDICAL COUNCIL.

H. C. writes: As an unqualified man, may I be allowed to add my word on the subject of such vital importance to myself, and hundreds of others in a similar position, relative to the rendering illegal the employment of unqualified assistants. Surely this is not the time to add to the distress and the cries of the "unemployed" throughout the land. Personally (and I am sure mine is a parallel case with dozens more), I served an apprenticeship in a practice, where I saw much work and gained a large amount of experience. Lack of funds prevented me attending lectures and qualifying. I have been engaged as an assistant for the last few years, my work always being under the supervision of my principal. Are we, then, to be thrown on the mercy of the world with scarcely a warning word? I feel sure that the majority of practitioners would prefer an assistant who, by years of labour, has acquired a practical knowledge of his work to a young newly-fledged qualified man, whom they would be obliged really to teach and break-in to the routine of the surgery before he could be of any use. I am confident, also, that they would not wish the old custom of employing an unqualified man to do the surgery work, visit the chronic cases, etc., under their own personal supervision, and attend the ordinary confinements, to be suddenly discontinued by one sweeping reform.

I would advise the calling of a meeting of unqualified men to consider the best means of keeping their homes from ruin and misery, and to state the case plainly to the Medical Council, pointing out to them the misery and poverty they will entail on many a married man and his family, and also on unmarried men who have nothing to depend on but their salaries derived from their assistantships, and who are too old to begin life again in some other profession or business. Surely something can be done to avert this calamity. Why not let every man, before he can become an assistant, serve a moderately long apprenticeship, and then register his name? Or let all who are now assistants register their names, and allow no others to become assistants (without qualifying). By this means, if the Council are determined to put a stop to the employment of unqualified help, it would be done by degrees, but not in such a sweeping manner. I trust some early steps will be taken by the unqualified men to keep themselves, and those who have wives and families dependent upon them, from the workhouse.

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

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#### BOOKS, ETC., RECEIVED.

Transactions of the Sanitary Institute of Great Britain. Vol. vii. 1885 and 1886. London: Sanitary Institute. 1886.  
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