

## ASSOCIATION INTELLIGENCE.

### COUNCIL.

#### NOTICE OF MEETING.

A MEETING of the Council will be held at the Offices of the Association, No. 429, Strand (corner of Agor Street), London, on Wednesday, the 18th day of April next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*

March 15th, 1888.

#### NOTICE OF QUARTERLY MEETINGS FOR 1888.

##### 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 18th, July 18th, and October 17th, 1888. 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 28th, June 27th, September 26th, and December 28th, 1888.

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.

THE Report upon the CONNECTION OF DISEASE WITH HABITS OF INTEMPERANCE, which was presented to the Section of Medicine in the Annual Meeting of 1887 will shortly be published in the JOURNAL.

Reports upon the two remaining inquiries, namely, that into DIPHTHERIA, and that into the GEOGRAPHICAL DISTRIBUTION OF CERTAIN DISEASES, are in preparation, and will be published as soon as ready.

The following inquiry only of the first series remains open, namely, that on THE ETIOLOGY OF PITUITRINIS.

A fresh inquiry into the ORIGIN AND MODE OF PROPAGATION OF EPIDEMICS OF DIPHTHERIA has been issued.

*Memoranda upon these subjects, and forms for recording observations, may be had on application to the Secretary of the Collective Investigation Committee, 429, Strand, W.C.*

#### BRANCH MEETINGS TO BE HELD.

**SHROPSHIRE AND MID-WALES BRANCH.**—The next meeting of the Branch will be held at the Salop Infirmary, on Tuesday, March 27th, at 3 p.m. Mr. W. Eddowes in the chair. Gentlemen wishing to exhibit or read notes of cases, or to bring forward subjects for discussion, are requested to communicate with the honorary secretary, EDWARD CURETON, Shrewsbury.

**SOUTH WALES AND MONMOUTHSHIRE BRANCH.**—The spring meeting of this Branch will be held at Pontypridd about the second or third week in April. Members wishing to read papers, etc., are requested to send titles to either of the Honorary Secretaries by the end of March, in order that they may be inserted in the circulars.—ALFRED SHEEN, M.D., Cardiff; D. ARTHUR DAVIES, M.B., Swansea, Honorary Secretaries.

**METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.**—The next meeting of this district will be held at the North West Hospital, Kentish Town Road, on the evening of Wednesday, March 28th, at 8.30, when A. E. Durham, F.R.C.S., President of the Branch, will take the chair. Some interesting cases in the hospital will be exhibited. Dr. Hood will read a paper on Empyema following Pneumonia; or Clinical Notes on Membranous Sore Throat. The new committee of this district will assemble at 8 p.m. All members of the profession are welcome to attend.—GEORGE HENTY, M.D., Honorary Secretary, 30, Camden Road, N.

**METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.**—The next meeting will be held on Thursday, April 19th, at the Hackney Town Hall, at 8.30 p.m. The chair will be taken by F. M. Corner, Esq. A paper on the Surgery of Abscess will be read by Howard Marsh, Esq. Visitors will be welcome.—J. W. HUNT, 101, Queen's Road, Dalston, Honorary Secretary.

**WEST SOMERSET BRANCH.**—The spring meeting will be held at the Railway Hotel, Taunton, on Thursday, April 12th, at 5 p.m. Dinner at 5.30 p.m. The subject settled by the Council to be discussed after dinner is Bone Setting. Mr. W. J. Penny, Assistant-Surgeon to the Bristol General Hospital, and Demonstrator of Anatomy to the Bristol Medical School, has kindly promised to come and open the discussion. The election of representative of the Branch on the

Council of the Association for the ensuing year will take place at this meeting.—W. M. KELLY, M.D., Taunton, Honorary Secretary.

**SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.**—The next meeting of this District will take place on Friday, April 27th, at the Hospital, Gravesend, R. J. Bryden, Esq., in the chair. Gentlemen desirous of reading papers or exhibiting specimens are requested to inform the Honorary Secretary of the District not later than April 8th. Further particulars will be duly announced.—A. W. NANKIVELL, F.R.C.S., St. Bartholomew's Hospital, Chatham, Honorary Secretary.

**SOUTH-EASTERN BRANCH: WEST SURREY DISTRICT.**—The next meeting will be held at the Red Lion Hotel, Dorking, on Thursday, March 29th, at 1 p.m., C. W. Chaldecott, Esq., of Dorking, in the chair. Dinner at 6 p.m., charge 7s., exclusive of wine. The following papers, etc., are promised:—Mr. A. E. Barker: A paper on Two Successful Cases of Cerebral Suppuration, due to Ear Disease. Mr. A. A. Napper: Some Cases of Gunshot Injuries.—A. ARTHUR NAPPER, Broad Oak, Cranleigh, Honorary Secretary.

**NORTH OF ENGLAND BRANCH.**—The spring meeting will be held at the Infirmary, Sunderland, on Wednesday, April 25th, at 3 p.m. Members intending to read papers or show specimens are requested to communicate at once with the secretary. The dinner after the meeting will take place at the Queen's Hotel, at 5 o'clock. The following papers are already promised:—Dr. Hume: A Case of Congenital Fistula of the Stomach, Cured by Operation. Dr. Coley: On the Treatment of Effusion into the Pleura in Children. Dr. Mears: On Ambulance Work. Dr. Oliver: Notes on an Unusual Case of Hematuria.—G. E. WILLIAMSON, F.R.C.S., 22, Eldon Square, Newcastle-on-Tyne, Honorary Secretary.

**NORTH OF IRELAND BRANCH.**—A general meeting of this Branch will be held in the Royal Hospital, Belfast, on Thursday, April 19th, at 11 a.m. Gentlemen who wish to bring any business before the meeting will kindly communicate as early as convenient with JOHN W. BYERS, M.D., Lower Crescent, Belfast, Honorary Secretary.

**OXFORD AND DISTRICT BRANCH.**—The next meeting will be held at the Radcliffe Infirmary, Oxford, on Friday, April 27th, at 3 p.m. Notice of papers to be read must be sent to W. LEWIS MORGAN, 42, Broad Street, Oxford, on or before April 18th. A dinner will be provided for those members who signify their intention to dine at the Secretary two days before the meeting.—S. D. DARDISHIRE and W. LEWIS MORGAN, Honorary Secretaries.

**SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.**—The spring meeting of the above district was held at the Cottage Hospital, Ashford, on March 15th. Dr. WILKS in the chair.

**Next Meeting.**—Dr. Parsons, of Dover, was elected chairman for the annual meeting of the District, to be held at Canterbury in May next.

**Representative on Council.**—Dr. Parsons was again unanimously nominated to serve on the Council of the Association.

**Abdominal Section.**—Mr. COLVILLE read notes of two cases of abdominal section, the first being one of acute strangulation of the small bowel, with symptoms nearly all masked; the operation was performed late, the patient dying soon after it; the bowel had ulcerated. The second case was one of retroperitoneal abscess. The abdomen was opened, and after separating the matted intestines, the abscess cavity gave way, this was washed out, and a drainage-tube put in; the patient made a rapid and complete recovery. In both cases repeated doses of castor-oil and salts had been given.—Dr. T. EASTES, Dr. JOYCE, Dr. MARSHALL, Mr. WHITEHEAD REID, and Dr. BOWLES took part in the discussion.

**Apoplexy.**—Dr. BOWLES read a paper on two cases of apoplexy, and one simulating apoplexy, in which he spoke of the difficulty of diagnosing many cases of apoplexy, and thought that venesection should be more often performed than it was at present.

**Two Cases of Delirium Tremens and One Case of Alcoholic Paralysis.**—Dr. WILKS read a paper on this subject. One of the cases of delirium tremens was successfully treated by the cold douche after treatment by ordinary remedies of morphine, chloral, etc., had failed.

**Cases that Unexpectedly Get Well, with some Remarks on Prognosis.**—Dr. TYSON drew attention to the great length of time that many people lived when placed under fair conditions, in good workable health, though suffering with chronic organic diseases.

**Cases.**—At the close of the meeting, Mr. COOPER WILKINSON showed cases of surgical interest.

**Dinner.**—There were twenty-four members and friends present, fourteen of whom afterwards dined at the Saracen's Head, under the presidency of Dr. Wilks.

#### STAFFORDSHIRE BRANCH.

THE second general meeting of the present season was held at the London and North Western Hotel, Stafford, on Thursday, February 23rd, 1888. The President, Mr. W. D. SPANTON, was in the chair, and there were twenty-five members present.

**New Members.**—The following gentlemen were elected members of the Branch: Mr. Horace Hartley, Stone; Mr. A. E. Taylor,

County Asylum, Stafford; Mr. C. E. Strickland, Kidsgrove; Mr. James Scott, H.M. Prison, Stafford; Mr. A. K. Holt, North Staffordshire Infirmary; Mr. V. J. Magrane, The Leys, Darlaston; Mr. G. Bower, Macclesfield, Cheshire; Dr. Stirling Christie, Coxon Hill Asylum, Stafford.

**Communications.**—1. Mr. F. M. BLUMER showed a girl, aged 15, admitted into the Staffordshire Infirmary, July, 1887, suffering from a sprained ankle. Soon after the joint suppurred, and was opened and drained; finally the lower epiphysis and diaphysis of the tibia necrosed, and were eventually removed, the recovery afterwards being steady and uninterrupted.—2. Mr. F. M. BLUMER showed a child with a joint in the middle of each clavicle. The abnormality was hereditary.—3. Mr. F. M. BLUMER showed the bones of a boy's arm, amputated at the shoulder-joint, showing disease of the radio-ulnar articulation, and elbow-joint and extensive caries of both epiphyses of the humerus.—4. Dr. E. T. TYLECOTE showed a testicle removed from a man, aged 48, and weighing  $19\frac{1}{2}$  ounces. The disease was round-celled sarcoma. Recovery was rapid.—5. Mr. SPANTON exhibited several calculi from the sacculated bladder of a man, aged 51. The first was removed by lithotomy, and the others by lateral lithotomy once, and median lithotomy twice, followed by complete recovery.—6. Mr. SPANTON showed both ovaries and Fallopian tubes removed by abdominal section, for prolapsed cystic and adherent ovaries, followed by rapid recovery.—7. Mr. SPANTON exhibited photographs of a case of molluscum contagiosum, treated chiefly by incision.—8. Mr. VINCENT JACKSON showed a uric acid calculus weighing fifty-one grains, removed by suprapubic lithotomy, from a man aged 57. The calculus, which was flask-shaped, was tightly lodged in a diverticulum, on the left side of the base of the bladder at its junction with the posterior wall, and its removal was with some little difficulty effected by means of the left forefinger, and a small vesical scoop. The removal of the stone had previously been attempted by lithotomy, and by median and lateral perineal lithotomy.

**Papers.**—The following papers were read: 1. Dr. C. ORTON: Treatment of Rheumatic Fever.—2. Mr. F. M. BLUMER: Notes of a Case of Litholapaxy in a boy, aged  $5\frac{1}{2}$  years.—3. Mr. SPANTON: A Case of Retention of Urine due to Retroversion of the Uterus.

**BATH AND BRISTOL BRANCH: ORDINARY MEETING.**  
THE fourth ordinary meeting of the session was held at the Museum and Library, Bristol, on Wednesday, February 29th, G. F. BURDEE, M.D., President, in the chair. There were present forty-nine members and two visitors.

**New Members.**—The following gentlemen were elected: J. Wilding, M.B., Bristol; A. L. Marshall, M.B., Bath.

**Cases.**—The following cases were exhibited: 1. By Dr. C. A. WIGAN: Pseudo-Hypertrophic Paralysis.—2. By Dr. J. MICHELL CLARKE: Infantile Hemiplegia (without atrophy), three cases. Infantile Paraplegia (with atrophy). Infantile Paralysis of Muscles, passing from Spine to Scapula.—3. By Dr. E. MARKHAM SKERRITT: Advanced Bulbar Paralysis; Complete Special and General Hemianesthesia in a Male. Mr. Cross, and Drs. SHAW and HARRISON made observations on these cases.

**Papers.**—The following communications were also made: 1. By Dr. C. P. COOMBS: On Splenic Leukæmia; Drs. SPENDER, MARKHAM SKERRITT, and CLARKE, took part in the discussion that followed.—2. By Mr. N. C. DOBSON: A Case of Hydatid Cyst of the Omentum; Dr. PROWSE and Mr. BARCLAY made some observations on this case.—3. By Mr. W. J. PENNY: A Case of Acute Intestinal Obstruction, with early operation and successful result. Drs. NEWNHAM and COOMBS commented upon this communication.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

**Resection of Wrist.**—*Ill-Effects of Antipyrin.—Erythrophlaein.—Sulphur in Diphtheria.—Congress on Tuberculosis.—Hypodermic Injection of Iron.*

M. VERNEUIL opened the fifth annual meeting of the Congrès Français de Chirurgie on March 12th. M. Ollier, of Lyons, spoke on resection of the wrist which, according to him, had of late been practised much more frequently than formerly. In 1870

only 70 cases were recorded whereas in 1886 there were 170 cases. M. Ollier, who has himself practised it forty or fifty times, only referred to orthopaedic resections performed in cases of ankylosis. To preserve the functions of the part, a larger section of bone than was necessary for immediate cure must be resected; the digital and carpal tendons must be preserved, also those acting on the wrist. The movements of the thumb might be preserved. The joint being supported by these tendons, the fingers could be extended and bent more powerfully; thus patients had been able to straighten their fingers with dumb-bells of 8, 10, and 18 kilogrammes. In two cases of late resection, M. Ollier remarked the formation between the extremities of bone of an osteo-fibrous pad, scattered through which were osseous nodules.

At a recent meeting of the Académie de Médecine, M. Germain Sée denied the report circulated in the lay press that on account of the disagreeable effects sometimes produced by antipyrin, the Académie had condemned that substance as a therapeutic agent. He stated that these accidents were comparatively rare, and were of a mild and transient nature, and that if medical men in such cases would abstain from rashly administering atropine, which often caused symptoms of poisoning, the ill effects of antipyrin would soon disappear, and recovery would ensue in the course of two or three days. M. Sée read a letter from M. Daremberg, in which that gentleman stated that he had obtained good results with antipyrin in patients suffering from migraine and tuberculosis. M. Hardy remarked that, although he had found antipyrin generally gave good results, he had met with patients who proved refractory to its action. In certain cases it caused vomiting or signs of cerebral depression, amnesia, syncope, etc., consequently he did not consider this remedy so marvellous as it was generally held to be. He also warned medical men to be prudent in prescribing acetanilide, and related a case in which it had caused sudden death after the eighth administration of a one-gramme dose. M. Dujardin-Beaumetz believed this to be a mere coincidence, and the case an exceptional one, but M. Hardy maintained that the extraordinary rapidity with which coldness and rigidity had set in caused him to attribute it to acetanilide. M. Brouardel regarded it as more probably due to defective renal elimination, and added that it was very essential that the state of the kidneys should be ascertained before administering this drug. MM. Gautier and Laborde were of opinion that the presence of aniline or any other impurity in the substance might account for many accidents, and that chemists ought not to be allowed to dispense it without prescription. M. Laborde had, under M. Houdé's direction, caused a dimethoxyquinizine preparation to be made, and it invariably caused a sudden rise of temperature at the onset from  $\frac{1}{2}$  to  $\frac{1}{3}$  of a degree Centigrade, followed by a corresponding fall after a longer or shorter period of time. This thermic action of antipyrin might be utilised experimentally with chemical reagents, such as perchloride of iron or nitrous acid as a test of the purity of the product. Locally, in hypodermic injections, the mere contact of the substance with the tissues, especially the muscular tissues, exerts on these a more or less marked irritating influence according to the dose.

At a recent meeting of the Academy of Medicine, M. Panas communicated the results of experiments with erythrophlaein, which he had tried on human eyes, and on those of the lower animals. He states that this substance has a positive anaesthetic effect, which lasts longer than that of cocaine. He considers it objectionable, however, on account of the violent pain and inflammation which it causes. M. Panas prefers cocaine, and condemns erythrophlaein in ophthalmic surgery; he had used it in treating granulations and granular pannus, but the results were not satisfactory.

M. Schnyder claims unfailing good results from local applications of flower of sulphur and doses of chlorate of potash in diphtheria. The sulphur is insufflated over the part of the throat which is covered with false membranes. In mild cases four insufflations a day are sufficient; in grave cases they should be repeated every two hours. The sulphur should also be applied to the nasal cavities if they are filled with diphtheritic membrane.

The Congress to be held in Paris for the purpose of discussing the question of tuberculosis observed in man and in the lower animals will be held from the 25th to the 31st July. The following questions will be discussed: The dangers caused by the consumption of meat and milk obtained from tuberculous animals, and the preventive measures to be taken? Which are the human races

## WORKHOUSE INQUESTS.

Dr. T. MARSDEN (The Square, Bridgwater) writes: I have held the appointment of medical officer (non-resident) to the Bridgwater Workhouse for about six years. During this period I have received the usual fee for attendance and evidence at inquests held at the workhouse, but at the last inquest, a short time ago, was informed by the coroner that under the Coroners' Act, Section 22, Sub-section 2, of Act 50 and 51 Vict., he, the coroner, was under the impression he could no longer grant a fee, on the ground that workhouse came within the meaning of the Act referred to. As this ruling would do away with all workhouse inquest fees for the future, I would gladly have the opinion of other medical officers as to the right course to pursue. I have stated the facts to the Local Government Board, under whom I hold the appointment, and am informed that as the matter is not one in which the Board have any jurisdiction, they are not prepared to express any opinion on the question submitted.

My intention is to sue for the amount in the county court, but I wish to be strengthened by the knowledge that the workhouse medical officers have not been withheld similar fees.

\*\* It is not advisable to sue in the county court, as the case would be decided against our correspondent. Some coroners still continue to give the fee, though they are not legally compelled to do so.

## HOSPITAL AND DISPENSARY MANAGEMENT.

## PROPOSED HOSPITAL FOR LUNATICS.

DR. WHITCOMBE, the superintendent of the Winsor Green Asylum, has recommended that a separate hospital for the insane should be erected by the Birmingham Town Council. He is convinced that the medical treatment of the insane in asylums scarcely deserves the name—nay, more, he maintains that recent cases are injured by their admission into a lunatic asylum as at present constituted. Were this plan adopted, he prophesies that 60, instead of 40, per cent. of the cases admitted would be cured. We admire Dr. Whitcombe's enthusiasm, and we sincerely hope that his proposal will be adopted. We are not, however, so sanguine as he is in regard to the increased number of recoveries which will take place. We think he will discover what many have discovered before him—that an enormous proportion of cases are associated from the beginning with such a degree of mental degeneration or insane inheritance that anything like 60 per cent. of recoveries is impossible. If it be otherwise, if this high percentage is attainable, we are strongly of opinion that there is no good reason why it should not be attained in existing well-constructed asylums, officered as they are by properly qualified medical men. Every accommodation is provided, enormous sums are spent upon the proper construction of these institutions; baths, and, indeed, every appliance that the superintendent demands are granted by the authorities.

It has long been the boast of England that everything is done to facilitate the treatment of the insane in county asylums. Several years ago Dr. Bucknill wrote that the idea of medical treatment seemed to have been given up in asylums for the insane, but he cast no blame on their construction or the surroundings of the patients. The scepticism with which so many superintendents meet the suggestion of definite medical treatment suited to the individual case is, no doubt, sufficiently depressing; but seeing that it exists in spite of all the advantages at the command of asylum physicians to which we refer, we are at a loss to see how it would be succeeded by faith in medical treatment by the establishment of hospitals such as Dr. Whitcombe proposes. They exist already in Germany in several university towns, but they end in simply resembling the ward for recent or destructive patients in an English county asylum. We believe that the results of treatment are no better than they would be under the judicious treatment of the able superintendent of the Winsor Green Asylum, under his present conditions. If such is the fact, we regard the frequent exclamation of county asylum superintendents, that they would cure a great many more patients if they had only had a separate building on the hospital system, as the painful cry of despair rather than a scientific opinion justified by any facts attainable where the experiment has been tried. By all means, however, let Dr. Whitcombe's prophecy be put to the test, and, should it be fulfilled, we shall have great pleasure in recording the fact.

In this connection we may note that a new hospital is to be erected near the Montrose Asylum, which is to accommodate fifty patients of each sex. The cost of this building will be about £13,000. There is to be a resident medical officer whose "entire time," to use the conventional language of the hopeful and confiding framers of asylum rules, is to be "devoted to the treatment of the patients in the hospital." The object of this building is not the same as that proposed by Dr. Whitcombe. It is, properly speaking, an infirmary, and is intended for those patients who are

suffering from acute illness, the feeble, and the paralytic, and, in short, all cases requiring medical care. Dr. Howden, the superintendent for many years of the Montrose Asylum, has no doubt advised the architect in every detail of this establishment, and nothing appears to be wanting in the appliances down to the smallest detail, judging from a description given in the *Dundee Advertiser*, March 17th, in which an elevation of the hospital is given. It is a handsome structure.

## ROYAL HOSPITAL FOR DISEASES OF THE CHEST.

The report of this hospital records the noteworthy fact that in two years the Total Abstinence Sons of the Phoenix had collected and paid into the funds £300, and that the Mile End Working Men's Society had enrolled seven of its members as life-governors, at a cost of seventy guineas. Like most of the other great hospital charities, this institution is in great need of funds.

## CASTLEBAR LUNATIC ASYLUM.

The resident medical superintendent in his annual report draws attention to the necessity for additional accommodation in this asylum. In consequence of having no day room accommodation, classification is out of the question; besides, the sleeping accommodation is entirely short of the requirements. In November, 1886, fever broke out and forty patients were attacked, the cause of the outbreak being apparently due to overcrowding, and the patients sleeping in a vitiated atmosphere. In January, 1887, Dr. Nugent, inspector of asylums, in a report urged the board to provide additional accommodation, as the overcrowding was dangerous to the health of the inmates. Plans were prepared last May to build for 120 patients, and were forwarded to the Board of Control, but the latter were of opinion that 152 should be allowed for, and that more cubic space should be given for each inmate. Nothing has been done since, although the attention of the Board has been directed to the matter, and the amended plans have been before them for some months.

## THE DENTAL HOSPITAL OF LONDON.

At the annual general meeting of the Dental Hospital of London recently held, some interesting results of the working of this institution were given. Some fourteen years ago the hospital was moved from its old site in Soho Square to its present one in Leicester Square, and during these fourteen years the work of the hospital and the medical school thereto attached has enormously increased. The report shows that the actual number of patients treated in 1887-8 was over 47,000, or 15,500 more than in 1874. This large increase in numbers has sorely taxed the resources of the present hospital and staff, and it has been necessary to increase the size of their building. This has been effected by purchasing adjoining property, and converting it into a new (west) wing, which was opened after the meeting. The cost of the improvements amounts to a considerable sum, and was met partly by a munificent gift of £1,000 from the medical staff and lecturers, and £500 from Miss Claudius Ash, and partly by smaller sums from other friends. The deficit still amounts to £5,700. The present hospital and school will well repay a visit when the recent additions of a handsome lecture theatre, patients' waiting-rooms, extraction and operating (filling) rooms should be seen.

## UNIVERSITY INTELLIGENCE.

## OXFORD.

NOTICE is given to candidates for the second examination for the degree of Bachelor of Medicine, who offer all the subjects of that examination together, and who passed the first examination for the said degree under the statutes in force before 1886, that the examination in *materia medica* and *pharmacy* will in their case be conducted as it was under the provisions of the old statute.

An election to the Sherardian Professorship of Botany will be held in the course of next term. A fellowship in Magdalen College is now attached to the professorship. The stipend of the professor, inclusive of this, will be £700 per annum. Application to be made to the registrar on or before May 1st.

## CAMBRIDGE.

On March 8th, Robert Michael Simon, M.B., of Gonville and Caius College, duly performed the exercises for the degree of M.D. Thesis, "Brass-workers' Diseases."

## OBITUARY.

ROBERT GORDON LATHAM. M.D.(CANTAB.), F.R.C.P., F.R.S. We briefly announced last week the death, on March 9th, of Dr. R. G. Latham, who was for many years a leading authority in this country on comparative philology and ethnology.

Robert Gordon Latham was born at Bellingborough Vicarage, Lincolnshire, on March 24th, 1812, the eldest son of the Rev. Thomas Latham. He was admitted on the foundation of Eton College in 1821, and entered at King's College, Cambridge, in 1829. He graduated B.A. in 1833, and immediately went abroad, first to Hamburg, and afterwards to Copenhagen and Christiania. A product of this time is seen in his translation of Bishop Tegner's *Frithiof Saga*, and in a work on *Norway and the Norwegians*, published in 1840. He became Professor of English Language and Literature in University College, London, in 1839. He had been elected a Fellow of King's College, Cambridge, and had studied medicine in St. Bartholomew's Hospital, when in 1842 he obtained the licence of the College of Physicians, and commenced to practise medicine in London. In the same year he became Physician to St. George's and St. James's Dispensary, and in 1845 he was appointed Lecturer on *Materia Medica* and on Forensic Medicine at the Middlesex Hospital Medical School. In the following year he became Assistant Physician to that hospital. He was, however, already deeply engaged in the study of the subjects in which he subsequently became famous, and in 1841 the first edition of his great work on *The English Language* appeared; a second and enlarged edition was published in 1848, a third in 1850, a fourth in 1855. Long before this, however, he had retired from the medical profession. He resigned the post of Lecturer on *Materia Medica* in 1849, and that of Assistant Physician in 1850, being in both cases succeeded by Dr. A. P. Stewart. In the former year his place as Lecturer on Forensic Medicine was taken by Dr. Goodfellow. Dr. Latham's chief, if not his only, contribution to medical literature, was an edition of the works of Sydenham, with a translation prepared for the Sydenham Society; to this volume Dr. Latham prefixed a life of the great English physician.

Several textbooks on English grammar were written by Dr. Latham, and have been known to many generations of students. One of his most successful was a *Handbook of the English Language*, published in 1851; it attained the honour of a ninth edition in 1875. His *magnum opus* was an edition of Johnson's Dictionary which came out in parts, and was subsequently re-issued in an abridged form. He wrote also much on comparative philology, one of his most recent works being an *Outline of General or Developmental Philology*; and many years before he had prepared the vocabularies for Mr. A. R. Wallace's book of travels in the Amazon and Rio Negro.

As with philology, his most important contributions to ethnology were systematic treatises, and he did much good work in laying the foundation upon which the modern science has been built. In quick succession he published works on the ethnology of the British Colonies and dependencies, of the British Islands, of Europe, and of India, the first appearing in 1851 and the last in 1859; but he had previously published an essay on "Man and his Migrations," and later a large work on *Nationalities of Europe* (1863). He was, according to his friend, Theodore Watts, the originator, in 1862, of the theory that the Aryan race had its cradle in Europe and not in Asia, a theory which has come into much prominence lately.

For many years before his death Dr. Latham had lived a very retired life, and for the last ten years nothing of any importance had come from his pen. He belonged to a generation which has passed, a generation of encyclopedists who have been replaced by a race of specialists. His death was due to brain disease, which had produced aphasia.

POST-GRADUATE COURSE IN DENTISTRY.—The Dental Hospital of London, Leicester Square, has announced a post-graduate course of demonstrations for registered medical practitioners and dentists. It is intended to make the course one of a very practical character. Two demonstrations are to be given each day, and include such subjects as treatment of fractured maxilla, of pyorrhœa alveolaris, alveolar abscess, fittings and stoppings of various kinds, etc.

## MEDICAL NEWS.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At a Special Examination for the licence to practise Midwifery held on Monday, February 27th, 1888, the following candidate was successful:

John James Orr, M.D. R.U.I.

CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.—Ten of the medical and surgical associations of America have united themselves together under the name of "The Congress of American Physicians and Surgeons." This Congress will hold its first session at Washington, on September 17th, 18th, and 19th, 1888, at which time and place the Association will hold their annual meetings separately as well as conjointly in the Congress. The preliminary programme issued, of which a copy has been forwarded to us, gives the following list of officers. *President*: John S. Billings, M.D., U.S. Army. *Vice-Presidents, ex-officio* : D. Hayes Agnew, M.D., Philadelphia, Pa., President of the American Surgical Association; Edward L. Keyes, M.D., New York City, President of the American Association of Genito-Urinary Surgeons; Rufus P. Lincoln, M.D., New York City, President of the American Laryngological Association; Alfred L. Loomis, M.D., New York City, President of the American Climatological Association; William H. Draper, M.D., New York City, President of the Association of American Physicians; Jonathan S. Prout, M.D., Brooklyn, N. Y., President of the American Otological Society; William F. Norris, M.D., Philadelphia, Pa., President of the American Ophthalmological Society; James J. Putnam, M.D., Boston, Mass., President of the American Neurological Association; I. E. Atkinson, M.D., Baltimore, Md., President of the American Dermatological Association; Henry P. Bowditch, M.D., Boston, Mass., President of the American Physiological Society; Newton M. Shaffer, M.D., New York City, President of the American Orthopaedic Association. *Chairman of the Executive Committee*: William Pepper, M.D., Philadelphia, Pa. *Treasurer*: D. B. St. John Roosa, M.D., New York City. *Secretary*: William H. Carmalt, M.D., New Haven, Conn. Among the subjects announced for report and discussion are the following: September 18th.—Intestinal Obstruction in its Medical and Surgical Relations. Papers will be read by Dr. Reginald H. Fitz and Dr. Nicholas Senn, and will be followed by a discussion. September 19th.—Cerebral Localisation in its Practical Relations. Papers will be read by Dr. Charles K. Mills and Dr. Roswell Park, and will be followed by a discussion. September 20th.—Address by the President, John S. Billings, M.D., U. S. Army; to be followed by a general reception in the United States Army Museum Building. The Associations have decided to extend invitations to distinguished gentlemen from abroad, to visit America at that time as their guests, to be considered members of the Congress, and entitled to participate in all the discussions.

LECTURES TO SANITARY INSPECTORS.—The Parkes Museum, Margaret Street, have announced a fifth course of lectures and demonstrations for the instruction of sanitary inspectors, of which the following are the particulars: April 10th. (1) Introductory Lecture—General History, Principles, and Methods of Hygiene, Mr. A. Wynter Blyth, M.R.C.S. April 13th. (2) Ventilation, Measurement of Cubic Space, etc., Sir Douglas Galton, K.C.B., F.R.S. April 17th. (3) Water Supply, Drinking Water, Pollution of Water, Dr. Louis Parkes (Pub. Health Cert. Lond.). April 20th. (4) Drainage and Construction, Mr. E. C. Robins, F.S.A., F.R.I.B.A. April 24th. (5) Sanitary Appliances, Professor W. H. Corfield, M.A., M.D. April 27th. (6) Scavenging, Disposal of Refuse and Sewage, Mr. H. Percy Boulnois, M.Inst.C.E. May 1st. (7) Food (including Milk), Sale of Food and Drugs Act, Mr. Charles E. Cassal, F.C.S., F.I.C. May 4th. (8) Infectious Diseases and Methods of Disinfection, Mr. Shirley F. Murphy, M.R.C.S. May 8th. (9) General Powers and Duties of Inspectors of Nuisances; Method of Inspection, Mr. J. F. J. Sykes, B.Sc.(Pub. Health), M.B. May 11th. (10) Nature of Nuisances, including Nuisances the Abatement of which is Difficult, Mr. J. F. J. Sykes, B.Sc.(Pub. Health), M.B. May 15th. (11) Sanitary Law—General Enactments, Public Health Act, 1875, Model By-laws, Dr. Charles Kelly, F.R.C.P. May 18th. (12) Metropolitan Acts, By-laws of Metropolitan Board of Works, Mr. A. Wynter Blyth, M.R.C.S. A nominal fee only of five shillings for the course will be charged to cover expenses, and students attending the course will be granted free admission to the Museum and Library from April 1st to June 1st.

**ROYAL HOSPITAL FOR SICK CHILDREN.**—The Directors of the Royal Hospital for Sick Children, Edinburgh, have appointed Mr. George P. Boddie, M.B. and C.M., and George Wilson, M.B. and C.M. (at present resident physicians, Edinburgh Infirmary), to be resident physicians in the Sick Children's Hospital, for six months, commencing May 1st.

A SUNDAY COT.—There seems to be no end to the ingenious devices adopted by well-meaning individuals in appealing to the philanthropic for funds for benevolent institutions. The latest is that adopted by a lady who, being born on a Sunday, has adopted the expedient of appealing to other persons born on the same day for funds with which to endow a "Sunday cot" in the Hospital for Incurables at Kilburn.

#### MEDICAL VACANCIES.

The following Vacancies are announced:

**BETHNALL HOUSE ASYLUM.**, Cambridge Road, E.—Junior Medical Officer. Salary, £100 per annum, with board and washing. Application to the Medical Superintendent.

**BOROUGH ASYLUM**, Birmingham.—Clinical Assistant. Board and residence. Applications to E. B. Whitcombe, Esq., Medical Superintendent.

**BRISTOL CITY LUNATIC ASYLUM**.—Second Assistant Medical Officer. Salary, £150 per annum, with furnished apartments, board, and washing. Applications by March 24th, to the Chairman of the Committee of Visitors, the Council House, Bristol.

**BRITISH SEAMAN'S HOSPITAL**, Cronstadt, St. Petersburg.—Resident Medical Officer. Salary, £180 per annum, with furnished apartments, etc. Applications to H. M. Consul, St. Petersburg.

**CHARING CROSS HOSPITAL**.—Assistant Surgeon. Applications by March 27th to A. E. Read, Esq., Secretary.

**CHARING CROSS HOSPITAL**.—Surgical Registrar. Applications by March 27th to A. E. Read, Esq., Secretary.

**DERBY BOROUGH ASYLUM**.—Medical Superintendent. Salary, £150, with furnished house, etc. Applications by April 13th, to be addressed to the Derby Borough Asylum Committee, under cover to the Town Clerk, and endorsed "Medical Superintendent."

**ESSEX LUNATIC ASYLUM**, Brentwood.—Temporary Assistant Medical Officer for three months. Salary, £80 for the term, with board, lodging, and washing. Applications to the Medical Superintendent.

**GENERAL INFIRMARY**, Northampton.—House-Surgeon. Salary, £125 per annum, with board, etc. Applications by March 27th to the Secretary, S. P. Bennett, Esq.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Brompton. Resident Clinical Assistants. Applications by April 7th, to the Secretary.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Mount Pleasant, Liverpool.—Medical Officer. Salary, £70. Applications by March 29th, to W. J. Johnson, Esq., Secretary.

**HULL BOROUGH ASYLUM**, Willerby.—Assistant Medical Officer. Salary, £100 per annum, with board, lodging, and washing. Applications by April 2nd, to the Medical Superintendent.

**INFIRMARY FOR CHILDREN**, Myrtle Street, Liverpool.—House-Surgeon. Salary, £85, with board and lodging. Applications by April 9th, to C. W. Carver, Esq., Honorary Secretary.

**LIVERPOOL DISPENSARIES**.—Two Assistant-Surgeons. Salary, £280 per annum, with board, lodging, etc. Applications by March 24th, to R. R. Greene, Esq., Secretary, Leith Office, Moorfields, Liverpool.

**METROPOLITAN ASYLUMS BOARD—SMALL-POX HOSPITAL SHIPS**, Long Reach, Dartford.—Clinical Assistant. Board, lodging, etc. Applications by March 27th, to the Clerk to the Metropolitan Asylums Board, Norfolk House, Norfolk Street, W.C.

**ROYAL LONDON OPHTHALMIC HOSPITAL**, Moorfields, E.C.—Junior House-Surgeon. Salary, £50 per annum. Applications by March 24th to the Secretary.

**ST. PETER'S HOSPITAL FOR STONE**, etc., Henrietta Street, W.C.—Anæsthetist. Salary, £50 per annum. Applications by March 24th to the Secretary.

**WEST LONDON HOSPITAL**, Hammersmith Road.—Clinical Assistants. Applications to Secretary.

**WESTMINSTER HOSPITAL**.—Medical Registrar. Salary, £40 per annum. Applications by March 26th to S. M. Quennell, Secretary.

#### MEDICAL APPOINTMENTS.

**CARTER**, W. J. B., Esq., appointed Registrar to the Cancer Hospital, Brompton, vice W. H. Elam, F.R.C.S., resigned.

**DONALD**, Archibald, M.A., C.M.Edin., appointed Surgeon to St. Mary's Hospital for Women and Children, Manchester, vice William Walter, M.A., M.D., resigned.

**DOVE**, A. C., M.B.Durh., M.R.C.S.Eng., appointed Pathologist to the Cancer Hospital, Brompton, vice Charles Stonham, F.R.C.S., resigned.

**DUKE**, A. F., M.R.C.S., appointed Assistant House-Surgeon to the York County Hospital, vice L. H. Williams, M.R.C.S., resigned.

**GIBSON**, T. B., M.A., C.M., appointed Medical Officer to the Aberdeen Dispensary, vice James Brander, M.B. C.M., resigned.

**GORDON**, G. A. S., M.A., L.R.C.P.Edin., etc., appointed Resident Medical Officer to the Gainborough Amalgamated Friendly Society Medical Association.

**HAY**, Matthew, M.D., appointed Medical Officer of Health to the city of Aberdeen, vice Theodore Thomson, M.A., M.B., resigned.

**HOSEGOOD**, S. P., M.R.C.S., L.R.C.P.Lond., appointed Resident Clinical Assistant to the St. Marylebone Infirmary, vice W. P. Peake, M.R.C.S., L.R.C.P.Lond., resigned.

**JACKSON**, R. W. H., M.B., B.C.L., appointed House-Surgeon to the City of Dublin Hospital.

**JONES**, R., M.D., B.S., appointed Medical Superintendent to the Earlswood Asylum for Idiots, Redhill, vice C. S. W. Cobbald, M.D., resigned.

**MACKEITH**, Alexander Arthur, M.B.Glas., and C.M., appointed Medical Officer and Public Vaccinator for the Bramford Speke and Upton Pyne districts of the St. Thomas Union, Devon, vice M. L. Brown, M.D., C.M., resigned.

**MILLIGAN**, William, M.B., C.M.Aberd., appointed Junior House-Surgeon to the Northern Hospital, Liverpool.

**OPENSHAW**, T. Horrocks, M.B., M.S., F.R.C.S., etc., appointed Curator of the Pathological Museum of the London Hospital Medical College, vice F. Charlwood Turner, M.D., F.R.C.P., resigned.

**PEAKE**, W. P., M.R.C.S., L.R.C.P.Lond., appointed Assistant Medical Officer to the St. Marylebone Infirmary.

**ROLL**, G. W., B.A., M.B., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Leicester Infirmary and Fever House, vice E. Scott Sugden, M.B., resigned.

**TYNAN**, J. H., L. and L.M., R.C.S. and C.P.Edin., appointed Medical Officer to the Oldcastle Union (Crossdrum), vice R. Ridgeway, M.D., F.R.C.S.I.

**WALTER**, William, M.A., M.D., appointed Physician to St. Mary's Hospital for Women and Children, Manchester, vice C. J. Cullingworth, M.D., F.R.C.P., resigned.

**WARD**, H. M., appointed Additional Examiner in Botany to the University of Edinburgh, vice Professor Bayley Balfour, resigned.

**WATERS**, W. E., L.K.Q.C.P.I., L.R.C.S.I., appointed Medical Officer to the Carbury Dispensary District, co. Kildare, vice W. Waters, L.K.Q.C.P.I., M.R.C.S., resigned.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

##### MONDAY.

**MEDICAL SOCIETY OF LONDON** (Clinical Evening), 8.30 P.M.—Dr. Orwin: A case of Lupus of Mouth, Pharynx, and Larynx. Mr. Edmund Owen: A case of Injury to Lower Epiphysis of Ulna. Mr. William Rose: A case of Gunshot Injury of Knee-Joint. Mr. Davies Colley: A case of Trephining for Middle Meningeal Hemorrhage. Dr. Beevor: A case of Charcot's Disease of Shoulder-Joint. Mr. Walter Pye: A case of Obliterated Arteries from Crutch Pressure. Dr. Purcell: Two cases of Thiersch-Gould's operation for Removal of Penis. Also cases by Mr. John Morgan and others.

##### TUESDAY.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY**, 8.30 P.M.—Mr. G. H. Makins: A case of Extraversion of the Bladder treated by Preliminary Division of the Sacro-Iliac Synchondroses. W. J. Walsham, F.R.C.S.: A case of Wound of the Femoral Artery and Vein; Traumatic Varicose Aneurysm; Ligation of both Artery and Vein; Recovery. With remarks on the Treatment of Wounds of the Femoral Artery and Vein.

**WEST LONDON HOSPITAL** (Clinical Afternoon), 5 P.M.—Mr. Keetley: 1. Case of Transplanting Skin from Arm to Face. 2. Cases illustrating Deformities of the Toes and their Treatment. Mr. Edwards: Cases of Disease of Testis. Mr. Bruce Clarke: 1. Cases of Wired Patella. 2. Severe Flat Foot treated by Excision of part of Tarsus. Dr. Heringham: Hemiplegia with Heart Disease. Dr. Ball: Cases of Atrophic Rhinitis.

##### WEDNESDAY.

**BRITISH GYNECOLOGICAL SOCIETY**, 8.30 P.M.—The adjourned discussion on the Electrolysis of Uterine Myoma will be opened by Dr. G. Granville Bantock. Specimens will be exhibited by Mr. Lawson Tait, Dr. Mansell-Moullin, the President, and others. Council, 8 P.M.

**HOSPITAL FOR CONSUMPTION**, Brompton, 4 P.M.—Dr. J. Kingston Fowler: On cases illustrating some points in the Prognosis of Valvular Disease.

**PARKES MUSEUM OF HYGIENE**, 3 P.M.—Dr. T. A. Schofield: On Home Nursing.

**HUNTERIAN SOCIETY**, 8 P.M.—Dr. Ryle: A case of Tympanites treated by Puncture of Intestine. Mr. Corner: A fatal case of Acute Intestinal Obstruction complicating Utero-Gestation, with Specimen. Dr. J. Dundas Grant: On Tinnitus Aurium.

#### 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 announcement.*

##### BIRTHS.

**LLOYD**.—On the 11th inst., at 22, Broad Street, Birmingham, the wife of Jordan Lloyd, F.R.C.S., M.B., M.S., of a daughter.

**MORRIS**.—On March 10th, at Fernhurst, Haslemere, the wife of Edward Morris, M.R.C.S., L.S.A., of a son.

##### MARRIAGES.

**JONES—EVANS**.—On March 21st, at Emmanuel Church, Everton, Liverpool, by the Rev. C. Courtenay, vicar. Surgeon J. M. Jones, Army Medical Staff, eldest son of D. Jones, Esq., M.R.C.P., M.R.C.S., of Everton Road, Liverpool, to Kate, younger daughter of the late Captain G. O. Evans, United States Army, of Beaver Dam, Wisconsin, U.S.A.

**SOMERVILLE—MAY**.—March 14th, at St. James's Church, Higher Sutton, by the Venerable Archdeacon Gore, M.A., assisted by the Rev. E. Smith, M.A., vicar. John Somerville, F.R.C.S.E., to Geraldine, youngest daughter of John May, J.P., Ridge Hill.

##### DEATH.

**KENYON**.—On the 14th March, 1888, at 21, Park Lane, Bradford, Georgiana Elizabeth, the beloved wife of John E. Kenyon, L.R.C.P.Lond., M.R.C.S.Eng. Friends will please accept this intimation.

## 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 Orthopaedic; 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); St. Mary's; 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 Orthopaedic.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: Middlesex.—1.30 P.M.: St. Bartholomew'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, Tu., 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; Orthopaedic, M., 2.30; Dental, Tu. F., 9.

**ST. GEORGE'S**.—Medical and Surgical, M. T. F. S., 1; Obstetric, Tu. S., 1; o.p., Tu., 2; Eye, W. S.; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu., S., 9, Th., 1.

**ST. MARY'S**.—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrician, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30; Operations, Tu., 1.30; Ophthalmic Operations, F., 9.

**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, 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**, 429, Strand, W.C., London; those concerning business matters, non-delivery of the **JOURNAL**, etc., should be addressed to the **Manager**, at the **Office**, 429, 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**, 429, 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.

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

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*.

## QUERIES.

## CLIMATE OF BURMAH AND SIAM.

M.B. wishes for information regarding the climate of Burmah and Siam in general, and the neighbourhood of Bangkok in particular.

## VITAL STATISTICS OF CONVICT PRISONS.

Dr. J. BARON (16, Whiteladies Road, Clifton, Bristol) writes: Will some member kindly tell me where I can get statistics as to the longevity of convicts; also the death-rate in our prisons?

## TREATMENT OF HEARTBURN.

A MEMBER asks for suggestions for the treatment of obstinate heartburn in a man, aged about 40, who has suffered severely for years. Dieting, mineral acids, nux vomica, and the usual remedies have been tried in vain. The one thing which affords complete temporary relief is carbonate of soda. The pain is always most severe in bed, or whilst in the recumbent position.

## ANSWERS.

T.S.E. (Gloucester).—Yes.

**MEDICUS**.—Communicate with the Honorary Secretary of the Brussels Medical Graduates Association, Dr. T. Ernest Pocock, The Limes, St. Mark's Road, North Kensington, W.

FAS EST, ETC.—We have not the required information; it should obviously be obtained from another source.

R.W. asks where the *Deutsche Medicinische Zeitung*, No. 22, 1888, can be seen, or in what other journal an account of salicylate of bismuth, by Dr. Solger, can be found.

\* \* Our correspondent will probably find the information which he desires at the library of the College of Surgeons. Search should be made in the last three or four volumes of the *Index Medicus*, and Virchow and Kirsch's *Jahresbericht*.

M.B.—Dr. Boxall's paper on Puerperal Fever, read before the Obstetrical Society, in January, is not yet published in full, but will in all probability appear in the first fasciculus of the *Transactions of the Obstetrical Society of London* for 1888, which will be issued in April or May.

## CHRONIC SWEATING IN AXILLÆ.

M.B. writes: Bathe the axillæ at night with equal parts of vinegar and lukewarm water; or apply hir. belladon. externally, combined with tr. belladon. internally.

Mr. C. HAYDEN COX (Cottenham, Cambs) would suggest to "M.B." the use of salicylic acid rubbed into the axillæ every morning and night for a week. He has found the above invaluable applied between the toes, and dusted into the socks in fetid perspiration of the feet. He has also used boric acid for similar cases, with nearly equal results.

## TREATMENT OF EPILEPSY.

M.B. writes: Oxide of zinc with valerian root and cannabis ind. ext. might be tried. Begin with half-grain doses of the oxide thrice daily, and gradually increase if required.

Dr. J. F. OLIVER, (2, Hertford Gardens, Albert Bridge Road, S.W.), writes to suggest to B. the following prescription, which he has found to answer admirably in a similar case (male), after fifteen years persistent treatment by the bromides: R. Soda nit. gr. v; liq. Fowleri m x; tinct. bellad. m v-x; syr. zingiberi 3j; aqua pura 3j. Ft mist. Sig. One dose to be taken three times a day. Pills consisting of the leaves of bellad. and the ext., at night time, may also add to the mitigation of the disease.

## A GYNAECOLOGICAL COUCH.

"H" (34, Princes Avenue, Liverpool), offers to describe to "A Country Member" a gynaecological couch, which may be of use.

## DURATION OF INFECTION OF WHOOPING-COUGH.

Dr. J. T. RICHARDS (Wirral Children's Hospital, Birkenhead) writes: In answer to the inquiry of "Pertussis," it is believed that the infection of whooping-cough lasts for six or eight weeks after the manifestation of the disease, and that recurrence of the cough after this period is unattended by risk of infection. This view is acted upon in children's hospitals.

## TREATMENT OF TRACHEAL COUGH.

MR. SLADE INNES BAKER (Abingdon) advises "Cantab" to try inhalations of G. and G. Stern's puniline two or three times a day.

## OILY DIARRHOEA AND PODOPHYLLIN.

Dr. D. H. CULLIMORE writes: In answer to "Surgeon-General," whose patient has chronic nightly involuntary diarrhoea, I would suggest change of residence; a large flannel bandage covering the whole abdomen; suppositories of cocaine, or of cocaine and belladonna zymine—the extract or the tabloids of Burroughs and Wellcome are admirable—chloride of ammonium, five grains twice a day in half a tumbler of water. In one case that I saw, four years ago also in a boy, of all the astringents, acetate of lead was by far the best. In another fatal case (not oily) of chronic dysentery, brought on by fasting, tincture of krameria answered best. The withdrawal of fats and milk, unless deprived of butter, might be tried. In the case of the boy just mentioned I tried this, but without any great advantage. Turkish baths, with shampooing, now denationalised into massage, would probably do good.

As regards podophyllin, I believe it equally effectual in the liquid and solid forms. In some persons it has, however, but little purgative effect, and there are even some forms of diarrhoea where it is very useful. Other drugs also have, owing to some altered physiological condition, an effect the opposite to that which usually attends them. Thus, tincture of iron sometimes acts as a

Yankee to whom a copy of the *Pilgrim's Progress* was lent. The American returned the book, and said that "its statements are interesting, but tough." Mr Pinder then takes on the rôle of a medical reformer, and he would have a sound British qualification, which every man practising in Great Britain should be compelled to have. He does not include Ireland in his scheme, and I am afraid he would still have Irish degrees troubling his soul. The last sentence, "English students, London qualification, get your bread and cheese as best you can," turns obscurity into the blackness of darkness, and I can only ask, if your correspondent has any meaning, what becomes of the ordinary rules of professional etiquette?

## SEA-SICKNESS.

DR. J. J. LEISER writes: On a recent voyage across the Atlantic, I made some observations on the matter of sea-sickness. It was evident to me, first, that respiration was imperfect; it was governed by the motions of the boat. One not used to the sea, and the same with him not used to a high sea, holds his breath as the ship is tossed up and down, catching it only at the turns, or, if the waves are great, only gasping for it. Thus are the respirations infrequent and imperfect, with very apparent results. The blood so inadequately aerated must necessarily be poisonous to the brain, and the sympathetic sickness is quite understandable.

The experiment I made seemed to prove that the irregular respiration was not secondary to the sickness. A system of regular, free breathing prevented sickness, or rapidly relieved it. One must sit and give his attention to it, must breathe to time, with full and regular inspirations and expirations.

I will discuss no theory, but I am able to add the following letter of DR. STOCKMAN and DR. PRENTICE, who reported my experiments.

"DR. J. J. LEISER Dear Sir.—After leaving Queenstown on Sunday we passed into a very heavy sea. So disagreeable was the roll that the meals were almost deserted. According to promise we took the opportunity to experiment on your theory of sea-sickness. The ship's surgeon only smiled at our suggestions, he having heard scores of cures that proved invariably valueless. Nevertheless, we went to work and secured ten unfortunate individuals whose gastric regions were going through convulsive contortions, and making their lives miserable. We seated our patients on deck, on the fore part of the ship, where the pitch was most considerable. DR. PRENTICE seated himself with five, and I took the other five under my care. We timed the breathing in the following manner. We raised the hand from the knee, indicating an inspiration, and down again for an expiration. We had a quarter second stop watch, and timed the respirations to exactly twenty per minute. At the expiration of one hour the active symptoms in each case had entirely subsided. Of course this does not mean that all the faintness and tendency to nausea in each case had subsided; in a few of the cases these still continued. By this time we had thoroughly educated our patients in the *modus operandi* of the cure, and then took their names for conference the remainder of the voyage. With one exception, a case at first the mildest of the ten, but who obstinately kept his berth, and refused to continue the treatment, and remained sick throughout, the cases continued permanent cures. The following are the names as on the saloon passenger list of the *Ettruria*, February 4th:—His Excellency, J. Gennadius, Hellenic Minister, United States; Mr. Leonard Jerome, New York; Mrs. John A. King, Philadelphia; Mr. Thomas Le Boutillier, New York; F. D. Millet, artist, New York; Dr. A. Lawrence, Memphis; Miss Ida Griffiths, New York; Count E. Zborowski, Philadelphia; Mrs. J. H. Thomson, New York; John Schmidt, China. During the last part of the trip five others, whom we had not seen fit to put in our list, were benefited by the experiment, which, to our minds, establishes the theory as a fact beyond any doubt. The cure is infallible in all cases that persist in carrying it out.—G. C. STOCKMAN, M.D.; C. W. C. PRENTICE, M.D."

## NEUROTIC ORIGIN OF PURPURA.

SURGEON-GENERAL CHAS. R. FRANCIS, M.B. (Bromleybury) writes: The question was raised by DR. EDWARD MACKIE, in a paper read before the South-Eastern Branch of the British Medical Association, and afterwards published in the JOURNAL of July 10th, 1886, whether purpura, taken in its generic sense, and including not only the hemorrhagic variety but the "aqueous" and the "saline," as described by DR. RICHARDSON, was of neurotic origin, and he furnished the details of a case which seemed to show that it is.

The following case, confirmatory (?) of this view, which has recently come under my observation, apparently teaches the twofold lesson: (1) that the suspension of vasomotor influence over minute blood-vessels may lead to congestion in some part of their course, followed by islands of blood-effusion—"purpura hemorrhagica"; (2) that alcohol will cause this double effect, namely, nerve-paresis, and consequent vascular engorgement.

An Anglo-Indian, retired after prolonged service in the East, and subject to attacks of chronic tropical dysentery, had an attack after a chill, but recovered, though very slowly, under appropriate treatment and careful dieting supplemented by some 4 ounces of brandy a day. His recovery, on former occasions, had been more rapid under somewhat similar treatment, but without any alcohol whatever. Habitually he was an exceedingly moderate drinker of fermented liquors. Shortly afterwards he was again attacked, was similarly treated, and died. It was remarked with surprise by the medical attendant that the patient complained towards the last of palpitation of the heart, for which no reason could be assigned—careful examination detected nothing, and that spots of purpura hemorrhagica appeared on the lower extremities.

May we not reasonably infer that the continuous use of alcohol in a weakened constitution, in advanced life, was the cause of both the palpitation and the purpura? Doubtless many cases of purpura have a neurotic origin, independently of alcohol, though others may be due to different causes, for example, anæmia, etc.

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## BOOKS, ETC. RECEIVED.

DOCTOR AND PATIENT. BY S. WEIR MITCHELL, M.D., LL.D. HARV., PHILADELPHIA AND LONDON: J. B. LIPPINCOTT. 1888.

THE STUDENT'S HANDBOOK OF THE PRACTICE OF MEDICINE. BY H. AUBREY HUSBAND, M.B., C.M., B.Sc., F.R.C.S.E., M.R.C.S., L.S.A. FOURTH EDITION; REVISED AND ENLARGED, WITH ILLUSTRATIONS AND TABLE. EDINBURGH: E. AND S. LIVINGSTONE. 1888.

INEBRIETY. BY NORMAN KERR, M.D., F.L.S. LONDON: H. K. LEWIS. 1888.

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