

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

POLYURIA SUCCESSFULLY TREATED BY ERGOT OF RYE.—The polyuria in a case reported by Dr. Rendu (*France Médicale*, Feb. 27th, 1878) was accompanied by supraorbital neuralgia, vertigo with loss of consciousness, excessive thirst and hunger, with emaciation and loss of strength, although the patient consumed a considerable quantity of food. The urine contained no trace of sugar; the quantity was about ten quarts a day. The urea eliminated by this means in the twenty-four hours amounted to from about 1,250 to 1,400 grains. Before having recourse to ergot of rye, tincture of valerian was first tried for this patient, in the dose first of fifteen minims, and soon afterwards of half a drachm. Under the influence of this treatment, the urine diminished by nearly a quart. Sulphate of atropine, in the dose of one milligramme (.015 grain) at first, then two, daily, produced a similar improvement; but no advantage was found in persevering in this course, since the appetite diminished with the valerian, and the thirst increased with atropine. Ergot of rye was then tried. The success with this agent was remarkable. In eight days, the urine fell to 1,600 grammes and the urea to 15 grammes in the twenty-four hours; the emaciation was stopped; the strength returned; whilst the thirst and the excessive desire of food also disappeared. Dr. A. Costa (*New York Hospital Gazette*, Feb. 15th) reports also a case of diabetes insipidus with the excretion of ten pints of urine daily, with sugar or albumen, marked by great emaciation; and states that he treated the patient with fluid extract of ergot, which treatment had been followed by striking success; i.e., complete cure in two cases in private practice. Dr. A. Costa put the patient upon an initial dose of half a drachm of the fluid extract thrice daily, the dose to be increased gradually, first to one drachm, and then to two drachms. There was at once apparent a great reduction in the quantity of urine passed daily. From ten pints, it fell to six pints daily; then to three, where it remained. Even before reaching the present limit, he ordered the dose to be gradually reduced, first to one drachm, and then to half a drachm. Then it was stopped altogether, and mint-water substituted in its place. For the past two weeks, he had had no ergot, and might be considered permanently cured. The amount of urine daily passed varied between two and three pints.

GOA POWDER IN SKIN-DISEASES.—Goa powder has been employed with a certain amount of success by Dr. E. Besnier at the Saint Louis Hospital in Paris. In the treatment of psoriasis, it modifies the surface with rapidity, and seems to accelerate the cure of the eruption more quickly than oil of cade. A glycerole of Goa powder should be rubbed in every day. These frictions have the advantage of being odourless, but are very irritating to the eyelids, and may cause epiphora and redness of the conjunctiva. Friction with this powder has also cured eczema. Dr. H. Blanc, an Indian army surgeon, states that he has found it useful in herpes circinatus; and Dr. Champeaux, in a paper published in the *Archives de Médecine Navale*, comes to the conclusion that it is an antitherpetic.

USE OF THYMOL AS AN ANTISEPTIC.—Dr. H. Ranke of Halle, in an article in Volkmann's *Sammlung Klinischer Vorträge*, says that thymol was first used by Paquet of Lille as an antiseptic in foul suppurating sores and (by inhalation) in pulmonary gangrene, with good effect. Experiments have shown that its poisonous power on the organism is only one-tenth that of carbolic acid, and may practically be left out of account. Dr. Ranke uses the following solution: thymol, 1 part; alcohol, 10 parts; glycerine, 20 parts; water, 1,000 parts. This solution does not act on the instruments, nor the spray on the respiratory organs; it produces some burning of the skin at first, but no anæsthesia. A useful dressing is made of 1,000 parts of gauze, 500 of spermaceti, 50 of resin, and 16 of thymol. This gauze remains constantly moist, and is not irritating. If the dressing be covered with gutta percha, the smell of thymol is still perceived at the end of eight days. Dr. Ranke has used the thymol dressing in fifty-nine cases, with excellent results. Among them were four cases of amputation of the breast with clearing of the axilla, and three cases of extirpation of tumours from the breast. He says that, under the action of thymol, healing takes place sooner, the discharge from the wound is less, and the cost is less, than with carbolic acid. Dr. Fritsch (*Centralblatt für Gynäkologie*, No. 6) believes that thymol is also of great value in obstetric practice. It removes the smell from the hands in cases of putrid abortion, carcinoma uteri, etc., more quickly than any other agent, and produces no irritation. There must always be

some hesitation in entrusting midwives with carbolic acid; but thymol may be safely given to them without fear of unpleasant consequences. The solution above mentioned is likely to be specially useful for permanent irrigation, for the dressing of chronic suppurating exudations, for washing out abscess-cavities in the female genitals and in the breast, and for injections into the uterus.

HYPODERMIC INJECTIONS OF DIGITALINE.—At a recent meeting of the Paris Société de Thérapeutique, M. Gubler announced that, after having made many attempts to utilise the active principles of digitalis in subcutaneous injections, he believes that he has attained his object. He uses a solution containing 0.2 per cent. of Homolle and Quevenne's amorphous digitaline in equal parts of water and alcohol. One gramme of this solution contains two milligrammes of digitaline. He injects half of the contents of the syringe; that is to say, one milligramme of digitaline, and obtains all the effects of digitalis. These injections do not bring on any local accidents.

OPHTHALMOLOGY.

HYSTERICAL DISORDER OF THE EYES.—Dr. Schenk (*Prager Med. Wochenschrift*, Nos. 18 and 19, 1877) says that the disorders of the uterus and ovaries which give rise to hysteria may cause, by reflex action, an increased irritability of the sensory nerves of the apparatus of accommodation. At first after long exercise of the eyes, and subsequently after using them for a minute, pain is felt in and about the eyes: it differs from true neuralgia in having no typical course, and in being prevented by avoiding exertion of the eyes. Both eyes are generally affected, the right most so—in forty-six cases out of sixty observed. Depressing affections and moisture, as well as the duration of menstruation, increase the severity of the pains; during pregnancy, they are less. Vision of distant objects is not impaired. The state of refraction has no influence on the development of the malady; the extent of accommodation is unchanged; the ophthalmoscope detects nothing abnormal. In some patients, photophobia, photopsia, *malaise*, vomiting, vertigo, and even convulsions, are met with. The course of the disorder is very tedious: it ceases with the commencement of the climacteric period. Married women are most frequently attacked; even robust apparently blooming women are not exempt. It very rarely occurs in anæmic nervous men. The treatment consists in rest of the eyes, the use of moderately convex glasses, and, in cases of photopsia, smoke-coloured glasses. Castor, valerian, acetate of zinc, and atropine drops, are useless; in some cases, severe pain has been relieved by large doses of quinine.

OBSTETRICS.

INJECTION OF ERGOTIN IN POST PARTUM HÆMORRHAGE.—M. St. Philippe relates (*Gazette Médicale de Bordeaux*, Jan. 1878) a case of excessive hæmorrhage consequent on faulty insertion of the placenta. Ergot administered by the mouth was ineffectual. He then injected ergotin under the skin, employing Moutard-Martin's solution, which contains one part of ergotin to six of water and six of glycerine. He injected an ordinary subcutaneous syringe under the skin of the arm. The effect was instantaneous; scarcely a minute afterwards, the uterus firmly contracted, the hæmorrhage ceased, and the patient did well. There was a little œdema round the wound, but no inflammation. M. Chantreuil reports also (*Journal de Thérapeutique*, Feb. 25th, 1878) a case of excessive metrorrhagia preceeding labour, and succeding it after the application of forceps, with syncope and uncontracted uterus. In this case, M. Chantreuil injected, at short intervals, four small subcutaneous syringefuls of a solution of equal parts of Bonjean's soft ergotin and distilled water. Some of the solution was lost. He estimates altogether the quantity of ergotine injected at 21½ grains. At the end of half an hour, the uterus contracted, and remained firm all night. To counteract the acute anæmia to which such patients often succumb twelve or fifteen hours after delivery, he injected four times a syringe of ether under the skin, and gave other similar injections of brandy during the night. Under this influence, the patient revived and warmth returned. As the stomach would not tolerate anything for days, rectal injections of beef-tea, milk, and wine and water, were employed. A blister was applied over the stomach, which tended to restore its tolerance of food; and the patient recovered. Dr. Chantreuil employed, with the same success, injections of ether in four other cases of hæmorrhage, of which two were after abortion and two after accouchement. In all four, the state of the patients was so alarming that transfusion had to be considered. Hypodermic injections of ether, which do not offer the dangers of transfusion, which are easy to practise and require no preparation, appear to Dr. Chantreuil as efficacious as transfusion itself.

asking the President of the Council for any observations which the General Medical Council might have to offer with regard to the Bill.

There were also read copies of a Memorandum by the Royal College of Physicians of London, and by the President and Vice-Presidents of the Royal College of Surgeons of England, stating various objections to the Bill. Appended to the Memorandum of the Royal College of Surgeons were the following resolutions, adopted by the Council of the College, at a meeting held on April 1st :

1. That the report of the President and Vice-Presidents on the Government Bill for amending the Medical Acts be approved, and be entered on the minutes of the Council.

2. That the consolidation of all present licensing authorities into conjoint boards, one for each division of the kingdom, recommended for many years past by the General Medical Council, and accepted by the House of Lords in 1870 as a principle for compulsory legislation, is an object to which the College attaches the highest importance, and for which it has long been exerting itself; that already, by taking part in the settlement of a voluntary joint scheme for England (approved by the General Medical Council), the College has shown its willingness to make all needful sacrifices for that object; that, in the opinion of the Council, the object would not only remain unpromoted, but even the progress already made towards it in this division of the United Kingdom would be seriously endangered, and in all probability be lost, if the Legislature were now to affirm that it leaves the principle of joint examinations for the option of the individual medical authorities.

That, therefore, as regards Clauses 3 and 14 of the present Bill, the College hopes it may not be called upon to surrender any of the independence which it now has in respect of its diploma and examination rules, unless such surrender be in contribution to a general system, which (so far as minimum qualifications are concerned) shall make joint-examinations compulsory for all the divisions of the United Kingdom.

That, further, as regards Clause 14, the College, while recognising the necessity of providing for supervision by the General Medical Council in all the essentials of medical education and examination, would not think it desirable to give to that body the initiative in framing examination rules, either for the respective joint boards, should such exist, or, should such not exist, for the separate authorities.

3. That, as regards Clause 23, the College recommends that the Clause be withdrawn in favour of the less centralised plan of Sir John Lubbock's Bill.

4. That, as regards Clause 24, the College recommends the withdrawal of the Clause, with a view to the subject being dealt with separately from any question of amending the Medical Acts, and mainly on a system of local, rather than of central, responsibility.

5. That, as regards the granting of qualifications to women for entering upon the medical profession, the College approves the giving to the authorities amended powers for optional exercise in this matter, but recommends that the powers be so given as to allow the authorities reasonable discretion to distinguish in their examination rules and diplomas between men and women; provided that the examinations of the two sexes be in the main equivalent for like certificates or diplomas.

6. That, as regards the remaining provisions of the Bill, the College gives general approval, but authorises the President to recommend such minor amendments as he and the Vice-Presidents may find desirable.

7. That the President and Vice-Presidents be instructed to request an interview with the Lord President in order to set before him the views of the Council on his Bill; and that it be an instruction to them, in any such interview, particularly to explain to his Grace the regret which the Council feels, on public grounds, that the Bill does not contain any provision for enforcing joint examinations in each division of the United Kingdom.

A letter to the President from the Chairman of the Medical Reform Committee of the British Medical Association, sent with a copy of the Medical Acts Amendment Bill approved by the Association, and reports of the Medical Reform Committee, and the President's reply, were read.

Dr. HUMPHRY moved the following resolution :

"In 1870, this Council passed the following resolution, by a large majority, and after much deliberation :

"That this Council is of opinion that a joint examining board should be formed in each of the three divisions of the kingdom, and that every person who desires to be registered under any of the qualifications recognised in Schedule (A) to the Medical Act shall be required, previously to such registration, to appear before one of these boards and be examined in all the subjects which may be deemed advisable by the Medical Council; the rights and privileges of the Universities and Corporations being in all other respects the same as at present.

"The Council has subsequently sanctioned a scheme for an Examining Board for England made in conformity with that resolution.

"The Council adheres to the principle of that resolution, and is of opinion that no medical legislation relating to examinations will be satisfactory which does not provide for the formation of an examining board in each of the three divisions of the kingdom, and direct that every person who desires to be registered under the Medical Act shall be required to appear before one of these boards and be examined in the subjects which may be deemed necessary by the Medical Council."

Sir JAMES PAGET seconded the motion, which was opposed by Dr. Andrew Wood and Sir Dominic Corrigan, and supported by Dr. Rolleston.

The discussion was adjourned.

On Thursday, the discussion on Dr. HUMPHRY'S motion was resumed. It was supported by Dr. Rolleston, Mr. Teale, Dr. Storrar, Dr. Quain, Sir W. Gull, and Dr. Pitman; and opposed by Sir D. Corrigan, Dr. Haldane, Mr. Turner, Dr. A. Smith, and Mr. Macnamara.—The discussion was again adjourned.

BRITISH MEDICAL ASSOCIATION.

EXTRAORDINARY GENERAL MEETING.

[In last week's JOURNAL, owing to the great length of the report, we gave only a brief summary of the proceedings of the last part of the Extraordinary General Meeting at Birmingham. We now in due course present the fuller report.]

The PRESIDENT said that, as the gentleman who had undertaken to move in relation to the question of the privileges of lady members was ill, and the hour was late, the subject would be deferred until the annual general meeting.

Mr. O. PEMBERTON stated that the decision of the President had come upon him by surprise. He contended that something should be done between this time and the annual meeting in regard to the ladies' question. He moved : "That a subcommittee be appointed to consider the question of the privileges of lady members; that such subcommittee be empowered to take counsel's opinion; and that they report to the next annual meeting."

Mr. LISTER held that it would conduce very much to the interests of the Association, if some steps could be taken in the interval between this time and the annual meeting, so as to prevent the matter from being presented before the Association, at the next annual meeting, in a crude form. He seconded the proposal of Mr. O. Pemberton.

Mr. SAMPSON GAMGEE contended that the question should be left in the hands of the Committee of Council. The meeting had just expressed their entire confidence in the Committee, and there was not the slightest reason for taking this question out of their hands. It was, he urged, very desirable that legal opinion should be taken in the matter, and he moved, as an amendment : "That the Committee of Council be requested to take legal opinion upon the subject of the privileges of lady members of the Association."

Mr. VOSE SOLOMON seconded the amendment.

Mr. PEMBERTON said that the only reason he had for objecting to the amendment was, that the Committee of Council had been hitherto very reticent in taking steps in regard to the presence in the Association of lady members, until the question was raised by the expressions of members so distinguished as Sir William Jenner, Dr. Bennett, Mr. Lister, and others. Even if he found himself in a minority, he should press his motion for an independent committee.

Dr. WADE held that the motion displayed a lack of loyalty to the Committee of Council, and he entirely repudiated the idea set forth that the Committee of Council had shown a want of energy in dealing with the question. Neither had that body committed itself to any particular side, as was indicated in the motion by the subject being taken out of their hands, as Mr. Pemberton proposed. The first lady elected to the Association (Mrs. Garrett Anderson) was elected by the Metropolitan Counties Branch, the Branch of which the gentlemen who were prominent in opposing the presence of lady members in the Association were members. [*Hear, hear.*] They were members of that Branch, moreover, at the time of Mrs. Anderson's election to membership. [*Hear.*] Some years elapsed, and no exception was taken during those years to the membership of Mrs. Anderson; nor had the Committee of Council said one word in reference to this membership—no word of abrogating it, no word in opposition to it. Thus, tacit assent was given to the action of the Metropolitan Counties Branch in electing Mrs. Anderson. [*Hear.*] The second lady member (Mrs. Hoggan) applied to the Committee of Council for election; and the

Committee of Council, taking into consideration the fact that the first lady member had been elected by the largest Branch in the Association, and the fact also that the election had been agreed to tacitly by the Association, elected the second lady, and he thought rightly. At the Edinburgh meeting, the question as to the presence of lady members was first raised, on the motion of Mr. Pemberton, seconded by Dr. Marshall. The result of this was, that the General Secretary was directed to take the votes of the members of the Association by circular upon the question of the admission of lady members, and to report the result to the next annual meeting. Up to the time when that vote was taken, the Committee of Council had, of course, no cognisance of the feeling and views of members; the Committee of Council could not tell in what way the vote would result, and they could not propose any by-law on the subject, as notice had to be given of any proposed new by-law. Then, too, the Committee of Council supposed that the gentlemen who had brought forward the subject, and had taken it up with much spirit, would themselves give notice of any proposed by-law which they would desire to see carried in accordance with the result of the vote. [*Hear.*] So far, therefore, from the Committee of Council showing any neglect in the matter, it was Mr. Pemberton, and his colleagues who had brought the matter forward in the first instance, who had failed in their duty in not bringing the subject before the Association at the annual meeting following the vote, and in not asking the Committee of Council to bring it forward. Mr. Pemberton and his colleagues were quite within their rights in introducing the subject at the Edinburgh meeting; but with the exercise of their right there was the duty of proceeding with the question; and, when they had obtained the vote, they should either have proposed a by-law themselves, or have asked the Committee of Council to do so. [*Hear.*] Under these circumstances, to appoint a special subcommittee to deal with the subject, and to take the matter out of the hands of the Committee of Council, would be to pass a slight upon the Committee of Council, which that body was in no way deserving; and he trusted that the amendment would be accepted.

Dr. EASTWOOD drew attention to the fact that the Committee of Council, on his proposal, seconded by Dr. Grigg, had agreed to the following resolution: "That the Committee of Council is of opinion that women should not be admitted as members of the British Medical Association, and that a by-law to that effect be submitted to the annual meeting." The present meeting had not the power to deal with the question to the extent of passing a by-law, and so the Committee of Council had referred the point to a subcommittee. Thus, the Committee of Council had not been in any way remiss in the matter, but had acted upon the subject when it was brought before them, and as soon as they had seen any necessity for action. He contended that those who had acted with the mover and seconder of the resolution at the Edinburgh meeting were responsible for not acting up to their convictions, in not bringing forward any proposal for a by-law to meet the circumstances under discussion when the vote of the members had been taken under their own proposal. They had, therefore, condemned themselves in not bringing forward the by-law, and there was no necessity for the proposed subcommittee external to the Committee of Council, as the Committee of Council had committed themselves to the framing of a by-law to meet the circumstances in which the Association was placed by the admission of the lady members.

Dr. BORCHARDT said the motion and amendment both spoke of the "privileges" of the lady members. He objected to the word "privileges"; for he conceived that the ladies, being *de facto* and *de jure* members of the Association, had rights. The legal question involved was a very immaterial one by the side of the fact that the very honour of the Association was involved in its action.

Mr. PEMBERTON rejoined that he and those with him considered that the ladies had no rights in the Association.

Dr. BORCHARDT added that Mr. Pemberton might think as he had stated; but that question had yet to be decided. Then, too, there were those who thought that, if the ladies had no legal rights in the Association, it would serve the best interests of the Association better not to attack those who had become members. The question ought to be considered in the fulness it deserved, and he should move that "rights" should be substituted for "privileges" in whatever resolution should stand first before the meeting.

Mr. S. GAMGEE said he would substitute the word "rights" for "privileges" in his amendment.

Mr. LAWSON TAIT submitted that it was not competent for the Association to take away the "rights" of any members, or to discuss if those rights could be taken away, and that therefore the amendment should not properly be put.

The PRESIDENT ruled that the amendment was in order.

A vote was taken by show of hands. This was not decisive; and

then a division was called for, in the midst of which many members left. The division gave 40 for the amendment, and 38 against it. The amendment was then declared to be carried.

MEDICAL TEACHING AT CAMBRIDGE.

THE Study Syndicate of the University of Cambridge lately referred to the Board of Medical Studies the important question raised in their fourth report, as to whether it is "desirable to attempt to found a complete Medical School in Cambridge, so as to make it possible for a student to complete his whole medical course here", or whether it is "better for all concerned, whilst making the teaching at Cambridge as perfect as possible in the scientific subjects which are the basis of medicine, to leave students to carry on elsewhere the greater part of their clinical studies, and most of what relates directly to the practice of medicine". They have received the reply which they append, and which they think deserves the careful consideration of the Senate.

The Board of Medical Studies have now considered the question referred to them by the Vice-Chancellor on behalf of the Studies Syndicate, and they have returned an extremely important and satisfactory reply.

They consider that it is inexpedient that students should, as a general rule, complete their whole professional education at any single medical school, and that it is therefore desirable that students should pursue their studies away from Cambridge for a year or more before commencing practice, either before or after their final M.B. examination. They believe, however, that it would be in most cases advantageous to students to carry their medical studies in Cambridge further than is usually done at present, and in some cases as far as the final M.B. examination; and they are, therefore, of opinion that the University should provide systematic instruction in all the subjects necessary for a medical degree, as is done at other Universities.

In order that this may be carried out satisfactorily, they think that the University should provide—

I. A Professor of Pathology. There seems to be no reason, they observe, why the study of pathology should not be most thoroughly and effectively carried on in Cambridge. For this purpose, the University should secure the services of the ablest man that can be obtained, who should devote his whole time and energies to his subject. To ensure this, he ought to be debarred from the private practice of medicine, though it would be most desirable that he should hold a hospital appointment. Under these circumstances, they recommend he should have a stipend of not less than £700 a year. He would ultimately require a Demonstrator.

II. A Professor of Surgery. As he need not be debarred from the private practice of surgery, they consider that a stipend of £300 a year would probably be found sufficient.

III. Systematic teaching in (1) Midwifery and the diseases peculiar to women; (2) Medical jurisprudence; (3) Sanitary science; (4) Mental diseases. This might probably, they think, be provided for £700 a year, or thereabouts; but some, at any rate, of these subjects might ultimately be represented by eminent men upon whom the University might confer the title and status of a professor.

IV. Systematic Clinical Teaching. This is already supplied to a considerable extent by the physicians and surgeons to Addenbrooke's Hospital. It is, however, not definitely connected with the University, or subject to academical regulations. The University might, they consider, with advantage appoint (1) One or more Clinical Lecturers in Medicine; (2) One or more Clinical Lecturers in Surgery; (3) An Assistant Teacher of Medicine and one of Surgery.

It would be the special duty of the two Assistant Teachers to give systematic elementary instruction in Clinical Medicine and Surgery to the younger students. Stipends of £100 a year each would probably suffice for the present for these lecturers and teachers. Other special subjects, such as Ophthalmic Surgery, ought to be provided for in a Medical School which aims at completeness. Arrangements for teaching them might, however, be trusted to grow up with the growth of the School.

This report is signed by Dr. G. E. Paget; Dr. G. M. Humphry (only as regards Nos. I and II and part (3) of No. IV); Dr. P. W. Latham; Dr. J. B. Bradbury (except provision that professor of pathology should not be allowed to practise); Dr. G. D. Living; Mr. Coutts Trotter; and Mr. William Garnett.

We feel sure that the profession at large will welcome this timely, thoughtful, and well-arranged scheme for bringing the University of

Cambridge into satisfactory position in respect to its duties in educating men for the great profession of medicine. It will, we trust, have the collateral effect of shaming Oxford out of its present systematic and determined neglect of that duty.

THE HARVEY TERCENTENARY MEMORIAL FUND.

We are pleased to learn that, in response to the appeal for further donations to the above Fund, which we published a short time since, the following subscriptions have been promised or received.

£10 10s. each: Metropolitan Counties Branch of British Medical Association, Dr. Walter Moxon, and the Marquis of Tweeddale.

£5 5s. each: Mr. W. Allingham, Dr. R. L. Bowles, (second donation), Mr. S. W. Bradnack, Mr. S. Eastes (second donation), Dr. G. S. Jenks, Mr. G. M. Scholey (second donation), and Dr. Wickham Legg.

£5 each: Boxes at Canon Jenkins's lecture, Mr. R. Benyon (per Dr. Bowles), Mr. H. A. Brasse, M.P., Mr. F. D. Brockman, a Friend (per Dr. Quain), Dr. F. B. Hawkins, Miss Phillips (per Dr. Bowles), Mr. Russell Scott, and the Duke of Westminster.

£3 3s. each: The Earl of Glasgow (per Dr. Bowles), Alderman D. H. Stone, Mr. W. F. Teevan, and Dr. Hermann Weber.

£2 2s. each: Mr. C. Bader, Mr. John Ball (per Dr. Bowles), South Wales and Monmouth Branch of British Medical Association, Dr. W. C. Begley, Mr. H. B. Bradley, Dr. Michael Foster, Dr. E. Furley, Mr. John Hart, Mr. F. G. Henriques, Canon R. C. Jenkins, Dr. T. Jarvis, Mr. James Kelcey, Dr. Morell Mackenzie, Dr. W. J. K. Millard, Dr. Withers Moore, Professor W. Odling, F.R.S., Mr. E. Saunders, Mr. W. E. Springall, Mr. Frederick Symonds, Rev. C. J. Taylor, Mrs. Upton (per Dr. Bowles), Mr. G. Vaughan (per Dr. Bowles), Dr. Gerald F. Yeo.

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10s. 6d. each: Dr. G. M. Bacon, Mr. G. Brown, Mr. T. M. Butler, Dr. R. K. Casley, Mr. C. W. Chaldecott, Mr. G. Fisher, Mr. D. J. Francis, Dr. John Jackson, Dr. Norman Kerr, Dr. H. G. Knaggs, Dr. John Morton, Mr. A. A. Napper, Mr. R. J. Pye-Smith, Mr. T. J. Schollick, Mr. C. J. Sells, Dr. J. R. Stedman, Mr. J. H. Sutcliffe, Dr. W. H. Taylor, and Dr. T. J. Walker.

10s. each: Dr. H. Harris, Mr. J. M. Hind, Mr. J. W. Howard, Mr. A. E. T. Longhurst, Mr. G. F. Naylor, Mr. R. Paramore, Mr. James Rose, Dr. J. C. Steele, Mr. Samuel Watson, and Mr. J. G. Westmacott.

During the past week, the new subscriptions promised to or received by the London honorary secretary amount to just £100. The Councils of the medical societies have further recommended their respective Societies to contribute to the Fund; but this cannot of course be done until the next meetings in either case. We learn that the Earl of Radnor has kindly expressed his readiness to grant a site of land at Folkestone for the purposes of the statue. All things point, in fact, to an early realisation of the wishes of those who have the project at heart. But in order to accomplish their purpose they cannot relax their efforts to obtain further funds; and they ask us again to request the members of the profession who have not hitherto contributed to this object to kindly send their donations at once to either of the hon. treasurers (Sir George Burrows, Bart., or Mr. Prescott Hewett), or to either of the hon. secretaries (Mr. George Eastes, M.B., 69, Connaught Street, Hyde Park Square, London, W.; or Mr. W. G. S. Harrison, B.A., Town Clerk, Folkestone), or to pay them into the account of the Harvey Tercentenary Memorial Fund, at the Western Branch of the Bank of England, Burlington Gardens, London, W. Subscriptions from five shillings upwards will be very acceptable.

NOSOLOGICAL RELATION OF PROGRESSIVE PERNICIOUS ANÆMIA.

—A. Wernich (*Deutsches Archiv für Klin. Med.*, Band xx) comments on the great similarity in the symptoms and pathological changes in progressive pernicious anæmia and beriberi, and comes to the conclusion that progressive pernicious anæmia, cachectic dropsy, beriberi, scurvy, and chlorosis belong to a family of constitutional diseases of nutrition.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Freemasons' Tavern, Great Queen Street, Lincoln's Inn Fields, London, on Wednesday, the 17th day of April next, at Two o'clock in the afternoon.

FRANCIS FOWKE,

General Secretary.

36, Great Queen Street, London, W.C., March 25th, 1878.

SOUTHERN BRANCH: DORSET DISTRICT.

THE next meeting will be held at Bournemouth, on Wednesday, April 17th, 1878.

The business meeting will be held at the Criterion Hotel, at 4 P.M.

Subject for Discussion: *Post Partum* Hæmorrhage and the Means of Preventing it.

Dinner at 6 P.M. Charge 5s. each, exclusive of wine.

Members intending to be present are requested to notify the same to Mr. NUNN, Maplestead, Bournemouth, on or before April 13th.

WM. VAUDREY LUSH, M.D., Weymouth, } *Hon. Secretaries.*
C. H. WATTS PARKINSON, Wimborne, }

NORTH OF ENGLAND BRANCH.

THE spring meeting of this Branch will be held in the Board Room of the Guardians, at Hexham, on Thursday, April 25th, at 2 o'clock P.M.

The following papers, etc., have been promised.

1. Drs. Stainthorpe and Farmer: Case of Aortic Aneurism in a boy aged 13.

2. Drs. Stainthorpe and Farmer: Case of Contracted Knee-Joint, recently operated on by division of the Tendons and Forcible Extension.

3. Dr. Byrom Bramwell: On the Differential Diagnosis of Aortic Aneurisms and other Intrathoracic Tumours, with cases and specimens.

4. Dr. E. C. Anderson: On Leucine and Tyrosine, and their Diagnostic Value in Disease, with cases.

5. Dr. James Murphy: Exhibition of Tarnier's Obstetric Forceps.

6. Dr. James Murphy: On Puerperal Convulsions.

7. Dr. Philipson: Notes of a Case of Hæmaturia.

Dr. J. C. Murray: Case of Difficult Instrumental Labour for Deformed Pelvis.

Dr. M. McW. Bradley: *Post Partum* Hæmorrhage; with notes of three cases successfully treated by compression of the Abdominal Aorta.

Dinner at the White Hart Hotel at 4.30 P.M.; charge six shillings, exclusive of wine.

G. H. PHILIPSON, M.D., *Honorary Secretary.*

Newcastle-upon-Tyne, April 2nd, 1878.

BATH AND BRISTOL BRANCH.

THE fifth ordinary meeting of the Session will be held at the York House, Bath, on Thursday, April 25th, at 7.15 P.M.; HENRY MARSHALL, M.D., President.

R. S. FOWLER, } *Honorary Secretaries.*
E. C. BOARD, }

Bath, April 1st, 1878.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

THE second and last meeting of the twenty-first session, 1877-78, was held at Rochester on March 19th; Dr. BURNS, R.N., in the Chair.

The *Honorary Secretary* was re-elected.

Meetings.—No place of meeting for next session was appointed, but permission was accorded the *Honorary Secretary* to ascertain the views of members respecting evening meetings for discussion of medical subjects and one afternoon meeting and dinner annually.

New Members.—Two gentlemen were elected to the Association, viz.: Dr. Veale, Surgeon-Major, Chatham; and William C. Gasteen, M.B., Surgeon Army Medical Department, Chatham.

The late Mr. Fry.—The death of Frederick Fry, Esq., F.R.C.S., of Maidstone, was announced by the Honorary Secretary, and sorrow was expressed by the members present. Mr. Fry was one of the promoters of the district meetings.

Medico-Ethical Committee.—Mr. R. I. Nisbett of Gravesend was elected a member of the Medico-Ethical Committee, *vice* Mr. C. J. Pinching, resigned.

The Balance of Subscriptions existing in May 1870, when the Branch undertook to pay the district expenses, was ordered to be retained by the Honorary Secretary until further directions.

Papers.—The following papers were read. 1. A series of six cases of Acute Necrosis. By A. W. NANKIVELL, F.R.C.S. 1. Boy aged 9; July 16th, 1873; necrosis of both tibiae, of five months' duration; cause—wet by snow; recovery after operation. 2. Girl aged 13; May 1874; necrosis of right fibula, of two weeks' duration; cause—fall; recovery after operation. 3. Boy aged 15; July 25th, 1877; necrosis of right radius, of three months' duration; cause—erysipelas, so-called; recovery after operation. 4. Boy aged 13; November 14th, 1877; necrosis of left leg and knee, of three weeks' duration; cause—fall; amputation for knee-joint disease: recovery. 5. Boy aged 7; January 30th, 1878; necrosis of left tibia, of two months' duration; cause—fall; recovery after operation. 6. Boy aged 9; January 16th, 1878; necrosis of right femur, of seven weeks' duration; cause—wet; recovery after operation, but some dead bone remains for future interference. Mr. Nankivell insisted on the necessity of early diagnosis and of free deep incisions in the first stage.

2. A case of Disruption of the Sacro-Iliac Synchronosis with Displacement of the Sacrum forwards without Fracture, was read by J. THORESBY JONES, Esq.

Dinner.—Twelve members and visitors adjourned to dinner at the Bull Hotel.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

THE sixty-sixth meeting was held in the Council Chamber at Dover on March 21st, 1878; present, Dr. ROBINSON in the chair, and twenty-five members.

Communications.—1. Mr. CLEMENT WALTER communicated a case of Hydrophobia.

2. Mr. TEEVAN (London) read a paper on the Importance of an Early Diagnosis of Stone in the Bladder.

3. Mr. WACHER brought forward a case of Foreign Body in the Female Bladder.

4. Mr. COKE related a case of Compound Displacement of the Shaft of the Tibia from its Lower Epiphysis.

Dinner.—The members (twenty-four in number) afterwards dined together.

YORKSHIRE BRANCH: SPRING MEETING.

THE spring meeting of this Branch was held at the Infirmary, Rotherham, on Wednesday, March 27th, 1878.

Communications.—The following communications were read.

1. Dr. SHANN: A Case of Tumour of the Brain.

2. Dr. CLIFFORD ALLBUTT: Cases of Pernicious Anæmia; Case of Pill swallowed into Left Bronchus.

3. Dr. EDDISON: Treatment of Hydatid Cysts.

4. Mr. SNELL: A Case of a Foreign Body imbedded in the Fundus Oculi; Case of a Foreign Body in an Eye for Twenty-nine Years.

5. Dr. THOMAS: A Case of Diphtheria.

6. Mr. KNIGHT: A Case of Tumour of the Fore-arm.

7. Dr. BRAITHWAITE: Two Cases of Inversion of the Uterus; Case of Relaxation of the Pubic Symphysis.

Dinner.—After the meeting, thirty-three members dined at the Ship Hotel.

SOUTH OF IRELAND BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held in the Royal Cork Institution, on Saturday, March 30th: the President in the Chair.

The Secretary.—The following resolutions were passed unanimously.

1. Proposed by Dr. O'FLYNN and seconded by Dr. A. O'CONNOR: "That, in consequence of the removal of Dr. Ringrose Atkins, our present Secretary, to Waterford, Dr. P. J. Cremen be appointed to act as joint Secretary with him for the Cork district."

2. Proposed by Dr. H. M. JONES and seconded by Dr. P. J. CREMEN: "That the thanks of the Branch be conveyed to Dr. Ringrose Atkins for the services he has rendered to it in his capacity as Secre-

tary, and for the able manner in which he has discharged the duties of his office; and while we congratulate Dr. Atkins on his well deserved promotion, we desire to express to him our regret at his departure from this city, though we are happy to find that he still retains his connection as Secretary of our Branch."

Admission of Women to the British Medical Association.—After a discussion on the subject, a general opinion was expressed adverse to the admission of women to the Association, and to their presence at its meetings.

METROPOLITAN COUNTIES BRANCH: GENERAL MEETING.

AN adjourned general meeting of the Metropolitan Counties Branch was held at the house of the Medical Society of London, 11, Chandos Street, W., on Wednesday, March 27th, at 8 P.M.: S. W. SIBLEY, Esq., President, in the chair.

The Harvey Tercentenary Fund.—A letter was read from the Committee of the Harvey Tercentenary Fund, asking for the support of the Branch. The PRESIDENT announced that the Council had just voted £10 10s. from the funds of the Branch; and he hoped that the members generally would add their names to the subscription-list.

PROVIDENT DISPENSARIES.

The discussion on Mr. Holmes's paper on Provident Dispensaries, adjourned from the meeting held on February 27th, was resumed.

The PRESIDENT gave a brief summary of the proceedings of the previous meeting; remarking that what was most desired was information as to the practical working of provident dispensaries.

Mr. HOLMES moved the following resolutions:—

"1. That, in the opinion of this meeting, no patients ought to be admitted gratuitously at the out-patient departments of hospitals, except for medical reasons, shown by the recommendation of the patient by some medical authority.

"2. That the wage-earning classes, who are above the necessity of gratuitous out-patient relief under the Poor-law, would obtain more efficient medical attendance by paying the proper subscription to a provident dispensary than they now have at the free out-patient departments of hospitals.

"3. That, if freed from the competition of the free hospitals and dispensaries, provident dispensaries might be founded in London, on principles fair both to the patients and to their medical attendants.

"4. That the out-patient departments of public hospitals might be connected with the institutions charged with the medical care of the working classes, with great advantage to the public health and to medical education."

He said that what was wanted was not so much a discussion on general principles, regarding which there was much agreement, as information with regard to the practical working of the dispensaries, and to any amendments that might be necessary.

Dr. GRIGG seconded the resolutions.

Dr. BURNLEY YEO proposed as an amendment to the first, second, and fourth resolutions—

"That this meeting is of opinion that, in hospitals to which medical schools are attached, the cases of all applicants for admission as out-patients should be submitted to a preliminary investigation by a competent medical authority, who should determine, exclusively on medical grounds, whether the cases were suitable for admission to the out-patient department of the hospital in question or whether they should be referred to a poor-law or a provident dispensary."

He agreed with much that had been said by Mr. Holmes in his paper, and was not opposed to the formation of provident dispensaries; but he objected to their proposed relation to the hospitals and medical schools. How was it that the gentlemen engaged in the out-patient departments of the hospitals had not been found willing to co-operate in the provident dispensary movement? The answer was not difficult. There had been a tendency to exaggerated statements as to the way in which the out-patient work was done. Mr. Holmes had spoken of the advice given in the out-patient departments as being hurried and worthless. Dr. Gairdner of Glasgow had stated that, in some hospitals in London, five, three, or two minutes was all the time that could be given to the investigation of a serious case. He could not help thinking that such erroneous statements had been gathered from the publications of the promoters of provident dispensaries. He had been for some years engaged in out-patient work, and, from the observations which he had made, he believed the statements of Dr. Gairdner and Mr. Holmes to be quite inconsistent with fact. Could it be supposed that the medical officers of the out-patient departments were men

capable of making blind guesses and writing useless prescriptions? No men in the profession did their work more conscientiously. Another exaggeration was as to the class of patients who attended the out-patient rooms. He could not comprehend the statements which had been made, that ladies went to the hospitals in their servants' dresses in order to get advice, this advice being declared to be worthless. Where was the information gained? Supposing that some persons who could possibly pay for medical advice did attend the hospitals, the circumstances to which they would have to submit must be considered—having, for instance, their chests percussed by several athletic students. The proposed connection of provident dispensaries with the general hospitals was impracticable. Either the out-patient departments must be made into provident dispensaries; or the lay and medical managers of the hospitals must be asked to allow an important department to be under the direction of persons over whom they had no control. Mr. Holmes had said that the connection of provident dispensaries with the hospitals would give the students opportunities of visiting the patients at their own homes. But they would not do so unless compelled to do so by the regulations of the examining boards. Very great difficulty was found in getting students to attend midwifery cases beyond the number required for their certificates. In every hospital, there should be a well qualified paid medical officer who should examine all applicants, selecting those fit for the out-patient department, and directing those who were unfit as to the manner in which they might obtain advice at provident or poor-law dispensaries.

Mr. S. S. ALFORD seconded the amendment *pro forma*. He had had twenty-eight years' experience of the working of provident dispensaries, and would give the results of his observations. At Haverstock Hill, there was a successful provident dispensary which had been established thirteen years, numbering nearly five thousand members. Four medical officers were now connected with it. The management was in the hands of a committee elected from the honorary subscribers, and including the medical officers *ex officio*. The free members paid 4d. a week for a family including husband and wife and all children under fourteen, with another 1d. a week for all above fourteen. For each confinement, 15s. was paid, to which 5s. was added from the honorary fund. Wives might join with their families if their husbands belonged to a club for 3d. a week; widows and single women paid 1d. a week; single men above eighteen 1½d. a week. No free members could obtain medical treatment until three months after admission, unless they paid an entrance fee of 5s. and three months' subscriptions. The resident dispenser also acted as assistant-secretary, receiving the payments and keeping the books. The honorary fund, amounting to about £230 a year, paid for the rent, dispensers' and porters' salary, printing, and all incidental expenses. The payments of the free members, which amounted in 1877 to £732, including £107 for midwifery, were devoted to the payment of the drugs, the remainder being divided amongst the medical officers. It was intended to pay for quinine and cod-liver oil from the honorary fund; but it had not been sufficient. In 1876, £575, and in 1877, £648, was divided amongst the then three medical men, besides £8 to the midwife. The working classes largely availed themselves of the dispensary. Mr. Alford gave a short history of the origin of provident dispensaries in his neighbourhood. In 1849, a dispensary was established with the assistance of the late Mr. Smith of Southam, the father of provident dispensaries; but it failed through the opposition of the supporters of a free dispensary in the neighbourhood, and from the secession of several of the medical attendants. In 1865, a provident dispensary was again started, and its success justified the expectations formed. Last year, one of the medical men received £275 as his share. Efficient management was very important; correctness in receiving the numerous small payments, and keeping a close supervision on these payments, was essential to success. How far provident dispensaries and hospitals could be got to work together, by sending the worst and most marked cases to the hospital in these days of intelligent general practitioners, it was difficult to see. He was sure that well managed provident dispensaries were certain to succeed. They would have an elevating influence on the working classes; and would well pay the medical man. With proper care, none need be allowed to join who ought not to do so, and thus the general practitioner would not be injured; certainly, his books would be freed somewhat from bad debts. In the Haverstock Hill Provident Dispensary, the free members were limited to persons receiving less than 30s. a week; this had since been raised to 40s. in consideration of the increased price of provisions, etc. By the establishment of provident dispensaries, the working classes would secure prompt and efficient medical attendance; good drugs; no time would be wasted by waiting at hospitals; they would suffer no degradation in taking what they could well pay for; and above all, would have no long doctors' bills and county court summonses and judgments hang-

ing over their heads. Therefore, as a real benefit to the working classes, and no loss, but a positive gain, to the medical profession, he strongly recommended the establishment of provident dispensaries.

SIR CHARLES TREVELYAN wished to make a few observations. The out-patient departments of hospitals had been formed in order to provide for the medical treatment of the people. He understood, however, that the increased attendance led to expenditure of the strength of the patients through delay in the waiting-rooms, the communication of infectious diseases, and want of sufficient time to attend properly to each case. The congestion of the department must be diminished; and it had to be considered on what principle this should be done. The first idea was that a classification should be made according to the pecuniary circumstances of the applicants; but further consideration showed that it must be on medical grounds. Hospitals were intended for serious cases; while less severe illness should be provided against by persons as a part of their ordinary expenditure, so that they might be attended at provident dispensaries in their neighbourhood, or at their own homes, where ample time could be given for investigation and they might select their medical attendants. The beneficial influence of the presence of medical men in the homes of the people would be inestimable. There had been a movement in favour of trained nurses. This might become only another means of pauperising; but if the nurses were connected with provident dispensaries, the work could be done efficiently without leading to pauperism. A provident dispensary was like an assurance institution, except that the advantages were received during life instead of after death. Their advantages to medical men were that small accounts were avoided, and no bad debts contracted. As to actual payments, they were very liberal at Northampton, Derby, and some other places; at Camberwell, in 1876, they amounted to £819; at Haverstock Hill to £648 in 1877; at the Royal Pimlico Dispensary to £369 in 1876. If the system had fair play, the amount would be much greater. The clubs were an imperfect and crude form of provident dispensaries; they excluded women and children, who required care of their health even more than the men. The most perfect example of the junction of the provident system with a general hospital was presented by the Royal Albert Hospital at Devonport. Dr. Nankivell had succeeded in getting the provident system adopted in the Torbay Infirmary; and the same thing had been done in West Bromwich, Guildford, and other towns. In London, there were three provident dispensaries in the neighbourhood of St. George's Hospital. Each hospital in London should be the centre of a system of provident dispensaries, sending to them the trivial cases and receiving in return the more important ones. The medical officers of each general hospital should be the consulting officers to all provident dispensaries in the district. It was not necessary that the hospitals and the dispensaries should interfere with each other; they might work in co-operation. With regard to the charge of exaggeration raised by Dr. Yeo, numerous medical men had expressed dissatisfaction at being obliged to attend to the patients in a perfunctory way. He had also been long ago informed of cases in which persons who could well afford to pay attended the out-patient departments. He thought Dr. Yeo's amendment unnecessary.

Dr. JOSEPH ROGERS said that Dr. Yeo's statement as to the manner in which the duties of the medical officers were performed could not be correct, if the figures given each year as representing the number of patients attended in the hospitals were to be relied on.

SIR RUTHERFORD ALCOCK said that the subject under discussion was one in which he had taken much interest. Dr. Yeo's statements had been very effectually met. As to provident dispensaries, there were two great difficulties. There was the danger of receiving patients who could pay their medical men; and, on the other hand, many went to gratuitous dispensaries who ought to go to provident dispensaries. It was difficult to steer between these two difficulties. The amount of wages was a very uncertain guide. A man earning thirty shillings a week, and having a sick wife, was as much an object of charity as one who had twenty shillings without such incumbrance. The great question was, whether the out-patient departments of hospitals were overcrowded, and whether the poor had proper attendance in the hospitals. He must say that the argument was much against the present hospital system. It was not possible to attend to a patient in one or two minutes. There was a general complaint that the number of patients was too great for the medical officers. He did not think that the medical officers of hospitals ought to be expected to spend their time in seeing fifty or more trivial cases in a day. The medical profession had a strong interest in having the system readjusted on a better principle. Instead of the hospitals and provident dispensaries being antagonistic, their co-operation would conduce to the benefit of the patients.

Mr. H. C. BURDETT spoke of the sums divided among the medical

officers at some of the provident dispensaries. In Manchester, in 1874, fifty medical men divided £2,000 raised from 100,000 members. In Northampton—where the limitation of the staff created some dissatisfaction among other members of the profession—nearly £2,000 had been divided in one year among three medical men, one of them receiving as much as £1,200. As to Dr. Gairdner's statements, no doubt he had a foundation for them. At St. Thomas's Hospital, under a system of selection, the number of cases in a year had been in three years reduced from 60,000 to 20,000. His view was that the additional 40,000 must be put down as trivial cases, or casualties. At Guy's Hospital, the applicants were examined first by the house-surgeon, and this year one-half of those applying as out-patients had been rejected. Would it not be possible to combine the resolutions and the amendment? Without unanimity, it would be impossible to get a system that would work. He would suggest a conference of the representatives of provident dispensaries and of hospitals, and the appointment of a joint-committee from both sides, who might consider Mr. Holmes's proposals. The plan which had been followed in Manchester since 1873 was a valuable one. Severe cases were sent from the provident dispensaries to the infirmary; and, instead of the provident dispensaries interfering with clinical teaching, the Manchester School of Medicine had risen to the first place among the provincial schools. He wished that the provident dispensaries could altogether wipe out the free dispensaries; the latter encouraged improvidence by the way in which tickets were issued.

Dr. SHRIMPTON thought that the object of the nursing association had not been understood. He believed that it was capable of rendering great service to the provident dispensaries, by supplying nurses who could be called on by the medical men to attend the patients of these institutions just as in the case of private patients. The promoters of the nursing association were anxious to act with all existing institutions, and to enable the nurses to live on their own resources.

Mr. JABEZ HOGG thought that the abuse of the out-patient departments must be admitted by all who had had experience of it. It was impossible for the medical officers to do their duty; and the reason why so few of them acted with the promoters of provident dispensaries was that, if they did so, they rendered themselves obnoxious to the managing bodies of the hospitals. In twenty-seven years' practice at an ophthalmic hospital, he had often met with patients who were able to pay: for example, an owner of house property and the manager of a provincial bank. In the Dispensary for Skin-diseases, managed for many years by Mr. Hunt, the patients never objected to pay one or two shillings.

Dr. R. LEE said that an important question was the extent to which the interests of general practitioners would be affected by the provident dispensaries. The only speaker on this subject had been Mr. Alford, who was strongly in favour of provident dispensaries.

Dr. MORTON said that, unless care were taken, the provident dispensaries might do serious injury to general practitioners. This, however, might be obviated by care. His experience in the working of a provident dispensary had been not so successful as that of Mr. Alford: the dispensary had been successful; but this was due mainly to the honorary subscriptions. Unless it were self-supporting, there would be great difficulties.

Mr. G. BROWN considered the provident dispensary system worthy of the support of general practitioners.

Mr. PARAMORE had been told by a friend, that he had suffered injury through the establishment of the provident system in the Royal Albert Hospital at Devonport.

Mr. HOLMES having replied, Dr. YEO withdrew his amendment, and the original resolutions were passed *nem. con.*

CORRESPONDENCE.

DO MEDICAL MEN PROMOTE INTEMPERANCE?

SIR,—Permit me to invite the attention of the profession to a charge which is being persistently brought against us by temperance advocates in their speeches. I take an interest in the Church of England Temperance Society, and have, on several occasions, been present at meetings intended to forward its objects in my own immediate neighbourhood and elsewhere.

At such meetings, I have heard speakers—men of station, education, and influence—attack the medical profession, without limitation, as promoters of intemperance among the poor by the reckless prescription of alcoholic stimulants for trifling ailments. While recently on a visit to some friends in a western county, I was requested by the parish clergyman to attend a meeting of his parishioners convened to establish

a branch of the Church of England Temperance Society. The meeting was well attended by all ranks, and was considered a success by those who organised it. But, as usual, "the doctors" came in for censure as promoters of intemperance. I said what occurred to me on the spur of the moment in defence of my profession, and, on the following day, in letters addressed to the principal speakers, I challenged the accuracy of their imputations. I pointed out that the use of alcohol in disease is one of the most difficult and delicate questions in a difficult and delicate art; that it is not to be settled by platform jokes and cheap sneers, which, however adapted to raise ignorant laughter and applause, are not likely to influence the practice of medical men; further, that the speakers have not, in the course of daily duty, to stand at the bedside, finger on a faltering pulse, to decide the often life or death question of stimulants or no stimulants. And I ventured to dwell on the impolicy of causing irritation in the minds of medical men by such unqualified attacks, thus running the risk of disgusting them, and preventing them from supporting a movement directed against a vice better known to them in its terrible results than to any other class in the community. My remonstrances were taken in good part; but, while they did not deny that alcohol might be judiciously used in the treatment of disease, my correspondents firmly but courteously insisted that many practitioners do largely encourage intemperance by the thoughtless manner in which they order stimulants, giving me the assurance that, in numerous instances within their own knowledge, re-claimed drunkards were in this way led to return to their old habits.

I was led, in consequence, on my return home, to put myself in communication with many earnest workers among the intemperate, and found that one and all of them, rightly or wrongly, make the same complaint. We all know that, among people far removed from the poor in station and circumstances, we meet with intemperate men and women, who, when remonstrated with by their friends, do often most falsely blame their doctors for their excesses. I have had abundant evidence of this at home and abroad; and there is much reason to believe that the same excuse is often just as falsely pleaded by the poor. Making due allowance for a reasonable proportion of such cases, is there still ground for this serious charge, so persistently made against a not inconsiderable number of practitioners of unintentionally, but not less certainly, promoting intemperance in the manner indicated above? I cannot answer the question. But I think it is time an answer should be forthcoming; for the charge is being daily made. Once more, I invite attention to the fact that the charge comes not always from vulgar and intemperate fanatics, but, as I can testify, from men of station, intelligence, and experience, who say of us that we are responsible for this evil.—I am, sir, your obedient servant,

Netley, April 5th, 1878.

W. C. MACLEAN, M.D.

HOSPITAL FINANCE.

SIR,—I notice with great pleasure a suggestion in the JOURNAL of April 6th from Mr. Custance for a conference of hospital managers. I trust this suggestion will attract the attention it deserves. Mr. Custance is thinking mainly, if not exclusively, of the question of hospital finance. But there are other subjects also which such a conference would be peculiarly well employed in discussing, such as the out-patient question, which is now engaging the attention of a committee of the Association, of which I am chairman. We are continually met by the difficulty that the reform which we believe to be wanted in that direction cannot be made without the co-operation both of the lay and medical members of hospital administrations. Now, these two elements have hitherto been kept far too much apart. There are questions, such as that of medical teaching, which, though of the greatest public importance, are relegated entirely to the medical man; and others, such as the finance and general administration of the hospital, which, though of the greatest medical importance, are regarded as the exclusive province of laymen. If there were some general body in which both could freely mingle, and where all hospitals, great and small, with schools and without, would be represented, I am persuaded that more enlightened views would prevail on subjects of hospital management as well as on that of hospital finance. Meanwhile, the general question of the uses and abuses of hospitals, and of the application of the great revenues spent on hospitals, is coming more and more into public notice, and the idea of a formal inquiry into the whole matter either by a Royal or Parliamentary Commission is becoming familiar to people's minds. In such a contingency also, a common deliberative body which would in some degree secure the adequate representation of all the interests affected would be most useful.—I am, sir, yours, etc.,

T. HOLMES.

18, Great Cumberland Place, Hyde Park, W., April 9th, 1878.

other calls on him besides merely providing for himself, I think he is bound to act on the supposition that he shall be turned out at the end of ten years with a bonus of £1000; therefore it behoves him to try and save something out of his pay so as to add to that bonus. This, though perhaps possible at home (if he have only himself to provide for), is certainly impossible in India, on account of increased expenses. He must keep a horse, he must employ at least five servants, he may even be obliged to provide himself with a tent, etc.; add to this, that nearly all articles in common use are more expensive as well as messing, etc.; and in this country we must remain five years, unless invalidated home during that period. If the latter calamity occur, provision is made that "at the discretion of our Secretary of State for War he may be granted half pay at a rate not exceeding 8s. *per diem* if he have served five years or more, or 6s. *per diem* if he have served less than five years for a period not exceeding six months at a time. If at the expiration of six months he be unable to resume duty, a further period of six months will be allowed *without pay*; at the expiration of which time, if still unable to resume duty, his services shall be dispensed with. These conditions as regards sick-leave might surely be ameliorated; and, in all common fairness, we ought to get 3s. 8d. *per diem* in addition to the 37 rupees per month we are now getting in India—viz., the difference between our home pay and the former surgeons' home pay—our home pay being 13s. 8d. *per diem*, and theirs being 10s.

As far as pay goes, the present Warrant is an improvement on former ones, provided the surgeon serves at home; but as at least the greater part of his service will be in India, he is worse off than he was before, as he was then serving towards a pension, while at present he is not.—I am, sir, yours, etc., PERICK.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Board of Examiners, on April 4th; and, when eligible, will be admitted to the pass-examination.

Messrs. Octavius A. Collins, William T. Wyatt, G. W. Hamilton Cumming, Ernest Clarke, William J. Collins, and Henry R. Spackman, students of St. Bartholomew's Hospital; Thomas W. L. Beales, Dudley C. Trott, R. J. Herbert Scott, and L. W. Kinglake Phillips, of Guy's Hospital; Ebenezer D. Evans, James C. Marsden, and Henry Maudsley, of University College; Marmaduke Pittard and J. Barrington Baker, of the Charing Cross Hospital; John Thomas and W. Woolmington Webber, of St. Thomas's Hospital; I. J. Edward Renshaw, of the Manchester School; J. MacDonald Rogers, of the Middlesex Hospital; H. C. Rudolph Burn, of St. George's Hospital; and C. Graham Havell, of St. Mary's Hospital.

The following gentlemen passed on April 5th.

Messrs. Charles D. Davis, A. Osborne Knight, and Mark Jackson, of the Middlesex Hospital; Robert Heeles, T. Percy Woodhouse, and R. Isherwood Williamson, of St. Thomas's Hospital; U. A. Carpenter Harris, W. G. Augustus Bedford, and John Wilson, of St. Bartholomew's Hospital; Herbert G. Ashwell and John W. Sanders, of Guy's Hospital; E. A. Haden Horsley and H. Montague Murray, of University College; George C. Gandin and William H. Hiddings, of St. George's Hospital; William G. Evans and H. Sullivan Parker, of King's College; Henry W. Pomfret, of the Manchester School; J. P. Budgett Wills, of St. Mary's Hospital; Thomas G. Stonham, of the London Hospital; W. Jenner Clarke, of the Charing Cross Hospital; and Deane Bennett, of the Charing Cross and St. Mary's Hospitals.

The following gentlemen passed on April 8th.

Messrs. Alfred Hoare, Charles A. Weber, Heaton C. Howard, and F. D. Caesar Hawkins, of St. George's Hospital; Sidney H. Lyndeman, William T. M. Clark and Henry J. Towson, of St. Bartholomew's Hospital; Henry W. F. Makeham and William H. F. Jones, of the London Hospital; Charles R. Crane, of the Charing Cross Hospital; Christopher J. Watkins, of University College; Kenneth W. Millican, of St. Mary's Hospital; Edward A. Starling, of Guy's Hospital; Charles S. Sherrington, of St. Thomas's Hospital; William A. Morris, of King's College; Peter F. Sturridge, of the Middlesex Hospital; and Richard Honeyburne, of the Liverpool School.

The following gentlemen passed on April 9th.

Messrs. G. Hutchinson Milnes, Charles J. Marsh, Norman McB. Reid, and C. Bradley Maitland, of St. George's Hospital; Dudley W. Buxton, Henry R. Gatley, and Denis W. Donovan, of University College; William H. Quicke and Charles W. Glassington, of the Westminster Hospital; George L. Galpin, of the Middlesex Hospital; William Renne, of the Liverpool School; Robert Maguire, of the Manchester School; and John Phillips, of the Cambridge School.

Twenty-six candidates out of the one hundred and sixty-two examined, having failed to acquit themselves to the satisfaction of the Board, were referred to their anatomical and physiological studies for three months.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 4th, 1878.

Claremont, Claude Clarke, Millbrook House, N.W.
Evans, James William, Trevaughan, Carmarthen
Green, Albert Edward, Ashford Terrace, N.
Green, Charles, Eston, near Middlesbrough
Matthews, Valentine, 35, Southampton Street, Strand
Osborn, William Henry, Wheeley's Road, Birmingham
Robins, Harvey, Park House, Notting Hill
Swann, Alfred, Mannington, Yorkshire
Wells, Alfred George, Cross Street, Horselydown, S.E.

The following gentlemen also on the same day passed their primary professional examination.

Hare, Evan Herring, St. Thomas's Hospital
Hawkins, Walter Robert Thomas, London Hospital

Prince, Herbert, Charing Cross Hospital
Shapley, Frank, London Hospital
Steele, Warwick Charles, St. Bartholomew's Hospital

MEDICAL VACANCIES.

The following vacancies are announced:—

ABBEYLEIX UNION—Apothecary for the Workhouse. Salary, £40 per annum. Election will take place on the 16th instant.

ASHTON-UNDER-LYNE DISTRICT INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to be made on or before the 17th instant.

BOURNEMOUTH GENERAL DISPENSARY and COTTAGE HOSPITAL.—Resident Medical Officer. Salary, £120 per annum, with rooms, coals, gas, and attendance. Applications to be made on or before the 18th instant.

BRISTOL GENERAL HOSPITAL. Physician's Assistant. Salary, £50 per annum. Applications on or before the 19th instant.

EASTERN DISPENSARY OF BATH.—Resident Medical Officer. Salary, £100 per annum, with furnished apartments, coals, gas, and servants. Applications to be made on or before the 16th instant.

ENNIS DISTRICT LUNATIC ASYLUM.—Resident Pupil. Applicants must be qualified as Physician and Surgeon, and not above thirty years of age. Salary, not less than £50, or more than £60 per annum, with apartments and rations.

GERMAN HOSPITAL, Dalston.—Honorary Assistant-Surgeon. Applications to be made on or before May 1st.

KENT and CANTERBURY HOSPITAL.—Assistant House-Surgeon and Dispenser. Salary, £50 per annum, with board, lodging, and washing. Applications to be made on or before the 25th instant.

NARBERTH UNION.—Medical Officer for No. 4 District. Salary, £35 per annum, and fees, with £10 as Medical Officer of Health.

QUEEN'S HOSPITAL, Birmingham.—Honorary Physician. Applications to be made on or before the 13th instant.

ROSCOMMON INFIRMARY.—Resident Apothecary and Registrar. Salary, £60 a year, apartment, rations, fuel; or a Non-resident Apothecary to compound the medicines at £30 a year; and a Registrar at £30 yearly. Applications to the 17th instant.

ROYAL CORNWALL INFIRMARY.—House-Surgeon, Secretary, and Dispenser. Salary, £200 per annum, with furnished rooms, coals, gas, and attendance. Applications to be made on or before the 24th instant.

TOWCESTER UNION.—Medical Officer and Public Vaccinator for the Blakesley District. Salary, £60 per annum, and fees. Applications to be made on or before the 22nd instant.

TRALEE UNION.—Medical Officer for Brosna Dispensary District. Salary, £100 a year as Medical Officer, and £20 per annum as Sanitary Officer, with the usual Registration and Vaccination Fees. Applications to the 20th instant.

WARNEFORD, LEAMINGTON, and SOUTH WARWICKSHIRE HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to be made on or before the 16th instant.

WESTMINSTER HOSPITAL.—House-Physician and House-Surgeon. Applications to be made on or before the 20th instant.

YORK DISPENSARY.—Resident Medical Officer. Salary, £130 per annum, with furnished apartments, coals, and gas. Applications to be made on or before the 18th instant.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

AMPHLETT, Edward, M.A., M.B., appointed Assistant-Surgeon to the Charing Cross Hospital, *vice* *E. Bellamy, F.R.C.S., appointed Surgeon.

***BROWN, Charles R., M.D.,** appointed Honorary Physician to the All Saints' Convalescent Hospital, Eastbourne, *vice* Arthur Whitefield, Esq., deceased.

***BRUNTON, John, M.A., M.D.,** appointed Honorary Consulting Surgeon to the Royal Caledonian Asylum, *vice* Sir William Fergusson, Bart., deceased.

CANTLIE, James, M.B., appointed Assistant-Surgeon to the Charing Cross Hospital, *vice* R. Godlee, F.R.C.S., resigned.

PIDCOCK, G. D., B.A. Cantab., appointed Assistant House-Surgeon to the Cumberland Infirmary, Carlisle, *vice* J. W. Hinings, M.R.C.S., resigned.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

BARNES.—On April 7th, at 45, Lowther Street, Carlisle, the wife of *Henry Barnes, M.D., of a son.

MOORE.—On April 9th, at 40, Fitzwilliam Square West, Dublin, the wife of *John William Moore, M.D., of a daughter.

WATSON.—On April 5th, at Tottenham, the wife of *W. Tyndale Watson, M.D., of a daughter.

DEATHS.

MACAW, Kennedy, M.D., Surgeon-Major, aged 37, on April 9th.

MACLAGAN.—On April 6th, at 14, Melville Street, Edinburgh, aged 88, Jane Whiteside, widow of David MacLagan, M.D., F.R.S.E., Physician to the Forces, and Surgeon-in-Ordinary to the Queen for Scotland.

THE WIGAN INFIRMARY will receive the sum of at least £150 as the result of the exhibition of pictures painted by Captain Charles Mercier.

DONATION.—The Rev. Arthur Pakenham has given £200 to the Belfast Royal Hospital, in remembrance of his brother, Lieutenant-Colonel Pakenham; making, with previous contributions, the sum of £1000 towards the funds of this institution.

OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.

TUESDAY..... Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.

WEDNESDAY.. St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—King's College, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.

THURSDAY... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—St. Thomas's (Ophthalmic Department), 4 P.M.—London, 2 P.M.

FRIDAY..... Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.

SATURDAY.... St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Mr. Owen, "Two Cases of Wry Neck"; Dr. Drysdale, "On Syphilis as a cause of Aphasia and Locomotor Ataxy".

TUESDAY.—Pathological Society of London, 8.30 P.M. Diseases of the Lymphatic System (concluded). Specimens by Dr. Hoggan, Mr. Porter of Netley, Drs. Kesteven, Turner, Dickinson, and Garlick. Also, by Dr. Dickinson: Ulceration of the Bowel in connection with Granular Kidney. Dr. Ord: 1. Renal Calculi of mixed Carbonate and Phosphate; 2. Specimens of Spontaneously Disintegrated Calculi.

WEDNESDAY.—Association of Surgeons Practising Dental Surgery, 8.30 P.M. Ordinary Meeting.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL*, are requested to communicate beforehand with the printer, Mr. Thomas Richards, 37, Great Queen Street, W.C.

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*.

COMMUNICATIONS respecting editorial matters, should be addressed to the Editor, 37, Great Queen Street, W.C.; those concerning business matters, non-delivery of the *JOURNAL*, etc., should be addressed to the General Manager, at the Office, 36, Great Queen Street, W.C., London.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

DR. ABRATH'S (Sunderland) communication arrived on Thursday afternoon, as the *JOURNAL* was being made up for press. It shall have attention next week.

ERRATUM.—In the *JOURNAL* for March 2nd, page 297, column 2, line 6, for "one-hundredth of a grain", read "one-twentieth of a grain".

MILITIA.—The question is a legal one, depending on the wording of the contract.

The following communications have been handed to the General Manager:—Mr. Rigden, London; M. Neustadt and Co., London; Mr. H. Gill, York; Mr. Andrew J. Burke, Dublin; Mrs. Fox, Liverpool (with enclosure); Mr. J. Hugo, Reading; Mr. G. Gwynn, Owens; Dr. Davies, Swansea.

MENSTRUATION AND THE CURING OF MEAT.

SIR,—In connection with the above subject, the following circumstance seems worth relating. It has come to my knowledge on such trustworthy authority, that I can vouch for its accuracy. A cook in a family in the West of England had occasion to cure some pork and some beef at the same time. Shortly afterwards, both of the batches of meat thus cured went bad. On expressing her surprise at this result to her fellow-servants, they asked her whether she was menstruating at the time she cured the meat; and on her admitting that she was, they informed her that that was the cause of the failure. Either from forgetfulness or incredulity, the cook not long afterwards cured some pork again whilst in the same condition as before, and again the same result followed. Such a coincidence as this hardly seems to leave room for doubt that the common belief in the connection between these conditions, which I am told is as strong in the West of England as it is in other parts, is a real one, and not a mere matter of superstition. The fact is certainly most curious, and worthy of the investigation which your correspondent "R. B." suggests.—Yours faithfully,

R. B.

NOTICE TO ADVERTISERS.—Advertisements for insertion in the *BRITISH MEDICAL JOURNAL*, should be forwarded direct to the Publishing Office, 36, Great Queen Street, W.C., addressed to Mr. FOWKE, not later than *Thursday*, Twelve o'clock.

THE BARBER FUND.

SIR,—Kindly permit me to acknowledge the following contributions to this fund, in addition to those already received, making a total of £97 7s.

C. T. Brookhouse, M.D., Deptford	£2 2 0
William Hall, Esq., Lancaster	1 1 0
G. W. F. Bury, Esq., Lyonsdown	1 1 0
I am, sir, faithfully yours,	
Latham House, Crickhowell, April 10th, 1878.	PHILIP E. HILL

KOUMISS.

SIR,—I am afraid your correspondent "A Physician" is confounding two different things. Koumiss is a spirituous liquor, distilled from mares' milk, which is of a stimulating and intoxicating character. There is another drink prepared from cows' milk, or cows, sheep, and goats, which is rendered "butter" in our translation of the Bible. Dr. William Smith, in his Dictionary, says there can be no question that in every case (except, perhaps, Proverbs xxx and 33) the term refers to a preparation of milk, well known in Eastern countries under the name of "leben". The method now pursued in its preparation is to boil the milk over a slow fire, adding to it a small piece of old leben, or some other acid to make it coagulate. Josephus notes particularly that the refreshing draught poured out of the bottle by Jael for Sisera was "leben". At certain seasons, the poor almost live upon it in the East; whilst according to Rossel, the upper classes use it to salad or meat. How this leben was first discovered is not known, for it has been propagated from long beyond the memory of man. Some aver it was what Hagar got to drink in the desert; others, that an angel revealed the secret to Abraham. My conviction is, it was an accidental discovery. I ought to state that this fermented or acidulous beverage ought to be well shaken before pouring it out for drinking. It is kept in bottles made of animal skins; and very often the animals carry their own produce to market.

Spenser, in his book of travels in Circassia, wrote that "wines, spirituous liquors, even the boza of the Turks and Tartars, called bala-sima, is rarely used by the Circassians, their favourite beverage being 'the skhon', a species of sour milk peculiar to the East, and which I found to be a most healthful and refreshing as well as agreeable beverage during my travels in their country. Fresh milk (serend) is never used by the Circassians, being considered unwholesome, and certain to originate fevers; hence they are accustomed to boil it every morning and evening, with a little of the old skhon (leben) when the milk is cold. In three or four hours afterwards, it becomes thick and fit for use; and, when flavoured with a little rose-water and sugar, or indeed in any other form whatever, it is a most grateful and refreshing drink". It is worthy of remark, that the skhon alone gives the milk that peculiarly agreeable taste which we find in the East, and preserves it in the hottest weather in a fit state for drinking. I have condensed these extracts from my forthcoming volume on *Milk and Wine*, and fear that the difficulty of your correspondent will be to get hold of some of the genuine skhon or leben. I question if pepsine wine or cream-of-tartar, or rennet, will produce anything more than curds and whey. I believe, as a sedative to the stomach in severe vomiting, the effervescing koumiss is best.—I am, sir, yours most respectfully,

Newbiggin-by-Sea, April 1878.

J. C. REID, M.D.

SIR,—In answer to your correspondent of March 30th, I have made koumiss for some time in the following manner. Take four quarts of milk, a pint of buttermilk two days old, and twenty-one ounces of water; stir them together in an earthenware vessel, cover with a cloth, and place in a room temperature about 56 deg.; after twenty-four hours, well beat and recover; after another twenty-four hours, well beat, bottle, cork tightly, tying them down; shake and lay the bottles on their sides in a cellar. It may be used in a week or ten days. It is better not to keep more than a month in hot weather, as it is then so effervescent that the bottle will completely empty itself after the cork is drawn.—I am, etc.,

April 1878.

A. S. ROL.

IN RE BOX v. BERESFORD.

SIR,—We have been surprised at your decision in the above case, and also surprised that none of your correspondents have taken exception to what appears to us a decision on the *ex parte* and very imperfect statement of Mr. Box. Mr. Box's charges against Dr. Beresford have been of too general and too vague a character to admit of reply. Dr. Beresford has in each of his letters pressed for a more specific statement of the case—fearlessly, and, as we think, wisely, reserving his defence until Mr. Box should give it. This Mr. Box has never done, nor has he at any time (having regard to the circumstances of the case, of which we respectfully submit you, sir, apparently know very little), even after repeated requests, written such a letter as Dr. Beresford could reply to. Thus we have an indictment against Dr. Beresford, without any evidence in support of it beyond the *ipse dixit* of Mr. Box. Mr. Box alleges that the man had fracture of the *radius only*. Dr. Beresford does not deny the fracture of the radius, but contends that there was also fracture of the ulna. This is the case.

We examined the man individually and independently, at the request of Dr. Beresford, and were unanimously of opinion that both bones were fractured; and, from the different appearance of the several injuries, that the fracture of the ulna was not reduced at the same time as that of the radius.

Mr. Box's explanation of the tumour on the ulna as a node, etc., was too absurd to be surgical; besides, it was obviously *calulus*.

Dr. Beresford's long residence in Oswestry, together with the fact of his enjoying a large and highly respectable practice in that important town and its neighbourhood, are sufficient guarantee to those who know it of the estimation in which he is held; but for the benefit of your general readers, we, as his neighbours, cannot allow him to be assailed by a comparatively unknown man, and condemned by you, virtually unheard, without saying that, meeting him constantly, both socially and professionally, we have always found him eminently gentlemanly in either capacity, and a valuable aid in the latter.

The plaintiff being first in court has always the advantage, the *onus* being on the defendant. Let us, therefore, have from Mr. Box—1. A distinct statement of the case, without any generalisation; 2. The opinion of his two assistants (*if qualified*); 3. The *exact words* of the Shrewsbury surgeons who examined the case at his (Mr. Box's) request. Then, if Dr. Beresford cannot reply, we shall feel crushed, and shall be "for ever silent".—We are, sir, your obedient servants,

G. J. MORGAN, M.R.C.S.E., Dovaston, Kinnerley.
LEONARD A. MANNING, A.M., M.B., etc., Llanymynech.
R. MACMINN GREER, L.R.C.S. Edin., Llandrinio.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 36, Great Queen Street, W.C., and not to the Editor.

TREATMENT OF UTERINE HÆMORRHAGE.

SIR,—In your report of the Glasgow Medico-Chirurgical Society's meeting of March 1st, 1878, I see an account of an ingenious method of treating uterine hæmorrhage by Dr. D. Christie. The apparatus described is exactly like one shown me in 1863 by Mr. Sawyer, surgical instrument-maker, of London Street, Norwich, who, I remember, was greatly impressed with its value in arresting uterine hæmorrhage. If it have during the past fifteen years proved a reliable means of restraining uterine hæmorrhage, I have no doubt Mr. Sawyer has sold many, and would be able to give Dr. Christie information from the medical men who have purchased it.—Yours faithfully,
HENRY M. JAY, M.B.
April 2nd, 1878.

QUADRUPLE BIRTH.

SIR,—I think the following case, from its rarity, is worth recording. I was called to attend Mrs. G. F. D. in the middle of the ninth month of her pregnancy, and found her in labour, the liquor amnii having escaped, and the head being on the perineum. The pains being insufficient, I gave ergot, and in ten minutes the child was born, followed at short intervals by three others—the first being born on March 24th, at 4 A.M., and the last at 4.20 A.M. The third was a footling, the others vertex cases. The first and fourth placenta were distinct, the second and third firmly united. The fourth, a girl, died on March 26th, at 4 A.M.; the second, a boy, died on March 26th, at 4 P.M.; the first, a girl, died on March 27th, at 6 A.M.; and the third, a boy. The mother is progressing favourably. She has had one child previously, three years ago.—I am, etc.,
CLEMENT HADLEY, M.R.C.S.

RHAMNUS FRANGULA.

SIR,—*A propos* of "*Rhamnus Frangula*," I find the following in the *Pharmacopœia Londinensis*, or the *New London Dispensatory*, as also the *Praxis Chymistry*, by William Salmon, Professor of Physick, 1682. Chap. 2, of Barks. 11. "*Frangulae alni nigrae*, of the black alder tree. The inner bark purgeth both flegm and chollier by stool and vomit. An infusion of it, taken for some mornings together, helps the rickets, cachexia, dropsy, jaundice, itch, or mange, causing a good appetite and a healthful constitution." Thirty-five years ago, an old and valued medical friend, talking of turpentine as then much used by Nægele in puerperal fever, warned me against its use in pregnancy; "for," said he, "I gave it once to a young woman, not knowing that she was pregnant, to expel worms, and it scotched the worms, and a three months' fetus too!"—I am, etc.,
124, Fulham Road, March 1878.

V. POULAIN, M.D.

PROPOSED REGISTRATION OF FOREIGNERS WITHOUT DIPLOMAS.

SIR,—I should like to call the special attention of the profession through your columns to one of the clauses in the Government Medical Bill, by which power is sought to be given to the Medical Council to place upon the *Register* any foreign practitioner of ten years' standing whom they may consider "eminent," without requiring the production of any diploma or qualification. I refer to Clause 8 of the Bill, which I will not occupy your valuable space by quoting *in extenso*, as your readers will find it on page 426 of the *JOURNAL* for March 23rd. Now, sir, unless this clause is intended to admit to the *Register* some unqualified person or persons, it is wholly unnecessary. By Clause 6, any foreign practitioner of ten years' standing, whether "eminent" or not, who can show that he holds a recognisable foreign diploma or diplomas, can claim registration without examination. What, then, is the necessity for Clause 8? It would almost seem as if it had been specially introduced to meet the case of some unqualified person whom the Council consider "eminent." If such be the fact, surely the profession should demand its expulsion from the Bill; and if such be not the case, it should equally be expunged as being unnecessary. The whole Bill requires the most careful reading and consideration by the profession, and I trust the British Medical Association will give it earnest attention.—Apologising for occupying your space, I remain, yours, etc.,
April 2nd, 1878.

W. DOUGLAS HEMMING.

EFFECTUAL TREATMENT OF THE HYSTERICAL PAROXYSM.

SIR,—Some time ago, a lady-patient of mine drove up from her husband's place of business, requesting me to visit her servant, who, she had just heard, was either dead or dying. I did not know until I arrived that "Observer" was in the house, and it is simply a fabrication of his that I "rushed in, protesting," etc. "Observer" had by this time got the girl, her clothes, and the furniture thoroughly well drenched, *secundum artem*, as he calls it; and, for all the effect produced, he also might as well have stood mutely gazing on the prostrate form. He was in doubt whether it was an hysterical or an apoplectic seizure. I suggested, and with his sanction adopted, the method he mentions. He was thus accessory to the "criminal assault." I think this by no means original plan is, under certain and proper circumstances, preferable, and less of an assault, than half-drowning a patient without any satisfactory result.—I am, etc.,
J. CRAN, M.B.
Regent Road, Salford, April 1878.

ATTENDANCE OF FAMILIES OF MEDICAL MEN.

SIR,—"Another Member" states that his fee has been accepted by consulting physicians and surgeons, and I can only express my surprise if, as he says, he took care to let it be known that he was a practitioner. But I have to complain that on more than one occasion medical men who have done me the honour to consult me for themselves or their families have not at once announced the fact of their being professional brethren; but have, from what motive I cannot tell, guarded the secret until the end of the visit, with its anticipated *honorarium*. In one case particularly I found that another "consultant" had taken a fee—I believe in pure ignorance, for I was in such doubt as to the character of my visitor that I had to put the question point-blank, "Are you a medical man?"

In common with my London brethren, I am happy to assist my professional brothers and their immediate connections as far as lies in my power; but I would venture to put it to them, in all kindness, *not* to telegraph as if the case were one of extreme urgency, when delay is of little importance, and *not* to pass by professional assistance from neighbouring cities of equal value with that of London, simply because they fancy a name.

Lastly, may I say that I think although no fee is either demanded or expected from a professional brother, yet a consultant ought not to be allowed to be out of pocket for railway fare, etc.—Yours obediently,
April 1878.

A LONDON SURGEON.

NOTICES of Births, Deaths, Marriages, and Appointments, intended for insertion in the *BRITISH MEDICAL JOURNAL*, should arrive at the Office not later than 10 A.M. on Thursday.

SIR,—Upon public grounds I ask you to insert the accompanying letter in next Saturday's issue of the *BRITISH MEDICAL JOURNAL*, and am, sir, your obedient servant,
T. J. EAMES BROWN.
Llanbister, March 30th, 1878.

(Copy.)

"Dear Sir,—Unfettered by political party ties, but, nevertheless, a true Conservative, and a loyal member of the profession to which I have the honour to belong, I appeal to you, as the representative of this county in the Commons House of Parliament, on behalf of my professional brethren engaged in her Majesty's military, naval, and auxiliary forces, to bring your influence and interest to bear upon the Government, with the view, if possible, of bringing to perfection, for public use, the services connected therewith, both upon professional or private, and national or public, grounds. Allow me to suggest what a pretty pickle this country would be in should the Premier most unjustly drag us into an European war with the present unsatisfactory state of affairs, caused solely by the Government withholding justice from the medical departments of the above important services. I also ask you for some measure of justice to be meted out by the Local Government Board towards those members of my profession who happen to be employed in that service, but who, from *obligation of vision*, from which the members of that board are unfortunately suffering, fail to receive that justice which they merit.—I remain, dear sir, your obedient servant, T. J. EAMES BROWN.—To the Honourable Arthur Walsh, M.P."

AN OLD ASSOCIATE.—The question is rather legal than medical.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Yorkshire Post; The Coventry Herald; The Wisbech Advertiser; The West Briton and Cornwall Advertiser; The League Journal; The Liverpool Daily Post; The Newport and Drayton Advertiser; The Exeter and Plymouth Gazette; The Chicago Times; The Manchester Guardian; The Berkshire Chronicle; The Glasgow Herald; The Oswestry Advertiser; The Edinburgh Daily Courier; The Middlesex County Times; The Liverpool Evening Albion; The Daily Courier; The Kelso Chronicle; The Fifehire Herald; The Merthyr Express; The Carnarvon and Denbigh Herald; The Surrey Advertiser; The Stroud News; etc.

* * We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

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

Dr. D. Ferrier, London; Dr. Foster, Birmingham; Dr. R. J. Harvey, Dublin; Dr. F. M. Pierce, Manchester; Mr. G. A. Critchett, London; Dr. J. Milner Fothergill, London; Dr. G. H. Batterbury, Wimborne; Messrs. Claxton, Remsen, and Co., Philadelphia; Mr. T. W. Locke, Coatham; Mr. H. E. Armstrong, Newcastle-upon-Tyne; Dr. R. D. Powell, London; Dr. Greenhalgh, London; Mr. W. Ridden, London; Dr. A. H. Jacob, Dublin; Dr. J. B. Roberts, London; Dr. G. Johnson, London; The Secretaries of the Association of Medical Officers of Health; M.B.; Mr. J. A. Rawlings, Swansea; Mr. T. J. E. Brown, Penybont; Dr. Ord, London; Mr. G. D. Pidcock, Carlisle; Mrs. T. H. Wilson, Montrose; Dr. A. Platt Wilks, Ryde; An Old Associate; Dr. R. J. Lee, London; Mr. T. M. Stone, London; Dr. J. W. Moore, Dublin; Dr. Alexander Taylor, Peebles; Mr. Balmanno Squire, London; Mr. G. C. Coles, London; Dr. Clifford Allbutt, Leeds; Dr. Cheadle, London; Mr. Charles Arnison, Darlington; Dr. Mackey, Brighton; Dr. Howard, Preston; Mr. C. E. Davies, Boston, U.S.A.; Mr. A. H. Benson, Dublin; The Secretary of the Medical Society of London; Dr. W. B. Mushet, New Brighton; Mr. Marlande Clark, London; The Secretary of the Harveian Society; W.; Mr. E. Noble Smith, Three Bridges; Mr. Wm. Storey, Leighton Buzzard; X.; The Secretary of Apothecaries' Hall; Mr. R. Bryden, Uffculme; Dr. E. C. Anderson, Tow Law; The Registrar-General of Ireland; Mr. W. K. Treves, Margate; Mr. H. Brown, Northallerton; Mr. A. J. Burke, Dublin; F. B.; The Registrar-General of England; B.; M. Neustadt and Co., London; Dr. T. Churton, Leeds; Dr. D. MacLagan, Edinburgh; Mr. Eastes, London; Dr. J. G. McKendrick, Glasgow; Mr. W. Adams, London; M.D.Ed.; Mr. Nunn, London; Dr. Dickinson, London; Dr. Murchison, London; Dr. W. Tyndale Watson, Tottenham; Mr. E. Amplett, London; The Secretary of the Pathological Society; Mr. W. Pugin Thornton, London; Dr. Michael Foster, Shelford; Dr. Whipham, London; Mr. Ernest Clarke, London; Dr. G. A. Chapman, Hereford; Dr. Francis Warner, London; Dr. Cavafy, London; Mr. G. S. Walton, London; Dr. Leared, London; Dr. A. Davies, Swansea; Mr. Gwynn, Ovens; Mr. F. W. Willmore, Walsall; An Old Surgeon; Mr. J. Hugo, Reading; Messrs. Morgan, Manning, and Greer, Llandrinio; Mr. P. E. Hill, Crickhowell; Dr. J. Service, Glasgow; Mr. T. T. Frankland, Ripon; Dr. Edis, London; Dr. John Brunton, London; Mr. W. Hay, Hull; Dr. Fairlie Clarke, Southborough; Dr. T. Trollope, St. Leonard's-on-Sea; Dr. J. Rogers, London; Dr. R. H. S. Carpenter, London; Mr. W. Case, Fareham; Dr. Lush, Weymouth; Messrs. Mackey, Sellers, and Co., London; Dr. C. M. Tidy, London; Mr. H. C. Gill, York; Mr. N. A. Humphries, London; Mr. E. A. Birch, Manchester; Mr. George Eastes, London; The Secretary of the Devonshire Hospital, Buxton; Mr. T. Holmes, London; Our Edinburgh Correspondent; Our Dublin Correspondent; Dr. E. D. Mapother, Dublin; Dr. G. Thomson, Oldham; Mrs. Fox, Liverpool; Mr. Robinson, Dublin; etc.

BOOKS, ETC., RECEIVED.

Cyclopædia of the Practice of Medicine. [By Dr. H. von Ziemssen. Vol. xiv. London: Sampson Low. 1878.]