

his certificate for what he thought an urgent but temporary purpose of treatment in a particular institution which he trusts, and, by the system of transfers, under the same papers his patient may be made to go the round of asylums so long as his life lasts or the lunacy laws endure. No wonder that it was stated before the Select Committee that the best men in the medical profession were more and more in the habit of refusing to sign these certificates of lunacy. It is not from fear of consequences to themselves that they do this; for to these they are no more liable than the operating surgeon or obstetrician, if they use due skill and diligence. But the reason is, that these know what they do, while the certifier in lunacy does not know. The remedy for this great evil is, that the certificate or report upon a lunatic or a person of unsound mind should be explicit in its recommendation of the particular place and persons by whom the care and treatment should be applied, and that it should only be available for the one purpose for which it was granted. That is to say, it should be competent and necessary for the certifying medical men to testify in writing, according to duly prescribed form, that, in their opinion, N or M being a lunatic, it would be right for him to be placed in an asylum, which they should name; or that, N or M being a person of unsound mind, it would be right for him to be placed under the care of certain private persons whom they should name. And it ought certainly also to be competent to them to name a period during which such certificate ought to run and not longer; for it is clearly wrong that a medical man cannot place a mental patient under legal care and treatment without the feeling that, on account of some small remains of his present malady, he may be consigning him to a prolonged detention. No medical man who reflected upon what he was doing could perform such an act without twinges of conscience and tremors of self-respect; and, if these forms be not modified in the liberal spirit of professional consultation and report, it needs no miraculous gift of prophecy to foretell that, discredited with the profession at large, they will become more and more the perquisite of hack certifiers—hangers-on upon the asylum system.

Another essential amendment of the present forms is that the grounds for detention in an asylum, and even the grounds for control under domestic care, should be stated by the medical men who recommend either the one or the other to be employed.

Custom-blindness (which is worse than colour-blindness, because it blurs the outline of things as they are) often leads people to associate unsoundness of mind with detention under care and treatment as correlative, if not identical, conditions; but with the public it is not so, and still less with the medical profession, and still less again with that of the law.

With regard to the medical men who are responsible for advising detention in an asylum, it is but just that they should be allowed the opportunity of stating the grounds upon which they give so momentous a professional judgment. With regard to the patients, it is most unjust that such a judgment should be passed upon them without the grounds of it being stated, and submitted to some authority capable of revising it. With regard to the public, it is most unsatisfactory that a great secret power should be exercised over its liberties without the fullest explanation of its necessity being put on record in each instance. And, therefore, it would appear to be imperative to a proper certification of a lunatic for detention in an asylum, that the grounds upon which such detention is needful should be fully stated upon the face of the documents, and distinguished from the same or other facts as indicating lunacy. It may be that the late Chief Baron, adopting the dictum of the eminent counsel, who is now the Lord Chief Justice of England, expounded the law in the case of *Nottidge v. Ripley* and *Another* on lines which would require a broad and liberal interpretation. But, notwithstanding the pamphlets of expostulation which it produced, the above is still the leading case in the matter, and the judicial precedent; and it may be doubted whether any person of unsound mind can by common law be rightfully confined in an asylum, if it can be proved that he is perfectly manageable, safe, and harmless in the enjoyment of his liberty. These conditions, reasonably interpreted, would seem to include all the real necessities of what is called care and treatment in an asylum; but, however this may be, the deficiency of the present forms in omitting all mention of the grounds of detention, and the absolute need of amending them in this respect, must be apparent to every open mind. But even what may be called the milder recommendation of the medical reporters, the *detentio mitior* of domestic life, ought not to be given without the statement of the grounds upon which it is founded. What is meant by care and treatment even of a single patient in domestic life is, of course, control. The smooth words are a mere blind, and, if an imbecile or a person of unsound mind needs no control, which includes protection, he needs no interference of the authorities with the management of his person, whatever may be the case with that of his property. What are the specific facts observed by the reporting medical men which

should justify detention in an asylum, or those which should only lead to the milder control of domestic care, it scarcely comes within the scope of these articles to indicate. They are the proper subject of the diagnosis of insanity with reference to treatment. There are, however, some few cases of insanity in which the symptoms are so far concealed or intermitting, that it may become needful for the reporting medical men to avail themselves, in corroboration of their own observations, of facts communicated to them by others; and, in such cases, in amendment of the present forms, it would seem to be desirable that the statements made by other persons to the medical men should be signed by the persons who make them; and that they should be so made and signed with the knowledge that the superior authority, by whom the validity of the paper must be determined, has the power to require them to be verified by statutory declaration. In this manner, a great amount of loose, inaccurate, and untrustworthy statement would be eliminated, which greatly discredits the present system of hearsay evidence. To put the proposition in other words, the statute now requires that the certifying medical man shall specify the facts upon which he has formed his opinion, "and shall distinguish in such certificate facts observed by himself from facts communicated to him by others; and no person shall be received into any registered hospital licensed house, or as a single patient, under any certificate which purports to be founded only upon facts communicated by others" (16 and 17 Vic., c. 96, s. 10). The Commissioners do indeed require that the name or names of "others" communicating facts shall be stated in the certificate; but this is merely an official regulation, and not a statutory requirement. The strict effect of the statute is that the certifying medical men may be satisfied with the merest modicum of fact observed by themselves, supplementing it by hearsay evidence from persons whose names even they are not called upon to supply. They are thus placed in the position of weighing the bearing and trustworthiness of loose talk, which is quite a wrong one for them to occupy. But, if their informants were required to sign their statements, with the knowledge that they might immediately be called upon to swear to them, the position would be entirely altered for the better.

There is a curious enactment (16 and 17 Vic., c. 96, sec. 12), as to what medical men may not sign certificates—namely, no father, brother, son, partner, or assistant of the proprietor of the asylum to which the patient is sent; and, in the Amendment Act of 1862, any person receiving a percentage, or otherwise interested in the payments, is also excluded, through what the Germans would call a *Rucksicht*, but nothing is said of a father-in-law, or a brother-in-law, or a cousin, or of female medical relatives. The omission of the father-in-law has been peculiarly unfortunate. It would perhaps be better to leave disabilities of this kind to the determination of a regulating authority, whose action should precede and not follow the use of the document.

What that authority should be, must be discussed in another article. At present, the medical certifiers are but the servants of the man who signs the order; who may himself be a servant, or even, as Mr. Percival suggested to the Select Committee, an infant (Question 337). He may be a phantom or a tyrant, a delusive name or a mischievous reality; and it was fully admitted by the Commissioners that he could not be maintained in his present position unless power were given to them to depose him and to nominate his successor. It would be much better that the revolution should be thorough and effected by law.

ASSOCIATION INTELLIGENCE.

SOUTH OF IRELAND BRANCH.

THE quarterly general meeting of this Branch will be held in the Royal Cork Institution, on Wednesday, February 12th, at 4 P.M.: JAMES A. EAMES, M.D., President, in the Chair.

In the evening, the members will dine together at Loyd's Hotel.

P. J. CREMEN, M.D.

T. GELSTON ATKINS, B.A., M.D. } *Honorary Secretaries.*
Cork, February 3rd, 1879.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

THE next meeting will take place in the Cottage Hospital, at Ashford, on Thursday, March 6th, at 3 o'clock.

Dinner will be provided at the Saracen's Head at 5 o'clock.

Members intending to read papers are requested to communicate at once with the Honorary Secretary.

WM. KNIGHT TREVES, F.R.C.S., *Honorary Secretary.*
Margate, February 3rd, 1879.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THE next meeting of this District will be held at the Bow and Bromley Institute (Committee Room, No. 3), on Tuesday, February 18th, at 5 P.M.; Dr. ANDREW CLARK, President of the Branch, in the Chair.

The following communications are promised.

1. On some Diseases of the Bronchial Clands. By Dr. J. I. Berkart.
2. The Relations of Croup and Diphtheria: their identity or otherwise. By R. W. Parker, Esq.

Members having cases of practical interest are requested to communicate at once with the Honorary Secretary.

All members of the Branch are invited to attend.

A. GRANT, M.D., *Honorary Secretary.*

370, Commercial Road, E., February 5th, 1879.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE fifth meeting of the session will be held in the Examination Hall, Queen's College, on Thursday, February 13th, at 3 P.M.; President, Dr. TIBBITS.

The following papers are promised.

Dr. Bassett: On the Exanthemata in the Puerperal State.

Dr. Malins: On Puerperal Septicæmia.

Dr. Savage: On some Local Lesions connected with Childbirth.

JAMES SAWYER, M.D., } *Honorary Secretaries.*
EDWARD MALINS, M.D., }

Birmingham, February 5th, 1879.

LANCASHIRE AND CHESHIRE BRANCH.

AN intermediate meeting of this Branch will be held at the Athenæum, Bury, on Friday, February 21st, at 3.30 P.M.; LESLIE JONES, M.D., President, in the Chair.

Mr. Jonathan Hutchinson (London) will give an address on Syphilis as an Imitator.

The following communications have also been promised:

J. Farrar, Esq.: A Case of Idiopathic Tetanus treated by Chloral-Hydrate.

Dr. Haddon: 1. A Case of Milk-like Urine in a Boy; 2. The Evils of Diffusing Steam in the Room in Cases of Bronchitis.

Dr. Leslie Jones will relate the history of a case of Suppurating Hydatid Cyst of the Liver, in which, after repeated aspirations, the tumour was opened with the knife, and the membranous walls of the cyst, with ten pints of purulent fluid, removed; recovery following.

Dr. Little will exhibit the demonstrating Ophthalmoscope, and will illustrate its Use by Cases of, (1) Optic Neuritis, (2) Retinitis Albuminurica.

Dr. Lloyd Roberts will show a Case of Extra-uterine Pregnancy in which Abdominal Section was performed.

Dr. Leech will show a case of Melanoderma.

Dinner will be provided at the Derby Hotel at six o'clock. Charge 7s. 6d., exclusive of wine. Gentlemen who intend to be present at the dinner are requested to send their names to the Honorary Secretary.

D. J. LEECH, M.D., *Honorary Secretary.*

96, Mosley Street, Manchester, February 4th, 1879.

MIDLAND BRANCH.

THE next meeting will be held at Boston during February: President, A. MERCER ADAM, M.D.

Members desirous of reading papers are requested to communicate with C. HARRISON, *Honorary Secretary.*

Lincoln, January 1879.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THE members of the Metropolitan Counties Branch met in the Bow and Bromley Institute on Tuesday, January 21st; Dr. ANDREW CLARK, President of the Branch, in the chair. About thirty gentlemen were present.

New Members.—A large number of members of the Association were admitted to the membership of the Branch.

District Arrangements.—The approval of the district arrangements by the Council was reported; and the Honorary Local Secretary was instructed to regard the doing of medical or surgical work in the hospitals of the district as equivalent to residence within it, and to issue invitations to all members so engaged. With a view to a better arrange-

ment of the meetings, it was left to the Honorary Local Secretaries to fix the time and place of next meeting, and to report as to subsequent ones after consultation with the President of the Branch.

President's Address.—Dr. CLARK addressed the members. He congratulated them on the formation of districts within the area of the Metropolitan Counties Branch being an accomplished fact. He had no doubt that such subdivision would be attended with increased prosperity and usefulness. It would be a means of welding together the separate professional elements, and would tend to a completion of their medical organisation. Professional rights were constantly assailed, but that organisation would enable them to extend their power, to maintain their rights, and, by maintaining their rights, to increase their usefulness. Such increase of usefulness would be attended by increase of opportunity, and he had not the slightest doubt that the Association would become one of the greatest medical powers in Europe. The difficulty of keeping up with modern times was great; new methods of research were being discovered, new instruments invented; and the President thought that bringing such instruments, or specimens, or living cases before the members would be the proper business of the district meetings. Above all, they must avoid reading long papers in imitation of the larger societies. They ought to bring forward cases where they experienced difficulties; but any remarks made should be short, sharp, and pithy. And if the members could make up their minds to sink themselves and their crotchets and to work together, he had no doubt that their meetings would prove a great success.

With a hearty vote of thanks to the President, the meeting terminated.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

A MEETING of this district was held, at Bethlem Royal Hospital, on January 22nd, 1879—Dr. ANDREW CLARK, President of the Branch, in the chair. Twenty-four members and visitors were present.

Papers.—The following papers were read.

1. Dr. FOTHERGILL read a paper on Neuroses of the Heart. Dr. Mahomed, Dr. Savage, and the President took part in the discussion which followed.

2. Mr. R. H. S. CARPENTER read a paper on The Amendment of the Medical Act (1858). (It is published at page 188.) Dr. Alfred Carpenter, Dr. Lush, M.P., Dr. Mahomed, the President, and Mr. Nelson Hardy took part in the discussion which followed.

Next Meeting.—It was agreed that the next meeting should be held at Bethlem Royal Hospital, and that Dr. Savage should be chairman.

BRISTOL BRANCH.

THE third ordinary meeting was held at the Bristol Museum and Library on Thursday, January 23rd; H. MARSHALL, M.D., in the chair.

New Members.—The following gentlemen were elected members of the General Association and of this Branch. John Maunsell, M.D., Bath; E. A. White, M.D., Malmesbury; J. R. Lewis, M.B., Bishopstowe; and G. E. Alford, Esq., Weston-super-Mare.

Papers.—The following were read.

1. Dr. FYFFE read a paper on Dysentery, strongly advocating the administration of ipecacuanha in drachm-doses, and quoting much from his own experience of the success of this treatment.—Dr. Beddoe, Mr. Crisp, and Drs. Elliott, Skerritt, Spender, and Siddall joined in a discussion which ensued; and Dr. Fyffe replied.

2. Dr. SIDDALL read Notes on a Case of Ascites: Recovery. This was a very interesting case, illustrating the treatment of ascites by many tapplings with a very small trocar. Unfortunately, the evening was so far advanced that there could be no discussion on this.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE fourth meeting of the session 1878-79 was held in the Queen's College, Birmingham, on January 9th: Present—Dr. TIBBITS of Warwick, President, in the Chair, and thirty members and three visitors.

New Members.—The following members of the Association were elected members of the Branch:—Mr. W. H. Osborne, Birmingham; Dr. C. R. Smith, Wolverhampton; and Dr. Edgar Underhill, Tipton Green.

Mr. Arthur Oakes and Dr. Rickards were elected members of the Council of the Branch.

Communications.—The following communications were made.

1. Mr. J. F. WEST exhibited a female patient whose frontal bone he had Trephined for Epilepsy.
2. Mr. VINCENT JACKSON showed a woman on whom Rhinoplasty had been performed.
3. Mr. LLOYD OWEN showed a case of Tumour of the Orbit.
4. Mr. SAMPSON GAMGEE presented four patients whose cases illustrated the advantages of Treatment of Wounds by Dry and Unfrequent Dressings, Rest, and Pressure.
5. Mr. BARTLEET read a paper entitled "Is the Poison of Syphilis Single or Dual?"
6. Mr. HARMAR read a paper on The Duality of the Syphilitic Virus
7. Mr. FURNEAUX JORDAN made some observations on the Treatment of Primary, Secondary, and Tertiary Syphilis.

A discussion followed, in which Mr. Yates, Dr. Malins, Mr. Eales, and Dr. Tibbits shared; after which, Mr. Jordan and Mr. Bartleet replied.

DUBLIN BRANCH: SECOND ANNUAL MEETING.

THE second annual meeting of the Dublin Branch was held on Thursday, January 30th, in the hall of the King and Queen's College of Physicians; Mr. PORTER, Surgeon in Ordinary to the Queen in Ireland, President, in the Chair. There was a large and influential attendance of members. Amongst those present were the President of the Royal College of Surgeons, the Vice-president of the College of Physicians, the Vice-President of the Royal College of Surgeons, Dr. Hudson, Physician to the Queen in Ireland; Dr. Crawford, Surgeon-General, Army Medical Department; Dr. Macnaughton Jones, Cork; Rev. Dr. Haughton, Dr. George Johnston, Dr. Gordon, Dr. Duncan, Dr. Sinclair, Dr. M'Clintock, Dr. Hayden, Dr. Kidd, Dr. E. H. Bennett, Mr. Stokes, Dr. E. Hamilton, Dr. Purcell, Dr. Patton, Surgeon-Major Johnston, Mr. Croly, Dr. Foot, Dr. Roe, Dr. Doyle, Dr. Grimshaw, Dr. Robinson, Dr. Wharton, Dr. Pope, Dr. Roche, Dr. Duffey, Honorary Secretary; Dr. R. J. Harvey, Dr. J. W. Moore, Mr. O'Grady, Dr. Murphy, Dr. Lalor, Dr. Duke, Dr. Carroll, Surgeon Charlton, Army Medical Department; Dr. Sigerson, Mr. Swanzy, Dr. Ormsby, Dr. Ashe, Dr. Baxter, Dr. Finny, Dr. Story, Dr. Vance, Rathdrum; Dr. Murray, Beauparc; Dr. Thompson, Dr. Quinlan, etc.

Report of Council.—Dr. DUFFEY, Honorary Secretary, read the annual report, which was as follows.

"In presenting their second annual report, your Council think that the Branch is to be congratulated on the numerical strength it has attained. It now numbers one hundred and forty-four members, of whom twenty-four have been elected into the Branch since its last annual meeting; five gentlemen have resigned membership, and four have left Ireland; but no deaths have, we are thankful to say, occurred in our ranks since the formation of the Branch a year and a half ago.

"Within the last year, the Council of the Branch have also, under the powers conferred on them by the parent Association, admitted to the membership of the Association thirty-one gentlemen, a large proportion of whom are resident in Connaught. Professor Kinkead has been most energetic in recruiting members for the Association in Galway, and it is to be hoped that that town will soon be the headquarters of a Branch for the West of Ireland; so that, when the annual meeting of the Association takes place in Cork, in August next, each of the provinces may be represented by a well organised and active Branch.

"Several members of the Council and of the Branch have been appointed officers of the different sections at the Cork meeting, and your honorary secretary has been placed by the Committee of Council of the Association on the Committee for making the arrangements in connection with this second meeting of the Association in Ireland. Your Council trust that every member of the Branch will assist in making this meeting in the southern metropolis as successful as was the first meeting of our parent Association in Ireland in this city in 1867.

"The Council have held five meetings for the transaction of various business connected with the Association and the Branch during their year of office. At its penultimate meeting, the Council adopted a letter written by the honorary secretary, as the representative of the Branch on the Committee of Council, to its President, requesting Dr. Carpenter to convey, on the part of the members of the Branch, the expression of their sympathy, as members of the Association, with her Majesty the Queen in her recent sad bereavement.

"Your Council have had under their notice a communication from Dr. Balthazar Foster of Birmingham, with reference to the appointment of a subcommittee of the Committee of Council to consider the relations between the Committee of Council and the Branches, with a view

of placing these bodies on a footing of complete mutual confidence. A subcommittee which was appointed to report on this subject have recommended that each Branch should have the option of appointing a direct representative on the Committee of Council, if the honorary secretary cannot attend; and also that it would be desirable to hold an additional meeting of the Council of the Association in London in May or June each year.

"A petition in favour of the Habitual Drunkards' Bill was signed by the President, Honorary Secretary, and several members of the Council and of the Branch, and was laid on the table of the House of Commons by Dr. Cameron, M.P. for Glasgow.

"Your Council commend to their successors the early consideration of the important and unsettled question of amending the Medical Act (1858) in two particulars; viz., compulsory conjoint examinations and the direct representation of the profession on the General Medical Council.

"As the number of members in the Branch now entitles it to have seven representatives on the General Council of the Association, your Council, in the absence of any other nominee, recommended that one of the members of the Branch not on the Council—viz., Dr. James Little, Vice-President of the College of Physicians—be elected a representative of the Branch.

"Your Council are glad to report that, notwithstanding the expenses necessarily incurred in the formation of the Branch, there is a credit balance in the honorary treasurer's hand of over £11.

"We are gratified to be able to state that our relations with the Irish Medical Association continue to be on a footing of complete unanimity. This is markedly exhibited by the fact that the President of the Irish Medical Association is nominated as our President-Elect for the ensuing year. We have always felt that distinct spheres of action presented themselves to the Irish Medical Association, as contrasted with ourselves. The unremitting attention bestowed by that Association on Irish professional politics and questions bearing on the general welfare leaves no field for any rival association to occupy, even if so disposed. But, as an integral part of the British Medical Association, which embraces the medical politics of the entire kingdom in its operations, the Branch possesses an organisation ready to act whenever occasion requires. It also affords an opportunity to its members, whenever they may see fit, of meeting to consider and discuss any important question which may affect the public or their professional welfare; and likewise of making known their views with the importance that such an organisation as ours must command, comprising as it does the leading members of every branch of the profession in this city.

"The thanks of the Branch and of the Council are eminently due to the President and Fellows of this College for their courteous permission to hold our meetings within its walls."

Dr. MAPOTHER, Vice-President of the Royal College of Surgeons, moved the adoption of the report. Although it was a very short report, it embraced, he said, a number of very interesting and gratifying facts, especially that which showed that the numerical strength of this Branch of the Association increased every year until it was now very considerable: a fact for which they had to thank their honorary secretary, who had been most untiring in his efforts to enrol members in the Association. The organisation was especially useful this year, on account of the members of the Branch being associated with some hundreds of the numerous members of the British Medical Association who would visit Ireland during the ensuing autumn. He had no doubt that the meeting would be a grand success, remembering the energy that had been displayed in Cork, the promised hospitality, the magnificence of the building in which the meeting would be held, and the famous scenery of the district. Again, it was very probable that the medical bodies in this city—and he could speak with some confidence of the body of which he had the honour to be connected—would welcome the British and foreign associates as they passed through Dublin on their way to Cork.

Dr. KIDD, in seconding the motion, expressed his concurrence with Dr. Mapother, in the hope that the meeting in Cork would be an eminently successful one; and he trusted that every member of the Branch would feel it incumbent on him to spare no effort to make it a success. The first meeting the Association held in Ireland was, he believed, since regarded as a model one; it was one of the most successful the Association had ever held. At that meeting, they initiated the system of having sections, and it worked exceedingly well since for the benefit of the Association, and for the promotion of its main objects. It was due, he considered, to themselves that they should give every assistance in their power to their brethren in Cork to make the meeting this year thoroughly successful and satisfactory.

The report was adopted.

Dr. DUFFEY, Honorary Secretary, said he had received letters from

the President of the British Medical Association, Dr. Falconer of Bath; from Mr. Ernest Hart of London, from Dr. O'Connor of Cork, President-Elect; and from the Presidents of the Cork and Belfast Branches, expressing great regret at being unable to avail themselves of the invitations forwarded to be present that day.

New Members.—Four gentlemen were elected members of the Association, and five gentlemen members of the Branch.

President's Address.—The President, Mr. PORTER, delivered the annual address. It is published at page 179.

Election of Officers.—The following were elected as officers and Council for the year:—*President:* Samuel Gordon, M.D. *President-Elect:* Robert McDonnell, M.D., F.R.S. *Vice-Presidents:* Thomas Hayden, F.R.C.P.; Alfred H. McClintock, M.D. *Council:* Isaac Ashe, M.D.; Lombe Atthill, M.D.; Edward Bennett, M.D.; Thomas Darby, F.R.C.S.I.; T. W. Grimshaw, M.D.; Edward Hamilton, M.D.; Rev. Samuel Haughton, M.D.; Henry H. Head, M.D.; Alfred Hudson, M.D.; Edward Mapother, M.D.; George H. Porter, M.D.; William Stokes, M.D. *Representatives on the General Council:* Isaac Ashe, M.D.; Rev. S. Haughton, M.D.; A. Hudson, M.D.; James Little, M.D.; A. H. McClintock, M.D.; G. H. Porter, M.D.; William Stokes, M.D. *Honorary Secretary and Treasurer:* George F. Duffey, M.D., 30, Fitzwilliam Place.

The New President.—Mr. PORTER having vacated the chair, it was taken by Dr. GORDON, President of the Branch for the ensuing year, who said that his first duty was to thank the Branch, which he did very warmly, for the honour they had conferred on him by electing him to that high office. It would be his aim to discharge the duties of the office as efficiently as his predecessors Dr. Hudson and Mr. Porter had done; and, if he at all came up to the measure of success they attained, he should be more than satisfied.

Vote of Thanks.—Dr. SMYLY, President of the Royal College of Surgeons, said they had heard that their Branch was in a very flourishing condition. But that was not enough. The number of members was very large, but not large enough, because they should not rest satisfied until the whole profession had joined. The parent Association had not done enough yet; for the members of the profession in England were not united. Their effort here was to unite the English practitioners with the Irish practitioners, and was not in any way in opposition to the Irish Medical Association. If the public looked upon them as only doctors, it was their own fault that they did not combine together and make their strength felt as a large body. The strength of the parent Association was not such as it ought to be. They were able to throw out a Bill in Parliament; but they were not able to carry their own. The medical profession, if they were united, could carry their own Act. Therefore, every member of the Branch should work with a zeal equal to that of their indefatigable secretary Dr. Duffey. But it was not sufficient merely for the profession to combine; they must be led—led by the leaders of the profession. He moved accordingly:

“That the warm thanks of the Branch be given to the retiring President, Mr. Porter, for his address, and for the able manner in which he has presided over the Branch during his year of office.”

Dr. JAMES LITTLE, Vice-President of the College of Physicians, seconded the resolution. Comparing the present address with that of last year, he said the former had treated ably of the inner life of the profession; its own peculiar work; while, on the present occasion, they had put before them its outward life: the changes which had taken place in its tendencies. They had to thank him (Mr. Porter) for the time and anxiety he had bestowed during his year of office. They must have felt the force of his observation, that they should maintain a high standard of professional feeling towards one another. He (Dr. Little) for one was very certain that the public watched with great care their treatment of each other, and estimated them very much as they estimated themselves. Therefore, in maintaining the dignity and honour of the profession, they were maintaining the dignity and honour of themselves individually. The public should be impressed with the idea that doctors were honourable men, and the more they regarded them as politicians or in any other way, the less they would be likely to respect them. Another portion of Mr. Porter's address that struck him was that with regard to the advantages which the Association conferred, in leading to the formation of Branches at which papers would be read on scientific subjects in the small towns. They knew how much the scientific meetings in Dublin tended to keep alive and foster the habits of scientific research, and in preventing their falling down into a lower style of professional living. He felt quite sure that the account Mr. Porter had given of the proceedings of the Cork meeting would be fully realised, and that the meeting would be a very pleasant one for them all.

The PRESIDENT said that it was a source of great gratification to him that the first duty of his office was to put this resolution to the meeting. He was quite sure it would be passed by acclamation.

The motion was adopted amid applause.

Mr. PORTER, in returning thanks, said he could not ask or wish for any higher reward than the approbation of the Branch.

The proceedings of the annual meeting then terminated.

The Dinner.—In the evening, a large number of members and their guests sat down to dinner in the Great Hall of the College of Physicians. About seventy gentlemen were present, including Dr. Gordon, President of the Dublin Branch, who occupied the Chair; the Right Hon. the Attorney-General, M.P.; Dr. Cameron, M.P.; Dr. Smyly, President of the Royal College of Surgeons; Dr. Little, Vice-President of the King and Queen's College of Physicians; Dr. Mapother, Vice-President of the Royal College of Surgeons; Dr. Robert McDonnell, President of the Irish Medical Association; Sir George Owens, M.D.; Dr. Crawford, Surgeon-General, Army Medical Department; Major-General Denniss, R.A.; Major Boulderson, 17th Lancers; the Rev. Dr. Haughton, F.T.C.D.; Dr. Macnaughton Jones of Cork; Dr. O'Sullivan of Cork; Dr. Sinclair, President of the Dublin Obstetrical Society; Dr. Banks, Mr. Purcell, Q.C.; Dr. Kidd, Dr. Patton, Mr. J. A. Scott, Dr. Jacob, Dr. Duffey, Secretary of the Dublin Branch, etc.

CORRESPONDENCE.

SAYRE'S PLASTER OF PARIS JACKETS.

SIR,—In your issue of December 21st, 1878, is a letter from Dr. Francis Henderson, of Helensburg, making inquiry as to the means of securing permanent hardness of the plaster of Paris jacket recommended by me in spinal diseases and deformities. I have noticed in several instances within the past two years that the plaster, after being apparently “set”, would again become soft and pulpy. Observations showed that this condition might result from several causes. It might be from using poor plaster; and even good plaster, which has been long exposed to the air, will have absorbed so much moisture as to render it useless, unless it be thoroughly baked or dried just before its use. Again, if the bandages be made from the best of plaster, and then allowed to stand exposed to the atmosphere for several days before using them, especially if it be damp weather, will almost surely be good for nothing. When properly prepared bandages are immersed in water, it is of the greatest importance that the surplus water should be squeezed out of them, leaving only that amount which is necessary for the setting of the plaster; for, if a surplus of water be left in the bandage, the hardening process cannot take place, or, if it take place at all, so many hours will have elapsed as to exhaust the patient. This pulpy condition of the jacket after its application was a source of great annoyance to me in its application in several cases when I was in Ireland. On this account, I was about to abandon the treatment of my cases, when a lady suggested to me the propriety of applying heat to the jacket, and ordered her servant to bring a hot smoothing-iron, which, although an awkward instrument to use, nevertheless answered the purpose admirably, and effectually hardened the jacket. I have since had made a four-inch cylinder of iron an inch and a half in diameter, which works upon its axis, and can be run up and down the jacket like a garden-roller. By a spring in the handle, the cylinder can be dropped into the fire for heating and again picked up when necessary (see fig. in Lecture on Spondylitis, page 54). After applying three or four thicknesses of the bandage, this heated roller is run up and down the jacket so as to evaporate all the surplus moisture. The additional bandages necessary to complete the jacket are now applied and the roller passed over them.

In your JOURNAL of the same date, Mr. F. R. Fisher takes occasion to correct an error of statement, in which he had been made to say that “Sayre's jacket had produced abscess, which the poroplastic did not”; whereas he simply said “Sayre's jacket had hidden the abscess, not caused it”. This can be no objection whatever to the plaster jacket, for, if an abscess exist, it can be detected before the application of the jacket. When the jacket has been applied, a fenestra is then cut out over the seat of the abscess, and we thus have an opportunity of making such local applications as may be desirable, while at the same time we afford the patient uniformity of support. The advantage of this plan of treatment over the poroplastic or felt jacket is very great; for, as Mr. Golding-Bird has pointed out (BRITISH MEDICAL JOURNAL, September 21st, 1878), the advantage of a plaster jacket over that of a “felt or any other vest that will lace up” is its “integrity”, and, “once cut up, it becomes little better than the old spinal supports—able to prevent relapse, but not to cure”.—Very respectfully and truly yours,

LEWIS A. SAYRE.

285, Fifth Avenue, New York, January 11th, 1879.

MILITARY AND NAVAL MEDICAL SERVICES.

AN examination of candidates for commissions in the medical service of the Royal Navy will be held at the University of London, Burlington Gardens, on Monday, February 17th, and following days, at 10 o'clock. Candidates must present themselves at the Medical Department of the Navy, 9, New Street, S.W., at 11 o'clock, on Thursday, February 13th, when, should they be found eligible, they will be permitted to appear for examination. The necessary forms to be filled up by candidates will be supplied on application to the Department.

ARMY MEDICAL DEPARTMENT.

SIR,—It is generally supposed, I am in a position to say, among the few members of Parliament who interest themselves in the efficiency of the medical branch of Her Majesty's service, that a modified form of regimental service will be adopted in the coming Warrant. I see, however, that a leading medical journal supports the abolition of the intransigent examinations of candidates as a means of making the service more popular. I have been in a position to sound the ideas of young army surgeons on this point, and the result has been that these gentlemen do not think the intransigent examination deters candidates from coming forward. An intransigent examination in the Department, I learn from senior officers, existed in the days of the late Sir James McGrigor; and a friend of mine, who has since made his fortune in the profession and retired, informed me that he was a candidate for a commission in Sir James's time, and rejected by Sir James's examining board for deficient information on the anatomy of the brain. He remarked to me, "It was the luckiest piece of bad luck I ever had".

The Director-General's great blunder has been that he thought he was going to rule the department with a rod of iron. Hence arose heartburnings and discontent which need not have arisen. A poor man, to whom Indian rupees were an object, could not see why he was not allowed to exchange with another to whom Indian pay was not an object, when they both desired the exchange, and each of them was fitted for service anywhere. Gentlemen who were accustomed to have a roster list pinned up over the chimney-pieces of their barrack-rooms, and could do off those who went abroad before them, and thus form some idea of their own positions on the roster, could not understand what objection there could be to their doing so. They ask, What is the object of this roster being kept for the eyes of one officer in Whitehall Yard, and for his eyes only? They, therefore, naturally suspect that there is a reason; and I do not blame them, if they do not consider it a pure one. I firmly believe that *nothing* will attract desirable candidates until the Horse Guards take the department into their own hands and administer it on the system which obtains in the general army. There must always be professional jealousies—whether rightly or wrongly matters little—which lead to distrust in our system of having medical administration at head-quarters. No man who has suffered in order that another may be rewarded (a point, by the way, totally ignored by the War Office Committee) can believe in the justice of his sufferings. Such sentiments must cause discontent, which would be removed by Horse Guards' administration.

The duties which properly belong to juniors being allotted to seniors is, in the army, a very serious grievance. The excuse urged for its supposed necessity is "the elasticity of the department"—a very fine word without any meaning. The "elasticity" of the department cannot be strengthened, if the recommendation of the Committee to make fifty brigade surgeons be adopted; unless, indeed, these brigade surgeons are to be called upon to do such duties as those of "orderly officer" at Woolwich or elsewhere. The "elasticity" of the combatant branch must surely be sadly cramped, because ensigns do not do field officers' "rounds" or field officers ensigns' "guards". If the department be properly organised, its "elasticity" will be as great as that of the rest of the army, combatant and departmental. Finally, it is strange that an officer to whom the pay in India is a consideration should feel discontented because his application to go there is refused without any reason being assigned, by the verdict of a Whitehall Yard Board, when he is conscious that he is free from any disability, mental or physical, and has the opinion of some of the leading London physicians to this effect; more especially when he knows that another officer was sent there at his non-request, when he was in the last stage of consumption, of which he died shortly after landing, leaving his wife and family to the subscriptions of the charitable for the means of getting them home again.

Is the "Intransigent Examination" the reason of the unpopularity of the medical service?—I am, sir, yours,

M.R.C.S.E.

ARMY MEDICAL SERVICE.—List of candidates for commissions as surgeons in Her Majesty's Indian Medical Service who were successful at both the London and Netley examinations, February 3rd, 1879.

Marks.		Marks.	
*1. T. H. Sweeney	5171	9. H. B. Briggs	4246
12. D. F. Barry	5115	10. W. P. Carson	4235
3. G. F. A. Harris	5093	11. A. S. Faulkner	3836
4. J. Anderson	5073	12. C. Mallins	3834
5. C. J. Bamber	4618	13. E. M. Damlam	3236
6. M. O'Dwyer	4604	14. R. M. Allen	3186
7. E. H. Dumbleton	4415	15. H. St. C. Carruthers	3089
8. C. G. W. Lowdell	4264		

NAVAL MEDICAL SERVICE.—List of candidates for commissions as surgeons in the Medical Service of the Royal Navy who were successful at both the London and Netley examinations, February 3rd, 1879.

Marks.		Marks.	
1. A. M. French	3507	3. E. Fergusson	3176
2. E. H. Williams	3504		

* Gained the Herbert Prize and the Parkes Memorial Bronze Medal.

† Gained the Martin Memorial Medal.

MEDICAL NEWS.

UNIVERSITY OF DURHAM.—First examination for the Degree of Bachelor of Medicine at the College of Medicine, Newcastle-upon-Tyne, on January 22nd, 23rd, 24th, and 25th, 1879.—The following satisfied the examiners.

Bedford, Walter George Augustus
Black, William Glaholm
Bowman, Hugh Torrington
Burton, Francis Henry Mercer
Crick, Samuel Arthur, M.R.C.S., L.S.A.
Davis, William Henry
Robinson, Charles William
Stubbs, Charles Pickering
Trewman, George Turner
Tyson, William Joseph, F.R.C.S., L.R.C.P.
Willis, Charles Fancourt, M.R.C.S., L.R.C.P.
Woodman, William Edwin, M.R.C.S., L.S.A.

Four failed to satisfy the examiners.

MEDICAL VACANCIES.

Particulars of those marked with an asterisk will be found in the advertisement columns.

The following vacancies are announced:—

ARMAGH UNION—Medical Officer for Richhill Dispensary District. Salary, £120 per annum, and £20 per annum as Sanitary Officer, together with Vaccination and Registration Fees. Election will take place on the 10th instant.

*BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon. Salary, £150 per annum, with allowance for cab-hire, furnished rooms, lights, and attendance. Applications on or before Wednesday, February 19th.

*CANCER HOSPITAL, London and Brompton—Resident House-Surgeon and Registrar. Appointment is for one year, and the honorarium 100 guineas. Applications to be made on or before February 15th.

*DENTAL HOSPITAL OF LONDON, Leicester Square—Lecturer on Dental Surgery and Pathology. Applications on or before Wednesday, February 12th.

*HOSPITAL FOR WOMEN, Soho Square—Pathologist and Curator for Museum-Honorarium, 50 guineas per annum. Applications on or before February 17th.

*HULME DISPENSARY, Manchester—House-Surgeon. Salary, £130 per annum, with furnished apartments, coal, gas, and attendance at the Dispensary. Applications, with testimonials, before 10th February.

*INVERNESS DISTRICT ASYLUM—Assistant Medical Officer. Salary, £80 per annum, with bed, board, and washing. Applications to be made on or before the 8th instant.

LADIES' CHARITY AND LYING-IN HOSPITAL, Liverpool.—House-Surgeon. Salary £50 per annum, with apartments, board, and other allowances, amounting to £10. Applications on or before Monday, February 10th.

LONDON FEVER HOSPITAL.—Resident Medical Officer. Salary, £200 per annum, with residence, coals, gas, and attendance.

*NATIONAL DENTAL HOSPITAL, 149, Great Portland Street—House-Surgeon. Salary, £50 per annum. Applications on or before the 25th instant.

NORTH-WESTERN HOSPITAL, Kentish Town Road—Honorary Physician. Applications on or before February 15th.

*PARTICK, HILLHEAD, AND MARYHILL HOSPITAL, Knightswood, near Glasgow—Medical Officer. Salary, including board, etc., £100 per annum. Applications on or before February 20th.

*RICHMOND INFIRMARY—House-Surgeon. Salary, £80 for the first year, with an annual increase of £10 up to £100, with board and furnished apartments. Applications on or before the 15th February.

*ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES, Lancaster—Assistant Medical Officer. Salary, £110 per annum, rising annually to £150, with board, apartments, and washing. Applications on or before February 18th.

*SCARBOROUGH DISPENSARY—House-Surgeon. Salary, £120 per annum, with rooms, attendance, coals, and gas.

TIVERTON INFIRMARY AND DISPENSARY.—House-Surgeon and Dispenser. Salary, £100 per annum, with furnished apartments, coals, gas, and attendance.

*WEST LONDON HOSPITAL, Hammersmith—Assistant Physician. Applications on or before Tuesday, February 18th.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

BURMAN.—On January 31st, at 1, Maid of Honor Row, The Green, Richmond, Surrey, the wife of J. Wilkie Burman, M.D., of a son.

MARRIAGES.

BUCKLEY—WOOLLEY.—On February 1st, at Manchester, Samuel Buckley, F.R.C.S. of Cheetham Hill, to Florence, youngest daughter of the late James Woolley of Manchester.

WHITHAM—INGHAM.—On the 5th instant, at St. Michael's Church, Haworth, Frederick Edward Whitham of Moorhouse, Oxenhope, to Hannah Maria, eldest daughter of Amos Ingham, M.D., Ash Mount, Haworth, Yorkshire.

MR. JOHN LANGSTON, F.R.C.S., of the Priory, Strood, has been appointed on the Commission of the Peace for the City of Rochester.

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 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.

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.—St. Thomas's (Ophthalmic Department), 2 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. Dr. J. Matthews Duncan, "Antiseptic Midwifery".

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Jonathan Hutchinson, "On a Group of Cases of Partial Symmetrical Immobility of the Eyes, with Ptosis (Ophthalmoplegia Externa)". Mr. Jonathan Hutchinson, "Case of True Leprosy in which complete recovery has taken place".

FRIDAY.—Clinical Society of London, 8.30 P.M. Dr. Ord, "Rheumatoid Arthritis regarded from a Clinical point of view". Dr. Kerritt (Bristol), "Complete Obstruction of Intestine by Fibrinous Exudation". Mr. Marsh, "A Case of Intestinal Obstruction, in which the Abdominal Cavity was explored, a Stricture found, and the Gut successfully opened". Mr. Bryant, "A Case of Acute Intestinal Obstruction: Laparotomy: Removal of Large Impacted Gall-stone from the Ileum: Death from Peritonitis". Mr. Lawson, "A Case of successful Tracheotomy in the last stage of Diphtheria". Dr. Douglas Powell will exhibit a Case of Leprosy with Enlarged Glands.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the General Secretary and Manager, 161, Strand, 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, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 161, Strand, W.C., London.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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

AN APPEAL.

THE melancholy and sudden death of the late C. J. Axford, M.R.C.S., L.S.A., of St. Leonard's-on-Sea (which resulted from the excessive use of chloroform, inhaled to relieve the severities of asthma), has left Mrs. Axford a widow with three children, for whom there is not the smallest provision. The members of the medical profession and others are earnestly solicited to contribute to a fund now being raised for their relief. References to be made to Dr. Adey, F.R.C.P., 1, West Ascot, St. Leonard's; Dr. Bagshawe, 6, Warrior Square, St. Leonard's; F. R. Haward, Esq., M.R.C.S., etc., 33, Marina, St. Leonard's; Dr. Semple, F.R.C.P.L., Torrington Square. Donations will be thankfully received by Messrs. Coutts and Co., Bankers, Strand; F. R. Haward, Esq., 33, Marina, St. Leonard's; F. B. Courtenay, Esq., 2, Chandos Street, Cavendish Square; G. W. Hind, Esq., 22, Gower Street, Bedford Square; and also by Dr. Semple.

Sir William Jenner, Bart. . . . .	..	..	..	..	..	£5	5	0
Sir James Paget, Bart. . . . .	..	..	..	..	..	3	3	0
Dr. Quain . . . . .	..	..	..	..	..	5	0	0
Dr. Semple . . . . .	..	..	..	..	..	1	1	0
Dr. Watson . . . . .	..	..	..	..	..	2	2	0
G. W. Hind, Esq. . . . .	..	..	..	..	..	5	5	0

ASSUMPTION OF HONORARY TITLES.

MORALITY asks what is to be done to prevent the regular assumption of the title of F.R.C.S. by a gentleman who is not a Fellow of either the College of Surgeons of England, Ireland, or Scotland? There is not, we believe, any legal penalty to the assumption of such an honorary title. Any man may, if he please, write honorary titles before or letters after his name; but as under such circumstances they confer little honour and a very doubtful distinction, few people care to brave the consequent exposure.

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, 161, Strand, London, and not to the Editor.

DRUNK OR DYING.

THE local papers describe with detail and much naturally indignant comment the facts of an inquest on the body of John Colman, who died from a fractured skull, after having been locked up in the borough police-cells and fined for drunkenness. On Friday, deceased received a shilling from a friend and spent it in drink. Early in the evening, he was seen in the neighbourhood of a coal-depot; and as his cap was subsequently found in the hole used for the "tipping" of coals into carts, it is conjectured that he must have fallen down there. At eleven o'clock the same night, a policeman discovered him lying in a street, apparently drunk. He was removed to the police office, and examined by Mr. Sergeant, the police-surgeon, who ordered him to be kept quiet and attended to. Next morning, Colman washed himself, was taken before the magistrates, and fined five shillings for drunkenness. The chief constable, noticing the changed appearance of deceased after his removal to the cells, obtained a remission of the penalty, and sent the man home, where he died the same night. A *post mortem* examination showed that death was the result of a fractured skull, and the jury returned a verdict of "Accidental death". No blame was attributed to any person.

The case, however, when examined with due knowledge, seems to be one of those comparatively common instances of fracture of the base of the skull in which the symptoms are at first so trifling as to render a confident opinion impossible. We hear of one at the present time at St. George's Hospital, under the care of Mr. Holmes, who is an authority of great eminence in these cases, in which he was at first disposed to believe that the bleeding from the ear (which was only trifling, and had stopped before the man's admission) was due simply to external injury, or injury of the tympanum—a fact which has been verified often by *post mortem* examination. But as facial paralysis came on some days after the accident, Mr. Holmes is now more disposed to believe that there is fracture, though still far from certain. He does not, therefore, think that the medical man in this case was justly chargeable with either ignorance or negligence in not discovering the fracture when he first saw the patient. The second medical man saw the man under different circumstances, when the nature of the case was plain; but it is certainly to be regretted that the man was not visited by a surgeon on the following day, when probably the diagnosis could have been established correctly. There is nothing extraordinary, or even very unusual, in a man walking, talking rationally, etc., after receiving a fracture either of the vertex or of the base of the skull.

The conduct of the police in this case is quite free from blame. They could only call in a qualified surgeon and act as he directed them. It was for him to caution them that the man ought to be visited again in the morning, if he were not perfectly recovered. But that medical men should be led into error in these mixed cases of drunkenness and injury, is neither new nor strange. They are, as we have many times pointed out, among the most puzzling cases with which surgeons have to deal; and, as they are peculiarly likely to bring about painful results, they need the utmost care in diagnosis and subsequent watching.

J. J. H.—A *reductio ad absurdum*, which might be set against the ravings of Mr. Ward in the columns which afford them hospitality.

THROAT-SPRAYS AND INHALERS.

SIR,—In reply to "Inquirer," I have to state that for the last three or four years I have used Dr. Robert J. Lee's steam draft-inhaler—an admirable instrument for use in the treatment of patients suffering from affections of the throat and lungs, by means of carbolic acid and other vapours, without the least effort being required on the part of the patient. The instrument consists of a boiler with safety-valve, and inhaling-tube with mouth-piece, into which a small jet of steam is injected, and a spirit-lamp. In whooping-cough, croup, diphtheria, and the sore-throat of scarlet fever, I have found the following most useful. \mathcal{R} Acidi carbolic puri \mathfrak{z} ij; aquæ destillat. ad \mathfrak{z} ij. Fiat solutio. A teaspoonful is added to an ounce of hot water and placed in the boiler of the inhaler. In bronchitis, pneumonia, etc., I use the following. \mathcal{R} Olei pini sylvestris \mathfrak{z} ij; acidi benzoici gr. x; spiritus chloroformi \mathfrak{z} ij; spiritus vini rectif. ad \mathfrak{z} ij. Fiat solutio. One teaspoonful is added to an ounce of hot water, and placed in the inhaler for use three or four times daily.

The chief merits of this instrument appear to me to be simplicity, the regular temperature at which the vapour comes off, and the fact that the patient inhales about ninety per cent. of atmospheric air without the least effort. The steam draft-inhaler may be purchased at Maw's in Aldersgate Street; and Hawksley's, 300, Oxford Street, for ten or twelve shillings.—Yours faithfully, A. COOPER KEV. 30, Wilton Place, Belgrave Square, February 5th, 1879.

SIR,—Observing the question of "Inquirer" in the JOURNAL on the above subject, I have thought that he might be interested in knowing that I have devised a simple appliance—the trissophial—which can be used either as a spray-bottle, an inhaler, a water-pipe for smoking stramonium, etc., or as a drop-bottle. It is made by the Sanitary and Economic Supply Association of this place; and I have the pleasure of sending a sample with this, by post, for editorial inspection.—I am, etc., Gloucester, February 1879. FRANCIS T. BOND, M.D.

OBSTETRIC FORCEPS.

SIR,—I would suggest that, in order to preserve midwifery forceps and render them at all times fit for use, they should be electro-plated. I have had this done to mine, and find them smoother, brighter, easier to apply, more readily cleaned, and less calculated to inspire terror on the part of the patient or her attendants. I think also that if all surgical and obstetric instruments were so treated (except, perhaps, cutting instruments), not only would the above advantages be obtained, but it perhaps would render unnecessary their carbolicisation before operations, the good effect of which, I believe, to be as much due to the greater cleanliness thereby obtained as to the germicidal properties of the carbolic acid.—Yours, etc., ALLEN FENNINGS.

sent number of the *Journal of Mental Science*, and, it may be said, in reply to Dr Carpenter, and doubtless generally exactly what Elliotson declared to Wakley nearly forty years ago—viz., that the hypothesis which attributes the effects observed to the fact that the attention of the patient is directed to a part of his body, as it would be by a particular operation, and to the previous knowledge of these effects, is absolutely untenable. The effects observed, he insists, on the other hand, are the direct results of the application of the several agents employed, and that these results are excited by certain laws to the physical conditions of the operation. "This much," affirms Dr. D. Hack Tuke, "is abundantly proved by facts"; and to the same effect, I repeat, did Elliotson tell Wakley a generation since; or so Mr. Clarke assures us in his autobiography, written five or six years ago.

Now, however significant are the facts of "suggestion", "expectancy"; to whatever extent such may and do cover or explain a large proportion of the phenomena observed and recorded by experimenters in the days gone by and in these present, yet does there remain a large mass of facts left untouched; and away, far away and beyond all such notions, including even "latent thought", "automatic will", and "unconscious muscular action".

Why then, in the words of your correspondent, does Dr. Carpenter still persist in the sufficiency of his theories, ingenious though they are, to embrace all that is really known to and acknowledged by many of the best of men of even this period, day, and hour, in so far as "mesmerism", "metalloscopy", and "phrenology" are concerned? Why, in other words, does Dr. Carpenter insist on confounding cases of pure hysteria and its analogues with the higher conditions of the human organism? As Dr. F. Simms writes: "There is something yet unknown behind the metallic experiments of Charcot, and this we should work out carefully and well."—Your obedient servant,

JAS. GEO. DAVEY, M.D.

Bristol, January 23rd, 1879.

THE ETIOLOGY OF DIPHTHERIA.

SIR,—I have read with interest Dr. A. Carpenter's remarks on "A Possible Predisposing Cause of Diphtheria" in the *JOURNAL* of January 4th, in which he suggests that the conditions which promote potato-blight may have an effect on the supposed germ of diphtheria. If such be the case, one would naturally expect to find some connection between what may be called the two epidemics. Such, however, is not the case, according to my experience. During the years 1875, 1876, and 1877, potato-blight was very prevalent in this district, many farmers suffering severely by it. During these years I do not think that I ever saw a case of diphtheria in the Fens; but during the past year we have had a rather extensive epidemic of diphtheria, and have been almost absolutely free from potato-blight—in fact, the past season has been the best for potatoes that our farmers have known for some time. Of course, one such instance proves nothing, especially as I regret that I can give no information as to the quantity of carbonic dioxide present in the atmosphere in these different years. It is, however, noteworthy, that although we have had a number of cases in the town district, in no instance has the disease proved fatal; while in the Fen districts, where at all events there is plenty of ventilation externally, if not always inside the houses, and, as a rule, a better class of labourers' cottages, it has been fatal in a good proportion of cases.

A number of collected cases from different districts may perhaps assist Dr. Carpenter in working out his theory. I may perhaps add that the treatment which seems to have been of most use has been the internal administration of iron and chlorate of potash, and the use of carbolic spray to the throat. I have not seen any fatal case in which this treatment was thoroughly carried out.—I remain, sir, yours truly,

CHAS. N. ELLIOTT, B.A., M.B., Medical Officer of Health, Whittlesea.

January 19th, 1879.

AN OXFORD ABUSE.

IN a recent number of the *Pall Mall Gazette* the following appeared: "Urgent complaints have been made during the last year or two in influential quarters as to the present appropriation of the medical endowments of the University of Oxford. The *BRITISH MEDICAL JOURNAL* has led the way with a series of articles on 'The Lost Medical School'; and in those articles and in an address on the same subject by Professor Ray Lankester, M.D., statements are made of so strong a character that it is not surprising that the subject is engaging much attention just now at Oxford. Professor Lankester is a Fellow of Exeter College, and teacher of Physiology there, as well as a Professor of Comparative Anatomy at the University College of London; and the *BRITISH MEDICAL JOURNAL* is the organ of an association numbering now upwards of seven thousand medical men, and having as its official editor Mr. Ernest Hart, appointed by the Association. It is not, therefore, *prima facie* probable that the statements now repeatedly made by those gentlemen are wholly at variance with the fact, or entirely without foundation. Nevertheless, they are such as, unless authenticated to that extent, would not seem to be in themselves credible; and in repeating the substance of them we do so on the faith of their published statements. Briefly and in sum, they assert that there is not such a thing as a medical student at Oxford; or, as it is picturesquely put, a medical student at Oxford is as rare as being as the dodo in the Ashmolean Museum. There is a Regius Professor of Medicine at Oxford; there is a Lichfield Professor of Clinical Medicine; there is a Linacre Professor of Anatomy; there is a Lee's Reader in Anatomy; there is a Sherardian Professor of Botany, who should be by profession a doctor of medicine, and should lecture, presumably, to medical students in the fine old 'Physic Garden'. Lee, Linacre, Sherard, were doctors of medicine, like Radcliffe; and their benefactions to the University were expressly for the teaching of medicine. Moreover, Oxford men generally are under the impression that there is a flourishing Medical School; but, as a matter of fact, it is alleged that the whole of the arrangements of these professorships are so devised as to release their incumbents from all teaching of medical students. The Regius Professor of Medicine, it is declared, has not delivered a lecture for twenty years; nor has the Lichfield Professor of Clinical Medicine ever given any clinical instruction at that splendid hospital, the Radcliffe Infirmary, which contains 200 beds, with every requisite and facility for teaching. The two offices have been given to the same individual, and they are fulfilled in the same way. The Regius Professor puts into the *University Gazette* regularly a formal and imposing notice that he will on given days meet and confer with medical students; but, as the whole of the arrangements are made so as to render the position of a medical student quite untenable, no such being exists or ever appears. On one occasion, a stray student informed the Lichfield Professor of Clinical Medicine, that he proposed to attend the hospital, and required clinical instruction. This audacity met with its due rebuke—a flat refusal. These statements gain some confirmation from the fact that when at the end of the last session Dr. Cameron, the Member for Glasgow, whose attention had been directed to them by their appearance in the professional journal in question, inquired, in the House of Commons, of Sir Stafford Northcote whether this was an accurate statement of the manner in which the duties of Regius Professor and Lichfield Professor were performed, the answer was only that the person who held both appointments was Dr. Acland, and that the university

had expressed no dissatisfaction. The probability is, that 'the university' knows very little about it, and has not troubled itself to inquire. If, however, it be true that there exist at Oxford large endowments for medical teaching, the gifts of past generous medical donors, and a splendid apparatus of professors and museums for teaching and pursuing the biological and physical subjects which form part of the curriculum of study of medical men, and of that professional class alone, it seems to be peculiarly grievous that by the perversity, or eccentricity, or indolence, of a few professors, that profession should be practically exiled from this great university. It is a grievance and injury to that profession, which can but suffer by being divorced from the liberal culture of a great university; it is an injury to the university, which could but gain by attracting to it its fair share of the professional class which furnishes from among its students our Owens, Huxleys, and Hookers, as well as our Brodies, Simons, Farris, Watsons, and Jenners. Upwards of ten thousand a-year are at this moment being spent on physical science teaching at Oxford, but the total number of students is absurdly small."

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Irish Times; The Cornwall Gazette; The Glasgow Herald; The Edinburgh Daily Courier; The Manchester Guardian; The Berkshire Chronicle; The Yorkshire Post; The Middlesex County Times; The Coventry Herald; The Liverpool Daily Post; The Manchester Courier; The Cork Constitution; The Leeds Mercury; The Surrey Advertiser; 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. W. Rutherford, Edinburgh; Dr. J. Hughlings Jackson, London; Dr. Seguin, New York; Dr. J. Matthews Duncan, London; Mr. Malcolm A. Morris, London; Dr. Smith, Bilston; Mr. Farrar, Morecombe; Mr. Thornton, London; Mr. W. Williams, London; Dr. Gowers, London; Dr. S. P. Smith, Addiscombe; Dr. G. W. Thomson, Haywood; Dr. Vallin, Paris; Mr. T. Holmes, London; M.D.; A. C. Darlington; Dr. Beeby, Bromley, Kent; Mr. J. Hodgkin, Oxford; Dr. Rockliffe, Hull; Dr. T. Wright, Nottingham; Dr. Reed, Manchester; Dr. H. Macnaughton Jones, Cork; Dr. Hardwicke, London; Mr. Davy, London; The Secretary of Apothecaries' Hall; Dr. Duffey, Dublin; Mr. A. A. Reade, Manchester; Dr. Hadley, Birmingham; M.; Dr. Browne, Eastbourne; Dr. Joseph Coats, Glasgow; W.; Mr. Wells, Colchester; Dr. Warner, London; Dr. Sheen, Cardiff; Mr. A. W. Hutt, London; Mr. Forster, Darlington; Dr. Bell, Newcastle-upon-Tyne; Mr. Hutchinson, London; Dr. Edis, London; Dr. McMunn, Wolverhampton; Dr. Fairlie Clarke, Southborough; The Registrar-General of England; Mr. T. Pridgin Teale, Leeds; Mr. King, London; Mr. A. Doran, London; Dr. Martin, Portlaur; The Registrar-General of Ireland; Mr. Eastes, London; The Registrar of the Medical Society of London; Mr. T. Spencer Wells, London; Dr. Donovan, Leicester; Dr. Simms, London; Mr. Lendon, London; Dr. Sturges, London; Mr. Arthur Coleman, London; Dr. Hatchett, Ravenstone; Dr. Porter, Dublin; Mr. W. K. Treves, Margate; Mr. Lloyd, St. Albans; The Secretary of the Clinical Society; Dr. Semple, London; Mr. P. B. Burroughs, Weston-super-Mare; Dr. Sayre, New York; Dr. Cameron, Glasgow; Mr. Foster, London; Dr. Russell, Birmingham; Dr. Wade, Birmingham; Mr. Swinney, London; Mr. Rivington, London; Dr. Buzzard, London; Our Glasgow Correspondent; Dr. Bucknill, Rugby; Dr. Hardie, Manchester; Our Edinburgh Correspondent; Dr. Wallace, Liverpool; Mr. Orton, Newcastle-under-Lyme; Dr. Lewis, Basingstoke; Dr. Atkins, Cork; Our Dublin Correspondent; The Secretary of the Royal Medical and Chirurgical Society; Dr. E. Waters, Chester; Mr. C. J. Harris, Kilburn; Dr. Broadbent, London; Mr. A. B. R. Myers, Windsor; Mr. Jordan, Heaton-Chapel, Stockport; Mr. R. Torrance, Newcastle-on-Tyne; Mr. J. Diggins, Lancaster; Dr. A. Grant, London; Dr. Bond, Gloucester; Dr. Leech, Manchester; Dr. Barnes, London; Mr. A. C. Key, London; Dr. Munro, Manchester; etc.

BOOKS, ETC., RECEIVED.

Ozone in Relation to Health and Disease. By Henry Day, M.D. London: J. and A. Churchill. 1879.
Illustrations of Clinical Surgery. By Jonathan Hutchinson, F.R.C.S. London: J. and A. Churchill. 1879.
Domestic Medicine and Hygiene. By W. J. Russell, M.B. London: W. H. Everett. 1879.
Fashions of the Day in Medicine and Science: a few more Hints. By H. S. Costable. Kingston-on-Hull: Ling and Co. 1879.
Food or House Cookery. By Catherine M. Buckton. London: Longman, Green, and Co. 1879.
The Patentee's Manual. By J. and J. H. Johnson. London: Longman, Green, and Co. 1879.
A Dictionary of Chemistry. By H. Watts, B.A., F.R.S., F.C.S. London: Longman, Green, and Co. 1879.
Historical Sketch of Medicine from the Earliest Times. By Keith Norman Macdonald, M.D. Edinburgh: MacLachlan and Stewart. 1879.
The Practice of Medicine among the Burmese. By Keith Norman Macdonald, M.D. Edinburgh: MacLachlan and Stewart. 1879.
Public Health: Annual Report of the Medical Officers of the Local Government Board for the Year 1877. London: Spottiswoode and Co. 1879.
St. Bartholomew's Hospital Reports. Edited by W. S. Church, M.D., and A. Willett, F.R.C.S. Vol. xiv. London: Smith, Elder, and Co. 1878.
My Experience in a Lunatic Asylum. By a Sane Patient. London: Chatto and Windus. 1879.
Facts about Champagne and other Sparkling Wines. By H. Vizetelly. London: Ward, Lock, and Co. 1879.
Our Domestic Poisons; or, the Poisonous Effects of certain Dyes and Colours used in Domestic Fabrics. By H. Carr, M. Inst. C.E. London: W. Ridgway. 1879.