

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

M. Broca in the French Senate.—Police Help in Accidents.—Crèches.—The Weather and the Public Health.

As I anticipated in my last, Professor Broca has been elected Senator. His election took place on Thursday, the 5th instant, and the favourable result of the ballot of that day in the French Senate was communicated to him while he was at his post at the bimonthly meeting of the Anthropological Society of Paris, of which he is the general secretary. The news was immediately proclaimed to the members present, and was received with great applause. Some of them at once constituted themselves into a committee for the purpose of getting up a banquet to celebrate the event. It is to come off on Thursday, the 19th instant. Professor Broca's election brings up the number of members of the different academies in the Senate to nineteen, and to three of the Academy of Medicine, the other two being Professor Robin and Dr. Théophile Roussel. I shall say nothing of the political significance of the new election; but its importance to the profession cannot be over-estimated, as it will not only raise the status of its members, but we can count upon one more who, if he use his influence aright, will be able to render immense service to them. M. Broca has been long known to the profession, and though comparatively a young man, he being in his fifty-sixth year, his career has been a very brilliant one. Son of a medical man, he entered the profession at an early age, in which he rose rapidly. He was scarcely forty when he was appointed Professor of Surgical Pathology at the Faculty of Medicine at Paris. He is now Professor of Clinical Surgery at the Necker Hospital, and has been member of the Academy of Medicine since 1866, of which, at the opening of the present year, he was elected vice-president. But, as he has often expressed himself, the greatest glory of his life is his having founded the Anthropological Society of Paris, which is in the twentieth year of its existence. In 1859, the year of its foundation, it counted only nineteen members; but now it can boast of upwards of seven hundred; and from a simple society it has, through the unceasing exertions of its founder, been raised to the dignity of an institute, with a regular staff of professors, recognised by the State, but at the same time independent of it.

It is commonly said that "things are better managed in France". If this be not true in every case, it may well be applied to the arrangements for affording aid to the sick and wounded found in the streets, which, as may be gleaned from your annotation in the last number of the JOURNAL, are, in England, very defective. In Paris, when a person is taken ill, or meets with an accident in the street, he or she is immediately picked up by a policeman, and conveyed to the nearest druggist's shop or police-station. A medical man is called in, and, after doing what is most urgent, the patient is conveyed on a "brancard" (stretcher) or in a cab to the nearest hospital, or to his own home if he prefer it. The medical man draws out a short report of the case, and receives a fee of six *francs* if during the day, or ten *francs* if at night, from the Commissary of Police of the district. There is a stretcher attached to each police-station, with medicines and surgical appliances for any emergency; and there are four police-stations to each *arrondissement* in Paris, with, as you have pointed out, the inscription "Secours aux Blessés" over the door.

There is another institution from the management of which our British *confères* might glean some useful hints. I refer to *crèches*. I cannot enter into any long details, but I may mention, for general information, and in response to your appeal and that of your correspondent in the last number of the JOURNAL, that the *crèches* are well organised in Paris, and that there is one or more to be met with in each *arrondissement*. Some of them are kept up by private means, others by the churches and the Municipal Council; but all, like all public institutions in France, are more or less under the direct or indirect control of the police. Besides the police inspectors, each *crèche* has its staff of directrices and nurses, and its inspectors and inspectresses and visitors may call in at any hour and inscribe their observations in a book kept for the purpose. Children at the breast are admitted; and the mothers, if at work in the neighbourhood, call to suckle them as often as they think fit; but if they are unable to do so, or the children are brought up by the bottle, they are fed by the nurses with cow's milk or other food according to age. The children are kept from seven in the morning till seven or eight o'clock in the evening, for which the mother pays two sous, or a penny, daily; and they are received at these *crèches* up to the age of three and a half years. They are then transferred to "asiles", which are similar institutions, and where they are received

till the age of seven. No children are admitted to one or the other without bearing distinct marks of having been successfully vaccinated; and as soon as a child is taken ill, it is sent home to its parents. Any further information on the subject will be gladly furnished, but I would recommend a personal visit to these institutions by anyone interested in them, as I consider them perfect models of their kind, and one would learn more from ocular demonstration than any description given on paper.

The effects of the severe winter are still being felt in France, if one may judge from the mortuary reports published weekly by the Prefect of Police. In Paris, the population of which is now a little over 2,000,000, the mortality for the week ending February 5th has been 1,619, or 346 more than the preceding week, the average for the corresponding period for the three previous years being 1,007; and yet it cannot be said that there is any actual epidemic in this city. The bulk of the mortality seems to have been caused, as is usual in this season, by pulmonary affections, that from phthisis alone amounting to 233, pneumonia to 190, and acute bronchitis to 116. There is an affection which has prevailed to a great extent in Paris, and to me hitherto undescribed and undescribable. The French call it "la grippe", and the English influenza, but it is neither the one nor the other. It seems to me to be something between an ordinary "cold", which the French call "rhume", and influenza; for the symptoms do not present the gravity of the latter, and yet they are more severe than those of common catarrh. There is no fever present, but the malady is characterised by great prostration of strength, accompanied with a severe and troublesome cough, with a frothy expectoration more or less viscid, but never purulent or even mucopurulent. Influenza frequently prevails as an epidemic, and is essentially a contagious disease; that is, it is the result of a specific disease-poison propagated by contagia emanating from the patient, whereas the affection under notice is a special, but not a specific, one; and though it prevails in an epidemic form, it is neither contagious nor the result of a specific poison. It is simply a seasonal affection, never fatal unless complications occur, and drugs seem to have little or no influence over it. It runs an indefinite course, and is cured spontaneously. This affection never, of course, appeared in the mortuary returns, but I observe by last week's report, that "grippe" has been included, the number of deaths being two. There has been a marked increase in the number of deaths from typhoid fever and small-pox, that from the former amounting to 101, and the latter to 72; the mortality from these two affections in the previous week having been 30 and 56 respectively; the average for the corresponding week of the three preceding years having been 23 for typhoid fever and only 3 for small-pox. With these momentary exceptions, Paris may, in a sanitary point of view, compare with any other city in the world, and were it not for the defectiveness of its sewage arrangements, might be looked upon as a model city for salubrity as it is for many other things.

ASSOCIATION INTELLIGENCE.

BRITISH MEDICAL ASSOCIATION:
FORTY-EIGHTH ANNUAL MEETING.

THE Forty-Eighth Annual Meeting of the British Medical Association will be held at Cambridge on Tuesday, Wednesday, Thursday, and Friday, August 10th, 11th, 12th, and 13th, 1880.

President: DENIS C. O'CONNOR, A.B., M.D., Professor of Medicine in Queen's College, Cork.

President-elect: G. M. HUMPHRY, M.D., F.R.S., Professor of Anatomy in the University of Cambridge.

An Address in Medicine will be delivered by J. B. BRADBURY, M.D., Physician to Addenbrooke's Hospital.

An Address in Surgery will be delivered by TIMOTHY HOLMES, M.A., F.R.C.S., Surgeon to St. George's Hospital.

An Address in Physiology will be delivered by MICHAEL FOSTER, M.D., F.R.S., Praelector in Physiology in Trinity College, Cambridge.

The business of the Association will be transacted in Eight Sections. SECTION A.: MEDICINE.—*President:* George Edward Paget, M.D., D.C.L., F.R.S., Cambridge. *Vice-Presidents:* George Johnson, M.D., F.R.S., London; P. W. Latham, M.A., M.D., Cambridge. *Secretaries:* W. B. Cheadle, M.A., M.D., 2, Hyde Park Place, London, W.; D. B. Lees, M.A., M.D., 2, Thurloe Houses, Thurloe Square, London, S.W.

SECTION B.: SURGERY.—*President:* William S. Savory, M.B., F.R.S., London. *Vice-Presidents:* William Cadge, F.R.C.S., Norwich; John Wood, F.R.C.S., F.R.S., London. *Secretaries:* John

Chiene, F.R.C.S.Ed., F.R.S.Edin., 21, Ainslie Place, Edinburgh; George E. Wherry, F.R.C.S., 63, Trumpington Street, Cambridge.

SECTION C.: OBSTETRIC MEDICINE.—*President*: W. S. Playfair, M.D., London. *Vice-Presidents*: H. Macnaughton Jones, M.D., Cork; Henry Gervis, M.D., London. *Secretaries*: R. N. Ingle, M.D., 21, Regent Street, Cambridge; C. E. Underhill, M.D., 8, Coates Crescent, Edinburgh.

SECTION D.: PUBLIC MEDICINE.—*President*: Henry W. Acland, M.D., LL.D., F.R.S., Oxford. *Vice-Presidents*: Arthur Ransome, M.A., M.D., Manchester; Thomas Pridgin Teale, M.A., F.R.C.S., Leeds. *Secretaries*: William Armistead, M.B., St. Mary's Villa, Station Road, Cambridge; Thomas Walker, M.D., 19, Westgate, Peterborough.

SECTION E.: PSYCHOLOGY.—*President*: J. Crichton Browne, M.D., LL.D., F.R.S., London. *Vice-Presidents*: G. F. Blandford, M.D., London; P. M. Deas, M.B., Macclesfield. *Secretaries*: G. M. Bacon, M.D., Lunatic Asylum, Fulbourne, Cambridge; Henry Sutherland, M.A., M.D., 6, Richmond Terrace, Whitehall, S.W.

SECTION F.: PHYSIOLOGY.—*President*: William Rutherford, M.D., F.R.S., Edinburgh. *Vice-Presidents*: Arthur Gamgee, M.D., F.R.S., Manchester; Robert McDonnell, M.D., F.R.S., Dublin. *Secretaries*: W. H. Gaskell, M.B., Cambridge; William Stirling, D.Sc., M.B., Marischal College, Aberdeen.

SECTION G.: PATHOLOGY.—*President*: Sir James Paget, Bart., LL.D., F.R.S. *Vice-Presidents*: Samuel Wilks, M.D., F.R.S.; W. Howship Dickinson, M.D. *Secretaries*: W. S. Greenfield, M.D., 15, Palace Road, Albert Embankment; Charles Creighton, M.A., M.D., Anatomical Museum, Cambridge.

SECTION H.: OPHTHALMOLOGY.—*President*: William Bowman, F.R.C.S., F.R.S., London. *Vice-Presidents*: Henry Power, F.R.C.S., London; Henry R. Swanzy, M.B., Dublin. *Secretaries*: W. A. Brailey, M.D., 38, King's Road, Brownwood Park, London, W.; David Little, M.D., 21, St. John Street, Manchester.

A Subsection of Otolgoy will be formed, of which Dr. James Patterson Cassells of Newton Terrace, Sauchiehall Street, Glasgow, has consented to act as honorary secretary.

Honorary Local Secretaries: Bushell Anningson, M.D., Waltham-sal, Barton Road, Cambridge; A. P. Humphry, Esq., Grove Lodge, Cambridge.

TUESDAY, AUGUST 10TH, 1880.

- 2 P.M.—Meeting of Committee of Council.
- 2.30 P.M.—Meeting of the Council of 1879-80.
- 8 P.M.—General Meeting. *President's Address*; Annual Report of Council; and other business.

WEDNESDAY, AUGUST 11TH.

- 9.30 A.M.—Meeting of Council of 1880-81.
- 11 A.M.—Second General Meeting. *Address in Medicine*.
- 2 to 5 P.M.—Sectional Meetings.

THURSDAY, AUGUST 12TH.

- 9.30 A.M.—Meeting of the Committee of Council.
- 10 A.M.—Third General Meeting. *Reports of Committees*.
- 11 A.M.—*Address in Surgery*.
- 2 to 5 P.M.—Sectional Meetings.
- 6.30 P.M.—Public Dinner.

FRIDAY, AUGUST 13TH.

- 10 A.M.—*Address in Physiology*.
- 11 A.M.—Sectional Meetings.
- 1.30 P.M.—Concluding General Meeting.

GLOUCESTERSHIRE BRANCH.

THE meeting for this month will be held in the Board Room of the General Hospital, Cheltenham, on Tuesday next, the 17th of February, at 7.30 P.M., under the presidency of T. S. ELLIS, Esq., of Gloucester.

Business of the Meeting.—I. Dr. Askwith: On the Treatment of an Encysted Tumour.

2. C. J. Bennett, Esq.: A Case of Amputation at the Hip-Joint, showing the value of "Davy's Lever".

3. Medical and Surgical Cases of Interest.

RAYNER W. BATTEN, *Honorary Secretary*.
Gloucester, February 10th, 1880.

SOUTH OF IRELAND BRANCH.

THE usual quarterly meeting of the Branch will be held in the Royal Cork Institution, on Wednesday, February 25th, at 4 P.M.

Members intending to read papers, or send communications, will kindly intimate their intention to the Secretaries.

P. J. CREMEN, M.D., } *Honorary Secretaries*.
T. G. ATKINS, M.D., }

Cork, January 22nd, 1880.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.

THE next meeting of this district will be held at the Myddleton Hall, Islington, on Thursday, February 19th, 1880, at 8.30 P.M., when the following papers will be read.

Mr. Brown: Some Remarks on Tumours of the Breast following Injuries.

Mr. French: On Carbuncle.

Mr. Mann: On Lupus.

THOMAS STRETCH DOWSE, M.D., *Honorary Secretary*.
2, Old Burlington Street, February 4th, 1880.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THE next meeting of this district will be held at the London Hospital Medical College, on Thursday, February 19th, at 9 P.M.; THOMAS BARLOW, M.D., in the Chair.

The following papers will be read.

1. On Certain Unavoidable Errors in Surgical Diagnosis. By Frederick Treves, F.R.C.S.

2. On Forcible Feeding. By J. O. Adams, F.R.C.S.

A. GRANT, M.D., *Honorary Secretary*.
370, Commercial Road, E., February 11th, 1880.

SOUTH-EASTERN BRANCH.

A MEETING of the Executive Council of this Branch will be held at the Bridge House Hotel, London Bridge, on Thursday, February 19th, at 3.15 P.M.

CHARLES PARSONS, M.D., *Honorary Secretary*.
2, St. James's Street, Dover, February 9th, 1880.

STAFFORDSHIRE BRANCH.

THE second ordinary meeting of the present session will be held at the Board Room of the Infirmary, Stafford, on Thursday, February 26th, at 3.30 P.M.

VINCENT JACKSON, Wolverhampton } *Honorary Secretaries*.
J. G. U. WEST, Stoke-upon-Trent }
Wolverhampton, February 2nd, 1880.

NORTH OF IRELAND BRANCH.

A MEETING of this Branch will be held on Friday, the 5th March next, at 12 o'clock, in the Belfast Royal Hospital.

Members intending to make any communication or read any papers are requested to inform

JOHN MOORE, M.D., *Honorary Secretary*.
2, Carlisle Terrace, Belfast, February 9th, 1880.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE third ordinary meeting of the session was held at the Grand Pump-Room Hotel, Bath, on Thursday, January 22nd; J. BEDDOE, M.D., F.R.S., President, in the chair. There were also present twenty-eight members and three visitors.

New Members.—The following gentlemen were elected members: Thomas Chalmers Norton, Esq., Bristol; T. Orlando Mayor, Esq., Clifton, Bristol; E. W. Hope, M.B., The General Hospital, Bristol; Edward Fuller Martin, M.B., Weston-super-Mare; Bonville Bradley Fox, M.B., Brislington; E. W. Coathupe, Esq., Clifton, Bristol; R. J. H. Scott, Esq., Royal United Hospital, Bath.

The late Dr. William Budd.—The PRESIDENT then alluded, in feeling terms, to the death of Dr. William Budd, and proposed that the ordinary business be suspended while Mr. Michell Clarke read an obituary notice, which was received with much attention. It was published at page 163 of the JOURNAL for January 31st.

The office of Registrar-General.—The following resolution was proposed by Dr. J. G. DAVEY, seconded by Mr. E. C. BOARD, and carried by a large majority:

"That this Branch regrets that, in the appointment of Registrar-General, the just claims of the medical profession to that post have been ignored, and that the great and long-continued public services of Dr. Farr and his world-wide reputation as a statistician have been disregarded."

Papers.—The following were read.

1. Mr. E. FIELD, M.B., read Clinical Observations on Pneumonia, which led to an interesting discussion, in which Mr. Bartrum, Dr. Swayne, Dr. Goodridge, Dr. Skerritt, and Dr. Beddoe took part; after which, Dr. Field replied.

2. Dr. A. E. AUST LAWRENCE read the first part of a paper on Disorders of Micturition in Women, which will be continued at the next meeting.

CORRESPONDENCE.

THE WOUNDED IN THE STREETS OF LONDON.

SIR,—Your remarks at page 216 of the JOURNAL of this day's date, on "The Wounded in the Streets", and the necessity for every police station in the metropolis being provided with the means of affording primary assistance to injured persons, and of conveying them in proper ambulance vehicles to the nearest hospital, lead me to mention that, in the year 1874, I called special attention to this subject in a paper read before the Order of St. John of Jerusalem in London. I sent a copy of this paper to the Lord Mayor of that time, begging his attention to that part of it in which I contrasted the systematic provision made in Paris for both material and personal help to sufferers from bodily injuries with the absence of any similar arrangements for preliminary aid in cases of accidents in our great metropolis, and urging reasons for steps to be taken to remove this neglect, which almost amounted to a public scandal. I received an official reply couched in civil terms enough, but nothing further was done in the matter. Since that time, the Order of St. John has formed an Ambulance Association among its members; and through the energetic exertions of Sir Edmund Lechmere, Major Duncan, Mr. Furley, and others of the Central Committee, great public good has been accomplished by giving systematic instruction to classes of the police force in proper modes of dealing with cases of injury and sudden illness before professional aid can be obtained. But the advantages of imparting such information must remain far from complete, so long as the material means for applying the instruction are not always at hand. The essentials for primary aid to injured persons should be found in every police station in London, as they are at Paris. The system in force there, of which I have seen the efficient working, has had the advantage of long trial; and every information regarding it can be readily obtained from the special bureau—the *Conseil de Salubrité* of the *Prefecture de Police*—whence the arrangements are directed.

I am, sir, yours truly,

Netley, February 7th, 1880.

THOMAS LONGMORE.

STATISTICS OF ANTISEPTIC SURGERY.

SIR,—In my communication referring to the "Antiseptic Discussion", I asked Mr. Lister to explain the statement in his speech regarding his results in chronic abscesses, in relation to the fact that many cases remained uncured in his wards when he left the Royal Infirmary; and I added, parenthetically, that I believed the number was seventeen; for such was the statement I heard when Mr. Lister left. I notice, in your JOURNAL of Saturday last, an attempt to raise a question as to the number left. So far, however, as my argument is concerned, eight cases will answer quite as well as seventeen. Therefore, to prevent any side issue from being raised to obscure the general question, I shall, in the meantime, assume your correspondent to be correct; and I now ask Mr. Lister to reconcile his statement, "I have published numerous cases, for instance, to show that a great abscess connected with disease of the vertebræ may be opened by free incisions, a drainage-tube introduced, and strict antiseptic treatment used; and that, from that hour, I never had another drop of pus", with the histories of the eight cases as given by your correspondent.

I may as well state here that I shall henceforth take no notice of letters from Mr. Lister's friends in reference to this discussion. My communication had special reference to Mr. Lister's speech in the "Antiseptic Discussion"; and I presume he is better able than anyone else to explain his own statements or supply the omissions I pointed out in my communication.

JAMES SPENCE.

21A, Ainslie Place, Edinburgh, February 3rd, 1880.

THE MANCHESTER CHILDREN'S HOSPITAL AND DR. HUMPHREYS.

SIR,—If Dr. Borchardt will read my letter carefully, he will not need to use his "logical power" in putting up men of straw and then knocking them down again. I never dreamt of asserting that Dr. Borchardt had "given his *imprimatur*" to the suspension of Dr. Humphreys because this was decided upon at a meeting of the House Committee held in his rooms". My statement was, "that the meeting took place at Dr. Borchardt's rooms, and he has given his *imprimatur*", etc. Dr. Borchardt takes great pains to minimise the importance of the fact that the said meeting took place at his rooms; but he cannot deny that he was himself present at the meeting. This is the more significant, because Dr. Borchardt draws attention to the fact that he was not a member of the Committee. Membership or non-membership would appear to be of the slightest importance; for Dr. Borchardt, in his letter of the 24th ultimo, has laid down the lines of impeachment against Dr. Humphreys so fully, that there was little for the Chairman to do in his official letter but offer a *réchauffé* of Dr. Borchardt's statements.

Dr. Borchardt asks for facts substantiating the charge of his autocracy. His own letter of the 24th gives ample evidence. The Committee has now affirmed and accentuated Dr. Borchardt's autocracy, by appointing him "Directing Physician", although, but a few months ago, Dr. Ashby had been made "Medical Administrator".

But I submit that an autocracy is not only made manifest by official acts and titles, but by the wielding of an unseen and irresponsible influence, which stands behind, and is sheltered by, constitutional forms. Thus, in the early part of last year, the acting medical staff strongly urged upon the Board an alteration in the arrangements of the fever-block of the Pendlebury Hospital. It will hardly be believed that, in the very same ward, cases of typhoid, scarlet fever, and measles were nursed simultaneously. The risks attendant upon such a system were insisted upon by the acting medical staff; they fortified their views by letters from the highest English authorities on fever, including the late Dr. Murchison, and they pointed out the necessity of some modification. The question was shelved by being referred to the House Committee, and the arrangements continued still *in statu quo*.

Now it is inconceivable that any body of laymen should have declined to take action in so vital a question of hospital hygiene, but for the fact that Dr. Borchardt's views on this matter were known to be opposed to the entire consensus of English medical opinion. This, I submit, is an example of the evils of an actual, though unavowed, autocracy.—I beg to remain, your obedient servant,

THOMAS BARLOW.

SIR,—In your last issue, Dr. Borchardt challenges Dr. Barlow to produce any fact in evidence of his autocracy at the Children's Hospital, Pendlebury. I think I shall be able to supply a fact such as he requires.

In October 1875, I was elected assistant-physician to the hospital at Pendlebury. I was told, at the time of appointment, that the election was for twelve months; but, as that of all the officers was for this period, I naturally regarded the post as practically permanent. At the end of the twelve months, however, I found I was re-elected for a term of three months only, with the understanding that, at the end of that time, my connection with the hospital should cease. On inquiry, I found that certain charges had been made against me by Dr. Borchardt, which had induced the Board to act in the manner stated. (The members present on this occasion were all laymen except Dr. Borchardt himself, and were chiefly his own private friends and patients.) Such of these charges as I could gain any knowledge of, I knew to be entirely unfounded, and I applied to the Board for a hearing before them, and an investigation of the whole matter, but they denied me this act of simple justice. I, therefore, at once resigned.

During the time I was endeavouring to obtain a hearing before the Board, I had several interviews with individual members of that body, and some singular facts came to light. The chairman admitted that the action of the Board was based on certain unsupported statements made by Dr. Borchardt, into the truth of which no inquiry was made. The vice-chairman, in the first place, told me that I had been accused by Dr. Borchardt of neglecting a patient, but subsequently, when I endeavoured to get the matter sifted, he denied this. Both these gentlemen are private patients of Dr. Borchardt's, and are known to be his firmest supporters. One member of the Board told me that a word from Dr. Borchardt was enough, without his bringing any specific charge at all, to sever the connection of any of the medical officers with the institution; whilst another member told me that he highly disapproved of the action of the Board towards me, but that he was powerless to obviate it before Dr. Borchardt and his party. I believe there are

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 29th, 1880.

Heble, Richard Grainger, Brighton
Volkman, Ronald, Norwood

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

Francis, John Arthur, St. Bartholomew's Hospital
Unsworth, Francis Henry, London Hospital

The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 5th, 1880.

Pook, William John, 86, Devonshire Street, E.
Quicke, William Henry, Brinton Lodge, Brixton Road
Redmond, Leonard, Grange Loughall, Armagh, Ireland

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

Craddock, Sidney Ernest, King's College
Norvill, Frederic Harvey, King's College
Odling, Alfred Edward, St. Thomas's Hospital
Tyrrell, Charles Robert, Middlesex Hospital

MEDICAL VACANCIES.

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

THE following vacancies are announced:—

ABINGDON UNION—Public Vaccinator for No. 3 District. Applications on or before the 14th instant.

***ASHTON-UNDER-LYNE DISTRICT INFIRMARY**—House-Surgeon. Salary to commence at £80 per annum, with residence and maintenance. Applications not later than February 25th.

BIRMINGHAM WORKHOUSE—Assistant Medical Officer. Salary, £150 per annum, with furnished apartments, coals, etc. Applications on or before the 19th instant.

BURTON-ON-TRENT INFIRMARY—House-Surgeon. Salary, £130 per annum, with residence. Applications, with testimonials, on or before the 20th instant.

BURY ST. EDMUND'S FRIENDLY SOCIETIES' MEDICAL ASSOCIATION—Resident Medical Officer. Salary, £180 per annum, with house, coal, gas, and additional fees for Midwifery. Applications, stating age, testimonials, etc., on or before February 23rd.

GENERAL LYING-IN HOSPITAL, Lambeth—House-Physician. Applications on or before the 14th instant.

GREAT YARMOUTH HOSPITAL—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications, with testimonials, to the Honorary Secretary, on or before March 18th.

***INFIRMARY FOR SICK CHILDREN**, Manchester—Assistant or Visiting Medical Officer. Salary, £180 per annum. Applications, with testimonials, on or before the 25th instant.

IRVINESTOWN UNION—Medical Officer for Ederney Dispensary District, at a salary of £120 per annum, £15 as Medical Officer of Health, Registration and Vaccination Fees. Election on the 21st instant.

KELLS UNION—Medical Officer for Kells Dispensary District, at a salary of £120 per annum, £15 as Medical Officer of Health, with Registration and Vaccination Fees. Election on the 21st instant.

LEEDS UNION—Assistant Medical Officer for Workhouse and Infirmary. Salary, £100 per annum, with board, apartments, etc. Applications, with testimonials, on or before the 17th instant.

***LIVERPOOL NORTHERN HOSPITAL**—Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance in the house. Applications and testimonials to be addressed to the Chairman of the Committee not later than February 21st.

LONDON HOSPITAL MEDICAL SCHOOL—Lecturehip in Botany. Applications on or before the 23rd instant.

MANORHAMILTON UNION—Medical Officer for Drumkeeran Dispensary District, at an annual salary of £100, with Sanitary, Registration, and Vaccination Fees. Election on March 5th.

***NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC**—Resident Medical Officer. Salary, £100 per annum, with board and apartments. Applications, with testimonials, to the Secretary, on or before the 21st instant.

NORWICH UNION—Medical Officer for the First District. Salary, £80 per annum.

RICHMOND HOSPITAL, Surrey—House-Surgeon. Salary, £80 per annum for first year, with annual increase of £10 up to £100, with board and furnished apartments. Applications to the Secretary on or before February 18th.

***ROYAL FREE HOSPITAL**—Junior Resident Medical Officer. Applications on or before the 25th instant.

***ROYAL HOSPITAL FOR DISEASES OF THE CHEST**—Two Assistant-Physicians. Applications, with testimonials, before February 26th.

ROYAL SEA-BATHING INFIRMARY, Margate—Resident Surgeon. Applications, with testimonials, to the Secretary on or before the 21st instant.

***SUNDERLAND HOSPITAL FOR SICK CHILDREN**—Three Honorary Medical Officers. Applications to the Honorary Secretary on or before March 2nd.

TAVISTOCK UNION—Medical Officer to the Whitechurch and South Lydford Districts. Salary, £50 per annum.—Also, Medical Officer to the Milton Abbott District. Salary, £55 per annum. Applications on or before the 17th instant.

WEST LONDON HOSPITAL, Hammersmith—Assistant Surgeon. Applications on or before the 21st instant.

MEDICAL APPOINTMENTS.

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

BARLING, H. G., M.B., appointed Resident Registrar and Pathologist to the Birmingham General Hospital, *vice* Howard G. Lowe, M.R.C.S.Eng.

BIRDWOOD, R. A., M.R.C.S., appointed House-Surgeon to the Gravesend Infirmary, *vice* W. H. Flight, M.R.C.S., resigned.

BOWLBY, Anthony A., M.R.C.S., appointed Registrar and Chloroformist to the Evelina Hospital for Sick Children, *vice* W. M. Burgess, M.R.C.S.Eng., resigned.

CROOKSHANK, H. M., L.K.Q.C.P., appointed Medical Officer to the North Kensington and Kensal Town Provident Dispensary, *vice* T. S. Gell, M.D., resigned.

***SNELL**, Simeon, M.R.C.S., appointed Ophthalmic Surgeon to the Institution for the Blind, Sheffield.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

ADAMS.—On Saturday, January 31st, at Brooke House, Upper Clapton, the wife of J. O. Adams, F.R.C.S., of a daughter.

ELLIOT.—On February 10th, at Cliffe House, Ruyton-Eleven-Towns, Salop, the wife of Henry Francis Elliot, F.R.C.S., of a daughter.

MARRIAGE.

WARD—TOONE.—On February 5th, at St. John's Church, Balby-cum-Hexthorpe, by the Rev. W. R. Weston, Vicar, assisted by the Rev. G. Jannings, Rector of Warmworth, John Bywater Ward, M.D., Warneford Asylum, Oxford, second son of William Sykes Ward, Esq., Denison Hall, Leeds, to Frances, youngest daughter of the late William Wasteneys Toone, Esq., Lambroke Grange, Yorkshire.

DEATH.

HEMMING.—At Upwell, Cambridgeshire, on February 6th, after a long illness, John Hemming, M.R.C.S., L.S.A.

MEDICAL MAGISTRATE.—Sir William Miller, M.B., has been placed on the Commission of the Peace for the borough of Londonderry.

DR. W. LAUDER LINDSAY, lately Physician-Superintendent of the Murray Royal Asylum, Perth, has recently been elected Honorary Member of the "Société de Médecine Mentale de Belgique".

MR. EVAN EVANS, Surgeon, of Bath, died on the night of January 27th, from taking prussic acid. It was at first supposed that he had committed suicide; but the coroner's jury by their verdict found that he "died from an overdose of prussic acid taken by misadventure".

BEQUESTS.—The following, among other, legacies have been left by the late Mr. Thomas Wrigley of Timberhurst, Bury: Owens College, £10,000; General Hospital and Dispensary for Sick Children, Pendlebury, £10,000; Albert Asylum (Idiots), £10,000; Bury Dispensary, £10,000.

LIEUTENANT FERGUSSON.—The profession will regret to hear that the second wound received by this gentleman is likely to terminate in the loss of his right eye. A private letter states that he is ordered home to obtain better advice. Mr. Fergusson is the second son of the late Sir William Fergusson. His friend and companion in arms, Dr. Duncan, is progressing favourably, notwithstanding the serious nature of his wounds.

ROYAL FREE HOSPITAL.—In his annual report to the governors of the Court, the Secretary (Mr. James S. Blyth) stated that the year just passed was the most prosperous hitherto experienced by the institution. The receipts from all sources had amounted to £31,861, of which the late Mr. W. Birks Rhodes had by legacy contributed £20,000. In-patients to the number of 1,320 had been admitted, while 24,644 out-patients had received attention and medicine. Accommodation has now been provided for upwards of 150 beds, and the health and comfort of both patients and nurses carefully provided for.

CORK DISTRICT LUNATIC ASYLUM.—By the exertions of Drs. Fames and Tanner, the inmates of this institution last week had the opportunity of witnessing an amateur performance which was specially organised for their amusement. After a comedy had been played, the band attached to the institution performed some select pieces of music, which were followed by a cornet solo from *Norma* by Dr. Eames. A travesty on *Norma* succeeded, and later on several songs and recitations by the patients, one of whom, as Commander-in-Chief of the British army, was appropriately attired in a scarlet coat, and delivered an address on "the resources of Great Britain as a military nation" to the delight and admiration of his hearers. Great praise is due to the medical officers of the asylum, who prepared this entertainment for the insane under their care.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 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.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 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.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.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.—East London Hospital for Children, 2 P.M.

SATURDAY....St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.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.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.

GUY'S.—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th. S., 1; Ear, Th., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.

LONDON.—Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W., 9; Dental, Tu., 9.

MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, F., 9.

ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

ST. MARY'S.—Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, W. S., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.

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

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. W. F., 2; Ear, S., 1.30; Skin, Tu., 1.30; S., 9; Throat, Th., 2.30; Dental, W., 10.3.

WESTMINSTER.—Medical and Surgical, daily 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Mr. H. F. Baker, "On the Treatment of Genu Valgum without Division of Bone"; Dr. Thudichum, "On Polypus in the Nose, and its connection with Asthma; with a new mode of treating Asthma, Bronchitis, and Consumption, by the Inhalation of the Pyrolytic Vapour of Vegetable Alkaloids and Extracts".

TUESDAY.—Pathological Society of London, 8.30 P.M. Dr. Goodhart: 1. Congenital Occlusion of Duodenum; 2. Gangrene of Colon. Mr. Startin: Drawings of Skin-Diseases. Dr. Gilbert Smith: Epithelioma of Pharynx. Dr. F. Semon: Epithelioma of Larynx. Mr. Nunn: 1. Secondary Tumour after removal of Breast; 2. Epithelioma of Penis; 3. Melanosis of Finger. Mr. Walsham: Sarcoma of Spermatic Cord. Mr. MacMahon: Cancer surrounding the Colon. Dr. S. West: Blood-casts from the Bronchi. Dr. Squire: Microphotographs of the Blood in Yellow Fever. Dr. William Ewart: 1. Cicatrices on the Air-Passages and Fibroid Disease of Lung from Syphilis; 2. Diaphragmatic Hernia.—Statistical Society, London, 7.45 P.M. Mr. A. Welton, "On Certain Changes in the English Rates of Mortality".

WEDNESDAY.—Association of Surgeons practising Dental Surgery, 8.30 P.M. Mr. S. Cartwright, "On the Recognition of Certain Constitutional Lesions by Means of Examination of the Teeth and Mouth". Council Meeting, 8 P.M.—Meteorological Society, 7 P.M. Lieut. Alfred Carpenter, "On Typhoons in China, 1877 and 1878"; Mr. Robert H. Scott, "Note on the Reports of Wind-Force and Velocity during the Tay Bridge Storm, December 28th, 1879"; Mr. William Marriott, "On the Frost of December, 1879, over the British Isles"; Captain William Watson, "Thermometric Observations on Board the Cunard R.M.S.S. *Algeria*".

THURSDAY.—Harveian Society of London, 8.30 P.M. Dr. Alfred Meadows, "Cases of Gynaecology"; Dr. Broadbent, "Venesection".—British Medical Temperance Association (11, Chandos Street, Cavendish Square), 4 P.M. Quarterly Meeting. Dr. C. J. Russell, "On the Medical Profession and Total Abstinence"; Dr. Norman Kerr, "On the Use of Alcohol during the Menstrual Period".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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.

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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

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

CEREBRAL PNEUMONIA.

SIR,—As my name has been used in connection with the term "cerebral pneumonia", I shall be obliged by your allowing me to say that I make no claim to this term, that I do not regard it as a particularly happy one, and that I have no means of knowing whether it is or is not the same thing as the *pneumonia sine tussi atque dyspnœa* described by Dr. Dick in 1844. In writing of the several forms of pneumonia, it was my business in a systematic treatise to notice those examples of the disease in which nervous symptoms were prominent. I said (as Dr. Russell has partly quoted): "We hear sometimes of cerebral pneumonia, no more being meant than that nervous disturbance may be unusually prominent and unusually early, so as in some cases (and especially with children) to divert attention from the pulmonary condition" (p. 67). There is no novelty in this observation, and no need to exalt this kind of pneumonia into a separate place. The main object, indeed, was to point out that this form of the disease was no more than ordinary pneumonia, which the attending circumstances served to modify. Pneumonia has too many names already: there is no organ of the body, there is hardly a disease, which has not been laid hold of and tacked on to it as a qualifying adjective. Nay, more, qualities that belong to the region of morals rather than of physics are freely attributed to it: it is "false" and "insidious", and even "sneaking". And now it is proposed to describe pneumonia not by what it is, but by what it is not. There is the *pneumonia sine tussi atque dyspnœa* pressing for notice. Where is it to end? What strikes us most in this exuberance of epithet, is the gratuitous preference which it implies for one form of pneumonia over another. We are, in fact, placing before our minds an ideal picture of what the disease ought to be, and characterising all deviations from that form as though they erred from the legitimate pattern. There is the true pneumonia, which is frank and open and aboveboard; and there is its unworthy and bastard brother, a low, covert, and un-English pneumonia. All this may be amusing allegory; but every practical man must ask himself what is the use of it, and how far it ministers to a real knowledge of the disease it personifies. The statistics of pneumonia sufficiently show at what cost of life and convenience some of these metaphors have been indulged in. At the very time, indeed, that Dr. Dick was devising the title he now wishes to see preserved (in 1844), it was still the custom to speak of strong pneumonia and weak pneumonia. Our most trusted teachers were then engaged in warning the rising generation against a new heresy of the French school, which had suggested that even "sthenic" pneumonia might possibly do as well with rather less bleeding and rather more food. But to-day it is far worse: there is not only pneumonia—sthenic and asthenic, active and passive, cerebral, cardiac, and renal—there is also, in very remote and uncertain connection with it, the word "pneumonic"; and "pneumonic", in conjunction with such companions as phthisis, scrofula, and tubercle, enters into a series of combinations, of which, indeed, the exact number is determinable by means of a simple mathematical formula, but in regard to whose precise meaning and mutual relations there are probably no two persons of all who use the names so glibly in perfect agreement. I have heard it said that most of the uncouth words which get such ready currency originate with a particular medical school in London, having a more than common reputation for learning. It is easy to see, however, that medical education has a natural tendency to impair the proper respect due to language. The medical student is suddenly introduced to a highly technical phraseology, whose words are of very flexible meaning, and almost every one involving controversy and difference of opinion. From being merely puzzled at what at first is only a jargon, he gets presently to learn that these indefinite phrases have their service, and that with a little dexterity he may not only take shelter in those which are already in use, but even devise others for himself upon the same principle of construction.—Your obedient servant,

OCTAVIUS STURGES.

MAGPIE-DUST.

MEDICAL men of all nations will (says the *Daily Telegraph*) learn with interest, upon the authority of no less exalted a personage than the Princess Bismarck, that magpie-dust is an infallible panacea for the falling-sickness. The most confirmed epileptic may achieve a radical cure of his distressing malady if he will only swallow a sufficient quantity of the dried and pulverised flesh of this furtive fowl: at any rate, so we should infer from the following circular, addressed by the President of the Eckenfoerd Shooting Club to the members of that association:—"M... 2nd January, 1880. Her Highness Princess Bismarck wishes to receive, before the 18th instant, as many magpies as possible, from the burnt remains of which an anti-epileptic powder may be manufactured. I permit myself, therefore, high and well born sir, to express to you the entreaty that you will forthwith shoot as many magpies as you can in your preserves, and forward the same either to the Chief Forester Lange at Friedrichruhe or hither, without paying for their carriage, down to the 18th of this month. Teeming with exalted respect, I am, etc., J. L. L."—We have no reason to believe that the indisposition from which the German Chancellor has recently been suffering is one in the slightest degree complicated by epileptic symptoms. It may, therefore, be hoped that he is not the patient whom Princess Bismarck has been treating with burnt magpie. Perhaps an epidemic of fits has broken out among the Prince's tenants on his estates in Lauenburg and Pomerania. If so, we sincerely wish them well through a cure which, however beneficial it may prove to epileptic farmers, seems likely to result unfavourably to the health of the Eckenfoerd magpies.

the assistant of a neighbouring practitioner was called in, and he prescribed once. On the 24th instant, his treatment was discontinued, and a local midwife (the wife of a coalheaver) took the case in hand. It was this last-mentioned person who persuaded the patient's parents, in my presence, to object to my treatment. This old woman attended the girl till her death, on Monday, the 26th instant. As I happened to be the only person attending the case who was qualified to give a certificate of death, I was applied to, and refused to give it—firstly, on the ground of having abandoned treatment some days previously; and, secondly, because I was not sure whether malapraxis had been employed or not. I wrote to the coroner, at the same time giving him the facts of the case, and stated my grounds for refusal to sign a cause of death. The coroner held an inquest on the 30th instant; and, the jury not considering a *post mortem* examination necessary, a verdict was returned of "Death from natural causes". No medical witness was called in evidence. I have since learned that the girl was delivered of her child before she expired; but whether the delivery was artificially brought on or otherwise, I am not in a position to say. The principal witness giving evidence was the midwife referred to, and that the witnesses, one and all, departed considerably from the truth in aiding the coroner and his jury to bring in their verdict.—I beg to remain, sir, yours faithfully,

G. HERBERT LILLEY, M.D., M.R.C.P.E., etc., District Medical Officer, Lichfield Union; Med. Officer of Health, etc.

Brownhills, January 31st, 1880.

* * This case adds another to the large number of imperfect and unsatisfactory inquiries which are held under the name of coroner's inquests. A verdict of "Death from natural causes" in a case like this, without medical evidence and without a *post mortem* examination, appears to us to be quite unjustifiable. As the deceased had been attended by a qualified practitioner, and had ultimately died under the hands of an ignorant midwife, there was no pretence, except that which might arise from financial motives, for excluding medical evidence. In the meantime, if there had been any malapraxis in the delivery of the deceased by the midwife, the course of procedure at the inquest was well calculated to conceal it.

GUY'S HOSPITAL AND NURSING SYSTEMS.

SIR,—Having had many years' experience of what Dr. Hicks calls the central system, and its undoubted advantages in some respects, I can only say that, in my opinion, the disadvantages often predominate, and incline me, for many reasons, to prefer the good old "ward system", which, I imagine, most Guy's men, like myself, found to work most admirably. Several years ago, when I was house-surgeon to one of the largest of our provincial infirmaries, where the Nightingale system was considered to be worked to perfection, a most abominable system of *espionage* was cultivated by the lady-superintendent. The nurses were enjoined to report everything which went on in the place to her; and this was done *con amore* by some, who probably did not always give unbiassed evidence as to the doings of their friends or enemies. "My nurses tell me everything about Mr. —: I know all that goes on", said the lady-superintendent to me one day. I know that the nurses were encouraged to bring all scraps of information and gossip, not only about their fellow-nurses, but about servants, resident pupils and students, house-surgeons, and even about the honorary staff; and I know well that the Visiting Committee frequently received rather one-sided information in this way on many matters. And then as regards the unfortunate nurses themselves: I feel sure that favouritism and even tyranny has often too much play where the sole authority over the nurses rests in the hands of one woman. I think, as a rule, that women are more strong in their likes and dislikes than men are, consequently that they are more apt to be swayed by prejudice—thus they lack the "judicial mind" which should distinguish the ruler over a large establishment. A lady-superintendent such as I mentioned appears to think that the hospital is to be used merely as a nurse-training institution, instead of the nurses being trained for the hospital. She is never happy unless she is shifting nurses about from one part of the hospital to the other, or, still worse, from hospital work to private nursing, and *vice versa*. Then it may happen that the lady is one who thinks she has a call for this kind of work, but is of a weak or nervous temperament, anxious to do her best, but so afraid of losing her authority that she has only one idea of keeping discipline. For every fault, great or little, there is only one remedy—dismissal of the offender. Is it to be wondered at that good nurses look out for safer situations rather than remain under such a mistress? Is it a wonder that her nurses are obtained with difficulty, and then only remain for a short time? The fact is, that the only way to carry out the central system satisfactorily is for the lady-superintendent to work under the control of a select committee, on which there shall be at least two members of the professional staff. The lay members are always too apt to be guided by the statements of the lady-superintendent; and of course, in any dispute between her and her nurses, "her authority must be supported", and the weakest goes to the wall.

For my own part, I think the Medical Board of Guy's Hospital should ventilate the matter in the daily press. I believe that the voice of the public, if appealed to, would prove to be the voice of reason. I trust that the physicians and surgeons will receive all possible support from the profession, for this contest is one of great importance to all hospitals throughout the country.—I am, etc.,
January 20th, 1880.

A FORMER HOUSE-SURGEON OF GUY'S.

MR. A. S. DUKE.—What is called the "unconvenanted medical service of India" in our correspondent's question can only be the subordinate medical service of the Government of India, which consists entirely of natives and Eurasians, educated in the government medical schools. The highest grade in the service is that of apothecary, and the rank is that of warrant officer. It is not a service offering any opening for Europeans. If there be such a service as an "unconvenanted medical service" for European qualified practitioners, it is of recent origin, and we advise our correspondent to apply to the India Office for information. We know nothing about it.

ABUSE OF NARCOTICS AND SALE OF POISONS.

SIR,—Believing that the following statement relative to the powers possessed by the Council of the Pharmaceutical Society will be of special interest to the profession at the present moment, I send it to you, although the substance of this letter was published last week in the *Standard* and other daily papers.

The Council has power under the second section of the Pharmacy Act (1868) from time to time to add to the list of poisons scheduled in the Act, and in 1869 added thereto, among other things, "preparations of morphia", and about two years ago added "hydrate of chloral and its preparations". And, by the seventeenth section of the Act, nothing in the schedule can be legally sold without being labelled "poison", except when contained in medicine supplied by a medical practitioner or dispensed by a registered chemist. Of course, had the words "preparations containing morphia" been used instead of "preparations of morphia", chlorodyne (which always contains morphia) would clearly have been within the Act, and must have been labelled "poison". I believe I may fairly assume that all medical prac-

tioners who have investigated the matter consider that chlorodyne is practically a "preparation of morphia", yet a court of law might hold that it was not legally a "preparation of morphia", seeing that it contains prussic acid (which is in the list of poisons) and other things as well as morphia.

What I have written concerning chlorodyne applies equally to other narcotics—e.g., to preparations containing chloral, to soothing and teething powders—and the principle applies to scores of patent medicines and other preparations containing poisons, which, sold in their own name, are poisons within the Act, but when disguised in name and taste or appearance, are supposed to be saleable without being labelled "poison". The remedy for this absurd and unsatisfactory state of matters is plain and simple enough. Let the Council of the Pharmaceutical Society add to the list of poisons "All preparations containing any poison, except chloroform, within the Pharmacy Act, 1868", and "all preparations containing by measure more than one per cent. of chloroform" (chloroform itself is now a poison within the Act). Then it will be clearly illegal to sell any of the poisons to which I refer without labelling them so, however much they may be disguised in name, taste, and appearance, which obviously only increases the danger of accidental poisoning.

Your readers must not suppose that anything I have stated here is new to the Council of the Pharmaceutical Society, or that they will act in the manner indicated unless the pressure of public opinion or some other pressure is brought to bear upon them. The fact that narcotics are largely sold without being labelled "poison" (usually as patent medicine), I believe to be one of the easily preventable causes of "the abuse of narcotics". For a natural result of the sale of narcotics without being labelled "poison" is that only too often the knowledge that poison is being taken, if it come at all, only comes after the narcotic has ensnared its victim. But the number of infants slowly poisoned by narcotics in the form of soothing and teething powders and soothing syrups, is the most serious "abuse of narcotics" of any I know of, and I believe comparatively few mothers would be so wickedly foolish as to give such things if they were labelled "poison".—I am, sir, your obedient servant.

THOS. COMFIELD, L.R.C.P., etc.

14, Caistor Villas, Stamford Hill, N., February 3rd, 1880.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Glasgow Herald; The Manchester Guardian; The Yorkshire Post; The Leeds Mercury; The Cork Constitution; The Coventry Herald; The British Guiana Royal Gazette; The Ceylon Observer; The Wigan Observer; The Peterborough and Huntingdonshire Standard; The Sussex Daily News; The Liverpool Mercury; The Banffshire Journal; The Newport and Market Drayton Advertiser; The North Wales Guardian; The Sheffield Daily Telegraph; The Wexford Independent; 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:—

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Aids to Materia Medica and Therapeutics. By C. E. Armand Semple, B.A., M.B. London: Baillière, Tindall, and Cox. 1880.
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