

that have been made against it by one of your correspondents.—“Edinburgh is a city of professional men and of hotels, and is, in truth, the educational centre of Scotland. And the Corporation, composed entirely of laymen, has been forced to adopt the plan of intimation of infectious diseases, which has proved so successful, without a single complaint from any professional man, legal or medical. And, instead of hotel-keepers reclaiming against the clause, they regard it as of the greatest benefit. No case of infectious disease can be treated secretly in hotels, endangering the health of other inmates, who may carry the seeds of disease far and wide, blasting the reputation of the hotel. Due intimation must be made of each case, and the hotel-keeper is put on his guard, and, to protect his interests and the health of his guests, insists on the removal of the case.”

At first the members of the medical profession in Edinburgh, as in some instances here also, were opposed to the act; but their opposition, Dr. Littlejohn states, “was made in ignorance; and a year’s working of the clause has established its utility, and the perfect satisfaction of the profession and the public with it.”

As to the power which a clause in the Edinburgh Act confers on the medical officer of health of verifying by inquiry the diagnosis of the disease, as notified by the medical attendant, Dr. Littlejohn informs me that he has never had any occasion to put it in force. It was introduced into the Bill by the Parliamentary solicitor in London, consequently there is no “invasion” of domestic privacy. He further adds—“To think of trusting to ignorant, distressed, poor householders to give intimation is simply ridiculous. To be of service, the intimation must be speedy. Allow a day or two to elapse, and efforts to stamp out the disease become fruitless.”

The idea of the compulsory removal to hospital of cases of infectious diseases occurring “in private families of the better class” is too absurd even to have been seriously suggested. On the other hand, should an infectious disease, such as typhus fever or small-pox, attack a domestic servant or an assistant in a commercial establishment, occupying, as is often the case, a room in which one or more other persons sleep, the power to remove such a source of disease to hospital, and the provision by the sanitary authority, if required, of suitable accommodation for the other occupants of the room during its gratuitous disinfection, would often be the greatest boon to the public. It has never been shown in any of the seventeen towns of England and Scotland that have compulsory notification of infectious diseases that it has proved objectionable or injurious to private families, or that it has endangered the comfort and prosperity of the citizens. Even the few opponents of the measure cannot deny that enormous advantages have resulted from its adoption, in checking the spread of infectious diseases, and, hence, in diminishing mortality.

The notification, however made, is in all cases a confidential communication, and does not become “public property.” Instead of the fulfilment of the duty of notifying in the way approved by the Dublin Branch of the British Medical Association being displeasing to the public, or an act which would expose the medical attendant to obloquy or pecuniary loss, I believe it would soon be gratefully recognised as one of the greatest of the many unselfish services ever rendered by the medical profession in the cause of humanity.—I am, sir, your obedient servant,

GEORGE F. DUFFEY, M.D.,  
Hon. Secretary, Dublin Branch, British Medical Association.

#### OUTBREAK OF DIPHTHERIA AT BRATTON CLOVELLY.

THERE has been an outbreak of diphtheria at Bratton Clovelly, in the Okehampton rural district. Dr. Linnington Ash, the medical officer of health for the district, complains that notice of the outbreak had not been given to him before it had been raging three weeks, and that he had heard nothing of it in any shape except through the sanitary inspector of the Tavistock Union a few days since. The disease had now spread at an alarming rate. As this malady was not checked at once, there were about seventeen cases to deal with instead of perhaps one. He finds it difficult to trace the first case, but it appeared probable that it happened in the house of John Slade of Wrexhill Bridge, where two children died. All the children first affected attended Bratton school. From that time, the cases were numerous and widespread. It was found every case was directly or indirectly connected with Bratton school; and, therefore, there can be no doubt that this congregation of children was the means by which the infection was disseminated and conveyed to different families. There is nothing to be complained of in the sanitary arrangements of the schools, and the system of disinfection adopted. The water-supply of the village is from a pump, and is said to be abundant and good. There are a few private wells of doubtful purity. Printed rules and precautions had been circulated in the parish, means recommended for isolating the cases, and the school was closed.

#### REPORTS OF MEDICAL OFFICERS OF HEALTH.

ERITH.—There seems a promise of considerable sanitary improvement in this locality, since plans for the drainage of the whole district have been prepared. At present, building operations are going on very largely in the parish; but, as the greater number of the houses have been built where no drainage exists, they have all to be drained into cesspools. This is a vicious principle, and the sooner it can be abolished the better. A number of wells have been closed, in consequence of the water being unfit for domestic use; and the water of the West Kent Waterworks Company has been ordered to be substituted. The horrible effluvia of the glue, manure, and other offensive manufactories on the river side are much complained of by Mr. Jessett, and must undoubtedly affect injuriously the public health of the district. Last year there were 165 deaths, as against 142 in 1878. Fifty of these deaths (16 of which occurred in the Royal Alfred Institution) were of persons over sixty years of age, and no fewer than 32 of the latter were over seventy years old. The corrected death-rate is given as 12.5 per 1,000, or slightly

higher than in 1878. Diseases of the respiratory organs were very fatal; but zymotic diseases (with the exception of scarlatina) do not seem to have been prevalent.

STROUD RURAL DISTRICT.—In reporting upon this district, Mr. Partridge, whilst observing that there has been a gradual improvement in it, and a greater regard paid to sanitary laws, states that the chief difficulty in the way of reform is “private avarice and selfishness on the part of owners of small properties, which prevents many essential works being carried out. A few shillings put in the pocket is considered far before the public good”. More attention should, he thinks, “be paid to the water-supply of houses—the wells, closets, and houses being in most places close together. During the past two years, we have had much illness, and eleven deaths from drinking polluted water”. The description given by Mr. Partridge of the condition of the several villages, amply bears out this criticism. The total number of deaths registered in the district in 1879 was 529, equal to a rate of about 18.2 per 1,000—an increase on the mortality of the previous three years. There were twenty-eight inquests, and twenty-seven uncertified deaths.

LIVERSEDGE.—The death-rate of this district for 1879 (19.39 per 1,000) was the lowest for the last five years, with one exception, and was 2.1 below the average. Scarlatina was prevalent during the earlier months, and killed 12 persons. Diseases of the respiratory organs were unusually fatal, the bulk of the deaths occurring in the first three and last two months of the year. The year, taken altogether, has, Dr. Sykes thinks, been a singularly healthy one; and he ascribes the low mortality partly to the cleansing effect of the large rainfall, and partly to the low temperature, “which has diminished the usual summer putrefaction, and fermentation of the extensive heaps of filth and rubbish the present middensteads are specially constructed to accommodate”. Evidently the Local Board need—as, indeed, Dr. Sykes strongly urges them—to make a radical alteration in the excrement-receptacles of the district.

## MEDICAL NEWS.

### MEDICAL VACANCIES.

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

THE following vacancies are announced:—

- ANGLESEY, County of.—Public Analyst. Applications, with testimonials, not later than January 1st, 1881.
- ASYLUM FOR IDIOTS, Earlswood, Redhill.—Assistant Medical Officer. Salary, £150 per annum, with board and washing. Applications, with testimonials, to the Secretary, on or before December 20th.
- BATH HOSPITAL, Harrogate.—Secretary and Dispenser—Applications not later than December 20th.
- DORSET COUNTY ASYLUM.—House-Surgeon. Salary, £70 per annum, and £10 additional as Secretary. Applications, with testimonials, to the Chairman, on or before January 12th, 1881.
- GRANARD UNION.—Medical Officer for Granard Dispensary District. Salary, £100 per annum, with £16 per annum as Medical Officer of Health, registration and vaccination fees. Election on the 1st January, 1881.
- \*KENSINGTON UNION.—Medical Officer to Workhouse and Infirmary. Salary, £100 per annum. Applications, with testimonials, not later than December 23rd.
- \*KNIGHTON UNION.—Medical Officer for the Presteigne District. Salary, £40 per annum. Applications, with testimonials, not later than December 23rd.
- \*MACCLESFIELD GENERAL INFIRMARY.—Junior House Surgeon. Salary, £70 per annum, with board and residence in the Infirmary. Applications on or before January 1st, 1881.
- \*NEWARK-UPON-TRENT HOSPITAL AND DISPENSARY.—Resident Medical Officer and Secretary. Salary, £100 per annum, with board and lodging. Applications, with testimonials, to the Secretary, on or before December 21st.
- \*NEWCASTLE-ON-TYNE DISPENSARY.—Visiting Medical Assistant. Salary, £120 per annum. Applications, with testimonials, to the Honorary Secretary, on or before December 24th.
- NEWPORT (Mon.) ODD FELLOWS MEDICAL AID ASSOCIATION.—Assistant Medical Officer. Salary, £130 per annum. Applications, with testimonials, to the Secretary, on or before December 22nd.
- NOTTINGHAM DISPENSARY.—Resident Surgeon. Salary, £200 per annum, with furnished apartments, gas, and coals. Applications, with testimonials, on or before December 20th; election January 3rd, 1881.
- \*PAISLEY INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board and apartments. Applications, with testimonials, on or before December 27th.
- RADCLIFFE INFIRMARY, Oxford.—Junior Resident Medical Officer. Salary, £60 per annum, with board, lodging, and washing. Applications, with testimonials, before December 18th.
- ROYAL SOUTH LONDON DISPENSARY.—Honorary District Surgeon. Applications on or before December 30th.
- ROYAL BERKS HOSPITAL, Reading.—Assistant to the House-Surgeon, with board and lodging. Applications, with testimonials, on or before December 21st.

- \***ROYAL HANTS COUNTY HOSPITAL**—House-Surgeon and Secretary. Salary, £100 per annum, with board and lodging. Applications, with testimonials, to the Secretary, before January 5th.
- \***ST. LEONARD'S PARISH**, Shoreditch—Resident Assistant Medical Officer—Salary, £100 per annum, with board, furnished apartments, and washing in the Infirmary. Applications, with testimonials, not later than December 21st.
- \***ST. THOMAS'S HOSPITAL**—Surgical Registrar. Salary, £100 per annum. Applications to the Secretary on or before December 21st.
- TOBERCURRY UNION**—Medical Officer for Workhouse, at a salary of £60 per annum, and £20 yearly as Consulting Medical Officer of Health. Election on January 3rd, 1881.
- UNIVERSITY OF EDINBURGH**—An additional Examiner of Pathology. Applications and testimonials to the Secretary not later than January 17th, 1881.
- \***VICTORIA HOSPITAL FOR SICK CHILDREN**—Medical and Surgical Registrar. Honorarium of sixty guineas per annum. Applications, with testimonials, on or before January 3rd.
- \***WALLASEY DISPENSARY**—House-Surgeon. Salary, £140 per annum, with furnished residence, coals, and gas. Applications, with testimonials, to the Honorary Secretary, on or before January 7th, 1881.

### MEDICAL APPOINTMENTS.

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

- ALTHAM**, James, M.B., appointed House-Surgeon to the Royal Surrey County Hospital, *vice* H. Abercrombie Roome, M.B., resigned.
- \***CLARK**, Andrew, M.D., appointed Consulting Physician to the Chelsea Hospital for Women, *vice* J. Lockhart Clarke, M.D., F.R.S., deceased.
- GREENSILL**, J. N., M.R.C.S., appointed Assistant House-Surgeon to the Darlington Hospital, *vice* S. Lowes, L.S.A., resigned.
- HUMPHREV**, Lawrence, M.A., M.B. Cantab appointed Resident Medical Officer to the City of London Hospital for Diseases of the Chest, *vice* H. G. Orlebar, M.D., resigned.
- HUTCHINSON**, Jonathan, Esq., appointed Consulting Surgeon to the Chelsea Hospital for Women, *vice* T. B. Curling, F.R.S., retired.
- KIDD**, Percy, M.B., appointed Casualty Physician to St. Bartholomew's Hospital, *vice* V. D. Harris, M.D., resigned.
- TAYLOR**, Thomas Percy, M.R.C.S., elected House-Surgeon to the Essex and Colchester Hospital.

### 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.

- POCOCK**.—On December 14th, at The Limes, St. Mark's Road, Notting Hill, the wife of F. Ernest Pocock, M.D., of a daughter.

#### MARRIAGE.

- COX—CROWLE**.—On December 7th, 1880, at St. Mary Abbott's Church, Kensington, by the Vicar, Frederick Augustus Cox, M.R.C.S. Eng., of 3, Dean Street, Park Lane, W., to Elizabeth Patience (Bessie), only daughter of the late T. R. Crowle, of Kensington.—No cards.

#### DEATH.

- MACLEAN**.—On the 3rd of December, at Cairo, Egypt, Thomas Edwin Maclean, M.B., B.S. London University, M.R.C.S. England, aged 29.

**DR. FRANCIS OGSTON**, sen., has resigned the position of Officer of Health for the town of Aberdeen.

**PUBLIC HEALTH.**—During last week, 5,780 births and 3,383 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 20 deaths annually in every 1,000 persons living. The annual death-rate was 21 in Edinburgh, 22 in Glasgow, and 27 in Dublin. The annual rates of mortality in the twenty English towns were as follow: Sheffield, 16; Leeds, 17; Plymouth, 17; Portsmouth, 18; Norwich, 18; Sunderland, 18; Birmingham, 19; Bristol, 19; Bradford, 19; Oldham, 19; Nottingham, 20; Leicester, 20; London, 20; Newcastle-upon-Tyne, 20; Brighton, 20; Wolverhampton, 21; Hull, 22; Manchester, 23; Liverpool, 24; and the highest rate, 27, in Salford. The annual death-rate from the seven principal zymotic diseases averaged 2.6 per 1,000 in the twenty towns, and ranged from 0.0 in Norwich and Plymouth, to 4.5 and 6.2 in Sunderland and Salford. Scarlet fever showed the largest proportional fatality in Sunderland, Bristol, Salford, and Liverpool; measles in Salford; and whooping-cough in Hull and Liverpool. In London, 1,398 deaths were registered, no fewer than 418 below the average, and gave an annual death-rate of 19.9. The 1,398 deaths included 12 from small-pox, 51 from measles, 61 from scarlet fever, 8 from diphtheria, 29 from whooping-cough, 9 from different forms of fever, and 16 from diarrhoea—being altogether 186 zymotic deaths, which were 76 below the average, and were equal to an annual rate of 2.6 per 1,000. The deaths referred to diseases of the respiratory organs, which had been 367 and 334 in the two preceding weeks, further declined to 295 last week, and were no fewer than 202 below the average; 169 resulted from bronchitis, and 78 from pneumonia. Different forms of

violence caused 58 deaths; 50 were the result of negligence or accident, including 18 from fractures and contusions, 6 from burns and scalds, 4 from drowning, and 13 of infants under one year of age from suffocation. Six cases of suicide were registered. At Greenwich, the mean temperature of the air was 47.7°, and 5.0° above the average. The general direction of the wind was W.S.W., and the horizontal movement of the air averaged 14.1 miles per hour, which was 1.4 above the average. No rain was measured during the week. The duration of registered bright sunshine in the week was equal to 9 per cent. of its possible duration. The recorded amount of ozone showed an excess on Sunday and Monday, while scarcely any was recorded during the remainder of the week.

**THE SANITARY ASSURANCE ASSOCIATION.**—A meeting of the members and subscribers of the Sanitary Assurance Association was held, December 14th, at the Langham Hotel, to receive the Report of the Provisional Committee appointed on November 1st. Sir Joseph Fayrer presided.—Mr. MARK H. JUDGE, read the Report of the Provisional Committee, which recommended the incorporation of the Association, and included a draft Memorandum of Association. The report adhered to the original intention of the Association, viz., that it desired to promote the establishment and maintenance of sanitary arrangements among all classes of the community; to grant certificates as to the sanitary condition of houses, etc., approved by its officers; and, while providing the best advice and supervision, to leave the actual carrying out of the necessary improvements to such persons as the subscribers might themselves select. The first resolution was proposed by Sir Joseph Fayrer, seconded by Professor Corfield, and carried unanimously as follows:—"That the Report of the Provisional Committee be received and adopted, and that the first Executive Council be now elected, with power to have the Association incorporated in accordance with the recommendation of the Provisional Committee, with such alterations and additions as they may consider necessary." The second resolution, proposed by Mr. G. J. Romanes, and seconded by Dr. G. V. Poore, was also carried:—"That Sir Joseph Fayrer, K.C.S.I., M.D., F.R.S.; George Aitchison, F.R.I.B.A.; W. H. Corfield, M.A., M.D.; F. De Chaumont, M.D., F.R.S.; Mark H. Judge; T. Hayter Lewis, F.S.A.; H. Rutherford; and T. Roger Smith, F.R.I.B.A., be the first Executive Council of the Association." Professor Tyndall and Mr. H. Rutherford proposed a vote of thanks to Sir Joseph Fayrer for presiding, with the passing of which the meeting terminated.

**THE PARKES MUSEUM OF HYGIENE.**—On Saturday, December 11th, a course of lectures to Members of Building Societies was commenced at this museum. The subject of the lectures is, "Dwelling Houses;" that on Saturday, when the lecturer was Mr. Edward C. Robins, F.S.A., was specially devoted to Situation and Construction. Between sixty and seventy members of Building Societies were present. After a few words of introduction from the Curator, Mr. Mark H. Judge, Mr. Robins spoke for about an hour. As to sites, he admired those where the fronts and backs of the houses could face east and west. Places where rubbish had been shot should always be avoided; and with impervious soils, a bed of concrete should always be put over the whole area to be covered by the building and areas. Damp-proof courses should never be omitted in any walls, and though the Building Act allowed nine-inch external walls, he thought that for dwelling-houses all these walls should be fourteen inches thick. Concrete walls were approved, and the details of construction were fully explained,—the lecturer remarking that in proportion as they understood the true principles of architecture, so would their appreciation of the work of the architect be increased. It was as necessary to attend to repairs as to see that buildings were properly erected in the first place. Terra cotta, and artificial stone, both for rough and finished work, were highly spoken of; and at the close of the lecture Mr. Robins explained many of the articles exhibited in the museum.—Mr. Rutherford, Director of a Building Society, proposed a vote of thanks to Mr. Robins and the Executive Committee, and expressed a hope that before long they would be sufficiently well supported to enable the committee to arrange for the delivery of such lectures with better accommodation, so that a larger number might benefit from them. Mr. H. Rutt seconded, and the resolution was carried with acclamation.

**LIEUTENANT EDWARD E. BRADFORD**, R.N., specially promoted in the *Gazette* of December 10th for "gallant conduct in recovering the bodies of Lieutenant Bower and five seamen of H.M. schooner *Sanifly*, murdered by the natives of the Solomon Islands", is the eldest son of Mr. Edward Bradford of Harrow, F.R.C.S., Deputy-Inspector-General of Hospitals (Army), Queen's Honorary Surgeon, and Member of the General Medical Council.

## 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.—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 .....	King's College, 2 P.M.—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, Tu. 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. Pierce Gould, "A Case of long-standing Stone in the Bladder, without any kidney disease"; Dr. T. Lauder Brunton, "A Paper on the Action of certain remedies in the Treatment of Chronic Bronchitis and Phthisis".
TUESDAY.—Pathological Society of London, 8.30 P.M. Specimens: The President, 1. Rheumatism and Gout in the same subject; 2. Diseased Kidneys from a Pig. The President, for Mr. Robinson, Erythema-Lupus; Molluscum Fibrosum (living specimens). Mr. Lediard, Epulis containing Cartilage. Dr. Crombie, Specimens of Ainhum. The Discussion on Rickets will be continued by Mr. Lucas, Dr. Baxter, Dr. Barlow (on so-called Fetal Rickets). Mr. Shattock (Osseous Lesions in the Fœtus), Dr. Longhurst, Mr. Spencer Watson, and Dr. Goodhart.
FRIDAY.—Quekett Microscopical Club. No meeting.

## 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 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 Manager, 161A, Strand, W.C.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

## MR. TENNYSON AND THE MEDICAL PROFESSION.

SIR,—I should be very sorry to conclude from the quotations given by a correspondent in your last number that Mr. Tennyson holds a poor opinion of the whole medical profession. He may object to certain types of men to be found among physicians and surgeons (just as he objects to certain types of men to be found in other bodies), as, for example, those who lose sight of human sympathy in their otherwise admirable pursuit of science.

He may also object to those physiologists who pursue their researches by means of vivisection, without in the least expressing an opinion concerning the vast body of medical men who do not follow science in that particular way.

With regard to the quotations from *Maud* and from the *Northern Farmer*, they do not seem to express Tennyson's own opinion. The first one is the utterance of a man melancholy mad, who sees dripping blood in the red flowering heath; and who is giving an extreme picture of the vices of his age and time. The suggestion of the possible poisoning of the sick is placed between a statement, that "chalk and alum and plaster are sold to the poor for bread, and the spirit of murder works in the very means of life," and a reference to a "mammonite" mother, who "kills her babe for a burial fee." We do not, however, conclude that Tennyson considers murder to be a principal instinct of maternity.

The opinion of the *Northern Farmer* of his doctor is not more likely to be Tennyson's own than his opinion of his parson, or even of a "godamoighty." "Do godamoighty know what a's doing a taakin' o' mea?" he asks, but there is no reason to suppose that the Poet Laureate himself considered that "godamoighty" was making a very grave mistake at the moment.—Yours, etc.,  
Pendlebury, Dec. 13th, 1880. STANFORD HARRIS.

MR. RICHARD JEFFREYS.—A Journal of the sort is published. Write to Messrs. Burgoyne, Burdidges, & Co., Wholesale Chemists, London, E.C.

## SUGGESTIONS REGARDING GENERAL PRACTICE.

SIR,—I beg to submit the following propositions for the consideration of your correspondent "Suggester" and others, who may be anxious for the progress of medicine.

1. Certain changes might be made in the methods of conducting general practice, which would be advantageous both to the profession and the public.

2. These changes should be such as would diminish the routine and mechanical work of the medical man, and so secure to him time and energy for the study of the science and literature of his profession.

3. The following, among other changes, seem to be required: the discontinuance of the practice of dispensing; an increase of professional fees; a great diminution in the number of professional visits.

4. The proper persons to bring about these changes are the general body of medical men—not the medical and surgical corporations.

5. There is a sufficient amount of intelligence and breadth of mind within the profession to effect these and other necessary changes.

6. The intelligence and breadth of mind within the profession are obscured by the ignorance and narrowness of mind, which are also abundant within it.

7. The intelligence and breadth of mind in the profession should not allow the ignorance and narrowness of mind to drag the whole body down to the stupid level; but should make very great efforts to raise the whole body to the intelligent level.

8. The Metropolitan Counties Branch of the British Medical Association should take the initiative, and, by a competent discussion of the needed reforms, create a public opinion on the subjects sufficiently powerful to carry them into effect.

9. Failing the Metropolitan Counties Branch, one or other of the large provincial towns should thoroughly discuss the questions, and so give an effective lead to all the other Branches of the Association.

I refrain from arguing these propositions at length, not wishing to ask for an undue amount of your space; but I may say that, when these topics were brought before the North London District by me a few weeks ago, they were considered by the meeting to be eminently ripe for discussion.—I am, sir, yours faithfully,  
Grosvenor Road, N., December 1880. G. W. POTTER, M.D. Edin.

SENEX.—We should not have space for the answer, which may be obtained by reading the various text-books.

## INTERNATIONAL ANTIVACCINATIONISTS.

A few hair-brained fanatics, who make so much noise here as antivaccinationists, dissatisfied with the crushing repulse with which they have been met in this country, are carrying their campaign abroad. It is not probable, however, that the ministers in France will be deceived as to the character of this senseless crusade of a few irrational beings, or that an international movement will have relatively any greater weight than the national movement. There will be found in every country a few irrational persons who indulge in crusades against reason, and by widening the scope of territory it is possible to add to their number. Frenchman, however, must remember that Mr. Peter Taylor, M.P., and his half-dozen coadjutors, represent nobody or nothing in this country but their own crotchets.

DR. HOTHAM G. ORLEBAR. -Duly received.

## PREVENTION OF CLEFT PALATE BY LIME DURING PREGNANCY.

SIR,—The paper for which "E. M. S." asks, relative to the use of lime during pregnancy, to prevent congenital cleft palate, is by Thomas P. Tuckey, M.B., and is to be found in the *Practitioner*, December, 1878, page 408.—I am, etc.,  
RICHARD NEALE, M.D.

60, Boundary Road, South Hampstead, N.W., Dec. 15th, 1880.

P.S.—Ringer's experiments with regard to the influence of jaborandi as a galactagogue conclusively prove its vast value (*Lancet*, vol. 1, 1875, p. 158); also Dr. Sumrall (*Medical Times and Gazette*, January, 1880, p. 24) reports a case proving the same.

## BARON LIEBIG'S LEGUMINOUS COCOA.

We have already spoken in approval of this excellent combination of cocoa and leguminose; and we are glad to find that its dietetic advantages are confirmed by further professional experience. From documents submitted to our notice, we find that Dr. C. P. Kempe, of Ladbroke Grove, has used it successfully in a case of recovery from pneumonia, where no other nutriment could be retained on the stomach, from its irritable condition. The patient gained strength rapidly on the cocoa, which was taken thrice a day. Other medical men testify to its utility as an article of diet in tabes mesenterica and the wasting diseases of children, in diabetes, dyspepsia, and biliousness, in consequence of the peculiarity of the way in which it is prepared.

CALCULATOR.—The surgeon in question publishes, and has made it a rule throughout his practice to publish, all his cases in continuous series; the observation appears to us, therefore, to be out of place.

### PARAFFIN SPLINTS.

SIR,—When Mr. John Glaister says that Dr. Macewen, of Glasgow, first drew the attention of the profession to paraffin splints in August 1878, he clearly has omitted to notice that their introduction is of a much earlier date. If he will turn to the *Medical Times and Gazette* for November 3rd, 1866, he will find a full description of the use of paraffin for this purpose, and full details of the process, by yours truly,  
LAWSON TAIT.

Birmingham, December 4th, 1880.

MR. ENOCH ROBINSON writes, with reference to a reply to "Puzzled," in last week's number, virtually to acknowledge that, "in the attempt to make the memorial as brief as possible," he attributed to Mr. Ernest Hart, as the author of the *Truth about Vaccination*, opinions which were obviously those of Dr. Dixon of Bermuda. We do not profess to understand, how for the sake of conciseness it is necessary to ascribe opinions to one writer, that evidently belong to another; and would suggest to Mr. Robinson, whether on future occasions, it might not be better to sacrifice brevity rather than accuracy.

### GLOVES FOR COLD AND WET WEATHER.

**GLOVES FOR COLD AND WET WEATHER.**—**ECONOMICUS** writes:—It is evident that in our variable climate no kind of gloves will ever do for long. For fine days, and walking, a pair of dog-skin, calf, or cloth are best; for driving, thick pairs of the former, specially adapted for extra pieces for the friction of the reins; for very cold days, thick worsted or whipcord ones (procured at Bury's Broad Street, Birmingham); and for best or visiting purposes, the best kid are well adapted. A pair of each sort I keep in stock in a glove box in my hall, next hat stand, and each morning select the pair most adapted for the day's work; often I change three or four times a day. The same may be said of clothes. I have five or six suits, and four or five great coats. A cold and wet day, and no very important or aristocratic patients to see, an old suit and great coat are best adapted. A fine day, and important cases to see, it is well to dress better, lighter clothes and better ones must be worn; whilst for night-work, and low midwifery, something that can never be made worse than it is. I have in the same way hats adapted to the most continuous rains, or for the brightest day.

J. S. H. (Sittingbourne).—Dr. Sayre has published a full account of his method of treating spinal deformities, and the cases for which it is most applicable, in a volume on the subject issued by Messrs. Smith, Elder, & Co., 15, Waterloo Place, S.W.

DR. HADDON is referred to proceedings of the Committee of Council of October 13th, reported in the JOURNAL, page 679, where he will find that a subcommittee was appointed, including all the gentlemen named, to consider how best the object of obtaining collective action could be obtained.

### SCHOOL-SHIPS FOR BOYS OF THE UPPER AND MIDDLE CLASSES.

SIR,—With reference to the above, I made a similar suggestion in 1869 (*vide Lancet*, April 26th). Perhaps the committee of the training ship *Worcester*, for which they have not sufficient use and funds, would be disposed to combine the two, making it serviceable for both purposes.—Yours faithfully, W. H. TAYLER, M.D.  
Tudor House, Anerley, S.E., December 8th, 1880.

Tudor House, Anerley, S.E., December 8th, 1880.

DR. PAUL DE LA RANCÉLE asks through Dr. Bankart, of Exeter, for indication of the best sources in which to study the vital and meteorological statistics of Ireland and Scotland. He writes: "I wish to obtain documents on these different points, of a really scientific character, with the object of making a climatological study of Ireland and a demographic study of Scotland and Ireland. Can statistics of the great hospitals of Edinburgh, Glasgow, and Dublin, be obtained specially relating to diseases causing death?"

ERRATA.—In the JOURNAL of last week, p. 929, column i, line 4 from bottom, for "Ventnor", read "Ryde". In page 956, column i, between lines 4 and 5 from bottom, insert "Ireland (North). John Moore, M.D., Belfast".

### EASY TEST FOR ARSENIC IN FABRICS.

THE following plan is recommended by Dr. Henry Barnes, in the *Practitioner*, as an easy plan to detect arsenic in paper-hangings or any other suspected fabric. Immerse the suspected paper in strong ammonia on a white plate or saucer; if the ammonia becomes blue, the presence of a salt of copper is proved; then drop a crystal of nitrate of silver into the blue liquid, and if any arsenic be present, the crystal will become coated with yellow arseniate of silver, which will disappear on stirring.

### MANAGEMENT OF THE THIRD STAGE OF LABOUR.

SIR,—I desire to elicit the experience of some of my brethren with regard to their management of the above stage of labour. I was taught that of "expression" and always try it, but only once succeeded in seeing "the uterine surface of the placenta expelled first". Those with whom I have conversed know what is meant by "expression", but have no practical knowledge of it. Dr. Playfair tells us, in very simple language, how to perform it. Nothing could apparently be easier; but why any difficulty in effecting it? "*When the uterus is felt to harden*"—in italics—then "strong and firm pressure should be made", etc.; but I have never felt this hardening. I give a drachm of ergot after delivery, and have waited half-an-hour for it to take effect, but have neither felt the womb to contract, nor, on questioning the patient, has she experienced any pain. I must add that the ergot is from the Apothecaries' Hall, and, therefore, trustworthy. My experience is, that if there be pains after delivery—or, in other words, uterine contractions—the placenta is expelled easily enough; but if not, then "expression", or ergot, or both of them, fail to produce them, and the introduction of the hand into the uterine cavity becomes a necessity. Traction on the cord seems to me as if it would result in my obtaining possession of the cord, but not of the after-birth.—Yours faithfully,

PLACENTA.

PLACENTA.

SURGEON should decline to practise in the town, unless he have the full permission of the representatives of the practitioner for whom he is now acting as *locum tenens*. A *locum tenens* often binds himself not to practise subsequently within a definite radius of the practitioner whose assistant he is; and even in the absence of such stipulation "Surgeon" will do well to observe its spirit. Were it known that he would return to the town, the practitioner's representatives could not dispose of the case so advantageously as in "Surgeon's" complete absence, and his return is in honour bound to do nothing which can militate against the interests of his employer or his friends, especially when that employer is suffering bodily illness. Besides, if "Surgeon" has, in a few weeks, rendered himself so appreciated by the patients that they desire him to remain with them, he may reasonably suppose that he could do equally well elsewhere. The wide world is open to him for practice, and it is desirable that he should not remain in, nor subsequently return to the place where he now is, when once his present engagement shall have ceased.

## PARISH OR DISTRICT NURSE.

SIR,—The cost of maintaining a district nurse is usually about £75 to £85 per annum. The cost varies with the locality. Experience seems to prove that it is best to put the district nurse on board wages. If her rooms are furnished, then 20s. a-week is usually allowed for board and lodging. Were I to give the rules, it would occupy too much space. Mr. Lee Jardine had, therefore, best write to the Honorary Secretary, the Cottage Hospital, Brockley, Northamptonshire, who will send him what he requires on this head.—I am, etc., HENRY C. BURDETT.  
Seamen's Hospital, Greenwich, S.E.

Seamen's Hospital, Greenwich, S.E.

DR. A. P.—Shall have early publication.

## HOSPITAL DRAINAGE AND VENTILATION.

SIR,—I shall be glad to show "T." the system we have adopted at the Home Hospital, Fitzroy House, Fitzroy Square; and to give him particulars of other systems if he will write to me, and send his name and address.—I am, etc.,

HENRY C. BURDETT.

Seamen's Hospital, Greenwich, S.E., December 1st, 1880.

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

Mr. Stanford Harris, Manchester; Subscriber: Dr. J. M. Finny, Dublin; Mr. Enoch Robinson, Dukinfield; Dr. John Hadden, Eccles; Dr. C. E. Glascott, Manchester; Mr. F. J. Hanbury, London; Dr. W. Johnston, Leicester; Mr. W. Fearnley, London; Mr. R. Jeffreys, Chesterfield; Dr. Gage Parsons, Bristol; Mr. Taylor, Bocking; Dr. Edward Houghton, London; Dr. J. Mitchell, Barnard Castle; T. H.; Mr. G. R. Gilruth, Edinburgh; Mr. Croft, London; Dr. Wynn Williams, London; Dr. H. G. Orlebar, London; Dr. W. Snowden, Philadelphia; Mr. G. Bradford, Harrow; Mr. J. R. Stevens, Glasgow; A Provincial Physician; Dr. J. F. Nicholson, Hull; Our Aberdeen Correspondent; Dr. J. C. Reid, Newbiggin-by-Sea; Dr. H. Gervis, London; Dr. A. E. Sansom, London; Pars pro Toto; Inquirer; Mr. R. Lankester, London; Mr. J. Cooper Forster, London; Dr. Hirschberg, Berlin; Dr. A. Collie, London; Dubious; Mr. G. H. Fenwick, Leipzig; Mr. A. H. Jones, Peckham; Mr. C. G. Hobbes, Bedford; Mr. Noble Smith, London; Dr. M. Collins, Scarborough; Dr. H. Fuller, Winchester; A Member; Mr. T. S. Hutchinson, Newington; Mr. Eustace Firth Denham; Dr. A. Emrys-Jones, Manchester; (Economicus; Dr. J. Rogers, London; Mr. G. Eastes, London; Dr. Byrom Bramwell, Edinburgh; Mr. J. J. Purnell, Brixton; Our Edinburgh Correspondent; Our Glasgow Correspondent; Mr. W. Donovan, Whitwick; Dr. G. W. Gilroe, Edinburgh; Mr. James Logan, Newcastle-on-Tyne; Dr. W. Walter, Manchester; Mr. A. W. Postans, London; Dr. W. A. Cox-Hippisley, Leicester; Mr. R. Clark, Lancaster; Mr. T. S. Smith, London; Dr. John Moore, Belfast; Mr. C. Ashenden, Hastings; Calculator; Mr. H. Richardson, Bristol; Mr. R. Fabre, London; Miss Yates, London; Mr. W. D. Watson, London; Mr. C. E. Richmond, Warrington; Dr. J. Goldsmith, Worthing; Dr. Prosser James, London; Dr. J. A. Goodchild, Bordighera; Dr. D. Hart, Edinburgh; Dr. W. Stirling, Aberdeen; Mr. Austin, London; Mr. R. Lever, Oxford; Dr. David Newman, Glasgow; Mr. A. Lees, Stroud; Dr. J. G. Wilson, Glasgow; Mr. Wilkes, London; Dr. Longmore, London; Mr. MacNab, Stirling; Dr. F. P. Atkinson, Kingston-on-Thames; Dr. G. Whyte, Elgin; Dr. W. Hay, Hull; T. S. P.; Dr. Litton Forbes, Rome; Dr. Fawcett, York; Dr. Partridge, Stroud; Dr. Tripe, London; Dr. Neale, London; etc.

## BOOKS, ETC., RECEIVED.

Peruvian Bark. By C. R. Markham, C.B., F.R.S., London: J. Murray, Albemarle Street. 1880.

Handbook of Chemical Physiology and Pathology. By F. C. Vaughan, M.D. Third Edition. Ann Arbor Printing and Publishing Company. 1880.

A Practical Treatise on the Diseases of Women. By T. G. Thomas, M.D. London: H. Kimpton. 1880.

Report of the International Congress on the Education of the Deaf. London: W. H. Allen. 1880.

Food for the Invalid. By J. Milner Fothergill, M.D. London: Macmillan and Co. 1880.

Lectures on Surgical Disorders of the Urinary Organs. By R. Harrison, F.R.C.S.  
London: J. and A. Churchill. 1880.

Transactions of the Clinical Society of London. Volume 30th. London: Longmans Green, and Co., 1880.

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