

Histological Changes; 2. Relations of Insanity to Gout, Renal Disease, Exophthalmic Goitre, and to Coarse Brain-Disease.—*Clinical Folie*: 1. "Folie à Double Forme"; 2. Influence of Intercurrent Diseases on Insanity; 3. Insanity due to Toxic Agents.—*Therapeutical*: 1. Use of Baths, of Narcotics, of Chloral-Hydrate, of Opium, and of Alcohol; 2. New and Unusual Remedies.—*Asylum Administration*: 1. Cottage and Village Treatment; 2. New Legal Codes—Austrian, Italian, English Projects.—*Civil Relations of the Insane*: 1. Marriage, Wills; 2. Insanity and Aphasia.—*Criminal Relations of the Insane*: Special Asylums for Insane Criminals.

All communications regarding Section VIII should be addressed to the Secretaries.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:

NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the offices of the Association, 161A, Strand, London, on Wednesday, the 12th day of January next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, London, December 18th, 1880.

SOUTH-WESTERN BRANCH.

A MEETING of this Branch will be held in the Athenæum, Plymouth, on January 11th, at 2 P.M.; Dr. HOGARTH CLAY, President.

Members intending to make communications are requested to give notice as soon as possible to

SUTHERLAND REES PHILIPPS, M.D., *Honorary Secretary*.

Wonford House, Exeter, December 20th, 1880.

METROPOLITAN COUNTIES BRANCH: NORTHERN DISTRICT.

THE next meeting of this District will be held at the house of Alexander Morison, M.D., 7, The Terrace, Green Lanes, N., on Thursday, December 30th, at 8.30 P.M.

Dr. Morison will read a paper on Musical Cardiac Murmurs.

Mr. Samuel Benton will exhibit a patient cured of Knock-Knee by Mechanical Means.

Dr. Dowse will read short notes of a cure of Elephantiasis by the Continuous Galvanic Current.

Mr. B. G. Morison will exhibit a patient with Pseudo-Paralysis of the Lower Limbs.

Dr. Potter will introduce the subject of a Home Hospital for North London.

THOMAS STRETCH DOWSE, *Hon. Sec.*

December 15th, 1880.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the session was held at the Grand Pump Room Hotel, Bath, on Thursday evening, December 9th; ALEX. WAUGH, Esq., President, in the chair. There were also present forty-two members.

New Members.—G. Budd, M.B., Clifton; Mr. J. H. Wathen, Clifton; Mr. R. J. Bryden, Bristol; Mr. E. M. Knapp, Bristol; and W. B. Roué, M.B., Redland, were duly elected members of the Association and the Branch.

Communications.—The following communications were made.

1. Two cases of Pseudo-Hypertrophic Muscular Paralysis were shown by H. F. A. Goodridge, M.D.

2. Case of Progressive Muscular Atrophy, with sections of cord, shown by A. W. Fox, M.B.

It was resolved that discussions on these cases should be deferred to the next meeting.

3. Case of Brain-Lesion, with Hemiplegia on the same side. By Ernest Field, M.B.

VICTORIAN BRANCH: ORDINARY MEETING.

AN ordinary meeting of the Victorian Branch was held on August 25th, in the Royal Society's hall, Melbourne; Dr. CUTTS, President, in the chair.

Adulteration of Food.—Dr. HENRY, the Honorary Secretary, drew attention to an article which appeared recently in the *Melbourne Argus* with reference to the adulteration of food, and to the great diffi-

culty of obtaining a conviction against the sellers of adulterated food, through notice being required to be given them by a purchaser, who intended to have the food analysed, of his intention. He (Dr. Henry) had, since the article appeared, waited on the Secretary of the Central Board of Health, and that gentleman had informed him that the Board had in hand a Bill to amend the Public Health Statute.

An Intercolonial Medical Journal.—Dr. ROTHWELL ADAM proposed the following resolutions:

"(a). That a committee be appointed to take steps, in conjunction with the other Branches of the British Medical Association in Australia and New Zealand, to establish an Intercolonial Medical Journal.

"(b). That advantage be taken of the International Exhibition time to ascertain the opinions of the various Branches, by personal conference with the committee, by any members in Melbourne at that period."

An amendment by Dr. NEILD, that the subject should be referred to the Council, with a recommendation to refer it to a subcommittee to deal with it, and bring up a report at some future meeting of the Branch, was agreed to.

Accident Cases in Hospitals.—Mr. RUDALL read a paper on the indiscriminate admission of persons who, when they met with an accident, sought admission to the public hospitals, though able to pay for private medical attendance. It was true that in some cases a donation to the hospital was made by the patient on leaving; but the surgeon would probably not feel himself at liberty to accept a fee, even if it were offered. Mr. Rudall had not lived in any city where the police were so prone to immediately carry off to the hospital every subject of an accident, with little or no inquiry; although it was not impossible that a sufferer from apoplexy or fracture of the base of the skull might be lodged in the watchhouse under a charge of drunkenness, and for many hours undergo no medical examination. He hoped that the Victorian Branch would take the subject into consideration, and give expression to a collective opinion which might have its deserved influence, especially on those concerned in the administration of hospitals. It was no part of the duty of the visiting surgeons of hospitals, or at any rate of the larger hospitals, to decide on the propriety of a patient's admission on other circumstances than the nature of the case as seen from a professional point of view. When a person, of whatever position in life, met with a severe accident in the neighbourhood of a hospital, it was not unreasonable that he should be immediately brought to it for the first surgical attention; but, unless removal should be dangerous, or at least prejudicial, to him, he should not remain there, if, on the ground of social position and pecuniary circumstances, he were not properly a hospital patient.—Mr. GILLBEE said that no doubt there were many cases of accident admitted to the hospitals which ought not to be admitted, as the persons were able to pay for medical assistance. Whenever an accident occurred in the streets, the police at once rushed off with the subject of it to the hospital, although, as he (Mr. Gillbee) believed, the persons injured would in nine cases out of ten prefer to be taken to their own homes. There was also too great use made of the hospital by all classes generally; and nothing in the colony had done so much as that to pauperise the people. The only way, in his opinion, to prevent such improper use of the hospitals was to establish self-supporting hospitals and dispensaries.—Dr. NEILD said that what was referred to by Mr. Rudall was the fact of persons who had received accidents, and were able to pay for medical advice, being needlessly admitted to the hospitals. In such cases, the patient generally made a donation to the institution; but the donation was never equal to the medical attendance and services given to him; and yet the person making the donation supposed, after he had made it, that he was not indebted either to the hospital or to the public. The fault of the indiscriminate admission of accident cases rested generally with the police.—The CHAIRMAN considered Mr. Rudall had brought the subject forward at a very opportune time, as several cases had very recently been taken to the hospital, and kept there, although the patients could well afford to pay for medical attendance, and might have been treated outside. He knew a case that had occurred very recently, where a person very high in the civil service had an operation performed in the hospital which might have been done at his own home. The indiscriminate admission of cases to the hospitals affected not only medical men, but the general public, who had to pay for the cases. It also especially affected the poorer people who were fit subjects of admission to a hospital, because some of them might be refused admission in consequence of beds being occupied by people who should be treated at their own homes.—On the motion of Mr. GILLBEE, it was agreed that a letter should be forwarded to the Chief Commissioner of Police, drawing his attention to the fact of the police taking nearly all cases of accidents to the hospitals, and requesting him to instruct the police to make inquiries in such cases, and see if the persons could not be taken to their own homes.

MILITARY AND NAVAL MEDICAL SERVICES.

FLEET-SURGEON CHARLES JAMES DEVONSHIRE, B.A., M.D., (1880), has been placed on the retired list of his rank from the 30th November.

THE death of Dr. Charles Roe, lately employed as a civil surgeon with our forces in the field, is reported. Dr. Roe, who has died at the early age of twenty-five, had gone through the Russo-Turkish war with the Ottoman army, serving in the hospitals of Rasgrad, Rustchuk, and subsequently at Constantinople. After severing his connection with the Turkish army, Dr. Roe got an appointment from the Stafford House Committee, and held situations of responsibility both at Constantinople and Salonica; and when leaving Turkey, was presented with the war medal and the Order of the Medjidie. He then made several voyages as medical officer to India and America, in the service of an ocean steam navigation company. On the Zulu war breaking out, Dr. Roe volunteered for service, and going out as a civil surgeon did duty during the war, with the lines of communications at Thring's Post, and elsewhere. In March last, he was given an appointment at Cape Coast Castle, where he has fallen a victim to the deadly climate of the West African coast. Dr. Roe was a native of Queen's County, Ireland, and received his medical education in Dublin, getting his degree as surgeon at the early age of nineteen. He was for a short time resident surgical pupil at the Meath Hospital and County Dublin Infirmary.

ARMY MEDICAL OFFICERS.

Sir,—I beg to inquire, is it the fact that army medical officers are allowed to indulge in private practice? I ask the question, because, in my neighbourhood, they are constantly called by those members of the profession who aim at excluding the regular consultants. A great injury is thus inflicted on men who have house-rent to pay and taxes to meet. If they be not allowed, to whom should application be made to prevent them?—Yours,
MEDICUS.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, December 16th, 1880.

Bathe, Anthony John, Southampton.
Farrer, Robert Thompson, Brighouse, Yorkshire.
Galpin, George Luck, Grahamstown, Cape of Good Hope.
Garman, John Cornelius, Plumstead, S.E.
Norvill, Frederic Harvey, Royal Infirmary, Bristol.
Wilson, George John, Western Road, Brixton.

The following gentlemen also on the same day passed their Primary Professional Examination.

Hingston, Richard, London Hospital.
Horsfall, Thomas, Leeds School of Medicine.
Webster, George Leonard, King's College, London.

UNIVERSITY OF DUBLIN.—SCHOOL OF PHYSIC IN IRELAND.—At the Michaelmas Term Examination for the Degree of Bachelor of Medicine, held on Monday and Tuesday, November 29th and 30th, the following candidates passed in the order of merit specified.

John C. Martin, George D. Patterson, George Scriven, James J. Johnston, John Mason, Austin Cockle, John R. Fraser, William Smyth.

At the Examination for the Degree of Bachelor in Surgery, held on Monday and Tuesday, December 6th and 7th, the following candidates were successful.

John C. Martin, William S. Gordon, John M. Nicolls, Henry L. Clare, Stuart Davis, John R. Fraser.

At the Examination for Diplomas in State Medicine, held on Thursday, December 9th, and following days, the Diploma was granted to Robert J. Polden, M.B., B.Ch. Univ. Dubl.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the usual monthly examinations for the Licences of the College, held on Monday, Tuesday, Wednesday, and Thursday, December 6th, 7th, 8th, and 9th, the following candidates were successful.

For the Licence to practice Medicine.

*Francis E. Ackerley, Liverpool; *Joseph Boyd, Co. Roscommon; *Robert Joseph Browne, Co. Galway; Arthur Wellesley Cadman, Spondar, near Derby; Edmund Corcoran, Enniscorthy; *William Joseph Fottrell, Rathgar, Dublin; *Edward Thomas Geoghegan, Dublin; James Foulds Joseph, Liverpool; *Richard Francis O'Brien, Co. Waterford; *Janet Monteath Rushbrook, London; *William Augustus West, Newbridge; George Herbert Withington, Manchester.

Those marked *, and Joseph Patrick Kealy, obtained the Licence to practise Midwifery.

The following Licentiates in Medicine, having complied with the

provisions of the Supplemental Charter of December 12th, 1878, have been duly enrolled as Members of the College.

Thomas Tarrant, 1854, Surgeon-Major H.M. Army; George Jonathan Mitchinson, 1859, Lincoln; Robert Bradshaw, 1859, Carrick-on-Shannon; Mark Anthony Harte, 1861, Staff-Surgeon R.N.; David John Browne, 1869, Londonderry; Henry Lowndes, 1873, Liverpool; David Edgar Flinn, 1874, Walsall; William Kildare Miley, 1877, Glasgow.

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.

ARMAGH UNION—Medical Officer for Keady Dispensary District. Salary, £120 per annum, with £20 yearly as Medical Officer of Health, registration and vaccination fees. Election on the 29th instant.

CHELMSFORD UNION.—Medical Officer and Public Vaccinator to the Tenth District. Salary, £88 per annum. Applications, with testimonials, not later than December 28th.

CHESTERFIELD UNION—Medical Officer and Public Vaccinator to the Clay Cross District. Salary, £12 per annum, with vaccination fees. Applications by December 31st, 1880.

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.

GERMAN HOSPITAL, Dalston—Honorary Assistant Physician. Applications, with testimonials, to the Honorary Secretary 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.

HOXNE UNION—Medical Officer to the Hoxne District.

LONDON LOCK HOSPITAL, 91, Dean Street, Soho.—House-Surgeon. Salary, £50 per annum, with board, residence, and washing. Applications, with testimonials, to the Secretary, on or before January 15th.

*MACCLESFIELD GENERAL INFIRMARY—Junior House Surgeon. Salary, £70 per annum, with board and residence in the Infirmary. Applications on or before January 1st, 1881.

*MANCHESTER ROYAL INFIRMARY—Resident Medical Officer for the Convalescent Hospital at Cheadle. Salary, £150 per annum, with board and residence. Applications, with testimonials, on or before January 22nd, 1881.

MOUNTMELLICK UNION—Medical Officer for Coolran Dispensary District. Salary, £90 per annum, with £15 yearly as Medical Officer of Health, registration and vaccination fees. Election on the 10th January, 1881.

NEWCASTLE-ON-TYNE DISPENSARY—Visiting Medical Assistant. Salary, £120 per annum. Applications, with testimonials, to the Honorary Secretary, on or before December 24th.

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.

ROYAL SOUTH LONDON DISPENSARY—Honorary District Surgeon. Applications on or before December 30th.

*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.

*ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields—House-Surgeon. Applications to the Secretary, on or before December 31st.

RYDE, Borough of—Medical Officer of Health.

SALFORD AND PENDLETON ROYAL HOSPITAL—District Surgeon. Salary, £30 per annum, with board and lodging. Applications, with testimonials, to the Secretary, on or before December 27th.

*ST. JOHN'S WOOD AND PORTLAND TOWN PROVIDENT DISPENSARY—Surgeon. Applications, with testimonials, to the Honorary Secretary, on or before December 31st.

TOBERCERRY 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.

WOLVERHAMPTON FRIENDLY SOCIETIES' MEDICAL AID ASSOCIATION—Resident Medical Officer. Applications, with testimonials, not later than February 1st, 1881.

MEDICAL APPOINTMENTS.

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

*GAWITH, James Jackson, M.R.C.S., appointed Visiting Surgeon to the London Diocesan Deaconess Institution, Tavistock Crescent, W., vice G. Hastings, M.D., resigned.

GREENSILL, J. N., M.R.C.S., appointed Assistant Honorary Surgeon to the Darlington Hospital, vice S. Lowes, L.S.A., resigned.

HAMILTON, G. S., L.R.C.P., appointed Assistant House-Surgeon to the Liverpool Northern Hospital, vice C. Shears, L.R.C.P. Lond., promoted.

HUNT, E. A., L.R.C.P.Ed., M.R.C.S.Eng., appointed Resident Obstetric Assistant to St. George's Hospital.

JONES, Robert, M.B.Lond., appointed Assistant Medical Officer to the Earlswood Asylum, Surrey, *vice* Spence, M.D., resigned.

KIDD, Percy, M.B., appointed Casualty Physician to St. Bartholomew's Hospital, *vice* V. D. Harris, M.D., resigned.

MACDOWELL, C. W., M.D., appointed Visiting Physician to the Carlow District Lunatic Asylum, *vice* M. P. Howlett, L.R.C.P.Edin., deceased.

MARTIN, J. W., M.D., appointed Physician to the Sheffield Public Hospital for Skin-Diseases.

*NETTLESHIP, Edward, F.R.C.S., appointed Ophthalmic Surgeon to the Hospital for Sick Children.

SHEARS, C. H. B., L.R.C.P.Lond., appointed House-Physician to the Liverpool Northern Hospital, *vice* D. M. Fraser, M.B., resigned.

SMALE, Morton, M.R.C.S., appointed Medical Tutor to the Dental Hospital of London, Leicester Square.

STOKES, H. Fraser, L.R.C.P., appointed Registrar and Chloroformist to the Evelina Hospital for Sick Children, *vice* Walter Edmunds, M.D., resigned.

VACHELL, E. S., M.R.C.S., late House-Surgeon to the Radcliffe Infirmary, appointed Senior Resident Medical Officer to the same institution.

*WILLIS, Julian, M.R.C.P.Edin., appointed an Honorary Medical Officer to the Kilburn, Maida Vale, and St. John's Wood General Dispensary, *vice* A. Wise, M.D., resigned.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

MACNEILAGE.—At 14, Whitworth Terrace, Spennymoor, on December 20th, the wife of David Macneilage, L.R.C.P.Ed., of a daughter.

MARRIAGE.

FOWLER-WATSON.—On the 18th instant, at St. James's, Piccadilly, by the Rev. J. Dyer Tovey, M.A., Robert Fowler, M.D., 12, Old Burlington Street, W., and of Bishopsgate, E.C., to Judith, second daughter of the late John Watson, formerly of Rosenheim, West Hill, Putney Heath, and 74, Lower Thames Street.—No cards.

STANLEY-SLEAPER.—On Dec. 4th, 1880, by licence, at the Parish Church, Lambeth, by the Rev. C. H. Wright, M.A., William Henry Robert Stanley, M.D., University of Dublin, to Anis, eldest daughter of William Sleaper, Lambeth.

THE Scholarship (fourth year) in Physiology, Anatomy, and Surgery, Queen's College, Cork, has been awarded to Charles Havelock, A.B.

PUBLIC HEALTH.—During last week, 5,591 births and 3,261 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, 19 in Glasgow, and 26 in Dublin. The annual rates of mortality in the twenty English towns were as follow: Wolverhampton, 13; Norwich, 15; Portsmouth, 16; Brighton, 16; Sheffield, 17; Newcastle-upon-Tyne, 17; Leicester, 17; Salford, 17; Hull, 18; Leeds, 18; Bradford, 19; London, 20; Bristol, 20; Oldham, 20; Birmingham, 20; Manchester, 21; Liverpool, 21; Plymouth, 24; Sunderland, 25; and the highest rate, 26, in Nottingham. The annual death-rate from the seven principal zymotic diseases averaged 2.6 per 1,000 in the twenty towns, and ranged from 0.7 both in Wolverhampton and in Newcastle-upon-Tyne, to 3.8 and 4.5 in Hull and Sunderland. Scarlet fever showed the largest proportional fatality in Bristol and Sunderland; measles in Brighton and Salford; and whooping-cough in Nottingham and Hull. The death-rate from fever (mainly enteric) was unusually low. In London, 1,377 deaths were registered, which were so many as 495 below the average, and gave an annual death-rate of 19.6. During the past eleven weeks of the current quarter, the metropolitan death-rate has averaged 21.0 per 1,000, against 22.7 and 23.5 in the corresponding periods of 1878 and 1879. The 1,377 deaths included 33 from small-pox, 51 from measles, 64 from scarlet fever, 12 from diphtheria, 22 from whooping-cough, 9 from different forms of fever, and 10 from diarrhoea—being altogether 201 zymotic deaths, which were 77 below the average, and were equal to an annual rate of 2.9 per 1,000. The deaths referred to diseases of the respiratory organs were 307 last week, and no fewer than 239 below the average; 189 resulted from bronchitis, and 79 from pneumonia. Different forms of violence caused 42 deaths; 54 were the result of negligence or accident, including 12 from fractures and contusions, 2 from burns and scalds, 4 from drowning, and 12 of infants under one year of age from suffocation.—At Greenwich, the mean temperature of the air was 43.3°, and 2.2° above the average. The general direction of the wind was W.S.W., and the horizontal movement of the air averaged 17.7 miles per hour, which was 4.8 above the average. Rain

fell on five days of the week, to the aggregate amount of 0.76 of an inch. The duration of registered bright sunshine in the week was equal to 6 per cent. of its possible duration. The recorded amount of ozone was considerably below the average during the week.

THE USE OF ALCOHOL IN THE TREATMENT OF AURAL POLYPI.—Professor Politzer, in the *Wiener Medicinische Wochenschrift* for July 31st, recommends the use of rectified spirit for the destruction of those remains of polypi in the ear which are beyond the reach of instruments. He says that the attempts to cause them to shrivel by dropping into the ear concentrated solutions of acetate of lead, perchloride of iron, or sulphate of copper, or by touching them with tincture of opium or of iodine, are in most cases unsuccessful. Indeed, the long continued use of the above-mentioned saline solutions is not unfrequently followed by a fresh growth of the polypus, brought about by the irritation produced by the application. Equally uncertain as agents for the destruction of proliferations are caustics, such as solid nitrate of silver, perchloride of iron, powdered sulphate of copper, chloride of zinc paste, and chromic acid. Besides the fact that cauterisation is frequently without effect, it is necessary to apply these remedies to the proliferations alone, and to avoid their action on the neighbouring parts; and the skill required for this can only be obtained by long continued experience. But, even in the hands of the specialist, cauterisation is of value only when the perforation in the membrana tympani is of sufficient size, and the roots of the polypi do not extend too far upwards or backwards. The galvanic cautery is more effective; but, Dr. Politzer says, it is not likely to come into general use among practising surgeons, as it requires a complicated apparatus, and skill in application. It is, therefore, important for the practitioner to have within reach a simple remedy, which will act far more certainly and safely than the above-named remedies in a great number of cases of granulations and polypous growths; such an agent is rectified spirit of wine. This has been recommended by Hassenstein of Gotha for the destruction of vegetable parasites in the external meatus; and Dr. Politzer has found it especially useful in otitis mycosa. Löwenberg and Weber-Liel have recommended alcohol in chronic suppurations of the middle and external ear. In certain cases of chronic otorrhoea, Dr. Politzer finds alcohol to be an excellent remedy, but regards it as inferior to boracic acid or concentrated solution of nitrate of silver. He has, however, obtained remarkable results from the use of rectified spirit in cases of suppurations of the middle ear, attended with the formation of granulations and polypous growths in the external auditory meatus, in the tympanum, and on the membrana tympani. In applying the alcohol, it is necessary first to remove the purulent secretion from the tympanum by insufflation of air, and then to syringe the ear with lukewarm water; the fluid remaining in the ear being removed by the introduction of a long roll of Brun's cotton-wool. The head being then inclined to one side, at least a teaspoonful of moderately warm alcohol is poured into the external meatus, and allowed to remain ten minutes or a quarter of an hour. In most cases, the application produces only a slight sensation of warmth, only rarely a strong feeling of burning or severe pain; this, however, is generally of very short duration, and is often troublesome only during the first few days. If the pain be too intense, the alcohol may at first be diluted with a little distilled water. The alcohol should be poured in three times a day; and when, after treatment for some time, its effect has been produced, the applications should be reduced to two, and ultimately to one daily. Immediately after the application of the alcohol, the hitherto red granulations and polypi assume a pale grey-reddish colour, dependent on the coagulation of the mucus and albumen on the surface. After prolonged contact with the new growth, the spirit of wine penetrates into its superficial layers, causing coagulation of the contents of the blood-vessels and contraction of the tissue. The action of the alcohol does not depend on the structure of the growth. Soft round-celled polypi are, indeed, more frequently and quickly caused to disappear than firm fibromata; but even the latter not unfrequently shrivel up so completely after a prolonged application of alcohol, that not even the smallest trace of them remains behind. In concluding his paper, Dr. Politzer sums up the indications for the use of alcohol as follows: 1. For the removal of the remains of polypi in the external auditory meatus, on the membrana tympani, and especially in the tympanum, which cannot be removed by operation; 2. In cases of multiple granulations in the external meatus, and on the tympanic membrane; 3. In diffuse excessive proliferation of the mucous membrane of the middle ear; 4. In cases where the instrumental removal of polypi is rendered impossible by mechanical impediments in the external meatus; 5. Experimentally, as a substitute for operation in the cases of timid persons and of children, in whom operative proceedings are difficult, and often can only be carried out under anaesthesia.

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, 2 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.—North-west London, 2.30 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, 10 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., 1.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
KING'S COLLEGE. —Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2.30; 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; op., W. S., 1.30; Eye, W. S., 9; Ear, S., 3.30; Skin, W., 9; Dental, Tu. 9.
MIDDLESEX. —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; op., 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; op., W. S., 1.30; 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. Th. S., 1; Obstetric, Tu. S., 1; op., Th. S., 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; op., 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; op., W. F., 12.30; Eye, M. Th., 2; op., 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., 1.30; Dental, W., 10.3.
WESTMINSTER. —Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1; Eye, M. Th., 1.30; Ear, Tu. F., 9.30; Skin, Th., 2; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY. —Hunterian Society, 7.30 P.M., Council Meeting, 8 P.M., Mr. Jonathan Hutchinson, "The importance of recognising the Precancerous Stage of Cancer."
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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.

ANSWERS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the Manager, 161A, Strand, W.C.

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

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

WHITE WINE WHY AS A STIMULANT IN INFANTILE SICKNESS.

SIR,—I readily endorse the remarks made by your correspondent, Dr. Meeres, in last week's JOURNAL, regarding white wine why as being generally useful in cases of vomiting in infancy. Two or three times within the last couple of months, in cases similar to that adduced by Dr. Meeres, have I seen its good effects in infants from three to six months old, who were affected by vomiting and partial collapse. Dr. Meeres, however, I think, probably goes a little too far when, from a case of this kind treated successfully by wine why, he draws the inference that the alcohol was the sole cause of the treatment being efficacious.

I have the greatest faith in the efficacy of the alcoholic treatment of disease in many cases; but in the case adduced, whilst a great deal may have been due to the alcohol in overcoming the undue sensibility of the mucous membrane of the stomach, and giving a flip to the general system, I am persuaded as much was due to the fact that a food was presented to the stomach in its weak and irritable state which it could receive, and those articles of diet, such as "Swiss milk and water, cream and water, lime water, etc.," having been kept entirely from the child for a time, until its digestive powers returned.

In the act of making the whey, of course, the casein is removed from the milk; and this being conducted without the stomach instead of within it, renders the digestion easier. How much is due to the alcohol, and how much to the whey, might be ascertained easily by trying whey obtained from milk in the process of making cheese; or that from rennet; as whey is by no means insignificant in regard to nutritive qualities. If this simple experiment be found to answer the purpose as well without the addition of either brandy or wine, then it would appear to me to be a more satisfactory proof of the use of alcohol in medicine than the other case. I may note that frequently, on the occasion of ordering white wine why, I have been told that it did not always make the same, although the same precautions seemed to be taken. I came, ultimately, to the knowledge and conclusion that it should be made with milk at least half a day old; as, if it be made with recent milk, it does not "break" up or coagulate properly. How is this? It occurs to me that it is for the reason that the envelopes of the oil-globules become thinner when the milk is old.—I am, etc.,

Stirling, N.B., December 14th, 1880.

J. MACNAB.

DURATION OF USE OF SPLINTS FOR FRACTURES.

SIR,—Can you, or any of your readers, oblige me with the name of a work on fractures, giving the usual length of time during which it is necessary to retain the splints in the various fractures?—Yours truly,

A SUBSCRIBER.

SIR,—Will you kindly state, in your answers to correspondents, whether a licensed apothecary, L.S.A., registered, can legally vaccinate? Can he recover fees for vaccinations performed by him? and is his certificate of successful vaccination valid in law, and one which should be received by the vaccination officer?—I am, yours truly,

DOUBIOUS.

THE INVENTION OF SPECTACLES.

SIR,—Your annotation, in the JOURNAL, of the 4th of December, anent the invention of spectacles, recalled to my mind a note I have in my scrap-book, a copy of which I herewith subjoin.

"Quant à l'invention des lunettes, rien de certain. Il est humiliant de penser qu'elles étaient connues en Chine bien avant Roger Bacon, et le Florentin Salvino degli Ammirati, qui les aurait inventées vers 1280. Nous savons cependant que Néron était myope, et qu'il assistait au jeu du Cirque avec une émeraude taillée dans l'axe concave qu'il plaçait dans le coin de l'œil."

Thus it will be seen that the date of the invention of spectacles goes much farther back than that mentioned in your note. Verily, "there is nothing new under the sun." I am sorry I cannot give you the source of the above quotation, as it is a cutting from a scientific article of an antiquary; but as it is in print, it may be considered authentic.—I am, sir, yours obediently,

362, Rue St. Honoré, Paris, December 14th, 1880.

COMMISSIONERSHIP IN LUNACY.

SIR,—With reference to your remarks, in your issue of December 14th, on the report of Dr. Nairne's retirement from the Lunacy Commission, and the probable appointment, as his successor, of a medical man who has not specially studied insanity, or been engaged in its treatment, I trust, for the sake of all engaged in lunacy practice, that such an unfair appointment may not be contemplated by those in power. Ignorance of asylum management and requirements should not be considered a recommendation for an appointment where the duties consist in supervising those engaged in treating this disease and conducting asylums.

The Commission in Lunacy at present consists of eleven members, counting its noble chairman; of these, only four are medical men; and of the six visiting commissioners, only three are medical. The specially trained physician element is not at all too heavily represented. There are, at present, seventy-six medical superintendents in county and borough asylums and public lunatic hospitals in England and Wales. All of these are men of experience, and the majority have acted for several years as assistant-physicians prior to getting their present appointments. It would be quite easy to select out of this number four men, at least, whose age and health render them eligible for a commissionership, and whose medical reputation and successful asylum management give promise of energy, efficacy, and ability in entering a new office. In the survey required before appointing a new commissioner, more than London should be considered.

It will be hard lines for those who really work in lunacy practice if, at this time of day, the only five special prizes—the Lanacy and Chancery appointments—are not made inducements and encouragements for excellence, industry, and talent, in the special department. When Dr. Nairne was appointed it was essentially different: the selection was much more restricted.—I am, your obedient servant,

December 14th, 1880.

FAIR PLAY, M.D.

TESTS FOR ARSENIC.

SIR,—In the BRITISH MEDICAL JOURNAL of to-day, we observe, under the heading "Easy Test for Arsenic in Fabrics," and stated to be from the Practitioner, a test for arsenic which is an extremely unsuitable one for general purposes. You will, perhaps, permit us to point out that the blue colour containing a large quantity of arsenic, the subject of legal proceedings between ourselves and a colour manufacturer, of which a sample is enclosed, does not give any reaction by the method suggested for examination. Our experience, gained in our efforts to prevent the use of arsenical colours in our factory, has taught us that there are other highly arsenical colours which would escape detection by the proposed test in like manner. We enclose a few samples. It is highly important that no test should be relied upon unless it will detect arsenic *per se*, not only when combined with copper.—We are, sir, yours faithfully,

December 14th, 1880.

WM. WOOLLIAMS & CO., Paperstainers.