

edly great justice in these observations; and hard measure was dealt out to Dr. Skae, if he were required to conduct his wigwam asylums like the palatial establishments at home, and were condemned for tolerating, in comparative barbarism, practices which only the highest civilisation has abolished. Dr. Skae had no leanings towards mechanical restraint; and, had time and support been given him, he would in due course have effected its abolition. But questions more urgent even than that of restraint pressed themselves on his attention; and, proceeding gradually and with discrimination, he deferred its extinction until other safeguards and substitutes for it were ready, and left its employment in a great degree to the discretion of those immediately responsible for the management of each asylum; upon whom, however, he constantly impressed the rule that it must not be resorted to except in cases of extremity. Would Dr. Skae's position have been better than it was at the time of his death, had he rashly, in the thirst for fleeting popularity, insisted that all restraint was to cease instantly in the asylums under his jurisdiction? Would he not have been held morally responsible for the crop of suicides and murders that would inevitably have followed the promulgation of such an edict?

The seven asylums of New Zealand contained, on the 1st of January last, 1,125 patients; and, as on the same day of the preceding year they contained 1,056, the number of their inmates had increased by 69 during the twelve months. Looking back for eight years, we notice that on January 1st, 1873, they contained 540 patients; so that the asylum population has more than doubled itself in eight years. The proportion of the insane to the estimated general population at the beginning of this year was 1 in 435 in New Zealand. In England, it was, in 1879, 1 in 315; in New South Wales, 1 in 365; in Victoria, 1 in 297. It has been steadily increasing in New Zealand: thus, in 1875 it was 1 in 514; in 1876, 1 in 509; in 1877, 1 in 478; in 1878, 1 in 451; in 1879, 1 in 445; in 1880, 1 in 435. Dr. Skae was inclined to attribute the increase in the absolute number of lunatics, and in their proportion to the population, partly to the accumulation of chronic cases, and partly to the prevalence of intemperance in the colony. Of the cases admitted to asylums in which the cause of the insanity was ascertained, 38 per cent. of the males and 11 per cent. of the females were found to have become insane owing to alcoholic excesses; whereas in England only 15 per cent. of the insane of both sexes are stated to have become insane from drinking.

Of the New Zealand asylums, that at Dunedin is the largest; it contained, at the end of last year, 315 patients. That at Napier is the smallest; it contained, at the same date, 22 patients. All the asylums in the colony are shamefully overcrowded. The asylum at Auckland, with accommodation for 50 patients, contained on the 31st of December last 173; that is to say, 123 beyond its proper number. That at Christchurch, with accommodation for 60, contained 113, or 53 beyond its proper number. How asylums so circumstanced are to be conducted without restraint, it is somewhat puzzling to understand. Several of the New Zealand asylums have no resident medical officer, but are under the management of a lay governor; and here, perhaps, we have the root of many of the evils that are complained of. If the colonial authorities desire to reform their asylums thoroughly, to cleanse them thoroughly, and assimilate them to English asylums, they must obtain from this country not only a competent and experienced commissioner to succeed Dr. Skae, but skilled medical superintendents for those asylums that are still under lay government. Three or four assistant medical officers in English asylums—men of ability and of some service—might be tempted by liberal salaries to emigrate; and they would speedily work wonders in improving the hospitals for the insane in the colony.

M. PAUL BERT ON ANÆSTHETICS.

M. PAUL BERT, who has added to his scientific labours those devolving on a Minister of Public Instruction in the French Cabinet, made an interesting communication to the Académie des Sciences two hours after the warrant for his appointment had received the official signature. He pointed out that anæsthetic phenomena represent a definite scale, commencing with alcoholic excitement, going on to stupor, sleep, paralysis, and finally death. The time occupied by the series of manifestations of simple anæsthesia, terminating in death, is termed by M. Bert the workable range (*zone maniable*). These manifestations correspond to doses of ether or chloroform of different strength, of which the first is an anæsthetic dose and the last a mortal one. M. Bert has made experiments on dogs, rats, cats, mice, and birds, in closed chambers, avoiding the use of caustic potash, which, employed under the idea that it absorbs certain deleterious elements, in reality decomposes the chloroform. M. Bert also discards both sponge and folded lint for direct inhalation of chloroform; for, by adopting his method, the vapours are inhaled by the instrumentality of

confined atmospheric air. The working range is different in each animal. It is a serious error to suppose that it varies in conformity with the size of the animal, or that is invariable in animals of allied species. It is only by direct experiment, and not by surmises, that reliable data concerning animals of the same species can be obtained. Thus it is evident that the doses and figures resulting from M. Bert's researches should not, by any process of deduction, be applied to the human subject.

The working range varies with each animal according to the anæsthetic administered. Chloroform has a range from eight to twenty, a difference of twelve; the difference for ether is forty, a fact which perhaps helps to explain the comparative harmlessness of this anæsthetic. The working range of nitrous oxide is a wide one. This substance has still other advantages recommending it to the attention of the surgeon.

A fatal dose is always precisely double the anæsthetic dose. In the middle of the working range, there is a kind of *punctum quiescens*, or a dead spot; under this condition, there is thorough anæsthesia, calm, and of long duration, most favourable for long and delicate operations. The most important fact to be deduced from these researches is, that chloroform, ether, nitrous oxide, and the carburets, do not act on the animal economy in proportion to the quantity introduced, but in proportion to the tension of the vapour present in the mixture inhaled; thus it is not the quantity of ether, chloroform, or nitrous oxide administered which should be watched, but the tension of the vapour, or, in other words, the quantity of anæsthetic vapour contained in the air inhaled. This point once determined, the safety of the operation is assured. There is no need for sponge nor compress, neither is there any necessity to watch the pulse of the patient; a simple tube fixed on to a mask performs with certainty the work of an assistant.

M. Paul Bert concluded his communication by expressing his firm belief that the results of the experiments, which he had just made public, authorise the introduction into surgical practice of more effective apparatus than those in use, and of a new therapeutic agent, less dangerous than any other—nitrous oxide.

A distinguished Parisian surgeon, M. Péan, has, we are informed, adopted M. Bert's method in different cases, and has been in every way satisfied with its success.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:

NOTICE OF MEETING.

A MEETING of the Committee of Council will be held on Wednesday, the 18th day of January next, 1882, in the Council Room, Exeter Hall, Strand, London, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*

161A, Strand, London, December 13th, 1881.

NOTICE OF QUARTERLY MEETINGS FOR 1882: ELECTION OF MEMBERS.

MEETINGS of the Committee of Council will be held on Wednesday, January 18th, April 12th, July 12th, October 18th. Gentlemen desirous of becoming members must send in their forms of application for election to the General Secretary not later than 21 days before each meeting, viz., December 28th next, March 22nd, May 22nd, September 27th, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

November 4th, 1881.

FRANCIS FOWKE, *General Secretary.*

BRANCH MEETINGS TO BE HELD.

SOUTH-WESTERN BRANCH.—The next quarterly meeting will be held, under the presidency of Dr. Hudson, on Saturday, December 31st, at 2 p.m., in the Board Room of the South Devon and East Cornwall Hospital, Plymouth. The relations between Homœopathic Practitioners and the Association will be specially discussed. Members intending to read papers, or show specimens or cases, are requested to give notice.—S. REES-PHILLIPS, M.D., Honorary Secretary, Wonford House, Exeter.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

WEDNESDAY, NOVEMBER 23RD, 1881.

S. O. HABERSHON, M.D., Vice-President, in the Chair.

Place of Meeting.—The Honorary Secretary read a letter from the Lords of the Admiralty, permitting the use of a room in Greenwich

Hospital School for the purpose of holding meetings once a month, from 8 to 10 o'clock in the evening. It was unanimously resolved that the best thanks of the meeting be given to the authorities at the Admiralty, and to Captain Burney, R.N., for the kind assistance given by him in the matter.

Cottage Hospitals.—Dr. HABERSHON delivered an address on this subject, which will be published in the JOURNAL.—Dr. PURVIS said that cottage hospitals were extremely useful in the country, especially for surgical cases; but in the neighbourhood of London he doubted if they were required. Being opposed to the establishment of the proposed new hospital at Greenwich, he desired to avoid the appearance of inconsistency by qualifying to that extent his proposing a vote of thanks to Dr. Habershon for his interesting address on cottage hospitals.—Dr. FORSYTH seconded the vote of thanks. He thought Guy's Hospital very far behind other hospitals, if they crowded erysipelatous and typhous cases into wards with other cases. Enteric fever was different.—Dr. HARTT said that, being one of the staff of the West Kent Dispensary, he had an opportunity of judging whether a new hospital was wanted; and he thought it was not. For the very poor, there was the parish infirmary; for fever cases, Stockwell Hospital; and for accidents, the Seamen's Hospital.—Mr. CABLE thought cottage hospitals were of great use for cases of rheumatic fever, bronchitis, and diseases of the lungs. He thought many medical cases died at home who might be saved if there were a small hospital; but did not think it was needed so much for surgical cases, as the Seamen's Hospital had set apart forty beds for local cases. He thought a great deal of pauperising went on at hospitals and dispensaries, especially at the West Kent Dispensary.—Mr. BURNEY agreed that the charity of the West Kent Dispensary was very badly dispensed, and mentioned a dispensary case he had visited with Dr. Hartt, which turned out to be at a pawnbroker's, who could well have afforded to pay a practitioner's fees.—The vote of thanks to Dr. Habershon was carried unanimously, and the meeting adjourned.

STAFFORDSHIRE BRANCH: GENERAL MEETING.

THE first general meeting of this session was held at the Railway Hotel, Stoke-upon-Trent, on Thursday, November 25th. Present: Mr. J. K. WYNNE, President, in the chair; and twenty-eight members.

New Member.—Mr. F. C. Duce of Brewood was elected a member of the Branch.

Communications.—The following communications were made.

1. Mr. West exhibited a Foetus delivered as a footling, but, on account of its hydrocephalic head, with great difficulty.

2. Mr. Alcock exhibited a case of Excision of the Right Elbow-joint in a young man now working as a railway porter. Mr. Alcock also exhibited a little boy whose Tibiae he had divided for Genu Valgum. 3. Mr. Spanton exhibited two patients upon whom he had, eighteen months previously, operated for the Radical Cure of Hernia. He also exhibited a boy upon whom a successful Excision of the Left Hip-joint had been performed; also a man upon whom Excision of the Elbow-joint had been performed.

4. Mr. Spanton showed two Ovaries removed by Abdominal Incision.

5. Dr. Monckton recorded the history of a case of Cerebral Haemorrhage.

6. Mr. Folker read the notes of a case of Successful Lithotomy in a young man. The calculus weighed four and a half ounces.—Mr. Folker exhibited a second stone, weighing two and a half ounces, extracted from a young man. Ten years before the operation, he had been sounded, and a calculus detected; but his mother declined any operation at that time, although her son suffered very much, and continued to do so until relieved by lithotomy.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

A MEETING of this District was held at the West Kent General Hospital, Maidstone, on Friday, December 16th. The Chair was taken by Dr. MONCKTON, in the unavoidable absence of the President of the South-Eastern Branch.

Next Meeting.—The next meeting was arranged to be held at Gravesend.

Communications.—The following communications were made.

1. An interesting case of Misplaced Testicle in the Perineum was shown by Dr. White of Snodland.

2. Dr. J. V. Bell read a paper on Five Cases of Strangulated Hernia, which led to an animated discussion.

3. Dr. Meredith gave a carefully prepared paper on the Relations of the Medical Officer of Health to the Rest of the Profession.

Dinner, etc.—The members present were then conducted over the hospital, and afterwards dined at the Mitre Hotel.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

A MEETING of the above District was held at the Kentish Hotel, Tunbridge Wells, on Tuesday, November 29th, 1881; Mr. BENJAMIN RIX in the Chair.

Papers.—The following papers were read.

1. Mr. Clement Lucas: On Principles for Regulating Taxis in Cases of Hernia.

2. Mr. Manser: Removal of a Foreign Body from the Bladder by the Median Operation.

3. Dr. Ranking: Scirrus of the Pylorus.

4. Dr. Ranking: Aneurysm of the Transverse Portion of the Arch of the Aorta.

The Prosecution of Dr. Ferrier.—On the motion of Dr. JOHNSON, seconded by Mr. MARSACK, the following resolution was carried unanimously: "That this meeting desires to express its sympathy with Dr. Ferrier on account of the recent vexatious prosecution to which he has been so unwarrantably exposed."

Superannuation of Poor-law Medical Officers.—The resolution in favour of compulsory retiring allowances for Poor-law medical officers, passed at the last meeting, was again unanimously passed.

Dinner took place at the hotel, under the presidency of Mr. Rix.

The Next Meeting will be held in March, at Brighton, in conjunction with the West Sussex District.

CORRESPONDENCE.

LATERAL LITHOTOMY.

SIR,—I am reported as stating, at the Royal Medical and Chirurgical Society on December 13th, that I had performed lateral lithotomy on three cases to relieve "the sufferings caused by enlarged prostate".....and had been "disappointed with the result". What I said was, that in three cases of *stone of the bladder*, in which the patients had long passed all their urine by catheter, I had removed the stone by lateral lithotomy; that each patient had made a good recovery; but that, contrary to my hope, not one was subsequently able to pass urine without the catheter, or indeed was better in that particular than before, although relieved of the suffering and symptoms of stone.

I shall be glad if you will be good enough to make this correction, in order to prevent any misapprehension in relation to my statement.—I am, sir, yours obediently,

HENRY THOMPSON.

9, Wimpole Street, December 19th, 1881.

POLITICAL CANVASSING FOR HOSPITAL APPOINTMENTS.

SIR,—I observe in your JOURNAL of Saturday last an article on Political Canvassing for Hospital Appointments, in which the present vacancy at the Birmingham General Hospital is made the subject of special comment. As I am therein indirectly charged with cognisance of such influence being used to obtain the appointment of "assistant"-surgeon, I ask permission for a reply.

If you will kindly refer to the *Birmingham Daily Post* (from which you quote), you will find in the issue of the 10th instant an emphatic denial from myself, and from my committee, of any complicity in, or knowledge of, such influence being employed. Your correspondent (whoever he may be) should be better acquainted with facts before committing himself to statements clearly intended only to damage me in my application for the vacancy on the honorary staff; he ought to (and doubtless does) know that I am already "assistant"-surgeon, having held that office for four years. I was elected on the same day with my present colleague, now my opponent—possessing at the time all the qualifications insisted on by the governors; and being, in point of age, six years his senior, I have on all occasions been regarded as senior assistant-surgeon. I am further warranted in expressing the unanimous desire of the surgical staff, that the present vacancy should be supplied in accordance with the custom observed in most of the large hospitals in London and elsewhere.

In reference to your remarks respecting organising the profession, I am happy to tell you its members are already "well alive", able, and ready to deal with such exigencies as you seem to fear, should they arise; and to their opinion I shall be ever ready to bow.—I remain, sir, your obedient servant,

WILLIAM G. ARCHER, M.A., M.B.Cantab., F.R.C.S.Eng., "Assistant"-Surgeon to the Birmingham General Hospital.

9, Carpenter Road, Edgbaston, December 19th, 1881.

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 15th.

Barnes, Walter Stanley, 83, Caversham Road, N.W.
Edensor, Arthur, Heath Mount, Hampstead.
Fletcher, John, Park Street, Southport.
Heelis, Robert, Carshalton.
Hudson, Theodore Joseph, Kidley Vicarage, Hull.
Murch, Wilfred, Gilbert Terrace, Kilburn.
Rodwell, John Lyndsay, Loddon, Norwich.
Rogers, Thomas Edward, 184, Aldersgate Street, E.C.
Shannon, Robert Alexander, Llanidloes, Montgomeryshire.
Webster, James Arthur, Royal Albert Edward Infirmary, Wigan.

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

Barry, Donald Moore, St. Bartholomew's Hospital.
Bush, James Paul, Bristol School of Medicine.
Clarke, Charles Frederick, Charing Cross Hospital.
Erukari, Solomon A., Grant Medical College, Bombay.
German, Hanway, King's College.
Leech, Arthur Herbert, Charing Cross Hospital.
Schön, Charles Henry, University College.
South, George, Charing Cross Hospital.
Verity, Herbert W. S., King's College.
Wilson, Thomas, Westminster Hospital.

UNIVERSITY OF DURHAM.—At the recent examination for the Degrees in Medicine and Surgery, the following satisfied the Examiners, and had their degrees conferred on the 13th instant.

For the Degree of M.D. for Practitioners.

Frederick Carter, M.R.C.S., L.R.C.P.; Charles James Cullingworth, M.R.C.P., M.R.C.S.; Andrew Deane, M.R.C.S.; Walter G. Walford, L.R.C.P., M.R.C.S.

Three failed to satisfy the Examiners.

For the Degree of M.B.

James Brett, M.R.C.S.; George Herbert Doudney; Theodore James Hudson, L.R.C.P., M.R.C.S.; William Edmund Paley, F.R.C.S. Eng.

One failed to satisfy the Examiners.

For the Degree of M.S. two candidates presented themselves, and both failed to satisfy the Examiners.

UNIVERSITY OF DUBLIN.—At the Winter Commencements in Michaelmas Term, held on Thursday, December 15th, in the Examination Hall of Trinity College, the following degrees in Medicine and Surgery were conferred, in the presence of the Senate of the University, by the Right Honourable John Thomas Ball, Vice-Chancellor of the University; the Rev. John H. Jellett, D.D., Provost of Trinity College; and the Rev. James W. Barlow, Senior Master Non-Regent.

Baccalaurei in Chirurgia.—Arturus Montfort Archer, Alexander Richmond Johnston, Henricus Brougham Pope, Edmundus F. B. Wilson.
Baccalaurei in Medicina.—Arturus Montfort Archer, Thomas Ricardus Gillespie, Gulielmus Henry, Alexander Richmond Johnston, Franciscus Thorpe Porter Newell, Gulielmus Sidney Jebb Scott, Edmundus F. B. Wilson.
Doctores in Medicina.—Gulielmus Henricus Line, Henricus S. Gabbett, Ricardus Dormer White, Ricardus Carolus Studdert.

MEDICAL VACANCIES.

The following vacancies are announced:—

ALVERSTOKE MEDICAL BENEVOLENT SOCIETY—Medical Officer. Salary, £180 per annum. Applications to J. Elliott, 10, Shaftesbury Terrace, Gosport, by January 7th, 1882.

BALLINA UNION—Medical Officer for Crossmolina Dispensary District. Salary, £120 per annum, with £20 yearly as Medical Officer of Health, registration and vaccination fees. Election on the 28th instant.

CHARING CROSS HOSPITAL, West Strand.—Medical and Surgical Registrar. Applications to W. Shoolbred, Secretary, by 31st instant.

CORPORATION OF LIVERPOOL—Surgeon. Salary, £300 per annum. Applications to J. Rayne, Town Clerk, Liverpool, by January 2nd, 1882.

COUNTY LUNATIC ASYLUM, Sneinton, Notts.—Assistant Medical Officer. Salary, £100 per annum. Applications to the Chairman of the Committee of Visitors by the 5th January, 1882.

GENERAL HOSPITAL, Birmingham—Honorary Surgeon. Applications to Mr. W. T. Grant, House-Governor, by December 24th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Physician. Applications by 28th December.

HOSPITAL FOR INFECTIOUS DISEASES, Sheffield—Resident Medical Officer. Salary, £200 per annum. Applications to John Yeomans, Town Clerk, by January 3rd, 1882.

HUDDERSFIELD INFIRMARY—Senior House-Surgeon. Salary, £80 per annum. Applications to F. Eastwood by January 21st, 1882.

HUDDERSFIELD INFIRMARY—Junior House-Surgeon. Salary, £40 per annum. Applications to F. Eastwood by January 21st, 1882.

LEEDS AMALGAMATED FRIENDLY SOCIETIES MEDICAL AID ASSOCIATION—Two Medical Officers. Salary, £160 per annum each. Applications to G. Hackett, 3, Artillery Terrace, Roundhay Road, Leeds, by January 3rd, 1882.

LINCOLN COUNTY HOSPITAL—House-Surgeon. Salary, £100 per annum. Applications to Mr. Danby, Secretary.

MEDICAL MISSIONARY DISPENSARY, Liverpool—Medical Officer. Salary between £200 and £300 per annum. Applications to Dr. H. Taylor, 1, Percy Street, Liverpool, by January 15th, 1882.

MONMOUTH UNION—Medical Officer. Salary, £40 per annum. Applications to the Clerk by December 30th.

NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.—Dental Surgeon. Applications by January 10th, 1882.

OWENS COLLEGE, Manchester—Demonstrator and Assistant-Lecturer in Physiology. Salary, £150 per annum. Applications to the Registrar by January 7th, 1882.

OWENS COLLEGE, Manchester—Medical Museum: an Assistant of Pathology. Applications to Professor Dreschfeld, 292, Oxford Road, Manchester.

PARISHES OF KILDONAN AND LOTH—Medical Officer. Salary from the two parishes, £73 per annum. Applications to Jas. Campbell, Inspector of Poor, Helmsdale, by 9th January, 1882.

PRESTON AND COUNTY OF LANCASTER INFIRMARY—Matron Superintendent. Salary, £60 per annum. Applications to the Secretary, 54, Fisher-gate, Preston, by January 5th, 1882.

QUEEN'S HOSPITAL, Birmingham—Non-resident Member of the Staff. Applications to the General Superintendent by January 3rd, 1882.

ROYAL COLLEGE OF SURGEONS IN IRELAND—Professor of Practical and Descriptive Anatomy. Application to John Brennen, Registrar, by January 21st, 1882.

UNIVERSITY OF EDINBURGH—Examinerships in Clinical Medicine, Surgery, Physiology, Materia Medica, and Pathology. Applications to the Secretary of the University by January 16th, 1882.

UNIVERSITY OF LONDON—Assistant Registrar. Salary, £500 per annum. Applications to A. Milman, Registrar, University of London, Burlington Gardens, W., by January 31st, 1882.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—Medical and Surgical Registrar. An honorarium of £63. Applications to the Secretary by January 10th, 1882.

WARNEFORD HOSPITAL, Leamington.—House-Surgeon. Salary, £100 per annum. Application to W. Maycock, by 27th instant.

WORKSOP DISPENSARY—Resident Surgeon. Salary, £120 per annum. Applications to J. Easterfield, Honorary Secretary, Gateford Road, Worksop.

MEDICAL APPOINTMENTS.

APLIN, Alfred, L.R.C.P., appointed Medical Superintendent to the Nottingham County Asylum, *vice* W. P. Phillimore, M.B., deceased.

BARTON, J. Kingston, L.R.C.P. Lond., M.R.C.S., appointed Surgeon to the Kensington Dispensary, *vice* J. C. Merriman, L.R.C.P., M.R.C.S., resigned.

CANE, Francis Edward, L.R.C.S. & L.R.C.P. Ed., appointed Surgeon to the Anchor Line of Transatlantic Steamers.

CURRIE, John, M.D., appointed Medical Officer to the Berry Pomeroy District of the Totnes Union, *vice* A. G. Chitty, M.R.C.S., resigned.

DAVIES, D. Arthur, M.B., appointed Physician to the Swansea Hospital.

DREWITT, F. D., M.B., appointed Assistant-Physician to the Victoria Hospital for Children, Chelsea, S.W., *vice* W. Hallchin, M.B., resigned.

HUDSON, T. J., M.B., appointed Resident Medical Officer to the Leeds Public Dispensary, *vice* F. Bowe, M.B.

LANE, W. A., M.B., appointed House-Surgeon to the Victoria Hospital for Children, Chelsea, S.W., *vice* W. C. Chaffey, M.B., resigned.

SYKES, M. C., L.R.C.P., appointed House-Surgeon to the Beckitt Hospital and Dispensary, Barnsley, *vice* Arthur Jackson, M.R.C.S., resigned.

WELSH, D., M.B., appointed Third Assistant Medical Officer to the Kent County Asylum, Barming Heath, near Maidstone.

WILSON, G., M.B., appointed House-Surgeon to the Huntingdon County 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.

MARRIAGES.

HUNT—LANGLEY.—On December 15th, at St. Mary's, Tyndall's Park, Bristol, by the Venerable J. H. Iles, Archdeacon of Stafford, assisted by the Rev. N. T. Langley, brother of the bride, and Rev. J. J. Hunt, brother of the bridegroom, Joseph Wm. Hunt, M.D., B.S. (Lond.), etc., of 101, Queen's Road, Dalston, to Maria Beatrice, only daughter of J. N. Langley, LL.D., of Redland, Bristol. (No cards.)

SMITH—STOTT.—On the 14th inst., at the Parish Church, Flixton, near Manchester, by the Revd. Dr. Smyth, Vicar of Far Headingley, Leeds, uncle of the bridegroom, assisted by the Revd. Adam Lowe, of Matlock, Charles Edwin Smith, M.R.C.S., L.R.C.P. Lond., of Stretford, near Manchester, to Martha Faulkner, only daughter of the late James Stott, Esq., and niece of Captain Stott, Shaw Hall, Flixton, near Manchester.

DEATHS.

CARRUTHERS.—On the 12th inst., at Halton House, near Runcorn, Cheshire, William Carruthers, M.R.C.S., L.S.A., aged 69.

COWBURN.—At Exeter, on the 20th inst., George Herbert Cowburn, L.R.C.P. Edin., M.R.C.S.E., eldest son of the late George Cowburn, aged 27.

NEALE.—Nov. 18th, 1881, at Klipfontein, Namaqualand, S. Africa, aged 25 years, Ellen Marie, wife of John Edward Neale, Surgeon Cape Copper Mining Company, Port Nolloth.

ROBERTS.—December 17th, at his residence, Shamrock House, Rhyl, North Wales, R. Price Roberts, Esq., M.D., aged 65 years. Friends will kindly accept this intimation.

Dr. MIHALKOWICS has been appointed to the new professorship of anatomy in the University of Buda-Pesth.

PRESENTATION.—A silver salver, and a purse containing £45, together with the names of the subscribers illuminated on vellum, was presented to W. Todman Boreham, M.D., of Wareham, Dorset, on his leaving the neighbourhood.

THE number of deaths from small-pox in London, last week, is reported to have been 25, an increase of 3 on the previous week, but 5 below the corrected average number in the corresponding week of the last ten years. Eighteen of the 25 persons had resided in the south group of registration districts, including 10 in Southwark and 8 in Camberwell.

MEDICAL MAGISTRATES.—Dr. W. Arnold, Dr. A. Dempsey, and Dr. I. Fagan, have been placed on the Commission of the Peace for the Borough of Belfast; and Mr. M. McDonnell for the County of Antrim.

SUDDEN DISLOCATION OF THE LIVER: RECOVERY.—Dr. Alexander Y. P. Garnett (*American Journal of the Medical Sciences*, January 1881) reports a case of sudden dislocation of the liver. A lady, aged 50, while stooping down hurriedly to pick something from the floor, "felt a sudden wrench or giving way on the right side". Examination revealed a displaced liver reaching to the crest of the ilium. Much discomfort was experienced; but the patient was relieved by spontaneous reduction in the space of three days. A week's confinement in bed, followed by the use of a broad elastic band around the waist, constituted the necessary remaining treatment. The patient apparently regained, to a great extent, her normal condition and state of health.

SMALL-POX RAVAGES IN CHICAGO.—The *New York Medical Record* says that, of 1,359 cases of small-pox in Chicago since January 1st, 40 per cent. have proved fatal. By far the greater number of cases have occurred in those districts where the more degraded portion of the foreign element lives, and where attempts at vaccination have been met by open violence at times. In that portion of the city there are 40,000 persons who have not been vaccinated; and of the 108 deaths in September, 81 occurred among these. It is believed that the publication of these facts will create such a sentiment as will result in almost universal vaccination, and in increased diligence in the matter of cleaning the streets.

HEALTH OF FOREIGN CITIES.—The following facts and figures, which afford trustworthy indications of the recent health and sanitary condition of various foreign and colonial cities, are derived from a table in the Registrar-General's last weekly return. In the three principal Indian cities, according to the most recent weekly returns that have come to hand, the death-rate averaged 33.2 per 1000; it was equal to 24.5 in Bombay, 34.4 in Madras, and 37.5 in Calcutta. Cholera caused 49 deaths in Calcutta, showing a further increase upon the numbers in previous weeks, and 10 fatal cases of small-pox occurred in Madras; "fever" fatality was excessive in each of these three cities, and was highest in Madras. The death-rate in Alexandria, during the first week of December, was equal to 30.8, and 13 of the deaths resulted from dysentery. According to the most recent weekly returns, the average annual death-rate in twenty-one European cities was equal to 26.2 per 1000 of their aggregate population, whereas the average rate in twenty of the largest English towns during last week did not exceed 23.8. The rate in St. Petersburg was equal to 38.4, showing a further decline from the excessive rates in previous weeks; the deaths, however, included 25 from typhus and typhoid fevers, and 16 from diphtheria. In three other northern cities—Copenhagen, Stockholm, and Christiania—the rate did not average more than 20.3, the highest being 24.6 in Copenhagen; 14 of the 37 deaths in Christiania resulted from measles. The Paris death-rate was again equal to 27.2; no fewer than 60 deaths were referred to diphtheria and croup, and 29 to typhoid fever. The death-rate in Brussels did not exceed 21.5. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the death-rate averaged 24.1, the highest being 29.6 in Rotterdam; fevers caused 3 deaths in Amsterdam. The death-rate in Geneva was equal to 20.5. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 25.5, and ranged from 18.9 in Dresden, to 31.9 in Prague, and 30.5 in Buda-Pesth. Small-pox caused 19 deaths in Vienna, 10 in Buda-Pesth, and 6 in Prague; and 45 fatal cases of diphtheria occurred in Berlin. The death-rate in the three Italian cities contributing to the table averaged 25.3, and were equal to 19.5 in Turin, 22.8 in Venice, and 25.7 in Naples; typhoid fever caused 12 deaths in Naples and 5 in Turin. No returns have been received from Rome for some time. In four large American cities, the death-rate averaged 24.2; it was

19.7 in Philadelphia, 20.6 in Brooklyn, 22.6 in Baltimore, and 29.3 in New York. Small-pox caused 16 deaths in Philadelphia and 7 in New York; 17 deaths from typhoid fever were returned in Baltimore, and excessive diphtheritic fatality was recorded in each of these four American cities.

LOCOMOTOR ATAXY FOLLOWING SMALL-POX.—At a general meeting of the Harveian Society of London, Dr. C. G. Henderson read the notes of a case of confluent small-pox followed by ataxy. The patient, George A., aged 36, was admitted to the St. Pancras Tent Hospital on May 27th, 1881. His temperature, which had ranged between 100° and 102° Fahr., rose suddenly on May 31st, reaching in a few hours 107.8° Fahr., and he was then immersed in a bath at a temperature of 68°, for fifteen minutes. His temperature was then 96°, but it rose gradually in the course of the next eighteen hours to 104.4°, and the bath was repeated. No hyperpyrexia or other complication followed, but convalescence was much protracted, large bullae having formed on the soles of both feet, leaving scabs which separated very slowly. On the 18th of July, when he began to get up, he suffered from numbness and tingling of the feet, legs, and hands: the knee-jerk and ankle-clonus, as well as the skin reflexes, were absent, and he lost his balance when the eyes were closed. No myosis was present. After leaving the Tent Hospital, he attended as an out-patient at University College Hospital. He slowly gained power in his legs, but, when last seen, the knee-jerk was still absent. Dr. Henderson referred to similar cases recorded by Landouzy and others, and considered the lesions causing the patient's symptoms were probably analogous to those found in diphtheritic palsy, and other forms of paralysis noticed after acute diseases. They differed from those of true locomotor ataxy in the more favourable course which they took, ending, in the majority of cases, in recovery. Dr. Whipham and Dr. Broadbent spoke, and Dr. Henderson replied.

THE HOSPITAL FOR WOMEN.—Sir Rutherford Alcock, K.C.B., has recently unveiled, in the hall of the Women's Hospital, Soho Square, a marble bust of Dr. Protheroe Smith, the founder of this institution, which has been in existence for nearly forty years. Since that date, all the larger metropolitan hospitals have set apart separate wards for such cases, and similar institutions have been formed in the chief cities throughout the civilised world. The bust is intended as a public memorial to commemorate that to Dr. Protheroe Smith was due the merit of having originated and carried into effect the system of women's hospitals. Sir R. Alcock, in the course of his remarks, paid a hearty tribute to Dr. Smith, and testified warmly to the good work which he had done. The bust, which was said to be a striking likeness, is chiselled in white Carrara marble, standing upon a column of black marble, veined with white and chiselled, in a handsome screen of walnut wood. The pedestal bears the inscription, in gold letters, "Protheroe Smith, M.D., Founder of the First Hospital for Women, 1842." The cost of the memorial is said to be about £200.

MEDICAL ETHICS IN FRANCE.—The *Société Médicale de la Nièvre* have drawn up a little code setting forth the relations which should prevail between medical men in consultation and in relation to each other's patients, which contains nothing particularly new, but is neatly and tersely expressed. The principles involved are clearly set forth, and they are such as would bear repetition, and are none the worse for being occasionally re-read and set forth anew for consideration. This code runs as follows. 1. Medical men honour their profession by honouring themselves in their confraternal relations, and, consequently by observing, in their mutual intercourse, the greatest courtesy in actions and in words. 2. Every medical man called in accidentally to a patient who is under treatment, in the absence of the usual medical man, should restrict himself to prescribing the medicines necessary for the moment, and not make any remarks upon the treatment which has been followed. 3. He should not call again upon the patient unless he be called in consultation by the medical man in attendance. 4. Medical men called in consultation should abstain, whilst in the presence of the patient and of his friends, from any expressions which may prejudice the usual medical attendant. In private consultations—that is to say, between the medical men only—any expressions which may throw discredit on either of the consultants is reprehensible. The treatment agreed upon between the consultants should be applied by the usual medical man. To him belongs the application of dressings, and the performance of the operations decided upon, unless he delegate this work to another medical man. 5. The consulting medical man should not go to see the patient unless he be again called in, or authorised to do so by the medical man in charge. 6. In any case, he should never accept the succession of attendance in the same illness, whether acute or chronic. 7. The consulting-room of the medical man is a neutral territory, where he can give his advice to all who require it of him.

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.—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, 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., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th., 3; Throat, 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., 1.30; 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, M. Th., 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. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.3.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 2; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

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.

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

SCHOOLS FOR DAUGHTERS OF MEDICAL MEN.

SIR.—In your issue of December 3rd, Mr. E. D. Tomlinson of Burnley writes to know how he can best provide for the six orphan girls of a medical man. I took the trouble to write to that gentleman, pointing out that the St. Anne's Royal Asylum at Streatham, the office of which is at 56, Gracechurch Street, would exactly meet the case; but, as my letter has been returned through the Dead Letter Office, I must ask you to give him this information through your columns.—Yours obediently, F.R.C.S.

THE PROPER DISPOSAL OF THE DEAD.

SIR.—How properly to dispose of the dead, in great cities especially, is one of the most pressing sanitary questions of the day. No doubt, burial is the oldest and most natural form, so that dust returns to dust, in obedience to the Divine arrangement. But there is a natural, and also an unnatural, form of interment. The former was once the prevalent system of sepulture, even in England. The unreasoning sentiment, however, which induces people to preserve what is perishable, has long given rise to a practice which is not only out of harmony with nature, but revolting to the senses and pernicious to the public health.

In the United States of America, this topic is also exciting much attention. Medical writers of note express dissatisfaction with the mortuary system in vogue, particularly as the city populations are daily augmenting. Dr. Roger S. Tracy, in treating of public nuisances, in the second volume of *Hygiene*, notices how the disposal of the dead must have proved a very early problem in the history of the human race; while he regards it as singular that, even in this age, it should remain an open question. Dr. William H. Ford, of Philadelphia, contends that cemeteries should be situated at convenient distances from towns, and that "in selecting the site, particular attention should be given to the character of the soil".

Between effective and non-effective burial, the difference is as wide as it is important. The one is salutary and sanitary, the other obnoxious and pestilential; the one is natural and respectful to the dead, the other unnatural and desecrating to "poor mortality". "Earth", as Mr. Haden pertinently observes, "will be found competent to do her own work, and nature to carry out her own laws." It is simply human ignorance and perversity that interfere to obstruct and neutralise both processes.

I shall endeavour, in another communication, to explain the "chemistry of death", and to show how consonant earth-to-earth burial is with the Divine ordinance, natural laws, and social necessity. Even Dr. Roger Tracy, who is a strong advocate of cremation, considers the earth-to-earth proposition "a very sensible one", and remarks that "there seems to be no valid objection to the plan".—I am, etc., SANITAS.

SIR.—Having been attending a patient for some time who suffers from epilepsy and paralysis, I should be much obliged to any member if he would let me know how I could render the motions less bulky and less hard. It ought to be mentioned that she has a natural motion twice a week, but is much distressed and prostrated by the passage, which sometimes takes a day or more.—Yours truly,

A MEMBER.

A SOCIAL EVIL.

SIR.—I read with much satisfaction your leader on a Grave Social Problem, and I think all fathers should be grateful to you for having published such wise and prudent remarks on the subject. You say that the bad habit is often commenced very early. I know from several instances that it is sometimes commenced at the earliest period by the abominable practices of impure nursemaids while nursing the infants. These nursemaids may be, to all appearance, kind, good-natured, excellent young women, very fond of children, and liked by them. I have known instances where they have amused themselves with little boys from four to six years old.

With respect to your recommendations for a cure, I think they are excellent; but, when the habit is confirmed, I fear that the brain is affected—at least, that portion which supplies the nerves to the sexual organs. I believe also that, in some cases, the affection or weakness of the brain exists from birth, in which cases the slightest accident may be the cause of commencing the habit; it will then be found very difficult to effect a cure. Everyone must have observed that there are many boys who never have any inclination this way, though thrown into temptation as much as others. Hence it would appear that the conformation or structure of the brain and the temperament must have considerable influence from an early period. One great point, I believe, is for the mother to keep a strict watch over the nursemaid, over all her actions towards the child, and especially her manner of carrying or nursing it, and dismiss her at once at the first suspicious symptom, for which she may give any convenient reason she pleases. The nursemaid should never be allowed to sleep with a male child. After all, when the habit is confirmed, the safest and surest cure is a sincere and heartfelt piety—not religiousness, which, as you observe, often accompanies the habit. True Christian principles, thoroughly instilled into the child at an early period, so that the sense of God's presence is an ever controlling principle, will enable him to overcome every difficulty and temptation. But this is a very rare character among the young of the present day, who are too precocious, and want to be men before they are boys, and are ever ready to seize every pleasure in anticipation; cannot wait for the coming time, but, like the boys in the nutting season, must gather the fruit before it is ripe.—I am, etc.,

USE OF VAPOUR OF CARBOLIC ACID.

SIR.—Having read the able paper in your JOURNAL on "A Substitute for Carbolic Spray", I venture to send the following record of a case under treatment.

A child, aged 8, was attended by me for typhoid fever, and at the end of four weeks seemed convalescing; but peritonitis supervened, followed by great abdominal distension, so impeding the action of the heart and lungs that I resolved to tap. I did so with a small trocar, and three quarts of white inoffensive pus were the result. The abdomen refilled in a week. I aspirated with a borrowed instrument, and ordered another. Whilst I was waiting for the new one there was another refilling, and the matter burst through the umbilicus. Twenty-four hours afterwards, the atmosphere of the room was unbearable, and I ordered a teaspoonful of pure carbolic acid to be burned in the room close to the bed, morning and evening; and whilst dressing the abdomen I burnt one tablespoonful, not beginning to remove the dressing until the room was filled with the fumes of the acid. On the second day, the matter had returned to its original inoffensive white condition. The abdomen has been syringed out with a one per cent. solution of carbolic acid, and for three weeks has never been offensive. The child has a clean tongue, and is rapidly getting better, eats well, and is gaining flesh. My reason for using the vapour whilst dressing the wound was, that the steam-spray which I used on the first syringing frightened the patient. The quantity of matter has fallen to little over a tablespoonful, as compared with half-a-pint a week previously. I have never omitted using the vapour twice daily, and a third time on the day that I syringe out the cavity and put on fresh dressings, which I do every other day. This has been a rough method of applying the vapour; but the result was most striking, and I thought might be of interest, as the subject has been just now brought before the profession.—I remain, sir, yours faithfully,

Streford, Craven Arms, Salop, October 20th, 1881. EDWARD TREDINICK.

SIR.—Mr. Justice Cave's dictum, that the surgeon who attends a duel is equally guilty with the principal who fires the shot, is on a par with the dictum that the surgeon who undertakes the cure of a primary syphilitic ulcer is equally guilty with the patient who contracts it.—Yours,

CAVE-AT DOCTOR.