

the Fellows, while claiming the right of representation for its members. Nothing was further from their intention than to be the agents of a revolution in the history of the College, while claimants for a restoration of valued rights unwisely suspended. In asking the Council to reconsider its decision, they desired to give proof of confidence and respect in the eminent men composing it. In concluding, he suggested that if some members of the Council conferred informally, in confidence and without prejudice, with some representatives of the Fellows and Members' Associations, a way might be discovered which all might pursue, without sacrifice of self-respect, and with a reasonable prospect of enhancing the honour and usefulness of the noble profession of surgery.

Mr. R. BRUDENELL CARTER saw, in the proposals made to the Council, an evidence of the restless desire for change now prevalent. He said that, when a change was suggested with less than usual reason, it was often called a reform, and everybody was expected to sink down before it; but a change, even though it might be dubbed a reform, was not necessarily an improvement. The College, he supposed, could not be governed by tumultuous assemblies, and, consequently, some sort of Council was necessary; and the only question was as to how it should be elected—whether the constituency should be large or small, and the last charter had decided in favour of the more restricted constituency. He said that the result of giving a vote to Members, and of allowing other than personal voting, would be to cause the Council to be recruited exclusively among men attached to the larger schools. The movement, he said, had been promoted to a great extent by the medical journals for their own interests. He warned the movers of these proposals that they were in reality picking the hot chestnuts out of the fire for such men as Dr. Wakley and Mr. Ernest Hart. (Expressions of dissent, which continued for some time.) Mr. Carter, on resuming his speech, said that he had no intention of imputing unworthy motives, but gentlemen engaged in a commercial undertaking would certainly do all they could to further their own interests. In conclusion, he thought he had said enough to show why he intended to vote against the motion.

Dr. WARD COUSINS said he heartily supported the motion, and regretted that the Council could not see their way clear to fall into their views. He objected to the use of the word "some" in the report, as if only a limited number of Members were interested in the movement. As to the rights or privileges of Fellows, he asked when and how far they were asked to express any opinion on matters affecting the College? In conclusion, he would ask the Council to furnish a scheme, which could be met upon and discussed.

Mr. WM. HAUGHTON said the alterations proposed would amount to an abrogation of the charter. He had heard allusion made to the "rights" of Members, but as a matter of fact the charter gave them no legal rights. A moral claim was one thing, and a legal right another. He asked why the supporters did not themselves bring forward a well-digested scheme. He deprecated the personalities in Mr. Carter's speech, and said he thought nobody should be entitled to a seat on the Council unless he had qualified as a Fellow.

Dr. JOSEPH ROGERS said that as a graduate of the University of St. Andrew's, he had always had a voice in the election of the senate.

Mr. J. SMITH denied that the medical press had started the agitation, and stated further that no one connected directly or indirectly with the Press had anything to do with the movement.

Mr. W. RIVINGTON said that, as an independent Fellow of the College he felt called upon to express his opinion. He certainly thought the Fellows and Members should be consulted on matters of interest. He suggested that if the Council doubted the *bona fides* of the movement they should take a poll of the Fellows and Members, and then, if the general opinion were against any change, no one would more willingly be silent than himself. He asked what were the extra advantages afforded by the diploma of membership in exchange for the scale of fees, which was higher than for any other diploma. He denied that a young man fresh from the schools was better able to form an opinion than old and tried Members of the College, and he asked how many men took the Fellowship for the sake of becoming entitled to a vote. He alleged that the Members were for the most part men of culture and refinement, and calculated to reflect credit on the institution, from the management of which they were unjustly excluded.

The motion was then put to the meeting, and passed by an overwhelming majority of the Fellows and Members present.

The meeting concluded by an unanimous vote of thanks to the President, proposed by Mr. TIMOTHY HOLMES, and seconded by Dr. COLLUM.

DIPHTHERIA is said to have caused more deaths in New York two weeks since than all the other contagious diseases together.

## ASSOCIATION INTELLIGENCE.

### COUNCIL.

#### NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room, Exeter Hall, Strand, London, on Wednesday, the 20th day of January, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, December 17th, 1885.

#### NOTICE OF QUARTERLY MEETINGS FOR 1886. ELECTION OF MEMBERS.

ANY qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Meetings of the Council will be held on January 20th, April 14th, July 14th, and October 20th, 1886. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary, not later than twenty-one days before each meeting, namely, December 30th, 1885, and March 25th, June 24th, and September 30th, 1886.

Candidates seeking election by a Branch Council should apply to the secretary of the Branch. No member can be elected by a Branch Council, unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary*.

#### COLLECTIVE INVESTIGATION OF DISEASE.

THE inquiry on CHOREA is now closed, the tabulation of the returns being completed.

Inquiries are in progress on the subjects of

DIPHTHERIA, ACUTE RHEUMATISM,  
OLD AGE, CANCER OF THE BREAST.

Memoranda on the above, and forms for recording individual cases may be had on application.

It is requested that returns on Acute Rheumatism be sent in at as early a date as possible, as the printing of the Tables is in progress.

The greater part of the "Old Age" form may be filled in by a non-medical person, if necessary.

The Committee are also glad to receive reports of cases of the following conditions, memoranda and forms for which are prepared. PAROXYSMAL HÆMOGLOBINURIA, ALBUMINURIA IN THE APPARENTLY HEALTHY, SLEEP-WALKING, ACUTE GOUT. Returns on ACUTE PNEUMONIA are still received.

The "Sleep-walking" form may be filled in by a non-medical person if necessary.

PURPERAL PYREXIA.—The Committee will be glad to receive reports of cases illustrative of the points mentioned in the JOURNAL of January 31st, 1885 (p. 249). Separate copies of the article and questions alluded to will be forwarded on application.

THE CONNECTION OF DISEASE WITH HABITS OF INTemperance.—A schedule of inquiry upon this subject has been prepared by the Committee, and was issued with the JOURNAL of May 9th. Replies are requested on the schedule issued with the JOURNAL of May 9th. Additional copies of the schedule may be had at once on application.

THE ETIOLOGY OF PHTHISIS.—Continuation of inquiry. The Committee will be glad to receive the names of gentlemen willing to engage in joint investigation of any of the following points in relation to the origin of cases of Phthisis;—(a) The influence of residence and occupation; (b) the previous state of the patients' thoracic organs and general health; (c) heredity and communication. Full particulars will be sent on application.

Application for forms, memoranda, or further information, may be made to any of the Honorary Local Secretaries, or to the Secretary of the Collective Investigation Committee, 161A, Strand, W.C.

#### BRANCH MEETINGS TO BE HELD.

SOUTH INDIAN BRANCH.—Meetings are held in the Medical College, Madras, on the first Friday in the month, at 4.30 p.m. Gentlemen desirous of reading papers or exhibiting specimens are requested to communicate with the Honorary Secretary.—J. MAITLAND, M.B., Honorary Secretary, Madras.

**BORDER COUNTIES BRANCH.**—The winter meeting of this Branch will be held on Friday, January 8th, 1886, at the County Hotel, Carlisle. The chair will be taken at 6 P.M. by Mr. C. S. Hall, President. The Secretary will be glad to receive notices of papers, and morbid specimens for exhibition, or patients, without delay. Supper will be provided in the hotel at 9 o'clock. Members from a distance can be taken in for the night by communicating with the Secretary, H. A. LEDIARD, Carlisle.

**EAST ANGLIAN BRANCH: ESSEX DISTRICT.**—The next meeting of the above district will be held, by invitation of Dr. Amsden, at the Essex County Asylum, Brentwood, on Wednesday, January 27th, 1886, at 2.30 P.M. Previously to the business of the meeting, Dr. Amsden has kindly offered to escort the members round some of the wards of the asylum. Dr. Elliston, President of the Branch, will preside. Programme and Business Agenda:—1. To arrange the place and date of the next meeting, and to nominate a member of the district, resident in or near such place of meeting, to take the chair thereat, provided the President of the Branch does not attend. 2. To elect an honorary secretary for the year 1886. The following papers have been promised:—1. On the Administration of Medicines by Injection into the Rectum, by the President. 2. On Fits, by W. B. Hadden, Esq., M.D., Assistant-Physician, St. Thomas's Hospital, London. 3. The Treatment of Acute Mania by Hyosciamine, by G. Amsden, Esq., M.B., Medical Superintendent, Essex County Asylum. 4. The Necessity of a Medical Defence Fund in connection with the British Medical Association, by J. Sinclair Holden, Esq., M.D., Sudbury. Gentlemen intending to be present, or wishing to read a paper, or show a case, are requested to communicate with the Honorary Secretary not later than January 25th.—WM. THOS. JACKMAN, Honorary Secretary, Coggeshall, Essex.

## SPECIAL CORRESPONDENCE.

### EGYPT.

[FROM OUR SPECIAL CORRESPONDENT.]

*Veterinary Science and Ignorance in Egypt.—The Kasr-el-Ain Hospital.—The Khedival Laboratory.—Watering the Streets of Cairo.—The Drainage of Cairo.*

Cairo, December 7th.

THE native veterinary surgeons who were suspended from their offices until they should show that they were qualified, have been examined as to their professional knowledge. They showed a lamentable ignorance of the anatomy of the horse, and not one passed the examination. Their services were consequently dispensed with. This wholesale reform attracted a good deal of hostile criticism from Europeans and natives, including the Khedive. Surgeon-Major Greene visited the latter, and represented to him that the step taken was greatly to the advantage of His Highness's subjects, and succeeded in removing his scruples.

The Khedive has recently visited the Kasr-el-Ain Hospital, and was greatly struck with the improvements introduced by Mr. Milton. Among them, the bakery specially attracted his attention. A few weeks ago, Mr. Milton was Boycotted by the Cairo bakers, and the hospital was one day cut off its bread-supply at twenty-four hours' notice. Mr. Milton immediately proceeded to build a bakery on the premises, in native fashion. This was completed and set working before the need of bread had begun to be felt. The peculiarity of a native bakery is that it consists of one stone-paved chamber, which contains both fire and bread. The bread at Kasr-el-Ain is made of the best flour, and differs from native bread in containing no foreign material in the form of dirt. The Khedive appreciated it so highly, that he ordered some for his private consumption. As a consequence of the Khedival visit to the hospital, Mr. Milton has been decorated with the order of the Osmanieh, 4th class. A new operating room has been instituted in the hospital, with graduated galleries for students, which communicate with a separate entrance, and are divided from the area by a railing. The gallery will hold 100 students. The room is large, lofty, and has an unlimited supply of air. Patients are brought in partially anaesthetised. Chloroform is the anaesthetic used, and a special house-surgeon is detailed to administer it. The list of operations yesterday included suprapubic lithotomy, for a very large calculus in a woman; amputation in the thigh, for elephantiasis and chronic ulcer; amputation of the arm, for disease of elbow-joint in a child, excision having failed; and a plastic operation for recto-vaginal fistula in a prostitute. The amputation of the arm was neatly performed by one of Mr. Milton's house-surgeons, under his direction. About twenty student-spectators were in the gallery, and about ten nurses and house-surgeons in the area. This was Mr. Milton's operating day, but the native surgeons operate as the necessity arises. The leg affected with elephantiasis was examined for filaria, but without success.

The Khedival Laboratory has now been definitely put under the authority of the Sanitary Department. Mr. Ismailun, the late Director, will probably find a post in the Finance Ministry. The spirit of European society in Cairo in reference to sanitary reform may be judged from the fact that, as soon as it was known that Surgeon-

Major Greene had obtained control over the laboratory, it was generally rumoured that he intended to take up his abode there with his family. This is the laboratory in which Dr. Sonsino worked at Bilharzia and filaria, and in which Dr. Schweinfurth still carries on his naturalist researches. Now that there is a prospect of the income of the laboratory being properly applied, it is to be hoped that Dr. Sonsino may return, and that scientific research may be actively carried on by him and other qualified workers.

The cleansing and watering of the streets of Cairo has hitherto been under the control of the Governor of the city. As regards the large thoroughfares, this service has been fairly well executed; but, for the streets in the native quarters of the town, it has depended upon the Sheiks of each small district, and has consequently been very perfunctorily performed. The service has now been relegated to the Sanitary Department, and £35,000 have been voted to cover the expenses.

The much more important subject of the drainage of Cairo is still unsettled, but there is reason to think that this will not be the case much longer. Plans and models of the system proposed have already been prepared, and in the model it works perfectly. The system is Shone's modification of Liernur's aspiration-plan. Small cesspools, with water-tight walls, will be used for each house; and these will be periodically emptied into the desert, their contents being carried through a system of service-pipes by means of force-pumps. The Cairo waterworks have in recent years been the cause of a greatly increased mortality, owing to the large amount of water supplied to each house, without means of carrying off the waste-water. This waste-water falls into the cesspools, infiltrates the ground with sewage, and causes the unhealthy odours which are common in the streets of Cairo. The proposed system of sewage-removal will, it is hoped, obviate this danger by carrying off the waste-water with the sewage.

## CORRESPONDENCE.

### LEAD-POISONING.

SIR,—On reading the instructive clinical lecture of Dr. Oliver, given at page 731 of the BRITISH MEDICAL JOURNAL of October 17th, on lead-poisoning, I have been more firmly impressed with the idea, entertained for a considerable time, that "plumbism" is more common in India than is generally supposed, and that the cause is not difficult to discover. I felt certain that many medical officers, as well as myself, must have noticed from time to time, amongst Europeans resident for any time in this country, the "retraction of the gums," and the several symptoms so ably and lucidly described by Dr. Oliver as "saturnine encephalopathies," and "saturnine cachexia," etc.

Dr. Oliver, whose experience of "plumbism" has been very great, and whose opinion must be very valuable, remarks that "the evil effects of lead are not due to the swallowing of large doses, repeated for a short time, but are due rather to the entrance into the system of lead in infinitesimal quantities, regularly and for an extended period."

The likely cause of "plumbism" in India is not, I think, difficult to discover. All cooking for Europeans in this country is carried out in copper-vessels, which are periodically tinned. The regulations for European troops ordain that "copper cooking-utensils are to be tinned twice a month, under arrangements made by the commissariat department, but the application of the tin should invariably be effected in the regimental lines, and under close regimental supervision." Then follow instructions as to how the process is to be carried out efficaciously; tin, adulterated with lead, is not to be used for the purpose of tinning, and the tin supplied is to be occasionally tested. Then follow the descriptive characteristic features of pure tin, and three separate tests are given in detail.

So far, troops are immeasurably less exposed to the danger of plumbism than are their officers, and their families, and the general civilian European community, in India.

I have several times tested the tin used for tinning copper vessels, and have even procured specimens from the bazaars said to have been imported direct from England, and I have, in several instances, discovered the presence of lead, even in the latter. On one occasion, a contractor employed by the Commissariat Department, whose tinning I had rejected, declared that tinning material could not be procured without its containing a certain amount of lead. His contract was cancelled, and a fine imposed. I feel convinced that a quantity of the tin used for tinning copper vessels in India, excluding those in use amongst the troops, is adulterated with lead, and furnishes "the

infinitesimal quantities, regularly and for an extended period," required, according to Dr. Oliver, to cause evil effects.

Can it be that Europeans in India are being slowly but steadily lead-poisoned, through the very means adopted to preserve them from copper-poisoning, thus accounting for the "saturnine" "cachectic" look borne by many "old Indians?" This, perhaps, is a question worthy the consideration of the Collective Investigation Committee. Surely, in this age of sanitary and scientific progress, cooking utensils for India might be supplied, made of a harmless substance, to replace copper vessels, which require a frequent and expensive process of tinning, fraught with risk to health.—I am, sir, faithfully yours,

EDW. BOULTON, Surgeon-Major, Army Medical Staff.

Rawul Pindi, Punjab.

## MEDICAL NEWS.

### MEDICAL VACANCIES.

The following vacancies are announced.

**CITY OF DUBLIN HOSPITAL.**—House-Surgeon. Salary, £50 per annum. Applications to the Honorary Secretary of the Medical Board by December 30th.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—Resident Clinical Assistant for six months. Gratuity, £20. Applications to the Secretary, 24, Finsbury Circus, by January 4th, 1886.

**DERBYSHIRE GENERAL INFIRMARY.**—Resident Assistant House-Surgeon for six months. Bonus of £10 given. No salary. Applications by December 29th.

**LONDON TEMPERANCE HOSPITAL,** Hampstead Road, N.W.—Junior House-Surgeon. Applications by December 26th.

**LONDON TEMPERANCE HOSPITAL,** Hampstead Road, N.W.—Senior House-Surgeon. Honorarium, 50 guineas per annum. Applications by December 31st.

**MONAGHAN DISTRICT ASYLUM.**—Assistant Resident Medical Superintendent. Salary, £150 per annum. Applications by January 7th, 1886.

**MONAGHAN LUNATIC ASYLUM.**—Assistant Resident Medical Superintendent. Salary, £150 per annum, with apartments, fuel, rations, etc.; age not to exceed 32. Applications to Resident Medical Superintendent not later than January 7th.

**NORTH-WEST LONDON HOSPITAL,** Kentish Town Road.—Dental Surgeon. Applications by January 15th, 1886.

**OLDHAM.**—Medical Officer of Health for the Borough. Salary, £400 per annum. Applications by December 30th.

**SUNDERLAND INFIRMARY.**—Second House-Surgeon. Salary, £60 per annum. Applications by January 4th, 1886.

**TONBRIDGE UNION.**—Medical Officer. Salary, £50 per annum. Applications by January 1st, 1886.

**TORBAY HOSPITAL AND PROVIDENT DISPENSARY,** Torquay.—Junior House-Surgeon and Dispenser. Salary, £90 per annum. Applications by January 1st, 1886.

**TUAM UNION.**—Medical Officer, No. 1 Dispensary District. Salary, £120 per annum, and fees. Election on January 2nd, 1886.

**WESTMINSTER GENERAL DISPENSARY,** 9, Gerrard Street, Soho.—Honorary Surgeon. Applications by December 28th.

**WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL,** Wolverhampton.—House-Physician. Salary, £100 per annum. Applications to the Chairman of the Medical Committee by January 4th, 1886.

### MEDICAL APPOINTMENTS.

**CARTER, D'Arcy Bainbridge, L.R.C.P., M.R.C.S.,** appointed Medical Superintendent of St. Titus Salt's Hospital, Shipley, Yorkshire, vice William Henry Ellis, M.R.C.S., L.S.A., resigned.

**JOHNSTON, Alexander Richmond,** appointed Resident Assistant Medical Officer and Dispenser to St. Olave's Union, vice William Steer, who has been appointed Medical Officer of the Infirmary of St. George-in-the-East.

**JONES, John Lloyd Thomas, M.B. (Durham), M.R.C.S.,** appointed Resident Clinical Assistant to Dr. Savage, Bethlem Royal Hospital.

**MORTON, Alexander Young, M.B., C.M.,** appointed Medical Officer of Health and Parochial Medical Officer to the parishes of Buchanan, Drymen, and Kilmarnock.

### 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.

**MACGILLYCUDDY—JANASZ.**—On November 23rd, at Plochocin, near Warsaw, by special licence, Neil Macgillycuddy, Esq., M.R.C.S., L.S.A., youngest son of Richard, the late Macgillycuddy of the Reeks, Killarney, to Jadwiga Anna, younger daughter of M. Adolf Janasz, of Plochocin, Warsaw.

#### DEATHS.

**DYER.**—At Ringwood, Hants, on Sunday morning, December 20th, Samuel Sumner Dyer, M.D., aged 61.

**TRESTRAIL.**—On December 20th, at Walmer House, Aldershot, Reginald Michell Girdlestone Trestrail, son of Dr. Trestrail, F.R.C.S., aged 5.

### OPERATION DAYS AT THE LONDON HOSPITALS.

**MONDAY.**.....St. Bartholomew's, 1.30 P.M.—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.—Hospital for Women, 2 P.M.—Chelsea Hospital for Women, 2 P.M.

**TUESDAY** ....St. Bartholomew's, 1.30 P.M.—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, 2.30 P.M.—St. Mark's, 2 P.M.—St. Thomas's (Ophthalmic Department), 4 P.M.—Cancer Hospital, Brompton, 2.30 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 Central, 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, 2.30 P.M.—National Orthopaedic, 10 A.M.—King's College, 3 to 4 P.M.

**THURSDAY** ...St. George's, 1 P.M.—Central London Ophthalmic, 1 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.—Chelsea Hospital for Women, 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.—West London, 2.30 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.—Cancer Hospital, Brompton, 2.30 P.M.

### HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

**CHARING CROSS.**—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.30; Dental, M. W. F. 9.

**GUY'S.**—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. 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; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 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, Th., 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., 2; 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. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; 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, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

**ST. MARY'S.**—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., M. Th., 9.30; Eye, Tu. F., 9.30; Ear, W. S., 9.30; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; Dental, W. S., 9.30.

**ST. THOMAS'S.**—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; 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., 10.30.

**WESTMINSTER.**—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 9; 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, 161A, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 161A, Strand, W.C., London.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the office of the JOURNAL, and not to his private house.

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 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.

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

## A NEW USE OF ATROPINE.

SIR.—We often find it necessary to advise patients not to read, or write, or do any work requiring close attention. In many cases, the patients are equally ready to promise obedience, and to break the promise under slight temptation. Under these circumstances, we may fairly make the necessity for careful ophthalmoscopic examination (always desirable in these cases) an excuse for crippling the power of accommodation by a tolerably strong solution of atropine; the instillation to be repeated as often as necessary. I generally use homatropine to dilate the pupil for merely diagnostic purposes, because the effect of it passes off in a few hours. But in such cases as I have alluded to, atropine is preferable. Of course, this suggestion is obvious enough; but it may be none the less useful for that.—I am, etc., FREDERIC C. COLEY, M.D.  
21, Eldon Square, Newcastle-on-Tyne.

## DEATH AFTER INJURY: FAT EMBOLISM (?)

SIR.—I shall feel obliged if any of your readers can tell me about the following case.

A carter, aged 50, of intemperate habits, was knocked down and run over by his cart, which, with the load at the time, weighed about a ton and a quarter. His right femur was fractured comminutely, the tibia on the same side obliquely (his leg being bent on the thigh at the time of the accident). The fracture of the femur was simple, that of the tibia compound. Chloroform was given, and the limb fixed up with short and long splints, the wound over the tibia being carefully washed out with carbolic oil (1 in 8). For the next thirty-six hours, he did well, but had no sleep, being afraid, he said, of moving the leg or splints. About this time, he fell into a sort of stupor; and when I saw him six hours later (forty-two hours after the accident), he was in a state of profound coma. His urine, which was drawn off, was free from albumen and otherwise normal, except that it was rather scanty. His bowels had not moved. Croton-oil and pilocarpin were tried with little effect, and he died, ninety-six hours after coma set in (or 132 hours after the accident). I suspect "fat-embolism" as the cause of coma and death, and will be glad of any information on the subject.—I am, etc., C. J. R. M.

## SWOLLEN MOUTH AFTER EATING PINE-APPLE.

SIR.—"Pelobates" will find, I think, that his patient, while "carefully peeling the pine-apple," cut the fruit with the same knife, thereby leaving some of the rind's juice on the parts he eat. In Queensland and the West Indies, the rind-juice is well known to cause sore lips, the only cure for which is salt.—I am, etc., FRANCIS O. HOBSON, Fellow of the Royal Colonial Institute.  
The Chantry, Bishop Stortford.

## QUESTION OF TREATMENT.

SIR.—I shall feel obliged if any of your readers will give me some suggestions as to the best way to treat a case of uric acid diathesis, medicinally and dietetically. There is no history of either gout or rheumatism in the case. The patient's age is 40 years. The attack has lasted about five months, and there is a copious deposit of uric acid on the urine cooling. Medicines, alkalies, and lithia seem to do very little good.—Faithfully yours, L.R.C.P.

## BACTERIOTHERAPY.

SIR.—Since, in a recent number of the JOURNAL, reference has again been made to Cantani's ingenious method of treatment, let me mention some conclusions arrived at as regards the occurrence of tubercular bacilli, after examining a large number of cases of chest-disease during the last twelve months, and, in a certain proportion of cases, comparing the clinical with the *post mortem* results. Gibbs's double stain was used in all cases.

1. The absence of tubercular bacilli from any sputum, when tested on several different occasions, is no proof that such bacilli do not exist in the lung. For, unless there be considerable disintegration of pulmonary tissue and free communication with a bronchus, the tuberculous *debris* may not be expectorated. Even a comparatively large cavity may be formed in the extreme apex, and it may, *post mortem*, furnish tubercular bacilli in great abundance, yet during life the cavity may never have been evacuated; clinically, the only signs may have been dulness and a few large *râles*; and the bacilli may never have been present in the sputa. This is, doubtless, due to the situation, to the loss of elasticity in the pulmonary tissue, and to the frequent cicatricial contractions. A similar retention of tuberculous matter in the lower portions of the lung (where the expulsive efforts of coughing take greater effect) may be met with in the insane, in cases of advanced phthisis unaccompanied by cough.

2. In some cases of phthisis, in which there is a large hollow cavity (for example, in the intracavicular region) and profuse purulent expectoration, no microphytes of any kind may be present. So is it also in some typical cases of catarrhal pneumonia, and as yet I have not found microphytes in cases of chronic inflammatory congestion with fibrinous sputa, or in cases of chronic bronchitis with excessive mucopurulent expectoration.

3. In many cases of catarrhal pneumonia in adults, and of capillary bronchitis in children, the sputa contain microphytes in great numbers. These may be nontubercular bacilli, of various sizes, or micrococci, solitary, or arranged in chains or sarcinoid groups; and these take up the blue colour only in double staining.

4. In some cases of phthisis, in which there are signs of lobular condensation of the lower parts of the lung with excavation of the apex, the sputa may be free from tubercular bacilli, but crammed with the bacilli and micrococci that take up the blue stain. Yet *post mortem* tubercular bacilli may be found distributed abundantly throughout the lung. In such cases the presence of the nontubercular microphytes with the bronchi and alveoli(?) does not seem to retard the course of the disease.

5. When tubercular bacilli are certainly present in the sputa, I have never found any other commensal microphyte. Whether that can be taken as an indication that tuberculous matter is inimical to the vitality of putrefactive microphytes requires to be proved. Tubercular bacilli do not appear to find a suitable nidus in the secretions of the bronchi, for while blue staining microphytes are often to be seen within, or upon (for example) the flat cells from the lower layer of the bronchial mucous membrane, or large catarrhal cells derived from the alveolar lining, the tubercular bacilli usually float free in the liquor sputi, or are embedded in little irregular masses of a granular material that also takes up the magenta stain. I have never observed such bacilli within cells recently shed, that is, free from granular fatty degeneration. Their occurrence in the sputa seems to be, in a manner, accidental, due to an admixture of pulmonary *debris* with the true bronchial secretion. Accordingly the number expectorated fluctuates, and a numerical diminution cannot be taken, *per se*, as evidence of diminished reproduction. Since a pause in the course of true tubercular phthisis may occur in cases treated with, or without, systematic an-

tiseptic inhalations, I cannot attribute any temporary arrestment in the one set of cases to such intrapulmonary medications. Undoubtedly symptoms may be palliated, and putrefactive microphytes (if present) prevented from multiplying; but I fear the ultimate result is not effected. At least, I have never heard of the absolute cure of any case of phthisis in which tubercular bacilli were expectorated. If antiseptic methods be futile, Cantani's septic system does not seem more hopeful. The rationale of bacteriotherapy appears to depend on a mere hypothesis, that tubercular bacilli may be starved out through the more active bacteria appropriating and rapidly decomposing the dead caseous material in which the bacilli flourish. If, however, such an antagonism really existed between these microphytes, it would be natural to expect that the hardy and omnipresent bacterium should have by this time exterminated the tubercular bacillus in the natural struggle for existence.—I am, yours, etc., W.

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## BOOKS, etc., RECEIVED.

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