

ing of children, their exposure during convalescence, and, in many instances it is to be feared, the reckless disregard of infant life, all efforts in this direction are rendered more or less futile in materially lessening the proportionate mortality from this disease.

The writer has been repeatedly asked recently by small tradesmen what they should do to protect their customers, as children frequently come to their shops with the rash upon them, or only just recovering from it. And the serious danger to the public health which undoubtedly exists by careless and even reckless exposure of persons suffering from infectious disease was strikingly shown in a case which came before the Stoke Police Court recently. The medical officer of Stoke, travelling in a tramway car, observed a fellow passenger, a woman, to have with her a child suffering from measles in the eruptive stage. The woman was, on his information, summoned, and her excuse was that as the child seemed hearty and could run about, the attack was not a serious one.

As might be expected, a large proportion of the deaths are returned as pneumonia, bronchitis, and other secondary complications, such as convulsions. A significant commentary upon this is the circumstance that almost all the recorded deaths have been in the houses of the poor, especially those whose homes are dirty and the inmates careless. Many of the cases have been returned as *rötheln*. In some instances, however, the cases have assumed a true malignant type; but, as far as can be learned, these have been quite exceptional, and have occurred where there has been some defective sanitation to impress this character on the disease. There can be no doubt that much evil has arisen from permitting—even inviting—other children to look at their departed young friends, and from the practice of allowing a number of young persons, decked out in hired mourning finery, to attend the funerals. This practice might well be suppressed in the case of all infectious diseases.

In Burslem the medical officer of health reports that there have been about 900 cases in that borough, "the majority of cases amongst families of operatives, and nearly all insured in benefit clubs." There are not so many cases prevailing now, but many of them are of a severe type. The deaths have been, during September, 2; in October, 52; and from November 1st to 17th, 51—a total of 105 deaths since the epidemic began, all occurring in children under 11 years of age, and 93 of them being under 5 years.

In Longton, the medical officer of health, Mr. J. W. Dawes, states that during October only three deaths were recorded from measles, though a considerable number of cases of the disease are known to have existed. The disease appears to be subsiding; and it has not been any other than an ordinary invasion of measles, with low mortality, very few adult cases, and the type of the disease very mild, and not at all malignant. It has not been considered necessary to close the schools, nor to institute a house-to-house visitation; but it is intended at once to adopt this course if the epidemic spreads. The managers of schools have been advised to be very stringent in the case of absentees; and the sanitation of the town has had extra care.

At Fenton, on the other hand, which lies between Longton and Stoke, the epidemic is stated to have been severe and widespread, and the mortality rate has been high. The medical officer at Fenton attributes the large number to the fact that the district has been entirely free from any serious outbreak for the last eleven years, and the large number of children consequently unprotected by a previous attack of the disease.

In the town of Stoke-on-Trent the number of cases is estimated, since the beginning of September, at about 200. It has been almost entirely confined to children, as elsewhere, and has attacked all classes; but the fatal cases have been wholly among the poor. Some localities have escaped almost entirely, while in other parts of the town it has been rife. Two of the schools were closed for a fortnight, and the sanitary inspector has been busy with disinfectants, etc. The epidemic is fast declining, and there have been very few cases during the last fortnight. The deaths have been, in July, 1; August, 2; September, 14, and during October, 22; a total of 39 since the epidemic began.

In the towns and villages in the neighbourhood numerous cases are reported, but they appear to be of the ordinary type, with a low rate of mortality.

**SURGEON-MAJOR JOHN INCE, M.D.**, of the Mount House, Farningham, Kent, is a candidate for the representation of the Dartford No. 2 Division, on the Kent County Council.

## ASSOCIATION INTELLIGENCE.

### NOTICE OF QUARTERLY MEETINGS FOR 1889.

#### ELECTION OF MEMBERS.

MEETINGS of the Council will be held on January 16th, April 17th, July 10th, and October 16th, 1889. 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 27th, 1888, March 28th, June 20th, and September 26th, 1889.

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*.

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.

REPORTS upon the two remaining inquiries, namely, that into DIPHTHERIA, and that into the GEOGRAPHICAL DISTRIBUTION OF CERTAIN DISEASES, are in preparation, and will be published as soon as ready.

The following inquiry only of the first series remains open, namely, that on the ETIOLOGY OF PHTHISIS.

A fresh inquiry into the ORIGIN AND MODE OF PROPAGATION OF EPIDEMICS OF DIPHTHERIA has been issued.

*Memoranda upon these subjects, and forms for recording observations, may be had on application to the Secretary of the Collective Investigation Committee, 429, Strand, W.C.*

### BRANCH MEETINGS TO BE HELD.

**METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.**—The inaugural meeting of the session will take place on Thursday, November 29th, at the Hackney Town Hall at 8.30 P.M. The chair will be taken by the President of the Branch. A paper on Chronic Metritis will be read by H. Gervis, M.D. All medical practitioners will receive a cordial welcome.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, Dalston.

**METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.**—The first meeting of this District will be held at the Tottenham Hospital, The Green, Tottenham, on Thursday, December 6th, at 8 P.M., Dr. C. Brodie Sewell, President of the Branch, in the chair. Some interesting cases from the hospital will be exhibited. Dr. Goodhart will read a paper: Notes on the Value of Certain New Drugs. All members of the profession are welcome to attend this meeting.—GEORGE HENRY, M.D., Honorary Secretary, 302, Camden Road, N.W.

**SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.**—The next meeting of this District will be held at the Kent and Canterbury Hospital, Canterbury, on Thursday, November 29th, at 3 P.M., Mr. J. E. Schön in the chair. Mr. Sadler will be pleased to see members and friends to luncheon at his residence, Oswald House, Watling Street, between 1 and 2 A.M. The dinner will take place at 5.15 A.M. at the Royal Fountain Hotel. Agenda:—Mr. Whitehead Reid: Five successful Ovariectomy Cases. Dr. Fitzgerald: Massage, its Use and Abuse. Mr. Colville: A Case of Extra-uterine Pregnancy, with Specimen. Mr. C. H. Schön: Short Notes of a Case of Tetanus.—W. F. TYSON, Honorary Secretary, 10, Langborne Gardens, Folkestone.

**SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.**—The next meeting of this District will take place at the West Kent Hospital, Maidstone, on Thursday, December 13th, Dr. Shaw in the chair. Gentlemen desirous of reading papers or exhibiting patients or specimens are requested to inform the Honorary Secretary of the District, A. W. Nankivell, F.R.C.S., St. Bartholomew's Hospital, Chatham, not later than November 24th. Further particulars will be duly announced.—A. W. NANKIVELL, Honorary Secretary.

**STAFFORDSHIRE BRANCH.**—The first general meeting of the present session will be held at the Railway Hotel, Stoke-on-Trent, on Friday, November 30th. The President, Mr. F. Boldero, will take the chair at 3.30 in the afternoon.—GEORGE REID, M.D., Honorary Secretary, Stafford.

### SOUTH WALES AND MONMOUTHSHIRE BRANCH.

The autumn meeting of this Branch was held at the County Asylum, Bridgend, on November 15th, C. T. VACHELL, M.D., President, in the chair, and twenty members present. A sumptuous lunch, provided by Dr. Pringle, the superintendent of the asylum, and accompanied by music admirably rendered by the asylum band, preceded the regular work of the meeting.

*New Members.*—Messrs. R. F. Thomas, Cymer; C. L. Worrall, Llanwrtyd Wells; A. J. Griffith, Treharris; David Thomas, Penarth; J. H. Turner, Cardiff.

*Papers.*—Dr. FRASEB (Swansea): Axis Traction Forceps, illustrated by diagram. J. TATHAM THOMPSON, M.B. (Cardiff): Antiseptics in Ophthalmic Practice. P. R. GRIFFITHS, M.B. (Cardiff), handed round some photographs of Cretins and other cases.

*Specimens, etc.*—Dr. PRINGLE and his assistants, Drs. STEWART and FINLAY, showed some interesting specimens and microscopic slides of Spinal Disease; and Dr. MARSHALL showed an interesting living specimen of what appeared to be Chorea associated with Insanity. They afterwards conducted the members round the wards of the asylum. The thanks of the members were most heartily accorded for the trouble thus taken in entertaining and instructing them.

*Dinner.*—Dinner was subsequently partaken of at the Wyndham Arms Hotel, Bridgend.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

*Olive Oil in Hepatic Colic.—Malaria and Glycosuria.—Religious Delirium.—Hereditary Alcoholism.*

At a recent meeting of the Société Médicale des Hôpitaux, M. Chauffard stated that he had tried the olive oil treatment for hepatic colic with the following results. Four hundred grammes of pure oil were given in two doses, at an interval of a quarter of an hour. The patient then remained lying on his right side for three hours. M. Chauffard treated in this way several arthritic, obese women from 45 to 60 years of age, suffering from gall-stones. The symptoms improved, and in about seven or eight hours numerous half-solid, greenish concretions were evacuated. The size of these varied from a pin's head to a hazel nut. They were not, however, biliary calculi. Chemical analysis showed that they contained only a small quantity of cholesterol, and that they were principally composed of neutral fat and fatty acids. A cholesterol calculus does not undergo any modification by being immersed in olive oil. The oil absorbed cannot, therefore, dissolve the calculi in the bile ducts. During their experiments on animals, MM. Chauffard and Dupré observed that the oil introduced into the stomach never ascended above Vater's ampulla in the bile duct, and could not therefore soften and expel the calculi as had been supposed. When olive oil is introduced into the duodenum of the dead subject, between two ligatures, it never ascends into the bile ducts, even when the gall-bladder is half filled. Dr. Touatze's hypothesis that the oil ascends into the bile ducts as in the wick of a lamp is therefore erroneous. The remedy is, nevertheless, an efficient one. The dose of 400 grammes is absorbed without further inconvenience than nausea, and a slightly purgative effect. Observations reported by MM. Hayem and Bucquoy show that this remedy may be employed with advantage in cases of biliary lithiasis accompanied by chronic icterus.

At a recent meeting of the Académie de Médecine M. Verneuil referred to a communication by M. Mossé, lately read before the Académie, concerning the relations between malaria and glycosuria. M. Mossé's conclusions differed from those of M. Verneuil, who considers that the question is possibly one of medical geography. In warm countries, where diseases of the liver are endemic, it is possible that malaria may cause diabetes, but M. Verneuil thinks that the question cannot be decided until observations have been collected from different parts of the globe. He mentioned the curious fact that in Tunis malaria is usually accompanied by oxaluria, a complication which is not met with elsewhere.

M. Dupain, in a thesis on religious delirium, remarks that different religious ideas of delirious form may have such close relations to each other as to merit the name of religious delirium. These relations are sometimes so marked, and the different delirious religious ideas so intimately connected, that they may be suitably designated as systematised religious delirium. M. Dupain, however, does not consider that religious mania can be regarded as a pathological entity. Religious delirium may be met with in the various forms of mental disease. In idiocy and imbecility delirious religious ideas, when they exist, are not very

vivid. In mental debility and insanity religious delirium is childish, foolish, and sometimes incoherent. In chronic delirium, which develops systematically, and in mental degeneration, religious delirium is not uncommon; it is principally in these two forms of madness that systematised religious delirium develops. In mental degeneration religious delirium appears in sudden attacks and disappears as quickly; in chronic delirium its appearance is preceded by a period of psychical disturbance, and its particular form (persecution or ambition) is determined by the character of this period; it ends in insanity. The form of religious delirium, whether it is systematised or not, is polymorphic at the outset; its progress is more irregular than in chronic delirium, and it is frequently cured. In epilepsy religious delirium also appears suddenly, and often takes the form of mania; there is complete amnesia; ictus is invariably observed. In hysteria religious delirium sometimes replaces the attacks of convulsions, and assumes a mystical form. In intermittent circular or double lunacy, religious delirium presents much the same aspect as in mental degeneration. In mania and melancholia it has only a transitory significance, corresponding with the vesania of which mania and melancholia are the simple elements. In toxic lunacy religious delirium is intimately connected with and under the dependence of the delirious toxic attacks. Speaking generally it may be said that religious delirium takes the character of the particular morbid element, which has been determined by the period of vesania in which the religious mania participates.

In a thesis on inherited alcoholism, Dr. Combemale commences with the study of hereditary transmission, "which, in conjunction with the law of adaptation, explains the greater number of physical or psychical, physiological or pathological facts met with in the study of the generation of individuals, families, races, and species." The author then sums up the physiological and pathological effects of alcoholism on individuals, races, and species; whether the affection be acute or chronic, these are manifested by the diminution of vitality, and the premature age and deterioration of the organs, through steatosis of the parenchyma, or irritation of the serous membranes. Furthermore, the transitory or permanent symptoms presented by an occasional or habitual drunkard are transmitted to children conceived during the period of inebriation. These symptoms are manifested by nervous or psychical disturbance, or by mental or physical deterioration, according to the degree of alcoholism presented by the parent. The effect of alcoholism is explained by the lesions or morbid modifications which it determines in every stage in the generative organs. Dr. Combemale also investigates the hereditary effects of alcoholism. These may manifest themselves in the offspring by producing deformity, by modifying the character, by diminishing their power of resistance to disease, or by inducing sterility. It may also act on the intellectual faculties of the offspring, and determine morbid conditions such as idiocy, mental alienation, delirium, etc.

### VIENNA.

[FROM OUR OWN CORRESPONDENT.]

*Friedländer's Bacillus as an Etiological Factor in Acute Inflammation of the Middle Ear.—Remarkable Case of Uterine Myofibroma.*

At a recent meeting of the "Verein Deutscher Aerzte," at Prague, Professor Zaufal made a communication on the bacillus "Friedländer," as an agent in the production of acute otitis media. In 1885 he had been able to prove the presence of the bacillus in question in the secretion discharged by paracentesis in a case of acute inflammation of the middle ear. In a case published by Weichselbaum, of Vienna, the bacillus of Friedländer was found to have first produced rhinitis and consecutive otitis media, besides periostitis of the mastoid process, diffuse cellulitis of the neck, and septic infection. Weichselbaum was also able to prove the presence of the microbe in the inflamed tissue of the membrana tympani. The question as to whether the bacillus of Friedländer could give origin to otitis media was thus answered in the affirmative. Professor Zaufal has recently inoculated this micro-organism in the tympanic cavity of guinea-pigs, and the result was also a positive one; the pure culture, which was applied to the mucous membrane of the tympanic cavity, was followed by acute otitis media. Professor Zaufal then gave a description of the morphological and pathogenic properties of the bacillus of Friedländer, and showed several fresh cultures; namely, agar and

## OBSTETRIC ETHICS.

OMEGA writes: A medical practitioner is consulted by a young unmarried woman, who does not suffer from anæmia, looks well in the face, but complains of indigestion and sometimes vomiting of food; her menses have ceased, say, for one or two periods, and she shows an anxiety to have them brought on, as she thinks their suppression is the cause of her ailments. Then, after being further questioned, she cannot give any reason for their cessation, and denies having had sexual connection. The practitioner cannot see any cause for their stoppage, and, to the best of his opinion, does not consider her pregnant. Now, if, after this denial of sexual intercourse, he should prescribe a mixture containing iron or any other emmenagogue which causes an abortion, how does he stand from a legal point of view if he should ever be accused of intentionally procuring abortion?

Again, a married woman has been regular for some months, but now misses one of her menstrual periods, when she consults a practitioner, complaining of neuralgia, which she attributes to the suppression of the menses, as she thinks she has "caught cold," but at the same time expresses a hope that she is not pregnant. The practitioner cannot state whether the neuralgia she is suffering from is due to the suppression of the menses or that the latter is caused by pregnancy. How, then, is the medical adviser to act in similar obscure cases as above mentioned? Is he justified in giving an emmenagogue? An answer to the above through the JOURNAL will confer a favour on one whose knowledge in medico-legal matters is indeed poor, especially in those puzzling if not dangerous cases.

\*"If the signs of pregnancy, absolute or presumptive, are not sufficiently clear to justify a diagnosis, negative or positive, and the patient's condition does not present serious danger, the wise course in either of the cases put is to temporise; call in consultation Time, the solver of mysteries. Certainly abstain from emmenagogues until it is proved by objective evidence that she is not pregnant.

## ASSISTANTS AND INQUEST FEES.

PHI. writes: When a qualified assistant makes a *post-mortem* examination and gives evidence at the inquest, is the principal justified in retaining all the fee?

\*"The fee for making a *post-mortem* examination and attending to give evidence thereon is clearly payable to the practitioner who makes the examination, and not to his employer or partner. What is done with the fee after it has been paid is a matter for arrangement between the parties; but, unless this agreement provides for its appropriation, the fee belongs to the person who earns it.

## EMPLOYERS AND PATIENTS.

B. writes: About a month ago Dr. C., of F—, was asked by a farmer to see his overseer, then and still under my care. Both knew I was in attendance. Dr. C. saw the case and gave his opinion. My patient refused to see Dr. C., being perfectly satisfied. Some time after, the farmer took Dr. C. to the patient without consulting him. When I heard of it I sent a letter to the farmer, who immediately called at my house and expressed his regret for what he had done, saying also he asked Dr. C., thinking there was no mistake. I wrote Dr. C., asking an explanation. His reply was that, as he believed he had acted honourably, he declined giving any explanation.

\*"Assuming that the above statement conveys a correct representation of the facts, there cannot be a doubt that Dr. C., in declining to give any explanation of his conduct in the case, intensified the gravity of his regrettable procedure towards B.

## "THE DOCTOR'S WIFE."

‘COSMOPOLITAN writes: Dr. A.'s wife is requested by mutual friends to call upon some new residents in the neighbourhood in which she lives. She does so, and a pleasant acquaintanceship ensues. Dr. B. is offended, and when asked why, declares that A. is guilty of a breach of medical etiquette, inasmuch as his wife, who represents himself, has called upon people other than her husband's patients.

Is Dr. B. justified in his opinion, and are all professional men's wives debarred from increasing and renewing their social circle for fear of being considered guilty of toutage?

\*"In response to "Cosmopolitan's" question of etiquette in the above case, we quote the following foot-note from the *Code of Medical Ethics*, page 52, as an apposite reply, and from it he can readily deduce the medico-ethical moral we would inculcate in relation thereto:—

"'Closely akin to solicitation is that of calling upon new residents in the neighbourhood and leaving their card, ostensibly as a mark of respect, but in reality to seek for practice. It cannot, therefore, be too deeply impressed upon such that the true dignified practice, and the most consistent with a due respect for self and the faculty, is to wait until their professional or social acquaintance is sought; in such case, moreover, it is far more likely to be appreciated."

## NIGHT VISITS.

J. G. writes: May I ask your opinion on the following case? I had a female patient suffering from pyæmia, living a mile and a half from my house. I saw her in the forenoon and she was no worse than usual. During the night a brother-in-law came for me to go and see her, but, as I do not go out at night, I refused, and, as he became abusive, I did not send my assistant. Next morning my assistant called, and was met at the door by the mother-in-law, who said, "We have sent for Dr. So-and-so (one of the town doctors). Will you go up and see her?" My assistant said, "No. You are quite right to send for whom you please; but you ought to have let us know first." This medical gentleman came down and took over the case, without letting me know that he had been requested to do so. This was the second time he had taken over cases of mine while I was in attendance.

\*"The case submitted by "J. G." involves points other than those on which he more especially solicits advice. We deem it essential

to note: first, that, inasmuch as he not only himself declined, but, for an assigned reason, also refused to allow his assistant to visit the case, we consider that the patient in question was fully justified in sending for another practitioner, without further reference to "J. G.;" secondly, that the superseding practitioner should, on being made acquainted with the facts of the case, have declined to renew his professional visit—which he should at once have notified to "J. G."—except in consultation with the one in immediate previous attendance; or, if the patient insisted on dispensing with the services of the latter, he should, ere assuming charge of the case, have satisfied himself that a communication to that effect had been made to the superseding practitioner.

## SKILL, NOT DRUGS.

AT Dudley County Court a medical man recently sued the executor of a deceased farmer for an amount for consultation with the defendant. The deceased could not take any medicine. The judge, in giving judgment for the plaintiff, pointed out that many people of the better class hold the idea that it is medicine that doctors are paid for; it is, he said, for skill.

## UNQUALIFIED ASSISTANTS.

PROBE.—The employment of unqualified assistants is never to be encouraged, and this case shows that it may be dangerous. There seems to have been great want of caution in transferring the practice, and every opportunity given to the former assistant for holding himself out as being qualified, or at any rate as employed by, or in partnership with, his former principal. It would certainly be advisable to announce as publicly as possible in the neighbourhood that all connection between the principal and assistant has ceased. Nothing further can be done at present; but if proceedings should be taken to make the principal liable for any acts of the assistant, it may be necessary to consider whether a defence can be set up successfully.

## INDIA AND THE COLONIES.

## INDIA.

REPORT OF THE HEALTH OFFICER OF CALCUTTA FOR 1887.—The health of Calcutta, as we have always maintained, is a matter of European importance, and this is the view taken of the subject on the Continent. In their well-founded dread of cholera invasion, continental people have always a suspicious eye on this "home of cholera," and are always ready on slight grounds to press on their Governments preventive measures, which, however futile they may be, would grievously hamper the commerce of India. The health officers of Calcutta, in the uphill battle they have to fight against prejudice and ignorance, have always had our warmest sympathy.

In the year under notice the fever mortality was the lowest on record. The number of deaths amounted to 3,253, the mean of the decade being 4,152. Dr. Simpson mentions a case illustrative of a tale often told, and as often forgotten. In a missionary school from October to March there were 82 cases of fever, being 71 per cent. of the scholars. This prevalence of fever was undoubtedly due to the undrained land, insanitary conditions of the surroundings of the school, and to a filthy, stagnant pool immediately on the south, from which the prevailing wind blows. An older missionary school, situated on the opposite side of the road, where the sanitary conditions were good, enjoyed entire immunity from fever. The fever cases in the unhealthy school assumed a severely "typhoidal type," a roundabout way of expressing the fact that they were cases of enteric fever traceable plainly enough to the "sewage polluted soil." Dr. Simpson gives another example where two "well-known young men in Calcutta suffered from enteric fever, one of whom died. Investigation brought to light the familiar fact that the bath-room pipe was untrapped, and was so connected with a foul latrine as to draw up sewer-gas into the bedroom." Yet in the face of innumerable examples of the same kind, and quite as conclusive, men write volumes to prove that enteric fever in India has not the same parentage as in England, but is traceable to endless fanciful "causes," not to those under their eyes and noses.

The cholera mortality for 1887, in Calcutta, fell below the decennial mean by 435. The registered deaths amounted to 1,198, against 1,633, the average number of the decade. It is noted that hut-dwellers suffer nearly three times as much from cholera as dwellers in brick houses. Newcomers are the most frequent victims, 17 per cent. of those attacked had not been a month in Calcutta, while in some wards 24 and 25 per cent. had not been over a month in the wards. In the greater number of cases a scarcity of water was noted. The water-supply in Calcutta is evidently very unequally distributed. The upper and middle classes receive a large, the poorer classes, the hut-dwellers, a

miserably small supply. Here, indeed, is a distinction between the "classes" and the "masses," much to the advantage of the former. If a more liberal supply can be extended to the masses, the "upper crust" of Calcutta would soon find the advantage of being in this matter less selfish, in the diminished number of cholera cases in the city in which they dwell. Dr. Simpson demonstrates once more that a contaminated milk-supply in Calcutta, as elsewhere, is a powerful factor in the propagation of cholera. The filthy condition of many of the Calcutta cowsheds is illustrated by a photograph, which amply explains the contamination of the milk-supply. Deaths from dysentery and diarrhoea numbered 1,197 in 1887, against a decennial mean of 1,485. The highest mortality was in the cold months, the lowest in May. In 1887 Calcutta enjoyed an unprecedented immunity from small-pox, there being only two deaths in twelve months. It may interest the wise men of Leicester to hear that in Calcutta "vaccination is systematically carried on in all sections of the town," and that the compulsory Vaccination Act has very materially helped to forward this preventive measure among the lower classes.

Into the admirable sanitary measures with which Dr. Simpson wages war against disease in the "home of cholera," we cannot enter; we wish he had a more enlightened body to deal with than we fear has fallen to his lot. But we bid him take courage, and, following Abraham Lincoln's famous advice, keep "pegging away;" success will in the end crown his efforts.

A TELEGRAM from Calcutta states that the Aitchison Hospital has been opened by Lady Dufferin. Lady Lansdowne will continue the good work initiated by Lady Dufferin.

## OBITUARY.

### ROBERT CHARLES SCOTT, FLEET-SURGEON R.N.

FLEET-SURGEON ROBERT CHARLES SCOTT, R.N., who died on October 22nd, at his residence, 28, Birkbeck Road, Acton, of angina pectoris, aged 62, entered the Royal Navy as surgeon in 1847. He served in Sir E. Belcher's Arctic expedition of 1852, for which he received the Arctic medal, and also in the Crimea in 1854 and 1855, receiving for his service the Crimea and Turkish medals. The deceased officer was in the ship *Fury* in the Chinese war, and was present at the boat action of Fatshan Creek, and at the three attacks on the Peiho forts, in which he was landed with the storming parties. For his services in the latter war he had received the China medal with the Fatshan and Taku clasps. His appointments bore date: Staff-Surgeon, 1854; and Fleet-Surgeon, 1869. He retired from the service in 1876, and by his death a Greenwich Hospital pension of £50 a year is placed at the disposal of the Admiralty.

### REGINALD HARE COMBES, M.R.C.S., L.R.C.P.

WE have to announce the death on November 7th, from sarcoma, of Reginald Hare Combes, M.R.C.S., L.R.C.P., of Hampstead. His medical education was commenced in the infirmary at Sydney, New South Wales, his native country, where he studied for some months before coming to England to enter St. Bartholomew's Hospital. There he became well-known, not only for general ability, but especially for his great skill in drawing and dissecting. After leaving St. Bartholomew's he was appointed registrar and subsequently house-surgeon at the North West London Hospital. In January, 1887, he entered into partnership with Mr. W. H. Holman, of Adelaide Road, Hampstead. He was the inventor of a new stethoscope, and contributed a paper on Transposition of the Aortic Arch to the *St. Bartholomew's Hospital Reports*.

A few weeks before his death he had been elected for the second time honorary secretary to St. Luke's Guild, of which institution he had for some years been an enthusiastic supporter.

### JOHN CHALMERS, M.D.

THE news of Dr. Chalmers's death will be received with deep regret. His character was upright and sincere, and his goodness and kindness won the hearts of all who knew him. The history of his illness and death is sad, but not, we regret to say, rare among medical men. Some time since, whilst attending a mid-wifery case, he acquired a disease which greatly impaired his health, and which resulted in an affection of the nervous system.

He bore this misfortune with manly fortitude, and seemed at last to have partially recovered. Recently, however, a trivial lesion excited cellulitis and gangrene of the foot, to which his impaired vigour rapidly succumbed. Dr. Chalmers received his education at the University of Glasgow, and was a member of the Medical Council of that institution. He graduated under very difficult circumstances, and soon after went to Barnard Castle, in Yorkshire. He often spoke of the pleasure which his work and residence in that beautiful and romantic spot afforded him. After a while he came to London, and commenced practice in Stoke Newington. Whilst waiting for success, he was largely engaged in literary pursuits, to which, until his death, much of his leisure was devoted. As his career became more assured, he moved to Bloomsbury, and speedily secured an extensive practice. Dr. Chalmers was gifted with keen and accurate powers of observation. He contributed to the *Transactions of the Obstetric Society*, and the *Journal of the Gynaecological Society*, of which he was one of the vice-presidents. He was at the time of his death engaged in collecting material with reference to vaccination, which, we trust, may yet see the light. In addition to the societies which have been mentioned, Dr. Chalmers belonged to the Clinical Society and to the British Medical Association. Imbued with a keen appreciation of literature and art, and provided with a store of knowledge of many subjects, and accomplished in the exercise of his profession, John Chalmers was one we could ill afford to lose.

### JAMES HALL, M.B., C.M.EDIN., L.R.C.S.

WE regret to have to record the death of Dr. James Hall, which took place at his residence, St. George's Road, Bolton, from phthisis, at the age of 43, on November 5th. The deceased gentleman was a native of Bolton, and acquired his medical education at the University of Edinburgh. At college he was one of the best men of his year, and carried away many of the class prizes and honours. Graduating when he was 22 years of age, he at once started practice in his native town, and speedily obtained an extensive connection. His impulsive warm-heartedness and unusual skill and tact caused him to be one of the most popular medical men in the district, and his services were always in great request. For several years he was one of the medical officers for the Bolton Union, in which capacity he was much beloved by the sick poor for his ready and generous sympathy. His interment took place at Walmsley cemetery on November 8th, and the large attendance on that occasion by his medical and masonic brethren and others testified to the universal respect in which the deceased gentleman was held. He leaves a widow and five children (one son and four daughters).

## MEDICO-PARLIAMENTARY.

### HOUSE OF COMMONS.—Thursday, November 15th.

*Salaries of Medical Officers of Prisons.*—On the vote of £311,180 for prisons in England and the colonies, Mr. CHILDESS called attention to the inequality in the rates of pay to prison doctors in England compared with those in Scotland and Ireland. —Dr. FARQUHARSON suggested that if the Scotch and Irish doctors were paid at the same rate as those in England, they would not be overpaid.—Mr. JACKSON said it was impossible to make hard-and-fast lines, and make a scale applicable to every case. There was no prison in Scotland with a population so large as some in England, where one prison contained 1,300 prisoners. The observations which had been made would, however, receive consideration.—Dr. CLARK moved to reduce the vote by £1,000 as a protest against the under-payment of the surgeons of the four largest Scotch prisons.—The proposed reduction was rejected by 161 to 101.

*Broadmoor Criminal Lunatic Asylum.*—On the vote of £32,802 for the Broadmoor Criminal Lunatic Asylum, Dr. FARQUHARSON said in this asylum there was a good deal of valuable clinical material wholly neglected. The connection of crime with lunacy might be studied with advantage, as had been suggested by Sir Crichton Browne.—Mr. STUART WORTLEY said there was an independent board of unpaid managers, and the Lunacy Commissioners always reported favourably upon the management of this asylum.

### Friday, November 16th.

*Inspection, Registration, and Overcrowding of Common Lodgings*

**Houses.**—Mr. MATTHEWS, in reply to Mr. HOWELL, who asked the Home Secretary whether he would consider the propriety of strengthening the law for regulating common lodging houses in the metropolis, replied that there were officers specially appointed, in every district of London, to inspect the common lodging houses and to enforce the existing regulations against overcrowding, and against insanitary conditions. The regulations had proved in the main sufficient to prevent overcrowding, and to secure cleanliness and order, but he thought they were capable of being strengthened as regards the inspection of sanitary improvements, and he would consider that question carefully with the assistance of the local authority. The reports, he thought, were not in a form to be laid on the table.

*Monday, November 19th.*

**Saving Life at Sea Act.**—Sir M. HICKS-BEACH, in reply to Mr. H. VINCENT, stated that a committee had been appointed under this Act, and had held its first sitting.

**Victoria University Bill.**—The Lords amendments to this Bill were considered and agreed to.

*Tuesday, November 20th.*

**The Sanitary Condition of the Royal and Wellington Barracks, Dublin.**—Mr. E. STANHOPE, in reply to a question put by Mr. ADDISON, said that four officers had suffered from enteric fever lately, which was believed to have been contracted in Dublin; no death had occurred since October 28th. Most of the recommendations of Sir Charles Cameron's Commission had been carried out, and nearly all the remainder were in course of execution. There were very serious difficulties at all the Dublin barracks as to the disposal of sewage, which could not be overcome till the sewage arrangements of the city were improved. Although not prepared to say that any reasonable step had been neglected, he had determined to institute a further wholly independent inquiry into the sanitary state of the Royal and Wellington Barracks, and had appointed a sanitary engineer of eminence, Mr. Roger Field, to undertake it.—In reply to Mr. CHAPLIN, he said that it might be desirable to extend the inquiry to all the barracks in Dublin; but he preferred to get the report with reference to the Wellington and Royal Barracks before doing so.

## UNIVERSITY INTELLIGENCE.

### BRUSSELS.

At the examination for the M.D. degree, which commenced on November 6th, eleven candidates presented themselves, of whom six failed to satisfy the examiners, and the following five were admitted to the degree:—

Jehangir J. Cursetji, L.M. and S. Bomb. Univ., L.R.C.P., L.R.C.S., L.M. Edin., L.F.P.S. Glas., of Bombay (with great distinction); John Girling, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A., of York (with distinction); Alexander L. Achard, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A., of London; William Haggood, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A., of London; Edgar Powell, M.R.C.S. Eng., L.R.C.P. Lond., of London.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### THE WORK OF THE HOSPITAL SUNDAY FUND.

"SIXTEEN years of the Metropolitan Hospital Fund, and its Influence on the Medical Charities of the Metropolis," was the subject of an address delivered recently by Sir Sydney H. Waterlow at St. Bartholomew's Hospital; the Lord Mayor in the chair. The earliest suggestion in reference to a Hospital Sunday, Sir Sydney Waterlow stated, appeared to have been made in 1859 by Canon Miller in the *Midland Counties Herald*, and the first collection of the kind was made in Birmingham in November of that year. The proposal to set aside a Hospital Sunday for the metropolis was first considered at a meeting of the treasurers of the London hospitals in 1872, and for sixteen years each successive Lord Mayor has acted as President and Treasurer of the Fund. During the first fourteen years £432,976 was collected. Of the money collected, less than 10d. in 20s. is spent in collection and distribution, including all salaries, advertising, etc. The total sum collected this year is £40,379 9s. 6d., and for sixteen years £513,962, including legacies. Four per cent. of the total receipts is set aside for the purchase of surgical appliances for distribution to the poor, and all awards to hospitals are primarily based on the

average total expenditure of each institution for the last three years after certain deductions on account of legacies and other items. It had been suggested that the money collected should be divided according to the average number of beds occupied, the number of out-patients treated, and the cost per head in each case. Sir Sydney Waterlow points out that this would in many cases be unfair, and produce very unsatisfactory results, the difference in the cost of out-patients ranging from 10½d. for each patient at the Royal Free Hospital to 25s. 1d. at the Cancer Hospital, Brompton, where the patients frequently attend for many months. The cost of the maintenance of in-patients does not vary to the same extent. Taking seven large general hospitals, namely, London, Guy's, Charing Cross, King's College, Middlesex, University, and Westminster, it was found that in the Middlesex Hospital, where there were nearly fifty beds for cancer cases, the cost was the highest, being 42s. for each in-patient each week, and in the Westminster Hospital it was the lowest—24s. 5d. With the special hospitals the results were much the same. Sir Sydney Waterlow referred to the excessive cost of management of small hospitals, and thought that instead of multiplying hospitals, it would be better to fill the large number of empty beds in existing ones. There were now 2,031 empty beds in seventy-one hospitals in various parts of the metropolis.

The secretaries and managers of some of the hospitals objected to the Hospital Sunday collection on the ground that it drained the sources of their annual subscriptions. Against this it was stated that during ten years, 1876-86, the income of seventy-three hospitals increased 33 per cent., while the expenditure increased only 24 per cent.; that the population increased 21 per cent., while the hospital beds available increased 29 per cent.; and that the in-patients using the hospital increased 41 per cent., and the out-patients 27 per cent. It had been suggested that the local interest would be greater if the money subscribed were apportioned amongst the hospitals in the district in which it was collected. This it was pointed out, would be very unfair to the hospitals at the east of London.

He concluded by pointing out that nearly all general hospitals required an increase in their annual income if they were to be maintained in an efficient and progressive state.

### THE ARGYLL AND BUTE ASYLUM AND THE SCOTCH LUNACY COMMISSIONERS.

IN the JOURNAL of October 27th we reviewed at some length the report of this asylum, and we commented on the action of the Scotch Lunacy Commissioners as being arbitrary and retrograde. Since then we have had brought under our notice a supplementary report of the District Board, from which we quote the following: "When the plans of the proposed infirmary were submitted to the General Board they in effect declined to consider them, and said to the District Board: 'You must part with all your out-country patients, board out as many harmless lunatics as you can, and then we will decide upon what shall be done. We give you three months to carry out this, after which the detention of all non-district patients in the asylum will be illegal.'"

"Unfortunately, as it appears to them now, the District Board bowed to this ruling, very reluctantly, and gave notice to the responsible parties that these patients must be removed from the asylum by a certain date, but, on reconsideration, resolved by a majority to resist the policy of the General Board, on the ground that it was not in the interest of anyone concerned that they should throw away an income of £725 a year to save an outlay of £2,500, or say £3,000, without any other advantage, and without any guarantee that after they had made the sacrifice the General Board would not put pressure upon them either to build a new infirmary or to alter the existing building.

"Notwithstanding that the matter was under discussion, the General Board continued to force on their policy by direct communication with the Medical Superintendent, urging him to act without the instructions of the District Board and to a certain extent at variance with their views, and also by writing direct to one at least of the parties responsible for lunatics boarded in the asylum, ordering their removal. The result is that almost all the profitable patients have left the asylum, to the great pecuniary injury of the counties concerned, and to the actual benefit of no one.

"The District Board consider that the action of the General Board has been arbitrary and high-handed towards them, and injurious to the interests of the ratepayers concerned; and they are further of opinion that the removal of the out-county patients



to have the child promptly removed to a fever hospital. The case is accordingly at once notified to the sanitary authorities. Their officer calls the next morning, and informs the mother that her child must remain at home, as there is no hospital for it to be taken to, and that she must forthwith cease taking in any work, otherwise she may be prosecuted. When the unfortunate woman, seeing utter ruin staring her in the face, asks what she is to do for bread, she is answered that some parish relief will be allowed her while the child is ill. Here, then, as the result of due notification, we see a case of infectious fever left to form a nidus which may prove the commencement of an epidemic; the family in which it occurs forthwith deprived of their livelihood, and, by way of compensation, rendered paupers so long as illness remains in their midst, and only permitted to make a fresh start in business after the probable loss of all their old customers. Can we wonder if to escape from such hardships the poor seek a refuge in concealment? I would ask, What is the use of spending thousands of pounds of public money in protecting certain districts, while others are left without any protection whatever? Surely sanitation, to be of any use to the community, must no longer be restricted to parish boundaries. The Willesden Local Board Act, passed last year, had better never have become law if its power to compel the registration of infectious diseases is to result in such a dangerous anomaly as this.

#### BOILING DOWN HORSEFLESH.

A RURAL MEDICAL OFFICER OF HEALTH writes: Amongst the duties devolving upon medical officers of health, there is none that so frequently places him in difficulty as that of deciding when to interfere in the nuisance likely to arise from the boiling down of the carcases of animals. This is a branch of industry which must be carried on somewhere, but the precise distance from dwellings at which this operation can be allowed to go on is left to the individual opinion of each sanitary officer.

I should like to know the opinion of my brother medical officers of health upon this point. I apprehend that a certain distance from houses must intervene, and that unless the operation was carried on within the prescribed distance, some actual injury must be proved to the neighbours before the sanitary authority can interfere. Our sanitary literature is silent upon this point, and I am anxious to draw attention to it.

#### THE DUTIES OF A MEDICAL OFFICER OF HEALTH IN CASES OF INFECTIOUS DISEASE.

B.A. writes: Having under my care a patient who is suffering from an infectious disorder, has the medical officer of health for the district a right to demand to visit the said patient?

\*.\* The duties and powers of a medical officer of health were laid down by general orders of the Local Government Board, dated March 8th, 1880. By Article 18, Clause 8, he is required, "on receiving information of the outbreak of any contagious, infectious, or epidemic disease, to visit the spot and inquire into the causes and circumstances of such outbreak, and, in case he is not satisfied that all due precautions are being taken, to advise the persons competent to act as to the measures required to prevent the extension of the disease, and (so far as he may be lawfully authorised) to assist in their execution." This clause does not appear to authorise him to interfere with a patient who is under the care of a competent medical adviser, though it undoubtedly authorises inquiry to ascertain whether the patient is being properly looked after. We know of no Act of Parliament or order which gives larger powers than those above quoted, but there may be some by-law in force in the district which relates to the subject; if so, its terms should be considered.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—The undernamed gentlemen have been admitted Fellows of the College, namely:

W. M. Courtney, Indian Medical Department (Bengal), Licentiate of the Royal College of Surgeons, Ireland, and Licentiate, Apothecaries' Hall, Dublin; and W. Owen, Indian Medical Department (Bengal), Licentiate Royal College of Surgeons, Ireland, and M.B. University Dublin.

#### MEDICAL VACANCIES.

The following Vacancies are announced:

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—Acting Surgeon. Applications by December 4th to the Medical Board, Children's Hospital, Steelhouse Lane, Birmingham.

BIRMINGHAM BOROUGH ASYLUM.—Resident Clinical Assistant. No salary. Applications to the Superintendent.

BLACKBURN AND EAST LANCASHIRE INFIRMARY.—Junior House-Surgeon. Salary, £20 per annum, with board, lodging, etc. Applications by November 27th to the Secretary.

BRADFORD FEVER HOSPITAL.—Resident Medical Superintendent. Salary, £150 per annum, with board and residence. Applications by December 3rd to the Chairman of the Sanitary Committee, Town Clerk's Office, Bradford.

BRADFORD INFIRMARY AND DISPENSARY.—House-Physician. Salary, £100 per annum, with board. Applications by November 24th to William Maw, Esq., Secretary.

CAHIRCIIVEN UNION.—Medical Officer for the Workhouse and Fever Hospital. Salary, £80 per annum, and £15 per annum as Consulting Sanitary Officer. Applications to Mr. M. O'Driscoll, Clerk of the Union. Election on November 28th.

HOLLOWAY SANATORIUM HOSPITAL FOR THE INSANE, Virginia Water.—Senior Assistant Medical Officer. Salary, £250 per annum, with board, lodging, and washing. Applications by December 1st, to Dr. Rees Phillips, St. Ann's Heath, Egham.

HOLLOWAY SANATORIUM HOSPITAL FOR THE INSANE, Virginia Water.—Junior Assistant Medical Officer. Salary, £120 per annum, with board, lodging, and washing. Applications by December 1st, to Dr. Rees Phillips, St. Ann's Heath, Egham.

HOSPITAL FOR EPILEPSY AND PARALYSIS, etc., 32, Portland Terrace, Regent's Park, N.W.—Physician to Out-patients. Applications by December 3rd to the Secretary.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street.—Assistant-Surgeon. Applications by November 27th to the Secretary.

KENSINGTON DISPENSARY.—Honorary Surgeon. Applications to F. Leach, Esq., Honorary Secretary, 7, Stanford Road, Kensington Square, by November 30th.

KENT AND CANTERBURY HOSPITAL.—Assistant House-Surgeon and Dispenser. Salary, £50 per annum, with board, lodging, etc. Applications by November 26th to the Secretary.

LOCK HOSPITAL, Dean Street, Soho.—Surgeon to Out-patient Department. Applications by November 26th to the Secretary.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Registrar and Chloroformist. Salary, £50 per annum. Applications by December 15th to the Secretary.

LONDON THROAT HOSPITAL, Great Portland Street, W.—House-Surgeon. Applications by December 10th to the Secretary.

LUTON FRIENDLY SOCIETIES' MEDICAL INSTITUTE.—Medical Officer. Salary, £200 per annum, with residence. Applications to the Secretary, Mr. T. Keen, 12, Grove Road, Luton, Beds.

MANCHESTER FRIENDLY SOCIETIES MEDICAL ASSOCIATION.—Surgeons to various Districts. Salary, £150 per annum, with house, etc., and fees. Applications by November 27th to the Chairman, 9, Berwick Street, Brook Street, Manchester.

NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.—Assistant Dental Surgeon. Applications by November 30th to the Secretary.

NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.—Lecturer on Dental Anatomy and Physiology. Applications by November 30th to the Secretary.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road.—Junior House-Surgeon. Salary, £30 for six months. Applications by December 14th to A. Nixon, Esq., 27, Clement's Lane, E.C.

ROYAL HANTS COUNTY HOSPITAL, Winchester.—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications by December 1st to the Secretary.

ROYAL SOUTH HANTS INFIRMARY, Southampton.—Surgeon. Applications by November 24th to the Secretary.

ROYAL SOUTH HANTS INFIRMARY, Southampton.—Assistant Surgeon. Applications by November 24th to the Secretary.

ST. GEORGE HANOVER SQUARE PROVIDENT DISPENSARY, Little Grosvenor Street, W.—Surgeon Dentist. Applications by December 8th to the Secretary, 73, Park Street, Grosvenor Square, W.

STAFFORDSHIRE GENERAL INFIRMARY.—Assistant to the House-Surgeon. Board and lodging. Applications by December 6th to the House-Surgeon.

STROUD GENERAL HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board, lodging, etc. Applications by November 30th to John Libbey, Esq., Honorary Secretary, New Mills Court, Stroud.

SUNDERLAND INFIRMARY.—House-Physician. Salary, £80 per annum, rising £10 annually to £100, with board and residence. Applications by December 13th to the Chairman of the Medical Board.

UNIVERSITY OF EDINBURGH.—Examiner in Medical Jurisprudence. Salary, £75 per annum, with £10 expenses. Applications by January 14th, 1889, to J. Christison, Esq., Secretary.

WESTMINSTER HOSPITAL.—Curator of Museum. Salary, £40 per annum. Applications by December 8th to the Secretary.

#### MEDICAL APPOINTMENTS.

ALLINGHAM, Herbert W., appointed Assistant Surgeon to St. Mark's Hospital for Fistula, City Road, vice D. H. Goodsall, F.R.C.S., promoted.

BENNETT, W. C. Storer, F.R.C.S., L.R.C.P., L.D.S.Eng., appointed Lecturer on Dental Surgery and Pathology to the Dental Hospital of London, vice S. J. Hutchinson, M.R.C.S., L.D.S.Eng., resigned.

DALLEWY, John, M.R.C.S., appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

HEPBURN, David, L.D.S.Eng., appointed Lecturer on Mechanical Dentistry at the Dental Hospital of London, Leicester Square, vice Joseph Walker, M.D.St. Andrews, L.D.S., resigned.

HUNT, A. J., M.D., appointed Medical Officer to the Coolaney Dispensary of the Tobercurry Union, vice M. A. Brennan, L.K.Q.C.P.I., resigned.

KITE, Edwin W. D., M.B.Durham, M.R.C.S., L.S.A., appointed Obstetric and Ophthalmic House-Surgeon to the Queen's Hospital, Birmingham, vice J. B. Burton, M.B.Durham, M.R.C.S., resigned.

MANNIX, J. F., L.K.Q.C.P.I., L.M., appointed Medical Officer to the Cahir Dispensary of the Cahirciveen Union, vice M. Spotswood, M.R.C.S.Eng., L.M.Dub., deceased.

MORRIS, C. A., M.B., B.Ch., appointed Pathologist to the Chelsea Hospital for Women, vice E. W. Burnet, M.D.Aberd., resigned.

POOLMAN, Arthur E., B.A., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Private Home, Guy's Hospital.

RICKARDS, Miss, appointed Matron to the Sheffield General Infirmary.

SAMUELSON, G. S., M.B., C.M.Edin., appointed Second Assistant Medical Officer to the Wilts County Asylum, Devizes, vice E. S. Blaker, M.R.C.S.Eng., promoted.

WILLIAMS, Alfred, M.B., M.S., appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

**SHOP-WINDOW ANATOMY.**—The morbid interest in anatomical details excited, in some illbalanced minds, by the horrible details of the barbarities committed by the Whitechapel murderer on his victims, has, it is reported, induced the police to request certain tradesmen who have been in the habit of exposing anatomical models or drawings in their windows to desist from the practice. There is, in fact, no justification for it, and if it is now discontinued, we may hope that it will never be revived; such drawings and models are entirely out of place in a shop-window; they can only be of use to students of anatomy, medical or artistic, who know very well where to go for such wares when they want them.

**BRIGHTON.**—The Brighton Hospital Sunday Fund amounted to £1,630 15s. 3d., the highest on record, £1,496 10s. 4d., in 1886, being the best total until now. The expenses of the Committee for printing, etc., were only £8 10s. 8d., leaving £1,622 4s. 7d. available for distribution. The Committee of the Brighton Dispensary have determined that in future all out-patients shall pay a fee of sixpence. A motion by Mr. Algernon Hodgson, to the effect that the statutes of the Brighton Hospital for Women should be so altered as to admit of the benefits of the lying-in institution being extended to unmarried as well as married women, was considered at a recent meeting, and rejected by a large majority.

**THE METROPOLITAN ASYLUMS BOARD.**—The report presented at the fortnightly meeting of this Board on November 17th showed that there were 988 cases of infectious diseases in the fever asylums (including 13 of diphtheria), while at this date of last year there were 2,693 cases of fever, a difference in favour of this year of 1,705; the number at present under treatment also showed a diminution of 45 upon the number a month ago. It was assumed that the maximum number this year had been reached, and that no further rise would occur before the summer of 1889.

**ABERDEEN MEDICO-CHIRURGICAL SOCIETY.**—At the annual meeting of this Society, held on November 15th, the following office-bearers were elected: *President*: Dr. James W. F. Smith Shand. *Vice-President*: Dr. Robert John Garden. *Secretary*: Dr. George M. Edmond. *Recording Secretary*: Dr. Alexander Macgregor. *Treasurer*: Dr. John Gordon. *Librarian*: Dr. Thomas Best Gibson. *Council*: Drs. James Rodger, James M'Kenzie Booth, Henry Jackson, Angus Fraser, and T. Best Gibson.

**GLASGOW BENEVOLENT SOCIETY.**—This society has during its past year distributed £1,083 13s. 3d. in the shape of food and coals among the destitute poor of Glasgow. The society's aid is distributed by about 200 persons, chiefly missionaries and Bible women, and they have a choice of something like 50,000 destitute poor among whom to divide it. Even this moderate expenditure exceeded the income by £300.

**HOSPITAL SATURDAY FUND.**—At a special meeting of the delegates of this fund, a scheme for the registration of the fund under "The Companies Act" was well received; forty-two clauses of the scheme were passed unanimously. The meeting was adjourned till December 1st, when the remaining clauses will be considered. This step will, it is hoped, give confidence to subscribers, and add to the strength of the association.

**YELLOW fever** is officially declared to have broken out in Santa Cruz, the chief town in the island of Palma, the most westerly of the Canary group. The disease was imported by a vessel from Cuba. Communication has been completely cut off between Palma and the other islands. The public health in Grand Canary, it is said, continues excellent.

**PRESENTATIONS.**—Mr. Ralph S. Miller, M.B. Edin., on leaving the Tollerton district, where he has been practising during the last five years, was presented at a public meeting with a testimonial in the form of an address, a drawing-room timepiece, and a purse of sovereigns.—Dr. C. H. Willey, of Wostenholm, has on the occasion of his leaving the Borough Hospital, been presented by the staff of the institution with a handsome case of cutlery.

The organising committee of the International Congress of Otolaryngology, which will be held in Paris next year during the Universal Exhibition, has been nominated; it consists of MM. Boucheron, Calmettes, Duplay, Garel, Gellé, Gougenheim, Joal, Lannois, Ladreit de la Charrière, Loewenberg, Ménière, Miot, Moure, Noquet, Ruault, Terrier, and Tillaux.

A **MEDICAL Congress** will be held at Santiago, Chili, during March, 1889; it will consist of four sections—medicine, surgery, hygiene, and physical and natural sciences.

**THE SANITARY INSTITUTE.**—At a meeting of the Council of this institute held on November 14th. Sir Douglas Galton, K.C.B., F.R.S., in the chair, Earl Fortescue, Dr. B. W. Richardson, F.R.S., Sir T. Spencer Wells, and eleven other members and associates, were enrolled, and further applications for membership were read.

**MR. EDWARD NUNDY**, L.R.C.S., L.S.A., barrister-at-law, and resident medical officer of the Royal South London Dispensary, Lambeth Road, is a candidate for the School Board Division of West Lambeth.

**REQUESTS.**—Another legacy of £500 has fallen to the lot of each of the large infirmaries of Glasgow by the will of a merchant, Mr. J. B. McCulloch, who died at Bothwell a year ago.

A **REPORT** comes from Dallas, Texas, that a Mrs. George Hirsch, of Navarro County, has given birth to six children, four boys and two girls, all of whom are said to be doing well.

The epidemic of diphtheria in the Vyrnwy Valley, which at one time threatened to be serious, has now been stamped out by the precautions adopted by the Liverpool Corporation.

The Royal Microscopical Society will give its next *conversazione* on November 28th, at King's College.

A **CENTENARIAN.**—Sarah Farley, a widow, has just died at Chichester at the reputed age of 102 years.

## DIARY FOR NEXT WEEK.

### MONDAY.

**MEDICAL SOCIETY OF LONDON**, 8.30 P.M.—Mr. George Stoker: On a Case of Goitre illustrating a Theory in Reference to the Function of the Thyroid Gland. Mr. J. Astley Bloxam: Two Cases after Excision of Goitre. Dr. Beevor: Case of Polio-myelitis from Injury. Dr. Hadden: Case of Neuro-muscular Irritability. Mr. H. Allingham: Case of Resection of Inferior Maxillary Joint for Ankylosis. Dr. Campbell: A Case of Erythema Gangrenosum. Mr. A. B. Barrow: Case of Ectopia Vesicæ after Operation; and others.

### TUESDAY.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY**, 8.30 P.M.—Dr. W. R. Smith: The Etiology of Puerperal Fever. Dr. S. West: Acetonuria and its Relation to Diabetic Coma.

### WEDNESDAY.

**BRITISH GYNÆCOLOGICAL SOCIETY**, 8.30 P.M.—Specimens will be exhibited by the President, Dr. Granville Bantock, Dr. Mansell-Moullin, and others. Dr. James Oliver: Encysted Serous Peritonitis (Pelvic in Origin). Council, 8 P.M.

**HUNTERIAN SOCIETY**, 8 P.M.—Dr. Davies: A Case of Tumour of the Tongue. Mr. Jonathan Hutchinson: Affections Allied to Raynaud's Disease.

**ROYAL MICROSCOPICAL SOCIETY**, King's College, W.C., 8 P.M.—Conversazione. **BROWN INSTITUTION** (University of London), 5 P.M.—Mr. Victor Horsley, F.R.S., Professor Superintendent: On Epilepsy. Lecture I.

### THURSDAY.

**HARVEIAN SOCIETY OF LONDON**, 8.30 P.M.—Dr. W. B. Cheadle: The Harveian Lectures on The Various Manifestations of the Rheumatic State as Exemplified in Childhood and Early Life. Lecture I.

**ROYAL COLLEGE OF SURGEONS**, 4 P.M.—Sir T. Spencer Wells, Bart.: The Morton Lecture on Cancer and the Cancerous Diseases.

### FRIDAY.

**BROWN INSTITUTION** (University of London), 5 P.M.—Mr. Victor Horsley, F.R.S., Professor Superintendent: On Epilepsy. Lecture II.

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which should be forwarded in stamps with the announcement.

### BIRTHS.

**BRAGA.**—On November 16th, at Alexandra House, Shepherd's Bush Road, West Kensington Park, W., the wife of J. F. Braga, L.S.A., F.R.G.S., etc., of a daughter.

**CLARK.**—On November 14th, at Rahere, Brunswick Road, Gloucester, the wife of Oscar Clark, M.A., M.B. Oxon., of a daughter.

### MARRIAGES.

**LEIGH-WALES.**—On November 20th, at St. Edmund's, Downham, Norfolk, by the Rev. A. S. Latter, assisted by the Rev. Canon Beechey, A. H. Leigh, of Shortlands, Kent, to Edith Mary, eldest daughter of Thos. Garneys Wales, of Downham.

**SHEA-MENDUM.**—On October 31st, at South Church, Portsmouth, New Hampshire, United States, by the Rev. Alfred Gooding, William Ker Shea, L.R.C.S.I., L.R.C.P. Edin., of Philadelphia, and formerly of Dublin, to Maud Blanche, youngest daughter of Charles H. Mendum, Esq., of Portsmouth, U.S.A.

