

1. Teachers should keep in view the fact that in every class of fifty children, there are probably about a dozen or more who have some defect of the hearing, and are, therefore, placed at a disadvantage as compared with their normally hearing fellows.

2. Children who are known to suffer from defective hearing should always occupy a position on the bench nearest to the teacher; and, if the defect is limited to one ear, the child should be placed so that the better ear shall be turned to the teacher.

3. Children whose hearing is extremely defective, or who are totally deaf, should not be placed in the ordinary classes, but should be taught in a separate class by one who is qualified to teach the German method of articulate speech and lip reading.

4. In the cases of children whose progress is unsatisfactory, and who are inattentive, dull, and idle, their capacity for hearing should be ascertained by proper tests, and if defective hearing is found, information of the fact should be sent to the parents, and their position in the class so arranged as to minimise the bad effects of the defective hearing.

5. If the ear disease from which a child suffers is attended by a discharge of matter from the interior of the ear, the child should cease to attend school until a doctor's certificate of fitness is furnished by the parents.

6. In all schools the head masters should issue stringent instructions to the assistants or pupil teachers that boxing the ears must never on any account be practised on children.

7. In the construction of new schools it is desirable that the class-rooms should not exceed twenty feet in length or breadth, or better, that the shape should be that of a parallelogram, with a long side of twenty-five feet and a short side of fifteen feet—the teacher occupying the position of centre of one of the short sides, and that the number of scholars in one class and room should not exceed fifty. If, as is frequently the case, the teacher stands in the centre of the long side of a parallelogram, especially in a large room, the children to the extreme right and left are badly situated for hearing.

8. In the selection of a site for a new school, a position should be chosen as far removed as possible from noisy works or main thoroughfares, the class-rooms should be situated as far as practicable from the public streets, and they should not lead directly off main staircases.

9. The wall separating class-room from class-room or from a staircase, should be sufficiently thick and of such material as to form bad conductors of sound. Wood, especially fir, is obviously unfitted for entering into the construction of such partition walls.

10. In order to guard against colds in the head, a common source of deafness in school children, class-rooms should be supplied with sufficient appliances for ventilation to do away with the necessity for opening windows while the class-rooms are occupied by the children.

## THE MEDICAL SCHOOLS: ALTERATIONS IN BUILDINGS.

### ST. BARTHOLOMEW'S HOSPITAL.

A LARGE bacteriological laboratory is being fitted up, and will shortly be complete.

### CHARING CROSS HOSPITAL.

The medical school is being considerably enlarged. In addition to other improvements, new physiological and pathological laboratories will be erected, and an extra reading and writing room provided for the use of the students.

### ST. THOMAS'S HOSPITAL.

The thorough ventilation of the library has been effected at a considerable expense. The works have been executed by Verity, of Regent Street.

### UNIVERSITY COLLEGE, LONDON.

In the anatomical department a much-needed improvement has been effected by the reconstruction and extension of the northern portion of the block hitherto known as the small dissecting-room. The new building, which is in two storeys, contains a small theatre for demonstrations, a commodious operative surgery room, a preparation room, and two work and store rooms for the professor and his assistants. Additional lavatory accommodation for the students has also been provided, and the professor's study has been enlarged. The rooms, which are well lighted, are fitted with all necessary conveniences, including work-tables and sinks, with

hot and cold water supply, gas, and hot-water warming apparatus. There is a lift for the conveyance of heavy objects between the two floors. The alterations, as carried out, have met with general approval, and constitute a valuable addition to the medical school. The expense of this improvement will occasion an addition of about £1,300 to the building debt. Two new laboratories will shortly be established, in place of those already existing. One will be under the direction of Mr. Victor Horsley, F.R.S., and will be devoted to the study of pathology. The second will be a botanical library, under the charge of Prof. Oliver. A considerable amount of new apparatus for each of these laboratories has recently been purchased.

### CAMBRIDGE.

The new buildings for the Anatomical Department, including a museum, dissecting rooms, class rooms, and a lecture theatre, have made considerable progress during the long vacation; they will probably be ready by next May term. It is much regretted that the needed extension of the physiological buildings has had to be postponed for want of funds.

### QUEEN'S COLLEGE, BIRMINGHAM.

A new theatre has been fitted up for lectures on medicine, etc., the former medical theatre being now reserved for anatomy. The dissecting-room has been entirely refitted with new illuminating, ventilating, and heating apparatus, and with tables of an improved type. The Council have passed the plans for a new anatomical museum and pathological laboratory, which will be ready for use at the commencement of next summer session.

### SHEFFIELD SCHOOL OF MEDICINE.

The new buildings, which were formally opened by Sir Andrew Clark at the beginning of the winter session 1888-9, have been in use for the last year, and have satisfied all the requirements of the teachers and students.

### YORKSHIRE COLLEGE, LEEDS: MEDICAL DEPARTMENT.

Although the lectures in chemistry, physics, and biology, and practical instruction in these sciences and in toxicology and pharmacy, are given in the spacious new buildings of the Science and Art Department of the College, the number of students has so increased that part of the above lectures, etc., will be delivered during the coming session in a room at the Infirmary which the Board have lent for that purpose. An excellent site has been purchased for a new medical school, and it is intended shortly to canvass for funds with which a new building may be erected.

## ASSOCIATION INTELLIGENCE.

### COUNCIL.

#### NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 16th day of October next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

September 12th, 1889.

#### NOTICE OF QUARTERLY MEETINGS FOR 1889.

##### ELECTION OF MEMBERS.

A MEETING of the Council will be held on 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, 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*.

## BRANCH MEETINGS TO BE HELD.

**SOUTH WALES AND MONMOUTHSHIRE BRANCH.**—The next meeting will be held at the Westgate Hotel, Newport, on Friday, October 4th, at 1.30 P.M. The following addresses and papers have been promised: Mr. W. H. A. Jacobson (Guy's Hospital): The Diagnosis of Renal Calculus, and the Chief Conditions which Simulate this Disease. Mr. E. S. Wood (Pontypool): Medical Aid Association, Limited, Newport. Mr. O. B. B. Marsh (Newport) will show a Case of Genu Valgum treated by Osteotomy. Dr. A. G. Thomas (Newport): Case of Empyema successfully treated—patient shown. Mr. A. W. Loveridge (Newport): Notes of a Case—patient shown.—ALFRED SHEEN, M.D.; D. ARTHUR DAVIES, M.B., Honorary Secretaries.

**SOUTH MIDLAND BRANCH.**—The autumnal meeting will be held at Higham Ferrers, on Thursday, October 3rd, 1889, under the presidency of Mr. John Crew. The President invites the members attending the meeting to luncheon at the Manor House at 1 o'clock, and will be glad of a reply from those gentlemen intending to be present. The meeting will be held at the Town Hall adjoining at 2. Dr. Rentoul's propositions will be brought before the meeting by the Chairman, and the opinions of the members present solicited thereon. Mr. Milligan will relate two cases of Goitre treated by Division of the Isthmus. Dr. Bower will read a paper on the Provisions of the Lunacy Amendment Act, 1889. Mr. Percival: On Salufer and Salol as Antiseptic Dressings. Dr. Newman: Treatment of Retention of Urine due to Prostatic Enlargement by External Urethrotomy. Mr. Skelding: Naso-Pharyngeal Growths and their Relation to Health in Children. Mr. Owens: Two Cases of Lymphadenoma.—C. J. EVANS, Honorary Secretary.

**SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.**—The autumn meeting of this District will be held at the White Hart Hotel, Reigate, on Thursday, October 10th, at 4 P.M., Mr. F. B. Hallows, of Redhill, in the chair. Dinner 6 P.M., charge 7s., exclusive of wine. Mr. Pearce Gould will read a paper on the Treatment of Strumous Glands, and describe some surgical cases of interest recently under his care. Other papers have been promised. Members will please communicate with the Honorary Secretary, P. T. DUNCAN, M.D., Croydon.

**LANCASHIRE AND CHESHIRE BRANCH.**—The autumn meeting will be held in the Town Hall, Blackburn, on November 6th. Gentlemen wishing to read papers or show specimens are requested to communicate at once with the Honorary Secretary, so that the titles of their communications may appear on the circulars convening the meeting.—CHARLES EDWARD GLASCOTT, M.D., Honorary Secretary, 23, St. John Street, Manchester.

## SPECIAL CORRESPONDENCE.

## PARIS.

[FROM OUR OWN CORRESPONDENT.]

**Kola.**—*M. Verneuil on Microbes in Tumours.*—“*Conjugal Diabetes.*”—*Hydrochlorate of Hyoscine as a Sedative.*—*Criminal Anthropology.*—*General News.*

MM. HECKEL and Schlegden-Lauffen's researches on kola seed have led MM. Mounet and Dujardin-Beaumetz to test this substance therapeutically. The tree which furnishes kola seed (*Sterculia acuminata*) is abundant on that part of the coast of Africa which is situated in the inter-tropical zone. The seed contains 2.348 per cent. of caffeine, 0.028 per cent. of theobromine, 23 per cent. of starch, 2 per cent. of tannin, a red substance which is an active tonic, an essential oil possessing aphrodisiac properties; this latter must be eliminated before using the seed either as a drug or food stuff. The large quantity of caffeine and theobromine contained in kola seed renders it a valuable cardiac stimulant. Kola is also valuable in treating chronic atonic dysentery such as attacks Europeans who reside or travel in hot climates; the tannin and the red substance contained in kola are the principles which render it therapeutically valuable in dysentery. M. Heckel, knowing that the negroes in the centre of Africa eat this grain when they take long journeys in barren regions, conceived the idea that it might be utilised as an article of diet for troops and the horses following the regiments. In order to realise this idea the essential oil of the seed had to be eliminated. Drying the seed resulted in the disappearance of nearly all of the oil, but there still remained a small quantity. M. Heckel succeeded in expelling this small residuum by steeping the seed during two or three days, according to the season of the year, in water, 16° to 18° C., containing 1 per cent. of carbonate of soda; then, drying and slightly roasting the seed before it became thoroughly dry. With the seed thus treated and freed from the essential oil possessing aphrodisiac properties, M. Heckel prepares chocolate powder for the use of the soldiers and an oat-cake for the horses. Both the chocolate and oat-cake have been tried by French soldiers carrying on military manoeuvres in the Alps, which are of an excessively fatiguing character, requiring physical strength and powers of endurance. The army surgeons

of the 7th, 23rd, and 24th Battalion of Alpine Chasseurs have reported on the rations furnished by Professor Heckel, and all have concluded that they sustain physical force, and increase the energy of the men. Nine men of the 7th Battalion who received these rations marched nineteen consecutive hours; at the twelfth hour they only showed slight symptoms of fatigue; when the march was over, they resumed their usual military duties at the fixed hours; their condition was thoroughly satisfactory, both mentally and physically. M. Sanson, Professor at the Agricultural School at Grignon, has also tested the worth of M. Heckel's cake, made with kola seed, and has ascertained that horses like it; its nutritive properties are equal to that of twice its weight of oats; also that it exercises an action on muscular force; horses after feeding on it can endure severe fatigue without showing symptoms of exhaustion.

M. Verneuil's conclusions as to the presence and influence of pathogenic microbes in tumours are as follows: tissue of new formation of a malignant character, such as cancer, sarcoma, epithelioma, may at a given moment contain different microbes, of which neither the origin, kind, nor quantity can be accurately determined. The presence of these microbes may for a long time be innocuous, but, on the other hand, in some cases results in the rapid increase in softening and ulceration of the tumour. Microbes are not found in lipoma, fibroma, nor in cancers and sarcomas characterised by an initial slow development, but are almost always detected in softened and ulcerated tissue. These microbes, besides exercising a morbid influence on the surrounding tissues, affect also the general economy, and constitute a febrile element. During excision of the morbid growth, they are communicated to other parts of the wound, and are capable of provoking septicæmia, which may prove fatal.

M. Debove has published a list of cases which tend to prove that diabetes can be transmitted from man to wife and from wife to husband. The first case was that of a husband whose wife was diabetic, but, not having a firm faith in the analytical chemist, he substituted a sample of his own urine, in which sugar was also found, being out of health at the time. He consulted Dr. Debove, who, on a careful analysis, came to the same conclusion as his mistrusted predecessor. Another patient died from interstitial nephritis; his wife was diabetic. Dr. Debove, in his wards, had ten cases of conjugal nephritis. In another instance, husband and wife presented two forms—one, diabetes insipidus; the other, diabetes mellitus. M. Lecorché, in his *Traité du Diabète*, has recorded cases of conjugal diabetes, and suggests that it may be explained by the fact that the diet of married persons is generally similar, and that there is also a community of the trials and troubles of life.

M. Magnan, who has lately tested hydrochlorate of hyoscine in his wards, finds a dose of 1 milligramme in five minutes renders the patient calm; he appears as if slightly intoxicated by alcohol, his feet seem rooted to the ground, he ceases talking. This drug is valuable in the treatment of insanity; under its influence lunatics become calm, and this condition is not transitory. In delirium tremens it induces healthy sleep. A child of 13 suffering from tic, under its influence was cured of the spasmodic movements. A hysterical patient suffering from profuse perspiration of the hands and arms was entirely relieved by means of an injection of  $\frac{1}{2}$  milligramme, the perspiration was arrested in two minutes.

The most important papers read at the Congress of Criminal Anthropology were those of M. Lombroso and M. Manouvrier. M. Lombroso's views as to the physical characteristics of criminals have already been given in detail (JOURNAL, September 14th, p. 612). M. Manouvrier stated that the most highly gifted specimen of mankind may in certain given conditions become a criminal; the characteristics enumerated by M. Lombroso have in many instances been observed in men of spotless character; therefore they cannot be accepted as undeniable indications of criminal propensities. The presence of the metopic suture is considered as an indication of criminality. M. Manouvrier examined in the Paris catacombs, 28 crania, and in 5 this suture existed. The presence of this suture must not be considered an anomaly, but only a peculiarity. The man who was free from all the anomalies cited by M. Lombroso as indications of criminality would, in M. Manouvrier's opinion, be an abnormal specimen. M. Contagne read an interesting paper on the influence of professions on crime. Psychological functions, he asserts, are differently influenced by different callings. M. Contagne divides society into nine classes, and he has observed that since 1829 there is greater percentage of crime among the labouring classes, agricultural and others.

Secondly, all dispensary members may select from the staff, pay an entrance fee, and are given a form to take to their selected surgeon, who may or may not accept them. They are entitled to benefit one month after joining, or at once on payment of 10s. each to the dispensary, and with their selected surgeon's sanction.

Thirdly, each surgeon states to the secretary what area of district he is willing to accept.

Fourthly, the secretary keeps a list of all patients accepted by each surgeon, which list each surgeon can see at any time. The secretary receives all payments from members, and pays each surgeon half that amount, the other half goes to pay dispenser, drugs, rent, etc. Midwiferies are a guinea, and paid in full to the surgeon.

Fifthly, the dispensary is managed by a committee of members appointed at the annual meeting, and the medical staff are, *ex officio*, members, but all matters medical and pharmaceutical for consideration are referred to a sub-committee of the medical staff to report to the general committee.

Sixthly, it is proposed, but not yet accomplished, that all local practitioners of a length of residence to be agreed upon may be on the dispensary staff if they so desire; also, that these institutions be affiliated with general hospitals, each surgeon sending such members to the hospitals as he deems necessary. Minor details I will omit.

Here, Sir, is payment by members in health to provide against sickness. Each surgeon decides the selection of his own patients, does no dispensing, has no money collecting, and from the small wage-earning class gets as much as he thinks they can pay, otherwise he refuses them as dispensary patients; moreover, a surgeon with a large list of members is paid accordingly, whilst a surgeon with a small list is paid proportionately. This plan is that recommended, I believe, by the Charity Organisation Society to relieve the existing abuse of our present out-patient hospital system.

G. writes: As one of the medical officers of the Manchester and Salford Provident Dispensaries Association, I fully endorse Dr. Higgins's statements in the JOURNAL of September 21st as to the abuse of the system.

I have kept a record of work done for clubs and for the dispensary for the last two years, and I find, on comparing the visits paid and the fees received, that I am paid seven times as much for a visit to a club patient as for a visit to a dispensary patient. If visits and consultations are considered as of equal account, the result is not so striking, but still overwhelmingly in favour of club practice. The inadequacy of the remuneration is not by any means the worst feature of the system; poor it is, but having once learned to lean on it as a source of income, we cannot afford to relinquish it, and are consequently entirely in the hands of the committee. A lay committee, composed mainly of working men, pays little attention to professional scruples, it considers them ridiculous, and accordingly we become responsible, as medical officers to the provident dispensary, for acts from which we shrink in our private capacity. I refer mainly, but not exclusively, to advertising. We advertise extensively, and in many objectionable ways; perhaps the most objectionable is the handbill containing the names, addresses, and qualifications of the medical officers; these are, at certain seasons, scattered broadcast in the mills and workshops; they are thrust into the hand of the passer-by in the street, and slipped into the letter-box or under the door of every house in the neighbourhood.

We undoubtedly took up the provident dispensary system in despite of the better judgment of the bulk of the profession in Manchester and Salford, who stood strictly aloof. We made it a "going concern," and if it has now become our master, and a very hard master, we have ourselves to thank for it.

RETIRED SURGEON-MAJOR T. HOLMSTED (Eastbourne) writes: I venture to send you the enclosed few ideas regarding hospitals. They are based on the idea that all the existing public hospitals are intended for the benefit of the sick poor. The spirit of the gift is for the most part to be obtained, and if present day requirements differ from those ruling at time of constitution, then the proper course is to abide by the spirit of the gift rather than by the mere letter.

1. A central office is needed with telephonic communication with all the hospitals and chief police stations, for the following reasons. *a.* A man meets with an accident; the policeman or the passer-by takes him to the police office; the central office is communicated with, and the reply is, "Take the injured man to — Hospital, where a bed is ready." *b.* Or a person you are interested in needs, you think, or your doctor thinks, hospital treatment. You write to central office; they send you a form to fill in and return; they then reply a bed is vacant and ready at — Hospital; since the patient has means she must pay — s. a week. By this the sick and the beds adapted to them are brought together; there is no tedious hunt from one hospital to another, no half killing the patient in the prolonged ordeal; *c.* The circumstances of the patient are taken into consideration, and, if thought proper, the patient or his friends have to pay certain maintenance charges in accordance with their means, and this is done in a fair way by an unprejudiced central office.

2. Working men ought to be on the boards of hospitals to prevent useless, undesired luxuries. A working man keeps himself, family, pays rent, etc., all for a sum less than what is needed to keep one patient now, so common sense says the present system must be bad.

3. Hospital Contributions.—These are raised at an enormous expense, each separate hospital having its own collecting establishment, so for every £1 given only 14s. goes into the hospital purse. If the present competing system were removed, and application only made from a central office, probably for every £1 given 19s. 6d. would go into the hospital purse.

4. Regarding administration. If at each hospital medical officers were made specialists, changing about yearly or at longer intervals, then the yearly medical reports would be of great value to general practitioners, for a specialist seeing one hundred cases of inflammation of lungs in the year could give something definite as to cause, prevention, and treatment; though, if he only saw six mixed up with ninety-four miscellaneous cases, his report would be valueless; the same with every other disease.

DURING the month of August the police in London seized 3,290 dogs. Forty-seven dogs, either rabid or supposed to be so, were killed in the streets; 19 of these were proved by *post-mortem* examination to have been suffering from rabies. The number of persons reported to have been bitten by dogs was 1,681.

## INDIA AND THE COLONIES.

### NEW ZEALAND.

THE NEW MEDICAL PRACTITIONERS BILL FOR NEW ZEALAND.—The new Medical Practitioners Bill, which is to be introduced by Mr. Stevens in the Upper House of the New Zealand Legislature in the coming session, contains seventy-six clauses, and is divided into three parts. Part I provides for the constitution and election of a general medical council for the whole colony, to be called the General Council of Medical Education and Registration of New Zealand. It is to consist of twelve members elected from among the legitimate medical practitioners residing in the colony. The first members of the Council are to be appointed by the Government, who will also nominate the first president and vice-president. The members and officers so appointed will hold office for three years only. In the year 1892 the first election will be held, and thereafter the elections will take place quinquennially. Part II relates to the medical register which the Registrar-General will be required to keep correct, in accordance with the regulations of the Medical Council. The qualifications for registration are to be (1) present proved registration on the New Zealand or English Register; (2) proof of having passed a qualifying examination in medicine, surgery, midwifery, etc., held by the University of New Zealand for degrees in those subjects; (3) proof of having passed a preliminary examination, which, in the opinion of the Medical Council, is equivalent to that of the New Zealand University matriculation for medical students, and having passed through four years' regular medical study, and received a diploma from some qualified medical body recognised by the Medical Council entitling to practise in medical surgery and midwifery. The Council may require the Registrar to strike off the register the names of practitioners convicted of felony or perjury, or "guilty of infamous or disgraceful conduct in a professional respect," or may suspend him from practice for such period as they think fit, but not on account of a conviction for a political offence in a foreign country, or for an offence which, in the opinion of the Council, does not disqualify him for practising. A person who has been suspended or struck off the register may appeal to the Supreme Court, and the Court may confirm, reverse, or modify the Council's decision, but the members of the Council will not be liable personally to any action at law on account of their official action in these respects. No unregistered person will be allowed to hold any public medical appointment, and the penalty for procuring or attempting to procure registration by means of false pretences will be three years' imprisonment with hard labour. Any person falsely representing himself to be a registered practitioner, and if unregistered receiving payment for practising, or using (for the purpose of practising) any medical title, will be liable, on summary conviction, to a penalty of £50. Part III. contains various general provisions. Every medical practitioner is required, under penalty of £50, to take out an annual licence, the fee for which is two guineas. A charge of £1 is to be made on deposit of diploma, and 10s. for every alteration of the registered qualification or addition to it.

## OBITUARY.

### PROFESSOR RUDOLPH VOLTOLINI, M.D., Breslau.

LARYNGOLOGY has lost one of its most prominent representatives in the person of Professor Rudolph Voltolini, of Breslau, who died on September 11th, in the 71st year of his age. He was born in 1819, and studied medicine at Breslau and afterwards at Berlin. After spending some years in medical practice, he qualified as *Privat Dozent* of Laryngoscopy, Otoscopy, and Rhinoscopy at Breslau in 1860. In 1868 he was appointed Extraordinary Professor of these subjects, the chair being expressly created for him.

Voltolini was an enthusiastic toiler in the field of medicine which he had chosen for his own. He has been not unjustly called the father of rhinoscopy, and he certainly did more to improve the *technique* of that difficult art and to popularise the practice of it than any other teacher. He was also one of the first to apply the galvano-caustic method introduced by Middeldorpf to the treatment of diseases of the nose and larynx. He was

is a lunatic and a proper person to be sent to an asylum, and thereupon the like proceedings shall be taken by the relieving officer and all other persons for the purpose of removing the lunatic to an asylum, and within the same time, as by the Lunatic Asylums Act, 1853, provided in the case of a pauper deemed to be a lunatic and a proper person to be sent to an asylum, and, pending such proceedings, the lunatic may be detained in the workhouse.

7. If the medical officer of a workhouse omits to give such notice to a relieving officer as by the last preceding subsection provided, he shall for each day or part of a day after the first day, and before the notice is given during which the alleged lunatic remains in the workhouse, be liable to a penalty not exceeding ten pounds.

8. Every relieving officer who fails to perform the duty by this section imposed upon him shall for each offence be liable to a penalty not exceeding ten pounds.

9. The guardians of the union, to which a workhouse belongs, may direct that any lunatic detained therein be discharged or removed therefrom.

10. For the purposes of this section, an asylum provided for reception and relief of the insane under the Metropolitan Poor Act, 1867, shall be deemed to be a workhouse, and the managers of such asylum shall exercise the powers and perform the duties by this section conferred and imposed upon the guardians of the union to which a workhouse belongs, and notices to be given to and proceedings to be taken by a relieving officer shall, in the case of a lunatic in any such asylum, be given to and taken by one of the officers of the asylum to be nominated for the purpose by the managers of the asylum.

11. An order under Section 3 of the Lunacy Act, 1855, shall not authorise the detention of a lunatic after the expiration of fourteen days from its date, except under the conditions mentioned in this section.

12. As regards every pauper in a workhouse at the date of the commencement of this Act (May 1st, 1890) as to whom a certificate has been signed under Section 20 of the Lunacy Acts Amendment Act, 1862, no certificate or order of a justice under this section shall be required.

Where a pauper lunatic is discharged from an asylum, hospital, or licensed house, and the medical officer of the asylum, or the medical attendant of the hospital or house, is of opinion that the lunatic has not recovered, and is a proper person to be kept in a workhouse as a lunatic, the medical officer or medical attendant shall certify such opinion, and his certificate shall accompany the notice of discharge, and the lunatic may thereupon be received and detained against his will in a workhouse without further order if the medical officer of the workhouse certifies in writing that the accommodation in the workhouse is sufficient for the lunatic's proper care and treatment, separate from the inmates of the workhouse not lunatics, or that the lunatic's condition is such that it is not necessary for the convenience of the lunatic, or of the other inmates, that he should be kept separate.

#### VENTILATING SHAFTS.

DOWD DRAUGHT writes: In erecting a ventilating shaft from a public sewer against the gable end and chimneys of a dwelling-house, how many feet above or below the level of the chimney pot ought the shaft to terminate?

\*\*\* Ventilating shafts from sewers should, whenever possible, be carried up the sides of houses, so that their ends terminate at a considerable distance from all windows and chimneys. If they must be brought up alongside a chimney stack, it would, in our opinion, be preferable for them to terminate some three feet or more below the chimney pots rather than above, as, although in the latter position the exhaust action would be greater, there would be a tendency on occasions for foul gases to find their way into living rooms. If carried up above the chimney pots, the additional height given to the shafts should be not less than six feet. They must be very securely fixed when no longer supported by brickwork.

#### EMPLOYERS' LIABILITY ACT.

In the reply given to a Union Medical Officer of a District, under this heading, in the JOURNAL of September 14th, p. 630, it was stated that five guineas would be a fair charge to make for visiting a case requiring constant attendance for three weeks, at a distance of ten miles. The amount of the fee should have been fifteen guineas.

#### MEDICAL OFFICERS OF HEALTH AND OTHER PRACTITIONERS' PATIENTS.

MEDICAL OFFICER OF HEALTH writes: During the existence of an epidemic is it part of my duty as medical officer of health to personally examine private patients of other medical men stated to me to be suffering from the disease? My board appear to think that I should personally examine every case, private or otherwise, and give my opinion as to the correctness of the diagnosis.

\*\*\* It forms no part of the duties of a medical officer of health under a compulsory notification Act to examine patients certified to be suffering from an infectious disease. He could only do so, having due regard to professional etiquette, after obtaining the consent of the medical practitioner in attendance. Where any doubt exists as to the nature of the disease, or as to its being of an infectious character, the attendant medical practitioner should seek a consultation with the medical officer of health.

#### HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, including London, which have an estimated population of 9,555,406 persons, 5,284 births and 3,117 deaths were

registered during the week ending Saturday, September 21st. The annual rate of mortality in these towns, which had been 16.2 and 16.7 per 1,000 in the two preceding weeks, further rose to 17.0 during the week under notice. The rates in the several towns ranged from 12.4 in Brighton, 12.7 in Derby, 12.8 in Leicester, and 14.2 in Halifax to 25.3 in Sunderland, 26.9 in Newcastle-upon-Tyne, and 27.5 in Preston. In the twenty-seven provincial towns the mean death-rate was 18.5 per 1,000, and exceeded by 3.3 the rate recorded in London, which was only 15.2 per 1,000. The 3,117 deaths registered during the week under notice in the twenty-eight towns included 279 which were referred to diarrhoea, 88 to diphtheria, 58 to scarlet fever, 57 to whooping-cough, 45 to "fever" (principally enteric), 29 to measles, and one to small-pox; in all, 537 deaths resulted from these principal zymotic diseases, against 512 and 529 in the two preceding weeks. These 537 deaths were equal to an annual rate of 2.9 per 1,000; in London the zymotic death-rate was equal to 2.2, while it averaged 3.5 per 1,000 in the twenty-seven provincial towns, and ranged from 1.5 in Birkenhead, and 1.7 in Birmingham, and in Leicester to 5.8 in Salford, and in Newcastle-upon-Tyne, 6.1 in Norwich, 7.3 in Plymouth and 9.5 in Preston. Measles caused the highest proportional fatality in Newcastle-upon-Tyne, Halifax, and Preston; scarlet fever in Blackburn and Plymouth; whooping-cough in Bolton and Sunderland; "fever" in Norwich and Preston; and diarrhoea in Hull, Huddersfield, Salford, Newcastle-upon-Tyne, Norwich, and Preston. Of the 68 deaths from diphtheria recorded during the week under notice in the twenty-eight towns, 44 occurred in London, 5 in Salford, 4 in Manchester, 3 in Sheffield, 3 in Preston, 3 in Derby, and 2 in Birmingham. Small-pox caused one death in Sheffield, but not one in any other of the twenty-eight large towns; and no small-pox patient were under treatment in any of the Metropolitan Asylum Hospitals on Saturday, September 21st. These hospitals contained, however, 1,130 scarlet fever patients on the same date, against numbers steadily increasing from 535 to 1,067 in the twelve preceding weeks; 126 cases were admitted during the week against 112 and 188 in the two previous weeks. The death-rate from diseases of the respiratory organs in London was equal to 1.7 per 1,000, and was considerably below the average.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, September 21st, 800 births and 419 deaths were registered in the eight principal Scotch towns. The annual rate of mortality in these towns, which had been 16.5 and 19.1 per 1,000 in the two preceding weeks, declined again to 16.4 during the week under notice, and was 0.6 per 1,000 below the mean rate during the same period in the twenty-eight large English towns. The lowest rates were recorded in Perth and Leith, and the highest in Paisley and Edinburgh. The 419 deaths registered in these towns during the week included 74 which were referred to the principal zymotic diseases, equal to an annual rate of 2.9 per 1,000, which was equal to the mean zymotic death-rate during the same period in the large English towns. The highest zymotic rates were recorded in Perth and Edinburgh. The 175 deaths registered in Glasgow during the week under notice included 9 from whooping-cough, 7 from diarrhoea, 4 from diphtheria, 3 from measles, 3 from "fever," and 2 from scarlet fever. Five fatal cases of whooping-cough occurred in Edinburgh. The death-rate from diseases of the respiratory organs in these towns was equal to 2.6 per 1,000, against 1.7 in London.

#### HEALTH OF IRISH TOWNS.

In the sixteen principal town districts of Ireland the deaths registered during the week ending Saturday, September 21st, were equal to an annual rate of 23.9 per 1,000. The lowest rates were recorded in Lisburn and Waterford, and the highest in Armagh and Drogheda. The death-rate from the principal zymotic diseases averaged 4.1 per 1,000. The 192 deaths registered in Dublin during the week under notice were equal to an annual rate of 28.4 per 1,000 (against 24.4 and 24.5 in the two preceding weeks), the rate for the same period being only 15.2 in London and 17.9 in Edinburgh. These 192 deaths included 31 which resulted from the principal zymotic diseases (equal to an annual rate of 4.6 per 1,000), of which 18 were referred to diarrhoea, 8 to "fever," and 3 to whooping-cough.

## MEDICAL NEWS.

PROFESSOR BARDELEBEN has been elected Dean of the Medical Faculty of the University of Berlin for the coming academic year.

It is proposed by a number of the late Professor Bamberger's pupils to place a portrait of him in the workroom attached to his clinic.

A CHAIR of hygiene and bacteriology is about to be established in the University of Königsberg. Dr. Karl Fränkel, first assistant to Professor R. Koch, of Berlin, will be called to fill it.

By decree dated July 29th the Portuguese Government is empowered to make contracts for the drainage of Coimbra on the Berliet system or any other which may seem preferable.

In addition to his other decorations, Professor Billroth has lately received the Cross of a Commander of the Portuguese Order of St. James and the Servian Order of St. Sava of the first class.

PRESENTATION.—Dr. E. P. Thurstan's intended departure from Southborough for the Canary Islands has been chosen by his many friends as a fitting occasion for presenting him with a cheque of £100 and a letter expressive of the high esteem in which he is personally held and their great regret at his departure from amongst them.

DR. SCHAAFFHAUSEN, Professor of Anthropology, General Physiology and Pathology in the University of Bonn, celebrated the fiftieth anniversary of his obtaining his Doctor's degree on August 31st.

DR. VIAULT, of Bordeaux, has been commissioned to follow out Paul Bert's experimental researches on the influence of elevation on the respiratory function in the mountain table-lands of Peru, Ecuador, and Bolivia.

DR. WIDERHOFER, of Vienna, who has been travelling with the Empress of Austria as her medical attendant, was recently thrown from a mule, and sustained a fracture of the collar-bone, besides severe contusions of the back.

POISONOUS BANK NOTES.—It has been found that Schweinfurth's green has been used in printing the fifty-franc notes of the Bank of Switzerland. Two cases of poisoning have lately occurred which have been traced to this cause. The sufferers were a clerk who moistened his thumb with his lips in counting the notes, and a printer who had to handle them when wet.

### MEDICAL VACANCIES.

#### The following Vacancies are announced:

- BALLINROBE UNION.**—Medical Officer. Salary, £100 per annum, with £33 6s. 8d. as Consulting Sanitary Officer. Applications to Mr. John Walsh, Clerk of Union. Election on October 19th.
- COUNTY WEXFORD INFIRMARY.**—Surgeon. Salary, £120 per annum, and house. Election on September 30th.
- EAST LONDON HOSPITAL FOR CHILDREN,** Shadwell, E.—House-Physician. Board and lodging. Applications by October 10th to the Secretary.
- FLINTSHIRE DISPENSARY.**—House-Surgeon. Salary, £100 per annum, with furnished house, etc. Applications by October 7th to the Secretary, Board Room, Bajillit Street, Holywell.
- GENERAL HOSPITAL,** Birmingham.—Resident Registrar and Pathologist. Salary, £100 per annum, with board and lodging. Applications by September 28th to the House Governor.
- GENERAL HOSPITAL,** Birmingham.—Assistant House-Surgeon. Residence, board, etc. Applications by September 28th to the House Governor.
- HOSPITAL FOR CONSUMPTION,** Brompton.—House-Physicians. Applications by October 19th to the Secretary.
- HOSPITAL FOR DISEASES OF THE THROAT,** Golden Square, W.—Resident Medical Officer. Salary, £50 per annum, with board, etc. Applications by September 30th to the Secretary.
- JOINT COUNTIES ASYLUM,** Carmarthen.—Junior Assistant Medical Officer. Salary, £100 per annum, with board, lodging, etc. Applications by October 10th, to the Medical Superintendent.
- LEICESTER INFIRMARY AND FEVER HOUSE.**—House-Surgeon. Salary, £120 per annum, with board, lodging, etc. Applications by October 5th to the Secretary.
- LONDON FEVER HOSPITAL,** Liverpool Road, Islington, N.—Assistant Resident Medical Officer. Salary, £120 per annum. Applications by October 1st addressed to the Secretary.
- METROPOLITAN HOSPITAL,** Kingsland Road, N.E.—Junior House-Surgeon. Salary, £40 per annum, with board, etc. Applications by September 28th to the Secretary.
- MITCHELSTOWN UNION, GALBALLY DISPENSARY.**—Medical Officer. Salary, £115 per annum, and fees. Applications to Mr. Patrick Walsh, Honorary Secretary, Killinane. Election on October 2nd.
- PLYMOUTH PUBLIC DISPENSARY.**—Physician's Assistant. Salary, £60 per annum. Applications by October 8th to the Honorary Secretary.
- PLYMOUTH PUBLIC DISPENSARY.**—Second Medical Officer for Provident Department. Applications by October 8th to the Honorary Secretary, W. H. France, Esq., 7, Athenaeum Terrace, Plymouth.
- ROYAL LONDON OPHTHALMIC HOSPITAL,** Moorfields, E.C.—Junior House-Surgeon. Salary, £50 per annum, with board and apartments. Applications by September 30th to the Secretary.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,** King William Street, West Strand.—Surgeon. Applications by October 3rd to the Secretary.
- STOKESLEY UNION.**—Medical Officer for Workhouse and Stokesley District. Salary, £54 per annum, with extras. Applications by October 19th to T. Sowerby, Esq., Clerk, Stokesley.
- UNIVERSITY COLLEGE,** Dundee.—Professor of Physiology. Salary, £350 per annum, with two-thirds of fees. Applications by October 15th to Messrs. Shiell and Small, 5, Bank Street, Dundee.
- WESTERN GENERAL DISPENSARY,** Marylebone Road, N.W.—Honorary Surgeon. Applications by October 7th to the Honorary Secretary.
- WESTERN GENERAL DISPENSARY,** Marylebone Road, N.W.—Honorary Dental Surgeon. Applications by October 7th to the Honorary Secretary.

### MEDICAL APPOINTMENTS.

- BROWN, H. H., M.D., B.S.Lond., F.R.C.S.Eng.,** appointed House-Physician to the Wolverhampton and Staffordshire General Hospital, Wolverhampton, vice A. Evans, M.D.
- CAMPBELL, A. W., M.B., C.M.Édin.,** appointed Junior Assistant Medical Officer to the County Asylum, Shrewsbury, vice M. P. Ledward, M.R.C.S., L.S.A.
- CRISP, J., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed House-Surgeon and Secretary to the Stamford, Rutland, and General Infirmary.
- GOUGH, J. H., M.R.C.S., L.R.C.P.,** appointed Resident Medical Officer to the Royal Albert Hospital, Devonport, vice R. H. Perks, M.D., F.R.C.S.
- GUILDING, L.M., M.A., M.B., B.Ch.Oxon., M.R.C.S.,** appointed Assistant Surgeon to the Royal Berkshire Hospital, Reading.

- HUNT, R., M.R.C.S., L.R.C.P.Lond.,** appointed Honorary Surgeon to the Blackburn and East Lancashire Infirmary, vice W. H. Stephenson, M.D., L.R.C.S.Édin., deceased.
- JOHNSON, R. S., L.R.C.P., L.R.C.S.Éd.,** appointed Second Assistant Medical Officer to the St. Marylebone Infirmary, vice L. Hickey, M.R.C.S., L.S.A., M.B.Durh., resigned.
- KER, Mrs. Alice, M.D., L. and L.M.K.Q.C.P.I.,** appointed Medical Officer to the Wirral Children's Hospital, vice T. A. Palm, M.D., M.B., C.M., resigned.
- LACE, F., M.R.C.S. and L.R.C.P.,** appointed House-Surgeon to the Royal United Hospital, Bath, vice H. A. Spencer, M.R.C.S., L.R.C.P., resigned.
- MCWHANNELL, L., M.B., C.M.,** appointed Senior House-Surgeon to the Borough Hospital, Birkenhead, vice E. Scott Sugden, M.B., M.R.C.S., resigned.
- MILLER, H., M.D.,** appointed Public Vaccinator to the Birkenhead Union, vice P. M. Braidwood, M.D., resigned.
- PINKERTON, J., M.D., M.Ch., L.M.,** appointed Medical Officer to the Wirral Children's Hospital, vice C. Knox, L.K.Q.C.P.I., M.R.C.S.Eng., resigned.
- RICHARDSON, W. J., M.D., M.Ch.,** appointed Medical Officer of Health for Ravensthorpe, vice Dr. Marsden, resigned.
- ROWE, E. L., L.R.C.P., L.R.C.S.Édin.,** appointed Resident Medical Superintendent to the Ipswich Borough Lunatic Asylum, vice B. Chevallier, M.B., M.D.
- SIMS, G. S., L.R.C.P.Lond., M.R.C.S., L.S.A.,** appointed Surgeon to the Derby Borough Police.
- WATKINS, Ernest, L.R.C.P., L.R.C.S.Éd.,** appointed Assistant Medical Officer to the Luton Friendly Societies Medical Institute.
- WATSON, W. R. K., M.B., C.M.,** appointed Resident Clinical Assistant to the City Asylum, Birmingham, vice Mr. Ensor, resigned.
- WHITELEY, D. L.,** appointed Honorary Surgeon to the Wallasey Dispensary, vice F. H. Potts, resigned.

### DIARY FOR NEXT WEEK.

#### TUESDAY.

**SOCIETY FOR THE STUDY OF INEBRIETY,** 11, Chandos Street, Cavendish Square, W., 4 P.M.—Mr. H. Ernest Trestrail: Some of the Circumstances which Favour the Development of Inebriety, and how to meet them. The President: Is there an Arsenic Inebriety?

#### WEDNESDAY.

**OBSTETRICAL SOCIETY OF LONDON,** 8 P.M.—Specimens will be shown. Dr. Herman: 1. A Contribution to the Anatomy of the Pelvic Floor; 2. On the Changes in the Pelvic Floor which accompany the Slighter Degrees of Prolapse.

### 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. The first post on Thursday mornings is the latest by which advertisements can be received.*

#### BIRTH.

**DAY.**—On September 21st, at 4, Upper Surrey Street, Norwich, the wife of Donald D. Day, F.R.C.S., of a son.

#### MARRIAGES.

- EVE—COX.**—On September 19th, at St. Mary's, Harrow-on-the-Hill, by the Rev. F. Hayward Joyce, Vicar, and the Rev. T. Smith, Frederick S. Eve, F.R.C.S., of 125, Harley Street, Cavendish Square, to Caroline Ella, only daughter of Herbert E. Cox, of Ashleigh, Harrow. No cards.
- HAYWARD—DAVIES.**—On September 21st, Charles W. Hayward, M.D.Édin., M.R.C.S., L.R.C.P.Lond., of Liverpool, to Lillie, only daughter of Thomas Davies, Esq., J.F., of Bootle.
- HUNT—LILLY.**—On September 18th, at St. Mary's Church, Spondon, Derbyshire, by the Rev. P. Lilly, M.A., Vicar of Collaton, South Devon, uncle of the bride, assisted by the Rev. R. Lethbridge Farmer, John Aspinall Hunt, L.R.C.P., M.R.C.S., The Poplars, Oakbrook, Derbyshire, eldest surviving son of Edward Hunt, Bartlewood House, Oakbrook, to Minnie Beatrice, sixth daughter of O. M. Lilly, The Croft, Spondon, Derbyshire. No cards.
- MCLEAN—LAWSON.**—On September 25th, at All Saints' Church, Fulham, by the Rev. W. Goodwin Kerr, M.A., William W. L. McLean, M.R.C.S.Eng., L.R.C.P.Lond., younger son of J. W. McLean, Esq., of Fulham Park Gardens, S.W., to Minnie, youngest daughter of John Lawson, Esq., of Italian Villa, Hurlingham Lane, S.W.
- NEILSON—TULLIS.**—On September 19th, at Blackfriars Parish Church, Dennistoun, Glasgow, by the Rev. Thomas Somerville, M.A., assisted by the Rev. Albert Goodrich, D.D., Henry J. Neilson, M.D., Bulwell, Nottingham, to Annie Keil, eldest daughter of John Tullis, Esq., Inchcape, Dennistoun, Glasgow.
- PRATT—MOXON.**—On September 19th, at St. Giles's Church, Northampton, by the Rev. R. A. White, M.A., W. Sutton Pratt, L.R.C.P.Lond., M.R.C.S., of Weedon, Northants, to Eleanor Mary, second daughter of William Moxon, M.R.C.S., etc., of Dergate, Northampton.
- PUDDICOMBE—COLSON.**—On September 19th, at the Parish Church, Arundel, Sussex, by the Rev. A. J. Hughes, M.A., Francis Morgan Puddicombe, Surgeon R.N., son of the late Robert Bruce Puddicombe, Esq., R.M.L.I., to Florence Bessie Tricket, second daughter of Charles Colson, Esq., M.I.C.B., of Clifton House, Sliema, Malta.
- THOMAS—EYRE.**—On September 21st, at St. Matthew's, Gosport, by the Hon. and Rev. Canon Brodrick, Rector of Alverstoke, assisted by the Rev. Charles Tanner, Vicar, William Thomas, M.R.C.S.Eng., L.R.C.P.Éd., Rhyll, to Elizabeth Mary, the only daughter of William Scott Eyre, Royal Clarence Yard, Gosport.

#### DEATH.

**ACLAND.**—On Tuesday, September 17th, at Roseneath, Eastbourne, Aimée Sarah Agnes Dyke, the beloved child of Theodore and Caroline Acland, aged 4 months.



## OPERATION DAYS AT THE LONDON HOSPITALS.

<b>MONDAY</b> .....	10 A.M.: Royal London Ophthalmic.—10.30 A.M.: Royal Free (Ophthalmic Department).—1.30 P.M.: Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Central London Ophthalmic; Hospital for Women; Royal Orthopaedic; St. Mark's; London.—2.30 P.M.: Chelsea Hospital for Women.
<b>TUESDAY</b> .....	10 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; Royal Westminster Ophthalmic; St. Bartholomew's (Ophthalmic Department); St. Mary's.—2 P.M.: Cancer Hospital, Brompton; Central London Ophthalmic; London; Westminster.—2.30 P.M.: St. Mark's; West London.—4 P.M.: St. Thomas's (Ophthalmic Department).
<b>WEDNESDAY</b> ....	10 A.M.: National Orthopaedic; Royal London Ophthalmic.—11 A.M.: St. Mary's (Orthopaedic).—1 P.M.: Middlesex.—1.30 P.M.: Royal Westminster Ophthalmic; St. Bartholomew's; St. Thomas's.—2 P.M.: Central London Ophthalmic; Great Northern Central; London; Royal Free; University College; Westminster.—2.30 P.M.: St. Peter's; Samaritan Free Hospital for Women and Children.—3 to 4 P.M.: King's College.
<b>THURSDAY</b> .....	10 A.M.: Royal London Ophthalmic.—1 P.M.: St. George's.—1.30 P.M.: St. Bartholomew's (Ophthalmic Department); Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Central London Ophthalmic; Charing Cross; Hospital for Diseases of the Throat; Hospital for Women; London; University.—2.30 P.M.: Chelsea Hospital for Women; North-West London.
<b>FRIDAY</b> .....	9 A.M.: Metropolitan; St. Mary's (Ophthalmic Department).—10 A.M.: Royal London Ophthalmic.—10.30 A.M.: Royal Free (Ophthalmic Department).—1.15 P.M.: St. George's (Ophthalmic Department).—1.30 P.M.: Guy's; Royal Westminster Ophthalmic.—2 P.M.: Central London Ophthalmic; East London Hospital for Children; King's College; London; St. Thomas's (Ophthalmic Department).—2.30 P.M.: West London.
<b>SATURDAY</b> .....	9 A.M.: Royal Free (Department for Diseases of Women).—10 A.M.: Royal London Ophthalmic.—1 P.M.: King's College.—1.30 P.M.: Royal Westminster Ophthalmic; St. Bartholomew's; St. Thomas's.—2 P.M.: Cancer Hospital, Brompton; Central London Ophthalmic; Charing Cross; London; Middlesex; Royal Free; University.

## HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

<b>CHARING CROSS</b> .—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. 1.30; Dental, M. W. F., 9.
<b>CHELSEA HOSPITAL FOR WOMEN</b> .—M. Tu. W. and F., 1.30.
<b>GREAT NORTHERN CENTRAL</b> .—Medical and Surgical, M. Tu. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. F., 10; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2.
<b>GUY'S</b> .—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. 1; Skin, Tu., 1; Dental, Tu. Th. F., 1.30.
<b>KING'S COLLEGE</b> .—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 1.30; o.p., W. F., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, M. Th., 9.30.
<b>LONDON</b> .—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9.
<b>MIDDLESEX</b> .—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 9.30; o.p., W., 1.30; Eye, W. S., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th. 9.30; Dental, M. W. F., 9.30.
<b>NATIONAL ORTHOPAEDIC</b> .—M. Tu. Th. F., 2.
<b>NORTH-WEST LONDON</b> .—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9.
<b>ROYAL ORTHOPAEDIC</b> .—Daily, 1.
<b>ROYAL FREE</b> .—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th. 9.
<b>ST. BARTHOLOMEW'S</b> .—Medical and Surgical daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9.
<b>ST. GEORGE'S</b> .—Medical and Surgical, M. T. F. S., 12; Obstetric, Th. 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu., S., 9.
<b>ST. MARK'S HOSPITAL</b> .—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45.
<b>ST. MARY'S</b> .—Medical and Surgical, daily, 1.45, o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopaedic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30; Operations, Tu., 1.30; Ophthalmic Operations, F., 9.
<b>ST. THOMAS'S</b> .—Medical and Surgical, daily, except Sat., 2; Obstetric, Tu. F., 2; o.p., W., 1.30; Eye, M. Tu. W. Th. F., 1.30; o.p., daily, except Sat., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10.
<b>UNIVERSITY COLLEGE</b> .—Medical and Surgical, daily, 1.30; Obstetrics, M. Th., 1.30; Tu., W. F., 2; Eye, Tu. F., 2; Ear, M. F., 9; Skin, W., 1.45, S., 9.15; Throat, Th., 1.30; Dental, W., 9.30.
<b>WESTMINSTER</b> .—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, 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, 429, 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.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

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.

## QUERIES.

## HERPES ZOSTER.

"SHINGLES" would be obliged to any reader who could suggest a good local application in herpes zoster. He has found the routine practice of dusting with flour most unsatisfactory.

## QUININE IN PREGNANCY.

A MEMBER writes: I am at present giving a young married lady, three months pregnant, one-grain doses of quinine twice daily for morning sickness. She has had a previous miscarriage, and I am most anxious to prevent another. On reading Mr. E. Gaynes Doyle's letter of September 21st regarding the action of quinine on the pregnant uterus, I doubt if I should continue this treatment. Mr. Doyle mentions five-grain doses. Would one-grain doses be dangerous, or should it be stopped altogether?

## ANSWERS.

## DURATION OF CONSTIPATION.

H. M. R. writes: What is the longest time that complete constipation has been known to last without a fatal issue? A friend told me that a patient had gone forty-three days without defecating, but as the woman had hysteria the case was open to doubt.

\* \* We find in *Neale's Digest* (875, 3) a case referred to of two years' duration (*Ranking's Abstracts*, i, 1860, p. 275), with the suggestive addition, "no faeces post mortem." Dr. Lauder Brunton in the JOURNAL, February 14th, 1885, p. 316, speaks of a case in which the bowels were opened "regularly" once in three months. Perhaps some of our correspondents may have additional facts bearing on the subject to communicate.

## VARNISHING SPHYGMOGRAPHIC TRACINGS.

A. G. B.—The varnish usually used for rendering sphygmographic and similar tracings permanent is either friar's balsam or white hard varnish dissolved in spirit. Either should be allowed to run gently over the tracing, which should then be drained from excess of varnish. When dry the tracing is permanent.

## FACTORY SURGEONS.

A CORRESPONDENT writes: Is only one factory surgeon appointed to a district?

\* \* Only one factory surgeon is appointed to a district—using this term as applied officially to an area recognised by the Home Office as a district. A district may be a single town or a large country area, or a portion of a town if it be a manufacturing one. Some large towns are divided into several districts, each having its own certifying surgeon.

## SKIM AND SEPARATED MILK.

NEMO.—Skim milk is merely milk from which a certain proportion of the milk fat has been removed. The term has originated from the old method of obtaining cream by "skimming" it from the surface of milk which had been allowed to stand for a certain time. It is obvious that the amount of fat left in a milk by the application of such a process must depend upon a variety of circumstances, and accordingly the percentage of fat found in "skim" milk varies considerably. In large establishments the separation of cream from milk is now carried out by the use of centrifugal machines called "separators," and milk from which the fat has been removed in this way is called "separated" milk. A far more complete separation of fat is effected by the use of these machines than by any other method, it being possible to reduce the amount of milk fat below one-tenth per cent. on the milk. Both "skim" milk and "separated" milk are therefore simply milk from which a proportion of fat more or less great has been removed. The question of nutritive value evidently depends upon the value that is to be attached to cow's milk as a food when it contains its normal proportion of fat and when it has been partially or almost wholly deprived of this constituent. The fat is regarded as one of the most important constituents of milk, and its removal of course lowers the nutritive value of the food, but this must not be under-

## THE SALE OF COCAINE.

MR. G. HERBERT DOUTHWAITE, M.R.C.S. Eng., L.R.C.P. & S. Edin. (Sunderland), writes: A few days ago I was hurriedly called to see a woman, whom I found to be in an apparently dangerous condition. Her whole body seemed to be convulsed, she was unconscious, the pupils being greatly dilated, and her eyes possessed for the time being a peculiar stare. On her regaining consciousness I asked the patient (who had at one time acted as hospital nurse) several questions, and I ascertained that she had taken about 16 grains of hydrochlorate of cocaine. She had, I learnt, been in the habit of injecting small quantities of this substance into her system in order to relieve the pain of sciatica. On ascertaining at what shop she had obtained the drug, I went and saw the proprietor. He was an unqualified druggist and a patent medicine vendor. On my mentioning the matter to him he bluntly informed me that cocaine was not a scheduled poison, and therefore he should continue to sell it as freely as before. Of course, that being the case, I felt helpless to interfere. Could not something be done at least to regulate the sale of this dangerous drug, especially by unqualified men?

## UNQUALIFIED ASSISTANTS.

SINE DIPLOMA writes: "A Member," writing in the JOURNAL of September 14th concerning unqualified assistants, brings four distinct charges against them, namely, that they are frequently "drunken" and "dishonest," that they are "incapable of diagnosis," and "incompetent to prescribe!" I suppose I must here add "frequently." He also hashes up an old tale, which every medical man must remember having heard in his student days; the gentleman, however, to give it piquancy relates it as a fact—an American one, we conclude. Of course, any remarks I may make in refutation only apply to ourselves *versus* the "newly fledged" *diplome*. If he be a medical man of some years' standing, the fact of his wishing to take a qualified assistantship speaks for itself—"drunken, dishonest, or incapable." I think a consensus of opinion, taken from medical men who have assistants, would be that so far as "drunkenness and dishonesty" are concerned, "tis six of one and half-a-dozen of the other," and the opinion of the public at large that "drunkenness" is not "a complaint" confined to the assistant only. As to the capabilities of the two—fledgling and unqualified—in "diagnosis and prescribing," the *sine diploma* man, who at any rate must have had practical experience as apprentice or pupil, is the better of the two; in this will be found the reason why we are still marketable goods, and obtain, in some cases, almost equivalent salaries.

Granted the originality of "A Member's" piquant dish, during a few years' experience as unqualified assistant I have myself seen the theoretically qualified man in a quandary. One, a case of hour-glass contraction of uterus, which was not diagnosed, and when explained I was requested to undertake myself. Another, and this the case of a self-reliant individual, inguinal hernia, patient, a boy, aged 15 years, almost moribund from extreme exhaustion through excessive vomiting. The lad had been treated for two days for the sickness only, the real cause never being ascertained, and ultimately "given up." I reduced the rupture without much difficulty, and the patient soon rallied.

Yet one other. I went out one night with a M.R.C.S., L.S.A., to see an old woman who had been taken suddenly ill—a "fit," they thought. On entering the house our clever apothecary, taking a seat by the patient with great professional air, gently feeling the pulse in the meanwhile, said:—"Awh! has the patient ever been taken like this before?" One of the many neighbours standing round, some even grinning at such a time as this, replied, "Oh, no, sir, she be dead, and has been this alf hour." Tableau!

In conclusion, I can only add that were it not that one cannot and the other can sign a death certificate, we should command as large a salary as the newly qualified man, and be certainly preferred by the patients. "A Member," I think, forgets when he brings charges that many of that class he despises are not only men that read but also think, and are as much *sans peur et sans reproche*, as their more fortunate "certified to kill" brethren, only, unluckily, they are also men *sans argent*, oftentimes the only cause of their being *sans diplome*.

## DUKE'S RAPID UTERINE DILATOR.

DR. ALEXANDER DUKE (Dublin) writes: In justice to myself will you kindly allow me to state that several of the rapid uterine dilators bearing my name and now on sale are not faithful copies of my pattern? They are not reliable, cannot give satisfaction, and would bring discredit on a useful instrument. The original makers are Messrs. Arnold and Sons, Smithfield; and any of the dilators purporting to be the same (that I have seen) were utterly worthless imitations, as they could not bear the necessary strain.

## TO CORRESPONDENTS.

OUR correspondents are reminded that prolixity is a great bar to publication, and, with the constant pressure upon every department of the JOURNAL, brevity of style and conciseness of statement greatly facilitate early insertion. We are compelled to return and hold over a great number of communications, chiefly by reason of their unnecessary length.

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

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## BOOKS, etc., RECEIVED.

- An Elementary Treatise on Human Anatomy. By Joseph Leidy, M.D., LL.D. Second Edition, rewritten. London: Smith, Elder, and Co. 1889.
- On the Causes, Treatment, and Cure of Stammering. By A. G. Bernard M.R.C.S., L.R.C.P. London: J. and A. Churchill.
- On the Principles and Exact Conditions to be Observed in the Artificial Feeding of Infants. By W. B. Cheadle, M.A., M.D. Cantab., F.R.C.P. London: Smith, Elder, and Co. 1889.
- A Textbook of Physiology. By M. Foster, M.A., M.D., LL.D., F.R.S. With Illustrations. Fifth Edition, largely revised. Part II, comprising Book II. London: Macmillan and Co. 1889.
- Handbook of Practical Botany. By E. Strasburger. Edited from the German by W. Hillhouse, M.A., F.L.S. London: Swan Sonnenschein and Co. 1889.
- The Various Manifestations of the Rheumatic State. Lectures delivered before the Harveian Society of London. By W. B. Cheadle, M.D. London: Smith, Elder, and Co. 1889.
- On Static Electricity in Medicine and Apostoli's Methods in the Treatment of Uterine and Peri-uterine Disease. By Henry McClure, M.D. London: H. Renshaw. 1889.
- An Epitome of the Synthetic Philosophy. By F. Howard Collins. With a Preface by Herbert Spencer. London: Williams and Norgate. 1889.

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