

CULTIVATION OF THE BACILLUS LEPRÆ.

By A. A. KANTHACK, M.B., B.S.,

AND

THE LATE SURGEON-MAJOR A. BARCLAY, M.B.,

Members of the Leprosy Commission.

IN Nos. 1,588 and 1,590 of the BRITISH MEDICAL JOURNAL we published an account of some cultivation experiments with leper tissue and expressed the opinion that our artificially cultivated bacillus was the genuine bacillus of leprosy. Tubes and specimens had been sent to Professors C. Fränkel and Baumgarten. Neither of them can acknowledge the identity of the two bacilli claimed by us.

The chief reasons against the opinions expressed by us are:

1. The bacilli are not morphologically identical, as originally asserted by us.
2. The resistance of our bacillus against acids is too weak.
3. The ease with which the bacillus grows on artificial nutritive media is another objection.

Professor Baumgarten, moreover, identifies our bacillus with a saprophyte, occurring frequently on the epidermis, and hence called the "bacillus epidermidis." He himself has cultivated the latter from cancerous material, and considers it identical with Scheurlen's "carcinoma bacillus."

We feel that we were misled by the resistance against acids which our bacillus possessed, and spoke of a "morphological identity," where an absolutely impartial examination could only claim a certain amount of resemblance, which Professor C. Fränkel, however, considers to be only slight.

This *per se* is an insuperable objection, and we therefore consider it our duty to correct a mistake and record our experiments as yet another unsuccessful attempt at growing the leprosy bacillus in artificial media.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

MINERS' NYSTAGMUS.

WITH reference to the paper on Nystagmus by Mr. Snell, a case of mine may be interesting, and may throw some light on the subject.

G. L., aged 34, a strong, healthy man, has been a miner all his life. Two years ago his sight began to fail him when at work, and gradually got worse, until twelve weeks ago, since which time he has given over work. When he last worked he got to his working place all right, but when he put himself in position for holing his sight completely left him. He got upon his knees and waited for some time till his sight returned, and then tried once more, but had to give it up. His working position is on his left side, with the left leg doubled under him, and he used glass lamps, which are considered the best of their kind. He can now see perfectly well in daylight, better even than most people, but not so well at night.

Although suspecting what his disease was, I could not notice any oscillation of his eyes until he put himself into his working position, when, even in the daytime, the oscillations begin after his eyes have been fixed in position for a few minutes.

These cases are very rare in this district, although safety lamps are universally used. Very little holing is done, as the coal is too thin.

I think this case is interesting from the facts that the oscillations commence any time in bright light when he puts himself into position, and that when last at work he could regain vision when he rose upon his knees.

J. A. SMITH, M.R.C.S. Eng., etc.

Middlestown, Wakefield.

SULFAMINOL—A NEW ANTISEPTIC.

SINCE receiving a specimen of this drug from Werck, of Darmstadt, I have employed it in several cases with satisfactory results. So far I can say for it that it is painless and inodorous, and appears to be an antiseptique. It has, be-

sides, a peculiar desiccating effect on wounds, which, under its influence, heal rapidly.

These latter circumstances render it peculiarly suitable for the after-treatment of nasal operative wounds. These, according to my experience with it, heal up without suppuration and in a remarkably short time. Hitherto I employed iodoform and auramine. These, however, were unsatisfactory, the former dangerous on account of irritation, the latter from its colour. Sulfaminol, in the form of powder, is blown into the nostril from day to day, no other application being required.

In disease of the antrum it appears to have a rapidly beneficial effect in a disease notoriously chronic in its course. In such a case I observed rapid progress, after other remedies, such as sublimate lotion and carbolic acid had been used for long enough. After insufflation of dry powdered sulfaminol a rapid decrease of swelling was noticed in the mucous membrane, as evinced by the ease with which lotions escaped *per viam naturalem*.

For diseases of closed cavities, such as the antrum, frontal sinus, etc., this preparation seems to be highly suitable.

Newcastle.

WM. ROBERTSON, M.D.

MULTIPLE NÆVI ON THE GENITALS OF AN ADULT.

THE history of this case is briefly as follows: Mrs. X., aged 35, suffered from indigestion all her life, had oophorectomy performed in 1888, and one of the mucous ducts in the neighbourhood of the meatus urinarius opened up in 1890.

Three years ago, before the ovaries were removed, she noticed some pimples on the pudendum, which were exceedingly sensitive and painful, especially during copulation. At times she felt a burning sensation in the throat, and this travelled downwards to the stomach, and thence to the pimples, causing intense tenderness and pain. After a variable time the burning sensation would mount again to the gullet and throat, leaving the pudendum comparatively free from pain. After the oophorectomy was done she complained of flushings followed by shivering fits, and also of an intolerable fidgetiness, both of which symptoms started from the pimples and radiated all over the body, producing a suffocative feeling and exhaustion.

She was treated with cocaine, etc., topically, and valerian, etc., internally, but without success. I was asked to see her on June 18th, 1891. She was then labouring under considerable mental and physical distress, and it was evident she was highly neurotic. On examination I found thirty or forty cherry-red elevations, varying in size from a pin's head to a flattened pea, and scattered irregularly over the inner surface of both nymphæ, on the vestibulum, the fourchette, and the posterior wall of the vagina to a point $3\frac{1}{2}$ inches upwards from the orificium. Along the line where the nymphæ and vagina met the elevations were so arranged as to resemble very closely a Druid's circle. Thus the labia majora, the mons and clitoris, the meatus and anterior wall of the vagina were entirely free from these swellings. To the touch they yielded a soft fibrous feel, and the examining finger on being withdrawn was found coated with blood. When compressed they became blanched. The epithelium over them was thin, and a patch on the fourchette was ulcerated. A linear elevation on the left nymphæ was bluish and turgid. With the exception of these strictly localised growths the mucous membrane was perfectly normal in appearance. I diagnosed them as capillary angiomas.

The patient readily acceded to their removal, and on the following Saturday she was anaesthetised. With the galvanocautery I destroyed each growth in turn until only the posterior wall of the vagina was left untreated. This was exposed by a Sim's duckbill speculum, and a negative electrode conveying a current varying from 20 to 40 milliampères was moved gently but thoroughly over the whole area. A simple dressing was applied, and the patient made a perfectly good recovery.

On July 29th some granules made their appearance on the vestibulum. These were touched with a negative electrode conveying a current of $\frac{1}{2}$ to 1 milliampère, and the application was continued for some eight minutes.

On August 12th the mucous membrane showed not a trace of the naevoid growths. The subjective symptoms never re-

turned after June 20th. I was very materially assisted in the treatment of this case by the care and skill of Mr. Thistleton, to whom my best acknowledgments are due.

If any single one of these growths had been found on an infant it would have been pronounced a *nævus* at once; but a regular colony of them in an adult, and a history of their existence for only three years, made the case unusual and the diagnosis difficult. As regards treatment, there is no doubt that in such a case electrolysis far surpasses the cautery, the rôle of the latter being limited destruction, while the former combines with its smouldering destruction a strong electro-diffusive effect on the surrounding tissues.

Albany Street, W.

JAMES MAUGHAN, M.D.

A CASE OF "COWPOCK" AFFECTING THE EYELIDS.
A young dairy farmer applied to me at the Eye, Ear, and Throat Hospital, Edinburgh, for advice on account of a severe swelling of the left eyelids, whereby the eye was completely hidden. There was no great pain, only some heat; the glands under the jaw were somewhat swollen. On forcibly separating the lids, I found close to the inner canthus, and affecting chiefly the line of junction between skin and mucous membrane, a small pale grey ulcer, the margins of which were slightly raised. The cornea, etc., were healthy, but there was a considerable degree of chemosis.

I believe that I was able to exclude from the possible causes of the condition chancre and vaccine pock (no one about the farm had been vaccinated), both of which lesions the local appearances considerably resembled. I would have been much puzzled as to the cause but that I found on making inquiry that several of the cattle at the patient's farm had "the pock," and the patient himself had been in the habit of milking those kine which had sores on the teats. He showed me also a small pock on his left hand at the junction of the third finger with the palm, which he himself recognised to be the lesion of "cowpock."

I do not know of any recorded case of this lesion in so unlikely a position as the eye.

WILLIAM GEORGE SYM, M.D., F.R.C.S.E.,
Assistant Ophthalmic Surgeon, Royal Infirmary,
Edinburgh, etc.

CHROMIDROSIS AND IODIDE OF POTASH.

The following notes may be of interest: The patient is a man of 60, suffering from tertiary syphilis. He was treated with iodide of potassium in 10 gr. doses, taken three times a day. After an interval of a week he complained that since taking the medicine his linen and hair became red. He certainly presented a very unique appearance, for his whiskers and hair, formerly nearly white, were now a fine magenta colour. His shirt seemed to have been dipped in the same dye, which remained fast in spite of repeated washings. The colour was excreted by the sweat-glands, visibly: his handkerchief even being stained when he wiped his forehead. When the dose of iodide was reduced the stain lost its intensity, but as soon as the original quantity was again given the colour increased. The hair did not regain its natural hue for some weeks after the drug was stopped.

Hampstead.

G. H. TEMPLE, M.B.

TREATMENT OF INFLUENZA WITH CAMPHOR.

DURING the recent epidemic, when I had on an average 150 cases a week under my care, I had ample opportunity of testing the efficacy of various methods of treatment. My first idea was to try to alleviate the most prominent symptoms—namely, headache and general pains, with *sod. salicyl.* Headache, etc., with *antipyrin*, combining either of the above with a sedative or stimulating expectorant if the chest was affected. I also used *ergot* and *digitalis* in combination in a few cases, taking the disease to be simply due to a vasomotor change, but I afterwards came to regard it as a zymotic disease, with probably a special bacillus of its own, and amongst other drugs I tried camphor, and with so much success that I rarely prescribed anything else afterwards, six doses or less usually being sufficient. I administered it as follows: \mathcal{R} Sp. camph. \mathfrak{z} ij; tinct. lavand. co. \mathfrak{z} ij; sp. chlorof. \mathfrak{z} j; mucilag.

tragacanth. \mathfrak{z} ij; aq. ad \mathfrak{z} vj; \mathfrak{z} j 4tis horis sumend. This costs very little, and by leaving out the flavouring agents the effect is the same and the cost nominal.

Houndsditch.

F. W. DEVEREUX LONG.

THE SO-CALLED TENDINO-TROCHANTERIAN LIGAMENT.

My attention has been called by article 105 in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL, July 25th, 1891, to the description by Dr. M. Bellini, of Athens, of what he supposes to be an undescribed ligament of the hip, to which he gives the name "tendino-trochanterian." The structure in question is an interesting one, and the ligaments of the hip-joint have, or ought to have, a special interest in the eyes of surgeons. On these accounts I venture to call attention to two points, namely, that the structure in question has been noted for over twenty-five years in one of the principal anatomical textbooks in the English language, and that it is there justly appreciated as not a ligament, but part of the insertion of the *gluteus minimus* muscle.

In the seventh edition of Quain's *Anatomy*, p. 268, it is stated respecting the insertion of the *gluteus minimus*, "The tendon is bound down to the prominence of the trochanter by a strong fibrous band, which joins it from the upper margin of the capsule of the hip-joint. A synovial bursa is interposed between the tendon and the trochanter." That is a very short, but nevertheless a sufficient description, and the attention directed to the presence of a bursa between the trochanter and the tendon which the fibrous band joins disposes of any claim that may be made to consider the band as a part of the hip-joint. Not only so, but this description gives the true account of the insertion of the *gluteus minimus* which, without allusion to the fibrous band in question, cannot be accurately described. The action of the band is to tie the muscle down over the hip-joint so as to fill up with its fibres an interval which otherwise could be left between the neck of the femur and the deep surface of the muscle. The band has no action whatever in limiting the movements of the hip-joint. In any case it is not right that the *Bull. de la Soc. Anat. de Paris* should without contradiction be made the vehicle of representing as newly discovered a structure with which British students may be supposed to have been familiar for a quarter of a century. But I, for one, am glad that Dr. Bellini has called attention to this curious structure, and do not mean to impute to him the slightest blame for not having found out that it was already known in this country.

JOHN CLELAND,

Professor of Anatomy, Glasgow University.

BORIC ACID VAGINAL SUPPOSITORIES IN MIDWIFERY.

It may interest some of your readers to try the above in their practice. For the last three years I have been doing so, and I find I have not got the usual rise of temperature about the third or fourth day, in fact the temperature not rising above 98.5°. It appears to me that employing a vaginal suppository of 15 grs. night and morning does well, and obviates douching. The latter I do myself once immediately after delivery of the placenta in cases where I have had to introduce my hand into the uterus, then following with a vaginal boric acid suppository every twelve hours for six days as in other cases.

The utility and convenience of antiseptic suppositories first suggested itself to me where—the case being a serious one—I did not like to trust the douching to a nurse, and it would have been very inconvenient for me to have visited twice daily, the distance being considerable.

GEORGE WESTBY, L.M. & M.R.C.P.L., etc.

Liverpool.

LADY DOCTORS IN PORTUGAL.—The first lady admitted to the medical profession in Portugal completed her curriculum in the Lisbon Medico-Chirurgical School last year. This year two ladies, Senhora D. Amelia Cardia and Senhora D. Sophia da Cunha, have taken the degree of Doctor of Medicine in the same seat of learning, and two others have just finished their medical studies at Oporto.

party on Saturday; and various other ladies and gentlemen have received parties varying in number from 50 to 150. Many of these have been seriously interfered with by the rain.

ASSOCIATION INTELLIGENCE.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members in commodious apartments, at the Offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the Office.

NOTICE OF QUARTERLY MEETING FOR 1891. ELECTION OF MEMBERS.

A MEETING of the Council will be held on October 21st, 1891. 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 that meeting, namely, September 30th, 1891.

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.

BRANCH MEETINGS TO BE HELD.

EAST SUSSEX DISTRICT.—A meeting will be held at the Station Hotel, Haywards Heath, on Thursday, September 24th. Mr. Gravely of Newick will preside. Notice of communications should be sent to the Honorary Secretary, T. JENNER VERRALL, 97, Montpellier Road, Brighton.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting will be held at the Victoria Hospital, Folkestone, on Thursday, September 17th, at 2.45 P.M. Dr. Tyson in the chair. Agenda: Mr. W. K. Treves: The Duration of Tuberculous Disease, and its Periods of Activity, of Quiescence, and Decline. Mr. Whitehead Reid: A Rare Surgical Case. Dr. Thomas Eastes: Ten Cases of Abdominal Section. Cases and Pathological Specimens will be exhibited by the medical staff.—THOS. F. RAVEN, Honorary Secretary, Barfield House, Broadstairs.

EAST ANGLIAN BRANCH.—The autumn meeting will be held at Lowestoft on Monday, September 7th. President, Dr. Beverley, Norwich. Programme of proceedings: 11.45 A.M. Meeting of Council at the hospital. 12. General meeting at the hospital. Papers: Dr. Elliston (Ipswich): Some Physiological Considerations in the Use of Alcoholic Drinks. Mr. Walker and Mr. Shann (Lowestoft): Two Cases of Hydatid of Liver. Mr. Jackson (Lowestoft): Three Successful Cases of Osteotomy. 1.30 P.M. Luncheon at the hospital by invitation of the medical men of Lowestoft. 2.15 P.M. Resumed general meeting. Papers: Mr. Cadge (Norwich): Errors of Diagnosis. Mr. Jonathan Hutchinson (London): Notes on Cancer. 4 to 6.30 P.M. Reception by Mr. and Mrs. Colman at The Clyffe, Corton.—EDGAR G. BARNES, MICHAEL BEVERLEY, C. E. ABBOTT, Honorary Secretaries. N.B.—Members intending to be present at the luncheon, or to go with their ladies to Corton, are requested to communicate with Dr. Beverley, Norwich, in order that the necessary arrangements for their conveyance may be made.

THE PLAGUE IN CHINA.—The plague which appeared for the first time twenty years ago on the table-lands of the province of Yunnan, has gradually spread, and is now said to be raging in an epidemic form in the town of Mongtze, which is situated on the confines of Tonquin.

SCIENTIFIC MISSIONS.—Dr. Ch. Leroux, Chief Physician of the Furtado-Heine Dispensary in Paris, has been commissioned by the Minister of the Interior to investigate the organisation and practical working of the marine hospitals recently established in France for the treatment of tuberculous children.—The French Government has commissioned Dr. A. Ruault, of Paris, to study the organisation of medical and surgical teaching in Spain and Portugal. Dr. Phocas, agrégé professor in the Medical Faculty of Lille, has been sent to Italy to study the orthopaedic institutions of that country.

SPECIAL CORRESPONDENCE.

PARIS.

The Cancer-grafting Scandal.—The new Medical Law.

THE name of M. Doyen, of Rheims, was, at the time of M. Cornil's communication to the Academy of Medicine, coupled with the experiment described in it.¹ Since then a great deal has been said and written concerning the affair, as to which nothing has been said in the BRITISH MEDICAL JOURNAL, because it bore more or less the character of gossip; but at the present moment these rumours have taken a definite form and bear an official character. The President of the Rheims Hospital Medical and Surgical Society has investigated the matter and sent in his report to the Prefect of the Marne Department, who has forwarded it to the Minister of the Interior. The President of the above-mentioned medical society ascertained from the testimony of seven eye witnesses that M. Doyen grafted on the healthy breasts of patients a fragment of cancerous tissue removed from the opposite breast. He made a slight incision in order to introduce the fragment and closed the wound with sutures. M. Doyen, in a letter published a week or two ago, admitted having grafted fragments of cancerous tissue, which had been rendered less virulent in order to act as a vaccine. The President, however, has obtained proof that the fragments grafted on to the healthy breasts of cancerous patients had not been submitted to any process calculated to attenuate their virulence. The patients on whom these experiments were made were under the influence of chloroform.

The new medical law is being freely criticised. Neither the medical profession nor the press is satisfied with many of its provisions. The proposed abolition of the *officiers de santé* is disapproved of by many. It is contended that if the *officiers de santé* are suppressed, small country towns and villages will be at the mercy of quacks. The supporters of the proposed law hope that the abolition of *officiers de santé* will be followed by an increase in the number of Doctors of Medicine; but in a report drawn up by MM. Brouardel and Martin in 1886 it was shown that in a given region a reduction in the number of *officiers de santé* is as a rule followed by a reduction in the number of doctors. The suppression of the *officiers de santé* will mean the disappearance of a fourth of the medical men now practising in France. The existing number is insufficient, requiring to be increased rather than decreased. Among 38,000 communes there are 29,000 without medical men; 163 cantons are in the same position. Although *officiers de santé* are suppressed by the new law, the two orders of chemists and druggists and of midwives are maintained. The obligation imposed on foreign medical men of taking a French degree is by some considered unwise and illiberal; it will not, it is argued, protect French medical men, but it will prevent foreigners from visiting mineral water stations and other health resorts.

BERLIN.

Sale of Powerful Drugs.—The Biological Station in Heligoland.

THE Federal Council of the German Empire has completed the new regulations which, however, will not become law until 1892, with regard to the sale of powerful drugs, and to the bottles and other receptacles for drugs in chemists' shops. A large number of drugs are specified, which may be sold only on the written prescription of a physician, dentist, or veterinary surgeon (in the latter case for the use of animals only). For the repeated sale of all medicines containing morphine, cocaine, or their salts, a repeated written prescription of a physician or dentist—dated and signed—is to be obligatory. If the medicine is to be applied either internally, as an eye lotion, as an inhalation, a subcutaneous injection, or for enemas and suppositories, and if at the same time the ordinary dose is exceeded, the prescription must be repeated each time the medicine is to be dispensed. Exact regulations are also issued concerning the shape, colour, etc., of medicine bottles.

The Biological Station which is shortly to be opened in

¹ BRITISH MEDICAL JOURNAL, July 4th, p. 23.

of the *Times* thinks he has against the Kensington Vestry, and you uphold the vestry and blame the correspondent. I cannot help thinking that such a course on the part of the JOURNAL is not likely to help forward sanitary reform.

It seems the correspondent entered a house, as to the drainage of which he had been shown a certificate stating that it was satisfactory. Soon after entering the house diphtheria broke out in the family and the drainage was found to be very defective. It seems the correspondent vented his wrath upon the vestry because "the legal machinery took more than four days to effect a remedy." You say he made an unjust attack upon the wrong parties. Was not the vestry responsible for the fact that a house under its control, letting at £200 per annum, was in such an insanitary condition as the house in question? If it was, then the correspondent's wrath was surely just. If it was not, what are the duties of sanitary inspectors and medical officers of health?

I have lately learned something of the sanitary affairs of a borough in close proximity to which the Queen herself spends part of her time when in England, and there, as in Kensington, there is room for improvement. I take it for granted that it is part of the medical officer of health's duty to make himself acquainted with the sanitary condition of every house in his area, through the sanitary inspector, and unless he does so he need not be surprised at the outbreak or the spread of infectious diseases.

* * The charge against the vestry was that of undue delay after becoming aware of the defects of drainage. Neither the original letter nor Dr. Haddon's comments afford any justification for this allegation or for the offensive terms in which it was made. Dr. Haddon raises a different question altogether in proposing to hold the vestry and their officers responsible *a priori* for the sanitary condition of every dwelling in the parish. In the present instance, however, the tenant pinned his faith upon a worthless "certificate," and not upon any actual or implied approval from the sanitary authority.

THE WATER SUPPLY OF BRAINTREE.

MR. C. E. ABBOTT (Medical Officer of Health Baintree Urban District) writes: On August 13th, 1888, I reported to the Local Board that the low pressure tank required a cover to prevent accidental contamination and check the excessive growth of vegetable matter which existed. The report was treated with contempt; since then the water has been at times contaminated with living organisms—on the 14th and 15th July excessively so. Under these circumstances do you consider that I can be fairly accused of want of courtesy and indiscretion in sending the carefully-worded letter to the local papers, a copy of which you will no doubt read? The Board are careful to still ignore my report referred to, dated August 13th, 1888.

* * It appears from the newspaper report of the proceedings of the Local Board that the water in the storage tank in question is still exposed to pollution, that it is cleaned out every three weeks during the months, and that after Mr. Abbott's renewed complaint several samples were examined microscopically by a chemist, who found no living organisms. This extraordinary line of investigation seems to have satisfied the Board as to the purity of the water from a tank which requires cleansing every three weeks, and which had a few days previously yielded an abundant crop of organisms. Mr. Abbott acted perfectly rightly in calling public attention at the earliest possible moment to the necessity for care in using such water. Had he failed to do so he would have laid himself open, in the event of an outbreak of illness due to the polluted water, to a much graver charge than that of indiscretion and want of courtesy. He should of course also officially inform the Board at once of such an occurrence, however often similar reports may have been made and ignored; but the suggestion offered by a member of the Board that the primary duty of the medical officer of health is to "protect" the Sanitary Authority—by tacitly endorsing their policy of *laissez faire* in face of a serious public danger—is simply preposterous.

THE NOTIFICATION OF INFECTIOUS DISEASE.

MEDICAL OFFICER.—The Notification of Infectious Diseases came under discussion in the State Hygiene Section of the Congress on Friday, August 14th, and the following resolutions were passed by overwhelming majorities:

1. That notification of infectious diseases in all countries should be compulsory.
2. That it is desirable that notification of infectious maladies should be made by the medical attendant.
3. That notification of infectious diseases should be made compulsory upon both the medical attendant and the householder in whose house the disease occurs.

Statistics were brought forward on both sides—by Dr. Boobbyer, to show that compulsory notification had lowered the mortality from notified diseases; and by Mr. Biddle, to the contrary effect. The emphatic vote of the Section indicates with sufficient clearness its final judgment, after hearing the arguments and statistics ably set forth by the opposing parties.

PAUPER LUNATICS OUT OF ASYLUM ON TRIAL.

M.B. AND M.C. asks whether he can charge the guardians of his parish for a certificate as to the mental condition of a pauper lunatic absent from the asylum for a month's trial; and if so, how much; and whether the name of such patient should be entered on the quarterly return of lunatics.

* * We assume that M.B. is a district medical officer, and so it would

be his duty to visit every pauper lunatic residing in his district once during the quarter; we apprehend this would include any such patient absent from the asylum on trial. Should such not be made, the case should be entered on the quarterly return of lunatics, and the visit repeated quarterly as long as the patient remains insane. For all such visits the usual fee of 2s. 6d. for each visit may be charged.

HOSPITAL AND DISPENSARY MANAGEMENT.

LUNATIC ASYLUMS, IRELAND: ANNUAL REPORT.

THE fortieth report shows that of the 16,251 patients mentally affected on January 1st last 11,488 were located in district asylums, 3,961 in workhouses, 621 in private asylums, 2 in gaols, and 179 in the Central Criminal Asylum. As contrasted with the number of the insane on January 1st, 1890, there has been an increase of 225. This summary does not include the number of insane in private dwellings, or wandering at large. Of the 11,488 under treatment in district asylums, 3,095 were admitted during the year. Of these, 2,451 were first admissions, while the remainder (644) had been under restraint previously. The discharged amounted to 1,849, of whom 1,255 had recovered, while 480 were relieved, and 114 not improved. The deaths were 936 in number, giving a percentage of 8.2, which is somewhat higher than the past few years, consumption being the disease which proved most fatal, accounting for 255 of the total deaths in district asylums, or a percentage of 27.2. The inspectors call attention to the few *post-mortem* examinations held by medical officers, and they state that with the exception of the Richmond Asylum they are hardly known. The importance of these investigations cannot be too strongly urged, tending as they do (1) to protect the insane, since by them any injuries inflicted during life may be discovered; (2) to safeguard the asylum staffs, preventing after-accusations of ill-treatment being brought forward; and (3) to advance our knowledge of brain disease, and afford the means to the medical officers of asylums for the study of pathology. In reference to the physical causes of the mental diseases in the inmates of district asylums, 251 were attributed to intemperance in drink, 617 to hereditary influences, 155 to bodily diseases, and 36 to sunstroke, out of a total of 2,535; while 560 were due to moral causes. The average cost per head on the total expenditure was £22 7s. 8d.

MEDICAL NEWS.

By order of the Sultan a vaccine station will shortly be established in Constantinople.

THE Japanese *Pharmacopœia* is now undergoing revision at the hands of the Central Sanitary Board of the Home Department.

AN epidemic of influenza has broken out at Avesnes, in the Department du Nord, France. More than 700 cases have been reported. The garrison has been removed.

PROFESSOR DU BOIS-REYMOND has been elected Dean of the Medical Faculty of the University of Berlin for the ensuing academic year.

DR. EDUARDO GARCIA SOLÁ, Professor in the Medical Faculty of Granada, has by royal decree been appointed Rector of the University of Granada.

THE German Anthropological Congress, which recently met at Danzig, has chosen Ulm as its place of meeting next year.

In the week ending August 9th the number of cases of influenza in Copenhagen was 82, with 2 deaths, as against 83 cases with 2 deaths in the previous week.

A NEW crematory is about to be erected in Oakwood Cemetery, Troy, U.S., thanks to the munificence of Mr. W. S. Earl. The estimated cost is 150,000 dollars.

DR. AUGUST WILHELM VON HOFMANN, the distinguished Professor of Chemistry in the University of Berlin, celebrated the fiftieth anniversary of his taking his Doctor's degree on August 9th.

THE German Emperor has granted permission to Professors Gerhardt, Leyden, and Oscar Liebreich to accept the Order of the Medjidie, second class, recently conferred on them by the Sultan.

SUCCESSFUL VACCINATION.—Mr. Montague G. Robinson, L.R.C.P., L.R.C.S., Public Vaccinator for the No. 2 District of the Daventry Union, has received the Government grant for successful vaccination.

THE Emperor of Russia has decreed that a Bacteriological Institute shall be established in St. Petersburg, and has allocated a considerable sum for that purpose. Dr. Gabrylowicz, of Vienna, is to be the director of the new institute.

DR. G. LOREY has been commissioned by the French Government to study the system of infant feeding in the asylums and lying-in institutions of Moscow, and the organisation of foundling hospitals in Russia.

A PASTEUR INSTITUTE IN COCHIN CHINA.—A Pasteur Institute was opened at Saigon on June 1st, under the auspices of the French Government. Though primarily intended for the practice of antirabic inoculation, the work of the institute will extend over the whole field of microbiology.

PROPOSED NEW HOSPITAL AT BLACKPOOL.—A report presented at a public meeting called by the Mayor of Blackpool recommends the building of a hospital and infirmary, to be called the Blackpool Infirmary. This was adopted, and suggestions for raising the necessary money discussed.

THE French Minister of the Interior has awarded a bronze medal to Drs. E. Depasse and Ch. Renault, of Paris, in recognition of their services in the sanitary inspection of travellers from Spain arriving in Paris during the cholera scare of 1890.

PROFESSOR KOCHER, of Berne, celebrated the twenty-fifth anniversary of his graduation as doctor of medicine on July 18th. A *Festschrift* in honour of the occasion, containing original papers by many of the distinguished surgeon's pupils, has been published by F. Bergmann, Wiesbaden.

ACCORDING to a telegram from Stamboul, cholera is increasing at an alarming rate in Arabia and Syria, where 1,000 deaths are said to occur daily. The exact number of deaths, however, is concealed, as the authorities are anxious to prevent panic.

THE *London Gazette* of August 25th contains the first authoritative recognition of the change of status accorded to the medical officers of the army, Surgeon McGeagh, who retires from the service with a gratuity, being therein described as Surgeon-Captain.

THE sum of 30,000 dollars has been collected for the establishment of a children's hospital in Louisville, Kentucky, in commemoration of the destructive tornado which some time ago passed over that city. This is a very literal illustration of the old proverb, "It is an ill wind that blows nobody good."

CREMATION.—Cremation is coming more and more into favour in Germany. In addition to the crematorium which has been in operation at Gotha since 1877, and where from five to six hundred bodies are now burnt every year, and another which was recently established at Hamburg, a new one was consecrated at Ohlsdorf on August 22nd. Another will be opened at Carlsruhe in October.

PRESENTATIONS.—Mr. E. A. Applebe, L.R.C.P. and L.M., on the occasion of his leaving Coggeshall for Winchester, has received from his friends a souvenir, consisting of a silver tea and coffee service, with an expression of their best wishes for his future.—Dr. Morton, assistant medical officer of health to the North Brierley Guardians, has been presented by the officials of Clayton Workhouse with a handsome walking stick on the occasion of his resignation of his position.

LANOLINE VACCINATION.—It is stated that sanction has been accorded to Surgeon-Major King's new system of lanoline vaccination being tried as an experimental measure for six months in the Madras Army, where the percentage of failures

under the old system of vaccination was 71.8 last year. A report is to be submitted by Surgeon-Major King at the end of six months.

RABIES.—A nurse employed at the Bradford Infirmary, bitten by a boy, named Briggs, who subsequently died from hydrophobia, has been sent to the Pasteur Institute. A lad named Atkinson, bitten by a collie, which a *post-mortem* examination showed to be rabid, was sent by the Corporation to Paris for treatment, on July 2nd, and returned on July 23rd apparently in good health.

THE BERLIN MEDICAL CONGRESS.—Mr. J. W. Kolkemann, of 2, Langham Place, W., informs us that Volumes ii and v of the *Transactions* of the International Medical Congress, held at Berlin in 1890, are now ready, and will be sent free of charge to members residing in London on receipt of 1s., or to members residing in the country on receipt of a postal order or stamps to the value of 1s. 6d. To non-members the price is 14s. for Volume ii, and 12s. for Volume v.

POISONOUS BERRIES.—Seven children were last week admitted to the Queen's Hospital, Birmingham, suffering from symptoms of poisoning due to eating laburnum pods. Emetics were administered, and five of the children recovered sufficiently to be sent home, the other two remaining under treatment.—An inquest was held this week on a school boy, aged 8 years, living in Carlton Road, Kentish Town, who died from eating the poisonous red berries of the common bryony, mistaken for small cherries.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Increase S. Hamilton, "one of the pioneer physicians of Southern Michigan," aged 82; he practised in Lenawee County for more than fifty-two years, and built the first frame house and opened the first school in his part of the country; Dr. Carl Ritter von Helby, Professor of Gynaecology and Obstetrics in the University of Graz, aged 66; and Dr. Castan, Dean of the Medical Faculty of Montpellier.

A DERMATOLOGICAL CONGRESS.—The German Dermatological Society will hold its second congress at Leipzig on September 17th, 18th, and 19th. Among the subjects for discussion on the programme are the following:—Tuberculin in the Treatment of Tuberculous Affections of the Skin and Mucous Membrane, to be introduced by Professor Kaposi; and the Pathology and Treatment of Eczema, by Professors Neisser and Veiel. A large number of communications on other subjects have been promised.

PROPOSED AMALGAMATION OF ITALIAN MEDICAL SOCIETIES.—A meeting of representatives of the various medical societies at present existing in Italy was held at Florence on July 12th, for the purpose of discussing the details of a proposed amalgamation of the different bodies into one scientific association. It was agreed that steps should be taken to establish a "federation" of medical men, hygienists, pharmacists, and veterinarians, who, without surrendering the autonomy of the societies to which they respectively belong, should unite for the protection of the scientific and professional interests common to them all, and in particular for the furtherance of the progress of public hygiene and preventive medicine. The details of the project will be laid before the Medical Congress shortly to be held at Siena.

THE FRENCH LUNACY LAW.—The reform of the existing law relating to lunacy in France has been for some time before the Chamber of Deputies, but from the opinion expressed by the Congress of Alienists recently held at Lyons it would appear that at any rate that section of the medical profession which is particularly concerned with the administration of the law is on the whole satisfied with the present state of things. At the last meeting of the Congress the following resolution was passed unanimously: "The members of the Congress of Alienists at Lyons, being of opinion that the law of 1838, which has been in daily application for the last fifty years, meets the wants of patients, and has only given rise to abuses extremely few in number and of very questionable genuineness, express the hope that the law of 1838, subject to certain improvements in its details, may be maintained in its general provisions."

A PORTUGUESE gentleman named Nobre, who died recently, has bequeathed 80 contos of reis to the Medico-Chirurgical School of Oporto to form a fund for the education of boys belonging to the "proletariate" for the medical profession.

MEDICAL VACANCIES.

The following Vacancies are announced:

- BALTINGLASS UNION, Kiltegan Dispensary.**—Medical Officer. Salary, £135 per annum, and fees. Applications to Mr. Mark Dowzer, Honorary Secretary, Kiltegan. Election on September 2nd.
- BRIGHTON AND HOVE LYING-IN INSTITUTION.**—Honorary Surgeon-in-Ordinary. Applications to the Secretary, 76, West Street, Brighton, by September 1st. Election on September 4th.
- CITY ASYLUM, Birmingham.**—Clinical Assistant. Board, lodging, and washing provided. Applications to the Medical Superintendent.
- CITY DISPENSARY, 46, Watling Street, E.C.**—Surgeon. Applications to the Secretary by September 12th.
- COVENTRY AND WARWICK HOSPITAL.**—Assistant to the House-Surgeon. Appointment for six months. Honorarium of £15, with board, residence, and attendance. Applications, marked "Application for Assistant House Surgeon," to A. Seymour, Secretary, 10, Hay Lane, Coventry, by September 7th.
- GENERAL INFIRMARY, Leeds.**—House-Physician. Board, lodging, and washing provided. Applications to Mr. E. Ward, Secretary to the Faculty, by August 31st.
- HUDDERSFIELD INFIRMARY.**—Junior House-Surgeon. Salary, £10 per annum, with board lodging, and washing. Applications to Mr. F. Eastwood, Buckden Mount, Huddersfield, by September 1st.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.**—Junior House-Surgeon; doubly qualified. Appointment for six months. Board, washing, and residence provided, and five guineas honorarium at expiration of term. Applications to E. Wilson Taylor, Secretary, by September 1th.
- MANCHESTER ROYAL INFIRMARY.**—Resident Surgical Officer, doubly qualified, unmarried, and not less than 25 years of age. Appointment for twelve months. Salary, £150 per annum, with board and residence. Applications to W. L. Saunderson, General Superintendent and Secretary by August 29th.
- MEMORIAL HOSPITAL, Jarrow-on-Tyne.**—House-Surgeon, doubly qualified, not under 25 years of age. Appointment for three years at progressive salary of £130, £150, and £170 respectively, with board and residence. Applications to James Campbell, Secretary, by September 2nd.
- PARISH OF DUERNISH, Skye.**—Medical Officer and Public Vaccinator. Salary, £100 per annum. Applications to John Nicolson, Inspector, Dunvegan, by September 7th.
- PARISH OF SOUTH UIST.**—Medical Officer. Salary for attendance on paupers, £110 per annum. Gaelic requisite. Applications to Rev. R. MacDonald Drimsdale, South Uist, by September 1st.
- QUEEN'S COLLEGE, Birmingham.**—Lecturer on Operative Surgery. Applications to B. A. C. Windle, M.A., M.D., Dean of the Medical Faculty, by September 12th.
- QUEEN'S COLLEGES, Ireland.**—Professor of Chemistry for Queen's College, Cork. Applications to the Under-Secretary, Dublin Castle, by September 12th.
- ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, Ventnor, Isle of Wight.**—Resident Medical Officer, unmarried. Salary, £100 per annum, with board and lodging in the hospital. Applications to the Board of Management, 34, Craven Street, Charing Cross, by September 21st.
- ROYAL UNITED HOSPITAL, Bath.**—House-Surgeon; must be M.R.C.S. Eng. Salary, £50 per annum, with board, lodging, and washing. Applications to Walter Stockwell, Secretary-Superintendent, by September 11th.
- ROYAL VICTORIA HOSPITAL, Bournemouth.**—House-Surgeon and Secretary. Salary £100 per annum, with board. Applications to the Chairman of the Committee by August 31st.
- SALFORD ROYAL HOSPITAL.**—House-Surgeon, doubly qualified. Salary, £100 per annum, with board and residence. Appointment for twelve months. Applications to the Secretary by September 10th.
- SINGAPORE, Straits Settlements.**—Health Officer, to act also as Medical Officer to the staff and employees of the municipality. Salary, 300 dols. per mensem, and house allowance. Applications to Dr. W. Gilmore Ellis, St. Bartholomew's Hospital, E.C., or to Mr. C. C. Lindsay, M.Inst.C.E., 167, St. Vincent Street, Glasgow, by September 30th.
- TAUNTON TOWN CHARITY.**—Medical Officer for alms persons. Applications to J. H. Biddulph Pinchard, Steward, by August 29th.
- UNIVERSITY OF ABERDEEN.**—Six Examiners in Medicine. Appointment for one year. Grant of £30. Application to Robert Walker, Secretary of the University Court, by October 3rd.
- WORCESTER AMALGAMATED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.**—Assistant Medical Officer. Salary, £140 per annum, with portion of midwifery fees, and £20 per annum for cab hire. Applications to Mr. G. B. Gibson, Easy Row, Worcester, by September 3rd.

MEDICAL APPOINTMENTS.

- ASHDOWN, G. W. W., M.B., C.M. Edin., M.R.C.S.,** appointed Medical Officer for the Didmarton Sanitary District of the Tetbury Union.
- BATELY, John, M.D. Durh., L.R.C.P. Lond., M.R.C.S.,** appointed Medical Officer for the Belton Sanitary District of the Mutford and Lotherland Incorporation.

- BOND, F. F., M.D., C.M. Edin., D.P.H. Eng.,** reappointed Medical Officer of Health for Rastrick.
- BERESFORD, Robert de la Poer, M.D. Glas., L.R.C.P. Lond., L.R.C.S. Edin.,** reappointed Medical Officer of Health to the Oswestry Rural and Urban Districts.
- BRITTON, Thomas, M.D. St. And., M.R.C.S.,** reappointed Medical Officer of Health for Shelf.
- BROOKS, F. A., M.D., L.R.C.P., M.R.C.S.,** appointed District Medical Officer of the No. 5 District of the Woodbridge Union, *vice* H. J. Hibberd.
- CLEMONS, George E., M.B., C.M. Edin.,** appointed Resident Medical Assistant to the Nottingham General Hospital, *vice* T. G. Scott.
- DEANESLEY, E., M.D., B.Sc. Lond., F.R.C.S. Eng.,** appointed House-Surgeon to the Wolverhampton and Staffordshire General Hospital, *vice* A. Hunt, resigned.
- GREEN, Percy A., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Junior House-Surgeon to the Kimberley Hospital, South Africa.
- GREENE, William, L.R.C.P., L.R.C.S. Irel.,** appointed Medical Officer for the Clontarf District of the North Dublin Union.
- HENDERSON, G. C., M.R.C.S., L.S.A.,** appointed Surgeon-Superintendent to the Addington Hospital, Durban, Natal.
- HILLIER, Sydney, M.B., C.M. Edin.,** appointed Assistant Medical Officer to the St. Marylebone Infirmary, *vice* F. Faichnie, M.R.C.S., L.R.C.P. Lond.
- HOSGOOD, S., M.R.C.S.,** reappointed Medical Officer of Health for the Swinton and Pendlebury Urban Sanitary Districts.
- HUGHES, J. M., M.B., C.M. Edin.,** appointed Medical Officer of Health for the Ruthin Rural Sanitary District.
- HYDE, George E., L.R.C.P. Lond., M.R.C.S.,** reappointed Senior Surgeon to the Worcester Infirmary.
- LAMROCK, Leslie J., M.B., C.M. Edin.,** appointed Resident Medical Officer to the Pontefract General Dispensary and Accident Ward, *vice* William John Rugg, deceased.
- LOWNDS, C. J., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas.,** appointed Medical Officer of Health for the Kirkburton Sanitary District, Huddersfield.
- MARTIN, Sidney, M.D., F.R.C.P.,** appointed Assistant Physician to University College Hospital.
- PAGET, Stephen, M.A. Oxon., F.R.C.S. Eng.,** appointed Medical Examiner for the West End Branch of the New York Mutual Insurance Company.
- PARROTT, Thomas Godfrey, L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer to the Workhouse and No. 3 District of the Aylesbury Union.
- POTTS, Renwick McCarroll, L.R.C.P., L.M., L.R.C.S. Irel.,** appointed Medical Officer for the Forkhill Dispensary District, *vice* Dr. McDowell, deceased.
- RANDALL, E. B., M.D. Lond., M.R.C.S., L.R.C.P.,** appointed House-Physician to the Wolverhampton and Staffordshire General Hospital, *vice* Dr. Brown, resigned.
- RIDLEY, E. H., B.C., C.M. Edin.,** appointed Junior House-Surgeon to the Western General Dispensary, Marylebone Road, *vice* J. H. Cooke.
- SEMPLE, C. E. A., B.A., M.B. Cantab., M.R.C.P. Lond., L.S.A.,** appointed Secretary to the Medical Examiners and Secretary to the Board of Arts of the Apothecaries' Society, *vice* Dr. Thomas Peregrine.
- SHEPHERD, John, M.R.C.S., L.S.A.,** appointed Medical Officer of the Southtrepps District of the Beckham Union.
- SLOAN, Hugh Rodger, M.B., C.M. Glas.,** appointed Medical Officer and Public Vaccinator for the parish of Galashiels.
- SOMERVILLE, James Wm., M.B., C.M. Edin.,** appointed Medical Officer and Public Vaccinator for the parish of Galashiels.
- STADDON, John Richard, L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer for the parish of Bramford.
- TURNER, John Andrew, M.B., C.M. Edin.,** reappointed Medical Officer of Health for the Blaby Union Rural Sanitary Authority.
- VICARS, Frederic George, M.R.C.S., L.R.C.P. Eng.,** appointed Physician to the Chelsea, Brompton, and Belgrave Dispensary.
- WATT, J. P., M.B., C.M. Edin.,** appointed Chief District Medical Officer for Desdide.
- WELSH, Robert Crosbie, M.B., C.M. Edin.,** reappointed Medical Officer for the Sandy and Tempsford District of the Biggleswade Union.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in Post Office Order or Stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTH.

- ST. LEGER.**—On August 18th, at Chalk Hill, Watford, Herts, the wife of Robert A. St. Leger, M.B., C.M. Edin., of a daughter.

MARRIAGE.

- WARBURTON—MADDOCK.**—On August 20th, at the Parish Church, Barthomley, by the Rev. D. Shaw, Incumbent of Christ Church, Alsager, Arthur Warburton, M.R.C.S., L.R.C.P., Attercliffe, Yorkshire, to Evelyn, only daughter of the late John Maddock, Esq., The Laurels, Alsager, Cheshire.

DEATHS.

- MACKINNON.**—At Ethelbert Road, Canterbury, on August 11th, the wife of Surgeon Lieutenant-Colonel H. W. A. Mackinnon, D.S.O., Army Medical Staff, in her 31st year. Deeply regretted.
- SANDERSON.**—At Fairfield, Penrith, on August 20th, Thomas Drummond Sanderson, M.B., F.R.C.S.E., aged 46.

apparently with good reason, as being liable to cause uncontrollable hæmorrhage; referring to a case of Dr. Bright's, in which the cyst ruptured through the abdominal wall spontaneously, and some of the membranes were removed on the second day after rupture; but next day some more presenting at the aperture resisted removal, and hæmorrhage into the cyst from a hepatic vein commenced, and was fatal within thirty-six hours."

The name of this "writer" is not given, hence I cannot refer to his paper, or canvass the data on which his "deprecation" is founded.

I certainly strongly advise, and always practise, the removal of all daughter cysts and the mother cyst at the time of incision; and for this reason, among others, that where collapse of the walls of the hydatid cavity is possible, so as to allow apposition, the two surfaces will directly unite by a process analogous to the primary union of wounds. This I have demonstrated by an exhibit before the South Australian Branch of the British Medical Association.

Nor have I ever seen a surgeon in South Australia leave the membranes in a hydatid cavity after having opened it by incision. Such a mode of procedure would excite no little wonder and comment in this province. In a large proportion of cases the mother cyst, by protrusion at the wounds, not only invites removal, but absolutely insists on being allowed exit, and the difficulty would be to keep it in.

Looked at theoretically, I cannot see the advantage of allowing it to remain. The danger feared from removal is uncontrollable hæmorrhage. But in what way can it induce this? There is not the slightest organic connection between the hydatid membranes and the adventitious capsule which surrounds them. Their removal, therefore, cannot injure the capsule, nor their presence prevent hæmorrhage from it.

If the idea be that the removal of internal pressure is liable to induce bleeding, the mother cyst is so insignificant in comparison with its contents, that when these have escaped during the operation the cyst may be practically ignored as affording any internal support to the capsule.

But experience is the best court of appeal in matters like this, and what is its verdict? Dr. Perks, the Medical Superintendent, has kindly collected all the cases of hydatid disease operated on during the past three years at the Adelaide Hospital. In every instance the cyst was incised, and the membranes removed at the time of operation. There were 48 cases. Thoracic section for hydatid of the lung or pleura, 11, with no deaths; thoracic section for hydatid of the upper surface of the liver, 5, with 3 deaths, two being pneumonia and one from septicæmia; in all these fatal cases the hydatid was suppurating when incised. Abdominal section for hydatid of the liver 27 cases, with four deaths, namely, from peritonitis, pneumonia, and septicæmia (2); in all four the cyst was suppurating when incised. Abdominal incision for omental hydatid 3, with no deaths; hydatid of the temporal region and of the iliac region one each, with no deaths.

From which we gather: 1. That incision and immediate removal of membranes is almost destitute of risk, whether the parasite be in the lung, the liver, or the abdomen, provided there be no suppurating of the capsule before operation. 2. That in these 48 successive and indiscriminate cases no hæmorrhage occurred even worth noting in the hospital records. The danger of uncontrollable bleeding after incision is shown to be insignificant, and that it bears any relation to immediate removal of the membranes is quite unsupported.

During the thirteen years I have been in the Colony, and among all the cases in which I have operated by immediate removal of the membranes, whether from hydatids of the lung, liver, or brain, hæmorrhage from the capsule has not once occurred. The only cases which have come under my notice have been one in the neck, which ulcerated into the sub-clavian; one in the spleen from sloughing of the sac (detailed as rarities before the Medical Society); and one of the liver, seen by me in consultation. Such hæmorrhage from any cause must be consequently exceedingly uncommon, and that it is ever due to removal of the cyst there is not the slightest proof. The case of Dr. Bright's, which is cited in support of the fancy, is altogether irrelevant. The patient was simply watched for three years and nine months with an enormous hepatic hydatid, until it ulcerated spontaneously through the abdominal walls. A cyst absolutely protruding an inch beyond the surface was removed. A day or two after a second cyst presented, and as it did not readily come out on gentle traction it was left. The next day there was evidence of hæmorrhage into the cyst, and the patient died. At the *post-mortem* a hepatic vein was found opening into the cavity. And this is the ground on which the conclusion is based that in a hydatid of ordinary size extraction of the membranes by operation is so likely to be followed as a consequence by uncontrollable hæmorrhage that it is dangerous to remove them!

LETTERS, COMMUNICATIONS, Etc., received:

(A) An Anxious One; Dr. J. Abercrombie, London; Mr. J. P. Aston, Eccleshill. (B) Mr. T. J. Bockenham, Cheshunt; Dr. Brown, Clifton; Dr. A. Broster, Weston-super-Mare; Messrs. Bryce and Rumpf, London; Dr. S. A. Bonton, Great Berkhamstead; Professor C. Baümle, London; Dr. W. H. Burton, Melbourne; Mr. C. F. Beadles, London; Dr. J. Brown, Bacup; Mr. E. C. Barnes, London; Mr. W. L'Heureux Blenkarne, Leicester; Mr. R. D. Boase, Penzance; Messrs. W. J. Bush and Co., London; Dr. J. W. Ballantyne, Edinburgh; Dr. Balding, Royston; Dr. Bond, Gloucester; Mr. W. R. Barrett, London. (C) Mr. James Couldrey, Scunthorpe; Mr. James Cantlie, Hong Kong; Dr. Joseph Cantley, Manchester; Mr. J. Crerar, Maryport; A Country Dispensary Doctor No. 2; Caledonia; Mr. Bruce Clarke, London; Mr. G. S. Crawford, London; Dr. M. Cameron, Glasgow. (D) Miss Darnell, Luttrethworth; Mr. H. Dutch, London; Dr. A. Dunbar, Liverpool; Diplomat and Graduate. (E) Dr. D. J. Evans, Montreal; Mr. E. East, London; Surgeon-Major Evans, Quetta; Mr. A. A. Eshner, Philadelphia; Dr. Eyton-Jones, Wrexham; Mr. E. L. S. Elliot, Kingsbridge. (F) Mr. A. H. Frere, Frizinghall; F.R.C.S.; Mr. E. Hurry Fenwick, London. (G)

Arthur Gardner, M.B., Darlington; Mr. J. E. Garner, Preston; Dr. Guttmann, Berlin; Dr. Garson, Cardiff; Mr. C. N. Griffiths, Cheltenham. (H) Surgeon-Major J. A. Howell, Sparkbrook; Surgeon-Major G. H. Harris, Nagpur; Dr. J. B. Hayward, Liverpool; Mr. W. B. Hemsley, Kew; Dr. J. Haddon, Canonbie; Dr. De Havilland Hall, London; Mr. F. Haydon, Putney; Mr. V. E. Hunter, Colchester; Dr. J. Holmes, Radcliffe; Mr. G. C. Henderson, Durban; Dr. G. E. Herman, London; Mr. J. S. Hooker, Hastings; (I) Dr. Ireland, Prestonpans. (J) Mr. E. Jepson, Durham; Mr. L. Julia, London; R. W. Jones, M.B., Penrhwi-ceiber. (K) Dr. Keser, London; Mr. J. W. Kolckmann, London; Mr. A. A. Kanthack, Simla. (L) Mr. C. H. Leet, Seaforth; Miss Lankester, London; Dr. R. Lowther, Grange-over-Sands; Mr. T. Leeds, London; Mr. Charles Lowe, Birmingham; Dr. J. B. Lawford, London; Mr. T. R. Lunn, London; Mr. R. Lamond, Glasgow; Mr. W. J. S. Lee, Fethard. (M) Mr. J. Macdonald, Portree; Charles Milne, M.B., Aberdeen; Mr. J. Martin, Huddersfield; Mr. C. J. Muriel, Whitehaven; Miss Morcon, Hoole; Mr. R. Maples, Kingsclere; Medical Officer; Mr. F. Murchison, Isleworth; Dr. J. A. Magee, Dublin; Surgeon-Major J. Maitland, Ootacamuna; Dr. A. D. MacDonald, Liverpool; Mr. J. F. Maddock, Stoke-on-Trent; Mr. F. Macrae, London; M.D., F.R.C.S.I.; A Member; Surgeon-Lieutenant-Colonel H. W. A. Mackinnon, Canterbury; Mr. J. J. de Z. Marshall, Hastings. (N) Professor J. L. Notter, Woolston. (O) Mr. W. O'Donnell, Wigan. (P) Mr. T. Purcell, Dublin; Mr. T. G. Parrott, Aylesbury; Mr. H. W. Phipps, Bristol; Dr. B. Pogson, Birmingham; Dr. Leslie Phillips, Birmingham. (R) Mr. E. W. S. Roys, St. Albans; Dr. P. C. Remondino, San Diego, Cal.; Surgeon-Captain W. S. Reade, Plymouth; Mr. T. F. Raven, Broadstairs; Dr. R. R. Rentoul, Liverpool; Dr. A. Roche, Dublin; Mr. A. H. Rideal, Southborough; Mr. H. S. Robinson, London; Mr. J. E. Robson, Hartlepool; Dr. W. Robertson, Newcastle-on-Tyne. (S) Dr. W. G. Sym, Edinburgh; Mr. F. W. Saunders, London; C. B. Smith, M.B., Cambridge; Student; Dr. S. C. Smith, Halifax; S.; Surgeon-Captain; Mr. E. J. C. Snell, London; J. C. Stawell, M.B., Bagenalstown; Mr. W. Stockwell, Bath; Dr. K. Shibata, London; Dr. E. Seaton, London; Dr. T. Schott, Badenauheim; Mr. H. Shore, Walsall; Mr. M. Smale, Henley. (T) Mr. H. J. Tizard, Weymouth; Tarawera; Dr. S. J. Taylor, Norwich; Mr. H. K. Tavaria, Bombay; Mrs. A. Thomson, Camberwell; T.L.N. (V) Mr. T. J. Verrall, Brighton; Mr. F. Vicars, London. (W) Miss C. E. G. Wright, Edinburgh; Dr. A. Whitelegge, Wakefield; Dr. Hugh Woods, London; Mr. H. de C. Woodcock, Leeds; Dr. A. E. Wright, Wimbledon; Professor Windle, Birmingham; Dr. D. Wallace, Edinburgh; Mr. G. Willett, Keynsham; Mr. H. Waghorn, Newport; Dr. Whitla, Belfast; Mr. J. Willis, London.

BOOKS, Etc., RECEIVED.

- Annual of the Universal Medical Sciences. Edited by Charles E. Sajous, M.D. Vols. I to V. Philadelphia and London: F. A. Davis. 1891.
- Spasmodic Wry-Neck. By Noble Smith, F.R.C.S.Ed. London: Smith Elder and Co. 1891.
- Rapport sur les Vidangeuses Automatiques. Par le Dr. E. Muriac. Bordeaux: A. De Lanefranque. 1891.
- Farbenanalytische Untersuchungen zur Histologie und Klinik des Blutes von Dr. P. Ehrlich. Erster Theil. Berlin: August Hirschwald. 1892.
- Vorlesungen über die Krankheiten des Herzens. Von Dr. Oscar Fraentzel. II. Die Entzündungen des Endocardiums und des Pericardiums. Berlin: August Hirschwald. 1891.

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Post-Office Orders should be made payable to the British Medical Association at the West Central Post-Office, High Holborn. Small amounts may be paid in postage-stamps.

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