

## A NEW METHOD OF BLOOD TRANSFUSION.

By A. E. WRIGHT, M.D.DUBL.

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THE discovery by Arthus and Pages of the possibility of keeping the blood permanently liquid by precipitating the lime salts in it in the form of insoluble oxalates has opened a way for improving the methods of transfusion as at present practised. The demerits of the method in use can be very easily summarised. The injection of defibrinated blood is a dangerous method, since intravascular coagulations have been often observed to follow it. On the other hand, the method of arm-to-arm transfusion is one of extreme difficulty, and requires, if it is to be successful, the careful preparation of somewhat complicated apparatus. The merits of the decalcified blood of Arthus and Pages for purposes of transfusion, on the other hand, appear to me to be perfectly unique, as such blood is, as far as can be discovered, perfectly normal blood, except for the fact that it no longer contains any lime in a form available for the formation of fibrin, and the further fact that it has undergone a very trifling dilution (not more than one-tenth of its volume). It is therefore not a disintegrated blood like defibrinated blood, and, on the other hand, it will not clot unless we intend it to clot, and unless we, for that purpose, restore to it the lime salts which have been removed from it by receiving it into a solution of a soluble oxalate. In order now to ascertain whether these theoretical merits of decalcified blood for purposes of transfusion would be confirmed by experimental evidence, I undertook transfusion experiments with decalcified blood in three dogs.

The blood, after being decalcified, was in two<sup>1</sup> of the experiments drawn off from the animal upon which the transfusion was to be made, and was decalcified in the ordinary manner, and was then, after the lapse of ten minutes, reinjected into the circulation through the jugular vein. In the third case<sup>2</sup> the blood of another dog was employed. The operation, which was in each case performed under antiseptic precautions, was then terminated by the application of the necessary ligatures, and the closing of the wound. No pathological symptoms whatever were observed. In the case of one of the animals, who was twice operated upon by the reinjection of his own blood in the course of a fortnight, a rise of temperature of only 0.4° F. was recorded on the day following the second operation, and no changes in the blood corpuscles were detected upon microscopical examination. In the other cases the temperature observations were unfortunately omitted, but the animals were very lively, and fed well after the operation.

In suggesting the application of this method of transfusion in the human subject in cases where transfusion is indicated, a certain amount of caution will, of course, have to be observed. The blood would have to be collected in small portions from the vein of the person supplying it. I would further suggest that until information has been obtained as to the precise amount of soluble oxalate necessary to complete the precipitation of the calcium in human blood, small samples of blood should be drawn off as a preliminary operation into one-tenth of their volume of a 1, a 1½, and a 2 per cent.<sup>3</sup> solution of oxalate of sodium. The blood should be thoroughly mixed with the oxalate solution as it flows from the vessel, for where this point has not been attended to, coagulation will often occur in blood, even in the presence of an excess of oxalate. When the correct addition of oxalate has thus been determined (the correct amount being naturally the least amount that will keep the blood perfectly liquid), the actual operation might be proceeded with. Even then, however, it will be expedient to draw off the blood in successive portions, and to keep these portions in separate vessels

for some ten minutes at the temperature of the body before proceeding to the injection. By this method any portions which showed any sign of coagulation can be easily eliminated, while the other portions are injected into a vein. An excess of free oxalate is to be avoided, though it need not, as far as I have been able to judge, be over-anxiously avoided. To the pharmacologist the method of transfusion here suggested would appear to be of an obvious utility, as the decalcified blood might be used as a vehicle for administration of drugs in pharmacological experiments.

## MEMORANDA:

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

## TREATMENT OF OUTSTANDING EARS.

SEVERAL communications on this subject have appeared in the BRITISH MEDICAL JOURNAL during the past year. I venture to suggest the following plan:

An elliptical piece of skin, with its long axis vertical, is removed partly from the skin behind the auricle and partly from its posterior surface, the breadth of the removed portion not exceeding 1 to 1½ inch, according to the size of the ear and the extent of the deformity. The next step is to completely divide and groove the cartilage of the concha at its most prominent part, taking care not to "buttonhole" the skin. Deep sutures, two or three in number, are then passed through the skin beneath the surface of the wound; when these are tightened the auricle lies closely to the side of the head, without the continued disfigurement of a "doubled-over" auricle. Healing takes place readily, and the sutures may be removed in a few days. There is only a small scar visible, as it lies in the natural fold of the part. The main points are to groove thoroughly the cartilage of the concha, as this is the chief cause of the "outstanding;" and to remove sufficient skin so as to prevent too great movement of the auricle when the wound has healed.

I adopted this procedure in the case of F.H.H., aged 20. The left ear was larger and more prominent than its fellow, standing away from the head almost at a right angle. By the patient the deformity was ascribed to the habit of a schoolmaster of "tweaking" the ear by way of punishment. Whether such was the cause or not I am unable to say, but by operating on the above lines I succeeded in obtaining a symmetrical appearance of the parts. In extreme cases not yielding to the ordinary methods of treatment, the steps above described should be taken in preference to merely stitching the opposed surfaces of skin together, since this plan causes considerable after-discomfort, and is often ineffectual and disappointing.

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## ARSENIC IN SYPHILIS.

SEROY A. B., 30 years of age, and of good physique, suffered from well-marked secondary syphilis. He had extensive psoriasis, especially of the limbs. He had also a few ulcers of the hands and feet. He had much periosteal thickening of the shin bones with nodes. He had also some thickening of the bones of the forearms and of the flat bones of the skull. He complained of intense pains in the bones of the arms, legs, and skull, especially at night, which pain caused him to be sleepless. He had also a chronic ophthalmia, which presented nothing in particular. This man was treated for a considerable time with mercury and iodide of potassium (the latter drug in large doses) up to the constitutional degree. Though both agents were fully tried the curative effect was nil. After an interval the same agents were again tried without effect, though, as above remarked, the physique was very good. The agents failed to cure the psoriasis and the periostitis with the accompanying pain.

I then tried arsenic alone to the constitutional degree. For some time no evident effect was noticeable; but a few days

<sup>1</sup> The quantities of blood injected in these experiments was the amount of blood which it was found possible to draw off without causing the death of the animal by hemorrhage.

<sup>2</sup> The amount of blood injected in this experiment was 100 c.c., and corresponded to the addition to the circulating blood of about a third of its volume.

<sup>3</sup> A solution of this last strength I have found to be quite strong enough to keep blood's blood perfectly liquid when properly mixed with it. It is therefore hardly to be anticipated that we should have to resort to any stronger solution in the case of human blood.

before the constitutional symptoms made their appearance the skin affection began to disappear rapidly; the pain ceased to be complained of in the bones, so that the patient began to sleep well, and the periosteal thickening of the bones began to disappear. The progress in every respect was complete and permanent.

With regard to the eye affection, it yielded in part to the ordinary treatment for such a case, but it would continue to reappear. Once the other symptoms began to give way to arsenic, the chronic conjunctivitis began to clear up, though it had at the time no treatment specially directed to it. In it, too, the recovery was complete and permanent.

That the case was syphilis I consider beyond doubt. That it resisted treatment by mercury and iodide of potassium renders it rather exceptional. That the affection of the eye was of a nature similar to that of the skin I consider probable, as it at first seemed an accident of the case, but the result of treatment showed it to be an intrinsic part of the one disease. I was not prepared at the commencement for a failure with mercury and iodide of potassium, nor was I prepared for success with arsenic. I have tried arsenic in a few cases much similar to the above without any effect whatever, though mercury and iodide of potassium cured them.

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#### FALSE TEETH SWALLOWED.

A SHORT while ago I saw a patient who was said to have swallowed his false teeth. The following history was given: That he had taken a nap after dinner, and suddenly woke with an intense suffocating feeling, with acute pain in the throat. Some water was swallowed, and the pain was felt "running down the chest, and ceasing somewhere about the pit of the stomach;" he surmised that he had swallowed his false teeth, for they could not be found, and he was positive they had been in their accustomed place when he had fallen asleep.

On examination, the throat was red and irritable; no laceration or bleeding; solids and liquids could be swallowed freely and without pain. A sponge probang passed easily into the stomach. The patient was put to bed, enjoined strict rest, and the ordinary diet in such cases prescribed. For the next three or four days there were severe cramp-like pains, especially over the hypogastrium; no marked tenderness, constipation alternating with diarrhoea, and the stools contained little faecal matter and much mucus. There was no tenesmus or blood passed. A long rectal bougie failed to detect anything. About the fifth day matters improved, the bowels moved regularly, and the motions were normal in every respect, and continued so for the next six weeks.

About the third week I got word to say that the treatment had proved too monotonous, and that my patient was up and partaking freely. Shortly after this, after a long drive, he was seized with severe abdominal pains. I did not see him, however, but, five days afterwards, I was informed that the teeth with plate had passed seven weeks after having been swallowed, and that much pain had been experienced during its passage. I saw the patient some hours after, and heard that the teeth had stuck at the anus; that they had been forcibly torn out, occasioning free hæmorrhage.

Two large abscesses subsequently formed on either side of the anus. Both have since healed. The teeth were attached to a gold plate, the whole measuring, in its longest diameter,  $2\frac{1}{4}$  inches, in its shortest  $1\frac{1}{4}$  inch, and its greatest breadth was  $\frac{3}{4}$  inch.

Malmesbury, Cape of Good Hope. R. H. ROZENZWEIG, M.B.

#### DIURETIN IN CARDIAC DROPSY.

THE following brief notes of a case of cardiac dropsy treated by diuretin may be of interest to the profession, especially as I have seen no references in the BRITISH MEDICAL JOURNAL to its use. There was a short account of the new drug in the SUPPLEMENT, but that is all I have seen.

Mrs. McD., a young married lady in this island, has been suffering for several years from valvular cardiac disease, for which she used to be treated with the usual heart tonics, etc. (I may mention, by the way, that she has never been able to take strophanthus.) Latterly dropsy began to appear. This painful condition steadily increased to such an extent that the

poor girl could not move her enormously distended legs. I then, having just seen the SUPPLEMENT, ordered from St. Thomas some diuretin, on which she was instantly put. In about a fortnight her legs were perfectly thin, and she was walking about attending to her household duties. I have never seen anything so quick and effective in action.

Antigua.

GEORGE E. PIÉREZ, M.D. Edin.

#### PREVENTION OF COCAINE POISONING.

ACCIDENTS from the use of cocaine have become so numerous that it is looked upon by some as too risky a drug to be administered. This is a pity, since with caution it may certainly be used without fear.

Patients should be prepared by giving them a drop of a 1 per cent. alcoholic solution of trinitrine a minute before administering the cocaine, repeating the dose at intervals if the pulse be not affected and no pain or fullness in the temporal region be felt. The trinitrine acts almost as rapidly and continues to affect the vaso-dilators for upwards of half an hour longer than nitrite of amyl, which Professor Lépine has proposed, but which, on account of its fleeting action, has failed to gratify the hopes to which it gave rise.

Professor Lépine has pointed out the importance of paying attention to the type of patient. The nervous are to be encouraged and calmed, the anæmic made to lie down before administering the drug, for thus, as Dujardin-Beaumetz points out, cerebral anæmia is avoided. Dr. Lépine's statistics show that in the neighbourhood of the face it is unsafe to inject hypodermically more than 2 centigrammes (one-third of a grain) at a time, and not more than from 4 to 5 centigrammes should be allowed to come in contact with a mucous surface. By taking these precautions accident is guarded against.

Kensington, W.

G. COCKBURN SMITH.

## REPORTS

ON

### MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

#### EDINBURGH ROYAL INFIRMARY.

TREPHING FOR BASAL HÆMORRHAGE IN A WOMAN AT THE POINT OF DEATH: RECOVERY.<sup>1</sup>

(By ANDREW SMART, M.D., F.R.C.P.Ed., Physician to the Royal Infirmary, Edinburgh.)

A WOMAN, aged 43, was brought by the police on June 22nd, 1890. She was at the time conscious, and answered questions fairly well. There was a bruise on the right side of the head near the parietal eminence, where she had received a blow. The face was drawn to the right but without ptosis. There was no ocular deviation. The pupils were medium in size, nearly equal, and reacted fairly to light, but there was left lateral hemianopsia. She could not raise the left arm, nor grasp with the left hand, the left forearm remaining flexed, and the fingers curving upon the palm. The thigh and leg movements were defective in a less degree, and the sensibility of both arm and leg, as also of the whole of the left side, was irregular and deficient. Speech was somewhat slurring but not aphasic.

Some hours after admission coma set in, and some hours later Cheyne-Stokes breathing supervened, and soon became so grave as to threaten life. At my request Professor Chiene trephined, first at the place where the blow had been received, and a second time further forward and a little lower. There was free hæmorrhage from the membranes, but no discoverable cause was found within reach of the director or finger to account for the symptoms. This result corroborated my diagnosis of a right basal lesion as determined by the existence of a left lateral hemianopsia.

The breathing, which was characterised before the operation by lengthened intermissions and well-nigh suspended, had become almost normal before the operation was completed,

<sup>1</sup> This is the case referred to by Professor Chiene, M.D., F.R.S., of Edinburgh, in his Address on Surgery delivered at the annual meeting of the British Medical Association held at Bournemouth.

## ANNUAL MEETING OF THE ASSOCIATION : NOTTINGHAM, 1892.

THE sixtieth annual meeting of the British Medical Association will be held at Nottingham, commencing on Tuesday, July 26th, and lasting until the end of the week. The principal addresses will be delivered by Professor Cuming, of Belfast; by Professor Hingston, of Montreal, Canada; and Dr. Sims Woodhead, the Director of the Research Laboratory of the joint Colleges of Physicians and Surgeons, England. The meeting will be under the presidency of Mr. Joseph White, Consulting Surgeon to the Nottingham General Hospital. The selection of orators is this year of imperial range, including Ireland, Canada, and England.

A new departure is taken in thus securing for one of the orators of the year a representative of one of our great colonial dependencies. It will undoubtedly be accepted as an agreeable compliment to the enthusiasm with which the Canadian profession lately accepted the invitation extended to them to join the brotherhood of the British Medical Association, that a Canadian member of the Association has been selected to fill this high and honourable office. Professor Hingston is an eminent leader of the Canadian profession, who has done excellent surgical work, well recognised in this country and in America, and his address will certainly be of considerable intrinsic interest, apart from the interest attaching to his representative character from over the sea. Professor Cuming is well known and universally beloved throughout the Association, and the ability and judgment with which he presided over the large meeting of the Association at Belfast are still well remembered. He will undoubtedly justify his reputation as an eminent consulting physician, to which he owes the distinction now offered to him. Dr. Woodhead is a leader in the advanced school of bacteriology, having won his spurs in Edinburgh, and fully justified the compliment implied in his appointment by the two English Colleges for the direction of the important laboratories on the Victoria Embankment.

The business of the meeting will be conducted in ten Sections: Medicine, Surgery, Obstetric Medicine, Public Medicine, Psychology, Pathology, Ophthalmology, Diseases of Children, Pharmacology and Therapeutics, and Laryngology. The list of presidents, vice-presidents, and honorary secretaries will be seen in the more detailed programme which we publish elsewhere; and in reading the names of these officers the assurance will be acquired that the topics selected for discussion will range over a wide field, and will include the most important questions of the day and references to the most valuable parts of the work now being done throughout the kingdom.

The public entertainments will follow the lines of former meetings, and the well-known hospitality of Nottingham people and the public spirit of the Corporation will ensure abundant and varied local entertainments. Sherwood Forest, in the north of the county, the hill districts of Derbyshire, the Vale of Belvoir, and the proximity of Lincoln and Southwell Minsters and of Newstead Abbey will give large scope for very attractive excursions. The accommodation for the meeting will be found in spacious public buildings exceedingly well adapted for the purpose. The profession, perhaps, are hardly aware of the extent and importance of the College at Nottingham, which is larger than Mason College, Birmingham, which afforded excellent accommodation for the Sections during the recent meeting in that city. We shall at a later date give a further account of the College and details of the arrangements which are already being made by the Excursion and Entertainment Committee, as well as by the officers of each of the Sections. These are, of course, not yet complete, and it will, perhaps, be better not to give further details until the arrangements are further advanced. We may, however, say that the officers of Sections are already carefully considering the programme of business in each department; and that the Nottingham meeting promises to be in no respect inferior to the annual meetings of late years, which have done so much to consolidate the good feeling in the profession. Such meetings afford the opportunity of ex-

tended scientific discussion, and of that social intercourse and friendly intercommunication which does so much to bind the profession into an organic whole, and the providing of which is one of the most agreeable and useful functions of the annual meetings of the British Medical Association.

## GRANTS BY THE BRITISH MEDICAL ASSOCIATION IN AID OF MEDICAL RESEARCH.

THE following grants have been recommended for the present year by the Scientific Grants Committee and sanctioned by the Council:—

	£	s.	d.
Ballance, Mr. C. A., for continuing Investigations on the Pathology and Treatment of Cancer	30	0	0
Delépine, S., M.B., for continuing Investigations in Pneumocardiography, and partly towards purchasing apparatus to complete work he has been engaged on	10	0	0
Edkins, Mr. J. S., Owens College, Manchester, for continuing work on Pancreatic Digestion	15	0	
Halliburton, Dr. W. D., to prosecute the Research on the Regeneration of Albumin	20	0	0
Hankin, Mr. E. H., St. John's College, Cambridge, to continue the Investigation of the Nature of an Albumose that has been obtained from Anthrax Cultures under certain conditions, which has been already found to possess highly interesting poisonous properties, and for other specified researches	50	0	
Mott, Dr. F. W., for continuing experimental work upon the Functions of the Tracts of the Spinal Cord	40	0	0
Symes, Mr. William L., Physiological Laboratory, St. Mary's Medical School, for continuing a series of Experiments with the view of elucidating the Properties of Hæmoglobin and its Derivatives	5	0	
Bruce, Dr. David, Assistant Professor of Pathology, Laboratory Army Medical School, Royal Victoria Hospital, Netley, for Investigation of Malta Fever	15		
Campbell, H. J., M.D. Lond., Demonstrator of Biology, Guy's Hospital, Research on the Chemistry of the Products of the Growth of Tubercle	10	0	
Russell, J. S. R., M.B., Pathological Department, University College, London, Investigations into the Functions of the Lumbar and Sacral Nerve Roots	50	0	0
Spencer, Mr. Walter G., researches in aid of (1) A Differentiation of the Cardiac and Respiratory Fibres of the Vagus and Spinal Accessory Nerves; (2) further researches on Intracranial Pressure	50	0	0
Hunter, Dr. W., on Tuberculosis and Tuberculin	50	0	0
Eastes, Mr. G. L., on the Relationship between Formation of Glycogen and Sugar in the Liver	15	0	0
Jones, Dr. Lloyd, The Causes of Chlorosis, and other researches	15	0	0
Sympson, Dr. E. M., as to whether there is a Ferment in the Pancreatic Juice capable of Converting Sugars into Glycogen	5	0	0
Warner, Dr. Francis, an Investigation into the Condition of School Children	25	0	0
	<b>£115</b>	<b>0</b>	<b>0</b>

## THE CASE OF THE IRISH DISPENSARY DOCTORS.

BEING AN ANALYSIS OF THE ANSWERS FURNISHED TO THE SCHEDULE OF QUESTIONS ISSUED NOVEMBER, 1891.

### I.

*For the Subjoined Analysis we are indebted to Mr. W. Thomson, F.R.C.S.I., Surgeon to the Richmond Hospital, Dublin.*

MR. ERNEST HART has referred to me the answers which have been sent in by the Irish dispensary medical officers, in reply to the queries issued on October 30th, and printed in the BRITISH MEDICAL JOURNAL of October 31st. These questions were designed to obtain evidence from all those best able to speak from personal experience of the wrongs which they suffer. I propose in this and succeeding communications to deal with this evidence and the suggestions which have been made, and to discuss, so far as one outside the service may be able, the means by which special hardships may be removed and the general condition be ameliorated. The mere arrangement and perusal of the hundreds of letters which have been forwarded has occupied much time. Of course opinions are various, but what I have tried to do is to get at the general bearings of the replies, and to give this. It would be impossible and not useful to give the whole of the replies. I have selected some as specimens, and if others do not appear I wish to assure their authors that it is not because these answers are not valuable, but because of the exigencies of space.

It will lead to a better comprehension of what will follow if

I put down here a few facts. The Irish dispensary doctors number 810. They are elected by the dispensary committees approved by the boards of guardians, and their appointment is sanctioned by the Local Government Board. Half their salary and half the cost of medicines and medical appliances are defrayed by Parliamentary grant. The character of their work and of their districts will appear hereafter. But it may be stated that in 1890 they had to attend 188,126 patients at their own homes. This does not mean a single visit, but the usual attendance upon any person whose illness might demand two or more visits before convalescence. It means, further, in the country districts, the travelling of many miles to and fro in each case. In addition, 411,088 individuals were examined and prescribed for at dispensaries, and medicine was made up for them by the doctor in all but the very few places in which apothecaries are allowed. Medical appliances cost £27,072 4s. 11d.; medical officers' salaries amounted to £91,103 7s. 1d. Various other expenses bring up the total to £161,341 7s. 3d. Last year there was a total increase in visiting tickets of 23,730, and in tickets for attendance at dispensary of 5,248.

#### REPLIES TO QUESTIONS.

1. *How would you propose to define the words "poor person" in reference to Poor-law medical relief?*

1. A person earning less than £1 a week from constant employment. Such facilities exist at present for procuring medical aid and medicine through the medium of tontine societies and clubs, for a nominal charge of 4s. a year, that a person earning more than £1 a week should have no necessity to burden the rates.

2. Any person who is able to pay 5s. for a visit in the country and 2s. 6d. for a visit in town is not a poor person. A family of four or five persons in all, whose joint earnings amount to 25s. a week, are not poor persons. A workman not married earning 14s. a week is not a poor person.

3. I would define a poor person as a member of a family whose united earnings or income from all sources did not exceed £1 a week.

4. A poor person is one who cannot afford to pay a small fee—say, 5s.—for the country and 2s. 6d. for the town for a medical visit. A list could be made out and revised yearly for each dispensary district of those who are entitled to medical relief gratis and of those who are entitled to same at a reduced rate. This would prevent anyone suffering from excessive charges.

5. I would limit the term poor person to one earning a wage up to £1 per week. I consider a man earning anything above this should be able to procure medical attendance by joining one of the many friendly or tontine societies, persons who belong to a medical club or having an employer, etc., who provide medical attendance for *employees* should be debarred from medical relief.

6. I would consider a person "poor" who was unable to give any fee whatsoever. If a person be able to pay, say, 5s. for attendance, I would accept (although totally against small fees) sooner than have a visiting ticket issued.

7. I fear that a hard-and-fast line is almost an impossibility. As a rule, domestic servants should not be included in the class of poor persons.

8. A person in such indigent circumstances that it would seem to the majority of the dispensary committee unreasonable to expect him or her to pay for medical attendance. If the medical officer feel aggrieved by the decision, the case to be reviewed either by the chairman of quarter sessions or the Local Government Board. In the body of ticket should be an undertaking signed by the issuer that in case the person named in the ticket should be found not to be a poor person, the issuer, would be responsible for the fee.

9. I should abolish the term "poor person" altogether, being much too vague, and substitute some term that would convey the idea. "one who, in the opinion of the issuer of the ticket upon minute inquiry, could not at any period of the year pay even a moderate fee."

10. A person holding to manual labour (not possessing cattle or being a ratepayer), a tramp, a beggar, and a person without means of subsistence.

11. If the person issuing a "line" subsequently cancelled by the committee was made personally liable for the doctor's

fees, the issuers of tickets would soon come to know who were, properly speaking, "poor persons."

12. The words "poor person" should include only those who would be entitled to receive ordinary Poor-law relief, and of course those actually in receipt of it, such as persons getting outdoor relief. I believe there is a hard-and-fast rule defining who these are; at any rate, the relieving officer always seems to know who is and who is not entitled to outdoor relief.

13. In many districts it might be necessary to make a classification of the inhabitants within a certain margin—for instance, of farmers with small holdings—and to have a special tariff arranged for them, and police pensioners, petty dealers, well-to-do tradesmen, etc., whose weekly wage would amount to say 25s. or 30s.

14. I think the term "poor person" should be abolished altogether, as admitting of far too much latitude, and being impossible of definition. I would substitute for it "applicant for free medical relief," or some such term, which could be defined as "a person whose circumstances the issuer of the ticket shall have found, on careful and personal inquiry, to admit of the payment of absolutely no fee, however small, for medical advice."

15. A "poor person" would be defined as one unable to support himself or family without extraneous assistance. Above this class a regular scale of fees might be arranged, varying according to the circumstances of the patient, few if any not being able to pay 5s.

16. Any landholder who is valued at £10 or over, but if such person is in distressed circumstances, let him state his case to the committee who, if they think fit, can place his name on a list, to be kept by said committee, of persons entitled to medical relief, and any poor person so scheduled to be disfranchised for the time being.

17. I would make the following by-law absolute: That a ticket can only be issued by a member of committee or warden who resides in the same electoral division as the applicant for relief, or by the relieving officer, and I would alter the form of the existing ticket so as to read thus: Sir, I have a personal knowledge of —; or, I have made careful inquiry into the circumstances of —, residing at, etc., and I solemnly believe him (or her) to be unable to pay for medical attendance. Therefore I hereby require you to visit and afford medical advice and any necessary medicine to him (or her). Signed —

18. The number of wardens might be increased, if necessary, so as to make it possible for the applicant to obtain a ticket at any time in his own electoral division, and there would always be the relieving officer to fall back upon.

19. The term "poor person," wherever it occurs in the Medical Charities (Ireland) Act, should be held to signify a person who is not possessed of such property or other qualification as would entitle a man to be registered as a voter in an election for member of Parliament; or a person who is not legally entitled to be maintained by any person possessing such property or other qualification; or a person whom justices or petty sessions shall judge not to be in receipt of income sufficient in amount to enable him or her to pay for medical advice or medicines.

20. Let the board of guardians annually at the striking of the rates (or oftener if need be) make out lists of all the heads of families in the several districts that either are or are not entitled, in their opinion, to Poor-law medical relief. The lists might be subject to revision on appeal, and arrangements might be made to meet cases of emergency. Where a ticket was given to an unqualified person let the doctor act upon it, but let it be his duty to bring up the case at the next petty sessions and let the onus of proof rest upon the recipient or issuer of the ticket. The publicity attending such a course would deter many from getting "lines" who are quite willing to take gratuitous relief but do not like to have it known.

21. A list of persons entitled to be kept. Relieving officer to be empowered to issue special tickets.

22. I would suggest that a farmer with a Poor-law valuation of £7 and upwards or having two or more cows, an artisan, etc., with weekly wages of 25s. and upwards, and shopkeepers with a Poor-law valuation of £5 and upwards, should not be eligible. In case any of these from exceptional circumstances were really paupers they might bring their names before the dis-

pensary committee and get registered as such if the dispensary committee considered them proper cases.

23. "Poor person" can only be defined by a wage and property limit.

24. Single persons earning less than 15s. per week. Families earning less than 20s. per week. Farmers who have no other source of income than their farm, whose Poor-law valuation is £7 or under. This definition not to entitle any person to Poor-law medical relief if it is a known fact that such person is able to pay for medical attendance. We would suggest that a medical relief register be made out for each dispensary district by the board of guardians or relieving officer annually, and that as cases arise the relieving officer should have power to add to this list, and the tickets for relief be given only to persons on this register. If a proper system of thrift were introduced, many persons now getting medical relief through the poor-rate might found sick clubs. (From a county meeting.)

25. (1) Labourers and servants (male or female) solely dependent on their daily wage, possessing no shop, stock, or land over three acres with their wives and families; or (2) non-taxpayers. (From a county meeting.)

26. Poor man, indefinable. Legal definition, a person holding quarter of an acre of land. (From a county meeting.)

27. A "poor person" is difficult to define. In my district, any person holding under ten acres (Irish), with a few exceptions, is considered by me a "poor person."

#### OBSERVATIONS.

No more unfortunate term than "poor person" could have been used in framing the Act. Its very looseness must have been apparent at the time, and it is not improbable that it was used so that there could be no justification for refusal of medical relief to anyone. It is an entirely relative term. Of two people with the same income, one may be poor and the other well-to-do. The difference depends upon the demands upon the purse in the two cases. Thus a person applying for a red ticket may be apparently poor, while in reality able to pay, but the issuer may have no personal knowledge on the subject, and may be unable to gain it. Yet that people defraud the doctor and the ratepayers by claiming medical relief for nothing is well known. The inspectors of the Local Government Board, and the Board themselves, are well aware of it; but they can do no more than the law directs.

In order to arrive at some standard for decision, most of the answers are in favour of a wage and property limit. A single man receiving £1 a week, or a man holding property of a certain valuation, ought not to be allowed to avail himself of medical relief. A list of persons entitled could be drawn up annually, and supplied to the dispensary committees and doctors. Of course there would still be cases of undoubtedly poor persons, who might become so by altered circumstances, or who might come into the district. These cases could be met by special tickets, and there would still remain the right to cancel the ticket if the claim were found to be a bad one.

Arising out of this is the question of fees. In Ireland the standard is high, and doctors in the country are anxious to uphold it. But however desirable that is in theory, it is not practicable. Men must adapt themselves to the circumstances in which they are placed. There are thousands of people who now get medical relief for nothing who could pay a small fee, and that fee multiplied would mean a substantial increase in the incomes of many dispensary doctors. In the towns there are numerous clubs, as in England, where for a small annual payment medical aid can be had. In the country districts this is not, perhaps, possible. Still, something could be done, and many of the doctors feel this. But so far as the small farmer is concerned it will not be done voluntarily. He is very fond of getting as much as he can for nothing, and, in my opinion, he will not join in any arrangement such as is provided by clubs. Still, he ought to be made to pay something, because he is, generally speaking, able. I think the suggestion that a scale of fees should be drawn up by the Local Government Board, according to the rateable value of holdings or of ascertained income, an excellent one. The dispensary doctor taking 5s. or 2s. 6d. fees under such a direction would be doing nothing derogatory to his position or to his self-respect, and the honest patient would feel that he was doing nothing to stamp himself with the sign of pauperism.

As to domestic servants in the employment of the gentry, it is an abuse of terms to call them "poor." We read of deputy-lieutenants or magistrates sending a red ticket requiring the doctor to attend their valets or butlers. These people ought not to be a burden on the rates or on the unpaid doctor. They are usually very well off; certainly they could be placed under some denomination in the proposed scale of fees which would be suitable to their income.

Another important question has been raised, namely, the relation of "poor persons" to the parliamentary franchise. No. 19 is a valuable answer on this subject. It is a suggestion which was made 10 years ago by the Irish Medical Association. Dr. Chapman thinks that the last clause should read thus: "Or a person whom the justices at petty sessions shall judge not to be in receipt of income sufficient in amount to enable him or her to pay for, or otherwise than by medical relief ticket procure, medical advice and medicines directly or indirectly by subscribing to some body or society available and providing such to its members." This would limit the number who could claim to be put on the qualifying list, but the serious question is whether a person who does avail himself of gratuitous medical relief at the public expense ought not to be *ipso facto* disqualified from exercising his right as a voter in elections for parliamentary representatives. As the law at present stands his voting rights are protected in spite of his seeking this aid at public expense. But it can hardly be contended that a man who thus commits an act of pauperism ought to be still entrusted with the highest right of citizenship. Beyond this such a deprivation would at once put a stop to the frauds which are now committed. We should no longer hear of guardians or committeemen or wealthy shopkeepers meanly demanding the free services of the doctor, and it would be a help in raising the moral sense of the people. At the same time it would be wise to allow such a person to redeem his right to vote by payment to the doctor of his recognised fees within one month of the time at which the services were rendered.

To summarise the suggestions they may be put thus:

1. That a wage and property standard should be fixed so that no one should be regarded as a "poor person" for the purpose of free medical relief under the Medical Charities Act, whose income or valuation happened to be at or above this level.
2. That a list of persons so entitled should be annually drawn up by the boards of guardians.
3. That provision should be made for all emergency cases.
4. That a system of small fees should be adopted by the Local Government Board suitable to persons of small incomes and on a similar basis to No. 1.
5. That domestic servants of persons holding large properties should not be regarded as poor persons.
6. That the issuer of tickets should live in the same electoral division as the person to whom the ticket is given.
7. That no one entitled to the parliamentary franchise should be regarded as a poor person for the purposes of the Act.
8. That anyone on the list of parliamentary voters procuring for his family or himself free medical relief under the Medical Charities Act should *ipso facto* cease to be a voter, but should have power to redeem his right by payment of recognised fees within a month.

(To be continued.)

THE movement for the betterment of the position of Irish dispensary doctors, which the full publicity given to their grievances in the BRITISH MEDICAL JOURNAL has been the means of quickening into life, is now fairly on foot, and all that is required to ensure success is for these deserving and ill rewarded officials to follow the example of General Grant and keep "pegging away." Gratifying evidence of their activity in combining for the attainment of their object, and of their recognition of the efforts made in their behalf by the British Medical Association and its JOURNAL, reaches us from many sides. Meetings of the Poor-law medical officers in various parts of Ireland have been held, and resolutions have been passed urging the necessity of the formation of centres of agitation in the several districts and of active co-operation of these local bodies with the British Medical Association and the Irish Medical Association. Want of space unfortunately



prevents us publishing all the reports of these meetings which have been sent to us, but the following may be given as fairly representative of the rest:—

A meeting of the dispensary doctors of the Balrothery Union was held in Balbriggan on November 16th to consider the advisability of forming a local centre in furtherance of the agitation for Poor-law medical reform; also to consider and reply to the "queries" of Mr. Ernest Hart. It was resolved that a local association be formed. A secretary was elected, and subscriptions to defray expenses, etc., were handed in. Resolutions were also passed to the effect "that the best thanks of the meeting should be given to Mr. Ernest Hart for his kind efforts in behalf of the Irish dispensary doctor," and "that the Irish Medical Association should receive all due and proper support."

A largely-attended meeting of dispensary medical officers of the southern division of co. Antrim was held in Belfast on November 11th. Arrangements were made for addressing the local members of Parliament on the subject of the necessity that exists for the amendment of the Medical Charities Act, and the redressing of the grievances of the dispensary doctors when the time should become opportune for doing so. The Secretary was instructed to convey to the British Medical Association and to Mr. Ernest Hart, and to the Irish Medical Association, the thanks of the meeting for the efforts which they are making to redress the grievances and improve the status and position of Irish dispensary medical officers.

A most enthusiastic meeting of the dispensary medical officers of the County Clare was held in Ennis on November 14th. The following resolutions were passed: 1. "That the best thanks of this meeting are due to Mr. Ernest Hart, of the British Medical Association, for the interest he is taking in dispensary reform, and the powerful advocacy he is giving the claims of the Irish Poor-law medical officers in the columns of the BRITISH MEDICAL JOURNAL." 2. "That the best thanks of the dispensary medical officers of the county are due to the Irish Medical Association for the assistance they have given us in the past in having many of our worst grievances redressed."

Similar resolutions were passed at meetings of dispensary medical officers at Limerick on November 5th; at Londonderry, and Maryborough (Queen's Co.), on November 12th; at Sligo and Drogheda on November 14th; at Carlow on November 18th; at Cavan on November 24th; and at Wicklow on November 25th.

We should be glad if the Irish dispensary doctors will send in their replies to the queries sent to them without delay. Already large numbers have come to hand. The work of arranging these will take some weeks, and Mr. W. Thomson, of Dublin, who is favouring us with his valuable aid, will then proceed to summarise the evidence. So far it is of the highest value, and goes to substantiate fully the statements of their grievances which have already appeared in the BRITISH MEDICAL JOURNAL.

### THE EPIDEMIC OF INFLUENZA.

WITH the view of obtaining trustworthy information as to the districts in which the epidemic of influenza is at present prevalent we have addressed an inquiry to the Honorary Secretaries of the Branches of the British Medical Association, and by their courtesy we are enabled to publish below some very interesting facts.

It will be observed that the disease is prevalent in epidemic form over two areas,—the East of Scotland and the West of England. The communications from Newcastle and South Shields on the one hand, and from Cheltenham and Bristol on the other, appear to indicate that the epidemic shows some tendency to spread, but not with great rapidity.

#### Scotland.

Dr. J. W. NORRIS MACKAY, states that influenza has reappeared in Elgin and neighbourhood and in some cases with great virulence. Those who have previously suffered from it do not seem to possess any immunity from a second seizure, and in most cases recovery is protracted and slow.

Dr. A. R. URQUHART (Perth) writes: The influenza epidemic has been

very severely felt in Perth of late. It is not perhaps so acute in the attack as on the first occasion, but seems to be more extended, whole families have been seized together. The sequelæ have been very often severe, and include such troubles as suppuration of the ears, pneumonia, insanity, and so on.

Dr. C. J. LEWIS (Stirling) writes that there is no doubt epidemic influenza has reappeared during the last four weeks in the neighbourhood of Stirling, and is more prevalent than in preceding years.

Dr. G. A. GIBSON (Edinburgh) states that influenza is exceedingly widespread in Edinburgh at present. Personally he has seen about forty cases.

OUR EDINBURGH CORRESPONDENT writes: Although its magnitude is being exaggerated, there undoubtedly exists in Edinburgh a widespread epidemic of influenza. The types and complications are most various.

OUR ABERDEEN CORRESPONDENT writes: Influenza has again become very prevalent in the north. So far the winter has been very mild, although heavy gales have prevailed, but during the past fortnight the air has been on most days bitterly cold and the atmosphere very damp. Shetland has been singularly free of the epidemic, but it has been very severe in the island of Sanday, where whole families have been laid aside—and, indeed, cases have been reported from all over the Orkney Islands. The epidemic has shown itself in a very pronounced form in Caithness. Bad colds are very prevalent, and whooping-cough has proved very fatal among young children. Cases of influenza, though none very serious, are reported from both sides of the Moray Firth. In Aberdeen, where the epidemic of last winter only spent itself in July, it has again reappeared, but so far it has not assumed the dimensions of a serious epidemic. Most of the cases that have been reported have been of a mild type, although in several instances the patients have suffered rather severely. The victims of the infection have been persons chiefly between the ages of 40 and 60 years, but older persons have also been attacked, and in their case dangerous complications are more liable to develop. Among the early victims on this occasion are a number of the city police force, and it is rather a remarkable fact that the majority of policemen who have caught the disease have been on night duty.

#### England.

The epidemic is undoubtedly prevalent on our north-eastern coasts.

Dr. G. E. WILLIAMSON (Newcastle-on-Tyne) writes: Influenza has reappeared in this district. I have asked many practitioners about it during the last few days, and they all have cases under their care. Ordinary colds are very prevalent, but the influenza is quite distinct from them, beginning with high temperature, head and back ache, and extreme prostration.

Dr. T. EUSTACE HILL, Medical Officer of Health (South Shields) writes to inform us that influenza is again very prevalent in this district. At the commencement of the year, when influenza was so prevalent and fatal in many parts of the country, the disease was comparatively slight there, with but a slight rise in the death-rate. At the present time there are a great number of cases in the town, the lung and head symptoms in many cases being very severe. During the past three weeks four deaths have been registered as due to influenza, but the death-rate, which during the year has been equal to an annual rate of 19 per 1,000, has during the past three weeks been equal to rates of 31.5, 35.5, and 37.5 per 1,000. The increased rate, though to some extent caused by a very severe epidemic of measles, is chiefly caused by the great number of deaths attributed to acute pulmonary diseases. This increase is undoubtedly due to the prevalence of the influenza epidemic. During the past three weeks the percentage of deaths from acute lung diseases to total deaths has been 30, 41, and 39 respectively, this large proportion not including deaths from phthisis or from lung affections following measles. Every medical man in the town he has met with speaks of the extent and severity of the epidemic, which seems to be extending southwards from Scotland.

Dr. J. ALTHAM (Penrith) states that there have been a few undoubted cases of influenza in that town, but it has not been very prevalent. He hears from the President of the Border Counties Branch (Dr. Crerar, of Maryport) that it has also reappeared in his district.

Dr. C. E. GLASCOTT (Manchester) writes that the disease has not as yet assumed an epidemic form. He has heard of three or four sporadic cases in the south side of the city.

In Yorkshire the replies received appear to prove that there is no epidemic. Dr. H. W. PIGEON (Hull) states that during the last two months there have been several cases of a sporadic nature, but nothing approaching an epidemic. He adds that most persons affected have had the disease previously. Broncho-pneumonia seems to be more frequent in the case of children than it was last spring.

Mr. ARTHUR JACKSON (Sheffield) informs us that he has heard of an isolated case or two of influenza, but does not think that it is at all prevalent in that district.

Dr. W. A. CARLINE has only heard of one case in Lincoln.

The epidemic is not prevalent in the Eastern Counties. Dr. EDGAR G. BARNES (Hon. Sec. East Anglian Branch) is not aware that influenza has been observed in that district; but a communication from Dr. MICHAEL BEVERLEY shows that it may be about to appear in Norfolk. Writing from Norwich he states that cases have been met with, chiefly in children.

Dr. GEO. W. REID (Stafford), from inquiries made during the past week, thinks that there can be but little doubt that cases have occurred in the populous districts in the north and south of the county. As regards Mid-Staffordshire, as yet there is little or no evidence of undoubted cases, although cases more or less suspicious have been noticed.

Dr. CHAS. J. EVANS (Northampton) has had one or two cases of influenza lately, but, as far as he is aware, it is not spreading. There is, at any rate, no epidemic as yet.

From Birmingham and Worcester we learn that the disease has not reappeared.

Dr. LEWIS MORGAN (Oxford) thinks that there can be no doubt that there are cases in that neighbourhood, but so far not many.

Dr. H. H. PHILLIPS writes that sporadic cases have been observed in the neighbourhood of Reading, but there is no epidemic.

Judging from replies received from Dr. PARSONS (Dover), Dr. WARD COUSINS (Southsea), and Dr. VAWDREY LUSH (Weymouth), the epidemic has not appeared on the South Coast.

Dr. KELLY states that the epidemic has reappeared in Taunton; and Mr. SCOTT makes the same statement with regard to Bath, though he adds that at present it is not a serious epidemic. Dr. G. ARTHUR CARDEW (Cheltenham) writes:—“I hear of several medical men in this neighbourhood who have cases of influenza. In the last fourteen days my partner and myself have had about a dozen, and some of them very severe. The onset has been sudden, with rise of temperature in the first twenty-four hours to 104° and 105°. Most of the cases are the solitary one in a house, but two of my most severe ones both began together in the same house and day.”

Dr. E. MARKHAM SKERRITT states that influenza has reappeared in the neighbourhood of Clifton and Bristol. Numerous cases have already occurred, in the greater proportion of which the course of the disease has been comparatively mild; but in some instances the gravest chest complications have been met with. In certain of the country districts around Bristol the epidemic has been most severe.

Dr. P. MACRY DEAS (Exeter) states that influenza has undoubtedly reappeared in several parts of that district, most notably in some parts of Cornwall. In Redruth and neighbourhood there have been a large number of cases; and it has also appeared in Falmouth. There have also been cases in Plymouth as well as in North Devon. He has not heard of any cases in Exeter. He adds that at Wonford House there has been during the past fortnight one somewhat severe case, and two or three of what seemed slight attacks. The cases generally appear to have been milder in character than during the outbreaks of the two previous winters.

Dr. A. SHEEN (Cardin) states that there has been a good deal of influenza, but not of the epidemic type.

#### *Ireland.*

Dr. J. W. BYERS writes: About three weeks ago influenza began to reappear in Belfast; since then it has been gradually becoming more diffused over the city, so that at present there is a very widespread epidemic. While the type of the disease is, on the whole, not severe, a larger number of the inhabitants have been attacked than in either of the two recent visitations of the disease. Owing probably to the cold, damp, and often “muggy” condition of the atmosphere, pulmonary complications have been frequent, while, as has been so often noted, the physical weakness and depression are out of all proportion to the severity of the attack. Several medical men have suffered from the malady. In some of the neighbouring towns the disease is now present, and the commercial industries are feeling the effects of the epidemic owing to the number of workers who are off duty owing to the prevailing epidemic.

Dr. E. DONALDSON informs us that influenza has reappeared in Londonderry and neighbourhood. The first case he saw of the present epidemic was on October 4th, 1891. The disease is still prevalent. Speaking generally, the symptoms of the present epidemic are milder than those that characterised the epidemic of the spring of 1890; there is less prostration, less headache, and the disease is shorter.

#### *Australia.*

The *Australasian Medical Gazette* for October states that nearly the entire population of Evansford, near Talbot (Victoria), was prostrated with influenza in September. Dr. Cunningham, the State Health Officer, ordered the State school to be closed, as, out of 46 children on the roll, 41 were at home, whilst there were sufferers from the prevailing disease in the families of the remaining 5. The editor of our contemporary also asks for the indulgence of his readers in respect of the late appearance of the *Gazette*, on the ground of the publisher being incapacitated by a severe attack of influenza.

#### *France.*

Professor BROUARDEL, in a communication addressed to the Academy of Medicine, has stated that the death-rate has risen rapidly in Paris, and that this increase is due to influenza and its complications. The epidemic in the central and south-western Departments does not as yet appear to give any indication of subsiding.

#### *Germany and Austria.*

About 40,000 cases of influenza have occurred in Berlin during the last four weeks. The epidemic is similar in character to that of 1889-90 and 1890-91, that is to say, most cases are of a mild type, while a certain percentage are followed by serious and sometimes fatal secondary complications. Dr. Werner Siemens has had a sharp attack, but is now on the road to recovery.

Influenza is becoming increasingly prevalent in Vienna, but up to the present the epidemic is of a relatively mild character.

#### *Portugal.*

In Portugal, where, as has already been stated in these columns, influenza has been more or less prevalent for some time, it is at present particularly rife in the towns of Thomar and Evora. In Lisbon the disease has recently spread considerably, though, so far, the epidemic is not nearly so severe as that of 1888-89. Enteritis has, however, been prevalent in the Portuguese capital for some time, and it is now thought that some of the mortality attributed to that complaint may have been due to influenza. The disease has again broken out in the Azores, which were very severely visited in 1890; it is at present most prevalent in the island of Terceira.

THE Autotype Company has sent us an excellent etching of Charles Darwin, drawn by Klic, in Germany, and printed in Berlin by L. Augerer. It is a characteristic reproduction of his fine head and rugged, expressive face, and will be a welcome addition to the walls of many of the great body of medical men and biologists by whom his name is revered, and to whom his personality is one of the most interesting of the century.

## TYPHOID FEVER IN DUBLIN.

WE have received a letter from Mr. J. J. O'Meara, Chairman of the Waterworks Committee of the Dublin Corporation. This letter is too lengthy for insertion in full in our columns; and its insertion has been rendered the less necessary owing to Mr. O'Meara having taken the somewhat unusual course of publishing the letter under the rubric “To the Editor of the BRITISH MEDICAL JOURNAL,” before forwarding it to us.

We might with all propriety have passed it over unnoticed, inasmuch as it was evidently written for the Dublin public, not for our columns, and has already been communicated to all the Dublin newspapers. We are not surprised at this want of courtesy on the part of a gentleman who addresses us thus:

Nothing can be more scandalous and audacious than that such an important professional journal like yours should be made the means of injuring the prosperity of our city by creating and fostering fearsome ideas of impossible consequences in the minds of those who might otherwise be inclined to visit our shores.

The gravamen of your article in yesterday's issue consists in the query, “Are the temporary works constructed by Sir John Gray twenty-years ago now replaced by works of a permanent character, or even maintained in a condition of efficiency?” Such a question, after the public statements of the Lord Mayor and myself, prove that either you did not read our remarks or that you doubt the truth of our assertions.

The first paragraph may be excused on the grounds of heated rhetoric, as the gentleman may have thought he was addressing a board meeting in Dublin. The latter part is inexcusable, as the Lord Mayor did not answer our questions, and they are not answered yet except in so far as the following is an answer:

To be in a position to reassure our fellow-citizens, I accompanied the City Engineer (S. Harty) last Thursday to Roundwood, and traversed the entire length of the catchment drain. The mountainous district surrounding the reservoir is very thinly populated, and the drain is so constructed that it intercepts, from a point above the village, all sewage matter, and conveys it, after a fall of about 40 feet, to the outlet of the by-wash.

The following is a copy of the report made by Mr. Harty to the Waterworks Committee last Friday:—

“I have to report that on yesterday, the 25th inst., accompanied by the Chairman, Secretary, and Mr. Andrews, C.E., I walked over the entire length of drain which was built to prevent any possibility of sewage or other impurities entering the Roundwood reservoir, and have to report that it is still in perfect working order, and is carrying the impure streams into the old bed of the river below the works. The drain is regularly attended to, and cleaned up once each year, and the work for cleansing this year is now practically complete.”

SPENCER HARTY.

This report, made as it is upon the authority of the President of the Institute of Civil Engineers—a gentleman held in high esteem by his professional colleagues, ought surely, once for all, to allay any fears that the drain is not “maintained in a condition of efficiency.” Indeed, I doubt if in any other town you will find similar works of a more perfect or permanent character.

We are not informed yet whether the works are “the temporary works constructed by Sir John Gray twenty years ago,” and “now replaced by works of a permanent character,” although we are informed that such works as are to continue are “still in perfect working order.” This latter statement is satisfactory, but we notice the word “still” and “cleaned up once each year.” We infer that the works in question are “the temporary works constructed by Sir John Gray,” which have been kept patched for the last twenty years, and are now in “perfect working order.” If these works are, as we suspect them to be, the temporary works of Sir John Gray, we regret to state that they are of a dangerous and unsuitable nature, notwithstanding the high character given to them. We know all about these works of old. As we pointed out in our article of November 21st, Sir John Gray constructed a temporary drain to intercept the sewage of Roundwood. The circumstances under which this was done were as follows: a very foolish arrangement for one intercepting and deposit tank, with effluent flowing into the reservoir, had been constructed by a person whom Sir John Gray characterised “as a stupid and ignorant engineer”: who he was we do not care now to inquire. Sir John at once dug a trench, which was well-known at Roundwood as “Sir John's ditch,” to carry away the Roundwood drainage to the river below the by-wash and clear of the reservoir. This was intended to be temporary for the very good reason that the Dublin Corporation were taking proceedings against the rural sanitary authority (the guardians of Rathdrum Union) to compel them to keep the sewage of Roundwood out of the Vartry River, and provide a main drainage to the village. The proceedings of the Dublin Corporation were unsuccessful, as the Rathdrum guardians gained their case

on the ground of the right of *user*, and it was left for the Dublin Corporation to make the main drain for Roundwood. We know it was Sir John Gray's intention to make a proper system of main drainage for Roundwood, and also consequently to prevent contamination of the water by sheep-washing. Has this main drain been constructed and replaced "Sir John's ditch?" We ask the Lord Mayor of Dublin and the Chairman of the Waterworks Committee to give this plain question a plain answer. We know that Sir John Gray had many anxious moments over the chances of stability of his "ditch" in floods, and we have heard it has sometimes overflowed and sometimes broken. Mr. O'Meara tells us of the many improvements and sanitary arrangements in Dublin. We know that the improvements are many and great; we know that the Dublin death-rate shows a steady tendency to decrease; we know that the dwellings of the working classes have been vastly improved (mainly by influences outside the Dublin Corporation). We also know that the drainage is disgraceful, and we still wish to be assured that one of the finest water supplies in the world is as nearly as possible permanently free from all chance of pollution.

It is now a little over twenty years ago since Mr. Benson Baker visited and reported on the sanitary condition of Dublin on behalf of the BRITISH MEDICAL JOURNAL. His reports were received with a storm of indignation by the officials of the Dublin Corporation; by degrees, and with the aid of many Dublin citizens and the Dublin Sanitary Association, we prevailed, and, after many years, all the defects noticed by our correspondent were admitted and many of them remedied. It will be so again; the defects still remaining will be remedied, main drainage will be carried out, and we shall be informed whether "Sir John's ditch" has or has not been replaced by a well laid and properly constructed sewer, or is still in its primitive simplicity.

We are informed by Mr. O'Meara that the district about Roundwood reservoir is "thinly populated." This we know to be the case; but it should be known that the village of Roundwood stands on rising ground, about a quarter of a mile from the great reservoir, and that its sewage flows into two or three streams which have a fall towards the reservoir, and formerly passed directly into the Vartry river. The population of this village was 167 in 1881, and is probably about the same, or but little less, at present. It contains two small, but much frequented, hotels, and fairs are periodically held there; so that it is a busy place for its size, and much visited by tourists, anglers, and cyclists, and is in the main road between the beautifully-situated town of Bray and the wild and picturesque district of Glendalough, along which many tourists pass.

## ASSOCIATION INTELLIGENCE.

### NOTICE OF QUARTERLY MEETINGS FOR 1892. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on January 13th, April 13th, July 6th, and October 26th, 1892. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, December 24th, 1891, March 24th, June 16th, and October 5th, 1892.

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*.

### 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.

### BRANCH MEETINGS TO BE HELD.

THAMES VALLEY BRANCH.—The next meeting of the Branch will be held in Richmond on Wednesday, December 9th. The Honorary Secretary will be glad to hear from members willing to read papers or exhibit cases.—CHARLES E. SCOTT, St. Margarets, Twickenham, Honorary Secretary.

LANCASHIRE AND CHESHIRE BRANCH.—The intermediate meeting of this Branch will be held in the Victoria Hotel, Southport, on Wednesday, December 9th, 1891, at 3 P.M., when the following communications will be made:—Dr. ARMSTRONG: (1) The Treatment of Diphtheria, and (2) the Treatment of Bronchitis and Broncho-pneumonia in Children. Dr. JUDSON S. BURY: On Attitude in Disease. Mr. C. G. LEE: A Case of Double Optic Neuritis following Influenza. Mr. HARE: On Varix and Varicose Callosus Ulcer. Dr. RENTOUL: On a Medical Practitioner's Widows and Orphans Fund. Dr. BAINE: On Hypnotism, with experiments. Dr. WALTER will show a Fibromyoma of the Uterus. A light luncheon, kindly provided by the members of the Branch and profession resident in Southport, will be served in the Victoria Hotel from 1.30 to 3 P.M. Arrangements have been made for members and their friends to dine together at 6 P.M. Tickets (wine not included) 7s. 6d. each.—CHARLES E. GLASCOTT, Honorary Secretary, 23, St. John Street, Manchester.

### SHROPSHIRE AND MID-WALES BRANCH.

The annual meeting of this Branch was held at the Salop Infirmary on November 20th, 1891, Mr. R. W. O. WITHERS, President, in the chair. Twenty-seven members were present.

*New Members*.—Three new members were elected.

*Papers*.—Mr. T. LAW WEBB read a paper on the Pathology of Carcinoma, illustrated by a series of photographs of microscopic sections, shown on the screen by the optical lantern.—Dr. I. BURNEY YEO made some remarks on cases of Cardiac Asthenia following Epidemic Influenza.—Dr. ALFRED EDDOWES read a paper on the Diagnosis and Treatment of Eczema, and demonstrated the practical application of Unna's glue dressings in cases of eczema.

*Cases*.—Dr. CHARNLEY showed two cases of Artificial Eyeball.—Mr. WILLIAM EDDOWES and Mr. H. J. ROPE showed several cases of clinical interest.

*Dinner*.—Afterwards the members and friends to the number of forty dined together.

SOUTHERN BRANCH: SOUTH-EAST HANTS DISTRICT.  
A MEETING of this District was held on October 29th, Dr. KEALY in the chair.

*Communications*.—Dr. GUILLEMARD exhibited a specimen of Glioma of the Retina.—Dr. E. J. NORRIS read notes of a case of Twin Pregnancy, with early Death of one Fœtus.—Mr. J. W. WATSON read notes of three cases of severe injury—namely, (1) Fracture of Ribs and Wound of the Lung, (2) Fractured Condyle of Lower Jaw, and (3) Gunshot Wound of Neck.—Mr. HENRY RUNDLE read notes of three cases of Fracture of the Femur.—Dr. WARD COUSINS made remarks.

*Legislation for Inebriates*.—Dr. GUILLEMARD proposed and Dr. C. C. CLAREMONT seconded the following resolution: "That confirmed inebriates should be compulsorily detained in asylums with a view to their cure."—After some discussion the subject was put off until the next meeting.

### BATH AND BRISTOL BRANCH.

The second ordinary meeting of the session was held at the museum and library, Bristol, on November 25th, Mr. F. POOLE LANSDOWN, President, in the chair. There were present thirty-three members and two visitors.

*New Members*.—The following gentlemen were elected members:—J. FARRANT FRY, L.R.C.P., M.R.C.S., Shipton Mallet; A. H. WHICHER, M.R.C.S., L.S.A., Midsomer Norton; R. G. POOLE LANSDOWN, M.D.Durh., L.R.C.P., M.R.C.S., Clifton; C. P. CROUCH, M.B.Lond., M.R.C.S., Weston-super-Mare; T. W. SMITH, M.D.Lond., Bath; G. A. BANNATYNE, M.D.Glasg., Bath; J. CLARKE, M.B., C.M.Durh., Marshfield.



*Papers.*—Dr. MICHELL CLARKE read a paper on Cases of Hysteria in the Male, which was discussed by Drs. LONG FOX and BONVILLE FOX.—Dr. AUST LAWRENCE related Five Cases of Abdominal Section for Extrauterine Fœtation, on which Dr. J. G. SWAYNE made remarks.

*Specimens.*—Mr. C. A. MORTON exhibited specimens (with microscopic sections) illustrating the Pathology of a Sarcoma of the Humerus which recurred four times, and caused secondary growths in the lungs.

## BRITISH MEDICAL ASSOCIATION. SIXTIETH ANNUAL MEETING.

THE sixtieth Annual Meeting of the British Medical Association will be held at Nottingham on Tuesday, Wednesday, Thursday, and Friday, July 26th, 27th, 28th, 29th, 1892.

*President:* JOHN ROBERTS THOMSON, M.D., F.R.C.P., Consulting Physician Royal Victoria Hospital, Bournemouth.

*President-Elect:* JOSEPH WHITE, F.R.C.S. Edin., Consulting Surgeon Nottingham General Hospital.

*President of the Council:* W. WITHERS MOORE, M.D., F.R.C.P., J.P., Consulting Physician Sussex County Hospital.

*Treasurer:* HENRY TRENTHAM BUTLIN, F.R.C.S., Assistant-Surgeon to St. Bartholomew's Hospital, E.C.

An Address in Medicine will be delivered by JAMES CUMING, M.D., Professor of Theory and Practice of Medicine, Queen's College, Belfast.

An Address in Surgery will be delivered by W. H. HINGSTON, M.D., Montreal, Canada, Surgeon-in-Chief, Hotel Dieu, Montreal, Professor of Clinical Surgery, Laval University.

An Address in Bacteriology will be delivered by GERMAN SIMS WOODHEAD, M.D., F.R.C.P., F.R.S.E., Director Research Laboratory Conjoint Board of Royal College of Physicians and Royal College of Surgeons, England.

The scientific business of the meeting will be conducted in ten Sections, as follows, namely:

**A. MEDICINE.**—*President:* WILLIAM HENRY RANSOM, M.D., F.R.S. *Vice-Presidents:* FREDERICK TAYLOR, M.D.; ISAMBARO OWEN, M.D. *Honorary Secretaries:* SIDNEY PHILIP PHILLIPS, M.D., 62, Upper Berkeley Street, London; FRANCIS MONTAGUE POPE, M.B., Campbell House, Leicester.

**B. SURGERY.**—*President:* JOHN CROFT, F.R.C.S. *Vice-Presidents:* WILLIAM NEWMAN, M.D.; W. J. PILCHER, F.R.C.S. *Honorary Secretaries:* FREDERIC S. EVE, F.R.C.S., 125, Harley Street, W.; ALEXANDER RICHARD ANDERSON, F.R.C.S., 5, East Circus Street, Nottingham.

**C. OBSTETRIC MEDICINE.**—*President:* ALFRED LEWIS GALABIN, M.D. *Vice-Presidents:* HERBERT OWEN TAYLOR, M.D.; GEORGE ELDER, M.D. *Honorary Secretaries:* HARRY MICHIE, M.B., 98, Raleigh Street, Nottingham; HERBERT RITCHIE SPENCER, M.D., 10, Mansfield Street, Cavendish Square, W.

**D. PUBLIC MEDICINE.**—*President:* Sir B. WALTER FOSTER, M.D., M.P. *Vice-Presidents:* JOSEPH LITTLEWOOD, M.R.C.S.; CHARLES HARRISON, M.D. *Honorary Secretaries:* PHILIP BOOBYER, M.B., 24, Forest Road, Nottingham; HENRY TOMKINS, M.D., Town Hall, Leicester.

**E. PSYCHOLOGY.**—*President:* WILLIAM BEVAN LEWIS, L.R.C.P. *Vice-Presidents:* WILLIAM BARNEY TATE, M.D.; HENRY RAYNER, M.D. *Honorary Secretaries:* FLETCHER BEACH, F.R.C.P., Darenth Asylum, Dartford; EVAN POWELL, M.R.C.S., Borough Asylum, Mapperley Hill, Nottingham.

**F. PATHOLOGY.**—*President:* VICTOR HORSLEY, F.R.S., F.R.C.S. *Vice-Presidents:* SAMUEL WEST, M.D.; SHERIDAN DELÉPINE, M.B. *Honorary Secretaries:* ALEXANDER BRUCE, M.D., 13, Alva Street, Edinburgh; WILLIAM BRAMWELL RANSOM, M.D., The Pavement, Nottingham.

**G. OPHTHALMOLOGY.**—*President:* PRIESTLEY SMITH, M.R.C.S. *Vice-Presidents:* THOMAS SYMPSON, F.R.C.S.; CHARLES HIGGENS, F.R.C.S. *Honorary Secretaries:* ERNEST CORY KINGDON,

M.B., 6, Upper College Street, Nottingham; H. W. DODD, F.R.C.S., 47, Kensington Park Gardens, London.

**H. DISEASES OF CHILDREN.**—*President:* LEWIS WALTER MARSHALL, M.D. *Vice-Presidents:* JAMES DAVISON, M.D.; WINFRED BENTHALL, M.B. *Honorary Secretaries:* D'ARCY POWER, F.R.C.S., 26, Bloomsbury Square, W.C.; EDWARD MANSEL SYMPSON, M.D., 2, James Street, Lincoln.

**I. PHARMACOLOGY AND THERAPEUTICS.**—*President:* JOSEPH ORPE BROOKHOUSE, M.D. *Vice-Presidents:* CHARLES AUGUSTUS GREAVES, M.B.; SIDNEY HARRIS COX MARTIN, M.D. *Honorary Secretaries:* CHARLES HENRY CATTLE, M.D., 2, East Circus Street, Nottingham; THOMAS JESSOP BOKENHAM, L.R.C.P., Albury Lodge, Cheshunt, Herts.

**J. LARYNGOLOGY.**—*President:* RICHARD ATKINSON HAYES, M.D. *Vice-Presidents:* DONALD STEWART, M.D.; T. MARK HOVELL, F.R.C.S. Ed. *Honorary Secretaries:* JOHN MACINTYRE, M.B., 179, Bath Street, Glasgow; DONALD ROSE PATERSON, M.D., 7, Newport Road, Cardiff.

*Honorary Local Secretary:* HENRY HANDFORD, M.D., 14, Regent Street, Nottingham.

*Honorary Treasurer:* WILLIAM ARTHUR CARLINE, M.D., Lincoln.

### PROGRAMME OF PROCEEDINGS.

TUESDAY, JULY 26TH, 1892.

9.30 A.M.—Meeting of 1891-92 Council.

11.30 A.M.—First General Meeting. Report of Council. Reports of Committees: and other business.

2.30 P.M.—Adjourned General Meeting from 11.30 A.M. President's Address.

WEDNESDAY, JULY 27TH, 1892.

9.30 A.M.—Meeting of 1892-93 Council.

10 A.M. to 1.30 P.M.—Sectional Meetings.

2.30 P.M.—Second General Meeting. Address in Medicine by JAMES CUMING, M.D.

THURSDAY, JULY 28TH, 1892.

9.30 A.M.—Meeting of the Council.

10 A.M. to 1.30 P.M.—Sectional Meetings.

2.30 P.M.—Third General Meeting. Address in Surgery by W. H. HINGSTON, M.D.

7 P.M.—Public Dinner of the Association in the

FRIDAY, JULY 29TH, 1892.

10.30 A.M. to 1.30 P.M.—Sectional Meetings.

2.30 P.M.—Concluding General Meeting. Address in Bacteriology by GERMAN SIMS WOODHEAD, M.D.

SATURDAY, JULY 30TH, 1892.

Excursions.

## SPECIAL CORRESPONDENCE.

### PARIS.

*M. Proust on Cholera.*—*The Académie de Médecine and Mineral Waters.*—*General News.*

M. PROUST, at the Conseil d'Hygiène, stated that cholera at Damascus is slightly on the decrease; hygienic measures are difficult in consequence of a scarcity of medical men, and an absence of apparatus, antiseptics, and last, but not least, money. The population are hostile to sanitary precautions even of the simplest kind. Mustapha-Assim Pacha ordered that the dead bodies of patients dying of cholera should be covered with lime, and that no burials should take place in the cemeteries situated in the centre of the town or near houses. The population has fanatically attacked persons who carried out these regulations, and several have been wounded.

M. Constantin Paul has proposed to the Academy of Medicine to abstain from authorising the sale of mineral waters until it has received samples of the water during the dry summer weather and during the autumn. This proposition has met with general approval, and will be forwarded to the Minister of the Interior.

The midwife, Mme. Thomas, who has practised abortion for several years at Batignolles, has been condemned to twelve years' imprisonment with hard labour; her ex-partner, Abélard Floury, who afterwards became a professional rival, has been sentenced to ten years' imprisonment. The women who were incriminated were sentenced to two years' imprisonment.

tioned by the Association of Fellows as a basis for conference with the Council of the College, and were not submitted to the Committee of that Association. This unfortunate action was met by the Committee of the Fellows' Association with an expression of regret, which was forwarded to the Association of Members of the College.' The report proceeds to say that the Committee, however, were unable to counteract altogether the mischief which resulted to the cause of progress or to remove misconceptions arising out of the procedures on the part of the Members' Association, for which they were in no shape responsible.—I am, etc.,

H. PERCY DUNN,  
Hon. Sec. Association of Fellows of the  
Royal College of Surgeons.

Henrietta Street, W.

#### PROFESSOR BURDON SANDERSON ON PHAGOCYTOSIS.

SIR,—All workers in medical science receive with respect whatever comes from Professor Burdon Sanderson; when, therefore, he would seem to have made a serious mistake, it becomes all the more necessary that what is held to be a mistake should not, in consequence of the recognised authority of its originator, and through want of correction, be assured of general acceptance. As one who by the translation of a lecture by M. Metschnikoff which appeared in the *BRITISH MEDICAL JOURNAL* has possibly aided in rendering the phagocytosis theory more widely known in this country, I trust that I may be permitted to point out wherein it seems to me that Professor Burdon Sanderson has misunderstood M. Metschnikoff's position, and thereby vitiated much of his criticism of the theory in the recent Croonian Lectures.

The premisses upon which he has based this criticism may be stated in his own words. He considers that the following "must be regarded as M. Metschnikoff's fundamental propositions, namely (1) that the devitalising of microphytes is a special and exclusive privilege of phagocytes .....; and (2) that leucocytes are capable of discriminating between contagious particles of different kinds, and that they exercise this power of choice for the good of the organism of which they form part."

I venture to urge that M. Metschnikoff has never made the former proposition—certainly never during the last few years. While pointing out that phagocytosis is a most important, if not the most important, factor in the production of immunity, he admits freely that there are other defensive means possessed by the organism, acknowledging, however, that it is not at the present time possible to state fully and accurately all these influences which aid phagocytic action. This is very clearly stated at the close of the lecture to which I have referred.<sup>1</sup> In his latest study upon Immunity in the August number of the *Annales de l'Institut Pasteur*, M. Metschnikoff admits the possibility that the breaking down of leucocytes may liberate bactericidal substances into the serum, though he continues to doubt whether within the organism these substances are free and capable of exercising marked influence.

Nor can M. Metschnikoff be accused of assigning intellectual powers or consciousness to leucocytes any more than, because he states that the sun rises, an astronomer can be accused of discrediting the Copernican system. What M. Metschnikoff does say is that certain bacterial products tend to attract the leucocytes, others to repel them, others again to repel primarily, and only finally, after tolerance has been set up, to attract, the attraction or repulsion being essentially of chemical origin due to change in the chemical composition of the environment. And according as to whether there is repulsion or attraction, so is there undisturbed growth of the microphytes and spread of the disease process, or, so soon as the microphytes have originated a sufficiency of the positive chemiotactic substance to affect their environment, the leucocytes are attracted to the region, the microphytes are incepted and their growth is hindered if they be not rapidly destroyed. This does not imply a power of choice for the good of the organism. All that is suggested is that if it so happens that the leucocytes are attracted, then the organism is benefited; if these are repelled, the organism may sustain grave injury.

If Professor Burdon Sanderson's premisses are thus modified

it will be seen how much of the matter brought forward against M. Metschnikoff tells in his favour.—I am, etc.,

Cambridge.

J. GEORGE ADAMI.

#### URIC ACID AND CONVULSIONS.

SIR,—The communications of Drs. Barnes and Haig on Uric Acid and Eclampsia have proved highly interesting to me. In two cases of convulsions I have discovered abundant crystals of uric acid in the blood serum by Dr. Garrod's thread test. One was a case of convulsions in the course of post-scarlatinal dropsy, the patient being a boy about 8 years old, and in which I performed venesection; this being my invariable resource in such a case. The threads were literally covered with uric acid crystals in their most characteristic forms. The other case was also that of a boy who was seized with severe convulsions, of which, in spite of venesection, he died, and in which there was no dropsy nor history of scarlet fever. Here, too, there were numerous crystals in the serum. I do not remember whether albuminuria was ascertained to exist in this case or not. I have often thought of the subject in connection with puerperal eclampsia, but have not since had an opportunity of examining the blood in a case of the kind.—I am, etc.,

Partick, Glasgow.

ROBERT KIRK, M.D.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

A MEDICAL BISHOP.—The Rev. J. W. Hicks, M.A. Camb., M.D., B.Sc. Lond., F.R.C.P., M.R.C.S., Dean, Fellow, and Lecturer of Sidney Sussex College, late University Demonstrator in Chemistry, and Medical Registrar of St. Thomas's Hospital, has been elected Bishop of Bloemfontein, South Africa. Dr. Hicks is a teacher of botany in the medical school, and the author of numerous papers in the *Pathological Transactions*.

SYNDICS, ETC.—Professor Michael Foster has been appointed a member of the Botanic Garden Syndicate, Professor Living of the Local Examinations Syndicate, Sir George Humphry and Dr. Anningson of the State Medicine Syndicate, and Dr. Lea, of the Special Board for Medicine.

ADMITTED TO M.D. DEGREE.—R. W. Leeming, B.A., M.B., Christ's.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the last stated meeting of the President and Fellows the following successful candidates were admitted to their respective grades in the College:

The *Licence in Medicine*.—W. J. Fox, L.A.H. Dub., 1887; J. E. Parker, M.R.C.S. Eng., 1885.

The *Licence in Midwifery*.—F. H. Preston, L.S.A. Lond., 1884; A. Sellar, M.B. Aberd., 1886.

The President admitted to the Licences in Medicine and Midwifery the following candidates who were successful at the Final Professional Examination held in October under the Conjoint Scheme with the Royal College of Surgeons in Ireland:

H. K. Bentley, J. G. Boon, J. P. Calnan, R. P. Connell, V. R. de L. Cooke, J. J. Cullen, M. G. Dobbyn, J. H. Farmer, W. J. Greer, W. Hall, H. P. Jones, G. Q. Lennane, J. R. Macnamara, W. M'E. Meeke, C. A. Molony, R. R. More-Madden, J. K. Mulcahy, T. F. McDonnell, J. O'Donoghue, J. S. Proctor, G. Q. Richardson, R. W. E. Roe, W. Russell, F. P. Smith, G. O'K. Wilson.

The diploma of Midwife and Nurse-tender was, after examination, granted to Miss Isidore Octavia Montgomery.

The undermentioned Licentiates in Medicine of the College, having complied with the by-laws, taken the declaration, and signed the roll, have been duly admitted as members by the President:

J. D. Condon, Lic. Med., 1863, Ballyshannon; J. C. O'Hanlon, Lic. Med., 1866, Spennymore, co. Durham; M. P. Duke, Lic. Med., 1874, Montserrat, West Indies; T. Torney, Lic. Med., 1867, Dublin.

GERMAN MEDICAL CONGRESS.—The eleventh meeting of the Congress of Internal Medicine will take place at Leipzig, from April 20th to 30th, 1892, under the presidency of Professor Curschmann. The following subjects are at present on the programme: Grave Anæmic Conditions, to be introduced by Drs. Biermer of Breslau and Ehrlich of Berlin; and Chronic Hepatitis, by Drs. Rosenstein of Leyden and Stadelmann of Dorpat. At the special request of the Organising Committee, addresses on Tuberculin will be delivered by Professor Huetpfe of Prague, and Baümle of Freiburg, the former of whom will deal with it from the bacteriologico-chemical, and the latter from the clinical standpoint. Other communications have already been promised by Drs. Emmerich of Munich, Peiper of Greifswald, Goltz of Strassburg, and Von Jaksch of Prague.

<sup>1</sup> *BRITISH MEDICAL JOURNAL*, January 31st, 1891.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### NEW LUNATIC ASYLUM FOR LONDON.

FOR some time past the Commissioners of Lunacy and the Boards of Guardians have urged the London County Council to make further provision for lunatics. At present London patients have to be sent to out-county asylums and to private asylums, which materially increases expenses. The increase of lunacy shows a yearly average of 300, and it is proposed to build an asylum able to take 1,000 patients. Up to January last London was primarily responsible for over 10,000 patients, whilst the available accommodation in the London asylums is only for 7,070 patients. When the Cane Hill extension and the Claybury Asylum are completed there will be accommodation for 2,876 more patients. It is thought that some accommodation should be made in the new asylum for paying patients, as provided for by the Lunacy Act of 1890.

## INDIA AND THE COLONIES.

### VICTORIA.

**THE DRAINAGE OF MELBOURNE.**—The Melbourne Board of Works have decided to adopt the water carriage scheme proposed by Mr. Mansergh, C.E., for the drainage of that city. The system is to be of sufficient capacity to carry off 75 gallons of sewage a head of population, which is computed for the purpose at 1,700,000, though it may not reach this total for fifty years. The sewage is to be pumped on to a farm and there chemically treated. It was originally proposed to have the sewers of sufficient capacity to carry off the surface water, but Melbourne folk will profit by the experience of London, where rain storms sometimes cause overflows which carry much sewage into the Thames. It has therefore been decided that only the rainfall from exceptionally polluted surfaces shall be passed through the sewers, the ordinary storm water being carried direct into the river. This plan will admit of a pipe of smaller diameter being used than was originally proposed; the plans propose that the sewers shall run two-thirds instead of half full, in the hope that with a greater scour there will be less likelihood of gases remaining in the pipes.

IN moving the second reading of the Medical Practitioners Bill in the Victorian Legislative Council, on September 15th, Sir Frederick Sargood stated that there were then no fewer than fourteen Chinese doctors in and around Melbourne.

### NEW SOUTH WALES.

**THE INSANE POPULATION IN 1890.**—From the annual report of Dr. F. Norton Manning, Inspector-General of the Insane in New South Wales, it appears that on December 31st, 1890, the total number of lunatics on the official registers was 3,102 (1,906 males and 1,196 females). The number on December 31st, 1889, was 2,971 (1,822 males and 1,152 females), so that the increase during 1890 was 128, the largest which has yet been recorded in any one year. There has, however, been no increase in the proportion of insane persons to population, which has remained almost unchanged during the last twenty years. The number of patients admitted during the year was 611, being 61 more than in the previous year. This number gives a proportion of "occurring insanity" of 1 in 1,914, which is not above the average for the last five years, and is decidedly less than that for the last twenty years. The number of patients discharged during the year was 286; of these 257 had recovered and 29 were classified as relieved. The recoveries give a percentage of 42.06 and the cases relieved one of 4.74 on the admissions for the year. The deaths numbered 193 (128 males and 65 females), and the death-rate, calculated on the average daily number resident, was 6.52. In 3 of these cases death was due to suicide and in 3 to accident. The total number under care during the year was 3,659, and the average daily number resident 2,960. The average weekly cost per head at all the hospitals was 10s. 4½d., being less by 7½d. than the average of the past ten years.

### SOUTH AUSTRALIA.

**THE Cremation Bill** was read a third time in the South Australian Legislative Assembly on September 30th.

### TASMANIA.

**A PETITION** has been presented to the Tasmanian Parliament, signed by 5,730 women of Hobart, praying for improvements in the sanitary system of the town and soliciting support to the Metropolitan Drainage Area Bill. That is the kind of thing we should like to see at home here in the old country. If women can be got to combine in the cause of sanitation the battle would soon be won. *Ce que femme veut she has a way of getting, and even Mrs. Lynn Linton could hardly see any objection to the members of her sex taking action in the cause of health which is also, to a very large extent, the cause of human happiness.*

### CANADA.

**CANADIAN MEDICAL ASSOCIATION.**—The Canadian Medical Association held its twenty-fourth annual meeting at Montreal on September 16th, 17th, and 18th. The President, Dr. Roddick, delivered an address on "Montreal as a Medical Centre," in which, among other things, the period of study for the medical student of the future was dealt with. In the discussion to which the address gave rise, the majority of the speakers expressed themselves as being in favour of a curriculum extending over five years of ten months each. Mr. Bryant, President of the Royal College of Surgeons, who was present, urged that there should be one central examining board for the whole of Canada, and that an Arts degree should be possessed by every candidate. Sir James Grant spoke strongly in favour of the union of the Canadian with the American Medical Association. Among the scientific papers presented were one by

Dr. Hingston, Surgeon to the Hôtel Dieu Hospital at Montreal, on "The Diagnosis of Abdominal Tumours by Exclusion;" one by Dr. Bray, of Chatham, on "Malaria;" one by Dr. Gardner, of Montreal, on "Pregnancy complicated with Ovarian Tumours;" one by Dr. Gibney, of New York, entitled "A Plea for the Early Diagnosis of Spinal Diseases;" one by Dr. Wilkins on "The Cold Bath Treatment of Typhoid Fever," which he maintained gave a death-rate of 7 per cent., as against 14 per cent. with expectant treatment; one by Dr. Buller on the "Conservative Surgery of the Eye," in which he argued that it was not always necessary to remove an injured eye in order to prevent sympathetic ophthalmia, resection of the optic nerve with treatment of the cut surface with bichloride solution or even evisceration of the eyeball being much preferable; and one by Dr. Laphorn Smith on the A.C.E. mixture, which he considered much safer than chloroform, while very much less of the drug was needed than when ether alone was employed. He had used the A.C.E. mixture in nearly 500 confinements, and felt so safe with it that he allowed the patient herself to take it on her handkerchief with a sprinkler scent bottle; this, he added, could go on for hours with perfect safety. Cases of puerperal convulsions had been kept under its influence for three days or more without any bad effect. The meeting, which was most successful, was brought to a close with a banquet. Ottawa has been chosen as the place of meeting for 1892: after that the Association will always hold its annual meeting at Montreal.

## OBITUARY.

### JOHN MORGAN, F.R.C.S. Eng.

THERE passed away on Friday, November 20th, at his residence, 3, Sussex Place, Hyde Park, after a brief and sudden illness, one of the best known and most highly esteemed members of our profession. John Morgan was the son of a medical practitioner at Bath, who died a few months after the birth of the subject of this notice. The family were of Welsh origin, and came from estates in Monmouthshire, an uncle having been rector of Lampeter College. The widowed mother settled first in Clifton and afterwards in London for her son's education at King's College, and after a few years he was articled a pupil to a practitioner in the neighbourhood of Harewood Square. His principal duties were to drive his senior's carriage and to compound his prescriptions, and though he thus learnt to drive, which in after-life was his great pleasure, he also gained a thorough knowledge of pharmacy, and he was often heard to complain of the waste of money which had been made over this part of his curriculum.

He afterwards entered at St. George's Hospital, where he held a distinguished position among the students, gaining prizes during the years 1840-41, among others the Brodie medal for a report of surgical cases, which was also obtained by his son thirty years later. He became M.R.C.S. in 1841, and returned to Bath, where he acted as house-surgeon to the United Hospital. Not seeing his way to a full exercise of his powers at Bath, he returned to London, and in 1845 joined the late Mr. Edgar Barker, who then practised in the Edgware Road.

Mr. Morgan settled in the neighbourhood of Hyde Park Square, and in this rapidly developing district he soon began to acquire an extensive practice. Much of his early success was due to the high esteem in which he was held by Sir Benjamin Brodie and Sir Charles Locock, who remained his friends till their deaths. He became F.R.C.S. in 1849.

For the next few years his practice increased rapidly, and the opportunity occurred for him to quit the partnership which was increased by the addition of Mr. Edgar Barker, jun. He decided, however, to renew it for a term, but about 1860 he left the firm and practised single-handed, having moved to the residence which he occupied at his death. The district in which he lived was at that time as popular as any in town, and he numbered among his patients many of the highest and wealthiest, but to rich and poor alike his genial face and kindly manner were ever ready to give comfort and assurance. Gifted with a very strong physique and with enormous energy, the amount of work which he at this period accomplished in a day was often extraordinary, paying sometimes as many as sixty or more visits in the twenty-four hours. Later he was obliged to seek assistance in a partner, but until fourteen years ago, when he was laid up with an attack of rheumatic fever, he never shrank at any sacrifice from work which called for his personal care. Though brought up in an older school, he was alive to the value of modern methods and new remedies. Few men had a quicker insight into disease, or were more prompt in dealing with its graver phases.

In his earlier years he never allowed himself an annual holiday, but since his illness referred to he had spent a portion of every spring in foreign travel, whilst he passed his autumn with his family in a country house which he leased or in visiting his many friends all over England.

For surgery he always felt the deepest interest, and it was the source of greatest pleasure to him that his son elected to follow this branch of practice. Very many public charities, particularly those connected with the medical profession, have lost a most liberal and generous supporter.

The funeral took place on Monday last, and the service at St. Michael and All Angels' Church, where he was a frequent attendant, showed the respect in which he was held by the large numbers who were present, many of whom had come from long distances in the country to pay a last tribute of affection and regard to one to whom they and theirs owed so much. Many followed the coffin to the grave at Willesden, where other members of the family have been interred, and it was touching to notice that several of these were poor and humble members of the community, who cherished the recollection of many kindly acts.

Mrs. Morgan predeceased her husband by several years. One son (Mr. John H. Morgan, Surgeon to Charing Cross Hospital and the Hospital for Sick Children, Great Ormond Street) and several daughters of the marriage mourn their loss.

## MEDICAL NEWS.

**MEDICAL MAYOR.**—Dr. Blackburn, Medical Officer to the Barnsley Union, has been elected Mayor for the borough.

**MR. ALBAN DORAN**, Surgeon to the Samaritan Free Hospital, has been elected corresponding Fellow of the Obstetrical Society of Leipzig.

Two persons, a man and a child, were bitten recently at Kilkenny by a dog, supposed to have been rabid. The muzzling order has now been put in force in the city.

THE meeting of the Cuban Medical Congress, which was to have been held in January, 1892, has been postponed until the following October, when it will take place coincidentally with the quadricentennial celebration of the discovery of America.

**DR. A. KANTHACK**, a member of the Leprosy Commission, on passing through Liverpool on his return from India, was entertained at a banquet given by a number of medical friends over which Dr. Glynn (who was supported by Dr. Dreschfeld) presided.

THERE were 38 applications for the post of medical officer of health for Birkenhead, in succession to Dr. Vacher, resigned. From these a selection of five was made by the Health Committee of the Town Council, and Dr. Marsden, medical officer for Malton and for a district in the East Riding of Yorkshire, was elected.

**A NEW LABORATORY IN PARIS.**—A laboratory is being built for Professor Chauveau in the Paris Museum of Natural History, from designs prepared by himself. The laboratory, when completed will be the finest in France, is to be used only for original research in physiology and bacteriology.

**NEW CHILDREN'S HOSPITAL AT LEIPZIG.**—The new children's hospital at Leipzig is almost ready for occupation. It will accommodate 120 patients, but later on it is hoped that the number of cots may be increased to 200. Dr. Heubner has been appointed head of the medical, and Professor Tillmanns head of the surgical, department.

**FOUNDLING HOSPITALS IN PRUSSIA AND HUNGARY.**—The Prussian Government has decided to establish a foundling hospital in Berlin on the lines of similar institutions in other countries, especially Italy. The Hungarian Government is also understood to be contemplating the establishment of a foundling asylum at Buda-Pesth.

**STEELE v. SAVORY.**—A motion in the case of Steele v. Savory, made by the Secretary of the Royal College of Surgeons (Mr. Trimmer) to set aside a writ of *subpoena duces tecum*, issued by

the plaintiffs on November 4th, came before the Court on November 27th. Mr. Trimmer also asked that the plaintiffs might be ordered to pay the costs of the motion. Mr. Justice Romer held that the *subpoena* was oppressive, and an abuse of the process of the court, and ordered that the plaintiffs should pay the costs of the motion.

**LITERARY INTELLIGENCE.**—The report of the Committee appointed some time ago by the German Verein für innere Medicin to institute a collective investigation of the influenza epidemic of 1889-90 is on the eve of publication.—Up to the present time the only daily medical paper in existence, so far as we are aware, has been our esteemed contemporary the *Riforma Medica* of Naples, so ably conducted by Professor Gaetano Rummo. It is stated that another daily medical journal is about to appear, if it has not already appeared, in Philadelphia, under the auspices of Dr. J. F. Edward, editor of the *Annals of Hygiene*.

**EXAMINATIONS IN PRACTICAL SANITATION.**—The Worshipful Company of Carpenters have shown their sense of the great importance of sanitation with reference to building construction by acting in conjunction with the Sanitary Institute to establish examinations in sanitary subjects. These examinations are intended to be suitable for clerks of works, builders' foremen, and others who have to deal with the construction of buildings. For the benefit of candidates who propose to attend the examinations, a course of nine lectures has been arranged, and will be given at the Carpenters' Hall during the months preceding the examinations.

**A MODEL HOSPITAL.**—Mr. C. W. Thies, the secretary of the Royal Free Hospital, read on November 25th a paper on a Model Hospital: the New General Hospital, Hamburg. This model hospital is situated at Eppendorf, four and a half miles from the town, from which it is reached by tram lines running into the hospital grounds. It occupies forty-five acres of undulating ground of sandy soil, and comprises eighty-three separate buildings, for the most part of one storey high. The wards are constructed on the pavilion principle. The floors are marble embedded in concrete. The total cost was £314,000, or £234 14s. per bed. The cost of maintaining it in 1889 was £53,000. There were 26 medical advisers, 90 female nurses, and 104 male attendants.

**EDINBURGH ROYAL COLLEGES GOLF CLUB.**—Twenty-seven members of this club, Fellows of the Royal Colleges of Physicians and Surgeons, journeyed to St. Andrews on November 7th to compete for scratch and handicap prizes. These consisted of the Argyll Robertson Scratch Medal, given by the captain of the Club, Dr. D. Argyll Robertson; a handicap prize given by Professor Grainger Stewart, President of the Royal College of Physicians; and three handicap sweepstake prizes. The weather was all that could be desired, and the result of a pleasant match was that the captain secured his own medal. The first handicap prize went to Drs. A. M. Sanderson and Stockman, equal; the second to Mr. Cathart, and the third to Drs. W. A. Finlay and Ballantyne, equal. Dr. Argyll Robertson, who is about to depart for a seven months' trip round the world, was warmly congratulated on his success, and hearty wishes expressed for a pleasant journey and safe return.

**PRESENTATIONS.**—Dr. J. J. Griffin, Senior Assistant-Surgeon to North's Navigation Company's works, Maesteg, has been presented with three sets of instruments and a gold ring, by the workmen, as tokens of esteem and gratitude for his services to them during the illness of their chief surgeon. The Coegnant colliers, through Mr. R. P. Sampson, presented a case of obstetric instruments. The Oakwood workmen, through Mr. Jenkin Evans, made a presentation of a case of surgical instruments, for minor operations. Mr. Lewis Davies, on behalf of the workmen employed at No. 9 and Maesteg Deep Collieries, presented a case of instruments for capital operations. The gold ring was presented on behalf of some friends.—A number of the Swansea constabulary who have received certificates of proficiency in ambulance drill, have, through the mayor, presented the lecturers, Dr. E. B. Evans and Dr. Hopkins, the former with a handsome silver cigarette case, and the latter with a silver mounted walking stick.—Mr. John Hawthorn, M.R.C.S., and his assistant, Mr. Robert Sime, have each been presented by the inhabitants of

Ecclesfield with an illuminated address and a silver tea and coffee service, as an appreciation of their medical services during many years.—Dr. Berry, M.O.H., on leaving Lynton for a new sphere of labour, has been presented, at a public meeting, with a testimonial consisting of an oak chest containing silver spoons, forks, a tea and coffee service, a surgical instrument case, and an album with an illuminated address signed by 450 subscribers.

### MEDICAL VACANCIES.

The following Vacancies are announced:

- BALLYVAUGHAN UNION, BALLYVAUGHAN DISPENSARY.**—Medical Officer. Salary, £115 per annum and fees. Applications to Mr. Michael Macnamara, Honorary Secretary. Election on December 10th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—House-Physician. Board, residence, and allowance for washing provided. Appointment for six months. Applications to the Secretary, 24, Finsbury Circus, E.C., by December 10th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—Pathologist. Salary, £105 per annum. Applications to the Secretary, 24, Finsbury Circus, by December 7th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Dental Surgeon; must be Licentiate in Dental Surgery. Applications to J. Francis Pink, Secretary, by December 14th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Assistant Dental Surgeon; must be Licentiate in Dental Surgery. Applications to J. Francis Pink, Secretary, by December 14th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Assistant Anaesthetist. Application to J. Francis Pink, Secretary, by December 14th.
- DERBY BOROUGH ASYLUM.**—Assistant Medical Officer, unmarried, doubly qualified, and under 30 years of age. Salary, £100 per annum, with board, lodging, and washing. Applications to the Medical Superintendent by December 7th.
- DUDLEY DISPENSARY.**—Resident Medical Officer, doubly qualified. Salary, £130 per annum, with house, coals, gas, and water. Applications to H. C. Brettell, Honorary Secretary, before December 1st. Election on December 16th.
- EVELINA HOSPITAL FOR SICK CHILDREN,** Southwark Bridge Road, S.E.—Senior Resident Medical Officer. Salary, £70 per annum, with board, washing, and residence. Applications to the Committee of Management by December 5th.
- GENERAL INFIRMARY at Gloucester and the GLOUCESTER EYE INSTITUTION.**—Surgeon. Applications to the Secretary by January 6th, 1892.
- MANCHESTER ROYAL INFIRMARY.**—Junior Administrator of Anæsthetics. Salary, £50 per annum. Applications to W. L. Saunder, General Superintendent and Secretary, by December 12th.
- MIDDLESEX HOSPITAL, W.**—Assistant Physician; must be F. or M.R.C.P. Lond. Applications to F. Clare Melhado, Secretary-Superintendent, by December 18th.
- NORTH-EASTERN HOSPITAL FOR CHILDREN,** Hackney Road, N.E.—Junior House-Surgeon; doubly qualified. Salary, £60 per annum. Applications to Alfred Nixon, Secretary, 27, Clement's Lane, E.C., by December 5th.
- NORTHERN INFIRMARY, Inverness.**—House-Surgeon and Apothecary. Salary, £100 per annum, with board, etc. Applications to Duncan Shaw, Honorary Secretary, 42, High Street, Inverness, by December 12th.
- NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL,** Harts Hill, Stoke-upon-Trent.—House-Physician; doubly qualified. Salary, £100 per annum, increasing £10 yearly, with furnished apartments, board, and washing. Applications to the Secretary by December 28th.
- ROYAL ALBERT HOSPITAL, Devonport.**—Resident Medical Officer, unmarried, doubly qualified. Salary, £100 per annum, with board and lodging. Applications, on forms to be obtained of the Secretary, to the Chairman of the Selection Committee by December 12th.
- ROYAL INFIRMARY, Bristol.**—Honorary Obstetric Physician. Applications to the Secretary by December 5th.
- ST. BARTHOLOMEW'S HOSPITAL, E.C.**—Assistant Surgeon; must be F.R.C.S.Eng. Applications to William Henry Cross, Clerk, by December 8th.
- ST. COLUMB MAJOR UNION, St. Columb.**—District Medical Officers and Public Vaccinators for the No. 1 and No. 5 Districts. Salary for No. 1 District, £26 5s.; for No. 2 District, £20 per annum, with usual fees. Applications to G. B. Collins, Clerk, by December 8th.
- ST. THOMAS'S HOSPITAL, Albert Embankment, S.E.**—Demonstrator of Physiology. Applications to the Dean by December 14th.
- SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.**—Physician. Applications to the Secretary by December 5th.
- SUNDERLAND INFIRMARY.**—House-Surgeon, doubly qualified. Salary £80 per annum, rising £10 annually to £100, with board and residence. Applications to the Chairman of the Medical Board by December 31st.
- WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.**—Honorary Surgeon; must be F. or M.R.C.S.Eng. Applications to the Honorary Secretary by December 14th.
- WEST LONDON HOSPITAL, Hammersmith Road, W.**—House-Physician. Appointment for six months. Board and lodgings provided. Applications to R. J. Gilbert, Secretary-Superintendent, by December 9th.

**WEST LONDON HOSPITAL, Hammersmith Road, W.**—House-Surgeon. Appointment for six months. Board and lodgings provided. Applications to R. J. Gilbert, Secretary-Superintendent, by December 9th.

**WOLVERHAMPTON EYE INFIRMARY.**—House-Surgeon. Salary, £60 per annum, with rooms, board, and washing. Applications to W. Blake Burke, Secretary, by December 14th.

**YORK COUNTY HOSPITAL.**—Senior House-Surgeon, doubly qualified. Salary, £100 per annum, with board and residence. Applications to C. E. Pinfold, Secretary, by December 12th.

### MEDICAL APPOINTMENTS.

- BALFOUR, George W., F.R.C.P. Edin.,** appointed Consulting Physician to the Leith Hospital, *vice* Dr. James Struthers, deceased.
- BRODIE, Frederick C., M.R.C.S.Eng.,** appointed Medical Officer to the Raynham District of the Walsingham Union, *vice* George Stephen Ware.
- BUCHANAN, R. M., M.B., C.M. Glas.,** appointed an Extra Dispensary Physician to the Western Infirmary, Glasgow.
- CAMPBELL, H. J., M.B., L.R.C.P. Lond., M.R.C.S.,** appointed Assistant-Physician to the East London Hospital for Children and Dispensary for Women, Shadwell.
- CONNOR, Herbert, B.A. Cantab., L.R.C.P.,** appointed Non-resident House-Surgeon to the Brighton Throat and Ear Hospital.
- COUTTS, John Alfred, M.B. Camb., M.R.C.P. Lond., M.R.C.S.,** appointed Physician to the East London Hospital for Children and Dispensary for Women, Shadwell, *vice* H. Radcliffe Crocker, M.D., resigned.
- CRUISE, Francis John, L.R.C.S.I., L.M.K.Q.C.P.I.,** appointed Medical Officer to the Baltinglass Dispensary.
- DAVIS, Marcus, L.D.S., R.C.S.,** appointed Senior Surgeon to the National Dental Hospital and College.
- DEIGHTON, F., M.A., M.B. Cantab., M.R.C.S.,** appointed Assistant-Surgeon at Addenbrooke's Hospital, Cambridge.
- DICKSON, Robert Harper, L.R.C.S., L.R.C.P. Irel.,** appointed Medical Officer of the Newcastle-under-Lyme Union Workhouse and District, Public Vaccinator for the Newcastle District, and Medical Officer of Health for the Newcastle-under-Lyme Rural Sanitary District, *vice* James Yates, resigned.
- FOWLER, James Kingston, M.D. Cantab., F.R.C.P. Lond., M.R.C.S.Eng.,** appointed Fourth Physician to the Middlesex Hospital, *vice* David W. Finlay, M.D., resigned.
- GEMMELL, William, M.B.,** reappointed Resident Medical Officer Parliamentary Road Fever Hospital, Glasgow.
- GODFREY, G. P., L.R.C.P., L.R.C.S. Edin.,** appointed *pro tem.* Medical Officer for the First Sanitary District and Workhouse of the Mansfield Union, *vice* T. Godfrey, deceased.
- HALL, F. W., M.B., B.S. Lond., M.R.C.S., L.R.C.P.,** appointed Resident Medical Officer to the Eastern Counties Asylum for Idiots, Colchester, *vice* J. Lloyd Roberts, resigned.
- HART, F. J. Lorimer, M.B. & C.M. Edin.,** appointed Medical Officer to the Sydenham Dispensary and Maternity Society.
- HEWLETT, R. T., M.B. Lond., M.R.C.S., L.R.C.P.,** appointed Demonstrator of Bacteriology at King's College, London.
- HIGGS, E. W. M.,** appointed House-Surgeon to Charing Cross Hospital.
- HIRSCH, Charles T. W., M.R.C.S., L.R.C.P., L.S.A.,** appointed Senior Dresser to the Out-patient Department of the London Hospital.
- HUGHES, W. Kent, M.R.C.S., L.R.C.P.,** appointed House-Physician to the Royal Hospital for Diseases of the Chest, *vice* Dr. M. A. Khan.
- LITTLEWOOD, J. O., L.R.C.P. Lond., M.R.C.S.,** appointed *pro tem.* Medical Officer for the Mansfield Rural Sanitary Authority.
- MARSDEN, R. S., M.B., C.M. Edin.,** appointed Medical Officer of Health for Birkenhead, *vice* Francis Vacher, F.R.C.S. Edin., resigned.
- MARSH, Howard, F.R.C.S.,** appointed Surgeon to St. Bartholomew's Hospital, *vice* Sir William Savory, Bart.
- NIX, H. W., B.A., M.B., B.C. Cantab., L.R.C.P. Lond., M.R.C.S.,** appointed Assistant Medical Officer to the St. Marylebone Infirmary, Notting Hill, *vice* S. P. Hosegood, L.R.C.P. Lond., resigned.
- PECK, E. S., M.B., B.C. Cantab.,** appointed Clinical Assistant to the Western Fever Hospital of the Metropolitan Asylums Board.
- PUDDICOMBE, W. N., M.R.C.S.,** appointed Public Vaccinator for the St. Albans Second Sanitary District of the St. Albans Union.
- RAWES, Charles K., M.B., Ch.B. Vict., M.R.C.S., L.R.C.P.,** appointed Resident Medical Officer to the Weston-super-Mare Provident Dispensary.
- SOMERVILLE, Thomas A., L.R.C.P. Lond., M.R.C.S.,** appointed Medical Officer to the Ancoats Hospital Convalescent Home at Wilmslow.
- SIORSTEIN, Gustave, M.A., M.B., B.Ch., M.R.C.P.,** appointed Assistant Physician to the Royal Hospital for Diseases of the Chest, *vice* Dr. Habershon.
- WARING, T. Alfred, M.B. Lond., M.R.C.S., L.R.C.P.,** appointed Resident Surgical Assistant to the Nottingham General Hospital, *vice* T. G. Scott.
- WILKINSON, George, M.B., B.C. Cantab., B.A.,** appointed House-Surgeon to the Sheffield Public Hospital and Dispensary, *vice* John Jeeves, L.R.C.P. Lond.

### 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.

**HUGHES.**—On November 24th, at Gwernllwyn House, Dowlais, the wife of H. Lewis-Hughes, L.R.C.P., L.R.C.S.E., and L.S.A. Lond., of a daughter.



## MARRIAGES.

ALEXANDER—WILLIAMS.—On November 26th, at All Souls, Langham Place, by the Rev. W. P. Legg, B.A., assisted by the Rev. J. Tomson Smith, M.A., Adolphus B. Alexander, of 62, Welbeck Street, W., to Catherine Annabella Norwich, eldest daughter of Henry W. Williams, M.D., of 7, Chapel Place, Cavendish Square, W., and Gulsborough, Northampton.

DRURY—WILSON.—On November 26th, at St. Luke's Church, Wallsend, by the Rev. W. S. Wrenford, assisted by the Rev. Canon Henderson. Arthur Drury, M.B. and C.M. Edin., of Halifax, Yorks, second son of Edward Drury, Esq., of Halifax, to Sara Louisa (Louie), eldest daughter of Thomas Wilson, M.R.C.S., Wallsend-on-Tyne.

DUDLEY—FARRE.—On November 26th, at St. James the Less, Westminster, by the Rev. J. McAllister, M.A., Vicar of St. James's, Plumstead, assisted by the Rev. W. C. McAllister, M.A., Maynard Gardner, elder son of J. Gardner Dudley, M.A., M.D. Cantab., of 71, Belgrave Road, S.W., to Eveline Julia Dalrymple, younger daughter of the late Frederic J. Farre, M.A., M.D. Cantab., formerly of Montague Street, Russell Square, and formerly Treasurer Royal College of Physicians.

NICHOL—PRICE.—November 24th, at St. Paul's Church, Cliftonville, Margate, by the Rev. H. B. Nichol (St. Mary Magdalene's, Dundee), brother of the bridegroom, assisted by the Rev. E. D. L. Harvey (Rector of Downham Market, Norfolk) and the Rev. G. Lewis (Vicar of St. Paul's), Frank Edward Nichol, M.A., M.B. Cantab., second son of the late Robert Nichol, M.D., of Denmark Hill, S.E., to Annie Lilian, only daughter of William Price, M.D., of Margate.

## DEATH.

KERSWILL.—At Looe, Cornwall, on November 28th, George Kerswill, L.R.C.P. Lond., M.R.C.S. Eng., aged 52.

## DIARY FOR NEXT WEEK.

## MONDAY.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Communications by Messrs. C. S. Tomes, J. F. Colyer, R. H. Woodhouse, A. W. Barrett, H. L. Albert, E. Lloyd-Williams, and others.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. William M. Ord: Some Cardiac Symptoms occurring in conjunction with Gastric Ulcer. Dr. Alexander Haig: A Case of Raynaud's Disease with Paroxysmal Hemoglobinuria.

## TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. D'Arcy Power: An Analysis of Sixty-three Cases of Ununited Fracture occurring in the Long Bones of Children. Dr. John Phillips: On Tetanus as a Complication of Ovariectomy.

LABORATORIES OF THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, Victoria Embankment, 5 P.M.—Dr. G. Sims Woodhead: On Laboratory Work.

## WEDNESDAY.

HUNTERIAN SOCIETY, 8.30 P.M.—Pathological Evening: Dr. F. Charlewood Turner will show a specimen of Endocarditis, and Dr. F. J. Smith a Ruptured Aortic Valve. Mr. John Poland (with Dr. Wightwick): Recurrent Papillary Sarcoma of Foot with Numerous Secondary Deposits. Dr. J. Langton Hower: On a Case of Extrauterine Fœtation; and other specimens.

## THURSDAY.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Adjourned discussion on Cirrhosis of Ovaries. Dr. Mansell Moullin: Case of Chronic Inversion of Uterus. Mr. Reeves: Specimens.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.—Patients and Card Specimens at 8 P.M.—Mr. Jessop: On the Symptoms following Section of the Optic Nerve. Mr. W. Holmes Spicer: Orbital Hemorrhages in Young People. Mr. Treacher Collins: Epithelial Implantation Cyst of the Cornea. Mr. Johnson Taylor: Four Cases of Hereditary Optic Atrophy. Mr. Tatham Thompson: Case of Leber's Hereditary Optic Atrophy. Card Specimens: Mr. Juler: (1) Symmetrical Orbital Tumours; (2) Persistent Retinal Hemorrhages in a Case of Diabetes; (3) Unusual Growth in the Vitreous. Mr. Johnson Taylor: Intraocular Growth of Doubtful Nature.

## FRIDAY.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Pre-Smith: A Case of Mycosis Fungoides. Dr. Bastian: A Case of Epilepsy in which Eighty Needles have been extracted from Different Parts of the Body. Dr. F. O. Buckland: A Case of Rapid Heart. Mr. Bland Sutton: A Case of Fracture of the Skull complicated with Hemorrhage from the Middle Meningeal Artery: Trephining: Recovery.

UNIVERSITY OF GENOA.—The University of Genoa is making praiseworthy efforts to provide its students with all possible facilities for practical instruction. Professor Maragliano will open a new medical clinic on Sunday next, December 6th, with an inaugural address. The building contains a lecture room seating 250 students; chemical, microscopic, and bacteriological laboratories; rooms for the examination of patients; a library for the records of the clinic, with an adequate equipment of electro-therapeutic and clinical apparatus.

## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Hours of Attendance.—Daily, 2. Operation Days.—Tu. S., 2.

CENTRAL LONDON OPHTHALMIC. Operation Days.—Daily, 2.

CHARING CROSS. Hours of Attendance.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. Operation Days.—W. Th. F., 3.

CHELSEA HOSPITAL FOR WOMEN. Hours of Attendance.—Daily, 1.30. Operation Days.—M. Th., 2.30.

EAST LONDON HOSPITAL FOR CHILDREN. Operation Day.—F., 2.

GREAT NORTHERN CENTRAL. Hours of Attendance.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. Operation Day.—W., 2.

GUY'S. Hours of Attendance.—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, daily, 9; Throat, F., 1. Operation Days.—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.

HOSPITAL FOR WOMEN, Soho. Hours of Attendance.—Daily, 10. Operation Days.—M. Th., 2.

KING'S COLLEGE. Hours of Attendance.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. Operation Days.—Tu. F. S., 2.

LONDON. Hours of Attendance.—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. Operation Days.—M. Tu. W. Th. S., 2.

LONDON TEMPERANCE HOSPITAL. Hours of Attendance.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. Operation Days.—M. Th., 4.30.

METROPOLITAN. Hours of Attendance.—Medical and Surgical, daily, 9; Obstetric, W., 2. Operation Day.—F., 9.

MIDDLESEX. Hours of Attendance.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th., 9.30; Dental, M. W. F., 9.30. Operation Days.—W., 1, S., 2; (Obstetric), W., 2.

NATIONAL ORTHOPÆDIC. Hours of Attendance.—M. Tu. Th. F., 2. Operation Day.—W., 10.

NORTH-WEST LONDON. Hours of Attendance.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9. Operation Day.—Th., 2.30.

ROYAL FREE. Hours of Attendance.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. Operation Days.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. Hours of Attendance.—Daily, 9. Operation Days.—Daily, 10.

ROYAL ORTHOPÆDIC. Hours of Attendance.—Daily, 1. Operation Day.—M., 2.

ROYAL WESTMINSTER OPHTHALMIC. Hours of Attendance.—Daily, 1. Operation Days.—Daily.

ST. BARTHOLOMEW'S. Hours of Attendance.—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; Orthopædic, M., 2.30; Dental, Tu. F., 9. Operation Days.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.

ST. GEORGE'S. Hours of Attendance.—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu. S., 9. Operation Days.—Th., 1; (Ophthalmic), F., 1.15.

ST. MARK'S. Hours of Attendance.—Fistula and Diseases of the Rectum, males, W., 8.45; females, Th., 8.45. Operation Day.—Tu., 2.

ST. MARY'S. Hours of Attendance.—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. Operation Days.—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.

ST. PETER'S. Hours of Attendance.—M., 2 and 5. Tu., 2, W., 2.30 and 5. Th., 2, F. (Women and Children), 2, S., 3.30. Operation Day.—W., 2.

ST. THOMAS'S. Hours of Attendance.—Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. Operation Days.—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynæcological), Th., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. Hours of Attendance.—Daily, 1.30. Operation Day.—W., 2.30.

THROAT, Golden Square. Hours of Attendance.—Daily, 1.30; Tu. and F., 6.30; Operation Day.—Th., 2.

UNIVERSITY COLLEGE. Hours of Attendance.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30; Operation Days.—W. Th., 1.30; S., 2.

WEST LONDON. Hours of Attendance.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. Operation Days.—Tu. F., 2.30.

WESTMINSTER. Hours of Attendance.—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. Operation Days.—Tu. W., 2.

