

A noteworthy feature in connection with these tables is the great frequency with which, in females, the reproductive organs—uterus, mammae, ovaries, etc.—are attacked; in fact, nearly 70 per cent. of all neoplasms in women arise from these organs.

The very great frequency with which the uterus and mammae are affected is particularly striking. From the fact that both of these parts are subject to remarkable post-embryonic developmental changes, it may be inferred that they are normally rich in cells, which still retain much of their embryonic capabilities for growth and development. It is probably owing to this peculiarity that they are so much more prone to originate neoplasms than other parts of the body.

The following considerations tell in favour of this view: It may be said of neoplasms in general that they arise from archiblastic (epithelial) structures much more frequently than they do from parablasic (connective tissue) ones. Thus, of these 13,824 primary neoplasms, 72 per cent. originated from the archiblast, and only 28 per cent. from the parablasic. In the breast archiblastic neoplasms predominate to a still greater degree, for I have found that no less than 95.74 per cent. of all such neoplasms have this origin, whereas only 4.26 per cent. arise from the parablasic.

Now, of all the tissues of the body, the archiblastic ones have on the whole departed less from the primordial type than any others, hence their cells still retain their primitive powers of growth and reproduction in a higher degree than others. It is to this that I attribute the greater proneness of archiblastic tissues to originate neoplasms under pathological conditions.

Again, the liability of the tissue systems of the various organs to originate neoplasms is not diffused equally throughout their whole extent, but it is much greater in certain parts than in others. In the breast, for instance, most neoplasms originate in the immediate vicinity of the acini and small ducts, whereas it is very rare for such growths to arise from the skin of the mammary region, the areola, the nipple, the large ducts, or the para-mammary fibro fatty tissue. That is to say, the majority of mammary neoplasms arise in the seats of greatest post-embryonic activity, where it may be inferred that cells still capable of growth and development most abound.

The relative frequency of the occurrence of the different varieties of mammary neoplasms is shown in the subjoined table, which I have compiled from the 2,422 consecutive cases of primary breast neoplasms previously mentioned.

TABLE II.—Analysis of 2,422 Consecutive Cases of Primary Mammary Neoplasms.

	Males.	Females.	Total.
Cancer	16	1,863	1,879
Sarcoma	3	92	95
Myxoma	2	2	4
Fibro-adenoma	1	372	373
Papilloma	—	3	3
Chondroma	—	1	1
Angioma	1	—	1
Cystoma	1	63	64
Total	25	2,397	2,422

Throughout the body malignant neoplasms occur with greater relative frequency than non-malignant ones; I have found the ratio to be 64 per cent. of the former to 36 per cent. of the latter. In the breast the relative preponderance of malignant neoplasms is still greater, for, as the above table shows, 81.7 per cent. of all its neoplasms are of this nature, and only 18.3 per cent. are non-malignant.

While 54.5 per cent. of malignant neoplasms in general spring from the archiblast, and 9.5 per cent. from the parablasic, in the breast 77.6 per cent. of its neoplasms are of archiblastic, and only 4.1 per cent. of parablasic, origin. Of non-malignant neoplasms in general, 17.5 per cent. (including cysts) are derived from the archiblast, and 18.5 per cent. from the parablasic, whereas, in the breast, 18.14 per cent. of its non-malignant neoplasms are of archiblastic, and only 0.16 per cent. of parablasic, origin. Or the facts may be stated thus:—

TABLE III.

	Neoplasms in General. Per cent.	Breast Neoplasms. Per cent.
Cancers	54.5	77.6
Sarcomas	9.4	4.1
Non-malignant neoplasms	24.7	15.7
Cysts	11.4	2.6
	100.0	100.0

This shows that the relative liability of the female breast to cancers is very much above the average, while its liability to simple cysts, non-malignant neoplasms, and sarcomas is below the average.

The influence of sex in the development of neoplasms is very great. In general, females are about twice as liable as males, the percentage proportion, according to my estimate, being 67 females to 33 males. In the breast, however, nearly 99 per cent. of all its neoplasms occur in females, and only about 1 per cent. in males. This is a good illustration of the law—of which many other instances might be cited—that functionless, obsolete structures have but little tendency to take on the neoplastic process. Herein is further evidence in favour of the view I have advanced, that neoplasms are most prone to arise in the sites of greatest post-embryonic developmental activity.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

AN IMPROVEMENT IN THE OPERATION FOR HYDATID CYST.

By the operation for hydatid cyst is meant that procedure which I take it for granted is now the generally accepted surgical treatment of such a cyst, namely, to cut down on the cyst or the organ which contains the cyst; and, if it be in the abdominal cavity, establish complete adhesion, preferably by sutures, between the parietal peritoneum and that covering the cyst or cyst-containing organ; then, either immediately or after an interval of a few days, to cut boldly into the tumour and establish free drainage.

There are no particular dangers or difficulties in this operation beyond those that are contingent upon any procedure which may involve laying open the peritoneal sac; but in the after-treatment considerable danger is not unlikely to arise, for asepsis is not easy to maintain. It is to avoid this danger in the after-treatment that my improvement is directed, and the method of carrying it out is as follows:

After exposing the cyst, and allowing sufficient time to elapse both for firm adhesions to form—to obtain these I use multiple sutures of fine sterilised silk—and for the flesh wound to cover itself with protective granulations, open the cyst as freely as the flesh wound will allow; then with the forefinger slightly push the ectocyst from the surrounding tissue, and along the finger slide a metal tube connected with an irrigator, held about 8 feet from the ground, and filled with twice-boiled water, of a temperature of not less than 105° to 110° F. The force of the water falling from this height completely detaches the ectocyst and forces it, whole and untorn, out of the wound. When the ectocyst is evacuated, continue to irrigate, gently smoothing the tube over the whole surface of the false cyst until all the shreds of lowly-organised fibrous tissue which united the true and false cysts have been driven out of the wound and the stream of water returns perfectly clean and clear. Dress with dry mercury cotton-wool. The metal tube which I use is simply a full-sized silver catheter with the end filed off at an angle.

I have not yet had a sufficient number of cases to make a fair comparison between the results from this method and those of simple incision and more or less incomplete removal of the very easily torn cyst; but it is evident that a method which secures the complete removal of the whole cyst, of every drop of hydatid fluid, and of all shreds of the false cyst which are likely to die, and leaves nothing but a perfectly clean cavity, must necessarily greatly lessen the chances of subsequent septic inflammation.

In conclusion, I am sufficiently grateful to note that,

though the above method is original in its object and application to hydatid cyst, the idea was given to me by part of the procedure detailed by Mr. A. E. Barker for the cure of psoas abscess without drainage.

GUY N. STEPHEN, M.R.C.S.Eng.,
Surgeon to the General Hospital and Jubilee Eye Hospital, Cyprus.

RELAPSE OR AUTO-INFECTION IN MEASLES.

THE following case was probably one of auto-infection, because the interval between the first and second attacks was just what would be observed in such a contingency.

The patient was a strong girl of about 16. The rash, which was copious and characteristic of measles, first appeared on June 4th. There was no catarrh, and but a slight rise of temperature. The eruption faded in due course, but on June 16th it reappeared, just as before, except that it was not quite so copious. On this occasion there was a temperature of 102°, and a slight cough, but the attack was again very mild.

The disease may possibly have been röteln, but the first and second attacks were undoubtedly similar.

Windsor, EDWARD CASEY, M.D.

GUNSHOT FRACTURE OF UPPER THIRD OF THIGH BONE.

As the regiment was at musketry on November 28th, 1891, a sepoy, 33 years of age and 11 of service, while checking a target, was shot in the left thigh by one of a party shooting on the next range (at 800 yards) with the Martini-Henry. The man was first seen by a native subordinate, who very wisely merely applied a pad of dry lint over both apertures. He was next seen by Surgeon-Major Ranking, who kindly took charge of the case till my arrival, made arrangements for all the necessary appliances, and gave me his able assistance until they were adjusted. Chloroform was administered, and the limb well washed with sublimate lotion. We then removed the temporary dressing, and made a careful examination of its condition, constantly irrigating the whole with the sublimate lotion. There was a small circular inverted wound about four inches from the tip of the great trochanter, and a similar everted wound on the inner and posterior aspect of the limb. The bullet must have passed just behind the other thigh, which, luckily, at the time was in a very advanced position. We found that the bullet had gone straight through the bone, fracturing it and more or less comminuting it. The question of cutting down and exploring was entertained, but we decided to leave it alone and trust to antiseptic treatment, as it was very unlikely that any of the loose cotton cloth the man was wearing at the time had been carried into the wound.

Both apertures were syringed with sublimate lotion, and a pad of lint wrung out of the same and saturated with tincture of benzoin was applied to both. An interrupted long splint was then carefully adjusted, and a counter-extending weight of 7 pounds applied. There were no symptoms of shock, and the chloroform was well borne.

The temperature on the first two evenings was 99°, and afterwards never rose above 98.4°. On the third day the knee-joint was painful and swollen, evidently from a fissure extending into it. This was relieved by painting belladonna and glycerine over it. The dressing was removed on the ninth day, when there was a little sanious discharge on the external aperture, but none on the internal. The latter was quite healed on December 18th, but the former did not heal till January 9th.

The splint was removed at the end of the sixth week, when firm union was found to have taken place in the bone. There was shortening to the extent of about 2 inches, and some inversion, which has since largely disappeared. He gained power over the limb very, very slowly, but by May 1st, when he went on pension, he could get about pretty actively on crutches, and could bear nearly the whole weight of his body on the toes of the injured side. He will go on gaining power for months to come, and in the end will have a thoroughly useful limb.

This case is one the importance of which cannot be over-estimated for military surgeons, as indicating what may be hoped for from antiseptic surgery. In the pre-antiseptic days a comminuted gunshot fracture of the upper third of the femur was synonymous with death, and who would doubt but that

this would have been the result here too if the native assistant who first saw the case had inserted his uncleaned finger into the wounds to find out the condition of the bone?

H. HAMILTON, B.A., M.D.,
Lucknow. Surgeon-Major, 10th Bengal Infantry.

CHIMNEY-SWEEPS' CANCER.

MR. BUTLIN, in his recent papers, speaks of the rarity of chimney-sweeps' cancer, originating primarily in glands. I have at the present time a case of undoubted cancer of the glands of the groin. The patient, whose age is now 53, was brought up from boyhood as a sweep, and he attributes his disease to: (1) the peculiar attitude in climbing; (2) to the fact that he had as a boy but an annual wash; (3) that he was never allowed to wear braces, only a girdle; (4) to the fact that he had but one suit of clothes, which he was always forced to wear, even if stiff with grease and soot. His father died "from something which caused a sore on his mouth through chewing tobacco"—to use the patient's own words. This may have been epithelioma. He has had small-pox and rheumatic fever, the latter leaving him with a presystolic and systolic mitral murmur, and also a systolic aortic murmur. About fifteen months ago, when lifting some sacks, he felt a "click" in his groin, and a few months after a hard lump appeared, which in a few days became more prominent as a dark-red swelling. It first burst and began to discharge in March last. There is now repeated hæmorrhage, and the external iliac artery may be seen pulsating at the bottom of the outer side of the open cavity. The penis and scrotum are quite unaffected.

Norwich.

JOHN H. STACY.

REPORTS

ON

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

LONDON HOSPITAL.

A CASE OF PARAPLEGIA CAUSED BY ANGULAR CURVATURE.

(By C. MANSELL MOULLIN, Surgeon and Lecturer on Physiology at the London Hospital.)

C. K., a slightly-built fair-haired girl, 10 years of age, with blue eyes and long dark eyelashes, was admitted on November 19th, 1891, suffering from paraplegia consequent upon angular curvature. Three months before she had been struck by another girl upon the back in the lower cervical region; up to that time her health had been perfect and her spine straight. Seven weeks before admission difficulty in walking was noticed for the first time; her foot dragged along the ground, and this grew worse with such rapidity that for a month she had been unable to stand. There was a well-marked angular curvature involving several vertebræ in the cervico-dorsal region; there was no tenderness, pain, or hyperæsthesia. The lower limbs were flexed and rigid, but not much wasted; sensation was lost over the feet and legs; the knee-jerks were exaggerated, but control over the sphincters was still retained. In the course of the next month, in spite of absolute recumbency being maintained, the condition grew worse and worse; the curvature became more marked, the bowels became inactive, the sphincters entirely lost their power, all control over the lower limbs below the hips disappeared, and the muscular wasting became very apparent. The knee-jerks were exaggerated, and there was extreme ankle clonus. There was no difficulty in swallowing, nor any sign of any tumour or abscess in the front of the neck; but she complained of a feeling of pain in the neck on taking a deep breath. Respiration became diaphragmatic, and fine crepitation and râles made their appearance all over the upper part of the left lung. About this time (the beginning of January) the question of laminectomy began to be seriously considered, as it was evident the pressure upon the cord was rapidly growing worse, and there was imminent danger of respiratory trouble setting in; but on January 15th distinct improvement in sensibility was no-

nance to such a proposition as Dr. Raven's. Drs. Guy and John Harley, in a *Vade Mecum* they edited, admit the statement that "it is thought to be infectious before the rash." Dr. F. T. Roberts, in his *Theory and Practice of Medicine*, says, in speaking of the infective period of scarlet fever, "it is safer to consider it as beginning with the incubation period." Dr. George Wilson, the medical officer of health for Mid-Warwickshire, says, in the sixth edition of his *Handbook of Hygiene*, "there is no doubt the disease is infectious so soon as throat symptoms set in, and before the eruption appears. In vol. II, p. 531, of Buck's exhaustive treatise on *Public Health* (which is supplementary to Ziemssen's *Cyclopaedia*), it is laid down that "it is safe to say that the infective period begins with incubation."

It would be easy to multiply authorities on the point, but it is quite unnecessary to labour it. I think the weight of authority is against Dr. Raven, while his facts, however true, are not sufficient to support his conclusion.

As a matter of policy, I venture to express an opinion, after forty years' experience in practice and twenty years as a medical officer of health, that the modification of law Dr. Raven desires would be most dangerous and pernicious. As a matter of theory, I contend that no medical practitioner is in a position to "certify" that any case of scarlet fever is non-infectious at any stage between incubation and the final cessation of desquamation from skin or kidney, as well as of any other discharges occurring as sequelæ of the disease.

That scarlet fever may be less infectious at certain given stages than at certain others is only probable, seeing that at certain stages of the "zymosis" the infective material is probably generated in less quantities; but to say that it is not generated at all at any particular stage of the disease is, as far as I can ascertain, neither warranted by the facts of bacteriology nor the facts of practice.—I am, etc.,

M.D. AND F.R.S.E.

THE DENTAL PROFESSION.

SIR,—Referring to the letter in the BRITISH MEDICAL JOURNAL of August 27th under the above title, I beg to assure your correspondent that the dentists are fully alive to all that disgraces their profession, and also painfully aware of the many difficulties which stand in the way of securing true professional conduct amongst the variety of persons admitted to the *Dental Register* when it was first instituted. With regard to the comparisons made between us and the medical profession, I would beg to submit a few facts for the consideration of Mr. Cartmel, which may be of service to him before he submits any more conclusions on the subject to your readers. It is now thirty-four years since the first Medical Act was passed, and yet it is but yesterday that any legal decision was pronounced on the assumption of the title doctor, and that decision does not go nearly so far as Mr. Cartmel seems to imagine. Equally recent is the authoritative declaration of the Medical Council on the question of covering; counter prescribing is as rampant as ever; herbalists and bone setters still flourish; patent medicines are advertised by professors and even doctors to such an extent that the revenue derived from them is about equal to the calculated combined income of all the medical practitioners in the country, and further, it is to be noted that some of these patent drugs are most injurious to the health of a larger section of the community, a fact with which Mr. Cartmel is no doubt familiar, seeing that he has practised so long in a manufacturing district. But, Sir, there is yet a lower depth of advertisement to which I must draw his attention, for it seems to have escaped his notice that the much-prized title doctor may be seen in numberless places of public resort and out-of-the-way corners, associated with much more disgraceful announcements than anything he has ever yet seen concerning the lowest class of dentists. Surely the parable of the beam and the mote has been forgotten. Mr. Cartmel so mixes up the functions of the licensing bodies or Colleges, the General Medical Council, and the Law Courts, that it is absolutely impossible to discover the drift of his letter; but I can assure him that if he knows of anyone using the title dentist without a legal right to it, and will communicate the same to the Secretary of the British Dental Association, he will help us much more effectually than by writing to the BRITISH MEDICAL JOURNAL,

and will besides have the satisfaction of seeing the offender promptly punished.—I am, etc.,
George Street, W. J. S. TURNER, M.R.C.S. AND L.D.S.

SIR,—Mr. Cartmel raises an important question in his letter, and I shall be obliged if I may be allowed to say a few words with regard to it.

The dental licence is granted by the same Colleges that grant to the majority of medical men the qualification under which they practise, and therefore the qualified portion of the dental profession is governed by the same rules as the medical profession; moreover, its *Register* is kept by the same Medical Council, and when that Council has granted to the dental profession a rule about "covering," the two professions will run on all fours. The advertising fraternity are parasites or camp followers, some of whom have gained a position upon the *Dental Register* in virtue of having been in practice before the passing of the Act. Others avoid the penal clauses of the Dentists Act by calling their establishments company's institutes, dentoriums, etc., carefully abstaining from the use of the term dentist, just as the bone-setters, herbalists, and other quacks avoid the term doctor or surgeon in their advertisements.

A similar condition, I believe, to that found in my profession was found in the medical one during the years that supervened upon the passing of the Medical Act in 1815. Considering that the Dental Act has been passed only fifteen years surely the dental profession is to be congratulated upon the position it has been able to attain in that period. I would ask with all earnestness every medical practitioner to help us to continue the upward movement so well commenced.

In my intercourse with dental practitioners throughout the country rather severe complaints are made that doctors send their patients to these dentists who conduct their practices on unprofessional lines, and will administer anaesthetics for them. If medical practitioners would be so good as to look in the dental portion of the *Medical Directory* before sending their patients to any dentist, they would confer a very great favour upon the British Dental Association. It is to our *confreres* of the healing art, now that all feeling of jealousy is at an end, that we look for the support they owe to us, and will, I am confident, in the future extend to us.

Quacks in any profession could not live did they not receive support, and the public will always believe the charlatan who makes the largest claims to miracle working. On the other hand, there is no class that have so much influence upon the public as the medical profession, and a large portion of the public could be put right would doctors only enlighten it. It is next to impossible for us to do this for ourselves, lest we be charged with professional jealousy.

In conclusion, let me say how earnest are the executive of the British Dental Association in their endeavours to prevent any unprofessional act by members of the Association, and, as far as possible, to check any quackery that comes within the meaning of the Act.—I am, etc.,

Cavendish Square, W.

MORTON SMALE.

UNIVERSITIES AND COLLEGES.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, AUGUST, 1892.—The following candidates passed in: *Surgery*.—W. D. Akers, St. Mary's Hospital; D. Berne, Royal Free Hospital; F. G. Dorey, Yorkshire College, Leeds; E. G. Firth, Yorkshire College, Leeds; W. Fowler, Durham; E. E. Francis, St. Bartholomew's Hospital; W. Hancock, Yorkshire College, Leeds; B. H. F. Leumann, St. Bartholomew's Hospital; W. S. Mercer, Charing Cross Hospital; W. H. F. Noble, London Hospital; A. V. Peatling, St. Thomas's Hospital; B. Saul, Charing Cross Hospital; D. L. Thomas, London Hospital; W. Thomas, Yorkshire College, Leeds; A. E. Wilson, St. Mary's Hospital. *Medicine, Forensic Medicine, and Midwifery*.—R. S. Bernard, King's College; F. Dove, London Hospital; E. G. Firth, Yorkshire College, Leeds; V. P. Foote, Charing Cross Hospital; E. E. Francis, St. Bartholomew's Hospital; R. T. Gilmour, St. Mary's Hospital; J. L. Iredale, Yorkshire College, Leeds; J. Joue, London Hospital; H. L. A. Keller, St. Thomas's Hospital; M. C. Langford, London Hospital; B. H. F. Leumann, St. Bartholomew's Hospital; R. E. Nichols, St. Mary's Hospital; F. J. P. Smith, St. Thomas's Hospital; S. Smith, Middlesex Hospital. *Medicine and Forensic Medicine*.—J. E. Bailey, University College; W. Hancock, Yorkshire College, Leeds; J. J. Powell, St. Thomas's Hospital, and Cambridge; D. F. Roberts, Guy's Hospital; J. D. Willis, Manchester.

Forensic Medicine and Midwifery.—E. Howgate, Yorkshire College, Leeds; W. S. Newton, London Hospital; J. W. Roberts, Liverpool; W. H. Waddington, Owens College, Manchester.
Forensic Medicine.—J. B. Bate, Bristol; A. A. Macfarlane, St. Bartholomew's Hospital; A. W. Taylor, London Hospital; J. Wood, St. Thomas's Hospital.
 Messrs. Akers, Bernard, Dove, Firth, Francis, Gilmour, Keller, Langford, Leumann, Macfarlane, Nichols, Noble, F. J. P. Smith, L. L. Thomas, and Waddington, were granted the diploma of the Society entitling them to practise Medicine, Surgery, and Midwifery.

OBITUARY.

WILLIAM WOOD, M.D., F.R.C.P.,
 Consulting Physician St. Luke's Hospital.

It is with much regret that we have to record the death of Dr. William Wood, of Harley Street, the well-known alienist, which occurred on August 27th.

Dr. Wood was born in 1816, his father being then surgeon in the 79th Light Infantry, and his mother a daughter of Sir John Ramsden, Bart. In 1834 he entered the medical faculty of University College, where his career as a student was a distinguished one. Besides other honours, he gained the much coveted gold medal in the anatomy class. At University College Wood formed friendships, which lasted throughout his life, with Sir William Jenner, Mr. Erichsen, Sir Richard Quain, and many others. In 1848 he took the degree of M.D. at the University of St. Andrews, and in 1864 he was elected a Fellow of the London College of Physicians.

After finishing his course at University College he proceeded, as was then the custom, to Paris, where he spent some time in clinical work under the teaching celebrities of the day. The post of principal resident medical officer at Bethlem Royal Hospital becoming vacant in 1845, Wood was elected to it. During his term of office he adopted the more humane method of treatment of lunatics which had then recently been initiated in this country by Conolly. In 1852, owing to changes in the management of the hospital, Dr. Wood resigned his appointment, and became part proprietor of a private asylum which had been carried on for some years at Kensington House. After a time he became sole proprietor of this establishment, and went to reside in Harley Street in the house which he occupied till his death. In 1861 he was elected visiting physician to St. Luke's Hospital, an office which he held with much advantage to the institution and its inmates and great credit to himself for thirty years. On his resignation he was elected consulting physician to the institution.

In 1870 Dr. Wood bought The Priory, Roehampton, from the representatives of the late Lord Justice Knight Bruce, and, after considerably enlarging the buildings, he, towards the end of 1872, transferred his patients from Kensington House to this new home. After that Dr. Wood spent most of his time either at Roehampton or at Mendip, where he had built a house on the top of the hill as an adjunct of The Priory.

Dr. Wood had always been a man of great activity, both of body and mind, but for the twelve months preceding his death he had been in failing health. At the beginning of the present year he had an attack of pleurisy and pneumonia, from which he never completely recovered. About a fortnight ago he was again attacked with congestion of the lungs, and passed away somewhat suddenly, without suffering, in the midst of his sorrowing family.

Dr. Wood was a man of the kindest and most generous nature, and won the esteem and good will of all who came in contact with him. He devoted his whole energies to the promotion of the comfort and welfare of those entrusted to his care. He was associated with a large number of charities and was always ready with sound advice and substantial help for those who came to him in trouble.

As a Fellow of the Royal College of Physicians, Dr. Wood served on several of its committees, and took a great interest in its work. In 1879 he was Vice-President of the Royal Medical and Chirurgical Society, and he was at one time President of the Medico-Psychological Association of Great Britain and Ireland. He was engaged in many important

legal cases in which the question of insanity was involved. He rendered important assistance in the reform of the lunacy laws, and made several valuable suggestions in a pamphlet entitled "Insanity and the Lunacy Laws," which were the outcome of his long experience, and which were duly taken into consideration by the framers of the Lunacy Act of 1890.

He was also the author of a small work, "The Plea of Insanity," with statistics of the probable duration of life in the insane, and contributed to the *British and Foreign Medico-Chirurgical Review*, the *Psychological Journal*, the *Asylum Journal*, etc.

Dr. Wood was buried at Putney, the funeral being attended by a very large number of friends and professional brethren. Of him it may truly be said *Multis ille bonis febilis occidit*, and he leaves to his family the legacy of a stainless name as a man and as a physician.

ANTONIO MARIA BARBOSA, M.D.,

Emeritus Professor of Surgery Medico-Chirurgical School, Lisbon.

DR. ANTONIO MARIA BARBOSA, the best known of contemporary Portuguese surgeons, and the foremost man in the medical profession in Portugal, died in Lisbon at the age of 77. He was born at Horta, a town of Fayal, one of the Azores, in 1825. He seems to have been first intended for the profession of pharmacy, and spent some years behind the counter in a druggist's shop in his native town. Proceeding to Lisbon with the view of perfecting his pharmaceutical knowledge he changed his mind, and matriculated in the *Escola Medico-Cirurgica* as a student of medicine. His career there was a very distinguished one, and, after taking his degree with the highest honours, he was appointed surgeon to the Hospital de S. José. In 1859 he competed successfully for the post of deputy lecturer in surgery. In 1863, on the creation of a chair of pathological anatomy in the Lisbon School, Barbosa was invited to fill it; and in 1876, when the professorship of operative surgery became vacant through the superannuation of Ribeiro Vianna, he was appointed to it. He continued to discharge the duties of this post till 1889, when he retired with the title of *Emeritus Professor*.

Barbosa was a painstaking teacher, both in the operating theatre and in the wards. For many years he occupied a position of undisputed supremacy in surgical practice in Portugal. He was surgeon to the Court, and had almost a monopoly of operative surgery among the well-to-do classes in Lisbon and throughout Portugal. His practice was not confined to surgery, for in Portugal surgeons are by traditional usage allowed to treat medical cases as well as those which fall more strictly within their province. In the academic world Barbosa's influence was equally paramount, and no candidate for any public post could afford to dispense with his support. As the *Correio Medico de Lisboa* puts it, "Alas for any candidate who competed with a friend of his!"

"Portuguese surgery is not inventive," to use the words of a Portuguese writer, and Barbosa's name is not identified with any great scientific discovery or notable advance in surgical art. He did good service, however, by making known to his countrymen the work and methods of foreign practitioners. He was the first who performed ovariectomy in Portugal. Amidst the pressure of a very extensive practice he found time to contribute largely to medical literature, besides taking a prominent part in the social life of the Portuguese capital.

In 1886 Dr. Barbosa had a stroke of apoplexy; this was followed by similar seizures, and he finally died with symptoms of softening of the brain. He was followed to the grave by representatives of the most exclusive society of Lisbon, and an eloquent funeral oration was pronounced over him by Dr. J. A. de Arantes Pedroso, Director of the *Escola Medico-Chirurgica* of Lisbon.

Barbosa was an active member of the Lisbon Society of Medical Science, and of the Royal Academy of Sciences of Portugal, and a corresponding member of the French Institute and of various learned bodies in other countries. Among the distinctions conferred on him during his long and brilliant professional career, were the Grand Cross of the Order of Christ, and the Knighthood of the Order of the Torre e Espada.

MEDICAL NEWS.

DONATION.—The Committee of the Cheyne Hospital for Sick and Incurable Children, Chelsea, have received a donation of 100 guineas from Mr. William White, of Chelsea.

MR. R. MARCUS GUNN has been appointed Honorary Ophthalmic Surgeon to the Cheyne Hospitable for Sick and Incurable Children, Chelsea.

VACCINATION GRANT.—Dr. Hugh Miller, Public Vaccinator for Birkenhead, has been awarded the Government grant for efficient vaccination in his district.

PROPOSED CREMATORIUM FOR LEEDS.—At the last meeting of the Leeds Sub-burial-grounds Committee the question of providing Leeds with a crematorium was the principal matter for consideration. It was ultimately decided to send a deputation to visit Manchester, and, if necessary, Woking, to inspect the arrangements existing in those places, and to report to the Committee the result of their inspection.

ANATOMY AT OXFORD.—During the past year considerable additions have been made to the laboratory accommodation in the department of comparative anatomy, and senior students are now provided with all the facilities necessary for advanced work. Considerable progress has been made with the new building for human anatomy, and it is hoped that it may be ready for occupation next summer.

MEDICAL MAGISTRATES.—Henry Pentland, M.D., of St. Patrick's, Mohill, has been placed on the Commission of the Peace for the county Leitrim.—Mr. Henry William Coleman, L.R.C.P., M.R.C.S.Eng., has been appointed by the Lord Chancellor to the Commission of the Peace for the Borough of Leeds.

AMERICAN DERMATOLOGICAL ASSOCIATION.—The American Dermatological Association will hold its sixteenth annual meeting at New London, Conn., on September 13th, 14th, and 15th. A discussion will take place on Alopecia Areata, and among the papers promised are Some Observations on the growth of Achlorion Schoenleinii in America, by Dr. L. Heitzmann; Psorospermosis, by Dr. M. B. Hartzell; and a Recent Visit to the Leper Hospital at Havana; Leprosy in Charleston, South Carolina, etc., by Dr. W. T. Corlett.

INSANITARY MOSCOW.—The ancient capital of Russia is invested with a special sanctity in the eyes of the Czar's subjects, and is, therefore, known among them by the name of "Holy Moscow." We are not concerned to dispute its claim to this title, but we think it would be well if the Ediles, whoever they may be, who are responsible for the sanitary administration of the holy city, were to do something to temper the odour of sanctity which pervades it to the weakness of the average human nose. Although we believe there is no Scripture warrant for the text "Cleanliness is next to Godliness," it is a wholesome and surely not an unholy thought, especially when cholera is knocking at the gates. The chief magistrate of Moscow recently stated that for the thorough cleansing of the city the removal of 30,000 barrels of refuse daily for a month would be necessary. As a matter of fact, only 900 barrels are taken away. With a residuum of filth constantly increasing at this rate, Moscow must be a veritable mine of communicable disease, which the slightest spark would fire. Yet in the face of this most pressing danger the *Duma* (Local Council) appears to think it has shown itself equal to the situation by voting a sum of 20,000 roubles (£2,000) for sanitary purposes. One is almost tempted to think that the most effectual remedy for so disgraceful a state of things would be that "Holy Moscow" should undergo another purification by fire as in 1812.

A BREAK OF NATURE.—Thorough-going Platonists—if there be any such in these degenerate days—might, perhaps, claim the following case (which we give on the authority of the *Californian Medical Journal*) as in some measure confirming their master's fancy that the perfect human creature was originally a bisexual whole, of which the male and female in their present separate condition are the disjoined halves. At Forsyth, in Missouri, there is said to be living a perfect double child of both sexes, the offspring of a farmer named James Howard. The two children, who are now 7 years of

age, are perfectly formed, with the exception that they have about 8 inches of spinal column in common. They are placed back to back, and 10 inches above the end of the spinal columns the bones merge into one column. Below this point the two bodies are again entirely distinct. The children play about as others do, but with a good deal of difficulty in locomotion. They have, however, established a *modus vivendi* on this point from which political Jehus with a "heterogeneous" team to drive might possibly derive a useful hint. When one wants to go forward he informs the other, who thereupon obligingly walks backward. They have done this, it appears, so much that they can walk either way very readily. What would happen if any difference of opinion were to arise on the subject of direction can only be conjectured. The children have no thoughts in common, and are apparently absolutely distinct individuals with the exception of the connection of their spines. The father has hitherto refused to allow the children to be exhibited.

MEDICAL VACANCIES.

The following vacancies are announced:

- CHELTENHAM GENERAL HOSPITAL.**—Resident Surgeon for the Branch Dispensary. Salary, £180 per annum, with partly furnished house, coal, and gas. Applications to the Hon. Secretary and Treasurer, General Hospital, Cheltenham, by September 15th.
- COUNTY ASYLUM, Prestwich, Manchester.**—Assistant Medical Officer. Salary, £100 per annum, with a prospect of an increase of £25 at the end of first year, and of £25 at the end of second year. Applications to be sent to the Superintendent.
- DUNSTABLE URBAN SANITARY AUTHORITY.**—Medical Officer. Appointment for one year. Salary, 20 guineas. Applications to Mr. C. Crichton S. Benning, Town Clerk, by September 10th.
- GENERAL HOSPITAL, Birmingham.**—House-Physician. Salary, £70 per annum. Applications to be sent to Mr. Howard J. Collins, House-Governor, by October 7th.
- GENERAL HOSPITAL, Birmingham.**—Pathologist (non-resident). Salary, £120 per annum. Applications to be sent to Mr. Howard J. Collins, House-Governor, by October 1st.
- GENERAL HOSPITAL, Birmingham.**—Surgical Casualty Officer (non-resident). Salary, £70 per annum. Applications to Mr. Howard J. Collins, House-Governor, by October 1st.
- GENERAL HOSPITAL, Nottingham.**—Senior Resident Medical Officer; doubly qualified. Salary, £120 for the first year, rising £10 yearly up to £150, with board, residence, and washing. Applications to E. M. Keely, Secretary, by September 14th.
- LANCASHIRE COUNTY ASYLUM.**—Assistant Medical Officer. Salary, £200 per annum. Applications, with testimonials, to be sent to the Medical Superintendent.
- LIVERPOOL HOSPITAL FOR CANCER AND SKIN DISEASES.**—Honorary Assistant Surgeon. Applications and testimonials to A. N. Talbot, 3, Rumford Street, Liverpool, by September 21st.
- LONDON COUNTY COUNCIL.**—Assistant Medical Officer of Health, not less than 26 or more than 40 years of age. Salary, £300 per annum, rising by annual increments of £50 until it reaches £800 a year. Applications on forms to be had at the office of the Council to H. De La Hooke, Clerk to the Council, Spring Gardens, S.W., by September 10th.
- NAAS UNION (Robertstown and Kilmeague Dispensary).**—Medical Officer. Salary, £140 per annum, and fees. Applications to Mr. J. M. Neale, Honorary Secretary, Newington House, Newbridge. Election on September 12th.
- PARISH OF ROUSAY AND EGILSHAY.**—Resident Medical Officer. Salary, £51 per annum. Applications to Inspector of Poor, Rousay, Orkney.
- PARISH OF ST. LEONARD, Shoreditch.**—Clinical Assistant for the Infirmary, Hoxton Street, N. Salary, £40 per annum, with rations, furnished apartments, and washing. Applications to the Medical Officer, 204, Hoxton Street, N.
- SCARBOROUGH HOSPITAL AND DISPENSARY.**—House-Surgeon. Salary, £80 per annum. Applications and testimonials to be sent to the Honorary Secretary, Elders Street, Scarborough, by September 20th.
- SOUTH LONDON MEDICAL AID INSTITUTE, 300, Waterloo Road.**—Attending Medical Officer. Applications to the Secretary.
- SUNDERLAND CORPORATION.**—Medical Officer of Health for the District of the Borough and Port. Salary, £500 per annum as Medical Officer of the borough, £20 for the like office of the Port, and £5 as Public Analyst. Applications endorsed "Medical Officer of Health and Public Analyst," to Mr. Francis M. Bowey, Town Clerk, Town Hall, Sunderland, by October 29th.
- SUSSEX COUNTY HOSPITAL, Brighton.**—House-Surgeon, doubly qualified, unmarried and under 30 years of age. Salary, £120, rising to £140 per annum, with residence, board, and washing. Applications to the Secretary, by September 21st.
- UNIVERSITY OF ABERDEEN.**—Six Examiners for Graduation in Medicine. Grant of £30 per annum each. Applications to Robert Walker, Secretary of the University Court, by October 1st.
- WORCESTER COUNTY AND CITY LUNATIC ASYLUM.**—Third Assistant Medical Officer. Salary, £100 per annum. Applications and testimonials to be sent to Dr. Cooke, The Asylum, Powick, near Worcester, by September 20th.

MEDICAL APPOINTMENTS.

ADAMS, Campbell R., L.S.A., appointed Government Medical Officer to the Toledo District of British Honduras.

ASHWORTH, J. Henry, M.D., M.R.C.P. Edin., reappointed Honorary Medical Officer to the Halstead Cottage Hospital.

ATKEY, P. J., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

BANKS, A., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

BELL, W. K., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Shaldon Sanitary District of the Newton Abbott Union, *vice* Dr. Corbould, deceased.

BEVAN, W. L. P., M.D., M.B., C.M. Edin., appointed Medical Officer of Health for the Alton Urban Sanitary District of the Alton Union.

BILLING, J. P., L.R.C.P.I., L.F.P. & S. Glas., reappointed Medical Officer for the No. 5 District of the Hallsham Union.

BLACKHAM, Robert James, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas., L.M. Dublin (Rotunda), appointed Assistant Medical Officer to the Ton and Bwlfa Collieries, Rhondda Valley, South Wales.

BOWRING, W. A., L.R.C.P., M.R.C.S. (extension), appointed Resident House-Physician to St. Thomas's Hospital.

BRANNIGAN, H. C., M.D., M.Ch. Irel., L.R.C.P., L.R.C.S. Edin., appointed Resident Surgeon to the Mount Morgan Hospital, Queensland, *vice* R. Hunter, resigned.

BROMLEY, John B., M.R.C.S., L.S.A., reappointed Honorary Medical Officer to the Halstead Cottage Hospital.

BULMAN, F., M.B., B.S. Durh., appointed Medical Officer for the Workhouse of the Newport (Mon.) Union, *vice* Dr. Jennings.

BURDEN, H., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

CALVEY, Henry Albert, M.B. Lond., L.R.C.P., M.R.C.S., appointed Medical Registrar to St. Mary's Hospital, W.

CAYLEY, C. H., M.B., B.C. Cantab., M.R.C.S., L.R.C.P., appointed an additional Public Vaccinator for the District of Temuka, New Zealand.

DALGETTY, Arthur B., M.B., C.M. Aberd., appointed Medical Assistant to the Dundee Royal Lunatic Asylum.

DALZELL, A., L.R.C.P., M.R.C.S. (extension), appointed Clinical Assistant to the Department for Diseases of the Throat at St. Thomas's Hospital.

DODS, James, L.R.C.P., L.R.C.S. Edin., appointed Acting Government Medical Officer at Montalbyn, Queensland.

DORMAN, U. R. P., M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S. (extension), appointed Clinical Assistant to the Department for Diseases of the Throat at St. Thomas's Hospital.

DUNCAN, William, L.R.C.P., etc., appointed Medical Examiner for the Prudential Insurance Company, Westbury-on-Trym District.

FISHER, J. H., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

FOOKS, W. P., M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S. (extension), appointed Non-Resident House-Physician to St. Thomas's Hospital.

FREDERICK, H. J., L.S.A., appointed Clinical Assistant in the Department for Diseases of the Ear at St. Thomas's Hospital.

FULLSTON, Andrew, M.B., B.Ch., appointed House-Surgeon to the West Kent General Hospital, Maidstone.

GIBSON, C. G., M.B., C.M. Edin., appointed Medical Officer of Health for the Launceston Urban Sanitary District of the Launceston Union.

GUNN, Robert Marcus, M.A., F.R.C.S., appointed Honorary Ophthalmic Surgeon to the Cheyne Hospital for Sick and Incurable Children, Chelsea.

HAYDON, T. H., B.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., appointed Senior Obstetric House-Physician to St. Thomas's Hospital.

HOLMAN, H. C., M.R.C.S., L.S.A., reappointed Medical Officer for the No. 2 District of the Hallsham Union.

JACKSON, J. J., L.R.C.P. Edin., L.R.C.S. Irel., appointed Medical Officer of Health for the Wakefield Rural Sanitary District.

JOHNSON, F., L.R.C.P. Irel., M.R.C.S., appointed Medical Officer and Public Vaccinator for the Hedgerley Sanitary District of the Eton Union.

LAW, R. R., B.A., M.B., B.C. Cantab., appointed Assistant House-Surgeon to St. Thomas's Hospital.

LOVELL, C. P., M.A., M.B., B.Ch. Oxon., L.R.C.P., M.R.C.S., L.S.A. (extension), appointed Clinical Assistant in the Department for Diseases of the Skin in St. Thomas's Hospital.

MASON, D., appointed Medical Officer of Health for the St. Austell District of the St. Austell Union.

MILLER, J. T. Roger, L.S.A. Lond., appointed Medical Officer and Public Vaccinator for the Leavening Sanitary District of the Malton Union.

MONAGHAN, T. J., L.R.C.P., L.R.C.S., D.P.H. Edin., D.Sc. Viet Univ., appointed Medical Officer of Health for the Borough of Acerrington.

MONTGOMERY, W. P., B.A. Oxon., M.R.C.S., L.R.C.P., appointed Senior House-Surgeon to the Ancoats Hospital.

MORRIS, Colne Dwight, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., appointed Medical Officer of Health to the Staines Rural Sanitary District.

MORRISON, R. H., M.B., C.M. Edin., appointed Health Officer for Oakleigh Borough, Victoria, Australia.

NAYLOR, A. G. E., L.R.C.P., L.R.C.S. Edin., appointed Public Vaccinator at Bomsey, Victoria, Australia.

NEECH, Jas. T., L.R.C.P. Edin., L.F.P.S. Glas., appointed Medical Officer of Health to the Atherton Local Board.

NORGATE, R. H., M.R.C.S. Eng., L.R.C.P. Lond., appointed Second Assistant Medical Officer to the Kent County Asylum, Barming Heath.

PATON, R. J., M.B., C.M., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the St. Woolos Sanitary District of the Newport (Mon.) Union.

PITT, C. W., M.R.C.S., appointed Medical Officer of Health for the Rural Sanitary District of the Malmesbury Union, *vice* Dr. Tolerton.

PRICE, A. E., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Department for Diseases of the Ear at St. Thomas's Hospital.

PURVIS, W. P., B.Sc. Lond., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Department for Diseases of the Skin at St. Thomas's Hospital.

ROWE, Montague W., appointed Medical Officer for the Constantine District, *vice* Dr. Rodgers.

RYALL, Charles, L.R.C.S. Edin., L.R.C.P. Edin., L.F.P. & S. Glas., appointed Resident Medical Officer to the Victoria Hospital, Lewes.

SANDERS, Thomas, F.R.C.S., appointed Medical Officer for the No. 1 District and Workhouse of the South Molton Union.

SAWYER, R. H., M.R.C.S., appointed Medical Officer of Health for the Shaftesbury Urban Sanitary District of the Shaftesbury Union.

SIMPSON, H. B.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

SINCLAIR, R. D., L.R.C.P. Edin., L.F.P. & S. Glas., appointed Health Officer for Flinders and Kangerong Shires, Victoria, Australia.

SKOTTOWE, A. J. F., M.D., C.M. Glas., appointed Hospital Surgeon, Medical Officer for the Burgh, and Police Surgeon, Helensburgh, *vice* Dr. Messer, resigned.

SOUTER, J. C., M.D., C.M. Aberd., appointed Public Vaccinator at Maitland, South Australia.

WALLACE, C. S., L.R.C.P., M.R.C.S., appointed Junior Obstetric House-Physician to St. Thomas's Hospital.

WALLACE, F. G., M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S. (extension), appointed Non-Resident House-Physician to St. Thomas's Hospital.

WALLIS, F. M., M.R.C.S., L.S.A., reappointed Medical Officer for the No. 4A District of the Hallsham Union.

WATKINS-PITCHFORD, W., L.R.C.P., M.R.C.S., appointed Resident House-Physician to St. Thomas's Hospital.

WOODS, John Cundell, L.R.C.P., D.P.H. Edin., Deputy Medical Officer of Health, appointed Medical Officer of Health *pro tem.* for Sunderland, *vice* A. E. Harris, resigned.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTHS.

CALDWELL.—On August 27th, at 23, Priory Road, Bedford Park, W., the wife of Surgeon-Captain R. Caldwell, F.R.C.S., Army Medical Staff, of a son.

HUGHES.—On Monday, July 25th, at Ventersburg, Orange Free State, South Africa, the wife of Hugh G. Hughes, of a son.

MARRIAGES.

BROWN—COWARD.—On August 24th, at the Parish Church, Bowdon, by the Ven. Archdeacon Gore, D.D., vicar, and the Rev. C. H. Lomax, rector of Heaton Mersey, Alfred Brown, M.A., M.D., of Claremont, Higher Broughton, Manchester, son of the late William Brown, of Leighton, to Ethel, third daughter of Edward Coward, J.P., of Heaton House, Heaton Mersey, and Heatherlea, Bowdon. No cards.

COWELL—ROE.—On September 1st, 1892, at S. Barnabas, Pimlico, by the Rev. C. O. Becker, curate in charge, George Cowell, of Cavendish Place, Cavendish Square, to Mary Margaret Elizabeth, widow of Dr. Hamilton Roe, of Harrington Gardens, and daughter of the late John Laurie, Esq., M.P.

FAILES—WARD.—On August 31st, at Terrington St. Clements, by the Rev. Watson Failes, Assistant Master in Westminster School, assisted by the Rev. M. Crosse, vicar, Frederick George Failes, M.R.C.S. Eng., L.S.A., of Coonabarabran, New South Wales, son of the late Christopher Failes, of Fitton Hall, St. German's, Norfolk, to Frances Mary (Beda), elder daughter of David Ward, of Hamond Lodge, Terrington St. Clements, Norfolk.

LOCKWOOD—PARKER.—On September 3rd, at St. Andrew's, Sharrow, by the Rev. Canon F. W. Goodwyn, vicar of Rotherfield, Harry Lockwood, M.R.C.S., youngest son of the late Charles Lockwood, Greno House, to Alice Jane, only daughter of the late Kenyon Parker.

VINTER—TOMS.—On September 6th, at the Parish Church, Shepperton-on-Thames, by the Rev. A. E. Vinter, principal of the Derby Training College, brother of the bridegroom, assisted by the Rev. F. W. Vinter, uncle of the bridegroom, and by the Rev. C. Littledale, vicar, Sydney Garratt Vinter, of Torpoint, Devonport, formerly of the Perak Goo Service, to Frances, youngest daughter of the late William Tucker Toms, of Chard, Somerset.

DEATHS.

BARNES.—On August 25th, at Ewell, Surrey, George Robinson Barnes, M.D., aged 60.

SALAMAN.—At Poona, on August 14th, Caroline Emily, wife of Surgeon-Lieutenant-Colonel E. M. Salaman, I.M.S., and daughter of the late Colonel C. A. Moyle, formerly Commandant 28th Regiment Bombay Infantry.

SALZMANN.—On August 31st, at Downford, Montpelier Road, Brighton, Frederick William Salzmann, M.R.C.S., in the 45th year of his age.

PYE.—On September 2nd, Walter Pye, F.R.C.S., late of 4, Sackville Street, Piccadilly, aged 39.