

## THE LAW IN RELATION TO SINGLE PATIENTS.

By LIONEL A. WEATHERLY, M.D.,  
Bath.

DR. WEATHERLY read a paper on this subject, in which he said that not only is the system of placing single cases of insanity in private houses without certification and its consequent supervision becoming more and more general, but we have now constantly brought before our notice unlicensed houses in which several persons of unsound mind are boarded in direct violation of the law; and to such a pass has failure of the prosecution in these cases arrived, that he believed it is an open secret that "the authorities that be" have given out that they do not intend to bother themselves any more about such defiance of the law. He then put forward three suggestions:

1. Educate your public to recognise that insanity is no crime but a disease; that it is nothing to be ashamed of, and that the certification of insanity does not in any way mean publicity.

2. In those cases in which certification may be difficult, that it should be insisted upon that a report should be sent to the authorities stating that So-and-so has been placed in a certain house for care and treatment, but that the unsoundness of mind is not sufficient to admit of certificates being signed.

3. To admit of proper supervision of all these cases that district officials be appointed to act, as it were, as subcommissioners.

Dr. HAYES NEWINGTON remarked that the chief difficulty in enforcing the law in this matter was, as in other matters, in the extraordinary view that judges took of law. The law was plain enough, but a question had of late been left to the jury, which seemed to be quite outside the law. This question was, Did So-and-so receive a patient for treatment in the same manner as patients are received into asylums? It was much to be regretted that where such a point had been left, the question was not at once asked, What is the difference between the treatment in a private house of a certain case and that which the same individual would have received in an asylum?

Dr. HYSLOP said that before a medical man or other person was allowed by the Commissioners to receive more than one patient into an unlicensed house, it was necessary to prove that the one would benefit the other, which was generally very difficult to prove.

Dr. DOUGLAS said he thought that rule was made so that, for instance, a sister might be received as a companion to her insane sister, but he thought that this point was often stretched. He agreed with Dr. Weatherly that nothing could be done without educating the public.

Dr. WEATHERLY briefly replied, and said that he could not agree with Dr. Douglas that the Commissioners often stretched the point, as he considered them much against private patients.

## MEMORANDA:

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

## CASES OF POISONING BY LABURNUM SEEDS.

CASES of laburnum poisoning are apparently not of common occurrence, and the following cases which recently came under my notice may perhaps be of interest as showing its poisonous properties.

On Saturday, August 10th, I was sent for hurriedly to see three children who had been suddenly taken ill.

On arrival I found the eldest, a boy of 11 years of age, very much collapsed, deathly pale, cyanosed, and vomiting. The pupils were dilated and equal, pulse quick and feeble, and the skin cold.

On making inquiries, I found that he and his brothers had been during the morning at a pleasure park about a mile away, and had had eaten what they believed to be tares, and of which they had brought some home. On examination I

found them to be the pods and seeds of the common laburnum (*cytissus laburnum*).

I promptly administered an emetic (zinc sulphate, grs. xx), producing free vomiting, following it up with copious draughts of warm water, which was soon returned, bringing with it a large number of laburnum seeds.

He was then placed in bed with hot bottles to his feet, and, on account of his collapsed condition, I gave him several doses at short intervals of chloric ether and salvolatile followed by the administration of strong hot coffee.

Under this treatment he speedily rallied. When I saw him again several hours later his pulse was quieter and stronger and his general condition considerably improved although slight sickness continued for several hours afterwards. Slight diarrhoea supervened some twelve hours later.

He has since told me that mistaking the laburnum for tares he ate the seeds of some 18 or 20 of them, and about an hour later whilst returning home he felt sick and giddy, his head ached, and he could scarcely see, in fact he felt so weak and ill he could hardly walk home. On arriving home he was very sick and was in the condition above described when I first saw him.

The other two children, ages nine and six years, both presented similar symptoms, though in a less degree, and speedily recovered after the administration of emetics; though very exhausted for a short time, and complaining of feeling very sleepy. On visiting them the following day they had all fully recovered and in fact seemed none the worse for the previous day's experience.

The chief points of interest appear to be:

1. That laburnum is an active poison capable of producing, even when taken in small quantities, severe symptoms of depression.

2. That its action is not merely irritant, but producing when absorbed into the system narcotic symptoms, thereby entitling it to be placed in the class of narcotic irritants.

3. Entire absence of the symptoms, foaming at mouth, pain in abdomen, and convulsions.

4. The rapid subsidence of the symptoms on removal of poison and the administration of diffusible stimulants.

HEDLEY TOMLINSON, M.R.C.S. Eng., L.R.C.P. Lond.

Gateshead-on-Tyne.

Two children, aged respectively 4 years and 20 months, were found in possession of laburnum pods about 4 p.m., but they said they had eaten none of them.

Two hours and a-half later I was called. They had asked for food about 5 o'clock, and begun to eat when the older one turned sick and got up and tried to walk, when he remarked, "I can't stand; I'm drunk." They both vomited then, and the vomit contained laburnum pods.

When I saw them at 6.30 I found the older one lying down, not caring to be roused. He seemed inclined to sleep. The pulse was slow and the beat weak but not irregular. The younger one could be more easily roused.

I gave both a full dose of zinc sulphate with emesis as the immediate result. They both vomited chewed laburnum pods mixed with food. In five minutes I gave them more zinc sulphate, and again they vomited, but there were no pods this time in either. They seemed to have got rid of most of the pods before I saw them, and to be suffering from the active principle which had been absorbed.

They complained of no pain in the bowels, and there had been no purging. The older one was now pale, and in a very depressed state, and I injected 5 minims of ether. This I repeated every thirty minutes, sometimes oftener, being guided by the pulse. Between these doses they had both whiskey and hot coffee.

They were kept up in this way for three hours, when I was joined by a consultant; and I then got tannic acid and gave each 5 grains, with the object of reducing the active principle to an inactive state. By this time the heart of the older one was again flagging, and we douched the chests of both alternately with hot and cold water. This improved the pulse very much, and this improvement being kept up, we felt that by 10.30 p.m. they could be with safety allowed to sleep, especially as I was within easy call.

Twelve hours later they were almost as bright as ever, and crying for solid food.

Arbroath, N.B.

J. G. McNAUGHTON, M.B., C.M. Edin.

**CASE OF DIPHTHERIA TREATED BY ANTITOXIN.**

A. R., a boy, aged 4 years 3 months, was first seen on August 19th, 1895. The child had been ailing for a fortnight previously, but began to get worse on August 15th, with cough and croupous breathing. He suddenly got worse on the night of the 18th. I was called in on the 19th. On examination I found both tonsils enlarged, the right being covered with a dirty-looking yellow membrane; the uvula was elongated, and the throat generally congested. On the evening of August 19th the temperature was 99.8°, pulse 144, breathing rapid and stridulous, urine loaded with albumen. The throat was painted with tr. ferri perchlor.

On August 20th, temperature 98°, pulse 140, throat just the same. The child had had a very restless night. Breathing stridulous and quick. Six c.cm. of antitoxin serum were injected between the scapulæ, the skin being previously rendered aseptic by turpentine and carbolic, and a carbolic pad placed over the puncture. At 1 P.M. the pulse was 132, the temperature 98.4°, patient very restless, breathing rapid and stridulous. At 9 P.M. temperature 98.4°, pulse 120, the breathing was much quieter, and the patient had slept most of the afternoon.

On August 21st, at 10 A.M., temperature 99°, pulse 132; 6 c.cm. of serum were injected about the same place as before. The patient looked much brighter and the breathing was quieter. The membrane on the right tonsil looked smaller and thinner; there was a small patch on the left tonsil. On August 22nd, at 10.30 A.M., temperature 98.4°, pulse 130. The boy had had a good night; breathing was much more regular and easy; the cough had almost disappeared; the membrane had nearly gone from the right tonsil, but there still remained the small patch on the left one; the throat generally was slightly congested. The child was much brighter and had taken some nourishment (milk and soft biscuit). Albumen was still present in the urine, but much less in quantity. On August 24th the child had had a good night; breathing was regular and almost normal; temperature 98.4°, pulse 98; the throat was quite clear, and there was no congestion. The patient continued to improve, taking food, sleeping, and breathing normally. The urine was free from albumen on August 26th, and on the 28th the patient was quite well.

Holbeck.

J. W. H. BROWN.

**BLUEBOTTLE LARVÆ IN THE EAR.**

On August 16th a patient came to this hospital at 10 P.M. complaining of bleeding from the left ear, which came on directly after a fall from a horse the same afternoon. When seen, the man had a blood-stained discharge from the left ear, said he had noises in his head, and complained of giddiness and deafness. On examining the meatus by reflected light, I saw several white bodies moving about in front of the tympanic membrane, and, on extracting one with forceps, found it to be a full-grown gentile (the larva of the bluebottle fly); I then removed five others of the same size and syringed out the ear. On again examining the meatus, the membrane was seen to be quite intact, but of an opaque white colour; there was an ulcerated surface on the posterior wall of the canal immediately external to the membrane. I saw the patient on the following morning, when all his ear symptoms had disappeared.

On being questioned, he owned to having suffered for some time with deafness and noises in the head on the left side, but he noticed no discharge till his fall on the head that afternoon.

The case is interesting on account of the unusual situation for the deposit of the fly's eggs; the little discomfort occasioned by the presence of six lively gentiles in the meatus; and lastly, the sudden bloody discharge after a fall on the head, accompanied by giddiness and deafness, which made one at first suspect a fracture of the base of the skull.

Salisbury General Infirmary.

H. L. E. WILKS,  
House-Surgeon.**CASTRATION IN ENLARGED PROSTATE.**

H. H., aged 82, an old Hungarian, had suffered for some years from retention of urine and cystitis, necessitating the almost incessant use of catheters. For six years past he had

been unable to leave his cottage, and when admitted to hospital was in a miserable condition, getting no rest night or day from the pain and distress caused by the continual desire to micturate, the bladder being intolerant of urine about every quarter of an hour. The urine was in a stinking condition, viscid and ropy. Rectal examination showed an immensely enlarged prostate, the finger being not long enough to reach its boundaries. On April 18th, after a preliminary hypodermic injection of a quarter of a grain of morphia, the operation was performed under chloroform, as described in the *BRITISH MEDICAL JOURNAL* of January 5th, the testicles being removed through a median incision of the lower part of the scrotum. Immediate relief was obtained, the patient retaining his urine four hours, and passing it free of pain.

One or two attacks of cystitis recurred requiring irrigation of the bladder occasionally, and convalescence was retarded by an acute attack of hysteria. He was discharged early in July quite free of all his troubles, having gained rapidly in weight and strength, and, according to his own statement, as well as he was thirty years ago. He can now walk three or four miles, and only complains of being always hungry.

Before his discharge examination per rectum showed that though the prostate had diminished considerably in size it had by no means disappeared, as described in some previous cases.

H. W. M. KENDALL, M.R.C.S., etc.,  
Superintendent, Hokitika Hospital, N.Z.**REPORTS**

ON

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

**ROYAL NAVAL SICK QUARTERS, YOKOHAMA.**

ABDOMINAL ABSCESS: LAPAROTOMY: RECOVERY.

(By Staff-Surgeon H. J. McC. TODD, R.N.)

[Communicated by the DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT, R.N.]

J. F., aged 19, was admitted into hospital on February 21st, suffering from sores on the prepuce, and an abscess over the left sacro-iliac synchondrosis, which was opened next day. The patient was confined to his bed. On February 23rd, at 7 P.M., he experienced very severe pain in the right iliac region, rendering respiration difficult. The temperature was 98°, the bowels were open. He was ordered a hypodermic injection of morphia and fomentations, and a milk diet. On February 26th the bowels were confined, and an enema was administered, followed by a natural motion. There was no nausea, but great tenderness and persistent pain, aggravated by the slightest movement, in the right iliac region. The respiration was thoracic. There was a slight increase of dullness in the iliac region and hectic pyrexia. On February 28th the bowels had only acted after an enema; the motion contained clear mucus, and was followed by much pain in the lower half of the abdomen. There was dullness and extreme tenderness in the right iliac region, and the hectic fever persisted. On March 1st a diffusive tender swelling in the right iliac region was made out. On March 3rd a formed stool was passed after an enema. There was some tenesmus, and mucus was passed later. The iliac swelling was more pronounced, and on March 5th it had attained about the size of a cocoa-nut, and occupied the entire right iliac region. Its margins were fairly defined; there was no superficial redness or oedema.

At 10 A.M., assisted by Staff-Surgeon Barnes and Dr. Munro, the region having been previously shaved and rendered aseptic, chloroform was administered, and I made an incision over the most prominent part of the swelling 2 inches internal to the right anterior superior iliac spine and parallel to Poupart's ligament. After division of the abdominal muscles, an exploring needle was thrust into the swelling and pus withdrawn. The opening was now enlarged with a probe-pointed bistoury, and half a pint of thick rather fetid pus escaped; on introducing my finger into the abdominal cavity, the intestines within reach were found to be

it is really to be hoped our correspondent is mistaken, as it could scarcely pay any practitioner to give his services at this rate. In cases of this kind it is usually found that it is "the poverty and not the will" of the practitioner that consents to such miserable payment; so it is difficult to conceive that anything of the kind could be done by a responsible practitioner in easy circumstances.

B.—Our correspondent, having omitted to communicate his name, we are constrained to defer a reply until he has conformed to our essential and invariable rule.

#### PROFESSIONAL ADVERTISING.

Dr. RICHARD P. LONG (99, Queen's Crescent, Haverstock Hill, N.W.) writes: As I am neither directly, nor indirectly, responsible for the paragraph in the *St. Pancras Gazette* (see *BRITISH MEDICAL JOURNAL*, September 21st, p. 750), I hasten to inform you of the fact. People who know me are well aware that I am in no need of advertisement, and that to do so would be both reprehensible and superfluous. In conclusion, I may add, that as a member of the *St. Pancras Vestry*, and consequently a public man, I am as powerless to restrain the local press from recording my movements as I am to prevent them from criticising my votes.

#### TOUTING SOCIETIES AND PERSONAL ADVERTISEMENT.

JUAN DE F.—The London and Manchester Assurance Society does, we believe, carry on a system of "touting," so that we cannot recommend our correspondent to accept office in it; he may be quite sure his brother practitioners in his neighbourhood will look askance at him, if agents of a society of which he is one of the medical officers, endeavour to entice away their patients for his benefit.

With regard to the label forms enclosed, they are discreditable to the persons whose names they bear, and afford a striking proof of how societies of this kind are made use of for purposes of advertising. We print one of these as an example of what a medical man ought not to do:—

#### LONDON AND MANCHESTER INDUSTRIAL INSURANCE SOCIETY.

Dr. A. SHAW-MACKENZIE,

Physician and Accoucheur,

Fell. Brit. Gynæcol. Soc.,

"Danehurst," 3, Barclay Road, Fulham Road,  
(Near Broadway, Waltham Green.)

Hours: 9 to 11 A.M. and 7 to 9 P.M., Sundays Excepted.

Messages for Visiting to be left before 11 A.M.

All Members on Dr. MACKENZIE'S List are entitled to Medical Aid immediately on joining the Society.

A reduced fee for Confinements is charged to Members, which may be paid by instalments if desired, but all payments must be completed previous to attendance on the case.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF DURHAM.

#### SECOND EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.

The following candidates have satisfied the examiners:

*Anatomy, Physiology, Materia Medica.*—First Class Honours: G. G. Turner, College of Medicine, Newcastle-upon-Tyne; E. G. E. Arnold, M.R.C.S., L.R.C.P., St. Thomas's Hospital. Second Class Honours: V. Burrow, St. Mary's Hospital; R. F. Moorshead, Bristol Medical School; T. Streetfield, M.R.C.S., L.R.C.P., University College Hospital, London; H. C. Coxon, College of Medicine, Newcastle-upon-Tyne. Pass List: J. E. Baker, College of Medicine, Newcastle-upon-Tyne; F. A. Cooke, College of Medicine, Newcastle-upon-Tyne; W. W. Deans, Yorkshire College, Leeds; C. E. Fenn, King's College; J. M. Gover, College of Medicine, Newcastle-upon-Tyne; C. Johnson, College of Medicine, Newcastle-upon-Tyne; R. A. R. Lankester, University College Hospital, London; W. H. Lister, College of Medicine, Newcastle-upon-Tyne; W. B. Milbanke, College of Medicine, Newcastle-upon-Tyne; G. W. Middlemiss, College of Medicine, Newcastle-upon-Tyne; F. Pope, Mason College, Birmingham; H. C. Regnart, Guy's Hospital; B. C. Stevens, St. Thomas's Hospital.

## OBITUARY.

#### PROFESSOR FRIEDRICH MIESCHER.

Dr. MIESCHER, the Professor of Physiology in Bale, died at Davos on August 26th. To Davos he went in the hope of recovering from a severe pulmonary affection, which was, however, tuberculous in its origin and proved fatal. Miescher was born in Bale on August 13th, 1844, so that he was only 51 at his death. He studied at Bale, and in 1867 became Doctor of Medicine. His bias, however, was towards natural science—a bias strengthened by the example of his father and by his uncle and teacher Professor His.

From an early period he devoted himself to the study of physiology, and as his father had been a pupil of Johannes

Müller, so Miescher early learned to regard the great master as his ideal, and it was ever his wish and endeavour to follow in his footsteps. About this time the Leipzig School of Physiology under C. Ludwig was the great centre of physiological investigation, and thither Miescher went.

Under the inspiration of Ludwig, Miescher studied the course of sensory impulses in the spinal cord, and in Ludwig's *Arbeiten* (V, 1870) has published "Zur Frage d. sensiblen Leitung im Rückenmark." But Miescher's bias lay rather in the investigation of chemical problems, so that he perfected his chemical knowledge under Hoppe-Seyler, who was then in Tübingen; and he also spent some time in Strecker's laboratory. As the result of his work in Tübingen he published the discovery of a new phosphorus-containing body—nuclein, which forms the chief part of the cell nuclei. In 1871 Miescher began as *Privat-docent* of Physiology in Bale. When Professor His in 1872 was called to Leipzig to the Chair of Anatomy there, Miescher became Professor of Physiology in Bale, a post which he held until his death. In the head of spermatozoon he discovered a new organic base—protamin. This research led him to the study of the life-history of the Rhine salmon. The salmon pass from the sea to the fresh water of the Rhine, where they remain several months, but during all the time of their sojourn in fresh water Miescher found that they took no food. Nevertheless, during all this time, the reproductive organs developed enormously, increasing in weight over 100 times. Miescher succeeded in explaining how, in spite of the absence of food, the development of the reproductive organs took place at the expense of other organs, especially the muscles. In later years he studied the relations of the respiratory and circulatory systems. In 1893 he sought to explain the rationale of the restorative effects of a sojourn at high altitudes. Miescher was much beloved by his pupils, and to all of them he was the type of a noble, true, and unselfish friend. He is succeeded in the Chair of Physiology by his friend and pupil R. Retzner, who lectured for him during the last year of his professorship, when he was too weak to continue to fulfil the duties of the office.

#### PROFESSOR BARDELEBEN.

A REUTER telegram from Berlin announces that Professor Bardeleben, the eminent surgeon, died there on September 24th, at the age of 76. Professor Bardeleben was born at Frankfurt-on-the-Oder in 1819. He received his medical education in Berlin, Heidelberg, and Paris, and after some years spent as assistant and professor at Giessen and Griefswald was, on the outbreak of war in 1866, appointed Surgeon-General, acting as consulting surgeon to the field hospitals of the Gitschin district. In 1868 he became Professor of Surgery in Berlin University. When the Franco-Prussian war broke out Professor Bardeleben again took the field, being attached to the First Army Corps as consulting surgeon. For his services he was created Surgeon-General *à la suite*. His literary fame rests principally upon his *Lehrbuch der Chirurgie und Operationslehre*, which was at once accepted as a standard work both at home and abroad.

We regret to have to record the death of Surgeon-General JOHN IRVINE, M.D., Honorary Physician to the Queen, who died in Kensington on September 21st. Dr. Irvine graduated M.D. of Aberdeen University in 1849, and in the same year obtained the qualification of L.R.C.S. Edinburgh. He entered the Army Medical Department as Assistant Surgeon in 1850. He served throughout the operations with Havelock's column in 1857 in medical charge of the Royal Artillery (Maude's), and was present at a number of actions and at the relief of Lucknow, being mentioned in despatches. He was with Outram's force in the Alumbagh from November, 1857, to March, 1858, and at the siege and capture of Lucknow by Lord Clyde. He was awarded in this connection the medal with two clasps and a year's service. He also received a medal with clasp for service with the Burmah expedition in 1886. In 1869 he was promoted to be Surgeon-Major, and he became Deputy Surgeon-General in 1876, and Surgeon-General in 1883. He was appointed Honorary Physician to the Queen in 1885, and was placed on the retired list of the army in 1888.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,278 births and 4,028 deaths were registered during the week ending Saturday, September 21st. The annual rate of mortality in these towns, which had been 19.9 and 19.3 per 1,000 in the two preceding weeks, rose again to 19.8 last week. The rates in the several towns ranged from 9.1 in Croydon, 12.3 in Plymouth, and 14.8 in West Ham, to 30.5 in Salford, 31.8 in Hull, and 32.9 in Sunderland. In the thirty-two provincial towns the mean death-rate was 22.6 per 1,000, and exceeded by 6.6 the rate recorded in London, which was only 16.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 4.8 per 1,000; in London the death-rate did not exceed 2.7 per 1,000, while it averaged 6.3 in the thirty-two provincial towns, and was highest in Sunderland, Salford, Blackburn, and Burnley. Measles caused a death-rate of 2.2 in Oldham, and 2.9 in Blackburn; whooping-cough of 1.9 in Sunderland, and 2.7 in Gateshead; "fever" of 1.2 in Blackburn, 2.1 in Derby, and 4.2 in Sunderland; and diarrhoea of 7.2 in Sunderland, 7.5 in Salford, 8.6 in Blackburn, 9.1 in Hull, and 9.4 in Burnley. The mortality from scarlet fever showed no marked excess in any of the large towns. The 65 deaths from diphtheria in the thirty-three towns included 37 in London, 4 in West Ham, and 4 in Burnley. Two fatal cases of small-pox were registered in London, and 1 in Oldham, but not one in any other of the thirty-three large towns. There were 271 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, September 21st, against 340, 328, and 307 at the end of the three preceding weeks; 23 new cases were admitted during the week, against 38, 25, and 42 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 2,507 to 2,674 in the four preceding weeks, had further risen to 2,732 on Saturday last, the 21st inst.; 344 new cases were admitted during the week, against 264, 336, and 385 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, September 21st, 881 births and 534 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.5 and 16.9 per 1,000 in the two preceding weeks, rose again to 18.5 last week, but was 1.3 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 10.3 in Perth to 23.5 in Greenock. The zymotic death-rate in these towns averaged 3.2 per 1,000, the highest rates being recorded in Greenock and Dundee. The 262 deaths registered in Glasgow included 19 from diarrhoea, 9 from "fever," 6 from whooping-cough, and 3 from diphtheria. Three deaths were referred to "fever" in Greenock.

### THE EAST LONDON WATER INQUIRY.

It is to be hoped that in the inquiry which is about to be held in regard to the deficiencies of the East London water supply sight will not be lost of the great danger which accrues to the public from an intermittent supply when the pipes are leaky. It has been stated, as an excuse for cutting off the water for many hours a day, that there were 50,000 leaky pipes, and that many of these were underground. Now, as a matter of mere health, so far from this being an excuse for intermittency of supply, it is the very reason for keeping it constant. We know what the subsoil of London is, and how it is permeated in every direction by drains that are far from faultless; and it should never be forgotten that every pipe that leaks into the subsoil when the pipes are full sucks in the puddle so produced whenever the pipes are empty. The existence of a leak is a good reason for cutting off the supply entirely until it is made good, a standpipe being provided in the meantime, but it is no excuse for giving an intermittent supply by which at any moment typhoid poison may be sucked into the mains, and epidemics may be produced in East London as they have again and again been produced in other places from exactly the same cause.

### THE NEGLECT OF VACCINATION IN LONDON.

We commented last week upon the finding of a "Public Health Critic," who could discover in the recently issued report of the Medical Officer of the Local Government Board nothing but "five hundred pages of microscopic portents." It is a welcome relief to turn from the absurdities of this critic to an article which recently appeared in the *City Press*, in which attention is drawn to some very important statements made in the annual report in question. The writer of the article in the *City Press* refers to the growing neglect of vaccination in London, and quotes from the medical officer's report the statement that the percentage of infants finally unaccounted for in London has risen from 5.7 in 1881 to 16.4 in 1891, the corresponding figure in 1891 for the provinces being 12.9 per cent. The percentage in question in London is it is true far exceeded in the case of such towns as Leicester, Northampton, and Bedford. The importance of so considerable an extent of neglect among the huge aggregation of persons in the metropolis cannot, however, be over-estimated, and our contemporary does notable service in directing the attention of its readers to what we quite agree in regarding as "one of the most serious statements" in the annual report of the medical officer of the Local Government Board.

### UNVACCINATED CHILDREN IN LONDON.

THERE is a passage in the Report of the Medical Officers of the Local Government Board which deserves particular attention, in view of the prevalence of small-pox in London in districts where vaccination is

much neglected. It appears that nearly 17 per cent. of the children born in the metropolis are now unprotected by vaccination, a very large increase indeed. The law seems to have become pretty nearly a dead letter, and the reason assigned is instructive. It began to be generally set at naught in 1889, and that was the year when the Royal Commission on Vaccination was appointed. This has largely been interpreted as a practical admission that the value of vaccination is an open question, and has had the effect of making local authorities reluctant to enforce the law.

## MEDICAL NEWS.

THE next meeting of the German Association of Naturalists and Physicians will be held at Frankfurt.

PROFESSOR E. A. SCHÄFER, F.R.S., has been nominated as one of the General Secretaries of the British Association for the Advancement of Science.

THE Viennese Medical Council has adopted a resolution condemning strongly the resort to advertisement by medical men.

THE metric system will become the sole legal system of weights and measures in Mexico on and after September 16th, 1896.

THE prizes of St. Thomas's Hospital will be distributed in the Governors' Hall at the hospital by Sir Edwin Arnold, K.C.I.E., C.S.I., on October 2nd, at 3 P.M.

THE introductory lecture at the Royal Veterinary College will be delivered by Professor Penberthy, F.R.C.V.S., on Wednesday, October 2nd, at 1 P.M.

VACCINATION GRANT.—Dr. Fred. W. Lewis, Public Vaccinator of the No. 1 district, Llandoverly Union, has received the Government grant for efficient vaccination for the eighth time.

THE opening of the winter session at the University of Durham College of Medicine will take place on Tuesday, October 1st, when the prizes and scholarships will be distributed by the Very Rev. the Dean of Durham, Warden of the University.

The fifth Congress of the German Dermatological Society was held in Graz from September 23rd to September 25th. The first discussion was on pemphigus, and was opened by Professors Kaposi (Vienna) and Rosenthal (Berlin). The second day of the Congress was devoted chiefly to questions connected with the treatment of syphilis, and the third to demonstrations.

NEW FEVER HOSPITAL FOR EDINBURGH.—At a meeting of the Edinburgh Town Council on September 24th the Public Health Committee recommended the purchase of the farm of Colinton Mains, at a cost of £20,500, as a site for a hospital for infectious diseases. The site had been reported on favourably by Sir Henry D. Littlejohn and the City Superintendent of Works.

CHARGE OF MANSLAUGHTER.—Dr. George Wight, of Holloway, was brought up on a charge of manslaughter before the magistrate at Clerkenwell on September 25th. The charge arose out of the death of a woman after childbirth which had been the subject of a coroner's inquiry at Folkestone, concluded on the previous day, when a verdict of manslaughter was returned. It is alleged that Dr. Wight was under the influence of a narcotic at the time he attended the deceased woman.

CONGRESS OF POLISH SURGEONS.—The seventh Congress of Polish Surgeons was held at Cracow on July 16th and 17th, under the presidency of Professor Rydygier of that University. There was a large attendance of practitioners from different parts of Poland and Galicia and a sprinkling of foreigners. Among the communications were papers by the President on a Modification in the Procedure of Resection of the Pylorus, and on the Treatment of Actinomycosis; by Dr. Th. Drobnik, on the Operative Treatment of Cysts of the Pancreas, etc. Dr. Jasinski showed five patients on whom laminectomy had been performed; Dr. Stepinski showed eight cases in which the skull had been trephined; and Professor Obalinski presented a female patient from whose brain he had removed a tumour.

## MEDICAL VACANCIES.

The following vacancies are announced :

- BETHLEM HOSPITAL.**—Two Resident Clinical Assistants; doubly qualified; appointment for six months. Apartments, rations, washing, and attendance provided. Applications, endorsed "Clinical Assistantship," to the Treasurer at Bethlem Hospital before October 1st.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by September 30th.
- BRIGHTON THROAT AND EAR HOSPITAL,** 23, Queen's Road, Brighton. —Non-resident House-Surgeon. Salary at the rate of £52 per annum. Applications to the Secretary by September 30th.
- CARNARVON JOINT SANITARY DISTRICT.**—Medical Officer of Health, must be between 25 and 40 years of age, doubly qualified. Must devote his whole time to the duties, and have a knowledge of the Welsh language. Appointment for five years. Salary, £894 per annum, inclusive of all expenses, except those incurred for such books, stationery, and apparatus required in the performance of the duties. Applications, endorsed "Application for Office of M. O. Health," to J. H. Thomas, Clerk, to the Joint Committee, 14, Market Street, Carnarvon, by October 16th.
- COUNTY OF BRECON.**—County Analyst. Retaining fee, £10 10s., and a fee of 10s. 6d. for the analysis of every sample. Applications to H. Edgar Thomas, Clerk to the County Council, County Hall, Brecon, by October 2nd.
- EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN,** Glamis Road, Shadwell, E.—Assistant Physician to see out-patients. Must be Fellow or Member of the Royal College of Physicians of London. Applications to Thomas Hayes, Secretary, by October 26th.
- ESSEX AND COLCHESTER HOSPITAL.**—House-Surgeon, doubly qualified. Salary, £80 per annum, with board and lodging in the hospital. Applications to the Committee by October 18th.
- GALWAY HOSPITAL.**—Resident Medical Officer. Appointment tenable for six or twelve months. Board, lodging, fire, light, and washing provided. Applications and testimonials to the Registrar, Galway Hospital, by October 3rd.
- GLASGOW MATERNITY HOSPITAL.**—Obstetric Physician and Assistant Obstetric Physician. Applications to Arthur Forbes, Secretary, 146, Buchanan Street, Glasgow, by November 8th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton.—Resident House-Physicians. Applications and testimonials to W. Theobald, Secretary, by October 10th.
- LONDON FEVER HOSPITAL,** Liverpool Road, Islington, N.—Assistant Resident Medical Officer. Salary, £120 per annum. Applications to the Secretary by October 1st.
- LONDON HOSPITAL,** Whitechapel, E.—Medical Electrician, must be qualified and registered under the Medical Act. Applications to G. Q. Roberts, House-Governor, by October 19th.
- METROPOLITAN HOSPITAL,** Kingsland Road, N.E.—Assistant Surgeon. Must be Fellow of the Royal College of Surgeons of England. Applications and testimonials to Charles H. Byers, Secretary, by October 7th.
- NORFOLK AND NORWICH HOSPITAL.**—Dispenser; must be registered Pharmacist. Salary, £100. Applications to the Secretary by October 1st.
- PARISH OF DURNESS,** Sutherlandshire.—Medical Officer. Guaranteed salary, £150 per annum, with practice, free house, and garden. Applications to Robert Sutherland, Inspector of Poor, Durness, by October 19th.
- PARISH OF ST. MARY,** Islington.—Resident Assistant Medical Officer for the Workhouse and Infirmary. Salary, £80 per annum, with rations, apartments, and washing, or an allowance in lieu of same. Applications to Edwin Davey, Clerk, by October 8th.
- ROTHERHAM HOSPITAL AND DISPENSARY.**—Assistant House-Surgeon. Doubly qualified, and registered. No salary; board, lodging, and washing. Applications and testimonials to the House-Surgeon by October 1st.
- ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN,** Dyke Road, Brighton.—House-Surgeon; doubly qualified. Salary, £80 per annum, with board, lodging, and washing; no stimulants. Applications to the Chairman of the Medical Committee by October 6th.
- ROYAL FREE HOSPITAL,** Gray's Inn Road, W.C.—Resident Medical Officer (House-Physician); doubly qualified. Appointment for six months but eligible for re-election. Board, residence, and washing provided. No salary. Applications to the Secretary by October 19th.
- SAMARITAN HOSPITAL FOR WOMEN,** Nottingham.—Junior Surgeon. Applications to the Honorary Secretary, J. A. Simpson, Solicitor, South Parade, Nottingham, by October 1st.
- SOUTH DEVON AND EAST CORNWALL HOSPITAL,** Plymouth.—House-Surgeon, Salary, £100, with board and residence. Applications and testimonials to J. Walter Wilson, Honorary Secretary, by October 12th.
- SUSSEX COUNTY HOSPITAL,** Brighton.—Assistant House-Surgeon, doubly qualified, unmarried, and when elected under 30 years of age. Salary not exceeding £30 per annum, with board, washing, and residence in the hospital. Applications to the Secretary by October 2nd.

## MEDICAL APPOINTMENTS.

- BATEMAN, Dr.,** appointed Medical Officer for the Workhouse and the Walsingham District of the Walsingham Union, *vice* F. W. B. yes, M.R.C.S.Eng., L.S.A., resigned.

- DENDLE, Frank, M.B., C.M.Édin.,** appointed Medical Officer for the Glencraig Colliery.
- DOIDGE, M. J., B.A.Camb., M.R.C.S.Eng.,** appointed Medical Officer for the No. 3 District of the Wells Union.
- FOSTER, William, B.A., M.B., D.P.H.Camb., M.R.C.S.Eng.,** appointed Medical Officer of Health for the Shipley Urban District, *vice* J. J. Rutherford, M.D.St.And., L.R.C.P.Édin.
- FOX, J. A., L.R.C.P.Lond., L.R.C.P.Édin., L.R.C.S.Édin., L.F.P.S.Glasg., L.S.A.Lond.,** appointed Medical Officer and Public Vaccinator for the No. 1 District and Workhouse, Penzance Union, *vice* A. W. T. Steer, M.R.C.S.Eng., L.R.C.P.Lond., resigned.
- GARMAN, J. C., L.R.C.P., L.R.C.S.,** appointed Medical Officer and Public Vaccinator for the No. 3 (Warbleton) District of the Hailsham Union, *vice* R. Clarke, M.R.C.S.Eng.
- GIRVAN, David W., M.B., C.M.Glasg.,** appointed Medical Officer for the Cardiff South District of the Cardiff Union, *vice* A. Rees, L.R.C.P.Lond., M.R.C.S.Eng., resigned.
- GORDON, William, M.B.,** appointed House-Surgeon to the Salisbury Infirmary, *vice* E. L. Wilkes, resigned.
- HELBY, E. H., M.R.C.S., L.R.C.P., D.P.H.,** appointed Resident Medical Officer to the Croydon Borough Hospital.
- MACDONALD, James, M.A., M.B., C.M.Édin.,** appointed Medical Officer of Health for the Carlisle Rural District, *vice* C. S. Hall, M.R.C.S.Eng., deceased.
- MACGREGOR, Duncan A., M.B., C.M.Édin.,** reappointed Medical Officer of Health to the Clayton West Urban District Council.
- MACINTYRE, H., M.B., C.M.Glasg.,** appointed Senior Assistant Medical Officer to Shoreditch Infirmary, *vice* P. J. Probyn, M.R.C.S., L.R.C.P., resigned.
- MASON, Arthur H., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer for the Walton and Outlands District of the Chertsey Union, *vice* G. W. Drabble, M.A., M.B., B.C.Camb., resigned.
- MATTHEWS, Dr.,** appointed Medical Officer for the Sixth District of the Mansfield Union, *vice* W. A. Stamford, M.R.C.S.Eng.
- PARE, J. W., M.D., C.M.Édin., L.D.S.,** appointed Lecturer on Dental Anatomy and Physiology to the National Dental Hospital, *vice* Sidney Spokes, M.R.C.S., L.D.S., resigned.
- SHARP, Dr.,** appointed Medical Officer for North Marine.
- WALKER, Allan, M.B., C.M.Glasg.,** appointed Medical Officer of Health for the Weetslade Urban District.
- WARD, Francis, M.B., C.M.Édin.,** appointed Second House-Surgeon to the East Suffolk Hospital, Ipswich.
- YELF, Robert, M.B., C.M.Édin.,** appointed Medical Officer and Public Vaccinator for the Moreton District of the Shipston-on-Stour Union, *vice* L. K. Yelf, M.D.St.And., resigned.

## DIARY FOR NEXT WEEK.

## TUESDAY.

**THE CLINICAL MUSEUM,** 211, Great Portland Street.—Open at 2 P.M., Lecture at 4.

## WEDNESDAY.

**OBSTETRICAL SOCIETY OF LONDON,** 8 P.M.—Specimens will be shown by Dr. Duncan and others. Papers:—Dr. T. G. Stevens and Dr. Griffith: Notes on the Variation in Height of the Fundus Uteri above the Symphysis during the Puerperium, the Conditions which influence this, and the Practical Conclusions which may be drawn from such Observations. Dr. G. D. Robinson: On Certain Microorganisms of Obstetrical and Gynaecological Interest.

## FRIDAY.

**WEST KENT MEDICO-CHIRURGICAL SOCIETY,** Greenwich, 8.15 P.M.—The "Purvis Oration" on Changes in Medical Examinations and Education—a personal retrospect, by Professor John Curnow, M.D.

## 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 ensure insertion in the current issue.*

## BIRTHS.

- McAULAY.**—On September 15th, at Hoyleake, Cheshire, the wife of Matthew McAulay, M.D., of a son.
- POWER.**—September 22nd, at 3, Hoe Park Terrace, Plymouth, the wife of Surgeon-Major E. R. Power, Army Medical Staff, of a daughter.

## MARRIAGES.

- LAW—PRIKLER.**—On September 19th, at St. John's Church, Blindley Heath, Surrey, by the Vicar, the Rev. F. G. Deedes, Robert Redman Law, B.A., M.B., B.C.Cantab., of The Maples, Sidcup, son of the late R. H. Law, Esq., of Heslington, York, to Adah Mary, eldest daughter of William Prikler, Esq., of Godstone, Surrey.
- POLLARD—GILLET.**—On September 14th, at Felstead, Walter H. Pollard, M.B., of Tollesbury, Essex, to Ethel Maude, daughter of the late Joseph Gillett, of Charlbury.

## DEATHS.

- STACEY.**—August 21st, at Durban, Port Natal, William Henry Waterhouse Stacey, M.R.C.S.Eng., L.R.C.P.Édin., recently of Grimston, King's Lynn, only surviving son of the late William Stacey, of Holly Lodge, Newmarket Road, Norwich, in his 33rd year.
- TYLECOTE.**—On September 18th, at Great Haywood, Staffordshire, Edward Thomas Tylecote, M.D., aged 65.