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artery being a branch of the basilar, it is easy to understand that atheroma in the cerebral arteries is likely to be associated with a like degeneration of the labyrinthine vessels. The following case is a notable instance of this.

CASE IV. *Ménière's Disease followed soon after by Hæmorrhage into the Brain.*—A well-known Glasgow gentleman, aged 74, having normal ears and hearing, while seated in his office one forenoon, became suddenly conscious of a loud "buzzing" or "singing" in one of his ears, with deafness in the same ear. He almost immediately afterwards became extremely giddy and sick. When I saw him a day or two afterwards the vertigo and sickness had greatly subsided, leaving behind, however, profound deafness and most distracting noises in the ear. No mischief whatever was found in the external or middle ear, and I believed it to be due to sudden hæmorrhage into the labyrinth. The deafness and sounding continued, and a few months afterwards he was attacked with cerebral apoplexy, and died soon afterwards. Professor Gairdner, who saw him, wrote in answer to an inquiry from me, that "the death was from sheer apoplexy of the ordinary kind, no doubt from hæmorrhage into the corpus striatum or other mesial part of the brain."

In young children the condition may be associated with mumps,<sup>2</sup> acute labyrinthitis of Voltolini, cerebro-spinal meningitis, or leucocythæmia. The hæmorrhage may, on the other hand, be traumatic in origin, and due to a blow or a fall on the head. Many instances of this kind have come under my own observation. The giddiness continued in such cases for many weeks, and was especially severe when the patient assumed the upright posture. There was also total loss of hearing, with great subjective sounds, which were permanent. Examination of the external or middle ear usually yielded in such cases a negative result. Excessive exertion, especially of the respiratory organs, occasionally excites effusion into the labyrinth. I have had, for example, under my care, a young gentleman, an enthusiastic football player, who, during a keenly-contested game of football, was seized with great giddiness and excessive noise in one of the ears, which also became deaf, the latter symptoms—the noise in the ear and the deafness—remaining ever after. In another of my cases, excessive blowing with the mouth in the use of a blow-pipe for several hours seemed to be the exciting cause of the disease. The disease, on the other hand, may come on while in bed, the sensation of the bed heaving, as if in a ship in a storm, being the first indication of the seizure.

#### DIAGNOSIS OF TRUE MÉNIÈRE'S DISEASE.

We assume the affection to be labyrinthine, if, immediately after the sudden occurrence of the typical symptoms, an examination fails to discover any affection of the middle or external ear, while, at the same time, the deafness is extreme, with defective bone conduction. With such symptoms as those described, and, in the absence of disturbance of function or paralysis in the areas supplied by the other cerebral and spinal nerves, we may safely exclude the possibility of an intracranial affection, because, if the nuclei of the auditory nerve centre in the brain were affected, some of the other nerves whose centres are in juxtaposition would certainly also be involved.

## MEMORANDA:

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

#### TETANUS FROM A CHILBLAIN.

THE following case may be of interest on account of such a trivial ailment as a chilblain terminating fatally: On March 18th, 1895, I was called to see J. K., aged 12 years. His mother believed that for five days he had been suffering from "influenza," and she did not think it necessary to seek medical aid, as her other children had all recovered from that disease a fortnight previously. I found the patient semi-conscious, with well-marked trismus, slight dysphagia, and both tonic and clonic spasms all over the body. There was also opisthotonos, and so rigid were the muscles that it was impossible to put him sitting in the upright position. The temperature was 100°, the pulse about 120, respirations very irregular, perspiration profuse. During examination I noticed, on attempting to move

<sup>2</sup> See two cases, reported by writer, of total loss of hearing in both ears, consequent upon mumps, with observations, in the *Glasgow Medical Journal*, vol. xxxi, p. 40°.

the left leg, that the spasms were greatly increased, and the patient cried out, apparently in much suffering. The leg was not swollen, nor was there any enlargement of the inguinal glands. On the upper and posterior surface of the heel there was an ulcer about as large as a threepenny piece, with a purple areola about half an inch in diameter. The mother then informed me that he had complained of a chilblain a few days before. I could only obtain a very vague account of the early part of his illness, nor do I believe he had had influenza. The patient was able with difficulty to swallow a little milk and beef tea, and I administered chloral, 10 grains, every fourth hour. When I saw him on the following morning he was moribund, and died shortly afterwards.

HARMAN F. LAWRENSON, M.D. Dub.

Dunlavin, co. Wicklow.

#### DEATH OF A CHILD FROM THE PRESENCE OF VOMITED MATTER IN THE LARYNX.

ON August 6th, 1895, at about 4 P.M. I was summoned in haste to see a child who, it was feared, had died suddenly. I found the child, a little girl about 5 years of age, dead, and, to all appearance, from asphyxia. The presence of a little vomited matter on the bedclothes sufficed to confirm the suspicion, and to suggest the cause.

The history was as follows: The child's dinner consisted of ham and eggs with tea. In the interval between breakfast and dinner she had an orange and some melon, and after dinner she was provided with a second orange.

About 45 minutes before I was called, the child, feeling sick, was put to bed by her mother. Shortly afterwards she seemed to be asleep, and the mother went on with her scrubbing, etc., in the same apartment.

When next she looked at the child it was apparently dead. Neither noise from vomiting nor from expulsive efforts had occurred sufficient to arrest the attention of the mother, who had not in the meantime been out of the apartment. The vomited matter consisted of a bit of ham measuring roughly half an inch square, and a little orange pulp.

The authorities appearing satisfied with the opinion I had expressed, that death was due to suffocation from the presence of some vomited matter in the trachea; no formal *post-mortem* examination was ordered. Permission, however, was granted me by the parents to make an incision in the windpipe, which I did 24 hours after death, and found, as I suspected, firmly engaged in the rima glottidis a piece of orange pulp rolled up upon itself lengthwise, and measuring 1 inch in length, and when opened out,  $\frac{1}{2}$  inch in breadth at its widest part.

Death from such a cause is very uncommon. Occasionally such cases occur in association with drunkenness, and a case is referred to in Taylor's *Medical Jurisprudence*, p. 418, in which an infant of one year old was suffocated from the presence of curdled milk in the trachea and bronchi. What happens in such a case is that when vomiting occurs in the horizontal position a portion of the vomited matter is readily drawn by aspiration into the trachea with resulting suffocation unless sufficiently vigorous expulsive efforts are set up. What is singular in the present case is that a child of 5 years of age should have been thus suffocated without any struggle occurring or noise being produced, sufficient to arrest the attention of the mother.

Rothessay.

D. MITCHELL, M.D.

#### A NOTE ON THE METHOD OF SKIN BRIDGING IN INGUINAL COLOTOMY.

IN THE BRITISH MEDICAL JOURNAL for April 6th, 1895, Mr. Bidwell, of the West London Hospital, describes a method of insuring free exit of fæces from the upper opening in the bowel after inguinal colotomy, and at the same time of preventing recession of the gut into the abdomen. The method consists in bringing the upper lip of the skin wound through an opening made in the meso sigmoid, and attaching it to the lower lip of the wound, by which manœuvre the bowel comes to be placed across a bridge of skin, in lieu of one of glass or rubber, as employed by some surgeons.

I can fully endorse all that Mr. Bidwell has said in praise of this proceeding. The operation is rapid, and the bowel need have no sutures inserted into it, and, if the length of the skin incision is properly calculated, nothing more than the

one suture to fasten the bridge of skin is necessary. I have tried it in two cases—one a case of inguinal colotomy, the other of Littre's operation. The former, a broken down man aged 57, recovered and left the hospital in a short time without any mishap. The skin bridge united at once, and the bowel opening (made on the fourth day) remained patent and well up on the surface. The latter was a woman, aged 50, in whom, as a purely palliative measure, to alleviate suffering, I did Littre's operation. The bridge of skin united at once, in spite of the fact that the bowel had to be opened at the time to relieve distension. In this case some interrupted sutures to attach the bowel to the skin were employed to prevent the chance of the intestinal contents getting into the peritoneal cavity. She also, as far as the operation was concerned, made a rapid recovery.

C. H. GOLDING-BIRD,  
Surgeon to Guy's Hospital.

#### A CASE OF PSORIASIS OF TWENTY-SIX YEARS' STANDING: RECOVERY.

ON November 28th, 1894, I first saw G. N., a farmer, aged 59. He appeared of a full alcoholic habit, and said he had had skin disease for over twenty-six years, and been under treatment nearly all that time, but for the last few months had ceased. He was covered (except the face, hands, and feet) with an eruption, raw and reddish-purple, varying to scarlet, fissured and exuding serum in most places, and having a large amount of scaling.

He had taken many drugs, including arsenic, in small doses at various times. I thought the only thing to do was to persevere with the arsenic. This I did, commencing with 3 minims of the liquor arsenicalis, and increasing the dose every fourth day. Improvement commenced about the eighth day, and continued till his skin was smooth and pink and almost normal. About the seventeenth day he (though only taking about 24 minims of the liq. arsen. daily) showed marked symptoms of arsenic poisoning, and I had to delay the treatment a few days, but resumed it later in smaller doses. In about five weeks his skin was, except for a little deep pigmentation, quite normal, and while he continued taking small doses of arsenic kept quite clear. Now and again he leaves it off for a few weeks, and the spots and patches begin to manifest themselves, but on taking a few doses they rapidly disappear. In order to present all the facts fairly I may say I combined potassium iodide with the liquor arsenicalis, and gave him an ointment containing white precipitate, but as he had taken large doses of the iodide, and had had a mercurial externally in several of his former prescriptions, I think we are justified in putting their effect down as supplementary only.

The patient appeared to be rather susceptible to arsenic, and never took more than 8 minims of the liquor arsenicalis three times daily.

RUSTAT H. HEMSTED, M.R.C.S.Eng., L.R.C.P.Lond.  
Whitchurch, Hants.

#### ADVANCEMENT OF THE RECTI MUSCLES.

THE fixation of the muscle to the conjunctiva has made the advancement of the recti muscles a satisfactory operation. Sometimes, however, cases are met with in which the conjunctiva tears so easily that the surgeon would desire to have something more reliable to depend upon. Such an experience about eight years ago led me to adopt for these cases a method which I have employed on several occasions. Instead of severing the muscle close to the eyeball I leave a small portion, sufficient for the placing of a suture, attached to the sclerotic; a single suture is passed (from within outwards) through this and the overlying muscle (drawn into position) and tied; the end of the muscle is then fixed to the conjunctiva in the neighbourhood of the cornea by two sutures parallel to the extremity. The incision is vertical and near the insertion of the muscle. The suture through the tendon and the muscle, if it does not absolutely prevent tension upon the conjunctiva, reduces it to a minimum. Where there is no ground for misgivings about the conjunctiva I only use the two conjunctival sutures mentioned above.

Manchester.

DAVID McKEOWN, M.D.

#### MASTOID DISEASE IN AN INFANT AGED 7 MONTHS: OPERATION: RECOVERY.

AT the end of September, 1895, I was called to see a child aged 7 weeks on account of a "lump behind the ear." I had attended the mother in the confinement, and the labour had been quite straightforward, and no instruments were used. I found a small fluctuating tumour situated behind the left ear over the mastoid process. The skin was slightly red. The temperature was 103.6°. There had been no vomiting. A purulent discharge was issuing from the external meatus, but had not previously been noticed, so small was it in amount. On clearing this away with a probe and wool, and pressing over the tumour, pus was seen to exude from the external meatus. There was no wound visible which could have caused glandular infection.

Chloroform was administered by Dr. G. Lacy Barritt, of Spalding, and an incision was made over the swelling, and a fair amount of pus escaped. The bone was found bare, and a minute opening through which communication with the ear had been established. I enlarged this opening, and inserted a small drainage tube, plugging the rest of the wound with gauze.

The ear was then syringed daily with antiseptic lotions, and the discharge, at first profuse, gradually subsided. The tube was removed on the eighth day. Now, five weeks after operation, the wound is quite healed, and there is no discharge from the ear.

The age of the patient and the favourable termination of the case seemed to make it worth reporting.

COURTENAY C. WEEKS, M.R.C.S.Eng., L.R.C.P.Lond.  
Pinchbeck, Lincolnshire.

#### THE TREATMENT OF DISLOCATION OF THE PERONEUS LONGUS TENDON.

AS Mr. Walsham, in his instructive paper, has brought up this rather rare accident, the following case, treated successfully without operation, may be of interest:

John Goodall, the well-known International football player, during a match in December of last year suddenly displaced, for the first time, the peroneus longus tendon of his left foot. I saw him about two hours after the accident, the appearance of the injury being very typical, the tendon lying about 1 inch in front of the external malleolus. He could himself replace it with his fingers, and then by muscular action displace it again.

I determined to try first complete rest, so as to give the torn fibrous sheath the opportunity of reuniting. With that object, after firmly bandaging a semicircular pad over the replaced tendon, I fixed the foot and leg in plaster-of-paris. This was taken off at the end of three weeks, and the pad held in position with strapping; finally, at the end of six weeks, he was allowed to go into training again, wearing an elastic ankle, having being cautioned to avoid, as he well knew how, the particular action that caused the accident.

Three months after the accident he played for England against Scotland, and is still playing, his skill in the football field being in no way diminished. The tendon has never since left its proper place.

Derby.

C. H. TAYLOR, M.B.Lond.

#### THE ABSORBING AND DISINFECTING PROPERTIES OF SAWDUST.

NOT only is sawdust of great value in deodorising urine which has been absorbed by it, as shown in the interesting demonstrations of Professor G. V. Poore recorded in the BRITISH MEDICAL JOURNAL of August 31st, but it forms one of the best absorbents for serum, pus, and other putrescible fluids. For many years we have employed cedar and pine wood sawdust enclosed in muslin bags of fine texture and various shapes. We have found that these dressings answer all the chief requirements of an ideal surgical dressing, being cheap, easily procurable, soft, firm, convenient to handle, and capable of being rendered reliably antiseptic. Dr. Poore's experiments remind me of a series conducted by my brother Mr. Arthur Neve with ascitic serum and pus. Muslin bags full of sawdust were saturated with these fluids and kept various lengths of time. The results were most interesting, being similar in kind to those recorded by Dr. Poore. Further

investigations were carried on by us as to the enhanced value of sawdust when saturated with solutions of corrosive sublimate, and then dried and filled into muslin bags treated with zincocyanide of mercury according to Lister's method.

We have been so satisfied with the result that these sawdust bags constitute now our chief surgical dressing. While thoroughly reliable for simple surgical wounds, such as those of laparotomy or the excision of tumours, it is, however, especially in cases in which there is excessive discharge that the sawdust dressing proves to be of conspicuous value.

I feel sure that if this form of dressing, modified to taste, were introduced in our large hospitals and infirmaries, and carefully tried, it would be found that much saving could be effected in the at present expensive item of surgical dressings. —I am, etc.

ERNEST F. NEVE, M.D., F.R.C.S.ED.

Kashmir Mission Hospital.

## REPORTS

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

#### CANCER HOSPITAL, BROMPTON.

##### TWO CASES OF EPITHELIOMA PENIS TREATED BY DIFFERENT OPERATIVE METHODS.

(Under the care of Dr. HERBERT SNOW.)

I. WALTER P., aged 39, married, painter, was admitted on August 3rd, 1893. The duration of the disease was 18 months, of which 8 had been occupied by the notorious Mattei treatment. The cause of the disease was a long prepuce, under which the secretion had been allowed to accumulate. There was no family history.

The whole glans penis was converted into a large fetid mass of fungous granulations, and the infiltration extended along the body of the organ nearly to the scrotum. The inguinal glands were normal. After the temporary introduction of a bougie, the penile structures were exposed by a median perineal incision, dissected out until the finger could be hooked around it and transfixed. The crura were divided as near the rami as possible, the urethra about  $\frac{3}{4}$  inch in front. The penis was dragged forwards and liberated by a circular incision through the skin and fascia of the scrotum, without division of the raphé, and without interference with the testes. The perineal and scrotal wounds were separately closed, the urethra being sutured to a buttonhole aperture in the skin, and a self-retaining catheter left in. The man was discharged well on September 4th.

He reappeared in March, 1895, with a superficial cicatricial contraction of the perineal orifice, duly relieved. There was no trace of disease; and although the man was in excellent general health, wiry and fairly youthful in appearance, no sexual desire whatever had been experienced since the operation.

II. J. L., aged 69, a carpenter, was sent in October, 1893, by Dr. Howells, of Talgarth, Brecon. The cause of his disease was chronic balanitis, the result of neglect; its duration four years; there was no family history of cancer. The greater part of the glans was occupied by a hard mass of epithelioma, the body of the penis remaining, however, free. As a sufficient margin of healthy tissue was thus obtained, it was considered sufficient to excise in front of the raphé, the urethra being slit and sutured to the skin in the usual way. A good recovery ensued, the patient being discharged on November 21st. Dr. Howells has just (September, 1895), kindly written to say that he remains in "excellent health, with no sign of recurrence."

REMARKS BY DR. SNOW.—The course of both these cases illustrates an exception to what is or should be the golden rule in average instances of malignant disease dealt with by operation. In most situations carcinoma or epithelioma infects the adjacent lymph glands within a very few weeks or months of inception, and enlargement is a relatively late symptom of that infection. Hence as a general rule, whether evidently larger or not, these should be carefully removed simultaneously with the primary lesion. Penile epithelioma

may not however be transferred to the inguinal glands for a much longer period, and this "anticipatory" extirpation is uncalled for; though a vigilant watch should be maintained for the subsequent twelvemonth. The operation in Case I substitutes two small wounds for one much larger, avoids division of the raphé and removal of the testes, steps which involve a huge raw surface in a spot specially prone to subsequent cellulitis. After radical removal of the penile structures, there need be no fear of trouble from subsequent sexual instincts, thus practically annulled.

## REPORTS OF SOCIETIES

### EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Wednesday, December 18th, 1895.

W. CRAIG, M.D., Vice-President, in the Chair.

#### CLINICAL MEETING.

##### CASES.

DR. W. ALLAN JAMIESON showed a case of Xeroderma Pigmentosa in a boy aged 3 $\frac{1}{2}$  years. This he believed to be the second seen in Scotland, the first having been a case of Dr. McCall Anderson's. In the present case the disease only occurred on the face, on which also there were several warty growths. There was a history of cancer and of tuberculosis in the family.

Mr. MCGILLIVRAY showed a girl in whom he had Excised the Condyles of the Humerus for dislocation and fracture, and the resulting condition was extremely satisfactory. He also showed a boy on whom, after a preliminary tracheotomy, he had performed Thyrotomy for Papillomata on the Vocal Cords. This was the fourth case in which he had done this operation. The operation seemed safe enough, but the voice did not appear to be restored to its normal.

Mr. COTTEBILL showed a young girl on whom he had operated for the Drainage of a Pancreatic Cyst. She had been ill twelve weeks, and was very ill when she came under his care. There was a large swelling in the spaces known as epigastric, umbilical, left hypochondriac, and left lumbar. There was also some dullness in the direction of the right hypochondriac region. Aspiration was first done, then later incision immediately below the left twelfth rib, and continued drainage for three months. She was fed on Benger's liquor pancreaticus, etc., and had made an excellent recovery. He also showed a rare form of Spina Bifida in a boy who seemed to be a pathological curiosity. The spina bifida was large, to the right of the middle line and over the sacrum. The bowel could be invaginated through the opening in the sacrum, and one's fingers nearly met. The boy's ears were feebly developed, he had a right congenital inguinal hernia, he was able to perform an extraordinary series of movements of the right forearm and hand, in consequence of great freedom and relaxation at the shoulder-joint, and finally he had club foot. He also showed a case of Actinomycosis on the Right Cheek in a young woman, with two illustrative microscopic preparations. The important feature was the difficulty of diagnosis.

Mr. F. M. CAIRD showed (1) a young man who had suffered from Osteomyelitis, and had been treated by passive congestion, etc.; (2) a young man who had his Mastoid opened for suppurative disease of the ear; this was followed by a meningitic attack, probably tuberculosis: trephining was resorted to, and some fluid escaped after the dura mater had been punctured; he was unconscious for several days, but recovered; (3) a young man after Operation for Dilatation of the Stomach.

Dr. JOHN THOMSON showed a boy suffering from Peripheral Neuritis following Measles, and a case of Elephantiasis of the Face and Neck in a girl of 14, which appeared to have come on after whooping-cough.

Mr. DAVID WALLACE showed a young man, aged 19, who had recovered after Operation of Cerebral Abscess following or coincident with Otorrhœa.

Mr. STILES showed (1) a baby with Arrest of Development of Both Ears, which seemed consequent on arrest of development of the petrous part of the temporal bone. There was no auditory meatus on either side, and evidently no hearing sense. There was defective development of the left lower

age or ligature, preferably an india-rubber ribbon which could be worn over the shoulders like braces, or round the waist as a belt. By this means the dangers of hæmorrhage would be greatly reduced, leaving only the wounding of a vital organ as a residuum not to be eliminated.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### MIDWIFERY ENGAGEMENTS.

His Honour Judge Edge delivered judgment at the Totnes County Court on December 17th in a case heard at the last Court, in which Dr. Woolridge, of Harbertonford, sued S. Willing, publican, of Ashprington, for 2 guineas professional fee. Plaintiff was engaged by defendant to attend to his wife in her confinement, but defendant actually called in another medical man. The question was whether plaintiff was entitled to recover his fee. No authorities were cited, said his Honour, to help him in coming to a decision, and he had to consider the case upon the usual principle where there was a contract. In the present case there was a contract, which was broken by defendant. It was perfectly clear that plaintiff was not entitled to his full fee because he had not rendered the service, but he was entitled to some compensation because he had been deprived of his opportunity of making a profit. Looking at the circumstances, he thought the justice of the case would be met by making an order against defendant for a guinea, half the full fee claimed.

### POISONING BY MISADVENTURE.

A BIRMINGHAM manufacturer died recently, from taking strychnine supplied to him by a retail chemist. It was shown at the time that the retail chemist supplied only that which had been furnished to him by Messrs. Wyleys, wholesale chemists. At the present Birmingham assizes an action was entered by the widow of the deceased to recover damages. Both the wholesale firm and the retailer were sued. When the plaintiff's case was opened counsel stated that terms had been arranged. The record was withdrawn, Messrs. Wyleys paying the plaintiff £2,800 and taxed costs, the retailer paying his own costs. Mr. Jeff, for Messrs. Wyleys, explained that how the case arose was a mystery, and the defendants desired to act honourably. Mr. Justice Day expressed his satisfaction with the terms as stated.

### HYGIENE AND ETIQUETTE.

RATONNE NON IRA asks for an opinion on the following: A. and B. see a case in consultation which they diagnose as scarlet fever, notify it as such to C., who is medical officer of health, and also physician to the hospital. The patient is seen the same night by C., and removed to the hospital the following day, where it remains under C.'s care for thirty-one days, when it is sent out at the request of C., and is taken home in a cab taken at random from the cab stand. A. is again called in to see the case, and finds the patient desquamating freely. B. is asked to see the case again, and he also decides that the patient is desquamating. A., acting on the advice of B. and D. (another practitioner), writes to the sanitary inspector calling his attention so that the necessary precautions should be taken, and also that the cab may, if possible, be found and properly disinfected. D., who also saw the case after it came from the hospital, was of opinion that the patient was desquamating. Would you say that there had been a breach of etiquette on the part of A. for not writing to C., the medical officer (with whom he is not on friendly terms), instead of to the sanitary inspector, whose duty it was to look after the disinfecting of the cab?

“\* An unbiased review of the points involved in our correspondent's communication leads us to the conclusion that, in view of the assumed urgency for the disinfection of the cab, fortified moreover by the deliberate opinion of the two old experienced practitioners B. and D., he acted prudently in requesting the attention of the sanitary inspector to the case in question; at the same time, and notwithstanding the interruption of friendly feeling between C. and himself, we are of opinion that it would have been ethically judicious to have transmitted to the medical officer of health (C.) transcript of the note addressed to the sanitary inspector.

### MIDWIFERY EMERGENCIES.

NEMO writes: A. and B. (surgeons) live in a working class village. A. is taken ill, and is obliged to go from home; his assistant does his work in his absence. The latter is called to a confinement; things go on slowly, and he finds it necessary to deliver, but does not like applying the forceps. He sends for B. (who is friendly with A.) to come and help him. B. delivers with forceps, and sees the patient four times afterwards at the assistant's request. All goes well. A. comes back, and B. asks about his fee, and suggests a division (guinea fees are the rule), that is, 10s. 6d. for each. A. says, “Oh, no, send your own bill, they should pay you.” What is the proper thing in this case?

“\* The following rule is that by which our correspondent's case should be governed, to which we deem it well to state that if A. or B. will refer to the *Medico-Chirurgical Tariffs*, it will be found that an extra half-fee is suggested as a fairly just one for a case necessitating delivery by forceps:

“When a practitioner is called in, or otherwise requested to attend, at an accouchement for another, and completes the delivery, or is detained for a considerable time, he is entitled by custom (except in the case of illness, etc., provided for by Rule 3) to one-half of the fee; but on the completion of the delivery, or on the arrival of the pre-engaged accoucheur, he should resign the further management of the case. In a case, however, which gives rise to unusual fatigue, anxiety, and responsibility, it is right that the accoucheur in attendance should receive the entire fee, etc.”—*Code of Medical Ethics*, Chap. 11, Sec. 5, Rule 12.

### CANVASSING FOR SUCCESSOR.

No. 90 writes: A., holding several appointments, sells his practice to B. Is it unprofessional on A.'s part to endeavour to obtain the appointments for B. by canvassing, etc., A. knowing that some of the medical men in the town are seeking the appointments, and who are also canvassing?

“\* Under the circumstances related we see no valid objection to A. canvassing on behalf of B.; indeed, it would seem only natural in his own interest as well as that of B.

### THE RED LAMP.

L. asks if there is anything objectionable in his having a plain red lamp attached to the wall of the house inside the garden near the front door.

“\* Although there is no written ethical rule condemnatory of the use of a red lamp as proposed, nevertheless any such deviation from general prescription and usage is, as a rule, viewed by the profession with more or less distrust, and almost invariably induces disparaging remarks, and should therefore be carefully avoided. If, however, the locality of the house be so dark as to render more light desirable, we would suggest that an ordinary or other selected gas lamp, with or without a reflector, should be so arranged as to throw the light upon the door or nameplate, or, as an alternative, to paint or otherwise display the name on the glass of the fanlight over the door illumined from behind by a gas jet.

### EMPLOYERS AND ASSISTANT: FEES OF WITNESS.

F. M. B. writes that he engaged an assistant who signed the usual bond “to devote the whole of his time and attention in assisting him to carry on his profession, etc.” We gather that while acting as assistant the latter attended at the magistrate's court to give evidence in a case in which the defendant was committed for trial, and the assistant was bound over in his own recognisances in the sum of £20 to give evidence at the sessions. The question asked is as to who is entitled to the fees.

We do not quite understand whether the fees in question are those for giving evidence before the magistrates or at the sessions; but we think that if at the time the assistant attended to give such evidence he was in the employment of our correspondent, the fees belong to the employer. It may be taken as a general rule that the earnings of an employee (in the time of the employer) belong to the latter; and we are not aware of any custom in the medical profession which overrides this rule.

M. C. asks a very similar question to that of “F. M. B.,” and he will gather our opinion on the subject by referring to the reply given to “F. M. B.”

### REMOVALS.

A MEMBER writes: If a medical man is removing from one part of a town to another, is there anything unethical in replacing the plate on the gate of the house he is leaving for a few weeks with one such as this:

Dr. \_\_\_\_\_,  
(Removed to \_\_\_\_\_ Street).

I have seen it done in the London suburbs.

“\* There can be nothing unethical in the course proposed. It seems to be the custom in London.

A MEMBER of the British Medical Association and a correspondent signing himself “Lex” have sent us medico-ethical questions, but do not authenticate their letters.

T. G. K.—A courteously worded note to the assumed offending practitioner, we need scarcely observe, called for a like reply; and X.'s omission to respond thereto leads to the inference that he had no defensible explanation to offer, or was more or less imperfectly acquainted with the courteous obligations of life.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

#### THIRD M.B. EXAMINATION.

*Part II. Pathology and Medicine.*—Bennett, B.A., Joh.; Biss, B.A., King's; Burnett, B.A., Joh.; Coombe, M.A., Gonv. and Cal.; C. D. Edwards, B.A., Joh.; E. L. Evans, B.A., Trin.; Giles, B.A., Pet; R. J. E. Hanson, Trin.; Hobday, B.A., Christ's; Judd, B.A., Non Coll.; Pentreath, B.A., Queens'; J. A. K. Renshaw, B.A., Trin.; J. Smith, B.A., Jes.; Sworder, B.A., King's; C. A. H. Thomson, B.A., Christ's; Villy, B.A., Joh.; F. J. Watson, B.A., Trin.; A. Walker, M.A., Pemb.; O. K. Williamson, M.A., Trin.; Woolley, B.A., Christ's.

### UNIVERSITY OF EDINBURGH.

THE various medical classes rose for the Christmas recess on Friday, December 20th, and will meet again on Tuesday, January 7th.

### SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, December, 1895. The following candidates passed in *Surgery*.—S. B. Blomfield, Westminster Hospital; E. C. Bond, Royal Free Hospital; A. P. Coker, Middlesex Hospital; F. C. Langford, Charing Cross Hospital; A. C. McLean, King's College Hospital;

J. G. Owen, Charing Cross Hospital; C. J. Palmer, Birmingham and Liverpool; F. E. Rimer, McGill University; E. T. V. von Himpe, Royal Free Hospital; S. J. Wareham, Charing Cross Hospital.

*Medicine, Forensic Medicine, and Midwifery.*—T. Jones, Manchester; A. T. Morgan, Bristol; A. C. Thornton, St. Thomas's Hospital.

*Medicine and Forensic Medicine.*—P. R. Wallis, University College Hospital.

*Medicine.*—R. Goulden, Manchester; G. G. B. Hein, St. Thomas's Hospital; W. A. Montgomery, St. Thomas's Hospital; J. H. R. Pigeon, Bristol.

*Forensic Medicine and Midwifery.*—E. R. Bowen, Brooklyn and Bristol.

*Forensic Medicine.*—H. Clapham, Sheffield; J. Hepple, Leeds.

*Midwifery.*—C. C. Preston, Manchester.

To Messrs. Blomfield, Coker, Hein, Hepple, Langford, Montgomery, Owen, Palmer, Pigeon, Preston, Wareham, and Miss von Himpe was granted the diploma of the Society.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### THE TYPHOID EPIDEMIC AT DUNBAR.

THIS epidemic shows few signs of abatement. It appears that many of the inhabitants, in face of the repeated advice of the local authorities, persist in using the contaminated water unboiled. The mortality is already 17 per cent. of the cases. We understand that Sir Henry Littlejohn's report has been received by the authorities, who ought to have published it *in extenso*. The reason why they have not done so is alleged to be the fear of destroying the reputation of the place as a summer resort. If this be the reason, it is a most ill-advised one. It would have been a thousand times better to have taken the public into full confidence in a matter of this kind, and to have indicated the way in which the local authority meant to make the recurrence of such an appalling state of affairs impossible. We understand that Sir Henry Littlejohn has absolutely condemned the water supplied to the place. It appears that the sewage of two farmsteadings and sundry cottages has drained into the Spott burn or source of its tributaries from the first. Then later, apparently, the sewage from the caravan hospital with its typhoid patients. Steps are being rapidly taken to get a supply of water from a source beyond the possibility of such pollution, and it is expected that this will be available in the course of a month or so.

### A SANITARY STAIN IN STOCKPORT.

IT augurs well for a sanitary district and for its sanitary officials when such outspoken utterances can be written and expressed as those which find place in the annual report of Dr. Charles Porter in 1894 in respect of the county borough of Stockport, concerning the matters of excrement disposal and removal. That a town of the size and importance of Stockport should seek to rid itself of its excremental and other household filth in the speediest and best fashion is to be expected, and therefore to read of the 5,000 or 6,000 privy pits still existing in the borough is rather startling. We learn that mills and large schools have these objectionable contrivances for storing excrement, and that some privies actually drain to the river or on to its banks in an offensive manner. Further, we learn that the pits are not watertight, that they are often situated near dwellings, and that in some instances they abut on the house walls, polluting the very foundations, and in almost all cases in the town give rise to extensive soil pollution. Moreover, the location of pits under the floors of living rooms is not unknown; and pollution of air, of yards and streets, of gullies, drains, and sewers is also mentioned as inseparably connected with the abominable system still so much in vogue. There are in Stockport some 80 houses, from the privies of which the contents can only be removed by cartage through the dwelling. Nor is this all, for we wonderingly read of the erection of 84 new buildings in 1894 with the nuisance-creating receptacles as adjuncts permitted in the town. This seems to us to be a death-blow to any comprehensive action for the abolition of these filth accumulators; at any rate, it will be if the course be persisted in during time to come. So far as we can gather there will be no excuse for continued permission to builders to construct privies for new houses. But the nuisance of these pits does not cease with their use, great as this is, since there is the added objectionable method of removal of their contents. The privies are generally of immense size, and whilst their cubic capacity is such as to necessitate only infrequent scavenging, it at the same time creates the dangerous elements of storage of fermenting filth, and this of itself is distinctly dangerous to public health. Dr. Porter tells of pits emptied only at intervals of six and even twelve months instead of at fortnightly intervals. To some extent this fact can be gauged when we state that each emptying of a privy pit in 1894 meant on the average three loads of filth. The health records of Stockport show a persisting high infantile diarrhoea death-rate, and that for the ten years 1884-93 the typhoid fever death-rate was twice that of England and Wales, and that from diarrhoea was, compared with the whole country, as 121 is to 73 per 10,000 population. The excrementally polluted subsoil is an ever-present danger to the commonweal, and the method of cartage adopted in the town is such as to further and materially add to the danger of organic matter finding suitable breeding ground. The contents of the pits are not directly removed from the pits to the carts, but are actually removed in barrows on to the roadways, and thence placed in the carts—a method which commends itself as lending considerable aid to the disease-disseminating action of any specifically contaminated privy. Then, again, the scavenging is a costly as well as a disagreeable undertaking, and, as Dr. Porter says, its cost would go far to cover the expense of meeting half way the conversion of the privy system into the water carriage system, for which the borough

seems now to be ready. We most sincerely hope that when Dr. Porter has next to report on the annual doings of his district it will be to say that his Council have wisely resolved to set about the thorough wiping out of this stain on their escutcheon, and that the necessary loan for the purpose has been obtained, in common with several large towns, such as Leicester, Leeds, and Sheffield.

PLENUM VENTILATION AT THE HUDDERSFIELD INFIRMARY.

AMONG the various alterations which have recently been made at the Huddersfield Infirmary is the introduction of Key's system of ventilation, according to which the air for the whole of the wards is drawn in at one spot, where it is washed and screened, warmed by passing over steam coils, and then driven by a fan 8 feet in diameter into the ducts leading to the different parts of the building. The air is delivered into the wards by upright shafts, and where it leaves the main ducts auxiliary heating coils are placed so that a certain variation of temperature can be secured at will according to what is required for each room. The air is extracted from the wards at the floor level. The system has now been in operation for two months, and is said to have so far given every satisfaction. The experiment will be watched with interest, and it is to be hoped that careful records will be kept of the amount of air which is driven by the fan and of the total expense. Much hinges upon this, and it is very desirable to obtain accurate records on the subject, for there is reason to believe that improved mechanical appliances have rendered the expense of mechanical ventilation much less than it used to be. There is a gradually growing experience as to the efficacy of mechanical ventilation, both in hospitals, schools, factories, mines, and public buildings, and if architects and hospital managers are once assured that it is reasonable and inexpensive, it is needless to say how enormously the planning of hospitals will be facilitated. It is conceivably possible that by aid of the fan the great cubic space which is now demanded in the interest of the patients may be found to be unnecessary.

### DISRUPTION OF A COMBINED DISTRICT.

SINCE the death of Dr. Fox, who held the post of medical officer for the Mid-Cheshire district, efforts have been made to induce the urban and rural councils interested to join in the appointment of a medical officer for the same combined district. Difficulties, however, arose, and the combination is now regarded as entirely broken up. The Altrincham Rural Council and the Northwich Rural Council have appointed Dr. Garstang, of Knutsford, the former at a salary of £120 and the latter at £100 per annum. The Northwich Urban Council have decided to appoint an officer at £50 per annum, and the Winsford and Middlewich Councils will probably adopt the same course.

## MEDICAL NEWS.

At a meeting of the Border Counties Branch at Carlisle on January 10th, Professor Macewen, of Glasgow, will give an address.

A SUM of £3,200 has been granted to the Imperial Institute of Experimental Medicine, St. Petersburg, towards the expense of the preparation of diphtheria antitoxin.

A SCHEME for the establishment of an asylum for inebriates has been drawn up by the St. Petersburg Society for the Suppression of Intemperance, and has received the sanction of the Russian Government. The Society is collecting funds for the purpose.

THE dinner of the old Belfast medical students practising in and around Manchester was held in the Victoria Hotel, Manchester, on Tuesday, December 17th, Dr. J. Walton Browne (Belfast) presiding. There was a large attendance, and it is intended to make the dinner an annual function.

MRS. SARAH EDEN, the Warwickshire midwife who was sentenced to death at the last Warwick Assizes for the murder of Mrs. Sinister, who died after an illegal operation had been performed upon her, has been reprieved, with a view to her sentence being commuted to penal servitude for life.

INEBRIETY IN AMERICA.—The *Quarterly Journal of Inebriety* estimates the number of drunkards in the United States at what it apparently considers to be the "modest" figure of 1,600,000. As there are about 25,000,000 adults in the States, this means that 1 in every 15 citizens of the great Republic of the West is a slave to inebriety.

THE Alvarenga Prize for 1895 of the Medical College of Stockholm has been awarded to Count K. A. H. Mörner, Professor of Chemistry at the College, for an essay on "The Proteids and Albumen-reducing Substances in Normal Urine." The prize is of the value of about £61.

**THE Art Annual** for 1895, published by Messrs. Virtue and Co., contains a full page etching of Luke Fildes's picture entitled "The Doctor."

**THE annual dinner** of the Edinburgh Royal College of Physicians was held on December 19th. Covers were laid for 159. The function was not quite so prolonged as in some former years. The speeches were all fairly interesting, but there was no brilliant oration.

**THE annual Kitchen Concert** was given by the residents of the Edinburgh Royal Infirmary on December 16th, and was as usual a success. The tradition used to be that former residents in and about Edinburgh were invited, that seems no longer to hold.

**THE WOMAN'S HOSPITAL, NEW YORK.**—The fortieth anniversary of the foundation of this institution was held on November 21st. During the past year 927 patients were treated in the hospital, and 4,704 in the outdoor department. There were 48 deaths in the institution. The receipts from all sources amounted to 50,340 dollars, and the expenditure to 73,889 dollars.

**MEDICAL STUDENTS IN FRANCE.**—The constant increase in the number of medical students in France is proved by the following figures, taken from the report of the Budget Commission for 1896. They show the numbers inscribed on the official register on January 15th in each of the years named: 1891, 6,212; 1892, 7,069; 1893, 7,589; 1894, 8,897; 1895, 8,996.

**PRESENTATION.**—Surgeon-Lieutenant-Colonel Baines, V.D., M.D., has been presented by the officers, past and present, of the 1st Middlesex Volunteers Royal Engineers with a silver bowl and illuminated address on the occasion of his retiring, after thirty-six years' service. The presentation was made by Field-Marshal Sir John Lintorn Simmons, K.C.B., the Honorary Colonel, on December 13th, after the annual distribution of prizes.

**MEDICAL GRADUATION IN GERMANY.**—The total number of candidates on whom the degree of Doctor of Medicine was conferred by the universities of the German Empire in the course of the academic year 1894-95 was 1,102; of these 516 were conferred by Prussian universities, and 586 by universities outside Prussia. The largest number of medical degrees (163) was conferred by the University of Berlin, next came Würzburg with 143, Munich being third with 139.

**ROYAL INSTITUTION OF GREAT BRITAIN.**—The lecture arrangements for the coming three months are the following: The Christmas Lectures on "Sound, Hearing, and Speech" (adapted to a juvenile auditory) will be six in number, given on Tuesday, Thursday, and Saturday, and commencing to-day (Saturday) at 3 P.M. They will be delivered by Professor J. G. McKendrick, of Glasgow. On Tuesdays in January, February, and March, Professor C. Stewart will lecture "On the External Covering of Plants and Animals: its Structure and Functions." In February Professor H. Marshall Ward will deliver three lectures "On some Aspects of Modern Botany." In February and March Lord Rayleigh, F.R.S., will give six lectures "On Light." Lectures will also be delivered by Mr. P. H. Wicksteed, by Bishop Barry, D.D., and others. The Friday evening lectures before Easter will be given by Lord Rayleigh ("More about Argon"), Professor Burdon Sanderson, Mr. S. Lee, Mr. J. J. Armistead, Dr. E. Frankland, Dr. John Murray, Mr. Binnie, Mr. W. S. Lilly, Professor T. R. Frazer, and Professor Dewar ("New Researches on Liquid Air").

#### MEDICAL VACANCIES.

The following vacancies are announced:

**BRIDGNORTH AND SOUTH SHROPSHIRE INFIRMARY.**—House-Surgeon, doubly qualified. Salary, £80 per annum, with board and lodging in the infirmary. Appointment for one year, but eligible for re-election. Applications to the Honorary Secretary, Oldbury Rectory, Bridgnorth, by December 31st.

**BRIGHTON AND HOVE LYING-IN INSTITUTION AND HOSPITAL FOR WOMEN,** 76, West Street, Brighton.—House-Surgeon, unmarried, and under 30 years of age. Salary, £80 per annum, with furnished quarters and board, gas, coals, and attendance. Applications to the Honorary Secretary before December 31st.

**BRISTOL INCORPORATION.**—Medical Officer for the Workhouse at Stapleton; doubly qualified. Salary, £250 per annum, with residence

and rates and taxes free, together with vaccination fees. Applications to J. J. Simpson, Clerk to the Guardians, St. Peter's Hospital, Bristol, by December 31st.

**CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL,** Gray's Inn Road, W.C.—Assistant Registrars. Applications to Richard Kershaw, Secretary, by January 11th, 1896.

**COUNTY BOROUGH OF CARDIFF.**—Resident Medical Officer of the Brompton Hospital for Infectious Diseases, unmarried. Appointment for one year. Salary, £50 per annum, with board (without stimulants) and residence in the hospital. Applications to Dr. Walford, Medical Officer of Health, Town Hall, Cardiff, by January 1st, 1896.

**COUNTY BOROUGH OF WIGAN.**—Medical Officer of Health and Medical Superintendent of the Sanatorium. Salary, £225 per annum, payable monthly; must reside within the borough. Applications, endorsed "Medical Officer," to J. J. Charnock, Town Clerk, Municipal Buildings, Wigan, by January 6th.

**DENTAL HOSPITAL FOR LONDON,** Leicester Square, W.C.—Assistant Dental Surgeon; must be L.D.S. Applications to J. Francis Pink, Secretary, by January 6th.

**DENTAL HOSPITAL FOR LONDON AND LONDON SCHOOL OF DENTAL SURGERY,** Leicester Square, W.C.—Demonstrator. Honorarium, £50 per annum. Applications to J. Francis Pink, Secretary, by January 6th.

**DEVON COUNTY ASYLUM.**—Assistant Medical Officer; single. Salary, £120 per annum, with board, lodging, and washing. Applications to Arthur E. Ward, Clerk to the Visitors, 9, Bedford Circus, Exeter, by December 31st.

**HOLLOWAY SANATORIUM HOSPITAL FOR THE INSANE,** Virginia Water.—Junior Assistant Medical Officer (Lady), for ladies' side. Applications to Dr. Philipps, Virginia Water.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton.—Four Clinical Assistants in the Out-patient Department, and Clinical Clerks to the In-patient Physicians. Applications to the Secretary by December 31st.

**OWENS COLLEGE,** Manchester.—Junior Demonstratorship in Physiology and Histology. Salary, £100 per annum. Applications to the Registrar by January 4th, 1896.

**POPLAR AND STEPNEY SICK ASYLUM DISTRICT.**—Second Assistant Medical Officer for the Asylum at Bromley, Middlesex. Salary, £80 per annum, increasing £10 yearly to £100. Applications, on forms provided, to be sent to Robert Foskett, Clerk to the Managers, Bromley, Middlesex, E., by January 2nd.

**SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN,** Marylebone Road, N.W.—Surgeon to the Out-Patient Department. Applications to the Secretary, George Scudamore, by January 7th, 1896.

**TAUNTON AND SOMERSET HOSPITAL.**—Assistant House-Surgeon. Appointment for six months, without salary, but board, washing, and lodging in the institution provided. Applications, endorsed "Assistant House-Surgeon," to J. H. Biddulph Pinchard, Secretary, 13, Hammet Street, Taunton, by December 31st.

**VICTORIA HOSPITAL FOR SICK CHILDREN,** Queen's Road, Chelsea, S.W.—House-Surgeon to the In-patients; appointment for twelve months; must be F. or M.R.C.S. Eng. Honorarium, £50 per annum, with board and lodging in the hospital. Also House-Physician to the In-patients; appointment for eight months. Honorarium at the rate of £50 per annum, with board and lodging in the hospital. Applications to the Secretary by January 11th.

**WESTMINSTER GENERAL DISPENSARY,** Gerrard Street, Soho, W.—Resident Medical Officer. Applications to the Secretary by December 30th.

**WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL,** Wolverhampton.—Resident Assistant. Appointment for six months. Board, lodging, and washing provided. Applications, inscribed "Application for Resident Assistant," to the Chairman of the Medical Committee by December 30th.

**YORK COUNTY HOSPITAL.**—Assistant House-Surgeon, doubly qualified. Salary, £80 per annum, with board, rooms, washing, etc. Applications to Fred. W. Howell, Secretary and Manager, by January 1st, 1896.

#### MEDICAL APPOINTMENTS.

**BUNCOMBE, W. D.,** L.R.C.P. Lond., M.R.C.S., appointed Medical Superintendent of the City of London Union Infirmary.

**CAMERON, R. D.,** L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of the Wallingpan District of the Howden Union.

**CARRE, Gerard, M.D.,** appointed Non-Resident House-Surgeon to the Royal Ear Hospital, Frith Street, Soho.

**COLLINS, W. C. G.,** M.R.C.S., L.R.C.P., appointed Medical Officer for the Aylesford District of the Malling Union.

**COOKE, William H.,** M.D. Brux., M.R.C.S., L.R.C.P., L.S.A., appointed Resident Medical Officer to the Royal United Hospital, Bath.

#### DIARY FOR NEXT WEEK.

##### WEDNESDAY.

**OBSTETRICAL SOCIETY OF LONDON,** 8 P.M.—Specimens will be shown by Dr. Stabb (introduced by Dr. Griffith) and others. Papers: Professor G. E. Curatulo (introduced by Dr. Griffith): On the Influence of the Removal of the Ovaries on Metabolism in connection with Osteomalacia. Dr. Leonard Pemry: The Effects of Lactation on Menstruation and Impregnation.

THE  
WEEKLY EPITOME

OF  
CURRENT MEDICAL LITERATURE,

BEING A  
SUPPLEMENT

TO THE  
*British Medical Journal.*

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JULY TO DECEMBER.

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MDCCCXCV.

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