

tologists. We learn, for example, from the *Transactions* of the New York Dermatological Society, that Dr. Bulkley showed a case of "morphoea" which Dr. Piffard considered to be "a typical case of chronic scleroderma". It is almost to be regretted that the ten minutes under water which Lord Palmerston thought would alone cure the evils of Ireland cannot be used as a heroic remedy for the confusion produced in dermatology by nomenclature.

Alopecia areata is described as non-parasitic, and as due to "want of nerve force". The author seems to have overlooked Malassez's careful investigations, which have resulted in the discovery of small spherical bodies in the epidermis having the characters of vegetable spores. The views of the French observer have been adopted by Cornil and Ranvier, and are assuredly not to be passed over in silence. Nothing shows more clearly the uselessness of invoking want of "nerve-force" (the Mrs. Harris of modern physis) than the certainty that with the discovery of a fungus in the epidermis in or near the diseased patches the hypothesis would *ipso facto* fall to the ground, independently of the accuracy or the contrary of Malassez's views.

We have touched on some points that seem open to criticism, but a large part of the contents of the book deserves only commendation. It is clearly and simply written, admirably arranged, and provided with a very complete index. It will interest and instruct alike the student, the practitioner, and the specialist.

SELECTIONS FROM JOURNALS.

MEDICINE.

MULTIPLE LIPOMATA AFTER TYPHUS.—Wolzenodoff describes, in the *Deutsche Zeitschrift für Chirurgie*, Band vii, the case of a countryman, aged 21, who had a severe attack of typhus from the middle of February to the end of March. In the beginning of April, he observed on the flexion surface of each forearm several easily compressible swellings of the size of hazel-nuts. Not only did these grow rather quickly, but fresh ones appeared almost daily on different parts of the body. In the middle of April, there were forty-two, of which sixteen were on the right and eleven on the left thigh. Their microscopic characters were those of lipoma. Their growth was at first rapid; it then ceased or became almost imperceptible. The author has not been able to find any record of similar cases, and leaves undecided the question of the influence of the typhus poison in their production.

ETIOLOGY OF TONSILLITIS.—Staff-surgeon Henry F. Norbury, R.N., of H.M.S. *Tuna*, has contributed a paper on the subject of "Acute Tonsillitis Dependent on Atmospheric Fungi", to the last official *Report on the Health of the Navy*. Having frequently examined, microscopically, the air of the ship when she was in and on the other side of the Suez Canal, Mr. Norbury observed the presence of very numerous globose spores of fungi. These spores corresponded exactly with many found on yellowish white elevations that appeared on the tonsils of twelve men suffering at the time from all ordinary symptoms of acute tonsillitis. These globose spores were of well defined contour, varying in size from 1-1200th to 1-2000 of an inch in diameter, some of the larger possessing a yellowish tint. The filaments, whether of the fructification or mycelium, were simple, cylindrical, extremely slender, and colourless. The patients in question slept in different parts of the ship, and had no particular communication with each other on duty or otherwise, and hence it is remarked that they could not have contracted the disease from each other. The writer makes the following suggestions: "Whether the spores, having previously lighted upon the food, came into contact with the tonsils during deglutition, I am unable to state; but as, after a hard day's work in the tropics, men usually sleep heavily, and often with their mouths wide open, the affection was probably caused by prolonged inhalation of the spores, which found a cavity, the tissue of which was perhaps also relaxed by smoking, or otherwise temporarily impaired. No similar case of tonsillitis was seen prior to the appearance of the spores in the air."

SURGERY.

TREATMENT OF VARIX OF THE LEG.—In No. 7 of the *Berliner Klinische Wochenschrift* for this year, M. Schede describes his method of applying the antiseptic method to the treatment of varicose veins. In the first place, a certain number of cases were treated by laying bare the dilated veins at numerous points in their course, then applying the ligatures, and dividing the vessel between them. Healing almost always took place by the first intention; but this method did not afford absolute security against the formation of new varices. There was so

little reaction, that in general no thrombus was formed. Schede then applied catgut ligatures subcutaneously, tying them first over a roll of Lister's antiseptic gauze, and afterwards over salicylised cotton; and removing them after two or three days. By means of these compresses, a greater extent of the dilated veins was obliterated. Finally, the compressing roll was replaced by a piece of India-rubber tube of the size of a finger, varying in length according to circumstances, and the ligatures, which were only loosely tied, were removed, half at the end of twelve, and half at the end of twenty-four hours. Recovery was complete at the end of eight days.

ACUTE PROGRESSIVE NEURITIS.—H. Eichhorst describes, in Virchow's *Archiv*, Band lxi, the case of a woman aged 66, who, after suffering some weeks from symptoms resembling those of quotidian fever, was suddenly seized with severe pain and paralysis of the left superficial peroneal nerve. The limb sweated, and felt warm, and the skin was red. Very soon, there was cutaneous anaesthesia; and in less than twenty-four hours the nerves and muscles ceased to respond to the induction-current. After a week had been passed without fever, the same symptoms appeared in almost all the nerves of the limbs in the following order. The deep peroneal nerve of the left side was attacked, then the left peroneal, and the crural and sciatic nerves along their whole course; the left forearm (the radial region first) then became affected, then the left arm, and finally the right upper limb. The paralysed limbs became oedematous, and hæmorrhages of the size of pins' heads appeared on the inner side of the forearm. After the disorder had continued two weeks, albuminuria set in; twenty-four hours before death, the patient became amaurotic (though nothing could be discovered by the ophthalmoscope) and unconscious; respiration became difficult, and coma and death followed. Beyond intense redness and hyperemia of the optic commissure and nerves, nothing abnormal could be found in the brain or spinal cord, although a most careful microscopic examination of the anterior grey columns of the cord was made. The peripheral nerves could be seen with the naked eye to be the seat of diffuse and deep colouring with blood. On transverse section, the connective tissue within the nerve-trunks was found to be coloured; and the white colour of the nerve-medulla was replaced by a dirty red. Numerous white lymphoid elements were collected around the vessels. The greater number of the nerve-tubes were unaffected. The freedom of the central medullary substance approximates this case to Landry's form of so-called acute (ascending) paralysis. The rapid and total loss of irritability in the affected regions, the fever, the pain, the consecutive anaesthesia, and above all the characteristic *post mortem* appearances in the affected nerves, give the case a quite exceptional position, and justify the name, neuritis acuta progressiva, given by the author.—*Centralblatt für die Medicin. Wissensch.*, June 23rd.

PATHOLOGY.

LYMPHANGIOMA.—The hitherto scanty history of lymphangioma has been increased by the publication, in the *Archiv für Klinische Chirurgie*, vol. xx, by G. Wegner, of seven cases in which very careful microscopic examinations were made. He also examines the five cases of macroglossia described by H. Maas in the same journal, and concludes that in most cases this affection is a lymphangioma. He divides lymphangioma into simple, cavernous, and cystic. 1. By the term simple lymphangioma he understands a tumour, composed of lymph-spaces and lymphatic vessels, both capillary and of large calibre, generally forming an anastomosing network. The spaces are either filled with fluid contents which escape if the part be not handled carefully, or there are true lymph-thrombi. The latter are subject to a peculiar kind of secondary degeneration, in which the whole thrombus is broken down into a thick, fluid, colourless, waxy-looking substance, reminding one of the gelatinous change of the thyroid gland. Simple lymphangioma is a dilatation with hyperplasia of already existing lymphatics. Most cases of macroglossia and macrochilia belong to this class. 2. Cavernous lymphangioma consists of a trabecular work of connective tissue, having large spaces generally visible to the naked eye, communicating freely, and containing lymph. The lymphangioma of this class observed by Wegner were situated in the nipple, in the supra-clavicular region, in the forehead, and in the infrascapular region. 3. Cystoid lymphangioma is formed of a convolution of lymphatic vessels dilated into sacs and cysts; the communication of the cysts with the vessels being either entirely shut off or rendered very narrow. These three forms are not sharply defined, but there all possible transitions. Lymphangioma may be either congenital (macroglossia, hygroma colli, etc.) or hereditary; and the latter may not be developed until late in life. Their etiology is unknown. They occur almost exclusively in

the subcutaneous adipose tissue and in the fatty connective tissue around the large vessels, also in the submucous tissue; they grow either diffusely or as sharply defined tumours. The diagnosis is often first arrived at by exploratory puncture. Extirpation is indicated in most cases, and is usually successful, even when partial.—*Centralblatt für die Med. Wissenschaften*, July 21st.

REPORTS AND ANALYSES

AND

DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

OZONIC OINTMENT AND OZONIC TOILET-VINEGAR.

THOSE enterprising manufacturing chemists, Messrs. Ferris and Co., of Bristol, have forwarded us samples of ozonic ointment and ozonic toilet-vinegar. The first-named preparation was originally introduced to the notice of the profession by Dr. Day of Geelong, who advises the use of it in scarlet fever, recommending that the whole surface of the body should be well rubbed with it three times a day, continuing this treatment for three weeks. Dr. Day claims for it many advantages in the treatment of this fever, and also in arresting its spread. We have found it useful in making *post mortem* examinations; for, when carefully rubbed on to the hands and under the nails, it powerfully aids in neutralising the offensive odour which clings to one when engaged in such duties. It will also be found most useful in the lying-in room, and we would particularly recommend this preparation to the attention of accoucheurs. As regards the ozonic toilet-vinegar, we have found it to be a most powerful and agreeable disinfectant. It can be used in washing the hands after *post mortem* examinations; and it will also be a great addition in every bedroom, and notably in sick-rooms, as it rapidly deodorises and disinfects vessels, etc., that have been used by the sick. Cloths dipped in this vinegar and hung up in the sick-room would render the atmosphere pure, and therefore more bracing. Messrs. Ferris and Co. prepare the ointment at 4s. the single pound, or seven-pound parcels at 3s. 6d. per pound. The toilet-vinegar is sold in 1s., 2s. 6d., and 4s. 6d. bottles.

LACTOPEPTINE.

MESSRS. CARRICK, KIDDER, AND CO., pharmacists, of Great Russell Street Buildings, Great Russell Street, have forwarded us a preparation which has been introduced by them to the notice of the profession and the public under the above heading. The formula for it is sugar of milk, 4 ounces; pepsin, 8 ounces; pancreatine, 6 ounces; ptyalin or diastase, 4 drachms; lactic acid, 5 fluid drachms; hydrochloric acid, 5 fluid drachms. It is sold in the form of powders, in ounce bottles containing forty-eight two-grain doses, and can be readily taken after meals, in doses from ten to fifteen grains, either in wine or water. Being presented in a saccharated form, it is agreeable to the taste, and can therefore be administered to young children.

We have submitted this preparation to trial, and can confidently recommend it as a valuable medicinal agent in cases of imperfect or weakened digestion.

SUNDERLAND.—There were 4,409 births and 2,262 deaths registered in 1876, showing a birth-rate of 40.6 and a death-rate of 20.8 per 1,000 inhabitants, which was lower than usual. There were 662 deaths of infants under one year, which are equal to 15 deaths in each 100 births. The mortality under five years was high, having been 48.7 per cent. of the whole. The borough suffered severely from scarlet fever, 133 deaths occurring from this cause, 34 from typhoid fever, 42 from measles, and 141 from diarrhoea, making, with the deaths from typhus, diphtheria, and whooping-cough, 431 deaths, or 3.9 per 1,000 population. The greater part of the deaths from scarlatina occurred in the Monkwearmouth (colliery) district. A map is appended, showing the localities in which these diseases chiefly occurred, which is useful, especially if it be published annually. The system of scavenging has been improved during the year by collecting the house-refuse of an evening, because many of the houses have no back yards. Large quantities of meat unfit for food were seized; the slaughter-houses carefully looked after; the lodging-houses frequently inspected; and the sanitary work appears to have been well carried out. Dr. Yeld also thanks the medical profession for giving him early information of infectious diseases.

BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1877.

SUBSCRIPTIONS to the Association for 1877 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 36, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, SEPTEMBER 15TH, 1877.

THE RIVERS POLLUTION ACT.

THE year of grace which Parliament allowed before the provisions of the Rivers Pollution Act which refer to sewage matters could be put in force having now expired, and the Act being capable of enforcement in all its stringency, the Local Government Board have issued a circular on the subject for the purpose of bringing the Act formally under the notice of sanitary authorities, and of informing them what their powers and responsibilities under it are. This circular epitomises so well the principal provisions of the Act, that we may extract from it with advantage such information with regard to the scope and working of the new machinery for preventing the pollution of rivers as may be of general interest to our readers.

The Act contemplates four distinct categories of pollution. The first is the deposit in a river of any solid refuse or rubbish, whether it be in a putrid condition or not. This portion of the Act, which has been in operation for the last twelve months, is primarily directed against the obstructions to the flow of rivers which are frequently produced, especially in manufacturing districts, by throwing cinders and other solid manufacturing refuse into them. It deserves notice, however, as an illustration of the looseness with which the Act is drawn, that the solid matter must be the "refuse of any manufactory, manufacturing process, or quarry, or any other rubbish or cinders, or any other waste". The words which we have italicised seem to indicate that, if material were thrown into a river which could not be proved to be technically *waste*, for instance, earth, it would not come within the scope of this portion of the Act. Moreover, whatever be the quantity of solid matter deposited, no offence against the Act would be committed, unless it were shown by the prosecution that an obstruction to the flow of the stream had been caused thereby. The second and most important category of offences created by the Act consists in the introduction of solid or liquid sewage-matter into a stream. As the Act gives no definition of the term sewage, it must be left to the decision of the courts of law to determine what is to be understood by it. Practically, we apprehend that it may be taken to include all forms of *domestic waste*, as distinguished from the refuse of manufacturing operations, with which latter matters the other provisions of the Act deal. A very important question here arises, as to whether the refuse of animals is to be held to be sewage under all circumstances. For, if so, the Act will have a very important bearing on agricultural operations, especially as it is not necessary, in order to create an offence against it, that the sewage-matter should flow or fall directly into a stream. It is sufficient to constitute the illegality if it be ultimately "carried" there. The third series of provisions deals with "poisonous, noxious, or polluting liquid from any factory or manufacturing process"; and the fourth and last with the refuse of mining operations.

Although the Act will have a large bearing on the acts of the public individually, especially in rural districts, where streams are generally used by the occupiers of houses as carriers for refuse of all kinds, it is upon sanitary authorities themselves that its weight will chiefly fall,

Docker, a surgeon of the British Medical Service, who reintroduced the treatment of dysentery by large doses of ipecacuanha, in 1858, these lamentable sights are no longer met with. Judging from the results we now see daily, how such a valuable drug ever fell into disuse seems a marvel; for I have no doubt that many of my readers will remember that formerly ipecacuanha used to be called the *radix antidysenterica*. But when large numbers of British troops first came to the East, and were attacked by dysentery, calomel and bleeding still held sway; and what results attended this treatment, a perusal of the medical records of the time will show. If we have a specific for any disease, apparently we have one for acute dysentery in ipecacuanha. Many medical officers can testify that for years they have treated that disease with large doses of this drug *alone*, without any of the numerous cases that have passed through their hands terminating fatally or becoming chronic. Certainly, Mr. Docker has been the means of saving thousands of lives of British soldiers in India.

The hospitals are generally pretty empty during the cold season in Upper India. The time for malarious fevers has passed, and there is a special immunity from the complaints that crowd the English Hospital, viz., diseases of the thorax. It has been said that the diaphragm divides the organs that are usually affected in the Temperate and the Torrid Zones. Here, diseases of the abdominal organs are mostly met with. There are, of course, cases of venereal disease; but the syphilis is not of a severe type. (There are lock hospitals, where all prostitutes are registered, examined weekly, and treated when necessary, at every station.) Stomach and liver derangements, mostly the effects of drink, make up most of the cases under treatment. There is ordinarily very little surgery, a trivial operation creating quite a sensation. Indeed, except during the autumn months, after the rains, or during an epidemic, the actual professional work, prescribing for patients, takes up comparatively little of the medical officer's time. The office-work, writing out cases, sending in returns and reports, and correspondence, occupies most of it. But even that is not hard: a couple of hours in the morning and a short evening visit generally complete the day's duties, except a daily look at prisoners in the cells and a weekly health-inspection of men and barracks. In each hospital, there is a hospital sergeant, who makes out the daily sick report, which goes to the commanding officer; the weekly medical and sanitary returns (in triplicate), which go to the principal medical officer of the district and the Surgeon-General at the army head-quarters. Monthly and annual reports have also to be prepared; so that there is a good deal of writing to do. A hospital writer is also allowed, a soldier, to assist generally.

But the medical officer's right-hand man is the apothecary; and, as this class of warrant-officer belongs specially to India, a detailed description of his duties may prove interesting. The "Subordinate Medical Department" consists of apothecaries, assistant-apothecaries, and hospital apprentices. Europeans or Eurasians, between the ages of fourteen and eighteen, can enter it. A boy commences as hospital apprentice, and is attached to a hospital of a British regiment for two years. At the end of that time, he has to pass an examination in the elements of anatomy, medicine, and surgery, and, more particularly, the preparation and doses of medicines. If successful, he then goes to the Medical College in Calcutta for three years; and after that term, if pronounced fit, he is promoted to be assistant-apothecary. There are two classes in this grade; after five years' service in it, he can pass by examination from the second to the first. Then, after another five years, he can be promoted second-class apothecary; and after five years more and a final examination, he can become first-class apothecary. He can serve altogether forty years. The pay is good, and the pension comfortable. Many of them make a good deal by practice among natives. In every hospital of a British cavalry or infantry regiment, there are one apothecary, one assistant-apothecary, and two or more hospital apprentices. A battery of artillery has one assistant-apothecary. These warrant-officers are responsible to the medical officer in charge for the safe custody of all the medicines and instruments. All dangerous drugs are marked with a yellow label, with the word "Poison" on it, and these are always kept locked up in a cabinet by themselves. The apothecary pays attention to this. He takes down the medical officer's prescriptions and orders, when going rounds. He either makes up the medicines with his own hand, or superintends the native compounder when preparing them. He keeps the surgical instruments in good order, and sees that they are fit for immediate use. The medical officer himself inspects them frequently. The apothecary is responsible that the patients get their medicines at the stated times; he looks after all the details, and, in the absence of the medical officers, is the working head. He prepares the daily list of diets and extras required by the patients, and gives it to the purveyor, a native under the commissariat officer. He gets ready the monthly diet-sheets, showing the expenditure of every single item, supported by vouchers,

which have to be passed by the pay-examiners. The medical officer naturally sees that they are correct, as any loss would have to be borne by himself. He prepares the half-yearly requisition for the supply of medicines and instruments from the medical depôts. Native drugs are supplied monthly from the *bazars*, for which requisitions have also to be prepared. Thus the amount of work and responsibility also devolving on the apothecaries are very considerable; and it makes a great deal of difference to a medical officer if his apothecary be a good one or not. Some of them, it must be confessed, are not as careful and diligent as they might be; but, as a rule, they are hardworking and painstaking, very kind and attentive to the men when in hospital, and, on the whole, are a valuable class of public servants.

In the hospital of a British infantry regiment, averaging, when not divided by detachments being at different stations, between 700 and 800 men, there is a large staff of native servants: over fifty. There are two compounders, five cooks, six *bheesties* or water-carriers, and seven sweepers. These attend to the latrines, which are on the dry-earth system, and keep the wards and ground surrounding the building clean. There are two dressers and twenty *coolies* or personal attendants for the patients. Besides these, the native purveyor has half a dozen subordinates. He takes charge of all the wine and "medical comforts" that are issued as extras; also all the bedding and clothing for the sick; the latter is changed twice a week at least. With all these in and about the hospital, collected together on the last day of the month, when the muster is taken by the medical officer, they form a good body of men; and their pay is no slight item of expense to the Government.

ASSOCIATION INTELLIGENCE.

SHROPSHIRE AND MID-WALES BRANCH.

THE annual meeting of the above Branch will be held at the Lion Hotel, Shrewsbury, on Wednesday, September 19th, at 1.30 P.M.: J. RIDER, Esq., President, in the Chair.

The dinner will take place at the Lion Hotel, at 4.30. Tickets, 7s. 6d. each, exclusive of wine.

The Secretary will feel obliged if those members who intend to read papers, or bring forward subjects for discussion, will kindly inform him as soon as convenient.

HENRY NELSON EDWARDS, *Honorary Secretary*.
Shrewsbury, September 3rd, 1877.

NORTH OF ENGLAND BRANCH.

THE autumnal meeting will be held at the Council Chamber, Town Hall, Stockton-on-Tees, on Tuesday, September 25th, at 3 o'clock P.M.: S. W. BROADBENT, Esq., President.

The following papers and communications have been promised.

1. Mr. Broadbent: Short Report of Case of Sudden Death from Embolism of Superior Vena Cava; with Specimen.

2. Mr. Laidler: Short account of a Case of Extraction of a Foreign Body (pen-case) from the Left Bronchus by a new invention.

3. Mr. Laidler will exhibit and explain the "Bronchial Plummet" which he has invented.

4. Dr. Murphy will exhibit and explain a "Retractor" for keeping open the Incision after Tracheotomy, while a tube is being introduced or a foreign body extracted.

5. Dr. Murphy: On Uterine Catarrh.

6. Dr. Philipson: Report of a Case of Ovarian Cancer.

Dinner at the Black Lion Hotel, Stockton, at 5 o'clock P.M. Charge, exclusive of wine, 6s. 6d.

Gentlemen who intend being present at the dinner are requested kindly to give notice to Dr. Foss, Stockton, on or before Friday, September 21st.

The Chairman of the Committee of the Stockton Hospital, and Dr. Foss, will be happy to see as many of the members as can attend, at the Stockton Hospital, at 12 o'clock, and will conduct them over the Hospital.

G. H. PHILIPSON, M.D., *Honorary Secretary*.
Newcastle-upon-Tyne, September 11th, 1877.

SOUTH EASTERN BRANCH: EAST SUSSEX DISTRICT MEETINGS.

THE next meeting of the above District will take place at the Castle Hotel, Hastings, on Friday, September 28th, at 3 P.M.: Dr. BAGSHAWE of St. Leonard's in the Chair.

Dinner at 5 o'clock.

Notice of intended communications is requested by Wednesday, the 19th instant, in order that they may be inserted in the usual circular.

THOMAS TROLLOPE, M.D., *Honorary Secretary*.

9, Maze Hill, St. Leonard's-on-Sea, September 11th, 1877.

YORKSHIRE AND EAST YORK AND NORTH LINCOLN BRANCHES.

A CONJOINT meeting of these Branches will be held in the Infirmary, Hull, on Wednesday, October 3rd, 1877, at 1.30 P.M. Members intending to read papers are requested to forward the titles to either of the Secretaries before the 22nd instant.

After the meeting, the members will dine together at 5.30 P.M., at the Station Hotel. Tickets (exclusive of wine), 7s. 6d. each.

W. PROCTER, M.D., York, } *Hon. Secretaries*.
E. P. HARVEY, Hull, }

September 7th, 1877.

STAFFORDSHIRE BRANCH: ORDINARY MEETING.

THE third ordinary meeting of this session was held at the Mines' Drainage Offices, Darlington Street, Wolverhampton, on May 24th, 1877. Present: Dr. MILLINGTON in the chair, and thirty-four members.

New Members.—Dr. C. A. McMunn of Wolverhampton and Dr. J. Cooke of Tettenhall were elected members of the Branch.

Habitual Drunkards Bill.—It was proposed by Dr. BODINGTON, seconded by Mr. SPANTON, and carried unanimously:—"That the members present be requested to sign a petition to be presented to the House of Commons in favour of Dr. Cameron's Bill."

Prosecution of Unqualified Practitioners.—Mr. SPANTON (in the absence of Mr. FOLKER) proposed, and Mr. WESTON seconded, the following resolution: "That the Council of the Branch be requested to represent to the Council of the Association the desirability of undertaking the work of prosecuting unqualified persons who represent themselves as members of the profession."—An amendment, moved by Mr. MANBY, seconded by Dr. ARLIDGE, and supported by Dr. Totherick, Mr. Kelty, Dr. Bodington, and Mr. Garner, was carried: "That, under present circumstances, it is advisable that the consideration of the question raised by the motion should be deferred until after the conclusion of the next session of Parliament."

Pathological Specimens, etc.—1. Mr. SPANTON exhibited a specimen of Cystic Sarcoma of the right breast, removed from a female.

2. Mr. FROST showed a leg which had been amputated for Osteoid Cancer.

3. Mr. GARNER made a few remarks upon a large Vesical Calculus removed *post mortem* from a woman.

4. Mr. J. H. HARTILL exhibited an Ovum about four weeks old in the membranes entire; also a specimen of Extra-uterine Foetation, removed from a woman who died suddenly from hæmorrhage into the peritoneal cavity.

5. Mr. VINCENT JACKSON showed a boy, aged 10, whose right Median Nerve above the wrist had been surgically reunited on account of its traumatic division, the result being a complete return of the sensibility and usefulness of the hand.

6. Dr. MILLINGTON showed a drawing of a case of Epithelial Cancer of the upper part of the larynx.

Paper.—Mr. E. F. WESTON read a paper upon Tracheotomy in Diphtheritic Croup, with two successful cases.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

MACCLESFIELD.—Measles and scarlet fever prevailed in this borough during 1876 to such an extent that the deaths from the former were nearly equal in number to the total from the seven chief zymotic diseases in 1875. There were 220 deaths from zymotic diseases, out of the 1,157 deaths from all causes. There were also 21 deaths of children under one year out of each 100 registered births, which is nearly 5 per cent. above the mean for London. The birth-rate was 35.2 and the death-rate 28.1 per 1,000 living. There is no hospital accommodation for the reception of cases of infectious diseases, although Dr. Buchanan has reported as to its necessity.

HACKNEY DISTRICT.—The annual chronicle of the sanitary history of a metropolitan borough does not present much opportunity for sensational writing or for originality of treatment on the part of its author. It will, however, be evident to any one who will take the trouble to read the report which Dr. Tripe has forwarded to us, that he has very fully and carefully narrated the doings of his department during the past year; and that, as might be expected from the attention which he has always given to statistics, his pages bristle with numbers, and are replete with the information which is to be deduced from them. The chief sanitary event of the year in the district seems to have been the outbreak of small-pox with which Hackney, in common with other parts of the metropolis, was visited. The epidemic, which commenced in July, increased steadily in severity until the close of the year, since which it has been gradually declining. From a table which Dr. Tripe gives, it appears that, whilst it was much more severe at the outset than was the corresponding outbreak of 1871-2, it was more quickly reduced in its proportions. In point of time, the outbreak was delayed beyond the period at which it might have been expected; viz., in 1875. This Dr. Tripe attributes to the large reduction in the proportion of susceptible persons amongst the population which was produced by the severity of the epidemic of 1871-2. The greater rapidity with which the violence of the recent epidemic was reduced may, we have no doubt, be attributed to the greater efficiency with which it was practicable to carry out preventive measures in 1876-7 than in 1871-2. The work of disinfection especially seems to have been carried on with great energy, nearly 5,350 articles having been passed through that ordeal in the course of the year. The total cost to the district of this branch of sanitary work was only £87 : 19 : 6—a sum which is incommensurate with the great advantages which were reaped from it. We do not know whether the borough of Hackney is at all a *champ de bataille* for the anti-vaccinationist faction, or whether the instructive remarks and evidence which Dr. Tripe has thought well to introduce into his report on the subject of vaccination are merely intended for the benefit of the inhabitants generally: in either case, they are in good place, since, in the face of the stupid and mischievous agitation which is so industriously fomented on this subject, it is well to lose no opportunity of indoctrinating the public with the real facts of the case. In connection with the progress of population in the district, Dr. Tripe states that there has been an increase of the birth-rate over the death-rate; the ratio of the two having been as 180 to 100 in 1867, and as 193 to 100 in 1876. He adduces this fact in contradiction to the fallacy that a high birth-rate necessarily induces a high death-rate; and he adds, in further confirmation of his argument, the fact that the death-rate of Hackney for the year 1876, even including the deaths from small-pox, was as low as 18.5, being the smallest recorded since 1856. As there appear to be persons—judging from a recent correspondence—who still believe in the necessity of the coincidence to which Dr. Tripe adverts, we commend his illustration to their attention, though we must confess that we have not much expectation that it will lead to their conversion, inasmuch as a man who cannot see that such a connection, when it does exist, as it unquestionably sometimes does, is due, not to a necessary connection, but to the action of special disturbing causes, is not likely to be convinced, even though all Hackney were to rise in argument against him to the contrary. Dr. Tripe insists with some energy upon the impropriety of applying the term "preventable" to what are commonly termed zymotic diseases, on the ground that to do so leads the public to believe that "medical officers of health or others have the power of preventing all deaths from such causes". We must confess that this objection appears to us somewhat hypercritical; nor can we see any reason why the public should not be allowed to entertain the idea that all such deaths are essentially preventable, provided only that medical officers of health and others were invested with the powers that are necessary to prevent them. One thing is very certain: that, if we once lead the public to believe that zymotic diseases are not generally preventable, we shall in a very large degree remove the *raison d'être* not only of medical officers of health, but of the whole system of legislation of which they form a part. The work of nuisance-inspectors appears to be carried on in Hackney with great efficiency, no less than 6,103 houses having been inspected during the course of the year. In addition to this number, 517 houses were inspected against which specific complaints had been lodged. But it is important to note, as illustrating the importance of a systematic house-to-house investigation, that no less than seven times as many nuisances were discovered during the systematic investigation as were the subject of particular complaint. This plan of house-to-house inspection has been regularly carried out in Hackney since 1866; and we think that Dr. Tripe is quite justified in asserting, as he does, in regard to it, that it has doubtless assisted most materially in keeping the death-rate of the district so

low in comparison with that of other metropolitan districts and parishes. The effect of this systematic inspection is especially shown in the diminution of overcrowding which it brings about, this form of nuisance being particularly fostered by the sense of impunity with which it can be perpetrated in localities where regular inspection is unknown. We think, therefore, that the borough of Hackney is to be congratulated on the evidence of activity in every branch of its sanitary department which Dr. Tripe's report offers; and the tabulated statement of deaths with which it concludes gives valuable information to the local authority as to those parts of their district in which the ravages of infectious disease indicate probable sanitary deficiencies against which all their watchful efforts will have to be directed.

CARLISLE.—The deaths from scarlet fever and typhus, as well as from all causes, were much smaller than in former years, as there were only 800 deaths in 1876, against 1,055 in 1874. In 1874, there were 275 deaths from scarlet fever and typhus, and only 8 in 1876; so that the annual death-rate was below 21.

GOOLE.—This urban district contains a population of about 9,000, averaging about five persons to a house. Dr. Parsons says that the houses for the working classes have been built in the flimsiest way, and are being rapidly pushed forwards, to avoid the new by-laws which have been sent to the Local Government Board. The drainage, especially in the older parts of the town, is said to be bad, the drains being of brick and flat-bottomed. The water-supply is derived from wells, and was found to be polluted in about one-third of those examined. There were 390 births in 1876, and 203 deaths, giving a death-rate of 22.5 per 1,000, or 21.3 when corrected for extraneous deaths, against 25.6 in 1875. The deaths from zymotic diseases occurred in the proportion of 4.6 per 1,000 population, and there were 19 deaths of infants out of each 100 born.

GREAT YARMOUTH.—There were 1,490 births and 920 deaths registered in 1876, giving a birth-rate of 32.53 and a death-rate of 20.08 per 1,000 living, which is nearly 1.0 below the average death-rate of "fifty cities and towns in England and Wales". There were 155 deaths from zymotic causes, of which 98 were due to diarrhoea (chiefly amongst children), 22 to scarlet fever, 16 to fever, 12 to whooping-cough, 6 to measles, and 1 to cholera. The health of the town is very satisfactory at the present time. Much sanitary improvement has recently taken place; viz., the erection of an infectious diseases hospital and a Ransom's disinfecting apparatus; the formation of a new cemetery; the ventilation of the public sewers; the farming out, to a responsible person, of the "scavenging" and "night-soil removal"; the enforced closure of a large number of polluted wells; a more rigid observance of the sanitary laws relating to cleanliness about privies, yards, and outhouses; repeated inspection of cowhouses, dairies, etc.; and a strict supervision of milk and other articles of food. The following sanitary matters are now engaging the attention of the sanitary authority: flushing the sewers; removal of the slaughter-houses and the erection of a public *abattoir* in lieu thereof; registration of the lodging-houses; and the construction of one or more new streets through thickly populated localities.

MILITARY AND NAVAL MEDICAL SERVICES.

STAFF-SURGEON JAMES CROWDER EASTCOTT (1865) has been promoted to the rank of Fleet-Surgeon in Her Majesty's Fleet, with seniority of the 30th of August.

DEPUTY INSPECTOR-GENERAL OF HOSPITALS AND FLEETS CHAS. T. S. KEVERN has been awarded the Greenwich Hospital pension of £50 a year, vacant by the death, on the 14th ultimo, of Deputy Inspector-General of Hospitals and Fleets John Andrews.

EXEMPTION from payment of income-tax on lodging-money issued at home stations, has been extended by the Commissioners of Inland Revenue to army medical officers not doing duty with regiments, chaplains to the forces, and departmental officers and subordinates of the Royal Engineer Department. This privilege, however, will not be allowed in the cases of officers appointed to a station for a fixed term of years. The new arrangements will take effect from 1st of April 1877, and paymasters have been authorised to refund to the officers concerned the income duty on lodging-money paid by them since that date.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, September 6th. 1877.

Bateley, Robert Godfrey, Balaam Street, Plaistow, E.
Bottrell, James Francis Henry, 42, Bloomsbury Square
Buckle, John, The Oaks, Catton, Norwich
Hooker, Joseph Stenson, 46, Watling Street, E.C.
Leah, William, Birchfield, Birmingham
Salter, John Reynolds, Taunton
Trevan, Frederick Adolphus, Port Isaac, Cornwall

The following gentlemen also on the same day passed their primary professional examination.

Griffiths, Ernest Edward, Middlesex Hospital
Jeram, James William, St. Bartholomew's Hospital
Pearce, John Puckey, Middlesex Hospital
Ward, George Smith, King's College

MEDICAL VACANCIES.

The following vacancies are announced:—

AMERSHAM UNION—Medical Officer. Salary, £50 per annum, and fees. Applications on or before the 27th instant.
BEDFORD GENERAL INFIRMARY—Resident Surgeon. Salary, £100 per annum, with board and lodging. Applications on or before the 27th instant.
BRISTOL GENERAL HOSPITAL—Physician's Assistant. Salary, £50 per annum, with board, lodging, and washing. Applications to be made on or before the 21st instant.
CITY OF LONDON LYING-IN HOSPITAL, City Road—Consulting Surgeon. Applications on or before the 18th instant.
DENTAL HOSPITAL OF LONDON—Medical Tutor and Demonstrator of Dental Operations. Salary, £100 per annum to each of the offices. Applications to be made on or before the 15th instant.
KENT AND CANTERBURY HOSPITAL—House Surgeon and Dispenser. Salary, £50 per annum, with board, lodging, and washing. Applications on or before the 21st instant.
NORTH DEVON INFIRMARY, Barnstaple—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to be made on or before the 22nd instant.
ROYAL FREE HOSPITAL, Gray's Inn Road—Assistant Physician and Assistant Surgeon. Applications to be made on or before the 19th instant.
ST. MARY'S HOSPITAL MEDICAL SCHOOL—Pathologist and Medical Tutor. Salary, £100 per annum. Applications on or before the 24th instant.
ST. MATTHEW, Bethnal Green—Resident Medical Officer. Salary, £200 per annum, with board and residence. Applications on or before the 27th instant.
WESTERN GENERAL DISPENSARY—Hon. Physician and Hon. Surgeon. Applications on or before the 18th instant.
WESTMINSTER HOSPITAL—House-Surgeon and Resident Obstetric Assistant. Applications to be made on or before the 15th instant.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

MOORE, Charles Arthur, M.B., C.M., appointed House-Surgeon to the Royal United Hospital, Bath, vice Walter Brown, L.R.C.P., resigned.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcement.

BIRTHS.

ADAMS.—On September 5th, at Rippingale, Lincolnshire, the wife of George Norris Adams, M.B., of a son.
RENTON.—On September 7th, 1877, at Viewlands, Blackhill, Durham, the wife of *George Renton, M.D., of a son.
THOMSON.—On September 6th, at Kingswinford, Staffordshire, the wife of *John Thomson, of a daughter.
STEWART.—On September 10th, 1877, at Mount Hope, Sneyd Park, near Bristol, the wife of *James Stewart, B.A., L.R.C.P.Ed., of a daughter.

MARRIAGE.

FRANCIS-BRYAN.—On September 5th, at St. Peter's Church, Northampton, by the Rev. J. C. B. W. Warwick, Rector of Astley Abbots, Shropshire (brother-in-law of the bride), assisted by the Rev. E. N. Tom, Rector of the Parish, the Rev. David Francis, Vicar of Llandygwydd, Cardigan, South Wales, to Amy, third daughter of *J. M. Bryan, M.D., F.R.C.S., of Northampton.

DEATH.

TURNER, Robert, M.D., at Keith, Banffshire, aged 64, on September 9th.

BEQUESTS.—The late Mrs. Sarah Hinton of Bath has left £1000 to the Royal United Hospital in that city.

DR. C. HARRISON of Lincoln has been appointed a Certifying Surgeon under the Factory Act, in the room of the late Mr. E. F. Broadbent.

MR. GEORGE OWEN MEAD, Senior Surgical Scholar (1877) of St. Bartholomew's Hospital, has been appointed one of the Surgeons of the National Society for the Aid of the Sick and Wounded, and has left England for Constantinople and the seat of war in Bulgaria.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.
TUESDAY.....	Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.
WEDNESDAY..	St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—King's College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—St. Thomas's (Ophthalmic Department), 4 P.M.
FRIDAY	Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.
SATURDAY....	St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.

LETTERS, NOTES, AND ANSWERS
TO CORRESPONDENTS.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the printer, Mr. Thomas Richards, 37, Great Queen Street, W.C.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

COMMUNICATIONS respecting editorial matters, should be addressed to the Editor, 37, Great Queen Street, W.C.; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 36, Great Queen Street, W.C., London.

THE EDUCATIONAL NUMBER.

THE following corrections require to be made in the Educational number issued last week. At page 344, under St. Bartholomew's Hospital (Appointments), it should have been stated that the house-physicians and house-surgeons are appointed *without paying a fee*. At page 355, note *m*, for "Mr. Merryweather", read "Dr. Merryweather"; and in note *n*, for "Assistant-Surgeon, Mr. Snell", read "Ophthalmic Surgeon, Mr. Snell". At page 358, in the column headed "Aberdeen University", the Professorship of Physiology of Institutes of Medicine should have been marked "vacant"; and in the same column, opposite "Botany", for "Dr. Dickie", read "Mr. Trail". In the same page, in footnote *c*, for "Dr. Pirrie, Dr. D. Kerr, and Dr. A. Ogston", read "Dr. Pirrie, Dr. A. Ogston, and Dr. Will"; and for "Junior Surgeon, Dr. Will", read "Junior Surgeon, Dr. Garden".

SPHYGMOGRAM.

SIR,—Notwithstanding the objections which were made against it at its introduction, "telegram" has turned out to be a very useful, and is a not inelegant, word. Why should not "sphygmogram" replace the lengthy "sphygmographic tracing", which is even more unwieldy than the now obsolete and forgotten "telegraphic despatch"? I have personally found it a very convenient term.—I am, sir, your obedient servant.

Leeds, September 10th, 1877.

* If we remember rightly, the principal objection to the word "telegram" was, that it was not correctly formed, and that the proper word to use was "telegrapheme". Some controversy on the subject took place between etymologists; but custom has settled the question in favour of "telegram". As our correspondent says, the word is a convenient one; and we see no objection to the introduction of "sphygmogram".

SWIMMING.

GOETHE, in the very interesting notes to the *West-östlicher Divan*, speaking of the education of Kjekjaws, king of the Delemites, author of the *Book of Kabus*, relates the following anecdote. "His father, in order to develop his bodily capacity to the utmost, entrusted him to the care of a most excellent master, who brought his son back to him well acquainted with all knightly accomplishments: shooting, riding, shooting [with the bow] while riding, casting the spear, and, while carrying the bat, to hit the ball in the cleverest manner. After he had succeeded in all these, the king appeared to be satisfied in the highest degree, and accorded great praise to the teacher; but he added: 'I have one thing to speak of. For everything in which you have instructed my son, there is need of a foreign instrument: one cannot ride without a horse, one cannot shoot without a bow, and what is his arm without a spear, and what the game without the bat and the ball? There is one thing which you have not taught him, which only requires himself, which is most necessary, and in which no one can assist him.' The teacher stood abashed: the prince had not learnt to swim. This also, notwithstanding the opposition of the prince, was learnt, and was the means of saving his life when he was shipwrecked on the Euphrates, while on a pilgrimage to Mecca with a great number of pilgrims, when but few lives were saved."

NOTICE TO ADVERTISERS.—Advertisements for insertion in the BRITISH MEDICAL JOURNAL, should be forwarded direct to the Publishing Office, 36, Great Queen Street, W.C., addressed to Mr. FOWKE, not later than *Thursday*, Twelve o'clock.

ADVERTISERS are requested to take notice that the regulations of the Post Office do not allow letters to be addressed to initials and directed to a Post Office in the United Kingdom, but letters may be addressed to initials to the JOURNAL Office or any stated address other than a Post Office.

THE RECOGNITION OF HOMŒOPATHISTS.

SIR,—I had thought that the recently raised question as to whether or not we ought to meet homœopaths in consultation had been answered and done with, but the letter in the JOURNAL of the 18th of this month shows me that there is still an idea—in the minds of some persons at least—that homœopaths ought not, as it is put in the adroitly worded letter, to be refused the freest "professional intercourse" with us. It is a really important matter; and I venture to ask to be allowed to express my own difficulties, as I believe others take the same view. I believe in allowing the study and teaching of medicine, and its practice too, to be absolutely free; and I think that all members of the profession should be allowed to do what they honestly believe to be the best for their patients. But it is obvious that, whether the homœopathic theories are true or not, it would not only be waste of time, but it would be absolutely dangerous, for a homœopathic practitioner, and one who believes the system to be nonsense, to be meeting and prescribing at the bedside of a patient. Indeed, this is so obvious, that the claim for the enjoyment of "professional intercourse" has, unless I have entirely misunderstood Dr. Wyld and Dr. Richardson, been based on the assumption by them that the gentlemen who are known as homœopaths are really not believers in the homœopathic theories at all, and that, as a matter of fact, they do not practise homœopathy, except on rare occasions. It is for the homœopaths to rest under this imputation if they choose. I for one quite expected that it would be indignantly denied. I have known homœopathic practitioners personally, and I have always taken them to be honourable gentlemen, who were subject, as I thought, to a sort of craze, but I thought they believed in what they practised, and practised what they professed. I could understand a demand that the homœopathic "system" should be further investigated; I could understand a claim to recognition on the ground that if they are wrong, we at least may be wrong in some of our opinions; but I cannot understand that the claim to recognition should be based on the ground that, while calling themselves homœopaths, while declaring that they were followers of a particular system entirely different from anything practised by us—while, in short, reaping all the advantages that the profession of homœopathy may bring them, they are all the time doing exactly the same as we are in the treatment of everything but cholera and three or four other diseases. To base the claim to admission to professional intercourse on such grounds seems to me an insult to their honour and to our common sense. If I have understood Dr. Wyld and Dr. Richardson, it comes to this, that if the homœopaths now in practice were compelled to enter the Palace of Truth and to declare exactly what their inmost thoughts were, we should hear the reputed homœopathist address his unhappy patients somewhat after this fashion: "We," he would say, "as Dr. Wyld has already told you, have for many years led you to believe you were being treated on a wonderful system, different from anything taught or practised by any of the leaders of medical science, or by the others who make up the bulk of the medical profession in the world. We have had our special druggists, our pamphlets, our manuals, and our pharmacopœias; we have given you wonderful little globules; we have given you medicines, as you thought, different from anything you could get elsewhere, and we have written you prescriptions that any ordinary practitioner of medicine could not even understand. This, now, has come to an end. As certain indiscreet persons have told you, except in a very few cases, we really have been all along treating you just in the same way as if you had gone to Dr. X. or Mr. Y. in the next street. Do not be angry: we meant it all for the best. You have had all the pleasure of believing that you were supporting the one true faith of an oppressed minority struggling to uphold its system against overwhelming odds, and you have, after all, been none the worse. If you have cholera or anything in that line, we shall be happy to use the real homœopathic article on the true principles; but for the future you may as well understand that we treat you just like the others would do. We did not volunteer all this information before, because we did not see any use in so doing. We got on very well as we were, and you were happy; but it is all out now, and we may tell you that it is no use trying to find a real homœopathist. No one now believes in Hahnemann's theories, nor in the doctrine of *similia similibus curantur*, so you need not leave us, in the hope of finding any one who does."

I have not the slightest desire to put the case unfairly: I only wish that we should clearly understand the position held by the homœopaths. If it be true that they do not believe what they have professed and do not practise, as their patients and the public believe, after a method entirely different from ourselves, let them say so distinctly to their patients and to the public, and they will be welcomed by us all. We, as a profession, are not bound to any "system" whatever, but we are bound by the rules of common honesty and straightforwardness; and I for one protest, not against the recognition of men who have been believers in homœopathy but who have changed their opinions, but against the recognition of any men, whether homœopaths or anything else, on the confessed ground that they do not really practise according to the system they profess.—I am, yours respectfully,

August 25th, 1877.

SIR,—I have read with care Dr. Wyld's "Form of Resolution intended for signature by both parties", and am led to ask him by what process does he propose to divest himself and friends of the distinctive name (Homœopathy) under which he has founded his practice and present repute. 1. Is Dr. Wyld prepared to suppress the publication of the *Homœopathic Medical Directory*, or at least to withdraw, once and for all, his name and that of those who have signed his very ingeniously worded resolution, from the *Homœopathic Medical Directory*? 2. Will Dr. Wyld and his friends undertake to suppress the sale of homœopathic books, tracts, leaflets, and Journal, by homœopathic druggists, whose windows and counters are covered with such literature? 3. Will Dr. Wyld and his friends set their faces against a practice confined, so far as I know, entirely to homœopathic practitioners, of prescribing for unseen patients who send a detail of their symptoms derived solely from their own feelings and imaginations?

The Resolution holds that it is competent for any qualified medical man to adopt any theory or practice which he believes to be best for his patients. I would remind Dr. Wyld that his method of practice is not founded upon a theory but upon a dogma, and that the sect has always maintained that it was in possession of a

NOTICES of Births, Deaths, Marriages, and Appointments, intended for insertion in the BRITISH MEDICAL JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

WHOOPING-COUGH.

A MEMBER has at present a great many cases of this complaint under his care, and as he has tried most of the usual remedies with very little if any satisfaction, he would be obliged should some reader of this JOURNAL favour him with the treatment he may have found most successful. The cases are principally club and parish, necessarily change of air or any other costly or elaborate mode of treatment would be out of the question.

M.R.C.S. AND L.S.A.—A licentiate of the Society of Apothecaries has no legal right, as such, to call himself "surgeon"; but we know no means of preventing him from doing so, except the force of professional opinion.

THE LORD CHANCELLOR'S VISITOR IN LUNACY.

SIR,—Referring to Dr. Winn's letter on the above subject in the BRITISH MEDICAL JOURNAL of April 28th last, I beg to relate a circumstance which occurred in a provincial private asylum not many years ago, as a corroboration of his remarks on the subject. One Sunday afternoon about three o'clock, there was a ring at the bell, and the moment the door was opened a tall large man bounced into the hall, saying, "I want to see J. H.: show me her at once". However, the servant declined until he saw me; and as we had a Chancery patient by the name he mentioned, I said, "I presume you are a Chancery visitor", and took him at once to the patient, giving him a short description of her case on the way. We found the patient in bed, the nurse with her, under no restraint, the door open, the room on the same floor as the sitting-room, and everything clean and in good order. She was rather noisy and talkative; and when the visitor asked her if she had anything to complain of, told him to go away, as she did not want to see him. The nurse explained that the reason of her being in bed was, that she had taken aperient medicine the night previously: as it had acted rather freely, she felt languid after dinner, and asked the nurse to let her go to bed. The visitor asked me if she were entered in the book as secluded, which of course I answered in the negative, as I was not even aware that she was in bed. His only remark was, "You ought to have entered her into the book as secluded". He did not ask a single question as to her mental condition, or being visited by her friends. About a week after this visit, we received a notice from the relatives of this patient, expressing much regret that they had received an order from the Lord Chancellor for their relative's removal, as they were quite convinced that she had been well cared for. The poor patient herself declared she would not go unless carried out, and force was used to remove her. Now to this day I am not aware who this visitor was, whether medical or legal. He was quite a stranger, and neither sent in his card nor introduced himself. Former Chancery visitors always sent in their cards, and have always been courteous and just, if particular. In no previous instance in this asylum during my superintendence for a period of about six years had there been a visit on a Sunday from a Chancery visitor, and the proprietor had during a period of over twenty years only once had a Sunday visit, and then it was apologised for. In the above instance, the visitor neither sent in his card, introduced himself, nor asked to see either the proprietor or superintendent. I believe it was his first visit. If it were done as a surprise, he quite succeeded, as I certainly felt very much surprised, and something more, that any one in his position could act as he did; and he publicly boasted in a railway carriage of his clever Sunday visits to several asylums, which I am quite sure would have equally surprised the Lord Chancellor himself had it come to his knowledge.

I should not probably have taken the trouble to notice this affair had I not seen Dr. Winn's letter; and, on further consideration, I should like to ask whether I should not have been perfectly justified in refusing to allow this visitor to see the patient, or even to enter the house, unless he sent in his card. Another question arises: when a fresh visitor is appointed, should not the proprietors of asylums be in due courtesy apprised of it? else any stranger may be admitted if he call himself a visitor.—I am, sir, yours obediently,

August 1877.

RESIDENT PHYSICIAN AND SUPERINTENDENT.

PROFESSIONAL ADVERTISING.

A CORRESPONDENT at Southampton has sent us the following extract from a recent number of the *Hamphire Independent*.

"Another Case of *Hydrophobia* has occurred in the town within the last few days. It seems that on Monday, a youth aged 16, named Humby, living at New Buildings, Spa Road, was bitten on the buttock by a dog, and symptoms of hydrophobia presented themselves on Wednesday, the attack being, we are told, most violent in its character, and lasting four or five hours, during which the patient barked like a dog, bit at every one who came near, and it required three or four persons to hold him. It is stated that Mr. Pomeroy, surgeon, was then called in, and prescribed medicine, the first dose of which, owing to the spasms in the throat, was with difficulty administered; but after taking three doses, at an hour's interval between each, sleep was induced, and although at first of a fitful character, and disturbed by occasional paroxysms of snarling and biting, the lad remained quiet for several hours, awoke refreshed on Thursday morning, appeared pretty well, and was able to partake of slight nourishment. In the evening of the same day, about ten o'clock, another attack came on, but we are informed that some ten minutes after the medicine was again given he became tranquil. The patient has since gone on very favourably, and hopes are entertained of his complete recovery. The wound, it is stated, when seen after the first attack, was swollen and inflamed, as was also the scar of another dog-bite inflicted six years ago. Should the method of treatment in this case prove ultimately successful, we are informed that it is intended to be made known."

POISONED BREAD.

A CORRESPONDENT of a daily paper writes: "Two relatives of mine about to sail for the Cape were walking with their fellow-traveller—a favourite dog—in the Strand, when the latter picked up a piece of bread, ate it, and died in half-an-hour with all the symptoms of poisoning by strychnia. There will be no inquest in the case of poor 'Dot': but suppose it had been a child! Can we hang anybody? How came the poisoned bread there? I hear it is not unusual."

THE ASTLEY COOPER PRIZE.

SIR,—I see that the Astley Cooper prize has been awarded, not to Dr. Eulenberg, but to Drs. Eulenberg and Guttman. I venture to think that in thus awarding this valuable badge for distinctive personal merit, the Medical Staff of Guy's Hospital have failed to carry out in its integrity the especial statute of the late Sir Astley Cooper's munificent bequest, for the reason that if two gentlemen can edit the essay, why not four, or even twenty-four? I write quite disinterestedly, and I think it ought to be distinctly understood that, if Drs. Eulenberg and Guttman

constitute an amalgamated *Ego* because their brains are in unity "On the Anatomy, Physiology, and Pathology of the Sympathetic Nervous System", for the future, the essay even of six united editors cannot be rejected. I have now before me the conditions of the testator in reference to this matter, which seem rather hard upon the staff of Guy's, for they are altogether excluded as competitors; yet nothing can be more legally clear than that Sir Astley Cooper never intended that the prize essay should be the outcome of more brains than one: and the wording runs thus: "That the essays or treatises to be written for such prize shall contain original experiments and observations which shall not have been previously published, and that each essay or treatise shall (as far as the subject shall admit of) be illustrated by preparations and by drawings, which preparations and drawings shall be added to the Museum of Guy's Hospital, and shall, together with the work itself, and the sole and exclusive interest therein, and the copyright thereof, become henceforth the property of that Institution and shall be relinquished and transferred as such by the successful candidate."—Your obedient servant,

THOMAS STRETCH DOWSE.

NESCIO asks where and on what terms a medical practitioner can procure a couple of tubes of pure vaccine lymph from time to time.

NITRATE OF FURFURINE.

SIR,—The late Professor Fownes was, I believe, the discoverer of furfural; and its composition may be thus expressed: $C_5O_4H_2N_2O_6$. It is only slightly soluble in cold water, but in boiling water it is more soluble. When wheat-bran is acted upon by diluted sulphuric acid in a chamber through which a current of steam is passed, a volatile oily body is produced called furfural. Furfural, in contact with solution of ammonia, becomes converted into furfuramide. Furfuramide, acted upon by caustic potash, is slowly dissolved, and the solution, on cooling, deposits small, white, needle-like crystals; these crystals are furfural.

Furfural is a powerful organic base, and forms with acids beautifully crystallisable salts. It has been recommended in neuralgia; and the dose—two to five grains—might, considering the source, be trebled. Sir J. Y. Simpson was wont to try many things, but, because he did so, is there any reason to believe he was always satisfied? I think not. I opine it was so with furfural nitrate, as no experienced practitioner would dose a neuralgic patient for days and weeks with furfural, when the neuralgia may depend upon carious teeth or other affection of the jaws or nerves distributed to the affected parts. We all know what confidence patients placed in Sir J. Y. Simpson, and how simple were some of his prescriptions. Nitrate of furfural may act as a tonic, but there are a dozen other things in daily use more to be relied on, and it is only put among the list of "New Remedies" as a kind of bait. If practitioners would only look a little more deeply into the composition of many so-called panaceas, the good old and well-tried remedies of the *Pharmacopoeia* would not be so often neglected, to the detriment of the patient and chagrin of the practitioner. I hope I am not out of place in saying that the leaders of English practice, in many cases, order things the composition of which they are ignorant, and thus the system of proprietary medicine and newfangled introductions know no proper bounds. The acute practitioner can supply the remainder.—I am, etc.,

Northallerton, August 27th, 1877.

HENRY BROWN.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Birmingham Daily Post; The Durham Chronicle; The Harrogate Herald; The Sunderland Times; The Lincolnshire Chronicle; The Bromsgrove Weekly Messenger; The Manchester Courier; The Broad Arrow; The Cork Examiner; The Cork Daily Herald; The Rotherham and Masbro' Advertiser; The Liverpool Daily Courier; The York Herald; The North Wales Chronicle; The Sheffield Daily Telegraph; The Blyth Weekly News; The Glasgow Herald; The Nottingham Journal; The Eastbourne Standard; The Scarborough Daily Post; The Isle of Wight Observer; The Sussex Daily News; The Metropolitan; The Leeds Mercury; The Belfast News Letter; The Devonport Independent; The St. Pancras Gazette; etc.

* * We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

COMMUNICATIONS, LETTERS, etc., have been received from:—

Dr. Macleod, Glasgow; Dr. Paget, Cambridge; Dr. Edis, London; Dr. George Johnson, London; Dr. A. Wacht, Manchester; Dr. May, Cambridge; Dr. J. Milner Fothergill, London; Dr. T. Clifford Allbutt, Leeds; Dr. R. Farquharson, London; Mr. Arthur Jackson, Sheffield; Dr. Norman Moore, London; M.B.; Dr. Saundby, Birmingham; Mr. Simeon Snell, Sheffield; Mr. G. O. Mead, London; Nescio; Mr. Canley, Great Yarmouth; Dr. Bond, Gloucester; M.R.C.S.; Mr. T. E. Amyot, Diss; Mr. James Fowler, Wakefield; Dr. H. M. Jay, Chippenham; The Secretary of Apothecaries' Hall; Mr. A. E. W. Fox, Bath; The Registrar-General of England; Mr. Eastes, London; The Registrar-General of Ireland; Dr. J. M. Moore, Dublin; Mr. J. N. Radcliffe, London; Dr. A. S. Taylor, London; Physician; Mr. T. Churton, Leeds; Mr. Vincent Jackson, Wolverhampton; Dr. Joseph Rogers, London; Mr. Richard Wood, Bromsgrove; Messrs. Lee and Nightingale, Liverpool; Mr. R. M. Simon, Manchester; Dr. J. Bell, Edinburgh; Surgeon-Major Porter, Netley; Mr. S. Osborn, London; Our Paris Correspondent; Dr. G. H. Philipson, Newcastle-upon-Tyne; Dr. Thomas Trollope, St. Leonard's-on-Sea; Dr. G. N. Adams, Rippingale; Dr. George Renton, Blackhill; Our Edinburgh Correspondent; Dr. John Thomson, Kingswinford; Our Dublin Correspondent; Dr. Goodhart, London; Dr. Liveing, Cambridge; M.R.C.S. & L.S.A.; Dr. Bulkley, New York; Dr. Francis Warner, London; Mr. R. B. Smith, Hincley; Dr. David Foulis, Glasgow; Mr. S. M. Bradley, Manchester; Dr. J. W. Gillespie, London; Mr. T. Marshall, London; Mr. Talfourd Ely, London; Dr. R. S. Turner, Keith; Mr. Arthur W. Bateman, London; Dr. Procter, York; Mr. E. P. Hardey, Hull; Dr. Mackey, Birmingham; Dr. Heinemann, London; Mr. W. Peck, Ipswich; etc.

BOOKS, ETC., RECEIVED.

A System of Volumetric Analysis. By Dr. Emil Fleischer. London: Macmillan and Co. 1877.

The Morphology of the Skull. By W. K. Parker, F.R.S., and G. T. Bettany, M.A., B.Sc. London: Macmillan and Co. 1877.