

pointed. The new museum had been recently built; and he, taking great interest in the work, arranged all the specimens and catalogued them. At his death, which took place a little over two years ago, I was fortunate enough in being appointed his successor, and have endeavoured to keep it up to the best of my ability in the same excellent condition.

I have gone over the whole of it within the last two months, and found the various preparations and specimens I am about to mention in most perfect preservation.

The museum, though not very large, is in many respects interesting and valuable. It is of a somewhat miscellaneous character, and contains preparations, of which some are sixty years old, though the greater number have been accumulated in the last forty years.

It comprises five principal divisions.

1. *Human Anatomy* (normal), including skeletons, skulls, and detached bones; also illustrations of the anatomy of the principal viscera; sections of the brain in spirits, and wax; models to illustrate the development of the brain and heart. There are a few mercurial injections, especially of the testis, in one of which the tubuli are completely filled. There is also a series illustrating Foetal Development at various stages.

2. *Pathological Anatomy*.—This forms the largest part of the collection, and includes many valuable and rare specimens. A series of about eight illustrate the pathological anatomy of artificial anus in different stages. The diseases of bones are well illustrated; in particular, by sections of long bones, one of a very massive character from a very aged person, who had in early life been the subject of rickets. Several preparations illustrate the course of reparation after fractures, from a few days to some weeks. Two injected preparations show the collateral circulation after (1) ligation of the external iliac, (2) ligation of the femoral artery; with these may be associated the injected head of a sheep, dating more than sixty years ago; in which are displayed the curious and not easily explained facts of the production of new arteries in the course of the ligatured carotids, as figured by Dr. C. H. Parry in his classic work on the *Arterial Pulse* (1816). There are many injections illustrating the varieties of arteries, especially those arising from the arch of the aorta. There are also two specimens of ligation of the arteria innominata; in one case by the late Mr. Norman in 1825, in the other by Mr. Gore (*vide Lancet*, July 27th, 1878). It is scarcely needful to particularise specimens under the heads of heart, lungs, alimentary canal, urinary and genital organs. There are several good specimens of malformed heart, including two of transposition of the cavities. There is also a very large number of urinary calculi, in many instances cut across; and especially a very large one, successfully removed by Mr. Fowler this year, by means of the suprapubic operation. Especial notice may be given to the microcephalic brain (ten ounces) and skull of a female idiot aged 41, described by Mr. Gore in the *Transactions of the Anthropological Society*.

3. *Comparative Anatomy*.—This is rather a large (for a local) collection. It includes skeletons of most of the natural orders of vertebrata, especially a "hyperoodon bidens", and a "balæna rostrata". Many of the organs of vertebral and invertebral animals are here displayed, especially brains, organs of sense, digestive and genital organs.

4. *Ethnological Science*.—There is a fair collection of skulls of various races, and also of casts, to the number of one hundred and fifty. Among the skulls is one of an ancient Greek, originally belonging to Dr. Spurzheim; also skulls of an Andamanese, many ancient Peruvians, Hindoos, Negroes, and Mulattos. There is also a curiously malformed skull almost globular, in which the atlas and axis are ankylosed to the occipital condyles.

5. *Natural History*.—There is a miscellaneous collection of objects under this head. Among them are a young emeu; and also a large and very fine specimen, two feet long, of the octopus vulgaris, with its arms and beak well displayed.

DOUBLE UTERUS AND VAGINA: PREGNANCY IN BOTH DIVISIONS OF THE UTERUS.—N. Sotschawa records the following case in the *Moskowskaja Med. Gazeta*, No. 25, 1878. A woman aged 25, married five years, had had one abortion and one child at full term. When seen by the author, she was three months pregnant, and had hæmorrhage and pain. The first examination detected an enlarged uterus inclined to the left, and an abortion in progress; to the right and behind lay a swelling as large as an orange, which was at first supposed to be an exudation. It was afterwards found that the vagina was divided by a septum beginning about four-tenths of an inch above the orifice; the right vagina was narrow; the right uterus was larger than the left. From the left uterus an embryo of one month was removed; and, three days later, one of three months from the right uterus. The patient did well.

SELECTIONS FROM JOURNALS.

MEDICINE.

ACUTE MALIGNANT ENDOCARDITIS AND THE CONCOMITANT RETINAL CHANGES.—Dr. M. Litten describes in the *Charité-Annalen* for 1878 six cases of endocarditis with bacterial embolism occurring in pregnant or lying-in women, and a seventh case in a lad aged 17, in whom a diphtheritic affection of the colon was probably the starting point of the disease. In three cases, the endocarditis was purely exudative, without any ulceration or destruction of tissue; and no bacteria could be found in the deposits in the valves. As, however, bacterial infarcts were present in other organs, and the malignant course of the disease differed in no respect from that of cases of ulcerative endocarditis, it appears that endocarditis is not absolutely necessary as a connecting link between the primary disease and the occurrence of bacterial infarcts. This view is supported by cases of puerperal septicæmic infection with abscesses containing bacteria in the kidneys, intestines, and muscular tissue of the heart, retinal hæmorrhages, etc., in which the cardiac valves were found entirely free. It therefore seems justifiable to regard endocarditis as only a partial phenomenon of septic (puerperal, etc.) processes, the occurrence of which depends on various circumstances, such as anomalies of the vascular system, and especially of the valves. Retinal hæmorrhages also occur in septic fevers without endocarditis, partly as solitary changes in the eye, partly as the sequel of severe purulent ophthalmia; in the latter case they arise from embolism and the presence of parasitic material, while in the other case, Dr. Litten considers that they are not of embolic origin. Dr. Litten is disposed to attribute a diagnostic importance to retinal hæmorrhages in the recognition of septic processes (as distinguished from typhus); and he regards their presence as a very unfavourable element in prognosis.

CONTAGIOUS PNEUMONIA.—Dr. A. Kühn has observed on several occasions the endemic occurrence of an asthenic form of pneumonia; it once occurred during overcrowding of the prison at Moringen in Hanover, and also after residence in new and damp apartments. As all the other conditions of the prisoners—soil, drainage, ventilation, drinking-water, clothing, and food—were favourable, the outbreak of the pneumonia could only be ascribed to deterioration of the air in the rooms. The malady was characterised by marked symptoms of infective disease, with much loss of strength, great enlargement of the spleen, albuminuria, and diarrhoea in two-thirds of the cases. The disease did not set in, like genuine croupous pneumonia, suddenly and with a single rigor; it was ushered in by premonitory symptoms lasting from four to eight days, generally without previous rigor, was attended with fever, and ran a very severe course. The engorgement of the lung was usually observed for the first time on the third or fourth day of the fever; it was often situated in the upper lobes, and showed much disposition to change its position. There was also very often inflammation of the serous membranes; in one-fourth of all the cases, pericarditis was present; severe pleuritis was constantly met with; and in five cases out of forty-five there was well-marked meningitis. The disease was also frequently accompanied from the first by angina and stomatitis, often going on to sloughing. The temperature rose to 107 deg. Fahr., and usually first showed distinct remissions from the fifth to the seventh day. On *post mortem* examination, the muscular tissue of the heart was found either of a dark brown-red colour and fragile, or in a state of fatty degeneration; the spleen was enlarged even to three times its normal size; and the albuminuria arose from parenchymatous nephritis. Not unfrequently, also, there was swelling of the intestinal follicles. The disease was communicable. The attendants were infected, and the disease was indirectly communicated (through intermediate persons) to others who did not come into contact with the institution. Dr. Kühn observed in one epidemic seventy cases, and in another eighty-three. Abortive forms were met with.—*Deutsches Archiv für Klin. Medicin*, Band xxi.

SURGERY.

REMOVAL OF A LARGE LIPOMA.—In the *Wiener Medizinische Wochenschrift*, No. 11, 1878, is related a case occurring in Dr. Billroth's practice, in which a man aged 71 had on his back a lipomatous tumour hanging from his shoulders as far as the sacrum, and partly covering the nates. Its greatest longitudinal circumference was about forty-five inches, and its transverse circumference fifty inches. The pedicle, which was nearly two feet in circumference, arose mostly from the left scapular region. The tumour had existed thirty years; and the patient desired its removal on account of the friction and exacerba-

tion which it caused. His general health was good. The blood contained in the tumour was forced into the body by four elastic bands; a piece of elastic tubing was then fastened round the pedicle, and prevented from slipping by means of a long pin. Skin-flaps were then made above and below; the large blood-vessels were tied in two places and divided; and the tumour was removed. There was but little bleeding. Thirty-five catgut ligatures were applied, the wound was united with thirty-six sutures, a drainage-tube was inserted, and the part was dressed antiseptically. The operation lasted two hours. The tumour, which weighed about 44 lbs., was a lipoma about twice as large as a man's head. Healing took place by the first intention. During the course of the case, the patient had spontaneous gangrene of the right lower limb, for which the leg was amputated above the ankle. On the eighteenth day after the removal of the tumour, the patient left the hospital with the operation-wound nearly healed.

INEQUALITIES IN THE LENGTHS OF THE LOWER LIMBS.—Dr. Jarvis S. Wight of Brooklyn made the statement (*Proceedings Kings County Medical Society*) that nearly every person has naturally a shorter limb on one side than on the other, and that often, after fracture, we find apparent shortening where there is in reality none whatever, the fracture having taken place in the already short limb. Dr. Frank H. Hamilton denied the correctness of the assertion. Dr. Wight, in the January number of the above journal, supported his statement with a list of measurements made of the lower limbs of healthy individuals. Of forty-two measurements made, there were but thirteen in which the normal limbs were of equal length. In twenty cases, the left lower limb was the longer and in nine the right. This difference ranged from an eighth of an inch to three-quarters of an inch. These measurements indicated also the fact that there is a difference between the external and the internal measurements—the under edge of the anterior superior spinous process of the ilium, at the insertion of the tensor vaginæ femoris, being the point of departure above, and the line being run to the external and internal malleoli respectively. Dr. Hamilton has since, after a series of careful measurements, admitted the correctness of Dr. Wight's position, and compliments him on his really valuable discovery, the importance of which, in its medico-legal bearings, is at once manifest.

BILOCULAR ABDOMINAL HYDROCELE IN CHILDREN.—Dr. Kocher of Bern calls attention in the *Centralblatt für Chirurgie* to a form of hydrocele in children, in which the fluid is forced by pressure into an intra-abdominal sac, and not into the peritoneal cavity. He found it twice in boys aged 13, and was able, by making a rectal and external examination under chloroform, to ascertain the position and shape of the sac into which the fluid escaped. The cases were cured, as in ordinary hydrocele, by puncture and injection of iodine in a solution of iodide of potassium.

DISLOCATION OF THE ATLAS.—Drs. Uhde, Hagemann, and Boettger describe in the *Archiv für Klin. Chirurgie*, vol. xxii, a case of bilateral wrench of the lower articular surfaces of the atlas, by which the right surface was displaced forward, the left backward, from the corresponding articular surfaces of the axis. The injury produced some remarkable disturbances of innervation. The left half of the tongue was paralysed and convex outwards, while the right half was contracted and concave. The left half of the soft palate and the left glosso-palatine arch were also paralysed; the uvula was drawn to the right. The anterior third of the tongue on both sides, and the second and third thirds on the left, possessed ordinary and gustatory sensation; in the posterior two-thirds on the right, no sign of sensation or of taste could be detected. The authors attribute these phenomena to paralysis of the right glosso-pharyngeal nerve and of the left hypoglossal nerve and the pharyngeal plexus. By artificially producing the injury, they show that the glosso-pharyngeal nerve, immediately after its exit from the jugular foramen, must have been violently stretched over the portion of the atlas which was thrown forward; that, in this luxation, the roots of the hypoglossal nerve inside the vertebral canal appeared as a pair of tightly stretched cords, instead of lying, as in the normal condition, loose against the dura mater. In the same way and at the same part, the accessory nerve suffers stretching, leading to the paralysis of the left palate; this can be explained in no other way than by assuming an injury, through this overstretching, of the pharyngeal plexus, which aids in forming the anterior branch of the accessory nerve. The vertebral canal was not so much narrowed as to produce compression of the medulla oblongata, and the vertebral artery was not injured. The disturbances of the gustatory function of the tongue indicate that the glosso-pharyngeal nerve supplies exclusively only the two posterior thirds of the tongue, and that the anterior third and the

palate are supplied from portions of the third division of the fifth nerve. The dislocation could not be reduced; but the patient gradually regained some power of moving the head. There was also some improvement in the functions of the tongue and palate.

ERGOT IN THE TREATMENT OF ENLARGED PROSTATE.—Dr. Washington L. Atlee says that, as ergot is known to act beneficially on the involuntary muscular fibre, as shown by its action upon the enlarged uterus, the distended bladder, in hæmorrhages, in congestion of the capillaries, etc., it may be expected not only to contract the muscular fibre of the prostate, but also its capillary vessels, and thus diminish the size as well as the nutrition of the gland. It is likely to accomplish this not only in mere hypertrophy, but also in enlargement from myomatous growths, in the same way as it does in fibroids of the uterus. At the same time that the size of the organ would be lessened and the mechanical obstruction be removed, the power of the bladder would be augmented by the same agent, and the urine thus expelled without the aid of the catheter. He reduces his views to the three following propositions. 1. The prostate and its vessels are possessed of unstriated muscular fibre. 2. The bladder is a hollow organ, with an involuntary muscular coat. 3. Ergot will contract unstriated or involuntary muscular tissue, as it does in the uterus. Therefore ergot ought to be a remedy for enlarged prostate and its effects. Whether the rationale be correct or not, his experience in the use of ergot in such cases has been most satisfactory. Several patients over sixty years of age have been treated with ergot, and have been able to lay aside the catheter after having been the victims of its daily use. When called to a case of retention from enlarged prostate, his rule is first to relieve the bladder by means of the catheter, and to follow this immediately by ordering twenty drops of the fluid extract of ergot every four hours, until the patient gets entire control over his bladder. Until this is accomplished, he continues to relieve him with the catheter every twelve hours. As his power of urination is restored, Dr. Atlee diminishes the frequency of the medicine, and gradually ends in giving a dose every night. In these cases, it is very common for sedentary deposits to accumulate in the bladder, which becomes a source of irritation and discomfort; and, if the organ should fail to expel its contents entirely, it is best every few days to introduce the catheter to remove them.—*New Orleans Med. and Surgical Journal*, August 1878.

OBSTETRICS.

FRACTURE OF A SEA-TANGLE TENT IN THE UTERUS.—At a meeting of the St. Louis Medical Society, Dr. Hodgen reported the following incident which occurred in his treatment of a case of anteversion of the uterus. In order to introduce a sea-tangle tent, the woman having been placed in Sims's position and the uterus drawn down, an attempt was made to correct the flexion by the use of the sound. As this did not answer satisfactorily, he endeavoured to bend the tent, and, in doing so, partly broke it, after the manner of what is styled in surgical parlance "a greenstick fracture". As the tent did not seem to be injured, nor to be capable of wounding the wall of the cervical canal, he nevertheless pushed it in and left it. Attempting to withdraw it the following day, the tent broke, and one-half of it was left behind. A sponge-tent was at once introduced, and on the following morning the canal was sufficiently dilated to allow of manipulations with finger and forceps, by means of which the lost fragment was recovered. He took occasion to speak of the necessity of watchfulness with regard to the integrity of tents to be inserted into the uterus.

OPHTHALMOLOGY.

THE ANTISEPTIC METHOD IN EXTRACTION OF CATARACT.—Dr. A. Gräfe, in the *Archiv für Ophthalmologie*, vol. xxiv, says that since May 1877 he has used the following method in one hundred and fourteen cases of cataract-extraction. After subduing as far as possible any inflammation of the conjunctiva or of the lacrymal sac, a drop of a solution of atropia (one per cent.) was applied to the eye on the day before the operation; and, a short time before the operation, the eye was carefully washed with a two-per-cent. solution of carbolic acid. At the same time, the external surfaces of the lids and adjacent orbital region were carefully cleansed, and the eye, being kept closed, was covered until the operation with a sponge soaked in the carbolic solution. Before being used, the instruments were dipped in absolute alcohol, and dried on pure linen. During the operation, one sponge moistened with the carbolic acid solution was kept constantly at hand for use; and, after the operation, the eye was wiped with it. Atropia was dropped in; and the sponge was kept applied to the closed eye until all hæmorrhage or formation of coagula near the wound or be-

tween its edges had ceased. As soon as the sponge was removed, lint charged with a four-per-cent. solution of boracic acid was applied, and over it a piece of fine oiled silk that had been dipped in the same fluid. Cotton-wadding and a fine elastic flannel bandage completed the dressing, which was changed once in twenty-four hours during the first three days. During the first seven or eight days, the carbolic sponge was laid over the closed eye at each change of dressing. The exterior of the eyelids was also cleansed by the sponge. Water was not used for the first seven or eight days; atropia was generally applied from the third day. The total percentage of failures in the cases so treated was 1½, while it varied from 5 to 6 in the cases operated on before the adoption of the antiseptic plan.

TOXICOLOGY.

SUCCESSFUL TREATMENT OF STRYCHNIA POISONING BY THE HYPODERMIC INJECTION OF APOMORPHIA.—In the April number of the *American Journal of the Medical Sciences*, Dr. R. Glisan of Portland, Oregon, reports a case of strychnia poisoning, treated by apomorphia given hypodermically. The symptoms were well marked and severe. It was impossible to give an emetic or use the stomach-pump, on account of the trismus. A third of a grain of muriate of apomorphia was injected, and vomiting commenced five minutes afterwards. After the vomiting, there was no recurrence of the general tetanic spasm, but an occasional contraction of a few muscles, when the patient was touched, moved, or disturbed. Dr. Glisan dislikes the use of apomorphia in narcotic poisoning generally, and in ordinary forms of disease requiring emetic, because of the occasionally dangerous results where vomiting is not produced; but he believes it pre-eminently adapted to poisoning by strychnia, on account of the twofold action of antagonising the rigidity of the muscular system, and of promptly relieving the stomach of the unabsorbed portion of the poison. He estimated that the patient took six grains of strychnia. Half an hour elapsed before he arrived. From his experience of strychnia poisoning, he is firmly convinced that death was chiefly prevented by the prompt action of the muriate of apomorphia.

REPORTS AND ANALYSES AND DESCRIPTIONS OF NEW INVENTIONS IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

THE INVALID LIFT.

SIR,—Will you allow me space to draw the attention of your readers to a very valuable and simple invention, which, I am sure, needs only to be known and it will be widely adopted? It is called by its inventor "The Invalid Lift", and its purpose is the more convenient, easy, and complete lifting of partially or entirely helpless invalids from off their beds. By its means, one female of ordinary height and strength can raise a heavy and paralysed patient in a perfectly horizontal manner, so as to allow of the draw-sheets, bedding, or even the mattress, being withdrawn and changed without pain, annoyance, or discomfort of any kind.

In the avoidance or treatment of bed-sores; as a swing-bed in cases of injury or disease of the back, or after fractures; as a means of facilitating drainage and of keeping patients clean and dry; as an ambulance or camping-out bedstead or a garden-hammock—the invalid lift presents many advantages, and will find much favour with the public as well as with the profession. The inventor, Mrs. Burtenshaw, is an experienced hospital and private nurse, who has seen repeatedly the necessity of some such aid in the lifting and changing of heavy invalids. The lift is manufactured by Messrs. Childe and Hinde, 237, Euston Road, London, where it may be seen; or it can be obtained at Maple's in Tottenham Court Road, or at Seaton's in the Hampstead Road. I take an interest in recommending it to the consideration of the readers of the JOURNAL, because I have from time to time watched it during its progress to the present excellent form, and because I have one in my own house, the working of which I have tested and found thoroughly satisfactory. I have heard nothing but its praises from all to whom I have shown either the lift or a small model of the same; its simplicity and efficiency at once commend it for use. Where it has been employed in actual cases of helplessness, the patient has been surprised at the comfort afforded; and medical men who have given it a trial have, as I know, been much gratified with its success.—I am, etc.,

HENRY MORRIS,

Senior Assistant-Surgeon to the Middlesex Hospital.

BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1878.

SUBSCRIPTIONS to the Association for 1878 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 7TH, 1878.

DOUBTING MADNESS.

THE form of insanity which has been described by M. Legrand du Saule as the *folie du doute*, is certainly one of the most interesting varieties of mental alienation. He has made it the subject of a study of which the leading features are picturesquely sketched by M. Roger in the report of the Academy of France, which awards to M. Legrand du Saule a premium of 1,000 francs (£40) for his investigation. According to M. Roger's summary in the *Bulletin de l'Académie*, the principal character of this form of insanity is a chimerical fear which, although imaginary, increases continually until it leads the patient into strange acts. The need of reassurance induces him to incessantly question the people around him; in spite of formal affirmation, doubt arises again each moment in his troubled mind, and during recurring crises the implacable questioner and invincible doubter will reiterate whole hours the same questions which reiterated or varied replies will never satisfy. But what is most extraordinary in this form of mental alienation is that the subject of it is perfectly conscious of his state; he feels and avows the absurdity of his apprehension, and he is the first to claim the help of medicine to deliver him from the mental tortures of which he is the prey. In the first period, his disturbance of mind is quite external, the patient lives in a constant state of irresolution, and deliberates, as it were, *in vacuo*, and passes his time in placing points of interrogation; he puts perpetual questions to himself (without being a philosopher; far from it), he ponders the most difficult problems, concerning God, creation, human understanding, the origin of the stars, the source of language; sometimes he ruminates with the same obstinacy upon the most insignificant, the most absurd propositions; he asks the how, wherefore, and the why of everything. A merchant has the mania of numbers and colours; in a wagon he counts the nails, the bars, the rivets; asks why the colours are unequally distributed, why the trees are green, and soldiers' uniforms red, why the bride is clothed in white and the mourner in black? The music mistress going to her lessons asks of herself if someone is not about to fall from one of the windows; if the fall will cause death, or injury; if the injury will be seated on the limbs or head; if she herself will be accused or recognised as innocent.

This interrogatory insanity is almost always accompanied by absurd fears. Most men fear to touch certain objects; a patient fears pins, and does not venture to touch anything lest he should come across them; another fears glass, and is constantly shaking his fingers to make sure that he does not pick up some; a verger of Rouen fears the touch of his rod. A magistrate without reproach, but not without fear, envelopes his hand with the skirt of his coat to protect it against the objects which he wishes to take hold of; if he venture to traverse the street, he walks on the point of the toes, and places them only on the lines of intersection of the pavement. Another holds metal in fear; he only touches the door-handles or pieces of money with his gloves for fear that he should be accused of having carried them away between his fingers; another fears contact of things which he supposes dirty, or injurious, or poisoned, and washes his hands twenty, thirty, one hundred, or even two hundred times a day to avoid contamination, like Lady

ASSOCIATION INTELLIGENCE.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

THE next meeting of the above Branch will take place at the Swan Hotel, Hythe, on Thursday, September 12th, at 3 o'clock. The Chair will be taken JOHN HACKNEY, Esq., of Hythe.

Notices have been received of the following communications and subject for discussion.

1. Selected Midwifery Cases. By W. J. Tyson, F.R.C.S.
2. Case of Fractured Base of Skull. By Thomas Eastes, M.D.
3. Subject for Discussion—"Alcohol: its Use and Abuse in Health and Disease"; the discussion on which will be opened by Dr. Lovegrove.

The dinner will be provided at the Swan, at 5 o'clock precisely. Charge, 6s. 6d., exclusive of wine.

WM. KNIGHT TREVES, F.R.C.S., *Honorary Secretary*.
Margate, September 2nd, 1878.

SHROPSHIRE AND MID-WALES BRANCH.

THE annual meeting will be held in the Board Room of the Salop Infirmary on the 24th instant, at 1.30 P.M.; ALFRED MATHIAS, Esq., President, in the Chair. The Dinner will take place after the meeting, at the Lion Hotel, at 4.30 P.M., exact time.

Members intending to read papers or bring forward subjects for discussion are requested to be kind enough to signify the same to the Honorary Secretary at their earliest convenience.

HENRY NELSON EDWARDS, *Honorary Secretary*.

Moreton House, Shrewsbury, September 5th, 1878.

NORTH OF ENGLAND BRANCH.

THE autumnal meeting of this Branch will be held at Sunderland, on Tuesday, October 8th.

Gentlemen desirous of reading papers or making other communications are requested to give notice to the Secretary.

T. W. BARRON, M.B., *Honorary Secretary*.

10, Old Elvet, Durham, August 20th, 1878.

BORDER COUNTIES BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Crichton Royal Institution, Dumfries, on Friday, July 26th. Sixteen members and visitors were present.

The day's proceedings commenced by the members partaking of the kind hospitality of Dr. Gilchrist in the shape of a *déjeuner*. They then, at the invitation of the local members, drove to Caerlaverock Castle. On returning to the place of meeting, Dr. BARNES took the chair in the absence of the President, Dr. LOCKIE.

New Members.—The following gentlemen were elected members of the Association and Branch: John P. Muir, M.B. Moniaive; John M. Davidson, M.B., Johnstone, Lockerbie; William Anderson, M.B., Whithorn; William Richardson, M.B., Crichton Royal Institution, Dumfries; James Denholm, Esq., Dunse; Patrick M. Murray, M.D., Dumfries; James Maclachlan, M.B., Lockerbie.

Report of Council.—Dr. J. SMITH (Honorary Secretary) read the following report of Council.

"The Council have the pleasure of submitting their tenth annual report to the members of the Border Counties Branch.

"*Number of Members.*—At the commencement of the year, there were ninety-six members on the list; during the year, eight new members have been elected, and five have resigned; so that the present number is ninety-nine.

"*Meetings.*—During the year, meetings have been held at Carlisle, Thornhill, and Keswick. At Thornhill, previously to the meeting, the members drove to Drumlanrig Castle, the seat of the Duke of Buccleuch, where they had the opportunity of inspecting the beautiful gardens and grounds. The meeting was held in Dr. Grierson's Museum; and he afterwards kindly pointed out to the members its many objects of interest. At Keswick, a drive round Derwentwater, by the invitation of the local members, preceded business. The Council have pleasure in recording that this meeting was more numerously attended than any for some time.

"*Financial Statement.*—In consequence of the change in the date on which Branch subscriptions become due, only the accounts for the last

six months of 1877 are presented to the Branch. The balance in hand at the time of the last financial statement was £5 1s. 2d.; the receipts, consisting of twelve subscriptions and one arrear, amount to £1 12s. 6d.; total, £6 13s. 8d. The disbursements amount to £2 5s.; leaving a balance in hand of £4 8s. 8d."

It was moved by Dr. MUNRO, seconded by Dr. ANDERSON, and unanimously carried, "That this report be adopted by the meeting".

Votes of Thanks.—Dr. RIGG moved, and Dr. MARSHALL seconded, "That the best thanks of this meeting be given to the office-bearers of the past year". This was also carried unanimously.

Election of Office-Bearers.—The following were elected office-bearers for the ensuing year. *President-Elect*: W. Reeves, M.D. *Honorary Secretaries*: R. Maclaren, M.D.; John Smith, M.D. *Council*: J. A. Campbell, M.D.; S. Grierson, Esq.; A. A. H. Knight, M.D.; R. B. McBean, M.B.; W. Marshall, M.D.; T. Rigg, M.D.; M. W. Taylor, M.D.; A. Thomson, M.D.; R. Tiffin, M.D. *Representative on the Parliamentary Bills Committee*: W. Reeves, M.D. Dr. Lockie was elected a permanent vice-president.

Meetings.—It was resolved to have two ordinary meetings of the Branch during the ensuing year: one at Whitehaven in October; the other at Melrose in May 1879.

President's Address.—Dr. BARNES then introduced the President for the year, Dr. GILCHRIST, who delivered his inaugural address, on Dipsomania, its Nature, Treatment, and Results.—At its conclusion, Dr. BARNES proposed a vote of thanks to the President for his address and hospitality. This was carried by acclamation.

Papers.—The following papers were read.

A Case of Moral Insanity, by Dr. MUNRO.

Remarks on the Operative Treatment for Knock-knee, with a successful case, by Dr. THOMPSON.

Dinner.—The members and their friends afterwards dined together at the Commercial Hotel; Dr. Gilchrist in the chair, and Dr. Elliot in the vice-chair.

CORRESPONDENCE.

THE ORGANISATION OF CHARITY IN HOSPITALS.

VII.

SIR,—In attempting to treat, as far as the limits of a letter permit, the important subject of Provident Dispensaries, their most advantageous rules and bases, their present scope and status, and what I conceive to be their immense and most beneficial future possibilities, I cannot refrain from deprecating, first of all, in the strongest terms, any depreciation or distrust of these invaluable institutions on the score of their present insignificance as to number, funds, and *clientèle*. Least of all, as it seems to me, should they be depreciated on such grounds as these by any who are connected with London hospitals or free dispensaries, since these charities themselves furnish the one sufficient and insuperable obstacle to the development of the provident system. There are, no doubt, many matters in which success and progress form true, though rough, tests of economic worth and fitness; but then success and progress must be barred by no artificial conditions. The institution which fails to pay and to grow, may deserve to have its efficiency and utility questioned, but only if it started at the outset with a clear field and no favour; and this is what London provident dispensaries have in no case been permitted to do. While especially designed for the classes to which the smallest expense is important, they demand punctual and regular prepayment, for that which a host of neighbouring charities are giving for absolutely nothing; and they offer the advice and skill of ordinary practitioners, while the hospitals, wisely silent as to the number of seconds each patient's case will receive, the number of hours he will wait, and the probability of his being prescribed for, after all, by an unqualified student, publish an imposing list of most distinguished professional names.

Therefore, the facts that about twenty-eight provident dispensaries already exist in London, and that, in spite of such overwhelming odds, the nineteen, respecting which I have been able to find returns, appeared to muster early in 1877 forty thousand members, furnish proofs, not easily to be surpassed, of the necessity and goodness of their plan, of the vitality of thrift and independence even among our pauperised poor, and perhaps also of the evils which out-patients have experienced from delay, overcrowding, and rapid prescribing. The progress of provident dispensaries has hitherto, as I have said, been extraordinary; and the same energy and enlightened philanthropy which have brought them to their present state of efficiency would, no doubt, even under the same hard conditions, suffice to improve and to extend

pensaries should fail because the contributions of members were too niggardly to afford fair remuneration to well qualified officers. It is satisfactory to learn that the medical committee of the Charity Organisation Society, which, as well as the committee of the British Medical Association, is now under the chairmanship of Mr. Timothy Holmes, has lately appointed a salaried official especially to promote and extend the provident dispensary system. The Administrative Committee of the Charity Organisation Society has opened a fund for this purpose; and it remains for those interested in these invaluable institutions to contribute with such liberality as will assist the Committee to secure in permanence a really efficient representative.

Before concluding, I must convey to Mr. Nelson Hardy my cordial thanks for the information contained in his letter, published on February 2nd in your JOURNAL. I expressed, in my last letter, a hope that, by mentioning all such reforms as I had been able to hear of, I might elicit from other correspondents the welcome intelligence of some further measures of improvement; and I am truly glad to hear, for the first time, from Mr. Nelson Hardy, of the efforts which are being made at St. Bartholomew's. Of the proceedings at the London Hospital I was already aware, having read, among other papers on the subject, the article in *Fraser's Magazine* to which Mr. Hardy alludes. He will find, in fact, that I referred on a former occasion to the very remarkable statistics which he quotes; I failed, however, to mention this institution in my last letter, because, judging its proceedings not by their elaborateness but by their results, I did not feel able to class them in the catalogue of hospital reforms.

Finally, I cannot but allude briefly to the encouraging evidence which the present year has already afforded of a sustained and widely spreading interest in questions of hospital reform. In support of the provident dispensary movement, an able paper, more particularly emphasising the bearings of medical reform on clinical instruction, was read by Mr. Timothy Holmes, on February 27th, before the Metropolitan Counties Branch of the British Medical Association, and was closely followed by a striking speech from Sir William Gull, at the annual meeting of the Charity Organisation Society; while an interesting meeting of the Council of the same Society was held in July at the house of the Society of Arts, to hear a paper by Sir Charles Trevelyan, and to consider how the provident dispensary movement could be best assisted by the District Committees of the Charity Organisation Society, and resulted not only in some important recommendations to those bodies, but also in the new and valuable suggestion that steps should be at once taken to secure the sympathy and co-operation of large sick clubs and benefit societies.

On the other hand, the rapid rise and progress of the home hospitals movement, the (to a great extent) self-supporting hospitals already in course of establishment on Wandsworth Common, under the auspices of Canon Clarke, and the letters from Sir Fowell Buxton, Sir Charles Trevelyan, Mr. Timothy Holmes, and Mr. Burdett, which have recently appeared in the *Times* to advocate a "Hospital Conference" (together with the effective leader by which that proposal was seconded), suffice to show that the subject is being approached from no narrow or exclusive point of view, and that its complexity and importance are beginning to be appreciated both by the public and by the profession.

I am, sir, yours obediently,

A MEMBER OF THE CHARITY ORGANISATION SOCIETY.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE Bath Town Council and Urban Sanitary Authority have increased the salaries of Mr. F. H. Moger, the Clerk, and Dr. Brabazon, the Medical Officer of Health, £50 *per annum* and £25 *per annum*, respectively.

AT Heage, Derbyshire, according to the Report of Dr. Gaylor, the Medical Officer of Health, the rate of mortality for the past quarter was only 4.89 per thousand. There were only three deaths in a population of upwards of 2000.

ABUSE OF MEDICAL RELIEF IN IRELAND.

THE evils of the indiscriminate medical relief given at the Irish Poor-law dispensaries have at last begun to attract serious attention. In March 1877, the Council of the Irish Medical Association issued a circular to each of the dispensary medical officers, to which more than three hundred replies have been received, and upon these a letter to

the Poor-law Inquiry Commissioners has been based, the purport of which will be seen from the following extract.

"Taking the present condition of the working classes in Ireland into consideration, the Council are of opinion that medical relief under the Poor-laws should be administered in Ireland on similar principles to those acted upon in England; namely, that, while every one too poor to pay for medical attendance should be able to obtain efficient attendance easily at the public expense, yet persons able to contribute towards the expense of medical attendance, either through provident dispensaries or sick-clubs, or by direct fees to medical practitioners, should not be permitted to obtain gratuitous advice, except in cases of great emergency."

We are far from having attained in England to the full practical application of this principle; but there is now a very general agreement as to the soundness of it, and it may reasonably be hoped that this will soon be followed by united action.

MILITARY AND NAVAL MEDICAL SERVICES.

INDIAN MEDICAL SERVICE.—The following candidates for Her Majesty's Indian Medical Service were successful at the competitive examination held at Burlington House on August 12th, 1878. Twenty-one candidates competed for fifteen appointments. Nineteen were reported qualified; two having retired during the examination.

Marks.		Marks.	
1. J. H. Sweeny.....	2261	9. H. B. Briggs.....	1954
2. D. F. Barry.....	2252	10. C. G. W. Lowdell.....	1940
3. G. F. A. Harris.....	2247	11. A. S. Faulkner.....	1760
4. J. Anderson.....	2245	12. C. Mallins.....	1640
5. C. J. Bamber.....	2218	13. R. M. Allen.....	1530
6. E. H. Dumbleton.....	2120	14. E. M. Damlà.....	1490
7. M. O'Dwyer.....	1997	15. H. St. C. Carruthers.....	1472
8. W. P. Carson.....	1965		

MEDICAL NEWS.

MEDICAL VACANCIES.

THE following vacancies are announced:—

CHILDREN'S HOSPITAL, Birmingham—Non-Resident Assistant House-Surgeon and Registrar. Salary, £60 *per annum*, with lunch and dinner daily.

LEEDS GENERAL INFIRMARY—House-Surgeon. Salary, £100 *per annum*, with board, residence, and washing. Applications to be made on or before the 12th instant.

LINCOLN COUNTY HOSPITAL—House-Surgeon and Apothecary. Salary, £100, with board and lodging. Applications to be made on or before the 27th instant.

NAAS UNION—Medical Officer for Blessington and Ballymore Dispensary District. Salary, £125 *per annum*, and £15 as Sanitary Officer, together with Registration and Vaccination Fees. Election will take place on the 10th instant.

NATIONAL ORTHOPÆDIC HOSPITAL, Great Portland Street—Surgical Registrar.

ROYAL SEA BATHING INFIRMARY, Margate.—Resident Surgeon. Salary, £100 *per annum*, with board and lodging.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOLS—Assistant Demonstrator of Anatomy. Applications to be made on or before the 14th instant.

WEST LONDON HOSPITAL, Hammersmith—Surgeon-Dentist (Honorary). Applications to be made on or before the 9th instant.

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.

BIRTH.

POLLARD.—On September 3rd, at Richmond Terrace, Liverpool, the wife of Fredk. Pollard, M.D. Lond., of a son.

MARRIAGE.

SKIPWORTH—HADLEY.—On September 3rd, at St. Michael's Church, Handsworth, Staffordshire, by the Rev. J. H. Scowcroft, M.A., Vicar of St. Matthew's, Birmingham, assisted by the Rev. — Garland, M.A., Herbert Skipworth, M.R.C.S., of Mount Sorrel, Leicester, fourth son of Captain Skipworth of Howsham, Lincolnshire, to Florence Mary, youngest daughter of J. J. Hadley, M.R.C.S., of Handsworth.

THE bazaar recently held in aid of the Cripples' Home, Bray, realised £102 for the funds of that institution.

AT a meeting of the Tullamore Board of Guardians last week, it was stated that there were six cases of small-pox in the Kilbeggan district, and that two deaths from it had already taken place. We believe, however, that the latter statement is premature.

BEQUESTS, ETC.—Mr. W. C. Cunningham has bequeathed £100, and Mr. Adam McClean £50, to the Belfast Royal Hospital. The Misses Brooke have given £50 (second donation) to the Rathdown Hospital and Dispensary, Monkstown.

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, 1.30 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.—St. Peter's, 2 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.—London, 2 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.—St. Thomas's (Ophthalmic Department), 2 P.M.

SATURDAY.... St. Bartholomew's, 1.30 P.M.—King's College, 1 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.—London, 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.

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

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*.

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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

MEDICAL ETIQUETTE.

SIR.—It is hardly logical on Mr. Taylor's part, because I quote a passage from a letter of the proprietors, to hold me responsible for the letter of the father, which I did not know had been written until after Mr. Taylor had taken upon himself to reply to it. I am responsible only so far as my statement to the father will make me, and that statement was: "I agree with you that your boy has had measles. Whether he had or not, a febrile eruptive malady in an extra delicate boy should have had extra care given it. Had that been done, these troublesome ailments from which he now suffers might have been avoided." The letter was not, as Mr. Taylor has been told more than once, intended to refer to him, but to the want of having placed the boy earlier under medical treatment; and, indeed, the father believes that, had they known the boy's malady to have been measles, they would have done so. Mr. Taylor is, therefore, wrong in the construction he puts upon that letter. How can I, then, be said to have imputed improper motives to him or to any one?

It is a weak case that requires to be stated twice over, and that is virtually all Mr. Taylor has done in his last letter; and as he has not essayed to answer my comments, I am fairly entitled to consider them uncontradicted, and to ask him, how does he reconcile the statement imputed to him by the proprietors, that "the rose-rash is not sufficient to account for his being so out of sorts now," with his letter to the father, in which he endeavours to account for all the boy's illness by the rose-rash? Has he also justified his assertion that the father assigns my opinion as his reason for not paying the usual fees, when I have shown it to be directly at variance with his explicitly stated reason, the impossibility of his returning? I will give Mr. Taylor all the credit of having correctly diagnosed the cases he saw; but as to those he did not, I must be allowed to receive his opinion with reserve. Do not roseola and measles sometimes occur together in the same house in different children?

I thank Dr. Carey Coombs for his suggestion that the case might have been one of röteln. "Cui Bono" is incorrect in some of his statements—notably in saying that the boy is deficient in growth. He measures four feet eight inches, which is, according to good authority, more than five inches above the average of boys between eleven and twelve.—Yours obediently,
ARTHUR LATTEY,
Southminster, August 26th, 1878.

DR. PINDER will feel greatly obliged by any gentleman forwarding to him the present address of his late assistant, Edward Ring,—13, Camberwell Green, September 3rd, 1878.

COD-LIVER OIL EMULSIONS.

In an article on "Emulsions", by Gregory, published in the *Pharmaceutical Journal* for April 14th, 1877, he sums up his results by stating that mucilage should be abandoned in favour of powdered gum acacia; two drachms of gum to each ounce of oil. The gum should be rubbed with the oil, and the water subsequently added. The quantity of essential oil of almonds requisite to flavour the emulsion is a matter of taste, and can easily be determined.

F.R.C.S.—The suggestion is *naïf* but not novel. **F.R.C.S.** has probably not put to himself the elementary question: If not, why not?

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 36, Great Queen Street, W.C., and not to the Editor.

MEDICO-LEGAL INQUIRIES IN SCOTLAND.

SIR.—I think every person will admit that Professor MacLagan, in his address on forensic medicine, recently delivered before the British Medical Association, has handled the subject with much clearness and ability. He claims a superiority for the Scotch method of acting in the detection of crime, by means of a Procurator-Fiscal, over that of the Coroner's Court, as practised in England. I do not wish here to dispute that claim; my object at present being, through your kindness, to draw the attention of members of the Association to certain grave objections which I find prevailing to a very large extent in Scotland (more so, however, in some districts than in others) to the general conduct of the Procurator-Fiscals. Dr. MacLagan says (page 238): "When any circumstance showing a death to be unexpected or ill explained comes to the knowledge of the Procurator-Fiscal, he is bound at once to make inquiry; and unless this is *prima facie* satisfactory, he is to proceed to take a precognition. To effect this, he presents a petition to the sheriff of the county, praying for the authority (which is almost invariably granted) to cite the necessary witnesses. Where a death is not clearly accounted for (for instance, by the testimony of the medical man who knew the case), he has to get a written report from a duly qualified medical man; and where a *post mortem* examination is necessary, two medical men are always employed." From these remarks, I would suppose that the medical man in attendance, and suddenly called to attend the case, should be one of the medical men required to perform the *post mortem* examination; the other an expert, or, in the absence of such a functionary, a gentleman selected by the Procurator-Fiscal entirely on grounds of ability and experience. But, instead of this, the common custom of the Procurator-Fiscal is, whenever he hears of a sudden or suspicious death, to send his special favourite to make a *post mortem* examination and give in a report, for which he is paid two guineas, with travelling expenses. If, as is rarely the case, two medical men are requested to perform the examination, the local medical man may or may not, according to the whim of the Procurator-Fiscal, be asked to assist. Again, it often happens that when a medical man gives information in circumstances that appear to him to demand some investigation, the only thanks he gets for such information is the appointment of another to investigate and report on the case, thereby fostering the belief, particularly in country places, that the former is incapable of performing this duty. So much is this the practice, that I know some districts, including from thirty to forty medical practitioners, where three-fourths of all the medico-legal fees go into one man's pocket. This mode of proceeding is, to my mind, an abuse of the powers conferred on Procurator-Fiscals—an injustice to the medical profession in general, and, while entailing unnecessary expenses on the rate-payers, has the tendency to make medical men lukewarm in giving any information at all to the legal authorities. In nine-tenths of the sudden deaths that occur there is no suspicion of foul play; and the only question that is really involved is to ascertain the cause of death, a duty which every properly qualified gentleman is capable of performing. I do not object to the principle of having a special man appointed to do the Procurator-Fiscal's work, because such work is often incompatible with general practice, especially that of the accoucheur, where morbid effluvia are apt to produce puerperal disturbances; but then it should be thoroughly understood by the profession that the appointment is made on grounds of special acquirements in State Medicine, so as to relieve other practitioners from the necessity of keeping themselves *au courant* with the literature and practice of this department. Perhaps Dr. MacLagan, seeing that he was at the drawing up of the code of instructions bearing on the above remarks, will favour us with some further information, and more especially tell us the exact powers assigned to Procurators-Fiscal, the principle on which they ought to select medical men to do their work, and if it be compulsory on all medical men, *volens volens*, to obey their commands.—Yours very truly,
COUNTRY PRACTITIONER.

SIR.—Will you be kind enough to inform me where there is to be found a detailed account of "Clark's process" for softening water, with directions for putting it into use?—I am, sir, yours faithfully,
HARD WATER,
Buntingford, Herts, August 17th, 1878.

NYMPHOMANIA AND INSANITY.

SIR.—The case of nymphomania reported in a late number of the **JOURNAL** finds a parallel in a case that came under my notice some years ago, and which proved in the sequel to be one of undoubted insanity. The subject of it was a girl aged 15, who exhibited, before the age of puberty, an entire want of modesty, and a predilection for the society of loose persons. She was twice before magistrates for outrageous conduct; on one occasion, when just fifteen, prostituting herself to two soldiers in a public stable. Not long afterwards, her temper became so violent when she was thwarted in her evil courses, that I was asked to give an opinion as to her sanity. I found no difficulty in signing her certificate, upon which she was admitted into the County Asylum. She died suddenly a few weeks after her admission, it was supposed, from suffocation in her bed during an epileptic seizure. About four years after the girl's death, her father fell into a desponding state, and attempted suicide by cutting his throat, thus affording a strong presumption that the diseased organisation of the daughter was due to hereditary transmission.—I am, sir, your obedient servant,
HENRY TAYLOR,
Guildford, August 26th, 1878.

F.R.C.S.—The time of the Section was, in our opinion, badly occupied in listening to papers on such a subject; and we decline to continue any controversy upon the paper read. We agree with our correspondent's views; but have no inclination to discuss the subject.

TREATMENT OF DIPSO MANIA.

SIR.—"Rural" wishes to do something for his patient suffering from dipsomania. If he can get two medical certificates that the patient is insane and requires restraint, then the latter can be sent to an asylum. If this seem inexpedient, the patient may voluntarily enter an establishment specially for dipsomaniacs or a private asylum. Should he choose the latter, the medical officer will furnish him with particulars as to the steps to be taken. There is one objection to sending the patient as a lunatic: that all symptoms of insanity may have gone off when the medical officer of the asylum makes his statutory report as to the patient's mental state a few days after his admission, which would entail his speedy discharge. On the other hand, the patient may leave the asylum, if not sent as a lunatic, by giving three days' notice.—I am, sir, yours obediently,
JAMES ALLAN PHILIP, M.A., M.B. Medical Superintendent,
Mavisbank Private Asylum, August 24th, 1878.