

that no medical officer in charge of a dispensary district is permitted to have a substitute, unless for a limited time, nor unless such substitute be fully qualified to the satisfaction of the Dispensary Committee and with the sanction of the Local Government Board". At the meeting of the Council in June last, Sir Dominic again commented on the employment of unqualified assistants in England, and asserted that one could not take up a number of a medical journal without seeing numerous advertisements from unqualified assistants seeking employment, as well as from employers seeking such assistants.

That unqualified assistants are pretty generally employed to attend the sick poor, cannot be doubted by anyone who is in the least degree conversant with the arrangements existing in England and Wales for medical relief. We ourselves heard a statement made by Dr. Joseph Rogers on the occasion of a deputation waiting on Mr. Cross from the Medical Defence Association last spring, "that, to such an extent was the practice carried, if the regulation of the Local Government Board, which enjoined personal attendance by the medical officer on the sick poor, were rigidly carried out, the administration of medical relief throughout England and Wales would inevitably break down".

C. H. draws attention to Section 98 of the Poor-law Act, which enacts "that, in case any person shall wilfully neglect or disobey any of the rules, orders, or regulations of the said commissioners (now Local Government Board), such person shall, upon conviction, forfeit and pay for the first offence any sum not exceeding five pounds; for the second offence, any sum not exceeding twenty pounds nor less than five pounds; and, in the event of such person being convicted a third time, such third and every subsequent offence shall be deemed a misdemeanour, and such offender shall be liable to be indicted for the same offence, and shall, on conviction, pay such fine, not being less than twenty pounds, and suffer such imprisonment with or without hard labour as may be awarded against him". Seeing that, by the orders of Local Government Board, "every medical officer shall be bound to visit and attend personally, as far as may be practicable, the poor persons entrusted to his care, and shall be responsible for the attendance on them", it is obvious that the continuous employment of an unqualified assistant to attend the sick poor of the medical officer's district brings such officer within the category of one who both wilfully neglects and disobeys the regulations of the Central Board, and such officer is liable to be proceeded against, and, one would imagine, would certainly be convicted. Practically, however, relieving officers, boards of guardians, and Poor-law inspectors, though thoroughly aware that the regulation on this head is pretty generally disregarded, never interfere, unless some scandal has arisen consequent on the employment of an unqualified person, and then, if the medical officer be fairly popular with his board, he is quietly let down with a caution; their inaction on this head arising from the consciousness that, if the regulation were strictly enforced, the administration of district medical relief on its present basis would, in large measure, collapse, for the reason that the increased outlay required to secure qualified assistance could not be recouped from the present stipends; indeed, we much doubt whether such a large extension of qualified assistance would be procurable. That the existing practice is very frequently attended by evil consequences is most probably correct, and that it will become more so is pretty evident to all those who have had the opportunity of observing what has taken place in the training of young medical men and of the class from which assistants are derived during the last twenty years, and notably during the last ten; thus formerly young aspirants for medical employment were submitted to a more or less lengthened routine of observation in the surgery and in the general practice of some country medical man. Now and for some time past, a youth leaves school and goes direct to a hospital, where small opportunities exist of obtaining that varied experience necessary to the successful working of general practice.

Whilst agreeing, in the main, with Sir Dominic Corrigan and C. H. on the baneful consequences which too frequently ensue from the employment of unqualified assistants in the treatment of the sick, whether of the pauper class or of those immediately above them in the social scale, we are by no means disposed to go the length of putting a complete veto on these gentlemen's services. We have had in our experience an opportunity of testing the professional capacity of the qualified and the unqualified, and we have frequently found the latter quite as capable of diagnosing and treating disease as the former, and in several instances even better. What we would, therefore, suggest is, that some form of test should be introduced, say at the instance of the General Medical Council, whereby the knowledge of the assistant class could be ascertained, and some certificate given that the aspirant was fitted to deal with the milder forms of disease, and sufficiently advanced in his general knowledge of medicine as to be capable of informing his employer that this or that case of disease needed his more mature judg-

ment to treat. In a word, if the Poor-law Board insist on a test for the assistant class, as it has a right to do, then we think that there should be a recognised public test, and that a class corresponding to the *officiers de santé* of France should be created for the purpose. This, indeed, almost necessarily follows from the increasing strength of medical examination tests, and the prosecution of prescribing druggists.

There are some other points raised in C. H.'s pamphlet upon which we feel it our duty briefly to comment, and one is the unfairness with which the existing absence of enforcement of the regulations presses on the conscientious medical man, and notably upon him who has a large workhouse under his charge. The former feels that he would not be justified in employing other than legally qualified persons to assist him; the latter must employ a legally qualified person, whether he be so minded or not; and why? Because, if he do not visit the infirm himself, the name of whoever he sends is entered in the porter's book, and can be at all times made available as evidence against him; whilst, on the other hand, his more fortunately situated district colleague can send his assistant to visit the pauper sick without any opportunity being afforded of its being officially known whether such assistant is qualified or not, or whether such visit has been made by the principal or his assistant.

SELECTIONS FROM JOURNALS.

SURGERY.

FIFTY-TWO SUCCESSFUL CASES OF LITHOTOMY.—Dr. Alan P. Smith of Maryland reports that he has performed lithotomy fifty-two times, and, in each instance, without a fatal issue. Of these, sixteen were below five years of age, thirteen between five and ten years, eleven between ten and twenty years, five between twenty and forty, and seven between forty and seventy-five; four were below two years, and one was only twenty-one months old. Of the whole number, there were only two negroes—the youngest and the oldest. In every case but six, the operation was performed with the lithotome of his father, the late Nathan R. Smith. The cases were not selected; in fact, Dr. Smith operated whenever the opportunity offered, with one exception, when the patient was brought moribund into the hospital. Certain rules have always been observed, which he thinks may have had some influence in determining the result. He never operates when the barometer is low, but waits until the weather is bright and clear. During the first twenty-four hours he sees the patient at suitable intervals, and introduces the gum catheter if the urine do not pass off freely through the cut. This he finds rarely necessary in young subjects, while adults usually have retention for that period of time. He makes a very free incision through the skin and subcutaneous connective tissue, so that there shall be no pocket in which blood, pus, or urine, may collect. After the operation, he applies carbolic oil to the wound freely. Most of the success he attributes, however, to the use of the instrument conceived by his father.—*Transactions of the Medical and Chirurgical Faculty of Maryland, 1878*; quoted in the *New York Medical Journal*.

THERAPEUTICS.

DEATHS FROM HYPODERMIC USE OF MORPHIA.—In the *Chicago Medical Journal* for May 1878, Dr. Inglis gives the results of his inquiries as to the effect of the hypodermic use of morphia. He sent out circulars on the subject. In thirty-four out of fifty-five cases, there were no unpleasant results. In fifteen the consequences were unpleasant; and in the seven fatal cases, in all except one the ordinary dose had not been exceeded. In one case, two doses of one-third of a grain were given, with an interval of four hours between the doses; death ensued six hours after second dose. In another, a case of sciatica, the patient died comatose in five hours after the injection of one-fourth of a grain. Another fatal case followed from one-fourth of a grain by mouth, and afterwards the same quantity by syringe.—*Glasgow Medical Journal*.

CHLORAL AS AN ANÆSTHETIC FOR CHILDREN.—Dr. Bouchut (*Gazette des Hôpitaux*) recommends the use of chloral as an anæsthetic for children. He gives one dose, not exceeding forty-five grains, in children under three years of age. In half an hour the patient is asleep, and in an hour insensible. The anæsthesia lasts from three to six hours, and is followed by no unpleasant consequences. Thirty grains of chloral may be given without danger, Bouchut says, to children between two and five years of age. These opinions are based on a large experience during the last nine years.

of the Liver in Relation to the Secretion of Urea. Dr. Gamgee's lucid exposition of the various steps which have led physiologists to regard the liver as by far the most important, if not the sole, organ concerned in the secretion of urea was listened to with the closest interest and attention, and may be said to have made quite a sensation upon his numerous audience.

Two deaths from hydrophobia have somewhat recently occurred at the Infirmary, the last being that of a middle-aged woman who was bitten by a stray dog on the nose last Christmas, and who had remained perfectly well to within four days of her death nine months afterwards. The principal features in the case were the degree of intellectual disturbance, the look of terror, and towards the last the free salivation. There was dysphagia, but the spasm was not marked. Dr. James Ross, who has for some time been engaged in investigating the changes which take place in the cord in tetanus and hydrophobia, has in one of these cases of hydrophobia discovered the most extraordinary and important pathological state. It would not be right to anticipate Dr. Ross's observations further than to say that his discovery—for it amounts to this—promises to mark an era in the pathology of hydrophobia, and to clear up much that was before obscure. He has been able to trace the changes, which are rather molar than molecular, right up the lateral columns of the cord to the brain, and will doubtless shortly make these investigations public.

The open consultations, which I mentioned in a former letter as having of late been introduced at the Manchester Infirmary, have proved quite an attraction to medical men; and now, every Thursday, numbers of practitioners are in the habit of availing themselves of the opportunity thus afforded of hearing cases of interest discussed *coram publico* by the honorary staff. In this, and indeed in every other respect, is certainly seen the earnest wish of the hospital staff to render the teaching of the hospital, both clinical and otherwise, as thorough and complete as possible.

ASSOCIATION INTELLIGENCE.

SCIENTIFIC GRANTS OF THE BRITISH MEDICAL ASSOCIATION.

A MEETING of the Scientific Grants Committee of the British Medical Association will be held on Tuesday, November 19th, at four o'clock in the afternoon. Applications for grants should be sent to the General Secretary, at the office of the Association, 161, Strand, on or before Saturday, November 16th.

GLOUCESTERSHIRE BRANCH.

THE annual meeting of this Branch will be held, under the presidency of Dr. BOND, at 6.30 P.M., on Tuesday next, November 19th, in the boardroom of the County Infirmary, Gloucester.

Business of the Meeting.—1. To elect officers for the ensuing year.

2. To receive the report of Council with regard to the proposed monthly meetings of the Association.

3. Subject for Discussion: "The Desirability of Combined Action between the Medical and Architectural Professions for the Advancement of Sanitary Knowledge." By Mr. F. W. Waller, Architect.

The Supper will be at the Bell Hotel, at half-past eight.

RAYNER W. BATTEN, *Honorary Secretary*.

Gloucester, November 11th, 1878.

BATH AND BRISTOL BRANCH.

THE second meeting of the session will be held at the York House, Bath, on Thursday, December 12th, at 7.15 P.M.; Dr. HENSLEY, President, in the Chair.

R. S. FOWLER, } *Honorary Secretaries*.
E. C. BOARD, }

Bath, November 1878.

SOUTH EASTERN BRANCH: WEST SUSSEX DISTRICT MEETINGS.

THE next meeting of this District will be held at the Dolphin Hotel, Chichester, on Tuesday, November 26th, at 3 P.M.: Dr. BUCKELL in the Chair.

Any member desirous of reading a paper or narrating cases is requested to communicate with the Honorary Secretary without delay,

in order that the necessary notice may be given in the circular convening the meeting.

Dinner will be served at 5 P.M., at the usual charge.

WM. J. HARRIS, *Honorary Secretary*.

13, Marine Parade, Worthing, November 11th, 1878.

SOUTH EASTERN BRANCH: EAST SUSSEX DISTRICT.

THE next meeting of the above District will be held on Friday, November 29th, at the Grand Hotel, Eastbourne, at 3.30 P.M.; Dr. MUNDIE in the Chair.

Members intending to read cases or make any communication are requested kindly to inform the Secretary by Wednesday, the 20th instant, in order that they may be inserted in the usual circular.

Dinner will be provided at 5.30 P.M.; charge 6s., exclusive of wine.

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

9, Maze Hill, St. Leonard's-on-Sea, November 12th, 1878.

STAFFORDSHIRE BRANCH.

THE first ordinary meeting of the session will be held at the Railway Hotel, Stoke-upon-Trent, on Thursday, November 28th, at 4.30 P.M.

VINCENT JACKSON, Wolverhampton. } *Honorary Secretaries*.

J. G. U. WEST, Stoke-upon-Trent. }

Wolverhampton, November 13th, 1878.

SOUTH OF IRELAND BRANCH: ANNUAL MEETING.

THE annual general meeting of this Branch was held on October 26th; Dr. J. G. CURTIS, President, in the Chair. After some remarks from the President, the President-elect, Dr. J. A. EAMES, took the Chair.

The Secretary and Treasurer.—Dr. RINGROSE ATKINS, Honorary Secretary, read the annual report, at the conclusion of which he resigned the office of Honorary Secretary, inasmuch as, being at a distance from Cork, he felt he could not perform the duties efficiently. Dr. Augustine O'Connor resigned the office of Honorary Treasurer. A cordial vote of thanks was passed to both gentlemen.

Election of Officers.—The following were elected:—*President*: J. A. EAMES, M.D. *President-elect*: D. B. O'Flynn, M.D. (Glanmire). *Council*: Ringrose Atkins, M.D.; P. Berry, Esq.; J. Cronin, M.D.; J. E. Currey, M.D.; J. G. Curtis, M.D.; D. D. Donovan, Esq.; J. P. Golding, M.D.; L. T. Griffin, Esq.; C. A. Harvey, M.D.; J. R. Hayes, M.D.; H. Macnaughton Jones, M.D.; A. O'Connor, M.D.; R. U. Ronayne, Esq.; E. R. Townsend, M.D.; O. T. Woods, M.B. *Honorary Secretaries*: P. J. Cremen, M.D.; T. Gelston Atkins, M.D.

Meetings of the Branch.—Dr. MACNAUGHTON JONES proposed, and Dr. CURTIS seconded—"That the general meetings of the Branch be held in future quarterly, and that the annual subscription be 2s. 6d." This was unanimously carried.

It was also agreed that the members should dine together on the evening of each general meeting.

After some financial business, the meeting adjourned.

WEST SOMERSET BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held at the Railway Hotel, Taunton, on Thursday, October 17th, 1878, at 5.15 P.M.; F. J. C. PARSONS, Esq., President, in the Chair. Eighteen members and one visitor were present.

Discussion.—The question of the evening was—"Is Typhoid Fever infectious? and if so, what is the best Mode of preventing its Spread?" This question was discussed with much animation, considerable interest being felt in the subject, as evidenced by a much larger attendance of members than usual, and by several letters from gentlemen who wished to be present but were unable to come. Dr. Cordwint sent a written answer, which was read by the Secretary.

To the first part of the question—"Is Typhoid Fever infectious?"—a decided affirmative answer was given by almost every one; and those who did not speak positively, gave qualified opinions, to the effect that infection might exist under certain favouring conditions.

As to "the best Mode of preventing its Spread"—a belief being generally expressed that the principal source of infection emanated from the dejecta of the patient—it was considered that a thorough disinfection or destruction of the evacuations directly they were passed was the first point to be insisted upon in every case; while a strict observance of the best recognised sanitary measures, especially in relation to pure air, water, etc., should at the same time be carefully attended to.

The meeting had the advantage of hearing the opinion of Mr. Alfred Haviland, the Officer of Health for Northamptonshire, who, being present as a visitor, was invited to give the meeting the benefit of his large experience. He expressed in the strongest terms his belief in the infectious nature of typhoid, and adduced testimony in proof thereof from his personal observation. In the course of his remarks, he said that if medical men would boldly acknowledge their belief in infection, the public would be more on their guard when the disease occurred; and it would be well at such times if people were warned against neglect in slight cases of diarrhoea, which are often mild cases of fever capable of conveying infection to other persons.

The importance of medical men giving notice to the officer of health of the district on cases occurring in their practice was generally acknowledged, and the advantage of so doing was forcibly illustrated by one speaker.

Incidentally to the question under discussion, the *origin* of typhoid was touched upon by some of the speakers; and, although confessedly ignorant of its nature and the poison causing it, they yet quite believed that under favouring unsanitary conditions the disease might be generated *de novo*.

Papers.—The following were read:

1. Notes on Iron in Medicine, by J. Meredith, M.D., Wellington. Dr. Meredith detailed observations he had made in Demerara and in Assam, as well as in this country, and read notes of several cases; the purport of his paper being to show that, contrary to the usual teaching in schools and in text-books on *materia medica*, the administration of iron, according to his experience, was contraindicated in cases of anaemia, etc., but was of the greatest service in many inflammatory diseases, such as rheumatic fever and erysipelas.

2. Some Cases of Puerperal Septicæmia and Erysipelas, by W. J. Todd, Esq., North Petherton.

3. Notes of two Cases of Rupture of the Uterus, by H. Alford, Esq., Taunton.

4. A Case of Poisoning by Belladonna successfully treated, by F. J. C. Parsons, Esq., Bridgwater.

The cordial thanks of the meeting were voted to the readers of the several papers, each of which was discussed after being read by their authors; and a most successful and pleasant evening was brought to a close shortly before eleven o'clock.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE first ordinary meeting of the session 1878-9 was held on October 10th, in the Queen's College, Birmingham. Present: Dr. TIBBITTS of Warwick, President, in the Chair, and forty-two members and one visitor.

Vote of Thanks to Mr. Sampson Gamgee.—Upon the motion of the President, seconded by Mr. WATKIN WILLIAMS, it was resolved *nem. con.*, "That the best thanks of the meeting be hereby tendered to Mr. Sampson Gamgee for the valuable services he has rendered to Birmingham and the district, during his recent year of office as President of the Branch, in furtherance of the reform of medical charities".

New Members.—The following members of the Association were elected members of the Branch: Dr. Bayley, Stourbridge; Mr. Colin Campbell, Tamworth; Dr. Gibson, Mr. Rutherford, and Mr. Whitehead, Birmingham.

Communications.—1. Mr. Sampson Gamgee showed a Sayre's Apparatus.

2. Dr. Malins showed a specimen of Fibrous Polypus of the Uterus.

3. Dr. Hickinbotham showed a new Forceps for the removal of an Ovum, etc.

4. Mr. Vose Solomon read a paper on Gunshot and other Injuries of the Eye.

5. Dr. Fowler Bodington read a paper on Cases of Alcoholic Insanity, upon which a discussion followed, in which Dr. Tibbits, Dr. Saundby, Mr. Milner Moore, Mr. Oakes, Dr. Joy, Dr. Russell, Dr. Carter, and Dr. Johnston shared.

LANCASHIRE AND CHESHIRE BRANCH: INTER- MEDIATE MEETING.

AN intermediate meeting of the Lancashire and Cheshire Branch was held at the Infirmary, Stockport, on Wednesday, October 30th. Dr. LESLIE JONES of Blackpool presided, and eighty-seven members were present.

Communications.—1. Dr. Gamgee read a paper on the Liver as the Organ which generates Urea.

2. Dr. Ross gave an account of the Structural Changes occurring in Cirrhosis of the Liver, and showed a case of Hypertrophic Cirrhosis.

3. Dr. Ball gave the statistics of ten years' Obstetric Practice.

4. Dr. Dacre Fox described a method of treating Sprains by Pressure.

5. Dr. Hardie read a paper on the Treatment of Hip-Disease by Incision of the Capsule.

Instruments, Specimens, etc.—Messrs. Wood and Holderness of Manchester and Messrs. Krohne and Sesemann of London exhibited medical and surgical instruments. Mr. Hawksley showed some new physiological and medical instruments. Collections of new drugs, etc., were displayed by Messrs. Woolley and Motterhead of Manchester, Kay and Hornby of Stockport, and Corbyn and Stacey of London. In one of the rooms of the Infirmary, Dr. Bird arranged a collection of microscopic specimens illustrating pathology. Some beautiful sections illustrating the changes in liver-structure in the different forms of cirrhosis were shown by Dr. Ross.

Dinner.—Forty-five members of the Branch dined together after the meeting at the George Hotel.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE first ordinary meeting of the session was held at the Bristol Museum and Library, on Thursday, October 31st; H. HENSLEY, M.D., President, in the Chair. There were present fifty-six members and two visitors.

The Annual Meeting of the Association.—Dr. HENSLEY presented the thanks of the Bath Branch for the kind help given by the Bristol members during the annual meeting in Bath, and made some most complimentary remarks with reference to the *soirée* at the Colston Hall on August 9th.

Dr. MARSHALL proposed, Mr. COE seconded, and it was carried unanimously—"That the thanks of the Bath and Bristol Branch of the British Medical Association be given to the President and members of the Bristol Orpheus Glee Society for their kindness in giving a concert at the Colston Hall on the occasion of the annual meeting of the British Medical Association in Bath."

Mr. DOBSON proposed, Mr. BARTRUM seconded, and it was carried unanimously—"That the thanks of the Bath and Bristol Branch of the British Medical Association be given to the following gentlemen for their kindness in contributing in various ways to the success of the *soirée* held at the Colston Hall on August 9th:—Professor Thompson; F. J. Fry, Esq.; C. Goodwin, Esq.; Dr. Tilden; W. W. Stoddart, Esq.; Dr. G. S. Thompson; G. Riseley, Esq.; Dr. J. G. Swayne; Dr. Brittan; Mrs. Rosa Müller; E. C. Müller, Esq.; C. Branwhite, Esq.; H. Harris, Esq.; J. D. Weston, Esq."

Mr. BOARD proposed and Dr. BEDDOE seconded a vote of thanks to Dr. J. G. Swayne for his kindness in writing the Ode of Welcome sung at the Orpheus Concert on August 9th. This was carried by acclamation.

Action of Alcohol.—Dr. BEDDOE read a most interesting paper on the Action and Use of Alcohol in Health and Disease. Dr. SPENDER and Dr. DAVEY made remarks on various parts of the paper; and it was then proposed by Dr. MARSHALL, seconded by Mr. W. M. CLARKE, and carried unanimously—"That the discussion be adjourned till the next meeting of the Branch".

BORDER COUNTIES BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held in the Board Room of the Whitehaven and West Cumberland Infirmary, on October 25th, 1878. In the absence of the President, Dr. T'ANSON took the chair, at one o'clock. Seventeen other members were present.

Papers.—The following papers were read:

1. Dr. Lockie: On Arsenic as a Blood and Cardiac Tonic.

2. Mr. Skaife: Two Cases of Traumatic Tetanus.

3. Dr. Speirs: Retention of the Placenta.

4. Mr. T. H. Walker: Rupture of the Colon by a Kick from a Horse.

5. Mr. Henley showed a case of Double Congenital Dislocation of the Radius.

Dinner.—The members and their friends afterwards dined together; Dr. T'Anson in the chair, Dr. Henry in the vice-chair.

necessary to stipulate that he should be provided with staff, and not regimental, accommodation—things widely different.

Of the minor recommendations of the Committee it seems only necessary to speak in terms of general commendation, as tending for the most part in the right direction.

Referring to the question of relative rank, raised in paragraph 13 of your summary, it may be observed that medical officers, as a body, appear to attach less importance to the question of relative rank than the authorities seem to suppose. It is obvious that all military officers must have some rank given them, and it is manifestly desirable that the position granted to medical officers should be one worthy of their profession and the importance of their duties; but, in practice, high relative rank confers but little benefit on its holders, except in the particular instance of the allotment of cabins aboard ship, whilst it is known to be a prolific source of irritation to combatant officers. It might be prudent, therefore, to deprecate further changes in this direction.

The subject of the foreign service roster is one of much delicacy. Some discretion must be allowed the head of the department in the case of meritorious officers advancing in age and shaken in health, who have had much foreign service, and whose services might be lost to the public if compelled to return to the tropics. But, in the interests of justice, all instances of the employment of this discretionary power might well be made the subject of a memorandum for circulation among all whose names are borne on the roster, setting forth the date on which the officer concerned returned from foreign service, and the special circumstance which led to his retention on the home establishment. Any suspicion of unfairness in a matter which is absolutely one of life and death is felt to be intolerable, and a belief undoubtedly prevails that the names of certain officers are not placed on the roster at all, for reasons which cannot be ascertained.

No particular hardship would seem to be involved in the stipulation that medical officers who may retire before the age of fifty-five should be held liable to serve on declared national emergency, provided that, in the case of an officer's health unfitting him for active or any foreign service, he might, on the recommendation of a medical board, be permitted to serve only at home.

Without entering upon other matters which suggest themselves, it may be remarked, in conclusion, that the proposition of your correspondent A. M. D. to abolish the office of director-general and place the department under a military head, would be a deplorable confession of weakness and incompetence on the part of our service. The commissariat, the pay, and the chaplains' departments of the army are each presided over by members of these various bodies. Are the officers of the Army Medical Department so incompetent or so unreliable that not one of them can be trusted to guide the destinies of his own corps?—I am, Sir, your obedient servant,

A SENIOR OFFICER.

THE TRAINING OF ARMY SURGEONS.

SIR,—I am sure those who speak slightly of the training of army surgeons at Netley, as well as of the entrance competitive examination, cannot be aware of the amount of good which is derived therefrom. As one who has passed through the ordeal, I can only add that it proved of great benefit to myself. The only fault I had to find was that the course at Netley was far too short for candidates to go thoroughly through all the subjects, and I am sure many other army medical officers can corroborate my statement. If residence at Netley were double what it is at present, it would, to my mind, be only sufficient to accomplish the whole range of subjects taught, especially hygiene; it would then give more time for the practical course. The subjects taught in the school are quite foreign to the majority of the candidates; and surely it is necessary that the young army surgeon, having to serve in all parts of the globe, should enter on his duties with at least an insight into tropical diseases and their prevention, and be able "to advise the authorities in all matters affecting the health of troops, whether as regards garrisons, stations, camps, and barracks, or diet, clothing, drill, duties, or exercises".—I am, sir, yours respectfully,

HABBERLEY.

THE LATE DR. HEAS.—At a meeting of the Clonakilty Town Commissioners held last week, it was unanimously agreed that all business should be postponed until next meeting, in consequence of the lamented death of their late member, Dr. Patrick Heas. The following resolution was adopted in reference to the deceased: "That we cannot but express our unfeigned sorrow at the premature demise of our fellow commissioner, Dr. P. Heas, and that we convey to his bereaved widow our heartfelt sympathy and condolence on this melancholy occasion."

MEDICAL NEWS.

UNIVERSITY OF LONDON.—The following is a list of the candidates who have passed the recent second M.B. examination.

First Division.
Blake, William Henry, University College
Carrington, Robert Edmund, Guy's Hospital
Davy, Henry, Guy's Hospital
Gadsby, John Topham, University College
Hadden, Walter Bangh, Liverpool School of Medicine and St. Thomas's Hosp.
Henderson, George Cyrttenay, University College
Nicholson, John Francis, St. Thomas's Hospital
Phillips, Sidney Philip, University College
Prowse, Arthur Banck, St. Mary's Hospital
Sheldon, Thomas Steele, Guy's Hospital
Smith, Kenneth Rawlings, University College
Uthoff, John Caldwell, Guy's Hospital
Whitney, Neville Scott, University College
Wiglesworth, Joseph, Liverpool Royal Infirmary
Wilcocks, Frederick, King's College

Second Division.
Benham, Frederick Lucas, University College
Evans, Charles Walter, University College
Joule, John Samuel, University College and St. Bartholomew's Hospital
Lubbock, Montagu, Guy's Hospital
Mercier, Charles Arthur, London Hospital
Miller, Richard Shalders, University College
Padalson, Edmund Howard, Guy's Hospital
Silcock, Arthur Quarry, University College
Whitelegge, Benjamin Arthur, B.Sc., University College
Wilkinson, Arthur Thomas, B.A., B.Sc., Owens College

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on November 11th.

Baber, Henry A., L.S.A., Exeter
Bull, Edwin G., M.B. Ed., Edinburgh
Collington, Arthur G., L.R.C.P. Ed., Falmouth Road
Dallaway, Joseph W. D., L.R.C.P. Ed., Torquay
Davies, John, L.S.A., Chester
Dixon, William E., L.R.C.P. Ed., Canonbury
Farrer, George A., L.S.A., Brighouse
Garstang, Thomas W. H., L.S.A., Forest Hill
Granger, Edgar B., L.R.C.P. Lond., Nottingham
Illingworth, Charles R., M.B. Ed., Mildmay Park
James, Philip, L.R.C.P. Ed., Pontypriid
Leahy, Albert H. D., L.S.A., Oxford Street
McCrea, John P., L.R.C.P. Ed., Guernsey
Sarkies, Sarkies Caraficet, L.R.C.P. Ed., Calcutta
Sellers, Richard B., L.R.C.P. Ed., Rochdale
Wadham, Frederick, Darlington
Warrilaw, Edward S., L.S.A., Headcorn
White, Edward W. W., M.B. Dub., Killiney, Ireland

Four candidates passed in Surgery; and, when qualified in Medicine, will be admitted members of the College; and six were rejected.

The following were admitted on November 12th.

Batson, William L., Guildford Street
Buck, John S., Streatham
Cox, Robert H., Leicester
Dey, Walter H. H., Croydon
Garrett, Henry E., Manchester
Hall, Robert D. G., Clapham
Hartley, Robert N., Brixton Road
Jolliffe, Walter J., Isle of Wight
Lory, William M., L.S.A., Exeter
Mitchell, Charles P., Manchester
Oldroyd, Joseph H., Edward Street, N.W.
Phillips, William A., Sydenham
Rowbotham, Herbert C., Woolwich
Stony, Frederick H., Howden, Yorkshire
Winskell, William E., M.B. Toronto, Kelvin, Ontario
Woods, John F., L.S.A., Leyton, Essex

The following were admitted on November 13th.

Bennett, Henry J., L.R.C.P. Ed., Plymouth
Bradford, Arthur S., Chippenharn
Brunt, John, L.R.C.P. Ed., Exeter
Burg, Abraham S., L.R.C.P. Ed., Sheen, Staffordshire
Collitt, Robert H., L.R.C.P. Ed., Shepherd's Bush
Howse, Francis R., Argyll Square
Lunn, John R., Hull
Norman, William H., Chiswick
Robinson, Staphylton C. B., Bruges
Vince, John H., Birmingham
Womersley, Joshua K., L.S.A., Norwich

Out of the fifty-six candidates examined, nine were approved in surgery, and, when qualified in medicine, will be admitted members of the College; and twenty-two, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their professional studies for six months. With this meeting, the examinations for the membership of the College for the present year were brought to a close. The half-yearly examination for the fellowship will take place next week.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, October 31st, 1878.

Harvey, George Henry, Wivenhoe, Colchester
Havens, Edward John, Colchester
Jago, William Pearce, Plymouth

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

Hague, James Thompson, St. Thomas's Hospital
Leighton, Andrew William, King's College
Richardson, John Humphry H., Charing Cross Hospital

The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 7th, 1878.

Garstang, Thomas Walter Harrop, Forest Hill, S.E.
Herschell, George Arich, Bassett Road, Notting Hill
Jones, George Henry West, Eckington, Chesterfield
Lathbury, Charles John, Duffield Road, Derby

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

Atkey, William Thomas, University College
Griffin, Henry Frederick, University College
Parry, Robert, Guy's Hospital
Waghorn, James, Charing Cross Hospital

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At special examinations for the Licences of the College, held on Monday and Tuesday, October 21st and 22nd, the following candidates were successful.—For the Licence to practise Medicine.

McLaren, Agnes, M.D., University of France

For the Licence to practise Midwifery.

Burdon, Daniel, M.D., Queen's University in Ireland

MEDICAL VACANCIES.

The following vacancies are announced:—

ARDEE UNION—Medical Officer of Collon Dispensary District. Salary, £100 per annum, and £20 per annum as Sanitary Officer, with vaccination and registration fees. Applications on or before the 20th instant.

EAST SUFFOLK HOSPITAL, Ipswich.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to be made on or before the 27th instant.

HEREFORD RURAL SANITARY DISTRICT—Temporary Medical Officer of Health—Applications to be made on or before the 26th instant.

HULL BOROUGH ASYLUM—Medical Superintendent. Salary, £350 per annum, with house, coals and fuel, gas, washing, and vegetables. Applications on or before the 16th instant.

HULL GENERAL INFIRMARY—Honorary Physician.

LONGFORD UNION—Medical Officer for Killashee Dispensary District. Salary, £120 per annum, including £20 as Sanitary Officer, but exclusive of vaccination and registration fees. Election will take place on the 3rd proximo.

MANCHESTER ROYAL INFIRMARY—Pathological Registrar. Salary, £100 per annum. Applications to be made on or before the 18th instant.

MUTFORD AND LOTHINGLAND INCORPORATION—Medical Officer for the Kepingland District. Salary, £60 per annum, and fees. Applications to be made on or before the 25th instant.

NEWPORT UNION—Medical Officer for Ballycroy portion of Achill Dispensary District. Salary, £100 per annum, exclusive of registration, vaccination, and sanitary fees. Election will take place on the 3rd proximo.

ROYAL BERKS HOSPITAL, Reading—Assistant House-Surgeon.

ROYAL INFIRMARY FOR CHILDREN AND WOMEN, Waterloo Bridge Road—Physician. Applications to be made on or before the 18th instant.

SLIGO DISTRICT LUNATIC ASYLUM—Assistant Medical Officer. Must be unmarried, act as apothecary, be doubly qualified, possess a diploma in midwifery, and have at least two years' medical practice. Salary, £100 per annum and rations, or £50 in lieu of rations, with furnished apartments, fuel, light, etc. Election in December.

SOMERSET COUNTY LUNATIC ASYLUM—Assistant Medical Officer. Salary, £120 per annum, with board, residence, and washing.

WANDSWORTH AND CLAPHAM UNION—Resident Medical Superintendent of Infirmary and Medical Officer of Workhouse. Salary, £400 per annum, with unfurnished residence, without coals and gas.—Assistant Medical Officer. Salary, £120 per annum, with furnished apartments, rations, and washing.

WESTMINSTER HOSPITAL—Resident Obstetric Assistant. Applications not later than November 16th.

YORK COUNTY HOSPITAL—House-Surgeon. Salary, £100, with board and lodging. Applications to be made on or before the 23rd instant.

MEDICAL APPOINTMENTS.

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

KIRK, Robert, M.D., appointed Physician-Accoucheur for the Partick District of the Glasgow Western Infirmary.

MACKAY, G., M.B., appointed Assistant to the Extra Physicians of the Royal Edinburgh Hospital for Sick Children.

PALMER, J. Mansergh, L.K.Q.C.P.I., appointed Surgeon to the Armagh Infirmary, *vice* A. Robinson, M.B., deceased.

REID, William L., M.D., appointed Physician-Accoucheur to the Anderston District of the Glasgow Western Infirmary.

STEELE, Charles Edward, M.R.C.S.Eng., appointed Public Vaccinator to the Southern District of Liverpool, *vice* *A. B. Steele, L.K.Q.C.P., deceased.

WILLIAMS, Charles, F.R.C.S., appointed Consulting Surgeon to the County Asylum at Thorpe, near Norwich, *vice* G. W. W. Frith, Esq., deceased.

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.

DEATH.

BARNES.—On November 10th, at Southport, Emma Frances, youngest daughter of the late John Barnes, J.P., of Reedley Hall, Burnley, and dearly loved affianced wife of John Arthur Irwin, M.A., M.D., aged 23 years.

MR. PORTER of the Meath Hospital, Dublin, has been made a Justice of the Peace for the County Wexford.

DR. R. THEODORE STACK has resigned his post on the staff of the Dental Hospital of Dublin.

A CENTENARIAN.—Mr. Foott, J.P., of Carrigacunna Castle, Cork, died lately, having, it is stated, completed his one hundredth year in September last.

DEPUTY SURGEON-GENERAL J. M. S. FOGO, principal Medical Officer at Malta, has returned to England, having been appointed to succeed Sir Anthony Home, K.C.B., V.C., as Chief of the Statistical Branch of the Army Medical Department in Whitehall Yard.

CHARGE AGAINST A MEDICAL OFFICER.—At a meeting of the Tullamore Board of Guardians last week, a communication was received from the Kibbeggan Dispensary Committee, in reference to a case of neglect on the part of the dispensary medical officer of the district. It appears that a visiting ticket was sent to Dr. Barry, medical officer, on September 21st, to attend a child suffering from small-pox, but he did not visit the case until September 24th. The Dispensary Committee were of opinion that the Local Government Board should hold an investigation in the matter, and that the inquiry should extend to his conduct generally as a medical officer.

SALARIES OF DISPENSARY MEDICAL OFFICERS IN IRELAND.—The Castlebellingham Dispensary Committee having recommended an increase of £20 yearly to the salary of Dr. Callan, medical officer of the district, the matter was recently brought before the Ardee Guardians for approval; but they unanimously refused the increase. As the medical officer has a very large district to attend to, and the salary attached is but £100 a year, he cannot be said to be overpaid. Last week, in reference to the appointment of a medical officer to Collon Dispensary District now vacant, it was resolved to reduce the salary by £20 a year: an arrangement which, we trust, the Local Government Board for Ireland will refuse to sanction.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—A meeting of the Fellows was held on October 31st. Dr. A. M. Edge and Dr. C. R. Francis were elected members. Several licences were granted. A letter was read from Dr. Halford, which was referred to the Council. Permission was given to the Historical Manuscript Commission to inspect the College MSS. A letter of thanks was read from the Secretary of the Harvey Memorial Fund. The annual report of the Treasurer was read. The Treasurer gave notice of his intention to propose an alteration of the by-law on the appointment of auditors. The annual report of the representative of the College in the General Medical Council was read.

THE LATE MRS. ACLAND.—At a meeting of ladies in Oxford, friends of the late Mrs. Acland, a strong desire was expressed to raise some lasting memorial of her worth, as an expression of the affection and reverence with which her life and character are regarded. It was felt that this memorial should take a form of practical usefulness, so as to promote some good work of the kind which Mrs. Acland cherished, rather than that of a purely personal memorial, which she would have deprecated. With this principle in view, it was agreed that a great want in Oxford would be met by founding in her name an institution for nurses. The main object of the institution would be to provide gratuitous nurses for the poor; but a certain number of paid nurses would be attached to the institution. To give effect to this purpose, a sum of from £3,000 to £4,000 will be required. Contributions may be paid to the Sarah Acland Memorial Fund at Messrs. Parsons and Co., Old Bank, Oxford, or to any of the following ladies in Oxford:—Mrs. Chapman, Frewen Hall; Mrs. Liddell, Deanery, Christ Church; Mrs. Lowe, Bradmore Road; Mrs. Max Müller, 7, Norham Gardens; Miss Smith, Museum House; the Hon. Mrs. E. Talbot, Keble College. It is believed that many of Mrs. Acland's poor friends who have felt her kindly help and influence will be glad to aid in this work; and contributions, however small, will be received by any of the district visitors.

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.—Wess 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 P.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.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY —	Medical Society of London, 8.30 P.M. Mr. Owen, "On the appreciation of Rigid Jackets in the Treatment of Antero-posterior Curvature of the Spine". Dr. Douglas Powell will exhibit a Schema of the Chest, designed to show the Mechanical Condition present in Health and in some Diseases".
TUESDAY —	Pathological Society of London, 8.30 P.M. Mr. Gay: Gangrene of the Penis from Thrombosis. Dr. Lediard: 1. Aortic Aneurysm rupturing externally; 2. Abdominal Aneurysm causing Death by Uræmia. Dr. Irvine: Dermoid Cyst of the Brain. Dr. Samuel West: 1. Specimen of an Unusual Form of Pneumonia; 2. Primary Cancer of Suprarenal Capsules, with Secondary Growth in the Lung. Dr. Goodhart: Lung containing Gummata and Tubercle. Dr. Pye-Smith: Specimen of the Disease of the Brain lately described as "Piedra". Dr. Alexander Morrison: Hæmorrhage into the Pons Varolii. Dr. Braidwood: Specimens from a Case of Unilateral Cancer.
WEDNESDAY —	Association of Surgeons practising Dental Surgery, 8.30 P.M. Mr. Richard Davy, "Three Clinical Cases illustrating Disease of the Malar, Superior, and Inferior Maxillary Bones".
THURSDAY —	Harveian Society of London, 8.30 P.M. Dr. Farquharson, "On the Treatment of Incontinence of Urine"; Dr. Morton, "On the Mortality referable to Alcohol".
FRIDAY —	Clinical Society of London, 8.30 P.M. Sir James Paget, "A Case in which Watery Fluid drops from a Nostril"; Dr. Williams, "Bronchiectasis and Localised Empyema treated by Tapping"; Dr. Whipple, "Case of Perforation of the Appendix Cæci"; Mr. Bryant, "A Case of Talipes Varus treated by the Removal of a Wedge of Bone from the Tarsus" (living specimen).

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.

COMMUNICATIONS respecting editorial matters, should be addressed to the Editor, 161, Strand, London; those concerning business matters, non-delivery of the *JOURNAL*, etc., should be addressed to the General Manager, at the Office, 161, Strand, London.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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

A QUESTION OF FEE.

SIR,—The question of fee, which appeared in the *JOURNAL* for November 2nd, is perfectly correct as it stands. I do not deny that I did send a note to Dr. Girdlestone in this as I did in other cases he met me, but did not make myself more responsible in this very case than in the others. I dare say, as is usual, that I asked him what would be his charge, but never promised to pay: at the same time, I always press the patients to pay the consultee. He states that his fee has been paid to me. Nothing of the kind, as I told him more than once. If Dr. Girdlestone really believe that the fee was paid to me, I should not blame him for taking the course he has; but he ought to have known better, as stated above. The reason that I sent the money into court was, because I was ignorant on the point whether the consultee could claim his fee from the one who called him in.—I am, sir, yours truly,
Gronant, November 9th, 1878.

DAVID GRIFFITHS.

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, 161, Strand, London, and not to the Editor.

REPORT OF INFECTIOUS DISEASES.

SIR,—Will you favour me with your opinion on the following? I received this morning from a Local Board a letter stating it will be obliged if I would (of course in confidence) kindly give early information of any infectious or contagious disease in its district to its medical officer of health. A form is enclosed, to give me an idea of the nature of the information [!] the Board require (the italics are mine). Although I strongly feel such information to a medical officer of health is highly desirable, I do not think a Local Board should expect it to be given gratuitously, and think of replying, inquiring what fee the Board will allow for each case reported. What do you think should be done in the case? I am asked to do work which may result in transference of patients, without any kind of fee or compensation.—I am, yours very faithfully,

STANLEY HAYNES, M.D.

Eastnor House, Malvern, November 12th, 1878.

* * We should be glad to see this subject discussed with reference to existing and future practice.

DR. QUILL (Dublin).—Foster's or Hertman's *Physiology*; Barnes's *Diseases of Women*; or Playfair's or Leishman's *Midwifery*.

INVALID COOKERY.

"SURGEON" will find a chapter on Cooking for Invalids in *Family Fare*, by Cre-Fydd, the best cookery book extant. It is published by Simpkin, Marshall, and Co.; price 5s.

DOES TOBACCO-SMOKING OR CHEWING CAUSE ANY DISEASE?

SIR,—It is greatly to be desired, both in the interests of the profession and of the public, that the question "Does tobacco-smoking or chewing cause any disease?" should have the benefit of free ventilation and unprejudiced discussion in your columns. The nearly universal testimony of mankind has negatived the idea that the moderate use of the milder tobaccos tends to induce disease of any kind whatever; and the question to be set at rest will probably be, "Does the practice of chewing and snuffing, and the unrestrained use of the stronger tobaccos (Cavendish, etc.) cause such complaints as amaurosis, palpitation, and a host of minor evils?" Because the unfortunate dogs, mentioned in Dr. Drysdale's letter to you on October 26th, suffered severely internally from the mistaken practice of taking their tobacco with their food instead of after it, does it therefore follow that we are to abandon our postprandial cigar? and because the students of the Ecole Polytechnique obfuscated their intellects with the mild cigarette or the fragrant Havanna, is it to be concluded that all young men who both smoke and read for honours are doing the same? It is more probable that, if a poll were taken of the most distinguished students in all the large cities of the world, those who smoke would predominate over those who do not. The intelligence of the Germans certainly seems in no danger from it. The constant inhalation of tobacco-dust in the process of manufacture can doubtless produce disease; but it is difficult to see the similarity between this and the habit of smoking a few pipes or cigars daily. Amaurosis has doubtless been caused by chewing and smoking Cavendish tobacco; but even then, the inveterate smoker may fairly ask whether the source of mischief is in the tobacco or in some adulterant of it. Epithelioma has also probably been caused by the practice of smoking a badly waxed clay-pipe; but it is an open question whether the clay-pipe without the tobacco might not have been equally efficacious.

An opinion of Sir B. Brodie having been quoted, it is satisfactory to read the following extract from a letter of his to the *Times* of August 31st, 1860. "I am not prepared to subscribe to the opinion of those who hold that under all circumstances, and to however moderate an extent it be practised, the smoking of tobacco is prejudicial." And further on he specifies classes to whom the occasional use of tobacco "may be not only a grateful indulgence, but really beneficial".

The present knowledge of medical men concerning the evil effects of tobacco being largely limited to the expression "a drop of nicotine will kill a cat", it is to be hoped that the diligent student of the future will, from a number of carefully recorded cases of nicotine-poisoning in his case-book, be able to give an intelligent answer to the query as to the exact number of grains of tobacco which may be consumed without inducing amaurosis, impotence, or prolapse of the rectum.—I remain, sir, your obedient servant,

Kent, October 29th, 1878.

A MEMBER WHO SMOKES.

AN asthmatic "Member of the Army Medical Department" asks for any information as to the ingredients of a patent remedy known as "Jonas Whitcourt's Asthma Remedy".

PREVENTION OF EXCESSIVE LACTATION.

SIR,—I am able to fully endorse the opinion of Mr. J. Spark relative to the value of belladonna in staying the excessive secretion of milk. I have frequently used a liniment of belladonna, with excellent results, in the above-mentioned condition. I have subscribed notes of a case.

Mrs. F., aged 23, came under treatment June 2nd, 1876. This patient, a delicate young woman, gave up suckling her child (a stout girl of fourteen months); and after the first few days, the breasts enlarged and became doughy, and exceedingly painful. I prescribed quinine three times a day, and oil and brandy to be rubbed into the breasts, with no apparent result. On June 6th, the breasts were much worse. I prescribed the following mixture, a sixth part to be taken three times a day. ℞ Quinæ sulph. gr. xii; tincturæ belladonnæ 3i; spiritus camph. 3ss; acidi sulph. dil. ℥xx; aquam ad 3vi; and a liniment of equal parts of tincture of belladonna and soap-liniment to be painted over the breasts frequently. The result was simply marvellous. On the 13th June—four days after beginning the treatment—the breasts were quite free from milk, and painless.—I am, etc.,
November 1878.

S. B. MASON, L.R.C.P. Ed.

MOTHER'S MARK.

DR. R. L. PAYNE, in his address as President of the North Carolina Medical Association, speaking of "mother's marks", gave this example: "A black child was born to a white married woman in my county, and she accounted to her husband for its very dusky hue by assuring him that she had been terribly frightened by a negro man who presented himself before her in a half nude state. The husband was satisfied, and is still happy."

THE USE AND ABUSE OF SPECIAL HOSPITALS.

DR. HAYWOOD SMITH, Physician to the Hospital for Women and to the British Lying-in Hospital, writes to us:

"Some time ago, I wrote to this JOURNAL a short note on consultations for the poor, in which I pointed out a means of making hospitals more useful to the bulk of the profession as places where the benefits of consultations could be extended to the poor; and thus, while widening their sphere of usefulness, a check might be put upon the wholesale abuse that tends to pauperise the class above the very poor, and unfairly deprives general practitioners of some of their patients. And it is because the abuse of hospitals, and, to a marked degree, of special hospitals, threatens to swamp their legitimate use that I venture again to bring the matter before the profession, in the hope that medical men in general practice may see how hospitals may really be of use to them, and not hindrances to their practice.

"In the metropolis, specialities must necessarily exist. Patients who have exhausted the patience of their medical men or their own, or in some cases their purses, come up to town to get the opinion of some specialist. At legitimate special hospitals—e.g., eye, ear, organs of reproduction in the female, etc.—there is naturally accumulated a mass of facts which experience gives to those practising such specialities a facility of diagnosis and insight into treatment that practitioners in the ordinary run of practice can never hope to attain. This knowledge, instead of being hidden, should be available for the common use and benefit, and some system should be carried out whereby general practitioners and the physicians and surgeons of special hospitals should work hand-in-hand for their own comfort in the lessening of their work and for the good of their patients. Of course, the very poor are to be seen and helped ungrudgingly, and are so attended to at all hospitals; but my object in writing is to try to prevent the crowding of our out-patient rooms with patients who can well afford to pay for medical advice. Such patients are fourfold robbers: 1. They rob the poor of time that should be given to them; 2. They rob the hospital of its resources that are intended for the poor; 3. They rob the medical officers of their time and energy; 4. They rob their own medical man, besides lessening their own self-respect by becoming recipients of charity. To illustrate what I mean, I will take a case in my own speciality. A woman presents herself at the out-patient department, well dressed, probably even with ornaments. In taking the notes of her case, she states that she is the wife of some tradesman (not a journeyman, but a master), and the following dialogue takes place. Doctor: 'How many other hospitals have you been to?' Patient: 'Oh, none, sir; I had my own private doctor.' Doctor: 'How long have you been under him?' Patient: 'So long—.' Doctor: 'Did Dr. — send you here?' Patient: 'No.' Doctor: 'Then why do you come now?' Patient: 'Because I don't get any better, or because some lady who has been here recommended me,' or 'because I could not afford to continue any longer to pay Dr. —.' If any remembrance be made to her on the score of her position, she may reply, 'Oh, but I wish to pay something.' (Some such patients come long railway journeys, or even keep a cab at the door of the hospital.) Doctor: 'This hospital is a charity, and advice, etc., is given free.' The result of all this is, that the patient is seen, we having no authority to refuse our services to any. The patient may come again and again; our time is unnecessarily taken up, and the general practitioner loses a patient.

"I want now to point out a way by which the general practitioner may retain his patient and utilise the hospital for his own benefit. If a medical man continue attending a patient with, say, an obscure malady, until her patience is exhausted, or her friends, he loses his influence over her, and she loses confidence in him; but if he took the initiative and manifested his interest in the case, by himself procuring her additional advice, he would thereby gain an additional hold over her and gain her increased confidence and gratitude, and so retain his patient. The method I propose is this: if a medical man have a patient in somewhat needy circumstances, for whom, if she were rich, he would propose a consultation, let him send that patient to any hospital he may choose with a note to the medical officer sitting on that day, asking for his opinion on the case; and, if thought fit, also the line of treatment recommended. I am sure that such officer would be very glad to write at the time from want of leisure, yet afterwards from his notes—to go to the medical man so sending a patient, giving his diagnosis and any other information that might be of use. If such were more frequently done, it would tend to establish a more cordial feeling between general practitioners and the officers of hospitals; it would lessen the enormous number of out-patients, and so save the over-taxed out-patient officer, and would, moreover, afford such officer a good supply of interesting cases for his clinic; for at most of the special hospitals there is often a large attendance of medical men from all parts of the world who come to see interesting special cases, and the thorough sifting of such cases would give great opportunities of useful clinical instruction.

"Our general hospitals have rightly introduced departments of the chief specialities; but, owing to the large number of students—because the special hospitals ever will attract the best cases—the complaints are constant that students do not see all they wish to. The clinics, therefore, of the special hospitals—open for the most part freely to all medical men—afford a field of observation that can be obtained nowhere else; but the out-patient department of such hospitals is abused and inconveniently crowded with ordinary cases, and so the time the officer would gladly give in instruction is wasted by the undue strain on his time and energy.

"If general practitioners would work hand-in-hand with us, as I have endeavoured to point out, they would greatly benefit both themselves and us; they would lessen their own anxieties; they would establish greater confidence in their patients; and, above all, they would retain their patients, and therefore have less cause to grumble at—now not without some provocation—the abuse of special hospitals."

REMOVAL OF THE BREAST.

SIR,—I should be obliged if any of the readers of your JOURNAL could give me the reference to any cases recorded of the removal of both breasts in the female at the same time.—I am, sir, yours truly, A. R. L.

A FRAGRANT STOMACHIC.

THE well known fragrant garden favourite, the sweet-scented or lemon verbena (*Lippia citrindora*), seems to have other qualities to recommend it than those of fragrance, for which it is usually cultivated. The author of a recent work, entitled *Among the Spanish People*, describes it as being systematically gathered in Spain, where it is regarded as a fine stomachic and cordial. It is either used in the form of a cold decoction, sweetened, or five or six leaves are put into a teacup, and hot tea poured upon them. The author says that the flavour of the tea thus prepared "is simply delicious, and no one who has drunk his Pekoe with it will ever again drink it without a sprig of lemon verbena." And he further states that if this be used, one need "never suffer from flatulence, never be made nervous or old-maidish, never have cholera, diarrhoea, or loss of appetite."—*Scientific American*.

NEWSPAPER PRESCRIBING.

MR. A. CLARK NEWTON, L.M., C.M., M.R.C.S.E., commences in the *Newcastle Weekly Chronicle*, October 12th, "The Doctor's Corner," which he intimates that, among other things, "One of the objects of this Corner will be to give simple advice. To persons afflicted with simple maladies we will endeavour to recommend simple remedies; but we must caution our readers in the most emphatic manner possible, that all directions for the treatment of disease given here can only be relied upon for cases that are not urgent. Affections of an acute or serious nature imperatively demand the early attendance of a medical practitioner." Mr. Newton is possibly unaware of the dangers and evils of such a course. He may be referred to the JOURNAL of some years ago, in which a London physician attempted, unsuccessfully, to vindicate a similar proceeding in the *Biographical Journal*, but found that professional opinion was against him, and abandoned it. The recommendation of "simple remedies" to unseen and unknown newspaper correspondents is about as dangerous and reprehensible an undertaking as any practitioner can engage in, and we hope that Mr. Newton will not persevere in a course which can but injure his fellow-citizens, while it is inappropriate to his position and offensive to his profession.

MR. VACHER'S paper shall be published as early as possible.

SIR,—Is it useful for a medical man starting in a neighbourhood to call upon the other medical men in his vicinity, or to act on the ordinary rules of etiquette and wait until they call upon him?—I am your obedient servant, A MEMBER.

* The ordinary rules of etiquette should be followed.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Somersetshire Advertiser; The Eastern Morning News; The Irish Times; The Chicago Times; The Manchester Guardian; The Berkshire Chronicle; The Glasgow Herald; The Oswestry Advertiser; The Edinburgh Daily Courier; The Middlesex County Times; The Liverpool Evening Albion; The Daily Courier; The Glasgow Evening News; The Liverpool Mercury; The Weymouth Telegram; The Yorkshire Post; The Coventry Herald; The Wisbech Advertiser; The West Briton and Cornwall Advertiser; The League Journal; The Liverpool Daily Post; The Newport and Drayton Advertiser; The Exeter and Plymouth Gazette; The Kelson Chronicle; The Fifehire Herald; The Merthyr Express; The Carnarvon and Denbigh Herald; The Surrey Advertiser; The Stroud News; The Scotsman; The Manchester Courier; The West Middlesex Advertiser; The Western Mail; The Essex Advertiser; The Melbourne Argus; The Midland Free Press; The Cork Constitution; The East London Observer; The Leeds Mercury; The United Service Gazette; The Citizen; The Gloucestershire Standard; The Southport Visitor; The Wrexham Advertiser; The Edinburgh Courier; The Cornwall Gazette; The Freeman's Journal; etc.

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

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* BOOKS, ETC., RECEIVED.

The Science and Practice of Surgery. By Frederick James Gant, F.R.C.S. London: Baillière, Tindall, and Cox. 1878.

The Surgeon's Handbook of the Treatment of Wounded in the War. By Dr. Friedrich Esmarch. Translated by H. H. Clutton, B.A. London: Sampson Low and Co. 1872.