

o'clock in the morning, the roads being bad. He made up some medicine, and sent it back by the messenger who had waited. Both the children were in danger. He wrote to defendant by first post the next day, and went up at mid-day, expecting to see defendant there. The child with the croup was better, and nearly out of danger; but the other was in a most dangerous condition, with sore throat and tendency to sink. He went again the next morning before breakfast, and found the girl still very bad; the boy was then out of danger. He went again in the afternoon, about five o'clock, and took Mr. Hornsby. He advised Mr. Roe of the dangerous condition of his daughter, and recommended him to send the other children away, and to call in his own medical man from Birmingham. Mr. Roe replied that he had every confidence in witness, and was pleased that he had been fetched. Witness advised him to have Dr. Heslop or Dr. Russell, or any leading physician to see the child. Defendant did not agree to that, and witness left; but, the next morning, at twelve o'clock, he received a message to meet Dr. Heslop at eleven. He went up; Dr. Heslop had gone, but had left a letter for him, and they had a consultation by letter as to the treatment of the case. The child was no better than on the previous day. Defendant consulted witness about himself, and witness prescribed for him; no separate charge was made for that. He attended night and morning on the 13th, 14th, and 15th, when he found the child better. Mr. Roe begged him to come oftener than he did, and asked him to pay every attention, and not think anything of expense. He went twenty-three times altogether; the last was on the 13th of January. Mr. Hornsby went once with witness, and once or more alone. Mr. J. F. West, Senior Surgeon to the Queen's Hospital, Birmingham, testified to the reasonableness of the charges. Mr. S. Stretton of Kidderminster; Dr. Fitch of Chaddesley Corbett; Mr. Mann and Mr. Yates, both of Birmingham, were also in attendance to give similar evidence; but the Judge said it would be unnecessary to call them, for he was as much satisfied upon that point with the evidence of Mr. West, as he should be if half a dozen other gentlemen corroborated him.—The Judge said that, if the plaintiff had been a physician, he could not, under the present rules of his College, have sued for his fees; but he was in good general practice, and he thought a gentleman in that position was not entitled to more than a guinea for an ordinary visit, though for some of his visits he might be entitled to still more. One of his visits was paid at night, during very bad weather, to attend what were no doubt very anxious cases; and for that visit he (the Judge) would be perfectly justified in allowing two guineas. Another visit was paid late in the afternoon, and for that he thought Mr. Prosser was entitled to a guinea. The other visits were made in the daytime, and there was no doubt that on those occasions Mr. Prosser also visited other patients, and therefore he was not entitled to a special fee for these visits, but would be allowed ten shillings for each. As to the consultation, he saw nothing unreasonable in the charge of a guinea for it, though it was by letter. The charge for medicine was not disputed, and the judgment would therefore be for £16 4s., together with the costs, including those of the witnesses which were not called, amounting to £10 17s. 6d.

#### PROSECUTION FOR SIGNING A DEATH-CERTIFICATE OF A PATIENT ATTENDED BY AN UNQUALIFIED ASSISTANT.

At Hammersmith Police Court, Mr. David Johnson, a surgeon residing in South Kensington, appeared to answer two summonses—one for making a false statement concerning the death of Margaret Philipina Howells, aged five years, the daughter of Letitia Howells, the wife of a tailor, with intent to have the same entered on the register of deaths; and the other for making a false certificate of the same. Mr. Claydon appeared for the defendant, who pleaded "Not Guilty". Mr. Pridham said the proceedings were taken under the Births and Deaths Registration Act of 1874, and instituted by the Medical Defence Association with the sanction and authority of the Registrar-General. The defendant was a registered medical practitioner residing in Penywern Road; but he had a brass plate bearing the words, "Dr. Johnson's Surgery", at 8, The Terrace, in High Street, Kensington, which house was occupied by Mr. Carnley Smith, who had been fined £10 at that court for falsely pretending to be a qualified practitioner in a certificate of vaccination. Mr. Smith attended the child, well knowing his position; and the defendant did not see her until after death, though he signed a certificate stating that he had attended her. The association were not actuated by any vindictive motives, but it was necessary to stop the practice, otherwise the Act would become a nullity. The mother of the child said Mr. Smith had attended a person in the house and witness's family. She liked him, and sent for him when her child was attacked with fever in April. He attended her until she died. The defendant saw her after death, and said, if the witness sent to the terrace, he would give a certificate. In cross-examination, the witness said she did

not wish to prosecute. She was not aware of the prosecution until it was commenced.—Mr. Claydon said the Medical Association had acted rather precipitately in taking proceedings against the defendant, who was a highly respectable practitioner, and the last person to contravene an Act of Parliament. Mr. Smith had been the defendant's pupil and assistant, and proposed to go up in January for his diploma. It was the common practice for surgeons to employ unqualified practitioners to assist them in visiting and dispensing, and, if the defendant had erred, it was through ignorance of the law.—Mr. Sheil (the magistrate) was of opinion that there had been an infringement of the Act. As there had not been any previous complaint against the defendant, he should not impose the full penalty. He fined him £5, with five guineas costs in the first case, and one shilling in the second. The money was paid.

## ASSOCIATION INTELLIGENCE.

### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

THE next meeting of this district will be held at the West Kent General Hospital, Maidstone, on Friday, November 28th, at 3 P.M., and not on Tuesday, November 25th, as previously announced: WM. HOAR, Esq., will take the Chair.

Dr. Monckton will introduce a discussion on "Some of the Epiphenomena of Albuminuria".

A. H. B. HALLOWES, M.R.C.S., *Honorary Secretary*.

Maidstone, November 19th, 1879.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

THE next meeting of this district will be held in the Library of the County Hospital, Canterbury, on Thursday, November 27th, at 3 o'clock: President—Dr. GOGARTY.

Dinner will be provided at the Fleur-de-Lis Hotel, at 5 o'clock. Charge, 6s. 6d., exclusive of wine. Members intending to be present are requested to communicate their intention to the Secretary on or before Tuesday, the 25th instant.

The following papers have been promised.

1. Case of Colotomy: Mr. F. Vacher.
2. Case of Hæmophilia: Mr. T. Whitehead Reid.
3. Case of Amputation of Thigh, with Anterior Flap only: Mr. Wm. Knight Treves.
4. On the Dose of Iodide of Potassium: Mr. Wm. Knight Treves.

WM. KNIGHT TREVES, F.R.C.S., *Honorary Secretary*.

Margate, November 17th, 1879.

### STAFFORDSHIRE BRANCH.

THE first ordinary meeting of the present session will be held at the London and North Western Railway Hotel, Stoke-upon-Trent, on Thursday, November 27th, at 4.30 P.M.

VINCENT JACKSON, Wolverhampton }  
J. G. U. WEST, Stoke-upon-Trent } *Honorary Secretaries*.

Wolverhampton, November 10th, 1879.

### METROPOLITAN COUNTIES BRANCH.

AN adjourned general meeting of this Branch will be held at the house of the Medical Society of London, 11, Chandos Street, Cavendish Square, on Saturday, December 6th, to receive and discuss the Report of the Committee appointed to consider the subject of the Education of the General Practitioner of Medicine.

The Chair will be taken by the President, JOHN WOOD, Esq., F.R.S., at 8 o'clock precisely.

ALEXANDER HENRY, M.D. }  
W. CHAPMAN GRIGG, M.D. } *Hon. Secs.*

57, Doughty Street, W.C., November 19th, 1879.

### NORTH OF IRELAND BRANCH.

A MEETING of this Branch will be held at the Belfast Royal Hospital, on Friday, December 5th, 1879, at 12 o'clock noon.

Members desirous of making any communication to the Branch are requested to communicate with

JOHN MOORE, M.D., *Honorary Secretary*

2, Carlisle Terrace, Belfast, November 10th, 1879.

## GLASGOW AND WEST OF SCOTLAND BRANCH.

A MEETING will be held in the Faculty Hall, on Friday, December 19th, at 3 P.M.

There will be some references made as to the question of Fees in Medico-legal Cases; and a discussion on the Relation of Croup and Diphtheria; introduced by Dr. J. B. Russell, from the statistical point of view.

## SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

THE seventy-second meeting of this district was held at the Albion Hotel, Ramsgate, on Thursday, September 25th, at 3 o'clock: S. WOODMAN, F.R.C.S., in the Chair. Twenty-five members and visitors were present.

*Next Meeting.*—Dr. Gogarty was appointed President of the November meeting at Canterbury.

*The Ethical Committee* were requested to consider and report on the propositions brought forward by Mr. Reid in May last.

*Papers.*—The following communications were brought before the meeting.

1. Case of Recovery from Traumatic Tetanus. By Mr. R. Hicks.
2. Remarks on Strangulated Hernia. By Mr. Edmund Owen.
3. Disguised Scarlatina. By Mr. T. F. Raven.
4. Specimens of Tubal Gestation and Mitral Stenosis. By Mr. T. F. Raven.
5. Case of Lithotripsy and Casts of Dislocated Wrist. By Mr. S. Woodman.

*Dinner.*—The members, to the number of twenty-four, afterwards dined together.

## WEST SOMERSET BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held at the Railway Hotel, Taunton, on Thursday, October 23rd, at five o'clock; THOMAS CLARK, Esq., President, in the Chair.

*Dinner.*—After some routine business, fifteen members partook of dinner.

*Discussion.*—The question, as previously settled by the Council—viz., What is the use of Alcohol in the treatment of disease?—was put from the Chair. Thoughtful and varied replies were elicited. In some, theories were broached; and several gentlemen insisted upon the importance of administering alcohol in its purest form. But the general answer to the question may be summed up as expressing approval of the use of alcohol, administered very cautiously, in certain stages of acute disease, in cases of collapse and such-like. Its employment, however, in chronic affections should be had recourse to, as a rule, only exceptionally; its use in such cases being likely to end in abuse. Its good effects were referred to by different speakers as having, in their experience, been most marked in cases of typhoid and other fevers, in low forms of pneumonia, and in collapse after loss of blood or after severe injuries.

*Papers.*—The following papers were read.

1. Typhoid Fever: in its first Onset a Local Disease. By the PRESIDENT. Mr. Clark founded his argument on cases observed by himself and others, which he described, wherein, during epidemics of typhoid fever, persons exposed to infection died without having manifested the usual symptoms of the disease, but in whom, on *post mortem* examination, there was found to be diseased action going on in the Peyer's and solitary glands of the small intestine; and here, the author believed, was the nidus which constituted the local *habitat* of the disease.

2. A Case of Persistent Menorrhagia: Oophorectomy: Recovery. By JOHN MEREDITH, M.D. This paper is published at page 730.

3. Clinical Notes on a Penetrating Wound of the Abdomen with Protrusion of Intestine. By G. CORDWENT, M.D. The patient, a healthy boy, soon after eating a good dinner, was gored by a bullock. Many feet of intestine protruded. Two hours afterwards, Dr. Cordwent saw him, when he returned the intestine and closed the wound. Recovery followed without a bad symptom. No medicine was given. The peculiar interest of the case was the evidence it afforded of "reciprocal action in organic life to maintain life". During four days after receiving the injury, the boy experienced neither thirst nor hunger. Thirteen hours after eating the hearty meal which he ate immediately before being gored, that meal was vomited up just as it had been swallowed; and, until after a spontaneous action of the bowels at the expiration of four days, the boy felt not the least desire for either liquid or solid food—thus showing that, where digestive action would have been likely to interfere with reparative action, it was completely suspended.

## BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

A MEETING of this section was held on October 31st, at Queen's College, Birmingham: Dr. BODINGTON (Kingswinford) in the chair.

Mr. LAWSON TAIT read a paper on a case of Menstrual Epilepsy, dependent on Exanthematic Cirrhosis of the Ovaries, and cured by removal of both Ovaries. He drew attention to a form of chronic interstitial inflammation of the ovaries, which, according to his observations, was apt to follow certain of the exanthemata, notably small-pox and scarlet fever, to which he gave the name of Exanthematic Cirrhosis.

Mr. T. F. CHAVASSE showed a specimen of Scirrhus of the Male Breast.

Mr. W. THOMAS read a paper on the Treatment of Morbus Coxæ by Thomas's splints. It was illustrated by two living cases, which were shown to those present.

## YORKSHIRE AND EAST YORK AND NORTH LINCOLN BRANCHES: CONJOINT MEETING.

A CONJOINT meeting of the Yorkshire and East York and North Lincoln Branches was held, in the Museum of the Yorkshire Philosophical Society, York, on October 22nd, at 3 P.M.

*Illness of Dr. Procter.*—A sincere vote of sympathy with Dr. Procter (Secretary of the Yorkshire Branch), in his serious illness, was proposed by Mr. Arthur Jackson, President of the Yorkshire Branch, and seconded by Dr. J. H. Gibson, President of the East York and North Lincoln Branch, and carried unanimously.

*New Members.*—Five gentlemen were elected members of the Yorkshire Branch.

*Communications.*—The following communications were made.

1. Mr. R. H. B. Nicholson exhibited two patients who had suffered from Lupus non exedens, and on whom he had operated by erosion. The result was most satisfactory.—Mr. Teale, Dr. Myrtle, and other gentlemen spoke of the gratifying results of this method of treatment.

2. Mr. Dix related the particulars of a case of Popliteal Aneurism. Pressure was tried, and failed. The arteries were then secured by the method known as the wire-compress; but, pulsation having returned in a few days, a ligature was placed on the vessel, just below the wire. Pulsation again returned, and in ten days a bleeding took place. The common femoral artery was now wired, and then pulsation ceased entirely. However, another bleeding took place. An attempt to secure the vessel failed, owing to the near proximity of the aneurism, and no resource was left but amputation. The patient was in a very reduced condition, and sank in a day or two. Mr. Dix blamed the ligature for the unfortunate result in this case.—Mr. McGill thought the treatment by the wire had a good deal to do with the failure of the ligature.—Mr. Jessop and Mr. Husband also spoke.

3. Dr. King showed a boy on whom he had performed Osteotomy for double Genu Valgum, after Dr. Macewen's plan. The limbs were as nearly as possible straight.—Mr. R. H. B. Nicholson showed the photograph of a case on which he had operated on the previous day.—Mr. Atkinson also showed photographs of a successful case on which he had operated.

5. Dr. Churton read a paper on Diagnosis and Perignosis. The argument of the paper was that, in dealing with patients, it was much more important to ascertain their medical history and their surroundings than merely to name their diseases.

6. Mr. Snell read a paper, and showed photographs of a severe case of Ectropion, treated by a naso-buccal flap. Photographs of other cases so treated were shown.

Papers on the Classification of Disease, by Dr. Rabagliati; on Extensive Cancerous Infiltration of the Skin, by Mr. Meade; and on Fracture of the Skull with Loss of Brain-Substance, by Mr. Ball, had to be postponed.

*Dinner.*—After the meeting, the members dined together at the Station Hotel.

## BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE first ordinary meeting of the session was held at the Grand Pump Room Hotel, Bath, on Thursday evening, October 30th: Dr. BEDDOE, President, in the Chair. There were also present forty-two members and two visitors.

*Communications.*—The following communications were made.

1. Mr. F. K. Green exhibited a patient with well marked Alibert's Keloid on the Sternum, and gave the history of the case; which led to remarks being made by Drs. Swayne and Spender, and Messrs. Dobson, Thomas, Board, and Waugh.

2. Dr. A. W. Fox showed two patients: one suffering from Multiple Sclerosis, and the other from Amyotropic Lateral Sclerosis; and read an able paper on the cases, which led to a discussion, in which Dr. E. L. Fox, Dr. Shingleton Smith, and others, took part.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### THE VICAR OF CARMARTHEN AND THE USE OF STIMULANTS FOR THE SICK.

At a recent meeting of the Carmarthen Board of Guardians, the vicar attended and complained that a pauper he had visited the day before his death was not attended to, and given no restoratives, although he needed them. The master said "the doctor told him that stimulants would kill the old man just referred to". He further said that, the day before the vicar's visit, Mr. Bircham (Poor-law Inspector) was at the house, and asked the old man if he had any complaints, when the latter said he had not. The reverend gentleman may be, and doubtless is, a very humane person; but it is clearly not within the measure of his duty to sit in judgment upon, and complain of, the exercise of it on the part of the medical officer of the workhouse.

### THE ST. GERMAN'S BOARD OF GUARDIANS AND THEIR MEDICAL OFFICER.

We learn from a local paper which has been forwarded to us, that a very lively passage of arms has taken place between the St. Germans Board of Guardians and one of their medical officers, Mr. Kempthorne of Callington, Cornwall, in reference to a charge of neglect of duty preferred against him by a Mr. Rickeard, a member of the Board, in which it was alleged that the doctor had not given proper attention to a case of pneumonia occurring in his district, and for which he had received the usual medical order. From a review of the correspondence, we do not hesitate to express our opinion that the guardians were rather hasty in jumping to the conclusion that Mr. Kempthorne, or rather his assistant Mr. Jacob, had neglected the case on the representation of a guardian who appears to have exhibited more zeal than judgment, and in calling on Mr. Kempthorne to resign his office before affording him any opportunity for explanation, seeing that it is within the competence of a medical officer to decide how often he should visit a particular case of sickness; and notably as, in this instance, no injury was inflicted on the youth who was the subject of complaint.

Whilst, however, thus expressing ourselves, we cannot but think it would have been better if Mr. Kempthorne had adopted a more judicious style of reply. It would have been more dignified and, what is more to the point, much more effective, if he had contented himself with quietly repudiating the charge preferred against him. We know full well that it is often a difficult matter for a Poor-law medical officer to put a restraint on his feelings when made the object of malicious misrepresentation, either by an individual or by several members of a Board of Guardians; but it is hardly judicious to fall foul of the whole Board, as they are clothed with authority, and have it in their power to exercise it in such way as to make the officer's position not only uncomfortable, but precarious. Poor-law medical officers should never forget that they are members of a learned profession, and that boards of guardians are often a narrow-minded and ignorant body of men. It is not always wise, however, to openly tell them so.

### THE RECENT INQUEST AT THE WESTMINSTER UNION WORKHOUSE.

We had hoped that under the provisions of the Metropolitan Poor-law Act, which was framed for the purpose of securing proper consideration for the necessities of the sick poor, such a story as that told in the columns of our daily contemporaries could not have occurred. It would appear that on the evening of Friday, the 31st ultimo, Constable 138 C found a poor fellow huddled up in a doorway of a house in Cranbourn Street, St. Martin's-in-the-Fields. He was feeble and exhausted. A bystander told the constable that as he was destitute and ill, he had been removed from a lodging-house close by, in accordance with the very prudent but questionable custom of the proprietor. The constable called a cab and took the man to the Cleveland Street Sick Asylum Hospital, to which the parish of St. Martin's is affiliated through its forming an integral part of the Strand Union. One would have thought that this sick person, when brought, would have been immediately admitted and attended to, but this was not to be. On the constable stating the case to the porter, that official promptly informed him that he could not be admitted without an order; and on the constable asking where he could get that, he was informed

that he might obtain one at Edmonton, about seven miles off, where it would appear this sapient body of local Poor-law administrators have built their workhouse. As the porter remained inexorable, the dying man was taken to the Middlesex Hospital. There he was seen and examined by the house-surgeon, who gave him some beef-tea and a certificate, that as he was destitute as well as sick, his case was one for a workhouse infirmary.

Armed with the certificate, the constable next proceeded to the Westminster Workhouse, Poland Street. On his admission there, the patient was at once seen by the medical officer, Dr. Joseph Rogers, who happened to be in the House at the time, and who found him to be in a complete state of collapse. After the administration of stimulants he rallied, but eventually sank and died, but not before stating to the attendant at the infirmary that he had been without food of any kind for three days. This the *post mortem* examination bore out; and the subsequent history showed that he had been in a state of destitution and deprivation of the necessities of life for some time past, but, with unusual pride, had not made known his wants to any of those friends who might have assisted him, until too late to be of service.

The inquiry at which the above facts were elicited was held on the 6th, and was adjourned to the 13th instant, for the purpose of enabling the various officials to explain their conduct, on which occasion the resident medical officer at the Middlesex Hospital deposed that he had examined the man, and found that he was suffering from chronic starvation; that he gave him some beef-tea, and directed his removal to a workhouse infirmary, as it was a case of destitution only. The night-porter at Cleveland Street Sick Asylum admitted the correctness of the statements made as to his action in the matter, and alleged as his reason for not admitting Chapman, that the previous porter had informed him that he would subject himself to dismissal if he admitted any one without an order. It was also elicited from him that he had never been instructed in the nature of his duties, beyond booking people in and out—not an unusual occurrence in Poor-law administration. Dr. Lediard, Medical Superintendent, stated that he should have admitted the man if he had been made aware that he was ill, and had been brought by a constable. He also cited three instances, extending over a period of four years, where he had admitted persons on his own responsibility without orders. The money-taker at the lodging-house said that, finding Chapman was feeble, emaciated, and penniless, he had gone to St. Giles's Workhouse for an order for a doctor; that he was referred to the Strand Union Office, Bow Street; that on his arriving there the relieving officer declined to give an order, although he informed him that the man was very ill, until he went back and got his name; that on his return to the lodging-house, he found the poor fellow so much worse that he took him up into the street to hand him over to the police.

At the conclusion of the inquiry, which occupied some hours, the jury found "That John Dudley Chapman died from starvation, accelerated by the neglect of the authorities of the Strand Union, and by the gross mismanagement on the part of the officials at the Cleveland Street Infirmary and Asylum". This verdict, though severe, was borne out by the facts elicited; but we would ask how came it to pass, when the Local Government Board sanctioned the action of the Strand Guardians in building their workhouse at Edmonton, that they did not compel them to provide a reception-house in town to which unfortunates like John Dudley Chapman might have been removed?

### MEDICAL OFFICERS AND THEIR HOLIDAYS.

J. C.—It is nowhere laid down in the instructional letters nor in the general orders of the Local Government Board, that a district medical officer is required to ask the leave of his Board of Guardians before he takes his annual or accidental holiday. All that is required by the orders, which have the force of law, is to name to the guardians some duly qualified person who, in the absence of the district medical officer, shall act as his substitute. At the same time, we would urge on every Poor-law medical officer, whether for a workhouse or district, the expediency of forwarding a note to the clerk of the union, intimating that he is about to leave home, and that during such absence Dr. — or Mr. — will take charge. By adopting this course, he is exonerated from all blame if there should be neglect of the sick, or any other misadventure should arise during such absence. Under the circumstances mentioned in our correspondent's note, the censure of the Board of Guardians may be treated with the contempt it deserves.

### TREATMENT OF TWO DISEASES IN AN INFECTIOUS HOSPITAL.

SIR,—May I hope that you will give space in your columns to the following brief statement of facts, my object being an elucidation of professional opinion upon a very important subject connected with public health? Within a certain district, cases of small-pox have lately occurred sufficiently numerous to create apprehension of possible epidemic. The district is urban, having a hospital provided for the reception of cases of infectious fevers—viz., scarlet fever, measles, typhoid, etc. This hospital was a dwelling house, now converted into its present use, having no means of practical isolation as regards diseases by separate blocks or wards. The questions arise:

1. Is it wise, judicious, or according with present professional opinion and professional practice, to admit small-pox into such a building conjointly with cases of scarlet fever, typhoid fever, etc.?

2. Is there danger of small-pox infection spreading to cases of these other kinds, and so endangering their lives?

3. Does the admission of small-pox into a hospital where are or may be admitted other forms of disease, and where neither disease nor attendance can be isolated, tend to prevention or possible spread of infection?

I have no doubt that, in your editorial capacity, you know the professional opinion as generally accepted on this subject, and I would greatly desire to have a record of that opinion expressed, if possible, in your next issue.—I am, sir, yours faithfully,

MEDICAL OFFICER OF HEALTH.

\* \* If, as we understand, the hospital do not admit of two different infectious diseases being properly treated at the same time—i.e., treated in separate wards, with proper atmospheric separation from each other—it would clearly be improper to admit small-pox into such a building conjointly with other diseases, as there is nothing to prevent cases of the latter from being attacked by small-pox, or *vice versa*. We do not understand the third question; but if our correspondent want to know if there be any danger in receiving small-pox into a hospital in which patients suffering from other diseases may subsequently, but not contemporaneously, be treated, the answer must be that, with proper precautions, no such danger need be apprehended.

## MEDICAL NEWS.

UNIVERSITY OF LONDON.—Second M.B. Examination, 1879. Pass List.

*First Division.*

Andrews, William Stratford, University College  
Barling, Gilbert Harry, St. Bartholomew's Hospital  
Bond, James William, University College  
Boyd, James Stanley Newton, University College  
Buckell, Arthur Edward, University College  
Colquhoun, Daniel, Charing Cross Hospital  
Cross, Francis Richardson, King's College  
Dunbar, James John Macwhirter, St. George's Hospital  
Fuller, Thomas Warbenton, Guy's Hospital  
Gabb, James Percy Alwyne, University College  
Hayward, Thomas Ernest, St. Bartholomew's Hospital  
Herman, George Ernest, London Hospital  
Hine, John Edward, University College  
Hughes, Richard, St. Bartholomew's and Middlesex Hospitals, and Manchester Royal Infirmary  
Mackern, George, Guy's Hospital  
Pughe, Taeliesin Wilim Owen, Liverpool Royal Infirmary and Guy's Hospital  
Russell, George Hannah, Guy's Hospital  
Sainsbury, Harrington, University College  
Sheppard, Charles Edward, St. Thomas's Hospital  
Smith, Robert Percy, St. Thomas's Hospital  
White, William Hale, Guy's Hospital  
Williams, Dawson, University 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 17th.

Bowe, Francis, L.S.A., Shipley, Yorks  
Cama, Rastamji H., L.M.Bombay, Bombay  
Fellowes, H.F.A.B., L.S.A., Chobham  
Gabe, John, L.S.A., Merthyr Tydfil  
Harrison, James, L.S.A., Windermere  
Mead, George O., L.R.C.P.Ed., Newmarket  
Murray, Henry W., M.B.Dub., Limerick  
Parsons, Herbert T., L.S.A., Frome  
Pearce, John P., L.S.A., St. Austell  
Purkiss, Arthur, M.B. and C.M.Aberd., Clapham  
Sanders, John W., L.S.A., Trowbridge  
Veale, William E., L.S.A., Plymouth  
Walker, John S., L.S.A., Adelphi Terrace  
Whiteley, George W., L.R.C.P.Ed., Wakefield

One gentleman passed in Surgery, and, when qualified in Medicine, will be admitted a member of the College; and ten candidates were rejected.

The following gentlemen were admitted members on November 18th.

Ansted, Hugh Leslie Petrel, Milton Suffolk (King's College)  
Benthall, Alfred Elliott, Sherborne (University College)  
Betts, Edward George, L.S.A., Holloway (Middlesex Hospital)  
Cleave, John Charles Carleton, M.D.Kingston, Canada (Kingston School)  
Davies, John Morgan Lloyd, L.R.C.P.Ed. and L.S.A., Cardigan (Middlesex Hospital)  
Farrer, Robert Thompson, Brighouse, Yorkshire (Leeds School)  
Fialho, Joao Henrique, L.R.C.P.Ed., Goa (University College)  
Gwynn, Reuben Herbert, L.R.C.P.Ed., Caterham (St. Thomas's Hospital)  
Handfield-Jones, Charles Montagu, Green Street, Grosvenor Square (St. Mary's Hospital)  
Haycroft, Charles Henry, L.S.A., Starcross (Guy's Hospital)  
Hill, Hugh Gardiner, Kensington (St. Mary's Hospital)  
Howell, Thomas Arthur Ives, L.R.C.P.Lond., Wandsworth (Guy's Hospital)  
Hudson, Theodore Joseph, Cottingham, near Hull (Leeds School)  
Jefferson, Arthur John, L.S.A., New Hampton (St. Thomas's Hospital)  
Lawford, John Bowring, M.D., McGill, Montreal (McGill University)  
Liebstein, Herman John, L.S.A., Highbury Hill (Guy's Hospital)  
Luckman, Edward Llewellyn, Manchester (Manchester School)  
Maberly, Henry Edward, Birmingham (Birmingham School)  
Maddick, Edmund Distin, L.R.C.P.Ed., Brixton (St. Thomas's Hospital)  
Mitchell, James Thomas, M.B.Aberd., Adelaide (University College)  
Morgan, James, L.R.C.P.Ed., Holloway Road (Dublin School)  
Parker, William Rushton, Liverpool (University College)  
Penruddocke, Charles, Bristol (Bristol School)  
Pilkington, George, Yarm-on-Tees (Guy's Hospital)  
Preston, Henry Tolver, M.B.Aberd., Bournemouth (St. Bartholomew's Hospital)  
Priest, James Damer, L.S.A., Waltham Abbey (St. Bartholomew's Hospital)  
Smith, Sydney, L.R.C.P.Lond., Weston-super-Mare (Guy's Hospital)  
Steele, Richard, L.R.C.P.Ed., Blackheath (Guy's Hospital)  
Sutcliffe, John, Stalybridge (Manchester School)  
Swindells, John Adam, Holmes Chapel, Cheshire (Manchester School)  
Tarlton, Paul, L.R.C.P.Ed., Leamington (St. Bartholomew's Hospital)  
Taylor, David, M.D.Queen's Univ., Belfast (Belfast School)  
Thomson, George James Crawford, L.S.A., Amberley, Gloucestershire (St. Thomas's Hospital)  
Vintrace, Felix Coulson, Birmingham (Birmingham School)  
Willoughby, James Frederick Digby, South Audley Street (St. George's Hospital)  
Wright, Christopher St. John, L.S.A., Priors Maston (Guy's Hospital)

Seven candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their professional studies for six months.

## MEDICAL VACANCIES.

*Particulars of those marked with an asterisk will be found in the advertisement columns.*

The following vacancies are announced:—

- ARDWICK AND ANCOATS DISPENSARY AND HOSPITAL, Manchester—Junior House-Surgeon. Salary, £100 to £120, with apartments and attendance. Duties commence January 1st, 1880.
- \*BRISTOL ROYAL INFIRMARY—House-Surgeon. Salary, £100 per annum, with furnished apartments, board, and washing. Applications on or before December 1st.
- BURY DISPENSARY—House-Surgeon. Salary, £100 per annum, with apartments, etc. Applications to the Secretary on or before November 29th.
- \*CARLISLE DISPENSARY—Junior House-Surgeon. Salary, £90 per annum, with apartments, coal, gas, and attendance. Duties to commence on Dec. 1st.
- \*DURHAM COUNTY ASYLUM—Assistant Medical Officer. Application, with testimonials, stating age, qualifications, etc., to Dr. R. Smith.
- GORT UNION—Medical Officer for Gort Dispensary District, at a salary of £120 per annum, £10 as Medical Officer of Health, with Registration and Vaccination Fees. Whoever is appointed is expected to open a Medical Establishment in the town for the accommodation of the district. Election on the 22nd instant.
- \*GREAT NORTHERN HOSPITAL, Caledonian Road—Two Physicians. Applications on or before December 4th.
- \*HOSPITAL FOR SICK CHILDREN, Great Ormond Street—House-Surgeon. Salary, £50 per annum, with board and residence. Applications on or before November 27th.
- \*INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST—Visiting Physician.
- \*JERSEY GENERAL DISPENSARY—Resident Visiting and Dispensing Medical Officer. Salary, £120 per annum, with furnished rooms, attendance, coal, and gas. Duties to commence December 1st.
- \*LONDON LOCK HOSPITAL—House-Surgeon. Applications on or before December 10th.
- \*ROYAL FREE HOSPITAL, Gray's Inn Road—Assistant Surgeon. Applications, with testimonials, on or before November 26th.
- \*ROYAL LONDON OPHTHALMIC HOSPITAL—House-Surgeon. Applications on or before November 22nd.
- \*UNIVERSITY COLLEGE, London—Professorship of Medical Jurisprudence. Applications on or before January 7th.

## 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 announcements.*

## DEATH.

FULTON.—At Saintfield, co. Down, on November 11th, Matilda, wife of Thomas Fulton, M.D., etc., in her 36th year.

PUBLIC HEALTH.—During last week, being the forty-sixth week of the year, 3,700 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 23 deaths annually in every 1,000 persons living. The annual death-rate was 19 in Edinburgh, 19 in Glasgow, and 30 in Dublin. The annual rates of mortality in the twenty English towns were as follow: Sunderland 17, Bradford 18, Plymouth 18, Brighton 19, Birmingham 19, Bristol 20, Manchester 20, Wolverhampton 21, Norwich 21, Oldham 22, Sheffield 22, Salford 23, Portsmouth 23, London 23, Newcastle-upon-Tyne 24, Nottingham 24, Leeds 25, Liverpool 26, Leicester 26, and the highest rate 27 in Hull. The annual death-rate from the seven principal zymotic diseases averaged 3.8 per 1,000 in the twenty towns, and ranged from 0.0 and 1.2 in Plymouth and Portsmouth, to 4.9 and 6.0 in Brighton and Newcastle-upon-Tyne. Scarlet fever showed the largest proportional fatality in Newcastle-upon-Tyne and Sunderland; measles in Leeds, Liverpool, and Birmingham. Three deaths were referred to diphtheria in Manchester. No fatal case of small-pox was recorded in any of the twenty towns. In London, 1,609 deaths were registered, being 138 below the average, and giving an annual death-rate from all causes of 23.2. The 1,609 deaths included 63 from measles, 113 from scarlet fever, 14 from diphtheria, 44 from whooping-cough, 20 from different forms of fever, 23 from diarrhoea, and not one from small-pox—being altogether 277 deaths, which were 5 above the average, and equal to an annual rate of 4.0 per 1000. The deaths referred to diseases of the respiratory organs, which had increased from 190 to 405 in the five preceding weeks, were 401 last week, and 48 below the corrected weekly average; 256 resulted from bronchitis and 107 from pneumonia. Different forms of violence caused 74 deaths; 64 were the result of negligence or accident, including 27 from fractures and contusions, 11 from burns and scalds, 5 from drowning, and 14 of infants under one year of age from suffocation. Seven cases of suicide were registered. At Greenwich, the mean temperature of the air was 40.3°, and 2.4° below the average. The direction of the wind was variable, and the horizontal movement of the air averaged 11.2 miles per hour, which was 0.7 below the average. Rain fell on two days of the week, to the aggregate amount of 0.02 of an inch. The duration of registered bright sunshine in the week was equal to 21 per cent. of its possible duration.

## OPERATION DAYS AT THE HOSPITALS.

**MONDAY**.....Metropolitan Free, 2 P.M.—St. Mark's, 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.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 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.—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.—East London Hospital for Children, 2 P.M.

**SATURDAY**...St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.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.

## HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

**CHARING CROSS**.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.

**GUY'S**.—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

**KING'S COLLEGE**.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th. S., 1; Ear, Th., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F. 10.

**LONDON**.—Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W. 9; Dental, Tu., 9.

**MIDDLESEX**.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

**ST. BARTHOLOMEW'S**.—Medical and Surgical, daily, 1.30; Obstetric, M. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, F., 9.

**ST. GEORGE'S**.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

**ST. MARY'S**.—Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, W. S., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.

**ST. THOMAS'S**.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.

**UNIVERSITY COLLEGE**.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. W. F., 2; Ear, S., 1.30; Skin, Tu., 1.30; S., 9; Throat, Th., 2.30; Dental, W., 10.3.

**WESTMINSTER**.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY**.—Medical Society of London, 8.30 P.M. Dr. Lownds, "Unusual Respiration in a Case of Dilated Aorta"; Dr. Andrew Clark, "On Renal Inadequacy".

**TUESDAY**.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. James F. West (Birmingham), "On Trephining for Traumatic Epilepsy"; Mr. Henry Morris, "Two Cases of Carcinoma of the Breast preceded by so-called Eczema of the Nipple and Areola".

**WEDNESDAY**.—Hunterian Society, 8 P.M. Mr. Rivington, "On some Cases of Aneurism"; Dr. Stephen Mackenzie, "On Tumours of the Cerebellum".

**FRIDAY**.—Clinical Society of London, 8.30 P.M. Mr. W. J. Tyson (Folkestone), "A Case of Traumatic Aneurism of the Scalp"; Mr. Croft, "A Case of Excision of both Hip-joints for Symmetrical Femoral Necrosis—operations, anti-septic—result, successful"; Dr. Goodhart, "A Case of Rheumatism treated by Salicylate of Soda, and terminating fatally".—Quekett Microscopical Club, 8 P.M. Dr. T. Spencer Cobbold, F.R.S., "On the Fertilisation of certain Flowering Plants".

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the General Secretary and Manager, 161, Strand, W.C.

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

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

## AN APOSTOLIC APERIENT.

THE "Missionary Hair-wash", mainly composed of salts of lead, but warranted to prove nourishing and innocuous, to which we lately referred, has now found its parallel in an Apostolical Aperient, which is being exploited in France, and has attracted the attention of Professor Diday. The printed recommendation of this method of opening up heathen countries to missionary work, states that "after the favourable report of our best chemists, we have desired to consult still further the most serious and most competent persons in medicine and pharmacy. By their encouragement and with their counsel we have decided to accept the proposition of M. H., and to confide this preparation to our brethren of the — missions. The attention and conscientious care which they will bring to the preparation of this medicament will assure to it the efficacy which science has recognised it to possess. The success which it will obtain will be turned to the advantage and the development of the evangelisation of Dahomey, the Ashantees, and other people buried in ignorance and barbarism. Accept, M., the assurance of my perfect consideration. H., Father Superior." M. Diday observes that from Godfrey de Bouillon to M. Purgon is a long journey for the crusader to make; but if the baptism of the infidel can be paid with the ransom of sinners, this may be considered an ingenious proceeding. A triple object is thus offered to charitable zeal to realise industrial progress, to evangelise the heathen, and secure a theological sanction for a new and safe aperient.

## RETREATS FOR HABITUAL DRUNKARDS.

SIR,—In a few weeks' time, the Habitual Drunkards' Act will come into operation, and we are asked by friends of victims if it be possible that their unfortunate relatives may be induced to enter the retreats formed by the Act. But where are the retreats? There are several very well organised establishments for dipsomaniacs; but are they to be placed under the Act? Any information on this subject at the present time will be of great importance to the whole profession, who are much interested in this subject.—Yours, etc., M.D.

## FACTORY ACT.

SIR,—The present amended Factory Act has now been in force over ten months. The Act requires that copies of registers of births for all under sixteen years of age shall be presented to the certifying surgeon when he examines for fitness to work; and that surgical certificates must be given within fourteen days of first employment if the surgeon reside more than three miles from the factory, and within seven days if less than three miles.

Will any member of the Association who holds an appointment under the Act kindly state if these rules have been carried out in his district? if not, whether any enforcement of them has been made by the inspectors? Also, whether it is according to the provisions of the Act that the inspector may ignore these clauses?—Yours truly, A CERTIFYING SURGEON.

MR. DAVID HATTON.—The method suggested is far from being an improvement on that already carried out.

DUNELM.—The evidence of Dr. Sharpey, Dr. McKendrick, Sir William Gull, and others, in the Report of the Royal Commission on Experiments on Living Animals. A monograph on the subject has been published by Herrmann, and still later by Haidenhain, in German, which may be ordered through Nutt and Co., Strand, or any other foreign bookseller.

## PRURITUS ANI.

SIR,—Can any of your readers offer any suggestions as to the treatment of pruritus ani? I have been tormented with this troublesome disease for the last two years, and have treated myself very carefully both medicinally, dietically, and locally, with but poor success. The disease is a little more bearable, but far from cured, and I do not find much direction or encouragement amongst authors.—I am, faithfully yours, M.D.

JARED.—The subject is one of so delicate a nature that we must decline to discuss it. It may be of importance, but it must be discussed first in some other channel, where the theological difficulties which are sure to arise will be less embarrassing.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following were the questions submitted to the candidates at the primary examinations on Anatomy and Physiology for the diploma of Membership of the Royal College of Surgeons on the 7th instant, when they were required to answer at least four, including one of the first two, out of the six questions. 1. Describe the structure of the mammary gland. Give the physical characters and chemical composition of milk. 2. Describe the motions and sounds of the heart. What events are synchronous with each sound? 3. Describe the hip-joint, including the constituent bones, ligaments, and synovial membrane. What are its movements? and by what muscles are they effected? 4. State how you would remove the brain from the skull in a *post mortem* examination. Mention the structures which it would be necessary to divide in the process. 5. Describe the male urethra; giving the position, attachments, and actions of the muscles connected with it. 6. What dissection is necessary to expose the cœliac axis after the abdomen has been opened? Describe the course and anastomoses of its branches.



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

#### CROUP AND DIPHTHERIA.

SIR,—Had not Dr. Sealy of Weybridge so emphatically expressed his difference of opinion on the above subject with me, and "those who think with me"—meaning, of course, Sir Thomas Watson, Sir William Jenner, Dr. George Johnson, and several others—I do not know that I should have troubled your readers with any remarks. The fact is, that Dr. Sealy admits most of the views which I and others advocate; and, putting aside the personal allusion to myself, I regard his letter as a very good and practical one. I quite admit the possibility of the existence of a membranous idiopathic croup distinct from diphtheria; and, indeed, I long held that opinion, but then I never saw such a case; I never knew any one who had accurately described such a case, and I have not yet read in any medical book (British or foreign) the full description of such a case. The Croup and Diphtheria Committee of the Royal Medical and Chirurgical Society, of which I was a member, also admitted the possibility of the existence of idiopathic membranous croup, and this was the reason why their conclusions were so cautiously drawn up; but, although they made the most extensive inquiries of medical practitioners throughout the habitable globe, they failed to receive the particulars of a single well authenticated instance of the kind.

If Dr. Sealy have the records of such a case, it is to be regretted that he did not communicate them to the Committee while they were sitting; but it is not yet too late to supply the omission, and I for one will gladly modify my own views on the production of the necessary testimony. Until then, however, I must be pardoned for maintaining the opinion that membranous croup and laryngo-tracheal diphtheria are one and the same disease.—I remain, sir, yours truly,

8, Torrington Square, Nov. 1879. R. H. SEMPLE, M.D., F.R.C.P.L.

#### UNIVERSITY DEGREES IN MEDICINE.

SIR,—Allow me, as an Edinburgh graduate, to make a few remarks upon its University as a place for study, etc. A correspondent has lately asserted that only about one-third of those who pass the preliminary examination in medicine ever graduate there, and that the rest are either rejected or deterred by the rigor of the curriculum. I cannot agree with him here: many of them mean to pass elsewhere; others quit medicine for some other walk in life; some die; and many who could pass perfectly well are retarded by their fellow-students, who kindly represent the examinations as far more difficult than they really are; and lastly, about three or four per cent. of the candidates are "plucked"—most, I think, from carelessness, and some from not reading judiciously. There is a decided difference between the imposing papers of questions proposed and the humble answering that I believe is oftentimes accepted. I am quite certain that the number who fail from want of ability form an exceedingly small fraction of the whole. Again, that "the roll of Edinburgh graduates is not to be surpassed by any other University", is, I believe, the truth; but what does this prove? Edinburgh has for many years attracted clever men to it, from offering, as the University of the Scottish metropolis, greater facilities for obtaining a degree than the Universities of England or Ireland: it has also, for the above reason, sent out far more medical graduates than any other. As regards the examination, to speak from experience, I have only to say that the professional examinations are such that no one need fail. I am very sure that M.R.C.S. and L.R.C.P. London require far more knowledge and application to obtain than M.B. & C.M. Edin. It is, indeed, high time that somewhat were taken off the undue pretensions of some of the graduates of the Scotch Universities.—I remain, sir, yours obediently,

M.D. EDIN.

#### TRICHINOSIS.

SIR,—I should be extremely obliged if any of your correspondents would give me answers to the following questions relating to trichinosis. Prior to these, however, I wish to call their attention to the late prosecution for causing death by trichinosis, in your number for November 1st, page 706. In this account, it states that four persons ate more or less of the raw meat.

1. Is it a custom of the inhabitants of Merseburg to eat raw pork? if so, is it in conjunction with other animal food, cooked or partly cooked?
2. What is the cause of trichinæ, and its remedy?
3. Have we cases in England or America? and are the American bacon and hams liable to be affected with trichinæ?
4. Why should the German swine be liable to this plague, while, on the other hand, the English pigs are nearly, if not totally, exempt from the disease?
5. Can this be traced to their food, or want of sanitary measures in keeping?

I am at present investigating the subject of trichinæ, and should feel obliged by any of our German correspondents giving me their assistance. We have a large mass of food in the market of foreign production liable to the disease, and feel certain that several cases of sudden illness can be traced to this source—not to decomposition (a condition that would put the purchaser on his guard), but a more potent and silent enemy, if not of the order trichinæ, at least a remarkable good counterfeiter. This investigation will include preserved or tinned food; and I have no doubt that some permanent good may result from the discussion, for at present the system of preservation appears anything but perfect.—I am, yours faithfully,

The Laurels, Aldbro, Hull, Nov. 5th, 1879. WM. HENRY BROWNE.

\* The custom of eating raw pork is not confined to the inhabitants of Merseburg; it is very prevalent in Germany, and to it is in great measure attributable the frequent occurrence of trichinosis in that country. A good account of the causes and symptoms will be found in modern text-books of medicine; e.g. Aitken's *Science and Practice of Medicine*. The best remedy is prevention—thoroughly cook the pork.

#### LIMITATION OF POPULATION AND ITS RESULTS.

SIR,—It has been said that, if the system of limiting population were in force in England, there would be an increase as regards the number of marriages and a diminution of prostitution and poverty; but the resolution which has lately been passed by the Conseil Général of the Rhône Department (where limitation exists, and has existed for years past) would go to show that this is not altogether correct. Painfully alarmed, it is said, by the falling off in the matrimonial returns, the Council proposes to promote connubiality through the agency of the taxgatherer, and is about to issue a decree imposing a fiscal penalty on all who remain single. The following is an abridgment of the decree in question. "Considering that celibacy is *contra naturam*, and that Providence has prescribed to all existing human beings the ordinance that they shall be born, shall procreate their species and shall die . . . considering that it is the bachelors—soldiers, sailors, lawyers, and, indeed, men of all careers and occupations—who offend all the states of Europe with corrupt views and immoral tendencies; that ecclesiastics, Trappists, and the so-called upper classes, are addicted to sensual indulgence and improprieties which are worse than death itself; it is hereby decreed that the support of forsaken children shall be defrayed by the

deduction of one-fourth from the salary or pension of every official or pensioner who is unmarried and resident in the Department of the Rhône, from the humblest to the most exalted *employé*, who belongs, or has belonged, to the army, the magistrature, or any other branch of the public administration." In the face of this, and similar experience of the results of population-checks, it does seem strange that men should be found to recommend the introduction of some such system into this country. However, there is one safeguard—it is thoroughly foreign to English ideas; and I think the good sense of the people will prevent its adoption to any great extent.—I am, sir, your obedient servant,

F. P. ATKINSON.

Kingston-on-Thames, October 1879.

#### CHLOROFORM IN MIDWIFERY.

SIR,—I coincide entirely with the observations on the administration of chloroform in obstetric practice made by Dr. Donaldson; I used it also directly after hearing of Dr. Simpson's success. In probably one thousand cases or more, I never but once had any unpleasant symptoms; and then, my attentive manipulation being required during delivery, I trusted the anæsthetic to the nurse, who, in her enthusiasm, pressed the lint firmly over the mouth and nostrils. My patient was temporarily asphyxiated, but by prompt remedial measures was fortunately soon restored to consciousness, and all went well afterwards. The comparative safety in chloroform administration during labour is doubtless to be attributed to two things: firstly, the recumbent posture; and secondly, that it is but rarely necessary to produce complete anæsthesia. I have usually administered it on lint, having tried simple apparatus occasionally, but found them not so convenient as lint solely. In long tedious cases, I have sometimes continued the inhalation for from six to even twelve hours in succession, with great relief to the otherwise much suffering patient.

With regard to *post partum hæmorrhage*, I have certainly not found it more frequent than without chloroform; but I certainly did observe that the period of parturition appeared in some cases to be delayed, perhaps a few hours at most: that, however, is of little or no consequence to the patient, though her medical attendant might sometimes find it inconvenient to himself. With patients where money is not an object for consideration, I should always advise a chloroformist besides the usual medical attendant, on account of greater convenience; but in by far the majority of my cases I have administered chloroform and delivered alone. There is one objection I would mention *en passant* to my junior medical confrères, and it is, that should a mammary abscess, or peritonitis, or other disease occur after delivery, the patient is apt at times to attribute such to the administration of the drug. Such is unfortunate, but cannot always be avoided.—I am, sir, yours faithfully,

November 1879.

ROBERT MANNERS MANN, M.R.C.S. Eng., etc.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Glasgow Herald; The Manchester Guardian; The Yorkshire Post; The Leeds Mercury; The Cork Constitution; The Coventry Herald: The British Guiana Royal Gazette; The Ceylon Observer; The Wigan Observer; The Peterborough and Huntingdonshire Standard; The Sussex Daily News; The Liverpool Mercury; The Banffshire Journal; The Newport and Market Drayton Advertiser; The North Wales Guardian; The Sheffield Daily Telegraph; The Wexford Independent; etc.

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

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

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#### BOOKS, ETC., RECEIVED.

On the Functional Derangements of the Liver. Being the Croonian Lectures delivered before the Royal College of Physicians in 1874. By the late C. Murchison, M.D., LL.D., F.R.S. Second Edition, revised by the Author. London: Smith, Elder, and Co., 1879.