

DIPHTHERIA AND FOOT-AND-MOUTH DISEASE.

SIR,—Considering the time foot-and-mouth disease has existed in the country, it surely cannot be a matter of uncertainty whether milk drawn from cows suffering with this disease is capable of producing diphtheria in the human subject or not. Were there any real connection between the two diseases, it would, without doubt, have been noticed long ere this. Professor Simmonds, of the Royal Veterinary College, says that foot-and-mouth disease and diphtheria have no relation whatever, and he makes this statement upon the faith of experiments which were made with milk taken from infected cows. If proof could be adduced that milk drawn from cows affected with garget, foot-and-mouth disease and pleuropneumonia, is capable of producing diphtheria in the human subject, we should be compelled to believe that these are various manifestations of the same disease, or that like does not always produce like. Professor Huxley says: "The theory of heterogenesis is utterly untenable, and that of homogenesis is victorious along the whole line". May not similar causes be at work in producing or reproducing diseases, both in men and cattle. One thing is certain: warm damp weather is particularly favourable to the spread of all kinds of infection.—I am, sir, your obedient servant,
Kingston-on-Thames. F. P. ATKINSON.

"INQUIRER" asks, "Is it the usual practice for the consultants to an hospital to be nominated by the medical staff or by the lay governors? and which practice is the more likely to conduce to the general welfare of the institution?"

*. The practice varies, but certainly the more usual custom is, that consultants are elected by the lay governors from the retiring members of the medical staff. The most approved practice for electing the visiting medical staff is for the Medical Committee or Medical Board to make the selection or nomination, which nomination is then laid before the governors for their approval or otherwise, the understanding being that an approval follows as a matter of course.

THE WEST CHESHIRE PROVIDENT DISPENSARY.

SIR,—In your issue of Saturday last, there appears a notice of the first annual report of the "West Cheshire Provident Dispensary", upon which, with your kind permission, I should like to make a few remarks. The paragraph would be of comparatively little importance were it only circulated amongst the profession, but, as it is certain to secure a prominent place in the local press, and consequently, coming with all the authority of the JOURNAL of the British Medical Association, likely to mislead the public here, I think you will see the necessity of allowing me a few words.

You say, "its success seems fairly assured", adding some particulars as to the number of members amount contributed during the year, etc. I am not so confident of its success being assured, and doubt whether you will be, when you know the actual condition of affairs. Now, what are the facts? You will be surprised when I tell you that, of the half-dozen medical officers connected with the institution at first, only two now remain; that the committee have been eagerly pressing all the junior members of the profession to join it, but so far without success; that hundreds of members have left it during the year (I know a medical man who has a club, numbering seventy members, which gladly withdrew from it after one quarter's experience); that, for this "self-supporting dispensary", donations have been frequently asked and received; and that, even now, a concert is being got up in aid of its funds. Does this look like its success being fairly assured? After this, I think the final sentence of the paragraph perfectly unique: "We think the committee are justified in taking a hopeful view of the situation, and we are glad to see that they intend ultimately to open branch dispensaries in different parts of Birkenhead, as well as in the adjoining districts." But, you will say, why should there be this antipathy? The reason is not far to seek. The medical men here are, almost to a man, in favour of provident dispensaries, but they object to this one because, as they judge, it has been formed on an entirely false basis. It would not now be profitable to discuss the prospectus issued by the committee at its formation. Part of it appeared in your columns, and you yourself condemned it. When I say that in the prospectus it was distinctly stated (and, so far as I know, the statement has not been withdrawn) that there was "no restriction as to class", and that anyone having an income of up to £2 per week could become a member, I think I have said sufficient.

How far Mr. Vacher's position as President of this "excellent movement" is consistent with his duties as medical officer of health, and, therefore, a paid public servant, I do not know, and do not care to inquire (that rests between Mr. Vacher and the corporate authorities); but I think it extremely bad taste on his part, that he should so closely identify himself with an institution which has been, and ever will be, objectionable to the medical men in this neighbourhood. You have for years, with admirable tact and judgment, upheld the honour and dignity of the profession; and it is on that account I now, in the name of my medical brethren, invoke your powerful aid in exposing a movement founded on false principles, and retrograde in its tendency.—I am, etc.,
M.D.
Birkenhead, January 17th, 1881.

"FAIR PLAY" would like to know whether it is usual for general practitioners to charge extra when in attendance on scarlet fever cases.

SIR,—“C. R. G.”, who asks to be recommended “a bracing seaside place where a delicate boy could be received as a boarder”, will find Mrs. Moore’s “Home for Delicate Children”, Northfield, Cliftonville, Margate, to answer his purpose.—Yours, etc.,
HYGIENE.

GLOVES FOR COLD WET WEATHER.

AN AMERICAN OLD-STAGER, writing from Boston, suggests the use of leather mittens (not gloves), lined with wool, and thoroughly painted over with sponge-black—a black varnish, formerly, if not now, much used to give a shine to dress-boots and shoes. He has used such mittens for many years with great satisfaction. Any kind of leather mittens will do; but the elegant ones of the shops, of dark calf-skin, with full fleece lambskin linings, large thumbs (quite important), and high and fur-edged wrists, spring-closing, are, of course, the best. The varnish, easily applied, may be renewed as often as needed. It renders the mittens impervious to water; thus keeping the hands and fingers warm and dry in the rain, sleet, and snow of cold weather. “Economicus’s” outfit is a very sensible one; the addition above suggested will render it quite perfect.

MR. A. M. SYDNEY-TURNER.—The letter which you are kind enough to send contains the usual “arguments” of the antivaccinators, which have been over and over again refuted in these columns and elsewhere. To show up this inaccuracy again would not only be unnecessary, but would take up space on which there are many more claims than can be met. In the little book recently published by Messrs. Smith, Elder, and Co., on the *Truth about Vaccination*, the particular misstatements referred to, and many more, are fully gone into, and the real facts of the case set forth in detail.

TRAPS FOR MEDICAL PRACTITIONERS' USE.

SIR,—Referring to an inquiry by “M.R.C.S.” in the JOURNAL of the 8th instant, a trap suitable for medical practitioners having long journeys to make in rough, and perhaps hilly, roads, must be selected with reference both to the comfort of man and of horse. It should be light and well balanced. If seated for more than two, the front seat should be made to slide, so that it can be shifted backwards or forwards, according to the number and weight of the occupants. Many experienced drivers concur with me in the opinion that a light trap, properly balanced, is a more agreeable burden to a horse than a rider. Sound material alone can combine the two qualities of lightness and strength; and if you go to a good maker you will get them both, and also elegance. In the next place, the trap should be hung low and have high wheels. In hilly countries, the great bugbear of driving is going down hill, the horse being apt to fall, and the driver to be precipitated headforemost on the back of the horse, or shot past him to the ground. A low trap both lessens the liability to this accident; and, when it does happen, mitigates the dangerous consequences. High wheels are an advantage on level roads and up hill, but tax the horse's strength more while coming down hill than low wheels. By the wings being semicircular and prolonged to meet the steps on each side, a safe, quick, and most convenient means of getting in and out of the trap is afforded. Good springs and shafts are indispensable, as upon them depend the easiness and comfort of the trap while jolting on the road. All these requisites are to be found in the “Alexandra Car”, by Thorn, Norwich. I have used one for over three years, and I can say it is a tidy smart-looking trap, and as tough as it is tidy; while for comfort and convenience to both man and beast it is unsurpassed.—I am, sir, yours faithfully,
J. A. AUSTIN, M.D.
Tongue, Sutherlandshire, N.B., January 11th, 1881.

J. H. P.—If it is desired that the resolution be published, it should be officially forwarded, with a request to that effect.

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

Dr. A. Carpenter, Croydon; Dr. Eastwood, Darlington; Mr. C. F. Wilkinson, Tandragee; Dr. F. P. Atkinson, Kingston-on-Thames; Dr. W. Easby, Cambridge; Dr. Clement Dukes, Rugby; Mr. F. W. Sutton, Reading; Dr. W. R. Smith, Cheltenham; Mr. W. Fuller, London; Dr. J. Mackenzie, Rugby; Mr. R. Torrance, Newcastle-on-Tyne; Dr. J. Walker, Hanley; Mr. A. W. Shield, Cambridge; Dr. J. Aveling, London; Mr. G. Eastes, London; Dr. J. Rogers, London; Dr. G. Owen Rees, London; Veritas; Dr. J. A. C. Stuart, Dunse; Dr. G. M. Skeritt, Clifton; Dr. A. Sheen, Cardiff; Mr. H. A. Smith, Gosport; Dr. T. King, London; Dr. W. J. H. Lush, Andover; Dr. F. T. Bond, Gloucester; Mr. James Eaton, Grantham; Dr. Farr; Dr. W. T. Dinnen, Holyhead; Mr. F. E. Manby, Wolverhampton; Dr. R. J. Lee, London; Dr. R. Neale, London; Dr. W. W. Ireland, Stirling; Mr. J. Branson, Rotherham; L.R.C.S.J.; Mr. Biddle, Kingston-on-Thames; Mr. S. F. Gosling, Congleton; Dr. H. C. Rose, London; Dr. E. Tibbits, Bradford; Dr. Donald Macphail, Glasgow; L. M. R.; Dr. A. Tweedie, Twickenham; Mr. Dawin, Manchester; Mr. Osman Vincent, London; Dr. Swaby Smith, Liverpool; Dr. Graham Brown, Edinburgh; D. B.; A Member British Medical Association; Dr. James Allen, London; Mr. F. Garrett Horder, Cardiff; Dr. F. W. Pavy, London; Mr. C. E. Richmond, Warrington; Mr. Palmer, Solihull; Mr. H. Crookshank, London; Mr. Albert Wilson, Leytonstone; Dr. Clifford Allbutt, Leeds; Our Glasgow Correspondent; Dr. Meymott Tidy, London; Dr. C. J. Hare, London; Sir W. Jenner, London; Dr. H. Weber, London; Dr. Wyckoff, Brooklyn; Dr. Bacon, Foulbourn; Dr. Creighton, Cambridge; Mr. J. E. Erichsen, London; Dr. M. Duncan, London; Dr. M. Douglas, Sunderland; Our Aberdeen Correspondent; Dr. Duncan J. Mackenzie, Glossop; Dr. J. Langdon Down, London; Dr. Broadbent, London; Dr. J. H. Hill, Melbourne; Mr. W. B. Thorne, London; Dr. James Braithwaite, Leeds; Our Edinburgh Correspondent; Mr. Balmanno Squire, London; Mr. Ridgway Lloyd, St. Albans; Dr. Gerald Yeo, London; Mr. F. Mason, London; Mr. Edward Cock, Kingston-on-Thames, etc.

BOOKS, ETC., RECEIVED.

Handbook of Midwifery. By J. E. Burton. London: J. and A. Churchill.
Relapse of Typhoid Fever. By J. P. Irvine, M.D. London: J. and A. Churchill.
Hernia, Strangulated and Reducible. By J. H. Warren, M.D. London: Sampson Low, and Co.
Plea for Mercy. By James Macaulay, A.M., M.D. London: S. W. Partridge and Co.

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