

## 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.—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.—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.—National Orthopaedic, 10 A.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.—North-west London, 2.30 P.M.

**FRIDAY** ..... King's College, 2 P.M.—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.

## 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 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 Manager, 161, Strand, W.C.

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

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

We CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

## POST MORTEM EXAMINATIONS IN PRISONS.

SIR.—I entirely concur with "A Prison Surgeon" in the observations he makes in the JOURNAL of July 16th, on the recent recommendation of the Prison Conference that *post mortem* examinations in prisons should be conducted by independent medical men, and not by prison surgeons. I would further venture to hope that the Home Secretary will think twice before he adopts such an ill-advised measure.

The recommendation in question is, on the face of it, an insult to prison officials in general, and especially so to those who are charged with the care of the sick. This, however, would be a matter of little moment if it were either necessary or expedient in the public interests to provide a certain remedy for a crying evil. But, I would ask, Does any such evil exist? Are prisoners commonly done to death? Is the prison death-rate high? And if so, is the remedy proposed likely to be effective? I do not think there are any facts forthcoming which will warrant affirmative answers to these questions. All deaths occurring in prisons attain inevitable publicity through the coroner's inquest, which the law very properly requires in every case. Those who have experience of prison inquests can testify to the jealousy of juries in regard to a prisoner's treatment, and the so-called cases of neglect, which are few in number, attract far more attention than those in which prison officials devote all their care and skill to relieve pain and sickness.

The third report issued by the Commissioners of Prisons shows that the death-rate in local prisons, during the year ending March 31st, 1880, was 8.9 per 1000 of the daily average population; while that of the general population of the kingdom was 20.5. If it is borne in mind by anyone considering these figures that a criminal career does not produce a healthy class, that those who get into the clutches of the law are sentenced to a scale of diet that is calculated to suffice merely for physiological requirements, and that prison offences are followed generally by a reduction of this scanty diet, no better punishment having yet been devised, he must, I think, admit that inmates of prisons showing so low a death-rate receive very efficient protection from their medical attendants. Sudden deaths undoubtedly occur among criminals, as well as other classes; and one case of the kind, with the notoriety it attains, is too often the keynote for a chorus of ill-deserved charges of cruelty and neglect against prison officials. Prisoners themselves, indeed, are aware of this; and it is common to find the more experienced invalids preferring the tender mercies of prison officers to those of workhouse officials.

But if such evils as I have alluded to were even proved to exist, what is the remedy or safeguard suggested by the Prison Conference? That all *post mortem* examinations in prisons should be made by independent medical men.

Whether this measure is to act mainly in the interest of the prisoner or of his custodians is not clear. I cannot see what real protection it can give the prisoner, and yet it would not appear to be unreasonable for him to demand that the same independent medical aid should be open to him during life which the Prison Conference recommends for him after death. This is one conceivable way in which he might benefit by the arrangement. One result of the measure undoubtedly would

be to open up a field, in all so-called cases of neglect, for conflicts of medical testimony as to the cause of death, in which pathological appearances would be pitted against clinical histories with (as has already been the case) inconclusive and unsatisfactory results. Such conflicts of opinion must always bring discredit on the prison surgeon, and cannot result in any practical advantages to either officers or prisoners. I must therefore condemn a proposal which seeks to establish this independent and irresponsible tribunal.—I am, sir, your obedient servant,

ANOTHER PRISON SURGEON.

## THE NICETIES OF CANNIBALISM.

We learn from a recent work by Mr. James Dawson, *Australian Aborigines*, that the aboriginal tribes of Australia are not ingrained cannibals, but only eat human flesh "as a mark of affectionate respect in solemn service of mourning for the dead". The flesh of enemies or of members of other tribes is never eaten. The bodies of relatives of either sex who have lost their lives by violence are alone partaken of; and even then, an instinctive knowledge of sanitary laws forbids their consumption if the body be mangled, or unhealthy, in poor condition, or in a putrid state. The flesh of a healthy fat young woman is considered the best, and the palms of the hands are considered the most delicate portions.

## ECZEMA PALMARUM.

SIR.—In reply to your correspondent "F. T. G.", asking for advice in the treatment of eczema palmarum, I beg to offer the following treatment, which has been successful in my hands. Lately I have had a female patient suffering from eczema palmarum, which had resisted treatment for some time. As a last resource, I tried a strong solution of argent. nit., beginning with five grains to one drachm; this I afterwards increased to ten grains. This solution I applied twice a week for about a month. This relieved the patient entirely, and she is now able to follow her usual employment, which she had been unable to do for some time previously. To remove the scales and thicken the epidermis, I ordered my patient to hold her hands in water as hot as she could bear it, or even in the steam arising from boiling water. This softens the skin, and allows the solution to get down to the bottom of the deepest fissures. While using the solution, it is better for the patient to wear gloves and abstain from washing her hands.—I remain, yours, etc., R. R.

SIR.—Has your correspondent tried filling fissures with glycerine, simple strapping, wearing of the midwifery India-rubber or other gloves? I shall be happy to correspond with him if I can give him any other suggestions, etc.—I am, yours truly,

W. WOODWARD, M.D.

Worcester, August 5th, 1881.

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