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 the Manager, at the Journal Office, 161A, Strand, London, and not to the Editor.

NURSES SLEEPING IN WARDS.

St3,—In Dr. H. Davies' (of the Brompton Hospital) excellent letter on the Contagiousness of Pulmonary Consumption, he says: "The head nurses sleep in a ward with fifty consumptive patients." Now this, I would suggest, is a most unhealthy practice. She is not supposed to be in charge of the patients during the night, neither can she attend to her own sleep; and being nightly in such an atmosphere, she cannot be refreshed for her day's work. Nurses ought to be off duty for so many hours, and sleep in dormitories out of reach of the wards.—I am, sir, yours, etc..

B. BLOWER.

119, Shaw Street, Liverpool, August 5th, 1882.

#### COMMUNICATION OF HYDROPHOBIA.

SIR,—Can any of your readers inform me if hydrophobia could be communicated by the bite of a dog which showed no signs of rabies at the time, and was alive and well six months afterwards? I very lately answered this question in the negative, but I now learn that, in a trial just concluded at the assizes held in this town, a medical witness affirmed that one could never be certain that hydrophobia might not follow in such a case. This opinion is one which, if it obtained general currency, would increase public apprehension, and create a painful suspense in every case of dogbite. Hoping to elicit some information on the point, I am, sir, your obedient servant, obedient servant HENRY TAYLOR.

Guildford, July 31st, 1882.

TAPEWORM.

Guildford, July 31st, 1882.

TAPEWORM.

SIR,—Allow me also to answer the query with regard to tapeworm. I have taken many away; three specimens are before me as I write. My proceedings are as follows: On the eve of the first day I give a mild purgative to clear out the bowels. The second day the patient is put entirely on slops, as beef-tea, mutton-broth, rice-milk, tea and toast, gruel, or some simple stuff which does not fill the bowel too much. On the evening of the same day I give another gentle purge, which entirely clears the bowels, and leaves the worm exposed. On the third day, I give three drachms of the etherial extract of male fern, mixed with an equal quantity of syrup of tolu. This is given the first thing in the morning; and a cup of warm tea can be taken an hour later. The male fern not only kills the worm, but also causes it to be expelled. It is of no use giving a small dose, as it often does not act. The patient should save all the pieces; and if the head be not found, the patient should be directed to watch the stools. At the end of three months, if any more segments appear, try again. A tapeworm will grow twelve to eighteen feet in three months. The best thing to do with the worm is to burn it, and then the eggs are sure to be destroyed. The only inconvenience a tapeworm causes is that pieces are liable to work down the rectum and on to the drawers of the person having it. In Abyssinia it is very common, from the habit of eating raw flesh, and there a man does not consider himself healthy unless he have two or three. The male fern may give rise to a little feeling of malaise, but this usually passes away in a day or two.—Vours truly,

2, Kingsland Road, E., July 29th, 1822.

DEATH FROM "NATURAL CAUSES".

#### DEATH FROM "NATURAL CAUSES".

DEATH FROM "NATURAL CAUSES".

An inquest was recently held at Low Moor, in Yorkshire, which illustrates in a striking manner the necessity of a reform in the carrying out of coroners' inquests. A man died, according to a newspaper report, "under circumstances which aroused considerable suspicion in the neighbourhood". He was about to be apprehended, when a policeman found him speechless and helpless. After death, the lungs and kidneys were found to be so congested that, in the opinion of a medical man, this was sufficient to cause death. But the pupils were minutely contracted. No analysis was made; and a verdict was returned, death from "natural causes".

Few of our readers can doubt that there is the highest probability that this was a case of narcotic poisoning, and that the visceral congestion was merely a result of

a case of narcotic poisoning, and that the visceral congestion was merely a result of profound narcosis. It is discreditable in the extreme that such a case should be so

summarily disposed of without adequate investigation.

HIPPOCRATES. — Application should be made to the Surgeon-General, Medical Branch, Army Medical Department, 6, Whitehall Yard, London, S.W.

#### DEATHS FROM CHLOROFORM.

SIR,—In reference to the recent reports of deaths from chloroform, I find the case operated on at the Canterbury Hospital was a man, by the name of Sidders, from whom, about four or five years ago, I removed one of his great toes, but which I do not remember, under the influence of chloroform. He took a considerable quantity before he became fully narcotised, but from the effects of which he soon recovered, and the operation terminated most successfully.

This case I think shows that, although a person might inhale chloroform at one time with impunity, no one can say with certainty that it can be administered with perfect safety and without some risk a second time.—Your obedient servant, Follestone, July 26th, 1882.

ALLEN DUKE.

Folkestone, July 26th, 1882.

#### OXFORD AND CAMBRIDGE MEDICAL DEGREES.

Oxford and Cambridge Medical Degrees.

Sir,—Your correspondent, "Member of a College of Physicians", has got hopelessly wrong over the question of Oxford and Cambridge medical degrees. Speaking for Cambridge: 1. Rejections are much more common than your correspondent supposes, amounting to upwards of 50 per cent.; and the number of rejections at first time is still greater. At a final M.B. examination at Cambridge about four or five years ago, the whole batch of candidates, thirteen in number I believe, and all qualified men, were rejected. When I went in for my first (pre-liminary scientific) M.B. many years ago, thirteen out of about twenty-one passed. Now the number of candidates for each examination has almost trebled, and is rapidly increasing, while the percentage of rejections is also greater. The only reason why outsiders do not hear much of rejections is, because they are not published. If your correspondent is sufficiently interested in the matter, let him obtain the candidate's list and subsequent pass lists for each of the next examinations at Christmas. He will thus be able, by a process of elimination, to discover not only the number, but the names and colleges of those who have failed. He will then, I think, obtain some information to astonish him, especially if he looks

not only the number, but the names and conleges of those who have lailed. He will then, I think, obtain some information to astonish him, especially if he looks up from other university examinations, what sort of men the "plucked" are.

2. I have no hesitation in saying that it is not common for Arts graduates to go cany other university for their medical degrees. Out of the large numbers of medical undergraduates I have known, the very few who have done so have gone away disgusted after repeated pluckings at Cambridge, and graduated elsewhere.

I never knew or heard of a Cambridge man, who was capable of taking the M.B. at that University, going elsewhere for a medical degree, save in one case. In that one case, certain family affairs rendered it impossible for him to fulfil all the

that one case, certain family affairs rendered it impossible for him to fulfil all the technical requirements at Cambridge.

Finally, if those gentlemen who are agitating about the "Doctor" question would only consider that any alteration they make in the medical custom, must in equity affect the Doctorates in Science, Law, Literature, Music, and Divinity, perhaps it would throw a new light on the matter. If a practitioner of medicine, not M.D., may call himself "Doctor", then a practitioner of science, law, literature, music, or divinity has an equitable right to call himself "Doctor" also. Fancy every clergyman and every nonconformist minister being "Doctor"; the country would be like that celebrated army that consisted of 1,000 officers and 100 men.

The moral: Would it not be better to educate the popular mind up to the point The moral: Would it not be better to educate the popular mind up to the point of discovering that a mere university degree does not of necessity imply intellectual and professional superiority over the possessor of one of the higher qualifications, instead of levelling our practice down to coincide with the low mental standpoint of the public? By common consent, we are levelling the public idea up in other respects. Why should we level down to the public idea in this?—Yours faithfully, "Cantae."

SIR,—I shall be much obliged if you, or any of your readers, can tell me the best form of couch adapted for gynæcological purposes to have in my study, or mention by whom such is made.—Yours obediently,

INQUIRER.

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#### BOOKS, ETC., RECEIVED.

Health-Resorts and their Uses: being Vacation Studies in various Health-Resorts. By I. Burney Yeo, M.D. London: Chapman and Hall, Limited. 1882.

Concise Handbook of Laws relating to Medical Men. By James Greenwood. Together with a Preface and a Chapter on the Law relating to Lunacy Practice. By L. S. Forbes-Winslow, M.R.C.P.Lond., M.B. London: Baillière, Tindall, and Cox. 1882.

Therapeutical Remembrancer; presenting in Detail all Medicaments accredited by the British Pharmacopocia. With coplous Supplementary Tables offering or re-calling Suggestions of Resource from the Materia Medica: Interspace being provided for Private Notanda, etc. By J. Mayne, M.D., L.R.C.S.E., L.S.A. Second Edition revised. London: J. and A. Churchill. 1882.

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