

RAILWAY LAVATORIES.

DR. WALTER FERGUS writes:—A few days ago I was called to see a young lady who complained of sore-throat and a feeling of general malaise. The only cause of this attack appeared to be that, having occasion to use a closet, in the ladies' room at a railway station, she felt overpowered by the horrible stench that was present, not only in the closet, but also in the waiting-room. She described the smell as being most abominable. The attendant said that the drains were out of order. I wrote to the chairman of the railway, who at once courteously promised immediate attention to the matter. I may say that this particular waiting room was not the only one complained of, although it was the worst.

There can be no question of the possibility of serious illness resulting from this state of things. It would be well if a rigid supervision of closets and urinals at railway stations were enforced. Ladies' rooms, being of a private character, are more apt to be in fault than the public closets and urinals.

MODE OF TREATING INGROWING TOE-NAILS WITHOUT OPERATION.

DR. F. A. A. SMITH (Portsea) writes: Nails are formed by the successive growth of new cells at the root, and under the surface of the body of the nails. I find that by frequently pressing back the skin at the root of the nails, forming thus a fairly deep *cul de sac*, one source of cell-supply is cut off, and the nails grow quite thin and soft; if, at the same time, they be cut or notched in the median line they tend to grow towards the part of least resistance, that is, the centre. In time, all pain and discomfort in walking may be relieved by following this plan.

HOSPITAL SUNDAY AND HOSPITAL EXPENDITURE.

DR. GEORGE STURGE (Sydenham Hill Road, S.E.) writes: The recurrence of Hospital Sunday, the acknowledged deficiency in the support of hospitals; the report that, in some hospitals, beds are closed for want of funds, and that, at King's College Hospital, there are twenty-eight beds closed for this cause, naturally calls for inquiry whether there is not some cause for this state of things.

I have been examining the reports of the King's College and the Westminster Hospitals; they have about the same number of beds, and nearly the same number of in-patients, yet in some points they differ greatly. Thus at King's College, £231 17s. is spent in wine, and £31 19s. 6d. on beer, making a total of £313 16s. 6d.; at Westminster, £142 11s. 2d. is spent in wine, and £61 2s. 9d. on beer, making a total of £203 13s. 11d. This shows that King's College alcoholic drinks cost £110 2s. 7d. more than Westminster Hospital.

Taking the cost of alcohol at these two hospitals as my guide for the year 1885, and estimating the eighty-seven hospitals in the London district, on an average, to have seventy-five beds each, and to spend a similar sum in proportion on their patients and medical staff, I calculate the total cost of alcohol is £10,000.

I find it difficult to make an exact statistical account, the hospital accounts are not made in a similar form; and some hospital-reports do not furnish the details. Most hospitals keep no separate account between patients and medical staff. There is no doubt that, in some hospitals, more alcohol is used by the medical staff than by the patients.

In the year 1884, the Secretary of the Middlesex Hospital stated the alcoholic drink for their medical staff cost £215; and, as far as I can make out, the cost for the medical staff at the London Hospital was about £400; although 68 nurses take milk instead of beer.

Unless some change takes place in the management, when it becomes generally known that about £10,000 is spent on alcohol in the London hospitals in the year, and that a large portion of this is consumed by the medical staff, it is not unlikely some subscribers may hesitate to continue their subscriptions, especially as they become acquainted with the great experiment conducted during the last twelve years at the Temperance Hospital, where no alcohol is used, and where medical practice is successfully conducted, and cures effected with a very low rate of mortality.

With regard to the medical staff, I am an advocate for their being well nourished, and am satisfied, if all the medical staff avoided all intoxicating drinks, it would be to their own advantage, and also the advantage of their patients. In accordance with the opinion of Sir H. Thompson, that nineteen out of twenty persons would be better without alcohol, I believe it would also be profitable to inquire the reason why the London hospitals are much more expensively managed than some of those at Manchester, Chester, Birmingham, and Sunderland.

UNSATISFACTORY INQUESTS.

PROBE writes: Nothing human is quite satisfactory nor removed from plausible criticism; but the English mode of inquiry into the cause of unexpected death, or of death by violence, is, in its type, a process so prompt, reasonable, and safe, that, during more than a thousand years, it has continued in public favour. A method of substituting a coroner's jury would be appointment of a district medical inspector to inspect, and, if thought necessary, to examine the internal organs of the dead body; but it is obvious the public would not be, nor should be, satisfied to hand over to an individual power to stop, by single testimony, the process of a necessary inquiry.

Your correspondent says "Coroners should be paid by salary," a statement which shows a curious want of information on the subject of which he writes, seeing that by salary has, during many years, been the established mode of paying coroners; but with that mode has come also the criticism that inquests are now less frequent than they should be, whereas, when coroners were paid for each sitting, some inquests were offensive obtrusions, and by them an essentially good law was occasionally burlesqued. Concurrent with the Government stipend to coroners, official information is required to be given each in his district, of a death occurring suddenly, suspiciously, or by violence. On this information, the coroner orders an inquest, or officially declines it; in the latter event, there is no longer difficulty about interment. My experience is that medical men, for the purpose of a fee, frequently withhold testimony they could readily give of a death obviously occurring from natural causes, and so selfishly call into action the expensive process of a formal inquiry. "Uniformity" of selection is impossible. Suppose, as an instance, one medical practitioner is called early some morning to inspect an infant found dead at its mother's side; he gives a casual look and, like the Levite, passes on. A report is made to the police-officer, an inquest is held, and this medical man probably gets a guinea for a deposition, not furthering by one iota inquiry into the cause of death. Another medical man, more informed or more systematic, inspects the fauces, and finds a lump of curdled milk blocking the infant's larynx. The one, incompetent of a certificate, gets a guinea without deserving it; the other, de-

serving two guineas, gives a certificate and gets none, unless the coroner should, as he may, hold an inquest for the purposes of pointing out to the public an unsuspected cause of death. In older children, an analogous cause of sudden death may occur. A lumbricoid, or more than one, may get into the larynx, and quickly destroy life. How could you have uniformity of inquest when one medical man, in such a case, discovers the cause of death and certifies, whilst another is ignorant of it, and therefore does not certify, though the cause in both cases be equal?

I have only just now observed this discussion on inquests; and as to the statement of your correspondent, that coroners dread medical men, would say, that if they do, it can only be in view of the pitiable lack of pathological knowledge medical men often show before the public. Coroners are open to criticism as are other public officers; but much is written in regard of them to which it is not necessary to reply.

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

Mr. Frank H. Hodges, Leicester; Dr. Beverley, Norwich; Mr. Christopher Johnson, Lancaster; Dr. W. Hunter, Edinburgh; Our Manchester Correspondent; Mr. W. Day, Norwich; Dr. Leslie Phillips, Birmingham; Mr. G. Lichtenfeld, London; Dr. Rentoul, Liverpool; Dr. G. L. Walker, Hatherley, Comoor, Nigiris, British India; Mr. T. G. Parrott, Bournemouth; Dr. A. W. Edis, London; Mr. J. Mahony, Dublin; Mr. J. B. Hamilton, Lucknow, India; Dr. F. A. Smith, Portsea; M.R.C.S.; Mr. G. T. A. Staff, St. Ives; Mr. J. Panting, Cambridge; Dr. Alexander Henry, Welshpool; The Secretary of the Bank of Bengal, Calcutta; Dr. W. A. Warters, Alfreton; G. A. H., Simla, India; Mr. E. A. Praeger, Victoria, British Columbia; Mr. C. B. Plowright, Kings Lynn; Dr. W. J. Beatty, Stockton-on-Tees; Mr. J. H. Sweeny, Nynsee Tal, India; C. B.; Surgeon-Major Evatt, Woolwich; Dr. Lindsay, Belfast; One who Speaks from Bitter Experience; Dr. Foster, Birmingham; Dr. Theodore Acland, London; Dr. W. Halliburton, London; Dr. M. T. Taylor, London; Mr. F. J. Power, Cork; Mr. A. T. Brand, Driffield; Mr. E. F. Bendloss, London; Dr. F. Ernest Pocock, London; Dr. Styrap, Shrewsbury; Dr. Clibborn, Bridport; Mr. W. M. Cornish, Buxton, Derbyshire; The Director-General of the Medical Department of the Navy; Dr. E. G. Whittle, Brighton; Mr. A. Kinsey Morgan, Bournemouth; Dr. Tatham, Salford; Dr. J. Rogers, London; Mr. Erichsen, London; Messrs. C. Griffin and Co., London; M.D.; Mr. L. Humphry, Cambridge; Messrs. Max Greger and Co., London; Mr. W. E. Steavenson, London; Dr. C. S. Taylor, London; Dr. Aveling, London; Dr. Sutherland, London; Mr. G. F. Masterman, Stourport; Dr. Thomas Britton, Harrogate; Mr. W. H. Anderson, Harleston; Dr. W. J. Thomas, Halifax; Dr. J. M. Turnbull, Tunbridge Wells; Mr. A. D. Forbes, Addiscombe, Croydon; Mr. J. Vesey Fitzgerald, Birmingham; Mr. G. Eastes, London; Dr. Willoughby, London; Dr. Noel Paton, Edinburgh; Surgeon-General Cornish, Buxton, Derbyshire; Dr. John Eaton, Cleator Moor; Mr. W. Macgill, Fraserburgh, N.B.; Dr. Macpherson, London; Mr. G. P. Atkinson, Pontefract; Dr. Snow, London; Dr. G. Cowen, Malmesbury; Mr. A. T. Wilson, Glasgow; Mr. H. M. Gavey, London; Mr. W. Anderson, London; Dr. Thudichum, London; Mrs. Charles, Dublin; R. P. B.; Dr. Renhy, Hatton, Ceylon; Mr. G. Mxson, London; Mr. J. H. Gray, London; Mr. H. T. Griffiths, London; Dr. C. Haig Brown, Godalming, Surrey; Mr. D. G. Crawford, I.M.S., Myman Singh, India; Dr. Edwards, London; Iohabod; Mr. P. Bond, Cheltenham; Mr. F. A. Humphry, Brighton; Dr. Illingworth, Claydon-le-Moors; Miss Barlow, London; Mr. Laurence Potts, Leatherhead; Mr. D. Currie, Child Okeford; Mr. T. J. Hartill, Willenhall; Mr. D. Wilson, London; Dr. H. S. Gabbett, Eastbourne; Mr. R. Hagyard, Hull; Mr. Robert Smith, Sedgfield, Ferryhill; J. B. F.; Dr. Steele, London; Mr. T. Myles, Dublin; Dr. Alder Smith, London; Our Paris Correspondent; etc.

BOOKS, ETC., RECEIVED.

The Diseases of the Prostate; their Pathology and Treatment. By Sir Henry Thompson. Sixth edition. London: J. and A. Churchill. 1886.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE "BRITISH MEDICAL JOURNAL."

Seven lines and under	£0 8 6
Each additional line	0 0 4
A whole column	1 15 0
A page	5 0 0

An average line contains eight words.

When a series of insertions of the same advertisement is ordered, a discount is made on the above scale in the following proportions, beyond which no reduction can be allowed.

For 6 insertions, a deduction of	10 per cent.
" 12 or 13 "	20 "
" 26 "	25 "
" 52 "	30 "

For these terms, the series must, in each case, be completed within twelve months from the date of first insertion.

Advertisements should be delivered, addressed to the Manager, at the Office, not later than noon on the Wednesday preceding publication; and, if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association, at the West Central Post-Office, High Holborn. Small amounts may be paid in postage-stamps.