

BRANCH MEETINGS TO BE HELD.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.—The next meeting of this District will be held on Thursday, January 31st, 1889, at the Great Northern Central Hospital, Holloway Road, N., at 8 P.M., Dr. Bridgewater, J.P., Vice-President of the District, in the chair, when Dr. W. S. A. Griffith (obstetric physician to the hospital) will read a paper on Craniotomy; Mr. Lockwood, F.R.C.S., on Laparotomy for Suppurative Peritonitis; Mr. Allingham, F.R.C.S., on Operative Treatment of a Fracture involving a Nerve Trunk. Some interesting cases in the wards will be exhibited. As the hospital is new, and containing all recent appliances, it will be open to all members for inspection.—**GEORGE HENTY, M.D.**, Honorary Secretary, 302, Camden Road, N.

SOUTHERN BRANCH: ISLE OF WIGHT DISTRICT.—The ordinary meeting will be held at the Marine Hotel, Ventnor, on Wednesday, January 30th, at 4 P.M., T. A. Buck, M.B., President, in the chair. Agenda: Mr. John Ellis: New Dental Mallet. Surgeon E. J. Risk: 1. A case of Acute Tubercular Infection, duration six weeks. Necropsy. 2. Lung Abscess simulating Hepatic Abscess. Mr. T. A. Buck: A fatal case of Atrophy and Dilatation of the Stomach. Necropsy. Gentlemen who are desirous of introducing patients, exhibiting pathological specimens, or making communications, are requested to signify their intention at once to the Honorary Secretary. Dinner at 6 P.M.; charge 6s. exclusive of wine. Please return postcard before Monday, January 28th. Trains leave for Newport 7.50 P.M., and Ryde 7.50 and 8.40 P.M.—**W. E. GREEN**, Honorary Secretary.

BATH AND BRISTOL BRANCH.—The third ordinary meeting of the session will be held at the Museum and Library, Bristol, on Wednesday evening, January 30th, at half-past seven o'clock, J. Hinton, Esq., President. The following communications are expected: Mr. J. Michell Clarke: A case of Hereditary Ataxia. The patient will be exhibited. Mr. J. Greig Smith: An Operation for Ruptured Perineum. Mr. W. H. C. Newnham: A case of Compound Dislocation of the Knee. The patient will be exhibited. Mr. H. Pritchett: A case of Syphilitic Lupus. The patient will be exhibited. Mr. J. Daere: Artificial Substitutes for Right Eye, Superior Maxilla, and Malar Bone, removed for Sarcoma. The patient will be exhibited. Introduced for Mr. C. A. Hayman. The patients will be exhibited at 7.30 P.M. precisely.—**E. MARKHAM SKERRITT, R. J. H. SCOTT**, Honorary Secretaries, Clifton.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

The third general meeting was held in the Medical Institute on Thursday, December 13th; the President, Dr. T. W. THURSFIELD, in the chair.

New Members.—The following members of the Association were elected members of the Branch: Messrs. R. H. Foster, Knowle; F. G. Gardner, Stourbridge; H. C. Crew, Wednesbury; and C. W. Biden, Wednesbury.

Pirogoff's Amputation.—Mr. HASLAM showed a man, aged 43, whose foot he had removed fourteen months ago by Pirogoff's method for a myeloid sarcoma of the metatarsal bone of the great toe. The patient was now able, with the aid of a suitable boot, to walk about in comfort.

Epilepsy.—Mr. JORDAN LLOYD showed a man whom he had trephined for epilepsy.

Brain Abscess.—Mr. BARLING showed for Mr. ELKINGTON a specimen of brain abscess secondary to middle-ear suppuration. The patient had been trephined, but only an acute cerebritis found. The symptoms, however, were relieved. Subsequently other symptoms arose, and the boy died some two months after the trephining, when an abscess was found involving the superior temporo-sphenoidal and the supra-marginal convolutions.

Brain Gumma.—Mr. BARLING also showed a gumma involving the left pre-frontal region, mainly at the anterior part. The symptoms were slow and hesitating speech, slow mental processes, and paresis of the right extremities. No lesion was discovered in the left motor area to account for the paresis, but there were several patches on the convexity and base, where the dura was adherent to the pia. The patient died of pneumonia.

Epiphora.—Mr. VOSE SOLOMON exhibited a large lachrymal gland which he had removed from a lady, aged 50, who suffered so severely from nervous shock that treatment by dilatation had to be discontinued. He strongly advised excision of the gland in all similar cases. He believed his case was a new departure in relation to nervous symptoms of severe type.

Bone-grafting.—Mr. BENNETT MAY exhibited two patients whom he had recently trephined for compound fracture of the skull. In one of them he had, after the manner practised by Macewen, reimplanted the bone with most satisfactory result. The bone at the seat of injury was as firm and solid as any other part of the skull. In the other patient, although brain matter and cerebro-spinal fluid were scattered about the hair and face, recovery was rapid and complete. Mr. May alluded to some of the recent improvements in these operations, and to the enormous value of antiseptic surgery in this region.

Cranio-cerebral Topography.—Professor WINDLE gave a short account of Symington and Cunningham's recent work in connection with the growth of the brain after birth, and with cranio-cerebral topography. He exhibited some of Professor Cunningham's and other models.

Surgery of the Brain.—Mr. JORDAN LLOYD read a paper on the present position of the surgery of the brain, the discussion upon which was postponed till the January meeting.

SPECIAL CORRESPONDENCE.

MEDICAL PARIS OF TO-DAY.

[LETTER FROM MR. ERNEST HART.]

IV.

(Concluded from p. 155.)

EDUCATION: EXAMINATION: HOSPITAL APPOINTMENTS.

Organisation of Hospital Medical Staffs: Chefs de Service, Externes, Internes.—Foreign Students and Hospital Appointments.—The System of Concours and Rotation.—Practical Anatomy and Operative Surgery: The Ecole Pratique, Clamart.—The Cliniques and Professors of the Faculty.

MR. ERNEST HART writes:

The Chefs de Service form part of what is called the Central Bureau, that is to say, they are not at first directly attached to a hospital to carry out the service of the out-patient consultations, of the selection of patients for transmission to the hospitals, and they replace the hospital surgeons and physicians when the latter take holidays. At the end of a certain number of years and in succession as the places become vacant in the hospitals, they select, in order of seniority, their hospital wards, so that the most senior of the hospital surgeons and physicians generally select in preference the great services in central hospitals, such as those of the Hôtel-Dieu, Charité, and Pitié. In each set of hospital wards there is a physician or surgeon, or an accoucheur selected by *concours*, several in turns, and a certain number of *externes* and of pupils in full curriculum and unattached pupils. The unattached pupils, or *bénévoles*, are those who, not desiring to take part in competitive examinations, or not being in the period of their compulsory curriculum, frequent the hospitals at their pleasure. Each year the administration nominates, after competitive examinations, from 250 to 350 extern dressers and clinical clerks, according to the need of the service. These competitive examinations include tests in anatomy, in pathology, and minor surgery; each question has to be treated by the candidate orally before a jury, speaking for five minutes after five minutes' reflection. All the questions are drawn by lot, and twenty candidates are passed at each sitting. There is one sitting for anatomy and one for pathology for each series of candidates. In a certain number of hospitals situated in the more distant quarters of Paris, the *externes* receive a small payment, which sometimes amounts to £24 a year. The *externes* are charged with dressings, the keeping of the preliminary clinical notes, and with the surveillance of pupils passing through their curriculum who are themselves also charged with certain duties of dressings, etc., under the direction of the *externes*. The latter also sometimes take part in the necropsies, and in notes of the same under the direction of the *internes*. The institution of the *internat* corresponding, as I have said, to our resident medical officers in London, was founded in 1804. Only the senior students are admitted to the examination for it, and although they must have completed the course of study, the *internes* are not allowed to hold a registrable medical degree until after the completion of their term of residence. The number of *internes* admitted is limited to from forty to fifty in each year, to meet the necessities of the service of the various hospitals of Paris. The office lasts for four years, and is the stepping-stone to further higher nominations. There is generally in each hospital one *interne* for each physician and two for the surgical service. The *internes* are paid during their first year from £28 to £32, about £36 during their third year, and £40 during their fourth year. The examinations for the *internat* consist of two tests, one written and eliminative on a subject of anatomy and physiology and pathology, which always serves to put aside a certain number of candidates; a second, orally, on a subject drawn by lot, the candidate being called upon

to speak on a selected subject for ten minutes, after ten minutes' reflection; it deals with anatomy and pathology. At the end of the year a further competitive examination is held among the *internes* of the second, third, and fourth years; at the close of each, various prizes are awarded. The first prize consists of a gold medal and a sum of £20; the second of a silver medal and a sum of £40. The candidate who obtains the gold medal has the right to prolong for another year his functions of *interne* in the service which it pleases him to select. Besides these titular *internes*, the administration nominates every year a certain number of *internes*, who are called provisional, and fulfil the functions of *internes* without the full title for one year without being directly attached to a service. They take the place of the titular *internes* when the latter have applied for leave of absence.

Foreigners are admitted to competition for the *internat* and the *externat*. Looking through the list of *internes* since the year 1804 we find a number of foreign physicians who have passed through the *internat* of Paris. For some years now women have been authorised to take part in the examination, and lately also in that of *internat*. Lately Mlle. Klumpke, now the wife of one of the assistant professors of the Faculty, was a selected *interne*. Dr. Alan Herbert, the eminent physician of the Embassy in Paris, has passed through the *internat*, and among those recently received as *internes* to the hospitals are the two sons of Dr. Faure Miller, physician to the Hertford Hospital, who holds a leading position as an English physician practising in Paris. The majority of foreign *internes* belong, however, to South America, Roumania, and especially Switzerland. Forty Swiss physicians have passed through the *internat* of Paris.

The immense majority of French and foreign students in Paris follow both the official courses of the Faculty and the gratuitous courses given by the physicians or surgeons of the hospitals and unattached teachers. In the first year the courses followed are, as I have said, physics, chemistry, and natural history, the student during this year being also compelled to take part in practical microscopical work, and in the manipulation of physics and chemistry. In the second year the student begins to study anatomy, physiology, histology, and the courses of pathology. The hospitals are now open to him. For his scientific studies he has ample facilities supplied by the vast amphitheatres of anatomy under the direction of Professor Farabeuf and Dr. Poirier, *agrégé* of the Faculty, chief of practical anatomical studies. If a foreign physician or student wishes to take part in the anatomical or other studies, he has only to make an application to the Dean of the Faculty, who always replies favourably to the application. Works of dissection, of physiology, and histology are carried out at the *Ecole pratique*; students who desire to take part in them have to pay a sum of 40 francs a year, in virtue of which they have the right of dissecting; and, at the same time, for histology, students have at their disposal each a microscope and all the materials they require.

There are in the *Ecole pratique* eight pavilions for students carrying on dissection; each pavilion consists of sixteen tables, and each table supplies room and furnishes material gratuitously to five students. At the head of each pavilion is a *prosecteur*, assisted by four anatomical assistants, who give demonstrations every day in turn, and direct students in their work. One subject is supplied to each five students at a time, and the immense resources of the hospitals of Paris supply subjects, placed at the disposition of the students—eight subjects per term for each table. Besides the *Ecole pratique*, the *externes* and *internes* find a further series of subjects in the amphitheatre at Clamart, which belongs to the *Assistance publique*, the central administration which controls all the hospitals. The *externes* and *internes* are divided here into series, and have at their disposal very rich and complete material. The courses are delivered at Clamart by Professor Tillaux, surgeon to the Hôtel-Dieu, and by two *prosecteurs*. Moreover, at Clamart, for an average payment of 50 francs a month, students can follow special courses of anatomy and practical operative surgery, carried on by the *internes*, by their anatomical assistants and *prosecteurs*.

In his third year the student is obliged to attend the hospital regularly either as *stagiaire*, or *externe*, or *interne*. The *stagiaires* are students following their curriculum, and are divided among the different series of services—medicine, surgery, and midwifery, according to their choice, and must follow the visits of the medical officers during two years, with power to pass from one hospital to the other, but under the obligation to furnish certificates of attendance at the hospitals during 300 days in each year.

At the close of his third year the medical student desirous of obtaining his diploma is called upon to submit to an examination in anatomy, histology, and physiology. This examination consists of two parts. The first part includes a test of his power of dissection, which is eliminatory, and which involves, in case of failure, a further delay of three months. If he succeeds in passing this examination, some days after he begins the oral examination in anatomy and histology. At the commencement of the fourth year the student must undergo the second part of his examination, which deals with physiology. If he fails on this occasion he is put back for three months.

The medical *cliniques* of the Faculty are, as I have mentioned, four in number. Foreign students and practitioners who come to Paris to supplement or complete their studies generally give themselves up to some speciality, medical pathology and medicine, or surgical pathology and surgery, and so on. The whole of the resources of the Faculty of Paris and that of the hospitals are open to them. If medicine (internal pathology, as it is called in Paris) is the favourite subject they can follow the *cliniques* of Professor Jaccoud at the Pitié, of Professors Potain at the Charité, Bouchard at the Necker, and Germain Secé at the Hôtel-Dieu. Each professor generally gives two lessons a week, from 9 to 10 o'clock in the morning, and every day clinical instruction at the bedside of the patients. It should be noted that the Paris professors of faculties visit their hospitals every day, and continue in harness as teachers throughout the whole of their active medical career, rarely withdrawing from their clinical professorships until after the age of 70, when health permits them to remain. Those who desire to study surgery and surgical pathology have the opportunity of attending without payment Professor Richet at the Hôtel-Dieu, Professor Verneuil at the Pitié, Professor Trélat at the Charité, and Le Fort at the Necker. To each of these clinical professors of the faculty is attached a clinical superintendent (a *chef de clinique*), provided with a diploma of Doctor of Medicine, and who has fulfilled for at least four years the office of *interne* in the hospitals; he replaces the professor if absent from his visit. The attendance at the hospitals is given by the professors generally from 9 to 11 in the morning. Besides these official *cliniques* there are a certain number of physicians and surgeons in the hospital whose voluntary courses are followed. Among these may be mentioned those of Tillaux at the Hôtel-Dieu, Pean at St. Louis, Labbé at Beaujon, in surgery; and in therapeutics, those of Dujardin-Beaumetz at Cochin, Huchard at Bichat, and Jules Simon at the Hôpital des Enfants Malades. The *clinique* of Professor Damaschure is exceedingly popular, and is marked by the most laborious and intelligent teaching, with the aid of profuse photographic illustration.

Those who wish to study the diseases of the skin find at the Hôtel St. Louis unrivalled material. The official course of the faculty is delivered by M. Fournier. Every Thursday the five physicians of the Hôpital St. Louis meet in a conference, which is extremely interesting to practitioners already well instructed, for they examine and discuss difficult cases and present their most interesting patients to each other's notice. In nervous diseases, the great concourse of students and foreign visitors follow with profit the *polycliniques* of the celebrated Professor Charcot; for mental disease, the official course of Professor Ball and the *clinique* of Dr. Magnan at the Saint Anne Asylum. For diseases of the eyes, finally, there is the official *clinique* of Professor Panas at the Hôtel-Dieu.

The students further can follow the great number of *cliniques* carried on by unattached medical men, who do not form part of the medical corps of the hospitals: Landolt, Galezowski, De Wecker, the hospitals of the *Quinze-Vingts*, offer a large field for ophthalmological study. In the study of pathological anatomy may be specially noted the necropsies of the clinical service of M. Germain Secé, which are performed at the Hôtel-Dieu by Professor Cornil. The teaching of legal medicine is carried on, from a practical point of view, at the Morgue, and at the Faculty, from a theoretical point of view, under the direction of Professor Brouardel, the Dean of the Faculty. A certain number of students are admitted to the medico-legal necropsies at the Morgue, on the presentation of special cards, which must be asked for.

In summer, students, whether from abroad or at home, have the opportunity of carrying on operative surgery under the same conditions as for winter dissections, that is, under the direction of *prosecteurs* and their anatomical assistants. They have only to

pay a subscription of 40 francs for each category of work. The same is the case in the amphitheatre of the hospital known under the name of the Clamart. At Clamart especially, foreigners may, for a payment of 50 francs a month, take private lessons in operative surgery, the supply of subjects being always very considerable, and included in the fee.

Veneral diseases are especially studied at the Hôpital du Midi and at Lourcine. There are special consultations at the Lariboisière for diseases of the throat, &c., by M. Gouguenheim; and there are some private dispensaries in the city directed by MM. Ruault and Poyet, for diseases of the ear; those of M. Hermet, and of the institutions for the deaf and dumb, at the consultations of which all foreign students are admitted, and which are directed by M. Lardret de la Charrière. For accouchements I need only mention at present the efficient *clinique* of the Faculty and of the *maternités* of the hospitals, directed by Professor Tarnier and Dr. Budin; that of the Lariboisière, directed by Dr. Pinard; and that of the Charité directed by M. Budin, also *agrégé* of the Faculty. One of the most important special *cliniques* is that conducted by Professor Guyon at the Hôpital Necker for diseases of the urinary organs. When a foreign practitioner or student is present in Paris, he can assist without payment at all the *cliniques* and all the visits of the professors, and obtain all the information that he desires. He can also by moderate payments obtain private courses of lessons either from the *internes* or from the *chefs de clinique* at their evening visits at the hospitals. He can profit too by the extensive and important laboratories of MM. Ranvier, Brown-Séguard, Marey, Dastre &c. Finally, it may be noted that the whole course of official instruction in Paris, including the diploma of doctor of medicine, does not call for payments of fees beyond a sum of about £40, for the four or five years involved. Of course, there are some additional expenses where private courses are required, and for the purchase of books, &c., but the material for dissection, and generally the material for study, is supplied without cost.

Nowhere perhaps in the world is there so vast a system of free official teaching, and such liberal facilities for study, research, and investigation by foreign students and practitioners. I shall proceed to refer to the special work carried on in some of these institutions and *cliniques*, and the directions in which medical visitors to Paris may most pleasantly and profitably direct their energies and expend their time.

EGYPT.

[FROM OUR OWN CORRESPONDENT.]

El Ahram and the Sanitary Department.—Absence of Fundamental Sanitation.—Mahomedan Objection to Adulterated Butter.—The Pilgrimage to Mecca by Dr. Saleh Soubhy.—Vital Statistics and the "Capitulations."

THE leading Egyptian paper, *El Ahram*, has produced a long and laudatory article on the Sanitary Department. The following extracts, translated from the Arabic, will tend to show the tenor of this most unexpected testimony in favour of an administration presided over by an alien: "The Sanitary Department has this year actively occupied itself in generally ameliorating its service, and in contributing its benefits to the public—a fact proved by its success, which, although unexpected, has been most satisfactory. It is most conspicuous that, with the enforced economy on its budget, which was, to say the least of it, considerable, it has not neglected any means in its power to ameliorate the state of the hospitals, to increase the number of medical officers in the provinces, and to create dispensaries where none existed previously, although their importance and the benefit resulting from them are not to be denied.....Although we cannot testify that this country, and more especially Cairo, has arrived at a state of perfection as far as sanitation is concerned, still we cannot but acknowledge the fact that the Sanitary Administration, with its present budget, is not in a position to promote to a wide extent any improvements in this direction. Such being the case, we would recommend that either an addition be accorded to the budget, or other means adopted, to enable the most necessary improvements to be undertaken, not only in the large towns, but also in the villages and hamlets, which at present are deprived of all sanitary benefits. We ask, in the name of the public, that the requirements of the latter be taken into consideration."

El Ahram is quite right in saying that improvements have

lately taken place in the sanitary administration of Cairo and Alexandria, for, as regards surface cleanliness, these towns may now be compared favourably with many in Europe; but this is mere whitening of the sepulchre, for, as regards fundamental sanitation, absolutely nothing has been done, and fouling of sub-soil is increasing at such a rate that the time when human life will no longer be supportable cannot be far distant. A great many schemes have been talked about, but all have ended in talk; nor does there seem to be any prospect of improvement till some pestilence breaks out to stir the selfish apathy of those in whose power it lies to institute remedial measures.

Under an old decree, the importation of "falsified" butter into Egypt is strictly forbidden, but hitherto this law has been more honoured in the breach than in the observance, as the only test of purity was the opinion of an inexpert official attached to the Custom House. As this manner of proceeding offered no guarantees regarding the non-introduction into the country of impure butter, the Director of the Sanitary Department proposed that all goods imported from houses of recognised standing should be admitted without impediment, and even went so far as to give instructions to that effect to the Director of Customs. The Prime Minister, Riaz Pacha, however, promptly refused to accord his sanction, and ordered that the original decree should be enforced in all its severity. It is an undoubted fact that about 95 per cent. of the butter sent to Egypt is more or less adulterated, so the Sanitary Department now finds itself in the difficult position of either having to permit the present "backshish" system to continue, or of practically stopping the trade. It is perhaps needless to observe that religious observance lies at the bottom of the whole affair, and that it is the admission of lard disguised as butter that is sought to be prevented.

Dr. Saleh Soubhy has completed the MS. of his work on the Hijáz. It is written in French, and will contain about ten excellent illustrations, from photographs taken by the doctor on the spot. The book cannot fail to command a wide public, for it is extremely interesting, not only from a general, but also from a medical and sanitary point of view.

The general health of Egypt is this winter better than it has been for many years. For the week ending December 27th, the death-rate in nineteen towns of the Delta, with a population, according to the census of 1882, of 824,297, amounted to 38.9 per 1,000 per annum; whereas the average for December for the period from 1880 to 1885 was 47.9. The birth-rate for the same week is reported as 63.3; but it must be remembered that the population is greatly understated, and that both rates are represented as much higher than they should be. In twelve towns of Upper Egypt, with a population of 185,084, the death-rate is returned at 50.6, and the birth-rate at 66.9; but there are no records for comparison with previous years. These statistics refer exclusively to the native population, for, under the fostering care of the "Capitulations," strangers can only be compelled to register births and deaths through the medium of their own Consuls, who, for the most part, decline to give any information on the subject to the Egyptian authorities.

ELECTRIC STIMULATION IN HYSTERIA.—M. Didier recently read a paper before the National Society of Medicine of Lyons on this subject. The following were his conclusions: 1. Electric stimulation is decidedly the best treatment for hysteria hitherto discovered. It checked the attacks in every case of convulsive hysteria in which it was employed, and in two cases of hysterio-epilepsy, though in the latter affection its effects are less certain. It is superior to compression of the ovary, as this treatment may cause pelvic mischief, and cannot be safely employed in pregnancy. 2. Electric stimulation enables the practitioner immediately to distinguish an epileptic from a hysterical patient—whether the hysteria be epileptiform or of convulsive character—being useless in the former case and of infallible effect in the latter. 3. In patients suffering from two different neuroses this method will serve to distinguish hysterical from the epileptiform symptoms. 4. An electric current of moderate intensity is applied along the track of the aura; that is to say, the electrodes are applied to the epigastrium and to the front part of the neck, when the treatment is applied at the beginning of the attack. When it is resorted to only during the clonic or tonic period, one electrode is applied to the neck and the other is placed in one hand, or the electrodes are placed each in one hand. 5. Besides checking the hysterical attacks, electric stimulation has a curative effect on the neurosis.

SHEFFIELD.

[FROM OUR OWN CORRESPONDENT.]

Value of First Aid Instruction.—Football Accidents.—Sarcoma in Adolescents.—The Borough Fever Hospital.

THE value of "first aid" training was recently signally shown. A father on entering a room in the early morning, where three children slept, was met by a smell of gas, and found the little ones unconscious. Hastening off for a medical man, he met two police officers, and told them what had occurred. Whilst the parent continued on his way, they repaired to the house and found one child unconscious, and the other two very bad. Without a moment's hesitation they carried them into the street, and having laid them on their capes, commenced artificial respiration. At first, the report states, it seemed as if their efforts would be useless, but they stuck to their work, and ultimately had the satisfaction of seeing all of them gradually recover. The medical man was, on his arrival, able to pronounce them out of danger. As mentioned in previous letters, the police force, headed by the Chief Constable, have very fully availed themselves of instruction in first aid.

Two football casualties occurred at Rotherham during the Christmas week. On December 26th a player is reported as having received "the full force of his antagonist's kick on the shin-bone." He was removed to the Rotherham Hospital with a broken leg, where also the young fellow injured two days before was lying in a serious condition. A fatal case occurred at Grimsby on January 12th, where a man named William Cropper, from Staveley, in Derbyshire, lost his life. He was a professional cricketer, and was engaged playing with a Staveley football team against a local one. During the game, whilst rushing with great speed with the ball, a man jumped up to wrest it from him and struck Cropper with his knee in the stomach. He died the next morning. At the inquest it was stated in the medical evidence that there had been a rent of an inch and a half in the jejunum, and that fecal matter had escaped into the abdominal cavity. The verdict returned was "Accidental death." The frequency with which serious and fatal accidents are reported in the football field appears to call for some reform in the game as at present played.

Three cases of sarcoma of the lower extremity, occurring in subjects aged 13, 19, and 20 respectively, were recently brought before the Medico-Chirurgical Society. Two affected the lower end of the femur, fracture having occurred in one of them; in both amputation of the hip was performed. In the remaining case the head of the tibia was the seat of disease, and the limb was amputated at the lower part of the thigh. Two were reported by Messrs. Favell and Jackson, from the General Infirmary; and one by Dr. Keeling, from the Public Hospital.

The Town Council, at its last meeting, was occupied with the question of the advisability of closing the Winter Street Borough Hospital entirely. The inhabitants of that district object to having a fever hospital in their midst, and recently called a meeting to protest against its further use, and spurred on their representatives in the Council to take some action in the matter. Small-pox cases, should an epidemic at any time unfortunately arise, will find ample accommodation at the Lodge Moor Hospital, recently erected specially for this purpose. The Winter Street Institution is assailed now because of scarlet fever cases being taken there. It was pointed out at the Council meeting that the Royal Commission had failed to find proof that scarlet fever, etc., was spread from hospitals to the districts, and also that the late medical officer of health, after house-to-house inquiries on the subject, was unable to get a tittle of evidence as to scarlet fever being propagated from the hospital. The distance to Lodge Moor, four miles from the town, was also urged against the motion directing the Health Committee to inquire into the subject. The resolution was defeated by 33 to 17.

GLASGOW SOCIETY FOR PREVENTION OF CRUELTY TO CHILDREN.—During December, 113 cases, involving the welfare of 159 children, were disposed of by this Society. During the month, 116 children were sheltered, 657 meals were given, 41 children were clothed, 21 were placed in industrial schools, and 8 in training homes. Seven prosecutions against parents were instituted, of whom 5 were convicted.

THE Harrogate Bath Hospital, for which £7,000 yet remains to be raised, will, it is thought, be ready for occupation in April next.

CORRESPONDENCE.

DURATION OF INCUBATION AND CONTAGIOUSNESS.

SIR,—Ten years ago the Clinical Society of London appointed a Committee to investigate the periods of incubation and of contagiousness of the commoner communicable diseases.

A certain amount of valuable material was received, but it was thought desirable to defer the presentation of a report until further experience was available. The Society has now determined to gather additional information with a view to the preparation of an early report on the subject, and for this purpose has reconstituted the Committee.

The Committee is desirous of obtaining particulars of cases which throw light upon the periods of incubation and contagiousness of the below-mentioned diseases, and will be grateful for notes of any cases where the facts can be ascertained with sufficient precision to afford grounds for conclusions.

It is thought that gentlemen practising at a distance from large centres of population, and especially those engaged in the Public Health Service, or associated with schools, would be able to supply information of the kind required. A single case in which the dates of exposure to infection and the appearance of the first symptom can be accurately fixed, especially where the exposure has been limited in duration, would be highly valued.

The following diseases are included within the scope of the inquiry:

Variola.	Typhus.	Cholera.
Varicella.	Relapsing Fever.	Erysipelas.
Measles.	Whooping-cough.	Mumps.
German Measles.	Diphtheria.	Infectious Sore
Scarlet Fever.	Enteric Fever.	Throat.

The Committee consists of Dr. W. H. Broadbent, Dr. George Buchanan, Dr. Cayley, Dr. Thomas Barlow, Dr. Alfred Hill, Dr. Isambard Owen, Dr. Thorne Thorne, Dr. Alder Smith, and Mr. R. W. Parker with Mr. Shirley Murphy, 41, Queen Anne Street, and Dr. Dawson Williams, 25, Old Burlington Street, W., as Honorary Secretaries, to one of whom communications should be addressed.—I am, etc.

W. H. BROADBENT,
Chairman of Committee.
Clinical Society of London,
January, 1888.

INGUINAL COLOTOMY.

SIR,—I regret that I was unavoidably prevented from being present at the discussion of the Medical Society on Mr. Allingham's method of preventing prolapse after inguinal colotomy. That considerable prolapse occasionally occurs must be within the experience of all who see much of this operation. Doubtless this can be prevented by the procedure which Mr. Allingham advocates, namely, by pulling out the whole of the loose bowel at the time of the operation, clamping it, and subsequently cutting it off, but it cannot be supposed that such a formidable and wholesale resection can be performed without seriously adding to the risk of colotomy.

Indeed, Mr. Allingham recognises this, and says that in bad cases of malignant disease he would not carry out this operation. An important admission, for inguinal colotomy is performed far more frequently for cancer than for any other form of disease.

I wish to point out that prolapse may be prevented by a little care in the operation without adding to its danger. Prolapse is caused by an invagination of the bowel taking place through the upper opening, and will doubtless occur if loose folds of the sigmoid flexure exist above the site of the opening. To avoid such folds, at the time of the operation I gently draw out as much loose bowel as will readily come, taking care not to have too much out at a time by passing it in again at the lower angle of the wound as it is drawn out from above. I find in this way that after drawing out an amount varying from one to several inches no more will come. I then stitch the bowel to the skin in the usual way, taking care, of course, that there is no tension upon it.

By this procedure, no loose folds of bowel are left immediately above the artificial anus. The only difficulty is to insure that the bowel is drawn downwards and not upwards, but this can be ascertained by passing the finger gently into the abdominal cavity, and feeling the direction towards which the bowel tends.

Since adopting this precaution I have had little trouble from