

BRITISH MEDICAL ASSOCIATION:
SUBSCRIPTIONS FOR 1876.

SUBSCRIPTIONS to the Association for 1877 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 36, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 6TH, 1877.

HOMICIDAL INSANITY: MEDICAL EVIDENCE AT
CORONERS' INQUESTS.

A CASE has just occurred at Macclesfield which well illustrates the difficulty of deciding upon the exact time at which there should be medical interference with the freedom of the subject. A man may fall into a desponding state of mind, and have delusions respecting his business and worldly affairs; he may imagine that there are secret conspiracies against him, and that a wife or friend is secretly administering poison to him. In the opinion of his medical attendants and friends, he is in a condition which would justify confinement in an asylum; but a medical man naturally hesitates to sign a certificate unless there be some overt act which shows that his patient is a *dangerous* lunatic. In one instance which came to our knowledge, the Commissioners liberated a lady who had reached the stage we have mentioned short of the perpetration of actual violence; and they censured the medical attendant for signing a certificate for her confinement in an asylum.

In the Macclesfield case, there were all the incipient symptoms of homicidal insanity. The man Halliwell had delusions respecting his business, great despondency, dread of impending poverty, a sullen state of mind, restlessness at night, and there was a complete change of character. Although up to this time he had offered no violence to his wife and family, the symptoms were properly considered to be such as to justify his being sent to an asylum. Steps were taken for this purpose, but were not completed, when, on December 21st, he without any warning suddenly strangled his son.

An inquest was held on the same day, and the evidence showed that the accused, Robert Halliwell, had caused the death of his son, a boy aged 13, by manual strangulation. Dr. Vaux, who examined the body soon after death, described the external appearances which he found on the neck of deceased, and which were such as to satisfy him that the boy could not have strangled himself. Shortly after the witness had examined the body, he saw the accused. He found him in a dull stupid state; and, after many questions put to him without receiving answers, he asked him "*why* he had done the act". He replied, "*Impulse*". When asked *how* he did it, he said, "*My hand*". He was stupid and appeared dazed, and refused to answer any more questions.

As the case must come before a criminal court for trial, we abstain from making any further comments at present. The cause of death was clear. That it was the result of homicide, and not of suicide or accident, was also clear; and the verdict of the jury, fully justified by the evidence, was to the effect that the deceased had died from strangulation effected by his father—in other words, a verdict of "*wilful murder*" against the accused.

An attempt was made during the proceedings to introduce evidence touching the state of mind of Halliwell; but it is a settled point of law that this is no part of the duty of a coroner's jury. This important question, involving as it does criminal responsibility, is always reserved for a superior court. The jury appear to have been under a great misapprehension on this point; and the coroner very properly set them right, and declined to receive evidence respecting the man's state of mind. Had he acted otherwise, the depositions would not have been

received, and he would have exposed himself to censure for ignorance of the duties of his office. The coroner was, therefore, fully justified in rejecting the reception of evidence which he knew to be utterly irrelevant.

This inquest brings out two irregularities connected with the medical part of the inquiry. We desire to call attention to these as a warning to medical witnesses in future cases.

1. Dr. Vaux is reported to have asked the accused "*why* he had done it"—i. e., committed the act of murder; and "*how* he had done it". The accused was not then in custody; consequently, although suspected, he was not a prisoner in a legal sense. Our judges have always denounced the practice of extracting evidence by a cross examination of persons accused of a heinous crime like murder, whether this is conducted by a medical man or a policeman. As members of our profession have no privilege in giving evidence, whatever is said by the accused in reply to a question, must be stated in court by the medical witness. All questions, the answers to which tend to convict an accused person, are, therefore, most improper. If they do not call for censure from the learned judge who tries the case, they are sure to bring down upon the witness the denunciations of counsel employed for the defence. In Halliwell's case, the witness stated that he put these leading questions in reference to an act of murder, in order to test the state of mind of the accused; but this is no justification of the practice. The state of mind can be tested at another stage of the inquiry, without extracting from a man direct admissions of his guilt.

2. The other important medical point in this case was adverted to by the coroner in his address to the jury. Mr. Allen, a medical man who knew the accused, and who had been previously consulted about his mental condition and his removal from the house, drew up a certificate for his committal to an asylum after he knew that the boy had been strangled, and he attempted to procure the signature of a magistrate to this document. In the absence of any explanation of the facts, this appears to have been a very strange proceeding on the part of a medical man. It was unfortunate that the certificate was not signed and acted upon two or three days earlier; but when an act of murder had been committed, for which a person must be tried and may be made criminally responsible, a medical man is not justified in issuing a certificate for his confinement in an asylum. Under these circumstances the case falls within the jurisdiction of the local magistrates and police; and, whatever opinion a medical man may have of the state of mind of an accused person, it is his duty to wait until he is legally summoned to express it.

ACCIDENTAL POISONING IN HOSPITAL DISPENSARIES

AN inquest lately held at Chelsea has brought to light certain facts which show that there is a want of proper care in some hospitals in reference to the custody of dangerous medicines. A girl named Outten, employed as a housemaid in the Chelsea Hospital for Women, secretly procured a box of opium pills from the dispensary, and distributed them broadcast among some of her friends. It was proved that she did not know that the pills contained any drug dangerous to life.

A man named Randall, to whom she had given a number of the pills, took four of them. The quantity of opium contained in them was four grains. The usual symptoms of narcotic poisoning followed, and that the man died from the effects of opium was proved, not only by the nature of the symptoms, but by the appearances in the brain and its membranes. On hearing the evidence of Mr. Leonard, the medical man who attended the deceased, the jury returned a verdict to the effect that the deceased died from poisoning with opium.

Some of the persons to whom the girl gave the pills had the discretion to make no use of them, and thus escaped with their lives. There was nothing on the box to indicate their dangerous nature.

Here the matter might have ended with a simple censure upon the authorities of the hospital for allowing boxes of opiate pills, prepared

for the general use of patients, to lie about so that an ignorant housemaid could purloin them, and through her ignorance, make such a mischievous use of them. But the secretary to the hospital, not satisfied with the verdict of the jury, has rushed into print in defence of the authorities and, we presume, of the system by which noxious drugs in the form of pills may be made accessible to the housemaids of a dispensary. We have read his letter addressed to one of the daily papers, and we must express our opinion that it aggravates the case against the authorities by the special pleading and false reasoning which it displays.

That Mr. Leonard, who was called to the case first, suspected apoplexy as the cause of death is not surprising. He was not aware that the man had taken opiate pills obtained clandestinely, and the symptoms of apoplexy are not always or at once distinguishable from those of opium-poisoning in some of its forms. Then, again, it is objected to the medical inference of the cause of death, that the body of the unfortunate deceased showed what the secretary vaguely describes as "a terribly diseased condition of several of the vital organs, such as would render the young man's death at any moment, and from natural causes, very probable." The conclusion here drawn is subsequently modified by the admission that death might have been *accelerated* by opium, the writer obviously forgetting that, in English law, what accelerates causes. Another statement made by this apologist for neglect, which requires notice, is that "*four grains* of opium, although a strong dose, is by no means an unusual one in certain forms of practice." We trust that the gentleman who entertains these views will not be allowed to prescribe opium for the patients in the hospital. Four grains of opium taken at once are sufficient to destroy the life of a young man not accustomed to the use of the drug. The deceased was not at the time labouring under tetanus, or hydrophobia, or any disease requiring an unusual dose of opium.

We think our readers will agree with us that such an attempt to palliate a gross act of carelessness in the dispensary department of an hospital is not likely to benefit the institution. The managers will, no doubt, take care that, in future, pills containing dangerous drugs will be kept under safe custody, so that ignorant housemaids may not find any facility for "slipping clandestinely into the dispensary and stealing them".

COLOUR-BLINDNESS.

THE attention of the public has recently been directed, in the columns of one of our contemporaries, to an anomaly of vision which affects, in a significant degree, the safety of a large portion of the community. The question has been raised of the probability of a recent railway accident having been due to a mistake in the interpretation of signals, on the part of the engine-driver, dependent on colour-blindness. It has been satisfactorily shown that this was not the case, but it is easy to account for the interest which the subject has excited.

The consequences of faulty perception of colours, which, in the cases of those engaged in certain arts and manufactures, are only annoying, become grave sources of peril when the subjects of the defect are employed in railway and maritime service. Hence a systematic examination of the eyesight of those entering these services is imperatively necessary; and a definite report on the subject should be required of every examining surgeon. This would add but little to his labours, for the method of detection of the fault is sufficiently simple; the coloured letters supplied as part of Snellen's test-types meet every need. If this be generally carried out, the public mind may rest contented, for thus the congenital form of colour-blindness would be effectually recognised, and only those cases of loss of power of perception of colour which come on gradually and are symptomatic of disease of the optic nerve, or other parts of the nervous system, would remain undetected. These cases are relatively so few in number, and associated with so much general impairment of vision, that they need excite no alarm.

Three principal varieties of colour-blindness are recognised, green-blindness, blue-blindness, and red-blindness. Of these, red-blindness, called Daltonism after its discoverer, is most important. It is especially frequent among the northern nations of Europe. In Russia and in Sweden, the proportion is believed to be greatly in excess of that in other countries. Wilson, in Edinburgh, found 17.7 per cent. affected; Dalton, in England, from 8 to 12 per cent.; Seebeck, in Prussia, 12.5. In France, on the other hand, Favre, in his examination of railway servants, found about 2 per cent. affected; and Ricco of Modena, who has given special attention to the subject, has met with but three cases whilst practising among a population numbering 33,000.

The explanation of the causes of colour-blindness has always had the greatest interest for physiologists, and many have offered solutions of the problem.

It is well known that red-blindness (to take the most important variety of colour-blindness) may be imitated in two ways; by intercepting the red rays of light by means of a bluish-green glass, or by dulling the sensibility of the retina for red light by prolonged looking at an object of that colour. It is, therefore, natural to suppose that the fault may originate either in an absorption of the red rays by some coloured substance situated within the eyeball anterior to the retinal layer which is sensitive to light, or to some accidental or congenital anatomical defect, such, for instance, as paralysis, atrophy, or absolute want of those retinal elements which are sensitive to red rays. At the head of those who held the former opinion was Dalton, who believed the defect to be due to a blue colouring of the vitreous humour, a theory which anatomical investigation has completely set aside as untenable. The theory accepted by most modern physiologists is one which is supported by the theory of perception of colours propounded by Dr. Thomas Young and perfected by Professor Helmholtz, and maintains that of three sets of retinal fibres which perceive respectively red, green, and violet, the first set is wanting in sensibility. Other explanations have been recently proposed. Hochecker and Leber hold that the retina, although anatomically sound, is not sensitive to either wave of a certain length, and that Daltonism is due to insensibility of the retina to the least rapid vibrations which are produced by the extreme red of the spectrum. The late Dr. Woinoff of Moscow, whose singularity of vision (he was colour-blind in one eye only) gave his investigations a rare value, held with Hering of Prague that the eye affected with red-blindness was insensible to red and to green, which is neither correct nor necessary for purposes of explanation. Galezowski of Paris explained the perception of colour on the supposition that the retinal cones act as ordinary cones of glass, decomposing white light in rings or concentric zones at their bases, and that each of these zones was intended to receive and perceive one single colour according to its refrangibility. Histological examination has proved the fallaciousness of this theory.

Among the most recent and most painstaking contributions to our knowledge of the subject is that of Dr. Ricco of Modena, in the *Italian Journal of Ophthalmology* for 1876. He there maintains, after a series of carefully recorded experiments, performed by means of the spectroscope, rotatory polarisation, and coloured cards, that the explanation most consonant with observed facts is that which attributes the defect to an insensibility of certain retinal fibres which are normally sensitive to red. This, however, can only be regarded as the most rational hypothesis yet offered. The question is still pending an exact solution.

THE late Dr. Sibson held the office of physician to the Artists' Annuity Fund, and the vacancy which was caused by his lamented death has been filled by the election of Dr. Buzzard.

As many as 15,873,934 packets and boxes of medicine were stamped in the year ending March 31st last, the duty being 1½d. where the price was 1s. The amount of revenue received on patent medicines was £123,136:9:10½.

DR. MERCER, the Medical Superintendent of the East Riding Lunatic Asylum at Beverley, has died suddenly this week.

M. BAILLARGER has been elected Vice-President of the Académie de Médecine de Paris; M. Bouley will, during the year 1877, occupy the chair as President.

At the Quarter Sessions of the county of Huntingdon, it was stated that, while the population of the county has decreased, the amount of lunacy within its boundaries has increased. It was resolved to take steps, in conjunction with the counties of Bedfordshire and Hertfordshire, to enlarge the Three Counties Asylum at Arlesey.

A LADY, who had taken her maidservant, when attacked with small-pox, through the streets, with a view of procuring medical assistance for her, has been fined £3 by the Clerkenwell police magistrate for having improperly exposed a person who was thus suffering from an infectious disease.

NEWS from Gibraltar to the 26th ult. states that, small-pox having appeared in an epidemic form among the flocks of goats near Los Barrios, orders have been issued for preventing milk, or goats' flesh, or live stock from the infected districts from coming into Gibraltar. A competent person has been appointed to visit the district and report thereon.

In consequence of the continued increase in the small-pox epidemic, the managers of the metropolitan asylums have held a special meeting and agreed to measures calculated to meet the emergency. Reports were presented, stating that the hospitals are more than full of small-pox cases, and that there had been an increase of fifty-six patients since Saturday last.

A CORRESPONDENT of the *Liverpool Mercury* writes: "The executive committee of the Congregational Union, representing one of the most important Dissenting bodies in England, has just had the Contagious Diseases Acts under discussion. It had been intended to condemn the Acts, as the Wesleyan Conference had done, but such remarkable statistics had been sent from Plymouth, showing the extraordinary amount of good which had been done there by the existing law, not only in diminishing vice, but also in reducing the ranks of the vicious by reclaiming them and restoring them to friends, that the opponents of the Acts found themselves unprepared with a reply, and the supporters were able to carry the previous question."

UNIVERSITY OF LONDON.

NOTICE is given that the Senate have appointed a Meeting of Convocation to be held on Tuesday, January 16th, 1877. Members of Convocation who may wish to bring forward any business at the meeting are required to give to the clerk specific notice in writing not later than the 26th instant.

UNIVERSITY COLLEGE HOSPITAL.

It is gratifying to be able to announce that the Council of University College Hospital, after conference with the medical staff, have decided to give up two-thirds of the clinical fees, in accordance with our suggestion made some months ago. We published, some months since, in these columns a statement of the facts, and they were found to be unanswerable. The Council have very wisely decided to restore the privileges of the medical staff just as they were at the foundation of the hospital, when one-third of the clinical fees was paid over to the Council for general purposes, and the balance was left in the hands of the medical staff, at their absolute disposal. We are fully convinced that this action of the Council will greatly redound to the credit of the hospital with the general public; and we are satisfied that, now the necessity for increased exertion on the part of those whose duty it is to raise the income of the institution arises, it will result in more efficient management, and be, at the same time, the means of materially increasing the usefulness of this important charity. Too little publicity has of late been given to the work and requirements of the University

College Hospital; and, if the decrease of £1,600 a year in the permanent income which this change will cause be the means of inducing the Council to rearrange the management of their financial affairs, it will have done as much good to the interests of the patients as it has brought justice to the profession.

ALLEGED HOSPITAL NEGLECT.

A PARAGRAPH with this heading has appeared in most of the daily papers this week, with reference to a patient treated at St. Bartholomew's Hospital. As we have generally found that such paragraphs present only a distorted view of the facts, and as the house-surgeon is often unjustly blamed, or appears to be blamed, we have followed our usual custom of making direct inquiry into the facts of the case, and are happy to say that they do not furnish any foundation whatever for any charge of neglect. The patient was brought to the Casualty Room shortly after one o'clock, with a lacerated wound above one eye and general bruises and injuries to the arm. More than one newspaper then sums up the matter, briefly rather than accurately, in the words: "He was taken to the hospital, and told to go home"; and reports further that his companion said or "swore" that the patient was not asked to remain in. In reality, the patient was kept lying down, and under observation, until nearly five o'clock; and, although at first he was somewhat dazed and stunned, he had no vomiting, nor stertor, nor serious symptoms, and he seemed after a time to recover himself, and was able to speak sensibly and to walk. The house-surgeon examined the wound with his finger, found no fracture, and the dresser tied an artery and put in a suture. The man's companion, who said that the patient was not asked to go in, only stayed with him half an hour, and it was after his leaving that the house-surgeon, Mr. Hubert Weiss, offered to take the patient in. He repeated the offer to two men who came later, but the man said he had a comfortable home and would rather go. He came twice as an out-patient and reported himself better, but ten days after the injury he died at his own house under the care of a private practitioner, who found, *post mortem*, a fracture of the inner table of the skull, but nothing that could have been detected from without. The intelligent jury returned an open verdict and added a rider, that "the Hospital people should attend better to their patients".

THE ADMIRALTY ARCTIC COMMITTEE.

THE Admiralty must certainly have felt itself to be in very great straits before, at this stage of the matter, it resorted to the expedient of satisfying, or at least of parrying, the public interest in the causes of the Arctic disaster, by instituting a domestic and private "inquiry" in lieu of publishing the official reports which have long been in its hands, and have been often demanded. To the unofficial mind the matter seems a simple one; there are copies of Captain Nares's written medical instructions as to the use of lime-juice in the Admiralty books, and there are Dr. Colan's reports, and the report thereupon of the Medical Director-General, as we know from Admiral Hall's official statement as Secretary of the Admiralty. These documents could of course be published on a couple of sheets of foolscap, and they would furnish the data required to complete our knowledge. A formal application for copies of these documents—which we made six weeks ago—was met with refusal. It is not very difficult, perhaps, to draw hostile inferences from this withdrawal from publication of documents of so simple and obviously public a character, but we refrain from doing so; meantime, however, we may mention that, having applied to the Medical Department of the Navy for information as to the objects and composition of this Committee of Inquiry, we find that department wholly without any other information than that derived from the public papers. It might have been supposed that, if a *bond-fide* inquiry into a medical question were contemplated, it would be that the inquiry would be carried out. But the Admiralty seems to consider that every one is likely to know better what are the

uses of lime-juice to prevent scurvy than its own medical officers, and is not at all disposed to consult on the subject the head of its own medical service, although—or can it be because?—he is the highest living authority on the subject. We may be excused if we do not look forward with absolute confidence to the conclusions of a committee instituted under such circumstance and appointed under such auspices. Admiral Hope is a very distinguished officer; but we are disposed to think that a question of medical hygiene lies more strictly in the province of Sir Alexander Armstrong, if a scientific result be desired. If the question were one of armaments, we should have great confidence in a quarter-deck jury; as it is one of medicine, the sincere desire to solve it is hardly discernible in the present proceeding, which is, we venture to think, rather political than politic.

SMALL-POX AND VACCINATION.

DR. SCHWARZGRUBER of Harland communicates to a recent number of the *Medicinisches Chirurgisches Centralblatt* an instructive instance of the efficacy of vaccination. An epidemic of small-pox appeared in August. The first patient was a girl aged 5, who had not been vaccinated; she had the disease in a very severe form, and died after ten days' illness. In the same house was another family with four children, two vaccinated and two unvaccinated. The two unvaccinated children—a girl aged 13 and a boy aged 2½—took small-pox and died; the two vaccinated children escaped. A third family was visited by the disease; in it also were four children, two vaccinated and two unvaccinated; the former two had small-pox and one died, while the two vaccinated escaped, though constantly exposed to the infection. In a fourth family, an unvaccinated girl aged 9 had a dangerously severe attack of small-pox, but escaped with the loss of an eye. A vaccinated boy aged 4, in the same family, had the disease in a very mild form. In a fifth family of eight children, of whom seven were vaccinated, six of the vaccinated children had mild attacks of small-pox, four not being confined to bed; while, in the unvaccinated child, the disease proved fatal. The course of events in other families was similar. In all, there were thirty cases of small-pox among vaccinated persons, with only one death, which may be attributed to the patient having gone while scantily clothed from a warm room into the cold air. Of the non-vaccinated (the only ones in the place), eight had small-pox; of these, seven died and one recovered with the loss of an eye.

SMALL-POX IN ST. GILES'S.

THE arrangements for isolating cases of fever and small-pox in the densely populated and poverty-stricken district of St. Giles's-in-the-Fields, which have recently been the subject of public correspondence, afford a striking example of that system, "how not to do it", which prevails in that locality, as in many others, in sanitary matters. It would appear that the Board of Works of St. Giles's, though possessing, under the Sanitary Act, full powers to provide a hospital of their own or to make arrangements for the reception of cases of infectious disease, occurring in classes above the position of paupers, with the authorities of the Fever and Small-pox Hospitals, has hitherto neglected to provide such accommodation. This, however, is not perhaps to be wondered at, when we recall to our readers' recollection the fact that the same local authorities which permitted, nay even justified, the wretched system under which Gibson perished so miserably in their workhouse in 1864, are still paramount in this parish. Hitherto, it has been our pleasing duty to chronicle the attempts frequently made by health-officers to enlighten their respective sanitary authorities on the subject of the provision which should be made for the effective isolation of the contagious sick; this correspondence, however, discloses the melancholy fact that a medical officer of health has been found who exhibits himself in the public papers as the exponent of the principle that isolation is sufficiently effected when a patient stricken with small-pox is placed in a separate room, in a building used as a common lodging-house and frequented nightly by from one hundred to two hundred persons. Mr. Lovett doubtless fully knows

the feeling of the body of which he was recently a member, and which elected him from among a number of talented competitors to fill the position of health-officer, but he would do well to insist on their adherence to a higher order of sanitary provision than is popular among them, or than that which he lays down on this occasion.

THE REMOVAL OF SMALL-POX PATIENTS.

ON Tuesday, Mr. Donaldson held an inquiry relative to the death of Ada Harris, aged 19, a needlewoman. John Sturges said that, on Thursday morning, December 28th, he was employed to convey the deceased from Wellclose Square to the Small-pox Hospital at Homerton. On arriving there, he found she was dead. Dr. Blackburn, assistant medical officer to the hospital, said that death was due to malignant small-pox; but he added that the conveyance in which the deceased had been brought to the hospital was unfit for the purpose. An assistant relieving officer of St. George's East, named John Barnes, stated that the order for the removal of the deceased was signed on the evening of the 27th; but, it being very wet, and the deceased having had some medicine prescribed for her, he thought it better to defer removing her until the following morning. With regard to the conveyance, the ambulance generally used broke down a short time ago, and the deceased was accordingly taken to the hospital in a brougham which is now in temporary use. Dr. Blackburn repeated that the brougham was unfit, as the deceased was obliged to remain in a sitting position. The jury expressed an opinion that a proper ambulance should be brought into requisition in future, and returned a verdict in accordance with the medical evidence.

PUBLIC HEALTH IN EGYPT.

DR. GRANT of Cairo writes to us:—The public health of Egypt was never better than it is now. At Cairo, the weather is milder and warmer than it usually is at this season. The horse-disease (which very much resembled blood-poisoning from serpent-bite, although from some other specific poison acting in the same way) has ceased, after cutting off more than three-fourths of the equine animals. The sanitary regulations have latterly been very strict and fairly carried out, so that no danger to the public health is now anticipated. As the rise of the Nile has been above the average this year, the summer will in all probability be free from any epidemics that would be encouraged through the water being contaminated by the dead bodies thrown into the river and canals. As long as there is a large and quick flow in the river, this is not so much to be dreaded; yet it is not desirable that dead animals should be thrown into the water which the people have to use for culinary and other purposes. In a country like this, however, it is almost impossible to prevent it, unless in and near large towns, such as Alexandria and Cairo; and even there sanitary regulations cannot be carried out to the letter, because the Sanitary Board has no executive. The rules and regulations laid down by the Sanitary Department have to be carried out under the direction of the Police Department. The result of this is that they are not acted up to at all, or very imperfectly so; and what is applicable to one administration under this government is applicable to all. The whole system is a game of chance, played by tricksters, and the result is a failure.

THE PUBLIC HEALTH.

IN London last week, 1,978 births and 1,510 deaths were registered. Allowing for increase of population, the births were 195 and the deaths 263 below the average numbers in the corresponding week of the last ten years. The annual death-rate from all causes, which, in the two preceding weeks, had been equal to 21.6 and 21.8 per 1,000, further rose to 22.6. The 1,510 deaths included 75 from small-pox, 40 from measles, 29 from scarlet fever, 9 from diphtheria, 34 from whooping-cough, 27 from different forms of fever, and 21 from diarrhoea; thus to the seven principal diseases of the zymotic class 235 deaths were referred, against 236 and 237 in the two preceding weeks. During the 52 weeks of last year, 735 deaths from small-pox were registered in London, of which 7, 26, 110, and 592 were respectively returned in

the four quarters. During the 31 years 1840-70, the annual number of deaths from small-pox in London averaged 808, and ranged from 154 in 1857 to 1,804 in 1844 and 2,012 in 1863. The fatal cases in the epidemic year 1871 rose to 7,876, and in 1872 they were 1,781; in 1873-4-5, they declined to 115, 56, and 75 respectively. With respect to the 75 deaths from small-pox in London last week, it is pointed out by the Registrar-General that 31 were certified as unvaccinated, 22 as vaccinated, and in the remaining 22 cases the medical certificates did not furnish any information on this subject. The 75 fatal cases included 36 in the hospitals at Homerton, Stockwell, and Hampstead, 1 in Highgate Hospital, and 1 in the North Street Infirmary, Poplar; the remaining 37, or 49 per cent. of the total cases, occurred in private dwellings. Fourteen of the deceased patients resided in Hackney, 12 in Lambeth, 6 in Camberwell, 5 in Poplar, and 3 in Bow; in all (excluding one case of which the previous residence was unknown), 6 belonged to the West, 22 to the North, 18 to the East, 28 to the South, and not one to the Central groups of districts. The hospital contained 823 patients on Saturday last, against numbers increasing steadily from 185 to 737 in the nine preceding weeks.

PROSECUTION OF UNQUALIFIED PRACTITIONERS.

THE *Birmingham Post* says that proceedings are being taken against the principal quack doctors of Birmingham, numbering altogether between twenty and thirty. The cases will come on in the Birmingham County Court, the proceedings having been instituted under the Apothecaries' Act for the recovery of the £20 penalties. It was decided to proceed under this Act owing to the great difficulty there has always been in the town of obtaining a conviction under the Medical Registration Act. It is likely, however, that some of the quacks will also be proceeded against under the latter Act before the magistrates. Voluminous evidence has already been obtained, and many of the leading surgeons of Birmingham will go into the witness-box. Many of the patients will be called to give evidence on subpoena.

PHYSICAL CULTURE IN AMERICA.

IN an address to the alumni of Amherst College, Dr. Nathan Allen stated that, in 1859, a gymnasium was erected, in order to promote the health of the students, and a department of physical culture and hygiene established. Since then, more than three thousand students have taken part in these exercises, and so great has been the success of the experiment, that almost any other department of the College could better be dispensed with. The advantages enumerated are the great contrast in the health of students now and twenty years ago, the smaller amount of sickness, and the decrease in the mortality in College now; the average health of students is found to improve each year, so that at graduation, instead of being lean and lank, they appear in glowing health. The success of the gymnastic department at Amherst is said to be due to the high position it takes, being placed in the same rank as classics and mathematics, there being a regular curriculum and the professor being a member of the Faculty. To those who have little faith in enforced attendance upon physical exercises, Dr. Allen points out that, if, for the development of the mental faculties, metaphysical exercises are enforced, so, for the development and strengthening of the bodily organs, enforced physical exercises are necessary, a combination of the two being best calculated for the perfect development of the individual and the preservation of the health. Ball-playing and boating, being now very popular, draw from Dr. Allen a remark upon the comparative merits of these exercises from a physiological standpoint. Gymnastics are superior, as they tend to that harmonious development of the whole body upon which health greatly depends, whilst boating and ball-playing, by the excessive development of muscular tissue in particular parts of the body, may detract from the healthy action of the brain and nervous system, and, by their occasional violence and protraction, cause such a congested state of the vital organs as to result in serious diseases and even to endanger life.

SCOTLAND.

THE Glasgow authorities, on the advice of their medical officer, are taking precautions against the invasion of small-pox, by giving every facility for the performance of revaccination, and causing inspection to be made of all inmates of public institutions, with a view to vaccinating, or revaccinating, those who have no satisfactory marks. No case of small-pox has yet been noted in the city.

THE HEALTH OF GLASGOW.

DR. RUSSELL, Medical Officer of Health for Glasgow, has just issued his returns for the quarter ending September 30th last. The average death-rate of the city in the third quarter of the past ten years was 26.5, while in 1876 it was only 22. Over the whole of Scotland, the average death-rate of the quarter for ten years was 19.9, and for 1876 it was 18.7; so that Glasgow has not merely shared proportionately in a general improvement. Compared with the eight principal towns of Scotland, mortality 20.5, the mortality of Glasgow was exceeded by that of Perth, Paisley, and Greenock. The mortality was the same as that of London, and less than that of fifteen out of the twenty principal towns of England. The mortality of the seventeen principal European cities is stated to be 28.5, and of these only two were lower than Glasgow. In New York in the same period it was 34 per 1,000. The deaths under five years of age amounted to 48 per cent. of the total deaths; those under one year to 28 per cent. of the total mortality, and 15 per cent. of the total births. Of the births, 8 per cent. were illegitimate. Of all the deaths, 84 per cent. were certified, but there were considerable differences at different periods of life; thus, in the class of deaths under one year, 70.5 per cent. had the cause of death certified—of one and under five years 85 per cent., and of the deaths over five years 91 per cent. There was no proof of medical attendance having been obtained for 30 per cent. of those who died under one year, for 15 per cent. of those who died under five years, and for 9 per cent. above five years. The causes of death are ranged in order from the highest downwards—consumption and acute diseases of the lungs, 843; nervous diseases of children, atrophy, premature births, all below five years, 453; diarrhoeal diseases, 264; other zymotic diseases affecting children chiefly, 236; fevers, 56; unclassified, 1,096. There were exactly 400 deaths less than the corresponding quarter of last year; a decrease, of which 295 arises from the unusually low fatality of all kinds of zymotic diseases.

THE WATER-SUPPLY OF FORFAR.

DR. STEVENSON MACADAM condemns, in the most sweeping terms, the quality of nine samples of the water in the wells at Forfar sent to him for analysis. Four of the samples, he says, yielded an excessive amount of saline matter, and are grossly contaminated with the decomposition and putrefaction of organic matters of the nature of sewage. The other five samples contained less saline matter in solution, but were still of impure quality. He is clearly of opinion that the waters should not be employed for drinking and cooking purposes, and their hardness is such as to render them unsuitable for washing operations. Dr. Macadam closes his report by saying, that he has seldom met with a set of waters from a single town which were so grossly impure and unwholesome, and he recommends that immediate steps be taken to introduce pure and wholesome water.

THE EDINBURGH BLIND ASYLUM.

AT the annual meeting of the Edinburgh Blind Asylum, it was announced that the Queen had consented to become patron of the institution. During the past year, subscriptions had been received to the amount of £1,300. With regard to the Nicholson Street Institution, it was reported that the accounts of the industrial department exhibited a net profit of £277, and that, since the close of the financial year, a contract had been secured from the War Office for the supply of 20,000 brushes. There were in the Craigmillar institution 42 children

and 34 adult females. The removal to the new building has been found very conducive to health. There were in all 222 blind persons connected with the school and asylum, 143 being day-workers, as compared with 206 last year. The institution was greatly in need of funds.

ROYAL MEDICAL SOCIETY OF EDINBURGH.

THE following have been elected office-bearers for the ensuing year. *Presidents:* J. Graham Brown, M.B., C.M.; Joshua J. Cox, M.B.; R. Kirk, M.B., C.M.; James Baker, M.B., C.M. *Honorary Secretaries:* J. Milne Chapman; Robert Roxburgh, M.B. *Library Curator:* Lionel Druitt, M.R.C.S.Eng. *Museum Curator:* Chas. W. Cathcart, M.A.

THE VIVISECTION ACT.

IN an annual address recently delivered to the members of the Andersonian University Medical Society, Dr. Cameron, M.P. for Glasgow, said of the Vivisection Act:—It was little better than a *placebo*, formulating the rules already recognised by the profession as bearing on the subject. It was, however, objectionable on the same grounds as the Criminal Law Amendment Act was objectionable, in respect that it applied to only one section of the community. It was not directed against the infliction of avoidable suffering upon the lower animals. It was directed simply and solely against the infliction of pain at the hands of persons whose object was scientific and medical investigation. The evidence given before the Royal Commission bore him out in saying that scientific men in this country were, as a rule, most careful to avoid the infliction of unnecessary pain in their experiments, and that not one-millionth part of the avoidable pain annually inflicted upon the brute creation in Great Britain had ever been inflicted at their hands. He would go further and say, without fear of contradiction, that, since the introduction of anæsthetics, the small fraction of avoidable pain suffered by the lower animals at the hands of scientific investigators had been reduced a hundredfold. He did not wish to speak of the avoidable pain inflicted on the brute creation by the huntsman, the sportsman, or the angler—though each of these sections of the community had far more suffering to answer for than the man of science—and suffering unhallowed by any unselfish object. He would not refer to the cruel system of trapping rabbits, for in its case the motive might afford some excuse for the inhumanity. He would not speak of cruelties practised in the slaughter-house, but he would take instances of operations as at present performed, attended with acute suffering, but which might be rendered painless by the use of anæsthetics. One of these operations was performed by rude and unskilled men upon nearly half the total of our domestic animals—upon horses, cattle, and sheep. The Bill did not in any way deal with these operations, and he could not help regretting, however, that, in the interests of humanity, advantage was not taken of this opportunity to restrict the enormous amount of unscientific vivisection without anæsthetics which goes on in our midst. The measure passed did not satisfy the anti-vivisectionists, and they had stated their intention of renewing their crusade against such investigation.

IRELAND.

HOSPITAL Sunday in Belfast was held on the 31st ult., being the last Sunday in the year; the amount collected will be given to the Belfast Royal Hospital.

THE LORD MAYOR OF DUBLIN.

At the inauguration of Alderman Tarpey as Lord Mayor of Dublin on the 1st instant, we are glad to find that he stated on that occasion, that while every branch of the civic business would have his aid, there were two matters which must command his special care—sanitation and the markets. He would, he declared, by every means in his power, enforce a strict observance of the sanitary laws for the benefit

of the public health; and he would vigilantly examine into the integrity of the markets, punishing with an exemplary severity fraud of every kind, and especially the frauds in articles of food, from which the humbler classes are the chief sufferers.

WATER-SUPPLY OF DROGHEDA.

LAST week, a drinking fountain, erected by public subscription in honour of Mr. Benjamin Whitworth, M.P., was opened in Drogheda. The fountain is a handsome one, about thirty feet high, inlaid with red and grey granite. Upon a tablet is an inscription, to the effect that the fountain was erected by the people of Drogheda to mark their appreciation of the many generous acts conferred upon the town by Mr. Whitworth. The memorial has been erected at a cost of nearly £400.

FEVER IN LURGAN.

At the usual monthly meeting of the Lurgan Town Commissioners held last Monday, a letter was read from the Local Government Board, stating that they understood that fever was still greatly on the increase in Lurgan, and requesting that the authorities should see to the matter, as, under the law, the sanitary authorities would be held responsible, ample powers being conferred upon them in remedying the nuisances, and taking such steps as might be necessary for the sanitary condition of the districts affected. We understand that the prevalence of the present epidemic is due to the imperfect sewerage, filthy middens, and insufficient supply of pure water; matters which have been too long neglected, owing to the apathy of the Town Commissioners.

SMALL-POX IN DUBLIN.

SMALL-POX is not bad in Dublin, but few cases comparatively having up to the present appeared. Last week there were registered three deaths from the disease: in one case the patient had not been vaccinated; a second was stated to have been vaccinated when one month old, but there was no cicatrix; and, in the remaining one, no mention was made of vaccination in the certificate forwarded to the registrar. As cases appear, they are almost invariably sent to hospital, where the accommodation is ample for present requirements. The authorities of the Mater Misericordiæ Hospital have set apart a portion of that institution for the use of small-pox patients; the Hardwicke Hospital can utilise forty beds for the same purpose (including fever cases); the Meath Hospital can give twelve beds; while the City of Dublin Hospital can afford accommodation for sixteen patients suffering from the disease.

SCARLATINA IN CLIFDEN UNION.

A VIRULENT type of scarlatina is at present very prevalent in this union. Dr. Byrne reports that a malignant epidemic of this disease has prevailed for some time in the district, especially close to the sea. He considers that the virulence of the epidemic has been much increased by the use of impure water, the residents almost invariably using for all purposes the water running off the roads, which, as a rule, in the lowlands is largely impregnated with animal impurities of every description, flowing as it does into drains from dung-heaps and other receptacles for refuse incidental to human dwellings.

THE LATE DR. M'CREA OF BELFAST.

It has been determined by the friends and admirers of this gentleman, whose untimely death from blood-poisoning we lately recorded, to present a testimonial to his family as an expression of sympathy for the loss they have sustained, and as a mark of esteem for the deceased. A committee has been formed, and about £400 has been already subscribed. We are confident, considering the circumstances of the case, and the estimable character of the deceased, that a sufficient sum will be obtained by the committee who appeal on behalf of Dr. M'Crea's family, Dr. M'Crea having died at the early age of thirty-seven, before he was able to realise a competency for his children.

GOVERNMENT AND SCIENTIFIC RESEARCH.

THE Government have, during the past year, as we have before mentioned, expressed a desire to place the sum of £5,000 annually at the disposal of a "Committee for Scientific Research". The proposition looked a liberal one: practically, however, it seems to have been carried out by a confiscation of the grants hitherto made by the Privy Council through its medical officer for medical and physiological research, and the addition of that grant to the sum of £1,000 a year which has long been placed at the disposal of the Royal Society. Far from being, therefore, any real addition to the funds available for biological research, this move will probably result in a considerable diminution of the scanty fund hitherto available for that purpose. For the Committee to which the distribution of the fund is entrusted includes practically all the heads of learned societies; and the chemists, mathematicians, geologists, physicists, engineers, mechanical engineers, and archæologists, who are represented by the presidents of their respective societies, will take care that each science gets a slice, and there will not be much left for medicine.

We said that all the chartered learned societies are represented on the Committee by their presidents; but we were wrong: the only chartered medical societies are left out. The Royal Medical and Chirurgical Society is omitted; and, although the British Association is there, the British Medical Association is not. We do not know who nominated the official list, but whoever did so greatly misunderstands the duties and functions of the medical bodies. The Geological Society, the Society of Mechanical Engineers, and the newly fledged Physical Society, have good claims to representation, but certainly not more than the medical bodies which we mention.

The medical profession is represented by the presidents of the Medical Council and of the London Colleges of Physicians and Surgeons, all eminently fitted possibly personally for the post, but officially not concerned with the promotion of research, and doing nothing to promote it, except the College of Surgeons by an occasional essay prize. The bodies in the medical profession which do concern themselves with the promotion of research are, as it were designedly, left out. The Medical Council especially has more than it can get through in its work of education and registration; and it is purely an intrusive addition to its functions that it should undertake to regulate the distribution of funds to an object which it does nothing to serve, and of which it has no official cognisance. There is so obvious a blunder in the construction of this list, that we hope it will quickly be remedied.

BRITISH PHYSICIANS IN FRANCE.

A GOOD deal of public interest and much indignation have been aroused in the public mind in this country, by the statement of a correspondent of the *Pall Mall Gazette* that it is the intention or desire of the medical deputies of the French Assembly to promote a law which will have the effect of shutting out British graduates of medicine from practice in France, of which many towns contain a large population of our countrymen, chiefly sent thither by members of our profession. We have not yet seen the text of the proposed *projet de loi*, and therefore abstain from any comment. We are persuaded, however, that the legitimate desire of the French profession to prevent abuses of practice by unqualified persons may be satisfied by much less stringent measures than those mentioned, which would certainly excite a very strong feeling here, and are not in accordance with the fraternal sentiments of mutual respect and goodwill which prevail between the members of the profession in this country and our brethren across the Channel.

THE NATIONAL SOCIETY'S HOSPITAL AT NISH.

MR. WILLIAM MAC CORMAC of St. Thomas's Hospital, chief Surgeon to the National Aid Society, writes to us:

I beg to send you some interesting notes of the cases in the Nish hospital of the National Aid Society, under the direction of Dr. Armand Leslie, who had, until the armistice was declared, acted at the Turkish headquarters before Alexinatz in a very exposed position, and suffered much personal hardship. Dr. Leslie, with Messrs. Pitts, White, and Barker, of St. Thomas's Hospital, were eight weeks under canvas in the camp. They used the large hospital marquee provided by the Society as a temporary hospital for fifty beds, and occasionally turned out of their own tent to accommodate the wounded. Part of the time the snow lay thick upon the ground, and their food had to be obtained from Nish, twenty miles distant, at much cost and trouble.

Hostilities having terminated, Dr. Leslie established an admirable hospital at Nish for one hundred and fifty patients, where he is now working hard, having been joined by Messrs. Newby, Bothamley, and Maile, of St. Thomas's Hospital. The cleanliness and good ventilation of the hospital furnish a favourable and striking contrast to the Turkish ambulances, where dirt and foul air prevail. The admission of fresh air is only effected under continual protest by the patients and from the Turkish doctors, who, by the way, are nearly all Greeks by nationality.

The great difficulty our English surgeons have to contend against is the want of sufficient and proper food for the patients. Mr. Newby writes: "The poor men have during the day what is called soup, but so thin that you can see through a gallon of it; also a little rice and some black bread." "If the British public wish to succour effectually the Turkish sick and wounded", Dr. Leslie writes, "let them send large numbers of blankets, hospital stretchers and conveyances for the wounded of improved construction, Liebig's extract, condensed milk, Australian meats, air-cushions. The wounded in the Turkish hospitals are starved. I have at present a man who is dying of inanition. He is a typical case. He was brought in too late, and Liebig will not save his life. We give all our bad cases Liebig's extract once a day. We have distributed blankets. Our patients say openly it is food they want, not medicine. The government gives a man suffering from pyæmia a ration of two loaves at a time, and nothing besides." I trust these distressing details may add to the benevolent energy of those providing help for the sick or wounded Turkish soldiers.

The following is Dr. Leslie's statement.

The hospital consists of four wards, containing one hundred and fifty beds. There are five English surgeons. Liebig's extract, brandy, and blankets are distributed to the patients in the ambulance. The ventilation is superior to that of any Turkish military hospital. The patients and Turkish officials object strenuously to the windows being opened, even in the finest weather. A patient called me a *giaour* to my face, when I insisted on a window near him being opened. Sir Arnold Kennell visited the ambulance on December 6th. He was accompanied by Nedjib Pacha, chief of the Turkish état-major. They both dwelt strongly on the ventilation and appearance of Turkish hospitals, when compared to the ventilation and appearance of the Red Cross ambulance. The ambulance was opened on November 18th. The mortality since opening has been two.

The cases at present in hospital include the following amputations: thigh, 2; foot (Syme's), 1; arm, 4; also injuries to the pelvis, including laceration of the scrotum and testicles; sinuses in the abdominal walls (shell wounds); fracture of femur, with infiltration of pus (patients refuse amputation); fracture of the lower jaw (bullet-wound). In one case, half of the lower jaw has been removed by caries of the bone. There are also fractures of the humerus, with infiltration into the shoulder-joint. In one case, the bone was fractured just below the surgical neck, and was completely "crushed" for a length of four inches. The patient refused amputation; there is an attempt at union on the part of nature.

In a case of compound comminuted fracture of the femur in the upper third, the bone has united strongly without any apparatus or extension.

Wounds of the hand and loss of fingers are as common here as they were with the Servians. The fact is to be explained by the nature of the ground and consequent mode of warfare. The Morava Valley is densely wooded, and the hand was usually the only part exposed when the fighting took place behind trees, as it invariably did.

The cause of death after operation here is generally gangrene. Of death from shock, I have not seen a case. Patients who were almost pulseless, and whose extremities were cold, rallied quickly after an amputation of the leg. We have had no deaths from chloroform. With the Turk, a very small quantity of chloroform produces complete anæsthesia. The wounded in the hospital do not show the pluck of which their comrades gave proofs when operated upon at the front. Privations and nostalgia produce, after a little time, a well marked constitutional taint. A Turk thus affected is a very bad subject for operation. He delays it till no hope of reaction setting in after its performance can be entertained.

Some interesting cases have occurred in the wards of the Central Hospital at Nish. In a case of wound of the heart, the man lived fourteen days. The pericardium could be easily felt with the finger, and part of the bullet was extracted during life from the substance of the heart. The cause of death, perhaps a concomitant one, was apparently pneumonia. Necropsies are never allowed.

In a case of wound of the bladder (in the Turkish hospital), of forty-five days' standing, the bullet entered the right iliac fossa and ran

transversely through the pelvis, making its exit in the right groin. Urine dribbled from both apertures.

Wounds of the intestines are common and generally prove fatal. In two such cases, *ascarides lumbricoides* were extracted with the bullet. A patient was wounded in the face. The left upper eyelid was lacerated completely in its long diameter; the eye was completely occluded. The molar bone was fractured, and a piece of it was found imbedded in the upper wounded eyelid. The eye was intact. The patient made an excellent recovery.

On December 10th, we received fifty new cases. (Fifty patients were discharged cured or convalescent during the preceding four days.) In our ward (No. 1), there is an old standing shell-wound of the thigh. Scarpa's triangle is completely dissected, every muscle being well defined. The bone is intact; the artery was visible a few days ago. In a case of fracture of the lower jaw (bullet), a hard substance, about the size of a walnut, was felt against the internal surface of the right ramus. It was fixed very firmly to the bone and extended upwards and backwards in the direction of the mylo-hyoidean ridge. There was an extremely small scar near the right junction of the upper and lower lips, looking like a healed punctured wound. The patient affirmed that the substance felt was a bullet. On cutting down cautiously, we discovered two molar teeth encysted, and then a large piece of bone; underneath the bone was part of the splintered ramus, which lay firmly imbedded in the floor of the mouth, whence it was dissected cautiously. Very little hæmorrhage occurred. Mr. Bothamley was the operator. No chloroform was given.

The number of ankylosed limbs is very great, owing to the fact that, in a Turkish hospital, wounds near a joint are seldom thoroughly examined, but are looked upon as superficial and dressed with charpie and cold water. I may say the same of the treatment of fracture of any bone. When the latter does not protrude and the wound is small, charpie and a bandage are deemed sufficient. Many such cases have I witnessed, and in one (comminuted compound fracture of the upper third of the femur) the man has made a good recovery. The wounded in the Turkish ward frequently suffer from erysipelas. Superficial wounds and half-healed sinuses very often are complicated with a troublesome eruption resembling herpes zoster.

I have to work very hard, in order to get a patient to consent to amputation. He generally, in answer, draws his hand across his throat with a sawing motion, implying that you may as well kill him at once, because you reduce him to beggary by making him a cripple. All the men sent out are working well. Their health is excellent.

CHRISTMAS AND NEW YEAR'S DAY IN THE LONDON HOSPITALS.

WE have been pleased to observe that the recent Christmastide has been made as pleasurable as possible to the inmates of the different London hospitals. To the men and women, it has brought good cheer; and from all quarters expressions of kindly sympathy with them in their sufferings. To the children, however, it has especially been a period of rejoicing; and the Christmas-trees have been surrounded by throngs of happy faces. This is as it should be; and the best thanks of all those who have the welfare of the patients at heart are due to the ladies and gentlemen who have so largely contributed their time and money to the gratification of their sick brethren. The following are details of the proceedings at some of the principal hospitals.

GUY'S HOSPITAL.

As if to make up for the inclement weather out of doors, Guy's put on more than its usual festive dress on Christmas Day. On no former occasion were the wards more gaily decorated; whilst the knowledge that the inmates had done their best to render the interior attractive brought a large number of ladies and gentlemen interested in the hospital to see the patients at dinner, and to wish them the usual compliments, as well as their speedy recovery. Both patients and *employés* were regaled with the substantial fare of roast-beef and plum-pudding, supplemented with a dessert of fruit and light wines, for which they were indebted to the students, who had contributed among them not less than £25 for this and the kindred object of supplying the male patients with pipes and tobacco to enable them to enjoy the much coveted indulgence of smoking, which is for them restricted to one day in the year. There was a great variety of tastes displayed in the numerous decorations. In most cases, the arrangements were superintended by the sisters in their respective wards, who again were more or less assisted by the dressers and students and by the patients them-

selves. Most of the decorations were exceedingly good, and exhibited great forethought and care, as well as artistic excellence. It may be invidious to make distinctions, but it was impossible to overlook the beautiful mottoes and devices, combining both humour and sentiment, which graced the walls of Luke, Astley Cooper, Clinical, and Stephen wards. A cartoon painted by an ex-dresser in Luke ward particularly attracted our attention, and afforded much amusement to the numerous visitors, lay and clerical. This had a local signification, being intended to illustrate a circular amputation on the antiseptic method, which has found so much favour lately in the hospital. The operation is being performed by the clown through the circumference of a smoking hot plum-pudding; while the other *dramatis personæ* of the harlequinade are busily employed in pumping spray on the familiar *pièce de résistance*. Any apprehension of injury from the antiseptic is at once dispelled by the fact that the ordinary carbolic acid bottles have been replaced by others bearing the well-known marks of Moët's Champagne. In another part of the same ward, we noticed, among other mottoes, the characteristic one of "*Monere quam imperare*," which may be taken as a liberal paraphrase of the well-known hospital adage "*Dare quam accipere*," and which together may be received as an index of the rule of the establishment. Among other contributions to the success of the occasion, we ought not to omit mention of the ladies of the Flower Mission, whose kindly occupation, though suspended for the present, was still evinced by their sending directed envelopes enclosing a Christmas card and small book to each inmate. All passed off gaily and cheerfully, only marred by the regret of the juvenile patients that Christmas did not come oftener than once-a-year.

KING'S COLLEGE HOSPITAL.

On Christmas night at this hospital it is customary to give some little treat to the patients, and this last Christmas was no exception to this rule. Through the liberality of the sisters of St. John's House (by whom this hospital is nursed), a substantial tea was given to the patients in each ward, and in the children's wards numerous toys and other presents were distributed. After tea, in the men's wards, tobacco and whiskey, and in the women's wards, wine, were provided by the resident medical officers. Songs and carols were sung, and various games played. All those patients who were well enough sat up, while the remainder enjoyed themselves as well as they could in their beds. A very pleasant evening was spent; the patients evidently enjoying themselves thoroughly. On New Year's Day the festivities were on a somewhat smaller scale, but much appreciated. On Wednesday, the 10th instant, it is intended to have a Christmas-tree for the sick children of the hospital.

THE MIDDLESEX HOSPITAL.

The festivities at this hospital on Christmas Day commenced at four o'clock in the afternoon, when the patients were provided with a good tea in their several wards. All sat up to it who possibly could do so. The great event of the day, however, was the Christmas-tree. This was placed in the Board-Room, and all the patients that could walk, or be carried, were collected there, and the presents from the tree distributed to them. It proved a great success this year. Besides this, a present suitable for the season was made to every patient, including shawls, woollen wrappers, etc.

LONDON HOSPITAL.

Christmas was particularly quiet at the London Hospital. The children's and a few of the other wards were decorated, but not very profusely. On Christmas evening, the convalescent patients of most wards amused themselves by singing and other innocent entertainments. On New Year's evening, one of the sisters kindly provided to such patients of her ward as were able to partake of it, a supper, consisting of roast beef, plum-pudding, etc. The annual Christmas-tree entertainment will take place in the children's surgical ward on Monday, the 8th instant.

ST. GEORGE'S HOSPITAL.

The Christmas entertainment in this hospital was given on Tuesday evening, December 26th, and consisted of coffee and light cake for such patients as were sufficiently well to enjoy it, and of music and singing and reading in several wards. The wards were tastefully decorated by the nurses and lady visitors, the latter of whom gave their kind presidency at tea in each ward; and also, with several friends which they brought, assisted in the musical part of the programme. The proceedings were under the direction and management of the chaplain.

ST. THOMAS'S HOSPITAL.

On Christmas Day, the inmates of the hospital had the old-fashioned dinner. In the evening, carols were sung by the Nightingale nurses in

the different wards, and there were other amusements. On Twelfth Night, a ball, covered with cotton-wool to represent a snow-ball, five feet six inches in diameter, the interior of which will contain a present for each patient, will be rolled from bed to bed by a "Father Christmas".

UNIVERSITY COLLEGE HOSPITAL.

On Christmas Day there was nothing special, except the traditional Christmas fare. On the Thursday following, all the adult patients had presents of clothing, etc., given them, together with negus and cake, etc., unless their disease would not admit of it. On Saturday last, there was a large Christmas-tree for the children, to which many of the friends of the hospital were invited. To each child, a suit of clothes was given, with a great many presents, as there were almost more than could be disposed of. This was followed by a tea, with special accompaniments suited to the occasion; and the feats of a conjurer wound up the evening. The whole affair lasting from 4.30 to about 7.30.

THE SEAMEN'S HOSPITAL, GREENWICH.

On Christmas Day, there were in the hospital sailor-representatives of twenty-seven different nationalities; and, for weeks past, all the convalescents have been busily engaged in preparing paintings, models, devices of all kinds and in all languages, paper-flowers, straw, cotton, wool, and tin letters, flags, etc. Much skill was shown by several of the patients. Notable amongst many devices of interest were a model of the inn at Bethany by an Italian, some admirably painted flowers and fruits by a Russian, and models of ships, grottos, etc., in virgin cork by other patients. Everywhere throughout the hospital, the utmost interest was shown in the preparations for Christmas, and the wards, as a whole, were really beautifully decorated. No one will dispute the appropriateness of a motto which was surrounded by the flags of all nations in colours, and surmounted by the imperial crown of the Empress of India. It ran thus: "He shall gather his people from all nations." Over the entrance to the Northumberland—the chief surgical—Ward were the words: "Enter the haven of rest"; and the patriotism of an Irish seaman found expression in a model of a harp with the words, "Success to Ireland", all in the greenest colours. The sailors are at times given to poetry, and in more than one of the wards there were verses of doubtful metre, but of quaint expression and in excellent taste. So good, indeed, were the decorations as a whole, that we understand that two of the illustrated newspapers are going to give full-page illustrations of them in their issue of January 6th, 1877.

BELGRAVE HOSPITAL FOR CHILDREN.

On Christmas Day, the little patients of the Belgrave Hospital exchanged their "ordinary diet" for the time-honoured meal of roast beef, turkey, and pudding. Happily, most of them were so far on their way towards recovery, that very few exceptions had to be made. None, however, were made when the feast was over, and the still more enjoyable part of the entertainment, the distribution of presents by the visitors, began. The presents included books, toys, and dolls, and beads enough to clothe a red Indian. Then chattering and laughing were succeeded by singing and music, and so the day came to an end—for most of them too soon.

THE EVELINA HOSPITAL FOR SICK CHILDREN.

The little inmates of the Evelina Hospital looked very happy and contented in their clean comfortable little cots, amusing themselves with the pretty toys served out to them with no sparing hand, and which the sliding table upon each bed enabled them to enjoy without trouble or exertion. The bright clean wards, the Christmas decorations, the additional toys, and better fare, all contributed to make the suffering seem less hard to bear than at ordinary times. Cakes and fruit were also, within the limits of prudence, provided, and these are by no means matters of indifference to childish minds. In fact, no effort was spared by those whose privilege and pleasure it was to attend them to make the little ones feel that they were cared for—not forgotten—and that they, too, had a share in the general rejoicing.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

On Christmas Day, through the kindness of friends, each of the little patients in the North-Eastern Hospital for Children, Hackney Road, received presents, toys, and warm flannel garments; they also greatly enjoyed the extra good fare provided, which included sponge-cakes, oranges, and a small piece of plum-pudding each, for dinner. On the afternoon of Tuesday last, January 2nd, the usual New Year's treat was held. A hundred and fifty of the children who had been relieved in the hospital during the past year were invited to spend the

afternoon. One hundred and twenty accepted the invitation; and these, together with all the inmates of the Croydon Convalescent branch, joined as many of the present in-patients as were well enough to participate in the pleasurable excitement of a Christmas-tree laden with gifts, and a magic lantern entertainment. Singing, conversation with visitors, who kindly took great interest in the children's welfare, and other innocent recreations, filled up the intervals till it was time to disperse the company, and put the little invalids quietly to bed. Each of the children was dismissed with the gift of a new sixpence and an orange, besides their hands full of toys, etc., from the tree.

VICTORIA HOSPITAL FOR CHILDREN, CHELSEA.

The festivities at this hospital have been somewhat on a limited scale at present. On January 10th, the Christmas-tree will be produced.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:

NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Office of the Association, 36, Great Queen Street, Lincoln's Inn Fields, London, on Wednesday, the 10th day of January next, at Two o'clock in the afternoon.

FRANCIS FOWKE,
General Secretary.

36, Great Queen Street, London, W.C., December 23rd, 1876.

MIDLAND BRANCH.

THE third monthly meeting of this Branch will be held at the house of the President, Joseph White, Esq., Oxford Street, Nottingham, on Friday, January 19th, 1877.

Coffee at 7.30 P.M.

Paper on Practical Disinfection by Dr. Seaton, Medical Officer of Health for Nottingham, at 8 P.M.

L. W. MARSHALL, M.D., *Hon. Local Secretary.*
Nottingham, December 17th, 1876.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE next meeting will be held in the Examination Hall of the Queen's College, on Thursday, January 11th, 1877. The Chair will be taken at three o'clock P.M.

Business.—To receive Dr. Foster's resignation of the office of Honorary Secretary, and to elect his successor.

Mr. Furneaux Jordan will propose: That an operation-fee, in a certain proportion to that given to the operator, should be received by the practitioner at the same time, on the same principle as confinement-fees are paid. As a matter of delicacy, this suggestion should come from the consultant, either at the moment of receiving his own fee, or earlier, should the opportunity have presented itself.

Mr. Oakes will propose: That the Branch adopt steps for the promotion of "Medical Defence".

The following papers are promised:—Mr. Lloyd Owen: Cysts of the Orbit. Dr. Savage: Incision of the Cervix in Uterine Hæmorrhage.

BALTHAZAR FOSTER, M.D. } *Honorary Secretaries.*
JAMES SAWYER, M.D. }

Birmingham, January 4th, 1877.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE third ordinary meeting of the session was held in the Queen's College, Birmingham, on December 14th, 1876. Present:—Dr. G. F. BODINGTON, President, in the Chair, and thirty-two members and visitors.

New Members.—Messrs. Day (Walsall), Moxon, Sparrow, and Spofforth, were elected members of the Branch.

Communications.—I. Mr. JOLLY brought forward a patient on whom he had performed Wood's operation for the Radical Cure of Inguinal Hernia.

2. Mr. LAWSON TAIT showed an improved Trocar for Paracentesis Abdominis, and a device for preventing Septic Poisoning from Uterine Tents.

3. Dr. RICKARDS exhibited a man suffering from Right Hemiplegia and Aphasia.