

OPERATION DAYS AT THE HOSPITALS.

MONDAY Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.

TUESDAY Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.

WEDNESDAY St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—King's College, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.

THURSDAY St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.

FRIDAY Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.

SATURDAY St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. R. J. Lee, "Some Remarks on the Recent Improvements in the Steam Draft Inhaler"; Dr. Sansom, "On Heart-Disease in Children".

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Gowers, "A Study of the so-called Tendon-Reflex Phenomena".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the General Secretary and Manager, 161, Strand, W.C.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *Duplicate Copies*.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 161, Strand, W.C., London.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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

Will "A Member" who last week applied for information respecting boarding for an invalid, kindly send his name and address to Dr. Henry, at the office of the JOURNAL? Several communications for him have been received.

MEDICAL ETIQUETTE.

SIR,—Dr. A. and Dr. B. live in the same small country town, and are on as friendly terms as the following circumstances will allow. C., Esq., is Dr. A.'s patient; his wife, up to her death, some years ago, was Dr. B.'s patient. Dr. A. continues, as before the lady's death, to attend C., Esq. Dr. B. has not called to see C., Esq., for several years. Dr. A. is attending C., Esq. (who has become old and exacting) this Christmas, and, during a day or two that he, Dr. A., is confined to the house, Dr. B. calls for C., Esq., ostensibly to wish him the compliments of the season. Is Dr. B.'s conduct professional, or does it smack of the grocer's seeking "orders"? Dr. A. formerly willingly consented to meet Dr. B. in consultation about other patients till he discovered that Dr. B., after such consultations, called alone "to inquire for the patient", or, meeting relatives, made inquiries and such remarks as that the patient "might" or "ought to get well again". This particularly in a case of chronic Bright's disease which had advanced to the stage of hopeless arterial and cardiac changes! Was Dr. B.'s conduct professional or proper?—Yours very truly,
R. W. F.

* * * Such conduct is highly unprofessional, and might fairly be made the subject of complaint.

MR. NASH.—Yes, medical fees are recoverable by law; but the London College of Physicians has a self-denying ordinance, such as prevails also at the bar, debarring its members and fellows from adopting legal process.

EXTENSION APPARATUS FOR THE LOWER LIMBS.

SIR,—In Dr. T. M. Greenhow's letter on "Extension Apparatus for the Lower Extremity", edited by Mr. W. Stokes's paper in the BRITISH MEDICAL JOURNAL of December 14th, he inquires the date of Baron Boyer's screw-apparatus for treatment of fractures of the femur. I cannot give the exact date; but I have an old copy, dated 1804, of Boyer's *Lectures on Diseases of Bones*, edited by Richerand, and translated by the late Mr. O'Farrell of Vincent's Hospital, Dublin, containing an excellent account of the splint, and of its application, together with a very explanatory engraving.—Faithfully yours,
S. S. RODEN.
Droitwich, January 15th, 1879.

A COUNTRY CURATE might write to Mr. John Wood, King's College Hospital, London.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. FRANCIS FOWKE, General Secretary and Manager, at the Journal Office, 161, Strand, London, and not to the Editor.

LONG LETTERS.

OUR readers have suffered under the infliction of some very long letters. We have been loth to cut them down severely, as the discussion of the question of the prosecution of the persons who, in violation of the Apothecaries' Act, diagnose disease according to their lights across a counter, with such unabashed and irresponsible eye to the subsequent sale of medicine, is, in our opinion, a matter of really public and vital importance. The irresponsible counter-practice of medicine by mere pharmaceutical chemists, specially privileged as such by the State, is, in our opinion, an abuse of gigantic proportions, modern growth, and serious public danger. We give ample scope also to the vague declamations of Dr. L. S. F. Winslow, who has constituted himself the champion of private asylums. Such utterances are not likely to advance the reasonable claims of any class; and the most thoughtful and highly accomplished members of it are of course not to be supposed to be bound by the statements or opinions of their self-appointed spokesman. But, as Dr. Winslow has been referred to, we have allowed him very free scope. We must, however, point to the letters as examples rather to be avoided than to be imitated, as we have at the present moment a mass of communications to which we are unable to do justice, from want of space, from members of the profession, to whom we are always desirous of giving full opportunity of speech—not although, but we may perhaps venture to say because, they are not in all cases the "leaders" of the profession. These may always claim, and always receive, at our hands the special consideration due to their large opportunities and specially honourable offices; but we have much faith also in the *vox populi*: it is to the utterers of this voice that we at this moment plead for leisurely, calm, and condensed utterance; for we are bound to say that our most eminent correspondents and contributors are usually those who most rigidly regard these considerations in their communications.

DR. SIMMS.—To stitch or sew the JOURNAL would be contrary to the postal regulations.

TESTIMONIAL TO MR. JAMES STOCKER.

SIR,—I write at once to correct a misstatement in your obituary of Mr. Jas. Stocker. Referring to the testimonial which was in progress at the time of his death, it is said: "This, we understand, for obvious reasons, has only met with lukewarm support." So far from this being the case, it has met with the warmest support; and hundreds of letters before me testify not only to the great respect in which Mr. Stocker was held by students of a former generation, but also to the benefit he conferred upon the school by his unpaid clinical teaching. The testimonial was intended as a compliment in recognition of his past services; and a suggestion was made by more than one subscriber, that it should take the form of a clinical prize, and thus be a record of his labours as a bedside teacher.

At the time of his death, about £200 had been already collected. The testimonial cannot now be presented in the personal form intended, but will be devoted to the benefit of his widow and family, who by his death are deprived of the support of his hospital pension. It is not improbable that many who would not subscribe to a merely complimentary testimonial during Mr. Stocker's life, may be inclined now to add their names to the list.

To those who so promptly responded to the circular, it may be agreeable to know that Mr. Stocker became aware that a testimonial had been started, and expressed the great pleasure it was to him to feel, in his retirement, that he was remembered by so many old students.—I am, sir, your obedient servant,
St. Thomas's Street, S.E., January 1879. R. CLEMENT LUCAS.

CONTAGIOUSNESS OF TYPHOID FEVER.

SIR,—Permit me in the JOURNAL to thank the eighty officers of health and other gentlemen who kindly replied to my circular on The Contagiousness of Typhoid.—I am your obedient servant,
W. THOMSON, M.D., Medical Officer of Health.
Peterborough, January 21st, 1879.

PREVENTION OF SMALL-POX.

SIR,—May I add one other suggestion to that of Dr. Stevenson on the prevention of future epidemics of small-pox (published in this week's JOURNAL)—viz., that re-vaccination at the age of about fifteen or twenty years be encouraged as much as possible? To make it compulsory by law would be well, but, I fear, out of the question.—I am, etc.,
F. W. STRUGNELL.
Small-Pox and Vaccination Hospital, Highgate, Jan. 18th, 1879.

AN ADVERTISEMENT.

The following appears in the *Oldham Evening Express*:—"Dr. C. Albert Bestall, B.A., Surgeon, etc. (late assistant to and *locum tenens* for Dr. Prestwich), has commenced practice at 54, Mumps (nearly opposite the Manchester and County Bank). Consulting hours: Morning, 9 to 10; Afternoon, 2 to 3; Evening, 6 to 8.

A STRANGE INCIDENT IN PRACTICE.

SIR,—The cases reported by Dr. Edis in the JOURNAL of January 4th recall to my mind a somewhat remarkable case which occurred in my practice four years since. A lady coming from a city in the north of England took lodgings in this neighbourhood, and engaged me to attend her in her confinement, which was expected in about a fortnight. I was one night summoned to her in haste; but, after remaining an hour with her, I considered I might safely leave her till the morning. On the following morning, in course of conversation, she suddenly asked, "Do you think, doctor, it is possible I may not be pregnant after all?" I replied that I could soon satisfy her on that point if she would allow me. The examination proved that the uterus was in its normal condition, no evidence whatever of pregnancy existing. I assured her she might with safety pack up her goods and return to her home; at which, curiously, she seemed highly delighted, and a few days afterwards started on her journey northwards.—Yours faithfully,
GEO. MILES.
Plympton, Devon, January 1879.

NOTICE TO ADVERTISERS.—Advertisements for insertion in the **BRITISH MEDICAL JOURNAL** should be forwarded direct to the Publishing Office, 161, Strand, London, addressed to Mr. FOWKE, not later than *Thursday*, Twelve o'clock.

SOCIAL ESTIMATION OF THE PROFESSION.

M.R.C.P. writes:—I agree with W. T. R. and others of your correspondents, in thinking that the dispensing of medicines by medical practitioners has a great influence in lowering the social status of the profession. But, as W. T. R. points out, there are important drawbacks connected with the plan of writing prescriptions, and he especially lays stress on the probability of their being inaccurately dispensed. But there is another disadvantage which would be greatly felt by the general practitioner: I allude to the loss of income which must inevitably accrue, as the patient who has obtained a prescription, the effect of which is satisfactory, will have it repeated by the chemist again and again; whereas under the other system, a fee to the doctor accompanies each renewal of the medicine. Besides, even among the well-to-do, a prescription is too frequently made use of by the friends of the person for whom it was intended, and thus a further loss of fees is produced. As, I think, has been pointed out in this *JOURNAL*, the only remedy for this state of things is a law similar to that in force in some parts of the Continent, which would forbid a chemist to make up a prescription a second time except by the prescriber's authority. Is not such a Bill a sufficiently lofty object for the Association to use its immense influence in passing? I think it is, and I do not expect to hear of many general practitioners giving up dispensing until some such enactment is made.

Dr. J. W. MARTIN (Dronfield) writes: How can the profession as a body be held in high esteem, when there are those amongst its members, who, holding the degrees of M.D. and F.R.C.S., are satisfied to place themselves on a par with prescribing chemists, druggists, and "pushing tradesmen"; who hang their diplomas, etc., upon the most prominent position on their surgery walls, have their names printed on their dispensing labels and moulded upon their bottles, and attend club meetings and tout for practice by treating the members and helping forward the convivial amusements of the evening? If a gentleman steadily keep in view those habits and characteristics which ennoble a life; if he continue steadily to respect himself and the profession to which he belongs; if he be kind, courteous, and attentive to all with whom he comes into contact; if he make himself, by reading and culture, something more than a mere machine for recording certain observations of the symptoms of disease and for the application of certain remedies; if he remember that the welfare and happiness of his clients are often placed in his charge, and that he is something more than a tradesman called in to supply certain drugs; and if he disdain descending to all those practices which have a very decided tendency to lower a medical man in the eyes of the more cultured classes, he need not fear the result. He may have a hard fight at first, but in the long run he will be sure to win his proper position, and one that will leave him little to envy in the lot of others. Possibly his life may be so ordered, that he is chiefly thrown into contact with the refined and cultured classes. Happily so for him; for if true to his own instincts, he will find his proper level, and will receive nothing but kindness and consideration at their hands, and, if gifted with true tact, will become their most trusted friend and adviser. Possibly, however, his lot may not be so fortunate, and may be cast in rougher lines, but still lines which, if properly followed, will leave him a pleasant and enviable position. There are no classes quicker to recognise a true gentleman than the working class, or more cordial in their recognition. He who aspires to their confidence must be no sham; he must not be fawning at one time, and self-assertive at others. He must take up one steadfast line of conduct and follow it firmly to the end. He must, whilst thoroughly respecting himself, his own position and profession, be careful to respect the position and rights of those with whom he comes into contact, and be at all times towards them kind, courteous, and attentive, acting towards them as only the instincts of a gentleman can teach him how to act. In short, true gentlemen will find no difficulty in winning the esteem and confidence of all with whom they come into contact, if they are only blessed with a little common sense and tact. As for those who are not gentlemen, their profession will never make them otherwise than they are: if they be not possessed with the instincts, good feeling, and tact of gentlemen.

PREVENTION OF SPREAD OF SCARLET FEVER.

PERFECT isolation of scarlet fever cases in private practice is generally impossible; therefore any method of treatment which destroys the infection at its source, by continuously disinfecting the patient, must be of value. Isolate the patient as perfectly as the circumstances will allow; then instruct the attendant to rub him (face and hair) all over, twice a day, with olive-oil, in which two drachms of Calvert's pure medicinal carbolic acid to the half-pint have been dissolved. Baths may be used as required, but the oil should be applied immediately after the bath. This must be done for six weeks. I have used this treatment in many cases, and where properly carried out the disease does not spread in the family. Might not this method be used in all infectious diseases? J. W. RENSCHAW, M.R.C.S., L.S.A.

Ash House, Streetford, Manchester, January 20th, 1879.

FOREIGN BODIES IN THE RECTUM.

THE *Gazette des Hôpitaux*, 51, 1878, publishes the following extraordinary fact as having occurred in Savoy (Switzerland). The patient, a workman aged 40, had, ever since he was sixteen, the habit of introducing into the anus foreign bodies, which he carefully soaped before doing so. He had seen this practised by railway workmen, who used to introduce pears, carrots, potatoes, turnips, etc., into their rectum. At last he succeeded in pushing in a piece of wood when sitting down; on rising suddenly, the foreign body just as suddenly disappeared in the rectum. After having made repeatedly unsuccessful attempts to extract this object, the medical practitioner at last succeeded in grasping it firmly with the fingers of the left hand, while he introduced a screw wherewith to pierce the bottom of this object, as well as a portion of its inner wall. The patient then strained violently while the doctor tried to stretch the sphincters as far apart as possible with the left hand, carefully drawing the instrument, which was being held in a slanting position, till at last the body was extracted. It consisted of a wooden pepperbox of the shape of a small barrel; it was two inches long, its periphery at its utmost width measured six inches, and the base into which the screw had been introduced two inches and a half. Several similar instances have been recorded. In one case, the doctor was obliged to use the forceps in order to extract a bottle which had been pushed into the anus. In another case, a monk tried to cure himself of a violent attack of colic by introducing into his rectum a bottle of some medicine, into the stopper of which a little hole had been made to allow the liquid to trickle out. The bottle disappeared entirely, and was finally extracted by a boy aged 9. There are, besides, numerous other examples of foreign bodies having been found in the rectum; e.g., marbles, the tail of a pig, a pot of jam, a fork, a large turnip, etc.

NOTICES OF Births, Marriages, Deaths, and Appointments, intended for insertion in the BRITISH MEDICAL JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

LICENSE OR REPRESSION.

IN passing sentence on a female for keeping a "disorderly house" in Liverpool, the Recorder (Mr. J. B. Aspinall, Q.C.), made remarks of great interest to those who advocate the placing of all such houses under police surveillance. It is thus reported in the daily papers. "The Recorder, prior to passing sentence, said that in other countries, such places as the prisoner had kept were called 'licensed'; here we chose to cover the matter up, and to suppose that the evil did not exist, while in point of fact, by permitting it to go on under our eyes, we were licensing it in the worst sense. He was inclined to the opinion that some system might be adopted in this country under which the police, like the police of other countries, would have a firm control over such places, and be able to restrain them to the greatest possible extent. If philanthropists would only give as much attention to this subject as they did to the kindred question of drink, he felt sure that some reasonable system of repression might be hit upon without wounding the susceptibility of those conscientious persons who perhaps thought too much of an objectionable word and too little of the good which might be done by any plan which would reduce this vice and misery to a minimum. In his opinion, the word licensing was improperly applied to a system which ought to be one of repression and prohibition carried on as far as was humanly possible."

HIRSUITE asks whether there exists any known harmless depilatory for permanently removing unnecessary hair from the body.—We believe not.

PREPARATIONS OF PHOSPHORUS.

SIR,—I congratulate Mr. Bush upon the publication of his plan for avoiding the risk and anxiety which he finds attend upon the administration of free phosphorus. It is remarkably simple, consisting merely in not administering the drug, and the patient is thus perfectly secured from any ill effects which free phosphorus may be capable of producing.

While rendering Mr. Bush all the credit which is due to the inventor of so ingenious an expedient, however, I cannot help doubting whether "A Member" (I trust he will excuse me), who asked how he may best give phosphorus, will be satisfied to adopt it. He may very probably wish to know what are the dangers, and whence the risk, to which Mr. Bush refers; and, as I have given phosphorus pretty extensively without gaining any experience which enables me to conjecture on this head, I shall be interested if Mr. Bush is so obliging as to describe them.—I am, etc., K. Z.

SIR,—A *propos* of Mr. Bush's very excellent suggestion in the *BRITISH MEDICAL JOURNAL* for December 21st, that hypophosphorous acid should come more generally into use, will you allow us to mention some preparations of this acid, which are used and highly esteemed by several physicians of eminence—namely, our granular effervescent hypophosphites of soda, lime, and iron. In each case, one teaspoonful of the granules will be found to contain five grains of the hypophosphites of lime, iron, and soda. These are kept as distinct preparations as well as in combination. The syrupus ferri hypophosphitis is also a most elegant preparation. The dose is one drachm.—Yours faithfully, YOUNG AND POSTANS.
35, Baker Street, Portman Square, December 23rd, 1878.

IRREGULAR PRACTICE.

SIR,—Is there any more harm in a physician supplying his own medicines, if he choose, than there is in an engineer working his own machinery and marking it for sale? Country practitioners are obliged to supply their own medicines. The discrepancy in the quality of drugs is fearful. I send a prescription to one druggist, it has no effect; I send it to another, it has. The raid ought, in my opinion, to be confined to prescribing druggists. They infringe a life-and-death law, for which they ought to be efficiently punished by depriving them of their licences to sell drugs at all. As regards the College of Physicians of Edinburgh (of which respected body I am a member in the shape of M.D.), they can expunge the name of the member, but they also know they cannot unmake the M.D. Tell me where are the surgeons (who call themselves so) who do not use the stethoscope, or refuse to prescribe for a case which they know to be purely medical? Where are the physicians who do not pass a catheter, or even draw a tooth, if requisite? I fear their names are not legion. This extra piece of would-be refinement in attacking special duties is becoming absurd, even to the snobbery exercised by some of our brethren, who will not hear of a brother medical man being called into consultation because his carriage at the door does not sport two horses. Talent will find its deserts even if concealed under a ragged coat on foot, behind a counter, or with an old scalpel. Of course the whole profession ought to be gentlemen, but "ye canna mak' a silk purse out o' a sow's ear". You may cultivate the raw material; and the only way to do so is to make every aspirant for an M.D. or surgical diploma show an M.A. from some recognised university.—Yours respectfully, RADIX.

MORTALITY AFTER LITHOTOMY.

SIR,—In the commencement of a very useful paper by Mr. Teevan in the *JOURNAL* of December 21st, on "The Diagnosis of Stone in the Bladder", it is stated, on the authority of Sir Benjamin Brodie, that "one-half of all the adult males cut for stone died after the operation"; and Mr. Teevan goes on to add, that "all inquiry goes to prove that his opinion was a tolerably correct one". Perhaps Mr. Teevan will tell us where he pursued his inquiry, or where we can find facts to bear out the assertion that in adult life lithotomy is more to be dreaded than an attack of cholera. I have by me a carefully prepared table by Mr. Charles Williams of all the results obtained by lateral lithotomy at the Norfolk and Norwich Hospital, from January 1772 to December 1869. From this I gather that 423 patients between the ages of 20 and 80 had that operation performed on them in that time, and that of these 341, or 80.6 per cent., recovered; but in the first two decades—i.e., between 20 and 40, the result on 103 cases was much better, the recoveries being 93, or 90.29 per cent. The only other statistics I have are those given by Professor Spence in his *Lectures on Surgery* (2nd edition, vol. ii, p. 1040). He says: "Of children and boys under twenty years of age, I have only lost one patient; and in adults between twenty-one and forty, only one; but out of forty patients between the ages of forty and eighty-two, I have lost eight, and all these fatal cases occurred between the ages of fifty-six and seventy-two." These latter results are very much the same as those got at Norwich, and render Mr. Teevan's statement still more astounding.—I am, etc., CIVIS ACADEMIÆ EDINENSIS.

Edinburgh, December 31st, 1878.

PAYING HOSPITALS.

SIR,—In the article that lately appeared in your JOURNAL upon Paying Hospitals, there is one aspect that does not appear to be considered, and that is, that the inmates receive better nursing than that which falls to the lot of the sick in a general way, excepting perhaps the very rich. It is so for this reason, that the sanitary state of such is dependent to a large extent upon the assiduity with which this is conducted. It therefore behoves these institutions to always exert themselves to keep up a high standard of excellence in all things appertaining to "nursing". It is not uncommon for a physician or surgeon to borrow for an occasion (if able) one of the nursing staff of the hospital to which he may be attached; one upon whom he can rely, as having seen with his own eyes the way and how a nurse fulfils her ward duty. And it is this apprentice-like servitude in the sick ward that often decides between the merit of the more highly educated and talented lay-nurse and that of her more humble sister of a nurse-ward. One of the best nurses I ever knew was totally devoid of intellectual activity beyond her great powers of sick attendance, although advanced in life. If this apply to hospitals in general, how much more does it so to those that are lying-in hospitals! Here the nurse requires the most unremitting attention, combined with the greatest devotion to her calling. Or perhaps the mortality may be statistically described as averaging 10 to 40 per 1,000 cases. That so much depends upon mere good nursing as is here indicated, few, I hope will discredit, as the records of like institutions clearly show how much sickness may be prevented and alleviated by such. This, to some extent, has been proved correct by the apportioning of a separate ward for these cases in a general hospital, which has not, I think, answered expectations, not so much from defect in the nursing as from imperfect surroundings. Anyone who, like myself, has passed hours among the poor at this critical period, must oftentimes have been surprised at the well getting-up of those poor mothers; all in a one-roomed place of abode, in which to accommodate sickness, family, cooking, visitors, and drying of clothes. Here alone is enough to entice fever, setting aside the noise necessarily associated with combined dwellings, and this at day and late at night. Although medical practitioners disapprove, in many instances, of these lying-in hospitals, I think it may be from not having served therein; at others, from defect in the management, in which committees are not active enough, but simply honour the institution by their name and influence, without at all times considering how responsible and how far their sanitary activity can be displayed. And it is here that the sick woman feels the blessings of a quiet and comfortable housing during her sad trouble and sickness, when well managed, as much as the man who flies to a hospital for some passing but trying sickness.—Your obedient servant,
L.S.A.L.
December 28th, 1878.

BICYCLES AND TRICYCLES.

MR. CHARLES TERRY (Newport Pagnell) writes: As a bicycle-rider of three years' standing, I can most strongly corroborate Mr. Vines' remarks. In a large country practice, I do not believe the bicycle would do away with the necessity of keeping one horse. In my own practice, where I formerly kept two horses, I am now enabled to do with one and a bicycle; and in the summer time I can very generally lend the horse to my wife. In answer to "A Would-be Bicyclist", I have never felt the slightest effect to the spine; and the fatigue in accomplishing my journeys is simply nil. With care and good riding, the bicycle is well adapted for going over slippery roads and ice, as I have proved nearly every day during the prevailing frost. Armed with a bell and lamp, the bicycle is perfectly adapted for nightwork during the summer months, where the roads are good. I was forty-three years old when I learned to ride, and a week's practice before breakfast enabled me to ride a mile without aid.

MR. C. JOHNSON (Skirlough) writes: The letter of your correspondent who signs himself "Vacuus Viator cantabit coram Latronibus", may be condensed into two parts, as follows: 1. "That to a country general practitioner with a limited income 'horseflesh' is not only very expensive, but it is also as equally annoying"; 2. "That the velocipede mentioned will be found to be in many cases a substitute for horseflesh". With reference to Part 1, I am sorry to say that, from bitter experience, I can fully endorse the sentiments expressed. As regards Part 2, I am afraid that it is too good to be true; i.e., in its entirety; although I believe that at least the velocipede may dispense with a second horse. I will, therefore, ask your correspondent for a few more particulars: a. How long has he used the velocipede in question to the utter exclusion of "horseflesh"? b. Can it be used on a cold, wet, and dark night? c. Can a lamp or lamps be adjusted to it so as to give a good light which may be relied upon? d. Can it be used during inclement weather, when snow and ice are upon the ground; and more especially would it be safe when there is on a thin layer of snow and the "ruts" have been recently repaired with the so-called ordinary loose ironstone metal? In my opinion "horseflesh" is not only directly but also indirectly expensive. It not unfrequently happens that, in many country villages, it is extremely difficult for a medical man to obtain a suitable residence at a reasonable rent owing to the stable accommodation required.

"M." asks for information concerning the "Blackburn Car" figured and described in the *Field* of November 23rd. To all who, like himself, are too old to use a bicycle, this car, if it be really what is described, would be indeed a boon. After the first expense of purchase, the cost would be almost nil.

"M.B." advises "A Would-be Bicyclist" to learn to ride upon one of the old-fashioned wooden-wheeled machines before buying a modern one. "These can be bought or borrowed at a very small cost, and are so low that the rider can comfortably dismount by dropping on to one leg when he feels at all insecure upon his seat. Daily practice for a week with a machine of this kind would be sufficient to enable a beginner to ride tolerably well. The tricycle is very much less difficult to learn to use; in fact, the only difficulty lies in the steering, and that is generally mastered in a day or two. It is, moreover, absolutely safe.

CYSTICERCUS writes: Permit me to correct an inaccuracy in the letter on "Bicycles and Horses" by "Vacuus Viator" in the JOURNAL of December 14th. The "Salvo" quadricycle referred to is made by MESSRS. Starley Brothers, St. John's Works, Coventry, who, on application, will send an illustrated circular, and full particulars of the "Salvo". I have tried all the different makes of tricycles now in the market, and unhesitatingly pronounce in favour of the "Salvo" as being the safest and best. It has a good appearance, being something like a small gig; and having a fourth wheel, which is only used in certain emergencies, is absolutely safe. The method of working can be learned in ten minutes. The only objection I have to the "Salvo" is that, in common with all tricycles, it is rather hard work to drive it up a steep gradient. A great feature is, that by means of a very efficient friction break, one can come to an absolute standstill when going full speed down-hill in the space of a few yards. Stoppage for any temporary purpose can be done without the necessity of alighting. Though I am a light weight, and rather below the average in muscular power, never having gone in for athletics, I can drive it easily at the rate of from eight to ten miles an hour on a level road. For high speeds and

rating purposes, tricycles are unsuited. I feel sure, were the "Salvo" better known, it would be at once adopted by those of our profession who wish to propel themselves from place to place rapidly, but shrink from risking their lives and limbs on a bicycle.

SIR,—A letter appeared in your issue of December 14th, signed "Vacuus Viator", speaking of a machine made by us. This gentleman we beg to thank, it having brought us many applications for price-lists from country practitioners. One of them has asked for a description of the machine to be given in your columns, but as we fear such a description without a woodcut would take too much of your valuable space, we beg to say that a postcard to us will be sufficient for a descriptive list free.

It is nearly a hundred years since tricycles were first made; and between the years 1840 and 1850, there was hardly a town in England in which velocipedes were not made; but as these machines were not rubber-tyred, and only made for amusement and not as a commercial speculation, neither sufficient time nor money was spent to make them a success. The result was a thorough disbelief in this means of locomotion. Many have tried by some novel arrangement of levers to gain power, but as no such law ever existed, it is impossible to find it. Therefore the only true principle to work upon, and which has made the bicycle a success, is to avoid wasting power. This we have effectually accomplished in the Salvo. We may add one theoretical remark; that is, a weight falling three inches will give sufficient power to drive itself over six miles, providing the only obstacle is the displacement of a quiet atmosphere.—We beg to remain yours truly,
Coventry, December 24th, 1878.

STARLEY BROTHERS.

SIR,—A very excellent form of tricycle came under my notice some short time back, and a relative of mine uses one now. The machine is made in Coventry, and is called the Salvo, costing about £15 or £20. A mile on fair ground is done with ease in five minutes. The rider sits between two equal sized large light wheels, and has a small guiding wheel in front; thus the machine has an uniform and handsome appearance. The action of the feet is treading; and with an apron on a wire frame, the knees would be protected from wet, and the motion of the legs entirely concealed. The machine is far safer than a bicycle, and has a break. In a race of one mile at Coventry, it beat several other tricycles, and was only thirty seconds behind the bicycles.—I am, sir, yours, etc.,
December 15th, 1878.

A. B.

COMPLETE SUPPRESSION OF URINE FOLLOWING CONFINEMENT.

SIR,—I beg to communicate the particulars of a very curious case of complete suppression of urine after confinement, which occurred some weeks since in my practice, and which terminated fatally.

Mrs. H., aged 22, an anæmic, but previously tolerably healthy woman, was delivered, after a labour of average duration, of a seven months' child, stillborn. Previously to this, she had had two miscarriages, both under five months. Except for a rather copious loss of blood, the labour terminated naturally. Next day (Tuesday), on visiting her, I found she had not passed any urine since her confinement, but her bladder, on examination, proved empty. In the evening of the same day, I passed a catheter, and drew away about a tablespoonful of slightly fetid turbid urine. On Wednesday, there was still complete suppression; the breasts contained some milk; the lochial flux was natural, but scanty; and, except for slight aching pain in the back and sense of stiffness, she expressed herself as feeling well. Her tongue was fairly clean; her pulse under 90, and her temperature natural. On Thursday, the catheter was again introduced into the bladder, but this time with no result whatever. The lochial flux had ceased; the abdomen was flaccid; the tongue slightly furred; the pulse continued about 90, and the temperature normal. She was inclined to be drowsy; had occasional vomiting; and complained rather more of her back and a feeling of weight behind her eyes. On Saturday the vomiting had increased, but was by no means persistent; and she complained of increased drowsiness, and of seeing spots before her eyes. The bladder was empty, and there was no abdominal tenderness. She continued in this condition till Sunday night; when, while being assisted to the night-stool, she was taken with slight convulsive spasms, and on being put back to bed, she gradually relapsed into coma and died. No necropsy could be obtained. There were daily free liquid evacuations from the bowels, and the treatment was in the main directed to symptoms. The previous history of the woman, which was most carefully inquired into, failed to throw any light whatever on this obscure case, and there was no organic disease.

I will leave the facts of this case without comment; but if any of your readers can offer any suggestions which will throw any light upon them, or even relate a similar experience, they will confer a benefit on your obedient servant.

Sheffield, January 14th, 1879.

C. NELSON GWYNNE, M.B.

Is this not a case probably of rupture of the bladder during labour?

MEDICAL SCHOOLS OF GLASGOW.

SIR,—Dr. Buchanan calls in question the accuracy of my statement which appeared in your JOURNAL for December 21st, "that the number of students attending the different medical schools here is less than that of last winter session". The information I wished to convey was, that the present number of students in the Glasgow Medical School, considered as a whole, is less than that of last winter session; and such is the case. I cannot enter into the question which Dr. Buchanan's letter opens up as to whether the increase of twenty students attending the Andersonian School of Medicine implies the presence of twenty more students in Glasgow as a medical school; for, in a town where there are several teaching bodies, a single student sometimes does duty at more than one in swelling the list of those attending its classes.—I am, sir, your obedient servant,
Glasgow, January 7th, 1879.

CORRESPONDENT.

OBSTETRIC FORCEPS.

SIR,—"R. V.", in his "Obstetric Warning", throws out a hint which may well be acted upon. I remember some time ago having been called in to deliver with forceps a primipara, and the practitioner in attendance having failed to "lock" an old leather-covered instrument, requested me to try. I declined. I gave as my reason that such forceps were to me an abomination, and all such should be handed over to the scrap iron merchant. I produced my own, bright as silver, and, having warmed and oiled each blade, at once proceeded to effect delivery, and my old friend was surprised how easily it was accomplished.

I believe the majority of medical men get into too fussy a state over a forceps case. I have come now to look upon it as if I were going to extract a tooth or open an abscess. The less fuss the better; and I do not remember a single instance in which I have applied the forceps where any objection was made. I simply and quietly say, "It is necessary to give a little help, and all will be over in a few minutes"; and I avoid "rattling" the blades, and do not "lock" until I feel sure they will not slip off the head. This is the important point. But the "knack" of applying forceps can only be acquired by studying the position of mother and head of

infant, and even then there are some so clumsy that you might as well ask them to take a sphymographic tracing. I confess I am rather fond of my forceps, and, knowing so, never take it with me to a case in town. I never allow under any pretence the slightest failure of strength to become manifest before I apply it. Twice lately I was called into the country, and saved myself hours of tedious waiting and my patients untold pain by a speedy application of the forceps.

Now, I do not disinfect my good friend, nor is it necessary. Like my horse, wherever I go he must be attended to, just as I attend to the cleanliness of my hands, and I care not for troubling, so do I likewise with my forceps. After using it I have both blades washed in warm water, and then dried thoroughly and polished with Spanish white. The dozens of times I have had to have recourse to the forceps, I can only call to mind one or two occasions where, at the patient's house, my forceps were not so treated with Spanish white, but they were re-washed and polished on my return home. I do so with my catheters and my specula; only in the case of the latter use plate-powder, as I do for polishing the catheters. There is a little trouble about it; but once in the "groove," and it becomes almost a *sine qua non*. Dirty forceps, dirty hands, dirty finger-nails, and dirty instruments, are disgraces to our profession. Whilst I was attending the annual meetings at Edinburgh, Sheffield, and Manchester, I was astonished to see the dirty nails of so many of my medical brethren. I venture to think that this is a frequent source of infection, if we only had the honesty to "confess it." Clean hands, clean nails, and clean instruments should be the pride of every medical practitioner, and then the wall "We ought to have thought of disinfecting the forceps" would no longer be heard.—I am, etc.,

HENRY BROWN.

TAKING A MEDICAL MAN'S ACCOUNT.

MR. ANDREW BEATH of Stirling is a practitioner who sets no very high value upon the services of his profession. A neighbour of his (Dr. Jefferiss of Kippen) lately brought an action in the Small Debt Court against a master builder to enforce payment of £2 14s. for medical attendance and medicine. The various items were specified in the account; and, judged by the Shropshire Society's scale of charges, they must be considered fair and moderate. The sheriff-substitute, however, being unable to decide upon a question of medical fees, proposed that the account should be submitted to Mr. Beath; and this was done by consent of both parties. The result was that this gentleman, without assigning any reason, taxed off half the amount, reducing the account to £1 7s. This was done apparently on no principle, and some of the reductions were quite contrary to established customs. For example, a consultation, which was very properly charged at a guinea, was reduced to nineteen shillings. As Dr. Jefferiss agreed to submit the account to Mr. Beath, he has, we presume, no course but to bear with a good grace the annoyance to which he has been subjected. If our friends north of the Tweed wish to consult their own interests, as well as the dignity of the profession, they will regulate their fees according to the tariff issued by the Shropshire Branch of the British Medical Association, and not according to the scale employed by Mr. Beath.

POOR-LAW MEDICAL OFFICERS AND "EXTRAS."

SIR,—I widely differ from "Ten Years Experience" upon this subject. My contention is that "extras"—under which term I include meat, stimulants, farinaceous food, milk, bed-clothing, and wearing apparel—are therapeutic and prophylactic agents of great value, and that it is folly to suppose a relieving officer, however well qualified for his position, can determine as well as the medical officer should be able to do when to give and when to withhold such things. I have held my appointment nearly nineteen years, and every such order has issued from my hands; the only check placed upon me being that I am not to give such as aliment—a perfectly reasonable restriction. I should consider any attempt to take such power out of my hands, in order to place it in those of the relieving officer, as tending to paralyse my curative efforts. In the treatment of phthisis pulmonalis, which of the two is the most important indication—attention to the digestive organs and the improvement of nutrition, or the administration of cough mixtures and supposed specifics? Is the relieving officer to settle this question? and during the presence of acute disease or the progress of convalescence, is he to determine whether the curative tendency can be forwarded or retarded by the use of stimulants? In the scrofulous diathesis, can he adequately estimate the importance of food and warm clothing, or the amount of evil that may possibly be prevented by a whole shoe or a warm sock? or is he to determine whether Dr. Chambers be right or wrong in urging the prophylactic value of blanket-bedding in acute rheumatism? Surely, when ordering milk and arrowroot in a case of organic disease of the stomach, or chopped meat in intractable diarrhoea, I am as truly and perhaps more wisely practising my art than if I were to prescribe chalk mixture in the former, or bismuth, hydrocyanic acid, or creosote in the latter case. It seems to me either the medical officer must wholly deny the curative and preventative power of "extras," or he must retain the power of administering them in his own hands.

Your correspondent states that by pursuing the course he advocates, "the trouble and labour saved are immense." It may be so, but surely he does not wish it to be thought that this is a chief end to be arrived at.

In conclusion, let me state that I have no "humbugs" coming after orders for extras, and that I desire to express sympathy for all medical officers who, conscientiously seeking the good of their pauper patients, are thwarted and baffled by shortsighted stingy guardians. I record with pleasure that it has never been my lot to encounter any such hindrances.—I am, sir, yours, etc.,

EIGHTEEN YEARS' EXPERIENCE.

SALIVARY CALCULUS SIMULATING MALIGNANT DISEASE.

SIR,—The case reported by Mr. Gibbs in the JOURNAL of this date recalls a remarkable case that occurred in my own practice in Java in 1862. The wife of the captain of one of the Dutch steam-packets plying between Batavia and Singapore had long suffered from great pain and swelling in the left submaxillary region, and lately the discharge from the mouth had become so offensive that she could no longer occupy her cabin, but was obliged to be secluded on shore. Having been seen by many medical men, and becoming gradually worse and worse, and more and more repulsive to her attendants, I was asked to see her, as a lady dying of cancer of the jaw. Careful examination convinced me the disease was not malignant; and, on pressing rather firmly over the gland, a calculus as large as a cherry-stone escaped from an opening that had formed externally, falling at some distance upon the floor of the room. In a few days, the patient was able to resume her position in society.—I am, etc.,

RICHARD NEALE, M.D. LOND.

PRIVATE DISPENSARIES.

SIR,—Your correspondent "Nimium Vicinus" has done a great service to the profession in general by calling attention in his letter to the present system of so-called

provident dispensaries or dispensing companies, by which qualified men keep one or more shops which they dignify by this name, and advertise to an unlimited extent. An unqualified assistant is kept in each, who does all the work; the proprietor (who calls himself the physician or surgeon to the institution) stepping in occasionally to rectify the mistakes of his assistant, and to sign death-certificates when necessary. Under this system, patients are attended for about sixpence a week in some cases, and large placards are placed in the windows stating charges.

Keeping an open shop, though *intra dig.*, is straightforward, and perhaps in poor neighbourhoods unavoidable; but this system of disguising unfair competition under the cloak of a pseudo-charity can be neither one nor the other.—I am, etc.,

NEMO JUNIOR.

THE ARMY MEDICAL SERVICE.

H. J. T.—No advertisements for a competitive examination of candidates for the Army Medical Department in February having up to present date been issued by the War Office, as has been done by the India Office and Admiralty, it is presumed that the War Office does not contemplate having one at that time. But the War Department may change its arrangements at any moment, and nothing can be said as to what these may be in the future.

THE INHALATION OF PHOSPHURETTED HYDROGEN.

DR. T. B. HENDERSON of Glasgow (*Journal of Anatomy and Physiology*, October 1878) has investigated the physiological effects of the inhalation of phosphuretted hydrogen gas, by inclosing an animal in an air-tight chamber of known capacity, and subsequently introducing into this a given quantity of the gas. In the first experiment, a strong rat was placed in an atmosphere consisting almost entirely of phosphuretted hydrogen, and death occurred in about ten minutes. An atmosphere containing one per cent. of the gas was found to prove fatal within half an hour. In the case of a large female rabbit, 0.2 per cent. caused death in thirty-three minutes. In these cases, the most marked symptom was that of great increase in the number of respirations. Before death, respiration became slow and laboured, and convulsions resembling those of opisthotonos occurred. The ventricles of the heart became most powerfully contracted. Where the strongest dose was administered, the effect on the heart was most marked, and the lungs appeared unaffected. When small quantities of the gas were used, within a very short time the animals began to show signs of suffering from intense irritation of the skin, scratching and biting at it incessantly. Afterwards, the creatures seemed to become drowsy, and assumed a very peculiar attitude, sitting down on all-fours, the back bent upwards, and nose pushed backwards between the fore-paws, so as to bring the forehead against the floor of the cage: a rat in this position looked very much like a curled-up hedgehog. A fatal result occurred when the quantity of gas was so small as 1 to 5120. In no case could the odour of the gas be detected in any organ of the body after death. The gas did not appear to exert any local action on the skin.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Irish Times; The Cornwall Gazette; The Glasgow Herald; The Edinburgh Daily Courant; The Manchester Guardian; The Berkshire Chronicle; The Yorkshire Post; The Middlesex County Times; The Coventry Herald; The Liverpool Daily Post; The Manchester Courier; The Cork Constitution; The Leeds Mercury; The Surrey Advertiser; etc.

* * * We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

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

Dr. J. Hughlings Jackson, London; Dr. T. Clifford Allbutt, Leeds; Dr. G. H. Philipson, Newcastle-upon-Tyne; Dr. Wm. Rutherford, Edinburgh; Dr. J. G. Kendrick, Glasgow; Dr. Collie, Homerton; Dr. Northcote Vinen, London; Dr. Alfred Carpenter, Croydon; Dr. Leared, London; Mr. Hodgson, Brighton; Mr. T. Holmes, London; Mr. W. Stokes, Dublin; Mr. Furneaux Jordan, Birmingham; Dr. Octavius Sturges, London; Dr. Saundby, Birmingham; Mr. J. Startin, London; Dr. Ward Cousins, Southsea; Dr. Sankey, Cheltenham; Mr. H. Greenway, Plymouth; Dr. Whalley, Bradford; Dr. Thursfield, Shrewsbury; Mr. Alban Doran, London; Dr. Broadbent, London; Dr. Cheadle, London; Dr. Dukes, Rugby; Dr. Kerr, Birkenhead; Dr. Joseph Rogers, London; Dr. Edis, London; Dr. Stanley Haynes, Malvern; Mr. Howard Marsh, London; The Registrar of the Medical Society of London; Dr. Chavasse, Birmingham; Mr. C. F. Maunder, London; The Registrar-General of England; Dr. Douglas Powell, London; Dr. Farquharson, London; M.D.; Dr. Tripe, Hackney; The Registrar-General of Ireland; Mr. G. Eastes, London; Mr. H. Culliford Hopkins, Bath; Mr. J. Augustus Lea, Burton; Mr. James Gardner, Bath; Mr. Kobt. Richards, Wigan; W.; The Sub-Editor of the *Times*; Dr. Rigler, Berlin; Mr. A. Roberts, Keighley; Dr. Sieveking, London; M.R.C.S. Eng.; The Secretary of the West Bromwich District Hospital; Dr. E. Haughton, London; Dr. F. Simms, London; Mr. R. Clement Lucas, London; An Allopah; Dr. W. Thomson, Peterborough; Mr. F. W. Strugnell, London; X.; Mr. C. Elliott, Whittlesea; Mr. E. Baker, Brighton; Mr. W. Barnett, Weston-super-Mare; Member; Dr. W. R. S. Jefferiss, Rippon-by-Stirling; Dr. Tamacheff, London; Dr. A. Hughes Bennett, London; Mr. T. Spencer Wells, London; Z.; Dr. J. Marion Sims, Paris; Dr. Fancourt Barnes, London; Dr. Moxon, London; Mr. L'Heureux Blenkarne, Buckingham; Mr. J. G. Mackinlay, London; Mr. W. Aspinall, Haslingden; Mr. T. A. Crackle, Ilkeston; Dr. H. Macnaughton Jones, Cork; Major Duncan, London; Mr. Nash, Hatch-Beauchamp; Dr. Collins, Manchester; Our Paris Correspondent; The Secretary of the Royal Medical and Chirurgical Society; Dr. C. J. B. Williams, Nice; Dr. J. Ashburton Thompson, London; Mr. Arthur Cardew, Cheltenham; Dr. Wade, Birmingham; Mr. J. E. H. Mackinlay, Redcar; Mr. F. J. Gray, Rugeley; Mr. W. A. Thomson, Sudbury; F.R.C.S.; Dr. MacGeagh, Tunbridge Wells; Mr. R. W. Jenkins, Fawley; Mr. Gibson, Ilchester; Dr. A. Wynn Williams, London; The Secretary of the Society for Protection of Animals liable to Vivisection; Mr. A. Rothschild, Marshall, Texas; Dr. W. Fairlie Clarke, Southborough; Eighteen Years' Experience; Mr. Jonathan Hutchinson, London; Mr. Vincent Jackson, Wolverhampton; Our Edinburgh Correspondent; Dr. Broom, Clifton; Our Dublin Correspondent; Mr. Wyndham Cottle, London; Mr. W. Sykes, Mexborough; Dr. Hardwicke, London; Dr. Duffey, Dublin; etc.