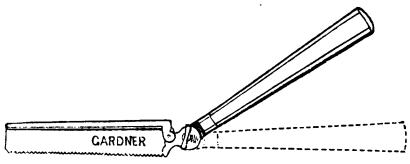
REPORTS AND ANALYSES
AND
DESCRIPTIONS OF NEW INVENTIONS
IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

SAW FOR SECTION OF LOWER JAW.

SIR,—In the BRITISH MEDICAL JOURNAL of December 13th, there is a notice a new form of saw for section of the lower jaw, designed by my colleague Professor Annandale. The saw which I used for that purpose before the introduction of chloroform was one of Liston's pattern, which answered admirably, as the patients were then seated during the operation. After chloroform came into use and the patients were necessarily placed recumbent, I felt the inconvenience alluded to by



Mr. Annandale; but I did not cast off my old friend. I had it adapted to altered circumstances by having it jointed and fitted with a pinching screw to fix the joint, so that I could change the relative position of the blade and handle to any angle I found convenient. I have now used it for many years, both in the Royal Infirmary and in private practice, and found it answer the purpose perfectly; whilst to me it looks more workmanlike than that represented in the JOURNAL. The woodcut shows the blade and handle at the angle most generally convenient. The dotted outline indicates the blade and handle in the straight position. I am, etc.,
JAMES SPENCE.

Edinburgh, December 22nd, 1879.

CONCENTRATED WATERS.

WE have received from Mr. Robinson, operative chemist and distiller, of Pendleton, Manchester, samples of concentrated waters, such as dill, aniseed, camphor, peppermint, rose, elder, etc. Mixed with either distilled or filtered water, they remain clear, and in the proportion of one to forty and one to thirty-two constitute the aromatic waters of the British and United States *Pharmacopœias*. These concentrated waters, which have an old well-established reputation, will be found remarkably handy in dispensing, whether that be in the surgery of the general practitioner or the dispensing department of the retail druggist.

IODIDE OF ETHYL IN CAPSULES.

THE iodide of ethyl has been much recommended for inhalation in asthma, in which cases it seems to give great relief. M. Sée is very enthusiastic in its praise. Mr. Martindale of New Cavendish Street provides it in small capsules of very thin glass enclosed in silk. Thus, by crushing a capsule, the vapour may be inhaled without risk of excess or any sort of danger or even inconvenience. We are inclined to think that, like nitrite of amyl (which has been found most efficacious in relieving the dyspnœa of advanced phthisis, as well as of angina pectoris), the uses of the inhalation of iodide of ethyl will be extended, now that this convenient mode of administration has been provided.

EFFERVESCING APERIENT SALTS.

MR. W. MARTINDALE, 10, New Cavendish Street, has forwarded to us samples of two granular effervescing preparations.

Sodæ Sulphas Effervescens.—This contains half its weight dried sulphate of soda; and, allowing for the loss of water of crystallisation in drying, a teaspoonful will equal a drachm of the crystallised salt.

Sodio-Magnesiæ Sulphas Effervescens.—This has half its weight consisting of equal parts dried sulphate of soda and dried sulphate of magnesia.

The composition of these two preparations is definite and simple. Besides the sulphates, only a little citrotartrate of soda is added to make them effervesce; and they have the advantage of being portable.

BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1880.

SUBSCRIPTIONS to the Association for 1880 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, 161, Strand, London. Post Office Orders should be made payable at the West Central District Office, High Holborn.

The British Medical Journal.

SATURDAY, JANUARY 3RD, 1880.

1880.

THE New Year opens with good promise of increased influence and usefulness for the Association, and of continuous expansion of its work. We are little in the habit of indulging in retrospects, but, keeping a face steadily turned to the future, aim always at pressing on in the path of progress, and prefer to think nothing done while so much remains undone. To review the proceedings of the past year is a task which we leave to the able hands of the many colleagues and contemporaries, and of the annual orators, who find in it a fertile and instructive theme. The last year has been pregnant with good, sound, solid, and multifarious work. Antiseptic surgery has taken firm root in London. Scientific research is beginning to establish itself more largely as a recognised feature in the proceedings of our principal Societies and our great Associations.

We shall presently give an account of the report on pyæmia, which will be found in the just published *Transactions of the Pathological Society of London*. This is the first great serious research taken in hand on a large scale by that Society. It cannot be said to have been a complete success; but, as will be seen, it is far from being a failure, and moreover it has laid the foundations of much future good work. We hope that the example of the Pathological Society will be followed by the Clinical Society of London, which started in life with much valiant declaration of scientific and serious intent, which it has as yet done comparatively little to justify. Year after year, it has seemed to forget more and more its bright promises—the declaration of its founders that it was intended to assist and to harmonise accurate, careful, and well-compared investigation, and to give to clinical medicine and surgery something more of coherent shape, definite principles, and recognised standards, than they at present possess. It has become a sort of aristocratic and high-class reproduction of the older but more democratic London Medical Society; and the proceedings of the younger and more pretentious Society have not always shown that superiority which they were guaranteed to offer. The members and Council of the Clinical Society ought certainly seriously to consider whether it is not their duty to attempt to formulate definite problems and frame skeleton forms for their solution, such as may fairly be expected of a Society which aims at something higher than the mere desultory record of cases or the accidental discussion of points of practice arising out of scattered observations.

Dr. Mahomed, in a paper which we print in another column, suggests that the British Medical Association should undertake a similar task through its Branches in respect to questions which may be well observed by individual practitioners, before whom are set definite subjects of observation, with schedules in which to enter details as to which information is required. The suggestion is, of course, not new; it is one which has been repeatedly made, periodically discussed, and more than once tried without any remarkably good effect. On the other hand, it will often be found, in the history of all societies, that projects tried and set aside as failures have, when resumed under more favourable circumstances, proved to be largely successful. It will be very satisfactory if this should be found to be possible in respect to the

organised kind of observation and record for which Dr. Mahomed asks. The British Medical Association both has advantages, and labours under disadvantages, for such inquiries. It is a body so large as to be at the present moment very nearly coextensive with practically the whole of the working members of the profession. Thus the number of observers ready at hand is large enough, and more than large enough. But the very extent of the numbers to be dealt with forms a difficulty in the case. Who are to be selected, and on whom lies the responsibility of responding to the appeal? In so large a body, each man is apt to say, "This is the business of so many thousands of others, that I may be well excused for neglecting it and attending to my own business". And practically it has been found that schedules issued over so large a surface bring but scanty returns, and these only rarely of the best quality. Scientific work is more often done well by a compact organised committee of selected men, to each of whom his own department is appointed, than by a mass of heterogeneous self-appointed observers, each of whom is less conscious of his special responsibility, and less open to guidance or direction by communication with his colleagues. We are far, however, from thinking that no means can be found by which such an inquiry as Dr. Mahomed asks for might be organised within the Association. His paper appears to us to be suggestive, and to call for deliberate discussion; and there seems no reason why, if a certain number of well-informed public-spirited members of the Association be disposed to join in carrying out the inquiry, there need be any serious difficulty in organising and equipping the committee entrusted with it with the necessary means for carrying it on energetically. The work of the Scientific Grants Committee for next year promises to be very interesting; but this would be a special and valuable addition to the contributions which the Association now annually offers to original scientific research in medicine and the collateral sciences.

Politically, the Association may be congratulated on the great influence which it has successfully exerted through the Parliamentary Bills Committee in ameliorating the position and improving the conditions of the Army Medical Department. We indicate, in another column, what we consider to be the rock ahead in the prospects of that now once more flourishing department. That obstacle is the over-cautiousness and too cunning wisdom of the department in smuggling into the warrant permission for a back-door entrance by nomination, should any future scarcity occur in candidates for entrance by examination. We ventured to predict, contrary to the sinister advice of a contemporary, and contrary to the report of the head of the department and of the War Office Committee, that there would not be any scarcity of candidates if the requirements laid down by the Parliamentary Bills Committee were satisfied and the service subsequently fairly treated. Our prediction has thus far proved true. The warrant has fairly satisfied all that was asked on behalf of the department by Mr. Hart in the document in which he communicated to the Secretary of State the desiderata for the Army Medical Department; and the immediate consequence of the publication of the warrant which granted these desiderata has been the supply at once of an ample number of candidates, who have passed with great brilliancy. To retain a power of nomination by way of holding the whip over the medical profession, and to retain the standing menace at any moment to "smash the index" which shows how far the service is popular and the candidates proficient, is to show that the War Office is not assured of its own honesty of intention, that it is not prepared always to meet the profession openly and on equal ground, but desires to keep in the background a weapon with which it can at any moment destroy the system of entrance by competitive examination. We trust that this weapon may never be used, and we feel assured that it never need be, so long as the War Office deals fairly and generously with this department of the public service.

The subject of Medical Reform will once more engage the attention of Parliament and of the profession at an early period of the session. Elaborate returns are now being prepared, showing for the first time how far the various examining bodies have conformed with the recommendations of the General Medical Council; and, with this information, and that already before it in the evidence of the witnesses it has examined, the Select Committee of the House of Commons, which will be renominated at the commencement of the session, will once more apply itself to its task. We have great confidence that the constitution of the Council will be popularised, and we have little doubt that a considerable advance will be made towards an uniform minimum, even if the whole of the United Kingdom be not included at once in such a measure. We hope, moreover, that no timid counsels will prevail, and no half measures be taken. It is time that a complete and satisfactory settlement should be made, and that all who are interested in medical education should be able to turn their attention from purely administrative questions to the more urgent and important subject of the improvement of medical teaching and medical examination.

On the subject of Animal Vaccination, we shall expect this year to see definite progress made. The continued agitation against compulsory vaccination will probably always have a certain basis of popular and Parliamentary support, until the Local Government Board can assert that they are in a position to supply public vaccinators with vaccine lymph of known origin, and undoubted purity and excellence. Under existing arrangements, they cannot venture to assert so much. By the adoption of a central station from which calf-lymph could be issued, they would place themselves in that desirable position. We have already published a report which shows how largely and successfully vaccination from the calf is now carried on in every country throughout the world, except England. That exception ought no longer to exist. It is not creditable to the country of Jenner, and it is not just in a state in which vaccination is compulsory. The statement of Dr. Ballard, on behalf of the Local Government Board, leaves little reason to doubt that steps will be forthwith taken to ascertain by what machinery and under what safeguards calf-lymph can be officially supplied from headquarters, for the purpose, especially, of renewing the stock of public vaccinators, and of supplying ample material for revaccination.

Other subjects of importance lie before us. The Coroners' Bill has yet to be discussed. The system of stamping with the Government mark so-called patent medicines, which are compounds of which the ingredients, often dangerous, by no means correspond with the statements on the labels, is a system dangerous to public health, and incompatible with public morality. This also waits to be discussed and placed before the Government authorities in such form as to afford the material for a practical solution.

To turn from public questions to those which more immediately concern the organisation of the Association, it affords matter for congratulation to see that the growth of this great Society promises to be not less remarkable during the coming than it has been during the past years. We have before us, at the present moment of writing, new propositions for the formation of a Branch in an English county in which the Association is said to be as yet imperfectly organised, and applications from abroad to favour the formation of a Branch in Paris, where many English physicians are located, who are desirous of uniting in a Branch connected with the British Medical Association. It is said, also, that many eminent French physicians would be happy to join as associates, and thus bring themselves into more intimate professional union with the English profession, which has always valued highly the scientific work and the high professional feeling of their colleagues in France. Our Cambridge meeting can hardly fail to be a brilliant one. The magnificent school which is now growing up at that university gives every day a fresh evidence of its vitality, and the university shows more and more a disposition to favour the growth of biological teaching, and to bring medicine into a direct and fruitful connection with the colleges. Here lies one of the most hopeful signs of the future progress and elevation of medical education in this country; and it cannot be doubted that this example will act reflexly upon Oxford, and that that University will at no distant time once more welcome the profession which it now treats so scurvily, and which it has so long deprived of valuable resources intended by munificent founders for the service of medicine.

We have sketched only cursorily and desultorily a few of the prominent features of what rises up before us as the as yet unshaped outline of the *annus medicus* which commences to-day. May it be prosperous for all the members of the Association, so that at the end of the year now opening, every man may feel that he has done his best for the honour of his profession, for the credit of the Association, and for the benefit of the country in which he exercises his art.

THE RECENT ROYAL WARRANT FOR THE ARMY MEDICAL SERVICE.

SEVENTY-TWO candidates for appointments as surgeons in the Army Medical Service have passed successfully through the competitive examination which was opened in London on December 8th. The fact of so large a number of successful competitors having come forward (we are not informed if there were others who did not obtain the qualifying number of marks), at this the first competitive examination held under the terms of the new Army Medical Warrant, sufficiently shows, on the one hand, the powerful influence which the so-called "ten years' system", now abrogated, exerted in causing the dearth of candidates which has prevailed ever since that ill-considered measure was introduced, and, on the other hand, affords strong evidence that the new rates of pay and retiring allowances are regarded as a fair remuneration, not only for the ordinary duties and obligations which are demanded from army surgeons, but also for the special risks to which they are occasionally exposed in unhealthy climates, or in such military undertakings as are now progressing in South Africa and Afghanistan. It proves, moreover, that confidence has been restored as to the terms of service announced in the new Warrant being held to in their integrity. It is for the authorities to maintain this confidence. To grant an allowance by one Warrant (as was done in the case of the forage allowance to medical officers), then to restrict the application of this grant by subsequent regulations, and, thirdly, to remove this restriction and to restore the allowance as originally granted (as is done by the present Warrant), is a kind of proceeding which neither conduces to the dignity of those in whom the ordering of such matters is vested, nor promotes the good of the public service. A greater amount of power is placed in the hands of the administrative heads of the Army Medical Department by the articles of the new Warrant than has ever been conferred by any previous document of the same description. Not only are the medical officers of the ranks of Deputy Surgeon-General and Surgeon-General to receive their promotion to those grades by selection, but the officers of the new grade of Brigade-Surgeon are to get their elevation from the Surgeons-Major by the same means. The step of advancement in the latter instance carries with it a considerable increase in emoluments and in retiring allowances, together with other advantages. It is rumoured that a large number of brigade-surgeons are to be appointed at once, and we are aware that considerable anxiety is felt by some surgeons-major as to the mode in which the appointments will be made. Will the claims of seniority have their proper weight assigned to them, and, where others below the senior surgeons-major are selected for the new grade of Brigade-Surgeon, will the selection be made for proved ability and merit, which it is stated in the Warrant is to be the guiding principle of selection? We trust that it will be on these grounds alone that the new brigade-surgeons will be appointed, so that the professional character and reputation of the department may be enhanced, and its officers proportionably raised in estimation among all in other branches of the public service who have to look to them for medical advice and treatment. There is another point of view from which it seems to be of the utmost importance that all such selections should be conducted on acknowledged principles of right and the strictest justice. It is that the army medical officers, as a body, may be satisfied with the manner in which their concerns are administered; that contentment, which has been so long absent, may be restored within the ranks of the department itself; for, if only this most desirable consummation be achieved, we feel assured there will be no lack of young surgeons, of good education and high professional capacity, always ready to compete for appointments in a branch of the profession which ought to be one of the most honoured, as it is from its essential nature one of the most honourable, callings in the public service.

We have already written so much on the power of giving appointments, in the medical part of the army, by nomination, which is conferred by the new Warrant, side by side with admission by open competition, that we do not care to enlarge on the topic now. It is part of a large question that must be considered elsewhere. It is not one that concerns the Army Medical Department alone; for no reasonable ground can exist for believing that those who have introduced nomination again into one branch of the public service—and that, too, a scientific branch—would hesitate, if the opportunity occurred, to resort to it in others. It carries with it the apparent advantage of giving to the Director-General of the Medical Service and the War Department the power to overrule the voice of the medical profession at large, and to fill up vacancies in the medical branch of the army in spite of any dissatisfaction with the service, however legitimate, that circumstances may give rise to; for there can be little doubt that, where appointments exist which can be given away by private interest and nomination, it will not be difficult to find some who will always be willing to accept them. But such a system is not calculated to promote the public interests in the long run, any more than it is to conduce to the advantage or usefulness of the particular part of the medical profession to which sanction is now given for its application. It is a subject on which more is likely to be heard in the future.

INHALATION OF BENZOATE OF SODA IN PHTHISIS.

GREAT interest has been excited in Germany by alleged cures of phthisis by the inhalation of pulverised solutions of benzoate of soda. So great, indeed, was the excitement produced by the first published account of the cures effected in quite desperate cases, by Professor Rokitansky of Innsbruck and his assistant, that the political journals rang with the reports of this marvellous discovery, society was greatly stirred by it, and the echoes of it have been noticed in paragraphs current in our English newspapers; various queries have also been addressed to us on the subject. We have thought it well to wait until the test of further clinical experience has been applied. This has now been done with, unfortunately, decisive negative results, especially by Dr. Guttmann of Berlin.

The history of the matter begins with a communication, made by Professor Klebs, at a scientific meeting in Munich, in June 1877, when he announced the opinion, founded on experimental and microscopical observations, that tuberculosis was an infectious disease of parasitic nature; that it was induced by certain micro-organisms which invaded the body and multiplied in it; and that the expectation might be entertained of curing it by the employment of means which are calculated to annihilate these organisms. The experimental proof of the parasitic character of tuberculosis was conducted by Klebs in this wise. If the smallest piece of tubercular matter—for example, a fragment so minute that it can hardly be seen by the naked eye—be put into a vessel with a suitable nutritive fluid, such as a solution of white of egg, the solution, after a short time, becomes turbid, from the development in the fluid of a great number of micro-organisms, which show lively movements. In a control experiment, in which the same solution of white of egg is put into a similar vessel, but without the addition of tuberculous substance, the solution remains quite clear. Cultivation of successive solutions of white of egg, to which only a drop of the first tested solution is added, leads to the infection of each in turn, if a drop of the first be added to a second, a drop of the second to a third, and so on. Further interest attaches to this theory on the origin of tubercle, in consequence of the recently published researches of Dr. Schüller of Griefswald. These researches show that animals, into which tuberculous masses have been inoculated by tracheotomy, or who have been injected with micro-organisms obtained by fractional culture, according to the method of Klebs, died without exception with very marked phenomena of emaciation, loss of heat, and, after a little

time, general miliary tuberculosis. When, however, the same animals, after infection with an equal quantity of tuberculous substances, and the bacteria obtained from them, and after the appearance of the characteristic phenomena of disease, as in the previously mentioned animals, were subjected to the inhalation of a pulverised solution of benzoate of soda for some weeks, they all survived. Their body-weight rapidly recovered itself; growth of hair became stronger; and, after a short time, the animals showed again their normal conditions. In passing, it may be mentioned also that Dr. Graham Brown had found, in the course of researches in the laboratory of Klebs, that when the fungi of diphtheritic membranes were treated with a solution of benzoate of soda, or when animals were injected with these fungi which had been saturated with a solution of benzoate of soda to the extent of a thousandth part of their body-weight, the diphtheritic fungi did not grow, and became inactive.

On the basis of these results of research, a five per cent. watery solution of benzoate of soda was employed, in the hospital at Innsbruck, by pulverisation, as an inhalation in cases of phthisis. In a communication of Dr. Kroczak, assistant to Dr. Rokitansky, to the *Wiener Medizinische Presse*, September 14th, 1879, favourable results were announced which had been obtained in fifteen patients so treated, "the results exceeding all expectations". The three most severe of these cases were described in detail. Two showed "generally diffused local phthisis, with the formation of caverns". The third, also a case of extensive phthisical disease, was complicated with well-marked pleural exudations. These three were only put forward as examples of cases treated, and were, as was stated in so many words, "persons so to say, moribund upon entrance to the hospital and who were sent out cured". All these patients were already free from fever at the end of a week; the third after ten days; and the weight of the body also very quickly increased. It is not stated how long the treatment by inhalation was carried on; but it could scarcely have been longer than three weeks, according to the dates given at which the patients entered the hospital and left it cured.

Dr. Guttmann, in a communication which he made to the Berlin Medical Society in November, and which was recently published in the *Berliner Klinische Wochenschrift*, in recalling these preliminary facts, observes also that Professor Schnitzler of Vienna had arrived lately, from a series of experiments (*Wiener Medizinische Presse*, 1879, No. 42), at the conclusion that no medicament enters the bronchi by the inhalation of pulverised medicated solutions. Guttmann, however, points out that these conclusions are a little too absolute, inasmuch as well-known pathological observations show that, after continuous exposure to an atmosphere loaded with particles of coal or iron, or other coloured substances, the lungs are found after death to be impregnated with such materials. While it seems clear that the greater part of the substances pulverised in medicated solutions are deposited on the tongue, pharynx, soft palate, and epiglottis, it seems nevertheless, beyond doubt, that small particles pass the rima of the glottis, and to a small extent enter the trachea, and possibly pass into the bronchi. Of course, such results are obtained much more completely when the patient can be retained permanently in the inhalation-chamber. Dr. Guttmann's treatment extended over thirty-one phthisical patients, of whom twenty-four were men and seven were women, from seventeen to fifty-six years of age. The phthisis was in the majority of the cases very extensive, often having proceeded to the formation of considerable cavities; in a smaller number of cases, the disease was relatively lighter—cases which were at times either altogether free from fever, or which were running their course with only slight fever. Those patients were purposely chosen for this observation whose temperature showed a well-marked hectic type, that is to say, low morning temperatures, high evening temperatures, and moreover who, during the latest part of their stay in the hospital, had shown a certain steadiness in their temperature-curves. Any influence of the treatment by inhalation could, therefore, be very easily observed in the temperature-curves of such patients. The temperature was taken three time a day at the same periods—morning, midday, and evening. The inhalations took place twice daily—morning and evening. The solution of benzoate of soda was a five per cent. solution in water. At first, Dr. Guttmann prescribed only five *grammes* of benzoate of soda daily, that is to say, the inhalation of one hundred *grammes* of solution; later, he rose, in the case of five patients, to ten *grammes* of the substance, that is to say, two hundred *grammes* of the inhaled solution a day. When Rokitansky's communication appeared, in which he intimated that his patients had daily inhaled the one-thousandth part of their body-weight of benzoate of soda in substance, that is to say, fifty *grammes* of benzoate of soda in substance per fifty *kilogrammes* of body-weight, and therefore a thousand *grammes* of the solution, then Dr. Guttmann also raised the prescriptions of the patients to these large quantities. Of the thirty-one patients, fifteen inhaled during three weeks; one for two days (the latter had during this time consumed seven hundred and ten *grammes* of benzoate of soda in substance); six patients inhaled during from fourteen to nineteen days. Of these, one took six hundred and fifty *grammes* of benzoate of soda in substance. The remaining nine patients inhaled during from three to twelve days. In four of these who did not tolerate inhalation, the benzoate of soda was given internally, in the quantity of from twenty *grammes* of benzoate of soda to two hundred of water (one tablespoonful every two hours). Of these thirty-one patients, nine died—seven men and two women; two were allowed at their own wish to leave the hospital; and the rest were still there. The result obtained was as follows. In not one case—not even, therefore, in the patients who inhaled daily a thousand *grammes* of the solution—was the temperature in any observable manner lowered by the benzoate of soda, or was any influence exercised on the temperature-curves. Dr. Guttmann adds that the internal use of the benzoate of soda, during a considerable time in which a daily quantity of about eight *grammes* in substance was taken, was equally without influence on the febrile temperature. On the second notable factor in the progress of phthisical patients, improvement or falling off in weight, the treatment with benzoate of soda was equally without influence. In most cases, the weight of the body fell off progressively, in proportion to the amount of pyrexia and exactly in the same manner as though the patients had not been undergoing treatment during this time. Only in one or two patients, in whom the fever was throughout and from the first slight, did the body-weight remain stationary or slightly increased. Neither did the local symptoms of the phthisis undergo any change during the course of the treatment, in the sense of improvement. Dr. Guttmann observed, indeed, that the catarrh and bleeding diminished shortly after the inhalations; that is to say, that the patients coughed and expectorated less for about an hour after the inhalations were over. This, however, he attributes to the fact that the inhalation, and the continuous deep inspiration required while it was going on, excited during the time a much more considerable amount of coughing by irritation; and thus, during the period of inhalation, a much more considerable amount of expectoration was induced—thus clearing the cavities and tubes, and giving rise to less expectoration for a short time after the inhalations had ceased. There was no permanent improvement either of cough or of expectoration after the inhalations, nor were the nocturnal sweats, when these were present, at all lessened by the benzoate of soda. While in not one case was any symptom of phthisis observed to be improved by inhalation; on the other hand, an occasionally unpleasant incidental action of the benzoate of soda was observed. A good many patients complained of nausea and some of vomiting; symptoms which, partly at least, were excited by the continuous stretching forward of the tongue during the inhalation, on which Rokitansky lays considerable stress, in order that the inhaled substance might reach the air-passages. It appeared to be partly due to the fact that the benzoate of soda acts as an excitant on the mucous membrane of the stomach, in so far as it reaches it by the inhalations through the œsophagus, and so onwards. Guttmann has observed in one case, on *post mortem* examination of a phthisical patient who had inhaled benzoate of soda quite up to the end of his life, a recent and general capillary congestion of the mucous membrane of the stomach. In the *post mortem* examination of nine phthisi-

cal patients, who had inhaled benzoate of soda, nothing was found in the pathological condition of the lungs which in any way indicated the commencement of a healing process. There was generally an extensive phthisical change, with cavities filled with fluid pus. In one case of left-sided pneumothorax, there was a perforated cavern. Two phthisical patients, who had for several years shown no symptoms of hæmoptysis, were attacked freely with hæmoptysis after inhalations. These researches, therefore, carried on during the same period, in the same manner as those which were published from Rokitansky's clinique, are in absolute and complete opposition to them.

Dr. Wenzel reports also ten cases of phthisis, treated at the Charité Wards at Berlin, under Professor Waldenburg, with benzoate of soda inhalations, under similar conditions to those of Dr. Guttmann. He also reports, as the result of treatment, that neither in the more severe nor in the lighter cases was any direct effect produced on the phthisical process. There was not once even any symptomatic or palliative improvement. Four of them ended fatally during the three or four weeks in which the treatment was being carried on. There was no effect upon the febrile process, nor was the appetite improved. The inhalations for the most part were well tolerated, except that in two cases they produced slight nausea and vomiting; and many of the patients complained of the inconveniently long inhalations. On the whole, the results of the experiments in Dr. Waldenburg's wards were not at all more favourable than that of the other cases.

In the last number of the *Wiener Medizinische Wochenschrift*, Professor Drasche reports, from the General Hospital at Vienna, the results of his employment of benzoate of soda in twenty cases, and these results are equally disappointing. The effect of the benzoated inhalations appears to have been quite without palpable influence upon the well-being of the patients. Six out of the twenty died; three of them were on the point of death; six were neither better nor worse; and, altogether, the results were entirely hostile to those announced by Rokitansky and Kroczak. Moreover, Drasche observed one very significant case, in which, at the beginning of the benzoate treatment, the larynx was quite intact, but, under the continuous inhalations, reddening and swelling of the vocal cords commenced under his eyes, went on to hoarseness, infiltration, and, finally, ulceration on both sides, notwithstanding the continuous moistening of the larynx by this pulverised solution of the benzoate of soda. This fact is, he observes, a very significant comment on the theory, that physical ulcerations are due to the excessive development of the infective bacteria, which benzoate of soda is supposed to destroy. The whole question of the application of disinfectant inhalations to the lung is treated, in its historical relation, in Waldenburg's book, *Die locale Behandlung der Krankheiten der Athmungsorgane;* and it is, of course, one of the oldest and most obvious methods of treating lung-disease. As to the physiological action of benzoate of soda, apart from its antimycotic power, for which it was recommended by Klebs and employed by Schüller and Rokitansky, in this instance it may be observed that Salkowski, who, in 1875, first called attention to the antiseptic action of benzoate of soda, points out now, in Virchow's *Archiv* (vol. 78, part 3), that the elimination of nitrogen appears to be considerably increased by it, and that an increase of the destruction of the albuminoids of the body is caused. The increased excretion of nitrogen extended to five *grammes* daily; and, in the course of a week, by a continuous use of high doses of benzoate of soda, a loss of one *kilogramme* of muscle would be caused. These exact researches put Rokitansky's observations of an increase of body-weight, in certain of his phthisical patients, in a special light; since it is clear that, if such increase occur, it must be rather as the consequence of the improved nutrition of the patients after being taken into hospital from poor homes, than of any arrest of the tubercular disease, which does not seem to be affected by the benzoate of soda, or of any direct action of benzoate on the body; for such action would evidently be in an opposite direction.

ABSORPTION BY GRANULATIONS.

THE idea that granulations are good absorbing surfaces is one which few at the present day would be disposed to entertain. For it has been generally supposed that, as soon as a wound had granulated, the patient was free from any further danger of absorption of noxious materials; and those cases in which symptoms of blood-poisoning supervened after this period were supposed to have received the poison before granulation was complete. And yet, several facts have been for some time known which demonstrate that some substances at least may be introduced into the circulation in this way. Thus Bonnet, in 1852 (*Gazette Médicale de Paris*) confirmed the observations previously made as to the absorption of strychnine by granulating wounds; and he further pointed out that the same was the case with iodine, more especially when applied in the form of an ointment.

The paper just published on this subject by Dr. Hack (*Deutsche Zeitschrift für Chirurgie*) furnishes many new facts of the greatest interest and importance. He was led to his investigation by the following circumstance. A patient was admitted, under the care of Professor Maas of Freiburg, with a very large prostatic abscess, which had burst into the rectum. This was followed by pyæmic abscesses in various parts of the body; the patient soon became extremely weak, and it was found impossible to administer food or stimulants by the mouth. Under these circumstances, Professor Maas determined to introduce stimulants into the abscess cavities, in the hope that they might be absorbed. Camphor-wine was accordingly, from time to time, injected into several of the abscesses; and, a few minutes after each injection, the marked improvement in the pulse showed that absorption had to some extent taken place. In a few days, the patient regained his appetite, and was ultimately completely restored.

The chief questions which Dr. Hack has attempted to answer are: What is the absorptive power of granulating wounds at different periods, as compared with that of freshly cut surfaces? Does the form in which the substance is applied, or the manner in which the wound has been treated, affect the result? A large piece of skin having been removed from the back of a dog, a suitable dressing was applied; and in four days, granulation being then complete, this wound was tested as to its absorbing power. Two classes of substances were used, viz., such as could be found in the urine—as ferrocyanide of potassium, salicylic acid, sulph-indigotate of soda; and such as showed their presence by the production of constitutional effects—as pilocarpin and apomorphia. Applied in the form of solution to a sore four days old, treated with water-dressing, the ferrocyanide appeared in the urine in seventeen to twenty minutes; while the same substance, applied in solution to a freshly cut surface, was detected in fifteen minutes. When used, however, in the form of ointment, it was absorbed much more rapidly; and this was still more marked when the salt was sprinkled over the wound in the form of a powder. A similar result was obtained when pilocarpin was employed, the ointment and powder producing constitutional effects more quickly than when applied in the same quantity to a freshly-cut surface of the same size. Apomorphia was absorbed from wounds thus treated only during the twelve hours immediately after their infliction. As the wounds became older, it was found that, though the first traces of absorption of the ferrocyanide could still be detected about the same period as in those four days old, yet no marked precipitate could be obtained in the urine till some minutes later. That this diminution in the quantity absorbed in a given time depended on the smaller extent of absorbing surface, and not on any alteration in the granulations, was shown by comparing old wounds with portions of more recent wounds of the same size. Chloride of zinc, applied in an 8 per cent. solution, at once arrested absorption by the granulations. This was also very much diminished by the use of alcohol. Sloughs, caused by the application of strong carbolic acid, absorbed with extreme readiness. Glycerine also aided absorption. Where the wounds were treated antiseptically, very remarkable results were obtained. Granulating wounds thus treated absorbed both more rapidly and in larger amount than even freshly cut surfaces; and substances such as apo-

morphia, which could not be taken up by wounds treated by water-dressing, produced their physiological effects with great rapidity in this instance. Even after the removal of these dressings, about two days elapsed before the granulations assumed the characters of those treated from the first with water-dressing.

The importance of these facts cannot well be overrated; and it is to be hoped that, attention being thus directed to this subject, more exhaustive investigations will soon be forthcoming. More especially is it necessary to repeat these experiments with putrid substances; for, if it be the fact that granulating wounds, treated antiseptically, can absorb putrid materials more readily than freshly cut surfaces, the practice which some adopt of only treating such cases as compound fracture antiseptically till granulation is established, and of then applying septic dressings, must be dangerous. Dr. Hack, indeed, states that he has observed that erysipelas is especially apt to attack granulating wounds which have been treated antiseptically, if the antiseptic dressings be left off while these wounds are still of large size.

MR. SPENCER WELLS has received the Diploma of Honorary Fellow of the Physico-Medical Society of the University of Moscow.

DR. FREEMAN J. BUMSTEAD, the eminent syphilographer of New York, died in that city on November 28th, of ascites.

THE next meeting of the Obstetrical Society will be held not on the first but on the second Wednesday (14th) in January.

THE President and Council of the Harveian Society of London have issued cards for a *conversazione* on the evening of January 8th, at the Stafford Rooms.

WE have been asked to state that it has not, at any period during the present vacancy, been Mr. Johnson Smith's intention to become a candidate for the post of Port Medical Officer; and that he is not likely, under any circumstances, to compete with the many eligible and experienced applicants already in the field.

DR. LIONVILLE, professor *agrégé* of the Faculty of Medicine of Paris, and one of the most distinguished of the medical members of the French Parliament, is at the present moment, we learn, engaged in the study of the administrative regulation of vaccination and its compulsory enforcement.

THE resignation by Dr. Percy, F.R.S., of his appointment at the School of Mines is announced. This eminent physician and chemist is one of the pillars of the institution, as perhaps the most distinguished metallurgist of this country. We regret to hear it reported that this resignation is due to official interference with his duties.

AT a quarterly court of Addenbrooke's Hospital, Cambridge, the Lord-Lieutenant (Mr. Townley) presiding, Mr. W. M. Shann of St. George's Hospital was elected house-physician, in room of Mr. J. K. Fowler, resigned. The question of increasing the number of physicians was ordered to remain in abeyance pending certain changes in the University. The subject of requiring the medical students to pay fees to the hospital was considered; but, on a motion for referring the matter to a committee, an amendment was carried, by twenty-two votes to twelve, to proceed to the next business.

WE have heard with regret that Dr. Otis, the surgical historian of the War of the Rebellion in the United States, has been seriously ill. It is satisfactory to know that, by the latest accounts, his health has somewhat improved. It would be an immense scientific loss if Dr. Otis were prevented from adding to the first and second parts of the history, which have been so admirably executed, the third part, on which he has long been engaged, and thus of accomplishing the great task he has undertaken of gathering together all the records of the surgical experience gained during the severe and protracted struggle of the great American civil war.

THE County-Court Judge at Exeter (Mr. M. Fortescue) has decided that a set of artificial teeth were not "necessaries" for a farmer's wife, and nonsuited a dentist who had supplied them in the absence of any expressed authority from the husband.

SPLENDID MUNIFICENCE.

THE London Hospital has, we are informed, received a splendid Christmas-box in the shape of an anonymous contribution of £5,000 to the funds of that charity. The enclosure was left by a lady at the porter's gate in an envelope, addressed to the secretary, and without any further information.

THE EMPRESS OF RUSSIA.

OUR correspondent at Cannes writes:—I learn to-day from a most authentic source the good news that the Empress is daily gaining strength, and may now be considered to be in a fair way of improvement. The Empress had in the first instance been suffering from an attack of pneumonia, with the characteristic consolidation of the lung. Upon this supervened an attack of pleuritic inflammation but happily without effusion. The fever has now subsided, and the Empress is gaining strength.

THE LAMBETH M.D. DEGREE.

THE Archbishop of Canterbury has conferred the degree of M.D. upon Mr. James Rogers, M.R.C.S., and L.S.A., of Swansea. Mr. Rogers is, we believe, a respectable practitioner, and was formerly mayor of the town; and his friends, we see, are now raising a subscription to defray the stamp-duties and office-fees, amounting to about eighty guineas, and also to present him with the hood and gown of a Doctor of Medicine of Oxford; for it appears that the recipients of a Lambeth degree are entitled to wear the robes of the corresponding degree at that university at which the Archbishop has himself graduated. In these days, when so much is being done to raise the standard of medical examinations, when diplomas and degrees are so carefully sifted, and when so many are anxious to obtain the right to style themselves "Doctor", this relic of mediævalism might, we think, be abolished. In the present instance, it is difficult to discover what professional grounds were urged for so special and outlandish a proceeding. The degree is hardly one to be proud of; and we cannot imagine how a practitioner who possesses the respectable diplomas of examining bodies, which test the proficiency of those who apply to them, should care to wear the peacock feathers of Lambeth, which have no meaning, but which represent rather a burlesque than the reality of a professional honour. A Doctor of Medicine nominated by a bishop is an anachronism, and serves rather to point an ancient and monkish moral than to adorn any nineteenth century tale.

LES FEMMES QUI FUMENT.

Dr. DECAISNE has made a communication to the French annals of public medicine on this subject. In 1864, he studied the intermittence of the beating of the heart and pulse as a sequel to the abuse of tobacco-smoking. He observed, in the memoir read to the Académie des Sciences, that if one consider, first, that none of the subjects submitted to examination were attacked by any organic lesion of the heart; second, that the majority of them were not in the conditions of health which favour the production of intermittence of the beating of the heart; third, that it sufficed, in nine of these individuals, to suppress the use of tobacco to see the heart return to its normal rhythm; that the following conclusions will not be considered premature. The abuse of tobacco produces, in certain subjects, a state which may be called nicotism of the heart, and which is translated by intermittence in the beating of the heart and in the pulsations of the radial artery. It is enough, in certain cases, to suspend, or at least to reduce, the use of tobacco in smoking to see the irregularity in the functions of the heart disappear entirely or diminish. In 1864, Dr. Decaisne related cases of thirty-eight young people, in twenty-seven of whom the effects of tobacco on the economy were observable, especially in cardiac affections, palpitations, and intermittences. He terminated his work by saying

that, whatever conditions may be perceived in ascertaining in adult subjects the pernicious effects of tobacco-smoking, they are incontestable in children. Even the restricted use of tobacco in children leads often to a change in the blood, and sometimes to chlorotic anæmia, paleness of the face, emaciation, morbid sounds in the carotid arteries, palpitation and intermittence of the heart, diminution of the normal quantity of the blood-corpuscles, difficulty of digestion, etc. The ordinary treatment of anæmia and of chlorotic anæmia produced no effect in general whilst the habit is continued. Young people who smoke show generally a certain sluggishness of intelligence, and a more or less pronounced taste for strong drinks. In children who cease to smoke, and who are not affected by any organic lesion, the disorders of the economy which have just been mentioned disappear, often very quickly, and almost always without leaving any trace. Since 1865, Dr. Decaisne has commenced to examine the effects of tobacco on women. He has observed forty-three women, who present symptoms arising from this source, including intermittence of the pulse, disorders in the menstruation and digestion; and he has arrived at the same conclusions as he arrived at in 1864. He adds that the effects of tobacco-smoking in women appear to him to resemble very closely those which he observed in children; that in a certain number of them, as among children, even in a relatively small dose, tobacco leads promptly to the symptoms of anæmia, as well as intermittent pulse, and develops for the most part a pronounced taste for strong drinks.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE Library of the College will be closed on Monday, the 5th instant, on account of the number of candidates for the primary membership examination, to be held that day, being greater than can be accommodated in the theatre. This will be the first time the examination will be conducted according to the new regulations, under which anatomy and physiology are to be considered separate subjects. Judging from the number of candidates entered for this examination, which we understand is considerably above the average for a January examination, the change seems to have found favour with the schools, notwithstanding the loud protestations made against it last summer, when the scheme was carried, by some eminent members of the Council. There will be two written papers—one on physiology, the other on anatomy—for each of which there will be allowed two hours, with an interval between. Each paper will contain six questions, of which any four, but not more, are to be answered. At the *vivâ voce* examination, each candidate will be examined for a quarter of an hour on anatomy, and for the same time on physiology; so that he will have only two tables to be examined at instead of three, as was the case formerly.

MEDICAL SOCIETY OF LONDON.

THE Lettsomian Lectures will be delivered by Mr. W. F. Teevan, B.A., F.R.C.S., on Mondays, January 5th and 19th, and February 2nd, at 8.30 P.M. The subject will be "The Treatment of Stricture of the Urethra, Enlarged Prostate, and Stone in the Bladder, with special reference to recent progress".

PATHOLOGICAL SOCIETY OF LONDON.

THE following is the list of officers and council proposed for election for the year 1880. The gentlemen whose names are marked with an asterisk (*) were not on the Council or did not hold the same office during the preceding year. *President:* Jonathan Hutchinson. *Vice-Presidents:* *G. Buchanan, M.D.; G. Harley, M.D., F.R.S.; J. E. Pollock, M.D.; H. Weber, M.D.; C. Heath; T. W. Nunn; *J. A. Salter; S. W. Sibley. *Treasurer:* J. W. Hulke, F.R.S. *Honorary Secretaries:* *J. F. Payne, M.B.; W. M. Baker. *Council:* T. Barlow, M.D.; *E. B. Baxter, M.D.; S. Coupland, M.D.; *Sir J. Fayrer, K.C.S.I., M.D.; W. S. Greenfield, M.D.; J. P. Irvine, M.D.; *W. M. Ord, M.D.; F. Taylor, M.D.; *T. T. Whipham, M.B.; John Williams, M.D.; *J. N. Davies-Colley; R. J. Godlee; J. W. Haward; H. G. Howse; *Joseph Lister, F.R.S.; J. McCarthy; W. Mac Cormac; W. B. Kesteven, M.D.; W. J. Smith; W. W. Wagstaffe.

BADER V. GORDON.

MR. BADER writes further on this matter:

On December 27th, page 1033 of the JOURNAL, you state: "Where binocular vision still exists, the patient should be amply warned", etc. My case-book clearly shows that Mr. Gordon had all the attributes of binocular vision *except* the power of reading, and that this was the very reason why the treatment of the cataract was advised. Mr. Gordon did not go home alone; what are your motives for stating that he undertook a journey the next day? Did you wish to assist a member of the Association?

Our "motives" are, of course, to further the discussion, on public and professional grounds, of questions of no small therapeutic importance raised by an action at law reported in the public papers. The question of "membership of the Association" is foreign to the subject.

PRISON EPIDEMICS.

ACCORDING to the *Louisville Medical News*, two hundred and eighty-nine prisoners in the penitentiary at Frankfort are ill of diarrhœa. A communication between the drains and the water-supply is supposed to have been the cause.

HEREDITARINESS.

A PRIZE of £200 has been offered by the Rev. E. Wyatt Edgell, through the Sanitary Institute of Great Britain, for the best essay that may be sent in by August 1st next, on "The cause of Hereditary Tendencies in Health and Disease". Dr. B. W. Richardson and Dr. W. Farr are appointed adjudicators of the prize.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.

THE annual general meeting of this Association for the election of officers and council for the ensuing year, and for transacting the usual business, will be held on Wednesday, January 28th, at 4.30 P.M. The following is a list of the names of gentlemen recommended by the Council to be appointed to the offices named below. *President:* W. A. N. Cattlin, Esq. *Vice-Presidents:* J. A. Baker, Esq.; Samuel Cartwright, Esq.; Alfred Coleman, Esq.; John Smith, M.D., F.R.S.; *S. J. A. Salter, Esq., F.R.S. *Treasurer:* T. Edgelow, Esq. *Honorary Secretary:* J. Hamilton Craigie, Esq. *Council:* *Edward Bartlett, Esq.; S. Hamilton Cartwright, Esq.; J. Fairbank, Esq.; F. Fox, Esq.; W. Donald Napier, Esq.; George Parkinson, Esq.; W. G. Ranger, Esq.; *Augustus Winterbottom, Esq. An asterisk is prefixed to the names of those not holding the same office the preceding year. The Fellows of the Society and their friends will dine together in the evening at the Langham Hotel, at seven o'clock, on which occasion Mr. Samuel Cartwright will preside.

THE SEASON IN ITALY AND THE SOUTH OF FRANCE.

MR. J. A. GOODCHILD writes to us from Bordighera on December 21st:—Thinking that you may be glad of some information regarding the health-resorts of Italy and the South of France at this season of the year, I venture to send the following particulars. Weather has been very severe over the whole extent of central and southern Italy, snow falling as far south as Palermo as early as the 19th of November. During the present month, Florence has been thrice visited by the same infliction—on one occasion to the extent of a fall six inches in depth. At Milan, the inhabitants say that they have to go as far back in their records as the year 1832 to parallel a fall which I have heard variously estimated at from two to five feet in thickness. At Lyons, which, although upon the north side of the Alps, is yet a long way upon the road from England to summer climes, they have had 26° Fahr. of frost. The Riviera has not escaped; for, after an exceptionally sunny and warm November, the present month commenced with a fall of snow upon the 1st, which was heavier at Mentone and its neighbourhood than at other points upon the coast. This was followed the same night by a frost of 2°, but which was sufficient, in conjunction with the snow, to destroy the masses of heliotrope, salvia, and geranium which were in bloom in the gardens, and also to seriously damage the lemon-crop in exposed situations. The snow melted on the 3rd, and

since that date the weather has been sunny and warmer than usual at this season of the year, the temperature having reached 60° Fahr. in the shade more than once during the last week at Bordighera. From Hyères come reports of violent winds, as also from Marseilles; but we have not felt them here. Villas are hard to let this season all along the coast; but at Cannes the hotels are doing well. The Empress of Russia, who has taken a great dislike to the place, is still too unwell to leave, though special trains have more than once been prepared for her departure. Mentone and San Remo are both doing fairly well; whilst Bordighera, owing to the presence of the Queen of Italy, is unusually full. The Queen, who arrived in a very feeble state and had to be lifted into her bath chair, is much better, and both drives and walks out daily. She was to have left upon the 18th, but now states that, unless positively obliged, she shall not move until the end of January.

FACTORY BILL FOR INDIA.

THE text of the Indian Factory Bill, and the official statement of its objects and the reasons which have induced the Governor-General in Council to cause such a Bill to be proposed, are now published in India. We find that an important step is at last proposed to be taken, in the direction of conferring upon our Indian artisans some of those benefits which the sagacious benevolence of Lord Shaftesbury has procured for our own operatives. We see with some anxiety that the application of the Act will be at the option of the local governments, and think that a certain number of the more important industrial centres should be scheduled to come at once under its working, power being retained to extend its operations to such other places as may hereafter seem to require them. It is, we learn, intended to ask the Parliamentary Bills Committee to urge upon the authorities the necessity of such a Bill becoming law without further delay. The following is the official statement of objects and reasons for the Bill.

"The subject of the regulation of labour in factories has been for a long time under discussion, and there has been much difference of opinion regarding it. The Governor-General in Council, having now considered the different views that have been put forward and the various suggestions that have been made, has come to the conclusion that the legislation to be undertaken at present should be restricted to the following points; namely: 1. The determination of the age at which children may be employed; 2. The limitation of the hours of labour for children and young persons; 3. The prohibition of the employment of children and young persons on certain dangerous work; 4. The fencing of dangerous machinery; 5. The reporting of accidents; and 6. The appointment of Government inspectors. The present Bill has been prepared on these lines, and will apply only to those parts of British India to which it may be extended by the local Governments with the previous sanction of the Governor-General in Council."

DR. FARR.

THE announcement which we made last week of the appointment of Mr. Sclater-Booth's private secretary as Registrar-General over the head of Dr. William Farr, whose thirty years of service as Deputy Registrar-General presents so splendid a record of service to the nation, and of Dr. Farr's consequent resignation, has been confirmed by the publication of Dr. Farr's letter to the Treasury, in which he announces his resignation and states the ground of it. No doubt a pension of the full value of the very moderate salary attached to the post will be accorded. We feel authorised to say, however, that the general medical profession will regard with great pain and regret the loss which the country suffers in the retirement of Dr. Farr under such unpleasant circumstances. More than any other man, perhaps, in Europe, Dr. Farr has contributed to the creation of definite, well-shaped, and instructive vital statistics. He has not only done work for the State of the highest quality and productiveness—work which has been the basis of health-legislation and of progressive sanitation throughout Great Britain—but he has been the cause of similar work in others both in this country and abroad. All Europe has adopted his methods, his formulæ, and his system of tabulation and periodic report, and America is now closely following the same type. Dr. Farr's services have been so exceptional, and his merits as a public servant so far transcend the routine services of even the ablest men, that it may be hoped that some signal mark of favour will be shown on the occasion of his retirement from office. On the other hand, his rare combination of administrative capacity, mathematical attainment, medical training, logical deduction, and picturesque statement, remain ripened and unimpaired by years; and his loss to the active service of the country is one which it is difficult to overestimate and impossible not to deplore.

CHOLERA IN JAPAN.

THE following note is sent to the United States National Board of Health from Hon. W. M. Evarts, Secretary of State, and published in their *Bulletin* of December 6th.

"Referring to previous correspondence on the subject, I have to inform you that it appears from recent despatches received from Mr. Bingham, the Minister of the United States to Japan, that official reports of Asiatic cholera in that empire show that the total number of cases, from the commencement of the epidemic in April last up to the 11th of October, was 153,486, of which number 86,644 proved fatal; and that subsequent official returns of the whole number of cases show that, up to the 21st of October, 156,204 persons were attacked during the prevalent epidemic, of whom 89,702 have died of the disease, being a mortality of 57.43 per cent. of the whole number of cases; and that it is also reported that the epidemic had virtually ceased throughout the empire. Mr. Bingham expresses the opinion that the number of deaths by the disease would have been much less if the Government of Japan had been aided, instead of being resisted, by certain foreign powers, in its endeavour to prevent the spread of the contagion by land and maritime regulations; and says that it affords him gratification to know that the efforts of the Government of Japan to save the people of tha empire from the pestilence were seconded by this Government."

A SAD STORY, IF TRUE.

THE followiug story has recently reached the *Statesman*.

"Dr. Dumbleton, a young surgeon from St. Bartholomew's Hospital, who only arrived in India to join the Indian Medical Service last March, was recently ordered to proceed to Peshawur. From Peshawur, Dr. Dumbleton proceeded in medical charge of a draught *en route* to join the Kuram Valley force. Being but an indifferent horseman, he was much galled by his long ride. In addition, he suffered from a severe attack of fever, and, when on the march, his detachment met the 13th Bengal Lancers. The medical officer in charge of that regiment told Dr. Dumbleton that he was in an utterly unfit state of health to proceed; he also provided him with a pair of drawers. Thus relieved, poor Dr. Dumbleton managed to push on to Ali Kheyl. Here he went to a staff officer, who saw from his miserable appearance that he was quite unfit to go further, and he said that he would make arrangements for some other surgeon to go on with the detachment. The poor lad went to his tent, threw himself down in his clothes, and fell asleep. Early next morning, an officer of his detachment went to his tent and said, 'Come, Dumbleton, it is time to get up; we must be off'. Dr. Dumbleton replied that he was utterly unfit to go on, as he was so ill, and that arrangements had been made for another surgeon to take his place; and the officer left him. Dr. Dumbleton appears to have been a very sensitive young fellow, and he feared he should be accused of pretending to be worse than he really was. After a short time, the officer of his detachment returned, saying that no arrangement had been made for another surgeon to go with them, that they could not march without one, and that go he must. Dr. Dumbleton replied that he could go no further, adding, 'By God, I am not shamming'; and the officer again left Dr. Dumbleton in his tent. He had only gone a few yards when he heard the report of a pistol, and, rushing back to Dr. Dumbleton's tent, he found the poor young fellow dead, with a revolver beside him."

IMPROVING THE RACE.

À PROPOS of the Smithfield Cattle Show, and in a rather antastic leader, the *Times* broaches this delicate though important subject by observing that, with a suitable dignity and even magnificence, there was last week exhibited in this metropolis the splendid and convincing illustration of a fact which has a high part in the course of this world. The virtue of breed, whether in man or in the creatures by which he is immediately surrounded, is maintained as the basis of our Constitution at Westminster, but appeals to our senses at Islington. It is found possible not only to produce cows and sheep and pigs that are models of perfection in their respective ways, but to reproduce them to

almost any number with an approach to certainty. It is a trite comment, but continually enforced by fresh experience, that what we do with these poor beasts we can do with mankind. The moral of the Smithfield Club Show is invaluable in its application to the meritorious and necessary classes that do the work of this country, whether in country or in town, whether in the field or in the workshop and factory. If we can make beeves, sheep, and pigs yield the greatest possible quantity of the best possible meat, surely we can do something to make our labourers and artisans yield the most possible work with the least possible pain and injury to themselves. We all have our ideal of a British labourer or working man. But we are all painfully aware how few of the class fulfil the ideal. The present show demonstrates the possibility of improving a living breed up to a required perfection. Of course, there are special difficulties in the application of this process to reasonable beings with wills of their own and rights of their own. Yet much can be done, and much has to be done. Our population may be increasing, but it does not keep pace with the numerous drains upon it and our national requirements.

SCOTLAND.

THE governors of Anderson's College, Glasgow, having given their consent, a provincial matriculation examination of the University of London will be held there this month.

REGISTRAR-GENERAL'S RETURNS.

ACCORDING to the report of the Registrar-General lately issued for the week ending December 13th, 1879, it appears that the death-rate in the eight principal towns of Scotland was 28.0 per thousand of the estimated population. This rate is 1.9 above that for the corresponding week of last year. The lowest mortality was recorded in Greenock—viz., 16.9; and the highest in Paisley—viz., 46.8. The mortality from the seven most familiar zymotic diseases was at the rate of 3.6 per thousand, being slightly above the rate recorded for last week. The increase can only be attributed to the deaths from whooping-cough, which was rather prevalent in Glasgow. Acute diseases of the chest caused two hundred and forty-three deaths, being an increase of sixty-six on the number recorded during the previous week. The mean temperature was 32.7, being 5.6 above that of the week immediately preceding.

THE WEST OF SCOTLAND BRANCH.

A MEETING of the members of this Branch of the Association was held in the Faculty Hall, on the afternoon of December 19th, 1879, and there was a large attendance of both town and country members. The chief subject discussed at the meeting was the Relation of Croup and Diphtheria. The discussion was opened by a paper from Dr. Russell, Medical Officer of Health for Glasgow, in which the matter was presented from the point of view of statistics; and he was followed by several members, some upholding strongly the unity of the two diseases, while others were equally emphatic as to their being distinct and separate affections.

THE HEALTH OF GLASGOW.

FROM the report of the Medical Officer for the fortnight ending December 13th, it appears that the death-rate was 28 in place of 19 per 1000 living. The chief point of interest in connection with the report is the large increase in the number of deaths from pulmonary diseases, these amounting to 270 in place of 136, representing a death-rate of 12 in place of 6 per 1000 living, and constituting 44 per cent. in place of 33 per cent. of the total deaths. In his remarks, Dr. Russell points out that there probably never has been an increase, which, on very little investigation, proved so obviously and so purely to be climatic in its origin. The fortnight was preceded by a week of low temperature, and itself showed an average temperature of only 32°, while almost without intermission there prevailed a dense fog. In no former period is there any record of such a rapid rise in the pulmonary mortality as this, from a rate of 6 per 1000 to one of 12 per 1000. From the mortality tables of the city of Glasgow for the quarter ending September 30th, it appears that of the twenty-four statistical sub-divisions into which the city is divided, those which show the five lowest death-rates are—Kelvinhaugh and Saundyford, 11; Woodside, 13; Blythswood, 15; Exchange, 15; and St. Enoch Square, 15. Those which show the five highest death-rates are—St. Andrew's Square, 31; Bridge Square and Wynds, 29; High Street and Closes (West), 27; Calton proper, 24; and Gorbals, 24.

FEMALE INFIRMARY MANAGERS.

A PETITION is being signed in Edinburgh to two ladies, asking them to allow themselves to be nominated as managers of the Royal Infirmary, Edinburgh, at the approaching election in January, by the Court of contributors. The petition states that, as nearly one-half of the patients are female and the nursing-staff entirely so, the petitioners think it right there should be some female managers.

DESTITUTE SICK SOCIETY, EDINBURGH.

THE annual meeting of the Destitute Sick Society was held in the Saloon of the Royal Hotel, Edinburgh, on December 19th. There was a good attendance. From the report, it appears that, owing to the increase of destitution, the funds spent exceeded the income by £674, the expenditure having been £2,880 and the income £2,205. The deficiency had been met by the sale of some stock, a proceeding which the managers thought justified by the exceptional circumstances of the year. There had been a satisfactory increase of subscriptions, donations, and legacies during the year. Incidentally it was mentioned, by one of the speakers at the meeting, that the Society has spent on the destitute sick since it was inaugurated £116,313 11s. 6d. This, distributed in the judicious way adopted by the Society, must have done incalculable good.

CURIOUS CASE OF SUDDEN DEATH.

LAST week, a case of sudden death, which is curious from its surroundings rather than its cause, occurred in Edinburgh. On Tuesday, a man was found kneeling (dead), and with his back against the wall of the gallery staircase of the Theatre-Royal, Edinburgh (just after the severest part of the crush of the opening pantomime week). No injury was apparent externally. When found, his pockets had been rifled. The body was removed to the Royal Infirmary, and, on *post mortem* examination, death was found to have been due to rupture of an aortic aneurism.

UNIVERSITY OF ST. ANDREW'S.

AFTER a contest, which has been signalised by its keen character, Dr. B. W. Richardson has been re-elected Assessor of the University Council of St. Andrew's by a majority of 61 votes; the numbers being for Dr. W. B. Carpenter 481, for Dr. Richardson 542. This will be Dr. Richardson's third term of office as Assessor.

MONTROSE LUNATIC ASYLUM.

IN the annual report of the Royal Lunatic Asylum, Montrose, for 1879, it is stated that, during the year, there have been 573 patients under treatment, of whom 254 were men and 319 women. The average numbers resident daily were 207 men and 248 women, being 14 higher than in the previous year. There were 48 recoveries and 42 deaths, while 14 were relieved and 14 were not improved of those removed from the register. Of new admissions, two-thirds were considered as possibly curable, the remaining third being considered incurable; while one-third were in good health, one-third in indifferent health, and one-third in bad health. Nine were epileptic, four had general paralysis, and eight had cardiac disease. Seven of them were between seventy and eighty years of age and two between eighty and ninety. A much larger proportion of cases had been sent from Shetland and a much smaller proportion from the county of Kincardine than previously. The percentage of recoveries on the admissions during the year was 38.4. This percentage, of course, varies much, according to the nature of the cases admitted: thus, in 1874-75, it was as low as 23; while in 1875-76, it rose to 57. Of 4,471 admitted since the opening of the asylum, 35 per

cent. have been discharged recovered. Owing to the inclement weather, diseases of the respiratory organs were common, as many as 13 cases of pneumonia having occurred. Important changes in the sanitary system of the institution have been carried out at considerable expense. The reports of the Commissioners in Lunacy, Drs. Sibbald and Arthur Mitchell, who visited the asylum, are satisfactory. The revenue for the year was £18,359 15s. 9d., and the expenditure £16,351 0s. 5d.

KIRKWALL MEDICAL OFFICER.

IT may be remembered that, in the JOURNAL some weeks ago, we referred to the action of the local authorities, in appointing the Rev. Daniel McNeill Medical Officer of Health for Holm, when, among other qualifications for the office, it was stated that he would do the work for half of the pay given to the previous medical officer, Dr. Bruce. The Board of Supervision has since then, in a letter, pointed out "that it was illegal to supersede the old medical officer without six weeks' notice". At a meeting of the Parochial Board, one of Mr. McNeill's supporters denied having ever stated that Mr. McNeill would do the work for half the pay. There was a lively discussion, which is said to have also been bitter, but the result was the reappointment of Dr. Bruce, of Kirkwall, as medical officer.

DRAINAGE OF MUTHILL.

MUTHILL, in Perthshire, which has recently had introduced into it a supply of pure water, is to be further improved by the introduction of a thorough drainage system. The sewage will be disposed of in the Wood of Muthill. Towards the expenses of the scheme, the Baroness Willoughby d'Eresby has subscribed £100.

ROYAL INFIRMARY, EDINBURGH.

THE excellent system of giving entertainments to the inmates of the Edinburgh Infirmary, during the Christmas season, is growing yearly. During the past week, there have been in various wards special "dinners" and "teas" provided for the patients by various of the physicians, surgeons, and kindly outsiders; while there have been several ward concerts, one of these (held in Dr. Brakenridge's ward) was of a high class, the "Messiah" being creditably rendered. In other wards, again, suitable articles of clothing are distributed.

HEALTH OF EDINBURGH, GLASGOW, AND LEITH.

THE mortality in Edinburgh last week fell to 21 per 1,000. Of 91 deaths, 35 were due to diseases of the respiratory organs; there were 8 deaths from zymotic diseases, of which 6 occurred in the Old Town. In Glasgow, the death-rate was 27 per 1,000, compared with 31 the preceding week and 36 during the same week last year. In Leith, the mortality was 21 per 1,000.

A KITCHEN CONCERT.

WHAT may now be looked upon as a time-honoured institution is the Kitchen Concert, given by the resident physicians and surgeons in the Edinburgh Royal Infirmary to their clerks, dressers, students, and friends, usually on the night preceding the Christmas holidays. One of the most successful of these (known, for brevity's sake, as a "K. C.") was held on Friday, December 19th, in the spacious kitchen of the new buildings, which was comfortably seated and a platform raised in it for the performers. Many of the lecturers were present, and about three hundred students. The concert consisted of solos, duets, and quartettes by various singers; solos on the violin, violoncello, and zitther. The *pièce de resistance*, however, at the "K. C". is the "Kinder Sinfonie", in which all the students take part with mimic instruments, and this was most successfully rendered. Professor Rutherford and Dr. Gillespie (consulting-surgeon to the hospital) were among the singers; the other performers being residents and students. A feature of previous "K.C.s" is now more honoured in the breach than in the observance; and that was the providing beer for the audience. The abolition of this custom is, we think, advantageous. Smoking, however, is freely indulged in, and the Kitchen Concert forms one of the pleasantest features of the winter session.

IRELAND.

HEALTH OF IRISH TOWNS.

FOR the week ending December 20th, the annual rate of mortality was unusually high in several of the larger towns in Ireland. For example, in Belfast, it was 40; in Cork and Galway, 45 each; and in Londonderry, 34 per 1,000 inhabitants respectively.

THE THRONE CONVALESCENT HOME AND CHILDREN'S HOSPITAL, BELFAST.

THE Children's Hospital and Convalescent Home, at the Throne (Antrim Road), Belfast, and which are in connection with the Belfast Royal Hospital, have proved very efficient helps to the working of the hospital since they became the property of the Board of Management. In the Convalescent Home, accommodation is provided for sixty patients, while the Children's Hospital is capable of receiving thirty-two patients. A Christmas-tree was presented to the latter institution by the ladies' committee last Monday, the gifts which it contained being distributed among the inmates.

DR. EVORY KENNEDY, D.L.

HIS Grace the Lord-Lieutenant of Ireland has been pleased to appoint Dr. Evory Kennedy, ex-master of the Rotunda Lying-in Hospital, a Deputy-Lieutenant for the county of Dublin. Dr. Kennedy retired from practice some years ago, and now resides in the neighbourhood of Dublin. He is an ex-President of the King and Queen's College of Physicians, and the founder of the Dublin Obstetrical Society.

HEALTH OF DUBLIN.

THE deaths registered in Dublin during the week ending December 20th, 1879, represented an annual mortality of 48.9 in every 1,000 of the population. This alarmingly high death-rate was mainly due to the number of deaths (98) resulting from diseases of the respiratory organs, which were more than double the average number for the fifty-first week of the ten years 1869-1878. The mean temperature was 2.4° under the average for the corresponding week of the same period of time. The number of deaths from zymotic diseases were also much over the average number for the fifty-first week of the last ten years; the deaths from measles (16) being more numerous than in any other week of the current year. The number of deaths (7) from whooping-cough was the highest weekly number from that disease registered this year.

HEALTH OF CORK.

DR. JOHN WALL, Medical Superintendent Officer of Health for Cork, in his report for the four weeks ending December 6th, states that the total number of registered deaths in that town amounted to 199; of which 51 were due to infectious diseases, whilst 181 births took place. The annual death-rate per 1000 inhabitants was equal to a ratio of 30.28 from diseases from every source; 8.48 from infectious maladies; 2.43 infant mortality; and a birth-rate of 29.92. Dr. Wall refers to the decided increase in the rates of the urban mortality; but he believes this to be entirely attributable to the prevalence of measles and scarlatina, which, as may naturally be expected, have materially added to the number of deaths due to infectious diseases. If, therefore, this item be set aside, the death-rate in the city from general diseases for the period referred to will amount only to 19.17 per 1000 of the population. He considers that the epidemic seems somewhat on the decline, and that there is every reason for hoping it may not be of much longer duration.

PRESENTATION.—Surgeon-Major Richard Allen, of the 3rd Royal Lancashire Militia, has been presented with a silver goblet by the members of the staff, inscribed "Surgeon-Major R. Allen, 3rd L.R.M., from the staff, in recognition of attention and kindness bestowed. Preston, December 1879".

SUGGESTIONS CONCERNING THE SCIENTIFIC WORK OF THE ASSOCIATION.

UNDER this head, Dr. Mahomed has forwarded to us a somewhat long but very interesting communication, for which we bespeak attention. The project is not novel, as it has been tried more than once by the Association and by some Branches with very little success; but we are induced to think that the growth of scientific habit, and the great extension of the number of medical men now addressed by the JOURNAL, afford at once a basis of larger expectation of success, and a more ready means of bringing his plans under notice by schedules in the JOURNAL, which would now reach pretty nearly the whole working profession in Great Britain, as there are very few active members of the profession in any corner of Great Britain or its colonies who are not now readers of the BRITISH MEDICAL JOURNAL.

After a short historical introduction, and exhortation to utilise the Association for combined professional work, which we venture to pass over, Dr. Mahomed continues:—What, then, are the proposals which may be offered as means whereby to utilise this great organisation for the advancement of the very best ends of the profession? They are, broadly speaking, designs to utilise the great bulk of the profession in furthering investigations which can only be made by their aid.

There are certain questions which individual workers can never answer by their own unassisted efforts, simply because the experience of any one man is not of itself sufficient upon which to found an answer; while the recorded observations by others are of no avail to him, because they have not been made with the purpose in view for which he may require them; they do not, therefore, contain the necessary material. Again, "general observations" made by any individual are not usually accepted as correct, because they may depend on the special idiosyncrasies of him who makes them; they often are not wholly impartial, but receive a certain colour from the mind of the observer.

There is still another circumstance which militates against the completeness of our present system of investigations in medicine; they are made almost entirely by those connected with our large hospitals, who are working as consultants and not as general practitioners. The previous history of our cases, and frequently their subsequent history, is but too little known; while such circumstances—involving the personal element in the history of disease—as the mode of life, home-surroundings, a knowledge of the family of the patient, and its medical history, are too little studied. The facts connected with these matters can only be supplied by the general practitioner; he could write for us, if he would, many chapters in medicine which have never yet been written, and of which the bulk of us must remain ignorant till, in the decline of life, after long watching, each begins to have shadowy and uncertain notions, which he forms for himself out of his own limited experience, but never ventures to put together or record as facts.

There are questions which come before us every day, apparently of the simplest nature, yet which no man appears able, from his own individual experience, to answer to anybody's satisfaction; but which would apparently readily be solved if a single year's experience of the members of the Association, or of a large proportion of them, could be obtained. Any number of such questions as these could readily be suggested, such as—Is a common cold contagious? Given that it may arise from causes other than contagion, has such a catarrh the power of propagating its like to others by means of contagion? If so, what is its period of incubation? what wide issues in pathology are involved in such apparently simple questions as these! Can whooping-cough, measles, chicken-pox, and scarlatina, be conveyed by a third person? How long is a person who has suffered from either liable to convey contagion to others? What are the mildest forms in which scarlatina, diphtheria, enteric and typhus fever, may manifest themselves in a person, and yet be able to produce their like or the more severe disease in others? Do the specific fevers always breed true, or have we any hybrids? What, if any, are the connections between diphtheria, erysipelas, puerperal fever, and perhaps scarlatina and pelvic cellulitis? What is the connection between chorea and rheumatism; are they inseparable? What are the connections, if any, between gonorrhœa, scarlatina, and rheumatism? Is there such a disease as rheumatic arthritis, and what is its connection with rheumatism and with gout respectively? What constitutional conditions are found associated with certain forms of skin-disease?

All these, and many other such, are constantly occurring to the mind of the practitioner, and upon all of them extensive general experience alone can throw light. The Council or a Committee of the Association might take in hand such questions as these; draw up a carefully guarded set of queries with regard to any one of them, asking only for facts and not for opinions; such queries might be placed by the Council of each Branch before its members, who should be encouraged in various ways to take interest in them at their meetings, and each one to contribute some few facts and cases from his own personal knowledge; these facts and observations would first be subject to local criticism, and then to that of the Committee directing the investigations. The result would be of the greatest value, and we should speedily obtain answers to various much disputed questions. Not only this, but a deeper scientific interest would be diffused throughout the profession in their work; small and apparently trivial facts would now become worthy of their observation, and many acute and thoughtful observers, whose observations are now wasted from want of time to collect and publish them, would thus be stimulated to preserve and record them. It would by such means be brought home to each man that he owed a duty to medicine as a science, which he was bound in honour to render in return for the privilege of using her as a trade.

That these remarks may have a practical result, one may venture to suggest what would appear to be a most profitable inquiry. The subject of temperaments and their relation to diatheses is one of the most warmly debated, the most commonly talked about, and the least scientifically established, of any with which we have to do, while at the same time it is perhaps the most important. The fact that such influences as race, hereditary taints, climate, mode of life, nature of food, and some other considerations, affect the mental and physical development of individuals, few surely can be found to deny. But, on the other hand, physical and mental development have much to say as to the class of diseases to which the individual is liable. If it so happen that several generations are subject to similar conditions, the modifications thus induced will be still more strongly marked, and so it comes that we have certain types formed, which are then called temperaments, and these again are thought to be associated with certain forms of disease, and persons are then said to be subjects of certain diatheses. Such views as these are consonant with all the most advanced teachings of science as to the origin of species, the differentiation of cells, and the transmission of hereditary tendencies. It is, nevertheless, true that many of our most distinguished physicians deny entirely the truth of the doctrine of temperaments, and stigmatise it as a gross superstition transmitted from the darkest ages. The facts, however, which were then affirmed, appear now to be none the less true, though the theories which sought to account for the facts observed have been long since exploded. Human beings cannot be regarded as masses of undifferentiated protoplasm, which, when subjected to certain conditions, will yield always the same phenomena; if they will do so, why will exposure to the same exciting cause produce in any group of persons such various results; in one, rheumatism; in another, lung-affection; in another, kidney-disease; in others, catarrh of the Schneiderian or of the gastro-intestinal mucous membrane? This question is too well known to need further remark here, more especially when far weightier evidence can be adduced from the highest authorities in its favour. The chief writer on the subject in modern times has been the late Professor Laycock ("The Physiognomical Diagnosis of Disease", *Medical Times and Gazette*, 1862), and his valuable teachings have perhaps never received the attention they merited; he quotes, in support of his doctrine, Dr. Rutherford, the first clinical teacher in the University of Edinburgh, who, in his opening lecture in 1748, speaks thus:—"'Tis evident the same diseases in different persons will produce different effects and symptoms, and require different modes of cure. From this reasoning and practice, he may be called a rational practitioner and physician." But he adds, "An empiric undertakes the cure of diseases in a much easier manner. He despises all learning, and practises by rote, and does not adapt the remedies to the nature of the disorder. He takes all his intelligence from their names, barely asking whether 'tis a fever, colic, etc., and, without considering the constitution of the patient and other circumstances, he gives medicine which he only imagines to be good in such and such disorders."

Of all that has been written on this subject, nothing perhaps is so philosophical and convincing as a paper on "Temperaments" by Dr. Wilks, in the *Guy's Hospital Reports* for 1868. He strongly confirms the observations of Professor Laycock, and insists upon the great practical value of this doctrine. Dr. Wilks indicates the future of medicine in the following prophetic words. "I do not pretend in these few pages to do more than insist upon the importance of the recognition of the temperaments, with the practical object of being able to arrest the peculiar tendencies to disease which each may present; for at the present time, when the medical man is tending to become the custodian of the public health, he has some other duty to perform than to recog-

nise the existence of disease; he is obliged to seek for its causes, and study the means of counteracting it. As the adviser of a family, and acquainted with all the peculiarities of its members, his profession has become one which is rather a study of mankind; he should be a physiologist in the largest and profoundest sense, including in the term physiognomist and phrenologist or psychologist."

If further evidence be required, it may be taken from the physiologists; such men will hardly be thought to be carried away by mere fancies, which have no scientific basis. Dr. Burdon Sanderson speaks as follows: "The doctrine of temperaments will, I confidently believe, be revived as soon as our newly born physiological pathology has developed to something like maturity; for it has been lost sight of, not because the ancients were wrong in imagining that different individuals had different temperaments, but because we are so in the habit of insisting on exactness of definition that we cannot content ourselves with the old generalities." (*Handbook of the Sphygmograph*, 1867.) Whether this time has yet fully come may perhaps be open to question; but, without waiting longer for further refinements, we still have the broad lines of our fathers to travel on, and we certainly have a better knowledge of the pathological conditions which they were supposed to indicate.

It is not necessary to quote more to support an appeal to the Association to devote its attention to the matter. Evidence may then be accumulated which will either place it on a firm foundation of well ascertained fact, or will once and for all destroy it. The plan which would appear likely to afford reliable results would be to appoint a committee, who would formulate and issue a set of queries, which might be answered by members at their leisure. They should request observations to be made, either on families who have a distinct hereditary tendency to disease or else on persons taken indiscriminately among their patients, whose family history is well known and can be accurately recorded. The observations should be confined entirely to matters of fact, and should in no case record opinions; they should chiefly consist in a careful description of the individual, which might be framed on some such model as the following, which is intended to suggest the points to be observed in an accurate description of a person, apart from the symptoms of disease. No doubt this might be much modified or improved upon; it is only intended as a temporary suggestion, indicating the lines by which we appear likely to arrive at the desired result.

Name; age; height; weight.

Cranium.—General conformation of head, long, round, square, broad, narrow, high, or low. If possible, 1. Greatest circumference measurements, such as: 2. Distance from one external auditory meatus to the other across the bridge of the nose; 3. Ditto, across occipital protuberance; 4. Ditto, across vertex.

Forehead.—Prominent, retreating, broad, narrow, high, low, or square.

Face.—General conformation—oval, round, square, long, or broad; Malar bones prominent. Lower jaw small or large; angle square or obtuse. Chin square, pointed, or rounded. Surface shrivelled, thin or fat, wrinkled or smooth, growth of hair upon it.

Eyes.—Colour. Prominent or deep set, widely apart or close. Pupils large or small, active or sluggish. Sclerotic pearly, blue, white, or tinged. Conjunctivæ vascular, œdematous, subconjunctival fat. Arcus senilis. Lower eyelid œdematous or discoloured.

Nose.—Aquiline, Grecian, straight, hooked, snubbed, thick or thin; alæ nasi compressed or dilated.

Mouth.—Lips thick, thin, straight, or curved; short or long upper lip; angle straight, or curved up or down.

Ear.—Large or small. Lobule large, small, thick, absent, or confluent. Pinna large, small, flattened, or expanded.

Neck.—Thick, thin, long or short.

Chest.—Shape—long, deep or broad. Rickety. Shoulders high, square, or sloping. Curvature of spine.

Limbs.—Small or large; long and delicate or short and strong. Rickety. Muscles firm or relaxed.

Fingers.—Short or long, broad or narrow. Nails oval, long, short, thick, or clubbed.

Skin.—Thick or thin; smooth, velvety, rough, or harsh; dry, moist, or greasy; fair or dark; hairy or hairless; vascular or bloodless; enlarged sebaceous glands; acne; dilated capillaries on cheeks or nose; Subcutaneous fat.

Hair.—Colour (by test-types). Thick or thin; coarse or fine; stubborn, straight, curly, or lank.

Teeth.—Thick and large or small and delicate; irregular, deformed, carious, or ground-down. Horse, rabbit, or buck teeth.

Signs of rickets or congenital syphilis.

To these observations might be added, if possible, sphygmographic tracings, vital capacity estimated by the spirometer, muscular strength tested by the dynamometer, and length of sight by test-types. It might be found possible to preserve such records as these permanently, and subsequently to add some notes of the medical life of the individual. A system of permanent medical supervision might in this way be established and encouraged, which would prove of the greatest possible value to scientific medicine, while it would also be of very great importance to the patient. An individual who has once been recorded might be furnished with a card bearing a number, by means of which a reference could be made to the record of his past medical history; or he might be a carefully filled up "medical sheet". In this way, a scientific "registration of disease" might be set on foot, which would ultimately prove a most obvious benefit to the community. Such a scheme as this would, of course, require many years to elaborate; the suggestion is only thrown out to indicate the direction in which such a movement as that now proposed for the acceptance of the Association, may ultimately lead; surely it is well worth the consideration of its members, and it may be hoped that those who go thus far will also be persuaded to lend their assistance.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE LEICESTER UNITED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.

AN advertisement in the *Leicester Daily Mercury* informs us that Mr. A. Grandison, M.B., of Dover, has been appointed Resident Medical Officer to the above Association, having consented to sign the agreement which Mr. Cope refused to accept. The same advertisement goes on to give an account of a "pleasing testimonial" which Mr. Grandison has received, in the shape of a valuable gold clock, as a parting gift from the officers of the Dover Union Workhouse. We trust he will have no reason to regret changing his masters.

SELF-SUPPORTING HOSPITALS AND DISPENSARIES.

SIR,—The scheme proposed by Mr. Burdett for self-supporting hospitals and dispensaries would secure the two main points that we have to aim at, namely, (1) good medical advice and treatment for the working classes on terms which they can afford; and (2) the reasonable remuneration of the medical men. So far it is excellent. But I doubt whether it is wise to start by assuming that there must always be an honorary fund made up of donations and annual subscriptions. We ought to try to devise a system which shall be wholly self-supporting. With this view, I would be inclined to make an alteration in the charges proposed by Mr. Burdett. Supposing that each in-patient costs twenty shillings a-week, I would charge the provident members fifteen shillings a-week for in-patient treatment, in addition, of course, to their regular provident payments; and I would charge those who were not members of the provident dispensary twenty-five shillings a-week. Provident members would, while they were in-patients, be under the care of the medical officer of the institution; other patients would, while they were in the wards, be visited by their own medical men and be charged ordinary fees. Thus the current expenses of the in-patient department would be met without an honorary fund, the profit upon the one class balancing the loss upon the other.

In our efforts to establish provident hospitals, with their affiliated provident dispensaries, we must look to the public for assistance in defraying the preliminary expenses. But, when these are met, we ought, I think, as far as possible, to raise the institutions above the need of voluntary contributions.

It is, I believe, upon some such principles as I have indicated, that the Battersea Provident and Self-supporting Hospital at Bolingbroke House, Wandsworth Common, is shortly to be opened.—Yours faithfully,

W. FAIRLIE CLARKE.

Southborough, December 1st, 1879.

M. B. A. A.—It is quite customary for medical men, who have private medical clubs or provident dispensaries, to have a code of rules printed for the information of members, or of those who are thinking of becoming members. These rules may be printed either on a separate sheet or on the card of membership. They should set forth the object of the club, the class of persons for whom it is intended, the scale of charges, the extras not included under the terms for ordinary attendance, the hours when the medical man receives such patients at his own house, the limits with regard to distance, and so forth. There is nothing unbecoming in having such a set of rules printed, or in circulating them wherever they are likely to be beneficial to the industrial class.