

Worleston, near Nantwich, and by the Rev. Foster Blackburn, M.A., Rector of the Parish, Rev. James David Home, only surviving son of the Rev. John Home, B.C.L., Rector of Bradley, Redditch, Worcestershire, to Sarah Jane, widow of the late Dr. James Whitworth, Tenby, Pembrokeshire.

**BATT—WAKE.**—On the 14th instant, at the Parish Church, Ecclesfield, by the Rev. E. H. Bucknall Escourt, M.A., Rector of Eckington, assisted by the Rev. Alfred Gatty, D.D., Sub-Dean of York and Vicar of Ecclesfield, and the Rev. Nathan Jackson, M.A., Vicar of Easingwold, brother-in-law of the bridegroom, Charles Dorington Batt, M.B.Lond., fourth son of the late Edward Augustine Batt, Surgeon, of Witney, Oxon, to Isabel, eldest daughter of Bernard Wake, Esq., Abbeyfield, Sheffield.

## DEATHS.

**BAKER.**—On September 9th, at his residence, No. 6, Gambier Terrace, Hope Street, Liverpool, John Copleston Baker, M.D., aged 43.

**CAMPBELL,** William, M.D., of Westbourne Place, Eaton Square, drowned at Redcar, on September 9th.

**DAVIES.**—On the 5th instant, in London, John Davies, M.D., late Surgeon Ebbw Vale Ironworks, Monmouthshire, aged 60.

**O'CONNOR,** William, M.D., Senior Physician to the Royal Free Hospital, at Upper Montagu Street, aged 68, on September 3rd.

**THOMSON.**—At 9, Burnbank Gardens, Glasgow, on the 7th instant, Noel George William, infant son of A. Tinning-Thomson, M.D.

**WILLIAMSON,** John E., M.D., formerly of Nantwich, at Grahamstown, Cape of Good Hope, aged 45, on August 5th.

**MEDICAL MAGISTRATE.**—Dr. Myrtle of Harrogate has been made a Justice of the Peace for the West Riding of the county of York.

**PUBLIC HEALTH.**—During last week, being the thirty-sixth week of this year, 4,140 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 25 deaths annually in every 1,000 persons living. The annual death-rate was 21 in Edinburgh, 17 in Glasgow, and 35 in Dublin. The annual rates of mortality in the twenty English towns were as follow: Bristol, 20; London, 20; Birmingham, 24; Plymouth, 24; Leeds, 27; Portsmouth, 28; Sheffield, 29; Bradford, 29; Manchester, 30; Hull, 30; Newcastle-upon-Tyne, 30; Oldham, 31; Norwich, 31; Brighton, 32; Nottingham, 32; Sunderland, 36; Wolverhampton, 38; and the highest rate, 39, in Liverpool; Leicester, and Salford. The annual death-rate from the seven principal zymotic diseases averaged 8.3 per 1,000 in the twenty towns, and ranged from 4.8 and 6.4 in London and Bristol, to 21.7 and 22.7 in Leicester and Salford. Scarlet fever showed the largest proportional fatality in Norwich, Salford, and Sunderland; and fever (principally enteric) in Plymouth, Portsmouth, and Sheffield. In London, 1,391 deaths were registered, which were 4 below the average, and gave an annual death-rate of 19.8 per 1,000. The 1,391 deaths included 5 from small-pox, 7 from measles, 55 from scarlet fever, 8 from diphtheria, 19 from whooping-cough, 18 from different forms of fever, and 223 from diarrhoea—being altogether 335 zymotic deaths, which were 17 below the average, and were equal to an annual rate of 4.8 per 1,000. The deaths referred to diseases of the respiratory organs, which had been 124 and 152 in the two preceding weeks, declined again to 124 last week, and were 18 below the average; 68 were attributed to bronchitis, and 38 to pneumonia. Different forms of violence caused 49 deaths; 37 were the result of negligence or accident, including 13 from fractures and contusions, 2 from burns and scalds, 13 from drowning, 1 of a labourer in East London from plumbism, and 5 of infants under one year of age from suffocation. —At Greenwich, the mean temperature of the air was 62° 8', and 4.0° above the average. The direction of the wind was variable, and the horizontal movement of the air averaged 8.1 miles per hour, which was 3.2 below the average. Rain fell on four days of the week, to the aggregate amount of 1.51 inches. The duration of registered bright sunshine in the week was equal to 29 per cent. of its possible duration.

**BEQUESTS, &c.**—Among various bequests for charitable purposes left by Messrs. Joseph and John Morrison, are—for the Glasgow Royal Infirmary, £500; Glasgow Asylum for the Blind, £300; Glasgow Eye Infirmary, £300; Glasgow Institution for Deaf and Dumb, £300; while by a codicil a third of the residue of the estate is left to Glasgow University. The West of England Sanatorium has become entitled to £1,000 under the will of Miss Fanny Brookman of Winscombe, and £2,000 further on the deaths of two persons therein named. The rector and churchwardens of the parish of St. Edmund the King and Martyr, trustees of the Long Charity, have given £1,000 to the London Hospital, £500 to the Metropolitan Free Hospital, and £250 each to the Charing Cross Hospital, the City of London Hospital for Diseases of the Chest, King's College Hospital, and the Westminster Hospital. The Dundee Royal Infirmary has become entitled to £100 under the will of Mr. Thomas Couper. The National Hospital for Consumption at Ventnor has received £90 under the will of Mrs. Margaret Caulfield Fisher. Lady H. M. Scott Beutinck has given £50 to the Hospital for Women. Mr. J. H. Good has given £50 to the building fund of the Home for Incurable Children.

## OPERATION DAYS AT THE HOSPITALS.

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

**TUESDAY** ..... Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 P.M.

**WEDNESDAY** ... St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—King's College, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopædic, 10 A.M.

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

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

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

## HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

**CHARING CROSS.**—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.

**GUY'S.**—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

**KING'S COLLEGE.**—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th. S., 1; Ear, Th., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.

**LONDON.**—Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W., 9; Dental, Tu., 9.

**MIDDLESEX.**—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

**ST. BARTHOLOMEW'S.**—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopædic, F., 12.30; Dental, Tu. F., 9.

**ST. GEORGE'S.**—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopædic, W., 2; Dental, Tu. S., 9; Th., 1.

**ST. MARY'S.**—Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, W. S., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.

**ST. THOMAS'S.**—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.

**UNIVERSITY COLLEGE.**—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. W. F., 2; Ear, S., 1.30; Skin, Tu., 1.30; S., 9; Throat, Th., 2.30; Dental, W., 10.3.

**WESTMINSTER.**—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

## TREATMENT OF VOLUNTARY FASTING.

SIR,—If Dr. Collins had made his fasting patient imbibe a few drops of chloroform, and then offered her liquid food, she might have swallowed it. I have employed this method with success, but cannot find any reference to its use.—Yours faithfully,  
M.B.

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

#### VACCINATING ECZEMATOUS CHILDREN.

SIR,—Your note on Dr. Drury's communication in the last issue of the JOURNAL is apt to make general practitioners too timid when a child with eczema is brought for vaccination. It is, or ought to be, known to all obstetricians that vaccination is a cure for infantile eczema. I do not remember having seen this mentioned before; and if Dr. Drury is the first to put it on record, he deserves credit for now doing so. But most medical men of middle age have found for themselves the value of vaccination in eczema. I remember that, thirteen years ago, a near relation of mine had a boy with eczema capitis, which defied ordinary means. Soon after the usual time for being vaccinated was past, I told the mother that vaccination might cure it. I had, no doubt, observed good results from vaccination before; but the lasting impression was made then, which decided me to practise and recommend vaccination in eczema—the result, when observed, being cure.—I am, yours faithfully,  
J. CARRICK MURRAY, M.D.  
44, Newgate Street, Newcastle-on-Tyne, September 4th, 1880.

SIR,—In your impression of September 4th, p. 414, is an interesting paper by Dr. Drury upon the curative effects of vaccination in cases of eczema. In the *Medical Digest* is a reference to a paper by Dr. Grant upon the value of vaccination in cutaneous affections, published in the *Medical Times and Gazette*, March 1863, page 283, which will repay perusal by those interested in the subject.—Yours truly,  
RICHARD NEALE, M.D. Lond.  
60, Boundary Road, South Hampstead, N.W., September 9th, 1880.

SIR,—I have been much interested in reading Dr. Drury's cases of infantile eczema in the JOURNAL of September 4th, in which he describes the decline and speedy disappearance of the eruption after vaccination. If the vaccine virus be the factor in these cases in eliminating the *matres morbi*, it becomes an important question whether the frequent practice of granting certificates of unfitness in children suffering from this and other cutaneous affections, advising the postponement of the operation for three or six months, be justifiable. The question, of course, can only be solved by further experience; and, with this object in view, I beg to instance an analogous case to Dr. Drury's, which recently occurred in my own practice. A strumous child (aged 2 years), whose vaccination had been repeatedly postponed in consequence of eczematous eruptions, came under my observation with a most severe attack of two months' duration. He was placed under the usual treatment, which failed to produce any mitigation of the symptoms. Being curious to try the effect of vaccination upon the disease, I selected with some difficulty an available spot on the arm, and introduced two points of calf-lymph (making three vesicles). The typical development of these was attended by a palpable decline of the eruption; and, in fourteen days, the disease had entirely disappeared.—I remain, sir, your obedient servant,  
THOMAS WILSON, F.R.C.P.  
Yoxall, Burton-on-Trent.

SIR,—About ten years ago, I repeatedly postponed vaccinating a poor child on account of extensive eczema. At last, thinking it could do no harm, the child being in a very pitiable condition, I determined to vaccinate. The operation was successful; and, to my surprise and gratification, the eczema disappeared. I shall certainly repeat the experiment when opportunity offers.—I am, sir, yours truly,  
R. P. TYLER, M.D.  
Wemore, September 10th, 1880.

#### THE ENGLISH UNIVERSITIES AND THE COLLEGE OF PHYSICIANS.

SIR,—Professor Humphry, in his presidential address to the British Medical Association, after referring to the charter granted to the Royal College of Physicians by Henry VIII, continues: "The graduates of Oxford and Cambridge were exempted, forasmuch as, by virtue of their degrees, they were independent of the College, except within its precincts." Was this privilege repealed by the Act of 1858? If so, would it affect a graduate of Cambridge *in statu pupillari* prior to that Act? I should be glad, for the sake of information, to know how I stand, as I was recently seriously informed "that, though a graduate of Cambridge, I was not a physician", though practising "beyond the precincts, which used to be so many miles from Charing Cross".—I am, etc.,  
GRADUATE.

ENQUIRER.—1. The number of members of the British Medical Association at the time of the annual meeting in Cambridge was 8,052. The *Medical Directory* for 1880 gives the following as the number of qualified medical practitioners in the United Kingdom: England and Wales (including 3,947 in London and suburbs), 15,211; Scotland, 1,987; Ireland, 2,322. In addition, there were at the end of last year 2,156 practitioners resident abroad with British qualifications, and 2,399 practitioners in the Army, Indian, and Naval Medical Services and in the Mercantile Marine. The total number of practitioners entered in the *Medical Directory* for 1880 is 24,056. 2. The weekly issue of the BRITISH MEDICAL JOURNAL to members, foreign subscribers, clubs, reading rooms, etc., is now 9,750.

#### "THE ATTACK ON LORD LYTTON."

SIR,—Under the above heading, an extract from the *Times of India* occurred in the *Daily Telegraph* of the 28th ultimo. In it, Dr. Payne, superintendent of the asylum in which De Sa, the man accused of firing at Lord Lytton's carriage in India is confined, is reported to have said "that De Sa had, since his admission, been in a state of imbecility; but never appeared to be altogether unfit to take his trial". Referring to the *Official Nomenclature of Diseases*, published under the auspices of the Royal College of Physicians, London, with the view of ensuring uniformity in the description of disease, I find the definition of "an imbecile" to be "a congenital idiot"; and, with this description, Tuke and Bucknill's standard work on *Psychology* harmonises. Such being the case, it seems difficult to reconcile the first part of Dr. Payne's statement with the latter portion of it. How could "a congenital idiot" be at any time fit to take his trial for anything he might do? There is something which strikes one as still more extraordinary in the circumstance recorded that De Sa had not only had the wits to purchase a revolver for a definite purpose, but was able intelligently to tell to the magistrate before whom he was brought what that purpose was. However came a "born idiot" with money at all? What were his parents about? Surely they must be responsible for the doings of their son, or else there is something anomalous in Dr. Payne's statement.—I have the honour to be, sir, your obedient servant,  
F. H. SPENCER, M.D.  
Bath, September 10th, 1880.

CORRESPONDENT (Weston-super-Mare) should write to Dr. Langdon Down, Normansfield, Hampton Wick.

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

#### CHIANTURPENTINE IN CANCER.

SIR,—In your issue of August 21st, Mr. John Clay, in his reply to Mr. Brown, declares he is able to confirm his original statement that "true cancer of the uterus" does disappear under the influence of Chian turpentine. This is a bold assertion, calling for further elucidation; viz., a clear and distinct definition of what Mr. Clay means, and what he wishes the profession to understand, by "true cancer of the uterus". I will state a case which had been diagnosed to be epithelioma of the body of the uterus, which, in spite of treatment—including the Chian turpentine, fairly and honestly tried—ended rapidly in death.

In February of this year, a married lady, aged 36, consulted me. For more than a year, she had been subjected to frequently repeated attacks of uterine hæmorrhage, each attack lasting from ten to fifteen days, sometimes longer. Various opinions had been expressed as to the cause. She was very anæmic and reduced in strength. On examination, the uterus was found to be high up behind the pubes. The os could be reached by the index finger, but no information could be gathered as to the precise condition of the organ, beyond the fact that the os was more open than it ought to be in health, while the cervix was shortened and softened, as in pregnancy. The sound passed six inches. On introducing a speculum, the os and cervix could be seen; their appearance presented nothing remarkable, beyond the fact that the cervix was unusually pale and blanched. The uterus being fully dilated with tangle tents, and the patient placed under chloroform while in the lithotomy position, the uterus was drawn down and fixed in the vagina, while the left index finger was introduced into the cavity. As far as the finger could reach, the uterine tissues appeared healthy. On introducing the sound by the side of the finger, it was found that the fundus was nearly three inches above the tip of the finger, but nothing like a polypus or fibroid could be found. A curette was now passed up to the fundus, and brought down the side of the uterine wall; and, when withdrawn, its mouth was filled with small growths, from the size of a pea and downwards. They had the appearance of epithelioma. These bodies pretty clearly indicated the true nature of the case; viz., epithelioma of the fundus. The instrument was again introduced, and the cavity was fairly scraped, and a considerable quantity of similar growths was removed. The hæmorrhage, which had been pretty free, now ceased. The uterus was swabbed out with iodine tincture, and the patient put to bed. As it was of the greatest importance that there should be no mistake in the diagnosis, I sent a portion of the growths to Mr. Doran at the College of Surgeons, and a second portion to Dr. Galabin at Guy's Hospital, with a request that they would examine them microscopically and report as to their nature. They knew nothing of the history of the case, neither was it known to either that they were both examining the same specimen. Yet they both reported the case to be epithelioma of the uterus. Dr. Barnes afterwards saw the case, and he had no doubt as to the correctness of the diagnosis. Shortly afterwards, Mr. Clay's paper appeared; and as this case was doubtless one of malignant disease of the uterus, it was thought to be a proper case for the remedy he suggested. In order that there should be no mistake about getting the correct article, Savory and Moore were applied to to compound the pills as suggested by Mr. Clay. For the first week, two were taken three times daily; afterwards, every four hours for three months, without any appreciable change in the symptoms; but there was neither "sickness" nor the "horrible loathing of the drug", as stated by Mr. Brown.

I saw this lady on July 14th. Her bleedings were more frequently repeated and more severe than before taking the Chian turpentine. The intra-uterine injections of perchloride of iron had to be frequently resorted to; they alone appeared to have any influence in controlling the hæmorrhages, and their power was very limited and transitory.

I have used the Chian turpentine in several other cases where as much care has been taken in the diagnosis, as well as in obtaining the pure drug; but as yet I have no good result, save in one case of epithelioma of the body of the uterus, where the glands in the right loin were swollen and painful. The pain for a time was relieved, but returned again.

It is quite possible that I have, in my ignorance of what is meant by "true cancer of the uterus", been treating sarcoma, scirrhus, epithelioma, etc., with Chian turpentine, and have lamentably failed, believing I was dealing with what Mr. Clay, in his original paper, called cancer of the uterus. These may not be the diseases he means by his term "true cancer of the uterus"—hence my failure. Thus it becomes incumbent on Mr. Clay clearly to define what he means by "true cancer of the uterus". I should define cancer of the uterus to mean a disease having a tendency to destroy the organ, to poison the organism, to invade surrounding tissues, and ultimately to cause the death of the patient. I believe sarcoma, scirrhus, and epithelioma, have one common object, viz., the destruction of the patient; and as far as my observation has enabled me to form an opinion, they accomplish their end in the above manner. This, after all, may not be "true cancer of the uterus".—I am, sir, your faithful servant,  
THOMAS CHAMBERS, Senior Physician to the Chelsea Hospital,  
Chester Square, S.W., August 23rd, 1880.

S. C.—Answer postponed.

#### THE CONVICT MEDICAL SERVICE.

SIR,—Will you allow me to give a warning note to all who may be invited to accept employment in the medical department of the Convict Service? Much as the Army and Navy Boards are to be condemned for their unwarrantable depreciation of, and enmity to, medical officers, the official mind that directs the affairs of prisons is invested with a thicker coating of prejudice than that which forms such a marked development in the heads of the other branches of the public service. Without the doctor, the occupation of a prison governor would be at an end. Questions of every conceivable kind are submitted to the doctor's judgment from morning to night. The authorities know his value; but prejudice, or whatever the contemptible spirit is, forbids the recognition of his worth. They place assistant-surgeons very nearly on an equality as to pay with a chief warder; and when promotion, which may be very slow, comes, the maximum pay never exceeds, and is often below, that of a deputy governor, who may have been in the service only three months, and who easily acquired a knowledge of his duties in thirty minutes. As to treatment, *ab uno disce omnes*: an assistant-surgeon, who had been a distinguished scholar in his school, recently declined in health. Knowing that, in two or three instances, deputy governors had obtained leave of absence for long periods, on sick certificate, he applied for a similar privilege, and offered to provide a substitute. The reply was on a level with the contemptuous disposition of the authori-



ties. He immediately received the notice ordinarily given to subordinate officers and domestics, that he must go in a month, and that he would be recommended for a gratuity, probably a few pounds. Let candidates, therefore, beware. They cannot join a more woful branch of the public service.—Yours obediently,  
August 23rd, 1880. R. W.

SOME of our members, especially those present at Cambridge, may like to know that the choir of King's College is composed of boys of gentlemen elected by competition, who live in the Choir House, a newly erected building, the Rev. J. Reynell being the head-master. The boys receive a free classical and school education and board, the only expense being books and laundry. We mention it as very likely members of the Association are unaware of these advantages. There is, as is well known, a similar institution at Magdalen College. Three medical men have sons at King's College.

#### MEDICAL ETIQUETTE ON BOARD-SHIP.

SIR,—I hardly know whether it is worth my while to reply to Dr. Beard's letter in your issue of the 28th ultimo, seeing that it is in no sense an answer to mine. With amusing audacity, he seizes the opportunity, and gives us his treatment of sea-sickness, skips lightly over his breaches of etiquette, and dexterously intimates that his services were in almost universal request on board the *Germanic*, a fact of which no one on the ship appears to be aware, even now.

My question remains unanswered. "Did Dr. Beard act on the *Germanic* with that regard to professional decorum which is binding on every qualified practitioner?" I say nothing about his book, or about his treatment of sea-sickness, except that I dislike the one (as addressed under a catchpenny sensational title to the general public), and disapprove of the other (as a factor of bromic acne, and productive, in one case at least within my knowledge, of dangerous symptoms). Neither, as regards myself, is there any "national" feeling at stake, as Dr. Beard, with the skill of a special pleader, would lead you to suppose, seeing that my own relatives are nearly all Americans, and that I have the honour to hold an American as well as an English qualification. But, since he evades the real point at issue between us, I ask for a few words from yourself, *ex cathedra*, that I and others in my position may learn whether or no we are to be at the mercy of any free lance who by accident or design may be thrown within our sphere of action, whether we are to stand humbly by and witness experiments (unsanctioned by ourselves) in "dosage and combination", or whether we are to resent such proceedings as discourteous and unprofessional to the last degree.—Your obedient servant,  
J. FOURNESS-BRICE, M.D.

Pierce Grove, Oxton, Cheshire, September 7th, 1880.

SIR,—Dr. Beard's reply to the charge of unprofessional conduct brought against him by Dr. Fourness-Brice is one of the most refreshing examples of "bounce" I ever came across. With the guilelessness of the "heathen Chinese", he utilises your offer of facility of explanation to puff his own ideas, and almost completely ignores the question at issue, viz., breach of etiquette. I am unacquainted with Dr. Fourness-Brice, but I imagine that, in his capacity of ship-surgeon, he has had as much experience of sea-sickness as Dr. Beard, if not more; and evidently, from his letter, he would not have objected to co-operate with Dr. Beard had he been asked to do so. It is to be hoped the British medical profession at large will give Dr. Beard a cool reception until he has made Dr. Fourness-Brice such a full apology as his unwarrantable interference requires.—Yours, etc.,  
AN ENGLISH MEDICAL PRACTITIONER.

SIR,—I read Dr. Fourness-Brice's letter in the *MEDICAL JOURNAL* of the 7th August with much interest and sympathy for the writer. I never heard of a parallel case. I consider, and I am sure the whole medical profession will agree with me that Dr. Beard not only showed that he possessed a want of medical etiquette, but a want of gentlemanly feeling towards a professional brother; and that he grossly insulted Dr. Fourness-Brice. I think that Dr. Fourness-Brice showed great forbearance in the case, and I admire the manner in which he behaved towards Dr. Beard, although if I had been medical officer in charge I could not have borne Dr. Beard's insult, of sending a prescription to my surgery to be made up; and that event would have brought the matter to a climax.

Dr. Beard, as passenger on the ship, had no more right to administer a dose of medicine or give advice without first consulting the medical officer in charge, than any one of us would have to go to one of the London hospitals and administer some favourite medicine of our own, without first asking the physician or surgeon in charge. I always thought the contents of his pamphlet very insulting to sea-surgeons, particularly as I tried his remedies and found very little use in them, and had to have recourse to my own.—I am, sir, your obedient servant,  
THOS. DUTTON, L.R.C.P.(Ed.), etc., Late Surgeon S.S. *Elysia*.

130, High Street, Aldgate.

J. J. P. asks us to state the respective positions, in regard to superiority of the medical degrees conferred by them, of certain universities in the United Kingdom, which he names. We must decline the attempt to perform a task which would be both difficult and invidious. The degrees of all the universities in the kingdom are highly reputable.

#### MOUNTAIN-AIR IN PHTHISIS.

SIR,—In answer to your correspondent Mr. Goodchild, in his remarks on Davos Platz in the *BRITISH MEDICAL JOURNAL* of July 17th, I should wish to point out that Davos can claim a slight superiority to Cannes in regard to the amount of watery vapour suspended in the atmosphere. The mean humidity of Davos varies from 62 to 72; that percentage, with an average temperature of 32°, gives 1.42 grains of water in a cubic foot of air. Cannes, according to De Valcourt, averages 65.2 per cent.; this, with the average temperature of 50°, shows us that 2.67 grains of water are held in suspension in each cubic foot of air, making a difference of 1.25 grains in favour of Davos, without taking barometric pressure into consideration. The quantity of watery vapour in the air, affecting as it does the rate of evaporation from the lungs, is a matter worthy of consideration.

The ranges of temperature at Davos are fairly well borne, even out of doors; but the extremely cold temperatures generally occur at night, with still air, when patients are in bed; consequently, the cold is not felt, even with a fair amount of ventilation, in the hotels, as the number of porcelain stoves is sufficient to warm an Arctic temperature if they were all aight.

Wind, humidity, and temperature are so closely associated in producing the impressions of cold or warmth on the external senses, that temperature, if considered alone, becomes extremely misleading in its indications. This has been my experience of the cold of Canada and Nova Scotia, which resembles in many features the climate of Davos. A temperature in England of about 30° Fahr., with wind and moisture, is more pinching to the frame, painful to the air-passages and parts exposed, than the still air of an Alpine height in winter. It is impossible to realise the effects on the subjective sensations of the low temperatures of cold climates,

from an English standard of cold. The late Dr. Moss remarks, in his work *Shores of the Polar Sea*, p. 47: "An icy tub on an English winter morning feels colder to the skin than the calm Arctic air; cold alone never interrupted daily exercise; it was possible to walk for two or three hours over our snow-clad hills in a temperature of 100° below freezing without getting a single frostbite or perceptibly lowering the temperature of the body."

I cannot agree with your correspondent that any disorder of the digestive organs should be a barrier to patients being sent to Davos. In the first place, this would effectually exclude a very large number of phthisical cases; and secondly, the push given to nutrition is one of the principal climatic effects of these localities. During a short residence there last winter, I observed that the appetites of patients were extremely good, and food was also plentiful.

In spite of all theory on the subject, the fame of a health-resort must rest solely on the results obtained; these so far have been encouraging, according to all accounts, but I regret I cannot supply your correspondent with any of much value. At the end of next winter, I hope to be in a position to furnish further information of Davos Platz, as I purpose practising there during the approaching season. Then your correspondent shall certainly learn from me what he terms the "secrets of Davos".—I am, sir, yours obediently,  
ALFRED WISE, M.D.  
82, Sutherland Gardens.

MR. EWART (St. Mary's Hospital, Manchester).—We have made inquiries into the matter which forms the subject of our correspondent's complaint. We believe that he will be easily able to assure himself that the whole matter arose from a purely accidental slip of memory on the part of Dr. Ashby, who has communicated the circumstances in reply to our inquiries, and who had already expressed his regret at this purely accidental occurrence to Dr. Lloyd Roberts; and, under such circumstances, the matter does not seem to us to call for any further correspondence. Our correspondent was naturally annoyed, and others to whom he may have communicated his views would sympathise; but there is only a slip of memory in question; and the mutual courtesy and confidence of the professional men involved will, we feel assured, easily set right any such misunderstanding without raising it into a subject of controversy. Any public discussion could only raise unfriendly feeling, which would be much to be deprecated.

G. T. SCHOLEFIELD (Mossley) should read Dr. Seaton's *Handbook of Vaccination*, published by Macmillan and Co., where he will find an answer in full to the various questions which he puts. A mere expression of opinion in reply would be nothing; it is necessary to give the reasons, and this would take up too much space.

#### LODGE OF ODD FELLOWS.

SIR,—In reply to Mr. Middleton, I believe the pay in such cases as he mentions to be one shilling per family per month; at any rate, two or three years ago, I held several clubs on those terms. This incl. the children, as well as the men and their wives, until such an age as they were considered able to earn their own living.—Yours truly,  
A SOMERSET SURGEON.

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

Dr. J. Ingleby Mackenzie, Rugby; Mr. Arnold Thompson, Amptill; Dr. Ward Cousins, Southsea; Dr. Borchardt, Manchester; Dr. J. Rogers, London; Mr. H. J. K. Vines, Littlehampton; Dr. W. A. Brailey, London; Alpha; Dr. Neale, London; Dr. B. Ball, Paris; Mr. J. C. Home, Edinburgh; Dr. Tyley, Wedmore; Mr. T. Wilson, Yoxall; L.R.C.P.Ed. & L.S.A.Lond.; M.B.; Mr. R. H. Firth, Stratford-on-Avon; Mr. E. M. Sheldon, Liverpool; Mr. Underwood, London; Calabar Bean; B. A. M.; Mr. G. Eastes, London; Mr. McNicoll, Ormskirk; Mr. W. H. Tayler, Auchley; Our Edinburgh Correspondent; Dr. H. Bennet, Weybridge; Mr. J. Philpot, London; Dr. G. McReddie, Bombay; Mr. W. Dingley, London; Dr. Clay, Manchester; Mr. G. Budd, Clifton; Our Dublin Correspondent; Dr. Fairlie Clarke, Southborough; Our Glasgow Correspondent; Dr. L. Thomas, London; Mr. J. Lightburn, Rosemount, Newry; Mr. Wright Sheffield; Mr. Norris, Weston-super-Mare; Mr. W. K. Treves, Margate; etc.

#### BOOKS, ETC., RECEIVED.

Fracture of the Patella. By F. H. Hamilton, A.M., M.D. New York: C. L. Birmingham and Co.  
Animal Magnetism. By Rudolf Heidenhain, M.D. Translated from the German by J. C. Wooldridge, B.S.Lond. London: C. Kegan Paul and Co.  
Malaria: its Causes and Effects. By E. G. Russell. Calcutta: Thacker and Co. 1880.  
Lectures on Digestion. By Dr. C. A. Ewald. London: Williams and Norgate. 1880.

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