

commonly make up prescriptions a second and third time without asking for a fresh prescription; this is contrary to the law. Dr. Rochard also condemns the present state of the law which permits different shopkeepers to sell kilogrammes of poison. In a recent publication Dr. L. Regnier mentions the case of a patient who had in his possession a phial containing 397 grammes of morphine hydrochlorate.

The works necessary for supplying Paris with Avre and Vigne water are now commenced. The subterranean canal will measure seven kilomètres, and is situate at a depth of seventy mètres.

MELBOURNE.

Presentations to Mr. T. N. Fitzgerald and Dr. Neild.

AN imposing ceremony took place a few days ago when the representatives of the profession in Victoria met in the hall of the Medical Society to do honour to Mr. T. N. Fitzgerald by presenting him with a life-size portrait in oil of himself, in recognition of his services as President of the Intercolonial Medical Congress of 1889, and of his great skill as a surgeon. The President of the Medical Society (Dr. Jackson) occupied the chair, while the vice-chair was filled by Dr. Le Fevre, the President of the Victorian Branch of the British Medical Association. Mr. Fitzgerald, in responding, referred to the elements which had combined to render the Congress of 1889 successful. He quoted from a letter of Sir James Paget, who wrote with reference to the copy of the *Transactions* which was sent to him that "it is an admirable collection of the results of thoroughly good work. The Intercolonial may be a fair match with the International." In conclusion, he expressed his most sincere thanks for the presentation. What to a large extent has marred the enjoyment Mr. Fitzgerald must have experienced was that the very serious illness of his wife has terminated fatally at the early age of 39 years, and has cast a gloom over the whole community.

On August 18th the friends of Dr. J. E. Neild presented him with a testimonial expressive of their admiration for him. The presentation took the shape of a purse of sovereigns, and the amount subscribed reached the sum of £1,000. In 1853, as surgeon of the *Star of the East*, Dr. Neild came to Sydney and ultimately to Melbourne. He became a member of the staff of the *Age* newspaper, and contributed largely to magazines and other papers. After remaining some time on this paper, he joined the *Argus* as dramatic and musical critic, initiating quite a novel style in dealing with theatrical matters, and his articles helped to make the paper very popular. For twenty years, as editor of the *Australian Medical Journal*, he strenuously maintained the rights, honour, and the usefulness of the profession to which he belonged. In 1868 he was elected President of the Medical Society; in the same year he founded a Medico-Ethical Society; and in 1865 he founded the Victorian Medical Benevolent Association. In 1871 he became honorary assistant physician to the Melbourne Hospital. In 1879, in conjunction with Dr. Louis Henry, he founded the Victorian Branch of the British Medical Association—a Society which has an increasingly prosperous existence, and his example has been followed in nearly all the other colonies. Two years later, he took a prominent part in establishing the *Australasian Medical Gazette*, which is now published in Sydney. Dr. Neild has been both Honorary Secretary and President of the Branch of the Association.

MANCHESTER.

Flogging in Schools.—Hope Hospital Inquiry.—Royal Infirmary Enlargement Scheme.

THE question of flogging in schools comes before the public from time to time, usually owing to the allegation that some school-child has been caned at school and that death has been stated to result. An important case came before the coroner's court here recently. A boy, who it seems was rather dull and not very expert at his lessons, had been repeatedly caned by the schoolmistress. One evening he came home feeling unwell, and was ultimately sent to the infirmary, where he died. In court there was great discrepancy in the evidence given by the witnesses, and the medical men also disagreed as to the direct cause of death, with the result that no charge was found against the schoolmistress, but the coroner was asked to censure her. Naturally, a case like this has given rise to the usual correspondence in the public prints.

Some time ago the Local Government Board held an inquiry

relative to the Hope Hospital. This is the third inquiry of the kind held by the Board. The assistant medical officer, Dr. Walker, made certain charges against the medical superintendent, Dr. Conry, and the latter also made countercharges against the former. As a result of the inquiry the Board have requested Dr. Conry to resign, and they suggest that Dr. Walker also should be called on to tender his resignation.

Some months ago the Medical Board of the Royal Infirmary represented to the House Committee the necessity of enlarging or reconstructing the infirmary on its present site. The Board of Management have referred the whole matter to a committee to report upon the necessity for enlarging, altering, or rebuilding the infirmary on its present site. One member of the Board has offered £5,000 towards a building fund for the erection of a new building.

SHEFFIELD.

Death of Mr. Jonathan Barber.—Refuse Disposal: a Correction.—Hydrophobia.

THE losses in the profession have been unusually large of late. Now another veteran has gone to his rest, at the ripe age of 73. Mr. Jonathan Barber was surgeon to the infirmary from 1853 to 1886, and for many years was the senior surgeon. In past years also he had been an active member of the Medical Society, and a worker at the Medical School. For a lengthened period he was a steward of the admirable West Riding Medical Charitable Society. Ill-health necessitated his retirement from the infirmary. Through his connection with the Overends he was a link with the stirring times, early in this century, in medical education in Sheffield. His funeral was largely attended by his professional brethren.

In my last letter reference was made to a report of a subcommittee of the Health Committee on the disposal of the refuse which accrues in large towns. The statement that this report had been adopted by the Health Committee is incorrect. It was so stated in the local press, but for the present, at all events, it has not reached that stage, and when brought before the Town Council the same course of merely entering it on the minutes was pursued.

A death from hydrophobia is reported from Bradway, a village close to Sheffield. A boy, aged 5, was bitten by a dog on August 11th. Symptoms of hydrophobia commenced on September 10th, and he died on the 13th. It has already been reported that the three patients who were sent over to M. Pasteur were all bitten on August 12th. *Apropos* of all those cases, a well-meaning individual has written advocating the "sweating bath" for people bitten by mad dogs. The only point which makes this worthy of mention is that the Mayor—a most estimable gentleman—has, in his official capacity, communicated the letter to the press, "as the treatment proposed appears to be very simple and rational."

CORRESPONDENCE.

SCPTICISM AND ASEPTICISM.

SIR,—Does not the difference in opinion and the equality of success in practice of Mr. Tait and the Listerians admit of easy explanation? Is it not this? Septic infection is the result of traumatic putrefaction. For traumatic putrefaction two elements are necessary: 1st. Putrescible material; and 2nd, a ferment or infective germ. If either be absent no putrefaction can occur and no infection result.

Mr. Tait removes the putrescible material coagula and shreds of dead tissue by flushing and drainage—the ferment having then no pabulum may be freely admitted with impunity.

Sir Joseph Lister excludes the ferment by filtration of the air and by germicides, and thus practically sterilises the putrescible material, if any be left in the wound.

Thus in either case one element which is essential to the putrefactive process is removed, and the other which is left is by itself innocuous. But is it wise to be exclusive in the employment of one or other of these methods? Is that which is more applicable to the purposes of the gynaecologist necessarily best suited to those of the surgeon? Are the principles that guide the gynaecologist in an abdominal section necessarily those that should be adopted by the surgeon in the treatment of a compound fracture of the skull or the excision of an upper jaw? Surely the wisest course is to endeavour to determine those cases to which either method is most applicable.—I am etc. JOHN ERIC ERICHSEN.