

## BRITISH MEDICAL ASSOCIATION.

## SUBSCRIPTIONS FOR 1884.

SUBSCRIPTIONS to the Association for 1884 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 the General Secretary, 161A, Strand, London. Post Office Orders should be made payable at the West Central District Office, High Holborn.

## The British Medical Journal.

SATURDAY, APRIL 5th, 1884.

## THE HÆMORRHAGIC DIATHESIS.

THE recent bereavement in the Royal Family will naturally turn the attention of the medical public towards the constitutional affection to which the illustrious deceased was subject. There is no distinct mention of hæmophilia in any classical or mediæval writer. It has been suggested that Charles IX of France died of hæmophilia; but, in the account of his examination after death given by Bonetus, there is nothing to suggest such an idea, but rather that the cause of his death was phthisis. Bateman speaks, in his work on diseases of the skin, of a boy, whose case has been frequently quoted, whose skin was constantly covered with petechiæ, and exhibited purple blotches whenever he received the slightest blow; he died during a sudden attack of profuse pulmonary hæmorrhage. Hæmophilia, as a rule, attacks the males of a family, and leaves the females exempt; but genealogical records show the strong tendency which this disease possesses of dissemination into other families by intermarriage; sisters of "bleeders" marrying have been repeatedly found to become the mothers of boys who were "bleeders" like their uncles, and of girls who were not "bleeders," but who bore male "bleeders" after marriage, and female children who perpetuated by marriage the disease from which they were personally free. A similar kind of perpetuation of a disease common in males through female members of affected families has been observed with regard to Duchenne's pseudo-hypertrophic paralysis, diabetes insipidus, and colour-blindness.

The pathology of hæmophilia, or the hæmorrhagic diathesis, is still obscure. Dr. Percy Kidd, in one case, detected a peculiar appearance in the muscular coat of the arteries of a child aged six, who died in the Ormond Street Hospital, in 1877, of hæmorrhage from the mouth after having been a "bleeder" for four years. It is very significant, with regard to a case of more immediate interest, that this child once struck his head against a wall, and the bruised place swelled to the size of an egg and became purple, and at the same time he had considerable epistaxis, which was difficult to check. In such a case, intracranial hæmorrhage might readily have been produced by a direct blow on the head, or even by indirect violence. Dr. Kidd detected a very distinct degeneration of the muscular fibres of the middle coats of the arteries in this case, also some less distinct changes in the buccal epithelium. The epithelioid cells lining the small arteries, capillaries, and veins of the mouth had undergone great proliferation, some of the small veins being blocked by this process, which had also affected the vasa vasorum of the aorta and vena cava. These morbid appearances are, however, not constant.

The most interesting complication of hæmophilia is the joint-swelling, first described as intra-articular by Ponceet in 1871. The knee-joints of a young bleeder were examined, and blood was found freely effused within them; there were also changes in the cartilages, already described by Rãdfern and Charcot. In all the other joints of the lower extremities similar appearances were found, though not so marked in degree. Sir William Jenner also found free blood in the knee-joints of a bleeder, and Legg and Macready detected marked changes in the

right knee-joint of a boy, aged 9, who died of hæmorrhage from a wound of the lip, in one of Mr. Thomas Smith's wards at St. Bartholomew's Hospital, a few years since. Much blood was extravasated in the right popliteal space, even the substance of the muscles being invaded. The knee was slightly flexed; the patella was fixed to the front of the femur by an adhesion that was broken without difficulty. A gap was then detected in the cartilage on the femur where the patella had been fixed to it. The cartilage on the patella had been absorbed, and fibrous tissue occupied its place. The synovial membrane was stained of a yellow-brown colour; the ends of the bones were also stained, and staining was detected in the left ankle-joint and the right ankle.

The substance of the above observations will be found in Dr. Wickham Legg's interesting *Report on Hæmophilia* in the seventeenth volume of *St. Bartholomew's Hospital Reports*, and in Dr. Percy Kidd's *Contribution to the Pathology of Hæmophilia* in the sixty-first volume of the *Medico-Chirurgical Transactions*.

At the end of January 1868, the Duke of Albany, then Prince Leopold, suffered for a week from very severe accidental hæmorrhage, which rapidly reduced him to a state of extreme and dangerous exhaustion by the loss of blood; but within a fortnight he was convalescent. At that date, we had occasion to state that his condition would undoubtedly, and throughout life, require him to abstain from violent exertion of any kind, or from indulging in the more active departments of professional activity selected by the Duke of Edinburgh and the Duke of Connaught (*JOURNAL*, February 15th, 1868). We observed that the special cultivation of the arts and literature affording probably an adequate recompense, we might look forward to Prince Leopold as the special friend and patron of social, artistic, and literary progress; and, if he fulfilled that promise, his career would be honourable and of great usefulness to the nation. That promise he did his best to fulfil, so far as his short term of life would allow. But since 1868 he has never been in robust health, and has suffered from several attacks of swelling in one knee-joint, having some of the characters of subacute rheumatism. It is, however, highly probable that the articular disease was that which frequently complicates hæmophilia. The weakness of the knee appears to have caused the fall, but the nature of the intracranial complication is obscure.

## THE GENERAL MEDICAL COUNCIL.

THE Medical Council completed on Wednesday last a session which, having commenced on Tuesday, March 25th, lasted eight days. All the members were present. The only change in the constitution of the Council which has taken place is the substitution of Professor Struthers of Aberdeen, as representative of the Universities of Edinburgh and Aberdeen, in the room of Professor Turner of Edinburgh.

In his opening address, the President, Dr. Acland, alluded in terms of regret to the delay which had taken place in the settlement, at least for some time, of the long debated question of medical reform. He expressed the opinion that the Council ought to endeavour individually, if not collectively, to aid in settling medical legislation during the present session of Parliament. The present Bill was, he thought, "the only way now known of quieting the disturbed state of education in the medical schools, and of getting into a reasonable and more uniform shape the increasing mass of knowledge which students were required to produce at the examining boards."

A tabular statement of passes and rejections in the year 1883, based on the returns made by the examining boards, was received and ordered to be entered on the minutes, after some remarks had been made by Dr. Aquilla Smith on the large proportion of rejections by some of the boards. A table showing the number of cases in which departure had been made from the recommendations of the Council, and one giving the results of examinations for diplomas in dental surgery, were also received and entered on the minutes.

Several petitions to the Council for restoration to the *Medical Register*, from persons whose names had been struck off by direction of the

Council, were considered. The first case was that of Mr. A. A. Sadgrove, who was at the session of 1883 removed from the *Register* on account of having pretended to have qualifications which he did not possess. The petition had been investigated by the Executive Committee, who reported that they saw no reason for restoring the name to the *Register*. Another petition, supported by a considerable number of medical practitioners, was from Mr. William Story, whose name was erased in 1881 on account of his being convicted of arson. He had suffered two years' imprisonment, but had been released, after investigation of the circumstances of the case, by order of Sir William Harcourt, the Home Secretary. The Executive Committee had passed a resolution suggesting that the Council should inform the bodies, whose licences Mr. Story had held, that they had no objection to the restoration of the licences with a view to his restoration. The Council, however, decided not to adopt this suggestion, on the ground that a statement had been made by the representative of the Royal College of Surgeons of England, stating facts in reference to the case which had not been within the cognisance of the Executive Committee. More fortunate than Mr. Sadgrove and Mr. Story was Dr. Matthew Bass Smith, whose name was erased from the *Register* in 1873 on account of infamous conduct in a professional respect. His petition was accompanied by one signed by a large number of medical practitioners and other persons, stating that he had since 1873 "conducted himself as a gentleman of good moral character should do." The Council, after deliberation, decided on restoring his name; an act of clemency which was subsequently acknowledged by Dr. Smith through his solicitor.

A rather complicated case of personation for the purpose of being entered on the *Medical Register* was brought before the Council. It seems that a person named Owen Patrick O'Hare, whose name had been removed from the *Register* in 1878, on account of felony, caused himself in 1882 to be registered as Daniel Murray O'Hara, assuming the name of a practitioner who had been on the *Register*, but whose name had been erased in consequence of not having answered a letter from the Registrar. The identity of O'Hare with the pretended O'Hara having been shown, the name of D. M. O'Hara was ordered to be erased. Subsequently, the Council instructed their solicitor to take such measures as might be advised by counsel, with regard to the prosecution of O'Hare, in case this proceeding should be thought desirable.

The case of Michael Healy, which had been brought to the notice of the Council by the Liverpool Medical Defence Association, on account of his connection with a notorious irregular practitioner named Ethens Tomanzie, came before the Council. Mr. Healy did not appear in answer to the summons that had been sent to him; and it was stated that he died at Christmas. No decision appears to have been arrived at.

The names of James P. Murray and Arthur A. Sadgrove, which had been erased from the *Medical Register* in consequence of their having been judged to have been guilty of infamous conduct in a professional respect, were also erased from the *Dentists' Register* on the same ground.

A report was presented from the Executive Committee in regard to the means to be taken to prevent personation at the preliminary examinations recognised by the licensing bodies. Inquiries had been made of, and replies received from, twenty-one examining bodies, whose answers were summarised. The Committee made certain recommendations for better insuring the prevention of personation; and, after some discussion, the report, together with the special recommendations, was approved. It was afterwards decided that the various licensing bodies should be requested to intimate to the General Council all cases of impersonation at the examinations, with the view of the names of the offenders being communicated to all the examining bodies recognised by the Medical Act.

Two reports were received from the College of Preceptors, on the results of the examinations held by that body for persons desirous of becoming medical students. The first report showed that, at an examination held in September 1883, there were 264 candidates, of whom

82, or rather less than one-third, passed. The second report stated that, at an examination held in March, only 55 candidates out of 230, or less than one-fourth, obtained certificates qualifying for registration as medical students.

On the suggestion of the President, a deputation of three members of the Council attended on March 27th the reception of the remains of the late Dr. Allen Thomson at Euston Square, on their way to Edinburgh.

Letters were received from the Royal College of Physicians of London and the Royal College of Surgeons of England, giving notice of their withdrawal from the scheme for a conjoint examining board for England, which, though approved and sanctioned by the Medical Council in 1877, had never come into operation. After a good deal of discussion, the letters were ordered to be entered on the minutes. A proposal on the part of the Rev. Dr. Haughton, that an inquiry should be made as to the reason why the scheme had not come into operation, was, after debate, withdrawn.

A scheme of conjoint examination, to be conducted by the Royal College of Physicians of London and the Royal College of Surgeons of England, was ordered to be received and entered on the minutes. The scheme was drawn up in 1883, and the outline of it was given in the *BRITISH MEDICAL JOURNAL* for March 17th of that year. No steps were taken towards the consideration of the scheme in detail and its approval by the Council.

A new conjoint scheme was presented by the Royal Colleges of Physicians and Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow. A motion for its approval was made by Dr. Haldane (representative of the Royal College of Physicians of Edinburgh), and seconded by Dr. Struthers. An amendment, that the scheme should not be considered in the present session of the Council, was proposed by Sir Henry Pitman and Dr. Humphry, but was lost, and the original motion in favour of approval of the scheme was carried; it being provided that the approval should be subject to the future directions of the General Medical Council. In the discussion, much stress was laid on the uncertainty of medical legislation during the year. The proposal in favour of the scheme received the support of the six Scottish members, one English member (Dr. Chambers), and all the Irish members but two (Dr. Aquilla Smith, who voted against the amendment, and Dr. Lyons, absent). The minority, who desired that the consideration of the subject should be delayed, consisted of seven English members, with Dr. A. Smith.

A communication from the Registrar-General, respecting the means to be taken to prevent unqualified assistants from giving misleading certificates of death, was read. It stated that, if the Council thought that they could procure the insertion in the Medical Acts Amendment Bill of a clause dealing with the subject, and would submit such a clause to the Registrar-General, it would receive his attention. Subsequently, it was decided to entrust the Executive Committee with the duty of taking steps with a view to insertion in the Bill of clauses intended to prevent the delegation of professional duties to unqualified persons and the signing of certificates of death by such persons.

On the receipt on Friday of the news of the death of the Duke of Albany, the President at once brought the subject under the consideration of the Council, and was authorised to draw up a letter expressing the condolence of the Council with Her Majesty the Queen. In accordance with this instruction, he next day presented a letter, which was unanimously approved by the Council, and signed by all the members.

The question of discussing the Medical Act Amendment Bill was brought before the Council by Mr. Macnamara, who moved that the Council, sitting as a committee, should consider the provisions of the Bill, with the exception of those relating to the reconstruction of the Medical Council. This was carried, eleven voting for and nine against it. The Council having gone into Committee, a discussion took place, mainly with reference to the money questions of the Bill; but no decision was arrived at until the Council resumed, when it was decided to appoint a Committee of six members (two for England, two

for Scotland, and two for Ireland) to consider the money clauses of the Bill. The next day the Committee presented a report, recommending that the surplus funds, after payment of current expenses, should be at the disposal of the divisional boards rather than of the Medical Council, as proposed in the Bill. The adoption of this recommendation was opposed by several members; and, ultimately, it was agreed that the Council should approve of the report, and recommend the corporations to jointly address Her Majesty on the subject. Immediately afterwards a motion to go into committee on the Bill was rejected.

On the proposal of Dr. Quain, it was referred to the Executive Committee to consider what, if any, steps should be taken to improve the structural arrangements of the Council-room.

A proposal by Dr. Chambers, to the effect that candidates at the final oral examination should not be rejected without having been examined orally at least half an hour, gave rise to a great deal of discussion, in which attention was directed to the recommendations already made by the Council. The motion was, in the end, withdrawn by Dr. Chambers, who said that a good deal of information had been gained by the discussion.

It was decided that Dr. Acland, whose term of office as President will expire on July 18th, should be asked to remain in office until the next subsequent meeting of the Council. This was agreed to by Dr. Acland, who said that the fate of the Medical Bill now before Parliament was quite uncertain. If it should not pass, it would be for the Council to meet in the autumn, and, under a new President, consider what course should be adopted. If it should pass, it would be for him to consult with his colleagues on the course to be pursued in carrying out the provisions of the new Act.

#### THE ABROGATION OF THE LICENCE OF MIDWIFERY OF THE COLLEGE OF SURGEONS.

ONE measure adopted by the late meeting of Fellows and Members of the College of Surgeons deserves a passing notice, because it marks a recognition by the Council of an error which they were saved from carrying into practical effect by the public spirit of Dr. Robert Barnes. The Council recommended to the meeting "that Section 17 of the charter of the 15th Victoria be abrogated, it being inexpedient to continue the examinations for the licence in midwifery of the College." The President explained "that the object of this was that they might no longer be able to put a person upon the *Medical Register* by virtue of his passing the Licentiate'ship of the College in Midwifery. It must not, he said, be understood that they were to abandon examinations in midwifery; but under their charter they had power to examine persons for a licence in midwifery, and the licence admitted them to be placed on the *Register*. It was thought desirable that this should be abrogated, because it was just possible that pertinacious persons might get a *mandamus* to compel the Council to grant this examination."

In 1852, a Board of Examiners in Midwifery was instituted, whose function was to examine in midwifery men who possessed the diploma of Member of the College, or some other registered qualification. This supplementary qualification had become necessary mainly through the neglect of the College to make midwifery an integral part of the examination for the membership. The consequence of this neglect was that a large number of men had been admitted to the *Register*, with authority to practise in every department of medicine, without having given any guarantee of possessing an adequate knowledge of midwifery. Professional and public opinion reacted upon the men practising upon this imperfect qualification, and these men, in their turn, reacted upon the Council. The Board of Examiners in Midwifery was therefore instituted to correct this omission. From 1852 to 1875 this board worked usefully and honourably, enabling many men to complete their qualification. In 1875, however, a new idea seems to have taken possession of the Council. They

obtained power to institute a special licence in midwifery, the holders of which might claim to be put upon the *Register*, and thus might practise not midwifery alone, but anything. Hitherto the College would put a man on the *Register* on the strength of an examination in surgery and medicine. Now they sought to put upon the *Register* men and women on the strength of an examination in midwifery only. It did not occur to them that the proper course was to make the examination for the membership a complete qualification, by making midwifery an integral part of it. Somehow or other surgery was not to be defiled by direct association with midwifery. They resolved to work this special licence. They invited the Board of Examiners, at that time consisting of Drs. Arthur Farre, Robert Barnes, and Priestley, to undertake the duty. Dr. Barnes, without hesitation, declined to be an agent in what he held to be a degradation of obstetric science, and an injury to the public; he resigned. Dr. Farre and Dr. Priestley adopted the same course; and as no men could be found willing to fill their places, the scheme failed. The section empowering the Council to grant this special licence has been in abeyance. Examiners in midwifery have been appointed to cooperate with the examiners in surgery and medicine, thus carrying into execution the principle for which Dr. Barnes contended of making midwifery an integral part of the qualification.

Still the charter remains in force, and the Council, so far from being anxious to give it effect, now look upon it as a reproach and a source of dread, and propose its abrogation.

It is no more than justice to Dr. Barnes, through whose courage and foresight this illogical and mischievous scheme was frustrated, that this history should be recorded. It is no less fitting that the present Council of the College should have due credit for giving the scheme its final blow, with the assistance of the Fellows and Members assembled in open congress.

THE Naples Commission for the International Hygienic Exhibition in London has held its first sitting, presided over by the Pro-Syndic of Naples.

THE twenty-second festival dinner in aid of the funds of the Royal Medical Benevolent College at Epsom, is announced to take place at the Langham Hotel, Portland Place, on Wednesday, May 7th, when Sir Joseph Lister, Bart., has consented to take the chair.

THE presentation of a testimonial to Mr. Francis Hird, F.R.C.S., is announced by the Committee of the "Hird Testimonial Fund," to take place at the Charing Cross Hospital Medical School on Tuesday next, at 4.30, when Professor Huxley, Pres.R.S., will take the chair.

A MIXED commission, composed of Turkish and foreign naval officers and delegates of the Sanitary Board, is about to start for the Archipelago, for the purpose of selecting, among the smaller islands, a suitable site for a central quarantine establishment, which the Porte is desirous of securing in view of possible future outbreaks of cholera or plague in Egypt or Arabia. Admiral Faio Pacha has been appointed on the part of the Ottoman Admiralty. The Imperial yacht *Ismail* has been placed at the disposal of the commission, and will probably sail on Thursday next.

#### CREMATION.

DR. SEDGWICK SAUNDERS, and Mr. Tickle, a prominent member of the City Commission of Sewers, have made a very important step to further the practice of cremation. The erection of a crematorium in the Ilford cemetery, on the motion of Mr. Tickle, has been referred to the Sanitary Committee of the City of London; and, as Dr. Saunders is Medical Officer to the City, we may hope for a full and able report, and trust that the City will set a good example to other corporate bodies in a great and much needed sanitary reform.

**DISCUSSION ON DIPHTHERIA.**  
 THE West Middlesex District of the Metropolitan Counties Branch have arranged to hold a discussion on the "Causation, Recognition and Treatment of Diphtheria," on Thursday, April 10th, at 8.30 P.M. The discussion will be opened by Dr. Mahomed, and several gentlemen have promised to take part in it. It is a subject of the deepest interest and importance, and we have no doubt that many of the speakers will be able to contribute much information from their own experience, which may throw light upon some of the problems which present themselves for solution in connection with this disease.

#### ST. JOHN AMBULANCE ASSOCIATION.

A MEETING of the Central Executive Committee was held on Thursday, March 27th, at St. John's Gate, Clerkenwell, Sir Edmund Lechmere, Bart., M.P., presiding. It was reported that inaugural and other meetings had taken place during the month at Tilbury, Chard, Wirksworth, Backhouse, and Welwyn, and that many distributions of certificates had been held. At one meeting, in Florence, the Duchess of Teck presided, and another, attended by over 1,000 persons, was held at Dublin, in the Senate Hall of the Royal University. As an instance of the extension of the work, it was stated that twenty applications for examiners were received in one day alone last week, and that nearly five hundred pupils are about to be examined at one centre, Dundee. Prince Edward of Saxe-Weimar presented certificates to the classes at the Portsmouth centre on Friday, March 28th.

#### THE ILLNESS OF THE PRIME MINISTER.

MR. GLADSTONE is steadily, but somewhat slowly, recovering from the attack of bronchial and laryngeal catarrh under which he has recently laboured. The general depression of the system which these maladies can produce, especially in old people, is well known; and when it is remembered that Mr. Gladstone is seventy-five, it is not surprising to learn that the depression in his case has been very considerable, and has been accompanied by a good deal of neuralgia; the symptoms, indeed, seem to have pointed to the probability that Mr. Gladstone has been suffering from an attack of genuine influenza—an opinion which finds material confirmation in the large number of other similar cases of illness which have been recently noted. It will be necessary for the Premier to exercise unwonted caution and moderation in labour for some time to come, and to submit to an orderly regulation of each day's work and manner of life. If this necessary concession be made, there is every reason to hope that he will presently be restored to his accustomed vigour.

#### OVERCROWDING IN TENEMENT-HOUSES.

THE agitation as regards the housing of the poor, which has culminated in the appointment of a Royal Commission to inquire into the subject, has already led to the display of unusual activity on the part of several metropolitan vestries. Mr. Wynter Blyth, health-officer of St. Marylebone, has been busy of late in investigating from house to house the tenement streets of his district. The sanitary circumstances of East Street afford an excellent example of the evils arising from the present overcrowding of the poor. It contains 105 houses, with 940 rooms let to 483 families. In three instances one family occupies the entire house, but the rule is that the whole is let out in rooms. The population of the street is at present 1,642, giving for every ten rooms 17 people, or 1.7 to a room. The avocations of the inhabitants are extremely various, ranging from tradesmen in a fairly good position, down to the poorest class of male labourers, or charwomen. As a whole, the population is a very respectable one, quiet, orderly, and clean; only five houses were discovered to be thoroughly dirty. Each house is provided with a six-inch pipe drain, but in 44 instances there was no trap in the sewer, and in one house a cesspool was discovered; the other defects were of a minor character. Considered as a whole, the street is a fair sample of tenement property, and any excess in the death-rate may be fairly attributed to the crowding of six or eight

families in a house built for one. During the seven years 1877-1883, the total number of deaths amounted to 274, or 39 annually, representing a death-rate of 23.9 per 1,000. As many as 104 occurred in infants under one year (37.9 per cent.), and 146 in children under five (53.2 per cent.). Mr. Blyth is of opinion that, making every allowance for the natural feebleness of infant life, the death-rate of East Street is not satisfactory, and adds another fact to the evidence already in existence as to the tendency of ordinary conditions of tenement life.

#### HEALTH-DUTIES OF SCHOOL BOARDS.

AT a time when the question of school-hygiene is receiving so much attention, a suggestion made by Dr. Corner, in a recent report to the Vestry of Mile End Old Town, that the London School Board should organise a hygienic and sanitary department, is worthy of consideration. In Mile End alone there are twelve schools, with an aggregate of upwards of 13,000 children on the rolls, affording a fertile source and means for the diffusion of infection. Having regard to the aggregate number of children in the whole of the metropolitan schools, penetrating as they must do into every street, court, and almost every house, Dr. Corner is surprised that infectious diseases are not even more prevalent and devastating than they have been hitherto. In any case, the indisputable fact remains, that these public schools are considerable propagators of infectious disease, and therefore care and supervision should be stringently exercised by those who are, or should be, responsible for the sanitary condition of the schools and health of the children. Dr. Corner expresses his wonder that the department he has indicated has not before been initiated by the London School Board in connection with their great educational work, since its cost would be speedily recouped, and would be the truest economy to the ratepayers, as well as a saving of human life. Dr. Corner's suggestion is one that might profitably receive consideration at the conference on school-hygiene, promoted by the National Health Society, to which we drew attention in a recent issue (*see page 572*).

#### FOOTBALL: THE KILLED AND WOUNDED.

VERY recently, under this title, we commented on two deaths in the football-field; but, in this short interval, two more deaths have occurred, both from injury to the spinal cord. In one case, death was rapid, almost sudden; in the other, the unfortunate young man, a student at the Royal Engineering College, Cooper's Hill, lingered for four months in a hopeless state of paraplegia produced by hemorrhage into the cord. One useful piece of evidence was given by another student at Cooper's Hill, who swore that the game was not more dangerous when played according to the Rugby rules than according to the Association rules. The brutality of the game under the Rugby rules is admitted by so many lovers of football, that the Association may now, we hope, be stirred up to clear itself from this imputation. If no remedy be found by that body, then it will clearly become the duty of the authorities of all colleges to follow the lead of the Principal of Harvard, and forbid their students to play the game.

#### EGYPTIAN PRISONS.

THANKS to the energy of Mr. Harry Crookshank, F.R.C.S., Director-General of Prisons of Egypt, an efficient Prisons Department is now approaching completion. Since January 1st, when he came into office, the prisons of Alexandria, Cairo, Tantah, Zagazig, Damanhour, Benha, Mansourah, Gizeh, Damietta, Port Said, and Suez have been metamorphosed from dens of filth and injustice into prisons conducted as nearly as possible on the same lines as English prisons. The hard labour convicts, who are at present in charge of the Marine Department at the arsenal of Alexandria, will, we understand, shortly be transferred to an old military hospital at Tourah, part of which is now being fitted up for their reception, and their labour will then be utilised to convert the whole building into a convict prison capable of housing a thousand men. They will subsequently be employed on the

quarries in the neighbourhood. The greatest credit is due to Dr. Crookshank for the energy with which he has thrown himself into a task of great labour and difficulty; and it must be a source of gratification to all Englishmen to know that the occupation of Eg is resulting in the abolition of a prison system which has been for centuries a reproach to civilisation.

#### MILK-POISONING.

Mr. G. W. WIGNER, President of the Society of Public Analysts, asks and answers the question "How long is the public health to be jeopardised by bad milk?" It will be so, he declares, until our Adulteration Acts are amended, so that the penalties are heavier, and a more efficient mode of reference is provided for disputed cases. As the law at present stands, an average adulterating dairyman makes more profit out of a day's good watering than he would have to pay as an ordinary fine when an inspector procures a sample from him; and his facilities for disposing of doubtful milk are cheaply purchased by an occasional fine of ten shillings or twenty shillings. Should he be unfortunate enough to be caught tripping, every quibble of law is invoked to procure his acquittal; and these failing, the decomposed sample is sent to be re-analysed, and an opinion is formed on results obtained when the milk is in such a state that analysts are all but agreed that no reliable opinion can be formed. Mr. Wigner has shown before that the milk-bill of London is increased by some hundreds of thousands *per annum* through customary watering and skimming, with a very few brilliant exceptions. The only remedy is new legislation. When shall we have it?

#### THE DEATH OF THE DUKE OF ALBANY.

We have received from a trustworthy source the following account of the death of the Duke of Albany. His Royal Highness had been feeling remarkably well, but on Thursday, as described in the papers, he slipped in the Cercle Nautique at Cannes. He seemed very little the worse for this, and watched the *bataille de fleurs* from the balcony of the club. He dined as usual in the evening with Captain Perceval, and went to bed at his usual time, apparently in excellent general health. Mr. Royle was sleeping in an adjoining room to his Royal Highness, with the door open between the two apartments. He was awakened about one o'clock, by hearing the Duke breathing very stertorously; and, on getting up to see what was the matter, found him in a convulsion, with his face drawn to one side and his hands clenched. From this fit he never recovered, dying about 4 p.m. The constitutional malady from which he suffered is the subject of a leader in the present number of the JOURNAL.

#### DEATH UNDER CHLOROFORM.

A DEATH under chloroform is reported to have occurred at the Royal Portsmouth, Portsea, and Gosport Hospital. The deceased, Walter Humby, aged 44 years, had, it appeared from the medical evidence, been suffering from papilloma of the tongue, and entered the hospital in order that a surgical operation might be performed. It was thought necessary to excise a portion of the tongue, and with this object chloroform was administered by means of flannel and a Skinner's inhaler. The resident medical officer stated that the frame was kept over the mouth about six minutes, the flannel being replenished three times. A few seconds after the inhaler had been taken off for the third time Dr. Cousins noticed a change in the face of the patient, who was at once placed flat on his back, with a bolster under his shoulder, while the house-surgeon commenced artificial respiration, but unfortunately without avail. A galvanic battery was also applied over the region of the heart, and the windows of the room were opened. Before the administration witness made an examination of the state of the heart of the deceased, and found that all sounds were perfectly normal. From the appearance of the external organs he was of opinion that syncope was the primary cause of death, brought on by

the administration of chloroform. During the administration, Mr. Henry Rundle held the pulse of the right hand, and about five or six minutes after the inhaler had been applied he found the pulse change. Before the stoppage of the pulse occurred, the death-like pallor of the patient attracted his attention and that of the other medical gentlemen present; artificial respiration was immediately commenced and carried on for quite twenty minutes, and every remedy to restore the deceased was tried. A verdict in accordance with the medical testimony was returned by the jury, who were of opinion that the doctors were justified in the steps they had taken before and during the administration of the chloroform.

#### ATTACKED BY A CONVICT.

LIVING among convicts, one may be said to resemble a soldier on perpetual active service. The warder who marches his men out in the morning to work, does so with his life in his hand. In one way, he is worse off than the soldier, who deals with an open enemy, and has equal chances of being able to fire the first shot; whereas the prison officer has to deal with a cowardly ruffian who strikes a blow from behind, and, like the savage, has no respect for the non-combatant. On Sunday morning last, a most savage assault was made by a convict at Portsmouth prison on the senior medical officer, Mr. Power, who was at the time inspecting a number of convicts, who had been drawn up in line before him. The assailant, who was well known as a desperate character, with a piece of iron, which he had sharpened for the purpose, aimed a blow at the forehead of Dr. Power, who, drawing back, received the sharp edge of the iron on the left eyebrow externally. It glanced down, inflicting a cut on the nose, and he thus only narrowly escaped a blow which might have been attended with serious results.

#### OUR INTEREST IN LOCAL TAXATION.

THE House of Commons had a business-like and interesting debate last Friday on the incidence of local taxation. It is singular that while every citizen makes more or less of a personal grievance of each penny of Imperial taxation, his local burdens are commonly regarded by him as an affair beyond his purview or control. Yet the latter touch his most tender spot—his pocket—much more acutely and pressingly than the former, and their amount is infinitely more susceptible of modification by his own action than the taxes which he pays to Her Majesty. Friday's debate will probably be contemplated by the vast majority of the people with a languid interest, as a somewhat intricate jumble of figures in which millions appear rather more often than is pleasant. It is true that Mr. Pell did not bring forward any definite plan of his own. What he desired was, that the Government should act upon the principle which has often been declared in the House by substantial majorities, that some readjustment of local taxation is necessary and urgent. In favour of this proposition it was hardly to be expected that any arguments of special novelty should be adduced. Most people who have studied the subject, recognise that the present incidence of local taxation is highly unsatisfactory, not to say unjust. The question of subventions from the State is, after all, a secondary matter. It means little more than emptying one pocket to fill another. What is necessary is, that the present system of local government should be remodelled. The Cabinet are, it appears, prepared to do this if they are only allowed; though one would have thought that in the present state of public business it would have been wiser to restrict rather than enlarge their field of operations. Sir Charles Dilke's description of the Bill which he has ready in his dispatch-box is very tantalising reading. Not only elective county councils, but elective district councils are to be created by it, urban being distinguished from rural communities. The poor-rate will be divided between owner and occupier. There will be a simplification of areas by adjustments and consolidations, and power will be given to the county councils to alter boundaries. Sir Charles might well call this measure large and comprehensive; but what reasonable person can

expect that with the programme to which the Government now stand committed, any sort of progress can be made with it this Session? There is always danger in putting off the redress of a grievance until the whole class of grievances to which it belongs can be swept away. On the other hand, to patch up a fabric already rotten is proverbially unsatisfactory. As the House of Commons has passed Mr. Pell's resolution, the Government will probably be expected to do something to carry it into effect; though it is not easy to say what is to be done except to grant additional subsidies from the Imperial exchequer. Further subsidies could, however, only be regarded as a temporary staving off of a question admittedly urgent; and it is much to be wished that, if it were at all possible, a reform in the direction of Sir Charles Dilke's Bill could be carried into effect.

#### FIRE AT A HOSPITAL IN SALFORD.

A FIRE of a most disastrous character occurred at Hope Hospital, the hospital of the Salford Union, on Saturday last, resulting in the destruction of the whole of the upper half of one of these blocks. There were three female wards, and when the fire broke out there were in the block more than seventy patients, some of them seriously ill, and all more or less helpless, and the flames spread with such rapidity that it was with the greatest difficulty that the patients were rescued, the roof falling in a few minutes afterwards. As it was, we are glad to learn no mishap occurred to anyone, and this, no doubt, was in a great degree due to the order maintained and the steps taken to prevent as far as possible anything of the nature of a panic. The fire, which is supposed to have had its origin in a flue, was observed by Dr. Conry, the medical superintendent of the hospital. It was three hours after the arrival of the fire-brigade and engines before the fire was extinguished. Mr. Kelly, master of the workhouse, Mr. G. W. Gadd, chairman of the Infirmary Committee of the Guardians, and Mr. W. L. Marshall, chief constable of Salford, rendered efficient aid. So far as could be ascertained, none of the patients suffered through the sudden removal. Sufficient accommodation is available for them in the other wards, the number of patients at present in the hospital being about 200 short of its capacity.

#### CERTIFICATE OF DEATH SIGNED BY A DRUGGIST.

At an inquest held last week at Leeds on the body of a girl, aged 4, it was deposed that the child had been ill about a week before death, with symptoms which the mother considered to be due to measles. As the gravity of the symptoms increased, a druggist named Kemp play was called in. He visited the child on four succeeding days, and prescribed medicine. Shortly after his last visit the child died. The druggist signed a death-certificate, stating that he attended the child, and that the cause of death was rubeola and gangrenous stomatitis, and he protested against the right of the registrar to refuse the certificate. The jury found that the child died from natural causes, and appended to their verdict a rider that they would have been much better satisfied if a properly qualified practitioner had attended the child. The coroner acted wisely in holding an inquest under the above circumstances, but the inquiry would have been more satisfactory if a *post mortem* examination had been conducted, and evidence of the cause of death tendered by a registered practitioner.

#### OBSTETRICAL SOCIETY OF LONDON.

On Wednesday evening last, there was an unusually interesting meeting of the Obstetrical Society. Dr. Francis Neugebauer, of Warsaw, in an address delivered in French, demonstrated his theory on the cause of spondylolisthesis, exhibiting numerous specimens of lumbar vertebræ from cases where this pelvic deformity existed. Dr. Neugebauer is of opinion that the sliding forward of the lumbar vertebræ is always produced after birth, without the intervention of any constitutional or osseous disease, by the passive weight of the trunk, favoured by obesity, repeated pregnancies, and other causes; and he believes that this deformity is not limited to the articulation between the

fifth lumbar vertebra and the sacrum. After a paper by Mr. Doran, on cases of prolapse of the vagina in women, many of whose relatives were subject to hernia, an interesting contribution was read on the benefits derived from the induced current during parturition, the contributor being Dr. Kilner, Electrician to St. Thomas's Hospital. There were good discussions on both papers, and Dr. Neugebauer's demonstration proved highly interesting to the Society. It was unanimously agreed that the Society should present an address of condolence to the Queen and the Duchess of Albany on their recent bereavement.

## SCOTLAND.

#### UNIVERSITY OF ABERDEEN.

THE medical classes in this University were closed at the end of last week. The professional examinations for degrees in medicine were commenced on Monday, and there was a large number of candidates for each examination.

#### ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.

THE monthly report of the Royal Hospital for Sick Children states that, during March, 91 patients were treated in the hospital. Of these, 32 were admitted during the month, and 59 were in the hospital at the end of February. Twenty-seven patients were discharged cured, and 15 were relieved. The average daily sick in the hospital was 50. At the dispensary 850 patients were treated and 17 vaccinated, making a total of 867. There were received during the month 454 new cases; of these, 349 were from the city, 78 from Leith, and 27 from the country. Thus, the total number of patients treated in the hospital during the month was 958.

## IRELAND.

#### KERRY COUNTY INFIRMARY.

DR. FITZMAURICE has been elected surgeon to the County Kerry Infirmary in the place of Dr. Neligan, whose right to hold the office was recently contested in the Court of Queen's Bench, and referred to in these columns.

#### QUEEN'S COLLEGE, CORK.

WE recently referred to the agitation which exists among a section of the students against the authorities of this College; and it is now stated that the secretary of the Philosophical Debating Society, which is connected with the College, has had an interview with the president in relation to the office-bearers of the society. He has been informed, it is said, that if any of the students who were recently punished for infringing the rules of the College were elected as office-bearers, the society would be at once dissolved by the authorities.

#### THE COUNTY DOWN CORONERSHIP.

At a meeting of the Newtownards Board of Guardians, held last Saturday, a communication was read from the Local Government Board in reference to Dr. Parke holding the dual appointment of coroner for County Down and medical officer of the Newtownards Workhouse. They stated that as the guardians were of opinion that the position of coroner was not inconsistent with the efficient discharge of his duties as medical officer of the workhouse, the Board would not object to the arrangement receiving a trial, on the definite understanding that if any case arises in which Dr. Parke's attendance of the workhouse is neglected, or in which a patient in that institution suffers from his absence, the Board will feel it necessary to require him to resign his appointment as medical officer. We congratulate Dr. Parke upon the sympathy and support which he has received from the guardians of Newtownards Union, and which render it unnecessary for him to vacate the post of coroner as suggested by the Local Government Board.

## MEDICAL SICKNESS, ANNUITY, AND LIFE ASSURANCE SOCIETY.

A MEETING of the Provisional Executive Committee was held at 38, Wimpole Street, on Thursday, March 27th. There were present Mr. E. Noble Smith in the chair, Mr. Sibley, Mr. J. Brindley James, Dr. Clibborn, Mr. Major Greenwood, jun., Mr. Fred. Wallace, and Mr. Radley, Secretary.

The Secretary presented his report, showing a total of 333 members, and receipts of preliminary entrance fees, etc., to the amount of £228 2s. 6d.

A letter was read from Dr. J. D. Plunket, President of the Tennessee State Board of Health, Nashville, U.S., asking for copies of the rules, tables, etc., of the Society, as a model for the formation of a similar society, in connection with the Tennessee State Medical Association. The Secretary was requested to forward copies of the documents.

A communication was read from Mr. Gilbert Walker, the editor of the *British Journal of Dental Science*, raising the question whether dental surgeons or dentists, either qualified or unqualified or both, would be eligible as members of the Society. The question, which was thought to be an important one, was discussed at some length, and the following resolution, proposed by Mr. Sibley, was unanimously passed:—"That any qualified registered dentist holding the diploma of L.D.S. of the Royal College of Surgeons of England, Scotland, or Ireland, be eligible as members of the Society." The Secretary was desired to forward a copy of the resolution to Mr. Walker, with a request that he would bring it before the notice of the dental profession through the columns of the *British Journal of Dental Science*.

Letters were also read from Mr. J. Bain Sincock, Bridgwater, and Mr. H. E. Trostrail, Aldershot, containing suggestions, the consideration of which it was decided to postpone until the general meeting, when full opportunity will be afforded for the discussion of any question, the adoption of which would necessitate an amendment of the rules.

The Secretary read the draft copy of a circular (drawn up in accordance with a resolution passed at the last meeting), in which the history, objects, and benefits of the Society are clearly laid down. It was approved and ordered to be circulated as arranged.

A consideration of the proposal forms brought forward for the decision of the Committee concluded the proceedings.

## THE ROGERS' TESTIMONIAL.

THE following additional subscriptions to the fund for a testimonial to Dr. Joseph Rogers have been received. It should be understood that the subscription to this fund is not confined to Poor-law medical officers. The Treasurer is Mr. J. Wickham Barnes, 3, Bolt Court, Fleet Street, E.C.; and subscriptions are received by the Editor of the *BRITISH MEDICAL JOURNAL*.

*Fourteenth List.*—Mrs. Hawksley, £1 1s.; Dr. Danford Thomas, £1 1s.; G. Terry, Esq., Mells, £1 1s.; Dr. G. Barnes, Ewell, 10s. 6d.; Thos. Davies, Esq., Colwyn Bay, 5s.; A Pauper, 2s.

Mr. J. Wickham Barnes requests all subscribers who have not yet sent him their promised donations, to kindly do so, at their earliest convenience.

## MEDICAL ACTS AMENDMENT BILL.

THE following circular has been issued, and a copy forwarded to us for publication.

23, St. John Street, Manchester, March 28th, 1884.

Sir,—At a meeting of the Lancashire and Cheshire Branch of the British Medical Association, held in Manchester, on March 18th, 1884, it was unanimously resolved that the President and Secretary of the Branch be requested to sign the petition submitted to the Council in favour of the Medical Act, 1884, introduced into the House of Lords by the Right Honourable the Lord Privy Seal, and to send a copy of the petition and resolution to every member of both Houses of the Legislature residing in, or connected with, the district.

The Lancashire and Cheshire Branch of the British Medical Association numbers nearly 900 members of the medical profession; and in its district are situated the Victoria University, and University College, Liverpool, each with its large and flourishing medical school.

The feeling in this district in favour of the proposed Medical Act is very strong, and the Council of this Branch ventures to hope that you will be able to give it your support.—I am, your most obedient servant,

CHARLES E. GLASCOTT, Honorary Secretary of the Branch.

Unto the Right Honourable the Lords Spiritual and Temporal of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The humble petition of the Council of the Lancashire and Cheshire Branch of the British Medical Association, sheweth:

That a Bill has been brought into your honourable House, intitled, "An Act for the Consolidation and Amendment of the Law relating to Medical Practitioners," by the Right Honourable the Lord Privy Seal, and that provision is therein made for improvement in the examination of candidates for the medical profession, and

for the introduction of representatives elected by the registered medical practitioners residing in the United Kingdom of Great Britain and Ireland into the Medical Council.

Your petitioners pray that the said Act may become law. And your petitioners will ever pray, etc.

D. LLOYD ROBERTS, M.D., President.  
CHARLES E. GLASCOTT, M.D., Secretary.

## ASSOCIATION INTELLIGENCE.

### NOTICE OF QUARTERLY MEETINGS FOR 1884: ELECTION OF MEMBERS.

MEETINGS of the Council will be held on Wednesday, April 9th, July 9th, and October 15th, 1884. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than twenty-one days before each meeting, viz., June 20th, and September 25th, 1884, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

FRANCIS FOWKE, *General Secretary*.

### COUNCIL.

#### NOTICE OF MEETING.

A MEETING of the Council will be held in the Council-Room of Exeter Hall on Wednesday, the 9th day of April next, at 2 o'clock in the afternoon.

Subcommittees will meet as follows. At 161A, Strand, W.C.—Tuesday, April 8th, 1884: Subcommittee on Branch Organisation, 5 P.M. Scientific Grants Committee, 6 P.M. Subcommittee on Cost of Literary Part of Journal, 7.30 P.M. Wednesday April 9th, 1884: Journal and Finance Subcommittee, 11 A.M.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, London, April 2nd, 1884.

### COLLECTIVE INVESTIGATION OF DISEASE.

CARDS for recording individual cases of the following diseases have been prepared by the Committee; they may be had on application to the Honorary Secretaries of the Local Committees in each Branch, or on application to the Secretary of the Collective Investigation Committee.

- |                           |                            |
|---------------------------|----------------------------|
| I. Acute Pneumonia.       | IVa. Diphtheria, sanitary. |
| II. Chorea.               | V. Syphilis, acquired.     |
| III. Acute Rheumatism.    | Va. „ inherited.           |
| IV. Diphtheria, clinical. | VI. Acute Gout.            |

URGENT.—The Committee needs 150 more cases of Pneumonia, and hopes that they will be sent in as soon as possible.

Applications should be addressed to

The Secretary of the Collective Investigation Committee, September, 1883. 161A, Strand, W.C.

NOTICE.—The *Life-History Album* prepared by the Collective Investigation Committee is now ready, and can be ordered of all booksellers, price 3s. 6d.

### BRANCH MEETINGS TO BE HELD.

THE NORTH-WESTERN PROVINCES AND OUDH BRANCH.—Meetings are held on the first Friday in every month, at half-past nine, after dinner at eight o'clock. Gentlemen wishing to be present are requested to communicate with the Secretaries, Surgeons SHIRLEY DEAKIN and W. A. MORRIS, 8, City Road, Allahabad.

LANCASHIRE AND CHESHIRE BRANCH.—The first intermediate meeting of this Branch for 1884 will be held at the Mining School, Wigan, on Tuesday, April 8th, at 2 P.M. Dr. Frederick Roberts (London) has kindly consented to read a paper on Local Treatment in connection with the Respiratory Organs. The following communications have also been promised. Mr. Wm. Berry: A Paper on Surgical Dressings. Dr. Davidson: A Case of Hystero-epilepsy in a Boy, in which Metallotherapy and Magneto-therapy were employed. Dr. Leech: On Paraldehyde. Dr. Lloyd Roberts: A Patient from whom he removed a portion of an Ovarian Cyst. Dr. Walter: A Case of Suppurating Dermoid Cyst of the Ovary. Mr. Brown (Bacup): A Paper on the Proposed New Medical Bill, and the duty of general practitioners, and of the British Medical Association in particular, thereto, and will move a resolution thereon. Mr. Walter Whitehead will demonstrate the application of the Electric and the Oxy-hydrogen Light in Surgical Practice; and will also make some remarks on the Surgical Treatment of Hæmorrhoids. There will be an exhibition of the newer forms of medical and surgical instruments, by Messrs. Wood, of Manchester. Messrs. Armstrong Bros. will show a selection of microscopes, optical instruments, and models. Messrs. Woolley and Co. will exhibit specimens of new drugs and special preparations. Messrs. Mottershead will furnish a series of peptonised foods and digestive preparations, and show some of the later forms of medical batteries. At five o'clock, the members will dine together at the Victoria Hotel. Dinner tickets 7s., exclusive of wine. Members who intend to be present at the dinner are specially requested to inform the Secretary as early as possible on the day of the meeting.—CHARLES E. GLASCOTT, M.D., Honorary Secretary, 23, St. John Street, Manchester.