

BRITISH MEDICAL ASSOCIATION.  
SUBSCRIPTIONS FOR 1886.

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The British Medical Journal.

SATURDAY, MARCH 6th, 1886.

THE LUNACY ACTS AMENDMENT BILL, 1886, IN  
THE HOUSE OF LORDS.

THE temperate speech with which the Lord Chancellor moved the second reading of the Lunacy Acts Amendment Bill, in the House of Lords, on Monday, affords augury of a settlement of the important subjects of the Bill, on better and fairer lines than might have been the case. His lordship paid what we believe to be a well-merited tribute to "the honour, the credit, and the intelligence of the great medical profession, and of the Commissioners in Lunacy."

As to the admission of "private" patients, according to the report in the *Times*, his lordship states that "under the present laws it was possible for an individual totally unconnected with the alleged lunatic, by ties of blood or otherwise, with the assistance of two medical men, to procure the incarceration of an individual for an indefinite period, under the pretence that he was insane." But, is this the case? Do not those who imagine it to be so, leave out of sight altogether the whole machinery of the official visitation of lunatics, and other numerous safeguards against the improper detention of a sane person for an indefinite space of time, as an alleged lunatic? Indeed, there are indications that, in consequence of the attitude which those in charge of private asylums have recently felt compelled to take, the minimum degree of insanity prerequisite to admission to private asylums, is, on the whole, higher than in the case of public asylums.

A change in the law as regards the reception of private patients is eminently desirable, but not solely on the grounds put forth as the *animus* of the present bill, and which refer to the necessity for safeguards against improper confinement of persons supposed lunatic, but really sane. Proper safeguards against this are absolutely essential, but there are other reasons for a change in the law on this point, not touched upon by the framers and supporters of the Bill, whether these are within or without the Houses of Parliament. For matters are at present in a state highly prejudicial to the best interests of the "private" insane patient. Alarmed by several actions at law taken against relatives or other persons who, without fee or advantage to themselves of any kind, have taken upon themselves the thankless and disagreeable office of signing the order of admission of a patient to an asylum—in this, acting as the patient's best friend—relatives of patients have, in many cases, shrunk from performing this duty. Not only so, but, in consequence of actions at law against medical men, and of the existing state of public and judicial prejudice on the

matter, numerous medical men in this country have for some time past refused to sign certificates of insanity in any case; and, indeed, if all of them were fully aware how totally unprotected they are when acting in good faith, few or no medical men would now sign such certificates. Hence, in many cases, "private" patients are not now put under care and treatment until every measure of delay has been exhausted, and often not until the curable stage has passed away. Some rather tardy recognition of this appeared in their lordships' debate. But the Bill fails to protect either the relative or friend who signs an order for the reception of a patient, or the medical men who receive and detain such patient; although it provides that no prosecution can be taken against the medical men signing certificates, except by order of the Commissioners, Attorney-General, or Public Prosecutor.

That the order for reception of a private patient must, by the Bill, be signed by a judge, magistrate, or justice, specially appointed, will be widely welcomed as a safeguard. But it is far from being an unmixed good. It will in many cases deter friends from acting, and lead to delay in placing patients under care and treatment, and, in that regard, will contrast unfavourably with the state of things existent until lately: but, it is probable, it will not be productive of more delay than is the inhibiting effect of the present and recent public agitation and litigation. Several of their lordships impugned the good faith of some of those in charge of private asylums, and seemed to have been much impressed by alleged, but unproved, improper detention of patients. Clearly, from the nature of the cases, and of their circumstances, it is to private asylums that most of those insane patients are sent, who, in consequence of their possession of means, of education, and of their familiarity with legal advisers and litigation, are likely to take legal proceedings if they consider themselves to be aggrieved, and are likely to state their cases before a Parliamentary Committee; and yet a number of the cases in which such legal proceedings have been taken, or in which statements as to improper detention were laid before the late Parliamentary Select Committee on lunacy law, were those of persons who had been in public asylums. And after a minute investigation, extending over months, and embracing many cases of alleged improper detention, that Committee, having afforded every facility and publicity for the statement of grievances, reported that no case of improper detention had been made out. To assert that persons are illegally "incarcerated" in private asylums, and that the facts remain in oblivion because such persons are not likely to complain, is to make a facile assumption.

The truth of the matter is, that certain classes of patients—including some who to the ordinary or casual observer appear to be coherent and sane, and yet some of whom are most dangerous to themselves or others—stoutly maintain their sanity, and the illegality of their detention; and it matters not whether they be in private or in public asylums, they resent their "incarceration," as they term it, and are ready to take every means to harass and damage any and every person concerned in their certification, reception, and detention as lunatics. If discharged from a private asylum, whether possessed of means or not, they not seldom seek to act upon this feeling. If discharged from a public asylum, they nurse their supposed grievances, but often feel impotent to move in the matter by legal proceedings. No matter what may be the method of procedure provided by law for placing persons in asylums, and no matter whether it be a

public or private asylum to which they are sent, patients of the type we have mentioned will continue to allege improper detention, and to assert their own sanity, past and present. Abolish private asylums, and let the patients now entering them enter public asylums, and allegations by patients as to their improper detention will not, we fear, be thereby greatly lessened.

One effect of the Bill will be to gradually abolish private lunatic asylums, new licences not being allowed, and no existing ones extended in the future; while measures are taken to compel the justices in all counties and boroughs to build or buy accommodation for private patients, thus creating powerful competitors with the present private asylums. This solution is one which will be generally, but not universally, accepted as satisfactory. Several of their lordships expressed the view that this outlay of ratepayers' money should be carefully regarded; and, considering that, if the project of the Bill be carried out in this particular, nearly every county and borough in the land will be compelled to erect or buy, and thenceforward carry on, a private asylum managed by public officials, and each of these asylums will be briskly competing with every other for what is a very limited class of patients, the likelihood is that the rate- and tax-payers will come out of it rather unfavourably.

Let the subject of abolition of private asylums be thoroughly threshed out before a fairly representative parliamentary tribunal. Then, if it be decided that the private asylum system is an evil, both as regards the interests of the insane and of the general public, let it be abolished, on terms of compensation equitable alike to asylum proprietors and to the general public. Meanwhile, to cast a slur on private asylums, and leave them to the decay of a lingering death, is scarcely the best way to secure that they shall have the services of thoroughly good professional men; for which there has rightly been an expressed anxiety. The proposal to abolish the reception of individual patients by private medical men under license and supervision, is open to many objections.

### RESPIRATORY THERAPEUTICS.

THERE is an evident tendency, especially among continental physicians, to react against the system of endeavouring to treat affections of the respiratory organs exclusively by means of medicinal agents, which act on the system at large. It is beginning to be recognised that many, if not most, of these affections are local in their origin and in their course, until indeed the maintenance of life itself is menaced by the acquired incapacity of one important organ. The sooner this view of the pathology of lung-diseases is recognised, the better will it be for the comfort, if not for the cure, of the patient. We may even go a step farther and maintain that, even in lung-affections where the constitutional condition is not without importance, either in their etiology or in their course, much relief may be obtained and improvement effected by a judicious resort to the means which modern therapeutic research and ingenuity have placed at our command.

The truth of what we have advanced is already partially admitted by the profession and by the public, in the limited applications of remedies in the form of vapours or sprays; but this method of treatment merits, and will doubtless obtain, a more thorough employment as a knowledge of its advantages becomes more general. Mechanical difficulties have long stood in the way of the more extensive adoption of the method of direct application to the irritated or inflamed

mucous membrane of the respiratory tract; but this can now no longer be alleged as a sufficient reason for its non-employment. That it involves more trouble, and especially more direct supervision on the part of the medical attendant, is not to be denied; but that this increased trouble should be deemed an adequate objection to its administration, can scarcely be allowed. A recent contribution by Dr. Murrell on the subject of pure terebene as an inhalation, shews that the value of such applications is gradually becoming appreciated in this country.

The resources of this branch of therapeutics are more extensive than one is apt to imagine. Not only can constitutional effects be readily and promptly induced when desired, but drugs can be inhaled in the form of a vapour, or in solution as a spray, or in the solid form as an impalpable powder. By these means any desired effect can be produced, anodyne or expectorant, soothing or astringent, or antiseptic; all can readily be directed immediately on to the affected surface, and their beneficial results promptly and certainly obtained. Nor is this all. Thermic therapeutics have been resorted to, ever since the days of Hippocrates as an adjunct to the more ordinary methods. By means of variations in the temperature of the inspired air, the characteristic effects frequently utilised in what we may call external medication may be made to exercise their influence here, and there can be no reason to doubt their efficacy in this case as elsewhere. Then, again, modifications in the composition of the inspired air may be and have been turned to account. The inhalation of a more highly oxygenated atmosphere, or of one more rich in that active form of oxygen, ozone, has during the present century been largely experimented with; and, even if the results have not come up to the somewhat extravagant hopes entertained when Priestley first discovered and promulgated the novel and curious qualities of this gas, enough has been observed and recorded of its influence to justify one in hoping for its further employment in the future.

The most modern addition to this department of therapeutics is perhaps the mechanical treatment of certain affections of the respiratory tract by means of alterations in the pressure of the air. The various apparatus, designed with this object in view, comprise quite an arsenal, from the complicated inventions of Finkler and Koch to the simple accordeon-bellows of Fränkel. On a more elaborate plan, the pneumatic chambers are available, and have been in operation for some years with, it is alleged, eminently beneficial results in a restricted class of cases. We are all of us familiar with the advantages attending a change of air with certain patients and in certain maladies; and it cannot be doubted that much of the good so obtained is attributable partly to the change in atmospheric pressure, in combination with variations in the hygroscopic and electric properties of the respired air. What has been done of late has been with a view of conducting the treatment on a scientific basis, whereby, with careful observation, the credit due to the various factors of pressure, temperature, and composition, can be more accurately determined, and long, expensive, and unnecessary voyages rendered to a large extent superfluous.

The methods of inspiring compressed air or expiring into compressed air have given especially good results in certain cases. The effect of the former is obviously to raise the tension of the air in the lungs, thereby facilitating and accelerating the interchange of gases. The expansion of the thorax is perceptibly increased even in a

healthy subject; and where the lung is bound down by false membrane, or is otherwise prevented from complete inflation, the increase in its vital capacity is as rapid as it is marked. Patients suffering from asthma, chronic bronchitis, bronchorrhœa, or emphysema, often experience great relief from even a single application. The increase of pressure need not and ought not to be very great. From one-sixtieth to one-thirtieth of an atmosphere is that most generally employed.

It is to be regretted that in this country no facilities exist for systematic treatment of this kind, beyond one or two special institutions; and in this respect we are much behind our continental brethren. In Germany and France the treatment is in full swing, and is said to be attended with much benefit in those cases where its employment is indicated. In a country like ours, where bronchial affections form a large and distressing proportion of our troubles, it is singularly inappropriate that fresh means and appliances for treatment should be left comparatively untried.

### CLINICAL INSTRUCTION AT THE INFECTIOUS HOSPITALS.

We are able to announce, with great satisfaction, that the Metropolitan Asylums Board has at length reverted to that which was the original policy of those at whose instance these organisations were brought into existence. In the article on the Hospitals of the State in the *Fortnightly Review*, in which Mr. Ernest Hart drew out the scheme for the substitution of the then scandalously disorganised and neglected workhouse-infirmaries by a series of Metropolitan State hospitals or asylums, it was an important element of the scheme that such hospitals should be medically administered, on the basis which experience had taught to be successful in the great hospitals of the metropolis, and that they should be attended by visiting physicians, and thrown open for the purpose of clinical instruction. In this there was a two-fold object: to secure efficiency and progress in the medical administration of such hospitals, and to secure them from abuse. Nothing, it was urged, is so effective in inducing progress, and in keeping medical administration up to the mark, as to put the medical charge of the wards in the hands of visiting physicians of good professional position in constant contact with their practising brethren, and holding that position in the profession which the visiting physicians of metropolitan hospitals rarely fail to attain. Not only would in this way a high order of talent, experience, and a progressive eminence be secured in the visiting physicians, and consequently in the medical administration generally, but it could probably be secured in this way on easier terms than by any other method. Further, it was urged that the admission to the wards of clinical assistants and of medical pupils would be in every way to the advantage of the patients, who would thus have at their service a class and an amount of clinical aid in the recording of cases, and in the watching of their progress from day to day, which could not be supplied by any system of payment which would not be exorbitant and excessive. Further, the presence in the wards of a critical and earnest band of students would be an insensible but ever present incentive to study, and to exertion on the part of the medical officers.

The first part of these recommendations, that the medical service should be administered by practising visiting physicians, was rejected by Mr. Hardy; not, we hope, a final decision, for we are convinced that a thoroughly satisfactory medical service will never be attained until

this form of administration is secured. It was, however, provided that these hospitals should be open to the clinical instruction of students, and that the students should frequent the wards. This had a twofold object: first, such objects as have been above described; and, secondly, in providing medical students, who are to be the medical practitioners of the future, with such opportunities for the study of infectious diseases as these hospitals afford on a great scale, and such as few, if any, of the metropolitan hospitals are in a position to supply. Even this provision was, however, struck out and repealed at a later date, through the jealousy of the Poor Law Board, which has long acted upon the foolish principle of shutting up its infirmaries and hospitals, and keeping them as much as possible from the public eye, and from the salutary influence of medical criticism. We have repeatedly referred to the unwisdom of that course, and have predicted the inevitable result which must follow. The scandals which attended the Hampstead Hospital inquiry, and other more recent and lamentable events, have shown that our prediction was not without a solid basis of rightly interpreted experience; and it is satisfactory to be able to state that, owing largely to the influence of some of the medical members of the Board, a step has been taken in the right direction, and that at a meeting of the Board on February 27th, Sir Edmund Currie proposed, and Dr. Fowler seconded, a resolution in favour of the adoption of a report containing the following provisions.

a. That, at such of the hospitals of the Board as can furnish the necessary accommodation, gentlemen, who must be registered medical men, be invited to apply for the posts of clinical assistants.

b. That such clinical assistants shall be appointed by the Hospital Committees for a period of three months, and shall reside in the Hospital, paying the sum of 12s. per week each for their board, and the sum of £3 3s. per term as a fee to the Medical Superintendent.

c. That they shall work under and be subordinate to the Medical Superintendent of the Hospital, but in no case be held responsible for the treatment of the patients.

d. That the clinical assistants shall be subject to the regulations in force at the several hospitals.

e. That the General Purposes Subcommittee be instructed to draw up rules and regulations for the observance and guidance of the clinical assistants.

In accordance with the resolution carried, application is to be made to the Local Government Board for an order, authorising the managers to make the several infectious hospitals available for clinical instruction, as contemplated by Section 29 of the Metropolitan Poor Act of 1867.

Dr. Fowler, in his speech, dealt especially on the practical difficulty of medical students, since the abolition of apprenticeships, obtaining any sound knowledge of infectious fevers and small-pox. Hardy's Act had virtually taken away from the London schools the material whence instruction could be practically afforded. In 1884, there were admitted 2,576 cases as infectious fever into the five land-hospitals of the board. Of these, 261, or more than 10 per cent., were suffering from diseases other than fever. In the same year, 6,803 cases were admitted as small-pox into the same five hospitals and into ships. Of these, 99 were suffering from diseases other than small-pox. These 360 cases, in which the diagnosis was faulty, had to be kept in hospital for two or three weeks, for fear that they might have caught the infection in the hospital. Some were so ill, that they never left the hospital again alive. The estimated cost to the ratepayers, Dr. Fowler stated, was 10s. per week for each case, or a total of £540 per

*annum* for the whole 360 cases. It is not, of course, assumed that all errors of diagnosis will ever be eliminated; but it is certain that a more general and practical instruction of students in the symptoms and diagnosis of infectious fevers is exceedingly desirable; and that, if these hospitals be largely utilised, such information will be placed within reach. The larger reform which still awaits to be carried out is the abolition of the present post of medical superintendent as now arranged, and the substitution for it of a resident medical officer, subject to the control of visiting physicians, and the admission of medical students, as such, to the wards of its infectious hospitals. It cannot be pretended that that which works so well in the great voluntary metropolitan hospitals, should not also be incorporated in the constitution of the metropolitan hospital asylums. Special regulations might be necessary, but these could easily be provided. The present resolution is a step in the right direction, but much more remains to be done before the infectious hospitals of the Metropolitan Asylums Board can be placed on a perfectly satisfactory footing, or will have rendered the service which they are capable of rendering, either to their patients, to the training of the medical profession, or to the public at large.

THE Government, it is stated, are prepared to accept Mr. Stansfeld's resolution for the repeal of the Contagious Diseases Act.

THE Public Medical Society of Paris is about to organise a Hygienic Exhibition, in relation to the health conditions of urban and suburban Paris.

THE *New York Medical Record* states that an association has recently been formed in Philadelphia under the presidency of Dr. H. C. Wood, which has for its object the prevention of the imposition of fresh restrictions with regards to experiments on living animals.

#### IMPORTATION OF SPANISH RAGS.

THE importation into England of rags from Spain has been prohibited by an order of the Local Government Board for a further period of two months from the 1st of March instant.

#### THE DARENTH SMALL-POX CAMP.

THE Court of Appeal has held that the small-pox camp at Darenth did not injure the adjoining property, and upholds Justice Pearson's judgment, refusing Mr. Fleet an injunction. A full account of the decision is given on another page.

#### CHOLERA PROSPECTS.

THE Minister for War has despatched some engineer and medical officers to the Porquerolles Isles, to arrange for the reception of 1,000 sick and wounded men from Tonquin. The Mayor of Marseilles has received official assurances that the troops returning from Tonquin will not be landed at Marseilles or at Toulon.

#### MINUTES OF THE MEDICAL COUNCIL.

THE volume of minutes of the General Medical Council, for the year 1885, has been issued with commendable rapidity, and in a very complete form, by Messrs. Spottiswoode and Co. It contains an unusual amount of interesting information, especially the detailed statistical report regarding medical students, with tables and diagrams. The tabular statements as to visitations of examinations are also of much interest. They show the fees and expenses of visitation exclusive of printing, in their gradually ascending ratio. In 1866-7, £172 was spent in visiting six universities and five corporations, by twelve

visitors. In 1885, £2,030 was spent by nine visitors, in visiting ten universities. But for these costly visitations, and the long-spun and dreary discussions of the Council, they would find it difficult to spend more than a very small proportion of the money which they annually receive for registration fees. The registration is the only part of the Council's work which is really well done for which the profession receive any valuable return, and it costs only a fraction of the amount received.

#### THE CROONIAN LECTURES.

It may be remembered that, owing to the great increase in the annual income of the Croonian Trust, the Royal College of Physicians have had for some time under consideration the question of turning this "unearned increment" to good account. We understand that the matter is now engaging the attention of a Committee of the College, who have drafted a scheme which would provide, not only for the delivery of a course of lectures, but also for the prosecution of original researches in clinical medicine.

#### MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE quarterly meeting of this Association was held at Bethlem Hospital on February 24th; Dr. H. Rayner in the chair. Dr. Mickle read a paper on "Some Abnormal Forms of Breathing;" and a paper by Dr. Savage was also read, on the subject of "Drunkenness in Relation to Criminal Responsibility." In the discussion upon the latter paper, the opposite views held by judges in recent cases were remarked upon as leaving the present legal aspect of the subject in an unsatisfactory state.

#### THE METROPOLITAN PROVISION FOR INFECTIOUS CASES.

AT the last meeting of the Metropolitan Asylums Board, a letter was read from the Local Government Board, on the subject of the managers undertaking the duty, on payment from the vestries, who are the "sanitary authorities" to whom the duty of providing infectious asylums for the non-pauper classes is committed, of providing for such cases. The Local Government Board allowed and approved the terms of an agreement with the vestries for the care of these classes, but stated that the department had no power to compel the vestries to enter into agreements for the care of non-pauper patients.

#### GERMAN MEDICAL CONGRESS.

THE fifth German Medical Congress will be held at Wiesbaden on April 14th-17th, under the presidency of Professor Leyden, of Berlin. The pathology and treatment of diabetes mellitus, the operative treatment of pleuritic effusions, and the treatment of syphilis, are the principal subjects chosen for discussion. The last-named subject will be introduced by Professor Kaposi of Vienna; the discussion on diabetes will be initiated by papers from Dr. Stokvis of Amsterdam, and Professor Hoffman of Dorpat. Professor Ziegler has chosen an interesting subject, the transmission of acquired pathological peculiarities; and Professor Brieger will again take up the subject of ptomaines.

#### INOCULATION FOR YELLOW FEVER.

NEARLY eighteen months have now elapsed since Dr. Domingos Freire, of Rio Janeiro, announced that he had succeeded, with the assistance of M. Rebourgeon, not only in cultivating a very peculiar micro-organism, which he supposed to be the cause of yellow fever, but also, by a method which was not disclosed, in so diminishing the virulence of the organism, that its cultivation could be employed as a preventive. Many hundreds of persons, it was said, had been thus inoculated, and none had suffered from the disease to which they were freely exposed. The statements, important as they would be, if confirmed, were supported by so small an array of facts that they have not been generally accepted. The *New York Medical Record* announces that the President of the Louisiana State Board of Health is using his best endeavours to induce the legislature of the United

States to appoint a commission to inquire into the question, and it is very much to be hoped that he may be successful. Either Dr. Freire's observations are correct and very valuable, or they are incorrect and worse than valueless. In either case, an impartial investigation is equally to be desired.

#### YELLOW FEVER AT RIO DE JANEIRO.

ACCORDING to the latest advices from Rio de Janeiro, yellow fever, which made its appearance there in November last, has since then been rapidly spreading, and is now very seriously prevalent. Many deaths are said to occur daily. The port sanitary authority of Liverpool have recently received a communication from the Local Government Board directing their attention to these circumstances, and urging special and careful inquiry by the medical officer of health as to sickness of any kind that may have occurred on board vessels arriving from Rio.

#### HOME NURSING.

THIS valuable system, which will greatly diminish the pressure on hospitals and demands for gratuitous aid, is being developed in many parts of London. At the fifth annual meeting of the North London Nursing Association, which undertakes to provide trained nurses to visit the homes of the poor in North London, it was reported that during the past year 2,194 visits on an average had been made to the homes of poor persons, by the staff of nurses belonging to the association. There had been a falling off in the number of donations, but, on the other hand, the costs of the visits had been diminished by a strict system of economy. The continued appreciation of the valuable help rendered by the nurses to medical men, was seen in the increase of the number of those gentlemen who had sent cases, namely, 120, as against 92 in the previous year. The total number of medical men under whom the nurses had worked during the year, was 204.

#### A TEACHING UNIVERSITY FOR LONDON.

THE Executive Committee of the Association for Promoting a Teaching University for London, have recently issued a report describing its proceedings, and detailing its proposals in their present shape. These proposals are essentially the same as those which have already been many times stated and discussed in these pages: Faculties consisting of teachers, Boards of studies elected by the Faculties, and a governing senate or council partly elected by the Faculties, and partly nominated by the educational institutions included within the system of the University, is the general plan suggested. The Committee, it would seem, have not yet abandoned the hope that the existing University may so far enlarge its borders, as to include the new university as a separate "teaching side," and an opinion is expressed very strongly unfavourable to the scheme which proposes to give to the Royal Colleges of Physicians and Surgeons, acting conjointly, the right to grant degrees in medicine. "Such a severance of the machinery for granting degrees in London from general academic influences," would be, it is said, "most inadvisable, especially at a juncture when, by suitable alliances and co-operation, a wider and worthier scheme for graduation in arts, science, medicine, and laws, might be adopted."

#### DEATH FROM CHLOROFORM.

A SAD death from this anæsthetic formed the subject of a coroner's inquiry, on Tuesday last, at Swansea. The evidence tendered to the court showed that Lady Flora Wilmot took chloroform on Monday afternoon, for extraction of a tooth. The anæsthetic was administered by Mr. Fry, and the tooth removed by Mr. Scott. Both these gentlemen stated that the deceased seemed to be in good health, and had previously taken a similar dose of two teaspoonfuls of chloroform for a like purpose; she was unconscious for twenty minutes, and then died. This is another of those unfortunate occurrences which should serve to enforce upon practitioners called upon to administer an anæsthetic, the desirability of carefully adjusting the vapour to the case

for which it is used. The experience of all administrators of repute undoubtedly points to the conclusion, that chloroform is not a safe anæsthetic for use with adult patients; and the pages of this JOURNAL have for years teemed with instances of death during its administration. For the extraction of teeth, and other equally brief operations, nitrous oxide gas seems to be the best anæsthetic now known, but there is the difficulty that its use necessitates a special apparatus; which, for gentlemen who are rarely called upon to employ it, is a serious drawback to its usefulness. The next best anæsthetic for those who desire the least possible apparatus is perhaps the A.C.E. mixture: which, for the sake of those who have not yet used it, we may say is composed of one part (by measure) of alcohol, to two parts of chloroform, and three parts of pure ether, making altogether six parts. It may be administered on flannel, lint, or a handkerchief precisely as is chloroform. Its only drawback appears to be, that it is a little slower in its action than is chloroform alone; but, at the same time, it improves rather than depresses the pulse. And those who use it do not generally care to revert afterwards to the use of pure chloroform. The liquid should be mixed just before its employment.

#### THE EXPENSES OF THE HOSPITAL SATURDAY FUND.

A STATEMENT, prepared by Mr. R. Frewen, the secretary, shows that the organisation had, during the twelve years of its existence, distributed £74,271 among the hospitals, dispensaries, convalescent homes, and surgical appliance societies of the metropolis. In 1874, when the fund was started, only £6,141 was collected, and six years afterwards there was merely an addition of £11; but, in 1885, the receipts had increased to £11,192. The awards advanced from £4,494 in the first year, to £5,250 in the sixth, and £9,500 in the twelfth year. The percentage of expenses to awards was 35.20 in the first four years; 18.30 in the second four years; and in the last four years 14.50. At the last meeting of the Council, Mr. A. F. Swain moved a resolution declaring that the delegates "viewed with regret the continued heavy working expenses of the fund, and recommended the immediate formation of a committee to inquire into the causes of this." He held that it would be found practicable, upon investigation, to reduce to some extent nearly all the heads of expenditure; and remarked that the present cost of management evoked adverse criticism among workmen in the various London workshops, deterring many from subscribing. The Chairman of the Council said that body were earnestly endeavouring to reduce the expenditure. He concurred in the opinion expressed at the last general meeting, that the expense of the movement was a disgrace to it, and ought by all means to be reduced. Mr. Bunn said that inquiry was needed, and he proposed an amendment—which was accepted by Mr. Swain, in lieu of his resolution—instructing the Council to investigate the working expenses, with a view to the reduction of the cost of management, without impairing the efficiency of the work done. This was unanimously adopted.

#### CANVASSING AT THE ROYAL BENEVOLENT MEDICAL COLLEGE.

WE have before us a copy of a circular addressed to the governors of the Medical Benevolent College, once more deprecating the system of canvassing for votes, which was denounced by 2,728 governors in 1879, as leading the candidates and their friends into an unnecessary and often fruitless expense, and too frequently resulting in the election of persons assisted by money or influence, in preference to the most friendless. After full debate, both in annual meeting and in council, it was resolved definitely to discourage this system of canvassing, and to appoint a responsible committee of examination, whose duty it should be each year to carefully investigate the relative claims of those who have been admitted by the Council as candidates, whether for pensionerships or foundation scholarships. It was further their duty to select from each class a number of names equal to the number of vacancies in each class, being the names of those who, after thorough investigation of the circumstances and claims of every candidate

should be found to be most deserving of the support of the governors and subscribers. The Council has loyally carried out both the letter and the spirit of these resolutions. Gradually, however, the governors seem to have allowed themselves to forget the responsibilities of their position, and to yield to the importunities which they had condemned, and by their weakness to assist in allowing the old system of costly canvassing, with all its cruelties and injustice, to rear its head again. The evils of canvassing for election at charities are universally acknowledged. The result of this practice is to insure the election not to the worst cases, but to those which happen to have most influence, or which have at command a sum of money which shall enable them to repeat their importunities, and to press their cases upon the notice, in preference to others more needy, more suffering, and more deserving. A vigorous canvass on behalf of certain candidates possessing influential friends, and having the command of money, last year deliberately excluded from the benefits of the charity five out of eight of the cases which, after careful comparative investigation by an independent committee, had been declared to be those which had the strongest claims upon the benefits of the institution. We would once more urge that the governors of the Medical Benevolent College should consistently refuse to lend their names as referees, or as recommending any case, except upon the understanding that such names shall not be put upon any card which is to be used in defiance of the rules of the charity, for public canvassing; and, indeed, if the system is to be repressed, the co-operation of the governors ought to be counted on to treat any resort to this evil practice as in itself a disqualification for their votes.

#### BRAIN-SURGERY OF THE STONE-AGE.

ON Wednesday, March 3rd, in the Botanical Theatre of University College, Professor Victor Horsley delivered an address to the Medical Society on the "Brain-Surgery of the Stone-Age;" the President, Dr. Sidney Martin, being in the chair. After giving a short account of the discoveries relating to the dwellings of the human race of the stone-age, the lecturer proceeded to discuss the evidence of the operations performed on the skull at that time. Photographs, showing the skulls in which trephining had been performed, were exhibited; and the arguments for and against the consideration of these openings as trephine-apertures were brought forward. Professor Horsley mentioned the fact that many of these apertures were in the part of the skull over the motor area, and hazarded the theory that the operations were done chiefly for traumatic epilepsy.

#### POPULAR LECTURES ON THE LAWS OF HEALTH.

THE National Health Society is doing good service to the public by encouraging the delivery of courses of popular lectures on the Laws of Health. The course of lectures at the Paddington Baths, opened lately by Sir Andrew Clark, and delivered by Dr. Schofield, of which we spoke last week, has been followed by an examination; and the presentation of three prizes and several honorary certificates, took place last Tuesday evening, after an address by Sir Spencer Wells, who commented on the very remarkable fact that these lectures had been attended by more than seven hundred persons, about two-thirds of the students being women. He added that a still larger proportion of women had come up for examination, and, of the thirty prizes and certificates, all excepting two had been gained by women. After some remarks on Mr. Goschen's recent address at the Mansion House, on Reading, Hearing, and Thinking, Sir Spencer said that, in the lectures encouraged by the National Health Society, a good deal more was done to make hearing a lecture more useful than merely reading one, than Mr. Goschen had contemplated; for examination and practical demonstration were added to the lecture. The student not only heard, but was made to think by questions, and to show not only that he knew how many useful things were done, but that he could himself do them properly. Not only must he prove that he had acquired knowledge, but that the knowledge was exact and accurate,

and ready for use in an emergency. After presenting the prizes and certificates, and congratulating the young men and women who had obtained them, Sir Spencer urged those who had not been successful not to be discouraged by one failure, but to determine by continuous efforts to obtain success hereafter; to become more useful members of society, and to devote some part of the leisure not required for the restoration of the energy necessary for daily work, to the acquisition of the knowledge of the laws of health, which must be useful to themselves, their families, and their neighbours, and which must strengthen that bond of sympathy and fellowship which is so comforting to all who suffer, and which, while making our young men and women healthier and wiser, also makes them happier and better.

#### NEWSPAPER CURES.

As a proof of the old adage, that "the wish is father to the thought," we are pleasurably startled now and again with the announcement, in the newspapers, that a cure has been discovered for that fell disease, the Saxon bane, consumption. This announcement comes round with about the same regularity as that of the famous sea-serpent, whose remains, if the animal could only be caught, would meet with a cordial welcome in our museums of comparative anatomy. These alleged remedies generally reflect, to some limited extent, the then current views as to the pathology of this terrible affection, and they thus secure for themselves a share of the popularity which almost invariably surrounds the last new hypothesis, until by-and-by they die a natural death, sometimes after having diverted a certain quantity of pecuniary benefit into the pockets of the ingenious authors of the respective "cures." We are all familiar with the gushing accounts in the daily papers, especially those which affect sensation concerning some new hypothesis, which, from a very germ or embryo, is developed into a full-grown adult discovery. To it is attributed all the power for good, and all the authority, which attach to remedies whose usefulness has been attested by clouds of medical men and patients. Koch discovers a crooked organism in the intestines of cholera patients, and forthwith cholera is no more; he lights upon another in connection with tuberculosis, and behold the problem is solved—in the newspapers. The difficulties, the doubts, the uncertainties, all are forgotten in the would-be accomplishment of a "consummation devoutly to be wished." During the past week, however, we have been treated to a more novel phase of this tendency, and one possibly more open to criticism than the majority of such effusions which interest and may even amuse, while they can scarcely do any harm. Within a few days of the appearance in a lay contemporary of a sensational article on the reported good results obtained in one or two cases of phthisis by the inhalation of the spores of the "bacterium termo," by an Italian physician, a letter is published in the same journal from a medical gentleman, named Lambert, residing in Liverpool, in which he claims to have effected—or rather partly effected—the cure of a very advanced case of phthisis. So eager is this eager benefactor to give the world the benefit of his experience, that, unwilling to lose valuable time in checking the results by even one other observation, or even in completing the cure of the case he has in hand, he rushes into print with an enthusiastic and glowing account of the wonders he has achieved. That his conduct is irregular and open to misconception, he candidly admits; but he conceives his indebtedness to the writer of the article on the subject to be so great, that he is unable to restrain himself from proclaiming it *urbi et orbe*, and substantiates his assertions by appending his name and address. His excuse for thus deviating from the more usual course is that "tears may be dried, sorrows soothed, hopes revived, and lives saved," by means of this new bacterium, which he finds of such "thrilling interest and great promise." We shall await the sequel with some anxiety, not so much, indeed, the results of this gentleman's further experience, for the subject is being investigated by men whose zeal and ability are probably at least equal to his own, less his *ad captandum* style, but to know exactly what

opinion to form as to the judicial wisdom of the author of this wonderful semi-cure, who prefers confiding the results of his reflections, confessedly immature and inconclusive, to the general public, rather than, by judicious and systematic inquiry, aiding in the dissemination and verification of what should be, according to his views, a great advance in the treatment of phthisis.

#### SIR J. FAYRER ON CHOLERA.

IN a lecture by Sir Joseph Fayrer, on Tuesday evening, to the Young Men's Christian Association, Exeter Hall, he traced the history of cholera from ancient times to the present, described its characteristics and the peculiarities of its incidence in the various countries of the world, and pointed out what were regarded as predisposing causes, remarked that there were several theories as to the origin and causes of the disease, but none of them satisfactorily explained all the phenomena. But though the real cause of cholera was still unknown, yet the laws which affected its production, development, and diffusion had been so far ascertained by observation that, happily, the measures by which its progress might be stayed and its fatality mitigated were now sufficiently well known as to come well within the scope of sanitary work. Hence all were agreed as to the preventive effect of measures of sanitation. Sir Joseph Fayrer rejected the theory of contagion by personal intercourse, and therefore condemned in strong terms the inutility of all coercive measures of quarantines and cordons. The British and Indian Governments, who based their action in the matter on well ascertained facts, had wisely discontinued all quarantine measures on both sea and land, and relied solely upon sanitary laws. He dwelt upon the importance of personal hygiene. Good ventilation, perfect drainage, prevention of overcrowding—all those things should be secured in every town and village in the country. The more perfect their sanitary precautions were, in short, the more complete would be their protection and immunity from cholera. Experience and inquiry had shown on the other hand, how futile coercive measures alone had proved to cope with the disease; for where insanitation prevailed, there the disease assuredly found favourable means of development. He regarded it as a grave defect in our sanitary laws that so much in this respect was left to individual effort, and contended that in those circumstances it became the duty of every intelligent man and woman not only to observe the necessary conditions of protection themselves, but to make it clear to their neighbours that in the full and complete observance of sanitary laws alone was to be found an efficient safeguard against cholera.

#### OBSTETRICAL SOCIETY OF LONDON.

AT the meeting of this Society, on Wednesday evening, March 3rd, the President announced that it was intended to publish, in future, a fasciculus of the proceedings, and that it would be at the option of a Fellow to order either the fasciculi, as they appeared, or the complete yearly volume of the *Transactions*. Dr. Barbour demonstrated a fine series of frozen sections from subjects which had died in the early part of the first stage of labour, in the third stage, and shortly after the conclusion of the process of parturition. The attachment and detachment of the placenta, and other important factors in relation to pregnancy and childbirth were discussed, in relation to the appearances displayed by Dr. Barbour's preparations. Dr. W. S. A. Griffith exhibited a specimen of tubercular disease of the Fallopian tube, and a microscopic slide showing bacilli in a tubercular mass from the tube. Dr. Horrocks observed that he had seen a case of tubercle of the tube, spreading to the peritoneum, where Dr. Goodhart and himself had no doubt that the tube was the primary seat of disease. Dr. Champneys showed, preserved in a stoppered glass-tube, some pellets of chloride of mercury and chloride of ammonium, ready to be dissolved in water, for antiseptic washings. Dr. Matthews Duncan observed that the mercuric salt was decomposed in London water, and rendered useless; glycerine was a better solvent. Dr.

Lewers exhibited an uterus removed entire, on March 1st, for cancer of the body. Dr. Playfair submitted to the inspection of the Society, an ingenious calculating rule, designed by a gentleman, for the precise reckoning of the date of labour. Dr. Godson showed a double monster of the syncephalic iniops variety. The only paper which was read, was an interesting contribution by Dr. Lewers, on a case of circumscribed sarcoma of the uterus and vagina.

#### CLINICAL SOCIETY.

THE papers read at the last meeting of this Society were, as our report of the proceedings published at another page will show, chiefly of surgical interest, though the two cases of abdominal obstruction should not escape the attention of physicians. The first paper gave particulars of a case of traumatic inguinal aneurysm, with rupture of the sac, for which Mr. Mansell Moullin tied the common femoral and external iliac arteries, the one below and the other above the sac, with complete success. Mr. C. Symonds detailed the second case, which was one of aneurysm occurring in a stump, resulting from Gritti's amputation. Upon the formation of the aneurysm, the superficial femoral artery was first ligatured, the aneurysm then cut into, and the vessel tied above and below the sac. The patient recovered. Mr. Symonds, in his subsequent remarks on the case, took occasion to observe that secondary hæmorrhage from a stump was, in his opinion, due to inflammation and endarteritis, and the softening of the wall of the vessel consequent thereon. If this opinion be correct, and Mr. Bryant remarked that it had his concurrence, the lessened suppuration from all wounds under modern surgical methods may be expected to diminish the frequency of secondary hæmorrhage. That this anticipation is likely to be verified, one fact noticed by Dr. Goodhart renders highly probable. He stated that, during the last six years, there had been no case of death from secondary hæmorrhage at Guy's Hospital, and he attributed the circumstance to the present lessened suppuration in surgical cases. Dr. Goodhart next related particulars of a case in which intussusception of the upper part of the jejunum had existed for twenty-one months, with periodical attacks of vomiting, abdominal pain, progressive wasting, and a movable tumour which simulated somewhat a floating kidney, but underwent rhythmic contractions, and was obviously some part of the intestine. The patient never had serious constipation, and never passed blood from the bowel. She was to be admitted to hospital for active treatment, when she died from the exhaustion of the continued vomiting. It was subsequently found that the intussusception was associated with, and probably caused by, large polypoid growths into the jejunum. Mr. A. E. Barker lastly detailed a very interesting and most successful case in which a male, aged 23, had acute intestinal obstruction, followed by acute general peritonitis. Mr. Barker performed abdominal section. The intestine was traced upwards between the fingers until, at the middle of the jejunum, a loop highly inflamed, distended, and ecchymosed, became suddenly unravelled. It was not seen *in situ*, but, from all the attendant circumstances, was supposed to have been implicated in a volvulus. The whole cavity of the peritoneum, which contained a non-odorous gas and large quantities of inflammatory serum, was carefully mopped out with carbolised sponges, passed on long holders into every recess. The patient improved at once, and eventually recovered, though, through an error in diet on the ninth day, vomiting was produced, during which the upper two-thirds of the wound were burst open, and a knuckle of intestine protruded, which was washed by Mr. Barker under the carbolie spray, and replaced after the abdomen and wound had been again wiped out. Mr. Bryant stated that he also considered the existence of acute peritonitis no bar to the operation of abdominal section, and instanced ovarian surgery as affording proof of the soundness of his views, for in ovariectomy the existence of suppuration is certainly not held to warrant withdrawal from the operation. Mr. Barker's case, and the many other instances of successful abdominal surgery now rapidly accumulating, all tend to show that

another domain, formerly considered to be almost entirely appropriated to the physician, is being cautiously but surely won over to the regions over which the surgeon holds nearly unchallenged sway.

#### DEATH OF MR. COOPER FORSTER.

It is with deep regret that we have to record the somewhat sudden death of Mr. J. Cooper Forster, M.B., ex-President of the Royal College of Surgeons, in his sixty-third year. That distinguished surgeon had been staying with his family at Cannes, and, towards the end of last month, he began to feel indisposed. Early last week, he left Cannes, and was submitted to intolerable annoyance in the railway-journey through France. To be closely confined for over twenty-four hours in an overcrowded carriage is sufficient to entail serious fatigue on a person in good health. To Mr. Forster, this discomfort proved more or less directly fatal. He arrived on Wednesday, February 24th, in London, and felt better on the Thursday, but, on Friday, serious symptoms arose, and his family were summoned to town by telegraph. Notwithstanding the assiduous attention of Drs. Wilks and Habershon, Mr. Forster died at four o'clock on Tuesday morning. His illness bore the symptoms of typhoid fever. He was throughout his life known as an accomplished surgeon of very agreeable social qualities, identified heart and soul with Guy's Hospital, to which he was for many years attached. In 1881, he resigned his appointment as Surgeon, as he and Dr. Habershon, who also voluntarily severed his connection with the hospital, felt that they could not with dignity submit to certain new regulations enforced by the treasurer and governors. Mr. Forster wrote a well known work on *The Surgical Diseases of Children*, and contributed largely to the transactions of societies. We shall speak more fully of his labours in a future number of the JOURNAL.

#### ABNORMAL SYNOVIAL CYSTS.

In the twenty-first volume of the *St. Bartholomew's Hospital Reports*, Mr. Marrant Baker continues certain observations which he made in a previous volume on the formation of abnormal synovial cysts in connection with the joints. Mr. Baker had noted that in cases of effusion into the knee-joint, especially in osteo-arthritis, the secreted fluid may find its way out of the joint and form a synovial cyst, through distension of neighbouring parts. This cyst may lie in the popliteal space and upper part of the calf, or entirely in the calf, towards the inner aspect of the leg and far from the knee-joint. Fluctuation may not be communicable from a large cyst of this kind to the knee-joint, but it is found that the absence of this fluctuation does not prove that the cavities of the joint, and the cyst do not communicate with each other. These cysts tend to disappear, without leaving traces of their appearance, and should not, as a rule, be operated upon. They are sometimes observed by the patient before the primary joint-disease. Mr. Baker's further researches have shown that cysts of this class are also formed in connection with the shoulder, elbow, hip and ankle joints, as well as with the wrist. These abnormal cysts are found a little below the clavicle, or in the upper arm near the biceps; above the internal condyle of the humerus, in the upper part of Scarpa's triangle, in front of or external to the ankle, and either in front of or external to the wrist. The apparent want of direct communication between the joint and the cyst is frequently deceptive, and increased experience has rendered Mr. Baker yet more inclined to advise against operative proceedings.

#### ABSCESS OF THE LIVER FOLLOWING PELVIC CELLULITIS.

Dr. E. W. ROUGHTON has recently described an interesting case of this rare complication in the last volume of the *St. Bartholomew's Hospital Reports*. A woman, aged 25, married one year, but never pregnant, was seized with pain in the hypogastrium and back, vomiting and dysuria, on May 14th, 1885. The symptoms of pelvic cellulitis developed in a few days. The cervix uteri was found to be arched back in the pelvis, and in front of it lay a dense mass of tender

induration, only slightly displaceable. The swelling increased, and albuminuria set in; pus also occasionally appeared in the urine. On June 20th, the patient complained of pain in the lower part of the right side of the chest; there was slight pleuritic friction over the painful area. On July 1st, there was fulness and tenderness in the hepatic region, and an abscess of the liver was suspected. On July 11th, ten ounces of pus were removed by aspiration; four days later, no improvement having followed the tapping, a free incision was made into the abscess. "After the anæsthetic had been stopped for about five minutes, and whilst the dressings were being adjusted, she suddenly ceased breathing, and although artificial respiration was vigorously performed, she did not rally." At the necropsy, three large abscesses were discovered in the substance of the liver; only the most superficial had been opened. A dense mass of inflammatory deposit surrounded the uterus, and the right ovary contained about two drachms of pus. The base of the right lung was collapsed, and its pleura slightly roughened; the intestines showed no signs of ulceration (the patient had suffered from typhoid fever in August, 1884), and all the other viscera were healthy, nor were any abscesses found in the joints or subcutaneous tissues. Dr. Roughton has seen another case of hepatic abscess following pelvic cellulitis. It is hard to see why there should be the slightest doubt about the abscess being a complication, and not a pure coincidence.

## SCOTLAND.

#### ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.

THE number of patients treated in the Sick Children's Hospital during February was 111, of which 48 were new cases received during the month. There were 406 patients treated at the dispensary, and 8 were vaccinated, making in all 525 cases that received treatment at or in the hospital during the month.

#### MATERNITY HOSPITAL, EDINBURGH.

DURING the year 1885, there were confined of children, in the wards of the Royal Maternity and Simpson Memorial Hospital, Edinburgh, 272 women, an increase of nine on the previous year; while the outdoor cases numbered 633, as compared with 602 in 1884. Forty-four nurses were trained during the year, the same number as in 1884. At the annual general meeting (the forty-first in the history of the hospital), held in Edinburgh on Tuesday, presided over by the Lord Provost, and numerous attended, the reports were submitted and approved. Unfortunately, the expenditure continues to exceed the ordinary income, and will continue to do so until the permanent income of £800 is secured. The total income for the year was £820, but this included £213 of legacies; the expenditure amounted to £750. The vacancy on the staff, caused by the death of Dr. Angus Macdonald, will lead to the promotion of one of the assistant-physicians, and the vacancy thus created has already several candidates in readiness for it.

#### EXTENSION OF MARISCHAL COLLEGE, ABERDEEN.

THE Plans Committee of the Aberdeen Town Council have generally approved of the plans of the proposed extension of Marischal College. It is not intended that the work should be proceeded with for some time.

#### ABERDEEN ROYAL INFIRMARY.

THE Royal Infirmary Committee have agreed to recommend to the Court of Managers, that the infirmary medical staff be increased by a medical officer for diseases of women, and one for diseases of the skin, two assistant-physicians, one assistant-surgeon in addition to the fourth surgeon, a surgeon for diseases of the ear, and two additional resident physicians, to be called respectively house-surgeons and house-physicians. They have also decided to recommend that the

medical staff should meet together as a medical committee at least once a month, and report on such subjects as the Committee of Management may request their opinion on, and on any matter which they may desire to bring under the Committee's notice.

#### CHAIR OF INSTITUTES OF MEDICINE (PHYSIOLOGY) IN ABERDEEN.

WE believe that several candidates have intimated their intention to apply for this chair when it is declared vacant, which, we understand, will not be for some time. The candidates, so far, are Drs. Noel Paton and Ashdown of Edinburgh, Professor Hayercraft, of Birmingham; Dr. Macgregor Robertson, of Glasgow; and Dr. J. A. McWilliam, of University College, London. No election can take place until Professor Stirling resigns. The patronage is vested in the Crown.

#### OUTBREAK OF SMALL-POX AT WOODSIDE.

IN Woodside, a village near Aberdeen, a somewhat serious outbreak of small-pox has occurred. Three women have been attacked in one week, and the infection is believed to have been caught from a bale of rags which the women were working with in connection with the paper-works situated there.

#### SMALL-POX AT QUEENSFERRY.

THE outbreak of small-pox at Queensferry, which occurred some little time ago, rendered necessary special accommodation, and the local authority combined with the Forth Bridge Works in fitting up a ship, the *Hugomont*, as a hospital. At a meeting of the local authority held on Monday, it was stated the fitting-up of the *Hugomont*, and other expenses, amounted to £500, and the hospital was carried on at a weekly outlay of about £25. Dr. Hunter reported that there were then 23 patients on board the ship, 10 of whom were convalescent, but another was about to be removed there. There were also 3 cases being treated at home, 1 at Dalmeny, and 2 at Queensferry.

## IRELAND.

AN amateur concert will be held on March 8th, in aid of the funds of the County and City of Cork Hospital for Women and Children. A debt of about £400 is still due on the building-fund, and it is to be hoped that the institution, which has so many claims for support, will soon be free from the debt which has been incurred.

#### THE MEATH HOSPITAL.

THEIR Excellencies the Earl and Countess of Aberdeen visited this hospital last week, and were conducted over it by the members of the visiting staff and some of the governors.

#### ADDRESSES TO THE LORD LIEUTENANT.

HIS Excellency the Lord Lieutenant received a deputation from the King and Queen's College of Physicians in Ireland last Saturday, and one from the Royal College of Surgeons in Ireland on Wednesday, when he was presented with the usual addresses from these bodies, customary on the arrival of a new lord lieutenant in the country.

#### THE DUBLIN HOSPITALS COMMISSION.

THE sittings of this Commission were resumed on Monday last. Witnesses connected with Mercer's Hospital were examined, who gave evidence in reply to charges made against the management of that institution, chiefly by one of the members of its medical staff and board of governors.

#### BELFAST ROYAL HOSPITAL.

AT a quarterly meeting of the committee, held last week, bequests and donations amounting to £1,071 were acknowledged. The Board

reported that the Consumptive Hospital, at the Throne, was publicly opened by Mr. Foster Green, for the reception of patients, on December 1st last, and that all the beds were occupied. Dr. Lindsay, assistant physician of the Royal Hospital, has been appointed to the medical charge of this department. The Board call attention to the fact that Mr. F. Green has offered, at his own cost, to build a new wing to the Throne Hospital for consumptive patients, on condition that £15,000 is raised for the endowment of the wing during the next two years. Towards raising this sum, £1,550 has been promised; and Mr. Green, in order to stimulate the work, has promised £500, if the whole sum be raised in six months. During the quarter now ended, it had been decided to create a department of pathology in connection with the hospital; and, at a special meeting of the General Committee, held on December 14th last, Dr. Henry Burden was unanimously appointed pathologist, and has since entered upon his duties.

#### HEALTH OF DUBLIN DURING 1885.

DURING last year, the births registered in the Dublin Registration District numbered 10,144, equal to 29 per 1,000; and the deaths 10,022, or 28.4, against an average rate of 29.4 for the preceding ten years. The deaths from the principal zymotic diseases amounted to 1,096, equivalent to a rate of 3.1. Two deaths from small-pox were registered during the year, being the only deaths recorded from this disease in the district since May, 1881. Measles caused 296 deaths, or an increase of 269 as compared with the preceding year; scarlet fever, 178, against 191; fever, 237, or 65 below the average annual number for the ten years previous. The deaths from whooping-cough numbered 191, or an increase of 59; diarrhoea and dysentery, 190, or 75 below the average. Cerebro-spinal fever caused quite an epidemic, and 52 cases terminated fatally, the remaining deaths from zymotic affections including 40 from erysipelas, and 27 from diphtheria. The mortality from phthisis amounted to 1,273, while diseases of the respiratory system caused 2,055 deaths, which included 1,288 from bronchitis, 423 from pneumonia, and 59 from croup. Apoplexy caused 153 deaths; epilepsy, 56; mesenteric disease, 220; tubercular meningitis, 258; and cancer, 175.

#### MEDICAL REFORM.

THERE is, we understand, increasing reason to believe that the Government will deal with the question of Medical Reform. Lord Spencer and Sir Lyon Playfair are both well acquainted with the difficulties of the question, and with the nature of the numerous obstacles which have stood in the way of the success of previous measures. There is, it is stated, some probability that a comparatively short and simple measure, dealing with the essentials of the question as they chiefly affect the public interest, and leaving matters of detail to be arranged by existing medical authorities, might be carried, where a more elaborate measure would be defeated.

#### THE MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

AT a meeting held on February 26th, the Central Committee of the Association of Members of the Royal College of Surgeons of England passed the following resolution.

"That the Association of Members of the Royal College of Surgeons, believing that the proposal to increase largely the number of Honorary Fellows of the College would in no way tend to a solution of the questions now pending between the Council and the Members, determines to resist the adoption of such a scheme, as being detrimental to the best interests of the College, its Members and Fellows."

At the same meeting, a subcommittee was appointed to consider and report to the Central Committee such alterations in the existing charters of the College as it may seem advisable to draft, in view of the presentation to the Privy Council of the petition now in course of signature by the Members of the College.

### PASTEUR ON HYDROPHOBIA.

At the last meeting of the Paris Academy of Science, M. Pasteur read a second note on his treatment for hydrophobia. He said he was, with everyone else, astonished to discover the number of people bitten by mad dogs to be so considerable. On February 25th, with the aid of Dr. Grancher, he inoculated the 350th patient. Of those inoculated, one, Louise Pelletier, aged 10, is dead. When she was brought to M. Pasteur's laboratory, he had little hope of saving her, and stated in his note to the Academy of Sciences that, in the interest of science, he ought to have refused treating her, but preferred satisfying the desire of her relations. She was conveyed to M. Pasteur six days after she had been bitten by a large dog. On her head was a large purulent sore, which had not been improved by medical treatment. On November 27th, eleven days after the treatment was applied, symptoms of hydrophobia were manifested, and the child died on December 3rd.

A serious question remained to be decided—whether the child died from the treatment, or from the bite. Twenty-four hours after death, the cranium was trephined in the region of the wound, and a small quantity of cerebral substance was removed. Two rabbits were inoculated with it, and died from hydrophobia eighteen days subsequently. Immediately after the death of these rabbits, others were inoculated from their spinal cords, and died fifteen days subsequently. These series of inoculations show that Louise Pelletier died from the bite, and not from the inoculations, otherwise the second series of rabbits would have died after seven days' incubation instead of fifteen. The rest of the patients are in a satisfactory condition, and the inoculations have never produced any serious local disturbance, neither phlegmonous swellings nor abscesses. After the last inoculations, there is sometimes a little redness and œdema. M. Pasteur states that statistics show that it is especially during the first five months after the bite has been inflicted, that hydrophobia declares itself. The patients under treatment are classified as follows: 100 were bitten before December 15th, two months and a half ago; 100 ranging from six weeks to two months; 150 were still under treatment, and are in excellent health. M. Pasteur urges that an inoculation establishment for hydrophobia should be organised.

M. Vulpian dwelt on the necessity of relieving M. Pasteur from the care and trouble of finding a shelter for his patients. He also said that it was of the highest importance that the treatment for some time further should be applied at Paris under M. Pasteur's superintendence. M. Pasteur estimates the expenses to be 50,000 francs (£2,000). Patients arrive from all parts of the world. Four Americans treated, and apparently cured, arrived twenty-one days after the bite had been inflicted. Nevertheless, it is an error to suppose that prolonged delay is not dangerous. Incubation operates from forty to sixty days, and treatment at that period would coincide with the onset of the symptoms. M. Pasteur does not consider that Government ought to be asked to subsidise the inoculation establishment; it ought to be supported by public and international donations.

M. Freycinet said that he believed that he might promise the support of the Government. The governing authorities would consider it a privilege to be associated with M. Pasteur's enterprise.

M. Leblanc, member of the Academy of Medicine and Sanitary Director at the Prefecture of Police, has furnished M. Pasteur with the following statistics. In 1878, among 163 persons bitten by mad dogs, there were 24 deaths from hydrophobia. In 1879, 76 were bitten, and 12 died. In 1880, 68 were bitten, and 5 died. In 1881, 156 were bitten, and 11 died. In 1883, 45 were bitten, and 6 died. M. Pasteur desires that the establishment should be a centre for studying virulent and contagious diseases. The data he has discovered in relation to hydrophobia must also have some bearing on other diseases. It is a question now under discussion whether diphtheria may not be successfully treated on principles based on those which M. Pasteur has already exposed.

### THE ROYAL UNIVERSITY OF IRELAND.

THE fourth annual report of the University to the Lord-Lieutenant has just been presented. It is stated that the progress of the first three years of the existence of the University as a working institution has been maintained, and that there is every ground for hoping that its success is assured, and that it will take rank in the future among the permanent institutions of the country. The number of persons who presented themselves at the various Academic Examinations of the University in 1885 was 2,534, being an increase of 433 on the year 1884. Examinations in the Faculty of Medicine were held in the months of April and May. One hundred and thirty candidates pre-

sented themselves for the final examination for the Degree in Medicine, or its complement, the Mastership in Surgery or the Mastership in Obstetrics. Of these, 71 were successful in passing the examination, and were admitted to the degrees, two or three having passed the special honour examination. At the preliminary professional examinations, held at the same time, known respectively as the first and second examination in medicine, 96 candidates presented themselves, of whom 53, or 55 per cent., passed, two obtaining honours. The total number of candidates who presented themselves at the autumn final examination in the Faculty of Medicine was 174, of whom 87 passed the examination for the Degree in Medicine, or for the Mastership in Surgery or the Mastership in Obstetrics. Of these, 8 passed the special honour examination. Of 88 who presented themselves at the second examination in medicine, 42 passed, three with honours; and of 111 who presented themselves at the first examination in medicine, 76 passed with honours. At the examination for the Diploma of Sanitary Science, two candidates passed the examination. Particular attention is directed to the honourable position the women students of the University have again secured for themselves, the excellent academic work they have done, and the distinction they have secured. The result has been so successful that it is plain that greater facilities and improved character of education would be attended with satisfactory academical results from women students. Commodious buildings have been erected, at considerable expense, to enable the University to hold in a proper manner the scientific and other examinations which are prescribed by the University curriculum. But these buildings are utterly destitute of equipment, of apparatus, etc., without which such examination cannot be conducted; and the University has no funds out of which such equipment can be procured. It is simply impossible for the University to acquit itself of its duty towards its students and the public, unless its examination halls are fitted in a manner suited to the scientific requirements of our time. It is to be hoped that His Excellency will be able to move the Treasury to discharge this evident duty of the State promptly. The buildings are almost ready; but it is manifest that no examination can be held in them until they are properly fitted up.

## ASSOCIATION INTELLIGENCE.

### NOTICE OF QUARTERLY MEETINGS FOR 1886.

#### ELECTION OF MEMBERS.

ANY qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Meetings of the Council will be held on April 14th, July 14th, and October 20th, 1886. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary, not later than twenty-one days before each meeting, namely, March 25th, June 24th, and September 30th, 1886.

Candidates seeking election by a Branch Council should apply to the secretary of the Branch. No member can be elected by a Branch Council, unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANÇOIS FOWKE, *General Secretary.*

### COLLECTIVE INVESTIGATION OF DISEASE.

INQUIRIES are in progress on the subjects of

DIPHTHERIA, ACUTE RHEUMATISM,  
OLD AGE, CANCER OF THE BREAST.

Memoranda on the above, and forms for recording individual cases, may be had on application.

It is requested that returns on Acute Rheumatism be sent in as early a date as possible, as the printing of the Tables is in progress.

The greater part of the "Old Age" form may be filled in by a non-medical person, if necessary.

THE ETIOLOGY OF PHTHISIS.—Continuation of inquiry. The Committee will be glad to receive the names of gentlemen willing to engage in joint investigation of any of the following points in relation to the origin of cases of Phthisis;—(a) The influence of residence and occupation; (b) the previous state of the patients' thoracic organs and general health; (c) heredity and communication. Full particulars will be sent on application.

THE CONNECTION OF DISEASE WITH HABITS OF INTemperance.—Additional replies are earnestly requested on the schedule issued with