

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the quarterly meeting of the Council on Thursday, April 8th, it was announced that the Jacksonian Prize for last year was awarded to Mr. Bruce Clarke, for his essay on the Diagnosis and Treatment of such Affections of the Kidney as are amenable to direct surgical interference. The subject of the Jacksonian Lecture for 1887 was announced as follows: "On the Pathology, Diagnosis, and Treatment of Tumours of the Bladder."

The subject of the next Collegial Triennial Prize was announced as follows: "On the Structure and Functions of the Ganglionic System of Nerves in Man, to be illustrated by reference to Comparative Anatomy."

Mr. John Marshall moved, and Sir James Paget seconded, the following resolution:

That the Council have considered the resolution, carried at the meeting of Fellows and Members, held on the 17th December last, in reply to a communication from the Council, bearing date the 16th of the previous month, which resolution is as follows:

"That the answer of the Council is not satisfactory, and that the Council be respectfully requested to reconsider the subjects:

- "1. Of the representation of Members of the College; and
- "2. Of submitting, for approval, any alterations proposed to be made in the constitution or the relations of the College, or in any of its by-laws, to a meeting of the Fellows and Members."

That the Council, in reply to this resolution, have to make the following statement:

1. As regards the subject of the "representation of the Members of the College."

Whilst fully recognising the gravity of the question of the representation of Members of the College (presumably in or upon the Council), the desire of Members to be so represented, and the advantage of uniting in harmonious relationship all the constituent elements of the College, the Council still retain the opinion already expressed by them, "that it is not desirable to diminish the privileges of the Fellowship, by depriving Fellows of the exclusive rights of electing to the Council, and of being eligible to become Members thereof."

Entertaining this view, the Council are unwilling, and, indeed unable, consistently, to take proceedings for making any organic change in the constitution of the College which would impair the present status of the Fellows, by whom alone they have been elected to office as the governing body of the College.

The two methods of widening the basis of the Fellowship, one by election and the other by examination, just agreed to by the Council, by means of which it is hoped that the acquisition of the Fellowship and its concomitant rights, by Members of the College, will be facilitated, involve no organic or constitutional change in the government of the College.

The Council are quite aware, however, that these new proposals do not constitute a complete response to the desire of Members to a share of representation in or upon the Council. At the same time, they would point out that no detailed plan, formulated by the two bodies mutually interested in the question, that is, the Fellows and the Members, by means of which a share of representation might be assigned to the latter, has yet been presented to the Council.

The Council are quite prepared to give careful attention to any such jointly authorised plan, approved by a majority of each body, and would found their decisions concerning it, not merely upon a consideration of the relative interests of the Fellows and Members, but also upon a due regard to the position and future welfare of the College.

2. That, in reference to the other subject, namely, that of submitting questions to general meetings of Fellows and Members,

The Council have to reply that, whilst they still adhere to the opinion that it is unnecessary, and would, as a rule, be impracticable, to refer certain questions to the consideration of a general meeting of the Fellows and Members, they wish to state that, in accordance with their declared view, "that they would be glad to consult the Fellows and Members when larger questions arise, such as those which concern the constitution of the College," they would take care to report the conclusions at which they might arrive, in regard to any plan presented to them concerning the representation of Members, to a special meeting of Fellows and Members.

The Council, however, could only regard such a meeting as consultative, and not as possessed of a direct power to veto or alter their decisions.

The following amendment to the first two paragraphs was moved by Mr. Lund, and seconded by Mr. Macnamara: "That the Council do hereby rescind so much of the resolution, passed at the meeting of

Council held on November 12th, 1885, as relates to the non-desirability of Members participating in the election of Fellows as Members of Council; and do substitute, in the first paragraph of the said resolution the following words, namely, 'That it is not desirable to diminish the privileges of the Fellowship by depriving Fellows of the exclusive right of being eligible to become Members of Council.'"

The amendment was rejected by 17 to 4, and the original motion was carried.

Mr. Henry Cayley, of Calcutta, and Mr. George Yeoman Heath, of Newcastle-on-Tyne, were elected Fellows of the College, under the provisions of the charter relating to members of twenty years' standing.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London. A clinical evening. Cases will be shown by the President, Dr. Ord, Dr. Stephen Mackenzie, Dr. Purcell, Mr. John Morgan, and others.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 p.m. Mr. Sedgwick: The Chemical Pathology of Respiration in Cholera. Mr. Knowsley Thornton: Two Cases of Splenectomy.

WEDNESDAY.—Royal Microscopical Society, 8 p.m. Mr. G. Massee: Structure and Evolution of the Floridae.—The British Gynaecological Society, 8.30 p.m. Specimens will be shown by Dr. Greig Smith, Dr. George Elder, and others. Dr. Robert Barnes: Vicarious Menstruation.—Hunterian Society, Mr. Bryant: Cystic Tumours of the Breast. Epidemiological Society of London, 8 p.m. Dr. James Cameron: Observations on a Certain Malady occurring among Cows at a time when the Milk produced by them disseminated Scarlatina. Dr. Buchanan, F.R.S.: Certain Alleged Injuries by Vaccination in North Germany.

THURSDAY.—Harveian Society of London, 8.30 p.m. Clinical evening. Dr. Broadbent: Case of Bulbar Paralysis. Dr. Stephen Mackenzie: An Unusual Case of Pemphigus. Mr. A. J. Pepper: A Case of Excision of the Knee-Joint. Mr. Winslow Hall: Specimen of Congenital Malformation of the Heart. Also cases by Mr. Jonathan Hutchinson, Dr. Hughlings Jackson, Mr. Juler, and Mr. Noble Smith.—The Parkes Museum of Hygiene, 8 p.m. Lecture by the Rev. F. Lawrence on Eremucousis: Sanitary Burials.

FRIDAY.—Society of Medical Officers of Health, 7.30 p.m. Professor Bischof: Dr. Koch's Gelatine Peptone Test for Water.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

- CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.50; Dental, M. W. F., 9.
- GUY'S.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.50; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
- KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th., Throat, Th., 3; Dental, Tu. F., 10.
- LONDON.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9.
- MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.
- ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9.
- ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.
- ST. MARY'S.—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., M. Th., 9.30; Eye, Tu. F., 9.30; Ear, W. S., 9.30; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; Dental, W. S., 9.30.
- ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; Children, S., 12.30; Dental, Tu. F., 10.
- UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetrics, M. Tu. Th., F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.30.
- WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3. Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATORS respecting editorial matters should be addressed to the Editor, 161A, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 161A, Strand, W.C., London. In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the office of the JOURNAL, and not to his private house. AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 161A Strand, W.C.

QUERIES.

SHELTER FROM THE EAST WIND.

Mr. J. FIRTH (Worthing) writes:—Will you be so good as to give me, in common with your many readers, some account of the most equable climates in England sheltered from the east winds, other than noted health-resorts like Bourne mouth, Hastings, Torquay, etc.? Are there not some villages in some favoured spots that would give these advantages? Sufferers from bronchitis, asthma, emphysema, etc., would welcome such tidings. It is a question that is often asked. Is it possible to get the matter taken up seriously by offering a suitable reward or prize? If you see your way to helping this matter on, I will subscribe £2 2s., or more.

* * A similar question about places sheltered from the east wind was asked some years ago, and could not receive a satisfactory answer. No information is available except about the well known health-resorts, where returns of sickness and mortality, and meteorological records, have been kept for a series of years. Practitioners who cannot send their patients to such places, must select those within the immediate knowledge of themselves or of their friends. Special invalid comforts, and what our correspondent asks for in "modern treatment," can ordinarily be had only at established health-resorts. It is possible that an appeal, such as our correspondent proposes should be made, might elicit some information about spots little known, but which may have just as good climates as any of the health-resorts that are at present popular. It would be very desirable to have such knowledge. How far it could be made available, must always depend on local circumstances.

ANSWERS.

ENGLISH PRACTITIONERS IN FRANCE.

In reply to "M.D. Edin.," Dr. M. RYAN (Harcourt Street, Dublin) writes as follows:—I went to France, holding five British qualifications in medicine, surgery, and midwifery. I wished to practise, but found I could not do so upon the strength of my qualifications without incurring the probable penalty of 1,000 francs (£40) for each offence, with a power to add imprisonment. In the first instance, I sought information from the English Ambassador, Lord Lyons, who kindly gave me some advice. I then bought the Act of Parliament relating to medical practice in France by Englishmen and foreigners. I therein found to be correct the information given to me by Lord Lyons and others, that I must undergo examinations upon two separate days, and that the examinations were to be held in the French language. I underwent the examinations, one before a medical examining board, and the other at an hospital, where I passed through a clinical examination. I had to write a thesis in French upon a subject given by the examining board on the first day. Candidates were sent into an adjoining room, and supplied with writing materials. I then obtained a qualification to practise within certain limits, either amongst my compatriots or the natives.

There is an exception which exempts foreigners from undergoing examination in France, wherein the Minister of Public Instruction will cause a licence to be granted if the applicant, licensed to practise medicine or surgery in his own country, can prove that, in war-time, he has rendered signal professional service to the French Army; but this, I need hardly say, is rarely sought for.

"M.D. Edin.," must, in the first instance, transmit his medical papers to the Minister of Public Instruction, or, what is better, as I found from experience have copies of his diplomas written out and sworn to before the Mayor or Prefet, and forwarded to the Minister. I thought, at one time, my diplomas were lost, so great difficulty had I to get them returned—a copy is no loss.

All subsequent proceedings will be plain to "M.D. Edin." when a reply is obtained from the Minister of Public Instruction.

Dr. S. DAVIES (Daraw, Upper Egypt).—Duly received, and shall have attention.
Dr. OLIVER, Mr. A. E. BARRETT.—Shall have early attention.

NOTES, LETTERS, ETC.

ALCOHOLISM AMONG MEDICAL MEN.

In reply to the letter of Dr. FOURNESS BRICE in the JOURNAL of March 27th, the writer of the article on "Medical Mortality" sends the following: Permit me to remind him that I did not write "ship-surgeons and their assistants," but "overworked practitioners in mining and manufacturing districts, and the class from which ship-surgeons and assistants are largely recruited." I intended no "stab in the back" at any particular class, and least of all at men like the complainant, whose long service is evidence of the confidence reposed in them by those under whom they serve; but merely that if, as Dr. Ogle shows, a large number of medical men do die of diseases, such as cirrhosis, caused by excess in alcohol, they are probably mainly among those three classes. It is no fancy, but a well known fact, that men whose irregular habits prevent them getting on in private practice do seek a livelihood as "assistants" to others, or "go to sea." The stress laid on "sober habits" in the advertisements of, or for assistants and letters in the JOURNAL from marine surgeons complaining of the harm done to their class by the black sheep who creep in through agencies, are enough to justify my contention that, if intemperance prevail among medical men, it must be chiefly among the unsuccessful, and among those engaged in the roughest class of practice among the poor.

A MEDICAL CLUB.

X. writes:—Many of the London Clubs are open to medical men, but taking our profession, with its members, surely it can afford to support one; I need not adduce arguments in its favour, they must be patent to all, but I would suggest that the representative body of the British Medical Association, with the largest number of members of any of the learned professions, might see it to its advantage to open one. The work of this Association, with its new and successful insurance society, commands a central and substantial habitat. If a club were added to the two, there can be no reason why it should not be a success. The Association numbers 11,000 members; if each member would subscribe one guinea, a fund could be available to build or purchase a house. Each subscriber should be a member. A yearly subscription should be afterwards charged. The Association would then secure a home; the members a place to go to; a great consideration for country members.

ERRATUM.—In the report on the discussion which followed the reading of the papers on Suprapubic Lithotomy at the Royal Medical and Chirurgical Society (JOURNAL, April 8th, p. 644), the name of Mr. Charles Stewart was inadvertently substituted for that of Dr. Garson.

SEWAGE-FARMS.

IN reply to Dr. Alfred Carpenter's letter in the JOURNAL of March 15th, we have received the following communications, which have been delayed by their length and pressure on space.

Dr. EDWARD F. S. GREEN (Woodside, South Norwood) writes:—If I read Dr. Carpenter's letter correctly, it seems that he is quite impatient of anyone who suggests anything opposed to sewage-farming, is opposed to any discussion as to its being detrimental to health, and holds up the statistics of the health-returns as a sufficient proof for his strong views.

I think, however, that this continual reference to the absence of statistics, as proving the innocuousness of sewage-farming, is apt to encourage a false impression of security; and I am led to this belief by the action of the corporation of Croydon, in respect to the extension of the present sewage-farm at South Norwood. It is difficult to believe that they would act so if they were not impressed with the belief that a sewage-farm could cause no injury to health, or perhaps they may go so far as Dr. Carpenter himself, and consider it an advantage, as far as health is concerned, to a neighbourhood.

Owing to the lease of the lands of the South Norwood Sewage-Farm soon expiring, and to make provision for the increasing population, the Farm Committee recommended certain lands adjoining to be bought, and, after a favourable consideration of the matter, the corporation applied to the Local Government Board for a provisional order to compel the sale of these lands. The necessary business in connection with the purchase was then transmitted to the Legal Committee to carry out. They, finding that there would be very considerable opposition to the provisional order, threw over the plans of the Farm Committee, without consulting that committee, and entered into private contracts for the purchase of other lands. A member of the Farm Committee stated, at a public meeting, that the alterations were passed towards the end of the meeting of the corporation, when many of the members had left; and that, so far from his committee having had any notice of the alteration, he himself thought that the plans before the corporation meeting were those of the Farm Committee, and it was only at a meeting of the ratepayers in this district, that he heard of the Legal Committee's action. This gentleman, I may state, is one of the principal men of the Farm Committee, and has taken a very great interest in the farm.

Now, the lands of the Legal Committee's choice extend into the midst of a very thickly populated district; on one side, which will have a frontage of a quarter of a mile or more, it comes to within 150 feet of the main thoroughfare from South Norwood, to Woodside—namely, Portland Road—and the houses are continuous the whole distance on this road. On the east side, the land runs quite close up to the gardens of the houses in Apsley Road, and behind this, where there are spaces between the houses, right up to the Harrington Road itself. Now, this land, the Farm Committee have expressly stated, is not fit for sewage purposes. One paragraph of their report, as published in the *Norwood News* for February 27th, runs thus: "This Committee . . . consider that the substitution of other lands, without reference or consultation with the committee, is a matter of regret; and the committee further consider that the lands substituted are not available for the purposes of the Norwood sewage-disposal, more especially as the land is, in the opinion of this committee, too near the inhabited houses in and abutting on the South Portland Road." According to the same paper, endeavours were made to limit the extension to within 300 yards of the Portland Road, but the Council would not agree to consent to any limitation whatever. I may state that South Norwood is represented on the Council in the proportion of 8 to 48. Provided, therefore, that the Local Government Board consent to the purchase of these lands, they may be all used for irrigation purposes. The subsoil of the land is heavy clay, and the surface soil is not more than 9 or 10 inches deep. That portion of land nearest South Norwood is very low, and, at the corner adjoining the Portland Road, is below the crown of that road, and, I am told on good authority, is on a dead level with the land of the present sewage-farm where the effluent sewage escapes, and therefore lower than where the sewage enters on the farm.

Now, the system adopted at this farm is one of simple irrigation, and, according to the evidence of Mr. James Mansergh, C.E., given before the Local Government Inspector, "the sewage practically only passed over the surface, and the purification was only effected by its percolation through the plants, by oxidation, and by the assimilation of plants, and without the advantage of filtration through a mass of earth as the Beddington land enjoyed."

Now, I ask you, is it not reasonable to suppose that, with such a system of sewage-farming, where the means of filtration are so very slight, and with the character of the ground I have mentioned, it is a dangerous experiment to extend the sewage-farm into such a densely populated district, and so very near the houses and main thoroughfare in that district? I feel sure, therefore, that any discussion in connection with sewage-farming is not out of place, even if it only prevents public bodies from acting without consideration.

Statistics can be made to prove anything; and when you consider that of the present sewage-farm only two acres are in the Norwood parish, and that these two acres are only used in cases of storms; that the farm has on one side the cemetery, on the other the road going to the cemetery from Anerley, with the very few houses at Elmer's End, and on the other sides a brickfield, and green fields, so that really only one corner comes near South Norwood, I think that question as regards statistics may bear modification. Many complaints were made at the public meeting by persons of all classes as regards the smells arising from the farm; and, as this is the case when it is situated at or about the extreme east corner of the district, what may we expect when it is extended into our midst, and under our very noses?

S. F. writes:—With reference to Dr. Carpenter's remarks in the JOURNAL of March 26th, drawing attention to the proceedings of the International Medical Congress on the above subject, the propositions referred more particularly to the Beddington Farm, which is of a sandy soil, totally different from the stiff clay soil of the South Norwood Sewage Farm.

In the discussion, Dr. Corfield pointed out the necessity of the sewage passing through the soil (as at Beddington) and not over the soil (as at South Norwood); and in this Mr. Edwin Chadwick, C.B., entirely agreed.

Dr. Carpenter, moreover, concludes his report by saying that a number of small areas should be aimed at, rather than immense deposits of sewage; he must therefore be adverse to increasing the present area of the South Norwood Farm.

The sore-throat described as sewage-farm throat, not being a fatal disease, would of course not influence the death-rate, but the lowness of the death-rate shows that the house-drainage is perfect, and that the sore throats do not arise from bad house-drainage; were it otherwise, the death-rate from zymotic disease would be greater.

As to the diminished vitality, the hundreds of empty houses point to the inhabitants leaving the neighbourhood, from a feeling of depression, and that the locality does not agree with them.

In the summer months, for more than half a mile radius round the South Norwood Sewage-Farm, according to the direction of the wind, there is a most sickening odour, so much so that people are obliged to close their windows; is not living in such a stink likely to depress the nervous system, and to diminish vitality?

Sewage-irrigation in rural districts, and on suitable soil, may be a convenient way of disposing of sewage; but in the centre of a populous district, and on a clay soil, sewage-irrigation is a mistake.

London and its suburban sewage would be best got rid of by carrying sewers down to the coast, and, by means of pipes on piers going out to deep water, pouring the sewage into the sea with the outgoing tide.

With reference, however, more particularly to the South Norwood Sewage-Farm, is it just and honest of the Croydon Corporation to endeavour to perpetuate and increase what the inhabitants in the neighbourhood of the farm consider as an intolerable nuisance, more so that the Croydon ratepayers may temporarily save a few pence in their sewers-rate, they having every facility and opportunity for turning their drainage into the West Kent sewers?

It is to be hoped that the Local Government Board, instead of sanctioning the borrowing of money for the purpose of increasing the area of the South Norwood Sewage-Farm, will order the present farm to be closed, and thus compel the Croydon Corporation to send their sewage into the West Kent Sewer, where it will cease to be a nuisance to anybody.

THE TRUTH ABOUT ALCOHOL.

THE REVEREND DAWSON BURNS, D.D. (Honorary Secretary to the London Temperance Hospital), writes:—I have to thank you very warmly for the article in your JOURNAL, on "The Truth about Alcohol." As having been concerned in the establishment of the London Temperance Hospital, I am specially interested in that portion of the article which relates to the medical use of alcohol. It might be presumptuous in me to controvert your *dicta* as to the value of alcohol in certain diseases; but I would draw attention to the fact that two of the diseases you particularly name—pneumonia and typhoid—have been treated in the Temperance Hospital with marked success, without any use of alcohol. It is instructive to notice that the same supposed necessity now claimed for alcohol in the treatment of a small number of diseases, was claimed a few years ago for its use in the treatment of disease in general. Experience has shown the fallacy of this opinion, once firmly held; and we are not without hope that more extended experience will show that alcohol can be advantageously dispensed with in the cases where it is still supposed to be of peculiar service. Two methods of treatment cannot be adopted with one patient at the same time, so that it cannot be absolutely determined which method would have been best in any particular case; but a comparison of cases substantially similar can be made, and it is to this comparison, fairly and scientifically conducted, that we look for such a change in the medical use of alcohol as will render it exceptional, or lead to its exclusion altogether. It is not contended that alcohol is not productive of any good, but we are of opinion that equal good may be secured by other agents, and that the moral benefits arising from its absence should lead to its omission where an efficient alternative can be had. Again thanking you for your article, which cannot fail to be exceedingly useful to professional readers and others.

DR. COLLIER'S "LIEUTENANT MARY."

DR. M. COLMAN COLLINS (Nottingham) writes:—I have read Dr. Collier's novel *Lieutenant Mary*, with a great deal of genuine pleasure; and I can unhesitatingly corroborate your criticism in the *BRITISH MEDICAL JOURNAL* of February 13th. The book will particularly interest medical men and their families. The analysis of the different types of country practitioners is very skilfully managed. The work is rather a story than a novel, but it is a story that is "told with a good deal of literary skill." Its tone throughout is pure; there is no pandering to depraved tastes, no mawkish sentiment, no double meaning, no prurient innuendo. Its pages are studded with philosophical gems, its chapters are brimming over with wit and humour, deep pathos, and the results of keen observation. The author's ideas are vigorous and healthy; his sentiments are noble, and modestly expressed. He arrests his reader's attention from the first, and keeps his sympathies enlisted to the end.

I am sure many medical men would, with considerable benefit to themselves, draw inspiration from its pages. In that glass of medical fashion and mould of form, Dr. Florian Sambuci, they would see a good example of the pushing, advertising, diplomatic, clever, successful, but unprofessional practitioner of medicine.

Dr. Collier has so reasoned out some of his philosophical problems as to make us ask—

"Whether, after all,
A larger metaphysics might not help
Our physics."

ECEZEMA AND VACCINATION.

DR. E. HAUGHTON writes: THE JOURNAL of March 27th contains a letter on two apparent cures of eczema by vaccination. There can be no doubt that eczema does sometimes disappear, as it also sometimes appears, soon after this operation; but it is a little too soon to report the cases as "cured."

As an illustration, I may mention that, about a week ago, I went to visit a patient, and was shocked to find that her husband had died meantime of pneumonia from a slight chill, not arising from any imprudence. He had formerly been under my care for eczema, which had been much aggravated by the operation of vaccination, which he had performed for the express purpose of curing this complaint. He had seen this recommended in a book by Dr. Joseph Kidd; but in his case the result was unfortunate. Ultimately, the disease went away; but an asthmatic condition supervened, which I believe never left him; and which, no doubt, must have rendered him more susceptible to chest attacks of a more serious nature.

I may also mention that a patient of mine who was suffering from eczema, thinking my treatment too slow, went up to consult the late Mr. Sturtin, and returned apparently cured. She also had an asthmatic condition, with slight cough, and a singing in her ears, as a result of this "cure." As it was not satisfactory, I again undertook her case, and effected a permanent cure.

My view is that the mere disappearance of symptoms which depend on impurities in the system, is often attended with increased danger; and that the proper remedy is to aim at elimination of the said impurities. It is said of an eminent French surgeon that, when his patient died, after the successive removal of every symptom for which he had prescribed, he exclaimed, "Mon Dieu! il est mort guéri!"

GIVEN UP BY THE SEA.

CONTRARY to our custom, in relation to the many agreeable and commendatory communications which we have the frequent fortune to receive, we print the subjoined kindly letter, believing that the oddity of the circumstances and the *spiritual* humour of the writer will interest many of our members, who always highly appreciate the good opinion of our transatlantic brethren. The letter is from Dr. W. G. Eggleston, of Chicago, assistant-editor of the *Journal of the American Medical Association*, who writes under date March 22nd, 1886:—By this mail, I forward to you the copy of the *BRITISH MEDICAL JOURNAL* of March 6th, just received to-day. While, perhaps, ordinarily you do not regard your great JOURNAL as a curiosity, the copy of March 6th is one in several respects. In the first place, it was a part of the inanimate crew of the ill fated *Oregon*. It may be that it is the first number of the JOURNAL that has visited the bottom of the ocean, and then returned—to come to "the rowdy West," and return to England. Having been in the United States almost a whole week, it is surely well qualified to bring out a book after its return home, on *My Impressions of America*; and, should it do so, I am sure that it would be a most readable and valuable book—for everything that it says is readable and valuable. Possibly, also, by the time it reaches 161A, Strand, W.O., it will be the first of its great family to have crossed the Atlantic twice. For these reasons, I return the wanderer, with my best wishes for the safety and prosperity of all its successors, and of all interested in them; and with the hope that another copy of its issue may be sent to take the place that no other journal can fill.

MATERNAL IMPRESSIONS.

MR. ALFRED E. BARRETT (Holland Park) writes: While the correspondence on the above subject is still recent, I will, with your permission, put on record three cases occurring under my own observation.

A patient whom I had attended previously with healthy children was confined at the full time of a child with double cataract; in all other respects healthy and well developed. During the early months of pregnancy, the patient had lost a child, and grieved and cried very much about it; and when she found that her baby was blind, she at once attributed the defect to her inordinate grief.

A woman confined of her first child called my attention to one of the hands, from which one finger was wanting. It looked as if a very neat amputation had been made of either the middle or ring finger. On inquiry, she told me that the boy who brought milk every day from the time of her marriage had lost a finger, and although she was not frightened, she had constantly noticed it when he was handing the milk to her; and she attributed the child's deformity to that cause.

The third case was one where the cause (if such it were) took place in the later months of pregnancy, and I myself witnessed the occurrence. The patient, a lady belonging to the higher ranks of society, of a quick and excitable temperament, about the seventh month of gestation with her second child, was stooping near the fireplace, and, suddenly rising, struck her head with considerable force against the marble chimney-piece, receiving the blow on the vertex. She was almost stunned at the moment, but soon recovered, and went her full time. The baby had beautiful clear eyes, but was quite amaurotic. The vertex appeared flattened, and the child proved to be idiotic. This lady has now ten well developed healthy children.

Post hoc is not always *propter hoc*, but in the above cases, the prelude to the effect appears to me to be sufficiently marked to be worthy of record.

CAUCINE.

DR. J. LINDSAY PORTEOUS reports two cases where caucine has proved very useful for giving the patient from pain. He applied it to a crurule of the female meatus urinarius, of the size of a large horse-bean, of a deep red colour, slightly lobulated and irregular on the surface. It had caused great pain during micturition. A strong solution was painted well over the surface of the growth, especially at the base. After waiting six minutes, the mass was seized with hooked forceps, pulled down, and snipped off with a pair of scissors. The patient showed no signs of discomfort, and felt nothing but the application of the brush. The slight bleeding which followed was stopped by the application of caustic, which likewise was not felt. Dr. Porteous applied the same solution to three large prominent hemorrhoids in a man aged 50, who did not wish to take chloroform. About ten minutes were allowed to elapse before operation, which was done by transfixing each hemorrhoid separately, and tying it in the usual manner. The patient did not once wince, and said that he hardly felt any pain, even when the threads were tied, which is undoubtedly the most painful part of the operation.

CIDER AND PERRY.

MR. W. COX (Winchcombe) writes:—Since writing to you in answer to the inquiries as to "Eczema," I have had so much correspondence with my brother members as to show me that there exists the greatest ignorance with regard to cider. All sorts of wild nonsensical ideas have been suggested. For example: "Isn't it a very sour drink?" "Isn't it lowering?" "Is there any goodness in it?" "Will it keep well?" etc. I have tried to answer privately all inquiries on the subject, but I consider the information should be more general.

There is no sort of doubt, in districts where cider is made, amongst all classes, that it is far and away the most wholesome thing a man can drink, and that it is a great pity it is not more widely known and appreciated. Consultants would do well to order it to their patients, but with the injunction that they get it direct from a cider district. It is a genuine drink, made with no sort of adulteration whatever, nothing but the expressed juice of apples and pears. I say this without fear of contradiction; because, if there should be a farm where it is tampered with, the fact is known immediately through the gossip of the labouring classes, and the owner's sale is spoiled; not only that, but we, in a cider-making district, can detect it at once by the appearance and taste. It keeps well too, and improves. I have drunk prime cider three, four, and five years old. It is not so acid in its reaction as is beer, and it causes no acid eructation or heartburn, such as ale is apt to do; nor does it bring on that heavy, sleepy, headachy condition that is common after beer-drinking; one feels fresh and bright and invigorated after drinking it. It is a capital diuretic, and oftentimes acts better in this way than any of the official drugs; more es-

pecially some particular sorts of perry. The liver also is very often kept in a regular state by its use, when other remedies have been found unsuitable. It is, at the same time, a good stimulant. In this district it is of a dry character, but in some districts it has a more sweet full-bodied taste, so that cider ought to suit all fancies. It can almost always be procured at about one shilling per gallon, and as such is a most economical beverage when compared with ale, cheap claret, acid sherry, or such like things that are constantly offered one to drink at lunch or dinner. Both cider and perry can most easily be bottled in the spring-time. It also makes the most excellent "cup" imaginable.

Trusting you will pardon my prolixity on a subject that seems, to my mind, to require ventilation, and repeating my offer to supply anyone in their own barrels from my farm.

INVERSION OF THE UTERUS FOLLOWING LABOUR.

MR. C. H. BUTLIN (Camborne) describes the following case.—On December 15th last I was summoned, in a great hurry, to see a woman who was said to be very low. The child was said to be born. I asked if there was profuse hemorrhage; the messenger said there was not. When I arrived at the house, I found the woman pale and faint, but there was no sign of profuse hemorrhage. I placed my hand upon the abdomen, and at the same time made traction on the cord; and in a few moments there protruded what I supposed to be the placenta. I placed my hands around it so as to remove it entire, telling the woman to cough; and became aware, from the weight and from the smooth feel of the fundus, that it was the uterus. It was very easy for any person, in the habit of attending cases, to distinguish, but I can hardly see how a beginner would become aware, except from the collapse of the patient. I could not remove the placenta by traction on the cord, and I peeled it from the surface of the uterus. There was hardly any hemorrhage. I now soaked my arm in hot water, and applied lard, and then made my fingers into a cone, and thrust them against the uterus, which had attained the size of the fetal head, and, by a gentle kneading motion, easily returned it, by reinverting it, until the cervix was round my wrist. I had now to use pretty much, and rather prolonged, force, before I felt the top of the uterus slip away from my fingers.

The woman had a little brandy and water, and about half a drachm of extractum ergotæ liquidum; also another dose of the same amount in two hours. In a few days she was downstairs and doing her work. I should not think the case sufficiently important to publish; but the disastrous termination of that recorded in the *JOURNAL* of March 18th seems to show that your correspondent fell into the same error as I did, namely, that of making a depression in the uterus, and thus causing it to be invaginated on itself. His account does not state whether there was partial reduction or not; but I can imagine that it might be very difficult to effect even partial reduction through the vaginal outlet, unless the whole uterus be grasped in the hand so as to have the advantage of compression, kneading, or whatever manipulation appears necessary. After partial reduction, the uterus would only be obstructed by itself, not by the structures around the vagina.

SOUTH AFRICA AS A FIELD FOR MEDICAL PRACTICE.

T. J. L. writes:—From time to time I have noticed letters appearing under the above heading. I have practised at the Cape a considerable time, I think I can pretty nearly state what are the present prospects of a medical man contemplating a trial at the Cape.

In the first place, all the chief towns, such as Cape Town, Port Elizabeth, Grahamstown, and King William's Town, are overdone, and the struggle is quite as severe as at home. At Kimberley diamond fields, there is a long list of medical practitioners. Now, at the outlying districts and small villages, it is only too well known that every opening is filled, in most cases every village having two or more medical practitioners. The practitioners for the work required in these parts must be capable of great physical endurance, able, in cases of necessity, to do, either in the saddle or in a Cape cart, his sixty or more miles a day, over wagon-tracks. He must be prepared to act in any emergency, entirely upon his own resources, surgical or medical; and in case he fails in one instance (when first commencing his practice), his work and success is blighted or done. He is expected to be a thorough gentleman, but it is advisable that he cast aside all ideas of those refined and frequent social gatherings to which men in the profession are generally accustomed in the old country; and now, in the present depressed state of the country generally, it is indeed hard work to even make both ends meet. I question very much, taking the medical practitioners as a body, whether they are paying expenses, certainly not making sufficient to save. Times are not merely bad at the Cape generally, but there is a total collapse; and, seemingly, the country is going from bad to worse.

I should strongly urge no one to think of going out there in the hopes of an opening occurring for practice. The happy times once experienced are gone by, and the melancholy lists of bankrupts, with empty houses in almost every town and village (one empty in every six you can safely say), and, still worse, the fact of property being absolutely unsaleable, tell us how bad times really are. The only thing remaining is the climate, and certainly consumptive patients rally wonderfully out there, if they go up country, that is to say, beyond the Orange River.

I should say that, of the entire number of medical men who go to South Africa, one half return in a very short time to the old country, or seek other openings for practice. One half of the remainder go to the bad (drink usually) and the other half, one-fourth of the entire number, do, or did fairly well years since, when the country was in a flourishing state; but it is in a sad way just at present.

WARTS IN CHILDREN.

DR. GEORGE H. R. DABBS (Shanklin, Isle of Wight) writes:—I was about to ask this query of your readers, "Has any connection ever been traced between the existence of warts on the hands of children, and the presence of phimo-sis needing circumcision?" when I happened to turn to Dr. Neale's invaluable *Digest*, and at page 89 I found this note "Onanism produces them in girls' fingers, Durrant. L. 2, 49, page 250," so that the question has clearly been raised in another way. Why I contemplated the query at all was, because in two cases, in which I had performed circumcision for other reasons, the operation was followed by a disappearance of all the warts on the hands and fingers of the children operated on, although I had not operated with this object. In cases of warts in male children for the future, I shall always look for phimo-sis.

W. ELDER, M.B.—Shall be published at an early date.

F.R.C.S.—The communication is unsuited for publication in our columns.

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BOOKS, ETC., RECEIVED.

- A Selection from Chess Problems. Composed during the past thirty years by Charles White, Surgeon-Major, Army Medical Staff. London: Simpkin, Marshall, and Co. 1885.
- Diseases of the Mouth, Throat, and Nose. By Dr. Philip Scheck. Translated by Dr. P. H. Blaikie. Edinburgh: Young J. Pentland. 1886.
- Materia Medica and Therapeutics (Vegetable Kingdom, Organic Compounds, Animal Kingdom). By Charles D. F. Phillips, M.D. London: J. and A. Churchill. 1886.
- Lord Clive, Warren Hastings, History of the Popes, Lord Holland. By Lord Macaulay. Edited by G. T. Bettany. London and New York: Ward, Lock, and Co. 1886.
- Micro-organisms and Disease. By E. Klein, M.D., F.R.S. (Third Edition.) London: Macmillan and Co. 1886.
- A System of Practical Medicine. By American Authors. Edited by William Pepper, M.D., and Louis Starr, M.D. Vol. iv. London: Sampson Low and Co. 1886.

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