

which Professor Popoff had no control). How immensely the medical literature could be enriched, if every clinical professor would follow the instance of Professor Popoff, and every four years publish so substantial a collection of contributions, based on the material from his own clinic. Popoff's *Sbornik*, however, may be welcomed not only on that general ground, but also as a natural link between Russian and Polish medical literature; it is enough to point out that the remaining three contributors to the *Sbornik* are Poles, whose names we meet in Polish professional periodicals.

*Zubovratchebny Vestnik (The Dentiatic Herald)*. Edited by Dr. B. Apolensky, and published by Mr. A. P. Sinitzyn, dental surgeon, St. Petersburg. 1886. Nos. 1-4.—This monthly, the first of its kind in Russia, has now entered the second year of its existence, and, seemingly, fully secured a necessary contingent of subscribers. Four numbers for the current year contain very detailed reports and transactions of the papers by Fredel (on Replantation of the Teeth); J. Hardman (on Amalgams); Ulrich, Hollander, Ed. Blanc (Teeth in Hereditary Syphilis); David, Doremus (on Toxic Effects of Curcaine); Moisch, Professor Miller, Witzel (Diseases of the Dental Pulp); Préterre (on Straightening the Teeth), etc. In a paper on Russian dental matters, Mr. Sinitzyn gives the Government some useful hints concerning the elevation of the average educational level of dentists.

*Year-Book of the Scientific and Learned Societies of Great Britain and Ireland*. Third annual issue. (London: Charles Griffin and Co. 1886.)—This book affords a chronicle of the work done during the past year by the various scientific and learned societies of Great Britain and Ireland, compiled from data furnished by the societies themselves. Among other things, it includes accurate lists of the papers read before, or published by, nearly every society throughout the kingdom during 1885. Such a record is both valuable and suggestive.

## REPORTS AND ANALYSES

AND

### DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### INCLINATION OF AXIS OF A CYLINDRICAL LENS.

To the ophthalmic surgeon a ready means of indicating in his case book, and on the prescription paper, the axis of any given cylindrical lens is a desideratum. I believe the india-rubber stamp which I have had in use myself for some time will be found convenient and useful. It will be sufficient to indicate by a pen or pencil mark the degree corresponding to the desired axis of cylinder. In ordering simple sphericals, especially when those of different focal lengths are prescribed for each eye, the numbers may be written in the corresponding frames. Mr. W. Godley, 57-59, Eyre Street, Sheffield, is the maker.

SIMEON SNELL.

#### SEMPLÉ'S ATOMISING INHALER.

IN the article on Pure Terebene in the Treatment of Winter Cough, by Dr. William Murrell, in the BRITISH MEDICAL JOURNAL of December 12th, 1885, an atomising apparatus, invented by Mr. W. F. Temple, of Ohio, was mentioned as "one of the best forms of spray-apparatus ever invented." This apparatus can be supplied through Messrs. Burgoyne and Co., of 16, Coleman Street, E.C., as the agents of Messrs. Parke, Davis, and Co., of Detroit, Mich., U.S.A., under the name of "Semplé's Atomising Inhaler."

THE LATE DR. APJOHN.—At the monthly meeting of the Directors of the City of Dublin Hospital, on June 11th, the following resolution was proposed by Dr. Hawtrey Benson, seconded by Captain Hardy, and passed unanimously: "That this board, having heard with much regret of the death of Professor Apjohn, one of the founders of this hospital, and for many years its consulting physician, a respected member and brilliant ornament of the medical profession, desires to express its sympathy with his relatives."

BEQUESTS AND DONATIONS.—The Rochdale Infirmary and Dispensary has received £450 under the will of Mr. J. T. Pagan.—Mr. H. L. Raphaél has given £200 to University College Hospital.—The Great Northern Central Hospital has received £134 under the will of Miss Harriet Chaffe.—Mr. Thomas J. Stallard-Penoyre, formerly of The Moor, Herefordshire, but latterly of Hove, Sussex, has bequeathed £50 to the Cancer Hospital, Brompton.—The Grocers' Company have given £50 to the Mary Wardell Convalescent Home for Scarlet Fever Patients.—The Corps of Commissioners have given £25 to the Charing Cross Hospital.

## BRITISH MEDICAL ASSOCIATION SUBSCRIPTIONS FOR 1886.

SUBSCRIPTIONS to the Association for 1886 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to the General Secretary, 161A, Strand, London. Post-Office orders should be made payable at the West Central District Office, High Holborn.

## The British Medical Journal.

SATURDAY, JUNE 19th, 1886.

### MEDICAL ACTS AMENDMENT BILL.

THE Medical Act of 1858 was obtained through the persistent labours of the profession, and particularly of the Reform Committee nominated by the British Medical Association, of which Sir Charles Hastings was Chairman. Few members of that Committee now survive to witness the passing of the Medical Act of 1886 as the crowning result of their early efforts.

The difficulties which beset medical legislation before 1858 were created by the medical corporations and universities, which proved sufficiently powerful to defeat the recommendations of a Select Committee of the House of Commons, which sat in 1856, and reported in favour of a Medical Council, absolutely independent of all the universities and corporations, and which also unanimously decided that the diploma they would give of "Licentiate in Medicine and Surgery" should be all-sufficient to enable its possessor to practice, there being no clause to force him to join any college.

The corporations proved themselves sufficiently powerful to defeat both these recommendations, though supported by a powerful government; and then Mr. Headlam, acting for the Association, in a spirit of conciliation, suggested the present Medical Council, containing representatives of all the medical corporations and universities, with the addition of members chosen by Her Majesty's Government, but, as intended, not holding any place or office in the corporations or universities—a proviso sadly disregarded.

When the Bill of 1858 was passing through Committee, the present Lord Mount-Temple, on behalf of the Association, pressed a clause rendering it imperative on every candidate for registration to produce proof that his qualifications comprised both medicine and surgery. This necessary provision was, however, rejected, and the *Medical Register* remains, to the present day, blurred by the presence of half-qualifications, which are not tolerated in poor law medical officers. Like failure attended an attempt to enforce improved general education on the part of medical students.

These facts are reiterated to make manifest certain defects in the Act of 1858, which the Association failed to rectify at the time of its passing into law, namely: 1, the absence of any direct representation of the profession in the Medical Council; 2, the non-enforcement of the double qualification, as essential for admission to the *Medical Register*.

After the passing of the Medical Act of 1858, the Association watched with the deepest interest the working of the General Medical Council. During the first and second years of their existence;

considerable attention was devoted to the question of general education; but the activity soon languished. The necessity for an amendment of the Medical Act was, however, acknowledged in the Council; and the British Medical Association, in May, 1867, communicated to the Medical Council an expression of their desire to support the Medical Council in the endeavour to amend the Medical Act, and to improve medical education. The organisation of the Association was to be placed at the service of the Medical Council in a work on all hands deemed urgent, but the conflicting interests represented in the Council rendered every attempt at legislation abortive. The Medical Council found themselves unable to draft a bill such as the Government of 1869 would accept.

At this time a resolution was proposed in the Committee of Council of the Association by Mr. Husband, seconded by Dr. Simpson, of Manchester, and adopted:—"That, in any alteration of the Medical Act, the constitution of the Medical Council ought to be reconsidered, so that the great body of the profession should be fairly represented."

In consequence of this resolution, a committee was named, of which Dr. Edward Waters was made chairman, with instructions to report to the ensuing annual meeting of the Association in Dublin in 1867. The Report was in favour of the addition of direct representatives to the Medical Council, and embodied the mode of their election. It was adopted by an overwhelming majority. Nineteen years have elapsed since this Committee was formed. Many members have, alas! disappeared—Hughes Bennett, A. P. Stewart, Southam, Charlton, Falconer, Wilkinson, Nunneley, and others; but the Committee, with their Chairman, have ever held unswervingly on their course, year by year receiving a vote of confidence from the Association, while struggling to attain the two great objects of direct representation and complete qualification on the part of all registered practitioners of medicine.

In 1858, the Association would have been content with the qualification in medicine and surgery. In 1886, the triple qualification in medicine, surgery, and midwifery, under the sanction and approval of the Medical Council, is secured. The fight for the one portal on equal terms in each division of the kingdom has been strenuously maintained, but the corporations and universities, through their vested interests, their prescriptive rights, their influence over a sufficient number of members of Parliament to render hostile legislation impossible, have compelled the strongest Governments to succumb, and to abandon the attempt to coerce them. The one portal, pure and simple, has been found unattainable, still the triple qualification, under the control of the Medical Council, is a decided improvement and advance; and, as such, the Medical Reform Committee and the Council of the Association decided to accept it.

Compromise is of the very essence of Parliamentary legislation; and as with the one portal, so with the constitution of the Medical Council, the reality falls somewhat short of what was demanded. In the Bills promoted by the Association exclusively, no attempt was ever made to disfranchise any of the corporations or universities. The addition of direct representatives was alone aimed at, leaving, as it was supposed wisely, the disfranchisement of any particular body to amendments in Committee. The Bills of the Association have invariably been endorsed by members of Parliament of the highest character, including Cabinet Ministers, and their experience has governed the action of the Reform Committee. None of them could

ever be induced to authorise any attempt at disfranchisement; all regarded such an attempt as a certain means of inviting defeat.

No subject has been so thrashed out as that of medical legislation. Committees sat before the passing of the Act of 1858. Committees sat during the sessions of 1879 and 1880. In 1882, a Royal Commission took evidence on a still more extended scale. Twenty-three medical bills are said to have been introduced since 1858. With all this evidence, Lord Carlingford and Mr. Mundella, with a powerful majority at their back, failed during two sessions to carry a Bill based on, and therefore strengthened by, the Report of the Royal Commission, although supported by the leaders—and, indeed, the great majority of the rank and file—of the Opposition.

The Bill based on the Report of the Royal Commission was a far bolder measure than any other that has ever been tried. It proposed a radical reform of the Medical Council, giving no direct representatives to the universities and corporations, but framed divisional boards in each of the three divisions of the kingdom by which, collectively, a small number of members of the Medical Council were to be elected. The difficulty in framing these divisional boards was found to be far greater than was anticipated, or could well have been imagined. The universities dreaded any preponderance on the part of the corporations, and the corporations reciprocated the fear. This conflict of interest, to Lord Carlingford, was incomprehensible (the general good was the last instead of the first thing to be considered); and finally, in despair, Lord Carlingford and Mr. Mundella abandoned the Bill.

In the session of 1885, Lord Carlingford prepared a Bill of a much simpler kind, involving no disfranchisement of Corporations or Universities in the Medical Council, and giving up the Divisional Boards. He assigned four direct representatives to the profession. His lordship's experience had convinced him that, with every desire to carry a larger measure, success was impossible, and that, if he desired to achieve success, the attempt must be of a less ambitious character. Sir Lyon Playfair has followed the same course; he, also, has avoided disfranchisement, but he has given one more direct representative, and equalised their number with that of the Crown nominees, making them five respectively. By Clause 10, the Medical Council may give another direct representative, and, if bodies should become extinct, their representatives may also be allotted to the profession. One striking fact has been demonstrated during this very prolonged struggle; namely, that in proportion as the difficulty of establishing the one portal, pure and simple, has been demonstrated, the necessity and the justice of according direct representation, the cardinal principle with which the second crusade for medical reform started, has been generally admitted. Tories, Liberals, Radicals, and Home Rulers, agree in this.

Although the Association has not won all for which it has fought, it has at last achieved Direct Representation, as a boon to the profession, and the Triple Qualification, as a protection to the public. In the conduct of the Bill through the House of Commons, the Association has derived valuable aid from Dr. Foster, the President of the Council, especially in bringing the insufficiency of the proportion of two direct representatives, originally allotted to England, to the notice of the House.

Mr. Lennox Peel, C.B., Clerk to the Privy Council, has been untiring, most courteous, and conciliatory during the ever-recurring and prolonged negotiations connected with the thorny subject of medical legislation; and the friendly manner in which he has discussed the

numerous and varied questions submitted to him on the part of the Association, is deserving of the most grateful recognition.

Sir Lyon Playfair, equally, during the last eighteen years, has willingly placed his parliamentary experience and knowledge at the service of the Association, and he is to be congratulated on the success of the first Bill which he has framed, and which promises to settle the question for many years.

We cannot conclude our comments on this subject without expressing the deep obligations, not only of the British Medical Association, but of the whole medical profession, to the Medical Reform Committee of the Association, and especially to its Chairman, Dr. Edward Waters, of Chester. For the last eighteen years, notwithstanding the pressing claims of an extensive practice, and in spite of disappointments which would have discouraged many men, Dr. Waters has assiduously laboured to promote the good cause, the success of which we have now the pleasure of recording. To his unwearied energy and judicious management is very largely due the victory which has been achieved. Not only is he to be congratulated on the success of his endeavours, but he has laid the profession under an obligation which will not soon be forgotten.

#### THE DEATH OF THE KING OF BAVARIA.

THE tragic end of the King of Bavaria is only a natural consummation of his life; nor does it call for any surprise when a career such as his eventually leads to, or culminates in, either a suicidal or a homicidal attempt, or both.

Born in the purple; at an early age firmly seated on the throne; enjoying the respect and affection of a people of monarchical feeling; himself a lover and patron of art, gifted with artistic feeling and sympathy; and placed in a position of power, prestige, and pecuniary resources, enabling him to gratify that feeling and sympathy to the utmost extent, and to secure the friendship and companionship of men of light and genius; there seemed to be before him a life and a career well worth living, and at once sunny, prosperous, satisfying, and ennobling. The fusion of Bavaria with the German Empire must have released him, moreover, from many of the graver anxieties of State, while, at the same time, it left his kingly prerogative largely unimpaired, and in no way wrenched from him the respect and love of his subjects, and the outward signs of the same. But a dark strain of inherited mental disease soon set on foot a work of discord, dissolution, and destruction of the mental powers. From small beginnings (on a congenital basis), it appears to have gradually gathered volume and strength, and to have been fostered by the King's position, and his relation to those about him, which, unfortunately, gave opportunity for the full gratification of his morbid ideas and feelings; so that their waxing strength was unopposed by any of those salutary checks which would have been brought to bear on similar manifestations in one of more humble social status.

From the meagre reports at our command at the moment of writing this, we gather that the course of psychical disorder and deterioration had been slowly progressive. An aversion from companionship and society, a love of solitude, sweetened only by the solace of music and other arts, seem to have grown upon the King. As if selfishly immersed in the pursuit of his favourite arts, and shirking the duties of his position, the cares of State, or any thoughtfulness for, or effort on behalf of, the welfare of his subjects, he seems to have gradually become more and more unaccountable and misanthropic; and yet extrava-

gant in his projects, and betraying an expansive tinge in his ideas. We hear of a theatre built for his personal use; of operas placed upon the stage with a full cast, and with complete scenic and orchestral effects, for the sole gratification of one auditor only—the King himself. Nor did he merely avoid the general public, and sedulously withdraw himself from its sight; he also avoided his Ministers of State; and on one occasion took speedy flight, when unexpectedly approached by his uncle on some pressing matter of public business. At night, drawn in a brilliant equipage, he issued from his palace, and for hours in the dead of night, was swiftly driven over the wintry roads. He built castle after castle on an ascending scale of magnificence.

"He doth rely on none;  
But carries on the stream of his dispose,  
Without observance or respect of any,  
In will peculiar and in self-admission."

Tardy intervention arrived at last, and the King was deposed. So extraordinary and unimpeded had been the growth of his morbid inclinations, that the deposition might well have stirred up feelings of intense revulsion and resentment, and have brought to a climax the latent, or only obscurely admitted, suicidal feeling or intention.

With reference to the suicidal attempt and struggle, in which both the King and his physician lost their lives—the combined suicidal and homicidal act of the former—it is perfectly astounding to find how gross, apparently, was the laxity, how strange the carelessness, somewhere, which led to the leaving of a powerful lunatic, known to have suicidal tendencies, to walk alone with his physician, and by a lake—no notice being taken of their continued absence for hours, and no search made until late at night. There is scarcely a pauper lunatic who would not have been the subject of better precautions than were taken in the case of the unfortunate King and Dr. von Gudden. Nor are we fully prepared to accept the alleged explanation, that the catastrophe was entirely due to the asserted reliance of the latter "on his great moral influence over insane persons." No man can follow or influence all the workings of the insane mind, or rely on moral influence alone in dealing with a lunatic, dangerous to himself or to others. Here, as elsewhere, force is a remedy, and a means of prevention.

#### THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

WE have reason to believe that Mr. Sibley's candidature is popular among the ranks of those who hold the Fellowship of the College. His professional ability and personal character have long tended to make him popular with leading hospital surgeons in London, amongst whom he enjoys the further advantage of being well known. The rank-and-file of the Fellows, metropolitan and provincial, cannot but feel satisfaction in the possible election of one of their number who will break through a stereotyped tradition. Lastly, the Members have every reason to be satisfied at the prospect of a general practitioner sitting on the Council; indeed, this innovation will be satisfactory to all practitioners, inclusive of those who do not hold a College diploma. If elected, the presence of a courteous advocate of reform at Lincoln's Inn Fields will be of the greatest service to outside reformers. It is to be hoped that the latter will always choose leaders of known position and recognised social abilities as spokesmen at conferences with representatives of the Council, and particularly at those meetings of Fellows and Members in presence of the Council which have become a prominent feature in contemporary medical politics. The licentiate

of the College have exhibited both enthusiasm and courage at the meetings in question, but they have not yet reaped the fruits of their exertions. This is due partly to the natural dislike of the Council to yield in any way whatever; partly, it is only fair to add, to the impracticability of some of the proposed changes without an alteration in the charter; but still, in great part, to a certain want of experience and organisation amongst the Fellows and Members themselves. Representative men like Mr. Holmes and Mr. Gamgee have taken part in the College meetings; and it will be better if the Fellows and Members place even more confidence in such advocates, and leave affairs more in their hands.

Mr. Reginald Harrison is an honoured provincial surgeon, and, as we observed last week, he practises in a great city which has never, as yet, had a representative on the Council. Mr. Lund has well fulfilled his trust, and, we believe, well deserves re-election. Mr. Willett has taken an active share in the movement amongst the Fellows and Members, and, joined to Mr. Macnamara, Mr. Sibley, and other actual or possible members of Council, would greatly help the good cause. Mr. Couper is another recognised advocate of reform. Mr. Berkeley Hill, Mr. Rouse, and Mr. Brudenell Carter, are all London surgeons more or less well known. All three will, of course, be supported by their friends amongst the Fellows, and by others who will vote for them simply because their names are familiar. It is to be hoped, however, that the associations formed for promoting the interests of the Fellows and Members will take care to ascertain the views of these gentlemen respecting reform in the Council, and the rights of those who hold the diplomas of the College.

THE Very Reverend the Dean of Westminster will distribute the prizes to the students of the Medical School of St. Thomas's Hospital, on Wednesday, June 30th, in the Governors' Hall.

THE Governors of Middlesex Hospital have decided to initiate a scheme for building residential chambers for medical students on the site of three houses in Cleveland Street. A limited liability company is to be formed, with a capital of £7,000, to be divided into shares of £5.

SCARLET FEVER appears to be lifting its head again at Salford. Last week 34 cases of it were recorded, as against 11, 12, 20, and 22 in the four preceding weeks.

THE annual meeting of the Association for the Promotion of Medicine by Research was held at the Royal College of Physicians, on Tuesday, June 15th. The officers and Council for the ensuing year were elected. Mr. Clinton Dent having resigned the post of secretary, Mr. Stephen Paget was elected in his stead.

In replying to the observations made at the meeting of the General Medical Council, on the report of the visitors of examinations, with reference to the University of London, Dr. Quain adduced, in evidence of the position which the graduates of that University held, that, of the Fellows of the Royal College of Physicians of London, elected during the last twenty years, the numbers for the several universities were as follows: London 70, Cambridge 30, Edinburgh 28, St. Andrew's 24, Oxford 22, Aberdeen 11, Dublin 6, Glasgow 8, Durham 1, and foreign 17.

#### BRITISH MEDICAL BENEVOLENT FUND.

ON the occasion of the celebration of the jubilee of this excellent institution, Her Majesty the Queen has sent a donation of £100 through Sir James Paget.

#### DEATH OF MR. ROYES BELL.

WE regret to have to announce the death of Mr. Royes Bell, Surgeon to King's College Hospital. Mr. Bell was on a visit to Folkestone, when he was seized with hemiplegia on the morning of June 14th; he never recovered consciousness, and expired early on the following day. Mr. Bell, who appeared to be in his usual health up to the time of his sudden illness, was only 44 years of age. The funeral took place yesterday (Friday), at Brompton Cemetery.

#### CAMBRIDGE MEDICAL GRADUATES' CLUB.

THE annual dinner of the Cambridge Medical Graduates' Club will be held this year at Cambridge, on Saturday, July 17th. The Master and Fellows of Caius College have kindly promised the use of the College Hall for the occasion. The chair will be taken by Sir George E. Paget, M.D., K.C.B., and a large gathering of graduates is expected, as this is the first time the Club has met in Cambridge since its formation.

#### PHOSPHORUS POISONING FROM SUCKING MATCHES.

THE deaths of children from sucking lucifer matches have of late years happily been decidedly unfrequent, but it appears that this form of poisoning is not quite obsolete. At an inquest lately held in Chiswick, the evidence showed that the deceased, a child of two years old, had been taken ill with vomiting after playing with some lucifer matches; death had ensued on the following day. The name of the maker of the matches did not transpire, so we have not the opportunity of cautioning the public against the articles supplied by that firm.

#### POISONING BY LOBELIA.

AN inquest was lately held on the body of a man who died from an overdose of lobelia seeds. So many similar cases have been recorded during the last thirty or forty years, that it is unnecessary to state the symptoms, or *post mortem* appearances, which were both quite characteristic, and may be found in any of the text-books on forensic medicine. The herbalist who had sold the drug, with the usual assurance of his class, boasted of the amount he sold yearly, and was prepared to produce a couple of hundred people who would give a practical demonstration that the doctors knew nothing about the drug, or the effects of a so-called fatal dose. There was no evidence that he advised the deceased to take the seeds (though he had offered to sell him a smaller quantity), and, therefore, the jury could not return a verdict of manslaughter against him; but it is certainly time that some steps were taken to diminish the number of deaths for which this drug is responsible; and if anyone would take the trouble to collate all the cases which have been recorded in this country in the last fifty years, we have no doubt that such a profound impression would be produced on the public mind as would lead to the speedy inclusion of lobelia amongst drugs that may not be sold except by licensed persons.

#### HEALTH OF THE TROOPS IN EGYPT.

THE telegrams published by the daily papers have caused a good deal of uneasiness in the public mind with regard to the health of the British troops in Egypt. This uneasiness has been only partially allayed by Mr. Bryce's statement in the House of Commons on Wednesday last. From inquiries which we have made, we are enabled to state that the amount of sickness, though very considerable, has not been so great as to justify the alarmist rumours which have been put in circulation, and that the mortality has been by no means high. It was inevitable that troops, consisting, in large part, of very young soldiers, exposed for a prolonged period to one of the most trying climates in the world, should show a high rate of sickness on the return of the hot season. The official returns for the week ending May 21st, which are the latest detailed returns received in this country, show a total mortality of 11 in a force of 3,279 men at the front. Most of the cases of serious illness were due to enteric fever (68) or dysentery (26); but there had also been a considerable number of cases of other fevers.

(32); altogether, there were 126 cases of these three diseases with 10 deaths, all attributed to enteric fever. This week showed the highest mortality up to that time. In Lower Egypt, the rate of sickness and mortality were much smaller. On the whole, therefore, it may fairly be said that, though there has been a great deal of sickness, a large proportion of the cases were not serious, and the mortality has been low. The number of men invalided home has been large. There is, we believe, a desire to reduce the force in Egypt; and, therefore, where there is a doubt, the decision is always in favour of sending the man home. Prevention is better than cure; and it is certainly a wise policy to get young men, debilitated by a slight attack of illness, out of so trying a climate with all possible speed.

**THE SOCIETY OF MEDICAL MEN QUALIFIED IN SANITARY SCIENCE.**  
The Society of Medical Men qualified in Sanitary Science, which came into existence about three months ago, already embraces a hundred ordinary members, and has recently elected a number of honorary members, among others, Dr. R. Koch, of Berlin. Sir Joseph Fayrer is the President, and Sir Charles Cameron, Sir Douglas MacLagan, and Mr. John Simon, C.B., are the Vice-Presidents. The first annual meeting of the Society will be held during the present month. All medical men possessing a sanitary science qualification obtained after examination in the United Kingdom are eligible for election as members; and one of the objects of the Society—the registration of such qualification—appears likely to be very quickly attained, through the agency of the Medical Bill. The Honorary Secretary is Mr. J. E. Cooney, 20, Vereker Road, S.W.

#### THE MICRO-ORGANISMS OF LUNG-DISEASES.

ON Wednesday, June 16th, Dr. Acland gave a demonstration, at the Brompton Hospital for Diseases of the Chest, of the micro-organisms found in diseases of the lungs. He exhibited a large number of cultivations as types of the various species of organisms, as well as microscopical specimens of aspergillus mycosis, woolsorters' disease (anthrax), septic pneumonia, pus from empyema, diphtheritic membrane, and actinomycosis in man and cattle. The next demonstration will be on June 26th, at 4 P.M., when the organisms found in pneumonia and tubercle will be exhibited, and the subject will be illustrated by cultivations, drawings, and many of Dr. Crookshank's micro-photographs.

#### HEALTH OF HASTINGS.

The corrected death-rate of Hastings, for the past quarter of the present year, calculated upon a total of 228 deaths, was equal to 18.73 per 1,000; this is 1.39 per 1,000 above the average of the past five years. Of the 215 registered deaths, 32, or 14.88 per cent., occurred amongst non-residents or visitors. The severe and trying weather experienced during the quarter has told its tale by the increase in the quarterly death-rate, this increase being observed not only at Hastings, but throughout the country generally. The general death-rate of England exceeded by 0.6 per 1,000 the average rate of the corresponding quarter of the past ten years, and was higher than any recorded in the first quarter of any year since 1879. The deaths from diseases of the respiratory organs (including phthisis), 91 in number, or 39.91 per cent. of all the deaths recorded in Hastings, were very largely in excess of any quarter during the past six years.

#### BRAIN SURGERY.

A MAN was recently admitted into the National Hospital for the Paralysed and Epileptic (Queen Square), suffering from a severe form of epilepsy consequent upon an injury to the head which had involved the brain. About three weeks ago, Mr. Victor Horsley, who is assistant-surgeon to the hospital, trephined in the neighbourhood of the scar, cleared away the injured bone, and excised the scar in the brain. In order to remove the whole of the scar tissue it was necessary to excise from the upper end of the fissure of Rolando a mass of mixed cerebral and brain tissue measuring about an inch and a half long,

an inch deep, and three-quarters of an inch broad. A drainage tube was introduced at the operation, but removed on the following day; a little serum had to be let out from the cavity of the wound on the fifth day, but the wound was practically healed within a week, and all dressings were removed on the tenth day. The patient never had a bad symptom, but it is as yet too early to form any opinion as to the prognosis with regard to epilepsy, though when inquiry was made we were informed that he had had no fit since the operation. It is interesting, in face of the reiterated misstatements of a certain knot of agitators, to learn that the operator in this most successful case,—successful that is so far as surgery can make it—was guided not by the generally prevailing doctrines with regard to the treatment of wounds, but by principles established by experiments on animals.

**DURHAM UNIVERSITY AND THE MEDICAL ACTS AMENDMENT BILL.**  
We have received a communication from Dr. Luke Armstrong, writing on behalf of the council of the University of Durham College of Medicine, in answer to certain observations made by Sir John Lubbock and Professor Sir Henry Roscoe during the discussion on the Medical Acts Amendment Bill in the committee of the House of Commons on Monday, May 31st. Sir John Lubbock is reported to have stated that "he should say there were not more than twenty or thirty medical undergraduates at the Durham University." As a matter of fact, the medical undergraduates in attendance at the university during the last year, 1885, numbered 234 (see *The University Calendar*, 1886), of whom many were already qualified to practise, and the number of individual entries for the examinations for the degrees in medicine (excluding those for the special arts examinations for the degrees in medicine) during the period from May 1st, 1885, to April 30th, 1886, was 245. Of this number, 186 passed the various examinations for the degrees, of whom 53 graduated, 42 passed the first examination (old regulations), 54 the first examination (new regulations), and 27 the second examination (new regulations).

#### HOME HOSPITALS ASSOCIATION.

FROM the eighth annual report of the Home Hospitals Association, presented at the annual meeting, presided over by Sir Rutherford Alcock, K.C.B., it appears that the total number of admissions during the year was 282; of these, however, 48 were relatives in attendance, the actual number under treatment being 234 (114 males and 120 females); 87 applications were rejected for want of room, and 46 were ineligible from nature of illness. Of the number of cases treated, 10 were fatal. The financial condition of the Association remains very satisfactory, the annual expenditure being £3,787 2s. 7d., and the income £4,574 12s. 6d., showing a balance in favour of the Society of £787 9s. 11d. for the year, which is devoted to the reduction of the existing debt, there being a heavy mortgage and a loan unpaid. The report concluded by thanking the Medical Board of Reference, and the staff of the hospital, for their services during the past year.

#### NATIONAL PHYSICAL RECREATION SOCIETY.

A SOCIETY, with Mr. Herbert Gladstone as chairman, and such representative men as Lord Charles Beresford, Lord Harris, and Messrs. A. G. Steel, Edwardes-Moss, and Dr. Pilkington, M.P., on its Council, has been formed to promote physical recreation amongst the working classes. Wherever facilities for such recreation have been provided, they have been highly appreciated, and have undoubtedly done much to raise both the mental and the physical standard of those who have been wise enough to avail themselves of them. *Mens sana in corpore sano* is a saying as true as it is trite; and the new Society may reckon upon the hearty support of the medical profession, which has always shown itself an unselfish guardian of the public health. The objects of the Society are stated to be: "1. To assist the working classes in obtaining, especially during the winter months, physical recreation, consisting of musical drill, vocal marching, calisthenics, gymnastics, and other healthful games and exercises. 2. To organise and obtain honorary instruction from existing public gymnasia, and

hire or obtain the loan of suitable halls for recreative purposes during the winter months. 4. To assist, by small grants, in providing suitable apparatus. 5. To encourage a taste for physical recreation, and promote the physical development of the people, by issuing a national challenge shield for competition between the various affiliated public gymnasia, and also local challenge shields for competition amongst the voluntary classes in each affiliated district. 6. To encourage legislation in the direction of providing systematic physical recreation in the public elementary school-board system."

## DR. VON GUDDEN.

DR. BERNHARD VON GUDDEN, whose melancholy death is reported in connection with that of the King of Bavaria, was Professor of Psychiatry in the University of Munich, Superintendent of the Lunatic Asylum of that city, and a Member of the Supreme Council of Health.

## GERMAN OPINION ON BRITISH MEDICAL SOCIETIES.

THE *Deutsche Medicinal Zeitung* expresses great admiration of the manner in which discussions are conducted in British medical societies. In relation to the debates on the removal of the uterine appendages, held last February at the Liverpool Medical Institution, the *Medicinal Zeitung* observes:—"The spirit of sound common sense and the candour of Englishmen was admirably displayed throughout the discussion. This proves the influential position held by English medical associations unsupported by any kind of State assistance, and the power which they exercise by means of their free discussions, in the course of which the welfare of the patient is ever held to be, together with the dignity and brotherly feeling of the medical profession, the foremost aim of medical labour. Such clinical histories as were thus brought forward should be more frequent amongst us. Yet where could we find, in Germany, a society which could get medical men to divulge similar experiences at its meetings?" This complimentary harangue is not entirely unmerited; and, much as they may be deprecated, the disputes as to priority in the introduction of a new operation, so familiar to our readers, are not without their advantages. They not only favour the freedom of discussion so dear to our countrymen, but they also display emulation in curing persons or saving their lives. However selfish such a spirit may be, its fruits are of direct advantage to the community.

## METROPOLITAN PROVIDENT MEDICAL ASSOCIATION.

In 1880, this Association was established for the purpose of providing efficient medical relief, upon mutual assurance principles, "for that large class among the wage-earners which is between those who can afford to pay the ordinary medical fees and those who are fit recipients of the medical relief provided by the poor-law." At the annual meeting of the society, held lately, the Secretary (Mr. W. G. Bunn) made a statement of the work of the Association during the past year. Active operations, he said, were commenced in 1881, since which time eight branches had been opened, and three existing provident dispensaries taken over, making eleven branches at work, in the following districts: Bloomsbury, Clerkenwell, Croydon, Camden Town, Deptford, Dalston, Hackney, Kensal Town, Pimlico, Rotherhithe, and Soho. Each dispensary had the services of a staff of respectable qualified medical practitioners resident in the neighbourhood, and members were required to make regularly, in sickness and in health, small monthly contributions. In this way, working men, at a cost within their means, had, along with their wives and children, the advantage of the highest medical skill and the best medicine, with treatment at their homes, if necessary, while suitable cases were recommended to general or special hospitals. Of the eleven branches of the Association, five were now entirely self-supporting, and there was every reason to believe that two others would become so by the end of the present year. It was estimated that a sum of £500 would be necessary to enable the Association to meet the requirements of the six branches still depending upon it, and to carry on its work to the

end of the present year.—Dean Bradley moved the first resolution, which affirmed the beneficial character of the work done by the Society in supplying good medical attendance and medicine to about 26,000 members of the working-classes on "reasonable, paying, and non-pauperising terms."—The motion was seconded by Sir Spencer Wells, supported by Mr. Claude Montefiore, who pointed out that the work of the Association greatly relieved the pressure on the outdoor departments of the great London hospitals, and carried unanimously. The second resolution, which was moved by Mr. Bousfield, set forth the desirableness of sufficient funds being raised to extend the same self-supporting system into such districts where it is urgently needed. In the course of subsequent speeches, allusion was made to the unsatisfactory nature of the present dispensary system, which was often worked by unqualified men, who, in some cases, it was alleged, prescribed the same, or, at least, some two or three medicines, for all sorts of diseases. The resolution having been adopted, the meeting was brought to a conclusion.

## A PIONEER OF EUROPEAN MEDICINE IN JAPAN.

THE *Sei-i-Kwai Medical Journal* for April contains a biography, by Dr. W. Norton Whitney, of Sugita Gempaku, a Japanese physician and scholar, who lived in the middle and latter part of the last century, and who took a prominent part in breaking down the prejudices against European medicine and surgery, which had been supported by the Chinese and Japanese schools. The difficulty of his labours was greatly increased by the policy then in force on the part of the Japanese Government, who had excluded foreigners from the country, and had even prohibited the study of their language. The latter obstacle was, however, overcome by the perseverance of Sugita, whose position was probably favoured by the circumstance that he was a member of a family who had for many years rendered medical service to the rulers of Japan. In 1771, he obtained possession of a Dutch work on Anatomy, the *Tafel Anatomica* of John Adam Kurmanns. On looking over this book, he was struck with the numerous discrepancies between it and what he had been taught as to the anatomy of the human body. He thereupon, having obtained permission, went with two friends to witness the dissection of the body of an executed criminal. It appears that this ceremony was performed by the executioner, who pointed out the different viscera. Sugita and his friends compared what they saw with the diagrams in the book, and found that they agreed, while the description given in the Chinese books was altogether different. This discrepancy had already been observed by two court physicians, Okada and Fujimoto, who had accounted for it by supposing that the anatomical structure of one race differed from that of another. After this, Sugita and his friends determined to study Dutch, in order to translate the work on anatomy into Japanese. This undertaking was beset with very great difficulties; Sugita, at the time, knowing little more than the alphabet, and one of his friends, Maeno, possessing only a Dutch vocabulary of a few hundred words. They had no dictionary nor grammar. Notwithstanding these difficulties, they set to work bravely, spending sometimes a whole day in tracing out the meaning of such a simple sentence as "the eyebrow is hair growing a little above the eye." In a graphic account of their labours in ascertaining the meaning of a Dutch word, and the success which attended their efforts in reasoning out the meaning from analogy, Sugita says: "The feelings of joy which I experienced then cannot be told; I felt as if I had obtained a whole castle full of precious stones." Gradually, by perseverance, and meeting six or seven times every month, they became better acquainted with the language, and were, after a while, able to translate ten lines in a day. The whole work occupied four years in translation. It was rewritten eleven times, and was published by Sugita under the name of *Kai-tai-shin-sho*, or *New Work on Anatomy*. It met with a favourable reception, and passed through two editions and a revision. It consisted at first of three volumes, but was afterwards enlarged by another writer to thirteen volumes, under the name of *I-han-tai-sho* (*Outline of the Principles of Medicine*), near

is satisfactory to learn that Sugita, and those who assisted him, received many honours, and that a large number of students came to them from all parts of the country. His descendants to the present day have followed in the footsteps of their worthy ancestor, and have done much towards the establishment in Japan of a new civilisation, one of the forerunners of which was the introduction of Western medicine. The memory of such a man as Sugita Gempaku deserves to be held in honour, not only by his own countrymen, but by all who feel an interest in the progress of science and civilisation.

#### DEATHS AFLOAT.

A REPORT, written by Mr. Thomas Gray, one of the Assistant-Secretaries to the Board of Trade, and recently presented to the President of the Board of Trade and the Royal Commission on Loss of Life at Sea, has been published as a Parliamentary paper. In dealing with the mode of inquiring into the causes of death at sea, a suggestion is made which may have an important bearing on a subject recently discussed in these columns, that is, the present state of the Medical Service of the Mercantile Marine. Under existing regulations, if it come to the knowledge of the officials of the Board of Trade, on the arrival of a ship in port, that a death has occurred from injury or ill-treatment, the superintendent of a Mercantile Marine office can hold an inquiry; he can take evidence on oath, can summon witnesses, and, if it appear to him that death has been caused by violent means, he can take immediate steps for bringing the offenders to justice. Where injury or death has been caused by a negligent or wrongful act which renders the ship-owner liable, damages may be sued for before a sheriff and a jury; but, "as the proceedings are cumbrous and expensive, and the amount which can be recovered is only £30 in respect of each death or injury, the law is practically a dead letter." Moreover, any inquiry held ashore into the cause of a death at sea must be unsatisfactory, for the body cannot be inspected, essential witnesses may not be forthcoming, and months may have elapsed since the event. Mr. Gray thinks that an "important step would be to ensure, in foreign-going ships, that an inquest be held on board at the time, in which the whole, or in large ships a certain number, of the crew, and, in the case of ships carrying passengers, of the passengers also, should form a jury like a coroner's jury, and that a full report, with signatures, should be made and entered in the log." If such an inquiry is to be held, it would seem to be essential that it should be conducted by an officer not directly responsible for the working of the ship, and holding a position which gave him some independence. If the reforms in the Mercantile Medical Service already indicated in these pages be carried out, such an officer would exist in the surgeon of the ship, and it is suggested that he would be the proper official to act as coroner, to inquire into and report upon all deaths by violence on ship-board. No reliance could be placed on a report drawn up, or an examination held, by any officer of the ship, who is entirely in the hands of the ship-owners; and, as to the passengers, it would not, as a rule, be possible to obtain their attendance at an inquiry held after the return of the ship to this country, especially if the ship had been outward-bound at the time of the accident. The medical officer could, of course, always be summoned to attend any subsequent inquiry; and, if a Mercantile Marine Medical Service were organised whose members would have an official standing, with adequate pay and retiring allowances, there would be no difficulty in securing the services of a thoroughly trustworthy set of gentlemen.

#### PHYSIOLOGY OF MARRIAGE.

IN the cyclical discussion which takes place on the question of the propriety of marriage with a deceased wife's sister, many of the speakers give evidence of a want of familiarity with the physiological aspect of the question, which is probably, after all, the most important factor in the case. In any case, it is the only aspect of the question which can appeal to members of the medical profession, and therefore merits that a little light should be thrown upon the subject. It is a

generally accepted maxim that interbreeding affects the offspring injuriously; but, without entering into the subject, it may be mentioned that this opinion does not rest on an absolutely unimpeachable basis, and is moreover absolutely contradicted in many particulars by breeders of cattle. The probability is, that marriage between members of the same family is only attended with undesirable effects on their offspring when a hereditary taint exists, which is thereby intensified. But even if we admit the assumption that marriage within certain limits of consanguinity is undesirable and hurtful, the argument is still without value in the present instance. It is impossible to allege any consanguinity between individuals, such as a man and his sister-in-law, who spring from different family stocks, and have, physiologically speaking, nothing in common. Whatever evil results may attend marriages between near relations are certainly not to be feared here. The question is really one of social order, and should be decided, not on political or family considerations, but in accordance with the dictates of physiological science and common sense. It is absurd to lay down, or attempt to lay down, any absolute rule on the subject of the marriage-laws, seeing that in no two countries are they quite alike; and what may be admissible with one people is not uncommonly peremptorily negated elsewhere. Even the fundamental laws are subject to the influence of civilisation, and climate, and custom. It is, nevertheless, extremely desirable that the question should be disposed of in such a way as to avoid the necessity for a constantly recurring discussion, which can do no good, and may not improbably be attended by disagreeable results with regard to the relations in the domestic circle throughout the country.

#### THE ODOURS OF PARIS.

WITH the first few days of hot weather, the annual wail has gone up in Paris, against the intolerable emanations which appear indigenous to the gay, but unhygienic, capital. The "full seven and twenty stenchs, all well defined, and several stinks" of Coleridge, may all be recognised and classified under favourable circumstances, in the French metropolis; and even the natives, *blasé* though they must be towards olfactory inconveniences, are fain to articulate a complaint. The causes of the "bouquet" are by no means agreed upon. By some, they are attributed to the fermentation of the material stored up in the 80,000 cesspools of Paris, while others ascribe them to the sewage-farms, which are established outside the city. No doubt can exist, however, that the former are largely responsible for the nuisance. Anyone who has chanced to pass along a street where one of these cesspools is being pumped out by steam—and no one can be much about at night without tripping over the tubes of half a dozen—can bear witness to the insupportable stench with which they infect a considerable area—a stench so powerful, that it produces a feeling of asphyxia in the unlucky individual who unsuspectingly inhales it, and which requires a cigar, and, sometimes even a *bock*, to overcome the foetid taste and smell. Now and again the pipes burst, under the pressure, and then a whole quarter is rendered impassable, except with a nose firmly pinched and a handkerchief to the mouth. Apart from these constitutional stinks, every French house contains its own little collection of disagreeable effuvia, and this remark applies just as much to the best as to the worst houses. Even where the so-called "water-closets" are kept tolerably clean, in apartments, by the aid of a few drops of water, and a brush at the end of a stick, those at the top of the houses for the servants, and those at the bottom for the stable men, are invariably in as filthy a condition as disgusting personal habits and studied neglect can make them. The *concierge* is responsible for their maintenance in a state of cleanliness; and he is not likely to do his duty conscientiously, seeing that when, under great pressure, he pays them a visit with a pail of water and a broom, it necessitates the ingurgitation of several *gouttes* to remove the souvenir of his exploit. The owners and occupiers appear to treat the matter with the most utter contempt and indifference, although this is indicative of a shortsightedness which would disgrace a navy. The

fact is, Frenchmen look upon hygiene as a theory to be admitted and discoursed upon, but not carried into practice. They keep their streets tolerably neat and clean, and relegate their filth to the interior of their dwellings, where only the privileged get a glimpse of it. It may be thought that these strictures are too severe, but no one, who has lived in *maisons meublées*, or in unfurnished apartments, would question their justice or their accuracy. It would be difficult to find a house, even in the Avenue des Champs Elysées, where a "water-closet," in the English sense of the term, exists, unless perchance it has been inhabited by an Englishman or an American, whose first care is to remodel these conveniences in accordance with Anglo-American ideas of what is right and proper. So long as the plainest scientific facts are ignored by the authorities, and by individuals, little can be done to prevent the tendency of Parisian atmosphere to "*puer et tuer*;" and, until the faculties of medicine in France have used the weight of their influence for the better observance of the precepts of sanitary science, they must lie under the accusation of culpable indifference to the public health, which is seriously menaced by the neglect of the most elementary principles. Another smart outbreak of cholera may, perhaps, contribute to their better appreciation, although the relative mortality from typhoid fever in Paris and in London, with twice the population, should long since have sufficed to direct attention to the necessity for vigorous and efficient interference.

#### THE PHYSIOLOGY OF THE LONDON SEASON.

THE use and the abuse of the London season is a subject of vast importance. When it is considered what an unusual strain is borne by those who systematically "do" their season, it is a matter of no small surprise that so little illness results from their exertions. Nevertheless, when we contemplate the jaded faces and disappointed expressions of those who are to be found at the railway stations after the conclusion of the Eton and Harrow match, we cannot but conclude that some of Nature's most potent laws have been rudely violated during these two or three months of so-called pursuit of pleasure. Take any ordinary London dissipation in the hot weather, and ask, what does it mean physiologically? It often implies a subsequent loss of strength, a sensation of fatigue, *malaise*, loss of temper, and irritability. The inhalation of carbonised, in place of oxygenated air, involves a retardation of the pulmonary circulation. Hence, an extra amount of work is thrown upon the heart, doing its best to force on the blood *à tergo*, which is impeded by the stagnation in front. Hence, again, less energy of the heart to supply the locomotory apparatus. Thus fatigue, produced by deficient blood-supply, and also by deteriorated quality of that fluid, is the result. The proper rate of exchange of tissue is delayed. Hence, accumulations of urea, bile, and other secretions or excretions, which are normally got rid of as soon as their duties have been performed, but which now are unable to "move on." Hence, also, the indescribable feeling of fatigue, as opposed to being tired after healthy exertion, that feeling which renders a man unable to take exercise, although he has the inclination to do so, which makes him cross and irritable, which renders his special senses so acutely sensitive, that a very slight noise, a very bright light, a very faint perfume of fresh flowers, are regarded by him as personal insults. Not the least important element in the causation of fatigue during the London season, is found in the exertion undergone by the muscles of the eye, in the pursuit commonly called "sight-seeing." Take, for instance, the Royal Academy. Supposing a person looked at 500 out of the 2,000 or odd articles, and, between each inspection, glanced down at his catalogue to find what it was all about. This would involve 1,000 motions of the iris, not to mention the upper and lower recti, and the more complicated, but equally necessary, trochlear muscles. Then, again, in addition to the nervous energy expended in this amusement, we have to consider the intellectual, the emotional, and the volitional functions, which are actively called into play. It has been said by an eminent teacher of elocution, that, in

public speaking, we have three things to do—to stand, to think, and to speak. The devotee to art has to stand, to think, and to sweat; and it is only by the perspiration expended in his researches, that he is enabled to carry away enough information to hold his own in society during the London season. Yes, indeed, the race is to the swift, and the battle to the strong, if we are only to pursue, even in moderation, the temptations to fatigue which are now so alluringly spread before us. The strain upon the locomotory, the digestive, the respiratory, the circulatory, and the nervous systems, is very great; and happy is he who is clever enough to have learnt the secret of using, without abusing, the sweets and pleasures of the glorious season, now almost at its height, in our civilised metropolis.

#### CORROSIVE SUBLIMATE AS AN ANTISEPTIC.

THIS substance has come into very general use during the last few years, in the form of a solution, as an antiseptic. There can be no doubt that it possesses very considerable antiseptic powers; but, unfortunately, it is also a violent poison, and abundance of cases are now on record which show that its use is often attended with very great risk of toxic effects resulting from its absorption. In a paper recently contributed by Dr. Lucien Butte to the *Nouvelles Archives d'Obstétrique et de Gynécologie*, a long series of such cases are adduced, in many of which a fatal result followed persistent vaginal injections of the solution of Van Swieten (1 in 1,000). The symptoms of poisoning were the more difficult to detect from the fact that, occurring during the puerperal period, they were masked, to some extent, by those incidental to this state. They consist principally of hypogastric pain and tenderness, violent abdominal pain of a colicky character, accompanied by frequent mucous stools, often stained with blood. The urine is generally diminished in quantity, and contains epithelial cells, casts, and more or less albumen. Salivation is most frequently absent, but the mouth and throat are red and dry, and there is marked thirst. Dr. Butte is inclined to consider that absorption occurs most frequently in cases where lacerations of the perinæum, or of the cervix uteri, have taken place, or where large ulcerating surfaces are present. The toxic effects are naturally more marked in debilitated and cachectic patients. The *post mortem* appearances are indicative of enteritis, with sloughing of the mucous membrane of the large intestine, while the kidneys are enlarged and anæmic. Deposits of crystals of oxalate of lime are common in the uriniferous tubules, due, it is suggested, to the decalcification of the bones, which is said to result from the presence of the bichloride in the system. As Dr. Butte quotes no fewer than twenty cases, in which the fatal result was attributable to absorption of the mercury, it is evident that, in obstetric practice at any rate, the use of even extremely dilute solutions requires very great caution.

## SCOTLAND.

#### ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.

THE monthly Report of the Royal Hospital for Sick Children, Edinburgh, shows that, during May, 114 patients were treated there. On April 30th, 62 patients were in the hospital, and 52 were admitted during the month; 33 were discharged cured, and 8 were relieved. The average daily sick in the hospital during the month was 62. At the dispensary, 509 patients were treated, and 22 vaccinated, making a total of 531. Of the 260 new cases during the month, 211 were from the city, 33 from Leith, and 16 from the country. Thus the total number of patients treated at the hospital during the month was 645.

#### ABERDEEN ROYAL INFIRMARY.

THE annual report of this institution, which has just been issued, shows that 1,951 patients were treated in the infirmary during the year. The receipts show a decrease of £950; this represents one-eighth of the total annual expenditure, and is, indeed, a serious



matter. The managers point out that, if annual deficits are to continue, the number of patients received must in future be curtailed. A new charter has been drafted, and it contains numerous changes and improvements in the constitution and working of the institution. As in other large hospitals, there is to be a board of directors elected by the contributors. The management of the lunatic asylum is to be separated from that of the infirmary.

#### SERIOUS FIRE IN ABERDEEN LUNATIC ASYLUM.

A FIRE of a serious nature, but fortunately entailing no loss of life or serious injury to anyone, occurred in one of the dormitories of Aberdeen Lunatic Asylum on Tuesday night. The part of the building attacked by the fire was that occupied by the pauper lunatics. All the inmates were in bed at the time, but we are glad to say they were soon removed to a place of safety; one only, it is said, has escaped. The fire brigade, with the assistance of Dr. Reid and the attendants, succeeded in subduing the conflagration, but damage to the extent of £1,000 has been done.

#### NEW CHARTER FOR ABERDEEN INFIRMARY AND LUNATIC ASYLUM.

THE new draft charter for Aberdeen Infirmary and Lunatic Asylum has just been prepared, which carries out the resolutions adopted by the managers in December last. It separates as completely as practicable the management of the Lunatic Asylum from that of the Infirmary and Convalescent Hospital, considering the same body of managers have the control. The number of each of the two boards of directors required respectively for the Infirmary, Convalescent Hospital, and Asylum was fixed, by the resolutions, at fifteen; but, subject to the approval of the managers, the committee have fixed the number at nine. The difficulty felt about the nomination of representation by bodies which had no corporate character, has been removed by the new charter, and any body of persons, slight though the bond between them may be, subscribing the necessary funds, may nominate managers; while power is given to those providing a perpetual income to the institution, to have power to make provisions for the nomination of managers in perpetuity. An important change has taken place, following the example of the Royal Infirmary, Edinburgh, which popularises the management, by admitting members of £1 annually so soon as they have paid three subscriptions, and so long thereafter as they shall continue to subscribe. It is suggested that the Committee of Management should be directed to inquire as to the expediency of carrying out the contemplated changes by means of an Act of Parliament in place of a new charter.

#### LECTURES TO PRACTITIONERS IN GLASGOW.

WE learn that a course of lectures to practitioners is being organised in Glasgow for the coming autumn, the lecturers being Professor Gairdner, Dr. Joseph Coats, and Dr. D. Newman. Each of the lecturers proposes to take up a branch of medicine or surgery with which he is specially familiar, and it is intended to make the course as practical as possible. The course will extend over the first three weeks of October, and the meetings will be two in the week. At each meeting, there will be two lectures, so that the whole course will include twelve lectures, or four by each lecturer. Dr. Gairdner will probably lecture on some of the abdominal diseases associated with the name of *Tabes Mesenterica* in the Registrar-General's returns; Dr. Coats proposes to take up the Pathology of Phthisis Pulmonalis, with special reference to its causes and associated lesions in other organs; and Dr. Newman has chosen Affections of the Kidneys to which surgical treatment is applicable.

#### GLASGOW AND THE BRITISH MEDICAL ASSOCIATION.

THE following is the list of the Committee formed in the prospect of the Association going to Glasgow in 1888. Nominated to the Council of the Association as *President-elect*: Professor W. T. Gairdner. *Chairman of the Executive Committee*: Dr. Andrew Fergus. *Honorary Local Secretaries*: Professor J. G. McKendrick, F.R.S.; Dr. J.

Christie; and Dr. J. Glaister. *Honorary Local Treasurers*: Dr. D. Yellowlees and Dr. J. Coats. *Committee*: Professor McCall Anderson, Professor George Buchanan, Drs. Barr, Barlow, Beatson, Carr, H. C. Cameron, M. Cameron, W. T. Dun, E. Duncan, J. Dunlop, J. Finlayson, A. L. Kelly; Professor Macleod; Drs. McVail, Morton, E. Maylard, Macewen, Newman, Napier, Perry, A. Robertson, McGregor-Robertson, J. B. Russell, Russell (Western Infirmary), W. L. Reid, Renton; Professor P. A. Simpson; Drs. J. L. Steven, A. Wallace, John Wilson, Thomas, and Drs. Goff (Bothwell), Dobbie, Naismyth, and McKerrow (Ayr); Wallace and Marshall (Greenock); Douglas Reid (Helensburgh), Rutherford (Dumfries), Muirhead (Cambuslang), Loudon (Hamilton), Moyes (Largs), Hunter (Rothsay), Robertson (Dumbarton), Fraser (Paisley), and Frew (Galston). The Committee has power to add to its number.

#### GLASGOW ROYAL INFIRMARY.

A DEPUTATION from the managers of the Glasgow Royal Infirmary had an interview with the Earl of Dalhousie, and the Lord Advocate for Scotland, on June 3rd. The object of the deputation was to urge on the Government the propriety of introducing a clause into the forthcoming Universities (Scotland) Bill, providing for the erection of the Infirmary into a college of Glasgow University. The deputation consisted of the Lord Dean of Guild, Dr. W. G. Blackie, the Chairman of the Infirmary House Committee, Mr. Hugh Brown, the Secretary of the Infirmary, and Drs. McVail and Duncan. They were accompanied by a large number of Scotch members of Parliament, including Dr. Cameron and Dr. Farquharson. Dr. Blackie stated the case for the Infirmary, going on the lines of the memorial, which was noticed in a previous issue. Dr. McVail and Dr. Duncan followed. The Earl of Dalhousie, in reply, assured the deputation that they had his hearty sympathy, and that, without prejudice to the opinion he might form, should he hear the other side of the question, though, at that moment, he could not understand what the other side could be, he would have regard to the views put before him in framing the Universities Bill. It appears that the representatives of the University at the Infirmary Board of Directors declined to take any part in the discussion of this question.

#### REQUESTS TO MEDICAL CHARITIES.

MISS RATTRAY, of Springfield, Dundee, has bequeathed a donation of four hundred guineas to the Royal Infirmary, Dundee, for the founding of two cots in the children's ward.—Miss Isabella Marnie, of Deuchar, near Brechin, who died last week, has bequeathed to Arbroath Infirmary, £100; to Forfar Infirmary, £50; to Brechin Infirmary, £50.

#### DUNDEE ROYAL INFIRMARY.

THE annual meeting of the Governors of the Dundee Royal Infirmary was held lately. The Report stated that 2,101 cases had been treated in the infirmary during the year; of these, 1,220 were medical, 772 surgical, and 109 fever, the largest number since 1872, when nearly half the cases were fever. The number of deaths was 167, or 7.9 per cent. The medical mortality was 10.7 per cent., the surgical 4.3, and fever 2.8. Excluding the cases which proved fatal 48 hours after admission, the total mortality was 6.6 per cent. In the waiting-room, 1,646 patients were treated, and 6,883 were attended by the district surgeons. The financial report showed that the income for the year amounted to £7,150, being £579 less than the expenditure. At the Convalescent Home at Broughty Ferry, 990 patients were admitted during the year, being an increase of 284, and there was a deficit in the expenditure of £175. The chairman of the meeting, Mr. James Luke, in moving the adoption of the report, mentioned that the directors had resolved to name one of the wards the Miss Baxter Ward, in recognition of the interest shown by that lady, and her generosity to the Institution. The report was adopted, and the managers for the year were elected, Sir John Ogilvy being re-appointed president.

VACCINATION IN SCOTLAND.

DR. BLAIR CUNYNGHAME has presented to the Registrar-General of Scotland the twenty-first annual report on the vaccination of children born in Scotland during 1884. The returns for that year show that, of the 129,123 children born, 112,122, or 86.334 per cent., were successfully vaccinated. In 1,964 cases, or in 1.521 per cent., vaccination was postponed by medical certificate when the return was made up at the close of 1885; 242 children, or 0.187 per cent., were declared to be unfit for vaccination from constitutional insusceptibility; 265 children, or 0.205 were insusceptible, from previous successful vaccination. None of the children were insusceptible from having previously had small-pox; 11,694, or 9.057 per cent. of the children born, died before vaccination; and in 2,836 cases, or 2.195 per cent., the children were removed from the district in which they were born before vaccination, or from some other cause, they were unaccounted for. A noticeable feature is the steady increase of postponed cases. The average of postponed cases during the previous ten years was 1.103 per cent., while for the year 1884 the proportion was 1.521 per cent. Of 117,429 children who were living at the age of six months, 112,122, or 95.481 per cent., were certified to have been successfully vaccinated. In 1,964 cases, or in 1.672 per cent., vaccination was postponed. In 242 cases, or 0.206 per cent., the children were stated to be constitutionally insusceptible of vaccination; 265, or 0.226 per cent., were insusceptible from previous successful vaccination; but none were insusceptible from having previously had small-pox. In 2,836 cases, or 2.415 per cent., the children were unaccounted for, from having previously left the district in which they were born, or otherwise. The deaths from small-pox in Scotland during the last ten years have been as follows: 1876, 39; 1877, 38; 1878, 4; 1879, 3; 1880, 10; 1881, 19; 1882, 3; 1883, 11; 1884, 24; 1885, 16. In eight of the principal towns, only 8 of the deaths were caused by small-pox during 1885, of which 6 occurred in Glasgow, 1 in Greenock, and 1 in Paisley. With reference to the death from small-pox in Greenock, it is explained by the sanitary inspector "that the deceased arrived in Greenock by the Allan liner *Buenos Ayrean* on November 24th, suffering from small-pox, which he had contracted in Montreal. The *Buenos Ayrean* left that port on November 12th, and the deceased sickened on the 21st."

IRELAND.

MR. CHARLES BURKE GAFFNEY, demonstrator of anatomy in the Ledwich School of Medicine, and formerly house surgeon to Mercer's Hospital, has been appointed assistant-surgeon to St. Vincent's Hospital.

CORONERSHIP OF SOUTH ANTRIM.

AN active and animated canvass was prosecuted in connection with the contest for the vacant coronership of South Antrim. There were, we believe, originally five medical practitioners in the field, but, ultimately, only two gentlemen decided to go to the poll, Dr. Spearing and Dr. J. J. Adams, both of Antrim. Dr. Adams was elected.

BEQUEST TO STEEVENS'S HOSPITAL.

WE learn from an American paper, that an Irish gentleman, Mr. Robert N. Moore, who made a fortune by operating in mines and lands in New Mexico, has left, among numerous other bequests, to Protestant Charities in Ireland, and to Trinity College, Dublin, and other educational institutions, a sum of £2,000 to the trustees of the above hospital.

THE MATER MISERICORDIÆ HOSPITAL.

IN addition to the appointment of Messrs. Chance and Lontaine to be surgeons to the Hospital, as mentioned last week, Mr. John Murphy, assistant-physician, has been promoted physician to the institution.

We are informed that it has been decided to abolish the office of assistant-physician, and of assistant-surgeon; and that it has been intimated to the holder of the last-mentioned office that his services are, consequently, no longer required.

SOCIETY FOR PROVIDING NURSES FOR THE SICK POOR, BELFAST.

THE annual meeting of this valuable Society was recently held in Belfast, and from the report of the work done, it unquestionably fills a want long felt, while its financial condition is satisfactory. During the year, 819 patients were attended by the nurses at their own homes, and no less than 24,394 visits were paid in the past twelve months. The "Needlework Guild," which was established last year, has been very successful; and as a result, 1,195 articles of clothing were received and distributed. The Society has been of incalculable benefit to the suffering poor of Belfast, and we trust may long receive the support of the charitable.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE stated annual meeting of the Fellows of this College, for the election of its Council and officers for the ensuing year, was held on Monday, June 7. On this occasion, the election took place, for the first time, by voting-papers, so that more uncertainty than usual existed as to the result. The main interest was in the contest for the Vice-Presidency, between Dr. A. H. Corley and Mr. William Frazer. Dr. Corley received 110 votes, and Mr. Frazer 78. Mr. Stokes, Professor of Surgery in the College School, was elected President, and Mr. William Colles, Secretary, of the College. The following is the nominal return of the Council elected, and of the votes polled by each. Sir Charles A. Cameron, 166; W. Colles, 166; E. Hamilton, 163; G. H. Kidd, 159; R. McDonnell, 159; H. G. Croly, 158; W. I. Wheeler, 153; E. H. Bennett, 150; Sir G. H. Porter, 144; J. K. Barton, 144; P. C. Smyly, 144; R. Macnamara, 141; W. Carte, 139; W. Stoker, 139; S. Chaplin, 137; H. Fitzgibbon, 137; W. A. Elliott, 133; B. Story, 127; A. Meldon, 123. The only difference between this Council and that of last year is, that Mr. Croly assumes the place of Mr. Wharton who, much to the regret of the College, did not seek re-election to an office in it, which he filled, for many years, with honour and usefulness.

LOCAL GOVERNMENT BOARD FOR IRELAND: ANNUAL REPORT.

FROM the fourteenth annual report of the Local Government Board, which has been lately issued, we learn that the average daily number of persons receiving in-door relief during the year amounted to 46,183, being 1,139 less than in the preceding year. The out-door lists show an increase of 1,136 in comparison with the corresponding return of 1884-5; while the returns up to January 30th last, in regard to the workhouse inmates, show an increase of 573 over the number relieved at the same time last year, and in regard to those in receipt of out-door relief, an increase of 6,854, being a total increase of 7,427. During the year ended January 16th last, the total number of deaths in the various workhouses was 10,925, showing a decrease of 313 deaths as compared with the number last year. Of these, fever caused 371, against 510; Lung-disease, 1,997, against 1,929; and small-pox, 2 deaths, against 1 in last year. There were for the twelve months ending September 29th, 52,238 admitted into workhouses for sickness, being a decrease of 865 as compared with the previous year; and an increase of 22,218 in the number admitted who were not sick; a decrease of 1,151 in those suffering from fever or other contagious disease; and an increase of 20,587 in the total number relieved. In the various dispensary districts, the medical officers during the year attended 414,670 cases at the dispensaries, and 180,816 patients at their own homes, or a total of 595,486, and vaccinated 102,312 persons. Of these latter, 87,771 were under one year when vaccinated, 11,432 above one year old, while 3,109 were re-vaccinations. Up to last January there were 2 deaths from small-pox in workhouses, while the number of cases treated in dispensary districts came to 17, or one

Br Med J: first published as 10.1136/bmj.1.1329.1174-a on 19 June 1886. Downloaded from http://www.bmj.com/ on 18 April 2024 by guest. Protected by copyright.

less than the previous twelve months. As regards scarlet fever, it was more prevalent than in the preceding year, there having been 3,526 cases treated by medical officers of dispensary districts in 1885, as compared with 3,198 cases in 1884, or an increase of 328. The Medical Charities' Expenditure amounted to £160,667, under which heading is included the cost of medicines and medical appliances, salaries of medical officers and apothecaries, vaccination fees and other expenses, showing an increase of £2,304 over that of the preceding year. The commissioners have recommended loans amounting to £179,151 9s. 9d., to various towns in Ireland, principally for sewerage and water-supply.

#### WATERFORD LUNATIC ASYLUM.

At a meeting of the guardians of Waterford Union last week, a resolution was read from the Kilrossenty branch of the Irish National League, asking for an inquiry, by the proper authorities, into the management of the Waterford District Lunatic Asylum, in consequence of disclosures in recent articles in the *Waterford News*. Alderman Redmond moved that the resolution be adopted by the board. Dr. Scott said that the statements which appeared in the *Waterford News*, with reference to the Asylum, were anonymous. The fact was, the expenses of the Waterford Asylum seemed very much under the general average. The average cost of the asylums throughout Ireland was £23 ls. per inmate during the year, and the cost of the Waterford Asylum was £22 19s. per head. Dr. Buckley, who had been *locum tenens* in the asylum for some time, had denied that the statements that were published in the newspaper were correct, and reported that he had nothing to do with their publication. Another guardian remarked that these articles accused the superior officers in the asylum of gross mismanagement, and if one-sixth of the accusations were true, there ought to be a sworn inquiry. But how could they act on a resolution of the Kilrossenty National League, which resolution was only grounded on articles in a newspaper? After some discussion, the resolution was adopted.

#### BRITISH MEDICAL TEMPERANCE ASSOCIATION.

THE annual general meeting of the Irish Branch of this Association was held, in the Royal College of Surgeons in Ireland, on the 8th instant. Deputy Surgeon-General Gunn presided. The annual report, which was read by the Honorary Secretary (Dr. MacDowel Cosgrave), stated that the number of members in the Branch was fifty, and of associates thirty-four. At the end of last year, the numbers were, respectively, forty-three and twenty-two; two years ago, on the formation of the Branch, they were twenty-eight and three. During the year, the Council had tried, and with success, to spread the work of the Association in the various medical schools. The Honorary Secretary stated that the accounts were fairly satisfactory, and that they had a small balance in hand. From a letter he had received from the Secretary of the principal Branch, he learned that there were now three hundred and forty-one members and fifty-six associates. Ireland stood very high in the list of associates, and their share in the membership was much larger than their proportion. A new Branch is in process of formation at Belfast.

#### IRISH ASYLUMS AND VISITING PHYSICIANS.

WE observe that the subject of visiting physicians to asylums for the insane is causing considerable discussion in Ireland, in consequence of the recent decease of Dr. Henry Mac Cormac, who held the office at the Belfast District Asylum. We are not prepared to say that under no circumstances should there be a visiting medical officer to an institution for the insane, even when a physician resides on the spot. At St. Luke's, for example, the practice is in force, and is successful. But this is an exceptional case, and we feel strongly that the District Asylums in Ireland do not profit by this arrangement, and we hope it will not be continued. It is a sinecure, and is no more required across the Irish Channel than in the county asylums of England

and Wales. It is said that, if the office be abolished in Ireland, all exterior supervision will cease—an extraordinary statement when we remember that there are a Board which meets periodically for this purpose, and an Inspector of Lunacy. We have good reason to know that Dr. Nugent, so far from being anxious (as has been alleged) to forward the attempt to get rid of visiting physicians, happens to take the opposite view. This by the way. The real point is, that the district asylums in Ireland derive no benefit whatever from the appointment, and its continuance is mainly due to the satisfaction which governors experience in retaining a little patronage, which is usually bestowed upon one of their favourite medical attendants.

## THE CHOLERA.

### ITALY.

#### [FROM OUR OWN CORRESPONDENT.]

ALTHOUGH cases of cholera continue to show themselves in different parts of Italy, the stress of the disease is still confined to Venice and the Venetian province, which is most widely affected. At a small village called Rossano Veneto about eighty cases with twenty deaths occurred in one week in the beginning of June; and, if it be true, as stated in one of the Roman newspapers, that 700 cases have been registered in Venice since April 5th, when the epidemic is held to have begun there, it is clear that, however anxious the authorities may have been to conceal nothing, their published bulletins can only have served to mislead the public, nothing like that number having been officially given up to the present time.

The statement for the week ending at mid-day on the 13th is 103 cases with 61 deaths—not quite half the mortality of the preceding one. This notable diminution coincides with a lower temperature for all the seven days. The Prefect is engaged in inspecting the various contaminated localities in the Province of Venice to find out whether the sanitary regulations are being complied with.

At Bari, there have been sixteen cases, with fourteen deaths, in the same week, and in Apulia generally, there have been decidedly fewer cases, and no new foci of contagion are known so exist in that province.

From Florence comes a persistent denial of the prevalent rumours, but it must be borne in mind that the same tactics were pursued a little too long at Venice. It is to be hoped that there is better justification for the assertion in the case of Florence, where the official world insists, at any rate, that the public health continues excellent. Another of the soldiers belonging to the territorial militia, who were attacked at Cuneo, has died, and as he, too, belonged to a family in easy circumstances, a veritable panic is said to exist among the men who took part in this year's training there.

BEQUESTS AND DONATIONS.—Miss Mary Sterndale Rooke, of Keswick, has bequeathed £1,000 to the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties at Lancaster, £500 to the Cumberland Infirmary at Carlisle, and £500 to the Cumberland and Westmorland Convalescent Institution at Silloth.—Miss Elizabeth Lancaster has bequeathed £250 to the Cheltenham General Hospital and Dispensary, £250 to the Samaritan Fund and Dispensary, and £250 to the scarlet fever ward and £250 to the small-pox ward of the Delancy Hospital.—The National Hospital for the Paralysed and Epileptic has received £500, “a thank-offering from one who wishes to lay up treasure in heaven,” and £20 from “E. F.”—The Salop Infirmary, Shrewsbury, has received £360, being a sum entrusted for its benefit.—Louisa, Lady Goldsmid has given £250 10s. to University College Hospital; that is, £200 for the further endowment of the Harriet Henley Cot, and £52 10s. for general purposes.—The Vestry of the Parish of St. Martin in Ongar have given £21 to the London Hospital, £10 10s. to the East London Hospital for Children, £10 10s. to the City of London Truss Society, and £5 5s. each to the Lock Hospital and Asylum, the City of London Lying-in Hospital, the City of London Hospital for Diseases of the Chest, the Cancer Hospital, the Hospital for Consumption and Diseases of the Chest, the Chelsea Hospital for Women, the British Home for Incurables, the City Orthopaedic Hospital, St. Peter's Hospital for Stone, etc., the Royal Hospital for Incurables, the Royal Free Hospital, and the Hospital for Women.