

the new works are grouped, as well as an alphabetical index. It has now nearly completed its forty-first volume, the second of its new and more complete series, having been first published in 1847. We draw the attention of all medical men, whether interested in the progress of their science generally or of some of its more special points, to this valuable compilation, as giving them means to attain a rapid acquaintance with the progress effected by their foreign contemporaries in the numerous provinces of medical knowledge.

*Krause's Monthly International Journal of Anatomy and Physiology.*—The first number of this valuable journal for 1888 contains the following articles: "Qu'est ce que l'Homme pour un Anatomiste," by L. Testut; "Recherches sur la Portion Terminale du Canal de l'Ependyme chez les Vertébrés," by Dr. G. Saint Remy; "Sur la Structure des Nerfs Cérébro-rachidiens," by Dr. Louis M. Petrone. They are all articles of solid and valuable research, and the journal is one which well deserves the support of anatomists.

*First Aid to the Injured: The Ambulance Pupil.* By a Pupil of the St. John Ambulance Association. (Crosby, Lockwood and Co., London).—This is one of the best textbooks which has come under notice for those attending classes of the St. John Ambulance Association. The facts in anatomy and physiology are clearly, tersely, but sufficiently described. The directions for treatment are excellent, and at the same time easily understood, and likely to be put into practice. This small, compact ambulance work is to be highly commended.

*Notes on Surgery for Nurses.* By JOSEPH BELL, F.R.C.S.ED., (Edinburgh: Oliver and Boyd. London: Simpkin and Marshall).—This is a charming little book. It contains just the kind of information that a surgical nurse would require, and is written in such a simple and interesting style that it cannot fail to draw attention to the salient features which the writer wishes to describe. These notes, the author tells us in his preface, embrace only the main points of the lectures which he has for twelve years delivered to the nursing staff of the Edinburgh Royal Infirmary, and one can well imagine that by personal explanation and the help of diagrams much that is here briefly described in writing would be more easily understood and remembered. No school of nursing is now considered complete without a systematic course of lectures, and we notice a little inclination to teach the nurses too much in the short time at their disposal. This little book will, we think, give a hint to those who lecture, and be of great service to the nurses themselves in impressing upon them the most important points of their surgical teaching.

## REPORTS AND ANALYSES

AND  
DESCRIPTIONS OF NEW INVENTIONS,  
IN MEDICINE, SURGERY, DIETETICS, AND THE  
ALLIED SCIENCES.

### PURE COMPRESSED MILK EXTRACT.

(W. TULLOCH and Co., Philpot Lane.)

THIS preparation represents the solid matter of skim milk in a palatable form, capable of being kept for any length of time. It is said to be the highest degree of concentration to which milk can be subjected, and has on that account an advantage over ordinary condensed milk. It must be understood that the preparation is devoid of cream or fat; and whilst it may well be used in ordinary cookery, or as an addition to coffee, tea, or cocoa, we would hesitate to employ it in the nursery. It is, when used with discretion and in the proper place, a good preparation.

### "ICHTHYS" FISH SAUSAGES.

NOVELTIES in the shape of everyday articles of food are so uncommon, that an idea, which successfully carried out would materially add to the popular dietary, deserves special notice.

Mr. W. P. English, of Hull, has brought into the market, at the low price of 3s. 4d. for four pounds, sausages made of the flesh of cod and other fish, separated from skin and bones. They are very palatable when fresh, and peculiarly so when smoked or curried.

They will be found very suitable food for invalids, and will be appreciated in family cookery. Any intelligent cook will be able to prepare a number of tasty dishes from the contents of the "Ichthys" sausage.

## BRITISH MEDICAL ASSOCIATION.

### SUBSCRIPTIONS FOR 1888.

SUBSCRIPTIONS to the Association for 1888 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, 429, Strand, London. Post-office orders should be made payable at the West Central District Office, High Holborn.

## The British Medical Journal.

SATURDAY, JANUARY 21st, 1888.

### VIRCHOW ON THE DIAGNOSIS AND PROGNOSIS OF CANCER.

THIS subject is discussed, in an article constituting the first "Heft" of Virchow's *Archiv*, Band cxi, from a purely scientific point of view, but it is evidently more or less a vindication by the author of his position in regard to the case of H.I.H. the Crown Prince of Germany. The opening words run thus: "It may seem almost superfluous at the present day to say anything on the diagnosis of cancer to those who have a knowledge of the subject. But an old dispute has quite recently been revived, namely, whether the anatomical or the clinical diagnosis is the more correct." The "constitutional" character of the disease has been regarded as its chief characteristic, that is, as expressed by the word "malignancy," or tendency to generalisation, but the sarcomata are still more malignant than the carcinomata, and even the most "innocent" growths, such as enchondroma and myxoma, occasionally form metastases. Malignancy, then, has ceased to be a diagnostic criterion, apart from the fact that an accurate diagnosis is a desideratum before a growth has begun to form metastases. The diagnosis must rest upon the knowledge of the histological structures of the growth. As early as 1847 the author showed that the alveolar structure belonged to all carcinomata, and not to ordinary cancer alone; further, that the alveoli contained, not a mere "cancer juice," but chiefly cells (Virchow's *Archiv*, 1847, i, p. 105). These cells were then declared to be "identical in kind with epithelial and epidermoidal cells, and especially with the cells of the so-called transitional epithelium." A cancer is thus analogous in arrangement to a gland, without an excretory duct. Attempts have been made, hitherto without success, to discover a cancer bacillus. "It is possible such may exist; indeed, such a discovery would constitute an important advance.....which might explain much that is still obscure as to the metastatic processes which occur in cancer." But gland cells have been shown to produce various tissue products, and cancer cells alone amply suffice to explain the constitutional effects of cancer. That cancer is always primarily local in character, and that its dyscrasia was always secondary, was contended for in the *Handbook of Special Pathology* as early as 1854, a time when the "cancerous constitution" was still firmly believed in.

To return to the diagnosis of cancer. Clinical observation alone is insufficient for diagnosis. "A striking example of this is to be found in tumours of the bladder. Till quite recently there has always been confusion on this subject, although I showed the distinction between the two kinds (that is, between an innocent papilloma and a villous cancer) a generation ago in point of time."

Professor Virchow narrates with spirit the battle over the "specific

cancer cell." He came to the assistance of Velpeau against the "micrographists" of Paris with his "three cases of generalised epitheliomata," to be found in the *Gaz. Méd. de Paris*, 1855, p. 208, and thus assisted in demolishing the theory of the specific cancer cell. "But perhaps the polymorphism of cancer cells would have been recognised earlier if the micrographists had been allowed time to look round them," in their newly-entered territory.

But even the anatomical examination may mislead. The author says that he showed by examples in 1851 that there may be mixed tumours, with different types of tissue. "Later on I declared this condition with regard to fibromata, and as this matter is one of importance I will quote my own words (*Tumours*, vol i): 'Nothing can more easily cause misunderstanding than the fact that certain parts of a tumour may be formed purely of connective tissue, while other parts of it may be quite different. If in our examination we submit only very small defined portions to our inspection, only one or other of the constituent parts of a growth may offer itself to our notice, and its whole character may be determined accordingly. If the part examined happen to be connective tissue, our opinion on the nature of the growth will naturally be in general a favourable one, as a rule more favourable than if we had come across the other parts. This has happened to myself....in particular I recollect a "recurring fibroma" which at the first extirpation I diagnosed as a simple fibroid tumour, but after a relapse (and a second operation) I found cancerous structure. On again examining the original specimen, preserved in alcohol, I found that very small portions of it showed the cancerous structure, almost all the rest of the tumour being fibromatous.'" The author adds that the case was a very uncommon one, and that a similar experience in regard to a large growth never happened to him again. Carcinomatous sarcoma and myosarcoma are mentioned amongst the mixed tumours in the author's work, and the present opportunity is taken to draw attention to this subject anew. A cancerous papilloma ("Wursenkrebs") is, we are told, nothing but a mixed tumour, consisting of a cancer and a local hyperplasia of pre-existing parts; and if the anatomist may err, how much more likely is the clinician, who can only see the surface and watch the course of the disease. Great stress has been laid upon the enlargement of neighbouring glands, but even this may be simply inflammatory in character.

The exploratory investigation of a tumour is important. "A portion of its periphery is excised, or a few particles of the interior are withdrawn by puncture. These minute objects are then the only materials submitted for examination.....I say nothing against this kind of examination; it is often the only kind possible; but we ought not to be surprised if the result is deceptive. How easily may it happen that these minimal parts at the disposal of the investigator may not belong to the diseased site." Especially in regard to mixed tumours, "the examination of a portion of a new growth may easily give rise to error, but the real error is on the side of the clinician, not of the anatomist; for the latter can only form a judgment on what is submitted to him." As examples are cited co-existing uterine myoma and cancer, or hyperostoses and sarcomata in the long bones, though diagnosis is not difficult here. It is more difficult in the case of "papillary excrescences co-existing with ulceration." Ulcers of the larynx, especially syphilitic ulcers, frequently exemplify this. In chronic ulcers of this kind we see "a growth of the neighbouring mucous membrane with the most distinct papillary hyperplasia,

giving the impression of independent papillary tumours" (*Tumours*, vol. i).

Friedländer's objections to the theory that cancerous new growths are characterised by an alveolar arrangement with contain "heterotopous" (heterologous) epithelium are not without weight theoretically, but practically mean but little. The question of the derivation of the epithelial cells has become of great interest since the investigations of Thiersch and Waldeyer, but as yet has received no certain answer.

Professor Virchow refers to his early and steady advocacy of an early removal of any solitary new growth wherever feasible; in fact, he had determined such surgeons as C. Mayer, von Graefe, and von Langenbeck to extensive operations for even quite recent tumours of malignant kind. "This is now almost antiquated wisdom, and modern surgeons, in fact, claim credit for establishing the primary local character of malignant tumours." It is less important to know who originates a theory than whether it be true or not.

Cancer extends by the formation of accessory foci, and not by simple enlargement of the original centre. The first clearly described case showing this is the case of a cystic enchondroma of the shoulder-blade (*Archiv.*, 1853, v, p. 218). But these accessory foci are to be distinguished from the disseminated metastatic foci characteristic of malignancy.

Finally, the question of the possibility of spontaneous cure of cancer is touched upon. Dittrich showed that cases of supposed retrogression of cancer of the liver were really due to gummata; but Virchow has observed a cicatricial process in hepatic cancer caused by fatty metamorphosis of the cells in the centre of the tumour. "The formation of accessory foci is what forms the obstacle to a real healing. Cancer itself is no permanent tumour." Indeed, its cells have a very restricted vitality. Regarding medicines, Clay's treatment with Chian turpentine is mentioned, and the author is of opinion that though as yet no satisfactory proofs of cure are afforded, the profession is generally too sceptical on this subject. Von Nussbaum attempts to set up fatty degeneration in a tumour by thrusting the thermo-cautery in different directions beneath it, and thus depriving the periphery of its vascular supply. All such attempts are commended. "If cancer is at first and often for very long, a local disease, it must be possible at this stage to cure it locally."

#### A NATIONAL PENSION FUND FOR NURSES.

ON various occasions during the last five or six years we have directed attention to the defenceless position of women engaged in the work of sick nursing when incapacitated by illness or age from continuing in the exercise of their vocation. It was pointed out that with the modern development of sick-nursing into a profession, the old pension system which existed at a few hospitals was not adequate to meet the necessities of the new conditions under which a nurse no longer remained attached to one hospital all her life, but after receiving her technical education most commonly obtained a situation in another hospital not provided with a training school, or became attached to one of the institutions which provide nurses for private cases. There is great difficulty in making provision for pensions lay in these newly formed migratory habits, and in the frequency with which the occupation was abandoned after a few years' trial.

The formation of the Hospitals' Association seemed to promise an opportunity of testing the feasibility of establishing a provident

pension fund for nurses, and it is with sincere satisfaction that we notice that the preliminary difficulties which necessarily surround the inception of such a scheme have been overcome. Four merchants and bankers of the City of London, Messrs. Gibbs, Hambro, J. S. Morgan, and Rothschild, have undertaken to provide the sum of £20,000, which must, in order to meet the provisions of the Friendly Societies' Act, be invested in the name of trustees before such a scheme as that of the "National Pension Fund for Nurses and Hospital Officials" can commence work upon the scale which is proposed.

Great credit is due to Mr. H. C. Burdett for the labour which he has bestowed upon the preparation of the scheme, the success of which seems now assured, if only the persons it is primarily proposed to benefit—that is, the nurses themselves—will come forward and show that they are in earnest. The scheme is founded on the provident principle, and the main resource of the fund will, it is expected, be the contributions of the nurses and other officials serving in hospitals. It is, we are glad to see, intended to make the fund self-supporting, and to fix the premiums and pensions to be paid at sums calculated by the actuary as safe. Contributions from the general public or from hospitals would be regarded in the light of a fund to provide bonuses. Contributors to the bonus fund will, we are informed, constitute the members of the Society, and will elect half the council, the other half being elected by the nurses and other policy holders.

One of the difficulties of the fund will be the relative frequency with which nurses will still continue to leave that occupation in order to marry, or for some other reasons which now operate to produce the very rapid thinning of the ranks which is always going on. This is to be met by providing a special scale of pensions for persons who reserve the right to require repayment at any time of all sums paid in to the fund.

The fund, too, will operate to diminish, though never altogether to do away with, these frequent retirements. In many cases a nurse only gives up her occupation because she has no prospect of making any provision for old age; the consciousness that this can in future be done by the exercise of a moderate amount of self-denial during the working years of life ought to have an important effect in retaining women who have once embarked in the career. If, as it is only reasonable to expect, the public contribute freely to the bonus fund, that will afford an additional inducement to a nurse to remain true to her calling.

Another difficulty which must be met is the relative rarity of habits of providence among women; they have hitherto had no organised help in this direction, and no societies which afford a standard, so that they are apt to think the premium high and the pensions small. It is not necessary to discuss the rates which it has been tentatively proposed to fix; these must be worked out on ordinary actuarial principles. This has been carefully studied by competent authorities, and it appears to be most desirable that as little delay as possible should occur in publishing them; sixty-five shillings a year will undoubtedly appear a large sum to nurses of 25 drawing £25 a year in wages; but when persons of business experience, whose advice they may be able to obtain, are satisfied that the rates are on a sound basis, a great step will have been taken towards gaining the confidence of the nurses. Some kind of test may have to be applied to applicants in order to ensure that only those who can be properly described as trained nurses are admitted as subscribers to the fund. The class which is to be included under the term "hospital officials" must

also be defined; difficulties will, of course, arise on this head, but they are only such as men of wisdom are accustomed to deal with. It would obviously be desirable to limit the fund to persons holding positions of responsibility and trust.

The object of the scheme is good, and its main features are such as will commend it to persons acquainted with the wants of the workers in our hospitals; great care, patience, knowledge, and skill will, however, be required in working out the final details of the scheme; such qualities we may expect to find in those who are now engaged in its elaboration.

The fact that the leading officials and treasurers and house governors of so many great hospitals are showing an active interest in working out the scheme, and that it has secured the munificent support of merchant princes, proverbially as prudent as they are generous in a good cause, afford the highest guarantees of real and permanent success. The interest shown in the scheme by Sir Andrew Clark and Dr. Bristowe is only an earnest of that good will which the whole medical profession may with certainty be expected to show towards a class of persons—hospital officials and nurses—with whom they are intimately and daily associated in the great work of charity, in their daily lives, whose admirable qualities they appreciate, and whose welfare they may be counted upon to aid and promote by their influence and advice, and, when necessary, their active co-operation.

## THE RELATION OF PUTREFACTION TO INFECTIOUS DISEASES.

### II.

For a long time putridity was considered to be a special characteristic of putrefaction, and Ogston separated the saprophytes of "ordinary" putrefaction from other organisms. Koch also made it a distinction of his spirochæta that they did not emit an odour like the comma bacilli of Finkler and Prior. But Poehl and Brieger have shown that the former yield a large amount of "cholera red," an indol derivat, and indol and its derivates are characteristic of all putrid processes. Again, Pasteur's theory of anaerobiosis made putrefaction dependent on the entrance of air. This is too absolute a statement; the entrance of air is but one of the several conditions requisite for the development of specific processes. The opposite view of Cohn, that his aerobic bacterium termo is the only real saprogenous ferment, is equally erroneous. The recent proposition of Wollny that putrefaction is essentially a reduction process, and that destruction is an oxydation process, is acceptable from the chemical aspect, "but biologically can only be received *cum grano salis*." Many bacteria exhibit both processes at the same time, as Hereus (confirmed by Leone) has shown. Duncan's view is that the excitants of prænæmia and septicæmia take "no share in putrefaction," but he has omitted to say what constitutes their unsuitability in this respect, seeing that these organisms live in putrefying matters. Rosenbach has attempted to ascertain this, and has found that the differences between sapræmia and septicæmia are by no means so great as was supposed.

The fact is that the word "putrefaction" is misleading, as indicating one process, having one cause, while in reality it embraces several processes of different kinds. The organisms causing putrefaction (not to mention infusoria) have now developed, as shown by cultivation, into a part of the local cryptogamic flora of a geographical district, and not only so, but the same bacteria may be modified by cultivations

under various conditions, so as to exert different effects. Fitz took away their capacity of forming butyric acid from the anaerobic bacilli peculiar to the butyric acid fermentation, while their influence on albuminates remained unaltered. Professor Hueppe has done the same with the aerobic "butyric acid bacilli," and also was able to prevent the bacterium coli commune from causing the fermentation of sugar, while this organism still split up albumen, with formation of a poison. The same specific organisms may at times set up a pseudo-putrefaction, without any bad smell, and at times a true stinking putrefaction. It must be remembered that invasive organisms may act pathologically, not only by formation of poisons, but also by their mere increase.

From all this it is to be gathered that the so-called specific organisms of infectious diseases are not so specific as has been announced. The generally received opinion that filth in itself, though it may aid the spread of infectious diseases, can never cause them, requires modification. "Those sorts of filth which we meet with in putrefaction may at least contain the germs of the specific excitants of the infectious diseases, and these germs under (continued) favourable conditions may even set up the latter." There is a kind of correspondence between the gradations from cholera to cholera nostras and Asiatic cholera, those from epidemic icterus to yellow fever, and those from localised putrefactive processes up to the development of miasmatic or contagious diseases. Sporadic diseases may become endemic; endemic diseases may become epidemic. It is probable that Asiatic cholera was only an endemic disease during the last century, having been previously merely sporadic. Conversely, germs may perish; the plague has disappeared from Europe. But all well-defined infectious diseases have for the time being a favourite locality, a home, and their excitant organisms can owe their original development within this locality only to local putrefactive processes; these processes, as already stated, on other grounds being of various kinds and specific to the locality.

From the above considerations, Dr. Hueppe formulates the following conclusion as a fundamental basis of modern medicine: that "the excitants of infectious disease must be specific organisms, and this specificity may be either absolute or else evolved during thousands of years from local putrefactive processes." Now, seeing what modifications can be produced in bacilli by experimental cultivations, it seems unnecessary for Dr. Hueppe to postulate such long periods of time. He goes on to say: "I may be told that this is the pathology of the pre-Darwinian and pre-bacteriological era, but that does not prove it to be erroneous. Old truths emerge at last triumphant, however overlaid by alterations and systems, and new facts and modes of observation give the key to fresh explanations. In the process of putrefaction the modes of organic life are as follows, to use Garr's nomenclature. Various kinds of organisms grow side by side, and share in the destruction of their own substratum; this is symbiosis. Others prepare material beforehand for the development of others; this is metabiosis. Others, again, struggle for possession of the field with others; this is antagonism, which may be either one-sided or mutual. But different conditions may cause the same organisms to play very different rôles; an antagonistic organism may become metabiotic, and the latter may become symbiotic. Ultimately, persistent forms are attained, the so-called durable condition (*dauer-form*) permitting fresh development after long periods of inactivity." Duclaux kept germs in an inactive condition for twenty years, and found that

when, at the lapse of this period, air was admitted, they began at once to develop, that is, to share in the process of putrefaction—as even Koch's comma bacilli do for a few days. Hence the explanation of latent foci of epidemic diseases otherwise hard to trace.

In all the inductive sciences, it is no less important to arrange all newly-discovered facts in their proper sequence than to gather them by laborious experiments, and we ought not to feel disappointed if, when they apparently upset time-honoured theories, further examination reveals that they but substantiate those very theories. Such is the case with infectious diseases. Of old they were connected with filth, with putrefaction; then the microscope appeared to indicate that they were due to specific organisms, that they could be cultivated apart, that they apparently had nothing to do with putrefaction, but were even antagonistic to it, and succumbed to it in many cases; lastly, renewed examination of the bacteriological and epidemiological facts before us reveals that, after all, the ancient doctrine of Hippocrates had a substratum of truth.

As regards the "durable condition" above mentioned, Pasteur's attenuations of virulency—independently worked out in part by H. Büchner—are of the highest interest. A certain saprophytic stage acquired by organisms during the putrefaction of albumen represents the phyletic commencement of increased virulence. Watson Cheyne has shown that some bacteria, which in small numbers only act locally, may in large numbers cause general disease. Further, Heube and Kitt, as regards cattle-plague, have obtained the same results with a large number of germs of a low degree of virulence as with a small number of high virulence. Again, Pasteur has shown that pathogenic bacteria undergo modifications of virulence by transmission through (susceptible) animals, the lower grades of virulence protecting against the higher. Heube, who had previously argued that the four diseases, cattle-plague, swine-plague, rabbit-septicæmia, and fowl-cholera, must be nearly related, has made a series of experiments (partly with the assistance, partly under the control, of Kitt) which not only support this idea, but show that the bacteria of these four diseases, when attenuated either by culture or by transmission, are mutually protective against each other.

It results from these general considerations that not only may a virus be strengthened or weakened by adaptation, but collateral effects may arise. In other words, modifications of bacterial action may occur in quality as well as in quantity; hence the appearance from time to time of infectious diseases apparently new to medicine. When we also bear in mind that Salomon and Thomsen and Smith were able to protect animals against American swine-disease by means of ptomaines as effectually as by attenuated cultures, it is evident that the boundary line between intoxication from putrefactive processes on the one hand and infection on the other is done away with. Nature herself steers between the purely localistic and the purely contagious theories, and the truth lies, as usual, between the two extremes. "To admit a saprophytic stage in the existence of infectious organisms at one period or another of their phyletic existence is to admit a miasmatic stage of a localised character; to deny it is to deny the recent revelations of bacteriology." "It is a matter of indifference," Heube continues, "whether with Pettenger we speak of ectogenous, or with Koch of occasional parasitism, with myself of a 'saprophytic stage', with De Bary of 'racial selection,' or with Van Seighem, of 'facultative parasitism'."

On the other hand, the purely 'contagious' theory is not opposed to the dependence of the infective organisms upon the outer world, as Naegelli and Pettenkofer postulate. The question whether a disease be transmitted directly or indirectly, whether it is contagious or miasmatic, depends upon the presence or absence of definite organisms (for example, spores), and upon the mode in which infection occurs (for example, by wounds, by the lungs, or by the intestines). And as far as concerns these mere pathological considerations, the broader view of Koch commends itself as the most just, namely, that infection may occur by a plurality of modes."

This comprehensive address closes thus: "Putrefactive processes are necessary as an intermediate stage between plant life and animal life, and as long as these processes go on, so long will organisms exist which, owing to their very origin, will act detrimentally on the structure of the human body, that is, will excite disease.....Let putrefaction then go on as far removed from human dwellings as possible, in its natural place, the ground.....Cleanliness—a genuine cleanliness, not a merely external purity—(*Facaden-Remlichkeit*) is the best means of combatting infectious diseases, and here I adopt the English view of the subject.....The triumphs of hygiene are as brilliant as those of antiseptic surgery, though not so immediately appreciated..... Prophylactic hygienic measures against infectious diseases are worth more than all the protective inoculations, and the scepticism and reserve of Koch and Kitt, as regards the latter, are fully justified."

Thus, Dr. Heube traverses the whole ground of bacteriological discovery, and endeavours to bring unity of conception out of discrepancy, and harmony out of apparent discord. If to do this is the mark of progress in any science, then Dr. Heube's address will be referred to as constituting a meritorious advance in this direction.

THE Royal Astronomer reports that there was no sunshine at all in London during the whole of the week ending January 14th.

DR. DANION read a note before the Académie de Médecine, Paris, on January 10th, in which he endeavoured to prove that galvanocaustic currents of high intensity are dangerous and useless, especially when applied for the cure of uterine disease.

WE are requested by the honorary secretaries of the Association of Members of the Royal College of Surgeons to state that the dinner of the Association will be held at the Holborn Restaurant, on Tuesday, January 31st, at 7 P.M., following upon the general meeting at 6 P.M. of that date. A clerical error in the form of application issued by the Association renders this notice necessary to prevent confusion.

#### EDUCATION AND REGISTRATION OF MIDWIVES.

DR. J. H. AVELING recently delivered at the Chelsea Hospital for Women a lecture on "The amelioration of the present condition of midwives." Dr. Aveling called attention to the fact that as many as 4,500 women die in childbirth in England and Wales during the year, and that whereas the death-rate is as low as 1 in 650 in lying-in hospitals, and as low as 1 in 900 in one charity, it reached 3 in 600 in cases treated at home. It was plain that this high rate of mortality was due either to the medical men or to the ignorance of the midwives, and he inclined of course to the latter opinion, thinking that if only properly competent midwives were employed the death-rate might be reduced to one in 500, which would mean a saving of

300 lives every year. There were about 9,000 persons acting as midwives in England and Wales, very many of whom were ignorant and possessed no certificate whatever. He was desirous of seeing some system adopted in this country by which midwives would be examined as to their competency and receive certificates.

#### EXCISION OF THE PYLORUS.

TWO women, upon whom Professor Billroth had performed excision of the pylorus, were recently exhibited to a Viennese Medical Society by Dr. Salzer. In the one case, the operation was done for a rapidly growing sarcoma, originating in the muscular coat of the stomach; in the other, the diagnosis of cancer was made, but the disease was found to have been only a simple ulcer.

#### OIL OF EVODIA, A DEODORANT.

DR. H. HELBING calls attention (*American Journal of Pharmacy*) to the value of the essential oil of *evodia fraxinifolia* as a deodorant for iodoform. He has had, he says, an opportunity of examining the fruit of this plant, and found that it yields an oil having a most agreeable and powerful odour, which is even able to overcome the smell of iodoform either in its crystalline shape or in solution. For practical purposes he says it is only necessary to add a little (two drops to the ounce) of the essential oil to the disinfectant in order to obtain a complete deodorisation of the latter, the chief objection which has been raised against the use of this valuable remedy thus being obviated. Dr. Helbing adds that he would be pleased to find his observations confirmed by experiments of others.

#### MALARIAL INSOMNIA.

DR. F. EKLUND, of Stockholm, believes that there is a special form of insomnia due to malaria; in its severest form sleep by night is unattainable, but the sufferer is drowsy by day. In less severe cases a few hours' sleep are obtained on first going to bed, but the patient then wakes, in some instances always at the same hour, and cannot again sleep. He states (*Therapeutic Gazette*) that these patients can be relieved by quinine in small or moderate doses; the prescription he prefers is: *R*. Quin. sulph. gr. vi—xv, sodii bicarb. gr. xv—xxx, *M*. *F*. tal. dos. xii in caps. amyl. *Sig*. Take one capsule every morning, and if the case requires it one in the evening.

#### THE DISCIPLINARY POWERS OF THE ROYAL COLLEGE OF PHYSICIANS.

AT the next meeting of the Comitia of the Royal College of Physicians, a resolution will be moved by the Senior Censor, requiring that no Fellow, Member, or Licentiate should contribute articles on professional subjects to journals professing to supply medical knowledge to the general public, or should in any way advertise himself, or permit himself to be advertised in such journals. At the same meeting, the Treasurer will move his resolution to present a donation to the Metropolitan Police Convalescent Home. Five new councillors will be elected to fill vacancies.

#### THE LECTURES AT THE ROYAL COLLEGE OF PHYSICIANS.

THE Goulstonian Lectures at the Royal College of Physicians will be delivered by Dr. W. Julius Mickle on March 6th, 8th, and 13th, at 5 P.M. The subject will be "Insanity in Relation to Cardiac and Aortic Diseases and Phthisis." The Lumsden Lectures by Dr. W. H. Dickinson, on the "Tongue as an Indicator of Disease," will be given at the same hour on March 15th, 20th, and 22nd. The Milroy Lectures on Public Health will be delivered for the first time this year, in accordance with the provisions of the will of the late Dr. Gavin Milroy. The lecturer will be Inspector-General Lawson, who, on February 21st and 23rd, will give two lectures on "Epidemic Influences;" his third lecture will be given on February 28th, on the

"Epidemiological Aspects of Yellow Fever," and his fourth on March 1st, on the "Epidemiological Aspects of Cholera." These lectures also will be given at 5 p.m. The Croonian lectures will, under the new scheme, be delivered in the summer.

#### EXAMINATION OF THE MALE BLADDER BY ELECTRIC LIGHT.

Mr. HURRY FENWICK has lately used electric illumination of the male bladder and urethra for diagnostic purposes with considerable success. We are informed that he proposes to give a demonstration on the living subject and on "dummies" of the capabilities of the vesical and urethral lamps, as recently improved, at the next clinical meeting of the Medical Society on Monday next, January 23rd.

#### POISONING BY ARTIFICIAL SELTERS WATER.

OVER thirty cases of poisoning were reported recently in Rendsburg, in Germany. Inquiry showed that only those were poisoned who drank freely of Selters water, and an examination of this water revealed the fact that it contained a very appreciable amount of arsenic. The water was a manufactured product, and had been imported from another city.

#### THE SENATE OF THE UNIVERSITY OF LONDON.

A VACANCY on the Senate having been occasioned by the death of Sir G. Burrows, M.D., the Senate have appointed a meeting of Convocation to be held on Tuesday, March 6th, 1888, when a list of three persons is to be nominated, in order that it may be submitted to Her Majesty for selection therefrom of a Fellow of the University. All propositions of candidates must be sent to the Clerk of Convocation on or before Tuesday, February 21st, 1888.

#### DEPUTY SURGEON-GENERAL GRAVES IRWIN.

WE regret to learn that Dr. C. Graves Irwin, principal medical officer in Bermuda, has been obliged to resign the post which he has held with such credit to himself and such benefit, not only to the service, but to the whole community on the island. Dr. Graves Irwin must be well known to many readers of the JOURNAL as the President of the Bermuda Branch of the British Medical Association, the success of which is largely due to his tact and energy. Before Dr. Graves Irwin's departure he was waited on by a representative deputation of citizens and professional men, and Dr. Park Tucker, in a suitable speech, presented him with a valuable silver salver "as a token of esteem from some of his many friends in Bermuda."

#### THE HOSPITALS ASSOCIATION.

A MEETING of the Council of the Hospitals Association was held at Norfolk House on Tuesday, January 17th, Dr. Bristowe, F.R.S., in the chair. Among those present were Mr. F. C. Carr-Gomm, Chairman of Committee of the London Hospital; Mr. T. Holmes, F.R.C.S.; Major-General Keatinge, V.C., K.C.B.; Dr. J. C. Steele, Guy's Hospital; Dr. Gilbert-Smith, F.R.C.P.; Mr. A. H. Haggard; Lieut.-Col. Montefiore; Mr. Henry C. Burdett; Mr. Keith Young, F.R.I.B.A.; Dr. G. W. Potter; Mr. P. Michelli, and others. The meeting expressed by resolution its cordial welcome to Dr. Bristowe on his acceptance of the Presidency of the Association, and its high appreciation of the honour conferred upon the council and members by his appointment. Dr. Bristowe stated that, in yielding to the request of the council, he had felt impelled by a sense of duty to accept the honour offered to him. He considered that the Association had done much valuable work for hospitals and all connected with them, and especially instanced the National Pension Fund and the Nurses' Registration Scheme now approaching completion. He also emphasised his conviction that the Association was steadily growing in the esteem and confidence of the hospital world and of the public, and that the recent additions to the council of Sir E. Currie, Mr. Carr-Gomm, of the London Hospital, and Mr. E. H. Lushington, treasurer

of Guy's, would add materially to its strength and judicial authority. Members of the Council expressed their special gratification that, through the energy and perseverance of Mr. Henry C. Burdett, the £20,000 needed to establish the National Pension Fund on a firm financial basis had been finally secured.

#### "FOUND DROWNED."

"FOUND drowned" is a favourite verdict with the coroner's jury in a "Thames mystery case," and it is what is commonly called an open verdict; as a matter of fact, it is frequently anything but an open verdict, as it takes it for granted that the deceased has come by his death by drowning, which may not be true. One of the metropolitan coroners has just been conducting one of the many utterly worthless inquests which are weekly, we had almost said daily, to be found reported in the newspapers. It was on the body of a ship's stoker, who had been missing for a month. No evidence was taken as to how long the body had been in the water, or whether death had been due to drowning; for the coroner dispensed with a *post-mortem* examination, and the jury, under his able guidance, returned the meaningless and possibly untrue verdict of "found drowned." The only way to check such perfunctory work as this would be to disallow a coroner his expenses for every case in which, as in the one before us, no real attempt has been made to ascertain the cause of death.

#### THE ILLNESS OF THE CROWN PRINCE.

SIR MORELL MACKENZIE has just received most satisfactory intelligence as to the condition of the Crown Prince of Germany. We are able to state that the rumours which appeared in some foreign journals to the effect that a fresh development of cancerous growth had given rise to urgent symptoms are absolutely without foundation. On Saturday, January 14th, His Imperial Highness caught a slight cold, and on Sunday and Monday there was some elevation of temperature, which, however, returned to the normal standard on Tuesday. We are in a position to contradict the report that Sir Morell Mackenzie will return to San Remo towards the end of this month. The date of his next visit is still quite uncertain, but we may take this opportunity of pointing out that the fact of his going to see his illustrious patient is not to be taken as an indication that the case is assuming a graver character. The Prince is looking forward with much pleasure to the prospect of being able to return to Berlin in the spring.

#### DINNERS FOR SCHOOL CHILDREN: AN ECONOMIC QUESTION.

WE have several times noticed the efforts that are being made to provide food for school children, and have pointed out that one of the greatest difficulties is the economic side of the question—to do the greatest amount of good with the least possible weakening of the sentiment of self-dependence in the parents. That a large number of school children are underfed or starving appears to be demonstrated; it has also been shown that the power of body and brain suffers therefrom. In too many cases starvation is chronic and incapable of permanent relief; in other neighbourhoods the relief may be required as an exceptional matter, during times of special depression in trade. We have ourselves seen a large Board School in the jewellers' quarter of Birmingham where most of the children appeared to be starving, and exhausted in consequence; this was explained as owing to the local depression of trade. Here was a case where a temporary supply of cheap or even free food at the school might have been most useful in arresting the tendency to disease, and in aiding development. The Charity Organisation Society, in a valuable report recently issued on charity and food, points out many facts founded upon evidence which they have collected; reports have also appeared in Birmingham, Liverpool, and other large towns on the work done there. The starving children often appear to show more signs of daintiness than of hunger, which seems to indicate the dyspepsia of inanition. The apparatus used

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for cooking makes much difference in the economy of the meals, as well as in their success in point of tastiness. To leave the children attending school without dinner, for three months is likely to result in a delay of growth and development of body and brain which would take a long time to overtake. Temporary relief in periods of distress, when the children continue their school work, seems very desirable—a true work of charity, and one not too costly, though requiring much personal labour on the part of managers and visitors. If relief is to be temporary, it cannot be self-supporting; if dinners for school children are to become a permanent institution, they ought not, we think, to be provided by charity or by the State, but by commercial resource. The numerous experiments made by charitable people have afforded much information upon which commercial enterprise may be founded; but it seems hardly likely that self-paying dinners can be provided, unless accommodation is to be had at or near the schools rent free. If it be shown that there is a permanent demand for dinners at or near large schools at a commercial price, the necessity of the case might be met on the same basis as at some of our colleges; let rooms appropriately fitted be provided by the public, and let at low rentals to contractors. It ought also to be arranged that such rooms, being independent of the schools, should be open on Saturdays and during the holidays, if wanted.

#### ENGLISH PHYSICIANS AT SWISS HEALTH RESORTS.

THE subjoined memorial is being very extensively signed by patients and visitors at Maloja and Moritz. "We, the undersigned British subjects residing in the Engadine, pray the British Minister will petition the Federal Government of Switzerland to permit our own medical men to practise in this country, so that we may, in case of need, avail ourselves of the medical assistance of doctors of our own nationality. Many of us have come to this canton in search of health, with the express understanding that we could place ourselves under the medical care of English doctors, but in mid-winter the law of the Sanitätsrath at Coire has suddenly been put into operation, and our English compatriots are heavily fined and threatened with expulsion from the Canton of the Grisons for practising without being in possession of the Swiss diploma. Under these circumstances we beg the British Minister will represent to the Federal Government the desire named in this petition, and express at the same time that the action taken against our English doctors will prevent many English subjects availing themselves of the climate and attractions of this canton both in summer and winter, which deprivation they would feel acutely." A narrow and jealous policy in such a matter would operate very prejudicially to the interests of the locality, and no doubt the Federal Government will take this into consideration.

#### STROPHANTHIN AND THE THERAPEUTICAL SOCIETY OF PARIS.

A DEBATE on strophanthin was held by the Therapeutical Society of Paris on December 17th, 1887. The discrepancy of opinions as to the action and value of this powerful drug which exists on this side of the Channel is apparently equalled amongst our French colleagues. M. Dujardin-Beaumetz regards strophanthin as a true diuretic, and has even seen hæmaturia arise after its use; accordingly, he considers that the prevailing English opinion that strophanthin is primarily a cardiac stimulant is incorrect. M. Constantin Paul said that he was astonished that Professor Fraser had made strophanthin equal to digitalis in its effects. Strophanthin was in the main a diuretic, its action being less energetic, but more permanent, than that of digitalis (!), but it did not, according to this observer, modify arhythmic cardiac action in the slightest. M. Paul allowed that it acted as a cardiac tonic, but only in chronic affections, and finally said that it closely resembled convallaria majalis in its action. Other speakers dealt with the chemical constitution of this glucoside, which in dilute acids is converted into glucose and an alkaloid—strophanthidin (MM. Bardet and Adrian, *Deutsche Med. Zeitung*, No. 3, 1883.)

#### OPERATIONS FOR EXTRA-UTERINE GESTATION.

DR. CYEMPIN, of Berlin, describes in the *Deutsche Medicinische Wochenschrift* two cases where abdominal section was successfully performed for removal of an extra-uterine foetal sac. The first patient was aged 51. Her last natural labour was in 1862; after ten years' interval she became pregnant once more; at the third month there were uterine hæmorrhage, pain, and syncope; a fleshy mass was delivered. Extra-uterine pregnancy was diagnosed, but the patient refused to submit to any form of operation. The foetus died, and then, still in the year 1872, no operation appeared advisable. In 1881 the patient sought relief, as before, in Dr. Martin's private institution, and earnestly begged for operative relief on account of severe abdominal pains. The removal of the foetus was readily effected; it lay free in the peritoneal cavity, away from any sac, and there were but trifling adhesions; part of the left foot could not be found. Greater difficulty was experienced in removing a mass to the right of the uterus, which was taken to be the placenta; after long manipulation the mass was peeled away from its connections. The patient made a good recovery. The mass when examined proved to be tube and ovary; not a trace of placental tissue could be distinguished. The ovary was normal, with the exception of a small cyst; the greater part of the tumour consisted of the left Fallopian tube, very much thickened and stretched, forming a swelling as big as a goose's egg; at its abdominal end was a cavity, the size of a cherry, filled with pus. The foetus was much shrivelled, the soft parts had almost disappeared. The case was considered to represent tubal pregnancy, early rupture of the sac, and further development of the foetus, for a time, in the abdominal cavity. In the second case, abdominal section was also performed, and a tumour was removed which proved to be a dilatation of the left tube, and very thick-walled. The seat of rupture—for the sac had burst—was at the upper and abdominal end of the sac. On the postero-external aspect of the tumour lay the skeleton of a foetus, about two inches in length.

#### LEAD IN THE SHEFFIELD WATER SUPPLY.

THE contamination of the water supply with lead is giving rise to a good deal of discussion in Sheffield just now. Nearly two years ago when Dr. White, the late medical officer of health, issued his report on the liability of water, in passing through the communication pipes, to become poisonous, the Corporation, with creditable spirit and energy, endeavoured to get the water company to adopt some simple means to render the water less liable to be contaminated with lead. At the commencement of this year the undertaking of the water company became the property of the Corporation. During the proceedings necessary to obtain powers to purchase the undertaking, a great point was made of the necessity of adopting means to prevent this action on the lead piping. It may be safely assumed that the people of Sheffield will hardly be satisfied with any half-hearted action on the part of the Corporation, backed as they are by influential medical opinion. The water supply of Sheffield has two distinct sources and two systems of distribution: one from the hills round Redmire, and the other from the hills round Strines and Agden. Mr. A. H. Allen, the public analyst, from a large series of analyses, found that the water derived from the Agden and Strines reservoirs and distributed to the lower parts of the town had practically no action on lead pipes, the water drawn from ordinary house taps containing no appreciable quantity of lead, even when it had been stored in the pipes all night. The case was very different respecting water from the Redmire reservoirs, for in every instance in which water was drawn from taps in houses supplied from this source a very notable quantity of lead was present. When the water had stood all night in the pipes in some cases it exceeded half a grain per gallon. The parts of the town supplied by the Redmire Dam are the high-lying districts. Moreover, the numerous cases of lead poisoning which have been reported occurred in the districts comprised in this water supply. For some reason the Redmire water appears to be acting at present particularly

on the leaden pipes. Mr. Allen states that many of the numerous samples submitted to him during the last few weeks have contained more than half a grain of lead per gallon; and in some cases one grain per gallon has been reached, and even exceeded. The plan advocated by Dr. Sinclair White of filtering the Redmere water through a bed of limestone before it is distributed was adopted by the Corporation when before the Committee of the House of Lords. They should give it now a trial, and if it fails resort to the more elaborate measures which found favour with the old water company.

#### THE USE OF ACIDIFIED CORROSIVE SUBLIMATE AS AN ANTISEPTIC.

SOME very interesting experiments of great practical importance have recently been made by E. Laplace (*Deutsche Medicinische Wochenschrift*, 1887, No. 40, p. 866-7) in the Hygienic Institute of Berlin, on the antiseptic action of corrosive sublimate when used in acid solution. It has long been known that the efficiency of bichloride of mercury is much reduced when it is brought in contact with albuminous substances, owing to the formation of insoluble compounds; thus when applied to animal tissues, the mercury becomes mordanted, as it were, on the surfaces with which it first comes in contact, the sphere of its activity being thus greatly diminished. Laplace finds that five cubic centimetres of blood serum is sufficient to precipitate the mercury from five cubic centimetres of the bichloride solution (1—1000). The formation of this precipitate of albuminate of mercury can be prevented by adding dilute hydrochloric acid (5—1,000) to the bichloride solution (1—1,000), whereby the antiseptic power of the latter is greatly increased. Similar results were obtained by the addition of tartaric acid. The solution recommended for use consists of 1 part sublimate, 5 parts tartaric acid, and 1,000 parts of distilled water. The bandages, gauze, etc., on the other hand, are soaked for two hours in a stronger solution; namely, sublimate 5 parts, tartaric acid 20 parts, distilled water 1,000 parts, after which they are wrung out and dried.

#### ST. JOHN'S HOSPITAL.

A SPECIAL meeting was held this week of the Governors of St. John's Hospital, at which there was much discussion on the subject of the charges brought of financial irregularities and other defects in the management of this hospital. Lord Aberdare took the chair at the request of the Duke of Northumberland, the President, who expressed his opinion that an independent inquiry seemed absolutely necessary; a telegram to that effect was read by Mr. Hamilton Hoare. Mr. Raymond moved and Mr. Maudslay seconded a motion for the appointment of a committee of inquiry into the management of the hospital, to report to a future special general board, and to have power to call for documents and professional aid. A detailed statement was read by the official auditors on behalf of the Board, admitting irregularities of system, but exonerating individuals from any other than the best motives and upright conduct. Much complaint was made by Mr. L. Browne of the extravagant expenditure of the hospital; and it was alleged that the nursing had been placed in entirely unskilled hands, the cook having been instructed with a view of undertaking the duties in replacing the matron. The discussion was long and angry, the meeting appearing to consist of hostile parties. In the end an amendment was moved expressing confidence in the Board and hostile to the original motion of Mr. Raymond and Mr. Maudslay. Dr. Robinson and Dr. Harries, two of the medical officers who objected to the existing management, were silenced, and after three hours' discussion the amendment was carried by a considerable majority. The general result remains to be seen. For our own part, we cannot but feel that the proceedings seem to indicate that the opinion of the Duke of Northumberland, the President of the hospital, that an independent inquiry is necessary, is very much strengthened by the result of this meeting. The managers of a hospital greatly weaken themselves by refusing to co-operate in a full and independent inquiry

where charges of this kind are brought. A full vindication of the affairs of a public institution of this kind is best obtained, not by a partisan vote or by statements at a general meeting, but by the calm detailed inquiry of a committee which has the confidence of all parties, and we hope the Duke of Northumberland and Lord Aberdare will insist on such an inquiry, and that the result may be for the best interests of the public and the institution.

#### OUR NOMADIC POPULATION.

MR. GEORGE SMITH, of Coalville, giving his experiences of a number of visits made to gipsy encampments in all parts of the country, says he found that the leading traits in the character of many of the gipsies were: living in dirt, heathenish ignorance, idleness, lying, dishonesty, immorality, fortune-telling, and deception. With some notable exceptions, these people huddled together in tents, regardless of any sense of decency or morality. He calculated that there were at the present time about 30,000 children in this country living in vans and tents, not 5 per cent. of whom could read or write. Bad as was the condition of the people here, it was, he said, even worse in Scotland, and he intended to include them in a Bill he was promoting for the poor travelling children's welfare. What he wanted, without interfering with liberty, was, in the first place, that vans and other abodes of the kind should be registered annually in a simple, easy, and inexpensive way, so as to give the sanitary officer power, instead of the policeman, to see to the health and well-being of those who live in them. The healthy appearance of many of our gipsy, van, and other travellers was vanishing, and disease was carried from village to village. He desired to give them all free education. The only means of improving the condition of these people was the sanitary officer's influence upon their homes, and the schoolmaster's influence upon the children.

#### CLINICAL SOCIETY OF LONDON.

THE annual meeting of this Society was held on Friday evening, January 13th. The officers and Council for 1888, nominated by the outgoing Council, as published in the *JOURNAL* of January 14th, at page 108, were elected. Dr. S. Mackenzie, the Medical Secretary, read the report of the Council, which spoke of the continued and progressive success of the Society, the number of members being 464, of whom 336 are resident. In 1887 death removed six ordinary and one foreign member, namely, Dr. Carrington, Dr. Wilson Fox, Dr. Meadows, Mr. Teevan, Dr. de Castro, Sir G. Burrows (an honorary member), and Dr. Von Langenbeck (a foreign member). The Council had decided to send a copy of the *Transactions* each year to about fifty of the principal medical libraries abroad, and had done so in 1887. It had also sent all the back numbers of the *Transactions* to the chief medical society of Berlin, and also to that of Vienna. The recently published volume contains the report of the Committee appointed to investigate joint disease in connection with locomotor ataxy, which was presided over by Sir J. Paget, and of which Mr. Bilton Pollard was the honorary secretary. The Council, in their report, warmly acknowledged their indebtedness to the latter gentleman for his labours on their behalf. The myxœdema Committee are still at work at their great task, but it is expected that their labours will be concluded during this session. The work of this Committee, especially the extensive tabular record of cases, has already cost a large sum of money, and Dr. Ord, the chairman, has generously volunteered to contribute £100 towards the expenses of the production of the report, his offer has been gratefully accepted. The report will be printed as a separate volume, and a copy presented to every member of the Society, while it will also be offered for sale. The Committee on Scoliosis are still at work, and will, after a time, report the results to the Society. The balance-sheet was read by Mr. Christopher Heath, the treasurer; it showed that the year began with a balance of £94, and ended with one of £37; whilst the Society has



£600 invested in Consols. The chief expense had been incurred in the printing, illustrating, and publishing of the volume of *Transactions*, and the myxœdema tables, and for the use of the Society's meeting room. The reports were adopted. Dr. Glover proposed a vote of thanks to the retiring Vice-Presidents and other members of the Council, and remarked that in the list of the new Council he could find the name of only one general practitioner; Mr. Silcock seconded the vote, which was carried. The President said that it was clearly an oversight that only one general practitioner had been nominated. Mr. Herbert Page, in eloquent and eulogistic terms, proposed that a very hearty vote of thanks be accorded to the retiring Secretary, Dr. S. Mackenzie; Mr. Pearce Gould seconded the vote, which was carried with acclamation. The President added his testimony to the value of Dr. Mackenzie's labours on behalf of the Society, and that gentleman feelingly acknowledged the cordial vote accorded him.

#### PROPOSED LARYNGOLOGICAL SOCIETY.

WE are informed that a new society is in course of organisation, as a sequel to the resolution passed by the Subsection of Laryngology and Rhinology at the Dublin meeting of the British Medical Association. The Chairman, Dr. W. McNeill Whistler, in his opening address on that occasion, dwelt strongly on the advantages that such a society would afford to workers in these special branches, who at present have no means of bringing their results to the test of direct criticism by competent judges, except at the annual meetings of the Association. It was decided that immediate steps should be taken to carry Dr. Whistler's suggestion into effect, and to Dr. R. A. Hayes, of Dublin, the able Secretary of the Subsection, was entrusted the duty of making the necessary arrangements. His efforts have been so successful that the list of original members already comprises about fifty names, which include those of nearly all the prominent laryngologists in the three kingdoms. The following gentlemen, among others, have signified their intention of joining the society: Sir Morell Mackenzie, Dr. Whipham, Dr. E. Woakes, Dr. Prosser James, Dr. A. Orwin, Dr. Coleman Jewell, Dr. Greville Macdonald, Dr. Dundas Grant, and Messrs. Lennox Browne, Carmalt Jones, George Stoker, W. R. H. Stewart, and Percy Jakins, of London; Mr. C. Warden, of Birmingham; Dr. Ward Cousins, of Portsmouth; Mr. Creswell Baber, of Brighton; Dr. P. McBride and Dr. G. Hunter Mackenzie, of Edinburgh; Dr. T. Barr, of Glasgow; Dr. Philip Smyly, and Messrs. Kendal Franks, Thornley Stoker, and J. B. Storey, of Dublin; Dr. Walton Browne, of Belfast; and Dr. A. Sandford, of Cork.

#### THE BEHAVIOUR OF THE BLOOD IN LIGATURED VESSELS.

BÖTTCHER'S researches on this subject, conducted according to the latest histological methods, are to be found in the *Arbeiten aus dem pathologischen Institut zu Königsberg*. They fully confirm the conclusions of Dr. Geiterbock, also those of Professor Pick, of Prague, on the processes which occur in the (so-called) organisation of thrombi. Böttcher finds that the blood contained in a portion of a vessel intercepted between two ligatures, applied under antiseptic precautions, does not coagulate. The changes which occur in the stagnated blood are as follows: 1. Arterial blood becomes venous in character by long standing. 2. The red corpuscles may remain perfectly intact, even after the circulation has been suspended for several weeks. 3. The leucocytes early undergo degeneration, even in a week, but their nuclei preserve their capacity for stains. 4. The blood-tablets may be found in well preserved condition, even after several days' stagnation. Finally, enumeration of the various forms of leucocytes in rabbits' blood led to the conclusion that the "lymphocytes," that is, the small, uninucleated forms of leucocytes, poor in protoplasm, represent the majority of the leucocytes existing in the blood. This is contrary to the prevailing assumption on the subject, which puts these very forms in the minority. This is a point, as Geiterbock remarks, of great importance in the study of the products of chronic inflamma-

tion, the leucocyte elements of which are mostly in the form of lymphocytes, as is well known, and this circumstance has been adduced as an argument against their hæmatogenous derivation.

#### TREATMENT OF INEBRIETY.

DR. NORMAN KERR delivered the second of his course of lectures on Inebriety on January 18th. He said that the predisposing and exciting causes of the disease in each case should be ascertained, and the treatment conducted on thoroughly scientific principles. Proceeding by an unscientific method, numerous alleged "cures" had been oracularly declared to be infallible; yet all these, such as alcoholic frog extract, raw meat and food steeped in alcohol, had been found to be ineffectual. There was nospecific. The first indication of sound treatment was the withdrawal of the narcotic, so that the narcotising process might be terminated. This withdrawal should be immediate with alcohol, chloroform, chloral, and ether, but should be gradual with morphine and opium. The risk and suffering with the last named were as a rule too serious in sudden withholding. Bromides with hyoscyamus were useful in allaying the irritability of the nervous condition. When gastric irritability was present, the bromides could be administered in an effervescent form. Ice, milk, and soda or lime water were of service. The second indication of scientific treatment was the removal of the exciting cause, or its counteraction when it could not be got out of the way. The third indication was the reparation of the physical damage wrought by the disease, the remedying of the pre-inebriate morbid state, and the strengthening of inhibition. Good sound wholesome food was essential to the renovation of healthy tissue. No restricted diet suited all, and a judicious mixture of flesh, fruit, grains, and vegetables was generally the most desirable. Tonics, contra-indicated at an earlier stage of treatment, were useful here. Among the best was unintoxicating "port with bark." The correction of the pre-inebriate morbid state was of importance. Disordered function should be set right, and complicating disease attended to. The inhibitory power should be strengthened by exercise, by bracing hygienic measures, by mental, moral, and religious influences, and by nerve tonics, as strychnine. When seen early the inebriate could be treated while pursuing his usual calling, but resort was seldom had to medical advice till later. Then it was generally best to advise residence for at least twelve months in a genuine home for inebriates, preferably under the provisions of the Habitual Drunkards Act. When seen at an early stage this disease was as curable as most other diseases.

#### SPONTANEOUS DETACHMENT OF LARYNGEAL POLYPUUS.

AT the meeting of the Berlin Medical Society, December 21st, Professor Fränkel read a very interesting communication from Sanitätsrath, Dr. von Swidersky, of Posen, on a case of extrusion of a polypus of the larynx during the act of coughing. Dr. von Swidersky had known the patient, a cavalry officer, since 1848. In 1862 he began to be affected with hoarseness and dyspnoea, and Dr. Valentiner then diagnosed laryngeal polypus. Other authorities in Berlin and Tübingen were consulted; one of these was of opinion that villous cancer was present, because the growth (plainly visible on the posterior third of the left vocal cord, and attached to its inferior aspect) bled profusely when touched. All who were consulted advised tracheotomy, but this the patient would never hear of. The dyspnoic attacks occurred from time to time, often accompanied by severe hæmorrhage, and the hoarseness increased. In 1870, von Swidersky, tracheotomy being still refused, attempted local treatment. The tumour was first touched with caustic potash (well solidified), and afterwards daily with a concentrated solution of ergotin. On May 12th, 1870, the patient was in imminent danger of suffocation, but next day his medical attendant found him in good voice and spirits, enjoying a cigarette with his coffee. He triumphantly pointed to a substance which he had coughed

up, and which he had placed in water. Microscopical examination showed that it was a fibroid polypus. The patient has remained well since then, and there is only a slight inclination to laryngeal catarrh. V. Smidersky attributed the cure to the ergotin treatment. Professor Fränkel had never in his large experience met with a similar case, and was of opinion that practically we should never trust to such a lucky termination, quite as uncertain as the chief prize in a lottery. But he had seen a case in which a polypus had very gradually retrogressed. Dr. Böcker had independently diagnosed the existence of a polypus in this case, so that there was no doubt about it. Hensch thought that it might have been coughed up without the patient's knowledge, and argued from analogous rectal polypi in children, but Fränkel persisted in his opinion that the improvement in his case had been but gradual, and promised further details in a paper on the subject about to appear.

#### THE CASE OF TRANCE AT BATTERSEA.

SOME excitement has been caused by the case of Florence Chisnell, a young girl, who has lain in bed, at her home in Battersea, in a state of trance ever since November 20th, 1887. She is tall, well nourished, and well developed, contrary to what has been reported, with plain, intelligent features and reddish-brown hair. She lies on her back with her eyes half open and generally oscillating slowly; the pupils are dilated and sluggish, the conjunctivæ sensitive; the lids seldom close or blink. The pulse is about 84; the temperature on Thursday morning was 98.0°. The arms are very rigid, the forearms bent, the hands crossed over the epigastrium, with the fingers extended. On extending the elbow, we found that the hand remained elevated for three minutes, then returned to its former position very slowly. The hips, knees, and ankle joints are extended and very rigid. The abdomen is somewhat distended with flatus. Deep pressure in the iliac region produces absolutely no effect. On tapping the skin of the cheeks, fingers, abdomen, or feet with the point of a toothpick, or on pressing the point under one of the finger nails, the eyes oscillate a little more rapidly than usual, but no muscular movements occur. The bowels act spontaneously about three times weekly. The periods commenced a year ago, and have continued to appear since the trance began. In the summer of last year she became aphonic; her voice improved a little late in the autumn. On the evening of November 20th, she fell into the trance; the rigidity of the muscles was noticed from the first. Frequent fits of laughing and crying occurred until three weeks ago. Florence Chisnell, in fact, is suffering from a neurotic condition not unknown to science.

#### THE COMPARATIVE ANTISEPTIC VALUES OF CHLORIDES, NITRATES, AND SULPHATES.

In a recent number of the *Journal of the Society of Chemical Industry* (Vol. vi, No. 11), Mr. C. T. Kingzett, F.C.S., records the results of some experiments which he has conducted in order to determine the relative extent to which certain metallic chlorides, nitrates, and sulphates retard the appearance of mould on flour-paste, and putrefaction in extract of beef respectively. The general bearing of the results is to show that the salts of the alkalies and alkaline earths, excepting magnesium sulphate, appear in many instances to promote and never to retard the growth of mould. The compounds of zinc resemble those of the alkaline earths in their action. On the other hand, the salts of iron, tin, lead, and aluminium exercise distinct but not very powerful effects in preventing the appearance of mould. The chloride of lead is, however, more active, whilst the most efficient are the chlorides of mercury and copper. In preventing the putrefaction of extract of beef, the chlorides of mercury and copper were also the most effective; whilst chloride of zinc was more and chloride of lead less active than in retarding the growth of mould on flour-paste. The value of the investigation is very much reduced owing to the experiments not having been conducted on the modern lines of bacteriological research. Thus the various test-

glasses containing the experimental media were allowed to become accidentally infected from the air to which they were exposed, instead of being all inoculated either with some definite micro-organism or with some definite mixture of microbes, as is now invariably done in experiments of the kind.

#### HOMICIDAL INSANITY IN CHINA.

ACCORDING to the law of China, the punishment inflicted on the murderer of a father, mother, brother, husband, uncle, or tutor, and on traitors, is that appalling process known as *ling-chie*, or slow death. The fact that the crime has been committed under the influence of insanity procures no mitigation of the dread sentence, and the miserable culprit is sentenced to be cut into 24, 36, 72, or 120 pieces, a large proportion of which must be accomplished ere the executioner dares to touch a vital part, and end the torture of the victim. Only in certain cases does the Imperial clemency grant death after the eighth division. The commonest form of this penalty is that of twenty-four cuts; and the executioner prides himself on the anatomical skill with which they are administered. The victim being bound to a cross, the butcher by the first two cuts removes the eyebrows, by the third and fourth the shoulders, the fifth and sixth the breasts, the seventh and eighth the flesh of the forearm, the ninth and tenth the flesh of the arm, the eleventh and twelfth the flesh of each thigh, and so on.

#### ANGIOMA OF THE EPIGLOTTIS.

In the *Revista de Ciencias Medicas* Dr. C. M. Desvernine reports an example of pedunculated angioma of the epiglottis. The patient was a man aged 53, of robust constitution, who for two months before he came under notice had suffered from occasional slight bleeding from the throat. On November 14th he lost a large amount of blood, and the hemorrhage only ceased on syncope supervening. Laryngoscopic examination showed an ovoid tumour of lobulated appearance and dark-blue colour, and measuring two centimètres in length by one in breadth, springing from the laryngeal surface of the epiglottis to the left of the middle line, about midway between the base and the apex. The tumour was attached by a short pedicle, and there was no infiltration of the tissues around its root. On November 27th, the pharynx and larynx having first been anaesthetised with a concentrated solution of cocaine, the tumour was removed with the galvanocauteric snare. The only trace of the operation was a small eschar which came away a few days later, leaving the site of the tumour completely healed. Microscopic examination showed that it was an angioma enclosed in a fibrous capsule.

#### STROPHANTHUS IN RUSSIA.

DR. A. KAZEM-BEK, of Kazan (*Vratch*, Nos. 40 and 41, 1887) relates seven severe cases treated by tincture of strophanthus (one part of the seeds to ten of alcohol), five drops being given every three hours, four times during the first day, and ten drops three times daily subsequently. The cases included chronic myocarditis, with consecutive cardiac dilatation, with calcareous deposits on the aortic valves and walls; mitral stenosis, with regurgitation (two cases), alone or complicated with parenchymatous nephritis; bronchial asthma, with pulmonary emphysema (two cases); aortic stenosis, with regurgitation; and cardiac neurosis in a hystero-epileptic woman. In only one case, that of a woman, aged 37, with rheumatic mitral disease and chronic nephritis, did the drug partly fail, and, even in that case, it proved beyond all comparison better than succinate of caffeine and sodium, or digitalis with valerian, or *grindelia robusta*, or *convallaria*, with which the lady had been successively treated before. In the remaining six cases, strophanthus produced a striking improvement, usually in a very short space of time; dyspnoea ceased; the paroxysms of bronchial or cardiac asthma, as well as oedema, gradually disappeared; the heart's action became much less frequent and more regular, and the pulse fuller and stronger; while the daily amount of

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urine considerably increased. When taking the medicine, the patients slept soundly and quietly for many successive hours. This circumstance is attributed by Dr. Kazem-Bek partly to an improvement in their general state, but partly to a direct sedative action of the drug on the brain, since a drowsy condition was observed by him also in dogs after an intravenous injection of the tincture. The experiments on animals (frogs, turtles, and dogs) were undertaken by the writer mainly with the object of elucidating the question whether strophanthus acts solely on the muscular tissue or not. He has come to the conclusion that the drug acts, not only on the cardiac muscle itself, but also on the cardiac ganglia and peripheral endings of the vagi. This conclusion is based on the following facts: 1. That atropine gives rise to a considerable acceleration of the heart's contractions which have been previously slowed by strophanthus; and 2, that strophanthus does not slow the heart's beats which have been previously accelerated by atropine. Dr. Kazem-Bek has also found that strophanthus increases the blood-pressure, but this increase seems to be independent of the heart's contractions; at least the arterial tension continues to rise, while the number of the beats remain unchanged.

#### THE DYEING OF COFFEE BERRIES.

HAVING succeeded in obtaining four specimens of colouring mixtures employed by coffee dealers for dyeing inferior sorts of coffee beans as well as damaged coffee grains, Mr. K. Sykora (*Farmatzevitichesky Journal*, No. 48, 1887, p. 756) subjected them to analysis, and found that they consisted of (a) 4.5 to 8.0 per cent. of chromate of lead ( $PbCrO_4$ ), (b) 12 to 15 per cent. of ultramarine, (c) 5 to 12 per cent. of indigo and gamboge, (d) 65 to 82 per cent. of kaolin, and (e) 3 to 10 per cent. of charcoal. Mr. Sykora recommends the following means of detecting this adulteration. First of all, on being touched with a brush moistened in distilled water, an artificially coloured coffee grain becomes spotted or mottled. On washing the grain with distilled water the latter becomes turbid in appearance. On evaporating a portion of the fluid on a watch glass, it leaves a solid residue, consisting of kaolin, charcoal, and various dyes, which may be then recognised under the microscope. Another portion of the water should be dried and subsequently made red-hot in a platinum vessel, to be similarly examined microscopically. On one occasion Mr. Sykora found that coffee berries had been dyed with yellow brown ochre.

#### UNMERITED SYPHILIS.

M. FOURNIER, in a recent communication, has set forth the statistics which he has taken the trouble to collect of "unmerited" cases of syphilis. In 842 out of 887 infected women, the disease was of venereal origin, leaving 45 who had contracted it in some other way. On analysing the latter group he found that in seven the disease was hereditary; four had contracted it accidentally in infancy; eight were wet nurses who had been infected by syphilitic infants; five were midwives who had caught it in the practice of their profession; twenty-two were cases of "domestic infection," either from nurse to child or *vice versa*, or from diseased servants; two of vaccinal syphilis; two in which the infection was conveyed in catheterising the Eustachian tube; one consequent on rape; and finally four of unknown origin, but certainly independent of sexual contamination. With respect to the first group of 842 infected women, 366 were "gay" women; 220 were married women, and 256 were of "doubtful" social status. Of the married women no fewer than 164 had taken the disease from their husbands. In view of these figures, M. Fournier maintains that the doctrine which forbids discrimination between the different groups of sufferers is one to be unhesitatingly condemned.

#### CUCAINE TOXÆMIA.

AT the last meeting of the American Association for the Cure of Inebriates, Dr. J. B. Mattison, of Brooklyn, read an interesting paper on the toxic symptoms observed after the administration of cocaine. The object of the paper was to disprove Dr. Hammond's assertion that

he did not believe any dose that could be taken was dangerous. If it were needful to produce more proof of the unsoundness of Dr. Hammond's statement, Dr. Mattison has effectually done this. More than thirty cases, reported by various practitioners in different parts of the world, were brought forward. In all these dangerous symptoms were developed, and in several instances there was an exceedingly narrow escape from a fatal termination. Toxic symptoms were exhibited in an adult after even so small a dose as four minims of a 4 per cent. solution, given hypodermically. The leading symptoms were nausea, emesis, headache, blindness, deafness, loss of taste and smell, profuse perspiration, lividity, gastric cramp; pulse frequent, feeble, irregular, intermittent; respiration shallow, gasping, irregular, difficult, convulsive, suspended; impairment of gait, speech, and swallowing; muscular rigidity, palpitation, sense of suffocation and constriction of chest; loss of motion and sensation in limbs; restlessness, prostration, giddiness, faintness, feeling of impending death; convulsive twitchings, paralysis, mania, delirium. The general conclusions arrived at were that there is a lethal dose, though the fatal quantity is uncertain; that toxic effects may appear at all ages and in every state of health; that the drug should be administered with great caution, and never without the antidotes of amyl nitrite and hypodermic morphine for immediate use.

#### PROGNOSIS.

DR. PYE-SMITH has contributed to the current (forty-fourth) volume of *Guy's Hospital Reports* an interesting article, entitled Observations on Prognosis. It is likely to prove of great service to students, who have better opportunities of studying the main clinical appearances in disease than of acquiring prognostic faculties before qualification. Prognosis requires experience, and experience is just what every student must lack. The look of many diseases may soon be learnt, but prognosis requires the observation of many cases of the same disease in every type of subject which it is likely to attack, and the student cannot observe to this extent. Moreover, hospital patients recover from some diseases, and die from others which are more or less dangerous to private patients neither inured to hardships nor debilitated by poverty; so the limited prognostic power of the diligent student may serve him false after qualification. Dr. Pye-Smith dwells upon the temperature question. He notes how a transitory ailment may send up a child's temperature to 102° or 103°, whilst a high temperature, as 105° in scarlatina or pneumonia, in a child does not add to the gravity of the prognosis as it would in an adult. Women resemble children in this as in other respects. A temperature of 103° in a girl of 18 may be caused by menstrual irregularity, by non-specific sore-throat, or by slight gastric catarrh. A rise of temperature during menstruation is often noted after ovariectomy. Dr. Pye-Smith's observations on fevers and tubercular meningitis are most instructive, but cannot fairly be given here in a condensed form. He concludes his paper with some interesting prognostic aphorisms.

#### THE LESSON OF THE EPIDEMIC OF SMALL-POX IN MONTREAL.

A PAPER on the Outbreak of Small-pox in Montreal, Canada, during 1885-86, was read by Dr. Henry Tomkins, officer of health to the borough, before the Leicester Medical Society, on January 13th, 1888. For some years previous to the outbreak the city had been free from small-pox, and vaccination had been very much neglected, compulsory powers not being enforced. A man from Chicago suffering from a very slight attack, so mild as to be mistaken for chicken-pox, was admitted into a large general hospital, and from him the infection spread to several other inmates, from thence the disease was disseminated in numerous parts of the town, and extended with such rapidity that before the end of 1885 more than 3,000 deaths had occurred. During the progress of the disease so great was the demand for vaccination amongst those who had previously neglected it that more than 80,000 vaccinations and revaccinations were performed in a popula-

tion of about 160,000 at a great expense and by the putting into force of compulsory notification of infectious disease, vaccination, and efficient isolation and disinfection, the disease rapidly abated, and by the end of April, 1886, not a case was known to exist within the city. Up to the end of 1885, 3,164 deaths were recorded, of which no less than 2,717 were children under 10 years of age, showing how severely these suffered compared with vaccinated communities. From the returns supplied by the hospitals, the following figures were given:—The number of patients treated in hospital was 1,332; the deaths amongst these were 418, or 31.3 per cent.; of these patients, 805 were not vaccinated and 527 vaccinated; of the latter 103 died, or 19.5 per cent.; of the 805 not vaccinated there died 315, or 39.1 per cent. As further showing how many more children suffered than adults, who had mostly been once vaccinated, it is to be observed that out of the 1,332 patients admitted into hospital, 459 were under 10 years of age, and 843 above that age; of the former 202 died, whilst of the latter 216 only died.

## SCOTLAND.

### CHAIR OF BOTANY, EDINBURGH UNIVERSITY.

VARIOUS gentlemen are spoken of as probable candidates for the Chair of Botany at Edinburgh University—namely, Professor Isaac Baily Balfour (Oxford), Mr. Patrick Giddes (Edinburgh), and Professor Traill (Aberdeen); but it may be conjectured that the list will be considerably enlarged when notice of formal application has been given.

### THE PROPOSED NEW CHARTER FOR THE LONDON COLLEGES.

KEEN interest has been excited in Edinburgh regarding the memorial of the London Colleges. Considerable diversity of opinion has manifested itself as to the effect this move, if successful, will have on the Edinburgh Medical School. The *Scotsman* has taken up the cudgels against the London Colleges, and calls on public spirited citizens and members of the profession to resist a measure so destructive to their city's interests. Professional opinion appears divided, if we are to judge from the rumours of compromise; but there is almost complete unanimity of view, even among keen opponents of the primary measure, that whatever is granted to the London Colleges must, of necessity, be granted to the Edinburgh Colleges likewise.

### MATERNITY HOSPITAL, EDINBURGH.

THE arrangements in the Royal Maternity and Simpson Memorial Hospital, Edinburgh, during the next three months, will be that Professor Simpson will be succeeded as Physician on duty by Dr. Underhill, with Dr. Barbour as assistant-physician. The present house surgeons, Messrs. John G. Havelock, M.B. and C.M., and Christopher Martin, M.B. and C.M., will be succeeded by Messrs. F. A. Jackes, M.B. and C.M., and Inglis Taylor, M.B. and C.M.

### ROYAL INFIRMARY, EDINBURGH.

THE series of entertainments given to patients, nurses, and students which commenced with the kitchen concert in the middle of December in the Royal Infirmary, Edinburgh, and consisting of *soirées* and concerts in various wards, have afforded much entertainment and been on a more extensive scale than in previous years. From the report submitted at the annual meeting of the subscribers to the Infirmary, which was held on Monday, we learn that the total number of in-door patients treated during the year was 8,823, as compared with 8,038 in the preceding year, this large increase being mainly due to the greater number of wards now open. This is the largest number of patients ever treated in the wards in any year, and becomes more striking when it is considered that no cases of infectious disease are now treated in the Infirmary. The proportion of medical and surgical

cases treated to a conclusion was: surgical cases 52.9 per cent., and medical cases 47.1 per cent. The average number of days of residence was much the same as last year, 26.1 as against 26.9. The number of outdoor cases has also increased, and last year reached the number of 25,000. The number of beds now available for use in the wards is 670, with 30 cots in addition available for children. The average daily increase of beds has been 27 compared with previous years, and the rate of maintenance per bed has been £55. The financial condition is not so satisfactory as could be desired, the capital stock having been reduced by £3,711, while the building debt remains the same. There has been an unusually small amount of money derived from legacies during the year, amounting to only £7,670. In 1880-81 it was rather under £7,000, but the ten years preceding that gave an average of £15,000, and since that the average has been as high as £37,896. In their report the directors speak in high terms of their appreciation of the services of the superintendent, Deputy Surgeon-General Fasson.

### GLASGOW LUNATIC ASYLUM.

THE annual meeting of the directors of the Glasgow Lunatic Asylum was held last week. The report submitted stated that at the beginning of the year the number of patients at Gartnavel was 480. The admissions during the year numbered 153, the discharges 137, of which 69 were recoveries, and there were 25 deaths. Of the total 470 at the close of the year, 286 were private patients, and 184 chargeable to their parishes. The report on the health of the inmates was exceptionally good, the percentage of recoveries being higher and the death-rate lower than on any occasion ever recorded at Gartnavel. The financial statement showed that the reserve fund of the asylum amounts to £28,796.

### CONVALESCENT HOME, GLASGOW.

THE Lenzie Convalescent Home continues to complete the good work done in the Glasgow infirmaries and dispensaries. At the twenty-third annual meeting it was stated that last year 1,441 patients were received at the institution, and their average stay was 18 days. The expenditure during the year included £408 for alterations and additions to the farmstead, the cost per head for patients amounted to 1s. 4½d. a day, the total amount expended being £2,170 16s. 6d. The annual subscriptions came to £902 9s. 6d., the contributions from *employés* of works, etc., £306 2s. 11d., and the legacies £438.

### THE LATE PROFESSOR DICKSON: A REMINISCENCE.

A CORRESPONDENT writes: Of five or six men distinguished by their labours in various branches of science, who taught in the medical curriculum at Glasgow University, some fourteen years ago, there was none who left a more enduring impression on a certain order of youthful minds than the late Professor Alexander Dickson. In no sense a brilliant orator, or showy dispenser of secondhand information, he yet managed to gain a respect'ul hearing from audiences, who might perhaps not unnaturally have been thought but slightly appreciative of higher claims upon their regard. There was in him a sleepless intellectual inquisitiveness, and he combined a rare gentleness and modesty with a certain naïve self-possession and unaffected ease of manner, the infallible marks, as all felt, of good breeding, and of a fine character. When interrupted in his discourse by more than usually noisy demonstrations of applause or disapproval, he has been heard somewhat pathetically to ask indulgence, on the ground that he was "not without nervousness," and it was this very excess of sensibility which, pervading the whole range of his mental activities, made him sympathetically alive to the perplexities and difficulties of others, while it, at the same time, had no small share in inspiring those feelings of almost chivalrous devotion, with which he was wont ere long to be regarded by the more "finely touched" among the students. As I write, the memory of our botanical excursions comes back after the lapse of years, fresh as those early spring mornings,

when we left the darkness and din of the great city, to wander in the sunny lanes of Clydesdale, or on the Camprie Hill. The figure of the Professor is still before me, tallish and slightly stooping, dressed in grey tweeds and small round cap, smoking a short pipe, with both hands in trousers pockets, striding rapidly along one side of the road, or pausing to describe some peculiarity of plant structure, with an enthusiasm which regarded neither time nor place, and which would constantly, when the discourse seemed to be near an end, as it were, spasmodically hurry the speaker away on some fresh line of inquiry and speculation, till at length he was brought up by noticing that his audience had dwindled to not more than one or two, whose blank faces indicated awe and dismay at the recondite and interminable course of the argument, and then an amused smile would pass into the dark blue eyes, and as if suddenly recollecting himself, he would resume his walk. There are some to whom the earth will seem colder and even the spring violets less sweet, by the death of such a lover, but in that place where the "shades of the pious" still linger, after their bodies have decayed, the grateful recollection of hundreds whose intellectual life owes something to the kind friend and honoured teacher whose loss they mourn, Dr. Dickson's memory will be a perpetual inspiration while life lasts.

#### SANITATION IN ABERDEEN.

A CONSIDERABLE amount of work, directed towards the improvement of the sanitary condition of Aberdeen, has been done during the past year. No less than 3,180 nuisances were abated and 4,206 orders were given for amendment of houses and premises. Patients, to the number of 517, who were suffering from infectious diseases, were removed to the hospital, and 4,380 were supervised at home. Unwholesome meat was seized in 105 cases, and fines for dealing in it were imposed to the extent of £19, the total weight seized was 32 tons, an increase of 20 tons on that of the preceding year. Dr. Mackenzie Booth has been appointed interim medical officer of health in place of Dr. Thomson, who has been appointed to a similar office in Sheffield.

#### FEVER IN PAISLEY.

PAISLEY has lately had an unenviable notoriety for the number of cases of fevers which have occurred in it. During the month of December, eighty-one cases of infectious diseases were admitted to the hospital, comprising sixteen cases of typhus, sixty-three of enteric, and two of scarlet fever. It is stated that no fewer than one hundred and twenty-six cases of enteric fever which occurred during the epidemic were associated with the milk supply from one dairy in the town. It is remarkable that so large a number should have been allowed to occur from one source of contamination. Twenty-four deaths from infectious diseases occurred during the month. There remained in the hospital on December 31st nine cases of typhus, fifty-four of enteric, and three of scarlet fever.

### IRELAND.

THE death-rate of Belfast is said to be increasing to an alarming extent. It has been 41.4 per 1,000—more than double the rate in London and one-half greater than in Dublin.

#### THE LATE MR. D. F. BRADY.

MR. DANIEL FREDERICK BRADY died at his residence, Rathgar, on Monday, at an advanced age. He obtained the diploma of M.R.C.S. Eng. in 1836. He was inspector of anatomy in Ireland.

#### POISONING BY SEWER GAS.

SEVERAL cases of illness, believed to be due to poisoning by sewer gas have occurred at Sandymount, Dublin, and three children of Mr. O'Callaghan have lost their lives. Dr. Murphy, of Harcourt Street, who was in attendance, found a boy, aged

11 years, suffering from ulcerated sore-throat, and having at the same time sore patches over the body. The child was then in a low typhoid condition and he never rallied. A second child, a girl, aged 15 years, subsequently displayed the same symptoms, and she also succumbed; and the third child died soon after being attacked.

#### JERVIS STREET HOSPITAL.

A BALL in aid of the funds of this institution is announced to take place on January 25th. In the present state of depression in Ireland all charities are suffering. There is still a balance of £16,000 due on the new building of Jervis Street Hospital.

#### PROPOSED SCHEME FOR NURSING THE SICK IN COLERAINE.

A MEETING of those interested in the proposed scheme for the better nursing of the sick in Coleraine was held in the Town Hall last week. A report was read from the committee appointed at the last public meeting, which showed the estimated cost of a cottage hospital, with the rules for its management. A committee was appointed to solicit subscriptions and report to a public meeting which will shortly be held.

#### EPIDEMIC OF MEASLES AT CORK.

DR. DONOVAN, medical officer of health, in his monthly report for December, states that there is at present an epidemic of measles in Cork, which has not occurred previously for seven years. It is difficult to prevent it spreading, owing to the fact of the infection being so intense in its early stage, and also because nearly all the cases are treated at home, where, as a rule, the disease runs through whole families. This clearly points to the necessity of having cases of infectious diseases speedily removed to hospital, which is the only proper means of isolating them. At the police court last week a man named Noonan was charged by the corporation with a breach of the Public Health Act by "waking" his child, who had died from measles. Dr. Donovan expressed his belief that the recent spread of measles was owing to such conduct as the defendant was charged with. All the persons who attended the wake (about thirty) were, he said, liable to spread the infection, and might communicate it to 200 or 300 persons. A fine of forty shillings was inflicted, but remitted on his promising to go to the workhouse.

#### THE NORTH-WEST SECTION OF THE NORTH OF IRELAND BRANCH.

THE second annual dinner of the North-West Section of the North of Ireland Branch of the British Medical Association was held on Wednesday, January 11th, when the members spent a most pleasant and enjoyable evening. Dr. Bernard, President of the Section, was in the chair, and Dr. Warnock, Donegal, in the vice-chair; the great majority of the members were present. After the usual toasts had been honoured, that of "Success to the North-West Section of the British Medical Association" was received with much enthusiasm. Dr. Donaldson, the able and energetic honorary secretary, responded in a few appropriate and eloquent words. He showed that the success of the Society depended principally on two factors: 1. That the medical men in the North-West of Ireland be imbued with the scientific spirit and with love for their work. 2. That the meetings be conducted properly; and in this respect he dwelt on the importance of showing living cases and pathological specimens at those meetings. He then went on to speak of the success which had already attended the Section, and finished by an account of the outlook of medicine which advancing knowledge rendered possible.

A CORRECTION.—In reference to the case of Dr. Hahn referred to last week, we are informed that the report given in the condensed extract on which our notice was based was incorrect in fact; the operation performed during life was tracheotomy, and that the larynx was extracted after death.

## ANNUAL SANITARY REPORT FOR 1886 BY THE SANITARY COMMISSIONER OF BOMBAY.

We have already dealt with the Report on the Health of the European Troops in the Bombay Command for 1886.

There is nothing more notable than the rapid increase of the population of India, in spite of the annual mortality from malarial fevers, and the recurrence of epidemics of cholera, at intervals more or less uncertain, and occasional famines from destruction of the staple grain crop by failure of the monsoon. Fortunately such visitations, although prevailing over wide areas, are not universal, and as year by year the railways are pushed into provinces and districts formerly ill-supplied with the means of carriage, famines, when they do occur, will be more easily dealt with and attended with less mortality. If population in the Indian empire goes on increasing at the present ratio, the food supply for the teeming multitudes of people will become a serious question. The number of children born in the Bombay Presidency in 1886 was 572,431. They were 2,122 in excess of the number recorded in the previous year, while they exceed the mean of the preceding ten years ending 1885 by 169,643. The total increase of the Presidency was 10.12 per 1,000 of the population, above the mean of the preceding ten years.

The deaths in 1886 among the civil population in the 285 rural, town, and cantonment circles in the Presidency of Bombay amounted to 200,140 males and 181,045 females, or a total 381,185 of both sexes. As compared with the three previous years, 1886 was a tolerably healthy year. The death-rate per 1,000 was 23.17, against 28.78 in 1885, and a decennial mean of 26.16. It is very interesting to note the great improvement in the death-rate in Ahmedabad for 1886, compared with that of 1885 and previous years; the Sanitary Commissioner gives the credit of this improvement to the wide sanitary measures introduced by Rás Bahádúr Ranchorelál, C.I.E., President of the Municipality. Under this enlightened gentleman, Ahmedabad, according to the Commissioner, "has certainly taken the lead of all the municipalities in Western India, including Bombay, in having provided a tramway, by which all the night soil collected in the city is removed to a distance of three miles from it." This would in any city in the world be deemed a sanitary measure of cardinal importance. In an Indian city it is impossible to exaggerate the good effect certain to spring from it. It is safe to prophesy that when cholera next visits Ahmedabad, Mr. Ranchorelál will have the gratification of seeing a greatly diminished mortality, to say nothing of the good already obtained. The Government have acknowledged this gentleman's benevolent efforts; it would be well to hold up his good example to every municipality in India.

The mortality from cholera in 1886 was a mere flea-bite compared with that of the previous year, which amounted to 37,286, while in 1886 it was only 167. On this difference the Sanitary Commissioner remarks: "We know so little about the laws which govern the prevalence of cholera that it would be useless to speculate as to why the disease, after causing 37,286 deaths in 1885, should suddenly cease in the first month of 1886," and he adds, "the lessened prevalence was not due to any diminution of filth in and around the villages and towns in the Presidency, and the only way to account for it is by the supposition that the factor necessary for its development (probably atmospheric) was absent." True; but this fact must never be kept out of sight: that in every place in the world, be it city, village, or hamlet, visited by cholera, the mortality has been in proportion to the filth present.

The Sanitary Commissioner, in obedience to a Government order, has given a map, which illustrates the distribution of and mortality from cholera in the different registration circles in which the disease was present. Appended to this is a statement showing each collectorate affected; the name and number of each circle; its population; the dates of first and last cases; the total cholera deaths; their ratio per 10,000 of the population; the period of maximum intensity; the number of villages in each rural circle; and the number of those affected and not affected by the disease. It is needless to say that a map illustrated in this way gives us instructive information as to the course and progress of an epidemic. As is usual in maps of this kind, it is coloured in different shades of green, according as a high or low death-rate obtained in the affected districts.

The deaths from small-pox amounted to 876 persons; the disease was of a mild type. During 1886, 146,986 males and 134,464 females died from "fever," a total of 281,450, while in the previous year the death-rate from this cause was 314,237. This illustrates an old Indian observation that a bad cholera year is also a bad fever year. The same rule obtains as regards bowel diseases; thus, in 1886, a non-cholera year, 36,612 persons died from bowel com-

plaints; in 1865, a cholera year, the deaths from this cause amounted to 45,056.

It is satisfactory to read of the zeal with which vaccination is carried on; 855,972 persons were primarily vaccinated, and 47,938 were re-vaccinated, a net increase of 1,585, or 0.19 per cent. under primary vaccination. It is evident that the people in the Bombay Presidency are wiser in their generation than the citizens of enlightened Leicester. The former know what small-pox is, the latter have to wait a little for their experience; when it comes it will be found in Leicester, as elsewhere, that Dame Experience keeps a dear school.

## ARMY MEDICAL DEPARTMENT REPORT FOR THE YEAR 1885.

(Continued from vol. ii, 1887, p. 1399.)

THE foreign stations at which British troops were quartered during the year 1885 were twelve in number, and included a wide diversity of climates. They were Gibraltar, Malta, Cyprus, Egypt, Nova Scotia, Bermuda, West Indies, Cape of Good Hope and St. Helena, Mauritius, Ceylon, China, and India. A separate section of the report is devoted to a history of the health of the officers and men who were serving in each of these twelve military commands. The leading statistical and medical particulars furnished in the report on some of these foreign stations now follow.

The average strength of the troops comprising the garrison of Gibraltar was 4,353. There were 4,587 admissions into hospital during the year, giving a ratio of 1053.8 per 1,000; the deaths amounted to 35, a ratio of mortality of 8.04 per 1,000; and the average number constantly sick was 253.53, showing a constant inefficiency through sickness at the rate of 58.25 per 1,000. These ratios are all higher than the averages of the preceding ten years, and considerably higher, as regards the death-rate, than that of the previous year 1884, when the ratio of mortality was 4.01 per 1,000 less. The death-rate of 1884 was, however, the lowest on record at Gibraltar. Brigade-surgeon Warren, in medical charge of the station hospital, when remarking on the increase in the ratios of sickness and mortality during the year 1885, points out that the rate of mortality was increased by the occurrence of 2 deaths from cholera, 3 from enteritis, and by several deaths from injuries. Diseases of the febrile group led to 730 admissions, and among these were 10 deaths, of which 5 were due to enteric fever. In the preceding year there were only 3 cases of enteric fever; in 1885 there were 25 cases admitted. The medical report states that the disease could not be traced to any defects in the barracks or their vicinity, or in the water-supply. Primary syphilis caused 747 admissions, and secondary syphilis 140, giving ratios of 171.6 and 32.2 per 1,000 respectively, which are considerably higher than the ratios of 1884, and much above the average. Including gonorrhœa and its sequelæ, the total ratio of admissions for venereal diseases was 362 per 1,000, and the ratio of constant inefficiency from these disorders was 21.91 per 1,000, both very much above the average. One officer died from cholera. He was residing at Europa, where another case had occurred five weeks earlier, but no connection between the two cases, nor any cause for either of them, could be traced. No other cases occurred subsequently at Europa.

The average strength of the troops composing the garrison of Malta was 4,602. This number does not include the men of the Malta Fencible Artillery. The force enumerated caused 4,249 admissions into hospital, giving a ratio of 923.3 per 1,000; and among these were 68 deaths, a mortality of 14.77 per 1,000. The average number constantly sick was 272.04, being at the rate of 59.11 per 1,000. All these proportions are higher than they were in 1884, and are above the averages of the preceding 10 years. Enteric fever caused 93 admissions and 24 deaths. The deaths from this disease were equal to 35 per cent. of the deaths from all causes. Of the cases, 14, with 6 deaths, occurred at Valletta; 74, with 15 deaths, at Cottonera; and the principal medical officer attributes the disproportion in the number of cases which occurred at the two places to the improved water-supply of Valletta, while there was no corresponding improvement in the water-supply of Cottonera. The remaining 5 cases took place at Civita Vecchia. The medical officer of Cottonera remarks that the "enteric fever was very fatal during the hot months, and the year 1885 was one of the hottest ever known in Malta." Two cases of small-pox occurred among the troops; they were severe, but both the patients recovered. The disease was said to have been introduced by sailors at the lazaretto. Thirty-nine cases occurred among the civil population, but, careful precautionary measures being adopted, it did not spread among the military beyond the two cases already named. Primary syphilis caused 172 admissions, and secondary syphilis 102, the ratios being 37.4 and 22.2 per 1,000 respectively. Gonorrhœa and its sequelæ

caused 309 admissions, equal to 67.1 per 1,000 of the strength. Seven deaths were due to injuries; 3 being due to falls, 2 over battlements, and 1 from a terrace at the Valletta hospital; 2 resulted from drowning, and 2 were suicidal.

Some remarks, which appear to demand attention, are made by the Principal Medical Officer and other medical officers with regard to the bad state of health of the Dorsetshire Regiment. This corps had the highest ratios of admission and of constant sickness during the year, namely, 1,465.8 and 114.48 per 1,000 respectively. These high ratios are attributed in the report to "the inferior physique and great youth of the men, which rendered them quite unable to endure the unusual heat of the summer." The medical officers in immediate connection with the regiment also point out that the spring of the year was the most unfavourable time in which the regiment could have arrived in the command. The Principal Medical Officer concurs in this view, and adds he has noticed that regiments which have arrived in the island in the spring have suffered much from fever during the following summer and autumn.

The average strength of the Royal Malta Fencible Artillery was 353 non-commissioned officers and men and 20 officers. The corps was not so healthy as it was in 1884, and the admissions into hospital were above the average of the previous six years, but only one death occurred; this death resulted from remittent fever. It would appear from the report on the recruiting for this corps that there is considerable room for improvement in the matter of education in the island of Malta. Out of 111 recruits inspected during the year, only 1 was returned as well educated; and of the remainder, only 25 were able to read and write, while 2 could read but not write, and 83 were unable to read.

The troops quartered in Cyprus averaged 852 in number. There were 918 admissions into hospital, and 18 deaths; being at the rates of 1077.4, and 21.13 per 1,000 respectively. These numbers show a considerable increase by comparison with the corresponding ratios for the year 1884, and also as regards the average similar ratios for the preceding 6 years. With regard to the increase of disease and mortality in 1885, the Senior Medical Officer remarks that "the high ratios are due to the arrival of certain battalions from Egypt, the men being in a very sickly and debilitated condition from the hardships of the recent campaign at Suakin, and to enteric fever having broken out among them. A somewhat similar increase in sickness and mortality occurred in 1882, when a regiment arrived from Egypt under similar circumstances." Enteric fever caused 51 admissions to hospital, and 15 deaths. The greater number of the admissions and deaths occurred at Troodos, and the medical officer in charge at that port remarks:—"During the two years I have been in charge of the military hospitals at Cyprus I never saw a case of enteric fever amongst the men of the garrison except among those just arrived from Egypt." There was no death among the commissioned officers, who were 37 in number, nor among the women and children, whose numbers were 27 and 40 respectively.

The only station in the Dominion of Canada in which there was a garrison of imperial troops during the year 1885 was Halifax. The average strength of the troops quartered there was 1,273 non-commissioned officers and men, and 66 commissioned officers. Among the former there 910 admissions into hospital and 10 deaths, being at the rates of 714.8 and 7.86 per 1,000 respectively. There were 24 attacks of illness among the officers, but no death. Among the women, 89 in number, there were two deaths from phthisis pulmonalis; and 1 among the children, who averaged 183 in number during the year, there were 11 deaths. One soldier, who had managed to conceal his illness for a fortnight, died from enteric fever, and this was the only case that occurred among the troops during the year at this station.

(To be continued.)

**THE COLLEGE OF STATE MEDICINE.**—The following gentlemen were elected Associates of the College at the meeting of Council on January 13th, 1888, Sir Joseph Fayrer, K.C.S.I., in the chair:—Adams, Charles, M.B., LL.B., Qual. State Med. Dub., Surgeon I.M.D., Madras; Alexander, F. W., Dip. Pub. Health R. Coll. Phys. Surg. Eng., Mile End Infirmary; Birch, Edwd. A., M.D., F.R.C.S.I., Cert. Pub. Health, R. Coll. Phys. Edin.; Corban, Laurence, M.D., Dip. San. Sci. R. Irel., Surg.-Major M.S.; Callen, Peter, M.D., Cert. Pub. Health, R. Coll. Phys. Edin., Surg.-Major I.M.D. Bengal; Evers, Benjamin, D.P.H. Camb., Surg.-Major I.M.D., Bengal; Hehir, Patrick, D.P.H. Camb., Surg. I.M.D., Bengal; McGann, T. G., F.R.C.S.I., D.P.H. Camb., Surg.-Major I.M.D., Madras; McNally, C. I., M.D., D.P.H. Camb., Surg.-Major, I.M.D., Madras; Simpson, W. I. R., M.D., D.P.H. Camb., Med. Officer of Health, Calcutta; Thompson, S. I., D.P.H. Camb., Surg. I.M.D., Bengal; Weightwick, F.P., M.B., D.P.H., R. Coll. Phys. Surg. Eng., St. John's, Horsleydown.

## ROYAL COLLEGE OF SURGEONS.

AN extraordinary meeting of the Council was held at the College on Thursday afternoon, January 19th. The minutes of the quarterly Council, held on January 12th, were read and confirmed. A report was read from the Secretary of a candidate found qualified for the diploma of Fellow. It was resolved to issue a diploma of Fellow to Mr. C. L. Hudson, of Middlesex Hospital.

The Council then proceeded to the further consideration of the proposed reply to the Privy Council respecting the statement made on behalf of the Association of Fellows in reference to the supplemental charter. The revised reply, as proposed by the President and Vice-Presidents, was read, and, after some discussion and amendment, was agreed to, and ordered to be sent to the Lord President of the Privy Council, without waiting for confirmation by next meeting of Council.

## ASSOCIATION INTELLIGENCE.

### COLLECTIVE INVESTIGATION OF DISEASE.

THE Report upon the CONNECTION OF DISEASE WITH HABITS OF INTemperance, which was presented to the Section of Medicine in the Annual Meeting of 1887, and a further portion of the Report upon OLD AGE have been completed, and will shortly be published in the JOURNAL.

Reports upon the two remaining inquiries, namely, that into DIPHTHERIA, and that into the GEOGRAPHICAL DISTRIBUTION OF CERTAIN DISEASES, are in preparation, and will be published as soon as ready.

The following inquiry only of the first series remains open, namely, that on THE ETIOLOGY OF PHTHISIS.

A fresh inquiry into the ORIGIN AND MODE OF PROPAGATION OF EPIDEMICS OF DIPHTHERIA has just been issued.

Memoranda upon these subjects, and forms for recording observations, may be had on application to the Secretary of the Collective Investigation Committee, 429, Strand, W.C.

### BRANCH MEETINGS TO BE HELD.

**METROPOLITAN COUNTIES BRANCH: WESTERN DISTRICT.**—The next meeting will be held on Friday, January 27th, at St. Mary's Hospital, Paddington (by kind permission of the medical staff). The chair will be taken, at 8.30 P.M., by H. Charlton Bastian, Esq., M.D., F.R.S., the Vice-President of the District. Business: 1. Minutes of preceding meeting. 2. Clinical remarks on Chronic Diseases of the Knee-joint in Young People: by Edmund Owen, Esq., M.B., F.R.C.S., Surgeon to St. Mary's Hospital and the Children's Hospital: several illustrative cases of patients will be shown. 3. Demonstration of cases of Chronic Disease of the Spinal Cord: by D. B. Lees, Esq., M.D., F.R.C.P., Physician to St. Mary's Hospital and Assistant Physician to the Children's Hospital. 4. Drs. Waller (Lecturer on Physiology), R. Maquire, Silcock (Joint Lecturers on Pathology, etc.), and Handfield-Jones (Joint Lecturer on Midwifery and Diseases of Women), St. Mary's Medical School, will exhibit microscopic specimens, and give short demonstrations.—C. A. PATTEN, Honorary Secretary, Marpool House, Ealing, W.

**DUBLIN BRANCH.**—The eleventh annual general meeting of the Dublin Branch of the British Medical Association will, by the kind permission of the President and Fellows, be held on Wednesday, January 25th, at 4 P.M., in the hall of the King and Queen's College of Physicians, Kildare Street. The officers and Council for the ensuing year will be elected by ballot, and any other necessary business transacted. Edward D. Mapother, Esq., M.D., President-elect, will deliver the annual Address. At the conclusion of the business of the annual meeting, the portrait of the President of the Association, Dr. Banks, will be presented to the President and Fellows of the King and Queen's College of Physicians by the President of the Branch, on behalf of the subscribers to the Reception Fund of the late annual meeting of the British Medical Association in Dublin. Subscribers to the Reception Fund, although not members of the Branch, are invited to attend the meeting. Members wishing to bring any subject of professional interest before the meeting, to nominate any member to serve as an officer or on the Council of the Branch, or to propose any gentleman as a member of the Association, or of the Branch, must inform the Honorary Secretary on or before January 13th. The annual dinner of the Branch will be in the College hall, at 7 P.M., on the day of the meeting. The charge for dinner tickets for members who purchase their tickets on or before Tuesday, January 24th, is 17s. 6d.; for members purchasing their tickets after that date, and the guests 21s. Applications for tickets and the name and address must be forwarded to the Honorary Secretary. Members' guests are not limited to their professional friends.—L. H. ORMSBY, M.D., Honorary Secretary and Treasurer.

**OXFORD AND DISTRICT BRANCH.**—The next meeting will be held at the Radcliffe Infirmary, Oxford, at 3 o'clock on Friday, January 27th. Notice of papers to be read and cases to be shown must be given to either of the Honorary Secre-