

BRITISH MEDICAL ASSOCIATION.
SUBSCRIPTIONS FOR 1891.

SUBSCRIPTIONS to the Association for 1891 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.

British Medical Journal.

SATURDAY, JANUARY 10TH, 1891.

INFECTIOUS DISEASES AND SCHOOLS.

In few respects have the latter years of the present century been more remarkable than in the great achievements accomplished by sanitary reformers during that time; and it must be admitted that, on the whole, the general public is now vastly more alive to the practical value—not to say necessity—of preventive medicine than was the case less than a generation since. Yet, in one great field at least, the present position of affairs is still far from satisfactory. And this appears to be due less to a want of knowledge on the subject than to a disposition to shirk, in its collective form, the responsibility which nearly every individual is quite willing to admit that his neighbour ought always to recognise and act up to. The yearly aggregate of deaths from infectious disease—theoretically, at any rate, a preventable total—is still enormous. Childhood and youth is the life period *par excellence* at which such maladies are constantly incident; and schools, that is, the places where children most do congregate, supply vast natural seed beds where they may be most readily propagated. On the whole, it may be fairly claimed that schools are not nowadays so constructed and so ordered as markedly to predispose the children, to whom the governing body stands *in loco parentum*, to infection. Dishonest building, incompetently supervised, may, no doubt, accomplish great things in this direction for a time; but public opinion has now been sufficiently aroused and is sufficiently weighty to make the repetition of this sort of jobbery a matter of increasing difficulty and of decreasing profit. We refer more especially to the precaution—or to the lack of precaution—which still obtains to so great an extent in relation to the introduction of infection into these large masses of susceptible humanity. The child which stays away from school because it is ill, and which does not return to school until after it is really well, may yet prove an indirect danger to that school or to others, through the medium of brothers and sisters or of clothing, if its malady be of an infectious character. But everyone with any practical acquaintance with the subject knows that even the moderate precautions which we have supposed to be exercised in such an instance are not carried out—are not even attempted—in half the cases of childhood's infectious ailments. There is no special provision for making known and for enforcing a regular system of hygienic police applicable to such cases, and consequently the business of nobody in particular, being everyone's business, becomes that of nobody at all. Energetic medical officers and conscientious school managers

and teachers may work their hardest, and achieve, here and there, a fair modicum of success, but the mass is too vast, prejudice still too stolid, and individual interests too narrow and selfish, to allow of the danger being coped with by any measure adequate to its importance.

What is needed is some system by which the responsible master or teacher of every school should always have, as it were, a mental finger on the health pulse of the pupils under his or her charge, so far as they run the risk of exposure to, or have themselves become the subjects of, an infectious disorder. Very much could be accomplished in this direction by the adoption of such a scheme as has been recently suggested, in accordance with which the occurrence of infectious disease in a pupil, or in the family of a pupil, would be forthwith notified to the responsible head of the school or schools interested; and further—what is equally important—that no pupil thus affected should be again permitted to attend the school until after there had been received from the medical man in attendance on the case, or from the medical officer of health for the district, a certificate to the effect that this might safely be allowed. There certainly appear to be no insuperable objections in the way of carrying out such a scheme. Even if the attendant expense—which should not be a very serious item, and which, moreover, would become progressively less and less in proportion as the plan was efficiently worked—were borne by the schools themselves, the net result would probably be an actual saving to them; for the prevention of an epidemic, even its limitation, means an increase of efficiency to the school, and a corresponding increase in its grant-earning power; while the saving in mental wear and tear and disappointment—to say nothing of the preservation of human life and health and usefulness—it would be well nigh impossible to overestimate. The practical success of such a scheme will greatly depend upon its being worked, for all the areas to which it is applied, upon one and the same system of regulations so far as regards the rules adopted in regard to the incubation and infection periods of the several diseases dealt with. It can only be by following some recognised standard in such cases that friction can be avoided and prejudices and jealousies annulled. The work accomplished in this direction by the Medical Officers of Schools Association has proved of great help and value, not to the profession alone, but to the public at large. The former has found in the *Code of Rules for the Prevention of Infectious and Contagious Diseases*, which was first issued by the Association in 1885, a useful reference and an authoritative statement, of which the public has been content to recognise the weight; and there has now accumulated a large mass of evidence proving the practical value of the several regulations which it advises as applicable to most of the infectious maladies of infancy and adolescence. A very large section of the public has now become impressed with the importance of a systematic and definitive attention to these matters on the part of school authorities, and has shown its willingness to conform to such reasonable regulations as they may think fit to impose in the interests of the school community. Secure of this important leaven of opinion amongst the more thoughtful and influential parents of the land, the responsible managers of all other schools may now, we believe, safely venture to take similar action in relation to the parents and the children with whom they are directly concerned. From the former it may be assumed that they would

meet with but trifling, if with any, opposition; and it would, at all events, be quickly dissipated as the real benefits of the plan became apparent. From the members of an enlightened and philanthropic profession we cannot suppose that it would receive anything but a cordial support.

We fail to see why the scheme should be confined, as has been suggested, to the metropolitan area. London, with its densely aggregated population, may stand most in need of something of the kind; but its blessings are not less applicable to all schools. The fact that such a system is already in force amongst a hundred or so of the largest and best known public schools in England should more than suffice to prove its feasibility; and the results already attained in these quarters may be accepted as evidence of its value. There appears to be nothing standing in the way of its general application throughout the length and breadth of the kingdom which a very moderate amount of instruction, tact, and enthusiasm would not suffice to overcome. As the case stands at present it is no exaggeration to say that there are amongst us vast agglomerations of child-life in respect of which some of the special dangers to health and usefulness are actually encouraged rather than guarded against by the community's supine disregard of a simple system of precautions of which mere selfishness—if only its eyes be open—can at once recognise the value. If each pupil in a school represented a barrel of gunpowder, we should probably have a stringent code of regulations against the admission of a child known to be carrying matches in its pocket. Yet we are, in too many cases, doing nothing to prevent the introduction into a specially susceptible child-mass of one beginning to smoulder—or, it may be, even blazing—with disease.

INDECENT ADVERTISEMENTS.

IN the BRITISH MEDICAL JOURNAL early last year we drew attention to the Indecent Advertisements Act, 1889, and the beneficial results which might be anticipated therefrom. We also referred in some detail to the principal provisions of the Act, the punishment which could be inflicted for their infringement, and the course of procedure to be adopted in order to carry the Act into effect. A correspondence has recently taken place between Dr. Phillips, one of the honorary secretaries of the Medical Defence Union, Limited, and Mr. Lockwood, Q.C., M.P., who had charge of the Bill, afterwards passed into the Act above referred to. Dr. Phillips points out the defects which the Council of the Association he represents is of opinion exist in the present measure, and draws attention to the fact that in Birmingham at least the Act remains a dead letter, there not having been a single instance of a prosecution under it in the Birmingham police courts since the Act came into operation. Clearly the suggestion he makes on this head is open to the observation that the Act has effected the object for which it was passed, although it has not been necessary to undertake any prosecutions; but the Medical Defence Union urges that the real reason is the difficulty of taking legal proceedings in consequence of the deficiencies in the Act, to which the letter proceeds to refer.

So far as relates to actual proceedings under the Act, we believe that Birmingham is not alone in this respect, for in London, also, but few instances of the enforcement of its provisions by legal proceedings have occurred. Still it cannot be denied that the Act has had a most salutary effect in

checking the distribution, in its worst form, of the undesirable class of literature which it was doubtless the chief intention of the Legislature to suppress.

At the same time, there can be no doubt that the Act might and should be extended. Advertisements are frequently inserted in provincial newspapers, and, as was remarked in the BRITISH MEDICAL JOURNAL of November 8th, 1890, even in periodicals of a religious or quasi-religious character of "secret remedies" and "certain cures;" and these advertisements we should like to see effectually brought within the penal clauses of the Act.

Further, cases are mentioned by Dr. Phillips, in commenting on Section 5 of the present Act, of advertisements as to nervous debility, apparently being limited to nervous debility arising from sexual excess. We are not prepared to say that the interpretation is correct, but the point is doubtful, and it is one on which no shadow of doubt should be allowed to rest. We would suggest that, if possible, in any amending Act the County Councils or the police authorities should not only be empowered, but required, on a *prima facie* case being laid before them, to put in force the provisions of the Act.

With regard to whether Section 3 would include the case of sandwich men's placards, it must be borne in mind that the provisions of the Act apply to any person who affixes to or inscribes an advertisement "on any house, building, wall, hoarding, gate, fence, pillar, post, 'board,' tree, or any other thing whatsoever so as to be visible to a person being in or passing along any street, etc." However lenient the Court may be in construing a penal statute in favour of an alleged offender, yet, having regard to the words printed in italics, to exclude advertisements on boards simply because instead of being stationary they are carried by men moving slowly along a street, would be a strained interpretation, and contrary to the letter, and certainly to the spirit, of the Act. Moreover, even the most daring of unprincipled quacks would probably hesitate to put the Act to the test by bringing his advertisements before the public in such a prominent form.

The next point alluded to by the Medical Defence Union is the failure to provide for the cases of placing an advertisement or circular in the letter-box or under a door while making it an offence to throw the same advertisement or circular down an area. This is an omission which we hope will be remedied.

Shortly, to sum the matter up in general terms, the extension of the Act seems desirable in the following directions:—
1. To place it beyond doubt that advertisements and pamphlets referring to nervous debility should include nervous debility arising from any cause, or certainly where secret remedies or certain cures are advertised for its treatment.
2. That advertisements of the kind in newspapers or other periodicals should be included.
3. To include in the provisions of Section 3 the placing or affixing of any such advertisement, circular, or pamphlet in or about any land or premises.
4. That the County Council or police authorities should be required to prosecute. This would prevent the necessity of individual action, which might entail a loss of time and some expense. In addition to this, there is always a natural repugnance felt to prominently interfering in cases of this kind.

MR. CHARLES ALEXANDER EASTMAN, a full-blood Sioux Indian, has graduated in medicine at the Boston University.

ECCENTRICITY AND INSANITY.

THERE appear to be two forms of eccentricity—the one arising from an excess of individuality, the other causing a deviation from the ways of one's fellow men, from weakness of judgment, love of applause, and vanity. Maudsley's remark that eccentricities of character, when they are not balanced by a strong judgment, are apt to ripen into insanity, either in the individual or his offspring, is strictly true. In many cases the insane temperament is the cause of the eccentricity. This neurosis is characterised by eccentricities of thought, feeling, and action. People of this kind are not insane, but are strange, queer, or, as the world says, "not quite right." They look at things from a different point of view to that of ordinary persons, have strange habits of thought, and often commit quite purposeless acts. This peculiarity borders closely on genius in some instances, and is often divided from it by a mere line. Men of genius have a deep insight into the nature of things, and eccentric persons think of events under strange and novel relations, but there is this difference: in the former case there is a harmony between the individual and Nature; in the latter, especially if incipient insanity is present, there is the production of the utmost discord.

The eccentricities met with in asylums for lunatics and imbeciles are endless, and must be seen to be appreciated. Dements and low class imbeciles will pass their whole time in collecting rags, bits of stick, and rubbish, which they treasure afterwards with the utmost care. Cases of monomania will often deck themselves out in an astonishing way with the most absurd foppery, and carry in their air and demeanour the idea that they are great persons. Then there are cases whose intelligence is normal, but whose moral nature is defective, and they are strongly impelled to steal articles, sometimes of very little value.

Kleptomania is not uncommonly the first marked sign of insanity. Changes of character will, of course, have previously occurred, but, as usual, will not have been noticed by the friends; the patient steals something, is taken before a magistrate, and found to be insane.

Many such cases are on record. Recently a man was indicted for stealing eight rose trees, the property of a nurseryman. The prisoner seemed to have a mania for flowers, and a short time before had been fined £20 on a similar charge. The prisoner apparently suffered from mental aberration on this subject of flowers only. He was ordered to be detained during Her Majesty's pleasure.

Another case, an example of a large class, was that of a lady subject to periodic attacks of insanity, which were followed in one instance by an irresistible desire to steal. She was acquitted on the ground of insanity, but when asked what passed through her mind when she committed these thefts, she replied: "I cannot tell; but I have such a mad longing to possess everything I see that, were I at church, I should steal from the altar without being able to resist it." Then there are cases of mental weakness, which the law with difficulty recognises, and in which there is a propensity to steal. In one such case the patient was acquitted because the medical commission decided that he had not that degree of discernment and moral liberty which forms a necessary condition of criminality. When hallucinations are present the result may be much more serious. In one case of this kind the patient,

an eccentric man, murdered his daughter because, thinking that she was tormented by hearing voices and sounds, he had hoped to cure her by stopping her breath with his thumbs, but had not intended to strangle her.

We are forced to this conclusion that, if insanity is to be lessened, judicious mental training should be insisted upon; a habit of cheerfulness, some mental rest, moderate diet, and temperance are to be cultivated, and overwork, irregular living, and intemperance are to be avoided. Bacon's advice is as true as ever: "To be free-minded and cheerfully disposed at hours of meate and of sleepe and of exercise is the best precept of long lasting."

WE regret to learn that Mr. Hugh Owen Thomas, of Liverpool, died on January 6th of pneumonia. We hope to publish an obituary of this able surgeon in an early number.

ON Thursday, January 8th, Dr. Champneys was elected Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, and Dr. Walter S. A. Griffith, Assistant Physician-Accoucheur.

WE understand that Professor Victor Horsley has resigned his post as Professor-Superintendent of the Brown Institute, which he has filled with distinction for several years. The vacancy will shortly be publicly declared, and already many candidates are mentioned as being in the field.

THE French Academy of Medicine has been authorised by the Minister of Public Instruction to accept the legacy devised to it by Philippe Ricord for the foundation of a prize to be awarded every two years to the author of the best work on venereal disease which appears in the intervening period.

WE understand that the Committee of the Senate of the University of London will meet on Wednesday next, to consider the most recent scheme for the reconstruction of the University. It is anticipated that the scheme will then be given the final form in which it will be submitted to the Lord President of the Council.

ON Monday next, January 12th, Dr. William Duncan will read a paper at the Medical Society of London on Chronic Disease of the Uterine Appendages, with notes of thirty consecutive cases treated by abdominal section. Sir Spencer Wells, Drs. Priestley, Playfair, and Cullingworth, and Messrs. Lawson Tait, Meredith, and Doran are expected to take part in the subsequent discussion.

MR. HUTCHINSON ON TUBERCULOSIS AND LUPUS.
We are requested to state that, by permission of the Managing Committee of the two Colleges, the lectures which Mr. Hutchinson will give in connection with the post-graduate course will be delivered in the new premises of the Examination Hall. The first lecture will be on January 13th, at 5 P.M., and its subject the "Nature of Lupus, with special reference to its Connection with Tuberculosis." All members of the profession will be admitted on presenting their cards. Succeeding lectures will be on Tuesdays, at 5 P.M. The entrance to the theatre is in Savoy Street.

OBSTETRICAL SOCIETY OF LONDON.
At the January meeting of this Society, held on Wednesday last, there was a large attendance of Fellows and visitors to hear a paper by Dr. Playfair, "On Removal of the Uterine Appendages in Cases of Functional Neurosis." The author

opposed the operation in cases of purely functional neurosis, hystero-epilepsy, and hystero-mania, and was in favour of systematic therapeutical treatment even when marked structural disease of the tube and ovary existed, before more radical measures were adopted. A good discussion followed, in which Sir Spencer Wells, Dr. Priestley, Dr. Gervis, and other authorities took an active part. The general opinion was entirely against removal of the appendages for neuroses.

SURGEON-MAJOR HENDLEY.

IN the article "New Year Honours," in the *BRITISH MEDICAL JOURNAL* of January 3rd, we omitted to note that Surgeon-Major Thomas Holbein Hendley, of the Bengal Establishment, is nominated a Companion of the Order of the Indian Empire, and we may take this opportunity of congratulating Dr. Hendley on this somewhat tardy official recognition of his eminent services. His work has not been confined to his duties as an officer of the Indian Medical Service, for he has also done much to forward the study and development of Indian art and manufactures.

CLINICAL TEACHING IN RUSSIA.

MEDICAL reformers in Russia are at present much exercised as to the means of improving clinical teaching in that country. At present there are only two "model" clinics in Russia—namely, that of the Military Medical Academy of St. Petersburg and that of the University of Moscow. The Government has decided to increase the grants hitherto made in aid of medical education, and to add to the number of "model" clinics by utilising all the hospitals in university towns for purposes of clinical teaching.

RESECTION OF THE LIVER.

ON December 8th, Professor Iginio Tansini, of Modena, performed total extirpation of a hydatid cyst of the liver, at the same time excising a portion of that organ. There was very free hæmorrhage from the large cut surface of the liver, which was controlled by catgut ligatures. The wound in the liver was closed by means of sixteen sutures, partly silk, partly catgut. The operation was followed by no rise of temperature, and the patient (a woman) was quite well in less than a fortnight.

AN IMPERIAL WEDDING PRESENT.

DR. F. BRAMANN, Professor of Surgery in the University of Halle, who in the absence of Professor v. Bergmann performed tracheotomy on the late Emperor Frederick, was married recently, and received on the occasion a patent of hereditary nobility as a wedding present from the reigning Kaiser. Kings are sometimes said to have short memories, but this graceful act, which reflects as much credit on the Sovereign himself as on the man whom he delights to honour, shows that William II has not forgotten the services rendered to his father by Dr. Bramann. We may perhaps be allowed to join our voice to those of the noble Professor's numerous friends in wishing him and his bride many years of happiness and prosperity.

"SCHOOL BOARD EXTRAVAGANCE."

It is not a little amazing that Mr. Hartshorne, the official auditor of the Local Government Board, should have described himself as amazed at finding in the accounts of the Tottenham School Board such items as the cost of spongy iron filters, of a school museum, and a microscope and bracket. Still more surprising is it that the newspaper press generally should have entirely sympathised with his amazement, and considered worthy of public laudation his disallowance of all these items. It is surprising that in days when a knowledge of the laws of health and of the structure and functions of the body were considered to be subjects not

altogether unworthy of attention by the people as affecting their personal hygiene, the acquisition of the simple apparatus, authorised by Mr. W. J. Forster, of Clapton, should be treated as worthy of universal ridicule, and that he should be fined in all the costs. After this the National Health Society might well ask itself whether it is worth its while to offer prizes for the successful study of domestic economy and elementary physiology in Board schools which are without some such apparatus as the unfortunate Mr. Forster thought it his duty to provide.

DEATH OF DR. STRANGE.

WE have, with regret, to announce the death of Dr. Strange, of Worcester, of which the sad news has just reached us. Dr. Strange filled with credit the office of President of the Association at the general meeting at Worcester in 1882, which was largely indebted for its success to his activity, ability, and hospitality. He was one of the oldest and most attached friends and members of the Association, and has during a long series of years been regular in his attendance at the meetings of Council, and has proved helpful and suggestive on many important occasions. His long experience, which carried him back through all the most critical periods in the history of the Association, his thorough devotion to its best interests, and his warmth of heart and generosity of character much endeared him to his colleagues. He was greatly respected throughout the county, and his loss will be widely lamented. We hope next week to publish a detailed obituary.

SIR WALTER FOSTER.

SIR WALTER FOSTER having recently resigned the office of Honorary Physician to the Birmingham General Hospital after twenty-two years' service, a deputation, consisting of the Chairman of the Hospital Committee, the Deputy-Chairman, and Mr. Benwell, waited on him on Monday, January 5th, to present him with an illuminated address on the occasion of his resignation. The address is handsomely bound in book form, and beautifully illuminated on vellum by a local artist of repute, Mr. E. Morton. It consists of the following resolution:—"Birmingham General Hospital.—That the Committee, in accepting the resignation of Sir Walter Foster, M.D., M.P., Honorary Physician to this Hospital, after a devoted service of twenty-two years, desires to place on record its high opinion of the manner in which he has performed all the duties appertaining to his office; for the courtesy extended at all times to themselves and his colleagues, and for the assiduous care bestowed upon his patients in the Hospital, and the invaluable information he has so successfully imparted to the students attending his clinique. They further desire to express their hope that his life may be spared for many years to continue his honourable and useful career." It was further resolved: "That the foregoing resolution be engrossed on vellum and presented to Sir Walter Foster." The several members of the deputation spoke of the work done during his long service at the hospital by Sir Walter Foster, and the regret with which his resignation was received. In reply, Sir Walter Foster assured the deputation that it was painful to him to leave an institution in which he had worked so long, and while he still had an active interest in professional work; but he had acted from a strong conviction that it was his duty, after thirty years' service in connection with the Birmingham hospitals, to make way for others to enjoy the advantage and privilege of being connected with the chief medical institutions of the district.

TYPHOID FEVER IN ITALY.

It is announced that typhoid fever, of which there has for some time been a persistent outbreak at Pisa, is now extending to Florence, and the Government has sent an inspector from Rome to investigate the matter. There is a long standing sanitary feud in this matter between Rome and Florence, and it is quite common to hear it said of cases of typhoid

fever originating in Rome that they have been imported from Florence, and *vice versa*. Rome has undoubtedly, till quite recently, been subject to frequent outbreaks of typhoid fever, but this has usually been attributed to defective sanitary arrangements in the drains, and internal arrangements of the house, while the Roman water supply is believed to be very pure. Considerable pains and large outlay have been incurred by most of the principal hotels to improve the internal sanitary arrangements, and for the last few years we have heard much less of typhoid fever at Rome. On the other hand, it is stated that at Florence the wells are all polluted by the drainage of the city into the bed of gravel on which the city is founded. We concur in the opinion that the only remedy is in the closing of all wells, but to this it is averred the avarice of the landlords will not consent, though there is a good supply of water brought into the city by the aqueducts. The history of Naples, and the fearful presence of cholera and constant endemic typhoid which prevail there, should be a warning to Italian municipalities as to the prime importance of pure water supply. At any rate, this is a point to which travellers cannot be too strongly attentive. It is lamentable to hear so often of cases in which those who have gone to Italy to spend the winter for the purpose of health, or during visits of pleasure, have been attacked by serious or fatal typhoid fever, or other intestinal disorders.

DEATH UNDER ETHER.

WE recorded last week reports which had come under our notice of inquests published in local country papers of cases of death under anaesthetics, of which no medical details have been forwarded to us, and which appear, therefore, to be likely to escape record in the medical journals. It is obviously most important that all such cases should be recorded in order that accurate statistics should be obtained on this important subject, on which clinical evidence is as desirable as scientific experiment. We cannot but think that it ought to be considered the duty of the medical attendant or of the anaesthetist, or, properly speaking, of both, to take the earliest opportunity of putting such cases briefly and authoritatively on record. Meanwhile, we avail ourselves of the notice which appears in the *Manchester Courier* of January 1st of a case which came last week under the notice of the Stockport coroner. The case as reported was that of a lady, aged 44, who had entered the Stockport Infirmary in order to undergo an operation for cancer. Dr. Edwin Rayner, under whose superintendence the arrangements for the intended operation were made in the presence of three other medical men, said there was a sudden stoppage of the pulse. He at once applied every means for artificial respiration, but without effect, and death took place in less than a minute from failure of the heart's action. Dr. Rayner said he had examined deceased's heart prior to ether being administered, and it was then sound. The operation was never commenced, as she was never completely under the influence of the ether. There had never been a case of death taking place under ether at that institution before. The coroner said that the jury must be satisfied that the ether was administered properly, and that there had been no gross carelessness. To this the jury agreed, and a verdict of failure of the heart's action whilst ether was being administered was returned.

WITHDRAWAL OF THE MUZZLING REGULATIONS.

A PROTEST, influentially signed, is about to be addressed to the Home Secretary against the withdrawal of the muzzling regulations for the following reasons:—1. That until muzzling for twelve months be enforced simultaneously throughout Great Britain, followed by permanent quarantine, the extinction of rabies will be impossible, and that deaths from hydrophobia will by consequence inevitably recur in London. 2. That it has been abundantly proved by the experience of London alone, during the epidemics of 1885-86 and 1889-90, that deaths from hydrophobia cease after a period of muzzling, and that it is, therefore, painful to contemplate the

risk of a recrudescence of the disease about to be incurred by the inhabitants of the metropolis, now that the muzzling regulation is replaced by a system which has utterly broken down in Vienna, Belgium, and Bradford. The memorialists also add that, after eighteen months' experience, many dog owners are now of opinion that muzzling in large cities is of inestimable benefit not only to mankind, who are thereby saved from the chance of contracting one of the most painful of diseases, but also to dogs, who are prevented by the muzzle from fighting with each other, from picking up garbage (by which they often suffer intensely), and from the risk of poisoning. As to the temporary good effects of the muzzling order while it lasted, Mr. Blanchard Wontner's statement before the magistrate at the Marylebone Police Court on the results attained in London during the year are very instructive. He said that in the year before the order was made there were 400 cases of rabies reported, mainly in London, and the number not reported would no doubt be large. During the three-quarters of the following year the number was reduced to 120, and in the four quarters of the year just closed the number of cases of rabies had been reduced to 15, 13, 8, and *nil*.

LAUDANUM DRINKING.

THE facts brought to light at three inquests held recently in the North of England illustrate well some of the defects in the law related to poisons pointed out in the recent memorandum presented by the Chairman of the Parliamentary Bills Committee of the British Medical Association. At an inquest held on December 22nd last, by Mr. Deputy Coroner Bladon at Messingham, near Gainsborough, on the body of Ann Clay, it appeared from the evidence, as reported in the *Retford and Gainsborough Times*, that the deceased, who was 69 years of age, had been for the last six or seven years in the habit of procuring laudanum through a carrier from a druggist in Gainsborough, as there was no chemist's shop in her own village. The carrier said he fetched laudanum twice a week, usually two shillings' worth, but had obtained twice that amount in one week. The druggist never asked any questions about it, being told it was for Mrs. Clay, of Messingham. Dr. Eminson, the medical practitioner who was called in about half an hour before the death of deceased, said that about two years ago he attended the deceased professionally, and had then no doubt that her illness was due to laudanum drinking, precautions being taken at the time to prevent her procuring a further supply. He believed the deceased had been suffering from a cold or bronchitis, but that laudanum was the direct cause of death, as the symptoms of poisoning were very marked. The jury returned a verdict in accordance with the medical evidence, and expressed their opinion that greater restrictions should be placed upon the indiscriminate sale of laudanum. The second case of death from an overdose of laudanum occurred at Jarrow, and, according to the report in the *Newcastle Daily Chronicle* of January 5th, it was stated at the inquest held by Mr. John Graham that the deceased, Emma Lewis, aged 61, suffered from sleeplessness, and had been in the habit for several years of taking laudanum to induce sleep. The third victim was also a female of advanced age, an inmate of the Leeds Workhouse, who died on January 3rd from an overdose of opium. The evidence at the inquest held by Mr. J. Malcolm shows, as reported in the *Leeds Mercury*, that the opium had been brought into the house by another inmate, in spite of the search made among the incomers for the purpose of preventing the introduction of such drugs. The chemist who gave evidence as to the selling of the opium further stated that a large quantity of this preparation was bought by inmates of the workhouse. The incidents in all three cases reflect upon the laxity of the existing legal restrictions upon the sale of poisons in Great Britain. In no other civilised country could so large a quantity of laudanum as that mentioned in the first case be supplied for distribution by a carrier week after week without any breach of the letter of the law; and at both

Leeds and Jarrow preparations of opium are evidently freely supplied without medical authority. Even had the chemists exercised their discretion, and refused to sell the laudanum, the results would possibly have been the same, as no difficulty would have been experienced in obtaining an equivalent quantity of an opiate under cover of the medicine stamp.

THE LATE OUTBREAK OF DIPHTHERIA IN PADDINGTON.

THE Sanitary Committee of the parish have just issued their final report on this subject. There were 36 cases notified between May 16th and June 28th. The most remarkable and deplorable set of cases were those occurring in a school attended both by boarders and day scholars, all sons of wealthy parents. Seven of the pupils were attacked, of whom five died. One of these five—the first of the series in point of time—was a boarder. His illness was diphtheria alone. The other fatal cases were those of day boarders, and all these developed measles from the third to the tenth day before the diphtheria showed itself. So virulent was the infection that at the house of one of these boys the father and housemaid were also attacked and died; a brother and sister had measles and diphtheria, but recovered; and three nurses and the parlourmaid were attacked with diphtheria, but happily recovered. The house in which these nine cases occurred had been, within three weeks previously, inspected by the London Sanitary Protection Association, and was afterwards inspected by the medical officer of health and parochial sanitary inspector, with the result that “the only apparent defects were the housemaid’s sink wastepipe and the bath waste, a rather long length of pipe, which, although untrapped, delivered into the open.” The milk supply, water supply, laundry and washing services, and sanitary condition of every house in which a case occurred were also minutely inquired into, but with negative results. As to the cause of the first appearance of diphtheria in the school, the Committee can offer no explanation; whilst personal infection was probably the cause of its spread amongst the day scholars. It is matter for regret that the very full investigation of the cases made by Dr. James Stevenson, the medical officer of Paddington, did not discover the original cause of the outbreak; but no one who has conducted a similar inquiry in a large city in which the disease is always more or less prevalent, will wonder that the investigation was thus abortive. This report includes a table giving the death-rate from diphtheria for the last five years in the various London parishes, a careful report on the above outbreak presented to the Sanitary Committee of Paddington by Dr. Stevenson, and appendices relating, first, to a water supply (supposed at first to be contaminated, but which this report proves almost conclusively not to have been implicated in the causation of the outbreak), and secondly, to particulars respecting all the cases of diphtheria that occurred in Paddington in the second quarter of 1890.

PRESERVATION OF DEAD BODIES.

ALTHOUGH no useful object can be served by the artificial preservation of corpses, and though we are strongly of opinion that the best thing that can happen to our tenement of clay, when it is no longer informed by the *divina particula auræ*, is for it to be resolved as speedily and inoffensively as possible into its constituent elements, yet the prevention of decomposition is a subject of the highest scientific interest, and knowledge of the means of effecting this might conceivably be useful to medical men. A French physician—Dr. Variot—has recently been giving attention to this subject, and he has discovered, or, to speak, we believe, more accurately, perfected a method of preserving dead bodies by galvanoplasty. To facilitate adherence of the metallic deposit he paints the skin with a concentrated solution of nitrate of silver, and reduces this with vapours of white phosphorus dissolved in sul-

phide of carbon, the skin being thus rendered dark and shiny. The body is then ready for the electric bath, which is served by a thermo-electric battery, giving a regular adherent deposit of copper if the current is properly regulated. With a layer of $\frac{1}{2}$ to $\frac{3}{4}$ of a millimètre the envelope is solid enough to resist pressure or shock. Dr. Variot further incinerates the metallic mummy, leaving holes for the escape of gases. The corpse disappears, and a faithful image, or rather statue, remains. This method certainly seems superior from the æsthetic and sentimental, not less than from the sanitary, point of view to mummification; and if the old Roman fashion of adorning houses with the owner’s ancestors should ever be revived, Dr. Variot’s galvanoplastic *simulacra* would doubtless be found cheaper and more realistic, if, perhaps, less artistically precious, than a collection of “grandsires cut in alabaster” by an eminent sculptor.

THE COLONIAL BRANCHES OF THE BRITISH MEDICAL ASSOCIATION.

Nor the least important and successful part of the work of the British Medical Association is that conducted by the Colonial Branches, and by those established in India. The number of these branches has now been raised to eighteen, for the New Year has brought the welcome news of the complete organisation of a new Colonial Branch at Hong Kong. An excellent beginning has been made, the first roll of the new Branch being signed by twenty-five members, and it is expected that many more names will be received now that the Branch is organised. Dr. Cowie will act as treasurer, and Dr. J. Bell as honorary secretary. The thanks of the Association are due to Surgeon-Major Barrow, for the aid which he has given in the preliminary work of organisation connected with the formation of the Branch. The Malta and Mediterranean Branch, one of the most recently formed, continues to make satisfactory progress and to increase in numbers; the annual dinner was held on the Monday in Christmas week; Brigade-Surgeon O’Dwyer, A.M.S., took the chair, and in proposing the toast of “The British Medical Association,” coupled it with the name of Surgeon-Major Manché, to whose indefatigable exertions the success of the Branch has been largely due. Surgeon-Major Manché, in acknowledging the toast of his health, proposed by Staff-Surgeon Williams, R.N., took occasion to pay a compliment to the energy displayed by the Naval Secretary, Surgeon Moore, R.N. The Australian Branches also continue to grow in numbers and importance, and are taking a notable part in the scientific and social work of the profession in those countries. The Nova Scotia (Halifax) Branch, has shown very considerable vigour. Surgeon-Major Tobin, the founder of the Branch, having been elected President, has been succeeded in the office of Secretary by Mr. Arthur Morrow, M.B. A recent decision to hold fortnightly meetings has been fully justified by the attendances, which have been larger than at the monthly meetings previously held. Of the public services which Colonial Branches are capable of rendering examples may be seen in the recent resolution of the Barbados Branch to approach the local legislature on the subject of cottage hospitals, which are much needed in the island; it is also about to take up the questions of leprosy, and of the reform of local sanitation. It would be difficult to overrate the value of these Branches to our brethren in civil practice in Greater Britain, and to the officers of the Naval and Military Medical Services at distant stations, and we hope to be enabled to publish, from time to time, reports of the proceedings of the meetings. We desire specially to invite the secretaries to co-operate by forwarding, at the earliest possible date, brief but adequate reports of the papers read and discussions held; in this way much valuable information will be obtained for all the members, and an important impetus may be given to the study especially of epidemiology. The Colonial Branches now are: Adelaide and South Australia; Barbados; Bermuda; Bombay; British Guiana;

Cape of Good Hope; Colombo, Ceylon; Griqualand West; Halifax, Nova Scotia; Hong Kong; Jamaica; Leeward Islands; Malta and Mediterranean; Melbourne and Victoria; Punjab; South India and Madras; Sydney and New South Wales; Tasmania.

SEVENTH INTERNATIONAL CONGRESS OF HYGIENE AND DEMOGRAPHY.

THE Presidents of all the principal Societies interested in sanitary progress, together with Sir James Paget, Sir Spencer Wells, and Sir Douglas Galton, have addressed a letter to the daily papers, announcing the general plan of the programme of the Seventh International Congress of Hygiene and Demography. This letter points out the general outlines, with which our readers are already acquainted. The Chairman of the Executive Council is Sir Douglas Galton, K.C.B., F.R.S.; the Treasurer, Professor Hayter Lewis; and the Secretaries, Dr. Corfield and Dr. Vivian Poore. A Reception Committee has been formed, of which Sir Spencer Wells is the Chairman and Mr. Ernest Hart Vice-Chairman, and arrangements are already in a very forward state, both for the general programme of the Congress and for the adequate, cordial, and friendly reception of the members in London. His Royal Highness the Prince of Wales will act as President of the Congress, and will personally preside at the opening meeting. The Corporation of London have referred to a committee the consideration of the proper steps to be taken for the part which it will obviously become that great representative body to take in receiving the distinguished body of visitors which may be expected on this interesting occasion. The Society of Medical Officers of Health have also expressed their desire to take part in the welcome, and a communication has been addressed, by the direction of H.R.H. the Prince of Wales, to the leading municipalities in Great Britain informing them of the programme of the Congress, and expressing his hope that they may take part in promoting the efficiency and success of debates so important to the welfare of the people, and on a subject in which Great Britain has shown an excellent example in leading the way towards progress. The following arrangements have already been made in respect to the Sections: I.—Preventive Medicine: President, Sir Joseph Fayrer, K.C.S.I., M.D., F.R.S.; secretaries, Sidney Martin, M.D., M.R.C.P.; Isambard Owen, M.D., F.R.C.P.; Edward Seaton, M.D., F.R.C.P. II.—Bacteriology: President, Sir Joseph Lister, F.R.S.; secretaries, William Watson Cheyne, M.B., F.R.C.S.; William Hunter, M.D., M.R.C.P.; M. Armand Ruffier, M.A.Oxon., M.D. III.—Relation of the Diseases of Lower Animals to those of Man: President, Sir Nigel Kingscote, K.C.B.; vice-president, Professor G. T. Browne, C.B.; secretary, Ernest Clarke. IV.—Demography, Health Statistics, and Industrial Hygiene. V.—Hygiene of Infancy and Childhood: President, J. R. Diggle, chairman of the London School Board. VI.—Architecture in Relation to Hygiene: President, Sir Arthur Blomfield; vice-presidents, Professor T. Hayter Lewis, F.R.I.B.A.; Percival Gordon Smith, F.R.I.B.A.; secretaries, Ernest Turner, F.R.I.B.A.; John Frederick John Sykes, M.B., B.Sc. VII.—Engineering in Relation to Hygiene: President, Sir John Coode, K.C.M.G.; vice-presidents, Alex. R. Binnie, M.Inst.C.E.; Percy Boulnois, M.Inst.C.E.; Professor Henry Robinson, M.Inst.C.E.; secretaries, Reginald E. Middleton, M.Inst.C.E.; T. Wallace Peggs, Assoc. M.Inst.C.E. VIII.—State Hygiene: President, the Right Hon. Lord Basing. IX.—Naval and Military Hygiene. X.—Chemistry and Physics in Relation to Hygiene. The offices are at 20, Hanover Square, London, W.

PRIZES OF THE ACADEMIE DES SCIENCES.

At the annual public meeting of the French Academy of Sciences on December 29th, the names of the successful competitors for the various prizes offered during 1890 were announced. The following were awarded in the Section of Medicine and Surgery: The Montyon Prize (7,500 francs) was divided equally between Professor Félix Guyon, for his

Leçons Cliniques sur les Maladies des Voies Urinaires; Dr. Auguste Ollivier, of Paris, for his researches on the prevention of various contagious diseases in children; and M. Paul Richer, for his *Traité d'Anatomie Artistique*, reviewed some time ago in these columns. The Bréant Prize (5,000 francs) was divided between M. G. Colin, of Alfort, for his work on fowl cholera; Professor Layet, of Bordeaux, for his *Traité Pratique de la Vaccination Animale*, and for the part he took in founding the Vaccine Institute at Bordeaux, where, in consequence of his efforts, the mortality from small-pox fell from 200 per 100,000 inhabitants in 1881 to 1.4 per 100,000 in 1888. The Godard Prize (1,000 francs) was awarded to Dr. Samuel Pozzi for his *Traité de Gynécologie Pratique*, favourably noticed in the BRITISH MEDICAL JOURNAL not long ago. The Barbier Prize (2,000 francs) was awarded to M. Claude Martin for his book on the plastic surgery of the face. The Lallemand Prize (1,800 francs) was divided between Madame Déjerine-Klumpke, for her essay, *Des Polynévrites*, and M. Georges Guinon, for his work entitled *Les Agents Provocateurs de l'Hystérie*. The Dugate Prize of 2,500 francs for the best work on the Diagnostic Signs of Death and the means of preventing premature burial was not awarded, nor was the Bellion Prize of 1,400 francs "for discoveries profitable to the health of man or the amelioration of the human species." In the latter case, however, two *encouragements* of 500 francs each were given to Dr. H. de Brun for his *Etude sur l'Action Thérapeutique du Sulfate de Cinchonidine*, and MM. A. Morel Lavallée and Bélières for their work entitled *Syphilis et Paralysie Générale*. The Mège Prize of 10,000 francs, "intended to reward him who shall have continued and completed the work of M. Mège on the causes which have retarded or favoured the progress of medicine," was awarded to M. Nicaise for his *Physiologie de la Trachée et des Bronches*. In the Section of Physiology, the Montyon Prize of 750 francs was divided between E. Gley and E. Wertheimer. In the Section of Statistics, the Montyon Prize of 500 francs was awarded to M. Topinard for his researches on the colour of the eyes and hair in France, and in the Section of Anatomy and Physiology, the Serres Prize of 7,500 francs for researches on "general embryology applied as far as possible to physiology and medicine," was unanimously awarded to M. Camille Daresté, who is declared, by his work during the last thirty years, to have "incontestably opened a new way for biological research."

SCOTLAND.

GLASGOW SCHOOL BOARD AND BLIND CHILDREN. THE Glasgow School Board, in terms of the "Act to Amend the Law in Regard to the Education of Blind and Deaf Mute Children in Scotland, 1890," have resolved to carry on the education of blind children, so far as circumstances will permit, in ordinary inspected schools, always up to Standard III, and, where practicable and desirable, to Standard V and upwards. For this purpose they have resolved to provide all needful facilities and equipment in six Board schools, and to appoint a specially-trained teacher, with headquarters in one of the schools, but who shall also visit the other schools to instruct the children, and, as far as may be needful, those selected to instruct them. Where parents are unable from poverty to pay, the Board recognise their obligation to pay for the children, and where necessary also for their board, till their education is complete, or up to 16 years of age; and, when the child is over Standard III, for board and industrial training up to 16 years of age, where the parent desires it. The School Board have asked the directors of the Blind Asylum to indicate their terms for board of children under Standard III, and for board and industrial training of children over Standard III; and if they think the terms reasonable, they intend to ask the sanction of the Scotch Education Department to the proposal. The Department is also to be asked to consider the expediency of providing a special grant in respect of such children, in terms of the Act,

NOTES ON SICILY AS A WINTER RESORT.

By ISAMBARD OWEN, M.D., F.R.C.P.

IN an age of health resorts, the climate and attractions of Sicily are still so little known to Englishmen, that a few notes by a medical traveller may not be without interest to the members of the Association.

The chief characteristic of the Sicilian climate is its equableness. From October to May it is seldom either oppressively hot or disagreeably cold. Though it lies so far south, it is surrounded on all sides by wide tracts of sea, and the whole interior is occupied by highlands, of sufficient altitude to temper the heat of the coast, but, except Etna, nowhere sufficiently lofty to breed the bitter winds that are the scourge of the Riviera. As the island is almost entirely under cultivation, a fifth of its area being occupied by fruit trees, a due degree of moisture is seldom wanting in its atmosphere. The sirocco, the hot wind from the Sahara, which blows for a few hours or a few days some ten or twelve times in the year, is the chief drawback; but, on the whole, the sirocco seems less feared in Sicily than in Naples.

I paid a recent visit to the island in November, which, with the following month, forms the wet season, and is reckoned the worst part of the winter. During this visit the climate was that of an exceptionally pleasant English May. Notwithstanding occasional storms of rain, the sunshine averaged about five hours a day; the air, day and night, kept pleasantly warm, and no marked change of temperature was observable at sunset.

Of the two classes of predatory organisms with which the name of Sicily is traditionally associated, little need now be said. Brigandage appears to be quite extinct, and the few highway robbers of whom the remoter districts can boast are too wary to exercise their profession on foreigners, who are apt to raise an inconvenient clamour. Insect pests seem to have diminished correspondingly. During my entire stay I encountered nothing worse than a mosquito, and that only in one place; and my packet of "Keating" returned with me to England unopened.

For invalids Sicily has one serious drawback, in that no English medical man is now settled in the island. English-speaking physicians are to be found in Palermo and Messina, and English prescriptions are dispensed in all the chief towns.

Palermo on the north coast and Taormina on the east coast are the places at present most suitable for a prolonged stay. For a mild and somewhat relaxing climate the situation of Palermo is singularly fortunate. It lies in the hollow of a deep bay, which is surrounded on all sides by mountains reaching to a height of some 3,000 feet. It faces eastward, and receives the morning sun. An isolated mass of rock stands close to the town, and protects it on the north side, but elsewhere a distance of several miles intervenes between Palermo and the hills, allowing a free circulation of air, and obviating direct downward currents from the heights. Furthermore, the intervening space is not a plain, but slopes upwards from the very verge of the sea, and provides ample drainage fall for the whole district. The country, as far as the hills, is thickly planted with orange, lemon, and olive trees, and affords some delightful drives and walks.

The town itself, which has been the capital of Sicily for centuries, and contains nearly 250,000 inhabitants is, on the whole, an agreeable place of residence. Its chief streets are laid out with old-fashioned Spanish stateliness, and the byways, if intricate, are picturesque. Its architectural interest is very great. For a southern town, Palermo is decidedly clean; the people are quiet and well behaved, and beggars are few. A well kept "marina," some beautiful public gardens, and a handsome opera house, nearly finished, are among its attractions. An English church has lately been built at considerable expense. The water supply is drawn from a lonely valley some six miles away in the hills. Much attention has been paid to house drainage throughout the town, but the main outlet is still into the *cala*, or inner harbour, the quays of which are not always savoury.

The brothers Ragusa, who own most of the best hotels in Sicily, have two in Palermo. The Hôtel des Palmes is a large modern establishment of the first class, situated in a new suburb, with a garden, but unfortunately with no view.

The Trinacria occupies an older and less cosmopolitan house, but is on the sea front, and possesses a block of really good rooms, looking, from a slight elevation, directly over the marina and the bay, which at this point is cut off from the *cala* by half a mile of breakwater. The Hôtel de France, which faces a large square and public garden, is well conducted, and can also be recommended for English visitors. The other Palermitan hotels are more distinctively Italian.

If a bracing climate is sought, it may be found in the diminutive town of Taormina, the representative of the ancient Tauromenium, which is reached from Messina by a railway journey of one to two hours and thirty minutes' drive. Taormina, which is now little else than a health resort, is perched on a ledge of a precipitous spur of the eastern coast, about 400 feet above the sea, and commands some of the finest views in Europe. The northern and eastern breezes from the Sicilian and Calabrian highlands and from the Ionian Sea are here cool and invigorating, while the snowy peak of Etna, which rises seventeen miles away, serves to break and temper the hotter winds from the south-west. The remains of the huge Roman theatre, at the seaward end of the town, afford a series of pleasant promenades, from which the scenery and the air can be enjoyed without fatigue. For the young and active, the numerous mountain walks furnish ample exercise.

The hotels of Taormina—the Bellevue, the Timeo, the Grand, the Catarina, the Naumachie, and the Victoria—are of moderate size and pretensions, but clean and comfortable, and very reasonable in their charges. The Bellevue is the largest, the Grand the newest and best built, the Timeo the best situated. The Catarina is under English management. The Victoria is the smallest, and has less view than the others. Drugs are to be obtained in Taormina, but medical advice must be sought in Messina or Catania.

Messina can hardly be recommended as a residence. It occupies a windy situation in the narrow straits between two high ranges of hills, and the hotel accommodation leaves much to desire. It has a bad reputation, too, for fevers of a kind commonly called typhoid.

Catania, on the east coast, the second largest town in the island, is the best place and the best kept. Its streets are wide, straight, and clean, its water supply good, its sanitary state excellent; and one at least of its hotels may rank with any in Sicily. On the other hand, it is a dull town for a prolonged stay, with few pleasant walks or drives, and its situation—on a slope facing southwards, with the snows of Etna immediately to the north-west—makes its climate more variable, hotter in summer and colder in the winter, than that of Palermo. The neighbouring seaside town of Aci Reale is not well provided for English visitors.

The climate of Syracuse, which lies near the south-eastern angle of Sicily, is more thoroughly marine than that of any of the places as yet mentioned. The modern town is closely packed on the little island of Ortygia, at the mouth of the great harbour. The country around is the flattest part of Sicily, and Syracuse is freely exposed to winds, which, however, owing to the distance of any considerable range of mountains, are seldom very cold. The sirocco at Syracuse is a milder and moister wind than in the west of Sicily; but, on the other hand, the rainfall in winter is less than in the mountainous parts of the island, and it is an ancient boast of its inhabitants that no day throughout the year is wholly without sunshine. The marshes of the Cyane are cut off from the town by the expanse of the great harbour, and appear not to affect its health. Syracuse has recently entered on a path of progress, demolishing its fortifications, laying out pleasant seaside promenades, cleaning and improving its narrow streets, and lighting itself throughout by electricity. These attractions, together with the historical and archaeological interest of the immediate neighbourhood, have made Syracuse a by no means unpleasant place of residence. Its hotels, though old-fashioned, are well kept. English is spoken and English comforts are obtainable at the Casa Politi, the landlady of which is German.

One more place remains to be mentioned. Girgenti, which occupies the former citadel of Agrigentum, is on the south coast, and is reached from Palermo by rail in five hours. It is a crowded little town, ill provided for travellers; but one of the brothers Ragusa has recently opened an establishment

of the first class (Hôtel des Temples) half a mile away, in a villa standing on a slight hill in the midst of the shelving plateau that formed the site of the ancient city. This house, which stands 650 feet above the sea, is well worth a visit. At present it is rather too lonely for a long stay; but it is not improbable that the magnificent site of Agrigentum, with its brilliant air and wide panorama of sea and shore, may once again invite a settlement from a foreign land.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 14th day of January next, at 2 o'clock in the afternoon.

THE following Committees will also meet:—

Tuesday, January 13th, 1891.—4.15 P.M. Subcommittee of Premises and Library Committee.—4.30 P.M. Premises Committee.—5.30 P.M. Arrangement Committee. *Wednesday, January 14th, 1891.*—11.30 A.M. Journal and Finance Committee.

FRANCIS FOWKE, *General Secretary.*

January, 1891.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members, in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

NOTICE OF QUARTERLY MEETINGS FOR 1891. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on January 14th, April 15th, July 8th, and October 21st, 1891. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, March 26th, June 18th, and September 30th, 1891.

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

FRANCIS FOWKE, *General Secretary.*

BRANCH MEETINGS TO BE HELD.

DUBLIN BRANCH.—The fourteenth annual meeting of this Branch will be held (by permission of the President and Fellows) in the Royal College of Physicians, Kildare Street, Dublin, on Thursday, January 22nd, 1891, at 4.30 P.M. The annual dinner will also take place on that evening, at the College.

OXFORD AND DISTRICT BRANCH.—The next meeting will be held at 3.15 P.M. in the Radcliffe Infirmary, Oxford, on Friday, January 30th. Notice of papers, etc., should be sent to the Honorary Secretary on or before January 16th.—W. LEWIS MORGAN, Honorary Secretary, 42, Broad Street, Oxford.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.

AN ordinary general meeting of the Branch was held at 198, Union Street, Aberdeen, on December 17th, at 8 P.M.

Minutes.—The minutes of last meeting were read and approved.

Nomination.—Dr. Cushman (Strasburg) was nominated for ballot at next meeting.

New Members.—Drs. Angus (Aberdeen) and Gregory (Old Aberdeen) were unanimously admitted members of the Branch.

Cases.—Dr. HUTCHEON (Aberdeen) exhibited a boy aged 12, in whom a Retropharyngeal Abscess had almost produced suffocation by compressing the trachea. The patient being *in extremis*, tracheotomy was performed, and on cutting down, a large abscess with foetid pus was evacuated. Recovery took place rapidly; but some months afterwards abscesses with foetid pus formed in the right lung, which were cured by creasote internally.—Dr. MAVER (Buxburn) exhibited a patient with a large Aortic Aneurysm. He had had an attack of acute rheumatism about fifty years ago, and was also the subject of acquired syphilis. Under iodide of potassium in 15-grain doses the tumour seemed to be diminishing. Dr. Maver also exhibited an Intestinal Concretion passed by a woman aged 75 years. It was first felt in the right lumbar region, and was evacuated naturally.—Dr. MACKENZIE BOOTH exhibited a patient from whose knee he had removed a Detached Cartilage, and who was now perfectly cured. Dr. Booth also exhibited a woman with a Syphilitic Perforation of the Palate, which he had successfully treated by plastic operation.

Midwives Registration Bill.—It was agreed, on the recommendation of the Council, not to take any action in the meantime in connection with the Midwives Registration Bill.

List of Members: Correction.—Omitted from East York and North Lincoln Branch, page ix, Representative on Council of Association, John Dix, Esq., 25, Albion Street, Hull.

SPECIAL CORRESPONDENCE.

SHEFFIELD.

Future Prospects.—Deaths in the Medical Profession.—The Price of Quinine.

It is very gratifying to be able to say that the year 1890 ended as it began—well—and that the year 1891 opens with bright prospects in nearly every branch of Sheffield industry. There is a marked absence, it is said, of applicants for employment, who in former years have been compelled to make their cheerless rounds without success. The diminution, also, of pauperism, as well as the decreased expenditure on in and out relief at the workhouse, has been mentioned in previous letters.

Death during the past year has been active among the members of the profession, and those associated with them in medical work. The General Infirmary has been especially stricken in this way. Not only have the medical staff lost its old members—Dr. de Bartolomé and Mr. J. Barber, both, at the time of their decease, members of the consulting staff—but also the Chairman of the Weekly Board and the Treasurer have been removed by the hand of death. In three of these instances the end was sudden. Another veteran, Dr. K. Wilson, has died at the ripe age of 80. Three were also taken away in the early part of the year during the influenza epidemic in one district, two being aged only 28 and 29 respectively.

The Rotherham Guardians are reported to have been recently exercised as to the price they were paying for quinine, and it would seem that there was good reason for inquiries. With quinine at about 2s. an ounce, it is not surprising that they should regard a charge of £2 10s. for four ounces as excessive. The unfortunate point was that the bill had been paid when the Guardians were in "entire ignorance that Howard's quinine was obtainable at 2s. per ounce wholesale." The whole drug bill does not appear to be a large one, but certainly it would be well if the Guardians for the future sought some one to enlighten them on the value of the drugs obtained.

The vacancy for physician at the Public Hospital and Dispensary has been filled up by the election of Dr. Arthur J. Hall, a member of a highly respected local medical family.

At a recent meeting of the Hackney Board of Guardians, it was stated that the medical officer at Brentwood Schools had reported 94 children under medical treatment, 49 for ophthalmia, and 29 for scarlet fever.