

BRITISH MEDICAL ASSOCIATION.

SUBSCRIPTIONS FOR 1892.

SUBSCRIPTIONS to the Association for 1892 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 23RD, 1892.

CONCERNING INFLUENZA.

ITS HISTORY.

THE whole of the English-speaking people, nay, the whole world, has within the last few days been most feelingly persuaded of the present power of influenza. A prince of great though quiet promise has fallen in our midst, and a great churchman has been taken from his long but not yet finished work. These events have excited a profound interest, and, with the private and personal losses which are felt on every hand, have sufficed to concentrate an unprecedented attention on the subject of epidemic influenza. Panic on such occasions as this among the general public and their teachers frequently alternates with apathy. But if the panic, which has undoubtedly arisen, can be turned to a useful and healthy purpose, the great sufferings the nation has undergone will not have been in vain. Of the history of influenza, enough and more than enough is known; it is one of the recorded diseases of antiquity, and we have sufficient evidence to show that in all probability the epidemic visitation under which we now lie is the same as those of past ages. We can only here instance that some Hebrew antiquarian authorities hold that in the Talmud are to be found records of a very similar, if not identical, pestilence; that the researches of Dr. Clemow have thrown much curious light on similar visitations affecting Europe in the Middle Ages, and that the classic work of the late Dr. Theophilus Thompson connects our present with these past records in an unbroken chain of evidence.

In the bright light of modern research it may perhaps appear merely historical to note that among the first clear upholders of the germ theory of disease were our countrymen Dr. Richard Dunning and Sir Henry Holland, the latter of whom, in a remarkable and almost prophetic paper, dimly foresaw that organic cloud which now occupies the whole attention of some of the most enterprising members of our profession. Sir Thomas Watson, in his *Principles*, adopted and disseminated this view of Holland's, and took as a working hypothesis a sheer hypothesis, in his own words, that "like yeast in beer we may conceive that diseases produced by animalcules (microbes) may thus infect the fluids of the body and become contagious in the fullest sense of that term."

THE THEORY OF CONTAGION.

The theory that influenza is mainly if not entirely spread by contagion is no new one, but this idea has needed to be born again. The careful evidence collected by Gray and Haygarth in the past, and the Local Government Board Report of Dr. Parsons in the immediate present, show, to quote Dr. Buchanan's pregnant words in his preface to this report, that "Influenza is an eminently infectious complaint, communicable in the ordinary personal relations of individuals one with another." Influenza having been thus authoritatively asserted to be infectious, how can this conclusion be practically applied in the direction of prevention? Various prophylactics have been recommended; these may or may not be of use, but the only reliable course to stay the spread of the disease is that, where practicable, persons affected with influenza should be isolated, and that healthy persons should, as far as possible, avoid being exposed to chances of infection. Anyone who has influenza is in duty bound to do all that in him lies by avoiding places of public resort, and by refusing to mix freely among his friends to hinder his becoming a disseminating centre of sickness and of death. Much is to be hoped from a general recognition of this truth by the profession and the public, more, indeed, than from the too strenuous application of any powers already possessed by public medical authorities. This part of the question deserves, therefore, a more close study, towards which the paper by Dr. Richard Sisley, which we publish in another column, is an interesting contribution.

SANITARY ADMINISTRATION.

Sanitary science during the last half-century has won so many triumphs over infectious diseases, has learnt so well how to diminish the severity and extent of epidemics which it does not yet know how to suppress altogether, that the public are beginning to demand that it should seriously attempt to grapple with the disease which we in this country have elected to know by the name of influenza. The Society of Medical Officers of Health, at their meeting on January 19th, passed a resolution on the subject which is worthy of a little examination. The resolution set forth that in the opinion of that Society "influenza is a dangerous infectious disease." To some this resolution may seem a belated expression of opinion. The view was very clearly expressed by Dr. Buchanan in his preface to Dr. Parsons's Report. The resolution, however, is not, it may be presumed, intended to be a mere pious opinion, but to be a basis for future preventive measures. What is to be the nature of the action to be taken?

The question is not easy to answer. Are we to understand that the epidemics of influenza are to be met in the future by the application of the ordinary methods of sanitary administration? The two great principles of modern hygiene have been the removal of unfavourable conditions in the environment—bad drainage, insufficient ventilation, overcrowding, and so forth—which tend to make communities susceptible to the inroads of disease, and the isolation of persons actually suffering from infectious maladies. As to the first of these two procedures we may claim to have seen some result from what has already been accomplished in this country, since the effect of the recent and present epidemics of influenza on the death-rate has been less in this country, on the whole, than in any other. As to the other

methods of sanitary administration, it is doubtful how far they are applicable to influenza. Dr. Buchanan, in the preface from which we have already quoted, after observing that the disease had been shown to belong to a "class of diseases over which we habitually exercise a measure of control," goes on to admit that "from what we have thus far seen of the specialities of influenza, we cannot feel particularly confident of our ability, under the existing conditions of society, to successfully defend ourselves against a further outbreak." Notification has been suggested as though it were a kind of panacea; but what use could be made of the information thus obtained? As is well shown by Dr. Sisley, long before it could be acted upon the mischief would have been done. The disease is certainly infectious in a very early stage, and the symptoms are so largely subjective that it may well be doubted whether notification would result in bringing to light the earliest cases. If this be so, it is certain that it would be useless at a later stage of an epidemic in any given locality. When two-thirds of the households, and perhaps not far short of a fourth of the adult population, are suffering from the disease, is isolation of the sick anything more than a dream? It is quite a different thing with such diseases as scarlet fever or even measles. The objective symptoms are obvious, and one attack is an almost perfect protection from another. It is not unreasonable to punish a man who exposes himself, or a person under his charge, in a public conveyance while suffering from scarlet fever; would public opinion sanction similar punishment of a man who felt a little ill, or had the symptoms of a more than usually severe cold, and went home in a public conveyance?

The truth is that before we can attempt to stay the pandemics of influenza we must know a great deal more about it. As Dr. Buchanan has said, "For better means of repressing influenza our expectation must be in an understanding of the natural history of the disease." We do not know whence it comes, we do not know for certain how it spreads—whether mainly by air, water, or even by fomites; we do not know whether the complications which render the disease so much more formidable than it would otherwise be are due to the primary infective agent, or whether they are produced by a secondary infection, as was generally supposed during the epidemic of 1889-90; we do not know whether the disease which frequently attacks horses and other domestic animals at about the same time as mankind is the same disease or not; and, lastly, we do not even know the measure of protection which one attack affords against a second.

It is reasonable to hope that the researches now being carried on in Berlin may result in placing valuable practical methods of dealing with the disease in our hands. We were enabled to publish last week translations of the important papers by Pfeiffer, Kitasato, and Canon, which appeared in the *Deutsche medicinische Wochenschrift* of the same week. They deserve careful study. The proof that the bacillus described is the *vera causa* of influenza is not absolute, but there is very strong presumption that it is. Much may be learnt from the study of the life-history of this microbe, but even then much will remain to be learnt as to the "natural history" of the disease. The Government of this country may very fairly be asked to contribute its share to the international study of the pandemic. Dr. Parsons's Report is a valuable document, and any future inquiry would have the advantage of starting where he left off; but a great many

questions remain to be answered, some of which we have indicated above.

SYMPTOMS AND TREATMENT.

A rational systematic mode of treatment is of course impossible, so long as the etiology remains obscure, and hence we have at present to rely upon the main symptoms for indications. The sudden onset of febrility, the spinal tenderness so commonly met with, the pains in the limbs, the photophobia, the pronounced lassitude and anorexia, and lastly the tendency of the temperature to sink below the normal when convalescence sets in—all these facts point to the severe impression made by the infective virus upon the cerebro-spinal nerve-centres. Accordingly, it is of great importance that the patient should early have rest and warmth in bed, that the diet should be of a supporting character, and that he should remain in bed till all danger of complications has passed away. These simple points appear mere truisms, but they constitute the best preventive against the insidious development of catarrhal pneumonia, the great danger to be guarded against. It is not advisable to attempt to cut short the malady by active diaphoretic measures: abundant experience has shown the futility of such treatment. Rest, warmth, and nourishment constitute the tripod of treatment. Domestic isolation is strongly to be recommended for the sake of others.

In respect to drugs quinine has been found useful by some, who have even gone so far as to declare it a prophylactic. Small doses of opium constitute a powerful support to the central nervous system, but this drug should be used with caution if any bronchitis is present, and abandoned altogether if signs of capillary bronchitis supervene. A combination of salicylic acid and antipyrin has been lately put forward under the name of salipyrin, and it is claimed for this mixture that it does not depress the system as does either of the constituents taken alone. It certainly deserves a trial, but its effect should be carefully watched. Salicylate of quinine is probably a still better preparation, but the salicylic acid employed should be naturally, not synthetically, obtained. The natural product is far less depressing than its artificial substitute. Good success is claimed for an antiseptic (carbolic acid) treatment but it remains for a larger experience to determine with what correctness.

It will generally be found that alcoholic stimulants are well tolerated in influenza, but they should not be given to such an extent as to disorder the digestion. During convalescence the patient should still keep quiet and warm for some time, and not be in any hurry to resume the ordinary avocation. The various psychoses which have been recorded after influenza plainly show that this disease is a powerful depressant of the central nervous system, and it is often several weeks before the patient again enjoys the usual vigour of mind and body. The insidious onset of pulmonary mischief afterwards is also best guarded against by keeping the patient in a uniform temperature. Iron, acids, and quinine will be found useful in hastening convalescence.

SIR ANDREW CLARK will recommence his lectures on Clinical Medicine in the new clinical theatre of the London Hospital on Tuesday next, January 26th, at 3 P.M.

HEALTH OF THE ROYAL FAMILY,

WE are happy to be able to give on authority a favourable report of the health of the Royal Family. Prince George of Wales, who walked in the funeral procession, has not been the worse for it. The Royal Family will not remain long at Sandringham, but it is not yet decided where they will go. They all remain at Windsor until Saturday. Dr. Broadbent returned from Sandringham on January 15th, and the next morning went to Osborne, by command of the Queen, and gave Her Majesty a detailed account of the Duke of Clarence's illness. Dr. Laking is also summoned to Osborne, and will go as soon as he is released from attendance at Windsor, where he is at present.

THE LATE DUKE OF CLARENCE.

ON taking the chair at their meeting on Monday, January 18th, the President of the Medical Society of London alluded in appropriate terms to the sad loss sustained by Her Majesty the Queen, the Prince and Princess of Wales, and by the country in the death of H.R.H. the Duke of Clarence and Avondale. Sir Joseph Fayrer proposed, and Professor William Rose seconded, a dutiful and respectful address of sympathy and condolence to Her Majesty and the Prince and Princess of Wales.—At a meeting of the Council of the Dublin Branch of the British Medical Association, held on January 15th at the Royal College of Physicians of Ireland, the following resolution was unanimously adopted: Resolved: "That in consequence of the lamentable death of H.R.H. the Duke of Clarence and Avondale, K.G., the annual meeting and dinner of the Dublin Branch of the British Medical Association be postponed for a month, and that the respectful sympathy of the Council of the Branch with Her Majesty the Queen and the Prince and Princess of Wales be recorded on the minutes."—Before proceeding to the business of the meeting, the Society of Medical Officers of Health, on Monday, January 18th, at the motion of the President, Mr. Shirley Murphy, unanimously resolved that: "The Secretary be instructed to convey to H.R.H. the Prince of Wales the expression of the deep sympathy felt by the members with His Royal Highness and the rest of the Royal Family in their recent bereavement by the death of H.R.H. the Duke of Clarence and Avondale."

UNIVERSITY OF OXFORD.

WITH reference to the determination of the authorities of the University of Oxford to postpone the assemblage of the undergraduates until the end of the first week in February, it appears from the authorised statement furnished to us that the mortality from influenza has raised the death-rate from 22.6 per 1,000 to 59.2 per 1,000. The mortality is chiefly among elderly persons; but whole households are struck down, the college servants are suffering, and nurses are not to be had. To have assembled 3,000 undergraduates under such circumstances would have been inadvisable. It is hoped that by the time named the pressure will have abated.

SACRIFICES AT FUNERALS.

THE offering of human sacrifices at the burial of great men is a custom usually supposed to be confined to savage races; yet, if we reflect on our own injurious habits at funerals, it is doubtful if the line which divides us from the barbarian is quite so broad as we imagine. Thousands of men, who would not for any consideration walk bareheaded a dozen yards from their own door, stand with heads exposed to the chill atmosphere of a cemetery whilst their friends and relatives are consigned to the grave. It is to be hoped that, warned by the lamentable circumstances which have recently emphasised this oft-acknowledged danger, some steps may be taken to shorten the service at the grave-side, and to introduce the practice of wearing a silk or velvet skull cap for those attending funerals in any but the most genial weather.

WELLINGTON COLLEGE.

WE are informed that Wellington College will be temporarily removed to Malvern. Ample accommodation has been secured in the Imperial and other hotels, and the school will reassemble there on February 3rd and 4th. Meantime, active steps are now being taken to carry out the whole of the recommendations of Dr. Bristowe and Mr. Rogers Field. These include the reconstruction of the gas-fittings and of the drains, and the surface-drainage of the soil. It may be remembered that between eight and nine years ago £13,000 was spent on the construction of what it was hoped would be an efficient drainage system, under the superintendence of an eminent engineer; this has, however, been found to be faulty in some places. The present outlay will also be very large; thus no expenditure has been, or will be, spared to make Wellington College one of the healthiest institutions in the country. It has had bad luck in the past, notwithstanding great pains and liberal outlay to ensure a clean bill of health; but this record will, it may be hoped, be replaced by a bright future. It is expected that the work of sanitary reconstruction will be complete before the commencement of the summer term, when the school will probably reassemble in its proper home.

TYPHOID FEVER IN LONDON.

IN the fifty-two weeks which ended on Saturday, January 2nd, 3,428 cases of typhoid fever were notified in London under the provisions of the Infectious Diseases Notification Act. By far the largest number were notified from Greenwich—574 cases in a population of 165,417. Next comes Hackney, with half the number of cases in a population twice as large. St. Pancras had 255 cases in a population similar to that of Hackney. St. Marylebone had only 68 cases. These returns should be compared with the areas of water supply, and with the reports of the results of water analyses in the respective districts. In the week ending January 2nd, the notifications of typhoid fever, which had been as high as 657 on November 7th, had fallen to 231. The heaviest mortality was, we pointed out, and as we believe is usual, in the autumn, 1,494 cases out of a total of 3,428 having been notified in October, November, and December. It is a terrible reproach to London that cases of this disease should be so numerous. It is undoubtedly one which depends wholly on the sanitary conditions of the water supply and drainage, and every one of these deaths might be regarded as a violent death which might have been prevented by adequate protection of the water supply and proper attention to the drainage and local sanitary conditions of the various districts of London. We take the figures from the excellent tables in Dr. Dudfield's report to the Kensington Vestry, which, as usual, contains a great deal of interesting matter.

PATENT MEDICINES AND POISONS.

A FURTHER case is this week brought to our notice in which death has resulted from the free use of a proprietary medicine containing a poisonous quantity of laudanum. The report is published in the *Nottingham Daily Guardian* of January 15th, and runs as follows: The Grantham District Deputy-Coroner (Mr. Robinson) held an inquest at the Sun Inn, Helpringham, touching the death of Edward Forman. The evidence showed that the deceased, who was 76 years of age, and formerly kept the New Inn, Helpringham, was found dead in bed on Wednesday morning by Sarah Forman, a relative. Mr. Edward Welchman, a registered medical practitioner, of Heckington, said he was shown a bottle found by the side of the deceased, which had apparently contained a patent medicine called "Opiate Mixture." Witness came to the conclusion that death was caused by an overdose of laudanum, the opiate mixture being largely composed of that drug. The jury returned a verdict that deceased accidentally came to his death by taking an overdose of opiate mixture containing laudanum. Our conten-

tion is that the freedom with which opium is sold in proprietary medicines, and the facility with which they can be procured without the precautions properly observed where laudanum is sold under the provisions of the Poisons Acts, lead to carelessness, and are a source of public danger. The forces of the Government move slowly, and we do not wish to betray impatience. What is done will no doubt be well done in this matter, to which the communications of Mr. Ernest Hart have called the attention of the Public Prosecutor. It is understood that the Solicitor of the Treasury is alive to the importance of the matter, and we have reason to believe that he is accumulating scientific evidence. It will, it may be hoped, tend to lessen the recurrence of such cases, when his public action is taken and the present procedure is reformed.

PHAGOCYTOSIS AND IMMUNITY.

THE debate at the Pathological Society on Phagocytosis and Immunity has been fixed for February 16th. The following gentlemen have already promised to take part in it: Professor Burdon Sanderson, Mr. Hankin, Drs. Armand Ruffer, Sims Woodhead, and William Hunter, and Messrs. Adami and Kanthack. Those who intend to speak are requested to communicate with Dr. Charlewood Turner, the Secretary of the Society, 20, Hanover Square, W.

INTERNATIONAL GYNÆCOLOGICAL AND OBSTETRICAL CONGRESS.

DR. JACOBS, General Secretary to the Congrès Périodique International de Gynécologie et d'Obstétrique, which will hold its first meeting at Brussels in September, announces that the following subjects have been chosen for special discussion: (1) Pelvic Suppurations, to be opened by M. Segond, of Paris; (2) Extrauterine Pregnancy, by Dr. A. Martin, of Berlin; (3) Placenta Prævia, by Dr. Berry Hart, of Edinburgh.

THE INSURANCE OF CHILDREN.

AT a recent meeting of the Gloucestershire County Council, held at the Shire Hall, Gloucester, it was resolved, on the motion of Mr. F. A. Hyett: "That, in the event of the death of any child under 2 years of age whose life was insured being reported to a coroner, an inquest should, in the opinion of this Council, be invariably held; and that a copy of this resolution be forwarded to each of the coroners whose district lies within the county of Gloucester." If this could be done infant life assurance might cease to be as dangerous as it now is.

THE LONDON WATER SUPPLY.

HER MAJESTY'S Government have resolved to advise the appointment of a Royal Commission to inquire as to the adequacy of the present water supply of London, and if inadequate, the means of increasing the supply. The following will be the scope of the inquiry:—Whether, taking into consideration the growth in the population of the metropolis, and the districts within the limits of the metropolitan water companies, and also the needs of the localities not supplied by any metropolitan company, but within the watersheds of the Thames and the Lee, the present sources of supply of these companies are adequate in quantity and quality, and, if inadequate, whether such supply as may be required can be obtained within the watersheds referred to, having due regard to the claims of the districts outside the metropolis, but within these watersheds, or will have to be obtained outside the watersheds of the Thames and the Lee.

GERMAN MEDICAL CONGRESS.

THE eleventh Congress of Internal Medicine will be held at Leipzig from April 20th to 23rd, under the presidency of Professor Curschmann. A discussion on Severe Anæmic Conditions, to be introduced by Drs. Biermer of Breslau and

Ehrlich of Berlin, is fixed for Wednesday, April 20th; and one on Chronic Hepatitis, to be introduced by Drs. Rosenstein of Leyden and Stadelmann of Dorpat, for Friday, the 22nd. Among other papers on the programme, as at present arranged, are the following: Dr. Emmerich of Munich: On the Cause of Immunity and the Cure of Infectious Diseases; Dr. Peiper of Greifswald: Uræmia; Professor Goltz of Strassburg: On the Results of Cutting away Large Pieces of the Spinal Cord (a report on observations made on dogs by Drs. Goltz and Ewald); Professor Fürbringer of Berlin: On the Recognition of so-called "Liver Colic" and of Pseudo-Gallstones; Dr. Minkowski of Strassburg: Further Communications on Diabetes Mellitus consecutive to Extirpation of the Pancreas; Professor Adamkiewicz of Cracow: Treatment of Cancer; Professor Finkler of Bonn: The Different Forms of Pneumonia; Professor Landois of Greifswald: The Therapeutic Value of Blood Transfusion in the Human Subject; Professor Klebs, late of Zürich: On the Cure of Tuberculosis and the Biology of the Tubercle Bacillus; Drs. G. Klemperer of Berlin and F. Klemperer of Strassburg: On the Causes of Immunity and Cure, especially in Pneumonia; and Dr. Buchner of Munich: On Immunity against Infectious Diseases. Professors Gerhardt, Ebstein, and von Jaksch have also promised communications. The Organising Committee of the Congress consists of Professors Immermann, von Ziemssen, Bäumlér, and Mosler, Dr. Emil Pfeiffer of Wiesbaden being the Perpetual Secretary.

HOW TO PREVENT CHOLERA.

AT the Congress of the American Association of Physicians in September last, Professor Gairdner gave a graphic account—since printed in a pamphlet—of the way in which cholera was warded off from Glasgow in 1886, at which time he was health officer for that city. As the pestilence drew nearer and nearer, first on the Continent and then in England, the gravest apprehensions were justified by the presence in Glasgow of crowded and filthy slums, some of them having a population nearly reaching a thousand per acre. Loch Katrine water had been obtained since the previous epidemic in 1856, and it only remained to close the few polluted wells still in use. Hospitals were made ready, and provided with efficient staffs. Dispensaries and dépôts were arranged in all parts of the city, and provision made for night and day service. Disinfectants and simple remedies were provided gratuitously. The cleansing and disinfecting staff of the corporation was largely reinforced. Still the difficulty remained that cases might occur without being brought at once to the knowledge of the authorities, but this was met by the happy idea of making an appeal to all the churches for volunteers. Of these there was no lack, and to each was assigned a group of houses to be visited and kept under observation. These efforts met with the success they deserved. Cholera came, but there were only sixty-six true cases and a few hundreds of choleraic diarrhœa among the half-million inhabitants, and its stay was limited to a few weeks.

CHLORODYNE AND MORPHINE LOZENGES.

AT a recent inquest presided over by Dr. Danford Thomas, at St. Giles's Coroner's Court, concerning the death of an old man named William Bowden, who was proved to have died from the combined effects of heart disease, congestion of the lungs and bronchitis, it transpired that he had purchased a packet of "opium lozenges" from a chemist in Holborn. The coroner said the packet was duly labelled "opium lozenges—poison;" and the chemist was within his legal right in selling the lozenges to the deceased, but he did not appear to have taken any or many of them, as they would with his ailments have killed him. Opium or morphine in cases of kidney disease, too, would prove fatal even in small and ordinary doses. There was no law to prevent the sale of these lozenges or of chlorodyne, the main ingredients of which were morphine and prussic acid. The latter was a patent proprietary medicine easily procurable. Such medicines

were useful when taken under proper medical advice and direction, but were extremely dangerous and liable to prove fatal when used by persons who were in the habit of doctoring themselves. Recently a case came under his notice where, with vague oral instructions to "take one or two occasionally," two packets of opium lozenges were given to an out-patient at a hospital, each packet containing a gross of the lozenges. That was certainly a very wholesale way of distributing poisonous lozenges. Narcotic poisons, to ensure safety, should only be taken under definite and clear and written or printed instructions from duly qualified medical men. Continual doses of chlorodyne—the dose, perhaps, increasing in quantity each time the medicine was employed—were very apt to prove fatal, and, as many inquests revealed, did prove fatal when taken without or in disregard of medical advice.

DOCTORS' BILLS.

An able contemporary, the *St. James's Gazette*, recently entertained its readers with an article on "Patients and Fees from the Doctor's Point of View." As it involved the discussion of several curious points in connection with medical charges the article was seasonable, and calculated to afford a good deal of useful information to such persons as were expecting a more or less heavy doctor's bill after the turn of the Christmas festivities. That it is degrading to an educated gentleman to send out a demand for professional charges, "with compliments" (in the usual form supplied by medical printers), as the writer protests, we are not at all disposed to admit. Bishops, generals, and statesmen take money for services rendered, and why not doctors? It is surely no more degrading for a doctor to remind his patients of the amount of their indebtedness to him for services rendered than it is for the barrister to take the necessary precautions to secure an adequate "refresher" before undertaking a case in the law courts. It is mere affectation to pretend otherwise. Several other interesting points were raised in the article in question. How much of the truth are we to tell our patients? How much to conceal from their friends? Few patients would like us to tell them the whole truth; they require us to know everything that has to do with their case, they do not desire us to tell all we know, even to themselves. The honest doctor who too rashly accuses his patients of self-indulgence, especially in alcoholic stimulants, will only give offence; he must deal judiciously or he will lose his influence with the patient, and probably be supplanted by a less scrupulous man. How difficult again is the nice question of the number of visits to be paid. Here the doctor has to consider, not only the disease, but the *amour propre* of its victim. Some patients would rather pay an extra fee than have their ailments treated cavalierly; others, again, would be prone to complain if they thought the doctor paid a single visit which was not necessary for their cure. It is sometimes exceedingly difficult to draw the line accurately in cases where the doctor is on the good terms of old acquaintance; in fresh cases it is often impossible. Rather than permit the patient to think himself, and especially herself, neglected we must often pay twice as many visits as are necessary. On the whole it is better to err on the safe side. The malady which for a few days may appear to be nothing more serious than simple catarrh may suddenly develop into a more serious illness, and if this should happen during the absence for a day or more of the doctor in charge the blame would probably be laid at his door by those who would have considered that he was calling too frequently had nothing arisen to awaken in them the anxiety which is always more or less felt by the careful practitioner. The amount of the doctor's account seldom represents the work, the thought, and the anxiety of even the simplest case. If the doctor is truthful he is probably considered rough and unfeeling; if he fences with the questions put to him he is liable to be considered ignorant or unwilling to tell the truth; if he is too hopeful and the

hope proves to be unfounded he is blamed; if he is too anxious and doubtful he is equally in danger of being thought to be more concerned for his own reputation than for the patient's well-doing. Between Scylla and Charybdis happy is the practitioner whose attendance and whose charges please any considerable proportion of the patients on his list!

NURSES' CO-OPERATION.

THE first annual meeting of this excellent Association was held on Tuesday under the presidency of Dr. Broadbent, in the rooms of the Royal Medical and Chirurgical Society. Before proceeding with the business of the meeting, those present passed a vote of condolence with the Prince and Princess of Wales on the calamity which has befallen them. The report announced a measure of success exceeding the most sanguine expectations. A thousand nurses have applied to join the Society; only the best nurses have been employed. At the present moment there is a staff of 185 at work, and 1,127 families have been supplied during the year. In this valuable and much-needed Association each nurse takes her own earnings, save for a deduction of $7\frac{1}{2}$ per cent., which goes to defray the expenses of management. Nurses are so heavily exploited for the profit of individuals and of institutions that it is most satisfactory that they should be enabled to combine to secure for themselves their hard-earned wage without unnecessary deduction. The supervision of men so experienced as Dr. Broadbent, Mr. Burdett, Mr. Michelli and others, who take a warm interest in this Association, offer the best guarantees for its good management as well as of its continued success, to which we feel sure the members of the profession generally will be glad to contribute by their patronage.

MORPHINOMANIACS AND HYPODERMIC SYRINGES.

OWING to the recent publication of a case of death after injection of a small amount of cocaine into the tunica vaginalis, there have been numerous articles in the French medical papers on the entire question of injections of powerful solutions. M. Verneuil has shown that the much-vaunted hypodermic injections of antipyrin have proved of more harm than good. They often fail to cure neuralgia, lumbago, etc., and always cause pain, not infrequently complicated with wide ecchymoses, œdema, lymphangitis, and neuritis. These dangers may be avoided if only weak solutions and clean syringes be used, but there is no doubt that there can be but one opinion on the use of unprescribed hypodermic injections by the general public. Last summer, when travelling in a railway carriage in the South of France, an English medical man heard a middle-aged lady proudly boast that she had a *névrose* which could only be assuaged by frequent hypodermic injections of morphine. She then raised her skirt so as to expose the bare skin of the thigh immediately above the stocking, and gravely injected a syringeful of morphine, giving her fellow-passengers, who listened with intense interest, a long account of the subjective symptoms that would follow. The *Gazette Hebdomadaire de Médecine* asks if legislation is not needed to forbid druggists and instrument makers from selling dangerous solutions and hypodermic syringes direct to persons who employ morphine, etc., without medical advice.

FAMINE.

At a recent meeting of the Epidemiological Society, Sir William Moore read an interesting paper on "Famine." Discussing the causes of famine, he said the chief one, at least in tropical countries, was failure of rain; no grass sprang up, and the wells ran dry, so that beasts of burden could not be used for the transport of grain. Locusts were also among the causes of famine; they came in such numbers that they devoured every green thing, and even drove the people from their houses. Famine, however caused, brought disease

in its train. Starvation caused anæmia in the first instance, and a peculiar lethargy, doubtless dependent on malnutrition of the brain. This "famine lethargy" made the sufferers seem indifferent as to getting work, and sympathy had sometimes been withheld from them in consequence. The bowel complaints, which were so general in times of famine, was chiefly due, according to Sir William Moore, to the food—such as bark of trees, seeds of grasses and trees, roots of rushes, lizards, locusts, etc.—the starving people were forced to eat. Then came fever, especially after the rains following a period of famine, when the cold weather set in. The type of famine fever was not always the same. In Ireland it was typhus, in Germany it was relapsing, in Rajpootana it was malarious. In Bombay it was diagnosed as relapsing, chiefly because the spirillum Obermeiri had been found in the blood of some of the sufferers. In Russia, at the present moment, it was typhus. The type of fever prevailing during or after famine was determined by concomitant circumstances. Scurvy also generally accompanied famine, as had been seen in Sweden, in Russia, in Hungary, in Ireland, and in India. The allied disease, beri-beri, also prevailed. Peenash (maggots in the nose) was frequent owing to the multitude of flies bred in the abundance of putrefying animal matter, and the weakened condition of the people in whose nostrils the flies deposited their ova. Skin affections of various kinds, especially "scald head," were common, and in India cholera was a frequent concomitant of famine. Suicide was not more common than at other times, perhaps there was no water, drowning being the favourite method of shuffling off this mortal coil among the natives of India. The management of famine was no easy matter, even for a powerful Government with ample resources. Difficulties had to be met in respect of the sanitation and police of famine camps, the care of the sick and the aged, the apportioning of work, the prevention of malingering and grain speculation. Then it had to be remembered that the amount of food necessary to keep a man from dying of actual starvation was not enough to maintain him in a condition to work. As a safeguard against famine in India more irrigation was required. An extension of the railway system was also needed in order to facilitate the conveyance of food to destitute districts. With regard to England the maintenance of its naval supremacy was essential, as if the importation of food was stopped the agricultural resources of the country were insufficient for its population.

SCOTLAND.

THE health of Edinburgh continues to improve. The mortality last week was 93, and the death-rate 18 per 1,000. Diseases of the chest accounted for 51 deaths. Influenza for the present seems in abeyance.

THE eighty-seventh meeting of the Scottish Universities Commission was held in Edinburgh on Monday last. Twelve Commissioners were present. No report of the business has been given.

THE ROYAL SOCIETY.

A MEETING of the Royal Society was held on Monday night, Professor Chrystal, one of the Vice-Presidents, in the Chair. The most interesting paper read was one contributed by Mr. R. W. Western, and read by Professor C. G. Knott, on "Tactics adopted by Certain Birds when Flying in the Wind."

EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.

MR. H. E. FRASER, M.A., M.B., C.M., and Mr. H. S. W. Jones, B.Sc. (Lond.), M.B., C.M., have been appointed house-surgeons, and enter on duty on February 1st. The directors have also appointed Miss Catherine Edward to be matron of the hospital in room of Mrs. Mather, resigned.

EXTENSION OF THE ROYAL INFIRMARY.

AN adjourned meeting of the subscribers to the Edinburgh Royal Infirmary was held on January 18th. The main business under discussion was the question of extending the house in order to provide 200 additional beds and greater facilities for teaching purposes, at a cost of £73,500. Objections were taken to the scheme submitted at the former meeting, in that it would within a comparatively short period involve still further extensions, and thereby a loss of outlay. To acquire all the properties desirable for a larger scheme of extension, it was pointed out that an expenditure of between £150,000 and £200,000 would be required. Ultimately it was agreed, on the motion of Dr. Batty Tuke, to recommit the proposal to the managers for further consideration, and with the request that a report should be given to an adjourned meeting of the contributors. A request was also made that the views of the medical and surgical staff, with reference to the proposed extension, should be given at the same time.

DISEASED MEAT.

A CASE is just now under investigation in Edinburgh which strongly supports the view held by many sanitarians, and by none more firmly than Professor Walley, to the effect that in connection with all public abattoirs there should be erected a receiving house to which all meat coming from outside the municipal boundaries should be consigned for the purposes of inspection. The case in question is one in which an ox belonging to a well-known butcher and farmer (whose butcher's business is carried on in the city, but who resides some eighteen miles distant therefrom) was observed to be suffering from some form of illness of such a serious nature as to necessitate its immediate slaughter. The carcass was dressed and sent in to Edinburgh, and there sold without being submitted to inspection. Shortly afterwards one of the men who assisted in dressing the carcass developed symptoms of malignant pustule in the arm, and he has since died. The authorities, it seems, are in possession of important evidence in connection with the case, and also of portions of the diseased organs of the ox, which has been pronounced by experts to have been the subject of anthrax. A prosecution, it is understood, will be initiated.

ABERDEEN UNIVERSITY EXTENSION.

THE Executive Committee appointed in connection with the University Buildings Extension Scheme met on January 15th, Lord Provost Stewart in the chair. The draft memorial proposed to be laid before Lord Lothian, Secretary for Scotland, which had been revised at a meeting of the University Court on January 12th, came up for final consideration. The alterations suggested by the University Court were approved. The abstract of estimated cost of the proposed extensions was finally appointed as follows: Extensions of south wing of Marischal College, £18,500; new west front, £15,000; alterations of existing buildings, £5,500; extensions (at King's College or Marischal College) to accommodate new subjects, £15,000; cost of sites to be acquired at Marischal College, £24,000; contingencies, £2,000; total, £80,000.

ABERDEEN CITY HOSPITAL.

AT a meeting of the Aberdeen Town Council, held on January 18th, certain allegations against the City Hospital, were discussed by the Convenor of the Public Health Committee, Mr. Macconachie. The charges were that crying children were soothed by a cold plunge bath, that children were soundly smacked by the nurses, and that patients' letters were opened by the officials. The first two charges were proved to be unfounded, but the third irregularity was proved; one letter, quite open, had been looked at by one of the young nurses. In future steps were to be taken to prevent such an offence. Mr. Macconachie very seriously pointed out that complaints against the administration of