

finished their studies and passed their examinations, to Berlin, Vienna, Paris, or London.

"Two years ago, I wrote a book on the *Teaching and Learning of the Medical Sciences (Ueber das Lehren und Lernen der Medizinischen Wissenschaften*, Gerold, Wien, 1876). You will find there all my views on those points in which you are interested.—I have the honour to be, etc.,

"DR. TH. BILLROTH.

"Vienna, January 31st, 1878."

THE ARMY MEDICAL SERVICE.

MR. HARDY has, under stress of existing circumstances, been compelled to admit to the House of Commons that his scheme for popularising the Army Medical Department with the medical profession has broken down. This is exactly what the Parliamentary Committee of the British Medical Association plainly predicted to him at the moment of the inception of the plan; and they just as plainly pointed out to him the causes and the remedies of the unpopularity. Lord Herbert left the Army Medical Department flourishing, well organised, popular, and efficient; it has been the labour of each of Lord Herbert's successors to destroy his good work, and they have succeeded only too well; while Mr. Hardy only last year sneered at the alleged dissatisfaction of the Army Medical Department, and treated the whole question with a certain cynical contempt which was in itself hardly decorous, and certainly unlikely to contribute to the popularity of the department in the profession. The fact is, however, that there is no department of the public service more easily satisfied or more reasonably disposed; and, when Mr. Hardy sets himself seriously to promote the welfare of the department, he will find no difficulty in accomplishing his task, and he will find ourselves and the profession generally well disposed to meet him in the most cordial spirit, and to assist frankly and heartily in the satisfactory adjustment of the difficulties which have hitherto interfered with the efficiency of the department.

THE YEAR 1877.

THE recent quarterly return of the Registrar-General states that "in the United Kingdom 1,153,398 births and 667,796 deaths were registered during the year 1877, equal to a birth-rate of 34.5, and a death-rate of 20.0 per 1000 persons estimated to be living in the middle of the year. The *natural* increase of population, by excess of births over deaths, was therefore 485,602, and 7,903 more than the excess in 1876. The *actual* increase is governed by the balance between immigration and emigration. No complete record of immigration exists, but returns issued by the Board of Trade show that, during 1877, emigrants of British origin to the number of 91,060 left the various ports of the United Kingdom at which emigration officers are stationed. Emigration continues to decline, and the number in 1877 was 11 per cent. lower than that in 1876, which showed a decline of 22 per cent. from the number in 1875. The decline in 1877 from the numbers in 1876 was equal to 11 per cent. in English, 14 per cent. in Scotch, and 12 per cent. in Irish emigrants. Of the 91,060 British emigrants during last year, 45,792 left for the United States, 29,703 for the Australian Colonies, 7,822 for British North America, and 7,743 for all other places.

"In England and Wales 887,055 births and 500,348 deaths were registered during 1877; the birth-rate was 36.1, and the death-rate 20.4 per 1000 persons living. The birth-rate exceeded by 0.5, while the death-rate was 1.6 below, the average rate in the ten preceding years. The death-rate was lower than that which has prevailed in any year since civil registration was established in 1837. The returns of marriages for the last three months of 1877 are not yet available; the marriage-rate in the first nine months of the year showed, however, a further decline from those which prevailed in the corresponding periods of recent years.

"English mortality may be said to have been stationary during the twenty years 1851-70. It is, however, satisfactory to find that during the first seven years of the current decade, the rate of mortality in England and Wales has showed a decided decline. During the ten years 1851-60, the average annual rate of mortality in England and Wales was equal to 22.2; and in the following ten years, 1861-70, to 25.5 per 1000; during the seven years 1871-7, the average annual rate declined to 21.6. This decline of 0.8 per 1000 in the death-rate during the past seven years, signifies that 132,433 persons have survived whose deaths would have been recorded had the death-rate been equal to that which prevailed during the twenty years 1851-70. There appears good

reason to infer that much of this saving of life, and consequent decrease of sickness, is both directly and indirectly due to the new era of sanitary progress inaugurated by the passing of the Public Health Acts of 1872 and 1875. It is only, however, necessary to point to the marked variations in local death-rates, and to the conclusive evidence of excessive mortality in the manufacturing and mining districts of Lancashire and Yorkshire, and elsewhere, to prove how much may be hoped from still further improvement in sanitary organisation and administration.

"The 500,348 deaths in 1877 included 120,611 of infants under one year of age, and 126,049 of persons aged upwards of 60 years. The rate of infant mortality measured by the proportion of deaths under one year to births registered, was equal to 136 per 1000, against 158 and 146 in 1875 and 1876. Infant mortality in 1877 was lower than in any year since 1837, when civil registration first supplied a satisfactory basis for its calculation. During 1876, and 1877, infant mortality averaged only 141 per 1000, whereas in the five preceding years it had been equal to 153 per 1000. The decline of infant mortality in 1877 was doubtless in some measure due to the moderate temperature during the summer, which caused an unusually low death-rate from infantile diarrhoea; but the decline was not confined to the summer quarter of the year, and therefore appears to afford evidence of improved sanitary condition. The rate of mortality among persons aged upwards of 60 years, was equal to 68.7 per 1,000 persons estimated to be living at those ages, which although almost identical with that which prevailed in 1876, showed a marked decline from the death-rates at similar ages in preceding years.

"The deaths registered in England and Wales during the year, from all causes, included 64,454 which were referred to the seven principal zymotic diseases, showing a further decline of 8,763 from the numbers referred to the same causes in 1875 and 1876. These 64,454 deaths included 4,280 from small-pox, 8,637 from measles, 14,230 from scarlet fever, 2,522 from diphtheria, 10,518 from whooping cough, 9,481 from fever, and 14,786 from diarrhoea. The death-rate from these seven diseases was equal to 2.6 per 1,000, against 3.3 and 3.0 in the two preceding years. The zymotic death-rate in 1877 appears to have been unprecedentedly low, and was no less than 1 per 1000 below the average zymotic rate in the seven years 1870-6; thus it may be estimated that about 24,547 lives survived the year 1877, that would have succumbed to these diseases had the rate equalled that which prevailed in the seven preceding years. The deaths referred to measles, scarlet fever, diphtheria, fever, and diarrhoea, were considerably less numerous than those in 1876, whereas the fatal cases of small-pox and whooping-cough showed an increase. During the seven years 1870-6, the annual death-rate from fever—including typhus, enteric, and simple fevers—showed a steady decline, which was fully maintained during 1877. The annual death-rate from fever, which was equal to 79 per 100,000 persons living in 1870, has since continuously declined, and during 1877 did not exceed 39 per 100,000, or less than half the rate that ruled in 1870. As the proportional mortality in cases of fever averages nearly 20 per cent., it may easily be calculated that the actual reduction of deaths from this disease only partly represents the gain to the community due to the steadily declining prevalence of fever.

"The inquest cases registered in 1877 were 25,623, equal to 5.1 per cent. of the total deaths; this was slightly below the proportion that prevailed in 1876. The deaths referred to different forms of violence were 16,718, and were 854 fewer than those resulting from violence in 1876."

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

The Curse of Drink.—*Iodide of Potassium in the Treatment of Asthma.*—*Tattooing the Cornea.*—*Pilocarpine as a Myotic.*

DR. LUNIER, a most indefatigable and zealous apostle of temperance, and one of the founders of the Temperance Society of France, has lately brought out a work on the production and consumption of alcoholic drinks in this country, and their influence on the physical and moral health of the populations. The volume under notice, which is the completion of a memoir read by Dr. Lunier before the Temperance Society of Paris in 1873, is, as indeed may be inferred from the title, a most interesting production—interesting alike to the vendors as it is to the consumers of wines and spirits; and even philanthropists, political economists, and the medical profession may derive most useful information from the work. From his official position as Inspector-General

of Lunatic Asylums and Prisons in France, Dr. Lunier has been enabled to consult documents from which he has obtained authentic information on the following points: 1. The proportion of offenders against the law prohibiting drunkenness in public; 2. The proportion of accidental deaths determined by excess of drinking; 3. The proportion of insanity caused by alcohol; the proportion of suicides attributed to alcoholism. On these divers questions, Dr. Lunier has arrived at conclusions which would make one shudder; and he has shown that the abuse of alcohol, whatsoever the form in which it is taken, will almost surely lead to crime, insanity, and suicide, if not to a lingering disease and eventual death. These, however, are only the immediate or direct consequences of the drunkard's evil habits; but when one contemplates the effects on the innocent victims that surround him, such as misery at home, brutal treatment of wife and children—the latter affected with idiotism, imbecility, convulsions, scrofula, pulmonary phthisis, and a host of other maladies, which are perpetuated even to the third and fourth generations—the picture is something awful, and no punishment can be severe enough for such offenders. Dr. Lunier, therefore, deserves the highest praise and gratitude of all right thinking men and women for his laudable efforts to put down the degrading vice; and if he had but a few more imitators, such scenes as are daily witnessed among drunkards and their families would be reduced to a minimum, society would benefit by the change, and the physical and moral condition of the people be improved in every way. To bring about these conditions, stringent laws and over-taxation of alcoholic beverages would be of no avail, unless, as Dr. Lunier observes, the populations received the benefit of elementary instruction and moral education, so that they might be able to read and learn for themselves the dangerous consequences of the abuse of alcoholic liquors. Dr. Lunier suggests other measures for the suppression of drunkenness, for which I must refer your readers to the work itself. I may, however, observe that, though teetotalism may be useful in its way, Dr. Lunier thinks it would be a waste of time to endeavour to introduce it into this or any other wine-growing country. In fact, Dr. Lunier is no enemy to wine-drinking in moderation; and he asserts that it has been proved, by long practical experience, that natural wine, that is, the unsophisticated juice of the grape after fermentation, is, of all alcoholic beverages, the best; it should not contain more than ten or eleven per cent. of alcohol. After this, comes beer; then cider; but, to be harmless, these also must be pure and natural. As for brandies and other spirituous liquors, he condemns them *in toto* as common beverages, though they may find their utility as therapeutic agents.

If Professor Germain Sée be not an original inventor or discoverer, he certainly deserves great credit as an innovator; for to him is due, in a great measure, the introduction into medical practice in this country of many old drugs and new remedies, which perhaps, but for him, would have been consigned to oblivion. I do not mean to insinuate by this that there are not in France other physicians of equal merit; but, whether from timidity or other cause, they are very slow in adopting any new discovery, unless it be *bonâ fide* French. For instance, I have only lately had occasion to speak of Professor Sée in connection with salicylic acid and its derivatives, which he popularised in this country, although, as he himself stated before the Academy of Medicine, these substances had been employed in Germany and Great Britain long before he brought them to special notice in France. At a recent meeting of the Academy of Medicine, M. Sée read a paper, in which he rehabilitates the efficacy of the iodide of potassium in the treatment of asthma. I say rehabilitates; because I find that, even on your side of the Channel, the remedy seems to be scarcely noticed, or almost forgotten, in the treatment of this affection. For nearly twenty years back, M. Sée has been employing the iodide of potassium for the cure of asthma; and, according to his experience, it may be looked on as a specific for the disease, if there be such a thing as a specific in medicine. It is true that others had employed it, and are still employing it, in this affection; but as it is invariably prescribed with other substances, such as ipecacuanha, opium, belladonna, ether, etc., it is difficult to say to which to attribute the curative effect. M. Sée has had the idea of trying the iodide of potassium alone, which has been followed with the happiest results. He prescribes it not only during the attack, but enjoins the patient to continue it for weeks, months, or years, according to the severity or duration of the malady. In exceptional cases, he combines it with a little opium, to prevent iodism, and, when the breathing is greatly oppressed, with chloral. During the paroxysm, however, M. Sée employs the iodide of ethyle, a substance discovered in 1825 by Gay-Lussac, and composed of iodine and ether, the new compound possessing the respective properties of both these substances. He administers it by inhalation, and he has often found that a single dose of five or six drops has been sufficient to cut short a paroxysm. The breathing once relieved, he then

trusts to the iodide of potassium to effect a cure. The above treatment has been found useful in all cases of asthma, whatever its origin; and the iodide of ethyle has also proved efficacious in relieving cardiac and laryngeal dyspnoea. For further information on the subject, I must refer your readers to this most interesting report, a full account of which will be found in the *Bulletin* of the Academy of Medicine.

Tattooing the cornea, for the purpose of masking the indelible cicatrices of leucoma, is becoming much in vogue among ophthalmologists in this country. The operation has certainly a great advantage in an æsthetic point of view; but, according to the experience of M. Panas, a distinguished surgeon and ophthalmologist, the operation is not so inoffensive as it is supposed to be, as he found, in a certain number of cases operated on by himself and others, that serious accidents have supervened in the form of irido-cyclitis, which he attributes to the presence of the colouring matter employed in tattooing, which, acting as a foreign body, sets up irritation and subsequent inflammation, as indicated by perikeratic injection, excessive lacrymation, and photophobia; but, when the operation is not followed by accident, M. Panas considers tattooing a great achievement in ophthalmic surgery, as he declared, at a recent meeting of the Société de Chirurgie, that it not only improves the outward appearance of the eye, but that in an optical point of view, and consequently more scientific, the sight is really improved in a notable manner. This fact should counterbalance every other consideration in the interest of the patient.

In connection with ophthalmic therapeutics, I may bring to notice a paper lately read by Dr. Galezowski, before the Biological Society of Paris, on the effects of pilocarpine, the active principle of jaborandi, on the eye. According to this well-known ophthalmologist, we possess in this new alkaloid a powerful myotic, equal in effect to that of eserine; but it has the great advantage over the latter in producing less irritation or other mischief in the eye; for he has noticed, after the use of eserine, that the patients have complained of intense ocular pains, followed by conjunctivitis attended with nausea. He employs pilocarpine in solution, selecting either the nitrate or the sulphate according to circumstances. In the former case, the strength of the solution is twenty centigrammes to ten grammes of distilled water; in the latter, ten centigrammes to six grammes. He prefers cherry laurel-water for the solution, as he has noticed that the pilocarpine loses its myotic properties after a time when it is made up with ordinary distilled water; and care must be taken that, whatever salt is employed, it must be perfectly neutral.

The death of M. Eugène Simmonet took place at Cannes, whither he had gone for the benefit of his health, in the sixty-third year of his age. M. Simmonet was a most enterprising medical publisher in Paris, and was very popular in the profession. He was the founder of the *France Médicale*, which, after being edited by Roubaud and other distinguished men, fell into the hands of Dr. Bontentuit, its present talented editor and proprietor.

ASSOCIATION INTELLIGENCE.

METROPOLITAN COUNTIES BRANCH.

AN ordinary meeting of this Branch will be held at the house of the Medical Society of London, 11, Chandos Street, Cavendish Square, on Wednesday, February 27th, at 8 P.M.; when Mr. T. HOLMES, F.R.C.S., will read a paper on Provident Dispensaries, to be followed by a discussion.

ALEXANDER HENRY, M.D. } *Honorary Secretaries.*
W. CHAPMAN GRIGG, M.D. }

London, February 7th, 1878.

STAFFORDSHIRE BRANCH.

THE second ordinary meeting of the Session will be held at the London and North Western Hotel, Stafford, on Thursday, February 28th, at 4.30 o'clock P.M. The Chair will be taken by Dr. Arlidge.

Members wishing to read papers or show specimens are earnestly requested to communicate at once with either of the Secretaries.

VINCENT JACKSON, } *Honorary Secretaries.*
J. G. U. WEST, }

Wolverhampton, February 12th, 1878.

LANCASHIRE AND CHESHIRE BRANCH.

THE first intermediate meeting of this Branch will be held at the Town Hall, Oldham, on Tuesday, March 5th, at 3.30 P.M.

Dr. W. H. Broadbent (London) has kindly consented to read a