

Dr. Mulhall, of St. Louis, U.S.A., writes; ".....I took them (the tablets) faithfully, but perceived neither any good or evil effects from them. Had I perhaps pushed the remedy until its physiological effects were noticeable, it might have been of service to me. I was sea-sick; but my illness was, with the exception of two or three vomits, displayed in a constant nausea. They relieved one steerage passenger most wonderfully; and two or three others expressed themselves as feeling decidedly better; whilst four or five others experienced no benefit. On the whole, one may say, from my little experience, that 50 per cent. of cases are benefited by the nitro-glycerine tablets. When one is himself sea-sick, he does not feel very energetic about arriving at exact results."

A lady, weak and delicate, after crossing the Channel, wrote: "I took one of the tablets, and it sent off my head a 'spinning'; and my temples were fit to split open; but, after half an hour or so, I brought it all up. So I fear it was not successful; but, however, I really did not suffer so much in my head as usual, and was in every respect better this time than on former occasions."

These nitro-glycerine tablets are supplied by Mr. Martindale, chemist, New Cavendish Street.

#### WOOLLAMS' PAPERS FREE FROM ARSENIC.

At the last Sanitary Exhibition at Croydon, a medal was awarded to Messrs. Woollams and Co., 110, High Street, near Manchester Square, London, W., as a special mark of merit for their paper-hangings free from arsenic, after full examination of a large number of samples. Messrs. Woollams and Co. have long had a well-deserved reputation for the highly artistic character of their wall and ceiling papers; this reputation is fully maintained by the samples which we have seen of their workmanship. In these papers and decorations, artistic merit of a very high kind is noticeable, and no æsthetic qualities are sacrificed to the rigid observance of sanitary considerations in the preparation of the colours with which the ceiling and wall papers are attended. In view of the frequent detection by medical men of cases of insidious injury to health from arsenic papers of yellow, green, buff, and other colours, and even of lead-poisoning from like causes, it is of importance to encourage the use of wall decorations which can be guaranteed free from poisonous colour.

#### LIEBIG'S LEGUMINOUS COCOA-POWDER.

AMONG the many recent products of chemical and dietetic ingenuity, none has come under our notice which is more promising than that now being introduced into this country under the name of leguminous cocoa-powder, after a formula devised by Baron Hermann von Liebig, and now carried out successfully on a large scale with the view to general introduction as an article of diet. The essential value of cocoa in this aspect depends, of course, in the first instance, upon its alkaloid element, which is nearly identical with that contained in tea and coffee, and claims to rank as a nerve-stimulant and waste-preventer, or, as the French have aptly styled all this class of dietetic articles, as "aliments of economy". The drawback to the use of cocoa extensively as a beverage is found in its excess of fat, which makes it to many unpalatable, and to yet more persons indigestible. Many devices are employed to overcome this defect. In some, the fat is abstracted purely; and in this it is partly abstracted; and other additions are made of sugar and starch—so large, indeed, that the solution drunk under the name of cocoa is often little else than boiled starch-water slightly flavoured with cocoa and sugar. Baron Liebig has here aimed at perfecting cocoa as a drink which shall be at once nutritious, digestible, and restorative; and for this purpose he has, after abstracting the excess of fat, mechanically combined with the cocoa finely-ground legumin. Thus he has, of course, added to the carbo-hydrates of the cocoa infusion a rich preparation of flesh-forming matter, whilst it appears also from careful analyses that 5 per cent. of the mineral matters consist of phosphates chemically combined. From the point of view of medical dietetics the leguminous cocoa of Liebig has much to recommend it; while, as a breakfast beverage, it has the essential recommendation of being very agreeable and of retaining in a high degree the fine aroma of good cocoa or chocolate. The London agency for this food-product is at 7, Idol Lane, E.C.

At the recent meeting of the British Association at Swansea, Dr. Schaaflhausen of Bonn exhibited the Neanderthal skull which was found in 1857, and which, he submitted, was not the skull of an idiot, but of a man of the lowest development. Professor Rolleston was also of opinion that the man whose skull it was was not an idiot, and said that the abnormal development in connection with it consisted in the frontal ridges.

#### BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1880.

SUBSCRIPTIONS to the Association for 1880 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 Mr. FRANCIS FOWKE, General Secretary, 161, Strand, London. Post Office Orders should be made payable at the West Central District Office, High Holborn.

### The British Medical Journal.

SATURDAY, SEPTEMBER 25TH, 1880.

#### WOOLSORTERS' DISEASE IN BRADFORD.

SINCE the Commission was appointed by the Bradford Medico-Chirurgical Society to inquire into cases of this disease, four distinct instances of it have come under their observation. One of these presents some features of special interest, which may possibly lead to the opinion that the disease sometimes affects other members of the community besides woolsorters. There is nothing, of course, inherently improbable in the suggestion. Indeed, supposing the disease proved to be due to infection by impure wool or hair, it would seem to be rather more likely than not that persons occupied in the processes of the wool-manufacture beyond the process of sorting might occasionally suffer. The case in question is that of a man about forty years of age, who was occupied as a combing overlooker (wool-combing, it may be mentioned, is a process subsequent to carding, which, in turn, succeeds sorting; and both carding and combing are performed after the wool has been washed). This man was at work on Friday, September 10th, 1880, on English wool, superintending the combing; but he had been occupied up to a fortnight or ten days before "on Persian and other dirty wools". On September 10th, he was at work till half-past one o'clock, when, feeling ill, he went home, and went to bed. He complained of difficulty of breathing, and of pain in the region of the stomach. During the night, he slept pretty well, but perspired freely, though he had no pain. The next day, he rose in the afternoon, and was on the point of going out, when he was dissuaded by his friends. Soon afterwards, he became suddenly unconscious, and died in a quarter of an hour. There was valvular disease of the heart, a cause in itself sufficient to account for death; but what chiefly caused a suspicion of woolsorters' disease was the very rapid decomposition of the body. This led to an examination of the blood and of the fluid which oozed from the mouth. Both were found to abound in the *bacillus anthracis*. With this blood, a mouse was inoculated on September 13th, at 8 P.M., the site of infection being the root of the tail. On September 15th, at 9 A.M., the mouse was alive, and seemingly well, but must have died soon after; for, on examination in the afternoon of that day, it was found to be dead. A *post mortem* examination was made at 11 P.M. the same day. Decomposition had already set in, the root of the tail, where the bacillus-containing fluid had been inoculated, being discoloured; and the lower part of the back from this point, as high as the middle of the dorsal region, being soft, black, and putrid. Some fluid taken from the chest was found to be swarming with *bacilli*. Some fluid from the spleen was also loaded with *bacilli*, some of the specimens being very long.

The question, How long is the period of incubation in woolsorters' disease? arises in this case. We are told that, at the time of his falling ill, the patient was working in English wool. There is no suggestion from any quarter, as yet, that English wool induces the disease; and we are therefore driven to the supposition that it was from the "Persian and other dirty wools" on which deceased had been working from ten to fourteen days before, that the fatal infection was caught. But it would be premature to infer from this case that the period of incubation varies from ten to fourteen days, since the germs of the disease (otherwise the spores of the *bacillus*) might have been about the warehouse or comb-

ing-shed in the interval between the deceased's being engaged on Persian and English wools, and so might have infected him at any period. In point of fact, sorters generally attribute their illness to a particular specimen of wool, which has been handled generally only a short time before the commencement of the illness, very often a day or two days before; so that it seems likely that the period of incubation is a shorter one than "from ten to fourteen days". There are, however, no definite statements yet made which enable us to say what is the precise length of the incubative stage in woolsorters' disease; or if, as is most likely, judging from the analogy of other zymotic affections, the period is a variable one, there are no facts which yet enable us to state the limits of the variation.

In another of the cases above referred to, an inquest was held on September 15th. The deceased, J. W. Smith, aged 19, was engaged for three months previously to his illness in sorting average and white mohair; and it was a part of his duty to sweep, every Saturday, the room where van mohair was dealt with, and to pack the sweepings in bags. On September 4th, he was playing cricket, when, being attacked by illness, he was compelled to return home. On the 5th, he was seen by a medical man, who found him feverish and complaining of pain in the head and right side of the body. There was dulness on the right side of the chest posteriorly, and there was crepitation with inspiration. On September 8th, diarrhoea set in, and continued till death, which occurred on September 13th. No *bacilli* were found in some blood which was taken from deceased before death, but numerous specimens were found in the fluids taken after death at the *post mortem* examination, at which Mr. Spear (of the Local Government Board), Mr. Butterfield (the medical officer of health), Mr. Tordoff, and Dr. Bell, who attended the case, and Drs. Rabagliati and Goyder, were present. The inquest was adjourned till October 6th, for the taking of evidence regarding the precautions taken by the firm for whom deceased worked to combat the infectiousness of the materials on which he was engaged. The diarrhoea which existed in this case is not an usual feature of the disease, and served, to some extent, to throw doubt on the diagnosis; but there was no ulceration of Peyer's glands found, while the presence of the *bacillus* leaves no room for doubt. The most characteristic and *post mortem* features of the disease were also present, namely, an accumulation of fluid in the pleural cavity, and softening of the bronchial glands. In one of the cases which has come under the observation of the Commission, there were about three pints of fluid in the pleural cavity, while in Smith's case it amounted only to about half a pint. In a case which occurred at Keighley on August 30th, the blood, which as usual contained *bacilli*, was used to inoculate a rabbit and a guinea-pig, both of which died, one in forty-four hours, and the other in forty-six hours after inoculation. In their blood, *bacilli* swarmed.

It is clear from these cases, as from others, which have been previously reported, that woolsorters' disease, or, as Dr. Bell proposes to call it, *anthracemia*, is by no means an uncommon affection; and it would appear certain that the *bacillus anthracis* has to do with it either as cause or effect. Now that attention has been directed to it, we shall probably hear more of it; and it is just possible that some obscure cases of disease, at present certified as malignant fever, may come to be classified under this head. Possibly, also, some cases of fatal illness among children, which are at present not understood, may be identified with it. If the *bacillus* could be developed in any way from the wool or from the dust given off by it, a link in the chain of evidence at present wanting would be supplied, and we should be a long way nearer the solution of some points which still remain undetermined.

#### A NIGHT MEDICAL SERVICE.

At the instigation, and mainly through the praiseworthy efforts, of Dr. Henri Nachtel, it has been decided to organise a Night Medical Service in New York city, upon a plan which has worked satisfactorily in Paris, Berlin, and St. Petersburg. The purpose of the night medical service is, without assuming any authority, to place prompt and efficient

medical assistance at the disposal of the sick during those hours of the night in which it is often difficult to secure such attendance; and thus, in cases of accident, of acute disease, of poisoning (accidental or designed), and in the many difficult emergencies of the night-time, to save life by prompt and decisive measures taken at the proper juncture, and not delayed until medical interference is too late. The service is not gratuitous, and any applicant availing himself of its facilities in an emergency is expected, if able, to pay the doctor in the same manner as he pays his family physician when he employs one. It merely enables a householder, in case of sudden emergency, when the family physician is absent or out of town, to apply to the nearest police-station; and having selected a physician from the authorised list kept at the office, to tide over the momentary difficulty, and leave him free to have recourse to the family physician in the morning. No obligation to employ the night-attendant a second time is established or implied by the temporary emergency. The call is for once only; and, if the doctor pay any further visits, it must be in consequence of a private agreement between the night-attendant and his patient, in which each acts upon his own responsibility, and at his own risk. If the night-attendant find his patient in such a condition as to render it advisable to telegraph for an ambulance, he is at liberty to act upon his own judgment promptly, if the patient or his or her friends consent, and to dispose of the case by removal to a hospital; or, under less urgent circumstances, the night-attendant may take such measures as are essential to the temporary relief of the patient, and advise removal to the hospital in the morning. The night-attendant is, however, not endowed with any legal authority whatever; he merely speaks as an adviser, and not as an officer. If he entertain a suspicion of malignant contagious disease, it becomes his duty to report the case to the Board of Health without delay, in the same manner as any other practitioner; but of his own motion he has no power or authority to make any arbitrary disposition of the case. Happily, the compulsory reporting of all cases of contagious disease attended by medical practitioners is enforced with the utmost rigour in New York city, and it is to be hoped that a similar law will soon be adopted in this country.

The regulations for providing medical assistance in cases of sudden sickness or accident during the night-time are embodied in a short Act which has been recently passed. Under it, it becomes the duty of the captain of each police precinct in New York to register in a book provided for the purpose the names and addresses of all physicians and surgeons of good and regular standing residing within such district, who shall make application for such registry, and who shall thereby pledge themselves to respond to any call for medical attendance made by the police. It is the duty of the registrar of vital statistics to revise this list, and it is not lawful for the police captain to employ any gentleman so registered until he has received a certificate of endorsement from the registrar. The revised list is then printed, and posted in a convenient place in the captain's office, and copies of it are posted in the hotels and telegraph-offices of each district. When application is made at the police-office for medical assistance, the name and address of the applicant, and also of the person needing such attendance, and the date of the application, are at once registered. If an applicant have no preference, it is the duty of the officer in attendance to select the name of the doctor residing nearest to the residence of the patient. An officer is then detailed whose duty it is to call upon the doctor without delay, and to conduct him to the patient's residence forthwith. He then verifies the accuracy of the entries made in the book at the police-office, and enters the name and address of the doctor attending, as well as those of the patient, and the date and hour of the visit, upon a blank form with which he is provided for the purpose, which he then signs and gives to the night medical attendant, who is entitled to receive three dollars from the public funds if the patient refuse to pay that sum in exchange for this certificate. In the latter case, the authorities reserve to themselves the right of recovering the three dollars from the patient in the law-courts, unless he proves to their satisfaction that he is without sufficient means to enable him to pay. The medical attendant has in all cases

to transmit to the Registrar of the Board of Health, during the next twenty-four hours, "a full and accurate statistical exhibit of the case". Provision is also made for the prompt attendance of a second medical attendant if the first be not immediately available; and any physician who neglects to respond to the call of the police-officer is liable to have his name struck off the register. An annual vote of three thousand dollars is made from the State funds to defray the cost of the night medical service.

The following objections have been made to the scheme. It is thought that the medical attendants will be mainly confined to young physicians just commencing practice, whose time is not fully filled up. This view is negatived, however, by the experience of continental cities. Many unqualified practitioners and quacks were thought likely to avail themselves of the service; but this will be impossible under the regulation which provides for the revision of the lists by the registrar of vital statistics, who has the power to erase the name of any practitioner for good and sufficient reasons, and who is thus enabled to investigate "the diploma, record, or regularity" of any physician as to whose competence he may entertain a doubt. As we have before said, until the captain of police has received a certificate of competency from the Registrar, he is not at liberty to employ any physician who has applied to have his name placed upon the register.

In our opinion, the scheme possesses the elements of success, and we shall watch its development with interest. If it succeed, there can be no doubt that it will confer great benefit upon a large class of the community, especially in case of epidemics; and we shall hope to see some similar scheme adopted in the metropolis and in other large towns throughout the United Kingdom.

#### PREVENTION AND CURE OF INFECTIOUS DISEASE.

IN an anniversary address, delivered before the New York State Medical Society, and which has just reached us, Dr. H. D. Didama contrasts the immense progress which has been made in surgery during recent years with the comparatively slow rate at which our knowledge of preventive and curative medicine increases. With regard to the latter, he believes that a great work, now waiting to be accomplished, is the discovery of means for the prevention and cutting short of acute infectious disease. His argument is briefly as follows. The tendency of modern investigation tends to show that minute living things, call them what we will, are so associated with contagious, infectious, and even miasmatic diseases, that these diseases never arise unless the specific germ be present. In the small-pox of men and animals, minute granules and filaments, of peculiar shape and behaviour, have been found; in splenic fever, very narrow rod-like bodies are always present, and the disease cannot be propagated without them; in relapsing fever, certain spirilla, capable of producing the fever, have been demonstrated; and, in malarial diseases, the offending cause has been shown to be a variety of living bacillus, and not a dead chemical poison, the product of decaying vegetation. Facts like these give strong support to the hypothesis that in all the contagious and infectious complaints, and in some self-limited ones which are not contagious, a specific germ is a *sine qua non* to the development of the disease. No harm can come, but much good, from a provisional adoption of the germ-theory. Well-directed sanitary and therapeutic blows may be delivered against a tangible enemy; but, if our foe be only a mysterious influence, we fight uncertainly as one that beateth the air. The germ-theory accounts, as no other hypothesis does, for the incubation of the eruptive and malarial fevers; the noxious granules received into the blood continually reduplicate, till they become sufficiently numerous to affect the nervous system, and produce the morbid elevation of temperature. It gives a reason for the limited cycle of these fevers; their germs exhaust the soil of some material necessary for their growth and multiplication, and then the fever dies of starvation. It assumes that each disease has its special pabulum, so that scarlet fever may consume its peculiar food, once and for ever, and yet leave an abundance of nutriment suitable for the growth of measles or small-pox. Furthermore, this theory may

account for the recurrence of intermittent fever, at somewhat definite periods, after having been arrested by medication. Tyndall found that, while a short boiling destroyed the developed germs in his hay-infusions, the minute granules required a long continuance of the process, or a repetition after a few days. From analogy, we can understand that, while the drugs employed in ague promptly kill the full-grown ague-plants, they may leave the more obstinate seeds to grow to morbid maturity. We can understand, too, why that treatment is most successful which anticipates the recurring tendency, by giving a few efficient doses at weekly intervals.

Now, if minute organisms be the sole cause of contagious, infectious, and malarial diseases, then these diseases may be, and should be, prevented. In regard to one of them—small-pox—the prevention by vaccination is acknowledged to be adequate. Intermittent fever, also, is either prevented or cured, as the case may be, by quinine. It remains for some one to discover a parasiticide which shall destroy the morbid seeds already lodged in the blood, not leaving them to develop and eat out their peculiar food, and with it the life of the patient. Here is a field for the loftiest ambition and warmest philanthropy. Who shall be its successful occupants? There has not been any advance with regard to the prevention or cure of disease during the present century which can at all compare with Jenner's great discovery at the close of the last. Even this, however, would be surpassed if the great end indicated above could be attained.

WE understand that an English physician (Dr. Alfred Wise) will practise at Davos Platz during the winter season.

A CHILD has been poisoned at Liverpool by swallowing a chemical fly-paper.

ATTENTION was called, at a recent meeting of the Liverpool Health-Committee, to the death-rate, which has been very high of late. It was stated that, in the week ending September 11th, diarrhoea alone caused over 112 deaths, of which 107 were those of children below five years of age, all occurring in Liverpool.

ABOUT £88,000 has now been subscribed towards the cost of the projected new University College at Liverpool, and little more will be needed to make up the amount required. £10,000 is given by the trustees of the late Mr. Roger Lyon Jones to the Royal Infirmary School of Medicine, to found a Chair of Experimental Physics, with which mathematics will be for the time associated.

A LARGE volume containing the results of the Commission of Inquiry into the spread and causes of *pellagra* has been published, and is now the theme of discussion in the Italian press. Lombrosi, a celebrated writer on crime and criminals, maintains that, while the Government statistics put the number of *pellagrosi* at one hundred thousand, they are far nearer half a million; that this new plague is penetrating into the Vattellina and Umbria, and even descending to the territory around Rome at an alarming rate.

THE *Pacific Medical and Surgical Journal* refers those who regard vaccination as "a relic of barbarism" to the medical statistics of India, where, in three of the local governments, the total deaths from small-pox in the year 1878 were 226,946, and advises the antivaccinationists to travel off to the Punjab, where they may enjoy the fruits of exemption from what they are fond of terming the "Jennerian curse".

#### THE NON-PAUPER PATIENT QUESTION.

At a recent meeting of the Metropolitan Asylums Board, a letter on this question from the Local Government Board was read. It appears that the authorities of University College Hospital had sent a scarlet fever patient to one of the Board's asylums, in a manner opposed to the forms in which patients can be received, as under the Act of 1867 all cases have to go through the relieving officer's hands, and the Local

Government Board was asked by the University College Hospital authorities, to give its sanction to the Asylums Board opening the small-pox and fever asylums to whatever patients afflicted with those diseases the hospital might find it necessary to send. The Local Government Board, in reply, pointed out that patients could only be admitted through the medium of the Poor-law authorities (thus rendering each patient a pauper); but that by section 15 of the Poor Law Amendment Act, 1879, it was open to the vestry authorities of any London parish to contract with the Metropolitan Asylums Board to admit patients other than paupers to the asylums, the vestry paying the cost; but, the Local Government Board added, until the appeal was heard in regard to the case of the Hampstead Hospital ("Hill v. the Metropolitan Asylums Board") the managers of the Board would be indisposed to increase their responsibilities, which they would be doing if they undertook the care of non-pauper patients afflicted with fever or small-pox. The like question about Hampstead arose in respect to the Deptford Hospital. The committee asked the Local Government Board's sanction to provide necessary increased accommodation in respect to this asylum; but the Local Government Board, in reply, stated that the managers had better wait until the appeal was heard. Sir E. H. Currie remarked that the appeal, if decided in the Board's favour, would only give the managers the right to have a new trial, and the large hospital at Hampstead would remain empty all this time at the cost of the London ratepayers. It would be well, Sir Edmund suggested, that the boards of guardians of the metropolis should know this, and then probably some of them would take the asylum for a temporary workhouse in the prevailing pressure for workhouse accommodation in some of the parishes re-erecting workhouses.

#### ROYAL COLLEGE OF PHYSICIANS, LONDON.

THE following gentlemen have been elected by the Council Examiners of this College for the ensuing year:—Anatomy and Physiology: Dr. W. M. Ord and Dr. Curnow. Medical Anatomy and the Principles and Practice of Medicine: Dr. Chas. Handfield Jones and Dr. Andrew. Surgical Anatomy and the Principles and Practice of Surgery: Mr. George Lawson, F.R.C.S., and Mr. Bryant, F.R.C.S. Midwifery and Diseases peculiar to Women: Dr. Alfred Meadows and Dr. Henry Gervis. Chemistry and Chemical Physics: Dr. Stevenson and Dr. Bernays. Materia Medica and Pharmacy: Dr. W. H. Stone and Dr. Lauder Brunton.

#### TYPHOID FEVER AT WORMWOOD SCRUBBS PRISON.

AT a recent inquest into the death of a prisoner at Millbank Prison from malignant typhoid fever, it was stated that he had contracted the disease at Wormwood Scrubbs Prison from air-poisoning, caused by the filthy state of piggeries in the vicinity. We are enabled to state, on the best authority, that this is by no means the case, as the following statement of facts will show. About the latter end of 1878, there appeared a report in the BRITISH MEDICAL JOURNAL, stating that the Government authorities were running much risk in not appointing a medical officer to Wormwood Scrubbs Prison, which then contained between five hundred and six hundred convicts. A few months after that report appeared, it was found that, although the prison had been opened nearly five years, and inhabited by a large number of convicts, no sanitary arrangements had been made for the removal of the excreta of the men, and that the sewage of many hundred convicts was being buried in the works in a very circumscribed area, some in large holes, not bricked or cemented, dug in the stiff clayey soil of the place, tons of excrement being put in without any previous admixture with loam or quicklime; the holes were then covered over and left. These holes still exist; some but a foot or a couple of feet below the surface of the earth. The warders' quarters were only provided with cesspools, which emitted an intolerable stench; water-latrines were, therefore, built for the use of the convicts employed on the works, and the officers' quarters were provided with water-closets. Previous mischief and bad arrangements, however, remained; and, on the digging out of one of the foundations of the blocks, large quantities of decomposed sewage

were disturbed, causing much nausea at the time, both to the convicts and to the officers in charge of them. Last summer, and several summers before, being wet ones, no ill-effects appear to have resulted from this unhealthy state of affairs. What has happened this year, in consequence of continued hot weather, was a result to be justly anticipated. The epidemic caused by the effluvia arising from the semiputrid excrement has culminated in a marked form of typhus and typhoid. The soil upon which buildings were erected last year has naturally become to a certain extent excrement-sodden, in consequence of the numerous cesspits and cesspools about the prison-grounds. Only recently, a cesspool under the very window of the clerk of the works' office has been discovered; and the soil underneath the flooring of his office, on being taken up, was found saturated with sewage. The incriminated piggeries are situated about half a mile from the prison. The inhabitants of the locality were quite healthy, fever and sore-throats being unknown. The doctor who attends them, and the medical officer of health of the district, are each of opinion that the sickness at the prison could not in any way be attributed to causes proceeding from the piggeries in question. We are glad to know the authorities at the Home Office are now aware that the epidemic is due to purely local causes, and are now taking the necessary steps to obviate the sanitary defects enumerated. The prison authorities have invariably carried out the recommendations in regard to sanitary matters laid before them; but it will necessarily be a difficult matter to clear and disinfect the large space occupied by tons of semidecomposed excrement. Some blame has been cast on the medical officer of the prison at Wormwood Scrubbs for ordering the removal of the sick convict to Millbank. He, however, had no alternative; there is no hospital proper at Wormwood Scrubbs, although there are more than five hundred convicts; eleven ordinary cells being set apart for hospital purposes. The man Howard became quite deranged, and behaved in such a manner, that it was necessary he should be in a place where there are proper means of treating such a case; and Millbank Hospital is the recognised *succursale* to which serious cases are sent from Wormwood Scrubbs until the hospital now building there is completed. Again, the sick officer was not sent with the prisoner, as stated, but was also sent to Millbank for the same reason; that there is no proper hospital accommodation for severe cases either for officers or convicts at Wormwood Scrubbs, and it is compulsory that they should be sent to Millbank.

#### THE UNIVERSITY OF VIENNA.

DURING the summer session recently ended, there were 3,278 ordinary and 618 extraordinary students in the University of Vienna, against 3,258 and 687 in the preceding winter session. Of these, there were in the faculty of medicine, during the summer, 827 ordinary and 164 extraordinary students, against 679 and 144 in the previous session. Among the extraordinary students were 95 foreigners, of whom the largest contingent (38) was furnished by America: there were also 27 Servians and 29 Roumanians.

#### THAMES WATER AND WATER FROM THE CHALK.

AT the last meeting of the Bermondsey Vestry, the medical officer of health, Dr. Dixon referred to Dr. Frankland's report on the impurity of London water, and more especially to his statement that "the water supplied by the Southwark, and other companies was efficiently filtered, but quite unfit for dietetic purposes, owing to the large quantity of organic matter which it contained." Dr. Dixon went on to say:—"I think this unqualified statement is likely to cause unnecessary alarm. The total solid matter is less than a third part of a teaspoonful in every gallon. The greater part of that matter is chalk or harmless salts. The amount of free organic matter is about one grain in three gallons of water, the larger portion of which is of vegetable origin. There are no material facts which support the opinion, that river water of this character, when efficiently filtered, is really injurious. The water which is obtained from the deep chalk wells is doubtless of most excellent quality from a chemist's point of view, but medical men have failed to discover any differences worth noting in the death-rates, or any evidence what-

ever, that any special class of disease has been prevalent from drinking the waters of the Thames or Lea. Indeed, what differences exist, are in favour of the river water over that of the chalk wells. From the recent concurrence of an increased amount of dissolved organic impurity in the river water and an increased number of deaths from diarrhoea, it may be supposed that the former is the cause of the latter. Such is not necessarily the case. During the last few weeks the number of deaths from diarrhoea, has been quite as numerous, in proportion to the population, in the districts which are supplied by the Kent Water Company as in other districts which are supplied by the Southwark and Lambeth Companies. In the third quarter of last year, the proportional amount of organic elements in the river water compared with that of the chalk wells was 5.9 to 1. The number of deaths in London from diarrhoea was 1184. In the same quarter of the previous year (1878) the proportionate amount of impurity of the river water was only 3.4 to 1, but the deaths from diarrhoea were 2932. In the first quarter of 1872 the Thames water was nine and a half times as impure as the chalk water, yet the deaths from diarrhoea were only 132, being the lowest for that quarter during nine years (1871-79). In the third quarter of 1873 the river water was only two and a half times as impure as that of the Kent Company, but the deaths from diarrhoea were 3170, being the highest number in that quarter during the same nine years. Impure water is unquestionably a cause of diarrhoea and many other diseases; but these are due to the presence of decomposing animal matter, or of sewer gas, and not to the minute quantities of vegetable and animal substances from which no natural water is found to be absolutely free. The water of the Thames at Hampton, when efficiently filtered and properly stored, is, in a practical, if not in a chemical sense, a pure and wholesome water."

#### THE GOVERNMENT AND ANIMAL VACCINATION.

DR. BUCHANAN, principal medical officer of the Local Government Board, and Dr. Cory, chief vaccinator of the National Vaccine Establishment, have recently been paying a joint visit of inspection to the vaccination stations in Belgium and the Netherlands, where animal vaccination is carried on. This visit is in virtue of the results of the conference on animal vaccination in London in May last, under the presidency of Mr. Ernest Hart, and the subsequent pledges of Mr. Selater-Booth and Mr. Dodson to act upon those conclusions. The impressions left upon the minds of these gentlemen after witnessing the results obtained from the use of calf-lymph, and the ease with which it can be propagated, would seem to have been of a very favourable kind, and it may be hoped, therefore, that we in England shall not have long to wait for the advantages as regards vaccination which are already enjoyed by almost every other European nation, and that the pledge of the President of the Local Government Board to provide a source of calf-lymph, will, in due course, and without unnecessary delay, be carried out.

#### THE LONDON WATER-SUPPLY.

THE Report of the Select Committee of the House of Commons on the London Water-Supply has now been issued as a bulky volume of 334 pages. The interest of the blue-book is chiefly financial, since the whole of the evidence turned upon the money side of the question. The Committee seem to have had but a very slender regard for the supremely important question of the sufficiency, as regards quality and quantity, of the supplies at present furnished by the companies; though their recommendation that "it is expedient that the supply of water to the metropolis should be placed under the control of some public body, which shall represent the interests and command the confidence of the water-consumers", may be held by implication to mean that the present companies do not command such confidence, as assuredly they do not. The Committee think—and the majority of thoughtful persons will be disposed to agree with them—that, "under such management, a greater efficiency, economy, and equality of charge than that which at present exists might be secured; the defects in the present provision for the extinction of fire might be remedied; and better provision might be

made for the health of the community". Sanitarians will be careful to notice the order in which these several desiderata are placed; the question of health being evidently regarded as the least important. The Committee advise the creation of a "water-authority for the metropolis with statutory powers, which will enable such body to acquire and utilise, so far as may be deemed expedient, existing sources of supply, and to have recourse to such other sources of supply as, upon investigation, may prove to be available and desirable". But, as to the principles which should guide the water-authority, the Committee have left them absolutely in the dark; and it may be feared that, however much of a "representative character" the authority may possess, questions of expense will have precedence of the requirements of the public health. As we observed when Mr. Cross's Water Bill was first introduced (vol. i, 1880, p. 410): "What the ratepayers of London desire and have a right to expect is, that the present monopoly of water exercised by the companies shall be substituted by a better and purer supply, under the control of a single body, whose first thought shall not be large dividends, and whose last the convenience of their customers. Under any reasonable system of water-supply to a vast metropolis like London, these desiderata ought to be accomplished with a greatly decreased charge upon consumers." We think that the evidence taken before the Committee will amply bear us out in this last assertion; and it is to be hoped, therefore, that, in the consideration which must of necessity be given by the Government to the Select Committee's Report during the recess, the urgent claims of the public health in this matter will not be lost sight of in the financial difficulties which will undoubtedly have to be faced.

#### MEDICAL OFFICER OF HEALTH FOR MARYLEBONE.

A VACANCY has occurred in the office of Medical Officer of Health for Marylebone by the resignation of Dr. Whitmore. The appointment is one which has more than usual public interest. Dr. Whitmore filled the office with great judgment and public spirit: he published printed monthly reports in which, besides the ordinary details of sanitary work, he treated with skill any popular incidents of the moment which could be utilised to emphasise or to illustrate sanitary lessons; and his reports were, perhaps, more often quoted in the press, and thus more largely influenced the public mind towards sanitary progress, than those of any other medical officer. Dr. Whitmore had the advantage of serving under a vestry who appreciated and sympathised with his work, and had great confidence in his discretion. For the vacancy, there is a cloud of candidates, prominent among whom are Dr. Norman Kerr, whose services to public health have been considerable, and who holds an honoured position in the profession and in the parish; Mr. Danford Thomas, Deputy-Coroner for Middlesex; and Mr. Lawrence-Hamilton, who has used his pen more than once for sanitary objects.

#### EPIDEMIC DIARRHOEA IN LEICESTER.

IN recent years, there are few branches of mortality statistics that have received more attention than summer infantile diarrhoea. The marked variations in the intensity of this fatality in different English and Welsh urban populations, and the difficulty in the way of ascertaining the causes of these variations, has been frequently discussed, without, however, leading to any very satisfactory result. The constantly excessive fatality of summer diarrhoea in Leicester, Hull, Salford, and Norwich, as well as the comparative immunity from the disease enjoyed by Portsmouth, Bristol, and especially by the large towns of South Wales, suggest many theories as to the true causation of this disease. Leicester has almost invariably in recent summers shown greater diarrhoea fatality than any other of the twenty large towns; and the exceptional severity of this summer epidemic has been the subject of more than one special investigation, without, however, yielding results which have materially assisted in pointing out the means for controlling this fatality. The death-rate from diarrhoea in Leicester has, during the present summer, exceeded that which has prevailed in that town in any recent year, and we need scarcely say also exceeded the rate in any other of the Registrar-General's twenty large towns. Since the begin-

ning of July, 297 deaths have been referred to diarrhoea in Leicester, of which 227 were recorded during the five weeks ending last Saturday, averaging more than 45 per week. In the twenty large towns, the fatality of diarrhoea has showed, during the past summer, a marked increase upon that which occurred during the cold and wet summer of 1879, and has been equal to an average annual rate of 4.6 per 1,000 in those twenty towns during the eleven weeks ending last Saturday. In Leicester, the death-rate from diarrhoea during the same eleven weeks has been equal to no less than 11.8 per 1,000, and considerably more than twice the average rate prevailing in the twenty towns. During the last five weeks, the annual death-rate from diarrhoea alone has been no less than 18.1 per 1,000. Unfortunately, the Registrar-General's weekly returns for the provincial towns do not give us the mortality statistics in sufficient detail to enable us to analyse the recent terribly high death-returns; neither have we seen any periodical or special returns issued by Dr. Johnson, the medical officer of health for the borough. The Registrar-General's return, however, shows us how distastefully excessive infant mortality has recently been in Leicester. The deaths of infants under one year of age, which averaged but 14 per week during the three months ending June last, have been equal to 35 per week in the eleven weeks ending last Saturday. Infant mortality in Leicester since the beginning of July has been equal to 364 per 1,000 births recorded; and the deaths under one year of age have amounted to nearly 50 per cent. of the deaths from all ages. The medical officer of health for Leicester is, we believe, inclined to attribute this excessive fatality of diarrhoea to the heavy floods of about a month since, which probably rendered the site of the town more than usually water-logged. It is impossible, however, to believe that Leicester will be satisfied to remain under the imputation of the terribly high rate of infant mortality in the town, which is by no means confined to the summer season.

## PUBLIC MORTUARIES.

THE great want of public mortuaries in the metropolis is being daily illustrated by the occurrence of cases shocking public decency, and detrimental to public health. In one case, in which Mr. Humphreys held an inquest into the cause of the death of a labourer at Mile End, the jury, having viewed the body, on their return, made a complaint to the coroner of the unseemly sight which they had just been obliged to witness. The body lay in a very small and squalid room, in which the relatives, three in number, were sleeping, and had to be aroused before the jury could perform their duty. The foreman justly observed that such a state of things ought not to be permitted to exist in an enlightened country. The coroner's officer explained that there was no public mortuary in the parish of Mile End New Town, or he should have taken the earliest steps to have had the body removed. The coroner could only recommend the foreman to make a representation of the facts in the proper quarter.—Dr. Hardwicke, the Coroner for Central Middlesex, on the occasion of holding two inquests at the Hampstead Workhouse Infirmary, also called attention to the inconvenience which has long been felt, by medical men and others having any connection with inquests at Hampstead, in regard to the want of proper mortuary accommodation. The building at present used for that purpose is the workhouse dead-house, situated at one of the extreme ends of that extensive parish, and is not properly fitted with appliances for *post mortem* examinations. Dr. Hardwicke said he had been requested, by medical men and others, to draw the attention of the jury to this matter. It was thought that the time had arrived when they should make some representation to the parish authorities on this subject. The present mortuary was a place for paupers, and it was not proper that the bodies of those who were not paupers should be taken to it. The medical men engaged, too, had not there the proper apparatus with which to do their work. Another grievance was, that persons dying in a distant part of that large parish had to be brought to this place. If it were the opinion of the jury that a more central place should be provided, quite apart from the workhouse, he would offer them a memorial for them to sign. The jury agreed to this suggestion, and a memorial was drawn

up and signed by the jurors and others, and is to be followed by another from the medical men of the parish.—We are glad, on the other hand, to learn that a handsome mortuary chapel, of which Dr. G. P. Bate has kindly forwarded us the plan and elevation, has been constructed, and is now in use, in St. Matthew's churchyard, Bethnal Green. It was built from plans prepared by Mr. W. H. Gathercole, the surveyor to the parish, at a total cost, including the excavation of the site, and the removing and reintering of the bodies, necessarily disturbed, of £1,522. The following details of construction may be found useful by medical officers of health interested in procuring these constructions for their districts. The building contains two mortuary chambers; one for ordinary uses, and the other for the reception of the bodies of persons who have died from infectious disease. Each chamber is sixteen feet square, and the height from the floor to the apex of the roof is twenty-three feet six inches. The two chambers provide accommodation for forty bodies. The material used is brick, with dressings of Portland stone; the floors are finished with patent Victoria stone. The whole of the exposed woodwork in the interior of the building is of pitch pine stained and varnished; the interior walls are finished with Keene's cement and painted; the shelves in the mortuary chambers are of thick slate slabs carried on iron cantilevers, and great care has been taken throughout to keep everything as flat as possible, and to avoid ledges and projecting mouldings, so as to prevent lodgment for dust and dirt, and so that the whole of the interior can be thoroughly cleansed without difficulty. The *post mortem* table is constructed of wood, with a leaden top, so arranged as to drain towards the centre; slate would, perhaps, have been better, but it is understood that there is some difficulty in working that material to a concave surface. In one corner of the *post mortem* room is a large sink with water-supply, and a hose-pipe is provided, so that everything can be washed down without delay or inconvenience; the room also contains a large gas-heated boiler, so arranged that hot water can be obtained in a few minutes; and gas is laid on throughout the whole building.

## A MODEL WATER COMPANY.

AT a recent meeting of the Paignton (Devon) local board, one of the members stated that he had visited the works of the Paignton Water Company, and had found that at present the water supplied to the town ran through a duck-pond on the farm of Mr. Daniel Hext. The pond received not only the drainage of Mr. Hext's yard, but also the sewage of his house. Other members of the board having corroborated these statements, it was decided that the works should be inspected by the water committee pending negotiations for the transfer of the works to the board. It is to be hoped that this company will not follow the rumoured example of the Metropolitan water companies: steadily refuse to be bought up, and continue to supply water in accordance with their own ideas of necessary purity.

## EXTRAORDINARY TEMPERATURE.

WE hear of a case in Dublin in which the temperature phenomena surpass even those of Mr. Teale's patient. The woman has been under the notice of all the staff of the Adelaide Hospital, and is now in Sir Patrick Dun's Hospital. The highest temperature reported is 131° Fahr. We forbear to mention other points in the case, in the hope that some of the able physicians who have had charge of the patient will send us a full account of the observations made, and also of the precautions taken to avoid imposition; these, as we are informed, have been of the most stringent character.

## THE WORK OF A CORONER.

DR. HARDWICKE, the coroner for Central Middlesex, has lately printed and circulated among his friends a supplementary report on the office and duties of a coroner, in which he treats the following subjects: (1) Inquests alleged to be unnecessary and improper; (2) inquiries into deaths in public institutions; and (3) inquiries into deaths at sea. With respect to the first head, Dr. Hardwicke contends that the inquests held by coroners in general are too few rather than too many, and com-

ments with some severity on a resolution passed by the Middlesex magistrates, asserting that many inquests held were neither necessary nor proper. He asserts his intention to carry out the law in this respect actively and energetically; and shows that, with the increase of the population, and also of the use of various anodynes and subtle poisons, all more or less dangerous, the chances are that inquests will increase rather than diminish; and he urges that it is better for a coroner to err on the safe side by holding too many, rather than too few, inquests. He considers, also, that very many deaths which occur in workhouses and hospitals should be made the subject of investigation; and that the attention of Her Majesty's Secretary of State for the Home Department and of the President of the Board of Trade should be drawn to the very high rate of deaths among those engaged in the merchant service and in shipping employ. Acting under the advice of counsel, he waits patiently, being confident that justice will be done to the subject of the pay of coroners, either by Parliament or by the Home Secretary, "by considering the question of our claims of arrears and other matters relating to the office".

#### EVOLUTIONAL PERIODS.

DR. JULES WORMS, one of our French visitors at the late meeting at Cambridge, publishes, in the *Gazette Hebdomadaire*, a brilliant *feuilleton* descriptive of the various aspects of the meeting. M. Worms does graceful justice to the beauty and historic interest of the locality, the hospitality of the colleges, the eloquence of the orators, the charms of the *filles*, as well as the importance of the scientific work. Oddly enough, he thinks that the verbal communications and demonstrations "make a perceptible evolution in English science; the abandonment of preconceived theories for experimental procedure". This is a quaint judgment on the progress of medical science in the country of Harvey, Hunter, Bell, Marshall Hall, Boyle, Hope, Jones, Fergusson, Syme, Simpson, Spencer Wells, and Lister. We should have thought that the great British contributions to medical science—the discovery of the circulation, differentiation of nerves, the ligature of arteries, surgical treatment of aneurisms, investigation of reflex action, introduction of conservative surgery and of resections, perfection of ovariectomy, and antiseptic system of dressings—were all essentially results of experimental research; and that the English—that "practical nation"—were only too much given to slight theory. We should be curious, however, to hear M. Worms sustain his thesis, which he no doubt could do with instructive erudition and suggestive illustration. What are our English preconceived theories? Who were the masters who distinguished themselves in this department in the estimation of our French colleagues?

#### SMALL-POX IN HAMPSTEAD.

THE advocates of the theory that small-pox is spread from small-pox hospitals to the neighbourhood in which they are situate will find corroborative evidence in the twenty-third annual report of the Hampstead Vestry, in which Dr. Gwynn, the medical officer of health for that district, states that, since the closing of the Metropolitan Asylums Board's Small-pox Hospital at Hampstead, no deaths have occurred from that complaint in the parish; two cases have been sent to Homerton and one to Highgate Hospitals. The report also urges the importance of vaccination and revaccination; and states, as the result of the energetic action of the vaccination officer, that, out of the 1,019 births registered in 1879, "only seven remain unaccounted for".

#### RIVER-POLLUTION.

THE question of the serious pollution of the river Arun and its adjacent streams has been brought before the Horsham Guardians (as the rural sanitary authority) by Dr. Kelly of Worthing, district medical officer of health. The result of Dr. Kelly's investigation shows that the pollution of the river, streams, and mill-ponds of the above watercourse could be traced unmistakably to the defective outfall of the Horsham new sewage-farm. Along the river, some distance west of the town, all the water had become a black, thick, offensive fluid, exhaling dangerous gases; and this was evidently the cause of the death of the preserved fish on

Mr. Stanford's estate recently reported. Dr. Kelly pronounced the sewage-pollution of the river very serious as regards local public health. He had found that the stench was unbearable in those branches of the River Arun agitated by the mill-wheels, and he called upon the Horsham Rural Sanitary Authority to lose no time in dealing with the pollution of the above waters. The guardians have consequently decided to co-operate with the Horsham Local Board in steps to be taken for remedying the evil.

#### THE DEAD AND WOUNDED FROM THE NINE ELMS RAILWAY ACCIDENT.

IN reply to our inquiries, we learn from Mr. Ballance, House-Surgeon to St. Thomas's Hospital, that there are now no patients in the hospital who were injured in the Nine Elms accident. The injured began to arrive at the hospital at 11.30 P.M. on September 11th. George Dale was brought in dead. He had injuries to the chest-organs, and some ribs fractured in front. Bloody froth was exuding from his mouth and nose. Arnott died fifteen minutes after admission. He had fractured skull and pelvis; injuries to the abdominal organs; and several cuts about the head and face. The Rev. John Lee died four hours after admission. He had a large hæmatoma over the lumbar region of the back, several incised wounds of the scalp, and internal injuries. W. E. Morris was suffering from compound fracture of the right leg. Amputation at the knee-joint was performed, at 2 A.M. on September 12th, by Mr. Anderson, with antiseptic precautions. The artery was tied with catgut. The patient suffered from considerable fever during the next four days—the thermometer registering in the evenings 103°. Secondary hæmorrhage occurred at 8.15 A.M. on September 16th, and was controlled in about half a minute. A very large quantity of blood was lost, and the patient died at 1.30 A.M. on the 17th. Transfusion was attempted; Mr. H. P. Butler, house-physician, giving his blood. Roussel's apparatus was used. George Harvey, who was suffering from shock, was discharged on September 15th. W. J. Cooper was found to have contusion of the left hip, and was discharged on September 21st. W. Atkinson suffered from lacerated incised wound of the right cheek, and had both his legs very much bruised. Several other cases were treated as out-patients. It is needless to add that all the patients were suffering more or less from shock. Both engine-drivers and one guard are seriously ill; they are being attended at their own homes, and not at the hospital.

#### THE SANITARY INSTITUTE.

THE Sanitary Institute of Great Britain commenced its sittings on the 21st instant, under the chairmanship of Earl Fortescue, President. After luncheon in the Guildhall, Exeter, the members visited an exhibition of sanitary appliances. The first general meeting was held at the Victoria Hall, when Earl Fortescue delivered the presidential address, dealing with the progress of sanitary science, the serious defects in local administration, especially with regard to the metropolis, and the work of legislation with a view to the health of the people. On the 22nd inst., Professor De Chaumont gave a learned and interesting address on Preventive Medicine; Mr. H. C. Burdett read a paper, which was very well received, and gave rise to an instructive discussion, on the Unhealthiness of Public Institutions, with special reference to Hospitals and Asylums.

#### DIARRHŒA AT BARNESLEY.

THERE has been, during the last six weeks, decidedly more than the average amount for the district of summer diarrhœa, and, of course, very much more than in 1879. In August, one death (a woman, aged 61) was registered from English cholera; but none before or since. The actual figures for the district, so far as it comes under the charge of Dr. M. T. Sadler as medical officer of health, are as follow. Barnesley: Population, about 30,000. In August.—Total births, 109; total deaths, 85; deaths of infants under twelve months, 34; deaths from diarrhœa, 29 (19 infants, 6 children over one and under two years); English cholera, one death. In September, from the 1st to the 15th.—Total

births, 40; total deaths, 41; deaths of infants under twelve months, 16; deaths from diarrhoea, 19 (of which 12 were infants and 4 children between one and two years). Since then, *z. e.*, in September, between the 15th and the 21st, 9 births and 18 deaths have been registered; of which last, 6 were from diarrhoea, and 3 of the deaths were those of infants. In the Barnsley Rural and Worsborough Urban Sanitary Districts, which are in the Barnsley Union, and the latter closely adjoining, the figures for August are: Population, about 25,000; total births, 111; total deaths, 51; deaths of infants, 17; from diarrhoea, 13. The returns for September are not complete, but for the Nether Hoyland and Darfield District (population about 9,500) up to September 18th, they are: births, 16; deaths, 14; deaths of infants, 7; from diarrhoea, 6. Thus, in Barnsley (as at Leicester), the deaths registered have exceeded the births during the present month.

#### REGISTRATION OF DISEASES.

THE question on what terms physicians should be called upon to report to the health authority, for the public good, cases of disease dangerous to the public health at the moment of their occurrence, has been much discussed in America. Legislation requiring practitioners to furnish such statistics gratuitously is becoming general, and has been accepted with little question, apparently. At a recent medical convention in the State of Ohio, the following resolution was presented from the board for the consideration of the Association: "That, in the opinion of the members of this society, the laws of the State requiring physicians to report to the local board of health, or to the health officer of their locality, all cases of sickness and death, of diseases contagious or dangerous to the public health, are wise and proper, and ought to be complied with." A motion to adopt the resolution brought on quite a spirited debate, the opposition being led by Dr. Brodie of Detroit, who claimed that the State had no right to either ask or compel the physicians of the State to perform any such services without remuneration. Drs. Jerome of East Saginaw and Hitchcock of Kalamazoo urged the adoption of the resolution, on the grounds that all physicians should be willing to perform the work for the benefit of humanity. The resolution was finally adopted.

#### YELLOW FEVER ATMOSPHERE.

ANALYSIS of the air at New Orleans, from Sept. 9th to Nov. 24th of last year, during the prevalence of yellow fever, revealed a series of extraordinary variations in the amount of free and albuminoid ammonia to the million of cubic feet of atmosphere, and these corresponded very curiously with the progress and fluctuations of the epidemic. Thus, on Sept. 9th, the analysis showed 125.62 grains of free, and 350.36 grains of albuminoid ammonia, to each 1,000,000 cubic feet of air. Ten days after the amount of albuminoid stood at the extraordinary figure of 400.75 grains; this was its highest point, and, with many fluctuations from day to day, it gradually declined as the epidemic wore out its fury, until, on Nov. 24th, the amount was only 47.25 grains. The curve of the free ammonia was less regular, but the decline had a general correspondence with that of albuminoid.

#### INDIAN HYGIENE.

THE Government of India has offered a prize of £100 for the best "Manual of Hygiene", to serve as a text-book for the use of the British soldiers in that country. Works submitted in competition for this prize must be sent in by their authors to the Secretary to the Government of India in the Military Department at Calcutta, so as to reach his hands not later than the last day of next March. Each is to bear a motto, and to have a sealed envelope attached, bearing the same motto on the outside cover and the name of the author within, after the fashion which prevails in our universities at home; and the prize will be adjudicated by a committee of officers, consisting of the Surgeon-General and the principal Medical Officer of the forces in India, the Sanitary Commissioner with the Government of India, and an officer of the Quarter-master-General's Department. The work is "to be written in clear and simple English, and to be thoroughly practical, showing the causes

of disease affecting health, the special dangers to which British soldiers are exposed in India, more particularly during their first year in the country, and the best means by which those dangers may be averted". The work, if accepted, will be printed at the public expense, and become the property of the State; and it is not to exceed in bulk "more than fifty or sixty pages of print, of small pica, octavo size". It is added that the Government of India will not feel bound to award the prize at all, unless one at least of the manuals produced in competition shall be judged "in all respects suitable to the purposes for which it is required".

#### THE HEALTH OF BOMBAY.

THE Annual Report of the Health-Officer of Bombay shows that, notwithstanding a still further immigration from tracts of country afflicted with famine, the mortality decreased during 1879. Altogether, 4,472 fewer deaths were registered than in 1878; and, excepting small-pox, of which there was a partial resuscitation, there was a diminution in the mortality from the chief types of disease, the mortality from cholera being 859 less than in 1878. Exclusive of still-born, 22,527 deaths were registered, giving a death-rate on the census population of 34.95 per 1000. There was a diminution of the general infant mortality, but an increase in three particular districts. Of the races inhabiting the city, the lowest mortality, as in 1878, was registered in the Parsee race. Last year was exceptionally healthy for the Parsees, the mortality being the lowest since the last census of 1872 was taken. The mortality from fevers is still high, 8,445 deaths being recorded. Cholera caused the deaths of 423 persons, and small-pox the deaths of 479 persons, or 122 more than in 1878.

#### THE HEALTH OF BRUSSELS.

DR. JANSSENS has just issued his annual volume of mortality statistics for the city of Brussels. From this, it appears that, during the year 1879, there were, in an estimated population of 175,782 inhabitants, 5,685 births and 5,257 deaths, besides 328 still-born. Of the births, 2,893 were males, and 2,792 females. The illegitimate births numbered 1,514: 800 males, and 714 females. Of the deaths, 2,840 were males, and 2,417 females. Compared with the decennial period 1864-73, the deaths showed a decline of 453. The annual death-rate is calculated at 24.7 per 1000 of the population. Diseases of the respiratory organs greatly swelled the mortality at Brussels, as elsewhere, last year.

#### ALLEGED SPONTANEOUS COW-POX.

AN account is given by Professor Simonds in the current number of the *Veterinarian* of a supposed outbreak of natural vaccine at Halstead, and of the experiments made to determine the truth of this improbable occurrence, and the nature of the eruption. It appears that on June 1st last the cowman at a certain farm at Halstead noticed a sore on the udder of one of the cows. After this, other cows were similarly affected; and on June 19, when the local veterinary surgeon saw them, he found one cow with several papulæ on the udder, somewhat flattened, and of a slightly red colour. Only one of these papulæ subsequently developed a well-formed vesicle, and from this, on June 26th, some points were charged with limpid lymph, and forwarded to Professor Simonds. The other cows then affected were recovering. On June 24th, in consequence of a communication from Dr. Hinds of Halstead, Dr. Stevens of the Local Government Board, came to the farm and examined the herd, when two fresh cases in the papular stage were discovered. Apparently hoping to find in this phenomenon the indications of an outbreak of natural cow-pox, Dr. Buchanan, the chief of the Medical Department of the Local Government Board, Professor Burdon Sanderson, and Mr. Ceely of Aylesbury, came together on June 30th to inspect the herd. There were then two or three other fresh cases in the papular stage. Mr. Ceely, who alone expressed any opinion on the subject, regarded the disease as spurious, and of an eczematous nature, and since no one can speak with so great authority as Mr. Ceely on the pathology of this question, his opinion must be accepted as final and conclusive. After June 30th two other cows were attacked, but did not de-



velope vesicles of a size sufficient to yield lymph. From another case, however, some points were charged, and forwarded on July 3rd to Dr. Buchanan and Mr. Ceely. The animals all gradually recovered, and in a week or two all indications of the malady had passed away. In no case was there any marked disturbance of the general health, nor, as far as could be ascertained, was there any deleterious quality imparted to the milk. On July 2nd a calf was very thoroughly vaccinated by Professor Simonds with the Halstead lymph, but, with the exception of a little diffused redness on the day following the vaccination, no effects whatever were produced. Mr. Ceely, who made some experiments with the lymph sent him, introduced some points into the arm of a child without any result, and rubbed three points on a cluster of scratches on the back of his left hand, with the same want of success. In reporting these facts, Mr. Ceely observed, "I fully expected that the result of the insertion of the points would prove the spurious character of the eruption. The utmost that I looked for was the reproduction of the vesicle or bulla commonly yielded by the affected udder; but it appears that no result has occurred, proving that the serous fluid of the vesicle or bulla was neither specific enough to irritate the hand of the milker, nor to be reproduced on the calf by inoculation." Some points of the Halstead lymph were also used without result by Dr. Cory at the Blackfriars Station of the National Vaccine Establishment. Professor Simonds, in commenting upon these failures, remarks that he was prepared to expect nothing more from the use of the points than what ordinarily results from the spurious vesicle, as he did not see any indications of the source of the fluid being of the nature of true vaccine. It is satisfactory that the nature of this outbreak, of what might easily have been mistaken for true vaccine, has thus been set at rest by the consensus of high medical and veterinary opinion. The facts which we have given from Professor Simonds' account may, perhaps, act as a guide for the future in the diagnosis of similar spurious outbreaks of cow-pox.

#### HOW EPIDEMICS ARE SPREAD.

SOME time ago, we had occasion to criticise the action, or rather inaction, of the Derby Town Council, in allowing its infectious hospital to lie idle and unused whilst scarlatina was raging furiously in the district (see vol. ii, 1879, p. 1033). We regret now to find, from Mr. Iliffe's last published report, that, notwithstanding the continued prevalence of scarlatina in the town, no efforts were made until last June to secure the isolation of a single person in the building. During the first six months of the present year, no fewer than two hundred and eleven cases of scarlet fever were reported to the authority under the compulsory notification clause of the local Act of last year. Yet, notwithstanding the early intimation of the existence of cases which this clause affords, and the consequent increased facility for dealing with each case as it arises, it was not until the epidemic was well on the decline that "it was thought prudent" to bring the hospital "into general use for the reception of patients". The defects in the building would appear to be such that danger was apprehended to the patients before June, "a time when the temperature of the atmosphere allowed of admission without detriment to the treatment of such cases; for, unless favourable atmospheric conditions existed, a charge of manslaughter, in case of death occurring, might be preferred against the sanitary authority for the removal of patients suffering from dangerous infectious diseases". In plain words, the hospital was too dilapidated and draughty to admit of cases being admitted into it with safety to the patients. Of the scandal of such a state of affairs being permitted to exist whilst scarlatina is raging, we have already sufficiently spoken in our former remarks on the subject. It cannot be alleged that it was not possible to secure the isolation of the patients; for, in addition to the exceptional powers for dealing with infection which Derby took last year, in imitation of Jarrow, the medical officer of health has himself stated that the greater number of attacks were in houses occupied by the lowest classes, where there was much huddling together and overcrowding in filthy houses. Notwithstanding this, however, it was not until June last that the hospital received any patients. The experience gained even by

this small amount of use is entirely convincing as to the influence which the hospital would have exercised, had it been brought into use at the proper time. During June, fourteen new cases of scarlatina were reported in the town, four of which were removed to the hospital. In the four cases removed, no further spread of infection took place; while of the ten not removed (in two of which the diagnosis was doubtful), the infection spread to eleven other persons, two of whom died. "It cannot", in the words of Mr. Iliffe, "be said that, of the removed cases, no soil was left in the houses upon which the poison might act and propagate itself; for in one case the patient was removed from a large drapery establishment, where several young persons were engaged in business. In a second case, the patient was removed from a lodging-house, usually a very fertile source of the spread of infectious disease. In a third, there were three other children, none of whom had suffered from scarlet fever." Facts such as these must surely teach the Town Council the lesson it should have learnt long ago—to keep its hospital always properly equipped and in readiness for the reception of the first case of infectious disease that may present itself in the district.

#### FRENCH AUDIPHONES.

A MODIFICATION of the audiphone, conceived in true French taste, has been submitted to the Paris Academy of Medicine. M. Mathieu of Estissac sent a series of these instruments, made of cardboard, in the form of cigars, flowers, etc., which, placed between the teeth, make the deaf to hear. It is necessary, however, for the proper action of audiphones, that the patient using them should be perfectly deaf; those who are only partially so derive no advantage from the use of the instrument. Of course, in order to ensure the success of the experiment, the acoustic nerve must have retained its anatomical integrity.

#### THE INSANITARY STATE OF PARIS.

FOR many weeks past, there have been complaints in various districts of Paris of the sickening smells which are experienced towards the evening, especially after rain-storms. Certain factories in the neighbourhood of Paris, the sewers, the cesspools, have successively been held accountable for the nuisance. For the most part, it was asserted that the plan of emptying into the sewers the liquid matters from the cesspools was alone to blame. The Prefect of Police having appealed to the Council of Public Health as to the means to be taken under the circumstances, and the precautions to be recommended to the managers of manufactories and the makers of sulphate of ammonia, that body has studied the question exhaustively. The majority of the members of the Council, and specially MM. Hillairet, de Luyrees, Peligot, Cloez, du Sonich, Bussy, Delpech, and Bourneville, were agreed in owning that the principal source of the nuisance was the sewer encumbered with matters which had no right to be there, and insufficiently flushed. M. de Sonich attributed the putrid emanations to the solid matters which the dividing apparatus allows to pass into the sewers; MM. Delpech and Bourneville were of the same opinion; and M. Delpech said that the sewers should be more copiously flushed. M. Bourneville thought there were three causes of the air-infection: the sewers, the objectionable system of emptying the cesspools, and the circle of night-soil depôts which surround the city.

#### THE BANJO AS A THERAPEUTIC AGENT.

DR. SAMUEL A. FRANCIS, Fellow of the New York Academy of Medicine, gives a report of a case in which he combined the parts of *Æsculapius* and *Orpheus*, with a *navvies* and an air of conviction which offer irresistible attractions to quotation. We are compelled reluctantly to condense the unique narrative which he furnishes to the *Medical Gazette of New York*.

"Some few years since, I was summoned in haste to attend a lady who was said to be dying. On entering her elegant and luxurious bedroom, I found her parents and nurse apprehensively awaiting her certain exit. She was of an organisation that can be best described as delicate and intense."

Her delicate and intense organisation had combined with an abuse

of narcotics (henbane and chloral-hydrate) and absence of food, to bring her into a state of somnolence and exhaustion, which together presented a case alarming in its nature, and hopeless to all appearance. We must now quote the *ipsissima verba* of the physician.

"It is needless to enumerate the various approved methods adopted by me to resuscitate my patient, without the slightest promising effect. She, moreover, had made up her mind to die, and gracefully but firmly opposed every effort on my part to relieve her. Something must be done and at once. There was no time to call in consultation any prominent physician. Rapidly grasping the emergency, and coming to the conclusion that her body being poisoned was affecting her mind, and that a muffled exit would soon end this painful scene, I determined to affect the body through the mind, as it was utterly impossible to make her retain a single teaspoonful of milk and lime-water, or even keep down a small piece of cracked ice. Having attended her some time before through a dangerous attack of typhoid fever, brought on by a defective drain, I had remarked the high order of her cultivated mind, her quick appreciation of anything original, novel, or interesting, her love of music, and her keen sense of the ridiculous. On these characteristics I immediately determined to act; so, hastening home, I seized my banjo and returned to her bedside, where, her agonised parents and weeping attendants were gathered in solemn awe. Taking up a prominent position, I commenced, at once, one of those ludicrous negro melodies, with a rapid accompaniment, whose song and music combined in olden times to rouse the slave from despondency, and exhilarate the aged and infirm. The effect was magical. An entirely new set of nerves were excited. At first, there was a listless attention, followed by a gradual fading away of the cloudy intellect; then interest; then pleasure; then a smile; and, ere I had played and sung two songs, the low ripple of a laugh repaid me for what the little big men of the world might say was frivolous treatment; as if anything innocent and honourable that brought back one from the grave, when all else had failed, could be frivolous. For three nights and a great portion of three days, I remained at the house, playing and singing, thereby keeping her mind from feeding on itself, and preventing that exhausting introspection so baneful to the sick. At any hour, night or day, that she was taken with what an Irish attendant so tersely styled as 'strong weakness', I repaired to the bedside, and, with father and mother as chorus, lifted her out of herself. Elasticity soon came; then cheerfulness; then assimilation; finally appetite. She recovered entirely and completely, and is now in the enjoyment of perfect health. My fee was high, but was paid with gratitude."

Dr. Francis adds that he is "certain that many persons are allowed to 'fade away', after all the 'regular, legitimate, and scientific' remedies have been faithfully tried; instead of endeavouring to reach that vital spark, and fan it on to life, by adopting some entirely new and sudden, though pleasing method." The expedient can hardly be said to be "entirely new"; it is at least as old as David, who charmed away the melancholy of Saul. But the instrument is novel; and the little touches describing the "intense organisation" of the lady and her elegant bedroom; her graceful determination to make a "muffled exit"; the ludicrous nigger melodies played and sung during three days by the physician, with the chorus by her "agonised parents and weeping attendants", roused for the purpose from their attitude of solemn awe; all these make up a picture which is, perhaps, more fitted for the pencil of Du Maurier than the pen of Browning. We belong to the anomalous class who find the treatment funny, if not "frivolous".

## SCOTLAND.

### UTILISATION OF SEWAGE AT NAIRN.

A DRAINAGE system has been this season completed at Nairn, the expense of the works having been about £3,000. Instead of running the sewage into the sea, which would have decreased the amenity of the beach, a favourite resort of bathers, it was resolved to apply the sewage to the irrigation of a piece of waste-ground, for the growth of grass or other produce. The drainage had to be carried across the river, and for this purpose two piers, consisting of iron cylinders filled in with concrete, were sunk. The pipe (an eighteen-inch iron pipe) was laid upon them, and, with foot-boards and hand-rails on the top of it, the pipe has been converted into a handsome foot-bridge, which has proved a

great convenience. The level of the pipe being higher than the ground on the other side, a large embankment was raised, in which the pipe is embedded, and the top of the embankment is utilised as a public walk. It is intended to plant the sides of it with shrubs, but in the meantime a covering of grass binds the soil. The place selected for the sewage-farm is known as the Salt Marsh. At present only ten acres are being treated for the utilisation of the sewage. Its distribution is carried on by a series of channels cut in the ground on the ordinary principles of irrigation, and is completely under control—one part being treated one day and another the next, the turning of a tap or two being all that is required to direct the flow to the desired spot. Provision is made to meet any emergency arising from a spate, or excessive flow of water in the pipes, so that all danger of the pipes bursting or the water flowing back is obviated, as well as the deluging of the land prevented. Very little, if any, offensive odour is felt even in passing over the ground, and one man is at present sufficient to direct the irrigation and keep the ground in order. It has yet to be seen whether the utilisation of the sewage will be profitable. Provost Leslie and others are sanguine that it will pay, after the first year, a very good return. Patches of ground which were irrigated a couple of months ago have a most luxuriant and rank growth of grass, which contrasts strikingly with the bare turf of the rest of the ground. This coincides with the experience gained at Craigentenny, near Edinburgh, where for many years the same results have been obtained, and which should lead to a much wider adoption of a plan which secures a good return for the expense, and, at the same time, preserves the salubrity of rivers and seashore.

### THE FERGUSON EYE-BEQUEST AT GREENOCK.

SINCE the appointment of an ophthalmic surgeon in connection with the above bequest, the need of full and suitable accommodation for ophthalmic cases requiring admission into hospital has been felt; and accordingly a subcommittee of the directors of the Greenock Infirmary has been appointed to prepare a report as to the cost of fitting-up wards in the infirmary for patients being treated for diseases of the eye, who must necessarily reside in the institution. As soon as this report is prepared, it will be submitted to the trustees of the Ferguson bequest, with the view of obtaining from them a suitable grant of money.

### REGISTRAR-GENERAL'S RETURNS.

FROM the returns of the Registrar-General for the week ending September 11th, it appears that the death-rate in the eight principal towns was 18.2 per 1,000 of estimated population. This rate is 1.4 above that for the corresponding week of last year, and 1.1 under that for the previous week of the present year. The lowest mortality was recorded in Dundee—viz., 13.4 per 1,000; and the highest in Leith—viz., 33.8 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 5.2 per 1,000, or the same as last week. Acute diseases of the chest caused 60 deaths, or 5 less than the number recorded during last week. The mean temperature was 57.1°, being 5.0° under that of the week immediately preceding, and 2.2° above that for the corresponding week of last year.

### PROPOSED HYDROPATHIC SANATORIUM AT OBAN.

NOW that Oban has been made more accessible by the completion of the new railway-line, it has been decided to erect there one of those hydropathic sanatoria which have proved so successful in other parts of the country. The proposed site is on the rising ground above the town, and it is intended to take advantage of the experience gained in the construction of all previous hydropathic establishments, and make the buildings the most complete of their kind.

### GLASGOW DISTRICT LUNACY BOARD.

AT a meeting of the District Board of Lunacy held last week, after other business had been disposed of, the meeting proceeded to the election of a medical superintendent for Kirkland's Asylum. At a meeting of the Committee of Management and Finance held previously, applications were laid before it from Dr. Archibald Campbell Clark,

Assistant-Physician, Morningside, and Dr. Robert Blair, Assistant-Physician, Gartnavel Asylum; a majority of two of the Committee were in favour of Dr. Clark. The approval of the Committee's recommendation was moved and seconded; while other members moved that Dr. Blair be appointed. Some discussion followed; but the most notable thing was that the meeting ultimately wisely considered that it could be of service to neither gentleman to be pitted against each other by a mere show of votes, and agreed to the recommendation of the Committee appointing Dr. Clark. It would be a good thing if all canvassing and voting for appointments were put an end to.

#### LOCH KATRINE WATER.

THE monthly report on the quality of Loch Katrine water, issued by Professor Mills of Anderson's College, gives the following results in parts per 100,000: Total solid impurity, 2.90; organic carbon, 0.174; organic nitrogen, 0.014; ammonia, 0.000; nitric nitrogen, 0.007; total combined nitrogen, 0.021; chlorine, 0.65; hardness, 1.05. The sample, which was taken on September 14th, was very light-brown in colour, and contained little suspended matter.

#### DR. IRELAND AND THE ST. PETERSBURG MEDICO-PSYCHOLOGICAL SOCIETY.

IN consideration of the value of his work on *Idiocy and Imbecility*, which he published three years ago, Dr. W. W. Ireland, of the National Institution for Imbeciles, Larbert, Stirlingshire, has been elected a corresponding member of the Medico-Psychological Society of St. Petersburg. The book has been recently translated into Russian by Dr. Tomaschewski; and Dr. Mierzejewski of the Medico-Chirurgical Academy, St. Petersburg, has written a preface to it.

#### SUICIDE OF A RECENTLY DISCHARGED LUNATIC.

A TAILOR called Henry Miller, who had been recently discharged from the Lunatic Asylum, Murthly, committed suicide in Crieff, where he has since resided, by swallowing a considerable quantity of hydrocyanic acid. Death occurred too quickly for medical aid to be of service.

## IRELAND.

DR. SEGRAVE, Medical Officer of Monasterboice Dispensary District, Drogheda Union, has resigned his appointment, and has gone to reside in England.

#### THE QUEEN'S UNIVERSITY.

THE ordinary autumnal examinations in the Faculty of Medicine of the University commenced in Dublin on Monday last, and will be concluded on the 1st proximo. The honour examinations take place on Tuesday, October 5th, and the meeting of the University, at which the degrees will be conferred, will be held in St. Patrick's Hall, Dublin Castle, on Wednesday, October 13th. There are 84 candidates for the degree of M.D., 120 for the first medical examination, and 140 for the second medical examination. These probably may be the last autumnal examinations held by the Queen's University; as, on the 5th proximo, the Committee appointed by the Senate of the new Royal University of Ireland will, it is stated, meet to complete the revision of the scheme of studies, and settle other details. A few days later, the Senate of the University will assemble, and, it is presumed, make further progress in the preparation of a scheme for carrying out the provisions of the Act under which the Royal University was incorporated.

#### HOW SMALL-POX HAS BEEN SPREAD IN DUBLIN.

AN inquiry on sworn evidence, which was opened by the Inspector of the Local Government Board in the South Dublin Union Workhouse last week, on charges of mismanagement at the Kilmajinham Small-pox Sheds, made by a former patient in them, shows how, by the grossest lack of supervision, the subordinates of this hospital have had it in their power to imperil the lives of the patients, and spread the disease.

According to the evidence, as given in a daily paper, it is stated on oath that, not only was there a constant system of peculation in the shape of shortened rations, not only were the stimulants ordered by the doctors and supplied by the matron tampered with and withheld, but actually the not disinfected shirts and other clothes of the persons dying of this loathsome and infectious disease were taken away and pawned to raise money on for drink. The witness also swore that he saw cold water administered in teaspoonfuls to a small-pox patient in Kilmajinham Sheds, instead of the brandy which had been ordered by the doctor and supplied by the matron, but which was intercepted on its way to the lips of the patients by the remorseless pauper attendants, whose life in the sheds appears to have been from end to end a scene of dishonesty, drunkenness, and desperadoism of the most dangerous and diabolical character. As the inquiry has been adjourned to next week, we will not allude further at present to this horrible disclosure; the occurrence of which, if half of what has been sworn to be true, is a disgrace to the city.

#### ADULTERATION OF DRUGS.

AT a recent meeting of the Board of Guardians of Gorey Union, a resolution was adopted that, in future, all medicines supplied to the Union should be analysed by Dr. Cameron of Dublin. A similar resolution has been passed by the Newcastle Guardians, who have determined to have the contractor prosecuted if the drugs, on analysis, are found to be adulterated.

#### THE HIGH DEATH-RATE OF DUBLIN.

IN the Dublin Registration District the deaths registered, during the week ending on the 18th instant, represent an annual rate of mortality of 39.2 in every thousand of the population. One hundred and twenty, or 51 per cent., of the deaths, were those of children under five years of age—sixty-two being of infants under one year old. The deaths in one of the city districts represent an annual death-rate of 55.5 per thousand.

#### WOOLSORTERS' DISEASE.

THE Trades' Union Congress, which has just brought its session in Dublin to a conclusion, adopted the following resolution on the 15th instant.

"That the Parliamentary Committee be requested to continue their exertions on behalf of those engaged in wool-sorting, with the object of obtaining for them protection against blood-poisoning caused by the use of imported wool and hair infected with a malignant and dangerous disease, and to which wool-sorters are rendered liable when pursuing their occupation."

#### CHARGE OF NEGLIGENCE AGAINST A MEDICAL OFFICER.

A SPECIAL meeting of the Kanturk Dispensary Committee was held recently for the purpose of considering a communication from the Local Government Board in reference to the late Poor-law inquiry at Kanturk. The investigation was held in consequence of a charge of neglect preferred against Dr. J. Mackey, Medical Officer of the Kanturk Dispensary District, by a woman named O'Donnell, in which it was alleged that a child had died for want of medical attendance. The Local Government Board stated that, before arriving at a decision, they wished to have the opinion of the Committee of Management as to the manner in which Dr. Mackey had hitherto discharged his duties. The Committee unanimously adopted a resolution to the effect, that, during the three years Dr. Mackey had held the office of medical officer, he had at all times acted with much courtesy, attention, and kindness to the poor, and had fulfilled his duties with the greatest efficiency.

#### QUEEN'S COLLEGE, CORK.

DURING the session 1879-80, there was a substantial increase in the number of students, as compared with the preceding year, which, up to that period, had been the most prosperous the College had seen. During the session, the book collections were increased by 1,200 volumes, of which 550 were purchased and the rest presented. These latter include a fourth addition by Mr. Crawford to the "Crawford Library",

which now contains upwards of 2,000 volumes. The geological and zoological museums are stated to be in excellent order, and, some additions having been made to the cases in the temporary archæological and ethnological museum, room has been provided to exhibit part of the fine collection of weapons and other objects from New Guinea and the South Sea Islands, presented to the College by a former student, Dr. C. H. Haines, late Surgeon to Her Majesty's ship *Basilisk*. It has also been found necessary to devote a small sum, from the funds at the disposal of the College, for the salary of a curator for the anatomical, pathological, materia medica, surgical, and obstetrical collections; and Dr. C. Y. Pearson, a graduate of the College, has been appointed to the office, and is arranging the anatomical and pathological collections in the new museum, which is fit for their reception. By the munificence of Mr. W. H. Crawford, the astronomical and physical observatory building is now nearly completed; the equatorial telescope has been placed in position; the arrangements for the siderostatic telescope will soon be finished; and funds have been obtained for a separate meteorological observatory, provided with a full set of self-registering instruments.

DR. E. B. SINCLAIR OF DUBLIN.

THIS gentleman, upon whom Her Majesty the Queen has graciously signified her intention of conferring the honour of knighthood, chiefly in consequence of his most successful exertions in educating and training women to serve as midwives in the army, is the eldest son of the late Rev. Richard Hertly Sinclair, Vicar of Cashel, county Longford. Dr. Sinclair was born in 1824, and educated in Trinity College, and holds the degrees of M.A. and M.D. of the Dublin University. At the commencement of his professional career, he entered the Army Medical Department as assistant-surgeon in the "Royal Scots"; but, after nearly three years' service in that regiment, he left the army to take the appointment of Assistant-Physician to the Rotunda Lying-in Hospital. From that time, Dr. Sinclair has devoted himself to obstetrics, and has gained an influential position for himself in this department of medicine, to the literature of which he has also made several contributions. A Fellow, ex-Censor, and past Vice-President of the King and Queen's College of Physicians, he was elected to succeed Dr. Fleetwood Churchill in the King's Professorship of Midwifery in the School of Physic, Trinity College, Dublin; and also appointed Physician to Sir P. Dun's Hospital, and put in charge of its maternity department, which, indeed, he was mainly instrumental in establishing. On the institution by the University of Dublin of the degree of *Magister in Arte Obstetricâ*, it was at once conferred upon Dr. Sinclair, *honoris causâ*; and the Obstetrical Society of Dublin elected him as their President in 1878, and re-elected him last year. He is also the efficient Secretary of the Vaccine Department of the Local Government Board for Ireland. The comparatively short military medical experience that Dr. Sinclair had afforded him ample evidence of the discomforts, not to speak of dangers, that the wives of soldiers underwent in parturition, from the want of educated midwives to attend them in their hour of trouble. The regimental midwife of former years—as some of our military medical associates may have experienced—was generally a woman whose sole claim to the office consisted in herself having had a family. The results were too often not only deplorable, but frequently disastrous. This was a state of things which Dr. Sinclair set himself to improve. In 1869, with the sanction and co-operation of His Royal Highness the Field Marshal Commanding-in-Chief; the then head of the Army Medical Department; and the Board of Sir P. Dun's Hospital, he established this School—since which, up to July 1880, he has sent three hundred and eighty-eight well-trained midwives and ladies, nursetenders for service in the army. This School—to which two or three of the wives of non-commissioned officers or soldiers from regiments serving in Ireland are sent for training for a period of six months—is under the direct patronage of Her Majesty, and has been productive of an immense amount of benefit to the families of her soldiers in all parts of the world. We congratulate Dr. Sinclair on the well-earned

honour which he will shortly, we presume, receive at the hands of Her Majesty in person. Since the celebrated Sir Fielding Ould, Master of the Rotunda Hospital, no obstetrician in Ireland has received any similar honour.

"FAMINE FEVER" IN IRELAND.

A VALUABLE report on the medical and sanitary condition of the distressed districts of Ireland has just been issued by Drs. Sigerson and Kenny. The information which reached the Mansion House Committee for the Relief of the Distress in Ireland showed that fevers were very prevalent; that, in some instances, the medical men themselves had been struck down; and that the poor were in a deplorable condition. Under these circumstances, the Mansion House Committee requested Dr. Sigerson, who was one of their members, to make a tour of inspection through the affected districts, and to aid the Committee with his advice. He associated Dr. Kenny with him in the work, and the report before us is the result of their joint labours. Dr. Sigerson and Dr. Kenny proceeded to the extreme west of Ireland, and visited the chief seats of distress in Mayo and Galway. The glimpses which the report affords of the general state of these counties is very suggestive; and shows that many works of public utility—such as the construction of roads, piers, and harbours—might be undertaken with great advantage. The allowances of Indian corn, upon which many of the poorer families have been living for months, were evidently insufficient for proper nutrition; and thus multitudes of people were predisposed to disease. The type of fever that was met with varied in different localities. Sometimes maculated typhus predominated, sometimes typhoid, sometimes relapsing (?) fever. Sometimes, in a single hamlet, these various fevers were all to be found, blended with dysenteric diarrhoea and other diseases. The report contains many suggestions, which Drs. Sigerson and Kenny have made with the view of mitigating the present evils and arresting the spread of disease. We are glad to learn from the preface, that the Chief Secretary for Ireland (Mr. Forster) has recognised the value of this report; and has stated that, in many instances, the recommendations it contains have been already adopted.

CORK FEVER HOSPITAL.

THE following is the report of the Committee of the Cork Fever Hospital, on the conclusion of the investigation of the charges preferred by Mr. J. B. Crawford.

*First*: "That, having received a direct promise that his (Mr. Crawford's) child would not be placed under the care of Dr. Jones, he was subsequently so placed." The answer of the Committee to that is: "We are of opinion that Mr. Crawford had good reason to believe that such promise was given; but Dr. Jones is in no way involved in the matter. He knew nothing about the case until he saw it on his usual visit.—*Second Charge*: "That Dr. Jones, having refused to allow his (Mr. Crawford's) physician to be taken into consultation as to the proposed operation on his child, subsequently performed the operation (a new and dangerous one) without consulting his own colleagues in the hospital." The answer is: "Dr. Jones did refuse Mr. Crawford to call in his (Mr. Crawford's) private physician in consultation. He was quite justified in so doing, according to the usage and the practice of the hospital. He did perform the operation by himself. We are of opinion that the operation, or application of the drug, referred to, was new in the city of Cork; but the medical evidence shows that in medical practice it is not new either in the United Kingdom or on the continent of Europe. When skilfully administered, we do not believe the term "dangerous" applicable to the operation or use of the drug. We regret that, following the usage of the hospital, Dr. Jones did not consult his colleagues; and we are of opinion that, using pilocarpin for the first time in a case of scarlatina, he ought to have shared the responsibility with them; but, on the other hand, the medical evidence states that, from Dr. Jones's special knowledge of the drug, he was warranted in dispensing with a consultation.—*Third Charge*: "That he so performed that operation without any proper explanation to Mr. Crawford of its nature or effect, and without getting his sanction." The answer of the Committee to that was: "We do not think it was necessary that Dr. Jones should have given any explanation to Mr. Crawford, nor was it necessary to get his consent.—*Fourth Charge*: "That he exhibited want of care and discretion as to the time of performing the operation, and great carelessness and neglect subse-

quently, considering the dangerous and novel nature of the operation." The answer is: There was want of care as to the time of performing the operation. Sufficient pains were not taken to procure the drug in due time, and lamentable delay occurred in its application. If the remedy was useful at nine o'clock in the morning, there was great neglect in not applying it until five o'clock in the evening. On the whole, we do consider that there was evinced an absence of sufficient care and interest in the treatment of the case. The Committee cannot close their unanimous report without stating that the facts disclosed in the course of this inquiry necessitate a searching investigation into the general administration of the hospital, which they have determined to make forthwith.

### THE LARYNGOLOGICAL CONGRESS AT MILAN.

[FROM A SPECIAL CORRESPONDENT.]

SINCE the commencement of the present month, the town of Milan has been the seat of various international congresses, the members of which, in the intervals of their sittings, united in enjoying the hospitality most liberally offered by the prefect and municipality. The interests represented were Ophthalmology, Otology, Laryngology, Bienfaisance Publique, History, and the teaching of Deaf-mutes. The present is the first year of a Laryngological Congress; and, from the numbers present—upwards of fifty—and from the fact that various States of America, and practically every European country, were represented, the congress bids fair, in the future, to be as great a success as are the Ophthalmological and Otological meetings. It was decided that a meeting should take place every two years, and that the next congress should be at Paris. It was unanimously resolved that the members present should not accept the invitation to form a Subsection at the International Medical Congress to be held in London in 1881. Amongst those present were Drs. Stoerck and Schnitzler (Berlin); Krishaber, Gougenheim, and Fournié (Paris); Schmidt (Frankfort); Ariza (Madrid); Zaverthal (Rome); Capart (Brussels); Hering (Warsaw); Elsberg (New York); and Hartman (Baltimore). The communications were made in various languages, but the discussions took place for the most part in French. Several members, however, showed great and varied linguistic talents, amongst whom Dr. Massei of Naples appeared to be *facile princeps*.

The most interesting discussions resulted from papers read on Tuberculosis as appearing in the Throat, by Messrs. Schmidt, Schnitzler, Lennox Browne, Ariza, and Zaverthal. The German professors mentioned several cases of cure of laryngeal phthisis, but their *compères* from other countries did not appear to have been equally fortunate.

Other communications on syphilitic affections of the throat were read, notably one by Dr. Gougenheim of Paris, which elicited a lively discussion.

A most interesting case was exhibited by Professor Caselli, of complete removal, twelve months previously, of the larynx, pharynx, base of the tongue, soft palate, and tonsils, for an infiltrating lymphoid growth interfering with respiration and deglutition. The patient appeared in excellent health, swallowed easily both solids and fluids, and spoke distinctly by means of an ingenious apparatus acting after the manner of a clarinet.

The members of the congress were fortunate enough to be invited to be present at the cremation of two bodies in the public crematorium; the bodies were consumed in separate furnaces, and by rival processes. The first body was operated on in the furnace originally erected, which consists simply of a chamber containing a fire, fed by wood, which is heaped around the corpse laid on an iron grill; smoke issues freely from the chimney, and there exists a strong suspicion of an odour. The second cremation was effected entirely by gas, produced and driven into the furnace by the destructive distillation of wood; and, by an ingenious arrangement, three distinct processes of combustion take place, and neither smoke nor smell issues from the chimney. Those present were all strongly in favour of the second process, and were unanimous in considering that there was nothing repulsive in the arrangements. As this was in a measure a scientific investigation, those present were permitted to watch the disintegration of the bodies through windows in the walls of the furnaces. It may be interesting to state that the Cremation Society is firmly established in Milan, and that nearly sixty voluntary cremations have taken place during the past year.

The municipal authorities gave several *soirées* in their magnificent hall in the Palazzo Marino, and the members of the congress enjoyed the hospitality of their president, Dr. Labus, at a charming dinner, followed by a *conversazione*, held at his house—a house, by the way, which would fairly raise the envy of the most successful London prac-

itioner. The town of Milan invited the members of all the congresses to a trip to Como by special train, and a tour of the lake by steamer; and they were accompanied by the civic authorities and the prefects of several towns. As may be imagined, Como was *en fête*; the tourists were met by bands of music everywhere, and salutes of cannon; and the procession *en voiture* to the banks of the lovely lake was quite imposing. A most sumptuous *déjeuner* was provided at Bellaggio, covers being laid for 250, which was followed by various patriotic and international toasts and sentiments. A reduction of 30 per cent. was granted by the Italian railways. The entertainments ended with a grand and varied spectacle in the Amphitheatre, which was thronged by thirty thousand spectators, the mass of faces presenting a grand effect, such as certainly could nowhere be seen in England. The members of the Congress quitted the hospitalities of Milan with great regret.

### HOSPITAL AND DISPENSARY MANAGEMENT.

#### THE BROOKWOOD ASYLUM.

IN his well-digested and instructive report on the state of the Surrey County Lunatic Asylum at Brookwood—a large institution, containing 1,061 lunatics on the 31st of December last—Dr. Brushfield, the medical superintendent, points out material differences in the character of the patients received into Scotch and English asylums, making utterly futile any comparison between their statistical results. In the asylum for the counties of Beds, Herts, and Hunts, which he selects as a fair example of an English asylum drawing its inmates from a population engaged in agriculture, there were on the 31st of December last 130 epileptics and general paralytics, making 15.87 per cent. of the total number of patients resident; whereas in the Argyle and Bute Asylum, a Scotch asylum in an agricultural district, there were on the same day just 14 epileptics and general paralytics, making 4.39 per cent. of the total number of patients resident. In the Surrey County Asylum, again, which draws the bulk of its patients from the south of London, there were on the 31st of December 189 epileptics and general paralytics, making 17.81 per cent. of the total number of patients resident. It is clear that the great excess of epileptic and general paralytic patients in English, as compared with Scotch asylums, must proportionately swell their death-rate and depress their rate of recovery, and must also enormously enhance the difficulties of management in them; for it is amongst patients of these classes that a majority of the accidents and difficulties occur that chequer asylum administration.

#### THE BARNWOOD HOUSE ASYLUM.

THE Barnwood House Hospital for the Insane at Gloucester, which accommodates about one hundred patients, realised last year a net profit of £3,625; and this it did while acting to some extent as a public charity, and receiving a certain number of patients at rates of board little, if at all, more than is often charged for paupers. The average rate of board charged was £2 2s. 3d. per week; and yet, notwithstanding the comparative smallness of the charge, nothing seems to have been omitted that could minister to the recovery, comfort, and amusement of the inmates. The Commissioners in Lunacy express their entire satisfaction with the condition and management of the institution, and comment on the excellent order which prevailed, and on the comfortable and home-like look of the rooms, into which mirrors, pictures, and other objects of ornament and interest have been introduced, even where they are occupied by patients who are of an excitable class, and who are disposed to be destructive. "Barnwood House", says the Visiting Committee, "may be truly said to be an agreeable and comfortable home to all seeking admission within its walls". They cannot speak too highly of the manner in which the hospital has been conducted by Dr. Needham.

#### THE RANGOON LUNATIC ASYLUM.

THE report of the Rangoon Lunatic Asylum for 1878, issued from the office of the Chief Commissioner of British Burmah under date April 26th, 1879, reveals a state of matters in that institution calling for the close attention of the Colonial Office. That extensive alterations and reforms are needed in it will not be doubted, after a perusal of the following epitomised history of a tragedy which occurred within its walls on August 8th, 1878. Lookoo, a Hindoo from the Prome district, said to be suicidal, but not dangerous, was admitted on August 3rd, 1878. There was no empty cell to put him in, so he was lodged with two Burmese reported quiet, one of whom had been fifteen days under