

**BRITISH MEDICAL ASSOCIATION.
SUBSCRIPTIONS FOR 1885.**

SUBSCRIPTIONS to the Association for 1885 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to the General Secretary, 161A, Strand, London. Post-Office Orders should be made payable at the West Central District Office, High Holborn.

The British Medical Journal.

SATURDAY, OCTOBER 17th, 1885.

**REFORMED LOCAL GOVERNMENT AT CLOSE
QUARTERS.**

By a curious law of periodicity, which is observable in matters political as in everything else, local government reform has once more become one of the great questions of the day. As an election war-cry, its potency has been somewhat dimmed by both parties having taken it up with emulous enthusiasm; and, in any event, its intrinsic complication would prevent its becoming a topic on which an orator could hope to stir his audience to enthusiasm. There was, therefore, something of self-abnegation in the lecture which Sir Charles Dilke set himself to deliver on Wednesday to the electors of Halifax. The contribution of the late president of the Local Government Board towards the discussion of this "thoroughly unexciting but as thoroughly vital subject," is quite the most important that has yet appeared; and it is impossible, therefore, to avoid referring to it. For year after year, in the late Parliament, the mouths of members were made to water by the dim adumbrations of the "comprehensive" measure of local self-government, which the Cabinet had in its pigeon-holes, and was only waiting a favourable moment, which never arrived, for giving to the world. Sir Charles Dilke evidently feels that this Bill, which served more than once as an admirable buffer against attacks, and even defeats, on questions of local taxation, should no longer hide its light under a bushel. Accordingly, he unfolds its main provisions to an appreciative, if not a rapt audience, at Halifax, and, through the medium of four columns of the *Times*, to the rest of the world.

We have no space here to discuss Sir Charles's proposals in detail. It will be time for this when they are crystallised into that now universal product, a Bill in Parliament. But we cannot help thinking that his central idea of having three sets of local authorities—the parish vestry, the district council, and the county board—is foredoomed to failure. So far as we understand the plan, the existing urban sanitary authorities and the existing rural sanitary authorities are to be retained as the district councils; and to them are to be subordinated a vestry for each parish, which is to be clothed with a great variety of ordinary and some extraordinary powers. Over the district councils are to be elective boards for counties, with possibly over these again elective local government boards for the several divisions of the kingdom. Poor-law relief and control is not to be worked in with this new system; it is to be administered "by the new authorities of the various districts, acting in combination as guardians of the

poor for the union which would comprise the district, and by the apportionment of the cost of relief on the basis of the rateable value in the several districts." This seems a highly complicated plan, and could hardly fail to prove entirely unsatisfactory from an administrative point of view.

Sir Charles Dilke appears to think that, by elevating and dignifying the parish, we shall be helping "to undo the Norman conquest in order to revert to the more English and wiser system of the Saxon times." Now, with all respect to the Jutes and Angles, it is really impossible to compare the state of social affairs eight hundred or a thousand years ago with that existing at present. The parish, as a practicable area of local government, is, we are convinced, now impossible. Sir Charles Dilke himself admits that parishes "are extraordinarily unequal in size and population;" and yet he proposes, whilst giving them certain powers, to subordinate them to the existing sanitary authorities, re-named "district councils," without, so far as can be gathered, anything more than minor corrections of boundary. A few facts will show how hopelessly unworkable a scheme of local government like this would prove. There are about 15,000 parishes in England and Wales. Many of them have an area of less than 50 acres, and many an area exceeding 10,000 acres. There are 800 parishes with a population of less than 50 persons, and 6,000 parishes with a population under 300. On the other hand, there is a considerable number of parishes with a population exceeding 30,000. Toxteth Park township contained 109,455 people at the last census. The average population is about 1,500, and the greater number of parishes have a population varying between 200 and 1,000.

Of sanitary districts, which are to be a kind of superior area, there are about 1,300, namely, 700 urban and 600 rural, omitting some 250 municipal boroughs. Some urban districts have a population of as few as 200 people, and a considerable number have less than 1,000 population. On the other hand, one has a population of 130,000. One rural district has a population of 4,000, and an area of 40 square miles, and another a population of 32,000 and an area of 250 square miles.

It does not appear to be contemplated that any large re-arrangement of areas would be wanted in the cases cited, but that they would work in easily with the new triple, nay, quadruple, scheme of local government. It is impossible for those with practical knowledge of the way in which local business is managed to believe that a system so complicated could succeed. It is a primary essential for the efficient working of local machinery that it should not be on too puny a scale. Remembering how unions were formed, in the most "opportunistic" fashion conceivable; how urban districts were formed, in the most reckless and casual fashion imaginable—it is evident that the first step to be taken is a rectification of boundaries, which shall give to a district of sufficient size for the conducting of business in an efficient manner, one authority to look after its affairs, and only one. For all local purposes which affected more districts than one, this primary authority would have the county board to look to. The less the question of local government reform is complicated by caveats and exceptions, the more readily will it be received by the country at large. We confess to a feeling of doubt whether Sir Charles Dilke's measure is one calculated to remove the present defects of our existing system of local government in the best and most satisfactory way; and we much fear that the degenerate and crippled parish of these

latter days will, whatever may have been the case before the Norman Conquest, be found to be now quite unworkable as an administrative organism.

STRANGULATED UMBILICAL HERNIA.

THE treatment of this form of hernia has not hitherto been considered as amongst the triumphs of surgery, its success, when a cutting operation, involving the opening of the sac, has been necessary for the return of the bowel, having been limited. Surgeons will, therefore, probably, welcome the renewed attention which is likely now to be drawn to the subject by a paper read by Mr. R. C. Lucas at the last meeting of the Clinical Society, and which, together with the discussion thereon, will be found fully reported in another part of our columns to-day. The author began by observing that he considered that the great mortality which followed the operation for strangulation in cases of umbilical hernia, when the sac is opened, might be explained, partly, perhaps, by the ill condition of the parts involved in the operation, but "mainly by the fact that, when suppuration or decomposition occurs, drainage of the noxious fluids is almost certain to take place directly backwards into the peritoneal cavity." Surgeons, consequently, have been constrained to trust as much as possible to taxis, and, when compelled to operate, to keep the operation within the narrowest limits, by making a small incision at the upper part of the tumour, dividing the ring, and then only, if still necessary, making a small opening into the sac itself, to expose the intestine as little as possible, contenting themselves with the reduction of only the strangulated portion of bowel, and leaving the rest of the contents of the sac unreduced; or, if there be difficulty in reducing the strangulation, resting content with simply freeing the bowel from constriction. A more extensive method of operation, at any rate, for the worse kind of cases, has probably now been inaugurated, and will lead, it may be anticipated, to a lessened mortality.

For years past, as Mr. Lucas states, he has been accustomed, when operating for strangulated hernia of whatever kind, to excise the sac, "not so much for the purpose of producing a radical cure (though this is an advantage), as to obtain better results for the operation itself," believing, as he does, that the sac is the source of septic material, whence peritonitis may ensue, that it is the cause of occasional reprotusion during convalescence, of occasional sloughing, or of subsequent relapse. The practice should, therefore, be, first, to return the bowel; and, secondly, excise the sac; and, in the case of femoral hernia, the author of the paper in question deems no operation complete until the sac has been excised, whether it may have been found necessary or not to open it, in order to reduce the bowel. In acquired inguinal hernia the same plan of treatment is advised; but in the congenital variety, as its complete adoption would involve the sacrifice of the testis, the surgeon should withhold his hand.

The paper, which had for its chief intention the advocacy of this radical plan of treatment in cases of strangulated umbilical hernia, was illustrated by two cases of that variety, in which the plan of treatment therein advocated was adopted, and they both were admirable examples for the purpose. One patient was the subject of accompanying visceral complications, that tended to render a successful issue improbable, and the other was very obese; but both recovered. In the former case there was advanced dropsy, due to Bright's disease, for which the patient had been already tapped three times. When

the sac was opened, reduction was found to be impossible until three and a half pints of ascitic fluid had been allowed to escape. The sac of the hernia was then cut away, close up to the abdominal aperture; and the tendinous ring was closed by three green catgut stitches, which were passed through its margins, tied, and cut short. The skin of the tumour was then cut away, and the margins in its aperture were brought together with wire sutures. The patient subsequently did well, except for some suppuration which occurred at the wound, about a fortnight afterwards, when one of the catgut stitches came away unchanged.

In the second case, omentum was adherent to the sac, but was ligatured with catgut and almost all cut away. The subsequent steps of the operation were similar to those adopted in the former case. The antiseptic spray was used on each occasion. In this latter instance, there was a slough, consisting of the remnant of the sac and the stump of the omentum, which came away in a week's time, after which the patient rapidly convalesced. The suppuration in each case would probably have proved fatal, had it communicated with the peritoneum through a patulous hernial ring; as is pointed out, the closing of the ring with sutures, by preventing such communication, probably saved each patient.

In the subsequent debate, which, at the suggestion of the President, was restricted to the consideration of the treatment of strangulated umbilical hernia, it became evident that the plan of procedure sketched out by Mr. Lucas is by no means confined to the surgeons of Guy's Hospital. Representatives of other medical schools had had similar cases, with equally good results. Mr. Golding-Bird frequently adopted the plan, though not swayed by the arguments by which it had been enforced; and remarked that the peritonitis, when it ensued, nearly always commenced on the bowel, and not at the margin of the sac. Mr. Walsham had had excellent results in his cases, but preferred carbolised silk to catgut for the suturing of the tendinous ring. The President and Mr. Howse both advised that the operation should be restricted to severe and long-standing cases, deprecating the adoption of the practice, as an universal rule, for application to all herniæ.

Probably, as a result of this discussion, it will be found that the method will, at any rate, be largely employed for umbilical herniæ, where the rupture is large, where strangulation has been of many hours' standing, and where the skin covering the sac is ulcerated. Whether, in other varieties of hernia, it should become the general practice, as was urged by the reader of the paper on which our remarks have been based, we may leave to more extended experience to demonstrate; but that the procedure will be adopted for many cases of strangulated umbilical hernia, we cannot longer doubt.

PROVINCIAL MEDICAL SCHOOLS.

THE last few years have witnessed a remarkable revival of provincial medical schools. The attractions of London are less potent than they formerly were, whilst the long prevailing idea of the inferiority of provincial places of education has greatly declined, and it can no longer be accepted as a fact that students whose education has been conducted in one or other of our great towns, are less fitted to practise their profession, and to take their social status, than are the alumni of London medical colleges.

The change we witness in respect to these matters is already great, and, what is more, it is steadily progressive. To what causes are

to attribute it? A slight consideration is suggestive of several. Experience and observation have shown that men brought up in provincial schools have, in proportion to their numbers, attained professional eminence and positions not inferior to those sent out from the metropolis. Not but that the latter, indeed, have secured most of the highest posts and honours which a court and the wealth of the capital of the kingdom can confer, or which are lodged in the hands of the medical corporations. For, as a matter of course, London will attract men who enter the profession well furnished with means and powerful friends, and who aim at, and can afford to wait for, the highest rewards attainable in their calling. But in their general fitness for their varied and responsible duties, the students of provincial schools will favourably compare with their fellows hailing from London colleges. Indeed, we have the conviction that the hospital-schools established in the great centres of industry in this kingdom, afford wider and fuller scope for the acquisition of such knowledge as is of the highest importance in the career of a medical man, than do the educational institutions of London. Moreover, whatever advantages the provinces have possessed in past years, these have been annually augmenting. Every great centre of industrial activity has increased immensely in population, in its institutions for medical relief and instruction, in its possession of medical men of European reputation, and, to borrow a comprehensive word from the French, in its solidarity.

In fact, the growth of educational establishments in the provinces has far outstripped that seen in the metropolis.

Apart from the old universities, Oxford and Cambridge, which, until quite recently, have not stooped from their dignity, nor surrendered their conservatism, to make medical education a real portion of their works, we have now the University of Durham, and the Victoria University, with its centre at Manchester. Both these graduating bodies cultivate the patronage of medicine, and affiliate to themselves colleges specially established for the education of medical men. They consequently hold out facilities for graduation, and this especially in favour of men trained in the provinces. The natural result is an elevation in the position of provincial medical schools, and in the status of their pupils.

But this is not all. Professional education outside London is receiving a strong impetus by reason of the institution of colleges for advanced education in many of the largest cities of this country to which a medical department is attached. It is in this direction, above all, that the advance of provincial medical instruction, in comparison with London, is most marked.

In former years, whilst provincial schools afforded equal, if not superior, advantages to their scholars in the matter of practical instruction in medicine and surgery, it must be admitted they had to contend with great difficulties in providing efficient instruction in certain subjects of study, as anatomy and physiology, and still more in collateral sciences—chemistry and natural history, and physical and mechanical science, and they were deficient in museums and libraries. But, in all these particulars, there has been an entire change for the better. The liberality of private benefactors has raised up colleges, and endowed chairs for the teaching of every branch of knowledge, and particularly of those collateral branches essential to the education of medical men. Indeed, the question may be raised, if, in several of these provincial institutions, the opportunities for the study of chemistry, physics, and mechanics do not surpass those

to be met with in London medical schools. Indeed, the authorities of the latter need look well to the inducements they have to offer students if they would retain the patronage and reputation they have heretofore enjoyed.

The principle hitherto acted upon in the metropolis, of instituting in connection with each general hospital a complete school for teaching all that is required by the medical examining-boards, is attended by a dissipation of power, whilst it multiplies lecturers at the cost of efficiency.

But to show where the weakness of medical education in London exists, is not our present purpose. We are concerned with an examination of the position of the provincial schools, and will now call to our aid some excellent remarks made by Mr. R. J. Pye-Smith in his introductory address at the opening of the Sheffield School. This institution is an example of the incorporation of a medical school with a college—the Firth College, recently founded for teaching science with special reference to its technical applications. The medical department, as it may now be called, has, it seems, existed for sixty years, but has had but a chequered history. Mr. Pye-Smith says: "The work of those who have hitherto carried on the school has always been gratuitous, the students' fees having been entirely devoted to maintaining the greatest efficiency practicable under the adverse circumstances of very limited space, few students, and a low exchequer."

These remarks are an epitome of the history of the generality of provincial schools in past years, but now a new era has begun with them, chiefly, as said before, by the foundation of Colleges for general and scientific education in almost every town which has in past times aimed to become a centre for medical instruction. To the well-wishers of the profession, the impending extension of the area of medical education will be a matter of congratulation. It implies the utilisation of vast stores of experience and knowledge which have hitherto laid waste. As Mr. Pye-Smith contends, an efficient medical school in a town is fraught with great and practical advantages to the whole community, and also to the hospitals with which they are connected. It attracts good men, ambitious of the position of teachers; and, at the same time, the position, when attained, reacts favourably upon the teachers themselves. "For it is impossible for a man to be surrounded by a class of intelligent and questioning students without having the rust rubbed off some parts of his armour."

By their incorporation with colleges for general scientific culture, the opportunity is given to the provincial medical schools for wider development and greatly increased usefulness; and surely the time is not far distant when, by amendments in the system of medical education, the large hospitals and infirmaries founded in many towns, and abounding in materials for the practical instruction of students, may likewise be turned to profitable account, and supplement the medical educational machinery of the kingdom.

MECHANICS AT THE PRELIMINARY EXAMINATION.

THE new regulations of the General Medical Council with regard to the preliminary examination in mechanics, has been the source of considerable inconvenience at many of the medical schools, and has caused no little consternation among some of the new students. Under the regulations in force until October 1st, mechanics was a compulsory subject in which every medical student had to qualify; but the examination might be passed either before or after registration. Under the new regulations, the examinations in mechanics

must be passed before registering as a medical student. Although this decision was made public after the meeting of the General Medical Council at which the decision was arrived at, a large number of intending students appear to have failed to make themselves aware of the alteration. The notice given was undoubtedly too short, and the ill-adviced resolution of the General Medical Council, carried, we may observe, in opposition to the opinion of many of its members most competent to judge such a question, has been a source of great inconvenience, and will be the source of great injustice unless some way out of the difficulty be speedily found.

In some cases, the difficulty has been evaded, and we understand that very many students, acting under advice, have registered this year before the end of September; they will not be affected by the new regulations. The case of students who have overlooked the regulations, and have not been advised to take this simple means of evading the difficulty, is undoubtedly hard; but there is every reason to hope that the legislative body which created the difficulty will take prompt steps to remove it. A meeting of the Executive Committee of the General Medical Council has been summoned for Friday next, October 23rd, and a meeting of the General Medical Council has been called for November 24th. The Executive Committee has the power of temporarily suspending regulations made by the full Council, and has recently exercised this power to rectify the blunder of refusing to accept the matriculation examinations of the Queen's Colleges in Ireland as qualifying examinations in preliminary general education. The General Medical Council has been summoned to meet at an unusual, and to many of the members most inconvenient, time of the year, in order to discuss the difficulty which has arisen in Ireland with regard to the Queen's Colleges; but the fresh difficulty created by the sudden enforcement of the new regulations with regard to mechanics will also without doubt come up for discussion, and there is every reason to believe that the obnoxious regulation will be suspended.

THE Queen has accepted the dedication of the *History of Queen Charlotte's Lying-in Hospital*, of which the Secretary, Mr. Thomas Ryan, is the author. The work, which will shortly be issued, is to be published by subscription, and sold for the benefit of the charity, which is greatly in need of funds.

PROPOSED PERIODICAL CONGRESS OF RUSSIAN SURGEONS.

PROFESSOR SKILASOVSKI, of Moscow, writes to the *Vrach*, urging the importance of regular meetings of Russian surgeons every two or three years, to be held alternately in St. Petersburg and Moscow, for the purpose of keeping the knowledge of provincial surgeons up to date.

VACCINATION OFFICERS' ASSOCIATION.

THE next meeting of members of this Association will be held on Saturday, October 17th, at 2.30 P.M., at the Charing Cross Hospital Medical School, 62, Chandos Street, Strand, W.C. The following agenda are announced: 1, To read minutes of last meeting; 2, Correspondence; 3, Report of Committee; 4, Election of members and honorary members; 5, Certificate postponing vaccination.

CELIBACY.

OUR Paris correspondent writes:—According to M. Lagneau, the well known statistician, there is a lower rate of mortality among bachelors under 22 years of age than among married men. Above that age, the contrary is observed, and married men live longer than bachelors. Among bachelors, 38 per 1,000 are criminals; among married men, 18 per 1,000.

RESTRICTIONS ON RUSSIAN MEDICAL STUDENTS.

It is announced that the number of candidates for the vacancies in the medical school at Krieff is so great that an order has been made restricting the privilege of studentship to those who have received their previous education at a gymnasium. The Russian medical schools are becoming so crowded that some method must be resorted to for diminishing the number of applicants. It is impossible to give clinical instruction satisfactorily to such large numbers as there are at present. It is also stated by a Russian political journal that all students who are not Christians are to be deprived of their stipends. This is specially directed against Jews, who mostly belong to the medical faculties, and who, it is said, form a tenth part of the whole number of medical students.

THE MICROCOCCUS OF VAGINITIS IN CHILDREN.

DR. JOHN CSÉRI examined the vaginal secretions of twenty-six children from 3 to 10 years of age, who were being treated in the Pesth Children's Hospital for various chronic diseases. In all of them, a coccus was found, identical with Neisser's gonococcus. Dr. Cséri asserts, contrary to Fraenkel's views, that this coccus is the same as that found in gonorrhoea. Many cases of chronic catarrhal vulvo-vaginitis are certainly infectious; others have not been proved to be so. The coccus of the infectious form is identical with Neisser's gonococcus. Cultivations have not, however, yet been made. The secretion of infectious vulvo-vaginitis affects the eye. The spreading of this disease in children's hospitals takes place by means of washing, closets, bath-tubs, dressings, and the nurses themselves.

A HEN'S EGG IN THE VAGINA.

DR. VON GAENNER mentions, in the *Correspondenzbl. für Schweiz-Ärzte*, a curious case of a hen's egg in the vagina, which he had some difficulty in removing. It had caused great difficulty in micturition. The egg lay so high in the vaginal canal, that it was with the greatest difficulty that he could introduce his finger behind it; and, as the vagina was far from roomy, he could not manage to hook the finger over it. The only instrument that seemed suitable for the removal, without breaking, of a foreign body of this kind, was Breisky's forceps for the extraction of oviform pessaries, but this was not at hand. At last, however, having emptied the bladder by making pressure with one hand over the abdominal wall above the symphysis, while a finger of the other hand remained in the vagina, the egg was expelled entire the day after its introduction, no difficulty being experienced in forcing it through the vulva.

APOMORPHINE IN CROUP AND BRONCHITIS.

DR. STUTZ, of Neuminster, is loud in his praises of apomorphine, subcutaneously injected in diphtheria complicated with croup, and in primary croup itself. Of ten of these latter cases, he lost only one, and this he attributes to his not having been called in quickly enough. Similar treatment is also very valuable in dyspnoea due to bronchitis. He has also been successful in cases of arsenical poisoning in children; and in one where a woman had such severe pharyngitis that she was quite unable either to swallow or speak. An apomorphine-injection quickly emptied the stomach of pus and mucus, and enabled her both to speak and swallow.

OBSTETRICAL STATISTICS OF THE MATERNITY CHARITY AT THE HAGUE.

FROM a report just issued by Dr. Piepers, the physician in charge of the extern maternity charity in the Hague, Holland, we learn that, during the nine years that the charity has been in existence, there have been 13,818 confinements, in which medical aid was sought in 1,253 cases, and operations of various kinds performed in 949 of these, resulting in the death of 16 women and 142 children. The number of cases has increased steadily, being for the first year of the establishment of the charity 929, and during the last or ninth year, ending

June 30th, 1885, no less than 2,204. Dr. Piepers gives some detailed statistics of the cases which have been attended during the last twelve months. Nine midwives were employed. The medical man was called in 362 times, frequently finding, when he arrived, that all was going well; sometimes advice, and at others medicine, was required. One or more operations were performed in 127 cases, in addition to extraction of a retained placenta in 8 cases. Of the 127 cases where operations were required, 15 children were still-born. There were 73 forceps-cases; all the mothers lived, and 68 out of 73 children were born alive. Three of the forceps-cases were face-presentations, both mothers and children being saved. There were 19 breech-presentations, in 4 of which the children died, the mothers all recovering. Of these 19, nature was 9 times allowed to take its course, with a result of death to 1 child, which was due to the carelessness of a conceited young midwife, who omitted to send for assistance; in 7 of these cases, extraction by the hand was performed, with 2 foetal deaths; and 3 times the blunt hook was used, with 1 foetal death. Of 12 foot-lings, 11 were born alive, the still-born one being putrid; 3 cases were extracted, the forceps being once applied to the head. In 9 cases, turning was performed for transverse presentation; one of these was the only fatal case of internal hæmorrhage occurring this year; the child also was dead. Prolapse of the cord occurred 9 times; 3 of the children died. There were 5 cases of placenta prævia; 2 were delivered by version; 1, where the child was dead, by forceps; and 2 without any operative interference; all the mothers and 4 of the children lived. Dr. Piepers attended 10 cases of twins; in 1 case, both children were acephalous and dead. There were 2 cases of triplets, in neither of which was the medical man sent for before delivery. There were no cases of eclampsia.

A SHORT WAY TO STOP SANITARY INFORMATION.

THE *Russian Official Gazette* announces that the Minister of Public Education, and some other high officials connected with the Ministries of the Interior and of Justice, with the aid of the chief counsel of the Sacred Synod, have ordered the complete suppression of the journal, *Zdorovje* (Health), which especially concerned itself with sanitary matters. It is to be hoped that officials, so highly placed as those who issued this order, are themselves incorruptible; but, after Stepniak's revelations about the way in which Russian officials manage to augment their nominal incomes, it is really rather hard to suppress the thought that a good many persons in this country would be only too glad to devote a good round sum to the stoppage of all public journals which are given to ventilating sanitary questions.

THE SCIENCE AND PRACTICE OF TEMPERANCE.

In a valuable and interesting paper, read at Glasgow, on the 9th inst., Professor J. G. McKendrick has given utterance to some weighty conclusions. While avowing himself an abstainer, Dr. McKendrick pointed out the mistake of exaggeration and misstatement on the physiological action of alcohol. Such an assertion as that a glass or two of wine or beer daily would necessarily prove injurious to health, and produce a deterioration of tissue, could not be proved. Dr. McKendrick, too, declared that only men of extreme convictions would condemn the use of alcohol as medicine. The advocates of abstinence would do well to lay this judicious advice to heart, in order that a noble movement may not be prejudiced in the minds of thoughtful and intelligent persons.

CLINICAL SOCIETY.

THE first meeting of the Clinical Society during the present session was held on Friday last. As will be seen from the report of the proceedings which we publish elsewhere, the papers were of considerable interest. The President, Mr. Bryant, in welcoming the members after the long vacation, expressed the pleasure which it gave him to meet them again, and the hope that they had returned with fresh zeal and interest to the work of the Society. He then drew attention

to an advance copy of the Society's *Transactions* which he held, and remarked that a copy would be forwarded to each member at an early date. This was nearly double the size of former volumes; it contained the lengthened debate on Charcot's disease, as well as the very valuable report on Spina Bifida which was made to the Society last session. It is, perhaps, to be regretted that the Council of the Society has not seen fit on this occasion more than in past years to publish the debates, with the papers read before the Society. The addition would much enhance the value of the volume in the case of most of the debates; but at the same time the size of the book would naturally be much increased, unless the debates were printed in smaller type than the original papers, whilst the extra expense would also be considerable. The President also announced last Friday night that, at the next meeting of the members, an important practical question will be put to the vote. This is, whether tea and coffee shall be served before or after the meeting. As Mr. Bryant observed, this is not a scientific question, but is partly physiological, and eminently practical. No debate on the point will take place on October 24th, but the question will simply be put to the meeting, and a vote regarding it then and there taken. After this, the more scientific part of the proceedings occupied the meeting. The first paper was read by Dr. Sawtell, who described a fatal case of hæmatemesis and melæna in a newly born infant, produced by small ulcerations of the mucous membrane of the stomach. Mr. Lucas then narrated particulars of two cases of strangulated umbilical hernia which he had treated by excision of the sac and skin-covering, with suture of the ring, after reduction. In both patients, the hernia was complicated with severe visceral lesions, so that they were good cases for testing the value of the procedure, but both recovered. From the debate that ensued, the operation, as it would appear, has not rarely been performed in London. Finally, Mr. C. Symonds detailed the history and treatment of a man suffering after a fall from compression of the brain, produced by a clot derived from the middle meningeal artery, in whom, after trephining, there was much difficulty in controlling the hæmorrhage. The case had suggested to the author of the paper the possibility of arresting such hæmorrhage by compression or ligature of the carotid. Mr. Howse also detailed two similar cases, in one of which he had ligatured the external carotid artery, and in the other had treated intracranial hæmorrhage with compression of the carotid continued for three hours.

THE MEDICAL SOCIETY OF LONDON.

THIS Society will hold its first meeting on Monday next, October 19th. The President, Dr. W. M. Ord, will deliver an address, and Dr. W. H. Broadbent will read a paper on Examples of Syphilitic Disease of the Brain and Nervous System.

TESTIMONIAL TO DR. HANDFIELD JONES, F.R.S.

THE prizes and certificates of honour for the past year were distributed to the successful students at St. Mary's Hospital Medical School on October 1st, by Dr. Handfield Jones; after which, an interesting demonstration on behalf of Dr. Handfield Jones took place, and he was presented with a handsome microscope, with an illuminated album containing the autographs of those among the staff and students at St. Mary's who had subscribed to the testimonial. Dr. Sieveking, the senior physician, in presenting it, made the following remarks. "We now arrive at the final, but, I trust, not the least interesting, part of to-day's proceedings. It is now thirty-four years since St. Mary's hospital was opened, and thirty-one years since this school was founded by the energetic liberality of men most of whom have passed away. A few still survive; and one of those, who has completed the long-period service, and gone through the heat and turmoil incident to the foundation of a new school of medicine—the gentleman whom we all honour, respect, and love—is he who has to-day presented the prizes to the fortunate competitors. In Dr. Handfield Jones you see a man who, by the indomitable perseverance and

work for which he is proverbial, is an example to young and old; and it is on the completion of his term of office that we, his friends, wish publicly to proclaim how much we esteem him, and thus mark the services he has rendered to St. Mary's. We beg his acceptance of the testimonial and of this microscope, but must ask him not to measure our esteem by the value of the gift, but to take it rather as an indication of the feelings we entertain for him, and as a memorial of our gratitude for the admirable example of honesty of purpose, of persevering labour, and great success in scientific work, which he has set us. Would that it were in our power to reward such a man as he ought to be rewarded! The rewards that await the genuine man of science in this country may be almost said to count for nothing; and it might not be too much to wish that Her Majesty's advisers might see fit to benefit her councils by the introduction of men like Dr. Handfield Jones, in full possession of his faculties, and full of the results of a laborious scientific life. Consider the amount of benefit that men like Dr. Handfield Jones have conferred upon Her Majesty's subjects. Gratuitously, and without prospect of anything like public recognition, he and men like him have saved the lives and assuaged the sufferings of thousands. Far be it from me to grudge the honours bestowed upon our sailors and soldiers, who have fought and bled for our honour and prosperity; but I would put it to you whether the quieter and less showy self-sacrifice of a great hospital-physician, who has laboured for thirty-three years in the cause of suffering humanity, is not well worthy of some public recognition of good work done for the community. And I would ask, further, why his powers should not still be enlisted, and his declining years comforted by a liberal pension, for which he might be required, as the Indian judges are after their retirement from the bench in India, to serve as assessor in the multifarious questions of sanitary import which assail every Ministry. A physician is rarely a politician. His calling lies in a different direction; but, whether he inclines to Radicalism or Conservatism, his judgment in sanitary matters would be equally valuable, if he could bring to bear upon them the enlightened, unprejudiced, and scientific mind of Dr. Handfield Jones. I hope you will all, especially the younger part of my audience—for we old fogies can do but little in the advancement of the question—bear this point in mind, and promote its solution, as I am confident that it will be for the good of the community. It remains for me now to tender to Dr. Handfield Jones the cordial good wishes of his numerous friends both in this assembly and those scattered over the world, and to express a hope that he may live many years to enjoy the respect and esteem of his professional brethren and other friends."

MEDICAL AND SURGICAL WORK IN INDIA.

PEOPLE in England, when they speculate, often ignorantly, on the government of India by a race alien in blood, language, and religion to the various races who make up "the people of India," leave out of the account altogether the work daily and hourly done by the medical profession in that vast empire, and yet that work has probably done more to reconcile the people to foreign rule than many of the best intended acts of a benevolent Government. From time to time, evidence of this work accumulates on our hands to such an extent as to make us ashamed of the small space we give to record it. Our table groans under the accumulation of reports of sanitary commissioners, who watch over the health of the people committed to their charge; of administrative medical officers, on the hospitals, dispensaries, lunatic asylums, and other medical charitable institutions which minister to the wants of the community. The medical colleges at the principal seats of Government in India are, year by year, sending out capable native and Eurasian medical practitioners, who are fast superseding the ignorant *hakeems*, and extending the benefits of western medical and surgical science to increasing numbers of the teeming population of Hindustan. The civil surgeons of stations do an amount of surgical work which often far exceeds that in some of the largest hospitals in European capitals, and will compare favourably as regards results

with the best of them. We have before us a voluminous Report by Dr. Walker, the Inspector-General of Civil Hospitals in the North-West Provinces, which more than justifies the above remarks, and is only one of many which tell the same tale of good work done. Dr. Walker reports 77,529 minor and 14,938 major surgical operations done in his district in the last year, with 11,143 cures, 1,973 patients relieved, and only 281 deaths. Surgeons Willcocks and Anderson are brought prominently to the notice of Government for their surgical activity, and the success that has followed their performance of the great operations, each of these gentlemen having done, on an average, three operations daily in the year under notice. What will our London hospital-surgeons say to 1,036 operations for stone, and 6,366 for cataract, "good sight" resulting in 4,592 of the cases? It is noted that the operation of lithotripsy finds great favour among the native population, the hospitals in which it is most often done being most frequented by sufferers from stone. There are certain districts in India in which this tormenting complaint prevails to a great extent, while in others it is rare. We are familiar in this country with the fact, that two counties—one in England, the other in Scotland—have an unenviable notoriety in this respect, namely, Norfolk and Fife. In all parts of India, native travelling lithotomists are to be met with, whose apparatus is always the same: a knife and a small curved horn. Many of their patients, such at least of them as escape death from hæmorrhage, recover fairly well. The reports from the Central Provinces showed that an equal amount of yearly increasing good work is being done. In the hospitals and dispensaries of that Province, 645,669 cases were treated in the year 1884. It is satisfactory to notice that the outlying dispensaries, under native practitioners, are, year by year, being more and more brought under the superintendence of the civil surgeons, who are encouraged by Government to pay frequent visits to them to help and guide those in charge.

THE OLDEST METROPOLITAN MEDICAL SCHOOL.

ON Thursday, October 8th, Mr. W. Morratt Baker, delivered the introductory address at the Abernethian Society of St. Bartholomew's Hospital, Dr. E. W. Roughton, President, in the chair, on "The Two Foundations of St. Bartholomew's Hospital." St. Bartholomew's Hospital, he stated, was founded more than seven centuries ago, by "Rayer," commonly called Rahere, from the Latin *Raherus*. Thus, Mr. Baker observed, it might boast of being the oldest hospital in London. In the British Museum was a manuscript, written a few years after Rahere's death, by one of the monks of the Priory of St. Bartholomew the Great, and devoted almost entirely to the life and acts of the founder of the hospital. It showed that Rahere was born of low lineage, but in his youth he haunted the houses of noblemen, and even the king's palace (Henry I), where the inferiority of his birth was probably overlooked for the sake of the brilliancy of his social gifts. He was often referred to as the king's minstrel, or even jester, but no doubt erroneously, for his position seems rather to have been that of court favourite. Repenting of his follies and sins, whatever they might have been, he went to Rome, where, being grievously sick, and deeming his last hour nigh, he vowed that if God would grant him his health, he would return to his country, and there found a hospital, wherein he might minister to the necessities of the poor. His vow was heard, he recovered, and St. Bartholomew is said to have appeared to him by night, and commanded him to found a church in his name, at Smithfield, in the suburbs of London. He returned thither, the king approved of his design, and the church was founded in March, 1113, while the "hospitable house" was erected a little way off. Smithfield was at that time a marsh, with the public gallows standing in the only dry spot, and it was no easy task to build there. Rahere took advantage of the superstition of the age, and, by feigning himself an idiot, obtained the help of children and servants in collecting building material. By his preaching, he brought in further contributions, and thus the work

was completed; many alleged miracles of healing bringing fame and gifts to the church. The king confirmed his previous grant by a charter, which gave full liberty and great privileges to the priory and hospital. Bahere died, after having been Prior for twenty-two years and six months, and was buried in his own church, of which only the choir now remained. The lying-in and sick wards of a parish workhouse of the present day would probably represent more nearly the condition of the hospital for some centuries after its foundation, than any department of a modern hospital. Not much of its plan and extent was known for several generations, and then, only after repeated restorations, one of which was undertaken in 1423, at his own cost, by Richard Whittington, Lord Mayor of London, immortal in folklore as well as in civic fame. Smithfield was noted as a place for tournaments, and it was probable that many a dismounted knight had been taken within the friendly shelter of the hospital, where his bleeding wounds would be staunched with red-hot irons and boiling pitch, by the priestly house-surgeon and dresser of the period. It was known that Wat Tyler was carried into the hospital, after his conflict with Walworth, the Mayor, in Smithfield. The cattle-markets and horsefairs, and the great annual fair at St. Bartholomew-tide, would also probably provide plenty of surgical cases in the early, as they certainly did in the later stages of the hospital's existence. At the Reformation, the priory and hospital of St. Bartholomew did not escape the downfall of monastic institutions, and the ecclesiastical part disappeared without much regret. But, with the hospital the case was different, and, in 1537, Sir Thomas Gresham, with the aldermen and citizens of London, begged the king to grant them the governance of the hospitals then existing in London. In 1544 letters patent were issued, vesting the governance of the hospital in a master and four chaplains, but its possessions were not regranted. This attempt was naturally a failure, and about two years later the king consented to grant to the Corporation of the City a new charter, by which the hospital should be refounded for the reception of one hundred poor and sick, and to endow it from its former possessions to the extent of 500 marks yearly, on condition that the citizens should be bound to give a like sum yearly. Thus the second foundation of the hospital came about, and King Henry VIII was called the second founder. In the reign of Edward VI, a preface, with an account of the rules and regulations of the hospital, was published in reply to certain slanders which had been spread abroad. This was reprinted in the last volume of the hospital *Reports* (see *JOURNAL*, October 3rd, page 662). The governors of the new foundation were a president, four surveyors, four "almoisers," the treasurer, and two "scrutiners." The officers were, the hospitaler, the renter clerk, the baker, the porter, the matron, twelve sisters, and eight "byddles." There were also three chirurgians, and a minister, named the "visitor of Newgate." The earliest separate engraving of the hospital, that Mr. Baker could trace, was published in 1720, in Stow's *Survey of London*; it then formed two small quadrangles, instead of one large square. At the same meeting of the Abernethian Society, Mr. Baker exhibited a collection of nearly forty engravings, relating to the hospital, in the library.

THE OPIUM-SMOKING EVIL.

A CERTAIN amount of pleasure of its kind may doubtless, as stated by some authors, be derived from smoking opium. If it were not so, we should know nothing of the later and worse consequences of this practice. Such enjoyment as there is, it is true, is short-lived, and the after-effects produced by this drug, as most of those who have had occasion to use it are but too ready to admit, are sufficiently unpleasant, to say no more of them, to cure the craving of any but an eager student in experimental narcotism. It may be said that such difficulties are not insuperable. No, but they must be obviated by some system of counter-drugging, or by training the constitution by habit to bear a certain amount of the opium. But what amount? and how to bear it? These are questions which cannot be concisely an-

swered. Quantity, in this case, comes readily to mean the measure of a constantly increasing appetite, and endurance is merely another name for an unhealthy slavery, difficulty to escape from, and difficult to live under, which may well be said to begin in delusion, and to end, commonly, in disastrous arrest of every useful function. Something may be said for moderation in the use of alcoholic liquors or tobacco. In regard to the habitual, or even occasional, employment of opiates outside of medical practice, there is no such term as moderation. Disease is their only excuse. Their value, therefore, is purely therapeutic, and the preferable form for their administration in most cases of illness, and merely with a view to their efficiency, is not that of inhalation. We have had occasion to write on this subject before, and have drawn attention to dangers other than moral or mental, or such as only generally affect the physical state. The fact that persons who often know nothing, or next to nothing, about their own health, and yet are the very unfittest subjects for such a drug as opium, may freely treat themselves with it for any casual pain or worry, appears to us a yet graver source of evil. To restrict the right of sale of this poison to chemists or dispensing practitioners, and to limit the privilege allowed to them, would encroach on no private right, and would give security where now there is none. We have been led to make these observations at the present time by seeing a card of advertisement, apparently for public distribution, which intimates that an establishment, where opium-smoking is taught, will shortly be opened in the West End of London. We sincerely deprecate any such arrangement, and trust that the introduction of such injurious novelties may do something to direct legal action in the way which we desire. A suggestion is made that medical men should avail themselves of the opium-pipe as a therapeutic agent. We feel sure that we represent the bulk of medical opinion in repudiating this suggestion.

THE ENTRIES AT THE MEDICAL SCHOOLS.

IT is impossible to publish a complete list of the entries at the medical schools this session in the present number of the *JOURNAL*, as entries are still taking place, and the full figures will not be available until the end of this week. A detailed statement is, therefore, reserved until next week. We understand that the general average number of entries will, in all probability, be maintained; and that several schools show a very notable increase. At St. Bartholomew's Hospital, the total number of entries has been 148; at St. Thomas's, 113; at the London, 108; at Guy's, 90; at St. Mary's, 52; at Charing Cross Hospital, 63; at Westminster Hospital, 35.

THE LONDON TEMPERANCE HOSPITAL.

THE western wing of the London Temperance Hospital in Hampstead Road was formally opened on Friday last by the Bishop of London, in the presence of a considerable number of the friends of the temperance cause who had assembled in the dining-room of the new wing. Mr. Thomas Cash, the chairman of the Board of Management, presided, and stated that, according to the rules of the institution, alcohol might be administered to the inmates only in exceptional cases, but it was a strong confirmation of the wisdom of the non-alcoholic treatment that in only three out of upwards of 3,000 cases of in-patients had alcohol been used, and that while in those cases no sensible benefit resulted, the average mortality of the hospital had been but 5 per cent. from its opening in October, 1873. The western wing now about to be opened would serve for the reception of upwards of 70 patients, thus raising the number of beds in the entire hospital to 122. The Bishop of London, in the course of his address, said there was, no doubt, a considerable change in the opinion of the medical profession, as compared to what it was fifty or sixty years ago, and it was a healthy change, the result of a real examination of the question. The advocates of temperance desired that the thing should be tested by practical experience. If the treatment of the patients in that hospital were so tested, they should rejoice; for the temperance-cause had everything

to gain and nothing to lose by calling on the medical profession everywhere to ascertain for themselves, by the strictest tests, whether the assertion of the advocates of the temperance-cause was true, that alcohol was very rarely needed in the treatment of disease or of accident; and that, where there was no disease and no accident, and really health, it was certainly useless, and very probably mischievous. The Chairman stated that the number of in-patients admitted last year was 584, and of out-patients over 2,000. The total number of patients treated since the commencement was 22,500. They would have expended on the building, by the time the hospital was complete, £54,000. They had received £47,000, and they therefore required £7,000 more. They had a great many promises, and he trusted the £7000 would soon be raised, but what they wanted was an increase in the annual subscriptions. He moved a vote of thanks to the bishop for his address.

THE EXTENSION OF UNIVERSITY TEACHING.

MR. WALTER PYE, of St. Mary's Hospital, delivered, at the Broadway Lecture Hall, Hammersmith, on Wednesday evening, the first of a course of ten lectures, under the auspices of the Hammersmith and West Kensington Committee of the London Society for the Extension of University Teaching, the subject of the discourse being, "The Laws of Life and the Laws of Health." It was stated, in opening the meeting, that, if these lectures went on, and men and women—women especially—understood the laws of health, how to clothe and feed properly, they would have a normal death-rate of twelve per 1,000, the kingdom over; and those persons who lived to 105 would be considered to have reached normal life. Mr. Walter Pye, in the course of his lecture, spoke of the necessity for acquaintance with the first principles of human physiology, before the rules which governed their physical well-being could be studied, either as individuals or as members of a household or of a community. The study of this subject was simple, and there was a beauty in the human body such as could not be equalled by any living machinery. Mr. Pye, with the help of diagrams, described, in an interesting manner, the doctrine of individual cell-life, and the phenomena common to all living things.

A HOMEOPATHIC FEE.

A PARIS homœopath having sued a duchess for a fee of 600,000 francs, obtained a judgment for 84,000 francs, but was ordered to pay all the costs himself.

SCOTLAND.

ABERDEEN UNIVERSITY COURT.

At a meeting of this Court, held on October 9th, the following gentlemen were appointed Examiners in Medicine. Mr. J. Macdonald Brown, M.B., Edinburgh; Mr. Francis Warner, M.D., London; Mr. John Alexander, M.D., Glasgow; Mr. J. A. McWilliam, M.D., London; Mr. Alfred H. Carter, M.D., Birmingham; and Mr. A. D. Leith Napier, Dunbar. At the same Court, the following appointments by professors of assistants for the coming year were approved of. Chemistry: Mr. Henry T. Jones. Anatomy: Mr. Patrick Whyte Rattray, A.M., M.B. Materia Medica: Mr. John G. Hall, M.D. Medical Jurisprudence: Mr. Alexander Macgregor, M.B.

EDINBURGH UNIVERSITY COURT.

At a meeting of Edinburgh University Court, held on Monday, it was resolved, after consideration, to sanction the institution of a lectureship in embryology, with classes, during both winter and summer sessions, a fee of two guineas to be charged for the course. The under-noted individuals were recognised as teachers of medicine whose course of instruction would qualify for graduation in Edinburgh University: Professor D'Arcy Thomson, Dundee, in natural history; the Rev.

John Lowe, F.R.C.S.E., teacher of practical materia medica, Edinburgh; Mr. John Rutherford Hill, teacher of practical materia medica, Edinburgh; and Mr. R. Urquhart, teacher of practical materia medica, Edinburgh. At the same meeting the appointment of Mr. David Hepburn, M.B., as assistant to the professor of anatomy was approved.

AMBULANCE-WAGON FOR DUNDEE.

FOR some time past an experiment has been made in Dundee with an ambulance-wagon which was presented by Mr. Armitstead to the St. John Ambulance Association. The results, according to the chief constable, have been very satisfactory, and it has been resolved to hand it over to the town. It is intended that Lord and Lady Strathmore shall make the formal presentation.

IRELAND.

DR. FRANCIS JOHN O'REILLY has been appointed a justice of the peace for the County Meath.

HEALTH OF BELFAST.

DURING the past month, the general death-rate, and that from disease of the lungs, have been below the average of the last four months; diarrhoea has, however, been prevalent, and has kept up the death-rate from zymotic diseases. The other principal zymotics have been much below the usual average, while measles and scarlatina, which were lately epidemic, have nearly disappeared.

PROPOSED REDUCTION OF THE SALARIES OF POOR-LAW MEDICAL OFFICERS.

OF late, the guardians of various unions in Ireland have passed resolutions reducing the salaries of their medical officers, by 20 to 25 per cent., in consequence, as alleged, of the depressed condition of the times. Among others, the guardians of the Youghal Union have adopted a resolution of a similar kind, but, very fortunately for poor-law medical officers, the Local Government Board have refused to sanction such an illegal proceeding. It is scarcely reasonable or just to reduce the scale of payment on the grounds assigned, so long as the officers satisfactorily perform the duties they undertook to perform. At the same time it is competent for the guardians, should a vacancy occur, to reduce the salary of the appointment to a certain extent, but then, in this case, candidates go up for the post with their eyes open, a far different proceeding to reducing the salaries of medical officers after many years' efficient services.

REQUESTS TO DUBLIN HOSPITALS.

SEVERAL of the Dublin hospitals, in addition to numerous Catholic charities, will permanently benefit by the will of the late Mr. Hugh Blayney, a grocer and spirit-merchant of the city. He has bequeathed a number of shares of Bank of Ireland stock to trustees, the dividends or annual profits of a certain number of which are to be contributed towards the maintenance and support of the respective institutions. The Mater Misericordiae Hospital is to get the dividends of twenty shares; St. Vincent's and Jervis Street Hospitals the dividends of ten shares; and Mercer's, Cork Street, the Coombe, the Incurable, and the Buckingham Street Children's Hospitals, each the dividends from five shares.

THE HOUSE OF INDUSTRY HOSPITALS.

MR. GUY P. L'ESTRANGE NUGENT, Assistant-Physician to these Hospitals, has been elected by the governors, by a majority of one vote, to the vacant physiciancy caused by the death of Dr. MacDowel. During the time that Mr. Nugent has filled the senior post, he has admittedly discharged its duties to the advantage of the patients and to the satisfaction of the medical staff, the pupils, and

the governors of the hospital; yet, out of the seven gentlemen who took part in the election, three voted against him, for no other apparent reason than that he was not of the same religion as they were. It is acknowledged by the organ that is supposed to represent the religious views of these gentlemen, that it has "nothing but praise for Dr. Nugent personally," neither does it "regret the result arrived at." This being so, we cannot but regret their action, and trust that such sectarianism may not be copied by "the other side" in the election of a successor to Mr. Nugent as assistant-physician, but that the best man, irrespective of his creed, will be selected.

CHOLERA.

CHOLERA IN SPAIN.

OUR correspondent from Valencia writes, under date October 8th, 1885.

Since my last letter, there has been little or nothing worthy of notice occurring in this city or province concerning the state of health; and I was in hope to tell you of the Te Deum festival being held as a Governmental proof that we had been free—absolutely free—from cholera, for twenty days without a single case having occurred, which is the summing up of the ministerial decree; when, alas, about ten or twelve days ago, a sister of charity was transferred to do nursing duty to the "Asilo de Lactancia" (or wet nursing asylum for orphan infants whose mothers were cut down by cholera), from the General Hospital—in neither of which establishments had a single case of the disease occurred. The evening on which she arrived in her new quarters she was seized with malignant cholera, and died four hours after seizure. The next day, she was replaced by another sister from the same hospital to the same duty, and in three hours she too died. Then came the alcalde, medicos, scavengers, etc. Since then, no other case has occurred in that most susceptible institution, filled with babies and dirty wet nurses. Well, about eleven days passed, and no death, and the papers again gave out that the Te Deum would be held on or before the 15th instant; when to-day I see another sporadic case has occurred in the centre of the city; so that, if we have to wait for the Te Deum till twenty days pass without a single case, it may take us round the year's circle; and you must remember that the diagnostic report of the medico is what gives the matter importance. I have every reason to believe that the last so-called "sospechoso" was merely ordinary colic. The death-rate is lower still than when I last wrote, namely, from four to fourteen daily—the majority children—from all diseases; even the intermittent fever, which was so general, has almost gone. The official bulletin of yesterday gives 294 cases and 106 deaths for the whole of the peninsula; the cities and provinces of Barcelona, Huesca, Valladolid, Saragossa, and Tamora supply the great majority.

In yesterday's local paper, the *Provincias*, I read the following conclusions of the "dictamen" of the Scientific Commission who accompanied Dr. Ferran in his last experiments to prove his peculiar theory by his so-called "preventive cholera-vaccination."

1. The vaccination cannot be considered inoffensive.
2. The attenuation of the bacillus has not been demonstrated.
3. The imagined prophylactic proceeding of Dr. Ferran is empiric, because it lacks all scientific rules or laws.
4. By means of the vaccination, an epidemic of the disease could be produced.
5. The result does not demonstrate that it produces immunity from cholera.

There is here just now "a chiel' amang us takin' notes, and faith he'll prent them" in reference to the hygienic state of Valencia; and before this reaches you, his report, which I feel sure will be both able and true, will have been read all over Britain.

I have seen several observations made and questions put in the medical journals upon the sudden disappearance of birds from a cholera-infected district. What I have observed here was the complete and sudden disappearance of all the small birds except the swallow, and their flight was always very high and quick, as if much frightened and disturbed. A friend who was in Almeria during the second day of the fearful outbreak there, told me (and he then did not know the cholera had broken out) that the sparrows in vast numbers gathered in the neighbourhood of his fonda or hotel, and screamed and rushed about as if escaping from a great fire, and then disappeared; and they have not yet returned, either here or there

PREPARATION AGAINST CHOLERA IN LONDON.

So long back as 1871-73, when cholera was, together with small-pox, raging on the Continent, and had been conveyed by emigrants from French and German ports to the United States of America, where it committed even greater ravages than it had on this side the Atlantic, the Local Government Board entered into communications with the Metropolitan Asylums Board, with a view to ascertaining how far the latter, as the only sanitary authority for the whole of London, was able, or would be willing, to provide hospital-accommodation in the event of the cholera invading this country, as it had on each previous occasion of its appearance in Europe.

It was not intended that the Asylums Board should undertake the entire responsibility of providing against the contingencies of a wide-spread epidemic, the distribution of which it would, of course, be impossible to foresee. This duty would naturally devolve, as hitherto, on the several local sanitary authorities, the vestries and local boards of the districts where the disease should be most prevalent, but that the Asylums Board should provide "a first line of defence" in the form of a certain and limited number of beds for cholera-cases, or of accommodation for the inmates of certain workhouses, who might be displaced by the appropriation of these buildings as hospitals for the districts in which they were respectively situated.

After interviews, first with Drs. Buchanan and Bridges, and, later, with the President of the Local Government Board, the managers of the Asylums Board, in a letter addressed to the President, stated that they were not prepared to erect cholera-hospitals, nor to set apart any portion of the fever and small-pox hospitals under their control for the purpose, since such a course would be attended with considerable difficulties, the utmost they could do in this direction being to allow the use of the *Dreadnought* hospital-ship for cases actually occurring in the port, but not for any from the shore. They believed that cholera-patients would be better treated at their own homes, or in hospitals as near thereto as possible; but if the guardians of the several parishes and unions should, at the desire of the Local Government Board, convert any part of the workhouses into cholera-hospitals, they were willing to provide for the accommodation of the paupers thus displaced in default of the guardians doing so themselves.

The alarm having subsided, nothing more was done until the re-appearance of cholera in Egypt in 1883, when, in reply to a letter from the Local Government Board, they consented to set apart a certain number of beds at the Homerton and Stockwell hospitals for the accommodation of cases of cholera.

The passing in that year of the Prevention of Diseases (Metropolis) Act completely changed the position of affairs. The managers were now informed by the Local Government Board that they were, by that Act, constituted the sanitary authority for the entire metropolis for the purposes of the Act, empowered to utilise their own hospitals, ambulances, appliances, and staff, to purchase or hire buildings, etc., or to contract with other persons or authorities, and in other ways to provide for the accommodation of cholera-patients in any part of the metropolis, and irrespective of existing boundaries, regard being had only to the density of population, the prevalence of the disease, and the distance of the sites selected from the dwellings of the patients.

They were, at the same time, assured that the Board would expect the vestries and local boards to make provision for any excessive incidence of cholera in their several districts.

The Asylums Board, in their reply, a memorandum dated December 30th, 1884, stated that, as the result of their endeavours since the receipt of this last communication, they had obtained from boards of guardians and governors of hospitals offers of accommodation to the extent of 1,200 beds, making, with 300 which they could provide in their own hospitals, a total of 1,500 beds available at the shortest notice.

They had also secured several open sites for the erection, if need should arise, of temporary hospitals sufficient for the accommodation of about 200 patients in about fourteen days after notice of such need should be given. Unfortunately, they added, there were still large areas, especially in the south of London, where they had been unable to find any suitable buildings or spaces for the erection of temporary hospitals. Still, they hoped that the provision they had been able to make would suffice for such time, at least, as might enable the local authorities to supplement it where necessary. But, they continued, they had learned that, in the opinion of many competent medical authorities, it was highly undesirable, in the interests of the patients, that they should be removed to any considerable distance, even if it were impossible for them to be attended in their own homes; they believed that the local authorities would be better able than they

to provide hospital-accommodation in buildings or houses in their respective districts, and still easier to secure premises as refuges for the healthy members of the families of persons attacked with cholera. Such removal of healthy individuals, they were aware, could not be enforced by the existing law or Orders in Council; but should any difficulties be experienced, the Council might, they thought, by a further Order provide for the emergency.

These questions have been ably and clearly discussed in a report drawn up, at the request of the Asylums Board, by Mr. Shirley Murphy, whom they had consulted in the matter, and which has now been communicated to the vestries and local boards by the order of the Local Government Board.

The following is a list of the premises of which the managers of the Asylums Board have already obtained promises in case of need, with the extent of accommodation in each.

Sanitary Division.	Institution.	No. of Beds.
Poplar	Workhouse	30
Mile End Old Town	Workhouse	40
Hackney	Workhouse	60
Hackney	Eastern Hospital, Metropolitan Asylums Board	50
Hackney	German Hospital	16
Whitechapel	London Hospital	150
Whitechapel	Workhouse	14
City	St. Bartholomew's Hospital	50
Islington	London Fever Hospital	50
Holborn	London Homeopathic Hospital	72
Strand	King's College Hospital	50
St. Pancras	Royal Free Hospital	80
St. Pancras	Central London Sick Asylum	60
Hampstead	North-Western Hospital, Metrop. Asylums Board	60
St. Marylebone	Workhouse	50
St. Marylebone	Middlesex Hospital	30
Paddington	Workhouse	25
Paddington	St. Mary's Hospital	50
Westminster	Westminster Hospital	20
Chelsea	Workhouse	25
Chelsea	St. George's Union Infirmary (in Chelsea)	50
Kensington	Workhouse and Workhouse Infirmary	64
Fulham	Western Hospital, Metropolitan Asylums Board	50
Fulham	Workhouse	20
Lambeth	St. Thomas's Hospital	24
Lambeth	Workhouse	50
Lambeth	South-Western Hospital, Metrop. Asylums Board	50
Newington	Workhouse Infirmary	30
St. Olave's	Guy's Hospital	50
St. Olave's	Workhouse	50
Camberwell	Workhouse Infirmary	50
Rotherhithe	Workhouse (St. Olave's)	24
Greenwich	South-Eastern Hospital, Metrop. Asylums Board	50
Plumstead	Woolwich Workhouse	6
	Total	1500

The open spaces on which temporary hospitals could be erected within fourteen days are—

Sanitary District.	Situation of Ground.	No. of Patients.
Poplar	East and West India Docks (several acres)	50 beds or more.
Bethnal Green	Peel Grove Burial Ground	20 beds.
Whitechapel (Lower)	St. Katherine's Dock	20 beds.
St. George's-in-the-East	London Docks	20 beds.
St. Marylebone	Vestry Stoneyard	10 beds.
Bermondsey	South-Eastern Railway (Bricklayers' Arms Station)	40 beds.
Rotherhithe	Manager's Wharf	30 beds.
	Total	190 beds, or more.

THE WOLVERHAMPTON AND DISTRICT MEDICAL SOCIETY.—The annual meeting of the above Society was held on October 8th, at Wolverhampton, Mr. Newnam presiding. The following report of the work done during the preceding session was carried. Papers had been read to the Society by Dr. Ransome, of Manchester, on Chest Mapping and Measuring; Dr. Totherick, on Cases of Illness brought on by Waiting at Railway-Stations; Mr. V. Jackson, on a Cheap and Ready Way of Treating Club-Foot; Mr. A. Chesshire, on the Value of Cocaine as a Local Anæsthetic; Dr. S. J. Smith, on Puerperal Fever; Mr. Crockett, on Puerperal Fever; Mr. Manly, on Climacteric Disorder. Twelve cases and sixteen morbid specimens had also been exhibited.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1886. ELECTION OF MEMBERS.

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

Meetings of the Council will be held on January 20th, April 14th, July 14th, and October 20th, 1886. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary, not later than twenty-one days before each meeting, namely, December 30th, 1885, and March 25th, June 24th, and September 30th, 1886.

Candidates seeking election by a Branch Council should apply to the secretary of the Branch. No member can be elected by a Branch Council, unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary.*

GRANTS FOR SCIENTIFIC RESEARCH.

THE Scientific Grants Committee of the British Medical Association desire to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences, that they are empowered to receive applications for grants in aid of such research. Applications for sums to be granted at the next annual meeting should be made to the General Secretary, at the office of the Association, 161A, Strand, W.C. Applications must include details of the precise character and objects of the research which is proposed.

Reports of work done by the assistance of Association grants belong to the Association.

Instruments purchased by means of grants must be returned to the General Secretary, on the conclusion of the research in furtherance of which the grant was made.

COLLECTIVE INVESTIGATION OF DISEASE.

INQUIRIES are in progress on the subjects of

CHOREA, DIPHTHERIA,
ACUTE RHEUMATISM, OLD AGE,
CANCER OF THE BREAST.

Memoranda on the above, and forms for recording individual cases, may be had on application.

It is requested that returns in Chorea and Acute Rheumatism be sent in at as early a date as possible, as the Reports on these subjects are in preparation. The greater part of the "Old Age" form may be filled in by a non-medical person, if necessary.

The Committee are also glad to receive reports of cases of the following conditions, memoranda and forms for which are prepared.

PAROXYSMAL HÆMOGLOBINURIA.

ALBUMINURIA IN THE APPARENTLY HEALTHY.

SLEEP-WALKING. ACUTE GOUT.

The "Sleep-walking" form may be filled in by a non-medical person if necessary.

PUERPERAL PYREXIA.—The Committee will be glad to receive reports of cases illustrative of the points mentioned in the JOURNAL of January 31st, 1885 (p. 249). Separate copies of the article and questions alluded to will be forwarded on application.

THE CONNECTION OF DISEASE WITH HABITS OF INTEMPERANCE.—A schedule of inquiry upon this subject has been prepared by the Committee, and was issued with the JOURNAL of May 9th. Replies are requested on the schedule issued with the JOURNAL of May 9th. Additional copies of the schedule may be had at once on application.

Returns on ACUTE PNEUMONIA are still received.

THE ETIOLOGY OF PHTHISIS.—Continuation of inquiry. The Committee will be glad to receive the names of gentlemen willing to engage in joint investigation of any of the following points in relation to the origin of cases of Phthisis;—(a) The influence of residence and occupation; (b) the previous state of the patients' thoracic organs and general health; (c) heredity and communication. Full particulars will be sent on application.

Application for forms, memoranda, or further information, may be made to any of the Honorary Local Secretaries, or to the Secretary of the Collective Investigation Committee, 161A, Strand, W.C.