

vented from doing so—is well shown in cases where the disease has run on for some time without being recognised, and is subsequently controlled by dietetic treatment. What will be observed in such instances will be a gradually advancing impairment of health and increasing severity of the symptoms of the disease; and it is right to assume that progress in the same direction would run on, and the patient grow worse and worse, if the condition continued to be left to itself. Whilst matters are thus proceeding, it happens, say, that the existence of the disease becomes recognised, and, if the case be such that the sugar is susceptible of being removed from the urine by the exclusion of the carbohydrate principles from the food, and this exclusion be carried out, this alone will suffice, not only to check the downward progress occurring, but to bring back health and strength to the patient.

The first consideration, therefore, in the treatment is to control by dietetic measures the passage of sugar through the system. The real point, however, to be aimed at is to restore the assimilative power over the carbohydrate elements of food; and until this has been accomplished it cannot be said that a cure has been effected, but only that the disease is held in subjection, and prevented, as long as the condition can be maintained, from leading on to an unfavourable issue. What most conduces to this desired restoration of assimilative power is the maintenance of a normal state of the system by keeping it free from the passage of sugar through it, and in this way bringing a healthy condition of body to bear in helping to promote a removal of the faulty state.

According to my own experience, opium and its derivatives, codeine and morphine, are the medicinal agents which, more than any others that I know of, assist in the actual cure of the disease, by which I mean a restoration of the assimilative power which has been impaired.

The influence of these agents may be witnessed in cases where the sugar has been brought down by diet to a certain point, but is insusceptible of entire removal from the system by dietetic treatment alone. The complete removal may then be sometimes observed to follow the subsequent administration of the drug, showing that the medicinal agent has acted in the direction of exerting a restraining influence over the abnormal production and elimination of sugar.

When cases of a favourable nature, that is, cases occurring above the middle period of life, are treated by these combined measures, and the treatment is steadily carried on for some time, it is a matter of common observation that the system of the patient becomes able to tolerate a certain amount of carbohydrate food, without it leading to the elimination of sugar. Often, with strict observance of the required treatment, the assimilative power is found to become so far re-established, that a fair amount of the carbohydrate principles, or even an ordinary diet, may be taken without leading to the elimination of sugar. When this is the case, carbohydrate principles, according to the extent found to be tolerated, may be taken without occasioning harm; but the object is to keep below the point at which the escape of sugar takes place, and when this is done actual benefit, instead of injury, is derived therefrom.

Here I may refer to the aid afforded by the quantitative testing of the urine. It is absolutely essential, I consider, in the management of a case, to possess the knowledge thus supplied, not only for the purpose of regulating the treatment according to the progress made, but also for keeping a check upon the manner in which the directions given are being carried out. When in a case it is found to happen that the assimilative power has been restored, it is permissible to consider that an actual cure has been effected; but it is always requisite to bear in mind that a weak point has existed, and that it is advisable to avoid unduly taxing a power which has previously given evidence of being at fault.

HEAVY DAMAGES.—In the Nisi Prius Court at the Birmingham Assizes on Wednesday, August 13th, the case of *Mountney v. Moxon* was tried before Mr. Justice Hawkins. The plaintiff is the son of a farmer at Snitterton, Derbyshire, and the defendant is a medical practitioner at the same place. According to the newspaper report which has reached us, in April last plaintiff broke his leg during a football match, and was professionally attended, first by the defendant's assistant, named Rains, and afterwards by the defendant himself. It was alleged that through unskilful treatment mortification set in, and amputation of the foot was necessary. Plaintiff claimed £4,500. After the case had been part heard, a compromise was effected, it being understood that the plaintiff had accepted £450 as compensation.

BRITISH MEDICAL ASSOCIATION. SUBSCRIPTIONS FOR 1890.

SUBSCRIPTIONS to the Association for 1890 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to the General Secretary, 429, Strand, London. Post-office orders should be made payable at the West Central District Office, High Holborn.

The British Medical Journal.

SATURDAY, AUGUST 16TH, 1890.

THE INTERNATIONAL CONGRESS, BERLIN.

Congressus haud impar—Berlin has had to sustain the stress of a gathering of medical men of all nations, in numbers hitherto unprecedented. They invaded the metropolis of the German Empire in hosts from every part of the world. They came; they saw; and they admired. Nothing could have exceeded the overflowing hospitality, the generous and cordial welcome, the thoughtful courtesy, and the minutely elaborate preparations with which the social and scientific needs of the invading hosts were met. All were alike made to feel this welcome; so that whether for its remarkable assemblage of the most eminent representatives of cosmopolitan medical science or for its endless round of scientific and social activity, the Berlin Congress must be pronounced to have far exceeded any which has preceded it; and it will certainly be difficult in the future for any capital to surpass the feat which Berlin has accomplished.

The Presidents of the Sections and the Berlin Professors vied with each other in their devotion to the work of the week. Their attention to the business of the Sections, their courtesy to their guests, their munificent hospitalities could not be surpassed. Professor Virchow was ubiquitous, untring, and ever smiling—amiable to all, and heedless of nothing which could contribute to the success of the meeting—while all did their work in a way which must leave an ineffaceable feeling of friendship and thankfulness on the minds of those whom they came in contact. There were some prominent men—among whom were Professor von Bergmann, Professor Leyden, Professor Oscar Liebreich—who seemed to have more than ordinary power of guiding, and whose courtesies and activities were the theme of universal comment. The work of Dr. Guttman—the able editor of the *Deutsche medizinische Wochenschrift*—who presided over the literary arrangements of the Congress, occupied him frequently all through the night as well as throughout the day. Dr. Ewald, the editor of the *Berliner klinische Wochenschrift*, was less overworked, but not less indefatigable and successful in the exercise of his social and scientific energies. But where so many contrived to do each one the work of a dozen, and where all fulfilled their functions with the utmost energy and devotion, it is almost invidious to single out any individuals for special thanks.

The labours of Dr. Lassar, the General Secretary, and the chief officers of the Congress were arduous and incessant. This will be easily understood when it is remembered that upwards of 6,000 persons had to be pro-

vided for socially and scientifically, that eighteen Sections were in sitting, that three large meetings were held, at each of which many thousands were present, and at which special addresses were given by the most eminent men in Europe; that each evening was marked by great public festivities on a scale of gigantic and profuse hospitality; and that the issuing of tickets and invitations in the ordinary routine, the preparation of daily programmes, journals, and lists, the publication of so many thousands of daily journals, were all in themselves elements requiring no mean power of organisation and unlimited capacity of work. When to this is added the fact that nearly every language in Europe was being spoken, and that arrangements had to be made for information, offices, and for the supply of clerks who should be capable of responding to the innumerable and astonishingly various requirements of this Babel, it will be understood how huge was the task with which the organisers undertook to cope, and the wonder is that they should have succeeded so well in meeting and overcoming the difficulties, apparently almost insuperable, of so complex and so vast a gathering. Dr. Lassar, the general secretary, had the responsibility of constructing the arrangements for the vastest assemblage of medical men that has ever been brought together from all parts of the world; and nothing but elaborate and efficient preliminary arrangements, carried out on a great scale, and organised with vigour and forethought, could have carried through such a meeting without disaster.

There was much discussion as to the next ensuing meeting of the Congress, which will take place in 1893. Madrid, St. Petersburg, and Rome were considered, and the choice for the next Congress appeared to lie between the two latter. A very strong feeling, however, was expressed against the meeting of the Congress in St. Petersburg so long as the Russian Government should maintain its present unsatisfactory attitude towards certain religious professions which are largely represented throughout the Continent amongst leading physicians, and ultimately it was decided, on the invitation of Professor Baccelli, to accept the invitation to Rome. No city in the world can offer attractions to visitors to equal those of the Queen City of Europe. To mention the name of Rome is to evoke in the minds of those who are familiar with the historic glories, the artistic treasures, and the monumental grandeur of that city, memories of an ineffaceable delight, to renew which must in itself be an invincible attraction; while to those who are acquainted with the storied beauties and undying loveliness of the palaces, the galleries, and classic remains of the Eternal City, such a visit must be looked forward to with eager anticipation. Rome, too, is now a centre of great scientific and literary activities, the capital of an illustrious nation, and one whose aspirations and repute, not less than its enthusiasm and its sympathies, will not allow it to dream of being backward in the organisation for the great reception, such as that of which London, Copenhagen, Washington, and Berlin have in turn afforded models. The invitation was all the more acceptable from being given by Baccelli, a former Minister of State, a President of the Italian Society of Medicine and of the Medical Academy of Rome, an orator, a statesman, and a *savant*—one of the most brilliant of speakers, one of the most lovable of men, and one of the most dis-

tinguished of modern investigators. Under his invitation, and with the support which he is sure to find from the Government, from the municipality, and from his countrymen, we may be sure that the future Congress of Rome will have attractive features of its own, before which it is not improbable that all Congresses up to this date will pale their ineffectual fires.

THE ARMY MEDICAL CRISIS.

WE have received a number of communications, all most fully and gratefully acknowledging the value of Sir Andrew Clark's advocacy before Mr. Stanhope of the claims of the Army Medical Staff. Some of these suggest points which it is thought might have been embodied with enhanced effect in his eloquent statement, and others indicate rejoinders to Mr. Stanhope's reply. It is said, for instance, that Sir Andrew might have alluded to the courage and capacity recently displayed under fire by Surgeons Le Quesne and Crimmin, which earned for them the Victoria Cross, and commented on the utter absurdity of dubbing such men non-combatants, and the unreasonableness of deeming them unsuited or unworthy to bear a strictly military title, the more so that certain curious mental processes, called military instincts, see no incongruity in freely conferring such titles on persons whose duties do not lead them under fire. He might further have assured Mr. Stanhope that while medical officers fully appreciate at its proper value the solicitude of military advisers for their professional welfare, they are, nevertheless, prepared to accept military rank and titles with all alleged disadvantages, and even although the Commander-in-Chief declares that they would be "no good" to them. Despite such paternal advice, they think they know fairly well what is and what is not "good" for them.

Sir Andrew might also have anticipated Mr. Stanhope's naval difficulty by showing that the grievances complained of were not naval but wholly military; that the Naval Medical Service make no demands for altered titles, and are content because their Warrant has not been tampered with. At the same time their sympathies are entirely with their military brethren, whose grievances they consider will not be redressed until intelligible military rank and titles are conceded.

It was, of course, impossible for the influential deputation fully to anticipate the exact terms of Mr. Stanhope's answer; but these being before us, it is not difficult to give rejoinders. It is not to the point for him to complain that the present deputation had shifted ground from a previous one two years ago, which demanded, he said, not titles, but the restoration of so-called relative rank. He cannot but know that he himself destroyed the prestige of that rank by declaring it meaningless and valueless. It is also impossible to overlook that much has happened since then; his own creation—the Camperdown Commission—has investigated the matter, and recommended consecutive compound titles, which we think have been most unwisely set aside; the whole controversy has wonderfully ripened; the great French nation have, as the only solution of a long-standing and vexatious difficulty, after tentative efforts, boldly conferred substantive rank and intelligible title on their medical officers in an autonomous Medical Corps.

Can it be wondered at that matters are not where they were two years ago ?

His next objection, that of combatant officers to medical officers obtaining definite military rank and titles, though an unfortunate practical difficulty, in no way invalidates the entire justice of the claim. The appeal to military instincts, however exalted and however curious, is, of course, not of the smallest value as an argument. But the worst argument of all, when looked into, is that military rank and titles are freely and fully conceded to the Army Service Corps (and we insist on adding paymasters, ordnance store-keepers, schoolmasters, and musicians) because "they are called upon to perform the executive duties of soldiers," to which we might add—each, of course, in his special province. We put it to Mr. Stanhope and his military prompters, Do medical officers, or do they not, perform the "executive duties of soldiers ?" Are they not brought into daily contact, in a military sense, with officers and men of all branches of the army ? Do they not fully, aye, and even superlatively, share all military risks in peace and in war ? Do they not command, pay, and furnish their own men ? Is the medical officer responsible for the administration and discipline of a military hospital not daily performing the executive duties of a soldier ? Have not the quartermasters of the Medical Staff, and the warrant and non-commissioned officers of the Medical Staff Corps military rank and titles, and on what ground or theory are the medical officers who command them to be held as not performing the executive duties of soldiers ? Or, for instance, were Surgeon-Major Reynolds, V.C., and his men of the Army Hospital Corps, performing the executive duties of soldiers at Rorke's Drift, or were they not ?

The truth is, the argument supplied to Mr. Stanhope will not bear a moment's reasoning or investigation. It carries its own absurdity on the face of it. Again, why talk of introducing friction by conceding army rank and title ? The friction already exists, and the danger is its aggravation by delaying the remedy.

The War Minister further states : "As it stands at present, they (medical officers) have got the rank." What rank ? Let him define ; he abolished relative rank, and what has he put in its place ?

We fear the more Mr. Stanhope listens to his military advisers on this subject the deeper will be the illogical trouble he gets into. Let him rely on himself, and consult his own unbiassed civilian common sense, on the evidence and recommendations supplied by the Camperdown Commission. Let him look into the status of medical officers in the armies of Italy, France, and the United States, and, as Sir Andrew Clark remarks, he will find nothing but encouragement in going forward on a broad line of reform. He has promised, both to the deputation and in the House of Commons, to consider the representations which have been put before him ; let him reflect that the present difficulty is largely one of his own creation : first, by the (possibly) unwitting abolition, and, secondly, by the unwise disparagement, of relative rank ; let him mend matters by timely and liberal concessions, and not leave the credit, which is certain to accrue, to his successors, who will surely deal with this matter.

The discussion of the Vote in the House of Commons on

Saturday added little towards the solution of the controversy on the status of medical officers, beyond painfully indicating once more the continued—and we fear invincible—inability of the civilian, and even official, mind to grasp the true nature and scope of the army medical officers' position and functions. Dr. Farquharson opened the debate, and, we think, very judiciously pressed upon Mr. Stanhope the desirability and necessity of acting upon such of the recommendations of the Camperdown Commission, not already given effect to, as did not tread the thorny paths of finance. Any of the recommendations involving increase of expenditure were apparently not likely to be adopted. He also declared that the schools, by stopping the supply of candidates, held the whip hand of the matter. Mr. MacNeill, following, advocated equal rights and privileges for medical officers ; their treatment should not be regulated by strict questions of supply and demand.

Mr. Bartley, as a civilian dissentient member of the Commission and an economist, spoke against the early retirement of medical officers as tending inordinately to swell the non-effective list, which was already 57 per cent. of the effective vote. He apparently does not or will not recognise the fact that without such retirement it would be impossible to form any trustworthy reserve, just as a reserve of men cannot be formed by long service. He would, moreover, work the medical officers as long as they could do anything, having no thought of that military efficiency which is wholly dependent on physical vigour. He repeated the oft-told tale about the nobility of the "doctor's" civil profession, and the wonder that medical officers should therefore desire tinsel military rank and titles while serving in the army. All this only shows how hazy his notions still are, notwithstanding his having served on the Commission, of the medical officers' position and duties ; and also the necessity of making them clear to the public in view of the persistent endeavours of a military clique to misrepresent and obscure them. He is typical of the civilian who cannot associate army medical officers with other than purely passive professional functions ; he never seems to think they wear the uniform and exercise the functions of military command ; that, indeed, the discipline and consequent efficiency of the entire army are largely and indissolubly in their hands, for no soldier can be punished without their concurrent sanction ; that they also very fully share every military hardship and danger of the service both in peace and in war.

We would remind him that officers and men are not graded in the army according to their antecedent civil standing, and it is, therefore, as soldiers in every legitimate sense that medical officers insist upon having definite army status and title. Efficient work is impossible, and official and social life intolerable, in the army without assured and graded military position.

Mr. Stanhope's reply was cautious, but we fear not very encouraging. He acknowledged the influential nature of the deputation from the medical colleges which recently waited upon him, but declared he had not exactly gathered from them the scope of their demands. The idea of a Royal Medical Corps with substantive rank and title he apparently could not readily assimilate. But he raised a laugh by saying the deputation wanted doctors to be called generals, colonels, majors, etc. But why not, in the very least in a compound

title? Are the French, Italians, and Americans who have given their army medical officers similar titles objects of derision? He repudiated with some warmth the idea of the medical schools having the whip hand of the army executive. We need only remind him that they unquestionably have had that before, and why not again? Mr. Stanhope was of course courteous as he always is, but promised nothing until he had fully consulted his military advisers. We only hope they may counsel him to do his best to allay this deplorable controversy.

ACID DYSPEPSIA.

FEW subjects are more fitted to enlist the sympathies and engage the attention of the busy practitioner than that so happily chosen by Professor Hamilton in his opening address to the Section of Pathology, which was published in our columns on August 9th. Few disorders play so prominent a part in the life-history of patient and practitioner alike than those comprised under the single, vague but comprehensive, term "dyspepsia."

The absence of evident anatomical lesion in the great majority of these cases is, as pointed out by Professor Hamilton at the outset, one of the most characteristic features of this condition; and this holds specially true of that particular variety termed "acid dyspepsia." Professor Hamilton's experience leads him to place little reliance on the evidences of such lesions in the glandular cells, frequently observed on *post-mortem* examination; and while some will be unable to endorse all he says with regard to this point, all will agree that dyspepsia owes its origin, in the great majority of cases, to a functional derangement of the secretory cells.

To understand what this derangement is, it is necessary to have clearly before our minds what occurs in normal digestion, for however much dyspepsia may, in the end, be referable to ingestion of certain articles of diet more than others, in all cases the first disturbance must be one affecting the quantity or quality of the gastric juice itself. Notwithstanding a widely prevailing belief to the contrary, it may be said at the outset that there is little or no evidence to show that dyspepsia is ever due to absence of pepsin from the gastric juice, the amount of pepsin obtainable from the stomachs of the most confirmed dyspeptics being always considerable. The case is very different with the hydrochloric acid of the gastric juice. Variations in its quantity are extremely common, and it is these variations that determine, for the most part, the character of the various forms of dyspepsia met with. The acid may, indeed, be regarded as the most important constituent of the gastric juice, both from a physiological and a pathological point of view. In addition to the part it plays, along with pepsin, in converting the insoluble albumens of the food into soluble peptones, it has an equally important—according to some an even more important—*rôle* in preventing the onset of fermentative changes in the food within the stomach itself. In the absence of hydrochloric acid, gastric digestion would be attended, normally, by the formation of various fermentation acids, and the liberation of gases such as characterise diseased conditions generally.

Although the chief and most important, hydrochloric acid is not the only acid formed during normal gastric digestion.

Lactic acid is also formed, in excessively small quantity however, and even then only under certain conditions. It is derived from the food constituents themselves, partly, it may be, from the lactic acid present in muscle, but mainly from the sugars so abundantly present in most foods. From these latter it is formed by the action of bacteria normally present in the stomach.

The conversion of sugars into lactic acid can only take place under certain favourable conditions which only exist during the first half-hour of digestion, when the amount of free hydrochloric acid present is below 0.7 per mille. The process is entirely arrested when the free hydrochloric acid reaches this amount. During active digestion, the amount present averages as much as 2.5 per mille. The quantity of lactic acid formed thus in health is altogether insignificant; it plays no important part in the digestive process, its formation being entirely unnecessary for the completion of that process.

The formation of lactic acid in any quantity is thus always an evidence of disease, and points to a deficient formation of free hydrochloric acid. Such an increase constitutes one of the conditions comprised under the general term "acid dyspepsia." The necessity for a clear understanding of the nature of normal digestion becomes thus evident, for it is plain that what we term "acid dyspepsia" may be the result of two processes entirely different in their nature—one due to deficient formation of free hydrochloric acid, having as its result an increase in the quantity of lactic acid normally formed, and another due to excessive formation of hydrochloric acid. Both these conditions are found. The former is, in all probability, by far the more common of the two, and it thus appears that the condition termed "acid dyspepsia" owes its origin in the great majority of cases—not as its name at first sight implies, to an excess of acid—but to a deficiency of the normal acid of the gastric juice, and under the circumstances in which lactic acid is formed, other fermentations also occur. The most important of these is the further splitting up of lactic acid into butyric acid with the liberation of carbonic acid and free hydrogen. In certain cases also, as in the one recently described by Dr. McNaught in the *BRITISH MEDICAL JOURNAL*, inflammable gases, such as marsh gas, may be formed.

It is obviously of importance to distinguish between these two great varieties of acid dyspepsia, due respectively to deficient and excessive formation of hydrochloric acid; for a knowledge of their true nature suggests also their appropriate treatment. By means of the various tests fully described by Professor Hamilton at the conclusion of his interesting address, it is now comparatively easy to determine in any given case with which variety of dyspepsia we have to deal. For these, however, as also for the conclusions Professor Hamilton draws from the results so obtained, we would refer our readers to the address itself.

THE CHOLERA.

Now that the cholera, which has been slowly advancing—as in all epidemics prior to 1865—by the North Persian and Euphrates Valley routes, has suddenly appeared on the Red Sea littoral, there is no longer any good ground for entertaining

the hope, even should the present epidemic in Spain not spread beyond the Peninsula, that Europe generally will escape, though from the lateness of the season the brunt of the attack may, as in 1865-6, be postponed until next year. In 1865—the first occasion on which it came by way of the Red Sea—it appeared at Alexandria as early as June 12th, reaching Malta on the 20th and Constantinople on the 30th of the same month, so that by September it had extended to every large seaport on the shores of the Mediterranean and the Black Sea.

This year it did not break out among the pilgrims at Mecca until the latter part of July, and the first cases were reported from Jeddah on August 1st; but within a few days from its appearance the mortality at each place reached or exceeded 100 daily. Whether the disease was imported direct from Bombay as on previous occasions, or, as in 1846, was brought overland by the caravans from Bagdad, we cannot say; but we are inclined to accept the latter hypothesis, from the fact of its having broken out at Mecca some ten days earlier than at Jeddah, coupled with its prevalence for many months along the whole of the Euphrates Valley.

That cholera is conveyed wholly and solely by human intercourse, and that the extent and rapidity of its spread is directly proportional to, because dependent on, the means and facilities afforded for such communication between different countries, though its intensity is determined by the sanitary conditions of the population, influenced to a small degree by climatic conditions—temperature, humidity, and soil—is self-evident to all but a few who, consciously or unconsciously prejudiced by economic considerations, are pledged to defend a preconceived hypothesis of aerial, telluric, or other impalpable and imaginary agencies.

We are thus brought face to face with the burning question of quarantine, which must be met fairly and without exaggeration, and with a mind free from political, commercial, or scientific bias. Undoubtedly, if it were possible to shut off a community from all intercourse with the outer world, cholera—or, indeed, any other communicable disease—could be effectually excluded. In former times, when the facilities for international communication were few, when populations were self-contained and self-supporting, and emigration was unknown, this might have been practicable; but such absolute isolation is, under existing circumstances and social and commercial exigencies, an utter impossibility—at any rate, between the nations of Europe, Northern and Eastern Africa, and Western and Southern Asia. Putting aside the case of the isolated German settlements on the banks of the Volga, the only example of continued success in the practice of quarantine is presented by our Australian colonies, but these enjoy the peculiar advantage of having no communication with the Old World except by large and well-appointed vessels after long sea voyages.

Prima facie it might be assumed that the same could be predicted of America, but it is notorious that that continent has been involved in all epidemics, even those in which, as in 1871 and 1875, Great Britain has escaped. And no doubt those precautions would fail in Australia were any immigration of coolies from India to be set up, comparable to that which goes on between Europe and America.

Pilgrimages and fairs, aggregations of humanity on a scale and under conditions of filth, poverty, and utter disregard of

the most elementary provisions for decency and subsistence, almost inconceivable to the European, are always in Asia the great foci for developing the sparks of contagion into a flame, which is spread far and wide by the survivors on their return. So long as these pilgrimages had to be performed on foot the numbers of the miserable fanatics were limited, but the railway system in India and the increasing service of pilgrim ships plying between India on the one side and the ports of northern Africa and the Levant on the other, further increased by the opening, 20 years ago, of the Suez Canal, have brought this, the most renowned of all pilgrimages, within reach of the poorest devotee in Islam.

Mecca, with its port of Jeddah, being the great focus for the development of epidemics in this quarter of the globe, as Hurdwan is for India itself, Alexandria is the cholera gate for Europe, whence the epidemic diverges in every direction, secondary foci being presented by Marseilles, Constantinople, and Odessa; and, as the administrators of Egypt, it is incumbent on the British authorities there to take precautions, whether under the name of quarantine or otherwise, towards minimising the danger.

It is true that for five-and-twenty years we have in our own country, with the simplest system of detention and inspection of infected or suspected ships and persons, enjoyed entire immunity, thanks to our good sanitary arrangements, especially as regards water supplies, which the remarkable exemption of Seville and one or two other Spanish towns, and of Rome, have proved to be the most powerful factors in the propagation of cholera; but while the conditions in these respects of other countries, and especially of Egypt, for which we are responsible, are what they are, quarantine in some form is indispensable. But we should boldly insist on the quarantine of the Red Sea and Egypt assuming a scientific and humane character.

We would call attention to the sensible suggestions offered by Sir George Rawlinson in his last letter to the *Times*, in which he writes: "Let the local authorities cleanse and disinfect Cairo, and employ the Commission of five doctors to look after the sick and cholera-afflicted in large, fully-ventilated, temporary hospitals, dieting them with pure distilled or boiled water and simple food; and those who are sick will many of them recover, while those who have not developed the disease will be saved from it, and Cairo retain a clean bill of health." This, however, though well enough, would not go to the root of the evil; it would be quite impossible to bring every returning pilgrim, even all those bound for the countries bordering on the Mediterranean, to Cairo; and such a course, if attempted, would inevitably set up an epidemic of the greatest intensity in Egypt, for they would foul the soil and water on their way.

It is at Mecca and Jeddah that preventive measures ought to be taken, and British soldiers and medical officers be authorised by the Turkish and Egyptian Governments to direct and overlook the provision of camps with proper shelter, pure water, wholesome food, and latrines such as are used in the field by our troops. Here, too, should be erected the temporary hospitals recommended by Sir G. Rawlinson; and the disease, instead of being developed into an epidemic, would be stamped out.

At the same time, the populations of Egypt, Zanzibar, and East Africa, which are more or less under our protectorate, would be saved, and even India itself would benefit, in no longer receiving back its plague with usury.

But, whether such radical prevention be feasible or no, our duty to Egypt is clear. Thanks to our administration, its finances are flourishing, and we ought to avail ourselves of the surplus in securing a reasonably pure water supply for every town rather than in maintaining a nearly useless army or in guaranteeing the payment of interest on loans at rates of 6 per cent. or more. *Salus populi suprema lex*, and pure water is the first condition of health.

THE Lords' amendments to the Pharmacy Act (Ireland) (1875) Amendment Bill were considered in the House of Commons on Wednesday last, and agreed to.

WE are requested to state that during the absence of Dr. Lassar—who we regret to learn has been suffering from slight indisposition consequent on the great fatigue which the work of the Congress entailed on him—his duties will be discharged by Dr. Posner, to whom all communications relative to matters connected with the recent Congress should be addressed at the office, 19, Karlstrasse, Berlin.

EXCISION OF CANCEROUS RECTUM.

At the recent annual meeting in Birmingham, Mr. F. Marsh exhibited before the Section of Surgery, by the courtesy of the President, a patient whose rectum he had excised for carcinoma by Madelung's method, subsequent to a complete colotomy, and whom he had shown at the last annual meeting. There was complete cicatrization of the perineal wound, and the artificial anus gave no trouble. For the last twelve months the man had been driving a hansom; he was strong and well, and there was no sign of recurrence locally or elsewhere. Discussion on the case was not permissible, but very favourable comments were made thereon by those present when it was shown.

LEGISLATION FOR LEPERS.

A TELEGRAM from Calcutta states that the question of the proper housing and care of lepers is attracting much attention. A public meeting has been held at Bombay and a committee appointed to frame a scheme. The subscriptions already promised exceed 12,000 rupees; the Governor has headed the list with 1,000 rupees. The Calcutta Health Society has addressed the Government urging the necessity of legislation, and pointing out that all leper asylums should be scientifically regulated, and should be under Government control.

THE CREMATION CONGRESS.

THE members of the Cremation Congress in Berlin paid a visit, on August 6th, to the Medical Exhibition. In the evening a banquet took place, at which several foreign delegates were present. The President of the Berlin Cremation Association proposed the health of the Emperor, which was enthusiastically received, cheers being given for His Majesty. The editor of the organ of the Berlin Cremation Association having cordially welcomed the foreign delegates, Signor Wassmuth (Lehorn), Mr. Newman (New York), Signor Christofori (Milan), and Colonel Klingenskierna (Stockholm), replied. The Congress has appointed an International Committee for the furtherance of cremation.

THE MAYBRICK TRIAL.

"THE Maybrick Trial, a Toxicological Study," by C. M. Tidy, M.B., F.C.S., and Rawdon Macnamara, F.R.C.S.I. (London: Bailliere, Tindall and Cox, 1890), is the title of a pamphlet in which the authors,

who, it will be remembered, were the chief medical witnesses for the defence in this celebrated trial, place on record the precise grounds upon which they formed their opinion. That opinion we may add was that the symptoms and *post-mortem* appearances were those of acute dyspepsia or acute inflammation, but that they pointed away from arsenic as the cause. We must refer those who wish to form an opinion for themselves on the validity of their views to the pamphlet itself; no mere summary of its contents would suffice. At the same time we are bound to say that the last section, viz., that devoted to a review of the case as a whole is by no means so exhaustive as we could have wished. With this pamphlet in his hands and the papers on the case by Dr. Stevenson in the last number of the *Guy's Hospital Reports*, and by Dr. Carter in the January number of the *Liverpool Medico-Chirurgical Journal*, the medical jurist of the future will have all the needful material for enabling him to arrive at a dispassionate opinion on this *cause célèbre*.

CYCLING AND HERNIA.

A SOMEWHAT unnecessary amount of alarm may possibly be created on the subject of cycling by some recent correspondence especially as a statement purports to have been made by more than one medical man that cycling predisposes to hernia. Certainly it has not been our experience that any increase in this affection is attributable to cycling. One correspondent appears to attribute all the harm to sitting too high on the machine. We doubt it. If danger exists it is due rather to the fact that scarcely 5 per cent. of the riders make any attempt to fit themselves to their machine. As a rule the handles are far too low and the seat rather too far back or forwards. Of the comfort of sitting up with the handles in such a position as not to necessitate bending the back nearly double, we can speak from personal experience. No one who has once got his handles high enough, his feet in the right position, and his seat at a proper angle, will ever ride his machine so as to strain his legs, bend his back, or bruise his perineum. If this correspondence should aid in bringing about such a result, it will have done good and not harm.

MEDICAL EDUCATION.

THE solid, able, and well-thought-out address of Dr. Wade on Medical Education has provoked a discussion in the leading newspapers, which indicates how strongly the current of public opinion is turning towards some more reasonable methods of preliminary education than those which are in vogue. Some of those who have commenced the discussion are men of considerable intellectual power and position. Professor Huxley's letter to the *Times* we reprint in another column. Mr. H. W. Eve, the Head Master of the University College School, also writes to say a few words, from a schoolmaster's point of view, in support of the opinions advocated by Professor Huxley and Dr. Wade. He adds:

Like them, I have no wish whatever to depreciate the maintenance of a high, or even a tolerable, standard of classical education for those who have time and inclination for it. But the attainment of such a standard is absolutely out of the question for the majority of medical students, as it is for a very large number of boys who must leave school about 17. All they can hope to reach—I speak of boys of moderate abilities—is a very limited knowledge of the duller parts of one, and that the less interesting and valuable, of the two classical languages. Nor do they as a rule ever open a Latin book afterwards. The language is to them simply a means of passing an examination; it recommends itself neither by practical utility nor as the key to a great literature. What, then, is the best literary training for boys of average ability, leaving school young, and bound to make a serious study, while still there, of at least one science? I am strongly disposed, as I think I was permitted to say once before in your columns, *à propos* of commercial education, to give the precedence to German. German is the key to vast accumulation of knowledge on all scientific subjects; it has a literature almost as much coloured by Greek in-

fluence as that of Rome itself, and it holds out, even to those who possess only a moderate knowledge of it, strong inducements to continue their studies in after-life. Nor is it less valuable as a means of linguistic training, or as an instrument for cultivating what Professor Huxley rightly emphasises, the power of expressing oneself in good readable English. Few exercises are more valuable than the effort to turn involved German periods into short, clear-cut English sentences. Could not the Board of Medical Studies, as a first step, allow German to be taken as an alternative for Latin in their preliminary examination?

TOMATOES AS FOOD.

A SOMEWHAT enthusiastic discussion is going on as to the alleged great value of the tomato as food, and its alleged influence on dyspepsia and liver complaints. All this is in a measure apocryphal, but that tomatoes, whether cooked or uncooked, but especially uncooked, form a very wholesome element in diet is unquestionable. No doubt where it is possible to follow the advice of growing your own tomatoes as well as eating them, the necessary outdoor exercise in gardening involved is excellent, and we endorse the advice: Grow your own tomatoes and eat them, if you have a garden. Foreign tomatoes, of which masses are brought to market in an unripe or over-ripe state, are by no means so wholesome as food as some people are disposed to think.

OPENING OF THE MEDICAL SCHOOLS.

THE opening of the Winter Session at the various Metropolitan medical schools will mostly take place on October 1st, when inaugural addresses will in some instances be given, but the custom is rapidly falling into disuse. At St. Bartholomew's, Charing Cross, St. Thomas's, Guy's, and the London Hospitals, the opening will be on October 1st, without lecture or address. At St. Thomas's the prizes will be distributed on that day, at 3 o'clock, by Sir Frederick Pollock. At the opening at Middlesex Hospital an address will be given by Mr. W. C. Storr Bennett, followed by a reception in the school buildings. The prizes awarded during the previous sessions will be distributed by Mr. C. Kegan Paul, and in the evening the annual dinner of the past and present students will take place at the Holborn Restaurant. At St. George's Hospital the address will be delivered by Mr. Augustus Winterbottom; at St. Mary's an address will be given by Dr. M. Handfield-Jones; and at University College the winter session of the Faculty of Medicine will commence on October 1, a lecture being delivered by Dr. Thomas Barlow. The dinner of the old students of the London Hospital will be held in the college library on October 1, Mr. Walter Rivington in the chair.

SCOTLAND.

MR. WILLIAM GEORGE SYM, M.D., F.R.C.S. Ed., has been appointed by the managers of the Royal Infirmary, Edinburgh, assistant ophthalmic surgeon to that Institution.

SANITARY ASSOCIATION OF SCOTLAND.

THE sixteenth annual congress of the Sanitary Association of Scotland was held in Perth on July 23rd, and 24th. There was a large attendance of medical officers and sanitary inspectors. Among others, Drs. Ebenezer Duncan and Christie, of Glasgow; Professor Hay, of Aberdeen; Dr. McVail, Kilmarnock; Dr. P. C. Smith, Motherwell; Dr. Nasmyth, Cowdenbeath; Dr. Simpson, Perth, were present. Dr. Charles Cameron, M.P., president, opened the congress with an introductory address, in which he contrasted the beneficial influence on the sanitary state of a population of the operation of an active municipal organisation, with that of a centralised system of routine. Dr. Cameron spoke of the smoke nuisance as an evil which local authorities might readily suppress if they chose to exercise the powers they possessed. A

paper on vital statistics of school children was read by Professor Matthew Hay. He showed that the death-rate among children of school age began to decline ten years sooner than at all ages, showing that they were the first to profit by modern sanitary improvements. The period of highest death-rate among school children, since 1855, was in the quinquennial period 1871-75, which might be traced to the forcing of large numbers of children into schools of insufficient accommodation, due to the Education Act of 1872. Between the ages of 10 and 15 girls showed a continuously higher mortality than boys, while under 10 years of age the death-rate of girls was relatively lower. During 1881-85 the mortality from zymotic diseases at the school age periods was reduced to half what it was in 1855-60, and to much less than half what it was during the period 1871-75. As regards measles, the statistics showed that the great stress of mortality fell on the age period under 5 years, 1,000 under 5 years dying for 80 between 5 and 10, and 18 between 10 and 15. The mortality from whooping cough showed a more striking disproportion. Dr. Hay, therefore, suggested that the exclusion from public schools of all children under five years of age would materially lessen the mortality from zymotic disease. Statistics showed nervous disease to be on the increase among children of school age, and a high mortality from tubercular disease and diseases of respiratory organs, especially among girls between 10 and 15 years of age. The practical suggestions Dr. Hay had to make were: more efficient ventilation of school buildings, increase of the air space per head, the provision of proper playgrounds, the inclusion of physical education in the school curriculum, and the importance of cleanliness being carefully insisted on among the children. Papers were also read by Dr. Ebenezer Duncan on adulteration of food, with special reference to occurrence of borax in milk, and copper in tinned vegetables; by Dr. Nasmyth, of Cowdenbeath, on micro-organisms in air, water, soil, and foods, in relation to infective disease; by Dr. Christie, Glasgow, on the powers and duties of county councils; by Mr. John Honeyman, architect, Glasgow, on the substitution of a standard of superficial area for one of cubic capacity in small houses; by Mr. George McKay, Govan, on defects of the Public Health (Scotland) Act; and by Mr. J. D. Watson, Arbroath, on the ventilation of sewers.

IRELAND.

DEATH OF SURGEON C. S. CRONIN, A.M.D.

THE death is reported of Surgeon Cronin, which took place at Ramekhet, India, after a short illness. He was only three years in the Army Medical Service, when he fell a victim to fever. The deceased was a son of the late Mr. C. Cronin, for many years a resident magistrate for the County of Cork.

BEQUESTS TO DUBLIN CHARITIES.

MR. JOSEPH CUNNINGHAM, a wealthy pawnbroker, who recently died, has bequeathed to various charitable objects £21,700. Of this the Mater Misericordiarum Hospital receives £500; St. Vincent's, £500; Hospice for the Dying, £500; Jervis Street, £1,000; St. Michael's Hospital, Kingstown, £500; Blind Asylum, £200; National Lying-in Hospital, £200; Hospital for Incurables, £100; Blind Asylum, Merrion, £500; Convalescent Home, Vincent's Hospital, £200. The residuary estate is to be divided into seven equal parts, of which one-seventh is to go to St. Michael's Hospital, Kingstown; one-seventh to Jervis Street Hospital; one-seventh to the Convalescent Home of St. Vincent's Hospital.—Mr. Joseph Murland, late Chairman of the Great Northern Railway, who recently died leaving £100,000, has bequeathed £500 each to Sir Patrick Dun's Hospital, the City of Dublin Hospital, St. Mark's Ophthalmic, and the Hospital for Incurables, besides other gifts.