

## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC.** *Operation Days.*—Daily, 2.
- CHARING CROSS.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. 1.30; Dental, M. W. F., 9. Throat and Ear, F., 9.30. *Operation Days.*—W. Th. F., 3.
- CHELSEA HOSPITAL FOR WOMEN.** *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.30.
- EAST LONDON HOSPITAL FOR CHILDREN.** *Operation Day.*—F., 2.
- GREAT NORTHERN CENTRAL.** *Hours of Attendance.*—Medical and Surgical, M. Tu. Wed. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.
- GUY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, Soho.** *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.
- KING'S COLLEGE.** *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—Tu. F. S., 2.
- LONDON.** *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30, and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.
- METROPOLITAN.** *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.
- MIDDLESEX.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W., 1.30; Eye, Tu. F., 9; Ear and Throat Tu., 9; Skin, Tu., 4, Th., 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1, S., 2; (Obstetric), W., 2.
- NATIONAL ORTHOPÆDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women) S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPÆDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu. S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45. *Operation Days.*—M. Tu., 2.30.
- ST. MARY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.45 o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Neurotherapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day.*—W., 2.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, except W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, except S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynæcological) Th., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30. *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu., F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 428, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 428, Strand, W.C., London.

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 428, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *duplicate copies*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted, will be found under their respective headings.

### QUERIES.

ENQUIRER wishes to know the names and addresses of any asylums into which idiots are admitted during infancy. His patient could only pay a moderate charge.

DR. CECIL SHAW (Belfast) wishes to know if any member would kindly refer him to any sources of information as to extraordinary powers of sight, hearing, smelling, etc., especially among savage peoples.

### SILK v. WOOLEN UNDERCLOTHING.

DOC asks: Is it an ascertained and demonstrable fact that silk under-clothing retains the odours given off from the human skin less than woollen underclothing? What is their relative value as conductors of heat, and therefore as preservatives of warmth?

### MEDICINE BOYS AND THE INLAND REVENUE.

DRAX asks whether a male servant tax must be paid for a medicine boy only employed some hours daily.

\*.\* The term "male servant" in the Act of Parliament imposing the duty does not include a person who has been *bonâ fide* engaged to serve his employer for a portion only of each day and does not reside in his employer's house (39 and 40 Vict., cap. 16, sec. 5). Therefore we are advised that no duty is payable in the case quoted by our correspondent.

### ANSWERS.

BERTRAM ROGERS.—An article with the title "Disease in Fiction," by Dr. Nestor Tirard, was published in the *Nineteenth Century* for October, 1886.

### NOTES, LETTERS, Etc.

#### EXTRAORDINARY EMACIATION.

DR. E. THURLOW PRIOR (Loddon, Norfolk) writes: I do not know how little it is possible for a woman to weigh, but this case appears to me to be slightly interesting: M. E., aged 44, height 5 feet 4 inches; been suffering for two or three years with cancer of uterus, with very profuse watery discharge. Died Saturday, January 3rd, 1891. Weighed Thursday, January 8th: Weight in all, 12 stone 4½ lbs.; weight of coffin, 8 stone 8½ lbs.; linen, etc., 7½ lbs.; leaving the extraordinary weight of 3 stone 3 lbs.

#### COPYING CAMERA FOR LANTERN SLIDES.

DR. E. H. JACOB (Leeds) writes: Will you allow me to supplement my letter in the BRITISH MEDICAL JOURNAL of January 10th by the information that the copying camera and frame invented by Professors Barr and Stroud for the purpose of facilitating the copying of illustrations, etc., for lantern slide work can be obtained from Middlemiss, of Bradford, the price being £10, including camera and lens.

#### THE ENGLISH LANGUAGE.

BRYANT, the American poet and journalist, gave the following advice to a would-be writer. The remarks are as true now as ever: "I observe that you have used several French expressions in your letter. I think if you will study the English language that you will find it capable of expressing all the ideas you may have. I have always found it so, and in all that I have written I do not recall an instance where I was tempted to use a foreign word, but that on searching I have found a better one in my own language. Be simple, unaffected; be honest in your speaking and writing. Never use a long word where a short one will do as well. Call a spade by its name, and not a well-

known instrument of manual labour; let a home be a home, and not a residence; a place, not a locality, and so on with the rest. When a short word will do you will always lose by a long one; you lose in clearness, you lose in honest expression of meaning, and in the estimation of all men who are capable of judging you lose in reputation for ability. The only true way to shine, even in this false world, is to be modest and unassuming. Falseness may be a thick crust, but in the course of time Truth will find a place to break through. Elegance of language may not be in the power of all, but simplicity and straightforwardness are."

#### INSURANCE COMPANIES' FEES.

A HOSPITAL SURGEON writes: Will you allow me space in your columns to draw the attention of my fellow-practitioners to a matter that affects us all? It is the practice of certain insurance companies, notably the Sun, Life, Hand-in-Hand, Royal Exchange, Scottish Imperial, and City of Glasgow, to pay the examining doctor a fee of only half-a-guinea where the sum assured is below a certain figure. In these cases the examination is expected to be quite as thorough, and the answers to be written are as numerous and full, as where the ordinary fee of one guinea is paid. I cannot but consider that offices to which a half-guinea is of such moment are scarcely to be trusted as sound; and acting on this opinion I intend advising proposers for these offices to apply to others that as one condition of solvency pay a proper fee for a thorough examination. I advise others to do likewise.

#### A WINTER HEALTH RESORT—AJACCIO.

A CORRESPONDENT writes: The weather, in contrast to that experienced in England and throughout the Continent generally, continues to be delightful; in fact, on the average there is only one day in the fortnight on which invalids cannot go for their accustomed drive, and on New Year's Day it was absolutely hot walking quickly in ordinary English summer clothes. There have been several arrivals from Algiers on account of the cold there, and many visitors are expected towards the end of the month. A supply of lymph has been forwarded to Ajaccio from Berlin, for the benefit of those who wish to be treated by Koch's method for the cure of tuberculosis.

#### CROLOIN AS AN ANTISEPTIC.

DR. SPENCER SMYTH, F.R.C.S. (Bournemouth) writes: I have lately attended upon a man who had received a severe lacerated wound of the right hand, as also the right thigh, requiring the introduction of aseptic sutures, three in each wound, previous to which the wounds were freely irrigated with croloin in tepid water, which I regard as a valuable and safe antiseptic, and in those cases in which it has been had recourse to had not witnessed any toxic effects resulting therefrom. I have often advised croloin in a bath, which is cleansing and refreshing. No doubt liq. hydrarg. perchl. is the best antiseptic we at present possess, but in certain instances might be followed by mischievous results, especially when freely had recourse to, after which I prefer croloin, having regarded it as non-poisonous.

#### A JAPANESE LUNG DISEASE.

SURGEON W. EAMES, (I.M.S. *Leander*, Yokohama) writes: With reference to an article in the BRITISH MEDICAL JOURNAL of October 11th, 1890, entitled, "A Japanese Lung Disease," I would mention that the subject of endemic hemoptysis is most interestingly dealt with by Dr. Patrick Manson in a paper published in Vol. I of the *Transactions of the Hong Kong Medical Society*. The researches of Dr. Manson into the life and behaviour of the distoma Ringeri (Cobbold), or distoma pulmonale (Baelz) as the parasite is named, are most graphically described by him, and he alludes to the fact that the intermediary host of this parasite is found in North Formosa and Japan, but not on the mainland of China, it being dependent apparently for its existence and well-being upon the characteristic volcanic soil of the two former regions.

I would refer Dr. Vincent to the above-mentioned interesting paper by so eminent an investigator in, and able writer on, helminthology as Dr. Manson, who in the same paper gives the details of a case of the disease contracted in Formosa, which came under his charge, and in which he alludes to the subject of inhalations in the treatment of the affection.

#### TREATMENT OF CONSUMPTION.

DR. F. TAYLOR SIMSON (Lavender Hill, S.W.) writes: In the BRITISH MEDICAL JOURNAL of November 8th, 1890, you notice a communication from some analytical chemists, in which they claim to have discovered a germicide for the tubercular bacillus. They now advertise iodide of gold as "the true germicide and virus neutraliser" in this connection, and attached to this somewhat sweeping title and to the remedy in question are their names in brackets. From this I gather they desire to brand the discovery as their own, or initiate a vested interest in the drug.

At the end of my original articles, published in the medical papers of this country in 1888, on the Treatment of Tubercular Phthisis by hydrarg. perchloridum, is the following passage: "I believe the persalts of some other metals (for example, gold) might be found to have as good a germicidal effect if preferred to the mercuric salt."

In view of this communication, an attempt to claim the use of gold in the treatment of tuberculosis as a separate invention would be an infringement on my discovery, and doubtless I have only to draw attention to the matter for the gentlemen in question to acknowledge they are about two years and a half too late.

I may mention that long ago I tried both the chloride and iodide of gold in the treatment of consumption, as well as the persalts of mercury and other metals, and I have been preparing a paper for some time to submit to you, wherein the results so obtained are mentioned, but which, through a family bereavement, I have not yet had time to finish.

#### HYPNOTIC SUGGESTION.

MR. R. ARTHUR, M.B. (Wesleyan East End Medical Mission, 242, Cable Street, E.) writes: The following cases illustrate the power of suggestion as a sleep-producer and anodyne. All of them were patients whom I had frequently hypnotised before by the fixation method and suggestion, and had more or less relieved from intense pain and other

symptoms. But in all the pain returned after a certain time, if the hypnosis and suggestion were discontinued, and I found it irksome to have to visit them every day or several times a week, not thinking it advisable to instruct the friends of the patients in the method of producing the hypnotic state. I was forced to have recourse to a plan which I thought would answer the purpose. I took to each of them a small quantity of "tincture of valerian," in a green bottle labelled "10 drops in water," and assured them that this would produce sleep similar to that I had brought about, and that on waking their pain would have disappeared, or at least be lulled. I then gave them "the drops," as they now term the tincture, and in all four cases the desired effect was produced. The patients passed at once into the hypnotic sleep. They were told to take it at night if they could not sleep, or during the day if the pain was very severe. On nearly every occasion sleep and relief from pain have been brought about. The cases are given in detail.

1. C. W., aged 53, locomotor ataxy of twelve years' duration, with almost continuous and excruciating pain. Hypnosis and suggestion relieved him greatly. Has had more pain since and have ceased to visit him, and if the pain is very severe the "drops" do not always produce sleep. As a rule they do, and he told me the other day that when 10 drops had failed to produce sleep, he increased the dose to 15, and slept at once. This patient sometimes takes 3vi of liq. morph. hydrochlor. in the day, but this does not relieve the pain.

2. Mrs. H., aged 43, scirrhus of mamma. On this patient the result never failed to follow, and she would sleep all night, or three or four hours during the day after taking the "drops." If she did not take them she generally passed sleepless, restless nights, even though she had a large dose of opium. The pain was also much relieved. This patient died a few days ago.

3. Mrs. S., aged 32, carcinoma uteri. She takes small doses of morphine, but if pushed, it induces extreme sickness and nausea. The "drops" generally make her sleep, and control the pain in a wonderful manner. At night, if the morphine fails to relieve her, she takes some "drops" and goes to sleep. She takes a few minutes to go to sleep, and during that time she says she feels the medicine "creeping all over her and lulling the pain."

4. E. D., aged 22, hysterical fits with hemiplegia of long standing and atetosis. In this patient sleep is produced immediately she shuts her eyes after taking the medicine, even during an attack, but as she visits me and is hypnotised by me personally, I am unable to judge what effect the indirect treatment has on her.

In conclusion, I would say that all these persons are from the poorer and uneducated class, and accustomed to be hypnotised, which probably accounts for the success of this innocent deception.

#### DUPUYTREN'S CONTRACTION OF THE PALMAR FASCIA TREATED BY HYPNOTISM.

MR. ARTHUR H. RIDEAL, M.B., C.M. (Southborough) writes: I fail to understand why the subject of hypnotism should have been brought into this case at all, as there is nothing to show that the same results would not have been produced by anaesthesia under chloroform. And again, Dr. Kingsbury has stated, but, as far as I can see, entirely failed to prove that this patient suffered from Dupuytren's contraction of the palmar fascia. In fact, the history of the case, as given by Dr. Kingsbury himself, points to the incorrectness of his diagnosis. He gives the following data: 1. Cramped position of fingers as caused by patient's occupation; 2. family history: father suffered in same way; 3. patient prone to subacute rheumatism. Added to this we have a copy of the photograph (No. 1), which certainly does not present any appearance whatever upon which to base the assumption that contraction of the palmar fascia existed. Here we have, most probably, a case of rheumatoid arthritis, and the treatment consisted not in hypnotism, but in breaking down the adhesions.

#### A CASE OF CHILDBIRTH IN A WELL.

DR. F. L. NICHOLLS (Fullbourne) writes: Early in the morning (1 A.M.) of Sunday, December 21st, when the thermometer was many degrees below freezing point, a woman, aged 39, wife of a bricklayer, while in labour with her eleventh child (only one of whom is now alive), left the house, where she was alone in a room with a couple of young girls, and jumped down a well 20 feet deep, with but 2 feet of water at the bottom. Instead of at once calling the husband, who was in bed upstairs, these girls, who had fallen asleep, and only awoke on hearing the splash, ran off to the house where one of them lived, about a quarter of a mile distant, and roused her mother. A man then came back and awoke the husband, who at once got up and let himself down the well, where he fastened the chain round his wife and she was drawn up, but, on reaching nearly the top, the chain gave way and let her down again. Some time was then lost in fetching a rope, and she was then drawn out, having been, at the lowest calculation, forty minutes in the well. She was then taken into the house, where she was supported on a chair till about 3 o'clock in her wet clothes, before getting women to come and undress her. After sending her up the husband discovered a child floating in the water. It was not till 10 A.M. (nine hours after she went down the well) that I saw her. I found her on a mattress on the floor, very weak, but wonderfully better than anyone could have expected, and with the placenta, etc., still *in utero*, and this I had some difficulty in removing, having to insert my hand into the womb: when it contracted strongly on my withdrawing it, and with very little haemorrhage. She has since made most satisfactory progress, and, in fact, has not had a bad symptom, not even after-pains, which is most unusual for a woman who has been confined eleven times. She was probably saturated with "liquor" at the time, as the midwife who saw her in the morning found her lying half on and half off the bed, smelling strongly of brandy, and, again, in the afternoon found her sitting with a jug of ale beside her, and in the evening, having lost her, after some search—amongst other places, looking down the well, as it appeared she had said something about jumping down—she was found in a public-house. Her system appears in this way to have been so anaesthetised as to have prevented much shock at the time, and also after-pains. The only marks after a jump of 20 feet, with only 2 feet of water to break her fall, being a small piece of skin off

