

thalmia will be treated, thus preventing contagion among the healthy blind.

At the Congress for Mental Diseases held in August, the following subjects were discussed: The relation of mental diseases to auto-intoxication; delirium after ovariectomy; on the insane giving false witness; on the societies for protecting the insane leaving asylums. M. Charpentier regretted that for political reasons Government had not organised an institution similar to the one successfully carried on by private charity. M. Drouineau stated that, according to documents furnished by the Minister of the Interior, the work done by the insane in one establishment covers the expense incurred by employing them; in twenty-one their work means a loss, and brings a slight profit in twenty-one others. M. Ramadier, of Rodez, stated that he had observed that goitre was frequent among the insane of the Aveyron department.

It is estimated that 500,000 pilgrims visited Mecca this year, and have been more sorely tried than the preceding by epidemics. The Mahomedans of Bosnia and Herzegovina, although accompanied by a sanitary service, sent with them by the Austrian Government, lost half their number. Nevertheless, the water supply was better than formerly, but insufficient, as were also the arrangements for burying the dead and the refuse of animals slaughtered for food, six battalions of infantry were sent to Mecca from Yemen to perform these offices and maintain order; these soldiers suffered most severely; the first case of cholera appeared among them. The pilgrims from Morocco, Algeria, and Tunis suffered severely, the Egyptians less; the Government of the Khedive had furnished them with medicine. At Jeddah, where the pilgrims land and embark, some cases were turned into hospitals, but their sanitary condition was deplorable. The dead were buried, and their clothes burned in those instances in which they were not taken possession of by rapacious relatives. A vessel was sent out from Constantinople with medical men and medical comforts, but it arrived too late, after the pilgrims had left. The lazarettos organised by the Egyptian and Turkish Governments, according to the proposals adopted at the Venice Conference, are excellent, but inadequate to treat the immense crowd of pilgrims.

### LIVERPOOL.

*Precautions against Cholera.—Donations to the Royal Infirmary.—Annual Cleaning.—Electric Lighting of the Medical Institution.*

THE existence of cholera in numerous European and other ports has necessitated exceptional vigilance on the part of the sanitary authorities of Liverpool, where numerous vessels arrive from all quarters by every tide. All ships arriving from infected ports are medically examined. In this Dr. Hope, the medical officer of the port, is assisted by Dr. Moore and Dr. N. E. Roberts, who visit the ships arriving by alternate tides. Among the precautions insisted on by the medical officer is the pumping out of bilge water in the case of all ships arriving from infected ports. The sanitary officers act in conjunction with the Customs authorities, an arrangement which greatly facilitates the business of the port. The sanitary authority has at its disposal a hospital on the Cheshire side of the Mersey, specially prepared for the reception of cases of cholera or of suspected cholera. This establishment stands in ten acres of ground, and has been placed in a state of thorough efficiency. Two or three suspected cases have been isolated there, but they proved not to be cases of true cholera, and no persons suffering from the disease have as yet reached the port. Mr. Thompson, one of the medical advisers of the Local Government Board, has recently visited Liverpool, and has expressed his satisfaction with the precautionary measures adopted.

The Royal Infirmary has lately been the recipient of two handsome donations, £1,000 from Mr. S. A. Yates Thompson and £500 from Mr. Edward P. Thompson, both in memory of their father, the late Mr. S. H. Thompson, of Thingwall Hall, who was himself a generous supporter of the local hospitals. The latter sum has been given for certain purposes in connection with the out-patient department, the rapid development of which has necessitated a considerable addition to

the instruments and other appliances at the disposal of the medical officers in charge of it. Among other needs a splint fund for the relief of out-patients seems to be one of the most pressing.

During the vacation the infirmary undergoes its annual cleaning, which, carried out in successive blocks, goes on throughout August and September. The cleaning consists chiefly of whitening the ceilings and washing the glazed walls. A fair number of students have this year continued to attend the practice of the infirmary during the summer.

The Medical Institution is at present closed. During the recess the building has been fitted up with the electric light.

## CORRESPONDENCE.

### THE NOTIFICATION OF CHOLERA.

SIR,—I fail to comprehend the object of the enclosed circular which is being sent out to us by the various sanitary boards of the metropolis. It emanates obviously from the Asylums Board, but its utility, in my opinion, is extremely doubtful. Does the Metropolitan Asylums Board wish to have all the cases of diarrhoea occurring at the present time notified as cholera? Their circular says that: "for some weeks past the number of deaths registered in London as from cholera had been considerably in excess of the number of cases notified," but this only shows the laxity of many members of our profession in giving death certificates, as no one believes for a moment that up to the present we have had a single case of true cholera, that is to say, of the cholera which is notifiable under the Act. It certainly seems to me very ill-judged to officially tempt medical practitioners to notify any slightly exaggerated case of diarrhoea under the name of cholera, to the alarm of the public, and to the further vitiating of the accuracy of our contagious disease notification, which, according to the evidence of some of our medical officers of health, is not too accurate with regard to certain other diseases.—I am, etc.,

MAJOR GREENWOOD, M.D., D.P.H.

Hackney Road, N.E., September 5th.

Townhall, Hackney, N.E., September 4th, 1893.

Department of Medical Officer of Health.

DEAR SIR,—I beg to ask your consideration of the attached copy of a letter received from the Metropolitan Asylums Board, drawing my attention to the fact that deaths have been registered in London as due to cholera, yet have not been notified in accordance with Section 55 of the Public Health (London) Act, and suggesting that these facts should be brought to the notice of the medical practitioners of this district.—Yours faithfully,

J. KING WARRY, M.D.,  
Acting Medical Officer of Health for the  
Hackney District.

[Copy.]

The Metropolitan Asylums Board, Norfolk House,  
Norfolk Street, W.C., August 14th, 1893.

Public Health (London) Act, 1891.

DEAR SIR,—At the last meeting of this Board attention was drawn to the fact that for some weeks past the number of deaths registered in London as from cholera had been considerably in excess of the number of cases of the disease notified under the provisions of Section 55 of the above-named Act.

This seems to suggest that there is a general impression amongst medical practitioners that cholera is not a notifiable disease.

If that be the fact, I think the attention of all medical practitioners should be drawn to the matter, and I shall be glad to hear what actions you or your Board propose to take with that object.—Yours faithfully,

T. DUNCOMBE MANN,  
Clerk to the Board.

### ARMY MEDICAL STAFF EXAMINATION.

SIR,—The agitation going on *re* appointment of examiners from the provincial colleges is very absurd, and, if acceded to, in my opinion, calculated to have a bad effect on the service. A great department like the Medical Staff should examine candidates for admission to that staff. I think it is a slur on the department to go to outside bodies to get examiners; and, again, the examiners taken from the Medical Staff itself could have no favouritism; being dissociated so long from their colleges, etc., they would be free from personal considerations. I think, also, the examiners,

if chosen from the Medical Staff, would be more suitable judges of the qualification of the candidate for duties of the staff.—I am, etc.,

Erdington, August 2nd.

WILLIAM DONOVAN, M.D.

#### GALL STONES AND CANCER.

SIR,—In a recently-published memorandum referring to the presence of gall stones in the insane, Mr. Beadles says: "In different institutions the percentage may vary considerably, but I believe the want of uniformity is greatly due to the fact that the necropsies are performed by different persons, and with a variable amount of exactness. As much reliance can never be placed on a number of figures drawn from several sources, as on those obtained by the observer himself, even though the latter be fewer in number," etc. In this I entirely concur. The difference between the statistics to which Mr. Beadles refers and mine is probably due to this cause.

A large proportion of the forty-four breast cancer necropsies, on which my remarks are based, were made and recorded by myself, and I paid special attention to the presence of gall stones. Had I made the whole series, the percentage of gall stones would probably have been higher, for tired pathologists are only too apt to regard gall stones as hardly worth the *gêne* of recording.

A singular fact brought out by my analysis is, that gall stones are much more frequently found in association with cancer of the breast than with cancer of most other parts of the body.—I am, etc.,

Preston, September 2nd.

W. ROGER WILLIAMS.

#### ABUSE OF MEDICAL CHARITIES.

SIR,—Dr. Jacob's arguments as to the course adopted by the fifty deserving cases, and their treatment by the medical men they go to, are weak. The very consciousness of their honourable position as legitimate applicants would lead them to apply to the nearest practitioner they know, and this of itself would effect distributions of applications for endorsement. Further, any attempt to obtain hospital benefits dishonourably could easily be checked in the detail of the scheme, the endorsement distinctly stating either that the applicant was resident in his immediate district, or was personally known to the medical man.

If, as Dr. Jacob admits, general practitioners have been and still are grossly wronged by the hospital system, it is only reasonable to grant them a voice and a hand in preventing the continuance of the evil; and so far, the endorsement scheme of prevention has the best of the argument.—I am, etc.,

West Kensington, September 2nd.

C. R. ILLINGWORTH.

## NAVAL AND MILITARY MEDICAL SERVICES.

### ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 3s. 6d., which should be forwarded in stamps or post office order with the notice. The first post on Thursday mornings is the latest by which these announcements can be received.

A SURGEON-MAJOR, with nearly two years of foreign tour completed, due to return to Bombay Presidency in December next, wishes to exchange with a Surgeon-Major having a good position on home roster.—Apply to "India," care of Messrs. Holt and Co.

### THE EXAMINATION FOR ADMISSION INTO THE ARMY AND INDIAN MEDICAL SERVICES.

The papers set at the recent examinations for the admission to the Army and the Indian Medical Services were identical, as is the custom, and appear to have been on the whole well drawn up, with the exception of that on Chemistry and Pharmacy. This was not a practical paper and contained little pharmacy. The questions set were as follows:

- Describe fully experiments by which you can prove—
  - That atmospheric air is a mixture and not a chemical compound.
  - That its approximate composition by volume is  $O = 21$ ,  $N = 79$ .
  - That its composition by weight is about  $O = 23.14$ ,  $N = 76.86$ .
- Enunciate and explain the "periodic law" of Mendeléeff. Illustrate the scientific importance of this law.
- Describe how ordinary ethylic alcohol can be synthetically prepared. Mention the chief products of the oxidation of ordinary alcohol, and show how they can be prepared from it.

4. Mention the alkaloids and organic acids contained in the cinchona barks. What are the tests for the more important alkaloids? Enumerate the official preparations made from the barks and their alkaloids.

It would be well if the examiners before the next examination would consider well whether some alteration might not be made in the kind of question set in order to render the paper more practical. It must be remembered that among the duties of medical officers is the examination of drugs and other medical stores on receipt from contractors; they are required to express an opinion as to whether the drugs supplied are pure or otherwise of the quality contracted for. It would, we believe, be far better that the questions should be directed to test practical knowledge rather than an acquaintance with theories.

The paper ought to be designed to test especially a candidate's knowledge of the analysis of potable water and of foods, not going into minute details even here, but ascertaining whether he has such a preliminary acquaintance with the subjects as will enable him to take full advantage of the special instruction given at Netley. Further, some practical knowledge of drugs, their appearance and common impurities, ought to be required.

### THE NAVY.

STAFF-SURGEON T. D. GIMLETTE is promoted to be Fleet-Surgeon, August 13th. He was appointed Surgeon October 1st, 1879, and Staff-Surgeon April 1st, 1885. He was Surgeon of the *Seahorse* during the Egyptian war in 1882 (medal and Khedive's bronze staa). As Surgeon of the *Euryalus*, flag ship, he landed with the Naval Brigade in the Soudan in 1884, and was present at the battles of El Teb and Tamaai, where he highly distinguished himself (mentioned in despatches, promoted to Staff-Surgeon for these services, April 1st, 1885, Suakin and El Teb-Tamaai clasps). He accompanied Admiral Sir W. Hewett as Medical Officer on his mission to King John of Abyssinia in 1884.

The following appointments have been made at the Admiralty:—P. W. BASSETT SMITH, Surgeon to the *President*, additional, August 28th; G. T. COLLINGWOOD, Surgeon to the *Widgeon*, August 30th; ERNEST D. MINTER, Surgeon to the *Pembroke*, August 30th; R. W. ANDERSON, Staff Surgeon to the *Lion*, August 31st; FRANK BRADSHAW, Surgeon to the *Vernon*, additional, September 12th; W. H. STEWART, Fleet Surgeon to the *Empress of India*, September 11th; T. D. GIMLETTE, Fleet Surgeon to the *Caledonia*, September 11th; C. L. VASEY, Staff Surgeon to the *Anson*, September 12th; H. P. SHUTTLEWORTH, Surgeon to the *Empress of India*, September 11th; C. J. MANSFIELD, Surgeon to the *Anson*, September 12th; J. A. MOON, Surgeon to the *Britannia*, September 12th; JAMES M. ROGERS, Surgeon to the *Cockatrice*, September 2nd; GEORGE WELCH, Surgeon to Portsmouth Dockyard, September 2nd; HUGH ST. D. GRIFFITHS, Surgeon to the *President*, additional, September 14th; CHARLES W. SHARPLES, Staff Surgeon to R.N. Rendezvous, Spring Gardens, temporarily, September 5th.

### ARMY MEDICAL STAFF.

SURGEON-CAPTAINS A. M. DAVIES, H. W. HUBBARD, T. E. NODING, J. R. YOUNG, M.B., J. C. CULLING, R. I. D. HACKETT, M.D., G. T. TREWMAN, M.B., H. H. JOHNSTON, M.B., E. M. WILSON, E. J. E. RISK, W. G. BIRRELL, M.B., MICHAEL DUNDON, M.D., C. W. S. MAGRATH, M.D., A. V. LANE, J. W. BEATTY, M.D., G. E. WESTON, G. H. YOUNG, F.R.C.S.I., W. G. CLEMENTS, WILLIAM BABTIE, M.B., R. F. O'BRIEN, C. W. THIELE, M.B., F. P. NICHOLS, M.B., JOHN M'LAUGHLIN, M.D., S. H. CREAGH, F. J. LAMBKEN, W. L. READE, H. J. FEARD, S. J. RENNIE, JOHN CARMICHAEL, F.R.C.S.I., G. W. BRAZIER-CREAGH, F. T. WILKINSON, and JOHN SEMPLE, who date as Surgeon-Captains from July 30th, 1881, are now promoted to be Surgeon-Majors from July 30th last.

Surgeon-Captain R. H. S. SAWYER, M.B., F.R.C.S.I., having completed twelve years' full-pay service, is promoted to be Surgeon-Major from August 15th. He entered the service as Surgeon February 5th, 1881, and was six months from November 16th, 1884, to May 26th, 1885, on half-pay on account of ill-health.

Surgeon-Major F. B. MACLEAN, who is serving in the Madras Command, is granted an extension of leave from July 26th to September 3rd on medical certificate.

Surgeon-Lieutenant-Colonel R. H. ROBINSON, serving in the Madras Command in medical charge of the station hospital at Wellington, is transferred to the medical charge of the South Station Hospital, Secunderabad, in the same command.

Surgeon-Major P. M. CARLETON, M.D., on his return from England, is appointed to the medical charge of the station hospital at Mandalay, in the Madras Command.

The undermentioned officers, borne on the strength of the Bombay Establishment, are granted leave of absence to remain in England, in extension, as follows: Surgeon-Lieutenant-Colonel A. L. BROWNE, M.D., from July 29th to October 28th, on medical certificate; Surgeon-Major J. H. DAY, M.B., from August 7th to the date of embarkation of the officer with whom he exchanges; Surgeon-Major W. J. BAKER, from August 7th to December 6th, on medical certificate.

Brigade-Surgeon-Lieutenant-Colonel C. A. ATKINS obtains promotion to the rank of Surgeon-Colonel on the approaching advancement of Surgeon-Colonel J. Warren.

### INDIAN MEDICAL SERVICE.

The promotion of Surgeon-Lieutenant-Colonels G. G. MACLAREN, M.D., Bengal Establishment, and C. W. MACRURY, Bombay Est. bishment, to be Brigade-Surgeon-Lieutenant-Colonel, and which has been already announced in the BRITISH MEDICAL JOURNAL, has received the approval of the Queen.