

BRITISH MEDICAL ASSOCIATION:
SUBSCRIPTIONS FOR 1879.

SUBSCRIPTIONS to the Association for 1879 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 161, Strand, London. Post Office Orders should be made payable at the West Central District Office, High Holborn.

The British Medical Journal.

SATURDAY, APRIL 5TH, 1879.

ARMY MEDICAL DEPARTMENT: THE WAR OFFICE
REJOINDER.

WITH some difficulty we have obtained a copy of "Remarks by the War Office Committee on a Confidential Letter addressed to the Secretary of State for War by the Examiners of Candidates for the Army Medical Department." The "confidential" letter referred to above was pretty widely circulated, was noticed in our columns at the time, and has, like the paper we are about to notice, been presented to Parliament. The reply of the Committee has one merit—it is short; in all other respects, so far as our knowledge extends, it is the most trumpery document ever presented to Parliament. It is nothing less than pitiful to see the name of Sir William Muir appended to such a paper. It is, in fact, little else than a reiteration of the groundless statements in the original report, and is no answer at all to the crushing reply of the London Examiners. If the matter were not too serious for laughter, we could be merry over the absurdity of this War Office Committee once more putting forward the names of Messrs. Granville, Loney, Moore, and Rock as authorities on the question at issue between the Committee and the London Examiners, to say nothing of the weighty evidence placed before the Council of Medical Education by the late Dr. Parkes. It is a notable fact that in the "remarks" of the Committee not the smallest notice is taken of Dr. Parkes' statement; it was not convenient to attempt the refutation of that statement by the lamented Professor, who, as a teacher and examiner, was the highest authority on military medical education in the kingdom. The Committee adhere to their puerile proposal to have two doors, a back and front, for entrances to the Medical Department of the Army; over one portal is written "Nomination," over the other "Competition". They make this proposal still more absurd by adding, "We think some advantage in the service might fairly be given to those who enter by competition". How the service is to be worked under this system of double entry, the Committee do not explain. To us it appears unworkable.

The Committee are at pains in one part of these remarks to show that there is nothing special in the duties of army medical officers; yet, in the last paragraph of these remarks, they, with painful inconsistency, say that the "knowledge peculiar to military life which an army surgeon should possess can be imparted at Netley". It is melancholy to think that a Minister on whom is thrown the responsibility of reorganising an important department should have such incompetent advisers.

THE TEACHING OF MIDWIFERY IN LONDON.

THE Obstetrical Society of London has addressed a memorial to the Medical Council, in which the insufficiency of time allotted to the teaching of midwifery and the diseases of women is again pointed out, and judiciously emphasised; for the Committee of the Medical Council, which was appointed on June 26th, 1868, to consider, among other subjects, the question of midwifery teaching, admitted "that the present space allotted to midwifery is too short; and that, as was formerly

the case, it should extend over one winter session; and that instruction in practical midwifery should also be extended".

It appears, therefore, that the Medical Council recognised the necessity for extended midwifery teaching more than ten years ago, but have taken no steps to secure it. If further proof were wanting, it is afforded in the circular recently sent round by the Royal College of Physicians to the various medical schools, in which are these words: "That the College represents to the various medical schools the defective knowledge concerning the use of obstetric instruments evinced by candidates who present themselves for the College licence, and ask their co-operation in promoting a more accurate knowledge of these subjects."

It is to be hoped that, in the face of this expression of opinion on the part of the College of Physicians, their representative on the Medical Council will feel especially bound to support it in that body. Dr. Playfair and others have demonstrated the utter impossibility of attempting to discuss, in the space of three months, more than half the subject-matter of a complete course of midwifery. Diseases of women are relegated to a few clinical lectures in the winter session, at which attendance on the part of the students is voluntary. The present is the time for the Medical Council to make amends for its remissness and oriental apathy with regard to midwifery teaching. It admits the necessity for reform; it is, then, bound in honour to secure it. Further delay cannot be justified on a point as to which the mind of the large majority of the medical profession has long since been made up.

THE MEDICAL COUNCIL AND COLONIAL AND FOREIGN
DENTAL QUALIFICATIONS.

THE Dentists' Act requires that the Medical Council shall publish in the *Dentists' Register*, in separate lists, those dentists who hold such colonial and foreign qualifications as furnish "sufficient guarantees of the possession of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery".

The first step towards carrying out this provision of the Act consisted in determining what degree of education and mode of examination would insure a minimum standard of efficiency. This has been determined in the curriculum and modes of examination published in our last week's JOURNAL, page 485. A standard having been fixed, no great difficulty attended the formation of a correct estimate of the relative educational value of the various foreign qualifications presented for registration.

In the recent Minutes of the Medical Council, page 185, will be found the "Registrar's Schedule, setting forth the courses of study and the modes of examination for the dental diplomas in the various foreign and colonial universities and colleges", and followed by a "Tabular Summary".

It would be obviously unjust to exact a higher, or to accept a lower education from a foreigner who proposes to settle in this country than that required of our own practitioners. Acting under this indisputable rule, it is distinctly shown in the Registrar's Schedule that the Council could not accept for registration more than two of the foreign qualifications, namely, the dental diplomas of the University of Harvard and of Michigan. In each of these schools, it is required that three years should be devoted to professional studies, whether for a dental or medical diploma, and the subjects common to each are in each case to be attended at a recognised medical school. The term of study falls short of our own standard by one year; but this condition holds good in the medical as well as in the dental term of education. Preliminary education, although insisted on by the President of Harvard as a necessity both in medical and dental education, is for the present enforced at Michigan only. Unless these shortcomings are waived, all foreign qualifications would be excluded from the *Dentists' Register*.

Most of the American Dental Colleges undertake to teach Anatomy, Physiology, Medicine, and Surgery. To teach these subjects effectively, well organised dissecting-rooms and amply provided anatomical museums must be at hand; necessities which dental schools cannot provide, and, if provided, could not maintain. Indeed, in some of the Colleges there

is hardly sufficient accommodation for teaching the special subjects properly.

The President of Harvard University, Dr. Eliot, in an admirable address on dental education, estimates a dental education as three-fifths general and two-fifths special. This statement, the accuracy of which cannot be disputed, pronounces the larger portion of the professional education given by the American dental colleges defective. When a special school, in the presence of a general medical school, proposes to teach general subjects, it is difficult to repel the suggestion that the students are made to suffer for the advantage of the teachers. Clearly such teaching should not be accepted as sufficient; and we turn to thank the Medical Council for declining at the onset of registration to accept qualifications based on obviously imperfect instruction; more especially when, as in the cases under consideration, the degrees are granted by the teachers themselves, whose proceedings are unchecked by disinterested professional judges, or by publicity of examination, and the amount of whose rewards are dependent upon the number of pupils taught, examined, and graduated. Dr. Eliot, on the subject of dental schools, remarks that, when the answers of candidates are not subject to the inspection of professional men who have not been teachers of the persons examined, the examination affords no guarantee whatever of the worth of a diploma. He further remarks that, "when the two degrees of doctor of medicine and doctor of dental surgery are given for the same three years of study, the standard of one or other of the degrees is lowered to a deplorable extent". Dr. Eliot also points out that, while the M.D. degree is the higher qualification for the medical practitioner, the D.D.S. is of the two the superior qualification for the dentist; an opinion which finds expression in the refusal of the Medical Council to register in the *Dentists' Register* medical qualifications as higher qualifications in dentistry than the licentiatehip in dental surgery.

The more educated of the American dentists have, for some years past, at public meetings and in their dental journals, urged not only the expediency, but the absolute necessity, of a more perfect general and special education than that at present given by the dental colleges. In *A History of Dental and Oral Science in America*, 1876, these views find full expression. And Dr. Eliot, after describing in terms of approval the provisions of the Dentists' Act, and the course already taken by the Royal College of Surgeons of England, remarks: "If American dentistry, as a profession, is to maintain its rank in the world, it must be defended by similar requisitions against the incursion of uneducated men."

The prompt and efficient manner in which the Medical Council has brought into full operation the Dentists' Act answers all doubts as to the capacity of the office to transact, and the Council to administer, the business of its new department.

YELLOW FEVER.

IN December 1878, the Board of Experts appointed by the Health Committees of the Senate and House of Representatives of the Congress of the United States were directed to investigate the yellow fever epidemic of that year, and to inquire into the origin and distinctive features of that fever and of cholera; to consider whether or not they were indigenous, and, if not, how they were imported and the localities whence they came; and, if both indigenous and imported, to ascertain the proportion of cases arising from each source. They were required to investigate the atmospheric conditions in which these diseases spread, how their spread may be prevented, and what measures should be adopted to prevent their introduction from foreign countries; to state the number of deaths which occurred during 1878, and "the expenditure and the injury resulting to business therefrom".

In pursuance of these instructions, the Board, which consisted of twelve medical men and a sanitary engineer, with Surgeon-General Woodworth as President, held meetings, made certain inquiries, and came to the following conclusions. 1. Yellow fever is a specific disease, due to a specific poison which has not been chemically or microscopically demonstrated, "nor in any way made evident to the

human senses"; it is material and particulate, and "endowed with the vital properties of growth and reproduction"; the disease is not malarial, and that malarial influences do not contribute towards its dissemination or mortality to any greater extent than to other epidemic diseases; a concurrence of "local conditions seems to be necessary" to the evolution of the disease; but what these are, the experts say, "we have no positive knowledge". 2. Yellow fever is a disease of "singular local attachments, often prevailing in a very small section of a city", with "remarkable indifference to topographical and social surroundings"; whilst atmospheric air is the usual medium by which it is conveyed, it has been in no instance "established that the disease has been carried to any considerable distance by atmospheric currents, or by any modes or vehicles of conveyance other than those connected with human traffic and travel"; the period of incubation varies from two to five days; the fever is unknown in Asia; the white race is most susceptible to its influence, and furnishes the highest ratio of deaths. 3. Yellow fever is a disease of warm climates and of warm seasons; it is destroyed easily by exposure to air, by frost, and by chemical disinfectants, when they can be adequately used; and that one attack confers immunity from a second. 4. The disease was unknown to the inhabitants of the eastern hemisphere until after the discovery of America by Columbus, and the islands of the West Indies are its home; it has never made its appearance on the great continent of Asia, nor in Australia, nor in any of the islands of the Pacific Ocean, nor on the Pacific coast of the American continent; and outside the West Indies the disease is an exotic. 5. The experts say that the fever has invaded the United States in eighty-eight different years, in seventy-seven of which there is evidence of importation, and in seventy-one of these seventy-seven this evidence points to the West Indies; that, as a rule very nearly without exception, "yellow fever has always prevailed in some of our seaports before it has made its appearance anywhere in the interior of the country"; that the disease is not indigenous in the United States; and that it travels by the lines of human intercourse, no instance of communication having occurred "in a shorter time than would have sufficed for a man to have made the same journey".

Of the means by which the introduction of yellow fever may be prevented, the experts recommend a form of quarantine, the appointment of quarantine medical officers for home and foreign service, and the establishment of hospitals for the isolation of the infectious sick and of houses of detention for those whom it may be desirable to hold under observation. They also recommend the erection of buildings for the disinfection of baggage and clothing, buildings to receive freight discharged from infected and suspected vessels and boats, and apparatus for boarding and disinfecting vessels, recommendations which require for their successful application a central health authority. They say that much improvement is needed in the construction of ships, whereby "more general and thorough ventilation" may take place "through portions which now remain shut chambers of stagnant air" frequently poisoned by pestilential infection.

These conclusions are not devoid of value, chiefly because they agree with those of other observers, and are in accord with what we know of epidemic disease in general; but their value would have been increased greatly if they had been accompanied by suitable evidence; by a history of the epidemic, a clinical account of cases, and detailed notes of *post mortem* examinations; such a report, for instance, as Dr. Buchanan made on the same subject to the Privy Council in 1865. Had the experts done this, they would not only have carried out efficiently their instructions, but they would have made a valuable contribution to medicine.

Of the nature and distinctive features of yellow fever, points which occupied the first place in the instructions given to the experts, they say nothing, not even so much as would show us that they were dealing with yellow fever and not with some other disease. This, from a medical point of view, is what we desire to know. What is yellow fever? By what symptom or group of symptoms may it be dis-

tinguished from other fevers? What are the local lesions found *post mortem*, and which of these, if any, are peculiar to yellow fever? Answers to questions such as these are what we require; for on these points the uncertainty is great. For instance, according to the College of Physicians, it is defined as "a malignant epidemic fever, usually continued, but sometimes assuming a paroxysmal type, characterised by yellowness of the skin, and accompanied in the severest cases by hæmorrhages from the stomach, nares, and mouth". But yellowness of the skin has very little to do with yellow fever, being apparently frequently absent in well marked cases and frequently present in other diseases. Professor Aitken tells us that this symptom is of small significance as a diagnostic mark, different shades of yellowness of skin having formed a prominent symptom of "the fevers generally of hot countries", and that in the algid form of yellow fever many cases die "without having ever exhibited a trace of yellowness on any part of the cutaneous surface or even conjunctivæ during life" (Lyons). Omitting, then, this symptom, the definition of the College would apply to malignant small-pox and to certain cases of enteric fever. Is yellow fever, then, one or the other of these diseases modified by race and climate? Or is it a severe form of relapsing fever, in which there is continued high fever, vomiting, epigastric tenderness, jaundice, and hæmorrhage "from the nose, bowels, or some other part" (Bristowe). If not, in what respect does it differ? What is the exact significance of yellowness of skin in yellow fever, and has it greater significance in this fever than it has when it occurs in scarlatina, relapsing fever, typhus, or pyæmia? What *post mortem* changes are so constant, if any are, as to differentiate the disease from other fevers?

These questions indicate the points on which information is required, and which a Board of Experts, appointed by a great nation with instructions to investigate "the origin, cause, and distinctive features of yellow fever", might have been expected to supply.

DR. CHARLES MURCHISON has been appointed Physician in Ordinary to the Duke and Duchess of Connaught and Strathearne.

AT its summer meeting, the Medical Council will be called upon to elect a President for the ensuing term of five years.

WE regret to learn that Mr. MacCormac is suffering from a severe attack of erysipelas of the head and face.

WE understand that the Government propose to reintroduce shortly a scheme for the registration of midwives, such as that which was embodied in the now abandoned midwives' clauses of the Medical Acts Amendment Bill. The scheme will form the subject-matter of a special Bill.

DR. KIEMANN, the Austrian medical delegate, has telegraphed to his Government from Wetlianka that the little girl, ten years of age, who was recently attacked by the plague, has already left her bed, and that no fresh cases of sickness have occurred.

LORD ABERDARE presided at a meeting held this week, at which, upon the motion of Mr. W. E. Forster, M.P., it was resolved that a substantial recognition of the services of Mr. George Smith, of Coalville, for the sanitary and social elevation of the floating population of canals, should be made, and that a public subscription should be at once opened for that purpose.

IT is understood that the General Medical Council will again assemble, at a later period of the session, to consider the Medical Acts Amendment Bill, as it may be shaped after passing through its earlier stages in the House of Commons. Sanguine persons expect that this may not be later than the end of June. But it is probable that in this calculation the opposition of the Scotch bodies and of some erratic independent members has hardly been sufficiently considered.

M. CAZENEUVE, in a recent paper on the determination of glucose in the blood, read at the Academy of Science, March 17th, criticises Per-

nard's method of estimation by the cupro-potassic solution as inexact, and thinks that the study of sugar in the blood will need to be taken up again when a more precise method is available.

THE Lacaze Prize of 10,000 francs (£400), offered for the best works on typhoid fever and pulmonary phthisis, has been awarded by the Faculty of Medicine of Paris to Dr. Léon Colin, Professor of Epidemiology at Val-de-Grâce.

PROVIDENT CONVALESCENT COTTAGE HOMES.

A SPECIAL meeting was held at Sidney Hall, Chelsea, by the Foresters of the Lodge Court Bryant's Pride, 4,980, on March 27th, and a goodly number of representatives of other lodges attended, to take into consideration a scheme for establishing Cottage Homes by the Seaside on self-supporting principles. It was unanimously resolved to give it their immediate consideration, and to hold a second meeting at the Chelsea Hall Club on the third Wednesday in April, at eight o'clock. All lodges were urgently solicited to send representatives.

PREJUDICE BY ADULTERATION.

IN the Queen's Bench Division this week, Mr. Justice Mellor and Mr. Justice Lush gave judgment in the important case of *Hoyle v. Hitchman*, which raised the question whether an inspector of nuisances was "prejudiced" within the meaning of the Sale of Food and Drugs Act in buying for analysis milk which proved to be adulterated with water. The judges held that it was not the intention of the legislature to confine the right of complaint to a private customer, and that a public officer could not be precluded from prosecuting the offending party. They, therefore, remitted the case to the magistrate, in order that he might inflict such a fine on the dairyman as he deemed fit. This sets at rest the difficulties which have impeded the local authorities in applying the Adulteration Act for the last year. It remains to be seen whether they will be more active now that they have been deprived of an excuse for inaction.

PRESENTATION TO DR. WILKS.

DR. WILKS of Guy's Hospital, who has held the post of Consulting Physician to the Licensed Victuallers' School for nearly twenty years, has been presented by the committee of the school with a silver salver bearing the following inscription. "Presented to Samuel Wilks, Esq., M.D., F.R.S., by the Governor and Committee of the Licensed Victuallers' School, in recognition of the valuable services rendered by him to the institution for many years. (Signed) E. Miller, Governor; W. Smalley, Secretary." The presentation was made by a deputation from the charity.

DEATH OF DR. OGIER WARD.

THE death of Dr. Thomas Ogier Ward is announced as having taken place at Eastbourne, on March 25th. Dr. Ward, who was a Doctor of Medicine of Oxford, was seventy-five years old at the time of his death. He was one of the chief founders of the Metropolitan Counties Branch of the Association, and at its formation in the beginning of 1853, was appointed Secretary. He held the office until 1859, when he resigned in consequence of his removal from London.

SELECT COMMITTEE ON THE CONTAGIOUS DISEASES ACTS.

THE Government has resolved to appoint a Select Committee to inquire into the operation of the Contagious Diseases Acts, and the Chancellor of the Exchequer has stated that he will nominate the Select Committee on this subject after Easter. Looking to the continuous agitation which is carried on upon this subject, this determination of the Government seems to us neither surprising nor unreasonable, although, of course, it is extremely inconvenient to be always fighting such battles over again. A good deal will depend upon the impartiality of the Committee appointed; but on this matter, we presume that confidence may be reposed in the Government to insure that the inquiry shall be adequate and fairly conducted.

CAVENDISH-COLLEGE, CAMBRIDGE.

A PUBLIC meeting was held on Monday in the Egyptian Hall of the Mansion House, under the presidency of the Lord Mayor, in order to make more widely known the facilities provided by this College for those who may wish to obtain a University degree at a small cost and at an earlier period of life than is usual. The resolutions moved by the Marquis of Hartington and Canon Farrar were to the effect that a degree at one of the ancient national Universities is an object to be aimed at by a larger circle of students than at present, both as an honourable standard of general education and as a good preparation for most of the occupations and professions of life; and that Cavendish College deserves the support of the mercantile no less than of the professional classes. Mr. Hubbard, the Master of Trinity College, and Mr. Morley, were among the speakers; and a letter was read from Professor Humphry regretting his inability to attend, as he should have been glad of the opportunity to express his opinion of the advantages offered by the College to those who desire to obtain the degree in medicine but are deterred from so doing by the time and expense incurred. Mr. J. Cox, a Fellow of Trinity College, is the Warden; and there are between thirty and forty students now resident in the College.

BIRMINGHAM MEDICAL INSTITUTE.

THE annual meeting of the members of the Birmingham Medical Institute was held on March 27th, Mr. D. W. Crompton, retiring president, in the chair. The report of the Committee stated that the building of the institute in Edmund Street, the memorial stone of which was laid in October last, had made very considerable progress. The total cost of building and furnishing is estimated at £7,000, towards which amount about £5,000 has already been contributed. The Committee urgently appeal to members of the profession and to the general public to assist them in raising the sum of £2,000, which is needed for the completion of the good work of providing a home in Birmingham for our brethren in the Midlands. An anonymous friend has promised to give £500, on condition that the remainder of the money required be found. The library now consists of 6,232 volumes, and 43 British and foreign medical periodicals are regularly supplied to the reading-room. For the present, the institute occupies a portion of the buildings of the Queen's College, until the erection of its own handsome house is finished. The new building will contain a spacious library and reading-room, a large hall suitable for lectures, and accommodation for all the local scientific and benevolent medical societies. The following is a list of the officers and committee for the year; those marked by an asterisk did not hold the same office last year. *President*: *J. Archer. *Vice-Presidents*: *J. Russell, M.D.; *J. V. Solomon. *Committee*: *A. Baker; T. H. Bartleet; S. Berry; G. F. Bodington, M.D.; *D. W. Crompton; B. Foster, M.D.; S. Gamgee; W. C. Garman; *J. Greene; J. Johnston, M.B.; A. Oakes; Lloyd Owen; O. Pemberton; R. Saundby, M.D.; J. Sawyer, M.D.; T. Savage, M.D.; T. Underhill, M.D.; W. F. Wade, M.B.; *T. W. Williams. *Honorary Librarians*: Lloyd Owen; R. Saundby, M.D. *Honorary Secretaries*: G. H. Evans; Priestley Smith.

A VERY HIGH DEATH-RATE.

AT a recent meeting of the Preston Town Council, the chairman of the sanitary committee called attention to the fact that the annual rate of mortality in that borough had averaged 41.1 per 1,000 during the thirteen weeks ending 22nd March last; this excess was partly due to a fatal epidemic of scarlet fever, which caused 79 deaths, and partly to the exceptional fatality of lung-diseases. The chairman referred to scarlet fever as a "necessary affliction that came to all infantile life", and appeared to consider that a death-rate of $3\frac{1}{2}$ per 1,000 from this disease was unquestionably low. Facts are fortunately against these conclusions. It is not necessary that children should suffer from scarlet fever; and a death-rate of 3.5 per 1,000 from this disease only occurs in those towns of which the sanitary condition is favourable to the development of the most fatal form of the disease. One feature of the recent high death-rate in Preston is certainly noteworthy; this is the marked ex-

cess in the rate of mortality among females. It appears that, of 414 deaths of persons aged upwards of 20 years, during the thirteen weeks under notice, only 150 were of males, while 264 were of females; this excess was in great measure due to the far greater fatality of lung-diseases among females. These figures certainly point to the necessity for investigation as to the effect of mill-work upon the health of the female population of Preston.

THE CASE OF MR. MILLERCHIP.

WE understand that the case of Mr. Millerchip is still under the consideration of the Home Secretary. The surgeon of the gaol has been asked by Mr. Cross to furnish him with a report of the present state of Mr. Millerchip's health.

THE MEDICAL DEFENCE ASSOCIATION.

THE anniversary meeting of the Medical Defence Association was held on March 26th, at the rooms of the Medical Society of London, Chandos Street, Cavendish Square, to hear the annual report and address. There was a good attendance of members. The report of the Council stated that during the past year attention had been chiefly directed to the subject of medical legislation; the views of the Council, especially as regards the conjoint scheme, uniformity of examinations, the imposition of fines for unqualified practice, as well as for false assumption of medical titles, having been adopted by the Government. The Council had obtained an authoritative and favourable decision on the question of "counter-prescribing", in the case of the Apothecaries' Society *v.* Wiggins, which was tried before Mr. Justice Field and a common jury. With respect to the Nottingham "counter-prescribing" case, which was subsequently tried before Mr. Baron Pollock and a common jury, and resulted in a verdict for the defendant, the report stated that proceedings in the case were taken in the superior court in opposition to the opinion and advice of the Council. The verdict did not establish a privilege as regards "counter-prescribing" in favour of chemists and druggists. The Council was prepared to further contest the point, and had abundant evidence in more than one case of prescribing by chemists, but unfortunately the Apothecaries' Society had refused to administer or allow to be administered the powers of their own Act of Parliament. The report concluded with votes of thanks to the President and other officers of the Association, and to the medical journals for inserting reports of the proceedings of the Association. A resolution adopting the report of the Council was then proposed and carried unanimously, after which the President delivered an address on "Phases of Modern Quackery and Medical Defence". An unanimous vote of thanks to the President was adopted, and a request was made that the address should be printed. In the evening, the members and their friends, numbering altogether about fifty, dined at the Grosvenor Restaurant, New Bond Street.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A MEETING of the College of Physicians will be held on Monday, the 7th instant, to elect a President. As the usual term of office has not yet expired, the present President will, in all probability, be re-elected. In reference to the report of the Committee of Reference, Dr. Barnes will propose the following motion: "That the College, in accepting the first part of the scheme of the Committee of Reference, desire to draw the earnest attention of the Committee to the strong opinion entertained by some of their Fellows, and especially of those who have been engaged, or are still engaged, in teaching midwifery, that the provision made for instruction in midwifery and the diseases of women is inadequate." Dr. Duckworth will move that Note c in Paragraph 12 be expunged. The paragraph relates to the course of lectures on physiology. Note c runs thus: "In this course, it is meant that the student shall be engaged in the necessary experiments and manipulations; but it is not hereby intended that he shall perform vivisections."

CLINICAL THERMOMETERS.

THE Kew Committee of the Royal Society have given notice that after this date all thermometers verified at the Kew Observatory will be

marked, free of expense, with their monogram "K. O." interlaced, and the registered number in addition to the maker's number. The table of errors will be furnished as usual. Thus every reliable thermometer will in future be hall-marked, and thus the proof that a thermometer has been verified for accuracy will be stamped upon it. This is a matter of some importance in accurate clinical observations.

EAST LONDON HOSPITAL FOR CHILDREN.

It has been decided by the Committee, upon the recommendation of the Medical Board, to make a strict selection and limitation of the cases admitted as out-patients. All applicants are seen by one of the resident medical officers, who selects the most urgent and necessitous cases up to the number of twenty-five for each visiting medical officer of the day. All above this number are dismissed at once, without being kept waiting. Should any of those not admitted be really urgent or necessitous cases, they are treated as casualties. This plan has been adopted to avoid overcrowding and hurry in seeing the patients admitted to treatment. The average attendance of each out-patient is three visits.

HARVEY TRICENTENARY MEMORIAL.

A MEETING of the Subcommittee was held at the Royal College of Physicians on Monday last, when there were present Sir George Burrows, Bart., M.D., in the chair, Dr. Quain, Dr. Owen Rees, Mr. John Simon, C.B., Mr. J. J. Lonsdale, Mr. W. Bateman, and Mr. W. G. S. Harrison and Mr. George Eastes, the Honorary Secretaries. The merits of the three designs now being exhibited in the picture-gallery of the South Kensington Museum were under discussion, and, upon the votes being counted, the majority was declared to be in favour of model "B", the designer of which is Mr. A. Bruce Joy. That gentleman will consequently be commissioned to make the statue of Harvey, which is to be erected at Folkestone. The models will remain on view at the museum until to-morrow (Saturday) evening.

THE TYPHOID FEVER OUTBREAK AT REDHILL.

THE official notices suggesting abstention from the use of the water supplied by the Caterham Company have now been withdrawn, without, so far as we can gather, any untoward results. We regret to learn that seven deaths have occurred from the epidemic, out of a total of two hundred and twenty-eight cases which have been reported. The disease has assumed an exceptionally mild character throughout; and the incidence of the attacks has mainly fallen upon children, thus affording an additional argument, if any were needed, in favour of the explanation that the poison was disseminated by water. The warning notices against the use of the water were withdrawn on the receipt by the Mayor of Reigate of a letter from Dr. Thorne Thorne, in which he said that though, in the absence of any test capable of showing the safety of the water, it was difficult to speak with authority, he thought the time had come when it might be distributed without danger to the public health. It was, to say the least, unfortunate that, two days after the second notices had been issued and the water was again being used, the Company should have taken occasion to flush their mains for the purpose of getting rid of the sediment of chalk and clay deposited in them through the borings of the Diamond Boring Company. The result of course was that thick and turbid water was distributed; and this, coupled with some cases of relapse, caused a reawakening of the alarm of the inhabitants. The prejudice which is already felt against the Company was thus materially strengthened; and, in fact, an indignation meeting was held at Redhill on the 21st ult. to demand a public explanation from the Company as to the cause of the evil. The usual amount of nonsense was talked; but there was certainly something in the contentions of the speakers that the Company should have made as public as possible the explanations which have been offered for the causation of the epidemic and the remedial measures which have been adopted. We are afraid that local confidence in the water has not yet been restored; but there seems no doubt that the Company have done all in their power to prevent any further mischief. Now that the precautions which we have previously detailed have been taken, and the

turbidity caused by the recent borings has ceased, we see no reason why the water should not continue to be as great a boon to the neighbourhood as it was before the recent lamentable accident occurred.

GURJUN OIL IN LEPROSY.

DR. W. WALKER, Inspector-General of Civil Hospitals and Dispensaries in the North-West Provinces and Oudh, says in his report for the year 1877: "Consequent on the careful demonstration of the failure of gurjun oil as a cure for leprosy made by Surgeon-Major Hilson at Agra, the hospital assistant posted to the asylum for experiments with the oil was withdrawn early in 1877. The Committee have, however, resolved to carry on the experiment on their own responsibility. I have no fault to find with this resolution; the warm baths and the application of the gurjun oil with friction will undoubtedly do much good to many of the lepers. But an experiment thus carried on will do nothing towards solving the point, whether gurjun oil has or has not any specific control over leprosy. It would be found, I think, that were one-half of the patients treated with gurjun oil and the other half treated with sweet oil (all other conditions being the same), the improvement in the one set of cases would be just as great as in the other. This result was clearly demonstrated in the Agra Leper Asylum."

PRINCE WALDEMAR.

THE following is an authentic statement of the course of the illness of the late Prince Waldemar. His Royal Highness Prince Waldemar of Prussia was taken ill on Monday morning, March 24th, with an inflammatory throat-attack, which showed itself by redness and swelling of the tonsils and the soft palate, the right tonsil being covered with diphtheritic membranes. The fever, at first slight, increased towards evening, as well as the swelling in the throat. After an unbroken sleep of four hours, the fever slightly decreased in the morning of the 25th; but at the same time no change had taken place in the local symptoms, and, in spite of energetic and continued treatment, the membranes spread further over the soft palate and the left tonsil. In the course of the 25th, a swelling of the connective tissue along the under jaw was developed, and swallowing became so difficult that only a small quantity of liquid food could be taken. The increase of fever in the evening was not considerable. The employment of local and internal remedies was continued without interruption. After a sleep of almost five hours in the night before the 26th, no diminution of the swelling of the throat and tonsils could be perceived, and the difficulty in swallowing was accordingly great. The membranes covering the tonsils, the velum, and the uvula, increased in thickness in the course of the day, and only in the upper margin the signs of a separation from the mucous membrane presented themselves in consequence of the application of gargles. Food was declined. The increase of the fever in the evening was less marked than on the last. The air-passage between the tonsils was sufficiently free. Towards twelve o'clock at night, a difficulty of breathing, accompanied by stertor, was perceived, which was partially stopped by waking the patient, but returned with sleep; so that between one and two o'clock preparations for tracheotomy were made. However, after two o'clock, breathing became more free (twenty-eight respirations a minute); and, by auscultation, normal sounds were to be heard over the whole chest and back. As the voice also became louder and no longer hoarse, the presence of a diphtheritic affection of the larynx could be excluded, and no indication for an operation existed. At two o'clock in the morning of the 27th, the patient became delirious, the breathing being quiet and the pulse tolerably strong. This state continued till half-past three, when quite suddenly, under slight convulsions and irregular respiration, death ensued through paralysis of the heart. This report is authenticated by Baron von Langenbeck, Dr. Wegner, and Dr. Schrader, the medical men in attendance.

HOUSE-CISTERNS.

DR. STEVENSON MACADAM, F.R.S.E., Lecturer on Chemistry in Edinburgh, has been making a series of researches which throw an

interesting light on what is one of the most fertile and frequent, but one of the most easily controlled, sources of the contamination of our drinking-water. He has made a series of analyses of waters drawn from the mains and from ordinary house-cisterns in Edinburgh, and, by experiment, has shown the effect upon the water from the mains of being retained in vessels containing a number of samples of cistern deposits. The results (Dr. Macadam says) demonstrate that the water-supply of a town or populous place, which may be everything that is desired at the fountain-head, and even at the supply-pipe as delivered to the householders, is liable to very serious contamination when retained in house-cisterns containing deposits or sediments which are composed in part of finely divided lead compound and decaying or putrescent organic matter; and he is confident that in many cases the water-supply of both towns and mansion-houses is rendered unwholesome from being retained in dirty cisterns. The remedy for the evil lies in the periodic cleansing of the house-cistern, which should be regularly done every month or two, according to its position and its liability to become impregnated with dust and sediment. The cleansing should be carried out with a very soft brush, and every care must be taken that the natural skin of the lead be not disturbed. A cover of wire or perforated zinc might be placed over the cistern to keep out mice, pieces of plaster, etc., but a tight cover, which hinders the aeration of the water, should not be used. In ordinary cases, it is seldom or never that cisterns are purposely cleaned out, unless there be occasion to run off the water in order to execute repairs, and probably not even then, unless special instructions be given to clean out the cistern. Many towns and populous places are specially favoured with water of excellent quality, as delivered into the towns and into the cisterns, and indeed each house is placed on the same footing for water-supply as if the foundations rested on the hills or other country district from which the water is drawn; and it is matter of regret that gross inattention to the condition of house-cisterns should lead to these receptacles being sources of contamination of the water, which otherwise is of the most wholesome and suitable quality for all domestic purposes.

A MISSIONARY HAIR-DYE.

WE have received the following letter on the subject of a recent query.

“Woodford, Essex.

“Sir,—I observe in the *Medical Journal* of last week an inquiry for some hair-dye which can be used with impunity. I can most strongly recommend a lotion prepared by Miss Caroline Selfe Page, Malvern. It is perfectly harmless; and none who use it ever have grey hair. Miss Page is quite a lady, and gives the profit to some charity.—Faithfully yours, _____.”

As the vending of hair-lotions for missionary purposes appears to us to be a new branch of charitable commerce, of which it might be desirable to know more, we have obtained a bottle of the lotion sold by Miss Caroline S. Page, and it bears the following inscriptions. “This lotion prevents the hair from falling off, keeps the head cool and clean; and, by nourishing the roots, gradually restores grey hair to its original tinge. It is suitable for hair of any colour. Directions for use will be found on each bottle; and, after one or two bottles have been used, its application twice a week will be sufficient. It is used by many medical men, and is very generally approved by those who have tried it. It will keep good for years in a cool place. This lotion is sold for the furtherance of mission-work in India, especially zenana-teaching and schools, and is to be obtained from Miss Caroline Selfe Page, Malvern. If you recommend it to any friends, kindly mention that a Post-office order or cheque (not stamps) must be sent to her first, when she will return any number of bottles required. It is five shillings per bottle; and, if four are taken, the carriage will be prepaid to any part of England. Please not to send postage-stamps, as they are frequently lost. Directions for use:—Brush daily (by means of a small tooth-brush) about a dessert-spoonful into the roots of the hair, until the whole of the head is moistened. No oil or pomade must be used. Price 5s.” We have had it analysed, and find that it is practically a solution loaded with acetate of lead. Its intrinsic value is, we should guess, about twopence or threepence; so that there will remain a very large balance to transmit

to the missions if the trade be at all a large one. It is very important to notice that this is one of the most dangerous of mineral lotions that could possibly be used as a hair-dye; and that all the statements as to its preventing the hair from falling off, and, by nourishing the roots, restoring the hair, are entirely and utterly false, dangerous, and misleading. We do not venture to doubt in the least the excellent intentions of Miss Page; but we should strongly advise her to cease from running the risk of poisoning her customers by the sale of a cheap solution of lead at a very high price, under pretences which are physiologically incorrect.

SCOTLAND.

GLASGOW DISPENSARY FOR SKIN-DISEASES.

ON April 7th, the Glasgow Skin Dispensary will be removed from the old premises 63, St. John Street, to 8, Elmbank Street, at the west end of St. Vincent Street. There will be attendance three days a-week.

GLASGOW UNIVERSITY COURT.

THE Glasgow University Court has reappointed Dr. Robert Perry examiner in Chemistry and Materia Medica; and Dr. Andrew Wilson examiner in Botany and Natural History. Both appointments are for the period of four years.

THE EDINBURGH CHAIR OF BOTANY.

HER MAJESTY in Council has approved of the report of the University Court recommending that Dr. John Hutton Balfour should be permitted to retire from the Chair of Botany and Medicine in the University of Edinburgh on a retiring allowance. Dr. Alexander Dickson, Professor of Botany in Glasgow University, has been elected to the Chair of Botany in the University of Edinburgh, vacant by the retirement of Professor Balfour.

SANITARY ASSOCIATION, EDINBURGH.

THE first annual meeting of this association was held last week. During the year, the engineer of the association (Mr. Alexander Welsh) had inspected four hundred and thirteen houses; of these, only thirty-three could be considered perfectly satisfactory in their sanitary arrangements. All the others were more or less defective, especially as regarded disconnection of the house system with the main sewer. Sir Robert Christison, Professor Fleeming Jenkin, Lord Curriehill, and others, addressed the meeting. The result of the first year's work was considered most satisfactory, and the careful examinations made by the association's officials all that could be desired.

MEDICAL EDUCATION OF WOMEN.

AMONG various bursaries to be competed for in June in the examination for honour certificates of the Edinburgh University is a scholarship of the value of £30, tenable for three years. It has been offered by the National Association for Promoting the Medical Education of Women.

DEATH OF DR. MCBAIN, R.N.

THE death of James McBain, M.D., F.R.S.E., will be learned with regret by many, both in and outside the profession. Born in 1807, he began his professional career as apprentice to Dr. Stewart of Logie. Afterwards, he went to Edinburgh; and, after completing the curriculum of those days, received the diploma of L.R.C.S. when only nineteen years of age, and almost immediately afterwards the M.D. of St. Andrew's. In 1827, he passed as assistant-surgeon in the navy, and was appointed to H.M.S. *Undaunted*. He acted in various ships till 1848. Since then, he has lived ashore, entering keenly into scientific zoological work, which his previous career had given him not only a strong taste for, but abundant opportunity of cultivating it. Although lately he has not practised generally, he has acted as naval surgeon at Granton for any of Her Majesty's ships there, and was admiralty surgeon and agent at Leith.

HEALTH OF GLASGOW AND EDINBURGH.

THE death-rate in Glasgow last week was 25 per 1,000; this was a decrease of 4 per 1,000 compared with the same week last year. In Edinburgh, notwithstanding extremely cold weather and east winds, the mortality fell last week to 15 per 1,000. There were only four deaths from zymotic diseases; and, of these, three were due to pertussis.

FURNISHING THE WARDS OF THE NEW ROYAL INFIRMARY, EDINBURGH.

THE scheme referred to some weeks ago for obtaining from corporations and professions funds for furnishing the wards in the new Infirmary, Edinburgh, is making very satisfactory progress. Among the promises already made are: Town Council, three wards; Royal College of Physicians, two wards; Royal College of Surgeons, one ward; a number of ladies, one ward; Mrs. Buchanan, one ward; Mr. McEwen, two wards; a gentleman, name to be unknown, one ward. The furnishing of each ward is to cost £350. One ward is immediately to be furnished as a sample. It is expected that the wards will be opened early in the autumn.

ANDERSON'S COLLEGE, GLASGOW.

THE winter session closed formally on March 27th by Mr. J. L. R. Jamieson, President of the College, distributing the prizes. While doing so, he intimated that a gentleman had given two prizes of £5 each to be competed for in the junior Chemistry and Anatomy classes; also that the same gentleman promised a medical scholarship of £12, tenable for two years, to be competed for next session, when there was also another medical scholarship of £20 open for competition. The Professor spoke in commendatory terms of the amount and quality of the work done by the students during the session.

SCOTCH MEDICAL SCHOOLS.

THE close of the medical session in the medical faculties in the Universities is only signalled by the distribution of the prizes, medals, and certificates of honour and of attendance. In closing the class of Clinical Surgery in Edinburgh, Professor Annandale alluded to the fact that next winter session his class would meet in the spacious class-room in the new Infirmary. The Glasgow Royal Infirmary School of Medicine winter session closed on Thursday, March 27th. Dr. J. G. Fleming distributed the prizes to the successful students.

GLASGOW OPHTHALMIC INSTITUTION.

AT the tenth annual meeting of the Glasgow Ophthalmic Institution, the annual report submitted showed that, during the year, there had been treated 3,522 cases, of which number 3,382 were cured, 72 relieved, and 54 dismissed as incapable of further benefit. The number of students in attendance had increased from 23 in the preceding year to 43 this year. It was also stated that the present premises were quite inadequate for the number of applicants. Further funds being required for its extension, the Earl of Stair offered £200, provided nine other gentlemen would do the same; seven have already done so; but from £4,000 to £5,000 will be required in order to erect adequate accommodation.

IRELAND.

A CONCERT in aid of the building fund of Jervis Street Hospital will be given in the Exhibition Palace, Dublin, on Tuesday next.

THE DENTAL DIPLOMA OF THE IRISH COLLEGE OF SURGEONS.

MESSRS. JOHN H. LONGFORD and F. Taylor have been appointed examiners for this diploma, in the place of Messrs. Pearsall, F.R.C.S.I., and Theodore Stack, M.D., resigned. Both the gentlemen appointed have the dental diploma of the College, but do not possess any medical or surgical qualification.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE President of this College, Mr. P. C. Smyly, had the honour of

entertaining His Grace the Lord Lieutenant of Ireland at dinner in the College last Saturday. The Council of the College and a large party of lay and professional guests, to the number of one hundred, were invited to meet His Grace. In responding to the toast of his health, the Duke said that he rejoiced that the new Medical Bills were receiving such careful attention from the medical and surgical branches of the profession in Dublin, and that no one could be more conscious than he was of the importance of having thoroughly well educated and qualified surgeons and physicians, such as those who had so well sustained the repute of the Dublin school in all parts of the world.

THE DUBLIN ASSOCIATION OF DENTAL SURGEONS.

AN Association under the above name has recently been formed in Dublin. We have received a list of its members, and observe that it includes the names of all the Fellows of the Irish College of Surgeons practising dentistry, as well as those of two medical graduates of the University of Dublin. At a recent meeting of the Association—present, Messrs. Baker, Moore, Corbett, Pearsall, Stack, and A. W. Baker—it was decided to take steps to open a dental institution for educational and charitable purposes. There is no doubt of the want in Dublin of such an institution; and, if properly worked—as we have no reason to doubt, under such auspices, it will be—it is to be hoped that the Association will thereby succeed in carrying out those higher educational views of dentistry, such as we have always advocated in this JOURNAL. There is still, we believe, in existence in Dublin a Dental Hospital. Its condition, however, is by no means satisfactory. The proposed institution, from the professional and personal reputation of those interested in it, will doubtless be worked in a different spirit from that which has resulted in the failure of the Dental Hospital to fill a position which we should now hope it will see the desirability of retiring from.

THE PATHOLOGICAL SOCIETY OF DUBLIN.

WE regret to say that this old Society, the first of its kind that was established, has of late years shown marked signs of decadence. During the present session, several meetings have collapsed from non-attendance of members and want of specimens. Two years ago, some radical changes were made in the working of the Society. And although these changes were opposed by a large number of the senior members of the Society, many of whom resigned in consequence of their being carried into effect, it was hoped that the Society would be thereby placed on a more scientific basis than it had then lapsed to. The result, however, has been anything but satisfactory, and does not speak creditably for the reputation of the present generation of the profession in Dublin as pathologists. So bad had matters become, that it was felt that, unless some effort were made, the Society would cease to exist. Accordingly, a general meeting was held last Saturday, "to consider the propriety of reconstructing the Society". After a good deal of speech-making, in the course of which amalgamation with other societies was mooted, it was resolved that it should be left to the Council to submit some scheme for the reconstruction of the Society.

QUEEN'S COLLEGE, CORK.

THE triennial visitation of this College took place last week, the visitors being the Duke of Leinster, Judge Fitzgerald, and Dr. P. C. Smyly. The President, after referring to the satisfactory condition of the College, stated that they had commenced the erection of an observatory, and had acquired a considerable portion of land for botanical purposes. Their library had been largely augmented by a magnificent donation from Mr. Crawford; while Parliament had given them a new medical museum and greatly enlarged the medical school. An application was made to the visitors by Mr. Keogh, A.M., that they should rescind a resolution of the Council of the College, making it obligatory on the students to pay the full amount of the class-fees for the year before they were entitled to certificates of matriculation; but it was ruled that the applicant had no *locus standi*, as he was not a student or professor of the College.