

operandi fails to be discovered by careful and skilful experimentalists, even when there is no suspicion of fallacy in the argument.

It was not without meaning that I laid stress on the distinction between a healthy dog and an unhealthy man: and admitting that, so far as observation has hitherto gone, the action of mercury is identical in the man and in the dog, I should be willing to substitute the one for the other, and assert that there is a palpable fallacy in applying the results of an experiment on a healthy individual to one suffering from disease, especially in a negative sense. The therapeutical action of remedies is never seen except in disease; the physiological, or, in other words, the poisonous action, is more or less traceable to every case, whether of health or sickness, in which a large dose of the remedy is administered. Yet this, too, is modified by disease. I need surely not remind Dr. Bennett how a man with a phagedenic ulceration may take a grain of opium every hour for a day and a half or two days, with no other evidence of its action than the marked improvement in the condition of the ulcer. May I ask what conclusion would have been arrived at *à priori* in this case by an experiment on a healthy man? But, putting such an extreme case aside, what possible effect would be produced on a healthy man by the small doses of remedies which are sometimes so efficient in disease; *e.g.*, arsenic?

It is not my object to go into the question of the action of mercurials, and the reasons for giving or withholding them in the treatment of disease. My intention is merely to show that these experiments, valuable as they are in proving that mercury does not increase the flow of healthy bile in a healthy dog, and therefore probably will not do so in a healthy man, yet have no real bearing on the question whether it has any influence in relieving certain bilious disorders.

I am, etc., A. W. BARCLAY, M.D.

Bruton Street, January 10th, 1871.

AMALGAMATION OF MEDICAL SCHOOLS.

SIR,—An article on "The Amalgamation of Medical Schools", published last week by one of your contemporaries, appears to me calculated to convey so erroneous an impression of the position of the Middlesex Hospital Medical College with respect to the suggested amalgamation, that I venture to trouble you with the following brief explanation of the real state of the case, so far as the Middlesex Hospital is concerned, and request you will have the goodness to allow it to appear in your JOURNAL of the present week.

No active steps are being taken, or have at any time been taken, by the Middlesex Hospital Staff or Medical School towards amalgamation with either of the other medical schools named in the above-mentioned article, neither are any negotiations now on foot to bring about that object. In fact, the question of amalgamation with any other medical school has never, since I have been a member of the staff, been brought under discussion at any meeting of the authorities, lay or medical, of the Middlesex Hospital.

It is true, indeed, that about eighteen months ago, certain members of the Middlesex Hospital Staff, of whom I was one, were invited privately as individuals, but in no way as representatives of our school, to meet certain of the medical professors of University College, in order to discuss the possibility of drawing up a scheme for amalgamation. At the close of the deliberations, we stated our readiness to consider any scheme for amalgamation which might be proposed by the authorities of University College, and, if we approved of it, to submit it to our colleagues, and ultimately to the lay authorities of the Hospital. From that time, however, up to the present moment, we have received no further communication on the subject.

I can readily believe that, especially in view of the recent regulations of the College of Surgeons, the means of securing a much wider field of hospital practice must be a question engaging the anxious attention of the Medical Committee of University College Hospital; but I cannot help thinking that your contemporary has been premature in publishing the fact, as he has certainly been mistaken in supposing that any negotiations have as yet been opened with the Medical Committee of the Middlesex Hospital towards the accomplishment of the union said to be projected.

I may further say that, on the part of the Middlesex Hospital Staff and Medical College, there is no desire to enter upon any such negotiations, unless it be clearly established that the solution of the great medical question of the day, *viz.*, the improvement of medical education generally, rather than the improvement of the position of any individual medical school, is to be the real object of the suggested amalgamation. (Signed) E. HEADLAM GREENHOW, M.D.,
Treasurer to the Middlesex Hospital Medical College.

Upper Berkeley Street, January 9th, 1871.

AN UNWORKED MINE.

SIR,—Your article, entitled "An Unworked Mine," for which you deserve the thanks, not only of the medical profession, but of the public, leads one to mention that the work, of which you have so clearly pointed out the importance and value, has already been commenced on a large scale and with singular ability by Dr. James D. Rendle, the medical officer of the Government Convict Prison at Brixton. If your notice of the subject shall induce the authorities in whose hands the results of Dr. Rendle's laborious investigations have, for some time, I believe, lain *perdus* to publish them, you will have conferred a great benefit on the community at large. I am, etc.

Grosvenor Street, December 28th, 1870. A. P. STEWART.

* * We have since received Dr. Rendle's valuable notes on this subject.

ELECTRO-PUNCTURE IN ANEURISM.

SIR,—I shall be obliged to you, or to any of your readers, for information upon this mode of treating aneurisms. A case of aneurism of the innominate artery was admitted under my care yesterday, so that I shall be glad to receive the information without delay. If it is sent to me privately, our JOURNAL shall have the benefit of it, and of any use that I may make of it in due course. I am, etc.,

WILLIAM OGLE, *Physician to the Derbyshire Infirmary.*

Derby, January 1871.

P.S. I take the present opportunity of suggesting that cases under treatment should be announced in your columns, so as to give persons interested in similar cases the opportunity of suggesting either modes of treatment or points worthy of observation, or of visiting the cases to make observations for themselves.

SMALL-POX IN THE LONDON HOSPITALS.

SIR,—Small-pox is spreading in some of our hospitals, and is causing no small consternation amongst the medical staff thereof. At two of the hospitals the cases are becoming so numerous, that they have to be treated within their walls. At one hospital, I believe, temporary wards have been erected, and at another the convalescent wards are being devoted to that purpose. Many of the chronic cases in the various wards are being discharged, and none but the more urgent ones admitted; while the patients' friends are being altogether excluded, except under the most pressing circumstances.

One of these devoted hospitals is wont, at its annual laudation-day in October, to boast that the great Jenner was one of its past luminaries, but it is very sad to think that he should be forgotten now in the hour of need. Surely, if vaccination is of any real value—which we all believe it is—there is no occasion for all this panic. Here, at least, is an opportunity for testing it. Let all the in-patients, nurses, and servants be vaccinated, and all new admissions as they occur. Vaccination causes so little disturbance of the system, that few cases, however ill, would be influenced by it, and any such cases might be passed over till able to bear it. Cases of small-pox have broken out in wards which have no connection with each other; and the hospital must, therefore, be thoroughly infected, and cannot be disinfected or made safe by half-closing it—by simply discharging the chronic and taking in acute and urgent cases.

It would probably be necessary to appoint an officer to devote the whole of his attention to this matter, but the circumstances require it, and the subject of re-vaccination is one of great interest; and if a careful register were kept—say, in the form of a table—much new and useful information would be obtained. Such a plan might be adopted in workhouses as well as hospitals, and would prove a great public benefit. Trusting the suggestion here made will be considered by those in authority, I am, etc., CHARLES ROBERTS.

2, Bolton Row, Mayfair, January 10th, 1871.

RARE ENTOZoon IN THE HOG.

SIR,—Will you permit me to call the attention of your readers to a curious discovery bearing upon the question of the prevalence of helminthic disorders amongst our domestic animals, and as showing how frequently entozoa are overlooked even in cases where they occur in great numbers? Yesterday (Jan. 10th), I received a letter from Professor William B. Fletcher, of the Indiana Medical College, Indianapolis, U.S.A., inclosing several minute fragments of one or more parasites, with a request that I would inspect, determine, and report, "as to what the are". Microscopic examination at once revealed their strongyloid character; and I subsequently satisfied myself that they

were examples of a remarkable parasite, known only to systematists in helminthology under the title of *Stephanurus dentatus*. It was not surprising, therefore, that Dr. Fletcher should seek in vain through the works of Von Siebold and Kuchenmeister, and my own general treatise, for any account of this entozoön.

The *Stephanurus* was first described by the late Dr. Carl Moritz Diesing of Vienna in 1839, and I am not aware that any one has since met with it. Fortunately, through Dr. Diesing's kindness, I am possessed of an almost complete set of his writings, amongst which is the valuable monograph containing a full and accurate description of this worm. Without, however, going into details about the singular characters of the parasite, I will only remark upon one or two important practical matters.

Dr. Fletcher says that "in demonstrating the function of the liver" to his class, he "found a worm in the portal vein, hepatic substance, and hepatic vein"; and further, that "upon examination at the packing houses, where two thousand hogs are killed daily," he "found this worm in nine out of ten hogs" which he examined. I am not quite sure whether he means nine out of every ten hogs, or if he only examined ten hogs altogether. In either case the observation is a very remarkable one. It is added that the kidney, bronchi, and portal vessels, formed the most frequent habitat. He also found "little cysts in the pyramids of the kidney", and likewise "excavations in the lobules of the liver containing great numbers of the eggs".

The above facts are too important to be remarked upon in all their bearings; but I may note that, whereas this parasite was originally found singly, or several together, occupying cysts in the fatty tissues of the hog, Dr. Fletcher finds it occupying various organs. The true discoverer, Dr. Natterer, obtained his specimens from one or more individuals of a Chinese race of hogs at Barra do Rio Negro, Brazil, on the 24th March, 1834. Here, then, we have a parasite hitherto only once met with in a particular race of swine reared in South America, now found, after more than thirty years' interval, to be remarkably abundant in hogs killed for curing at Indiana, in North America.

I regard this discovery by Dr. Fletcher as exceedingly important, since it not only shows how readily the mere existence of entozootic diseases amongst animals (used as food) are overlooked; but it also shows to what a degree parasitism may abound without exciting any suspicion in the minds of those persons whose duty it is to look after the welfare of our cattle, sheep, swine, and other domesticated animals.

In conclusion, I may add that there is nothing improbable in the supposition that our British swine may be largely infested with this interesting nematode, the *Stephanurus dentatus*. I am, etc.,

T. SPENCER COBOLD, M.D., F.R.S.

Wimpole Street, January 1871.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

REGISTRATION OF DISEASE.

THE importance of the registration of disease as a preliminary step to the prevention of the spread of epidemics is now recognised. The Poor-law Board, during the recent epidemic of relapsing fever and the present epidemic of small-pox, required frequent returns of the cases from the Poor-law medical officers of the metropolis. An application for remuneration for this important information was refused. Any attempt to impose additional services on the Poor-law medical officers ought to be resisted; the last straw breaks the camel's back. Let the medical officers clearly shew the value and importance of these returns, and though Gwydyr House may refuse to listen to reason, the House of Commons is prepared to do justice.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE Council of the Poor-Law Medical Officers' Association of England have made arrangements to hold their council meetings for the future at the Medical Club, 9, Spring Gardens. The Council, in adopting a new home for their deliberations, cannot fail to thank Dr. Rogers for his past kindness in placing his house at their service.

*WARING-CURRAN, J., Esq., Medical Officer of No. 2 District of the Mansfield Union, elected Surgeon to the Mansfield Woodhouse District Hospital.

THE POOR-LAW MEDICAL SERVICE OF IRELAND.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION OF IRELAND.

IN adverting to the proposed programme of this Association last week, we pointed out that the first step towards satisfactory reform would be to endeavour to obtain the entire payment of the salaries of the medical officers from the Consolidated Fund, and that they should thus obtain a standing as a branch of the civil service. In this case, the salaries should be progressive, which would prove a great incentive to increased activity. Though the labours of the Poor-law medical officers of Ireland, as abundantly proved already, both in Parliament and elsewhere, are worthy of all praise, nevertheless, where no promotion exists in a service, individuals connected with it are liable to settle down in a groove—a state of things which does not tend to the advancement either of the service or even of their own individual interests. Another benefit that would be derived from this would be that superannuation would thus be fixed, and not permissive as at present. This would tend, also indirectly, to promote life assurance amongst the profession, or adherence to a Medical Benevolent Society. A very valuable society of this kind, and very energetically worked, at present exists in Ireland, and is deserving of great support. Strange to say, the fact of permissive superannuation has very often the effect of preventing thrift; and in several instances it has occurred that boards of guardians, who have at present the power of granting superannuations subject to the approval of the Commission, have refused it because they happened to discover that the applicant's life was insured. This is a strange anomaly, but it is nevertheless a fact, as was proved lately by the failure of an endeavour made by Dr. Darby of Bray, a well known and very energetic member of the profession, to induce every Poor-law medical officer to devote a certain sum annually to the formation of a sinking fund for the support of the widows and orphans, and those unable to work longer in the service. This effort was not responded to as was expected, and principally because it was well known that in many instances, under the existing system of permission, guardians would not grant superannuation, if they thought that any other provision existed. It should always be kept in view that the national health and prosperity depend in great measure on the efforts of the Poor-law medical officers—in Ireland, in the rural districts, almost entirely; that the sanitary condition of a country is not a mere local consideration, affecting only parochial or union interests. The facts of the late outbreak of small-pox in Belfast having been proved to have been principally the result of importations from England and Scotland, and the only case occurring in Dublin having come from Sweden, demonstrate clearly that disease is neither local nor even national; it is international. It is but simple justice, then, that the state should pay for the machinery connected with the upholding of the sanitary condition of the people. The Poor-law Medical Service is that branch of the public service most intimately connected with sanitation. We mentioned that this transfer of the half payment of the medical officers from the rates to the state would cause a diminution of the poor-rates of close upon £80,000 a-year. This is a subject which our union representatives might very fairly bring before the various boards of guardians, with a view to their co-operation with their county representatives in impressing the importance of such a measure on the members of Parliament for each county. In order to show the importance of such a measure, we might just mention the cases of Dublin, Belfast, and Cork. In the first, it would make a difference of over £4000 a-year to the ratepayers; in Belfast about £2000; and in Cork £1500 a-year. It is a legitimate, and we think not an unpleasant, task for our union representatives to bring the matter before the guardians of every union in Ireland. The distribution of a surplus fund will be considered in Parliament this session, which, however our ideas may differ on the subject, could not be directed into a better channel. We, therefore, say to the medical officers of Ireland again, if you wish to look after your own interests lose no time; "be up and doing."

INDISCRIMINATE ISSUE OF DISPENSARY TICKETS.

WE observe, in the Dublin papers, that an attack was made at a late meeting of the Board of Guardians of the South Dublin Union, on Dr. Ryan, a gentleman better known as one of the leading members of the corporation, and an alderman of that city, than as a Poor-law medical officer, because he had not attended to a *red ticket* which had been issued by an unauthorised person. He stated very frankly in his letter,