it. Instinctively patients seem to recognise the advisability of this procedure by the constant spitting that occurs.

3rd. There is a virus circulating in the system, and while the vapour bath and pilocarpin injection are eliminating such by the skin, kidneys, and salivary glands, means should be taken, if available, to destroy the poison existing in the blood. To this end, were the chamber filled with iodine vapour, or, by the aid of Page's, or some other form of vaporiser, were the atmosphere saturated with eucalyptus, thymol, or other antiseptic and aseptic agents, might we not, theoretically, anticipate good results?

4th. The spasms of the throat muscles, which appear to cause the greatest amount of suffering, and to prevent nutritive agents being taken, might possibly be relieved in this disease by injecting morphia over the sensory portion of the superior laryngeal nerve, just as it passes through the thyrohyoid membrane into the interior of the larynx, immediately below the extremity of the greater horn of the hyoid bone; where it is so superficial that an injection of one-fourteenth of a grain of morphia produces full local anaesthesia in a few seconds. A freezing mixture might be applied with similar results. The use of the spray is forbidden, of course, in this disease, on account of the aerophobia so generally existing. Dr. Rossbach has suggested this mode of producing laryngeal anaesthesia in cases of operations about the larynx.

5th. To secure a sufficient administration of fluids and food, which is of most vital importance, might not a flexible tube be passed into the stomach through the nostril, and there permanently retained? To feed by the rectum is often difficult. Should neither of these plans succeed, there is no valid objection to passing, with proper precautions, boiled water into the peritoneal cavity by a Southey's tube, whence it would be absorbed and supply the necessities of the system. May not many of the urgent symptoms, leading to the fatal termination of most cases, be due to the want of water to wash away the waste of the system? The facts elicited by Dr. Tanner's fast point to this conclusion.

6th. Regarding rest and motion: Some advise perfect rest; others perpetual motion. The greatest advantage having apparently been derived from active exercise which, with occupation of thoughts, has proved, in various cases, highly serviceable.

7th. Curara: Of all the powerful remedies used from time to time, none bear greater evidence in their favour than hypodermic injections of curara. Since the case of Dr. Offenburg, noted in THE LANCET, November, 1876, p. 811, served first to attract attention to the value this drug possessed in relieving or curing this fell disease, other observers have recorded their experience in the pages of THE LANCET, vol. ii., 1877, pp. 618, 753, 863; vol. ii., 1878, p. 104; vol. i., 1879, p. 570; vol. i., 1880, p. 756; vol. ii., 1881, p. 625; *Medical Times and Gazette*, vol. ii., 1877, pp. 396, 528, 603; and in most cases the results were such as to show that the drug had great influence in mitigating the severity of the patient's sufferings. I would prefer, however, not to have curara used upon myself, unless the previous line of treatment failed.

In the first edition of the *Medical Digest*, twenty-nine remedies were noticed in the treatment of hydrophobia; during the last five years sixteen additional specifics have been recorded. The above notes are merely suggestive, and by no means binding on my medical advisers; only I hope they may excite sufficient attention to make my recovery, when they are called in, more speedy and certain.

I am, Sir, yours truly,

RICHARD NEALE, M.D. Lond.

Boundary-road, N.W., Dec. 1881.

DEFORMED SHOULDERS IN YOUNG GIRLS.

To the Editor of THE LANCET.

SIR,—At the present day, when some of our leading consulting surgeons are losing faith in the treatment of weak spines, or rather weak spinal muscles, by means of steel and other spinal supports, it is disappointing to find your correspondent, Dr. Fisher, recommending a poroplastic dorsal support for deformed shoulders in young girls. This deformity is due in most cases to a relaxed condition, not only of the scapular muscles, but also of the spinal muscles. For as soon as, from muscular weakness or habitual stooping, or both combined, the natural dorsal convexity of the spine

becomes exaggerated, the ribs also become more prominent posteriorly, with the result that the scapulæ are more or less displaced, especially if their muscles are relaxed. If there be the slightest inclination of the spinal column to one side, the scapulæ, which are naturally very mobile, being attached to the rest of the skeleton only by the inner end of the clavicle, at once exhibit a want of symmetry in their position; one scapula being higher or lower than the other, nearer or farther away from the spine, or one less closely applied to the thorax than the other. It is therefore absurd to conclude, as Dr. Fisher appears to do, from the successful treatment of rickety bow-legs by poroplastic splints, that the same treatment should be equally successful for this condition of the shoulders, which is not due to rickets, and which does not exhibit the slightest trace of osseous deformity.

Dr. Fisher's dorsal support not only acts injuriously by preventing the already weakened scapular muscles from being exercised, and by confirming any antero-posterior or lateral spinal curvature present, but also interferes with the free and natural movements of respiration, by the corset arrangement in front, and the two suspender bands above.

Such patients require the muscles of their scapulæ and spine to be strengthened by suitable and systematically applied exercises (medical gymnastics, Swedish exercises, &c.), and at the same time to be taught to sit, stand, and walk in an erect and normal position. This training is absolutely necessary, because the vicious position of the shoulders, and the exaggerated dorsal convexity of the spine, which so frequently accompany the former, become so habitual to the patient that she will feel quite uncomfortable when placed in the normal position, and often will not accept the change as an improvement until convinced by the looking-glass, which I employ very frequently in these cases.

I remain, your obedient servant,

BERNARD ROTH, F.R.C.S. Eng.

Brighton, Nov. 14th, 1881.

A VOLUNTEER HOSPITAL CORPS.

To the Editor of THE LANCET.

SIR,—I hope Dr. Mears will continue in his efforts to form a Volunteer Hospital Corps at Newcastle-on-Tyne. I consider that the independence and efficiency of the volunteer medical service depend very much on their working out their freedom by the organisation of such a corps quite untrammelled by any regimental connexion. When one sees the volunteer surgeons wholly excluded from the recent distribution of decorations in last birthday *Gazette*, and also excluded from the Mansion House banquet, one feels that something is wanting to develop the position of these officers. They give their services freely to the country, but their rewards, as far as I can see, are *nil*. Their relative rank is very poor, and there seems to be no reason why they should not be equalised with the militia, and formed into a volunteer medical corps. As volunteer and militia officers are always junior to officers of equal rank in the regular army, we as a department would suffer very little, if at all, by their ranks and ours being put more on an equality. As regards the organisation of medical students into volunteer hospital corps, I think great benefit would arise. It would add a new chain of comradeship to the ties of the student's life. It would teach them their discipline without in any way injuring, and accustom them to command and authority. It would train them actually in the management of ambulance work and the treatment of accidents. It would develop the independence of medical men by showing them while students that our new medical organisation in the army is the freest, the fullest, and the most complete delegation of authority into the hands of doctors that the world has yet seen. What they are doing in the North, London and Edinburgh might any day do. London might have a splendid corps of ambulance workers regularly organised from her medical students, and each school might contribute one or two companies, the whole forming a London Medical Volunteer Corps. The expense would be trifling, as the capitation grant is fair and just, and the expenditure need not be heavy.

Referring to the status of the volunteer surgeons, why should they too not have honorary surgeons to the Queen as we have? If volunteer combatants can become Queen's aides-de-camp, why should not volunteer surgeons become honorary Queen's surgeons? I feel certain that no officer of

the Army Medical Department would grudge the volunteer surgeons making their position thoroughly good as regards rank and privileges.—I am, Sir, yours faithfully,

GEORGE EVATT, M.D., Surgeon-Major, A.M.D.
Royal Military Academy, Woolwich, S.E., Nov. 1881.

VIENNA.

(From our own Correspondent.)

THE fire in the Ring Theatre, which took place on the 8th inst., has caused great excitement amongst the public, and especially amongst the Vienna medical men, and every breath of news concerning this catastrophe is listened to with the greatest anxiety. Our city having no "Morgue" like that in Paris, the asphyxiated, and half or totally carbonised bodies, amounting to several hundreds, have been placed in the vestibules at the Pathologico-anatomic Institution, and in the adjoining building. Many thousand persons have crowded this place with the object of recognising the bodies. The most fertile fancy is unable to form an idea of the horrible sight which presented itself to view. Here are some fifty bodies—or, more correctly speaking, heaps of carbon—in which the form of a human body can hardly be traced. Another place is covered with carbonised heads, bones, trunks without limbs, and shreds of garments. The swollen and bloated features of the sufferers afford sufficient proof of their having been asphyxiated. Amongst the ghastly remains I noticed the carbonised body of a young physician, Dr. Eisenhauer. There are only four individuals in the water beds under Prof. Cabasi's care; two of these patients are very dangerously burned. It is quite clear that this terrible catastrophe has been brought about by inconceivable carelessness; and though only indirectly connected with medical science, I feel obliged to mention a calamity which has brought mourning and woe into the homes of many members of the medical profession in Vienna.

Three hundred and fifty students have entered for the first year's lectures in our medical faculty. As all localities, especially dissecting-rooms, surgical lecture-rooms, &c., have been found, after official inspection, to be too small, the Minister of Instruction himself has visited the buildings; and it is reported that reconstructions and enlargements have been resolved upon. A long time, however, may elapse before these projects take practical shape.

Obituary.

WILLIAM PHILLIMORE PHILLIMORE, M.B. LOND.

MR. PHILLIMORE, son of the late Mr. Thomas Stiff, of Wresden, Uley, Gloucestershire, was born April 3rd, 1821. He was adopted by his great-great aunt, Miss Eleanor Phillimore, she being then ninety-two, and in 1873 he assumed the name of Phillimore by Royal licence. Educated by the Rev. Samuel Barber of Carne Hall, Bridgnorth, and apprenticed to Mr. Joseph Hall of the same place, he afterwards studied at University College, London, and at Paris, and graduated at the former place M.B. in 1845 in the first division. He practised for a short time in London, and was afterwards assistant to Dr. George at Sandgate, and left there for the appointment of medical officer to the Nottingham Union, which post he resigned in 1855, on being appointed to succeed Mr. T. C. Morrison as Superintendent of the Nottingham General Lunatic Asylum, which is now the County Asylum, a new building having been erected for the borough in 1879. Mr. Phillimore held this appointment up to the time of his death. He had good administrative capacity, and Mr. Phillimore's management of the institution called forth the frequent commendation of his committee, and also of the Lunacy Commissioners. Mr. Phillimore contributed papers in the medical journals on *Hæmatoma Auris* or Asylum Ear, in 1858, on the British Pharmacopœia and the Metric System, and on Feeding the Insane through the Nostrils. He took a keen interest in antiquarian researches, and was a member from their commencement of the Shropshire and Gloucestershire Archæological Societies, and in Nottingham he attached himself to every movement for the advancement of his own profession and for the spread of

knowledge amongst the people. He was for many years Hon. Secretary and recently President of the Bromley House Library, a post which he highly valued, as giving him access to ample stores of ancient and modern literature. Socially he was somewhat of a recluse, but amongst his professional brethren he was highly esteemed as one who was always anxious to uphold the honour and dignity of his profession.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Dec. 8th:—

Case, William, Cockthorpe, Wells, Norfolk.
Cole, George Milner, Cambridge-gardens.
Ghaudy, Rastauji Dinshaji, Bombay.
Lane, James Oswald, Bridge-street, Hereford.
Macculloch, Charles, Abbey Town, Cumberland.
Marras, Ernest Adrian, Halsey-street.
Puddicombe, Francis Morgan, Dartmouth.
Tyrrell, Charles Robert, Hornsey-lane, Highgate.

The following gentlemen also on the same day passed the Primary Professional Examination:—

Lynton M. Honan, St. George's Hospital; Thomas H. Openshaw, London Hospital; John Arthur Webster, St. Mary's Hospital.

WILLIAM SMYTH, M.D., has been appointed a Justice of the Peace for the county of Down.

SEVERAL of the hospitals, both in London and the provinces, have received from the Prince of Wales presents of game for the use of the patients.

THE DUKE OF CAMBRIDGE has consented to preside at a public dinner to be held at the Star and Garter Hotel, Richmond, on Feb. 8th, in aid of the funds of the Richmond Hospital.

AT a recent meeting held at Christchurch, N.Z., it was resolved to erect a monument to the memory of Dr. Donald Campbell and family, who perished by the wreck of the *Tararua*. The subscriptions are limited to one guinea.

THE Secretary of the East London Hospital for Children has received the sum of £105, as the result of the concert given in aid of the charity by the Shadwell Police at the Royal Cambridge Music Hall.

A BAZAAR has been opened by the Mayor in Bold-street, Liverpool, with the object of obtaining funds to assist in reducing the debt of £2000 encumbering the Royal Southern Hospital.

MR. EDWIN SAUNDERSON has bequeathed £500 Government Stock to the Mater Misericordiæ Hospital, £100 Stock to Jervis-street Hospital, and £500 Stock to St. Vincent's Hospital, Dublin.

A SUPERANNUATION allowance has been granted to Mr. J. E. Smyth, L.R.C.P. Ed., M.R.C.S., late medical officer for the Third District of the Parish of St. Mary, Lambeth.

DUBLIN OBSTETRICAL SOCIETY.—The following have been elected for the ensuing year:—President: John A. Byrne. Vice-Presidents: Richard Kinkead, Arthur V. Macaw. Committee: Fleetwood Churchill, John Denham, J. R. Kirkpatrick, George H. Kidd, T. D. Purefoy. Treasurer: John Cranny. Secretary: W. Roe.

Medical Appointments.

Intimations for this column must be sent DIRECT to the Office of THE LANCET before 9 o'clock on Thursday Morning, at the latest.

BEATTIE, JOSEPH ALOYSIUS, L.K.Q.C.P.I., L.R.C.S.I., late Assistant Medical Superintendent to the Parramatta Lunatic Asylum, has been appointed Resident Medical Superintendent to the Quarantine Grounds, Port Jackson.
BLACKFORD, J. CROMWELL, M.R.C.S., L.S.A. Lond., has been appointed Medical Officer for the Cannock District of the Cannock Union.
BROWN, ALEX. STEWART, M.R.C.S., L.S.A. Lond., has been appointed Medical Superintendent at St. Mary's Hospital, London.
BROWN, DAVID GRAHAM, M.D.Q.U.I., L.M. Dub., has been appointed Government Medical Officer at Roma, Queensland, vice Jacob de Leon, M.R.C.S., resigned.
CARTER, GODFREY, M.R.C.S., has been appointed House-Surgeon to the South Devon and East Cornwall Hospital, Plymouth, vice Dr. Bampton, resigned.