

Mr. Cadge gives the number of cases of stone in eight London hospitals as 280 in five years ending 1873. In an article in "Holmes's System of Surgery" I gave the number of cases of stone in sixteen London hospitals in two years (1862 and 1863) at 194—viz., 103 adults and 91 children. The eight hospitals Mr. Cadge mentions as having 280 cases in five years had in two years (1862 and 1863) 110 cases, so that the average of cases has scarcely increased in ten years.

I am, Sir, yours &c.,

Savile-row, August 17th, 1874.

CHARLES HAWKINS.

THE DIFFERENTIAL TREATMENT OF UNION MEDICAL OFFICERS BY THE LOCAL GOVERNMENT BOARD.

To the Editor of THE LANCET.

SIR,—In your impression of Dec. 30th, 1871, you inserted a letter of mine "On the Differential Treatment of Union Clerks and Union Medical Officers by the Local Government Board." I therein pointed out that this Board, in awarding compensation to the clerk for the loss of his office by the dissolution of the late East London Union, had recognised certain of his professional charges as a solicitor as coming within the *spirit* of the Consolidated Order, 1866, Art. 3, and had assessed them as part of the "goodwill incident to," and as an "emolument" of his office; whereas in the cases of the medical officers similarly situated, the Local Government Board would *not* recognise "fees paid to these officers by the guardians, with the approval of the Poor-law Board, in strict conformity with the LETTER of the General Consolidated Order, 1847, Art. 1872," and would not assess such fees as part of the "goodwill incident to," or "emoluments" of the union surgeons' offices.

An analogous difference of treatment has lately been effected by the authorities at Gwydyr House.

On the 15th January, 1874, the guardians of the City of London Union forwarded to the Local Government Board a resolution to grant a superannuation allowance to one of their late medical officers. In his letter to the Board accompanying this resolution, the clerk to the guardians contemporaneously included the details of the basis of computation, whence the guardians had deduced the amount of the allowance—namely, the annual average amount of the salary and emoluments received during the last three years as follows:—(a) Three years salary; (b) in November, 1871, for extra duties during the epidemic of small-pox; (c) vaccination fees.

On the 5th February, 1874, the Local Government Board in a letter to the said clerk *approved* of the above items and the resolved annuity.

On June 24th last I memorialised the Local Government Board, and pointed out to them that in my application for a compensation allowance in 1871 the Board would *not* recognise the following item in my computation as part of the emolument of my office—viz., "(b) In 1866, for extra duties during the epidemic of cholera." I prayed the Board:—"1. That they would inform me on what grounds so great a distinction had been made in computing the annuity of the different district medical officers, in the one case the amount received for extra duties during an epidemic of small-pox being regarded as an emolument of office, in the other the amount received for extra duties during an epidemic of cholera being *not* regarded as an emolument of office. 2. That inasmuch as a very strong precedent had been now established in the case of the late district medical officer of the City of London Union, of admitting the compensation received for such said 'extra duties' as an emolument of office, the honourable Board would not consider it too late to, in justice, rectify the great distinction made in my aforesaid claim."

In answer to my unsuccessful memorial the Local Government Board makes some extraordinary admissions of the careless and reckless way in which the business of Gwydyr House is conducted. Despite the *written approval* of this Board conveyed in their letter aforesaid of February 5th last, Mr. Fleming, in his letter to me, dated August 3rd, 1874, states: "You are under a misapprehension in supposing that the Local Government Board admit that the

item in respect of the extraordinary service rendered by the late district medical officer of the City of London Union during the epidemic of small-pox was properly included by the guardians in assessing the amount of his superannuation allowance; on the contrary, the Board must state that if at the time their attention had been directed to that item, and it had been specially pointed out to them what the nature of the alleged emolument was, they would probably have required that it should be excluded from the computation."

The late clerk of the City of London Union (Mr. John Bowring) was too shrewd a man in all he did to allow of the least loophole in ensuring strict compliance with the Consolidated Orders. An examination of the minute-books of the late East London Union has also proved to me that everything was done in 1866 as required by Article 172* of the General Consolidated Order, 1847. A letter from the Poor-law Board, virtually approving of the compensation then paid the medical officers of that Union for their extra duties in connexion with the cholera epidemic, is actually inserted in these said minutes. The aforesaid answer of the Local Government Board to me, through Mr. Fleming, is therefore not only very flimsy, lame, and absurd, but is also, in face of their *written approval* to the present clerk on Feb. 5th, 1874, most unbusinesslike, most cruel, and most unjust.

The fact that all Union officers, compulsorily driven from their offices by orders of the Local Government Board, must expect hereafter to be deprived of all contingent advantages derivable from extra payments, in other cases apparently regarded as "emoluments of office," sinks, however, into utter insignificance when compared with the importance of the revelations contained in Mr. Fleming's aforesaid letter.

It is as much the public duty of the Local Government Board to supervise the expenditure of, and to be able to satisfy the ratepayers that guardians do not impose any improper charges on, the Union Common Fund, as it is for the said Board to protect the interests of the metropolitan Common Poor Fund, out of which all *compensation* allowances are defrayed. Yet this abject admission of neglected duty in Mr. Fleming's letter indisputably shows by what a disgraceful haphazard and in what a happy-go-lucky way the highly-paid officials of Gwydyr House conduct the business of this one important department of the State.

I am, Sir, your obedient servant,

ROBERT FOWLER, M.D.,
Formerly District Medical Officer of the late
East London Union.

Bishopsgate-street Without, Aug. 14th, 1874.

THE INTERNAL USE OF ATROPIA.

To the Editor of THE LANCET.

SIR,—In Dr. Williamson's paper "On the Use of Atropia in Phthisical Sweating" (THE LANCET, July 25th, 1874, p. 116), he states that "Sulphate of atropia is best prescribed in pill, with extract of gentian; watery solutions are not to be depended upon, for they soon spoil by keeping."

The administration in the form of pill of a potent remedy which is dangerous in minute doses is very objectionable, owing to the difficulty on the part of the dispenser of distributing with accuracy the proportion of the remedy in each pill, for without great care dangerous consequences might ensue.

I can state with confidence that a solution of sulphate of atropia in camphor-water (made with distilled water—a practice which is not always observed) will not spoil by long keeping, and may be depended upon.

I have now before me a portion of a solution of two grains of sulphate of atropia in one fluid ounce of camphor-water, which I made on the 28th of September, 1872. It is clear and brilliant, and it retains its efficacy. Three minims contain one-eightieth of a grain of the sulphate. No pain

* Provided that the guardians, with the approval of the Commissioners, may pay to any officer or person employed by such guardians a reasonable compensation on account of extraordinary services, or other unforeseen circumstances connected with the duties of such officer, or person, or the necessities of the Union.—General Consolidated Order, July 24th, 1847, Art. 172 (proviso).

or inconvenience has ever resulted from its use by hypodermic injection.

I have also a portion of a solution of hydrochlorate of morphia, in the proportion of sixteen grains to one fluid ounce of camphor-water, made on the 28th of September, 1872. This solution when made has a pale smoky tint, which does not increase by keeping and exposure to strong light. It is clear, free from sediment, and retains its efficacy. Five minims contain one-sixth of a grain of the hydrochlorate, which I prefer on account of it being a more permanent article than the acetate of morphia.

I am, Sir, yours, &c.,

Baggot-street, Dublin, Aug. 10th, 1874. AQUILLA SMITH, M.D.

THE DRAINAGE OF BRIGHTON.

To the Editor of THE LANCET.

SIR,—Your columns having been frequently the means of bringing before the medical profession and the public the defective state of the drainage of Brighton and Hove, and more especially the objectionable practice hitherto adopted of draining into the sea-front, allow me to make use of the same means of informing your readers that this defect has now been effectually remedied. At the expense of nearly £100,000 an intercepting sewer has been constructed, and has now been some weeks in operation, which runs along the whole front, from Cliftonville, the extreme western boundary, to Portobello, which lies three miles and a half beyond Kemp-town.

By this means the whole sewage of the place is being carried to such a distance from the front that it is extremely unlikely that any effluvia from the outfall can by any possibility reach it, and the visitors and inhabitants will thus henceforth be able to bathe in genuine sea-water without any suspicion of its being contaminated with sewage, and breathe the pure and unadulterated sea-breezes without any suspicion of their being impregnated with sewage effluvia.

I am, Sir, your obedient servant,

WILLIAM KEBBELL, M.D.,

Officer of Health to the Incorporate District of Hove.
Upper Brunswick-place, August 17th, 1874.

SKETCHES OF CONTINENTAL HOSPITALS.

(By our Special Correspondent.)

II.—PRAGUE.

THIS old-world city, however much it may have kept to its old customs and associations in other respects, is certainly not behindhand in medical science. The university, the oldest in Germany, still holds a high place, and is respected for the esteem in which its professors are held, and for the number of its medical students. Once it was the largest German university, but the unfortunate proposition to limit the privileges of foreign students caused the separation of many of their number, and the consequent foundation of Leipzig and other universities. From 400 to 500 medical students are now in attendance, and though the hospital is ancient, and would be all the better for being rebuilt, there is evidence of desire for progress in the recent erection of a handsome new operating theatre, of excellent proportions, and exceedingly well lighted and arranged.

The hospital contains 900 to 1000 beds, is old-fashioned, badly ventilated, and not well nursed. In most places one finds that the nursing is best managed when done by *religieuses*, as at Munich, while when done by what are called trained nurses there is (on the continent) a slatternly, untidy look about the women, and their work is done in anything but a thorough style.

Professors Saksh and Halla have charge of the medical department, and Professors Heine and Blazina of the surgical; while there are special wards for syphilis and skin diseases under Professor Pick; and also of gynecology conducted by Professor Streng; and of eye and ear diseases, under the care of Professors Hassner and Toufal respectively.

There is besides a special institution for children's diseases under the clinical direction of Professor Steiner.

One source of strength in these German universities and medical schools is that they are always anxiously looking for fresh blood, and do not breed in and in as we are too apt to do in English medical schools. When a professorship is vacant, an eminent man from some other university, where the fees are less and the number of students smaller, is invited to take it; but rarely or never is the assistant-professor elected, it being considered better, if he be one of their own students, as he usually is, that he should go elsewhere and win a reputation before he aspires to a chair, however humble, at his *alma mater*. Although this system may seem at first sight scarcely generous or even fair, it generally promotes the best interests of the university, and tends to increase the importance and dignity of the professors when they are elected. The Professor of Surgery, Heine, a comparatively young man, began professional life as assistant to Gustave Simon, at Heidelberg. He was then elected to a chair of surgery at Innsbruck, and after a few years' service there was prevailed upon to accept the surgical professorship at Prague, where the emolument is much higher (about £500 a year), and the number of students considerably larger than at Innsbruck. Professor Heine comes of a medical family, his father having been an eminent orthopædic surgeon at Canstatt, in Wurtemberg, and he himself bids fair to occupy one of the first surgical positions in Germany.

Adjoining the theatre is a small museum containing some good plaster casts of deformities, and a number of surgical and pathological curiosities. Some gunshot specimens, collected during the last three German wars by Professor Heine, are of considerable interest. Among the specimens is one of cancer of the larynx, which from its rarity is noteworthy. It was taken on March 28th last from a man aged fifty, who is still living, and who was the subject of epithelioma. The os hyoides and entire larynx were removed, with the exception of the epiglottis. The patient was made to inhale chloroform by a special apparatus applied directly to the interior of the trachea, invented by Dr. Freudenberg, assistant to Prof. Langenbeck, of Berlin. This is the second case in which excision of the larynx has been performed. The first case, operated on by Prof. Billroth, of Vienna, died after three months from return of the disease, but up to the present time there is in Heine's case no evidence of cancer about the throat. A special tracheal tube, the invention of Dr. Gussenbauer, Dr. Billroth's assistant, is used in such cases.

Plaster-of-Paris is largely employed in the treatment of fractures, and combined with it is a special iron instrument of ingenious construction, by which extension can be made at any required part of the limb, while the plaster case is *in situ*. Hip disease is treated also by plaster-of-Paris applied over both hips, and then by the application of Heine's extension instrument.

For the examination and diagnosis of early cases of hip-disease he has invented an instrument called the coxankylometer, by means of which the amount of shortening or of abduction or adduction of the limb can be accurately ascertained.

Another new feature in Prof. Heine's practice is that he treats chronic enlargements of the prostate by injections per rectum of tincture of iodine: ten drops of tincture of iodine with twenty of water. He has now had eleven cases under him, and in all good results have followed his plan. All joint-excisions are performed subperiosteally. Excisions of the elbow are common, and afford useful limbs, the single straight incision being preferred. The good effect of excision of the ankle by the subperiosteal method is well illustrated in a girl whose ankle was excised on March 12th. No shortening was perceptible, and slight movement at the site of the joint was commencing. In excision of the wrist Lister's method of operating is followed, and in three cases it has been attended with excellent results. While speaking of Lister I am reminded that here, as at most of the South German hospitals, it is not carried out exactly according to his directions. Prof. Heine has used it, but has not had sufficient experience of it to warrant him in speaking for or against it. Erysipelas, which is very common, is treated by the application of tincture of iodine for a wide extent beyond the affected part, and it appears to succeed.