

who hold no kind of educational qualification whatever, each being in like words entered as in practice before July 22nd, 1878. The difficulty has, however, been successfully met by repeating in the *Register* the terms used in the Act to describe the several qualifications which constitute claims for registration, viz.: (a) Licentiate in Dental Surgery; (b) In practice, separately (or with medicine or surgery or pharmacy), before July 22nd, 1878.

Now, as those persons only who possess medical qualifications can, without error or fraud, be registered as "*in practice with medicine or surgery*", the entry indicates that the person so described is a qualified medical practitioner, and the nature of the qualification can be at once learned by turning from the *Dentists'* to the *Medical Register*.

The adoption of a descriptive form of entry has quickly led to the registration of some of those qualified practitioners who strongly objected to the want of educational distinction which the words used in the acknowledgment given to successful applicants for registration seemed to imply; while others, similarly situated as regards qualifications, have amended their returns to the Registrar by substituting for "separately" the words "with surgery or with medicine", as the case might be.

A resolution has been passed directing that the *Dentists' Register* shall be printed and published with as little delay as possible, and its issue to the public may be expected towards the end of May. Hence, those who desire their names to appear in its pages have no time to lose in making application. For the future, the *Dentists'* will be published with the *Medical Register*, in the January of each year.

In conclusion, we would beg our readers to bear in mind the following important points, otherwise needless vexations and disappointments (expressed, perhaps, as hardships) will arise. First, that after the end of July next, none but those who hold recognised dental qualifications can be registered; secondly, that all alterations of professional addresses must be sent to the Registrar's office, and in sufficient time for the correction to be made in the next annual issue of the *Register*. For if letters addressed to the last registered address are returned to the Registrar through the dead-letter office, or remain unanswered for upwards of six months, the names thereon will be removed from the *Register*, and their restoration will be attended with some trouble; and, if the erasure were consequent upon neglect, by the payment of a small fee.

TRANSFUSION OF MILK.

IN the November number of the *Philadelphia Medical Times*, Dr. W. Pepper gave a careful history of two cases of anæmia treated by transfusion of milk. The recent employment of this method in Dublin gives just now especial interest to the report of his results. The idea of transfusing with milk is not new; but very few cases are recorded where the details are fully given.

Dr. Pepper's first case was that of a woman, aged 32, with extreme anæmia and intense spinal irritability, but without organic disease. No treatment seemed to do good. On June 20th, 1878, transfusion was performed by Dr. C. T. Hunter. The apparatus consisted of a sharp-pointed cannula to be introduced into the exposed vein without having previously laid it open, and a small glass funnel connected with the cannula by an India-rubber tube. The apparatus was filled with fresh-drawn milk, previously heated in a water-bath to 100 deg.; the cannula was then inserted into the vein, the funnel held at an elevation of about twenty inches above the arm, and the milk allowed to flow slowly through by hydrostatic pressure. An hour previous to the operation, the patient took twenty grains of quinine to guard against a chill. As soon as the milk began to enter the vein, there appeared violent capillary congestion of the face and surface of the body. The eyes were injected and prominent, the lips turgid, and the whole expression wild and alarming. The respiration was laboured, and an intense sense of oppression was felt, the patient clutching at the throat in her distress. While these symptoms were so severe, the funnel was lowered and the flow of milk arrested for a few seconds, when, as she became easier, it was resumed. Eighteen minutes after the operation, there was a sudden

outbreak of urticaria, the wheals being large and pale-reddish. This disappeared in a few minutes; but, ten minutes later, was followed by a second eruption of the same kind and of equally short duration. The changes in the pulse and temperature were carefully noted. At the time of the operation, the pulse was 108. In about five minutes, it rose to 150, and then fell again, being 128 when the urticaria appeared; in twenty minutes more, it had fallen to 92; at which time a chill began. For several hours, it remained at about 95. The temperature did not vary during the operation; but when, forty minutes afterwards, the chill occurred, it rose rapidly to 103 deg., and then slowly fell during the next six hours. She had a good night, and the following day was in her normal state. The urine was healthy; specific gravity, 1020. The operation was repeated on June 27th, and again on July 17th. Nearly the same symptoms appeared as at the first operation, with the addition of great headache, nausea and vomiting, pains and cramps about the pelvic viscera; and, on the last occasion, premature appearance of the catamenia. Soon after the last operation, the patient showed decided signs of improvement, gained in colour and strength, was able to take more nourishment, and gradually to diminish the habitual daily dose of morphia.

Dr. Pepper remarks: "It would appear that in this case of long-standing anæmia, not connected with organic disease, milk-transfusion, thrice repeated, was certainly productive of benefit. The symptoms attending the operation were severe, but were probably aggravated by the nervous condition of the patient."

Case II was an English sailor, aged 33, suffering from progressive anæmia, bronzing of the face, muscular debility, palpitation, and occasional attacks of vomiting. A microscopic examination of the blood (Malassez's method) by Dr. J. G. Richardson gave only 1,112,500 red corpuscles to the cubic millimetre (little over 25 per cent. of the normal proportion). The proportion of white corpuscles to red was not increased; perhaps even somewhat reduced, being 1 to 643. There was a soft hæmic murmur over the base of the heart and along the pulmonary artery and veins of the neck. Transfusion of milk was decided on; and on June 15th, at 12.35, six ounces were allowed to flow into the left median basilic vein. The first effect was marked flushing of the face, with a feeling as though the head would burst. The stomach rejected its contents, and there was a strong desire to defecate. The breathing was not greatly embarrassed. At 1.40, he had a chill lasting twenty minutes. Hot bottles were applied, and he took ten grains of quinine and a quarter of a grain of morphia. At the time of the operation, the temperature was 99.4 deg.; pulse, 104. Both the pulse and temperature underwent the usual changes; and at 8 P.M., they stood thus: temperature, 100.4 deg.; pulse, 94, and much fuller. June 16th. He slept well and felt stronger. Temperature, 99 deg.; pulse, 98. There was no albumen in the urine. For a few days, he seemed stronger and was able to walk about. There was also an improvement in the bloodless state of the skin and mucous membranes. On June 20th, at 11.20 A.M., eight ounces of milk were injected into the right median basilic vein. An hour previously to the operation, he took twenty grains of quinine. The temperature of the milk was 100 deg. It was allowed to flow very slowly. The operation lasted five minutes. The pulse fell from 135 to 114, and became stronger. At 1 P.M., he had a chill, lasting twenty minutes. The temperature rose to 103 deg. He took ten grains more quinine; and soon afterwards, the temperature began to fall. June 21st. He passed an easy night, and felt stronger. The urine contained a large quantity of albumen, which, however, disappeared on the following day. June 27th, a week after the second operation, six ounces of milk were injected into the median cephalic vein. The usual train of symptoms followed; and there was a decided chill, lasting twenty-five minutes; for about fifteen of which he was perfectly blind, not being able to distinguish the slightest object. The blindness disappeared with the chill. On June 28th, the urine contained albumen and phosphates. The temperature had not fallen, as on previous occasions: morning, 102 deg.; evening, 104 deg. Pulse, 120. He was ordered to take ten grains of salicylic acid every three hours. June

29th. He had passed ten pints of urine in twenty-four hours; it contained albumen. There were pains at the base of the lungs and in the right elbow-joint. On July 1st, he was sinking all day, and died at 7 P.M. At the *post mortem* examination, the heart was found to be flabby, its walls having undergone marked fatty degeneration. The lungs were adherent throughout, and there were several cheesy nodules at the right apex. No metastatic abscesses were found; but the lower lobes were congested and oedematous. There was a small collection of pus in the right elbow-joint. The suprarenal capsules were converted into mere sacs. The kidneys presented a slight degree of thickening of the connective tissue. The marrow of the long bones showed alterations of the kind found in medullary anæmia.

Dr. Pepper remarks: "In this case of progressive organic anæmia, the intravenous injection of milk did no good. After the first operation, there was a temporary improvement; but after the last, grave symptoms ensued; and it cannot be doubted that the fatal result was hastened by the operation."

Among the conclusions arrived at are the following.

Transfusion of milk exerts a powerful and instantaneous stimulating effect on the circulation and on nutrition, and may be used, therefore, instead of blood in cases of profuse hæmorrhage, etc.

It is doubtful whether, in cases of anæmia connected with serious but curable disease, transfusion with milk produces as lasting an effect as when blood is used.

The severe symptoms following the operation, and the possible dangers attending it, render it inadmissible until all other remedies have failed.

Dr. Pepper appears to have recorded his cases with care and candour. It seems a question whether some of the symptoms he describes might not have been caused or aggravated by the large doses of quinine. Such severe symptoms are unusual after ordinary blood-transfusion. When, however, the blood is taken from an animal of a different species—the lamb, for instance—grave symptoms have been noticed, hæmaturia being a common sequel. Dr. Pepper's second case has many of the features of pyæmia. The transfusion of defibrinated blood has sometimes been followed by rigors and pyæmia, and it is just possible that milk, in certain states of the blood, might induce a similar condition.

An experiment by M. Laborde, communicated to the Société de Biologie de Paris on February 1st, 1879, illustrates physiologically the dangers which arise from the injection of milk. The liquid is injected into the lymph-sac of a frog, which, as has been shown by M. Ranvier, communicates with the heart. The capillary circulation of the animal is studied by means of the microscope, either in the interdigital web or in the tongue and mesentery. The fatty globules soon appear, circulating freely in the larger capillaries, but accumulating in places where vessels either branch off or bend at a sharp angle, thereby finally obliterating them. It is true that the danger of transfusion of milk might be lessened by injecting very small doses of diluted milk; but then the therapeutic results would be more than doubtful. Small doses of milk cannot restore an animal that is exhausted by loss of blood. Milk injections given to young dogs who had been deprived of food for some time did not in the least prove successful in restoring their strength.

We are very glad to hear that Mr. Mac Cormac is convalescing.

The *Medical Register* of 1879 is now published, and may be obtained at Messrs. Spottiswoode's, Parliament Street, S.W.

AMONG the newly nominated Fellows of the Royal Society we are glad to see the name of Professor De Chaumont of Netley, the worthy successor of Dr. Parkes.

A PRIVATE subscription ball in aid of the funds of the Westminster Hospital will be held at Willis's Rooms on Friday, April 25th. The ball last year was in every way a success, and no doubt those who attend this year will pass an enjoyable evening.

THE American Senate has passed a Bill for the purchase or construction of a vessel provided with a refrigerating apparatus, to be used for disinfecting vessels and cargoes arriving from ports supposed to be infected.

At the Children's Hospital, Birmingham, the department created two years ago is found to work satisfactorily. The sanitary advantages thus afforded to the town have proved so important that application has been made by the Board of Management to the Town Council for an annual grant in aid of the maintenance of this department.

THE committee of the General Hospital, Birmingham, have decided to erect a new pathological department, containing *post mortem* room, mortuary, etc. To insure completeness and efficiency in all the arrangements and fittings, personal inquiries have been made at all the London hospitals as to the principles of construction and details of their dead-houses.

THE hillmen along the Khyber route have been ready enough to consult European medical officers in the neighbourhood. At Lundi Kotal, Dr. Amesbury has gained a considerable reputation among the villages near; and at Daka, numbers of the Lallpura people come over to the field hospital for medical advice as to their various ailments.

FROM St. Petersburg it is announced that it has been resolved, with the approval of the Emperor, that, from the commencement of the next scholastic year, the Medical and Surgical Academy of St. Petersburg shall be transformed into a purely military medical establishment. The students, whose number will be limited to five hundred, will be regarded as public servants, and as such will have to take the oath of allegiance. They will all be bursars, being required, in return for this advantage, to serve eighteen months in the army for each year they pass in the academy.

THE Council of the Harveian Society of London has nominated Mr. Edmund Owen, Assistant-Surgeon to St. Mary's Hospital and to the Hospital for Sick Children in Great Ormond Street, to the Harveian Lectureship of the Society. The lectures will be delivered in December next; and, by arrangement with Mr. Owen, will be immediately afterwards published in the columns of the *BRITISH MEDICAL JOURNAL*. The subject-matter of the lectures will be "Some practical points connected with the Surgery of Childhood".

THE Indian Association is about to send a deputation to England to agitate the question of the admission of natives to the Civil Service. Recently a young Eurasian, after, it is stated, passing a good examination in medicine, was refused Government employment because of his colour. The Government of India have since, however, under the pressure of public opinion, appointed him to a position in the sub-medical department.

FROM the second annual report of the *Herberge*, for the protection and shelter of working women, which is managed by a committee of Zürich ladies, we learn that the house in the Seilergraben has 60 beds, and a kitchen in which meals for 100 persons can be conveniently prepared. The weekly cost, for women who remain more than eight days, only amounts to 8 francs 40 centimes, or 1s. a day. A bed for a single night costs 40 centimes, breakfast 20, dinner 50, and supper 30. More than 2,000 guests have been received since the publication of the last report, 1,174 of whom were Swiss women and girls, the remainder being mostly Germans. The Committee are assiduous in trying to find work in domestic service or elsewhere for the visitors. Those who obtain places through the intervention of the institution are expected, after a certain term, to contribute a donation of two francs to its funds.

DR. TRIFE may congratulate himself on having rendered a palpable and great service to his fellow citizens, as we gather from the proceedings of a deputation which waited upon the Home Secretary on Monday to ask him to withhold his approval from the by-laws promulgated by the Me-

Metropolitan Board of Works under the sixteenth section of the Metropolitan Management and Building Acts Amendment Act, 1878. Sir James Lawrence, M.P., and Mr. O. Coope introduced the deputation, and explained that the by-laws were framed to prevent the erection of what were called "jerry" dwellings—houses erected of bad materials on plots of land which in many cases had been mere "lay-stalls" for garbage from London dustholes. These houses, having had their imperfections covered with stucco, were sold at an enlarged or, as it has been called, an "improved" ground-rent to persons who found too late that they had become possessed of insanitary dwellings constantly needing repair. Several builders addressed the Home Secretary, urging that sufficient safeguards for the public existed before the appearance of these rules. The rules themselves were declared to be "an interference with the liberty of contract", as against "freedom of action"; and it was stated, with some bitterness, that the reports of Dr. Tripe, the medical officer of health of Hackney, regarding erections called dwellings in that district, had led to the stringency of these rules, which, if carried out to the full, would be very detrimental to those rent-paying classes of London and the suburbs who paid between £20 and £50 a year. Mr. Cross promised to give the matter his consideration.

THE return of the small-pox hospitals for the fortnight ending March 31st showed that at Hampstead 13 were admitted, 2 died, 9 were discharged, and 29 remained under treatment. At Fulham, 49 were admitted; 7 died; 40 were discharged; and 110 remained under treatment. At Deptford, 37 were admitted; 10 died; 59 were discharged; and 171 remained under treatment. As compared with those of the preceding fortnight, these figures showed a decrease of 28 patients remaining under treatment. During the same period, the number of fever patients was as follows: At Stockwell, 29 were admitted; 2 died; 28 were discharged; and 83 remained under treatment. At Homerton, 17 were admitted; 2 died; 18 were discharged; and 117 remained under treatment. Compared with the figures of the previous fortnight, these show a decrease of four patients remaining under treatment.

RETAIL OF POISONS.

THE further arguments in the case of the Pharmaceutical Society of Great Britain v. the London and Provincial Supply Association, before the Lord Chief Justice and Mr. Justice Mellor (sitting in Banco) as an appeal from the decision of the Deputy-Judge of the Bloomsbury County Court, were resumed on Monday. It was an action brought to recover £5 as a penalty under the Pharmacy Act, 1868, 31 and 32 Vic., c. 121, against the defendants for retailing poisons, they not being duly registered under the Act as chemists. The defendant company carries on business as a co-operative store, and keep, amongst others, a department for the sale of drugs. On the 4th of February last year, and on other occasions, they sold small quantities of red precipitate and other poisons, three duly qualified assistants acting in this department. By the first section of the Act in question, it is unlawful for any person to sell or keep open shops for retailing any poisons, unless such person shall be registered as a chemist under the Act; and for the contravention of this provision a penalty of £5 is recoverable. The substantial question raised by this appeal was, whether the words "any person" in the statute extended to a corporation. The Attorney-General and Mr. Lumley Smith were counsel for the appellants, the Pharmaceutical Society. Mr. Wills, Q.C., with whom was Mr. Finlay, represented the respondents, in whose favour judgment had been given in the court below. Judgment was reserved.

THE OBSTETRICAL SOCIETY OF LONDON.

AT the next meeting of the Obstetrical Society, which will be held on Wednesday, May 7th, Dr. R. Barnes will open a discussion on "The Use of the Forceps and its Alternatives in Lingering Labour". The subject is one which will excite considerable interest, especially in its relation to the application of the forceps before the full dilatation of

the os uteri. No doubt, Dr. George Johnston, who was the first to practise this procedure, and upon whose authority it has been followed out by others, will be invited to take part in the discussion. The question has already been brought before the Dublin Obstetrical Society.

A CASE OF HARDSHIP.

RESIDENTS in the Ditch, says the *Indian Daily News*, who remember Dr. C. O. Woodford, will learn with regret that he has been somewhat hardly treated by the Government. The Campbell Hospital, of which he was superintendent, and which he helped to raise to some prominence as the chief vernacular medical school of Bengal, was not conducted with as little expense perhaps as it might have been; nevertheless, Dr. Woodford had the sanction and authority of the Bengal Government for his expenditure; but, notwithstanding this, he finds himself censured and his retirement brought about by a committee, a report, and a deliverance of the Lieutenant-Governor, in the face of the strong language of the Surgeon-General, who holds that the judgment passed by the committee on Dr. Woodford's administration of the Campbell Hospital has been harsh and unjust, and that the doctor's explanation and commentary on the report refutes the charge of maladministration. His appeal to the Viceroy has not been successful.

TIGHT-LACING.

THE REV. H. R. HAWES has been preaching a very effective and useful sermon against tight-lacing. We had believed that tight-lacing was little practised by ladies now-a-days; the average waist to which ladies' paper patterns are now cut is, we understand, twenty-five inches, which is a very fair allowance; and taper waists are not in England, at least now-a-days, thought to be beautiful, although there are monstrous exceptions hardly sufficiently numerous to justify Mr. Hawes's denunciation. His "riding belt" and swan-bill corsets are much less harmful than the old-fashioned laced stays, which compressed the "ribs". However, Mr. Hawes is likely to have informed himself well on the subject, and, so far as the practice exists, it well deserves all that he has to say against the "encased caricatures" who "move in torments, their smiles forced, their breath coming heavily, their blood checked". We think, however, that he must have misunderstood the "leading physician" who described a case of death to him in words which he quotes as follows. "Death from natural causes! Lay no such flattering unction to your soul. 'Death from rot in the liver and corn on the heart, produced by tight-lacing.' These are the very words of a leading physician of the day to me."

ARSENICAL DOLLS.

A SHOPKEEPER in a small place not far from Berlin bought a doll dressed in a green muslin frock from a pedlar for his child, aged one year and a half. The latter repeatedly put the doll into its mouth, as babies often will do; and a few days later showed very grave symptoms of some illness which the doctor could not define till he happened to cast his eye on the doll. The frock was immediately sent to the next chemical laboratory, where it was found to contain a quantity of arsenic sufficient to injure even an adult. The police succeeded in discovering the pedlar and the name of the firm where the doll had originally been bought.

ARTIFICIAL COLOURING OF WINES.

ACCORDING to M. Jousset de Bellesme (*Comptes Rendus*, January 29th, 1879), garnet (the residue of the manufacture of magenta) has often been substituted for magenta in the artificial colouring of wines. M. Jousset de Bellesme undertook a series of experiments in order to discover what action garnet had on the body. He tried it on about twenty different animals: dogs, cats, guinea-pigs, rabbits, frogs; and in every case the animal died within a certain time, which varied from three or four weeks for mammalia to six weeks for frogs. The principal symptoms were diarrhoea, high colour of the urine, in some cases albuminuria, loss of muscular irritability, loss of sensibility, increasing weakness, and marasmus. At the necropsy, all the organs were found to be highly coloured,