

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.30; Dental, M. W. F., 9.

GUY'S.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th., 2; Throat, Th., 3; Dental, Tu. F., 10.

LONDON.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu. F., 9.

MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, Tu., 4; Dental, daily, 9.

ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9.

ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

ST. MARY'S.—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., M. Th., 9.30; Eye, Tu. F., 9.30; Ear, M. Th., 3; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; Dental, W. S., 9.30.

ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; Children, S., 12.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetrics, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45 S., 9.15; Throat, Th., 2.30; Dental, W., 10.30.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., S. Eye, M. Th., 2.30; Ear, M., 9; Skin, Th., 1; Dental, W. S., 9.15.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY.—10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's (Ophthalmic Department); and Royal Westminster Ophthalmic.—2 P.M.: Metropolitan Free; St. Mark's; Central London Ophthalmic; Royal Orthopaedic; and Hospital for Women.—2.30 P.M.: Chelsea Hospital for Women.

TUESDAY.—9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; St. Bartholomew's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Westminster; St. Mark's; Central London Ophthalmic.—2.30 P.M.: West London; Cancer Hospital, Brompton.—4 P.M.: St. Thomas's (Ophthalmic Department).

WEDNESDAY.—10 A.M.: National Orthopaedic.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: Middlesex.—1.30 P.M.: St. Bartholomew's; St. Mary's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: London; University College; Westminster; Great Northern Central; Central London Ophthalmic.—2.30 P.M.: Samaritan Free Hospital for Women and Children; St. Peter's.—3 to 4 P.M.: King's College.

THURSDAY.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: St. George's.—1.30 P.M.: St. Bartholomew's (Ophthalmic Department); Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M.: North-west London; Chelsea Hospital for Women.

FRIDAY.—9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.15 P.M.: St. George's (Ophthalmic Department).—1.30 P.M.: Guy's; Royal Westminster Ophthalmic.—2 P.M.: King's College; St. Thomas's (Ophthalmic Department); Central London Ophthalmic; Royal South London Ophthalmic; East London Hospital for Children.—2.30 P.M.: West London.

SATURDAY.—9 A.M.: Royal Free.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: King's College.—1.30 P.M.: St. Bartholomew's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Middlesex; Royal Free; Central London Ophthalmic.—2.30 P.M.: Cancer Hospital, Brompton.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication. CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

QUERIES.

RESIDENCE OF SIR CHARLES BUNBURY.
INQUIRER asks for information as to the residence of sir Charles Bunbury, who he believes was a Court physician during the reign of George III.

ANTIFEBRIN.

NOVICE asks the best method of giving the new remedy, antifebrin; also the best mode of dissolving the powder. What are the doses?

MEDICAL PRACTICE IN AUSTRALIA.

KISMET will feel greatly obliged for any information respecting the prospects of a medical man going to Australia with a few hundred pounds, and as to whether there are any appointments to be had in that country.

KAVAIN AND ULEXINE.

J. HUTCHINSON, M.D., would like some information as to the value and dose of kavaine and ulexine as local anaesthetics.

TREATMENT OF LOSS OF SMELL AND TASTE.

INQUIRER would feel obliged to anyone who could suggest a remedy that would restore the senses of smell and taste to a young married lady, aged 28 years, who is otherwise quite healthy. Her powers of smelling and tasting were quite normal up to five years ago; since then they are almost persistently absent, returning occasionally for a moment and then disappearing.

MEDICAL CIRCULATING LIBRARIES.

J. M. (Tobermory, N. B.) asks for the names of a few good medical circulating libraries, and their terms.

DROITWICH BATHS.

J. M. M. asks for information regarding the "salt baths" of Droitwich. What classes of cases of gout and rheumatism are deemed to be benefited by their use?

ANSWERS.

ATLAS OF SKIN DISEASES.

J. W.—DR. DUHRING'S *Atlas of Diseases of the Skin*, is one of the best for ordinary purposes and is moderate in price.

TREATMENT OF GLEET.

DR. C. R. ILLINGWORTH (Clayton-le-Moors) writes: I think both "G. B." and "Hors de Combat" would find the following of service, used as an injection three or four times a day: R Sol. hydrarg. bichlor. z iii; zinci. sulph. gr. xii; vini opii ss ; ss ; aqua add. z vi.

I regard all gleans as being due to the presence of micro-organisms in the mucous membrane of the urethra. Hence, I think, the value of the bichloride as a germicide in their treatment.

CLIMATE OF RED BLUFF, CALIFORNIA.

DR. J. S. PARKINSON (Sacramento, Cal.) writes: I send some figures, from which "F.R.C.S.E." (in the JOURNAL of April 9th, 1887) can judge of the climate of Red Bluff. I could not recommend it as an all-year residence, the temperature during the summer months being uniformly high, without the cool nights which prevail further down the valley.

It is only rational to bear in mind that anyone coming to California in search of climate must find by experience that which suits him best. In this section of the State, Auburn and Colfax in Placer Co. would be more desirable residences. Commencing with the June number of the *Sacramento Medical Times*, the meteorological table will be extended to include these with other health-resorts.

Red Bluff, California: Elevation above sea level, 332 feet. Mean temperature, spring, 50.8; summer, 79.7; autumn, 63.2; winter, 46.8; average annual, 62.4. Highest temperature, 110.8; lowest temperature, 19.0; annual rainfall, 27.46; relative humidity, 59.3; prevailing wind, S.

The above figures are from an average of seven years, except the humidity and wind, which while practically true for a lengthened period, are really figures for 1886.

NOTES, LETTERS, ETC.

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THE MOXON MEMORIAL FUND.

President, Sir William Jenner, Bart., K.C.B., M.D., F.R.S.
As it is desired soon to close the subscription list, any persons desirous of contributing should forward their subscriptions without delay to the Honorary Treasurer, R. Clement Lucas, B.S., F.R.C.S., 18, Finsbury Square, E.C., by whom they will be acknowledged. Cheques should be crossed "City Bank."

Sixth List of Subscriptions.

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ERROR.—The name of Dr. W. R. Dakin appeared in the last list as M. C. Dakin.

DEGREES FOR LONDON MEDICAL STUDENTS.

J. WHITEHOUSE, F.R.C.S. (Sunderland) writes: For the reason given in the leading article on the above subject in the JOURNAL of April 16th, namely, "there

can be little doubt that the various universities throughout the kingdom will strive to the uttermost to prevent a falling off in their revenues," we hear the first cry from the university which will probably feel the most acutely and certainly the creation of a degree for London students.

Dr. Mears states that the proportion of London students who take degrees in London is twice as large as that of Edinburgh or Durham. This information will surprise many, as also will the fact that only 8 to 10 per cent. of Edinburgh and Durham students take the degree of M.B. For Dr. Mears to compare the difficulties of the Durham students with those of the London students going in for the London degree, and to come to the conclusion that they are equal, seems to me rather absurd. The great difficulty in obtaining the one accounts for the journey northwards of so many students to obtain the other. It is not that students as a rule prefer to see "Dunelm." rather than "Lond." after their M.D. Dr. Mears says that "if the proposed new university should give its degree to more than 4 or 5 per cent. of London students, it would lay itself open to the suspicion of underselling the other universities." This sounds very strange, for if the new degree is in no way inferior to other degrees in standard, and it is hardly likely to be, surely it will not undersell the other universities even if 50 per cent. obtain it. With the vast clinical field for instruction in London, it seems almost ridiculous that in order to get an ordinary degree they have to leave London and put up with a year's sojourn at a small provincial school.

THE PHYSIOLOGICAL ASPECT OF CERTAIN MARRIAGES OF AFFINITY.

A SURGEON OF TWENTY-FIVE YEARS' STANDING, writes: A discussion is being carried on in the columns of the *Guardian*, as to the origin and propriety of the prohibition of marriage with a deceased wife's sister, the discussion having taken its rise from the recent appearance of a one-sided article on Affinity, in *Hook's Church Dictionary*. Up to the present time six writers in favour of the existing state of things, and only one against, have had a voice in the matter. Whether this is to be taken as indicating the average condition of opinion in the country, or the Editor's idea of impartiality, is a moot point. But most persons who take the trouble to read the several letters will find that the forces are not so unevenly distributed as might be imagined, for the noble lord who began the discussion is evidently more than a match for his half-dozen clerical antagonists.

It is well known that but for the clergy, as represented by the bishops, a relaxation of the law in regard to the particular kind of marriage would long since have been carried in this country, as it has been in the Colonies, a Bill for the purpose having almost yearly been passed by the Commons, and with equal frequency thrown out by the Lords, owing to the non-content bishops. Such being the case, the appearance of the article on Affinity above referred to, by no less a person than the Rev. Dr. Espin, Chancellor of Chester, is not a little remarkable; for, although it is clearly intended to support the prohibition in question, it contains an admission that there is no direct Scriptural authority for such prohibition, especially if the Revised Version (as to Levit. xviii) be accepted. The gist of the article, which I have before me and have read more than once, is that marriages of the kind under discussion were condemned in the writings of certain Fathers of the Church, and also in the Law of Moses, by implication or analogy.

Of the Fathers of the Church I will not presume to speak, except to say that many of them, whilst condemning the marriage of a layman with his deceased wife's sister, denounced marriage on the part of the clergy altogether; and that as the bishops and the majority of the clergy have put on one side the authority of the Fathers in the latter respect, there is some inconsistency in producing the same authority to enforce prohibition in the former respect. But a question of supposed analogy between the two sexes is quite as much a medical as a clerical question. It is the fashion just now to proclaim the equality of the sexes, and if by this it be intended only to declare their equal rights as to property and so forth, no great harm can arise. Physiologically, however, it is not true, and it is the duty of the medical profession to protest against the promulgation of any dogma based upon such a false idea.

To put the issue in a clear light, it may be well to quote a few lines from Dr. Espin's article on Affinity: "It is to be observed in connection with this subject that marriage with the wife of a deceased brother was not, properly speaking, permitted by the Jewish law at all. On the contrary, it was strictly forbidden (see Levit. xviii 16, xx 21), and denounced too as a detilement and an abomination. On the other hand, in Deut. xxv 5-10, it is enjoined as a sacred duty, under certain circumstances only, when a brother died childless. The general result is surely clear enough. The alliance in question, which, *be it observed, is precisely similar so far as affinity is concerned to a marriage between a widower and his late wife's sister* [the italics are mine], was sternly prohibited as a rule by the general moral law. But to protect those agrarian rights which were at the basis of the Hebrew system and institutions as regards property, and to prevent the extinction of a family in Israel, this marriage was—not permitted—but rendered imperative under special circumstances by the law of God. And the ignominious penalties annexed to violation of this obligation (see Deut. xxv 9, 10; Ruth iv 11) show how abhorrent the connection was to Jewish customs."

If we are to accept this as a correct explanation of the apparent deviation from consistency in the two statutes, it would seem that a regard for property and name may be made under certain circumstances to override the "general moral law." But I think that even a Chancellor should hesitate before attributing such derogatory principles to the Most High.

It is a physiological process more than anything else that lends importance to the married state. Consequently we may be well assured that the restrictions imposed by the God of Nature upon His creatures in regard to the selection of suitable partners for that state will be found closely connected with some physiological law, such law probably including in its scope not only mankind, but the whole class to which man belongs. I believe this rule to be both proved and illustrated in the apparently exceptional statute above referred to; and if I am right, it only shows what profound knowledge was possessed by the framer of the Mosaic Law, because the facts upon which the opinion is based have only recently appeared in the annals of science.

The chief physiological law involved in the question is the law of heredity, and this is more peculiar than many persons suppose. Children inherit the proclivities of their parents, especially when both parents have the same proclivities. As shown by the cultivation of the lower animals, and it holds equally in the case of human beings, the breed may be greatly improved by a careful selection of partners, whose vicious tendencies are antagonistic and whose good qualities are alike. Marriages of consanguinity, however, by concentrating upon the offspring reduplicated tendencies to certain diseases and reduplicated vicious propensities of many sorts, with often a minimum of reduplicated

tendencies to good, cause the race to deteriorate. But marriages of mere affinity have no such effect, and of this sort is marriage with a deceased wife's sister. As to whether marriage with a deceased brother's wife is one of mere affinity, we shall see.

Here, however, it is desirable to refer to the italicised sentence in the above extract, in which it is virtually asserted that a *widow* and a *widower* are on equal ground so far as the effects produced upon them by their former married life are concerned; for unless this be conceded, it is impossible to regard marriage with a brother's wife and marriage with a wife's sister as "precisely similar so far as affinity is concerned." To this assertion, if it be understood of widows and widowers having children by their previous marriages, I give the most unqualified contradiction. Indeed, the fact may be regarded as well-established, (putting *widows* physiologically in quite a different category from *widowers*), that, with very rare exceptions, *traces of the first child's father are discoverable in all succeeding children of the same mother, whatever the direct paternity of these may be.* The corresponding fact, as regards the lower animals, makes dog-fanciers (and others interested in preserving purity of breed) extremely careful to protect their female charges from being corrupted. For a cross-strain of any kind once contracted is rarely eradicated, but lasts more or less for the rest of life, the vicious marks making their appearance in almost every puppy that is born in succeeding litters, no matter how pure a breed the putative father's or the mother's originally may have been (see *Mayhew, on Dogs*, p. 191).

The father has no similar power of transmitting traces of his former wife to the children of her successor, for the diseases which are occasionally contracted by contagion are quite distinct from the collaterally inherited traits referred to. Consequently, the brother's wife, if she have had children by that brother, and the wife's sister, connected by mere affinity, do not stand in the same relation to a man who may contemplate marriage with either; nor are the two cases by any means parallel, as Dr. Espin and the prohibitionists generally suppose. The former kind of marriage is infinitely more nearly allied to incest than the latter, which can only be called incest by an outrageous misnomer. But the absence of children on the part of the brother's wife makes an immense difference, and reduces that kind of marriage to much the same level as marriage with a deceased wife's sister. It was the knowledge of this fact which rendered possible the exceptional statute known as the law of the levirate, above referred to, and no fancied superiority of the rights of property to the moral law. As might be expected, there is generally a greater distinction between half brothers and sisters when they have different mothers than when they have different fathers; and this is sometimes very noticeable, though not always remarked, because children of the same father and mother occasionally differ very much.

It is singular that *collateral heredity* was not more closely studied by physiologists long ago. Pedigrees have been considered complete which have run in the direct lines only; and yet it must be patent to everyone, that, if Miss A. marry Mr. B., and after having children, become a widow, she is no longer in the pristine physiological condition bestowed upon her by her parents, but has acquired an additional "strain," which it is impossible to prevent from descending in some measure to the children of any future husband, C. or D.

It is more than probable that the effect produced upon the ovaries by impregnation is not only special upon the particular ovum which becomes developed into the particular child begotten, but general over the entire mass of at least one, if not both. And even if this be denied, it is sufficient to mention the placental endosmosis and exosmosis which for nine months the fluids of mother and child undergo to convince an unbiased judgment that new elements have entered into the mother's constitution which cannot fail to influence more or less her future progeny. But where impregnation has failed to take place, no such effects can follow, and the feeling of repugnance on the part of the deceased husband's brother to take the childless widow for his own wife, to which feeling, as one usual, Dr. Espin has referred, is attributable to mere sentiment.

I have no doubt in my own mind, as I have already said, that it was knowledge of the remarkable fact above adduced that led to the difference in the Mosaic Law as to the brother's wife when childless and the same brother's wife when in the ordinary course she had a family; and I do not think there is any difficulty in perceiving that a wife's sister, in the scale of affinity, not to say consanguinity, is more remote than either.

P. S.—For confirmation of the more startling statements made in the foregoing argument, the reader is referred to Dr. Alexander Harvey's papers in the *Monthly Journal of Medical Science* for 1849 and 1850, and to his essay on Cross-breeding; to *Kirke's Physiology*, under the head of Impregnation of the Ovum; to *Carpenter's Comparative Physiology*, in which is the following sentence (p. 536): "It appears from Mr. Newport's ingenious experiments, that the contact of a single spermatozoon is not adequate to produce complete fecundation, but that the penetration of a certain number of spermatozoa is requisite; and he has ascertained that fecundation may be effected partially (so as to occasion some, though not all, of the normal changes in the ovum), by a smaller amount." And similarly Dr. Tyler Smith, in Chapter I of his *Manual of Obstetrics*, says, "The pathogenetic influence may, I think, even be seen in the mammalia, and in the human female. In the well-known case of the mare covered by the quagga, the foals produced afterwards by intercourse with her own kind still bore the stripes of the quagga. In the human female, it is found that a woman having married and borne children by her husband becomes a widow, marries a second time, and bears children to her second husband which have the lineaments of her first husband."

DEATH OF DR. BRACEY.

MR. HERBERT BRACEY writes: The obituary column of the *JOURNAL* of April 30th contains a very kindly-worded notice of the death of my brother, Mr. C. J. Bracey, but as many of his friends are desirous of learning the cause of his premature decease, may I trouble you to state in your next issue that my brother had been suffering for the past eighteen months from retention of urine due to prostatic disease, associated with the formation of numerous calculi. That an operation was successfully performed by his friend Mr. Page, of St. Mary's Hospital, on March 26th, and that for three weeks he went on satisfactorily, the wound having healed, but that sickness (which had been a troublesome symptom from the first) caused great prostration, and that he died on April 21st from exhaustion.

THE LATE SEVERE WEATHER.

DR. J. CARRICK MURRAY (Stirling) writes: Three months ago I wrote you a letter, in answer to a correspondent, about the then severe weather in Britain (see pages 313 and 314 in the *JOURNAL* of February 5th, 1887). My note was evidently appreciated by the public, as it was copied into many English and Scotch

