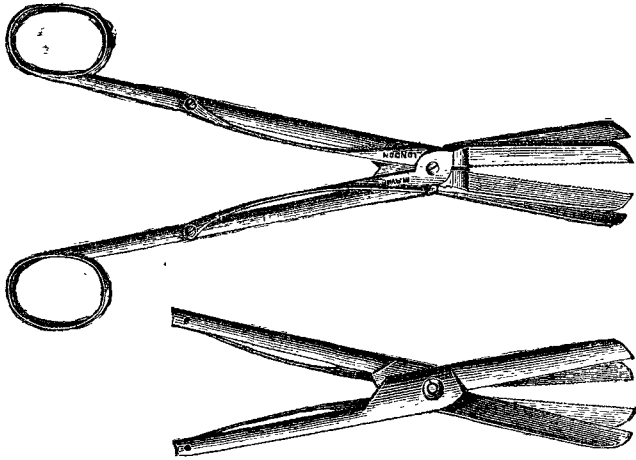


New Inventions.

A SCISSORS-CLAMP FOR EXTERNAL HÆMORRHOIDS OR OTHER SMALL TUMOURS.

It has long been the aim of surgeons to devise an instrument that would cut and clamp by the one single movement of the finger and thumb. Such an instrument I have endeavoured to place before the medical profession. Its action is self-evident, and requires no explanation. The simplicity of the instrument at once strikes the observer; nevertheless, it has taken eight months' hard working out. The great difficulty found in practice was to get the clamp to work and clamp throughout its entire length before the



scissors-blades began to move. With the instrument as it now is, this has been accomplished, the clamp being firmly closed before the blades of the scissors begin to move. Anyone requiring it can have a rack fixed on the handles, so as to fix the clamp action without holding the instrument. It has been made for me by Messrs. Maw, Son, and Thompson, Aldersgate-street, London. The instrument is elegant in form, light in weight, and very powerful.

Portland House, Cheltenham. FRED. A. A. SMITH, M.D., C.M.

A NEW FORM OF TOOTH-BRUSH.

WE have received a "three-sided tooth-brush" from Mr. Wall of Dublin, which he has invented to enable the molars and bicuspid, being the teeth most generally neglected, to be more easily cleaned. The name is rather misleading, as the hairs are arranged on one side only, as is



usual, but the free surface of the brush is deeply concave, so that the crowns and sides of the teeth are cleaned at the same time. It does its work efficiently; but, after all, more depends upon the manipulation than the form of brush used.

THE RUBBER STETHOSCOPE.

THIS is a very convenient and portable form of stethoscope, single or double, which has been produced and patented by Messrs. Arnold. It is made entirely of rubber, from ear-to chest-piece, and can be squeezed and even sat upon with impunity. It measures twenty inches in length, and is very flexible. It is therefore convenient for use where the shorter and stiffer instruments are inconvenient. It may fairly lay claim to being a handy, useful, portable stethoscope.

LIFE ASSURANCE.

THE thirty-second annual meeting of the Whittington Life Assurance Company was held on the 28th ult., when the directors presented a report and accounts for the year 1886. By a special resolution the date up to which the accounts are made has been altered just now from May 1st to December 31st, so that practically the account now under notice is an eight months' account only. In that time the directors have received 506 insurance proposals, for the sum of £111,452. Of these 410 have been accepted, and policies have been issued for £80,213, producing an annual premium income of £2571. The number of proposals declined has been 28, for £8880; the remainder being still in abeyance. Ten annuities have also been granted for the sum of £199 14s. 4d. During the same period an agreement with the Emperor Life Office has resulted in the transfer of assurances which originally amounted to £192,866, but which under the terms of the agreement have been reduced to £142,485, for which last-named amount the Whittington has accepted liability. The net premium income of the year was £55,050, and the Assurance Fund at its close amounted to £145,532.

THE PATHOLOGY OF INEBRIETY.

THE annual meeting of the Society for the Study and Cure of Inebriety was held on the 29th ult. in the rooms of the Medical Society of London, Dr. Norman Kerr in the chair.

The President took for the subject of his address "The Pathology of Inebriety." The study was important, yet difficult; difficult because some diseases, such as certain forms of insanity, left no post-mortem traces. In the disease inebriety there was either structural degradation or functional disturbance, or both. There was a prior morbid state before the outbreak. Every sensation had a physical antecedent or coincident, normal in health, abnormal in disease. Dr. Kerr classed drinkers as (1) voluntary and (2) involuntary. Moderate drinkers belonged to the former as a rule. The latter comprised inebriates from heredity, traumatic inebriates, and inebriates from the direct or indirect effects of disease. Involuntary drinking was abnormal with a pathological antecedent. The transition from moderate to immoderate drinking was often a pathological process. The pathological antecedent might be exaltation or depression, or some other undefined morbid state. There was depression, for example, after exhausting hæmorrhage and in the crises of neurotics. Besides the pathology of the inebriate pre-paroxysmal physical antecedent, there was the pathology of the inebriate diathesis. Even in many cases of evanescent inebriety there was a diseased condition. The majority of drinkers did not respond to excitation to inebriate excess because they had no inebriate diathesis. Those who did so respond possessed this diathesis. The inebriate diathesis consisted in a deficient brain and nerve tonicity. The brain and higher nerve centres were the seat of inhibition, which power was affected by the physical state of brain and nerve; a brain imperfectly or improperly nourished heavily handicapped the power of control. This defective tonicity might be (1) inherited or (2) acquired, as also might special susceptibility to narcotics. The alcoholic was the most delicate transmitted narcotic susceptibility. The inebriate diathesis might be (a) latent or (b) developed. Alcohol was an effectual weakener of control, and specially injured brain and nerve cell, thereby being hurtful to intellect, thought, and morale. The pathological action on brain and nerve was often accompanied by other bodily pathological changes. Abnormal nutrition initiated these pathological alterations. By a pathological process alcohol begat inebriety. After a fatal paroxysm the post-mortem appearances were hyperæmic, involving specially the stomach, cerebrum, and meninges. Sometimes this extended to the liver, kidneys, heart, and respiratory organs. In old-standing cases these lesions were more serious, with neuroglial proliferation and tortuous atheromatous vessels. Dr. Kerr concluded by pointing out that in many cases where there were no special post-mortem appearances, there had been dynamical and psychical brain disturbances, constituting a true departure from sound health. Only by a recognition of its disease-aspect could inebriety be intelligently treated with a fair prospect of cure.

THE LANCET.

LONDON: SATURDAY, APRIL 16, 1887.

THERE is a great tendency in the mind of everyone to magnify the importance of the work in which he is engaged, and to seek better methods or further powers for its execution. It is by such efforts that improvement is made, for by constant perseverance the worker succeeds in carrying with him the greater number who know or care little about the subject matter which their more enthusiastic fellow-citizen has taken in hand. We can, therefore, fully sympathise with a desire to see perfection attained, and certainly no one who has any experience of the ill-health which can be produced by ill-constructed houses will hesitate to welcome any well-directed effort made to bring about the changes which increasing knowledge has shown to be necessary, and especially when evils are being perpetuated more on account of the want of appreciation of that knowledge at its proper value than for any other reason. When, however, it is proposed to embody in compulsory legislation for the many the principles which have been accepted by the few, it is time to consider how far the proposal is calculated to effect improvement, and whether the cost and the means to be adopted for this improvement are such as to meet with general approval.

Two Bills have during this session been brought before Parliament relating to the drainage of houses and public buildings. It is not at first obvious why other parts of house-construction, which certainly are as intimately associated with health, are not deemed worthy of similar treatment; but as matter of fact they are omitted from consideration. The reason for drainage being held to be of such pre-eminent importance is probably due to the circumstance that a large number of people are now employed in the reconstruction of house drains and their fittings while as yet no such attention has been devoted to the other conditions to which we refer. As a result, the use of the word "sanitary" is being limited, very improperly, to matters which relate to drains, and we not only hear of sanitary surveyors as a class of persons who devote their attention especially to drainage, but we have a Sanitation of Houses Bill dealing solely with this subject. The authors of this Bill are evidently dissatisfied with the manner in which house drainage is constructed in the metropolis, and feel there is little hope of improvement from the local authorities, who have since 1855 very generally neglected to exercise in the best way the powers with which from that year they have been endowed, they therefore propose to constitute an entirely new authority to take over the duties which have remained unfulfilled. The Bill unfortunately, in its inception departs from those principles which are the foundation of all modern legislation, and therefore has small prospect of becoming embodied in the Statute-book. However right may be the views held by certain professional associations, it is not probable that the Legislature will empower them, as the Bill provides, to elect the members of an authority

authorised to enforce these views upon all London house-owners. The proposal to place all houses under the control of a dozen men elected in this manner is, indeed, evidently the suggestion of amateurs.

The second Bill is more modest in its ambition, inasmuch as it proposes to limit itself to dealing with buildings of a quasi-public character, such as schools, hospitals, hotels, and lodging-houses, but the area of its jurisdiction is to be wider and is to extend to all towns of 2000 inhabitants and upwards. The Local Government Board are to be an authority for the issue of licences in sanitary practice to certain persons and corporations, and for the most part are to grant these upon the certificates of a governing body to be elected in the same manner as in the other Bill. Existing local authorities are under this Sanitary Registration Bill to be permitted to have some share in this comprehensive work, for they are to open a register for all buildings which receive certificates from the licentiates, and are to prosecute the owners, lessees, and occupiers of those buildings which have not received this evidence of the perfection of their drainage. But this certificate is not to remain in force for more than five years, and the same process will therefore be repeated at the end of this period.

There is much to be said in favour of the principles of drainage which are embodied in these measures. Speaking generally, they are those recognised in the model bye-laws of the Local Government Board. When, however, it is recollected that under the Metropolis Local Management Act and the Public Health Act there is already ample machinery for bringing about, both in the metropolis and in the provinces, the ends which the promoters of these measures have in view, it may well be asked, What is the need for further legislation? The answer is doubtless to be found in the fact that the local authorities have to a considerable extent neglected to exercise these powers. This accusation is, we believe, well founded, but the remedy suggested is impossible. What is possible, however, is for the supporters of these Bills to influence the authorities, and by joining them and taking share in their proceedings they would inevitably bring about the more effectual local supervision which is required. Nor need their influence be limited to drainage alone; there are other important questions of local government not less seriously neglected, and the best results would follow if skilled members of the professional classes thus made their special knowledge a guiding power in matters which closely concern the health and prosperity of communities.

THE subject selected for treatment by the Croonian lecturer of this year is one of abiding interest; and he deserves thanks for doing much to widen and deepen that interest. The study of the pulse and its indications is, indeed, as ancient as the medical art itself; and one has only to turn to the writings of HIPPOCRATES to learn how closely and how accurately its variations were observed, with much remarkable result in prognosis and treatment. For, however faulty may have been the ideas concerning the nature of the pulse that have prevailed from the days of HIPPOCRATES almost until now, no one can venture to dispute the accuracy of observations and the sagacity in clinical interpretation that