

felt annoyed at being told that she was to leave the hospital, and she did not think herself that she was fit to go. As to making any threat of doing away with herself, she never expressed any such intention. Dr. Cummins deposed that the woman was quite dead when he saw her; that she died of suffocation; and he produced a very long stocking, which he said he had taken out with the greatest difficulty, as it was very firmly fixed in the throat. The jury, in accordance with the suggestion of the coroner, found "that the deceased committed suicide by putting a stocking down her throat, while in a state of temporary insanity." They were also of opinion that no blame could be attached to any one in the hospital. This case is of interest in a medico-legal point of view. The facts of the case are beyond all dispute: that the patient destroyed herself wilfully, in this strange manner, without making any noise or disturbance whatever.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:

NOTICE OF QUARTERLY MEETINGS FOR 1882: ELECTION OF MEMBERS.

MEETINGS of the Committee of Council will be held on Wednesday, July 12th, and October 18th. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than 21 days before each meeting—viz., June 22nd, and September 27th, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

November 4th, 1881. FRANCIS FOWKE, *General Secretary*.

BRANCH MEETINGS TO BE HELD.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting of the above District will be held at the Royal Forest Hotel, Chingford, on Thursday afternoon, June 15th, at 4.30; Edwin Saunders, Esq., President of the Metropolitan Counties Branch, in the chair. Dr. John Williams will read a paper on Antiseptics in Midwifery. After the meeting, the members and their friends will dine together at 6 o'clock; tickets, exclusive of wine, 7s. 6d. Gentlemen intending to dine are requested to make early application for tickets, so that comfortable arrangements may be made.—FREDERICK WALLACE, 96, Cazenove Road, Upper Clapton, Honorary Secretary.—May 31st, 1882.

NORTH OF IRELAND BRANCH.—The annual meeting of this Branch will be held in the Belfast Royal Hospital on Tuesday, June 13th, at 4 o'clock P.M. The members will dine in the evening at the Imperial Hotel at 7 o'clock.—JOHN MOORE, M.D., Honorary Secretary.

SOUTH-WESTERN BRANCH.—The annual meeting of this Branch will be held in the Board Room of the North Devon Infirmary, Barnstaple, on Thursday, June 22nd, at 2 P.M., under the Presidency of Mr. Joseph Harper. Opportunity will be given after the meeting, if time permits, to visit places of interest in and near Barnstaple. The annual dinner will take place at the Lion Hotel at 6 P.M.; dinner tickets, exclusive of wine, 7s. 6d. each. Members intending to dine, or to read papers, or make communications, are requested to give notice to S. REES PHILIPS, M.D., Honorary Secretary, Wonford House, Exeter. P.S.—The President invites the members to take luncheon at his house in Bear Street between the hours of 12 and 2 o'clock.

NORTH WALES BRANCH: INTERMEDIATE MEETING.

THE intermediate meeting of this Branch was held at the Sportsman Hotel, Portmadoc, on April 27th, under the presidency of SAMUEL GRIFFITH, M.D. Twenty members were present.

New Members.—The following gentlemen were elected members of the Association: Messrs. Henry Evans, M.R.C.S.Eng., L.R.C.P.Ed. (Portmadoc); and R. Langford Jones, M.R.C.S.Eng. (Bangor). The following gentlemen were elected members of the Branch: Messrs. Joshua Edwards of Tunstall, Staffordshire, and J. Foulkes Jones of Townyn.

Collective Investigation Committee.—The consideration of the subject of the communication from the Secretary of the above Committee was postponed to the annual meeting.

President's Address.—Having referred to the objects of interest in the neighbourhood, the PRESIDENT invited the opinion of the members on the provident dispensary system and the establishment of workmen's clubs, as substitutes for the present unsatisfactory method of remuneration for attendance on working men and their families. This gave rise to an interesting discussion; and it was ultimately resolved to appoint a committee on the subject, and report to the annual meeting, to consist of the President and President-elect, Mr. Hughes (Bala), Mr. J. T. Jones (Corrie), Mr. Charles Williams (Llanbedr), Dr. J. E. Jones

(Dolgelly), Dr. Grosholz (Aberdovey); and Mr. Jones-Morris (Portmadoc), as Secretary, who will be glad of any information of the working of such clubs in rural districts.

Communications.—The following were read.

1. Mr. Charles Williams: Adenoma of Breast. (Specimen shown.)
2. Mr. R. Roberts (Festiniog): Fracture of Sacrum, with subsequent extensive Suppuration into the Pelvis. (Case shown.)
3. Dr. Roberts (Chester): Pelvic Cellulitis, pointing out the efficacy of Thymol.
4. Mr. T. E. Jones (Llanrwst): Adenoma of Breast. (Specimen shown.)
5. Mr. T. E. Jones: Naso-pharyngeal Polypus. (Specimen shown.)
6. Mr. Roberts (Portmadoc): Case of Extra-uterine Foetation (tubal).

Luncheon.—The members partook of a luncheon, at the invitation of the President and Dr. Roberts of Portmadoc.

CORRESPONDENCE.

THE ROYAL COLLEGE OF SURGEONS OF IRELAND.

SIR,—The leading article, headed "The Royal College of Surgeons in Ireland" in your JOURNAL of the 27th inst., is so inaccurate in every detail, so misleading and deceptive, and so calumnious on the Council of the College, that I feel I have a right to demand space for a refutation of its statements.

A great part of the article is I know founded on a partisan circular recently circulated amongst the Fellows of the College, the statements in which have already been refuted at the meeting of the college on the 25th inst.; but you have gone further than this circular, and accused the Council of "the questionable granting of some hundreds of dental diplomas" and other crimes. Now, sir, you have, I presume, as in duty bound before allowing the editorial columns of your JOURNAL to be made the vehicle for thus calumniating the twenty-one gentlemen selected on account of their character and position to be Councillors of the College, inquired into the truth of this charge, and as a member of the Council I have a right to demand the specific nature of the charge, and the evidence on which it is founded.

It is further stated that but for the money obtained last year by this "questionable" conduct, the College would be "absolutely" in debt. Sir, this statement, if it is meant, as it appears to be, to convey that the College has incurred debt that it had no just and honourable means of meeting without "questionable" granting of diplomas is "absolutely" untrue.

The position of the College is this:—They had a magnificent museum, which was rapidly outgrowing the space provided for its display. They had a library also outgrowing their shelves, and after much consideration they determined in 1876 to extend their buildings. At this time they had a sum of £16,586 12s. 1d. available for the purpose, being the savings of former years; of this money, £10,000 had been invested in a first mortgage on land—£5,633 6s. in 3 per cent. Stock, and £953 6s. 1d. was lying to their credit in the bank.

They determined to sell out their Stock, use the money lying in the bank, and trust to their annual surplus of income to pay off any excess of expenditure there might be in connection with their buildings without touching their mortgages. With this view they arranged with the bank to be allowed to overdraw their account. At this time, the Dentists' Act was not in existence, nor was there any prospect of an income to be derived from such a source even by "questionable" practices.

The new buildings have now been completed, furnished, and put in thorough working order, forming a museum and library of which any college might justly be proud, and the entire cost of the work has been paid, amounting to £8,658 19s. 6d., and at the close of the financial year, 5th April last, the College had lying at their bankers a sum of £851 14s. 3d. There was besides, half a year's interest due to them on their mortgage which, owing to the death of the mortgagees, had not been paid, making a total balance to their credit, over and above all debts and liabilities, of £1,059 16s. 9d., which had, when our accounts were last made up, May 13th, increased to £1,481 19s. Moreover, it appears that the normal income of the College, excluding all money received from the dentists, has shown an average surplus for the last three years over and above the normal expenditure; that is, excluding all moneys paid on account of the new buildings, of about £400 per annum.

Now, sir, I ask you and your readers, Is this a state of accounts likely to tempt twenty-one gentlemen, hitherto considered honourable men, to "questionable" trafficking in dental diplomas? Or does it

showed an increased fatality during the year : pneumonia alone causing 329 deaths, as compared with 243, the average number. During the year the lodging-houses, slaughter-houses, milk-shops, etc., were subjected to careful and systematic inspection, and the current sanitary work was well kept under, no less than 28,136 inspections having been made, and 6,300 nuisances abated.

TORQUAY.—A low death-rate is at all times a matter for congratulation, and especially so where the district happens to be a health resort. At Torquay 372 deaths were registered during the past year, equal to a death-rate of 15.4 per 1,000, the lowest recorded since 1874. The recent census has somewhat unexpectedly shown the population to have been over-estimated : instead of being 27,000 it is not quite 25,000. Some explanation of this is found in the fact that while in 1871 the average number of persons per house was 7.05, in 1881 it was only 6.92. Of the total deaths, whooping-cough accounted for nine, measles for eight, and diarrhoea for three. There was an absence of small-pox, scarlatina, and diphtheria. Typhoid fever, however, was unduly present, five deaths being registered from this cause. Upon inquiring into the circumstances of these deaths the health-officer came across the existence of some monstrous insanitary conditions. In the first case he discovered a "very defective, stinking, and unventilated water-closet, no trap to the drain, and no ventilation. In another there was an old and dirty hopper-closet inside the house, without ventilation or water supply. In the other cases similar conditions were found to exist. Mr. Karkeek, in referring to the prevalence of typhoid, states that in previous years he has noticed that when heavy rains have followed a long drought cases of typhoid have occurred among the servants in first-class houses. He is of opinion that the sewer-gas has been driven into the private drain by the rush of water in the sewers, and from thence to the sculleries where the servants have been occupied. Of the other deaths, 52 were due to phthisis, 57 to chest diseases, and 24 to heart disease. No less than 33 of the 57 deaths from chest affections occurred during the cold weather, and eleven followed soon after. The general method of the report shows a distinct improvement, and we may congratulate Mr. Karkeek on the interest with which he has been able to imbue it.

DONCASTER, GOOLE, SELBY, AND TADCASTER.—Mr. Mitchell Wilson's report for 1880 on this important combination is a great improvement upon that for the previous year. In his report for 1879 Mr. Wilson contented himself with giving a short statement of the present condition of the district "rather than a complete history of its sanitary progress throughout the year." In his present report he gives *in extenso* a sanitary history of the various districts comprised in his combination. But while the reports are individually models of excellence, the information afforded upon the general condition of the combination is of too meagre a nature to be of any real value. Thus there is an entire absence of any comparative tables of mortality, with the single exception of a statement setting forth the death-rate, the zymotic-rate, and deaths at various ages. No mention is made of the total population of the district or of its area, and the total births and deaths are entirely omitted. Of the several districts comprising the combination, Goole rural was the healthiest, the death-rate only reaching 16.3 per 1,000 ; and Uckhill came next with 17.2. The other rates were : Doncaster rural, 17.6 ; Selby urban and Doncaster rural of 20.0 : Selby rural, 20.3 ; and Goole urban, 20.7 per 1,000. In this last district the zymotic death-rate was 5.0 per 1,000, and in the Selby urban 3.6, these rates being chiefly caused by the fatal prevalence of infantile diarrhoea. On the interesting question of the contagiousness of typhoid fever, Mr. Wilson writes :—"The experience of the year in dealing with cases of typhoid fever, as found in cottage houses, is that there is a very serious risk of persons ill from this disease communicating it to others in the same family. The cases referred to are where the infection was not due to local causes, to which all the members of the family were equally liable, but rather those cases arising after the infection was introduced ; and precautions, as far as possible, had been taken to prevent pollution of the drinking water, and to disinfect the excrement. . . . In both the outbreaks which occurred at Goole it was particularly noticeable that many of the cases had attacks of a feverish nature, which were, both in point of duration and intensity, very different from the ordinary attacks of typhoid, and yet from the same cause seven cases of true enteric fever were developed." In the Tadcaster rural district arrangements have been made with the Leeds Fever Hospital to receive all cases of infectious disease occurring in the district, but in some other districts there is an entire absence of such accommodation. Measles and whooping-cough are somewhat prevalent in various parts of the combination, and in almost every case Dr. Wilson attributes the spread of the disease to the great carelessness of parents in exposing their children to infection, and by allowing those already infected to attend school.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology for the Fellowship of the College, at the half-yearly meeting of the Board of Examiners, on the 25th instant, and when eligible will be admitted to the pass examination.

Messrs. Stephen Paget, B.A. Oxon., James Norman Vogan, and Frederick William Caton Jones, students of St. Bartholomew's Hospital ; Walter Fowler, B.A. Oxon., and William Lyne Blight, of Guy's Hospital ; Sinclair White, of the Galway and Sheffield Schools ; John Marriott, of the Charing Cross Hospital ; Walter Blaxland, of the London Hospital ; James Swain, of the Westminster Hospital ; and James Edward Blomfield, of University College.

Seven candidates were rejected, making a total of 42 out of the 76 candidates examined.

With this meeting, the examinations for the present session were brought to a close, with the exception of the final fellowship examination.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, May 25th, 1882.

Pocock, Alfred George Clarke, Coventry Park, Streatham.
Seon, Greville Ewing, Hamilton, Bermudas.
Thomas, John Henry, Tenby, South Wales.
Turner, Alfred James, Powerscourt Road, Lower Clapton.
Wise, Charles Henry, Prospect House, Launceston.

The following gentlemen also on the same day passed their Primary Professional Examination.

Harris, Frederick William, University College.
Hill, Thomas James Cooke, St. Bartholomew's Hospital.
Jago, Charles Sprague, Guy's Hospital.
Newton, Rupert William, St. Bartholomew's Hospital.
Woods, Everard, St. Bartholomew's Hospital.

UNIVERSITY OF BRUSSELS.—The following gentlemen, having passed the necessary examinations, graduated as M.D. on May 12th, 1882.

Batho, Robert, Surgeon-Major A.M.D., M.R.C.P. Lond. 1882, M.R.C.S. Eng. 1839, L.S.A. 1858, 4, Alfred Street, Plymouth.
Collier, Herbert, L.R.C.P. Lond. & Ed., M.R.C.S. Eng., L.S.A. Lond.
Milward, James, M.R.C.S. Eng. 1865, L.S.A. Lond. 1866, 54, Charles Street, Cardiff.
Wharry, Arthur James, M.R.C.S. Eng. 1879, L.R.C.P. Ed., House-Surgeon Great Northern Hospital.

Eight candidates offered themselves, four of whom were referred for six months.

MEDICAL VACANCIES.

The following vacancies are announced :—

- ADDENBROOKE'S HOSPITAL, Cambridge.—House-Physician. Salary, £65 per annum. Applications by June 6th.
- CHILDREN'S HOSPITAL, Birmingham.—Assistant Resident Medical Officer. Salary, £40 per annum. Applications by June 20th.
- CHILDREN'S HOSPITAL, Birmingham.—Resident Medical Officer. Salary, £80 per annum. Applications by June 20th.
- CROYDON GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum. Applications by June 6th.
- CUMBERLAND INFIRMARY, Carlisle.—House-Surgeon. Salary, £100 per annum. Applications by June 27th.
- GLAMORGANSHIRE AND MONMOUTHSHIRE INFIRMARY AND DISPENSARY, Cardiff.—House-Surgeon. Salary, £100 per annum. Applications by June 12th.
- GUEST HOSPITAL, Dudley.—Resident Medical Officer. Salary, £120 per annum. Applications by June 9th.
- HALLSIDE, NEWTON, N.B.—Medical Officer for the Sick Society in connection with the Steel Company of Scotland's Works. Applications to Mr. McFarlane, 20, Hallside Cottages, Newton.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Resident Clinical Assistant. Applications by June 3rd.
- HULL GENERAL INFIRMARY.—Junior Assistant House-Surgeon. Salary, £35 per annum. Applications by the 13th instant.
- KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD GENERAL DISPENSARY.—Resident Medical Officer. Salary, £120 per annum. Applications by the 15th instant.
- KINGTON UNION.—Medical Officer. Salary, £30 per annum. Applications by June 5th.
- LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum. Applications by June 3rd.
- METROPOLITAN ASYLUM FOR IMBECILES, Darenth, near Dartford, Kent.—Assistant Medical Officer. Salary, £120 per annum. Applications by June 7th.
- MID AND SOUTH YELL AND FETLAR AND NORTH YELL.—Medical Officer. Salary, £70 per annum. Applications to Inspector of Poor, Mid Yell, Shetland.
- NEW ZEALAND.—Inspector of Lunatic Asylums. Salary, £800 per annum. Applications by June 20th.

UGHTERARD UNION.—Medical Officer for Lettermore Dispensary District. Salary, £100 per annum, £12 yearly as Medical Officer of Health, with £10 per annum for boat hire, and registration and vaccination fees. Election on the 6th instant.

RATHKEALE UNION.—Medical Officer for Pallaskerry Dispensary District. Salary, £100 per annum, with £15 per annum as Medical Officer of Health, registration and vaccination fees. Election on June 8th.

RICCARTSTON ASYLUM, Paisley.—Assistant Resident Medical Officer. Salary, £60 per annum. Applications to R. Rowand, Inspector of Poor, Paisley, by June 5th.

ROYAL HANTS COUNTY HOSPITAL, Winchester.—House-Surgeon. Salary, £100 per annum. Applications by June 10th.

ROYAL PIMLICO DISPENSARY, 104, Buckingham Palace Road, S.W. Resident Medical Officer. Applications by June 5th.

SCARBOROUGH UNION.—District Medical Officer and Public Vaccinator. Salary, £50 per annum. Applications by the 7th instant.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY. House-Surgeon. Salary, £100 per annum. Applications to the Honorary Secretary of the Medical Staff.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—Senior Assistant House-Surgeon. Salary, £65 per annum. Applications to the Honorary Secretary of the Medical Staff.

TAVISTOCK UNION.—Medical Officer of Health for the Rural Sanitary District. Applications by June 9th.

THE INFIRMARY, Halifax.—Assistant House-Surgeon. Salary, £50 per annum. Applications to the Senior Physician of the Medical Staff by June 20th.

WATERFORD UNION.—Medical Officer for Kilmeaden Dispensary District. Salary, £120 per annum, with £20 per annum as Medical Officer of Health, registration and vaccination fees. Election on the 9th instant.

WEST BROMWICH DISTRICT HOSPITAL.—House-Surgeon. Salary, £80 per annum. Applications by June 6th.

YORK COUNTY HOSPITAL.—Honorary Physician. Applications by June 24th.

MEDICAL APPOINTMENTS.

ASHWORTH, J. W., M.R.C.S., appointed Surgeon to the Northern Counties Hospital for Incurables, Mauldeth Hall, near Manchester.

EVANS, J., L.R.C.P., appointed Surgeon to the Ebbw Vale workmen residing at Beaufort.

JACKSON, J. H., M.D., appointed Consulting Physician to the Kent County Ophthalmic Hospital, *vice* W. Addison, M.D., deceased.

MACBRYAN, H. C., L.R.C.P.Ed., appointed Assistant Medical Officer to the Staffordshire County Asylum, Burntwood, Lichfield.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which should be forwarded in stamps with the announcements.

BIRTHS.

SNELL.—On May 30th, at 131, Green Street, Victoria Park, the wife of E. G. Caruthers Snell, L.S.A.Lond., of a son.

TEALE.—On May 25th, at 2, Belvoir Terrace, Scarborough, the wife of John W. Teale, F.R.C.S., of a son.

MARRIAGE.

BOUSFIELD—HENMAN.—On May 27th, at the Parish Church, Islip, Edward C. Bousfield, L.R.C.P.Lond., of Wellesley House, Ashley Road, Bristol, second son of E. T. Bousfield, of Bedford, to Clara, youngest daughter of the late David Henman, of The Grange, Bromham, Beds.

AN assistant-surgeon on board a German gun-boat, named Bressert, has been washed overboard during a storm, and drowned, the most vigorous efforts to save him being ineffectual.

CHARING CROSS HOSPITAL.—The following appointments have been made: House-Physician, Charles A. Wigan, L.S.A.Lond.; House-Surgeon, Marmaduke Pittard, M.R.C.S.Eng.; Resident Accoucheur, Cecil R. C. Lyster, M.R.C.S.Eng.; Assistant House-Physician, Harry Appleton; Assistant House-Surgeon, S. B. Wyborn, L.S.A.Lond.

ST. THOMAS'S HOSPITAL.—The following appointments have been made: A. E. Wells, M.R.C.S., L.R.C.P., Resident Accoucheur; G. F. Cooper, M.R.C.S., L.R.C.P.; non-Resident House Physician; C. W. Haig Brown, M.R.C.S., L.S.A., Assistant House-Physician; W. A. Duncan, M.D., etc., Assistant House-Surgeon.

THE average death-rate in Naples during 1880 was 31.86 per 1,000, being an increase of 6 per 1,000 as compared with the previous year. This remarkable increase of mortality occurred principally in the first four months of the year, when the death-rate averaged, in January, 50; February, 42.75; March, 34; April, 36; which confirms the general opinion of the inhabitants that Naples is infinitely more healthy in summer than in winter. One of the most vital questions for the town is that of water-supply. The sewers are filling up more and more every year, and the bad smells, premonitory of disease, are increasing. It is satisfactory therefore to learn that a local company has received the royal assent to proceed with water-works as soon as possible.

WINTER APOPLEXY.—During the rigorous winter of 1879-80, Dr. E. Bax observed some accidents of an apoplectic character of which he has described the mechanism and symptomatology in a paper read at the Medical Society of Amiens, April 1st, 1880. He arrived at the following conclusions. Cases of apoplexy are more frequent during the winter than during any other season of the year; the more intense is the cold, the more numerous are these cases. The cold renders the surface of the body anæmic, augments the arterial tension, and consequently produces congestion of the viscera, and especially of the encephalon. This congestion, if it do not kill, may give rise to hæmorrhages which are not considerable if the vessels of the encephalon are fairly healthy. It is likewise possible that the anatomical constitution of the blood becomes changed under the influence of cold, and that this change is allied to the pathological phenomena observed. Dr. Bax's observation on the effect of the intrapelvic action of cold in producing apoplexy is interesting; but the idea is not new in this country.

HEALTH OF FOREIGN CITIES.—The following facts and figures, derived from a table in the Registrar-General's last weekly return, afford fairly trustworthy indications of the recent health and sanitary condition of various foreign and colonial cities. According to the most recent official returns, the annual death-rate averaged 26.6 in the three principal Indian cities, and was equal to 23.7 in Bombay, 29.7 in Calcutta, and 34.4 in Madras; small-pox caused 58 deaths in Calcutta; measles, 33 in Bombay; and small-pox 19 in Madras. In Alexandria, the death-rate was equal to 35.1, and the 143 deaths included 13 from typhoid fever, and 9 from whooping-cough. In twenty-two European cities, the death-rate averaged no less than 31.1, and exceeded by no less than 10.1 per 1,000 the average rate prevailing last week in the twenty-eight large English towns. The death-rate in St. Petersburg was equal to 54.6, though it showed a further decline from the still higher rates in previous weeks; the 696 deaths in this city included 23 from scarlet fever, and 46 from typhus and typhoid fevers. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate did not exceed 19.7; measles caused 4 deaths in Copenhagen, and diphtheria was somewhat fatally prevalent both in Stockholm and Christiania. The death-rate in Paris was equal to 26.9, and corresponded with that which prevailed in the previous week; the deaths in this city included 60 from diphtheria and croup, 50 from typhoid fever, and 23 from small-pox. In Brussels, the rate did not exceed 20.6, although 3 fatal cases of small-pox were recorded. In Geneva, on the other hand, the death-rate was equal to 31.6, although no zymotic fatality was noted. In the three principal Dutch cities, the average death-rate was equal to 25.1, and ranged from 25.8 in Amsterdam, to 22.7 in the Hague; measles caused 8, and whooping-cough 5 deaths in Amsterdam. The Registrar-General's table includes returns from nine German and Austrian cities, in which the average death-rate was 29.9; the rate ranged from 23.9 in Dresden and 25.2 in Berlin, to 34.5 and 38.1 in Vienna and Prague. Small-pox caused 28 deaths in Vienna, 13 in Buda-Pesth, and 4 in Prague. Diphtheria showed fatal prevalence in Berlin and Dresden. The death-rate in three of the principal Italian cities averaged 34.6, and was equal to 41.3 in Rome, 34.5 in Naples, and 26.4 in Turin. Measles showed fatal prevalence in Rome and Naples, and typhoid fever caused 9 more deaths in Turin. In four of the largest American cities, the death-rate averaged 27.7, ranging from 22.3 in Philadelphia to 33.4 in New York. Small-pox caused 8 deaths in New York and 3 in Baltimore; scarlet fever showed fatal prevalence both in New York and Brooklyn; diphtheria also caused 27 deaths in Brooklyn, and 25 deaths were referred to typhoid fever in Philadelphia.

CRITERIA OF INSANITY.—One of the pupils of Esquirol asked his teacher to furnish him with a sure criterion for distinguishing the limit that separates reason from insanity. The next day Esquirol invited to dinner his pupil and two individuals, one of whom was most correct in his appearance and in his language, while the other was very loquacious, full of himself, and of his future. When taking leave the pupil reminded his master of the criterion which he asked of him on the previous evening. "Answer the question for yourself," said Esquirol. "You have just taken dinner with a madman and with a sane individual." "Oh!" answered the pupil, "the problem is not difficult; the sane man was that distinguished and well-informed man; as to the other he was a chatterer and a fool who ought really to be shut up." "Ah!" replied Esquirol, "you are making a great mistake; the one whom you took to be so very wise, believes himself to be God the Father, and affects in his manners the reserve and dignity which he believes to belong to his position; he is a patient at Charenton. As to the young man whom you took for a fool, in him you see one of the most illustrious of French authors—he is M. Honoré de Balzac."

LONDON TEMPERANCE HOSPITAL.—The annual meeting of this hospital has been held at the Library of the Memorial Hall, Farringdon Street. Mr. Samuel Bowly presided. The Rev. Dawson Burns, secretary, read the ninth annual report, which stated that the year's work had given assurances of satisfactory progress, both in regard to the work performed and the support received. In-patients during the year had numbered 351, and out-patients 1,761; and in no case had the medical staff prescribed alcohol, even as a drug. Including a balance brought forward of £143 8s. 2d., the total receipts had been £3,481 19s. 7½d., the maintenance had cost £1,261 1s. 3d., and they had a balance in hand of £943 12s. 2½d. The total amount of the building and extension fund on March 25th last was £26,087 16s. 10d.—Cardinal Manning, in moving a resolution commending the work carried on in the hospital, remarked that it was established as an experiment, but he thought they ought to consider it now as having passed beyond that stage. It had become an established fact that alcohol was not needed under any circumstances. He was glad to say that the effect of this non-alcoholic treatment was telling powerfully on the London hospitals.—Sir Wilfrid Lawson traced the effects of alcohol on various classes of people. He remarked that alcohol was losing many of its friends, and he gave as one instance of how people could do without it, that even an imprisoned Irish member did not appear much the worse for its loss.—Canon Ellison remarked that the temperance cause would not be complete until the example of this hospital had been followed by all the other medical institutions in the country.—Mr. J. H. Raper and Mr. T. Cash (chairman of the Board) also addressed the meeting.

DONATIONS.—A lady has given £500 to the Children's Ward of the Halifax Infirmary.—“A friend” has given £105 to Queen Charlotte's Lying-in-Hospital.—“A friend” has given £100 to the Building Fund of the Home for Incurables, Stanwix, Carlisle.—“Delta” and “A. G. C.” have each given fifty guineas to the British Home for Incurables.—Mr. F. Taylor, of Diss, has given £52 10s. to the Norfolk and Norwich Hospital.—University College Hospital has received £50 from the Peoples' Contribution Fund.

DEPAUL ON A METHOD OF PREVENTING THE NECESSITY FOR INDUCED ABORTION.—Dr. Depaul, in one of his recent lectures, recommends, in certain cases, iodide of potassium, regulated diet, and bleeding to diminish the size of the child, and to prevent the necessity of bringing on abortion. He cited the following case in support of his recommendation. Thirty years ago, a merchant had married a very rickety wife, who became pregnant soon after marriage. A medical man was consulted, and, scarcely knowing what to do under the circumstances, he asked that M. Paul Dubois might be called in, who was obliged to perforate the cranium. A second pregnancy occurred, and on this occasion M. Dubois sent the young woman to M. Depaul; she was then four or five months advanced in pregnancy. Her pelvis measured from 7½ to 7¾ centimetres. He told her that it was necessary, in order that she might have a living child, gradually to diminish the quantity of food she took, and to subject herself to a rigorous diet. She was bled many times, and gradually lessened the proportion of food, according to his directions. He followed the progress of the pregnancy, and especially the increasing dimensions of the child. The eighth month arrived, and it appeared to M. Depaul that, until then, the child had grown very little. He let things take their course, thinking that it was not necessary to bring on premature delivery. Finally, the woman came to the end of the ninth month, and Dr. Depaul was sent for. The head soon cleared the sacro-vertebral angle, and the delivery was easy. The child, a boy, lived; he was very small, but was quite strong enough to be brought up. The same person again became pregnant for the third time. She did not communicate the fact to M. Depaul, and it was only when she was eight months and a half gone that he was sent for to attend her. It was too late to have recourse to the means used in the previous pregnancy, and M. Depaul was obliged to perform cephalotripsy. In a fourth pregnancy, he received notice in good time. The regimen used in the second pregnancy was again successful. The child lived, and is still alive. A fifth time, he was only called in at the moment of delivery, and only succeeded in removing the child by cephalotripsy. M. Depaul considers this case to be very conclusive, and has likewise collected a certain number of similar facts which induce him to affirm that this method may have a certain degree of success, and to recommend it in cases of vicious conformation of the pelvis, so as to avoid, as far as possible, forced abortion.

THE ESTIMATION OF HÆMOGLOBIN.—M. Quinquaud has recently made an interesting communication to the Paris Biological Society, on the mode estimating the total amount of hæmoglobin contained in the blood. This method is based on the well-known bleaching properties of chlorine, which depend on its power of liberating hydrogen, and acting as an oxidising agent, or of provoking the phenomena of

substitution which have been so carefully studied by Dumas, Laurent, and Regnault. M. Quinquaud has by different analyses determined that 5.5 cubic centimetres of solution of chlorine of a certain given strength discharges the colour from 0.085 grains of crystallised hæmoglobin dried at 100° Cent. Although chlorine bleaches other substances, the consequent source of error is, in this case, trifling. The “decolorimétrie” or discolouring method of M. Quinquaud, the optical method, and direct method, give nearly the same results. An inferior proportion is obtained by the hydrosulphite method, because it only estimates the quantity of active hæmoglobin present, whilst the other methods determine the total quantity.

DIABETIC ENDOCARDITIS.—M. Lecorché points out, in a communication to the Académie des Sciences, that the frequent occurrence of inflammation in the course of diabetes leaves no doubt of the tendency of this affection to produce in the persons who are attacked by it an inflammatory diathesis. The inflammations are not confined to the skin, the digestive canal, the kidneys, nor the lungs; they may implicate other organs. M. Lecorché recently described to the Academy of Medicine, as one of the somewhat frequent complications of diabetes, atrophic cirrhosis of the liver. He now draws attention to endocarditis. Diabetic endocarditis, which he has observed on several occasions, appears to show itself more frequently in females than in males (in eight cases out of fourteen). He has not met with it otherwise than in the chronic condition, and only as a complication of subacute or chronic diabetes. It only appears at an advanced stage of the disease—two or three years, or even more, after its commencement. Its appearance seems to be favoured less by the intensity of the glycosuria than by its long duration. It is localised at the level of the mitral orifice, and M. Lecorché has only seen it on one occasion situated at the level of the aortic orifice. It reveals its existence by a *bruit de souffle* with the first sound at the apex of the heart, and by irregularity and intermittence of the pulse. It is sometimes accompanied by atheromatous degeneration of the arteries (twice out of fourteen cases). It accelerates the progress of diabetes, and frequently brings on death, either by inducing a more or less generalised œdema, ascites, or by becoming complicated with acute hepatitis. It seems to be due to the irritation which the prolonged contact of blood changed by the presence of sugar in excess produces on the lining membrane of the heart.

THE ANTIPYRETIC TREATMENT OF FEVER.—Dr. Austin Flint, in the *Medical News*, concludes a valuable paper on this subject as follows. 1. By the employment of cold water externally in cases of typhoid fever, the temperature of the body may, after a variable time of the continuance of the employment, be reduced to 102° or lower. 2. After a period varying very much in different cases, and also at different times in the same case, the temperature, as a rule, again rises as high as, or higher than, before the reduction. 3. Repeating the employment of cold as often as the axillary temperature exceeds 103°, the number of repetitions required in different cases is extremely variable. 4. The sponge-bath and the wet sheet with sprinkling may be employed to the exclusion of the bath-tub in the antipyretic treatment in cases of typhoid fever as well as of other febrile diseases. 5. These modes of employing cold water may be continued sufficiently long for the reduction of temperature to 102° or lower, and repeated as often as may be required, without risk of any immediate injury, and the study of these cases furnishes no ground for supposing that a liability to complications or accidents is thereby increased. 6. Reduction of temperature by these modes as often as it rises, in the axilla, above 103°, improves the condition of the patient. The cases now studied do not afford proof either that the fatality of typhoid fever or that its duration is thereby diminished. The study of these cases, however, renders it possible that this proof would be afforded by a larger collection of cases. During the period that the cases now studied were treated, seven hospital cases were recorded in which antipyretic treatment was not employed. In most of these cases the temperature did not rise above 103°, and it was for this reason that the treatment was not employed. Of these seven cases three were fatal, but I need not say that it would be unfair to draw any deduction from the contrast as regards the proportionate number of fatal cases. It is well known that, in general, resistance, toleration, and recuperation are not as well exemplified within as outside of hospitals. Moreover, in cases of typhoid fever, patients are not admitted into hospital until some days after the commencement of the disease. The clinical test of therapeutical measures, as far as fatality is concerned, is therefore best afforded by the study of cases in private practice. 7. The result of the analysis of these cases, although not sustaining the statements of Liebermeister and others respecting the controlling influence of the employment of cold externally in cases of typhoid fever, yet not only show this method of antipyretic treatment to be safe, but afford us encouragement to employ it with the expectation of diminishing the severity of the disease and its danger to life.

OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.

TUESDAY..... Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 2 P.M.

WEDNESDAY.. St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.—North-west London, 2.30 P.M.

FRIDAY..... King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.—East London Hospital for Children, 2 P.M.

SATURDAY.... St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin M. Th.; Dental, M. W. F., 9.30.

GUY'S.—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; 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., 1; 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, W., 9; Dental Tu., 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, F., 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. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; 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, Th., 1; Throat, M., 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., Tu. F., 2; Eye, Tu. F., 9.15; Ear, M. Th., 2; Skin, Tu. Th., 1.30; Throat, M. Th., 1.45; Dental, W. S., 9.30.

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

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. T. 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., 10.3.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Odontological Society of Great Britain, 8 P.M. Mr. Hunt (of Yeovil): Celluloid. Casual communication from Mr. Stevenson.—Royal College of Surgeons of England, 4 P.M. Dr. Gerald Francis Yeo: On the Relation of Experimental Physiology to Practical Medicine.

WEDNESDAY.—Obstetrical Society of London, 8 P.M. Specimens will be shown by Mr. Alban Doran and Dr. Hopkins Walters. Adjourned discussion on Dr. J. Williams' paper on the Natural History of Dysmenorrhoea. Dr. F. H. Champneys: On an Obliquely Contracted Pelvis of Unilateral Synostosis. Dr. G. E. Herman: On the Relation of Backward Displacements of the Uterus to Dysmenorrhoea.—Epidemiological Society of London, 8 P.M. Annual Meeting. Election of Office-bearers. Reports of Council. Dr. Arthur Ransome: The Form of an Epidemic Wave, and its probable Cause.—Royal College of Surgeons of England, 4 P.M. Dr. Gerald Francis Yeo: On the Relation of Experimental Physiology to Practical Medicine.

THURSDAY.—Ophthalmological Society of the United Kingdom, 8.30 P.M. Additional Meeting for the Discussion upon Sclerotomy. Papers on Sclerotomy by Mr. Higgins, Mr. Spencer Watson, Mr. Bader, and Mr. J. B. Story (Dublin). Mr. Critchett, Mr. Power, Mr. J. E. Adams, Mr. Brudenell Carter, and others are expected to speak. If necessary, the discussion will be adjourned to the following evening (9th), at the same hour. Living specimens, as usual, at 8 o'clock.

FRIDAY.—Royal College of Surgeons of England, 4 P.M. Mr. Jonathan Hutchinson: On Temperament, Idiosyncrasy, and Diathesis in relation to Surgical Disease.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 161, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the Manager, 161A, 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.

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.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

A QUESTION REGARDING DEATH-CERTIFICATES.

SIR,—Would you kindly reply to the following in your JOURNAL? A short time since, I was called to see a child accidentally burned. I attended till it died the following day. I gave a certificate of death thus: "Burns over abdomen and thorax, accidental, 37 hours; congestion of lungs, 12 hours." Was I justified in giving a certificate of death? Did the fact of my giving a certificate imply that the registrar of deaths was obliged to give a certificate of burial? Am I legally obliged to report the case to the district coroner? What is the limit as to time an "accident," terminating fatally, may survive without the necessity of holding an inquiry? Apologising for troubling you, I am, sir, your obedient servant,
May 29th, 1882.

R. G. M.

* * Sect. 20 of the Births and Deaths Registration Act, which enjoins upon all registered medical practitioners the duty of furnishing a medical certificate of the cause of death of each patient who has been attended during his last illness, makes no exception in cases of death from "violence." Inasmuch, however, as it is the duty of coroners to hold an inquest in each case of death by "violence," and as it is, in the interest of the public, desirable that such inquests should be held, we think it would be preferable that medical practitioners should withhold a medical certificate in such case until they are satisfied that it has been referred to the coroner. The Registrar-General, it is true, insists, in his Regulations for Registrars, that all deaths which appear to have resulted from any form of "violence" shall be referred to the coroner previous to registration, and of course to burial. It is because, however, we fear that this instruction is not always acted upon, that we hold it desirable for medical practitioners not to give a medical certificate in case of "violence" until assured that the coroner has been informed of the case.

THE "JUNIOR" MEDICAL MUTUAL ASSOCIATION.

DR. DE COURCY MORRIS writes to us in reply to the criticism of the proposed scheme on page 804 of last week's JOURNAL. He says that his object in starting the Association has been to improve, as far as possible, the general professional position of the younger members of the medical profession. He believes that, if any medical agent would make it his business to utilise the plans proposed, it would be much to his advantage to secure a staff of steady, sober, and trustworthy men, anxious as an Association to preserve the prestige of its members, and to devote their time to such useful objects as are comprised in the scheme published in the JOURNAL. He remarks that, if unity were to take the place of jealousy in the profession, and men would combine to "pull together," some good might be done. Dr. Morris disclaims the sole responsibility for the views that were expressed; and he denies that separation from the great body of the profession was never contemplated. "Neither did the Association expect to be always governed by the same body of men; as it would be necessary to form a rolling committee, to be filled up from the ranks of those members for the time resident in London." It was thought that, as more unemployed men were often found in London than elsewhere, it would be better that more frequent meetings should be held there, but that an annual meeting should be arranged in the provinces. As to the arrangements for arbitration and negotiation for the sale and purchase of practices, he believes that, if a central office were opened or an agency started, any negotiations which principals might make among themselves would be entirely independent of any benefit fund. Any accountant and solicitor could arrange technical matters of business.

AN EXTRAORDINARY CARD.

SIR,—I think the enclosed card, which doubtless refers to an appointment advertised in the JOURNAL of the 27th, worthy of notice in the columns of the JOURNAL. I received it on the 26th.

"Particulars of a Government appointment now vacant, salary £800 per annum, and liberal allowances, for an inspector of lunatic asylums (who must have had experience in asylum management, also a knowledge of cerebral pathology), with an official application-form for same, will be forwarded on receipt of one shilling in postage stamps or otherwise, by J. Bell, 18, Plato Road, Brixton, London, S.W."

—Your obedient servant,
County Asylum, Bicton Heath, near Shrewsbury, May 28th, 1882.

* * This extraordinary communication decidedly requires explanation.

COMPULSION IN MEDICAL EDUCATION.

SIR,—Referring to your article bearing the above title, published in the JOURNAL of May 20th, I, as a young practitioner, venture to state the difficulty against which I have to contend, viz., the nature and treatment of the commonest diseases. The first cases which the "new doctor" is called upon to attend are generally of this kind; and, on his treatment of these cases, in great measure, depends his future success or failure. I find I know but little of the nature of such cases. Is this the fault of my training, or have I brought it on myself? I think the former; for, in the large hospital where I received my medical education, there were so many interesting cases that no time was left to study everyday illnesses. If my case is general, I think that, if possible, some remedy should be found. Personally, I regret very much that I did not study with a general practitioner before joining the medical school.—I remain, etc.,
A YOUNG PRACTITIONER.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to advertisements, changes of address, and other business matters, should be addressed to the Manager, at the Journal Office, 161A, Strand, London, and not to the Editor.

MIDDLEMORE PRIZE ESSAY.

THE General Secretary of the British Medical Association acknowledges the receipt of Essay in competition for the Middlemore Prize with the motto—

"Our doubts are traitors,
And make us lose the good we oft might win,
By fearing to attempt."

THE following remarkable and most impertinent document is being circulated among dentists in Dublin :

"Dublin Civil Service Medical Aid Association, Committee Rooms, 16, Eustace Street, 27th May, 1882.—Sir,—The above Association, embracing the Civil Service of the entire city and suburbs, has been formed for the purpose of procuring medical treatment for its members and their families. The Executive Committee are desirous of appointing a Dentist, and have directed us to ascertain whether you would attend the members at a reduced rate, and if so, the amount of reduction you propose to allow. Permit us the favour of an early reply.—We are, Sir, your obedient servants, Robert J. Allen, T. J. Maguire, Honorary Secretaries."

The distinction between traders and professional men in the way in which they accept remuneration for their services, has clearly been lost sight of. Medical men give their services sufficiently often, to be excused from treating with contempt a proposal to accept "reduced rates" for treating prosperous persons on a wholesale basis. It is an insult to address such communications to members of the learned professions. This circular has been forwarded to us by an eminent dentist, who in sending us, what he describes as "the enclosed impertinence," expresses his indignation. We hear for the first time of this Association. Perhaps other members of the British Medical Association have been favoured with a similar circular, and can give information of what has been the progress of this Society.

CIGARETTE-SMOKING.

SIR.—The smoking world is just now agitated by a rather serious question, the solution of which I have been requested to seek at your hands. It appears that confirmed cigarette-smokers do not merely, as in cigar- and pipe-smoking, draw the tobacco-smoke into the mouth and fauces, and then eject it through the lips or nostrils before it gets any further, but actually inhale it into the chest, and only eject it in a prolonged puff when it has apparently reached the minute cells of the lungs. The process is found particularly agreeable after a full meal; and though causing slight intoxication, with vertigo, to those who are unused to it, quickly engenders a craving which it is not easy to combat. The pricking sensation which is observed in the nostrils when the tyro in cigar-smoking ejects smoke through them, is not so noticeable in the bronchial tubes during the inhalation of cigarette-smoke; but possibly this is due to the fact that most cigarette-smokers have been hardened by previous cigar- or pipe-smoking, for there can be no doubt that all tobacco-smoke produces an irritant effect on the chests of those not accustomed to it, as seen by its setting up cough and dyspnoea.

The chief point, however, to which I have been requested to direct attention is, that if the fumes from cigar, pipe, or cigarette be instantly ejected from the mouth and throat before descending into the chest, and be made to pass through a cambric handkerchief drawn tightly across the open lips, a permanent deep yellow stain, corresponding in size and shape to the opening between the lips, and having numerous spots of a darker hue pervading it, will be left on the handkerchief; but that the prolonged puff from the chest, after inhalation from a cigarette, fails under similar circumstances to produce any but a scarcely perceptible and speedily evanescent mark. Query, What, in the latter case, becomes of the substance which stains?

I am not aware of any instances on record in which the lungs of cigarette-smokers have been specially examined. But perhaps Mr. Bond of the Westminster Hospital, or some other authority of equal note, will kindly give the matter his careful attention. It would be interesting to know whether by perseverance one could colour one's bronchial tubes as one does a meerschaum; and, if so, whether the process would be attended with risk.

I may mention that the particular tobacco with which the experiments referred to have been made is "Wills' Three-Castle"; and lest my remarks should lead to any depreciation of this particular brand, I may further mention that a foreigner, coming from the very centre of the smoking world, has pronounced it the only form of tobacco obtainable in this country which he can smoke with any degree of comfort.

As to the rice-paper wrappers with which cigarettes are made, I have burned some in a glass case, and find that they shrivel up into minute fibres, and give off a fine impalpable smoke and vapour, which, grey in colour, just renders the glass opaque. I should not consider this beneficial to the lungs, nor yet, on the other hand, very baneful. But what of the tobacco-stain?—I am, sir, your obedient servant.

D. BIDDLE.

Kingston-on-Thames, May 11th, 1882.

A PROBABLE AID TO THE TREATMENT OF PHTHISIS.

SIR,—The following facts may be found of use in the treatment of phthisis; not being in a position to try them myself, I merely offer the suggestion. In the manufacture of tin-plate as carried out in the tin-plate works at Penclawdd, Risca, near Newport, and Llanelly, South Wales, sulphuric acid is used to clean the iron plates preparatory to the tinning process. The men employed at this work lose flesh rapidly, and assume a cachectic appearance, this being attributed to the inhalation of sulphurous fumes. It is suggested that the men who are employed at this work be removed from this portion of the works to that in which the tinning process takes place, where they quickly regain their former health and condition.

In melting the tin, palm-oil is used as a flux ; and it is found by actual experiment that the oil, heated to the temperature of molten tin, volatilises, the air of the apartment in which the workmen now are placed being saturated with oil in the form of vapour ; so that, in point of fact, the workmen, having lost flesh by working at the first process, are restored to health by exchanging to the second, by being exposed to treatment, conjointly, of inhalation of the vapour of palm-oil, and to palm-oil vapour-baths. That the latter is the case, is proved by the fact that the clothing of the workmen at this second process becomes saturated with oil. It is also asserted that pure palm-oil volatilises, and leaves no residue. At any rate, I think the oil vapour baths and inhalations might be worth trying in conjunction with the other received methods of treatment of this most intractable disease.—I am, sir, etc.,
H. OSBORN BAYFIELD, L.R.C.P. Edin.. L.F.P.S.G., etc.
1, Somers Villas, Lavender Hill, S.W.

FLEA-BITES.

SIR,—In reply to your correspondence "Tormented" in the JOURNAL of May 13th, I beg to suggest that he would find great relief from his troubles by the application, to the skin of the tincture of the pyrethrum roseum, made with the powder shaken up in eau-de-Cologne; a much more agreeable remedy, I believe, than oil or ointment. Many years since, there was a formula for this tincture given in the JOURNAL, which I found very serviceable to patients going abroad, in preventing the bites of mosquitoes, bugs, or fleas. I presume that "Keating's insecticide powder" (probably the pyrethrum above-mentioned) would be found to answer the purpose well.—Your obedient servant,
F. J. CORBOULD, M.D.
Keigate, May 17th.

ERRATUM.—In Mr. Herbert Thompson's Obstetric Memorandum on *Post Partum* Hæmorrhage (BRITISH MEDICAL JOURNAL, May 13th, page 695), for "extreme pressure", read "external pressure".

COMMUNICATIONS, LETTERS, etc., have been received from:--

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The Pharmacopœia of the London Hospital. Compiled under the direction of a committee appointed by the London Hospital Medical Council. London: J. and A. Churchill. 1882.

The Tissues and their Structure; a description of the Elementary Tissues of the Human Body. By Alexander S. Kenny, M.R.C.S.E., Senior Demonstrator of Anatomy at King's College. London: David Bogue. 1882.

Paracentesis of the Pericardium; a consideration of the Surgical Treatment of Pericardial Effusions. By John B. Roberts, A.M., M.D. Philadelphia: J. B. Lippincott and Co. 1880.

On Mycetoma, or the Fungus Disease of India. By H. Vandyke Carter, M.D.Lond., H.M. Indian Army. London: J. and A. Churchill. 1874.

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