

position of the auricle *post mortem* is no proof of its state during life, and where there is no mitral stenosis, an auricular appendix, beating in the second interspace during life, may very well empty itself and contract out of sight in the act of dying," is not, to my mind, a very convincing one. In the first place, our knowledge of the normal position of the appendix (including Naunyn's own observations, which Dr. Balfour quotes as one of his main arguments) has been largely acquired by the same means which were adopted in this case. And in the second place, in cases of progressive pernicious anæmia, such as this was, the heart is usually (I think I may say invariably) relaxed and flaccid after death. It seems unlikely, therefore, that in this case the appendix emptied itself and contracted out of sight.

Fourthly, that when the right cavities of the heart are dilated, as Dr. Balfour admits is the case, in *chlorosis*—the condition we are considering—the left auricular appendix is usually quite invisible from the front, a fact which Dr. Russell has also urged. I have had several opportunities of verifying this statement during the past session, two of the cases being typical examples of pernicious anæmia. In none of these cases was the appendix much dilated; indeed, in one of the cases of pernicious anæmia it was considerably smaller than usual. Dr. Russell says: "It is further recognised that, in debility, owing to dilatation of the right ventricle, the left is displaced outwards and backwards; or a change occurs which may be regarded as a rotatory movement of the heart round its longitudinal axis; and this must be conceded as having a displacing effect on the auricle analogous to what it has on the ventricle of the same side." Further, Dr. Russell argues that, since "the origin or root of the appendix is overlapped in part by the pulmonary artery, so, to reach the parietes, the appendix has to traverse a course equal to the diameter of that vessel. Any increase in the diameter of the artery from increase of its contents will thus place the appendix deeper in the chest." (*Edinburgh Medical Journal*, August 1882, page 131.)

I can from personal observation testify, as Dr. Russell's argument implies, that the pulmonary artery is dilated in (some) cases of pernicious anæmia; presumably, therefore, it is dilated in some cases of chlorosis.

It must be at once conceded that pulsation is frequently to be observed in the second left interspace in cases of chlorosis. I cannot, however, say that I have ever been able to satisfy myself that it was auricular; and, like Dr. Broadbent, I am not convinced that Dr. Gibson's latter tracings, to which Dr. Balfour particularly refers (see *Edinburgh Medical Journal*, October 1882, page 294), prove the pulsation to be produced by regurgitation into the ventricle from the auricle.*

Further, in common with Dr. Broadbent, Dr. Goodhart, Dr. Russell, and other observers, whose pathological experience is not inconsiderable, I have not met with any case of cardiac dilatation—certainly not in any case of anæmia, and I have had an opportunity of examining seven or eight cases, after death—in which the left auricular appendix was so markedly dilated "as to warrant the belief that it could have been the cause of the extensive pulsation claimed for it by Dr. Balfour in the second and third left spaces." (*BRITISH MEDICAL JOURNAL*, August 26th, 1882, page 354.)

Dr. Russell thinks that the left auricular appendix is more frequently thrombosed than dilated in mitral stenosis, and that this is an argument against Dr. Balfour's view.

My experience agrees with that of Dr. Russell, in so far as I have frequently seen thrombosis of the left auricular appendix in cases of mitral stenosis. I do not, however, lay any stress upon this point, for a thrombosed appendix may also be dilated; and if it be granted that a large appendix can come in contact with the chest-wall, the fact that it was thrombosed would rather favour than interfere with the conduction of sound, *i.e.*, of the murmur. A thrombosed appendix could hardly, however, be the cause of the extensive pulsation which Dr. Balfour describes.

Further, Dr. Russell claims to have frequently satisfied himself that the pulsation in the second interspace in cases of organic mitral disease, is due to the dilated right ventricle. (*Edin. Med. Journ.*)

I can corroborate Dr. Russell's statement in this respect, inasmuch as I have in several cases of right-sided dilatation—notably in a case of pernicious anæmia—found that a needle passed into the second left interspace transfixing the conus arteriosus of the right ventricle, and did not transfix the pulmonary artery, as it does under normal circumstances.

* The tracings published by Dr. Russell in the *JOURNAL* of June 2nd seem also opposed to Dr. Gibson's view.

A MEMORANDUM

ON THE

INFLUENCE OF VACCINATION IN THE PREVENTION AND DIMINUTION OF MORTALITY FROM SMALL-POX.

Presented to the Parliamentary Bills Committee of the British Medical Association.

By ERNEST HART,
Chairman of the Committee.

1. THE introduction of vaccination was followed by a marked decrease in the small-pox death-rate; and, concurrently with the diffusion of vaccination, the small-pox death-rate has further progressively diminished.

Prior to the introduction of vaccination, small-pox was an almost universal disease. Continuously present in all large centres of population, it assumed epidemic proportions at intervals of two to four years, while the smaller towns and rural villages—except such as were exceptionally isolated—were, as a rule, visited by an epidemic of the disease once in every three to six years.¹ No class of society was exempt from its ravages; and while most fatal in the filthy homes of the poor, yet it spared not the palaces of kings nor the mansions of the rich.² So common, indeed, was the disease that it was rare for anyone to reach adult life without having passed through an attack.³ The dread with which it was looked upon may readily be inferred from the eagerness with which inoculation was had recourse to towards the end of the eighteenth century. After the introduction of vaccination, the mortality from the disease underwent a marked diminution. How great this diminution has been in the case of London is shown by the following table.

Table showing the Small-pox Deaths per 1,000 Deaths from all Causes in London from 1631 to 1882.*

Period.	Small-pox Deaths per 1,000 Total Deaths.	Period.	S. P. Deaths per 1,000 Total Deaths.	Period.	S. P. Deaths per 1,000 Total Deaths.
1631-35	48	1741-50	73	1801-10	67
1651-60	59	1751-60	100	1811-20	41
1661-70	39	1761-70	103	1821-30	33
1671-80	66	1771-80	97	1831-40	23
1681-90	76	1781-90	92	1841-50	16
1691-1700	53	1791-1800	93	1851-60	11
1701-10	58	...	...	1861-70	11
1711-20	81	...	...	1871-80	19
1721-30	83	...	...	1881-82	17
1731-40	77	...	...	...	...

Preinoculation Period.

Inoculation Period.

Vaccination Period.

The table shows that the proportion of small-pox deaths to deaths from all causes, has undergone considerable diminution. It is, moreover, universally admitted that the total death-rate of the metropolis is now much lower than it was in the seventeenth and eighteenth centuries. Hence, as the small-pox death-rate has diminished in greater ratio, it is clear that the diminution in the small-pox death-rate must be enormous.

As regards England generally, it is equally certain that the mortality from small-pox is now infinitely less than in prevaccination days, although the absence of registration in the earlier period precludes any accurate statistical comparison. In registration times, however, the mortality from the disease has steadily declined, as the following table shows.

¹ Hillary: *Rational and Mechanical Essay on the Small-pox*. London, 1735.

² See Burnet's *History of William and Mary*, pp. 136, 304; Walpole's *Letters* (April 2nd, 1750); Pepys; Evelyn; St. Simon; Besenval; Vehse, etc.

³ Hillary: *loc. cit.*; Haygarth: *Sketch of a Plan to Exterminate the Natural Small-pox*. London, 1783.

⁴ Calculated from data in Marshall's *Bills of Mortality* and the Registrar-General's Annual Reports.

Mean Annual Death-rate from Small-pox per Million living in England and Wales, 1838-79.^a

		Compulsory Vaccination.	
1838-42	571	1855-59	199
1843-46	No Returns.	1860-64	190
1847-49	303	1865-69	147
1850-54	279	1870-74	433 ^b
...	...	1875-79	82

Some idea of how much less is the present mortality from small-pox than the mortality during the last century, may be gathered from the fact that the average annual deaths from that disease during the seven years 1873-79, in England and Wales, were very slightly in excess of the annual average deaths during the eighteenth century in London alone; the population in the first case being about twenty-four millions, in the second, considerably less than one million.^c

2. There is no cause sufficient to explain this diminution in the small-pox death-rate other than vaccination.

It is maintained by some that the decrease in the mortality from small-pox is explained by the improved sanitary condition of the population. Improvement in this respect must undoubtedly have tended to diminish in some degree the death-rate by that disease, but other causes have been at work with an opposing tendency. The population of the country has grown denser, the facility of intercourse has increased a hundredfold, and the movement of the population is incalculably greater now than during the last century. All these latter circumstances necessarily increase the danger of diffusion of infectious diseases, and it is more than doubtful whether the sanitary condition of the people has yet attained such perfection as to neutralise their effect. Moreover, in the case of measles and whooping-cough,^d there is not only no diminution, but even a slight increase in the proportion of deaths from these diseases to the total deaths; and if sanitation has had no perceptible effect on these diseases, it is absurd to credit it with a large effect on small-pox, whose contagion is stronger and surer than that of any other disease.

3. The manner in which, and the times at which, the diminution chiefly occurred, point clearly to the existence of a causal relation between that diminution and vaccination.

While showing a steady tendency to diminish, the mortality from small-pox underwent the greatest decrease in the periods immediately following the legislative measures for the promotion of vaccination. In 1840, the legislature made public provision for vaccination, and immediately thereafter came a large fall in the small-pox mortality. In 1854, vaccination was made compulsory in England and Wales, and, in the following years, a second marked fall occurred in the small-pox death-rate of these countries. In Scotland, where vaccination was not yet compulsory, the death-rate remained high, being 50 per cent. higher than that of England and Wales in 1855-59, and over 100 per cent. in 1860-64—there being no marked difference in the condition of the two populations other than the absence of compulsory vaccination in Scotland. The enactment of compulsory vaccination in Scotland was speedily followed, as in England, by a large diminution in the small-pox death-rate.^e The remarkable sequence of events thus briefly described, amounts almost to a demonstration of the influence exercised by vaccination on the small-pox death-rate.

4. While a marked decrease has occurred in the total small-pox death-rate, a still greater decrease has occurred in the small-pox death-rate among children.

In prevaccination periods, the deaths from small-pox occurred almost exclusively among the very young. Thus, out of 622 total deaths from that disease in Kilmarnock in the 36 years 1728-64, 563 were of children under 5;^f in Chester, in the six years 1772-77, of 378 deaths, 369 were of children under 10, and of these, no fewer than 335 were under 5;^g in Warrington, in 1773, of 211 persons

dead of small-pox, all were under 10, and 199 were under 5;^h in Carlisle, in the nine years 1779-87, of 241 deaths, 228 were of children under 5.ⁱ

In epidemics of small-pox since the introduction of small-pox, a comparatively small proportion of the deaths occur among children under five, and this proportion has progressively diminished with the diffusion of vaccination. For example, out of 7,982 deaths from small-pox in London in 1871, only 2,945 or 37 per cent. were of children under five. Of 2,371 deaths from small-pox in London in 1881, only 620 or less than 22 per cent. were of children under five.^j

It is therefore clear that of the total small-pox deaths, the proportion occurring among children has been very much less since the introduction of the vaccination than it was before that event. But the total postvaccination death-rate is much less than the total prevaccination death-rate, hence it follows that the small-pox death-rate among children has undergone an enormous reduction since the introduction of vaccination.

5. In epidemics of small-pox, the unvaccinated portion of the community suffers to a much greater extent than the vaccinated. This fact is well illustrated in the case of the year 1882, when small-pox was epidemic in London. During that year 2,371 deaths^k were registered from small-pox. Of these, 524 were stated to have been vaccinated, and 962 unvaccinated, while regarding the condition of the others as to vaccination, no statement was made. It is tolerably certain that among the population of London, not more than 10 per cent. are unvaccinated, and if 10 per cent. be supposed to be doubtfully vaccinated, there will remain 80^l per cent., presenting clear evidence of vaccination. If, then, the vaccinated and unvaccinated had been equally liable to fatal small-pox, the former would have died at the same rate as the latter, and since 962 of the unvaccinated died, there would have died 7,696 among the vaccinated. But the actual number of deaths among the vaccinated was 524; hence it is clear that the vaccinated and unvaccinated were not equally liable to death from small-pox.

Moreover, if the mortality among children be considered, the difference between the vaccinated and the unvaccinated appears still more striking. The deaths from small-pox during 1881 included 27 of vaccinated children under the age of five, and 368 of unvaccinated children under that age. If unvaccinated and vaccinated children had been equally liable to fatal small-pox, the vaccinated children would have died at the same rate as the unvaccinated, i.e., (taking the proportion of vaccinated and unvaccinated as previously stated), the deaths among the vaccinated children under five would have been 2,944. But the actual number was 27, and it is therefore obvious that unvaccinated children are liable to fatal small-pox in an enormously greater extent than vaccinated children; or, in other words, vaccinated children are to a large extent protected from fatal small-pox.

Statistics^m of a similar nature might be multiplied indefinitely; and it may be laid down as a fact admitting of no question, that whenever small-pox attacks a community, the unvaccinated part of that community will suffer in enormously greater proportion than the vaccinated.

6. Among persons attacked by small-pox, the mortality is greater in the unvaccinated than in the vaccinated.

The difference in the mortality of the two classes is shown by the following tables, which require no comment.

1. Mortality from Small-pox among the Vaccinated, Doubtfully Vaccinated, and Unvaccinated.ⁿ

	Cases.			Deaths.			Mortality Per Cent.		
	Vaccinated.	Doubtfully Vaccinated.	Unvaccinated.	Vaccinated.	Doubtfully Vaccinated.	Unvaccinated.	Vaccinated.	Doubtfully Vaccinated.	Unvaccinated.
London Small-Pox Hospital (1836-67) ^o	10,308	263	2,930	790	106	1,043	7.59	40.3	34.9
Metropolitan Asylum Board Hospital ^p ...	13,575	2,130	3,973	1,027	671	1,593	7.56	31.5	40.0

^o See Dr. Carpenter's letter on "Small-Pox and Vaccination," addressed to the Right Hon. Lyon Playfair, April 23rd, 1883.

^p McVail: *An Inquiry into the Prevalence of Small-Pox in Kilmarnock in the Last Century*. Glasgow, 1882.

^q Haygarth; *loc. cit.*

^r Percival: *Essays, Medical, Philosophical, etc.* Warrington, 1780.

^a Taylor, P. A.: *Nineteenth Century*, May, 1882.

^b The considerable increase in this quinquennium was due to the severe and widespread epidemic of 1870-73, at which time all circumstances combined to favour the occurrence and diffusion of a great epidemic. Compared with similar epidemics of prevaccination periods, this epidemic affords incontestable evidence of the value of vaccination. See Fraser: "The Epidemic of 1870-73, in relation to Vaccination." *Sanitary Record*, April, 1883.

^c Total small-pox deaths in England and Wales, 1873-79, 14,566. Annual average, 2,041. Total small-pox deaths in London (within the Bills), 1701-1800, 196,365. Annual average, 1,964.

^d Guy: "Two Hundred and Fifty Years of Small-Pox in London." *Journal of Statistical Society*, September, 1882.

2. Mortality from Small-pox among the Vaccinated, Doubtfully Vaccinated and Unvaccinated, under 10.

	Cases.			Deaths.			Mortality Per Cent.		
	Vaccinated.	Doubtfully Vaccinated.	Unvaccinated.	Vaccinated.	Doubtfully Vaccinated.	Unvaccinated.	Vaccinated.	Doubtfully Vaccinated.	Unvaccinated.
Metropolitan Asylum Hospitals ²¹	1,291	359	1,512	56	102	745	4.33	28.4	49.2

7. Among the vaccinated attacked by small-pox, the severity of the disease is inversely proportional to the quality of vaccination.

The severity of small-pox is found to vary with the quality of the vaccine marks. It is found that the more closely the cicatrix resembles the typical cicatrix (*i.e.*, the cicatrix resulting from the performance of vaccination in the best-known way), the less severe is the disease. The fact has been demonstrated by clinical experience, and is clearly illustrated by the following tables.

Classification of Small-pox Cases (Vaccinated) according to the Number and Quality of the Vaccine Cicatrices.

Table 1. Metropolitan Asylum Board Hospitals.²² (MacCombie).

	Marks.	Cases.	Deaths.	Mortality Per Cent.
Vaccination Imperfect	1	2,004	341	16.7
	2	2,476	279	11.2
	3	1,778	133	7.4
	4	949	46	4.2
Vaccination Good. ²³	1	1,095	70	6.4
	2	1,461	51	3.7
	3	1,095	41	3.7
	4	826	23	2.7

Table 2. London Small-pox Hospital (Marson).²⁴

	Marks.	Cases.	Deaths.	Mortality Per Cent.
Vaccination Indifferent.	1	1,555	353	21.43
	2	1,886	252	12.18
	3	1,161	65	4.77
	4	1,196	37	1.69
Vaccination Good.	1	1,059	34	2.75
	2	1,306	24	1.38
	3	992	14	1.01
	4	1,263	11 .....	.07

Classification of Small-pox Cases (Vaccinated) under 10, according to the quality of the Vaccine Cicatrices.²⁵

	Cases.	Deaths.	Mortality Per Cent.
Good Vaccination	372	2	0.53
Imperfect Vaccination	651	49	7.52

¹³ Heysham: Works.

¹⁴ Reports of Registrar-General.

¹⁵ Vide Registrar-General's Annual Summary for 1882.

¹⁶ This estimate is certainly well within the true proportion.

¹⁷ Vide Bousquet: *Traité de la Vaccine*, Paris 1883 (Statistics of the Epidemic of Small-pox in Marseilles in 1828, prepared for Soc. Roy. de Méd.); Cross: *History of Norwich* (Statistics of Small-pox in Norwich in 1819); Thomson: *Small-pox* (Epidemic in Quebec, 1819-20), etc. Compare also reports of Sanitary Commissioners in India, *e.g.*, Dr. Little's *Report on Vaccination in Berar* for 1881.

¹⁸ In the statistics of the metropolitan small-pox asylums, the "vaccinated" are those who present marks, however imperfect, of a primary vaccination; the "unvaccinated," those who present no marks, and in whose case it is admitted by the patients themselves, or their guardians, that they have never undergone the operation; the "doubtfully vaccinated," those who present no evidence of vaccination, but who profess to have undergone the operation, or have no knowledge as to whether they had ever undergone the operation. It is evident that the "doubtfully vaccinated" are really "unvaccinated."

¹⁹ Marson: Evidence before the Select Committee on Vaccination, 1871.

²⁰ These included cases admitted into the following asylums:—Deptford, 1878-81; Hampstead, 1876-78; Homerton Small-pox Hospital, 1871-82; Homerton Fever Hospital, 1876-77 and 1881-82; Stockwell, 1882. Vide annual reports of the several hospitals. For further figures consult report of Board of Health of the City of Philadelphia, 1872; papers on vaccination by Mr. Simon; etc.

²¹ Homerton Small-pox Hospital, 1871-80; Deptford Hospital, 1878; Stockwell Small-pox Hospital, 1882.

²² Deptford, 1878-79; Fulham, 1877-78; Hampstead, 1876-78; Homerton Fever, 1876-77; Homerton Small-pox, 1871-78.

²³ "Good Vaccination" is defined in the Metropolitan Asylums Board Hospitals Reports to mean "a superficial area of not less than one-third of a square inch of one or more cicatrices thoroughly well foveated."

7a. The value of vaccination is further shown by the almost absolute protection against small-pox afforded by successful revaccination in the adult, following efficient vaccination in infancy.

Revaccination affords protection to those, even, who are constantly exposed to the infection, as the nurses and attendants on small-pox hospitals. During thirty-five years' experience in the London Small-pox Hospital, Mr. Marson never had a nurse or a servant contract small-pox, all having been revaccinated.²⁶ In the hospitals of the Asylums Board during the last twelve years, small-pox has been almost unknown among the revaccinated members of the staffs.²⁷ This immunity is not to be explained on the supposition that the majority of these attendants had previously suffered from small-pox, because only a very small proportion of them were thus protected.²⁸ Nor is it to be explained on any hypothesis of "tolerance", because no such tolerance exists among unprotected nurses exposed to fever,²⁹ and those members of the staff of small-pox hospitals who had not been successfully revaccinated, and who had not already had small-pox, contracted the disease.³⁰

Further illustration of the protective power of revaccination is furnished by our own army and navy,³¹ and by the German as contrasted with the French army during the Franco-Prussian War.³²

8. Vaccination does not, in the vast majority of cases, endanger the life of, or cause injury to, the individual submitted to it.

It has occasionally been alleged that the operation of vaccination may be the means of conveying the poison of syphilis to the child submitted to it. That this risk may exist under exceptional combinations of circumstances may readily be admitted; but, seeing that syphilis can be produced only by its own specific virus, the inoculation of that disease in the operation of vaccination is compatible only with the grossest carelessness on the part of the operator. In England, the risk, if it exist at all, is certainly infinitesimal; and in no single instance have the Government inspectors of vaccination been able, after the most rigid inquiry, to find one single case of syphilis after vaccination.³³

In a small proportion of cases, the operation of vaccination is followed by erysipelas. When this occurs, however, it is, in most instances, due to avoidable circumstances, and in no case is it directly dependent on the vaccine virus. Moreover, the cases in which it occurs are so exceedingly rare that no reasonable man would hesitate, on account of this risk, to have his child vaccinated.

9. The facts adduced in the foregoing statement demonstrate that, by conferring protection against the most virulent of all contagious diseases, vaccination annually saves thousands of infant lives; and that its inestimable benefits are obtained at the cost of an infinitesimal amount of suffering.

²⁴ Marson: Evidence before Select Committee on Vaccination, 1871. In calculating percentage mortality, Mr. Marson has deducted those deaths occurring from superadded diseases; this is not done in the previous table.

²⁵ Metropolitan Asylum Hospitals, Homerton Small-pox, 1871-78; Deptford, 1878-81.

²⁶ Marson: Evidence before the Select Committee.

²⁷ Sweeting: *Memorandum on Vaccination*, presented to Metropolitan Asylums Board. Upwards of 20,000 cases of small-pox have been under treatment, during this period, in these hospitals.

²⁸ At Fulham, out of a staff of 295, only 42 had previously had small-pox; at Stockwell, 16 out of 340 had been patients at Homerton (during eleven years) 34 were selected from old patients; at Deptford, 20 out of 265; and on the Atlas, 3 out of 161. Vide Sweeting, *loc. cit.*

²⁹ In the three great fever hospitals of London, during the ten years 1871-80, during which period only 2,177 cases of typhus came under treatment, no fewer than 78 members of the staffs contracted that fever, with a fatal result in 21 instances. At Homerton Fever Hospital, during the two last winters, when typhus was somewhat prevalent in London, 14 members of the staff contracted the fever, of whom 2 died. Vide Reports for 1880, 1881, and 1882.

³⁰ Vide Sweeting, *loc. cit.*

³¹ Vide Hart: *The Truth about Vaccination*, pp. 57, 58, 74 and 75.

³² Total deaths from small-pox in German army (where revaccination was rigorously enforced), 263; in the French army (where revaccination was neglected), 23,469. Cf. Colin: *La Variole*.

³³ Vide Stevens: *BRITISH MEDICAL JOURNAL*, December 1879, p. 956.

DONATIONS.—Mrs. Barrs, of Haden Hill, has given £1,000 to the Guest Hospital, Dudley, and promised £5 5s. annually.—"A Lady" (per Messrs. Berwick and Co.) has given £500 to the Worcester Dispensary.—Sir Julian Goldsmid, Bart., has given 100 guineas, and Lady Goldsmid 50 guineas, to University College Hospital.—Sir Donald Currie, M.P., has given 100 guineas to the National Hospital for Consumption at Ventnor.—The Baroness Burdett Coutts has given £100 to Miss Mary Wardell's Convalescent Home for Scarlet Fever.—The Earl of Dartmouth has given £100 to the Salop Infirmary, Shrewsbury.

and quick, and her skin was pale and moist, although the child seemed in considerable danger; but I resolved to act cautiously, and I did not deem it necessary to mark the faradisation of the phrenic nerve, but, with the view of relieving the congestion of the lungs, I immediately placed the child in a warm bath. The beneficial effect of the warmth to the whole surface soon became obvious in the improved respiration, and the increased volume and slowing of the pulse. The child was then wrapped in a hot blanket and put into her cot. As soon as she could drink, some hot tea and milk was given to her. Our very excellent matron, Mrs. Croudace, watched the child nearly the whole night until 4 o'clock on Sunday morning. Mary was restless and started; she also wandered, and would say: "Get away, man; get away. There is a man sitting on my breast." She, however, slept for some time after 4 o'clock on Sunday morning, when her father came to see her. Mary did not know him, and she mistook the rails of her cot for children, to whom she offered biscuits. On Monday she also said there was a man in the ward when there were only nurses present, but since then she has gradually improved, and will be, I believe, quite convalescent in a day or two more. She has never mentioned her home, nor asked where she is. Two of her brothers were killed, and a third was taken to the General Infirmary, having sustained injury to the back. Thomas Rent, aged nine years, was received into the Children's Hospital on Tuesday evening with a fracture of the middle third of the right humerus. He was suffering a good deal of pain in consequence of his arm having been improperly bandaged and plastered by a bone-setter, to whom the child had been taken in the first instance. The arm was very tightly constricted by plaster, which was evidently the cause of the considerable swelling of the forearm and hand which was present. The arm about the bend of the elbow was considerably bruised. In consequence of the bruising and swelling, it seemed desirable at first to put the fracture up in straight splints extending well down the forearm, so that the limb might be laid on a pillow with the hand a little raised, to facilitate a reduction of the swelling. The result so far is satisfactory; the boy is to-day comfortable and doing well. It may be interesting to know that Rent was apparently the last child through the fatal door. He had got his head and body through the door when he paused for his little brother, and in an instant the rushing crowd of children jammed and broke his arm against the edge of the door. His little brother seems to have been carried on the heads of the crowd downstairs and was found safe, but with his head thrust through an open window. Isabella Howie, aged 10 years, the other child under my care, is at home. She presents contusions of the right arm and of the left side of the head, but they are not of a serious character. She also complains of pain over the lumbar spines, but there is no evidence there of contusion. She is very nervous, but altogether may be said to be progressing rapidly to convalescence. Howie came down the gallery-stairs hand in hand with Annie Maria Peace; when near the fatal landing, two boys separated them, the result being that the former escaped with the somewhat slight injuries described, whilst the latter was killed."

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At the annual meeting for election of officers, the following were elected for the year 1883-84. *President:* Dr. Thudichum. *Vice-Presidents:* Dr. Alderson, Mr. Lawrance, Dr. Travers, Dr. Hart Vinon. *Treasurer:* Mr. Alfred Cooper. *Secretaries:* Mr. Keetley, Mr. Hendley. *Council:* Mr. Alderton, Dr. Atkinson, Mr. Chippendale, Mr. F. S. Edwards, Mr. Hemming, Dr. Pope, Mr. Webber, Mr. Barnes, Mr. Lunn, Dr. Pickett, Mr. Potter, Mr. Walker. The report showed that an average of more than thirty-eight members had attended each meeting; that the total number of members was now one hundred and forty-five; and that the prospects of this new society were in every respect most satisfactory.

LONDON SANITARY PROTECTION ASSOCIATION.—At a meeting of the Council of this Association, held at 1, Adam Street, His Grace the Duke of Argyll was unanimously elected President, in place of Professor Huxley, who resigns the office of President, but retains his seat at the board; and the Hon. and Rev. C. Carr Glynn, Vicar of Kensington, was unanimously elected a member of Council. We are informed that the Association continues to progress; that, instead of the 533 members announced at the end of last year, it now numbers close on 700, and hopes to reach the thousand by the end of the current year. When that number is reached, we believe the Council intends to raise the entrance-fee, which is at present only one guinea.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL.

NOTICE OF QUARTERLY MEETINGS FOR 1883:

ELECTION OF MEMBERS.

MEETINGS of the Committee of Council will be held on Wednesday, July 11th, and October 17th. Gentlemen desirous of becoming members must send in their forms of application for election to the General Secretary not later than twenty-one days before each meeting, viz., September 26th, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

FRANCIS FOWKE, *General Secretary.*

November 9th, 1882.

COMMITTEE OF COUNCIL.

NOTICE OF MEETING.

A MEETING of the Committee of Council will be held in the Council Room of Exeter Hall, Strand, London, on Wednesday, the 11th day of July next, at two o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*

161A, Strand, London, June 14th, 1883.

COLLECTIVE INVESTIGATION OF DISEASE.

CARDS and explanatory memoranda for the inquiries concerning Acute Pneumonia, Chorea, and Acute Rheumatism, can be had by application to the Honorary Secretaries of the Local Committees appointed by the Branches, or to the Secretary of the Collective Investigation Committee. Of these diseases, each member of the Association is earnestly requested to record at least one ordinary case coming under observation during the year.

Inquiries concerning Diphtheria and Syphilis have been prepared, and can be had on application by those willing to contribute information on these subjects. There are two cards on Diphtheria, one containing clinical, the other etiological inquiries, together with an explanatory memorandum. One of these cards is intended to serve as a guide to the systematic examination of a house or district for sanitary purposes. There are also two sets of inquiries concerning Syphilis, one for acquired, the other for inherited, disease. These are accompanied by an explanatory memorandum giving information concerning the most recently observed symptoms of the inherited disease.

All these inquiries will be continued during the present year.

Applications, etc., to be addressed

The Secretary of the Collective Investigation Committee,
161A, Strand, W.C.

BRANCH MEETINGS TO BE HELD.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The annual meeting will be held at Swansea on Wednesday, July 4th. Members wishing to read papers, make communications, or show specimens, are requested to send subject of the same to either of the undersigned.—A. SHEEN, M.D., Cardiff; D. ARTHUR DAVIES, M.B., Swansea, Honorary Secretaries.—May 8th, 1883.

BORDER COUNTIES BRANCH.—The annual meeting of this Branch will be held at Keswick on Friday, July 6th, 1883. Members intending to read papers, or show specimens are requested to communicate with RODERICK MACLAREN, Honorary Secretary *pro tem.*, or J. SMITH, M.D., Honorary Secretary.

SOUTH-WESTERN BRANCH.—Mr. J. Harper, President; Mr. C. Bulteel, President-elect. The annual meeting will be held on Tuesday, June 26th, at the Royal Albert Hospital, Devonport. The chair will be taken at 3.15 p.m. The annual dinner will be at the Duke of Cornwall Hotel, Plymouth, at 6 p.m. The President-elect invites members to lunch at his residence, 34, Durnford Street, Stonehouse, from 12 to 2 o'clock. Mr. George Jackson will introduce for discussion the proposed Medical Provident Society scheme. The Secretary will be glad to receive notice of proposed papers and communications.—S. REES PHILLIPS, M.D., Honorary Secretary, Wonford House, Exeter.

BERMINGHAM AND MIDLAND COUNTIES BRANCH.—The annual general meeting of this Branch will be held on Thursday June 28th, at the Medical Institute, Edmund Street, at 3.30 p.m. An address will be delivered by the President, Dr. Balchazar Foster. The annual dinner will take place at the Grand Hotel, after the termination of the annual meeting, at 6 p.m. Dinner tickets, exclusive of wine, 5s. each. Members have the privilege of introducing one friend each to the dinner, whether a member of the medical profession or not.—EDWIN RICKARDS, M.B., A. H. CARTER, M.D., Honorary Secretaries.

SHERPESHIRE AND MID-WALES BRANCH.—The annual general meeting of this Branch will be held at the Salop Infirmary on Tuesday, July 3rd, at 1.30 p.m. An address will be given by the President, Dr. Edwyn Andrew. The annual dinner will be held at the Raven Hotel, at 5 p.m. Dinner tickets, including wine, 12s. 6d. each.—EDWARD CURETON, ARTHUR STRANGE, Honorary Secretaries.

THAMES VALLEY BRANCH.—The annual meeting of this Branch will be held at the Board Room of the Richmond Hospital, on Thursday, July 5th, at six o'clock. Members who intend to bring forward any communications are requested to give notice to the Honorary Secretary, EDWARD L. FENN.—Richmond, June 19th, 1883.

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT.—The next meeting of the above District will take place at Horsham; Mr. Bostock in the chair. Gentlemen intending to read papers or to bring forward subjects for discussion are requested to send notice to the Honorary Secretary, G. B. COLLET, 5, The Steyne, Worthing.—June 20th, 1883.

CAMBRIDGE AND HUNTINGDON AND SOUTH MIDLAND BRANCHES.—A combined meeting of the Cambridgeshire and Huntingdonshire and South Midland Branches will be held at Bedford on Friday, June 29th, 1883, under the presidency of R. H. Kinsey, Esq. A preliminary committee meeting of the Cambridge and Huntingdon Branch will be held at 12 o'clock, and of the South Midland Branch at 12.15 p.m.; and a general meeting will take place at 2.45 p.m.—all at the rooms of the Harpur Trustees. The President invites members to luncheon at his house, Harpur Place, at 1 o'clock, and he will be obliged by a reply, not later than Tuesday, June 26th, from all gentlemen accepting his invitation. 1. The President will deliver a short Introductory Address. 2. A discussion will be opened by Dr. Bradbury on the Etiology of Pneumonia. 3. Dr. Buszard will introduce a discussion on Croup and Diphtheria. The following cases and papers have also been promised. 4. Professor Humphry: The Crescentic Form of Cutaneous Diseases. 5. Dr. Jones: A Case of Poisoning from Arsenical Fabrics. 6. Dr. Latham. 7. Dr. Ingle: Imperfect Recovery after Delivery. Mr. R. W. Watkins will make a few remarks on the Medical Act Amendment Bill. Dr. Jones will exhibit some specimens of Tubercle Bacilli. A report will also be presented by the Collective Investigation Committee of the Cambridge and Huntingdon Branch. Cards and explanatory memoranda relating to Acute Pneumonia, Chorea, Acute Rheumatism, Diphtheria, and Syphilis, can be had on application to the Honorary Secretaries, B. Anningson, M.D., and G. F. Kirby Smith, Esq.—BUSHELL ANNINGSON, M.D., Cambridge; G. F. KIRBY SMITH, Bedford, Honorary Secretaries.

NORTH WALES BRANCH.—President, Roger Hughes, Esq.—The thirty-fourth annual meeting will be held at the White Lion Royal Hotel, Bala, on Tuesday, July 3rd, at 11.30 (for noon). Members desirous of reading papers are requested to communicate their titles to the Honorary Secretary. Agenda: 12.15, President's Address. Papers: 1. On a New Method of Treating Extensive Lacerated Wounds: by Dr. G. J. Roberts, Festiniog. 2. On Medical Reform—Local: by Dr. S. Griffith, Portmadoc. 3. Paper by Dr. David Lloyd Roberts, Manchester. 4. On Sanitation v. Infection in Zymotic Diseases: by Dr. J. R. Hughes, Denbigh. 5. Case of Strangulated Hernia: by Mr. Roger Hughes (deputy). 6. On Fifty Cases of Turning: by Mr. F. H. V. Grosholz, Aberdovey. The President requests the pleasure of members' company at luncheon at the Hotel on the arrival of the morning trains. After the meeting, the members and guests will dine together at 3 o'clock; tickets (inclusive) 10s. 6d. each.—J. LLOYD-ROBERTS, Honorary Secretary, Denbigh.—June 20th, 1883.

METROPOLITAN COUNTIES BRANCH.—President, Thomas Bridgewater, M.B.; President-elect, Charles J. Hare, M.D.—The thirty-first annual meeting of this Branch will be held at the Ship, Greenwich, on Wednesday, July 11th, at 4 p.m. Dinner at 6.30 p.m.; tickets, 12s. 6d. each, exclusive of wine. Members intending to dine are requested to apply to one of the Secretaries on or before July 7th.—ALEXANDER HENRY, M.D., 132, Highbury Hill, N.; W. CHAPMAN GRIGG, 6, Curzon Street, W., Honorary Secretaries.—June 21st, 1883.

WEST SOMERSET BRANCH.—The annual meeting will be held at the White Hart Hotel, Martock, on Thursday, July 12th. The President-elect, J. D. Adams, M.D., will take the chair at a quarter-past three o'clock punctually. Dinner at 5 o'clock.—W. M. KELLY, M.D., Honorary Secretary, Taunton.—June 20th, 1883.

BATH AND BRISTOL BRANCH.—The annual meeting of the above Branch will be held on Wednesday, June 27th, 1883, at the Museum and Library, Bristol, at 4.30 p.m., when J. K. Spender, M.D., will resign the chair to E. Crossman, Esq., President-elect, who will deliver an address. The business of the meeting will be to receive the report of the Council; to elect the officers of the Branch; to transact the necessary business; and to discuss such subjects connected with the interests of the Branch and of the profession as may be brought before it. The dinner will be held at the Royal Hotel, College Green, Bristol, at 6.30 p.m. Dinner tickets, including ice and dessert, 7s. 6d. each. The wines will be served at moderate charges.—E. MARKHAM SKERRITT, Honorary Secretary for the Bristol District, Thornton Villa, Richmond Hill, Clifton; R. J. H. SCOTT, Honorary Secretary for the Bath District, 13, Bladud Buildings, Bath.

YORKSHIRE BRANCH.—The annual meeting of the Yorkshire Branch will be held at Firth College, Sheffield, on Wednesday, June 27th, at 3 p.m., when the following business will be transacted. The President (Dr. Keeling) will deliver an Address. The Report of the Council will be read. The Officers and Council for 1883-4 will be elected. Mr. Snell will, at 2.45 p.m., exhibit several Ophthalmic Cases. The following papers will be read. Dr. C. F. Hutchinson: The Convalescent Institutions of Scarborough. Mr. Cooke: A recent case of Poisoning by Buter of Antimony, with some remarks on the Sale of Poisons' Act. Dr. Harris: Tabetic Disease of the Hip-Joint (Charcot). Dr. W. R. Thomas: On Obstinate Constipation; its Prevalence and its Consequences; with the Relation of some curious Cases. Mr. Snell: Two cases of Congenital Absence of Eyeball; and other cases of Congenital Eye and Ear Defects. Dr. Little: Medical Rubbing versus Medical Electricity. Mr. Prigdin Teale: Uterine Hæmorrhage arrested by Rapid Dilatation of the Os and Cervix, and the application of Carbolic Acid. Mr. W. A. Garrard: A case of Nephrotomy, in which a Calculus was removed

from the Pelvis of the Left Kidney. Dr. Banham: Two cases suffering respectively from Exophthalmic Goitre and Descending Lateral Sclerosis. Dr. Little will propose the following resolution: "That, in the opinion of this Branch, the time has fully come when distinguished medical men, in addition to being granted baronetries, should also be made life peers." After the meeting, the members will dine at 6 p.m. at the Wharnclyffe Hotel. Tickets (exclusive of wine), 7s. 6d. each.—ARTHUR JACKSON, Secretary, Wilkinson Street, Sheffield.—June 20th, 1883.

BRITISH MEDICAL ASSOCIATION. FIFTY-FIRST ANNUAL MEETING.

The Fifty-first Annual Meeting of the British Medical Association will be held at Liverpool, on Tuesday, Wednesday, Thursday, and Friday, July 31st, August 1st, 2nd, and 3rd, 1883.

President: WILLIAM STRANGE, M.D., Senior Physician to the General Infirmary, Worcester.

President-elect: A. T. H. WATERS, M.D., F.R.C.P., Senior Physician to the Royal Infirmary, and Professor of Medicine in University College, Liverpool.

An Address in Surgery will be delivered by REGINALD HARRISON, F.R.C.S., Surgeon to the Royal Infirmary, Liverpool.

An Address in Pathology will be delivered by C. CREIGHTON, M.D., formerly Demonstrator of Anatomy, University of Cambridge.

The business of the Annual Meeting will be conducted in ten sections.

SECTION A. MEDICINE.—*President:* John Cameron, M.D. *Vice-Presidents:* Thomas R. Glynn, M.D.; Frederick T. Roberts, M.D. *Secretaries:* Richard Caton, M.D., 18A, Abercromby Square, Liverpool; Byrom Bramwell, M.D., 23, Drumsheugh Gardens, Edinburgh.

SECTION B. SURGERY.—*President:* Edward R. Bickersteth, F.R.C.S. *Vice-Presidents:* W. Hargreaves Manifold, M.R.C.S.; W. Mitchell Banks, F.R.C.S. *Secretaries:* Rushton Parker, M.B., F.R.C.S., 61, Rodney Street, Liverpool; Edmund Owen, M.B., F.R.C.S., 49, Seymour Street, Portman Square, W.

SECTION C. OBSTETRIC MEDICINE.—*President:* W. M. Graily Hewitt, M.D. *Vice-Presidents:* John Wallace, M.D.; David Lloyd Roberts, M.D. *Secretaries:* John E. Burton, L.R.C.P., 64, Rodney Street, Liverpool; W. C. Grigg, M.D., 6, Curzon Street, Mayfair, W.

SECTION D. PUBLIC MEDICINE.—*President:* T. P. Teale, M.B., F.R.C.S. *Vice-Presidents:* William Carter, M.D.; W. Honner Fitzpatrick, M.D. *Secretaries:* F. Pollard, M.D., 52, Rodney Street, Liverpool; George Goldie, M.D., 123, Hyde Park Road, Leeds.

SECTION E. ANATOMY AND PHYSIOLOGY.—*President:* Professor E. A. Schäfer, F.R.S. *Vice-Presidents:* William Stirling, M.D.; Richard Norris, M.D. *Secretaries:* James Barr, M.D., 1, St. Domingo Grove, Everton, Liverpool; A. W. Mayo Robson, F.R.C.S., Hillary Place, Leeds.

SECTION F. PATHOLOGY.—*President:* T. H. Green, M.D. *Vice-Presidents:* E. H. Dickinson, M.D.; Joseph Coats, M.D. *Secretaries:* Frank Thos. Paul, F.R.C.S., 44, Rodney Street, Liverpool; James F. Goodhart, M.D., 27, Weymouth Street, W.

SECTION G. PSYCHOLOGY.—*President:* T. L. Rogers, M.D. *Vice-Presidents:* G. H. Savage, M.D.; D. Yellowlees, M.D. *Secretaries:* G. E. Shuttleworth, M.D., Royal Albert Asylum, Lancaster; W. Julius Mickle, M.D., Grove Hall Asylum, Bow, E.

SECTION H. OPHTHALMOLOGY.—*President:* T. Shadford Walker, M.R.C.S. *Vice-Presidents:* E. Nettleship, F.R.C.S.; C. E. Fitzgerald, M.D. *Secretaries:* E. A. Browne, M.R.C.S., 86, Bedford Street, Liverpool; C. E. Glascott, M.D., 23, St. John Street, Manchester.

SECTION I. DISEASES OF CHILDREN.—*President:* Samuel Jones Gee, M.D. *Vice-Presidents:* M. G. B. Oxley, M.D.; T. R. Jessop, F.R.C.S. *Secretaries:* H. G. Rawdon, M.D., 42, Rodney Street, Liverpool; H. Ashby, M.D., 13, St. John Street, Manchester.

SECTION J. OTOTOLOGY.—*President:* G. P. Field, M.R.C.S. *Vice-Presidents:* Edward Woakes, M.D.; C. Warden, M.D. *Secretaries:* Thos. Barr, M.D., 10, Albany Place, Sauchiehall Street, Glasgow; R. Williams, L.R.C.P., 82, Rodney Street, Liverpool.

Honorary Local Secretary: Alexander Davidson, M.D., 2, Gambier Terrace, Liverpool.

Honorary Treasurer: W. Mitchell Banks, F.R.C.S., 28, Rodney Street, Liverpool.

TUESDAY, JULY 31ST, 1883.

10.30 A.M.—Church Service at Pro-Cathedral. Sermon by Bishop of Liverpool.

12.0.—Meeting of Committee of Council.

12.30 P.M.—Meeting of the Council, 1882-3.

3 P.M.—First General Meeting: Report of Council and other business.

Adjourn at 5 P.M.

8.15 P.M.—Adjourned General Meeting: President's Address, and any business adjourned from meeting at 3 o'clock.

WEDNESDAY, AUGUST 1ST, 1883.

9.30 A.M.—Meeting of Council, 1883-84.
 11 A.M.—Second General Meeting. Address in Surgery.
 1.30 to 5 P.M.—Sectional Meetings.
 9 P.M.—*Soirée* in the suite of rooms forming the Arts Gallery, the Picton Reading Room, and the Free Library, by the President and Local Committee. To this, ladies will be invited.

THURSDAY, AUGUST 2ND, 1883.

9 A.M.—Meeting of Committee of Council.
 10 A.M.—Third General Meeting. Sectional Meetings. Adjourn at 1 P.M.
 2 to 5 P.M.—Sectional Meetings.
 6.30 P.M.—Public Dinner in the Philharmonic Hall.

FRIDAY, AUGUST 3RD, 1883.

10 A.M.—Fourth General Meeting. Address in Pathology. Sectional Meetings.
 2 P.M.—Concluding General Meeting.
 9 P.M.—*Soirée* by the Mayor of Liverpool, at the Town Hall. To this, ladies will be invited.

SATURDAY, AUGUST 4TH, 1883.
Excursions.

ANNUAL MUSEUM.

The museum will be in the same building as the reception-room, the general meetings, and the sectional meetings. In fact, all the business of the annual meeting will be carried on in one building, viz., the College, Shaw Street, Liverpool. The room which is specially devoted to museum purposes is a gallery, 300 feet in length, in the upper story, lighted from the roof. On the same floor are several additional rooms, so that the accommodation for exhibiting drugs and instruments is ample. On the second floor, adjoining the room where the Pathological Section meets, are two class-rooms, one of which will be used for the exhibition of pathological drawings and specimens, the latter for microscopes. A large hall on the ground-floor has been set apart for sanitary appliances, among which it is expected there will be a good exhibition of ambulances.

The museum will comprise: 1. Latest inventions in medical and surgical instruments, and appliances of all kinds, including No. 4. 2. New chemicals and apparatus; new drugs and their preparations; and new articles of diet for invalids. 3. Drawings, diagrams, or models, or apparatus connected with sanitary appliances. 4. Microscopes, thermometers, and other instruments of investigation. 5. Pathological specimens, etc.

Communications should be sent to Dr. Davidson, the General Secretary, 2, Gambier Terrace, Liverpool, or to the following: drugs, Dr. T. Bushby, 32, Clarence Street; surgical instruments, Dr. Alexander, 102, Bedford Street; Rushton Parker, Esq., 61, Rodney Street; sanitary appliances, Dr. Imlach, 16, Canning Street; pathological specimens and drawings, F. T. Paul, Esq., 44, Rodney Street. General Museum Secretary, Dr. Whitford, 37, Shaw Street.

Notice to Exhibitors.—Applications to be made as soon as possible, mentioning the space required. Each object to be accompanied by a written description or reference, and it is important that these descriptions should be sent as early as possible, viz., not later than July 26th. All parcels to be delivered on or after July 23rd, and not later than July 28th, and to be removed within three days after August 3rd; they must be addressed: The Curator of Annual Museum, British Medical Association, the College, Shaw Street, Liverpool. All expenses of carriage and all risk to be borne by the exhibitors. A card bearing the name and address of the exhibitor to be inclosed in each package, ready to be fixed to the outside.

The following papers, etc., have been promised in the various Sections.

SECTION A.—MEDICINE.

1. A Discussion on Aphasia will be opened by Professor Gairdner of Glasgow. Dr. Hughlings Jackson, Dr. Broadbent, Dr. Ferrier, Dr. Mahomed, Dr. Drummond, and Dr. Ross, will take part.
 2. A Discussion on the Causes and Consequences of Abnormal Tension in the Arteries will be opened by Dr. Broadbent. Dr. Milner Fothergill, Dr. B. Foster, and Dr. W. F. Wade will take part in the same.
 3. A Discussion on the Treatment of Purpura will be opened by Dr. Stephen Mackenzie. Dr. Finny (Dublin) and Dr. B. Foster will take part.

The following papers are also promised.

BENNETT, A. Hughes, M.D. 1. Spastic Paralysis. 2. A Case of Hysterical Malignancy; Experiments in Metalloscopy.
 BRAMWELL, Byrom, M.D. Cheyne-Stokes Respiration.
 BRUNTON, T. Lauder, M.D., F.R.S. Headache.
 CARTER, William, M.D.
 CATON, Richard, M.D.

DAVIDSON, Alexander, M.D.

DRUMMOND, David, M.D. 1. Perforating Tumour of the Dura Mater. 2. An Unusual Case of Locomotor Ataxy.

GABBETT, H. S., M.D. The Diagnostic Value of the Discovery of Koch's Bacilli in Sputum.

GLYNN, T. R., M.D.

MORRIS, Malcolm, Esq. The Use of Antimony in certain Skin-Diseases.

OLIVER, George, M.D. Bedside Urinary Testing.

ROSS, James, M.D. Rupture of the Brachial Plexus.

SHEARER, George, M.D. The Opium-Habit.

SMITH, Solomon C., M.D. Antiseptic Inhalations.

STRANGE, William, M.D. Sporadic Septicæmia.

THOMSON, —, M.D. Rupture of the Brachial Plexus.

Dr. Byrom Bramwell will give a Demonstration of Diseases of the Spinal Cord.

SECTION B.—SURGERY.

1. Mr. Clement Lucas will open a Discussion on Surgical Diseases of the Kidney, and the Operations for their Relief.

2. A Discussion on the Treatment of Intestinal Obstruction by or without Operative Interference will take place.

The following papers have been promised.

ATKINSON, E., Esq. Drainage of Joints.

BARTLETT, T. H., Esq. Roux's Amputation at the Ankle; its Superiority to Syme's.

BELLAMY, E., Esq. The Clinical Value of the Fascia.

BERNARD, Armand, Esq. Observations on Primary Venereal Sores.

BROWNE, J. W., M.D. Cases of Hernia.

CROSS, F. Richardson, Esq. The Treatment of Arthritis by Incision.

DRYSDALE, C. R., M.D. Recent Experiments on the Treatment of Syphilis.

FAGAN, John, L.K.Q.C.P. The Nature, Diagnosis, and Treatment of Hemarthrosis of the Knee-Joint.

HARDIE, James, Esq. Amputation by Oblique Circular Incision.

HEATH, Christopher, Esq. The Use of Plaster-of-Paris Bandages in the Treatment of Recent Fractures.

JESSOP, T. R., Esq. Some Results derived from Experience in Colotomy.

JONES, Thomas, Esq. Cases of Resection of the Ankle-Joint for Disease and Injury.

LE PAGE, J. F., Esq. The Evacuation of Deep Abscesses.

LOWNDES, F. W., Esq. Venereal and Sexual Hypochondriasis.

MORGAN, J. H., Esq. The Operative Proceedings in Cases of Intestinal Obstruction.

MORRIS, Malcolm, Esq. The Comparative Advantages of Scarification and Scraping in the Treatment of Lupus Vulgaris.

OWEN, Edmund, Esq. The Treatment of Large Nævi.

PEMBERTON, Oliver, Esq. Gastro-enterotomy.

RABAGLIATI, A. M.D. Cases of Osteotomy.

ROTH, Bernard, Esq. The Treatment of Non-spasmodic Torticollis.

SOUTHAM, F. A., Esq. A Case of Femoral Aneurysm, treated by Injection of Fibrein Ferment, and subsequently by Ligation of the External Iliac Artery.

STOKES, William, Esq. Excision of the Shoulder-joint.

WHITEHEAD, Walter, Esq. A Further Series of Twenty-five Cases of Excision of the Tongue with Scissors.

SECTION C.—OBSTETRIC MEDICINE.

Special discussions are expected to take place in this Section on the following subjects.

1. Total or Partial Extirpation of the Uterus for Malignant Disease. Introduced by papers by Professor Schroeder (Berlin) and Dr. Wallace.

2. On Operative Treatment of Uterine Fibromata. Introduced by papers by Dr. Keith, Mr. Knowsley Thornton, and Mr. Lawson Tait. Dr. Wallace has promised to take part.

3. On Metria (so-called Puerperal Fever). Introduced by a paper by Dr. Atthill. Drs. Grigg and T. More Madden have promised to take part.

4. Porro's Operation. Introduced by a paper by Dr. Clement Godson.

The following papers are promised.

ALEXANDER, William, M.D. On Shortening the Round Ligaments for the Cure of some Forms of Uterine Displacement.

BARNES, Fancourt, M.D.

BURTON, J. E., Esq. A Plea for the more Persevering Treatment of Uterine Cancer in Cases in which Operation by Removal is Impracticable.

LE PAGE, John F., Esq. On Axis-Traction in Delivery with Obstetric Forceps. Mr. Le Page will also exhibit Le Page's Axis-Traction Forceps.

MADDEN, T. More, M.D. Further Observations on certain Mental and Nervous Disorders peculiar to Women.

ROBERTS, D. Lloyd, M.D. Inversion of the Uterus.

TAIT, Lawson, Esq. Are Diseases of the Ovary (specially Cystoma) on the Increase?

WILLIAMS, A. Wynn, M.D. 1. On Displacements of the Uterus and their Treatment. 2. On Epithelioma of the Uterus and its Treatment.

SECTION D.—PUBLIC MEDICINE.

Four topics have been selected for discussion in this Section.

1. Directions in which Public Health Law might be advantageously Amended or Extended. Mr. Charles Wills will read a paper on this subject. Mr. Ernest Hart will read one on the Advisability of an Extension of the Law for the Regulation and Registration of Plumbing in Houses. Dr. William Carter will open a discussion on these papers.

2. Quarantine. Dr. Imlach will read a paper on Quarantine; and Dr. Stocker, lately Government Emigration Inspector at Queenstown, will read one on a cognate subject.

3. Disposal of Town-Refuse. Dr. Goldie and Dr. E. Whittle will read papers on this subject.

4. Etiology of Diphtheria and Autumnal Diarrhoea. Drs. Alfred Carpenter, H. J. Alford, and E. F. Willoughby will read papers on Diphtheria; and Mr. M. D. Makuna one on Autumnal Diarrhoea.

Captain Douglas Galton, C.B., F.R.S., has promised to read a paper on Hospital Construction.

The following papers are promised.

DRYSDALE, C. R., M.D. The Mortality of the Rich and the Poor.

JAMES, J. Brindley, Esq. On Cremation.

KERR, Norman, M.D. The Present Position of the Habitual Drunkards Movement.

LOWNDES, F. W., Esq. How to Make our own Houses Sanitary, with Personal Experiences.

MAKUNA, M. D., Esq. Small-pox and Vaccination Statistics; Diseases and Injuries to Health Attributed to Vaccination.

MARTIN, Johnson, Esq. On the Injury done to the Health of the Young by the Present System of Education.

MILLICAN, K. W., Esq. Evolution in Disease.

SHEARER, George, M.D. On the Opium-habit.

SECTION E.—ANATOMY AND PHYSIOLOGY.

The following papers have been promised.

ANDERSON, Edward C., M.D. Koumiss: its Modes of Preparation, Varieties, Physiological Uses, etc.

BARR, James, M.D. The Causes and Mechanism of the Cardiac Impulse.

HADDEN, W. B., M.D. Westphal's Phenomenon, or the so-called Paradoxical Contraction of Muscles.

MR. LENNOX BROWNE will exhibit on the magic-lantern screen, by means of oxyhydrogen light, a series of photographs of the Larynx and Soft Palate in the production of various Musical Tones.

Afterwards, Mr. Emil Behorke, from whom the pictures have been taken, will exhibit his Larynx to the members present, so as to demonstrate practically the physiological facts illustrated by the photographs.

Dr. Francis Warner will give a Demonstration of an Apparatus for obtaining Graphic Records of the Movements of Fingers, Hands, Head, etc., and enumerating them and their combinations.

Dr. John Harker will show a sketch of Abnormal Hands and Feet in the case of an Infant.

Mr. Sibley Hicks will exhibit a series of Embryos to illustrate the Development of the Chick.

SECTION F.—PATHOLOGY.

The following discussions will take place.

1. On Micro-organisms in Disease. To be opened by Dr. Dreschfeld.

2. On the Pathology of Dropsy. To be opened by Dr. Lauder Brunton.

3. On Chronic Inflammations of Bone. To be opened by Mr. Charters J. Symonds.

4. On Primary Growths of the Urinary Tract. To be opened by Mr. Frank T. Paul.

Cirrhosis and allied conditions of the Liver will be brought forward, should time allow.

It is desired to illustrate in as complete a manner as possible, by means of preparations and microscopical specimens, the Primary Growths of the Urinary Tract, especially of the Kidney, Bladder, and Prostate. The object of this investigation is to collect all the information that is to be obtained in this country, with the view of deciding what are the primary growths that have been met with in this region. The specimens lent will be arranged in the museum, and a report of the investigation will be brought forward in the Pathological Section by Mr. Paul. The Subcommittee will be very glad to receive (1) recent specimens; (2) mounted specimens of rare growths; (3) microscopical sections (these are specially requested). The specimens and sections will be returned to their owners after the meeting.

The following paper has been promised.

SILCOCK, A. Quarry, M.D. Some Points connected with the Repair of Fractures, with Specimens, etc.

SECTION G.—PSYCHOLOGY.

The following special subjects have been selected for discussion.

1. The Employment of the Insane. Introduced by Dr. Yellowlees.

2. Bone-Degeneration in the Insane. Introduced by Dr. J. Wigglesworth.

3. Cerebral Localisation in relation to Psychological Medicine. Introduced by Mr. W. Bevan Lewis.

4. General Paralysis. Introduced (if time permit) by Dr. W. J. Mickle.

SECTION H.—OPHTHALMOLOGY.

A Discussion on Tests for Colour-sense and for Acuteness of Vision, with special reference to Schools and Sailors, will be opened by Dr. W. A. Brailey, followed by Dr. Snellen (Utrecht). Messrs. Nettleship, Fitzgerald, and Higgins have promised to take part.

The following papers have been promised.

ABBOTT, George, Esq. Obstruction of the Nasal Duct, and its Treatment by Styles.

CRITCHETT, G. Anderson, Esq. Ulcers of the Cornea, their Varieties and Treatment.

FORBES, Litton, Esq. 1. On the Relations existing between certain states of the Sexual Organs and Visual Disturbance. 2. The Doctrine of Enucleation.

HIGGINS, Charles, Esq. On the Treatment of Painful Corneal Ulcers by Warmth and Eserine.

JONES, A. Emrys, M.D. 1. A Case of Orbital Abscess Communicating with the Brain. 2. A Case of Embolism (?) of the Central Artery of the Retina connected with Facial Erysipelas.

JULIE, Henry, Esq. On the Relative Merits of the Various Methods of Testing the Refraction of the Eye.

LEE, Charles George, Esq. Notes on the Refractive Conditions of Deaf-Mutes.

McKEOWN, W. A., M.D. 1. On the Use of the Magnet in Ocular Surgery. 2. The Treatment of Accidental Dislocation of the Lens.

MACNAMARA, Charles, Esq. On the Pathology and Treatment of Zonular Cataract.

MILES, P. H., M.D. An Elastic Movement for Carter's Astigmatic Clock.

SHEARS, Charles, M.D. Tobacco Amblyopia.

SNELL, Simeon, Esq. Miners' Nystagmus.

TAYLOR, Charles Bell, M.D. 1. On the Operative Treatment of Sympathetic Ophthalmia, with Cases. 2. On Transplantation of Skin with Temporary Pedicle without Scar. 3. Notes on the Operation for Cataract, with and without Iridectomy.

WATSON, W. Spencer, Esq. Shot-silk Appearance of the Retina.

WOLFE, John R., M.D. 1. On the Transference of Conjunctiva from the Rabbit to the Human Subject for the Cure of Symblepharon. 2. On the Treatment of Suppuration of the Tear-passages.

SECTION I.—DISEASES OF CHILDREN.

Three special subjects have been selected for discussion.

1. Dr. T. Barlow will open a discussion on Rheumatism and its Allies in Children. The following gentlemen have promised to take part in the discussion: Dr. O. Sturges, Dr. Rickards, Dr. Finlayson, Dr. Donkin, and Dr. Byers.

2. Dr. Ballard: On the Etiology and Pathology of Summer Diarrhoea. The following gentlemen have promised to take part: Dr. Borchardt and Dr. Seaton.

3. Mr. Morrant Baker: On Acute Epiphyseal Necrosis and its Consequences. The following gentlemen are likely to take part: Mr. J. H. Morgan, Mr. B. W. Parker, and Mr. G. A. Wright.

The following papers are promised.

ASHBY, H., M.D. On Scarlatinal Rheumatism.

GEE, Samuel J., M.D. Some Kinds of Albuminous and Purulent Urine in Children.

MORGAN, J. H., Esq. A Case of Epiphyseal Necrosis of the Humerus, followed by Considerable Shortening of the Arm.

MORISON, B. G., M.B. Infantile Diarrhoea and its Treatment.

OXLEY, M. G. B., M.D. Fatal Case of Chorea in a Child aged 10 Years.

PUGGE, R. N., Esq. Operations for the Radical Cure of Hernia in Childhood.

RAWDON, H. G., M.D. On the Operation for Hare-lip.

STURGES, O., M.D. On the Alliance of Rheumatism and Chorea.

TOMKINS, H., M.D. On the Clinical Features of Typhus Fever in Children.

WRIGHT, G. A., Esq. On the Value of Localising the Primary Lesion in Joint-disease, as an Indication for Treatment.

SECTION J.—OTOLOGY.

Discussions will take place on the following subjects.

1. A discussion on the more serious aspects of Chronic Purulent Inflammation of the Middle-ear will be introduced by Dr. W. Laidlaw Purves.

2. A discussion on the various forms of Artificial Tympanic Membrane, and their Comparative Value, will be introduced by Dr. F. M. Pierce.

The following gentlemen have expressed their intention of taking part in the discussions: Dr. Edward Woakes, Dr. Thomas Barr, Dr. Urban Pritchard, Dr. William A. McKeown, Dr. J. W. Browne, Dr. Richard Ellis, Dr. H. J. Hardwicke.

The following papers have been promised.

BARR, Thomas, M.D. Practical Observations on the Use of the Cotton-Pellet (Yeatsley's Artificial Tympanic Membrane) as an Aid to Hearing.

CASSELLS, James P., M.D. An Analysis of Ten Years' Aural Surgery.

FORBES, Litton, Esq. The Indications for, and Therapeutic Value of, Myringectomy.

McBRIDE, P., M.D. The Prognosis of Chronic Non-Suppurative Inflammation of the Middle-ear.

TORRANCE, Robert, Esq. Deafness in Cerebro-spinal Meningitis.

WILLIAMS, Richard, Esq. A Fatal Case of Chronic Purulent Inflammation of the Middle-Ear, from Extension to the Intracranial Cavity.

No communication shall occupy more than fifteen minutes, and no person shall be permitted to speak more than once, or for more than ten minutes, during the discussion thereon. A short abstract of each paper must be sent to the secretaries of the Section in which it is to be read, not later than July 25th.

N.B.—Members who desire to take part in the discussions, or to read papers, are earnestly requested to communicate without delay with the secretaries of the respective Sections.

FRANCIS FOWKE, *General Secretary.*

London, June 21st, 1883.

LANCASHIRE AND CHESHIRE BRANCH: ANNUAL MEETING.

THE forty-seventh annual meeting of the Lancashire and Cheshire Branch was held at Manchester on June 13th. Dr. BORCHARDT presided, and there was a large attendance of members.

Report of Council.—The report of the Council was read as follows.

The Council have the satisfaction of reporting to the annual meeting the continued growth and prosperity of the Branch. They regret to recall to the recollection of the members the death of Dr. MacEwen of Chester, President for the year, which took place soon after the last annual meeting. Dr. MacEwen entered the medical profession in the year 1833. He had been a member of this Branch for twenty-four years. Besides the President, 8 other deaths took place, and 22 resigned, most of them on account of having left the district; a few were struck off the roll for non-payment of subscriptions. In all, there have been 86 names removed from the list, reducing the numbers from 805 to 769; while 103 have joined during the year, so that our present number is 872. The additions made to the membership during the last two years have amounted to 197.

At the first Council-meeting after the death of Dr. MacEwen, Dr. Borchardt, one of the Vice-Presidents, was elected to act as President during the remainder of the year.

No intermediate meetings of the Branch have been held during the year, for the reason that no invitations were received to hold such meeting from any of the towns in our district. This inaction of the Branch is no doubt partly due to the circumstance of the approaching annual meeting of the Association in Liverpool. In the absence of an invitation from any other town to hold this annual meeting, the Council had the satisfaction last month in receiving an invitation from Manchester; and it cannot help expressing how deeply the Branch is indebted to Manchester for stepping in in the emergency.

Two subjects have specially engaged the attention of the Council during the past twelve months. The first was the proposed alterations in the laws relating to the education and registration of medical practitioners. Last year, this Council sent a memorial to the Government in favour of legislation in accordance with the recent Report of the Royal Commission on Medical Reform; and, when the Government Medical Act Amendment Bill was introduced into the House of Lords, the Council unanimously petitioned in its favour, and used all legitimate means to influence members of Parliament to support it.

The second subject was the constitution of the executive body of the Association (the Committee of Council). In December, this Council, learning that the subject was under the consideration of the Committee of Council in London, unanimously passed a resolution, that no change in the mode of election of members of the Committee of Council will be acceptable, which does not include direct representation of each Branch in proportion to its numbers; and, by a large majority, they resolved, that the railway travelling expenses of the representatives of the Branches be defrayed out of the funds of the Association. These two principles have been embodied in the proposed change in the constitution and government of the Association, which are to be brought before the annual meeting of the Association in Liverpool. Should this change be carried into effect, it will involve alterations in our Branch laws, which will necessitate a special meeting of the Branch being called. The Council petitioned also against Mr. Hastings's Bill, which compels medical men, under a penalty, to notify all cases of infectious disease to the public authorities.

The finances of the Branch are in a satisfactory condition. The following is the financial statement for the year ending December 31st, 1882: Balance in hand, January 1st, 1882, £77 19s. 10d.;

subscriptions received, 1882, £94; total, £171 19s. 10d. Expenditure for 1882, £78 12s.; balance now in hand, £93 7s. 10d.

The following were elected office-bearers for the ensuing year:—*President*, L. Borchardt, M.D. *Vice-presidents*, D. Lloyd Roberts, M.D.; Leslie Jones, M.D. *Vice-presidents elect*, W. Carter, M.D.; J. W. Watkins, M.D. *General Secretary*, C. E. Glascott, M.D., 23, St. John Street, Manchester. *Local Secretaries*, C. E. Steele, Esq., Liverpool; J. E. Garner, M.D., Preston; J. M. H. Martin, M.D., Blackburn; W. Hall, Esq., Lancaster; J. Taylor, Esq., Chester; D. De Vere Hunt, Esq., Bolton. *Twenty ordinary members of Council*, J. Atkinson, Esq., Crewe; W. M. Banks, Esq., Liverpool; W. Q. Barnish, Esq., Wigan; S. Buckley, M.B., Manchester; J. E. Burton, Esq., Liverpool; A. H. F. Cameron, Esq., Liverpool; P. M. Deas, M.D., Macclesfield; A. M. Edge, M.D., Manchester; W. Heath, Esq., Southport; A. Jamison, M.D., St. Helens; T. R. Jones, Esq., Manchester; J. H. Lightbourne, M.D., Preston; E. H. Monks, Esq., Wigan; S. H. Munro, M.D., Nantwich; J. E. Scowcroft, Esq., Bolton; G. E. Shuttleworth, M.D., Lancaster; W. J. Sinclair, M.D., Manchester; W. H. Stevenson, M.D., Blackburn; J. H. Wallis, M.B., Whittingham; E. Waters, M.D., Chester. *Forty-three representative members on the General Council*, F. J. Bailey, Esq., Liverpool; J. A. Ball, M.B., Heaton Norris; James Barr, M.D., Liverpool; G. Barron, M.D., Southport; L. Borchardt, M.D., Manchester; C. J. Cullingworth, M.D., Manchester; W. Macfie Campbell, M.D., Liverpool; W. Carter, M.D., Liverpool; D. M. Cassidy, M.D., Lancaster; J. Corns, M.D., Oldham; A. Davidson, M.D., Liverpool; J. Dreschfeld, M.D., Manchester; J. Farrar, Esq., Morecambe; W. H. Fitzpatrick, M.D., Liverpool; A. Gamgee, M.D., Manchester; C. E. Glascott, M.D., Manchester; T. R. Glynn, M.D., Liverpool; A. Godson, M.B., Cheadle; J. Hardie, M.D., Manchester; Leslie Jones, M.D., Manchester; J. Lambert, M.D., Birkenhead; D. J. Leech, M.D., Manchester; H. R. Ley, Esq., Prestwich; J. Dixon Mann, M.D., Manchester; H. Colley March, M.D., Rochdale; G. W. Mould, Esq., Cheadle; W. Musson, Esq., Clitheroe; Chauncey Puzey, Esq., Liverpool; A. Ransome, M.D., Manchester; E. Rayner, M.D., Stockport; D. Lloyd Roberts, M.D., Manchester; T. L. Rogers, M.D., Rainhill; J. Ross, M.D., Manchester; C. Rothwell, Esq., Bolton; S. Spratly, M.D., Rock Ferry; A. W. Stocks, Esq., Salford; G. Thomson, M.D., Oldham; C. Thorp, Esq., Todmorden; A. T. H. Waters, M.D., Liverpool; J. W. Watkins, M.D., Newton; F. P. Weaver, M.D., Frodsham; C. White, Esq., Warrington; W. Whitehead, Esq., Manchester.

Resignation of Dr. Davidson as Secretary.—A resolution expressing regret at the resignation by Dr. Davidson, of the office of secretary, and offering thanks to him for the able and energetic way in which he had for four years performed the duties of the office, was unanimously adopted.

President's Address.—The president, Dr. Borchardt, delivered an address on infant mortality and the milk supply.

Communications.—The following communications were made. 1. Dr. Lloyd Roberts showed two Dermoid Cysts of the Ovary. 2. Dr. Walters showed a patient on whom he had performed Nephrectomy. 3. Mr. Thomas Jones read notes of a case in which Spontaneous Fracture of the Femur had occurred twice in the same patient.

Medical Provident Society.—Mr. BROWN, of Bacup, read a paper on the proposed Medical Provident Society. He urged the necessity of forming a Benevolent Fund, which should be co-extensive with the British Medical Association, the aims of which would be to assist needy qualified medical men, their widows and orphans, and to provide for the education of sons and daughters, or other relatives of members. The terms of membership should be £1 1s. per annum; honorary members should pay £2 2s., and upwards. It was calculated that, if Lancashire and Cheshire were divided into fifty districts, and medical men appointed as stewards to personally canvass for members and the laity to join as patrons and benefactors, at least 500 would join. Mr. Brown proposed the following resolution, which was seconded by Dr. Walter, and carried unanimously, "That this meeting heartily approves of the formation of a medical society which shall combine the provident and benevolent principles, the latter being of paramount importance as the recent appeals in the JOURNAL too painfully prove, and that it desires the Committee of the Council of the British Medical Association to bring this question as early as possible before each Branch of the Association." Lunch was provided by the president, Dr. Borchardt, at the place of meeting.

Dinner.—The members dined together at the Queen's Hotel, when Principal Greenwood, Mr. O. Heywood, and other well-known public men of Manchester, were present.

EAST ANGLIAN BRANCH: ANNUAL MEETING.

The annual meeting of this Branch was held at King's Lynn on Thursday, May 24th. About eighty members were present. The chair was taken by the retiring president, W. M. CROWFOOT, M.B.

Address of the Retiring President.—Dr. CROWFOOT delivered an address on the Medical Act Amendment Bill, the greater part of which was published in last week's JOURNAL. In conclusion, he said: It only remains for me to congratulate the members of the East Anglian Branch on the success of the meetings held during the past year. In spite of unfavourable weather, the meeting at Beccles was fairly attended, and that held at Dereham was an unusually large one. The Branch had not before, I believe, held a meeting in that part of the district, and the medical men residing in the neighbourhood mustered in large numbers, and entertained the meeting in the most hospitable manner. At both meetings the supply of papers and cases was abundant, and the discussions on these were of much interest. I am sure that I am only expressing the feelings of every member of the East Anglian Branch, when I say that it is a very great pleasure to us to be joined, on this occasion, by the members of the Cambridgeshire Branch. Such a conjoint meeting can scarcely fail to be a successful one.

Dr. Crowfoot then resigned the chair to the president for 1883-84, John Lowe, M.D., of King's Lynn.

The Medical Act Amendment Bill.—Mr. C. PALMER (Great Yarmouth) proposed, and Dr. BROWNE (Great Yarmouth) seconded "That we protest against the action of the Parliamentary Bills Committee of the Association in proposing that no man be entitled to have his name entered on the *Medical Register* as a registered medical practitioner unless, in addition to the licence of the General Medical Council, he shall be attached subsequently to one of the universities or medical corporations, and be authorised to register the title as acquired." After a lengthened discussion, the motion was carried.

Report of Committee of East Anglian Branch.—The Honorary Secretary (Dr. W. A. ELLISTON) then read the following report of the Council. "The Council beg to report that they have met for the consideration of business of more or less importance on three occasions since the last annual meeting—at Dereham in September; at Norwich, at which Mr. T. W. Crosse was elected the representative of the Branch upon the Parliamentary Bills Committee, and this morning. The Council have pleasure in announcing a large accession of members during the past year. Last year they reported the members of the Branch as upwards of 150, and this year, notwithstanding the loss of some esteemed members, including two former presidents (Messrs. Roger Nunn of Colchester, and Spencer Freeman of Stowmarket), they are able to announce that the East Anglian Branch exceeds 200, and now stands tenth in numerical strength of the thirty-seven Branches of the Association. The Council recommend that the autumn meeting in 1883 be held at Newmarket; the annual meeting for 1884 at Colchester; and that R. F. Symmons, Esq., of Colchester, be President-elect. The Council beg to direct the attention of the Branch to the impending change in the government of the Association, which, as it has received the sanction of a summoned meeting of both the Committee of Council and of the Council of the Association, will almost with certainty be adopted. The principle of the change is the abolition of the Council and of the Committee of Council, and the election of a new governing body by direct representation of the Branches. As every Branch of upwards of 200 members will have the privilege of electing two representatives, the East Anglian will be called upon to elect two; and the Council recommend that the senior Honorary Secretary (Dr. William Alfred Elliston) and Mr. Thomas William Crosse, be elected to represent the Branch, and that their travelling expenses to and from London at each quarterly meeting be paid by the Branch. The Council recommend that Mr. George Edwards Jeffreson be elected the representative of the Branch upon the Parliamentary Bills Committee. The Council are of opinion that all the expenses of postage and printing incurred by the Collective Investigation Committee be defrayed by the Branch."

Upon the motion of Dr. OWENS, seconded by Dr. DALE, the report was received and adopted.

New Members.—Twenty-six new members were elected.

Council.—The following gentlemen were elected the Council for 1883 and 1884, in addition to the President (John Lowe, M.D.) and the Honorary Secretaries (W. A. Elliston, M.D., and M. Beverley, M.D.); T. E. Amyot, Esq.; F. Bateman, M.D.; W. Cadge, Esq.; E. G. Barnes, M.D.; E. Crickmay, Esq.; W. M. Crowfoot, M.B.; G. C.

Edwards, Esq.; R. V. Gorham, Esq.; F. Haward, Esq.; J. S. Holden, M.D.; H. S. Robinson, Esq.; R. F. Symmons, Esq.

President's Address.—The PRESIDENT delivered an address on the Influence of the Antiseptic Treatment on the Theory and Practice of Surgery. A special vote of thanks for the address was moved by Mr. CADGE and seconded by Dr. EADE.

Luncheon.—The PRESIDENT entertained the members, at 1.30, at an elegant luncheon at the Town Hall.

Papers.—After luncheon, the meeting was resumed, and the following papers were read.

1. Dr. Paget (Cambridge): A Case of Coincidence of Diphtheria and Typhoid Fever.

2. Dr. Eade (Norwich): A Case of Asthma; Treatment by Galvanism.

3. Dr. Latham (Cambridge): Megrim; Its Pathology and Treatment.

4. Dr. Dale (Lynn): Pulmonary Consumption and Infection.

5. Mr. S. H. Burton (Norwich): A Case of Scarlet Fever followed by Pyæmia.

Collective Investigation of Disease.—Mr. BURTON (Norwich) read the report of the Collective Investigation of Disease Committee, stating that thirty-four cases had been recorded by various gentlemen in Norfolk and Suffolk, in addition to a report of an epidemic of seventy cases of diphtheria at Magdalen, Norfolk, by Mr. W. L. King.

Dinner.—At six o'clock the members adjourned to a dinner at the Globe Hotel, where a large party assembled, under the presidency of Dr. Lowe.

CORRESPONDENCE.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

SIR,—Enclosed is a copy of a letter which I sent to Mr. Wheelhouse of Leeds, in reply to one addressed to the candidates for election on the Council of the Royal College of Surgeons.—Faithfully yours, W. MAC CORMAC.

13, Harley Street, June 16th.

"13, Harley Street, W., June 15th.

"Dear Sir,—Should I be fortunate enough to be elected a member of the Council of the College of Surgeons, it will become my duty to help, to the best of my ability, to carry on the business of the College. I shall also endeavour to promote all that may appear most conducive to the dignity and prosperity of an institution of which not English surgeons only, but surgeons all over the world, are proud.

"Until I have an opportunity of fully considering the merits of a question, and more especially its bearings on a particular case, I should be sorry to pronounce judgment. I shall, therefore, if elected, enter the Council free to follow that course which may appear best, and I must decline to pledge myself beforehand to a particular line of conduct.

"I find that the question of Fellows voting 'either in person or by voting-paper' has been referred to a committee of the Council. If successful as a candidate, I should have to consider the report of this committee, and it appears to me wrong to prejudge so important a matter.—Faithfully yours, WILLIAM MAC CORMAC.

"C. G. Wheelhouse, Esq."

ALLEGED DEATH FROM VACCINATION.

SIR,—Under this heading, you reported in your issue of May 26th, the inquest held by Dr. Thomas, the coroner of West Middlesex, on the death of George Andrews.

As this case has excited some considerable interest, I trust you will allow me to state certain facts of importance omitted from your report, and also to correct one or two inaccuracies. In the first place, the inquiry resulted from the refusal of Mr. Henry F. Burns (then a non-registered practitioner) to give a certificate of death, on the ground, as he stated at the inquest, that the vaccination had not been skilfully performed; and that one of the punctures had degenerated into a suppurating wound one inch in depth by measurement. This condition was proved to be absolutely non-existing by the oath of five medical men who were present at the *post mortem* examination, all of whom also swore that the vaccination had been properly performed. I should here state that Mr. Burns was not, as stated in your report, present at the necropsy, although he had received notice of the time and place from Mr. Willoughby, the

UNIVERSITY INTELLIGENCE.

THE RELATION OF OXFORD TO THE PROFESSION OF MEDICINE.
 SIR,—I should very much like to call your attention to a letter received by Lord Granville, from Dr. Acland, and published in the JOURNAL of April 28th, p. 846, as well as in the daily papers, which is calculated to give a false impression to the public concerning the medical and scientific curriculum in the University of Oxford.

The writer divides the course of instruction for medical education at Oxford into three categories, upon which it may not be uninteresting to offer a few words of comment.

1. "General philosophical education as represented by the old *Litteræ Humaniores*." The existence of such a branch of learning is certainly true, but there is evident omission of the fact that it is not a pass, but an honour school, and one which, with very rare exceptions, it generally takes four years' hard reading to pass.

2. "The study of the natural sciences." After passing one's two obligatory classical examinations, "Smalls," and "Mods," an interval of at least six months elapses before what is termed the "preliminary science" (chemistry and physics) examination takes place. Save those few who take these sciences as two of their three subjects in the pass finals, this examination has to be passed by every undergraduate at some time previous to his taking a science degree. The unfairness of this arrangement is obvious, for, *inter alia*, while those men who make chemistry or physics their final subject have but one extra science to get up, those who go in for biology (and the majority here have thoughts of ultimately entering the medical profession) are obliged to read two extra ones. It may not be out of place to mention that until last term, when an elementary course of lectures on Human Osteology was started, there has been no scientific instruction whatever in Human Anatomy for the last five or six years, and, as far as one may judge by appearances, there seems little chance of any, for some time to come.

3. "The actual study of disease itself," which, as the writer adds, is left "to the vast opportunities of the metropolitan hospitals and schools." Now, sir, it is indeed curious for Dr. Acland, the Regius Professor of Medicine himself, to have given expression to a statement wherein lies a correct representation of perhaps one of the greatest abuses of trust to which undergraduates have ever been exposed. At the beginning of every term there appears some such notice as this, in the official organ, the *University Gazette*. "The Regius Professor of Medicine, Dr. Acland, will give informal instruction in Medicine, on Mondays, at twelve."

Of course the guileless youth to the place appointed, to find the extremely affable Professor. The writer of the letter to Lord Granville—who, by this time, is quite polished in the art—discourses most eloquently, touches on the glories of the Alma Mater, lays stress on his own still unrecognized merits, quotes, may be, a little Latin or Greek, but, *experto crede*, at the same time, distinctly gives his undergraduate visitor to understand that Oxford is not the place fitted for a medical school, and that, so far as medicine is concerned, he does not intend lecturing during the rest of the term. I have it on reliable authority that at the last appointed time of meeting three men turned up for "informal instruction," but the instruction was the thing that failed.

It does indeed seem strange that an university, having, as it does, an infirmary with well-appointed staff, should tolerate conduct such as this in a professor, who, though receiving handsome emoluments *ad hoc*, absolutely refuses to lecture himself, or to find a substitute. In conclusion, it is needless to point out that practices, such as these, are far from being conducive to the promotion, success, and welfare of the scientific study of medicine in the University of Oxford.—Believe me, sir, yours, A SCHOLAR OF HIS COLLEGE.

MEDICO-LEGAL NOTES AND QUERIES.

CORONERS AND POST MORTEM EXAMINATIONS.

SIR.—A few days ago a man, aged 73, who had only complained of indigestion and rheumatism in one leg, and had not required any medical attendance for ten years, went to take his usual afternoon's nap on his bed; in an hour and a half afterwards, his wife found him lying dead on his bed. There was not anything to suggest suicide or poisoning. The coroner elected to hold an inquest, a course he felt bound to take in accordance with a recent decision of the Lord Chancellor, and issued an order to me to "make an external *post mortem* examination," and report thereon at the inquest. I having been called in to see the body as soon as it was found. Will you kindly inform me: 1. Has the coroner the power to limit the *post mortem* examination to an external examination? 2. With such an order, am I legally entitled to the usual fee of a guinea for a *post mortem* examination?—I am, sir, yours faithfully, M.D.

**. The order form which our correspondent received from the coroner, and which he enclosed, is, we believe, the usual one issued when a complete *post mortem* examination ("comprising an examination of the viscera, head, chest and abdomen, and, if necessary, an analysis of the contents of the stomach") is required; but the coroner, by inserting the word "external" before the words "*post mortem*," evidently intended that the medical witness should view the body only. Nevertheless, as "M.D." obeyed the coroner's mandate, and made a special "external *post mortem* examination," as requested in the order, we think he is justly entitled to an extra fee for so doing; but it is doubtful whether he could claim it legally. Should he again, however, receive a similar order, it would be well to communicate with the coroner before proceeding to examine the body.

DR. WILLIAM COLLINGRIDGE, Medical Officer of Health of the Port of London, was a successful candidate in the recent examination for the degree of Master of Laws of the University of Cambridge.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, June 14th, 1888.

Gardner, Thomas Frederick, Watford, Herts.
 Hill, Hugh Gardiner, Coton Hill, Stafford.
 Spencer, Herbert Ritchie, Atherstone, Warwickshire.
 Wigmore, Frederic Henry, Ecclestone Street, Chester Square.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the usual monthly Examinations for the Licences of the College, held on Monday, Tuesday, Wednesday, and Thursday, June 4th, 5th, 6th, and 7th, the following candidates were successful:

For the Licences to practise Medicine and Midwifery.—Adela Bosanquet, London; Daniel Wycherley Donovan, Dublin; James Edward Fitzgibbon, Castlereagh, co. Roscommon; George Robert Moore Graham, Melbourne, Australia; Francis Brunel Hawes, Kingstown, co. Dublin; Elizabeth Longhead, London; Arthur William McMath, Dublin; Patrick Harward Murray, Strokes-town, co. Roscommon; John Joseph O'Hagan, Mullingar, co. Westmeath; Alfred Ernest William Ramsbottom, Aliwal North, Cape Colony; George Peirce Ridley, Dublin.

For the Licence to practise Medicine only.—John Joseph Lyons, Dublin.

For the Licence to practise Midwifery only.—Christopher Peter Kelly, Navan, co. Meath; John Maxwell Trimble, M.D., M.Ch. Roy. Univ. Bel., West Bromwich.

The following Licentiates in Medicine of the College, having complied with the by-laws relating to membership, pursuant to the provisions of the Supplemental Charter of December 12th, 1878, were duly enrolled as Members of the College:

Gilbert Lynch, M.D. Univ. Dub., Lic. Med., 1876, London; George Lombe St. George, L.R.C.S. Edin., Lic. Med., 1871, Lisburn, co. Antrim; Ann Elizabeth Clark, M.D. Bernie, Lic. Med., 1878, Birmingham.

MEDICAL VACANCIES.

The following vacancies are announced:

ALVERSTOKE MEDICAL BENEFIT SOCIETY.—Medical Practitioner. Salary, £200 per annum. Applications to Mr. John Ellicott, 10, Shaftesbury Terrace, Gosport.

BOROUGH OF BRADFORD.—Medical Officer of Health. Salary, £500 per annum. Applications to the Chairman of the Sanitary Committee, and endorsed "Medical Officer of Health," by June 30th.

BOURNEMOUTH COTTAGE HOSPITAL AND DISPENSARY.—Resident Medical Officer and Secretary. Salary, £120 per annum. Applications to the Secretary.

CHURCH STRETTON UNION, Shropshire.—Medical Officer and Public Vaccinator to the First District. Salary, £40 per annum. Applications by July 2nd.

CHURCH STRETTON UNION, Shropshire.—Medical Officer and Public Vaccinator to the Workhouse. Salary, £10 per annum. Applications by July 2nd.

CHURCH STRETTON UNION, Shropshire.—Medical Officer and Public Vaccinator to the Fourth District. Salary, £46 5s. per annum. Applications by July 2nd.

EASTERN DISPENSARY OF BATH.—Resident Medical Officer. Salary, £100 per annum. Applications marked "Eastern Dispensary," to the Honorary Secretary, Rev. Conway Joyce, M.A., 6 Richmond Hill, Bath, by July 2nd.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.—Registrar and Chloroformist. Salary £30 per annum, with an additional £20 if the post is held for twelve months. Applications by June 25th.

GLASGOW EYE INFIRMARY.—Resident House-Surgeon. Salary, £75 per annum. Applications by July 10th.

HEREFORDSHIRE RURAL SANITARY.—Medical Officer of Health. Salary, £500 per annum. Applications by July 3rd.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Resident Clinical Assistant. Applications by June 30th.

HUDDERSFIELD INFIRMARY.—Senior House-Surgeon. Must be doubly qualified. Salary, £30 per annum. Applications to Frederick Eastwood by July 6th.

HUDDERSFIELD INFIRMARY.—Junior House-Surgeon. Must possess one registered qualification. Salary, £10 per annum. Applications to Frederick Eastwood by July 6th.

JOINT COUNTIES ASYLUM, Carmarthen.—Junior Assistant Medical Officer. Salary, £100 per annum. Applications to Dr. Hearder by July 7th.

LEEDS SCHOOL OF MEDICINE.—Resident Curator. Salary, £20 per annum. Applications by July 3rd.

LEIGH LOCAL BOARD.—Medical Officer of Health. Salary, £70 per annum. Applications by June 25th.

LIVERPOOL NORTHERN HOSPITAL.—Resident House-Surgeon's Assistant. Applications to the Chairman by July 3rd.

LONDON LOCK HOSPITAL, MALE AND OUT-PATIENT DEPARTMENT, 91, Dean Street, Soho, W.—House-Surgeon. Applications by June 23rd.

MANCHESTER ROYAL INFIRMARY.—Resident Medical Officer of the Convalescent Hospital at Cheadle. Salary, £150 per annum. Applications by June 30th.

PUBLIC DISPENSARY, 59, Stanhope Street, Clare Market.—Dispenser. Salary, £5 per month. Applications to the Secretary, 5 Bishop's Court, Lincoln's Inn, by June 25th.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, Bloomsbury.—Assistant-Physician. Applications by July 4th.

QUEEN'S HOSPITAL, Birmingham.—Honorary Surgeon. Applications by July 9th.

ROYAL HANTS COUNTY HOSPITAL, Winchester.—House-Surgeon. Salary, £100 per annum. Applications by July 4th.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY.—Joint Physician. Personal applications at the Dispensary, No. 60, King Street, Golden Square, W., on Thursday, June 28th, at 4.30 P.M. punctually.

ST. PANCRA'S AND NORTHERN DISPENSARY.—Physician. Applications to the Committee by June 28th.

ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington, W.—Demonstrator of Physiology and Histology. Salary, £100 per annum. Applications by July 7th.

STOCKTON-UPON-TEES HOSPITAL AND DISPENSARY.—House-Surgeon. Salary, £200 per annum. Applications by July 14th.

SUNDERLAND INFIRMARY.—Second House-Surgeon. Salary, £60 per annum. Applications by July 3rd.

TORBAY HOSPITAL AND PROVIDENT DISPENSARY, Torquay.—Junior House-Surgeon. Salary, £90 per annum. Applications to W. H. Kitson, Esq., Hensworth, Torquay, by July 16th.

WESTERN DISPENSARY, Rochester Row, Westminster.—Consulting Accoucheur. Applications by June 30th.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton.—House-Physician (who will also be required to act as Chloroformist, Pathologist, and Medical Registrar). Salary, £100 per annum. Applications to the Chairman of the Medical Committee by June 25th.

MEDICAL APPOINTMENTS.

BURNET, Robert W., M.D., C.M., appointed Pathologist to the Chelsea Hospital for Women.

CAIGER, F. F., M.R.C.S. & L.R.C.P. Lond., appointed Resident Accoucheur to St. Thomas's Hospital.

CHADWICK, Charles M., M.A., M.B. Oxon., appointed House-Physician to the London Hospital, E.

CLARKE, Ernest, M.B., B.S., appointed Assistant-Surgeon to the Central London Ophthalmic Hospital.

DICKINSON, T. V., M.D., appointed Assistant-Physician to the Chelsea Hospital for Women.

FELL, W., M.A., M.B. Oxon., M.R.C.S., L.R.C.P., appointed House-Physician (extension) to St. Thomas's Hospital.

FENTON-JONES, W. Hugh, M.D., appointed Anaesthetist to the Chelsea Hospital for Women.

HAIG-BROWN, C., M.B. & C.M. Aberd., M.R.C.S., L.S.A., appointed House-Physician (extension) to St. Thomas's Hospital.

HARPER, James, M.B., appointed Resident Medical Officer to the Chelsea Hospital for Women.

HERRINGHAM, W. P., M.B., appointed Casualty-Physician to St. Bartholomew's Hospital, vice F. Kidd, M.B.

HORROCKS, Peter, M.D., appointed Assistant-Physician to the Chelsea Hospital for Women.

SAINSBURY, Harrington, M.D., M.R.C.P., appointed Physician to Out-patients at the North-West London Hospital.

SEARFEN, E. C., M.R.C.S., appointed House-Surgeon to the Lincoln County Hospital.

SHEPPARD, W. J., M.B. & M.S. Durham, M.R.C.S., L.R.C.P., appointed House-Physician (non-resident) to St. Thomas's Hospital.

STEVENSON, W. E., M.B., appointed Casualty-Physician to St. Bartholomew's Hospital, vice S. Mall, M.B.

STONHAM, Charles, M.R.C.S. Eng., appointed Surgeon for Out-patients to the North-West London Hospital.

TRAYERS, William, M.D., appointed Assistant-Physician to the Chelsea Hospital for Women.

VENN, A. J., M.D., M.R.C.P., appointed Assistant Physician for Diseases of Women to the West London Hospital.

VINRACE, J. H., M.B., appointed Assistant to the Resident Medical Officer to the Hospital for Consumption and Diseases of the Chest, Brompton.

WALLER, Augustus, M.D., appointed Lecturer on Physiology at the London School of Medicine for Women, vice E. A. Schafer, Esq., F.R.S., Jodrell Professor of Physiology, resigned.

WELLS, A. E., M.B. Lond., M.R.C.S., L.R.C.P., appointed House-Surgeon (extension) to St. Thomas's Hospital.

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.

BIRTH.

HOPGOOD.—On the 15th instant, at Albion House, Stockton Road, Sunderland, the wife of Thomas F. Hopgood, of a daughter.

MARRIAGES.

ALEXANDER-PRIDHAM.—On the 21st ultimo, at St. Jude's Church, South Kensington, by the Rev. A. Lempriere Poukes, M.A., assisted by the Rev. Clement Davis, M.A., and the Rev. C. McAnally, M.A., James Alexander, Esq., M.D., of Paignton, South Devon, to Mabel Blanche, only daughter of Charles Pridham, F.R.C.S.E., of 62, Hogarth Road, South Kensington.

ROSS-LOCKWOOD.—On the 2nd instant, at St. Peter's Church, Brighton, by the Ven. Archdeacon Hannah, D.C.L., John Harris Ross, M.D., of St. George's Place, Brighton, to Susie, daughter of Phillip Causton Lockwood, C.E., of Brighton.

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 Orthopedic, 2 P.M.—Hospital for Women, 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, 3 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 Orthopedic, 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 A.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. W., 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.; 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, S., 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; Orthopedic, 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; Orthopedic, 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. 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., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

LUMINOUS PAINT.

SIR.—I do not know whether it has occurred to my professional brethren that the "luminous paint" might be made of great advantage, especially in country places where gas does not abound, either to paint "name" or "night-bell," or a circle round the latter.—Yours, etc.,
W. J. LAND.
Tonbridge, June 14th, 1883.

. The suggestion has already been made; see BRITISH MEDICAL JOURNAL, 1881, Vol. ii., pages 656 and 924.

A COUPLE OF QUESTIONS.

SIR.—1. Will you, or some member, kindly give me the recipe for "Brodie's gout and rheumatic pills," as prescribed by the late Sir B. Brodie? Are they really as magical in their results as is sometimes claimed for them? I presume the basis is colchicum.

2. Has anyone yet faithfully tried "Naquet's hair-dye," the recipe for which was given in the JOURNAL for October 7th, 1882, p. 690? and what is his experience respecting it? How often should it be used, and how? After carefully following the directions as to its manufacture given in the place quoted, and after a couple of months' daily application, I regret to say that the hair still keeps to its pristine grey. I do not like to prescribe a lead dye; but as Naquet has failed, I fear I shall have to submit. Will some one kindly give me a really good receipt—a lead dye, if there be nothing better.—I am, sir, faithfully yours,
HYSUTUS.

THE FEEDING OF INFANTS.

SIR.—If, in any future cases of apparent inability to digest cows' milk and water, Mr. Orichion will make close inquiry as to whether the milk has been boiled or scalded, I do not think he would ever require to resort to any elaborate and impracticable diminishing of the casein by means of rennet. The boiling or scalding is very frequently carried out at the dairy, with a view to the better preservation of the milk; but, wherever done, it renders the casein as comparatively indigestible as hard boiling makes the albumen of eggs as compared with raw ones.

On looking over the counterfoils of my certificate of death book, I find it is considerably over two years since I have had occasion to sign a certificate of death for an infant in my own practice (I do not include an acephalous monster and three very premature infants, as not either of them was born with sufficient vitality to carry on existence for more than a very few hours), during which period there have been about one hundred births; but I feel very sure I should not have enjoyed this immunity if I had not, in many instances, strenuously urged upon the mothers and nurses the importance of stopping the boiling or scalding, and of getting the milk fresh twice a day. This may appear a small point; but in my experience it is frequently a very vital one in the successful rearing of infants.—Yours faithfully,
LAC BUBULUM.

SUBCUTANEOUS INJECTION OF ERGOT.

SIR.—In reference to the subcutaneous injection of ergot, the preparation which has been found most useful here is one prepared after Professor Simpson's recommendation. \mathcal{R} Ergotine (Bonjean's) 3ij; aquæ 3vj; chloral hydratis 3ss. M. This makes a solution, 20 minims of which contain 5 grains of ergotine, and 20 minims is a good dose for injection. The chloral keeps the solution for some weeks, but after this lapse of time it becomes unreliable. It is, however, preferable to glycerine, etc., as glycerine causes more pain after injection, and is doubtfully as good a preservative. The needle should be entered at least an inch and a half directly into the buttock, about midway between the great trochanter and the tuber ischii. It ought to be rapidly entered, slowly emptied, and quickly withdrawn. Here it is given in almost every case directly after expulsion of the placenta; and those cases which do not have it suffer more from after-pains, and have the lochia rubra longer persistent. I have never seen any local effect from the injection, the pain is trifling, and the action speedy.—Yours faithfully,
G. ARMSTRONG ATKINSON, M.B., C.M., House-Surgeon,
Edinburgh Royal Infirmary.

Lauriston Place, Edinburgh, June 11th, 1883.

BROUGHAM VENTILATORS.

MR. PRIDGIN TEALE informs us that Messrs. Silk and Sons, carriage-builders, Long Acre, have just completed a new brougham, having in the roof a window ventilator, which Mr. Teale has devised and used for his own personal use, which is, he feels, likely to prove a great boon to medical men who live much in their broughams. He states that for the convenience of medical men who may desire to see it, Messrs. Silk will keep a carriage a fortnight on view before sending it down to him at Leeds. It is, he says, the first carriage which has been built in London with Mr. Teale's ventilators.

A MEMBER.—The conduct described by a member who writes to us from the Welsh mining district, appears to us to be illegal, and he would do well to consult a solicitor.

MEDICAL ACTS AMENDMENT BILL.

SIR.—I would suggest that no one, however superior his qualifications might be, who kept an open shop, selling hair-oil, tooth-brushes, etc., should be on the *Medical Register*.—Yours obediently,
JOHN DALE.
Stockton-on-Tees, June 11th, 1883.

DILEMMA.—It would be well to decline to consider any such proposition until a vacancy has actually occurred. That is time enough for the question to be put and answered.

ERROR OF MISPLACEMENT.

SIR.—I shall be much obliged if you will correct an error which appeared in the JOURNAL of June 2nd, page 1066, "Case of Recurrent Sarcoma of Femur." It was a private case, and not one of my infirmity patients as stated.—I am, yours sincerely,
R. BURDETT SELLERS.
Rochdale, June 3rd, 1883.

TREATMENT OF SYPHILIS.

SIR.—1. In the treatment of secondary syphilis, is the biniodide of mercury a safe and readily eliminated remedy? 2. Is one-sixth of a grain of perchloride of mercury, dissolved with five grains of iodide of potassium in an ounce of water, an excessive dose for a strong adult man?
THERAPEUTIST.

. 1. Yes. 2. It would depend on whether the patient were accustomed to mercury, the nature of the symptoms present, and the frequency of administration. One-sixteenth to one-eighth of a grain is the usual dose.

P. Q. R. should apply to the secretary of the Charity Organisation Society, 15, Buckingham Street, Adelphi, who will give him the desired information.

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

Silicate Carbon Filter Company, London; Dr. J. A. Grant, Ottawa; Mr. W. J. Land, Tunbridge; Dr. Duffey, Dublin; Mr. A. Wheeler, Darlington; Sir William Mac Cormac, London; Dr. W. White, Hadfield; Mr. E. Stanmore Bishop, Manchester; Dr. R. Lee, London; Mr. T. F. Hopgood, Sunderland; Dr. W. Hitchman, Liverpool; Messrs. Drew and Cadman, London; Dr. J. F. Sykes, London; Dr. J. I. Mackenzie, Rugby; Dr. B. Foster, Birmingham; Mr. W. D. Spanton, Hanley; Dr. R. A. Douglas Lithgow, London; Dr. T. F. Pearce, Haslemere; Dr. O. T. Aveling, Upper Clapton; Dr. Sawyer, Birmingham; Dr. Danford Thomas, London; Mr. B. G. Morison, London; Dr. P. B. Collier, London; Mr. J. B. Clarkson, Liverpool; Mr. E. H. Myles, Punjab; Dr. J. McNaught, Newchurch-in-Rosendale; Dr. Fairbanks, Wells; Miss E. A. Barnett, London; Medicus; Dr. Carter, Liverpool; Dr. E. Whittle, Liverpool; Mr. George Brown, London; Dr. I. Owen, London; Mr. C. J. Power, London; Dr. E. C. Baber, Brighton; Mr. G. Irvine, Castle Blayne; Dr. Murrell, London; Dr. D. G. Prothero, Malvern; Dr. Herman, London; Mr. F. Nicholls, Croydon; Dr. G. E. Barron, Windsor; Mr. G. Fraser Henry, Bury St. Edmunds; Dr. Buck, Leicester; Dr. C. H. Hill, London; Mr. A. T. Brand, Duffield; Dr. W. G. Smith, Dublin; Dr. J. W. Martin, Sheffield; Dr. W. F. Cleveland, London; Dr. Alfred Wise, London; Dr. Thomas Dutton, Slidesham; Our Aberdeen Correspondent; Dr. E. Rickards, Birmingham; Mr. G. F. Gubbin, London; Dr. Albert Westland, London; Mr. A. A. Knight, London; Mr. G. Bothwell, Topsham; Mr. Waterston, Sunderland; Mr. J. Potts, Sunderland; Mr. C. G. Wheelhouse, Leeds; Mr. Ernest Clarke, London; Mr. W. H. Brown, Leeds; Dr. Sedgwick, London; Mr. F. Quick, Coventry; Mr. J. Atkinson, Crewe; Messrs. Jackson and Graham, London; Mr. A. R. Manby, Swaffham; Dr. J. W. Beattie, Sunderland; Dr. R. R. Gregg, New York; Mr. Cosmo Innes, London; Dr. L. Jones, London; Dr. Waters, Chester; Dr. Parsons, Dover; Dr. W. O. Lambert, Sunderland; Mr. J. J. Merriman, London; Dr. McKendrick, Glasgow; Dr. Joseph Rogers, London; Dr. William Mortimer, Tarriff; Mr. T. H. Moorland, Colshill; Mr. S. Huggett, Liverpool; The Secretary of the Parkes Museum; Mr. J. F. Pink, London; Dr. Littlejohn, Edinburgh; Dr. Manson Fraser, London; Dr. Vasy Ash, Gosport; Dr. Styrap, Shrewsbury; Mr. W. H. Wright, Derby; Dr. C. Holman, Frankfurt; Dr. F. Bagshawe, St. Leonard's; Dr. W. E. Steavenson, London; Dr. C. M. Chadwick, London; Mr. James A. Gordon, Norwich; Mr. Mark Judge, London; Mr. Alfred Jubb, Huddersfield; Mr. J. Fletcher Little, Leeds; Dr. Moffat, Oldham; Dr. Donald McAlister, Liverpool; Mr. W. T. Freeman, Croydon; Mr. T. D. Cook, Kettering; Mr. J. Arthur, Wingate; Mr. W. Wood, London; Dr. Parsons, Dover; Dr. Saundby, Birmingham; Member; Mr. George St. George, Lisburn; Dr. Fairlie Clarke, Southborough; Dr. Welford, Sunderland; Dr. Aitken, Rome; Mr. G. Houlton Bishop, London; The Secretary of the Society of Arts; Mr. G. F. Rossiter, Weston-super-Mare; Dr. Felce, London; Mr. J. W. Gooch, Windsor; Mr. Arthur Cooper, London; Mr. A. Jackson, Sheffield; Mr. Sedley Wolfenstan, Plymouth; Mr. Morley Douglas, Sunderland; Dr. Murphy, Sunderland; C. B. A., etc.

BOOKS, ETC., RECEIVED.

Tables of Materia Medica; A Companion to the Materia Medica Museum. By T. Lauder Brunton, M.D., F.R.C.P., F.R.S. New Edition. London: Macmillan and Co. 1883.

Elements of Histology. By E. Klein, M.D., F.R.S. Illustrated with 181 Engravings. London, Paris, and New York: Cassell and Co. 1883.

The Pathology and Treatment of Diseases of the Ovaries (being the Hastings Essays for 1873). By Lawson Tait, F.R.C.S. Edin. and Eng. Fourth Edition, rewritten and greatly enlarged. Birmingham: Cornish Brothers. New York: William Wood and Co. 1883.

Materia Medica; A Manual for the Use of Students. By Isambard Owen, M.D. London: J. and A. Churchill. 1883.

The Botanical Atlas; A Guide to the Practical Study of Plants. By D. M'Alpine, F.C.S. Vol. II, Cryptogams. Edinburgh: W. and A. K. Johnston. 1883.

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