

the medical papers in London, Glasgow, Edinburgh, Birmingham, and other large centres, and that other means should be taken to gain increased publicity.

The SECRETARY reported that Mr. Daly had written, proposing that, instead of a weekly sum in sickness, the Society should send a *locum tenens* to carry on the work of the sick member.

This was discussed, but was unanimously considered to be impracticable.

Mr. BRINDLEY JAMES proposed that the heads of the profession be addressed by a special letter, calling their attention to the Society, and asking them to co-operate in making it known and extending it, especially among young men entering the profession.

The CHAIRMAN referred to the first declaration on the proposal-form as being so worded, that some who were desirous of becoming members might be deterred because they could not subscribe to it, whereas the object of the form was to obtain information as to the general condition of the proposer's health, and the fact of his having to alter that declaration would not necessarily debar him from membership. He also suggested that proposers should give dates of their illnesses, and of their being accepted or declined by other insurance societies, as this would much facilitate the examination of the cases.

It was unanimously agreed that it would be very desirable to state these points more plainly in the future, and that, after a short time, the proposal-form should be revised.

The remainder of the sitting was devoted to the report of the sub-committee on the proposal-forms, and to the decision as to rejection or admission of members.

INTERNATIONAL HEALTH EXHIBITION.

PREPARATIONS for the holding of this Exhibition are proceeding rapidly. The Board of Trade have certified that the Exhibition is an International Exhibition. Formally, the buildings will be considered, by Her Majesty's Customs, as a bonded warehouse during the continuance of the Exhibition. The General Committee now numbers nearly four hundred members, and from these seventeen subcommittees have been formed. The allotment of space, which has been largely applied for, is being rapidly proceeded with, and applicants will soon be informed of the decision of the Executive Council with regard to their applications. In response to a request made by His Royal Highness the Prince of Wales, President of the Exhibition, the eight water-companies of London have resolved to exhibit, in a pavilion which is being erected for them, their appliances for the supply, filtration, etc., of water, together with diagrams showing the various processes and localities; and a powerful subcommittee, under the active chairmanship of Colonel Sir Francis Bolton, has been formed to carry out this branch of the Exhibition. The water-companies have also determined to put up in the grounds a large fountain, which will be illuminated at night by electricity. This fountain of light will, it is anticipated, materially add to the beauty of the illumination of the gardens. It is impossible, as yet, to give any definite information with regard to foreign countries; but, so far as one can judge at present, Belgium, China, and India will be the best represented. A Royal Commission has been appointed in Belgium, and the Consul-General in London is their active representative here. To China has been allotted the space which it occupied last year at the Fisheries Exhibition; and a Chinese tea-garden, restaurant, and shop, will not be the least interesting objects in the Exhibition. India is to be adjacent to China, and strenuous exertions are being made to secure the united action of many of the principal tea-planters in India, so as to insure a good and representative show of the Indian tea-growing industry.

COLLECTIVE INVESTIGATION OF DISEASE.

LIST OF RETURNS RECEIVED IN JANUARY 1884.

I.—PNEUMONIA (71).

G. R. Allan, M.D.; F. Alderson, M.D.; J. Alexander, Esq. (2); W. Alexander, M.D.; B. L. Batterbury, M.D. (2); C. Biddle, Esq.; M. G. Biggs, Esq.; C. Y. Biss, M.B.; J. Blair, M.D.; W. P. Brabazon, M.D. (2); E. Bowen, M.D.; C. Boyce, M.B.; H. L. Brown, Esq. (3); W. E. S. Burnett, Esq.; J. Carmichael, M.D.; T. R. H. Clum, Esq. (5); G. M. Colman, M.B.; H. Denne, M.D.; C. E. Douglas, M.D.; G. M. Edmonds, M.D. (8); W. A. Finlay, M.D. (3); G. A. Gibson, M.D.; M. Greenwood, M.D.; W. Lamb, M.D. (2); S. G. Littlejohn, M.B. (5); J. J. Lloyd, Esq. (2); J. T. McMahon, Esq.; H. C. March, M.D. (2); W. W. Millard, M.B.; J. W. Moir, M.D. (2); W. L. Paget, M.D.; H. Parsons, Esq.; J. Rand, M.B.; H. G. Rawdon, M.D.; J. Reid, M.B.; D. J. Reid, M.B.; F. Salter, Esq.; W. D. Sheppard, Esq. (2); J. Taylor, Esq.; T. E. Underhill, M.B. (4); T. J. Webster, Esq. (6); D. M. Williams, Esq.; O. Williams, Esq.; T. Wollaston, M.D.

II.—CHOREA (10).

C. Y. Biss, M.B.; J. M. Booth, M.B.; Thos. Collier, Esq.; W. L. Hunter, M.D. (9); J. T. McMahon, Esq.; W. D. Sheppard, Esq.; T. Wollaston, M.D. (2).

III.—RHEUMATISM (10).

M. G. R. Biggs, Esq.; W. Kelly, Esq.; J. J. Lloyd, Esq.; J. T. McMahon, Esq.; D. J. McKenzie, M.D.; A. C. Rich, M.B.; G. H. Salter, Esq.; T. E. Underhill, M.B.; T. Wollaston, M.D. (2).

IV.—DIPHTHERIA (12).

D. H. Barley, M.B. (2); C. Biddle, Esq.; W. A. Hollis, M.D.; R. Lowther, M.D. (3); J. A. E. Stuart, Esq.; T. Wollaston, M.D. (2); J. B. Wooly, M.B. (2).

IVa.—DIPHTHERIA (2).

W. A. Hollis, M.D.; J. A. Erskine Stuart, Esq.

V.—SYPHILIS (2).

T. Wollaston, M.D. (2).

Va.—SYPHILIS (2).

M. G. R. Biggs, Esq. (2).

VI.—GOUT (4).

J. H. Galton, M.D. (2); T. Wollaston, M.D. (2).

VII.—PUERPERAL PYREXIA (2).

J. Murphy, M.D.; T. F. Pearce, M.D.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1884:

ELECTION OF MEMBERS.

MEETINGS of the Council will be held on Wednesday, April 9th, July 9th, and October 15th, 1884. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than twenty-one days before each meeting, viz., March 20th, June 20th, and September 25th, 1884, 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*.

COLLECTIVE INVESTIGATION OF DISEASE.

CARDS for recording individual cases of the following diseases have been prepared by the Committee; they may be had on application to the Honorary Secretaries of the Local Committees in each Branch, or on application to the Secretary of the Collective Investigation Committee.

- | | |
|---------------------------|------------------------|
| I. Acute Pneumonia. | v. Syphilis, acquired. |
| II. Chorea. | va. „ inherited. |
| III. Acute Rheumatism. | VI. Acute Gout. |
| IV. Diphtheria, clinical. | |

URGENT.—*The Committee needs 150 more cases of Pneumonia, and hopes that they will be sent in as soon as possible.*

Applications should be addressed to

The Secretary of the Collective Investigation Committee,
September, 1883. 161A, Strand, W.C.

NOTICE.—*The Life-History Album* prepared by the Collective Investigation Committee is now ready, and can be ordered of all booksellers, price 3s. 6d.

BRANCH MEETINGS TO BE HELD.

THE NORTH-WESTERN PROVINCES AND OUDH BRANCH.—Meetings are held on the first Friday in every month, at half-past nine, after dinner at eight o'clock. Gentlemen wishing to be present are requested to communicate with the Secretaries, Surgeons SHIRLEY DEAKIN and W. A. MORRIS, 8, City Road, Allahabad.

STAFFORDSHIRE BRANCH.—The second general meeting of the present session will be held at the Railway Hotel, Stafford, on Thursday, February 28th, at half-past three o'clock in the afternoon.—VINCENT JACKSON, Secretary.—January 28th, 1884.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at Ashford, on March 13th; Dr. Wilks in the chair. The Chairman kindly asks all members to lunch at his house, and has obtained the Royal "permit" to conduct the members over Eastwell Park, the residence of H.R.H. the Duke of Edinburgh, before the meeting. The order of business will be as follows: 2.30 P.M., Collective Investigation Subcommittee. 3 P.M.; Dr. Joyce: Whether the recognised Infectious Diseases be ever simulated by Non-infectious Forms; The Communicability of Disease from Animals to Man. Dr. Eastes: Incision of the Chest in Empyema. Dr. Wilks: A case of Delirium Tremens treated by Cold Affusion. The dinner will take place at 6 P.M.—T. WHITEHEAD REID, Honorary Secretary, 34, St. George's Place, Canterbury.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of this district will take place on Friday, March 28th, at Woolwich; Sir James Hanbury, K.C.B., A.M.D., in the chair. Gentlemen desirous of reading papers or exhibiting specimens are requested to inform the Honorary Secretary of the district, A. W. NANKIVILL, F.R.C.S., St. Bartholomew's Hospital, Chatham, not later than February 29th. Further particulars will be duly announced.—A. W. NANKIVILL, Honorary Secretary.—January 29th, 1884.

THAMES VALLEY BRANCH.—The next meeting will be held at the Griffin Hotel, Kingston-on-Thames, on Wednesday, February 27th.

METROPOLITAN COUNTIES BRANCH: WEST MIDDLESEX DISTRICT.—The next meeting of the above District will take place on Friday evening, February 29th, at 8 o'clock, at the Horbury Schoolroom, Notting Hill. A paper will be read by Mr. Noble Smith, on Mechanical Appliances in the Treatment of Deformities, with Diagrams.—ED. HART VINEN, Honorary Secretary, 17, Chepstow Villas, Bayswater.

BATH AND BRISTOL BRANCH.—The fourth ordinary meeting of the session will be held at the Museum and Library, Bristol, on Wednesday evening, February 27th, at half-past seven o'clock; E. Crossman, Esq., President. The following communications are expected: 1. A case of Typhoid Fever illustrating the Effects of Kairin: R. S. Smith, M.D. 2. Two cases of Amputation at Shoulder-Joint for Tumour of Biceps, with specimens: N. C. Dobson. 3. Short notes on cases of Uterine Polypi removed by Operation: A. E. Aust Lawrence, M.D. 4. Two cases of Venesection in Heart-Disease: A. J. Harrison, M.B.—E. MARKHAM SKERRITT, R. J. H. SCOTT, Honorary Secretaries.—Clifton, February, 1884.

METROPOLITAN COUNTIES BRANCH: NORTHERN DISTRICT.

A MEETING of this district was held at the residence of Dr. Cree, St. John's Park, Upper Holloway, on January 31st.

The Dangers of Collective Investigation.—Dr. G. W. POTTER read a paper on this subject. He observed that investigation was the parent of knowledge. Two competent persons investigating the same phenomena would arrive at conclusions more entitled to authority, than one person working alone. The value of conclusions was directly proportioned to the number of competent persons who arrived at them under the same circumstances. A hasty inference from these postulates would affirm the great value of the collective investigation now conducted by representatives of the British Medical Association; but such an inference might be very far from the truth. Inductions which were intended to be raised to the rank of formulated principles, must be obtained under certain indispensable conditions. The collective investigations of the British Medical Association could not fulfil these conditions; therefore, from these investigations, a real advance of positive knowledge, a gain of incontrovertible rules, was not to be expected. It was maintained by Dr. Potter: 1. That when the conditions of investigation vary, certainty is not attainable; 2. That where a moderate degree of certainty cannot be attained, formulated rules may be misleading and dangerous. The conditions of the investigations under consideration differed in three essential particulars. (a) The investigators differed. Among the thousands of practitioners who took part in the work, only a small proportion were competent, by natural capability and education, to conduct scientific inquiries. There must on this account be a winnowing of the wheat from the chaff when the answers to questions were returned. Who was to act the part of the winnowing-fan? What principles of selection would be adopted in order to secure the survival of the fittest? Four principles of selection were suggested. 1. Heads might be counted, and a mere numerical majority might decide concerning truth and error. 2. The answers given by men of more or less eminence might be chosen, and truth decided by great names. 3. The committee (i.e., the secretary and one or two others, perhaps) might select from the answers those which they considered nearest the truth—"the discovery of truth by committees." 4. All the answers might be shaken up in a bag, and a certain number withdrawn at random, a proceeding which might be designated the "search for truth by lottery." (b) The subjects of investigation differed. This was, of course, inevitable. If there were any generally received principles of classification, whereby the different investigators might at least know when they were investigating exactly similar cases, just comparisons might be made, and trustworthy results arrived at. But there were no such generally received principles, and this was a further element of uncertainty. (c) The circumstances under which the investigations were made differed widely. For example, one case of pneumonia might occur in a sanitariously perfect house on a breezy sea-side down; another might be in a wretched slum, where every breath inhaled was laden with poison, and the surroundings of the patient were unspeakably depressing. These varying circumstances would not merely affect the final result, but profoundly modify every incident and feature of the case during its whole history. The want of identity, or even of approximate similarity, in these three important conditions of investigation, rendered any approach to certainty absolutely unattainable. Dr. Potter maintained, in the second place, that where a moderate degree of certainty was unattainable, formulated rules might be misleading and dangerous. The results of the investigations would undoubtedly be formulated and published, and many persons would attach

to them the idea of finality. This was greatly to be deprecated. It was impossible that the results of this or any other investigation of similar facts, by whomsoever conducted, could be really final; and any attempt to stamp these results with an appearance of finality was thoroughly unscientific and misleading. Moreover, it was dangerous to truth in the abstract, and to certain classes of medical practitioners. The weak and the timid, who were easily imposed upon by authority, however constituted, would accept the finality idea, and cease to think original investigation necessary or profitable. Their feeble and flickering consciousness would be reduced to a minimum, a very undesirable result. The indolent and the confident would become more confirmed in their faults. If they knew as much as the Collective Investigators, and if the Collective Investigators knew all that is to be known, what more would be desired? In concluding, Dr. Potter said that the work undertaken by the Committee would undoubtedly be of some value, though not of the kind which would be attributed to it by many. It would not settle anything. It would add little or nothing to positive knowledge. As an educational and disciplinary movement, it would be of service to those who took part in it.

After a vote of thanks had been passed, a general discussion ensued.

[Dr. Potter's remarks apply, it may be said, to all investigations of all subjects, under all circumstances, by all persons; forasmuch as the subjects always differ, the circumstances always differ, and the investigators always differ. Nevertheless, it is by this method, and by making due allowance for these various and inherent sources of fallibility, that science is advanced. Collective investigation, on a large scale, is being more generally resorted to, and it seems that the advantages of thus bringing together many facts from many sources will more than compensate for certain necessarily attendant disadvantages. Those who are carrying on the work of collective investigation on the part of the Association are fully alive to the difficulties with which they have to contend, and may be trusted, we hope, to make careful analyses of the facts submitted to them. We trust the members of the profession are not quite so incompetent to conduct scientific inquiries as Dr. Potter seems to think, but there can be no doubt that those who take part in this disciplinary movement will be benefited by it.—ED.]

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

A MEETING of this Branch was held in the Medical Institute, New Edmund Street, on Thursday, February 14th. The chair was taken by the President, Dr. BALTHAZAR FOSTER. Forty members were present.

New Member.—Mr. Alfred Freer was elected a member of the Branch.

New Laws.—Dr. Foster moved, and Mr. Lawson Tait seconded, the adoption of the laws of the Branch revised by the committee appointed for that purpose. Dr. Foster proposed, and Mr. Manley seconded the adoption of the revised laws of the Council.

Communications.—The following communications were made:

1. Mr. Vincent Jackson showed a Tumour removed from the internal surface of the Iliac Bone.
2. Mr. Priestley Smith showed a Picture of an Eye removed for Sarcomatous Growth. He also exhibited the patient from whom the eye had been removed.
3. Mr. Lloyd Owen showed a patient on whom he had operated for Abscess of the Frontal Bone.
4. Dr. T. Savage showed two Parovarian Tumours which he had removed.
5. Dr. Carter showed a case of Ichthyosis.
6. Mr. J. Lloyd showed a patient from whom he had removed an Epithelioma of the Leg.
7. Dr. Savage read a paper on Abdominal Sections, performed by him in 1883.
8. Mr. Messiter (Dudley) read a paper on Pneumonia in Enteric Fever.
9. Mr. Vincent Jackson exhibited a large Tumour, recently removed from a married female, aged 25. When admitted into the Wolverhampton and Staffordshire General Hospital, she stated that it had been growing since 1882 without pain or tenderness. Upon examination, it was determined that the tumour was extraperitoneal, its exact position being on that side of the abdomen coming from the right innominate bone, just below the crest, and not far from the anterior superior spinous process. The regions that it occupied were the right iliac, right lumbar, umbilical, and hypogastric. Its position upon palpation seemed to be superficial, but was doubtless beneath the muscles in this situation. The measurements were five inches transversely, and three inches from above down. The outer or attached end was fixed, the inner rounded

and free. Upon removal, the growth was found to be lying upon the peritoneum, and at one point adherent to it so closely, that before separation was effected, the membrane was opened. The tumour weighed one pound and a half, was encapsuled, and in structure fibrous.

BRITISH GUIANA BRANCH.

A MEETING was held at the Colonial Hospital, Berbice, on December 18th, 1883. Fifteen members were present.

Telegrams from Drs. Widdup and Shannon, regretting inability to attend, were read.

New Member.—Dr. Manget was unanimously elected a member of the Branch.

Chairman.—In the unavoidable absence of the President and the President-elect, Dr. MANGET was voted to the chair.

Communications.—The following communications were made.

1. Dr. Hillis read a paper on the *Bacillus of Leprosy*, on which an animated discussion ensued, taken part in by Dr. Manget and other members present. It was moved by Dr. Fisher, and seconded by Dr. Gonsalves, that Dr. Hillis be thanked for his paper, and be requested to prosecute his researches, and report to this Branch at future meetings.

2. Dr. Cameron's Draft of an Ordinance to Regulate the Practice of the Medical Profession in British Guiana was considered, and with slight amendments was adopted.

3. Dr. Hillis showed a specimen of *Tænia* (solium or medio-canelata?), of remarkably small size, from a patient in his district.

4. Dr. Veendam asked if a Hydrocele with complete Vaginal Hernia could be safely tapped and injected.—Dr. Manget was of opinion that, if the hernia could be reduced and kept up, the injection was safe, but that, in any case, tapping without injection was quite safe. This was also the opinion of the meeting.

JAMAICA BRANCH.

Officers and Council.—The following are the office-bearers of the Branch for 1884: *President*, M. Stern, Esq.; *President-elect*, J. C. Phillippo, M.D.; *Honorary Secretary and Treasurer*, F. Saunders, Esq.; *Members of Council*, J. Cargill, Esq., J. Gayleard, Esq., G. Gerrard, Esq., James Ogilvie, Esq., J. Pringle, M.B., D. P. Ross, M.D., A. Saunders, M.B.

SPECIAL CORRESPONDENCE.

PARIS.

Transfusion as an Hæmostatic.—*Progressive Muscular Atrophy.*—*Muscular Degeneration after Nerve-section.*—*The Waters of Nérès.*—*The Waters of Contrexéville.*—*Rickets and Genu Valgum.*—*A New Variety of Flat-foot.*—*Osteoclasis.*—*The Effect of Anæsthetics on the Retina and on the Lactal Secretion.*—*Paris and Provincial Hospitals.*—*Food for Working-men.*—*The President of the Académie des Sciences.*—*The Night Medical Service.*—*Paris and Provincial Diplomas.*—*Natural History Museum.*

M. HAYEM at the meeting of the Société Médicale des Hôpitaux, on January 25th, made a communication concerning transfusion as a hæmostatic. He considers transfusion a valuable hæmostatic agent, but does not recommend it in advanced cachectic conditions. Transfusion was practised on a patient in his wards suffering from pernicious anæmia, phlegmasia alba dolens immediately appeared; first one limb was effected, afterwards the other. The transfusion might have been the cause.

MM. Landouzy and Déjerine describe a special kind of general progressive muscular atrophy which declares itself in infants when there is hereditary predisposition. The authors mention a case where this predisposition was shown by muscular atrophy similar to that presented by many members of the family. Hereditary myopathy outwardly resembles progressive muscular atrophy in adults; but while, in the hereditary form, atrophy in children first attacks the facial muscles, in adults this is quite exceptional, and is never an early manifestation. The lesions in the spinal cord characteristic of progressive atrophy, were also absent in the specimen of the hereditary form hitherto examined, but the muscles exhibited the well known lesions of muscular atrophy.

M. Vulpian has presented to the Académie des Sciences a note from M. Babinski on muscular degeneration after nerve-section. M. Babinski explains the atrophy of the muscle supplied by the divided

nerve by an excessive formation of protoplasm which slowly penetrates among the muscular fibrillæ, and by pressure obliterates them.

M. Peyrot calls attention to the therapeutic action of the waters of Nérès on chorea, and mentions two severe cases cured, when all other treatment failed.

M. Debout describes the effect of the waters of Contrexéville on diabetes. The elimination of uric acid is simultaneous with the disappearance of glucose during treatment at Contrexéville.

M. Desprès, at a recent meeting of the Société de Chirurgie, attributed genu valgum to children of a tender age carrying infants in their arms, and rickets to inducing children to walk too soon. He treats genu valgum by electricity. He presented a patient at a recent meeting whose condition was greatly improved by this treatment. M. Desprès believes that muscular paralysis is present at the onset of the malady, and that bony lesions are subsequent. M. Sée admitted that allowing infants to walk at an early age, is favourable to deformity; but said that the characteristic lesion existed previously. Genu valgum was also induced by standing erect, and was more frequent among bakers than among others. M. de Saint-Germain did not believe that young children carrying infants were thus predisposed to rickets, and he constantly observed children deformed before they could walk.

M. Terillon described a new form of flat-foot (*piéd plat-valgus douloureux*), of which three examples had fallen under his notice. The deformity was accompanied with loss of power of the peroneus longus muscle and the tibialis anticus. Treated by electricity, the foot regained its arched instep. The pain was localised in the tibio-fibular articulation. Near the anterior ligament of this articulation, the patients complained of pain; lateral movements could be executed. In one instance, the articulation presented fungoid growth. M. Terillon attributed the lesion of the parts to paralysis of the tibialis anticus, and believed that paralysis, which was bilateral, was of medullary origin. Electricity produced improvement. M. Le Fort considered talipes valgus to be generally due to overstrain of the ligaments of the inner inferior surface of the foot, the results of standing and wearing thin flat shoes. The distension was probably increased by the presence of slight arthritis. M. Verneuil maintained that it was impossible to include every variety of flat-foot under the same name. He divided them into three principal varieties. One (rarely met with), was due to contraction, which might disappear suddenly, either spontaneously or under treatment. A second was often due to the paralysis of the tibialis anticus, but not of the peroneus longus; and a third, to arthritis provoking contracture. M. Desprès objected to the ligament-theory of M. Le Fort. It was easily understood that electricity was powerless at an advanced stage; dislocation of the scaphoid furnished the explanation. M. de Saint-Germain observed that, at the Bureau Central, the out-patients suffering from flat-foot were provided with soles of a special kind. This deformity was frequent among those classes where slippers were worn.

M. Molière of Lyons, at a meeting of the Académie de Médecine, on January 5th, presented fourteen boys and girls on whom he had successfully operated for genu valgum by osteoclasis. He fractured the femur. The instruments and apparatus, recently invented by M. Robin, effected the fracture with great precision at the point desired; the operation was also easily performed on adolescents. Six or seven days after osteoclasis, the leg is straightened and kept in position. There is neither swelling nor injury to the periosteum.

M. Dubois has observed that when animals are submitted to slow and prolonged anæsthesia by means of a mixture of chloroform and air, the retina is frequently obscured. This is due to transitory astigmatism, which modifies the conditions of ocular refraction; and the rays of light are irregularly refracted. M. Dubois is inclined to admit that, owing to the diminished intra-ocular tension, the corneal membrane presents small folds, so that the rays of light are irregularly refracted in passing through this membrane. M. Dubois has also observed the lactal secretion arrested in a bitch submitted to prolonged anæsthesia.

M. Desprès has sent a letter to the *Journal des Débats* concerning the admission into the Paris hospitals of patients suffering from chronic complaints, and the diseases of old age. According to medical statistics, strangers and provincials during the first few months they are at Paris are singularly apt to contract disease. Those of the indigent class seek relief at the hospitals, and charity demands their admission. But M. Desprès calls special attention to the numerous chronic cases that could be as well treated in provincial hospitals. The poor who receive assistance from the Bureau de Bienfaisance, persuaded their fathers, and mothers, and grandfathers, etc., to come to Paris, where they receive ten francs a month, the pension given by the Bureaux of the different districts to old people. After a few months'

SUDDEN DEATH.

Sir.—Will you kindly give your opinion on the following statement in an early issue of the JOURNAL? and oblige, yours truly,
RUSTICIUS.

X. fell down while at work; a bystander ran for the nearest doctor, A., whose assistant, B., attended and pronounced the man dead. A policeman saw B. present; and, as a result, B. received a coroner's order to make a *post mortem* examination, and give evidence at the inquest as to the cause of death. This he did, and received the usual fee. A. was from home at the time of death, but returned the same day. X. was in a friendly society, of which another doctor, C., is medical officer. X. had not been medically treated for some time before his death. C. was at home when the sudden death of X. took place, and could have attended if he had been sent for; he, however, saw the corpse carried away. C. insists that A., on his return home, should have "formally handed over the case" to him, so that he might have taken steps to be summoned by the coroner instead of B., and thus have secured the fee, which he believes himself entitled to, as X. was in his club. A., on the other hand, maintains that X.'s death severed his connection with the club, and that the inquest and *post mortem* examination were placed in B.'s hands by the coroner, and were paid for by him. The following are the main points in the dispute. 1. Did A. fail to observe the usual etiquette in not formally acquainting C. of the sudden death of X. a fact C. already knew? 2. After having failed to acquaint C. of a fact he already knew, did A. act unfairly in allowing his assistant, B., to retain the fee instead of handing it over to C., who claimed it on the ground that X. was in his club?

*** The following rule, extracted from Dr. Styrax's *Code of Medical Ethics*, should, in our opinion, directly and inferentially govern the case submitted by "Rusticius." "In a case of sudden or accidental death, in which the deceased person was incidentally attended by a practitioner other than the usual 'family doctor,' the latter, in the event of a *post mortem* examination being deemed necessary, should be specially invited to be present."

In accordance with the principle enunciated in the above rule, we consider that the justice of the case would have been fairly and ethically met, had B. invited C. to be present and take part in the *post mortem* examination, and, at the close of the inquest, handed him a moiety of the fee.

INDIA AND THE COLONIES.

INDIA.

THE CAMA HOSPITAL OF BOMBAY.—H.R.H. the Duke of Connaught has recently laid the foundation of the Cama Hospital for Women and Children, in Bombay. The hospital was designed by Khan Bahadur Murzban, a Parsee Executive Engineer of the Presidency, in accordance with the terms of the Government resolution. The design has been prepared after consultation with the first physician of the Sir Jamsetjee Jeejeebhoy Hospital, with a view of further extension should occasion require and necessary funds be forthcoming hereafter. The style will be mediæval and gothic. The hospital will consist of a main building affording accommodation to forty-two in-patients, dispensary and waiting-room for outdoor patients, delivery ward, an operating room, matrons' quarters, surgeons' offices, and quarters for resident-surgeon or apothecary, detached building for infectious fever cases, disinfecting-room, dead-house, servants' quarters, cook-rooms, store-rooms, latrines for servants, and bathing-places for servants. The extreme length of the main building will be about 156 feet, and the extreme width, including a porch at the main entrance, will be 94 feet, and consist of a ground and upper floor, with an additional floor in the centre.

ST. JOHN AMBULANCE ASSOCIATION.—The large railways in India and the Colonies are devoting attention to the importance of ambulance instruction for their employes. In India, classes in connection with the Bombay centre of the St. John Ambulance Association have been formed on the Bombay, Baroda, and Central India Railway; and, in Canada, a meeting has been called at Montreal, for the same purpose, on behalf of the Grand Trunk Railroad officials.

CHOLERA of a very bad type is, according to the *Times of India*, still prevalent at Saidapet, Madras. The epidemic seems to be so severe that the Government High School and the Agricultural College have both been closed.

AUSTRALIA.

INFANT MORTALITY IN AUSTRALIA.—Dr. Jamieson, Lecturer on Obstetrics at Melbourne University, has recently published a valuable contribution to the vital statistics of Australia, on the above subject. Dr. Jamieson's method of calculating infant mortality, *i.e.*, the death-rate among children under one year of age, is the same as that adopted by the Registrar-General, and is based upon the number of births registered. He makes a comparison of the infant mortality in England and some other countries, with that in the leading Australian colonies, and of these colonies with each other, following this by an account of the most important causes of death, as registered, with a view of discovering the conditions under which these causes are brought into operation. Compared with that observed in most countries, the death-rate among infants under one year of age, in the Australian colonies, is not excessive. During the five years, 1876-80, this death-rate averaged 120 in Victoria, 115

in New South Wales, 141 in South Australia, and 135 in Queensland. In England and Wales during 1870-77 it averaged 151. In a table showing the rates of infant mortality in the three largest towns in Australia, during the five years 1876-80, the rate in Melbourne is given as 163, in Sydney as 170, and in Brisbane as 172 per 1,000 births; shewing, therefore, comparatively slight variations. In the eastern metropolitan portions of Victoria, the rate of infant mortality is stated to be 99 per 1,000, in New South Wales 93, while in Queensland it is as high as 127 per 1,000 births. Dr. Jamieson considers that infant mortality in Australia is relatively high, considering the advantageous circumstances of climate and prosperity, and the low general death-rate. Though Dr. Jamieson admits that climate has an influence on infant mortality, he contends that it has far less effect than other conditions, such as the proportion of urban to rural population, the extent to which people are engaged in manufactures, and the customs of rearing and management; and that all these conditions ultimately resolve themselves into the one of management, especially with regard to feeding.

PUERPERAL FEVER IN AUSTRALIA.—An interesting and valuable paper on the above subject, also by Dr. Jamieson, has been published in the *Australasian Medical Gazette*. Dr. Jamieson admits the great difficulty there is of obtaining trustworthy statistics relating to childbirth and puerperal fever, either in Australia or elsewhere, from the tendency there is to withhold the fact that in childbirth cases the death, certified as caused by peritonitis, etc., occurred soon after delivery; and in cases of puerperal fever to give a less alarming name to the cause of death. Consequently, the death-rate from puerperal fever, and from all diseases in connection with child-birth, is understated. He is, however, of opinion that the vital statistics of Victoria are more carefully compiled than those of any other of the colonies. Dr. Jamieson considers that the death-rate from metria is habitually understated through the fact that, when there is a high-recorded death-rate from puerperal fever, there is a simultaneous rise in the number of deaths from so-called "accidents of childbirth," which, if not usually presenting a fixed quantity, at least should not run parallel with those of an acute contagious disease. In a series of tables, Dr. Jamieson shows the number of births, the deaths from metria and from the accidents of childbirth, and the rate therefrom per 1,000 births during the decade, 1871-80, in each of the four chief colonies of Australia; also the relative mortality of metria and child-birth in England and Australia, and in Melbourne and Sydney. There are also tables showing the deaths from erysipelas and puerperal fever; from them he draws the conclusion that either puerperal fever often owes its origin to contagion from a case of erysipelas, or that both of the diseases originate under the influence of the same local or general conditions. Of these the former appears to be the more probable; the concurrence of the two diseases in the colony being much closer than is observed in the case of any other two contagious diseases, and too close to be the result of accident.

CANADA.

EXCESSIVE INFANT MORTALITY IN A CANADIAN "HOME."—The *Canada Lancet* states that the City Council of Ottawa has recently caused an enquiry to be made into the excessive mortality among infants received into the Home of Bethlehem in that city. The home is under the charge of the Grey Nuns, and the infants come to it chiefly from a lying-in hospital. The official reports show the death-rate per annum to be about 88 per cent. of all admitted. A report presented by the six physicians appointed to make the enquiry, while commending the individual efforts of the attending physicians and sisters in charge, and admitting that the situation of the building is not as favourable as it might be, attributes the high death-rate to the system of dry-nursing. The two weeks of maternal nursing required by law it considers insufficient, and advises that some other method of rearing the infants be adopted. In consequence of this report, the Council has ordered the charity to be closed until it offers better means for preserving the infants' lives. Should the warning be disregarded, the attention of the legislature will be directed to the matter.

SUCCESSFUL VACCINATION.—Mr. George Harvey, of Wirksworth, Derbyshire, has been awarded by the Local Government Board the sum of £10 11s. for efficient vaccination. This is the fourth grant received by this gentleman.—The Local Government Board have awarded to Mr. W. Inglis Mason, of Sudbury, Suffolk, a grant of £21 10s. for efficient vaccination. This is the fifth grant received by Mr. Mason.

A CENTENARIAN.—M. Aaron Lisbonne, a Jew, formerly a member of the Chamber of Deputies, recently died at Carpentras, in France, at, it is said, the age of 106.

to person, but of its indirect conveyance, probably through infected garments. There was also an epidemic of enteric fever at Sharnbrook, where the infection seems to have been spread by the usual direct method from the sick to the healthy. The general death-rate represented 17.2 per 1,000, no fewer than 143 deaths being registered in persons aged sixty-five years and upwards. Diphtheria was the most serious and troublesome disease in the urban district, where it was fatal to nine persons. Dr. Prior regrets that isolation and disinfection are not carried out so thoroughly as they should be, and he observes that the germs of the disease appear to be occasionally capable of a most persistent vitality, though, as to its absolutely spontaneous origin, there is little scientific evidence. Judged by its mortality-statistics, the town of Bedford would seem to be in a remarkably healthy condition, for the death-rate is 0.3 lower than that recorded for 1881, when it represented 15.6 per 1,000. Dr. Prior does not expect that this low rate can be maintained for a series of years, but he thinks that, by persistent sanitary work, the mortality of the town, for a decennial period, can be brought within 18 per 1,000.

CARNARVONSHIRE COMBINED DISTRICT.—Mr. Rees's reports on this combination are very readable, as well as being thorough and complete. There were five invasions of small-pox in the whole area during 1881, but in four cases the disease did not spread beyond the houses in which it first made its appearance; and in the following year it was fatal in one case only. Scarlet fever did not appear, either in 1881 or 1882, in any great force, but the disease became more markedly epidemic towards the end of 1882 and the beginning of 1883. Diphtheria and croup were not nearly so prevalent or fatal in 1882 as in 1881, but the first disorder hovered about several parishes, and assumed epidemic proportions in one. The incidence of the typhoid mortality fell principally upon the urban and rural districts of Bangor and upon Bethesda; 89 deaths (out of a total of 117) being registered in these three districts alone. During 1881, Bangor was remarkably healthy throughout, the general and infantile death-rates were low, and there was a complete absence of infectious disease in a fatal form. There was one death from fever, doubtful in character, but probably simple continued fever, and there were four from diarrhoea, but no others that could be referred, even remotely, to a zymotic origin. In 1882, however, the case was widely different, for it is estimated that no fewer than 540 cases of fever occurred, with 52 deaths. The death-rate of the combination from all causes represented 18.06 per 1,000, and from zymotic diseases 2.01, against previous rates of 18.4 and 1.26 per 1,000 respectively. In both reports, Mr. Rees gives minute details of the progress of sanitary work, and he notes with satisfaction that, at Llandudno, all the preliminaries have been settled for the construction of an infectious hospital on the most approved principles. It will be a priceless boon to the district, which, like all watering-places, must necessarily be peculiarly liable to importations of zymotic disease from the constant influx of visitors.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At meetings of the Board of Examiners in Dental Surgery, on the 18th, 19th, and 20th instant, the following gentlemen, having passed the required examination, were admitted Licentiates in Dental Surgery, viz.:

Messrs. H. Apperly, Stroud, Gloucestershire; A. W. P. Ayres, Stratford Place, N.W.; S. C. Buckland, Wimbledon Park; A. M. Fox, Teddington; H. Baldwin, Moore Street, S.W.; S. Mundell, Castley, near Leeds; R. D. Pedley, Member 18 July, 1883, Railway Approach, London Bridge.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—During the January sittings of the Examiners, the following gentlemen passed their first professional examination.

S. G. Sharpe, Norwich; L. E. Portal, Mauritius.

The following gentlemen passed their final examination, and were admitted Licentiates of the College.

G. L. Baker, Dorchester; E. H. Brown, Bombay; H. E. N. Dobie, China.

Mr. G. D. Orrock of Edinburgh, having passed his final examination, was admitted L.D.S. Edinburgh.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH.—DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examination during the January sittings of the Examiners.

J. S. Stewart, Lanarkshire; C. W. H. Abrahall, London; G. A. H. Woodforde, London; C. C. Dickson, Galashiels; E. Portal, Mauritius; C. J. Lumpkin, Sierra Leone; E. Goode, Birmingham; H. St. David Griffiths, Cheltenham; E. Jones, South Wales; F. J. Stone, Glasgow; H. E. L. Earle, Plymouth; L. G. Wright, Colombo, Ceylon; J. Arthur, co. Derry; H. J. Augustine, Calcutta; R. M. Forde, Cloyne; H. W. R. R. Crosse, Middlesex; Parvath Nath Datta, Bengal; G. M. Giveen, Blackrock, co. Antrim; J. B. Wall, Blyth,

Colehill, Birmingham; G. E. Garde, Timoleague; E. Davies, Barmouth; R. Morrison, Toberdoney; S. Wimbush, Hesterton; T. J. G. Ganett, Exeter; J. H. Jones, Merthyr Tydfil; R. P. Rankin, Victoria, Australia; J. Gray, Keith; H. P. Huybertsz, Ceylon.

The following gentlemen passed their final examination in February, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh.

J. S. Stewart, Lanarkshire; C. E. Morris, Campden; C. J. Lumpkin, Sierra Leone; R. N. Gaggin, Bally Richard; W. C. Hamilton, East Lothian; W. J. McFarland, co. Tyrone; J. W. Irvine, San Francisco; A. A. Dighton, Gloucestershire; J. B. Drew, Stow-on-the-Wold; J. Hanson, Weeting, Norfolk; A. W. Dalby, Jedburgh; J. G. G. Corkhill, Liverpool; A. Harper, co. Monaghan; R. K. C. G. McCorkill, Canada; L. D'Almeida, India; T. A. B. Kane, co. Armagh; M. S. Cussen, co. Kerry; C. H. Barkley, London; A. N. Barnley, Bedfordshire; W. H. Square, Kingsbridge; E. J. Flynn, Dublin; H. L. G. Chevers, Calcutta; H. E. L. Earle, Plymouth; O. G. Taaffe, Sherrborne; W. R. Condon, Tipperary; W. F. Hamilton, Londonderry; R. F. O'Farrell, Galway; E. H. Goode, Birmingham; S. O. Eades, India; C. Reidy, Limerick; E. H. G. Phillips, Limerick; J. H. McAuley, Randalstown; J. Orr, Kilbride; J. J. Hanly, co. Tipperary; S. V. Daly, Cork; A. J. Griffith, co. Leitrim; J. McMichael, Dublin; D. A. MacCrimmon, Ontario; E. F. McGrath, co. Cork; H. G. Thomas, Ceylon; T. F. Hanly, co. Tipperary; W. Gibb, Dundee; R. Fitzmaurice, co. Cork; W. Robinson, co. Derry; D. M. Nairn, Dundee; J. Amy, Jersey; A. W. McFadyen, Stirling.

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

For the Licences to practise Medicine and Midwifery.—S. Finlay, Ballyshannon; E. B. Hazleton, Holywood, Belfast; N. S. Manning, Ballyhaise, co. Cavan; F. F. Peet, Tralee, co. Kerry; V. A. J. Smith, Sandycove, co. Dublin.

For the Licence to practise Medicine only.—W. P. Delahunt, Rathgar, Dublin; W. T. Price, Tircapel, Treacastle, Brecon; F. C. Roe, Mountnash, Queen's County.

For the Licence to practise Midwifery only.—T. G. Bell, M.D.R.M.I., Armagh; H. E. Brown, M.D.R.M.I., Passage West, co. Cork; C. A. Digby, M.B. Univ. Dub., Dublin; R. W. Henderson, M.D.R.M.I., Garvagh, co. Derry.

The following Licentiate 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, was duly enrolled a member of the College.

G. D. Bourke, Lic. Med. 1873, Surgeon A.M.D.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, February 14th, 1884.

Hall, William George, Swindon, Wilts.
Hill, George William, Sydney Street, South Kensington, S.W.
Livermore, William Leppington, Queen's Road, Finsbury Park, N.
Martin, Thomas Berkeley, Hylton Road, Sunderland.
Nicholson, Henry Gilbert, St. Peter's Square, Hereford.
Waters, Avery Clough, Mornington Road, Bow, E.

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

Thomas, Edwin Clifton, London Hospital.

MEDICAL VACANCIES.

The following vacancies are announced.

ANDERSON'S COLLEGE DISPENSARY.—Two vacancies for Physicians on the Dispensary Staff, also one Physician for Diseases of Women and Children. Applications to D. Wilson, 42, Bath Street, Glasgow.

ARMAGH UNION.—Medical Officer, Richhill Dispensary. Salary, 140*l.*, and fees. Applications to James Best, Honorary Secretary, up to February 25th.

BEDFORD GENERAL INFIRMARY AND FEVER HOSPITAL.—Resident Surgeon. Salary, 100*l.* per annum. Applications by February 28th.

BIRKENHEAD BOROUGH HOSPITAL AND DISPENSARY.—House-Surgeon. Salary, 100*l.* per annum. Applications to the Chairman of the Weekly Board by March 3rd.

CHESTERFIELD UNION.—Medical Officer for the Bolsover District. Salary and fees about 43*l.* per annum. Applications to the Clerk by February 28th.

FULHAM UNION.—Resident Medical Superintendent. Salary, 350*l.* per annum. Applications by February 25th.

GENERAL HOSPITAL FOR SICK CHILDREN, Pendlebury, Manchester.—Junior Resident Medical Officer. Salary, 80*l.* per annum. Applications to the Chairman of the Medical Board by March 5th.

GENERAL HOSPITAL, Birmingham.—Resident Medical Officer. Salary, 190*l.* per annum. Applications by February 28th.

GLASGOW HOSPITAL AND DISPENSARY FOR DISEASES OF THE EAR, Buchanan Street.—Aural Surgeon and Lecturer. Applications to A. Sutherland, Esq., by March 5th.

HOSPITAL FOR WOMEN, Soho Square, W.—Assistant-Physician and Assistant-Surgeon. Applications by March 1st.

HOSPITAL FOR WOMEN, Soho Square, W.—Administrator of Anæsthetics. Honorarium, 20 guineas. Applications by March 8th.

ISLANDS OF SANDAY AND NORTH RONALDSAY, Orkney.—Medical Officer. Salary, 60*l.* per annum. Applications by March 5th.

JERSEY GENERAL DISPENSARY.—Medical Officer. Salary, 120*l.* per annum. Applications by May 1st.

KENT AND CANTERBURY HOSPITAL.—Physician. Applications by March 22nd.

MEMORIAL HOSPITAL, Jarrow-on-Tyne.—Resident Surgeon. Salary, 150*l.* per annum. Applications by March 5th.

PAROCHIAL BOARD OF THE PARISH OF TOROSAY.—Medical Officer. Salary, 100*l.* per annum. Applications to Alex. McDougall, Inspector of Poor, Auchnacraig-by-Oban, by February 23rd.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, St. Marylebone Road, W.—Resident Medical Officer. Applications by February 23rd.

RADCLIFFE INFIRMARY, Oxford.—Dispenser. Salary, 100*l.* per annum. Applications by February 27th.

ROCHESTER AND DISTRICT FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Resident Medical Officer. Salary, 200*l.* per annum. Applications by February 23rd.

ROYAL FREE HOSPITAL, Gray's Inn Road.—Senior Resident Medical Officer. Salary, 104*l.* per annum. Applications by February 27th.

ROYAL SOUTH LONDON DISPENSARY, St. George's Cross, Lambeth Road, S.E.—Honorary District Surgeon. Applications by February 29th.

SUSSEX COUNTY HOSPITAL.—House-Surgeon. Salary, 80*l.* per annum. Applications by March 5th.

SUSSEX COUNTY HOSPITAL.—Assistant House-Surgeon. Applications by March 5th.

WONFORD HOUSE HOSPITAL FOR THE INSANE, near Exeter.—Resident Medical Superintendent. Salary, 500*l.* per annum. Applications by March 11th.

WEST KENT GENERAL HOSPITAL, Maidstone.—House-Surgeon. Salary, 120*l.* per annum. Applications by March 6th.

MEDICAL APPOINTMENTS.

BOLSTER, J., M.D., appointed Medical Officer to the Shillelagh Union Dispensary.

DINGLEY, E. A., M.D. Lond., M.R.C.S. Eng., appointed House-Physician to the Wolverhampton General Hospital, *vice* Dr. Collier, resigned.

GOOD, F. T., M.R.C.S.E., L.S.A., appointed Medical Officer and Public Vaccinator for No. 2 District of the St. Neot's Union, *vice* S. Wright, deceased.

GREEN, Edwin Collier, M.R.C.S., L.S.A., L.R.C.P., appointed House-Surgeon to the Derbyshire General Infirmary, *vice* W. Benthall, M.B. Cantab., M.R.C.S., L.S.A., resigned.

MCCNEILL, Roger, M.D., appointed Medical Officer to the Gesto Hospital, Colonsay.

MADDISON, W. T., M.B., appointed Assistant Medical Officer to the Darenth Asylum for Imbecile Children.

MAQUIRE, Robert, M.D. (Lond.), M.R.C.P., appointed Demonstrator and Assistant Lecturer on Pathology in the Owens College, Victoria University.

MARSH, O. E. Bulwer, L.R.C.P., M.R.C.S., L.M., appointed Honorary Surgeon to the Newport (Monmouthshire) Infirmary, *vice* B. Davies, M.D., resigned.

VOIGT, J. C., M.B., C.M. Edin., appointed Senior Resident Medical Officer to the Infirmary, Bury, Lancashire.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which should be forwarded in stamps with the announcements.

BIRTH.

BRAND.—At "Invery," Driffild, East Yorkshire, on February 16th, the wife of Alexander Theodore Brand, M.B., C.M., of a daughter.

MARRIAGES.

BRADLEY—FENWICK.—At St. Joseph's Catholic Church, on February 18th, by His Lordship the Bishop of Hexham and Newcastle, assisted by the Rev. Father Mathews, M. M. Bradley, M.D., Jarrow-on-Tyne, to Elizabeth Mary, only daughter of William Fenwick, Esq., of Gateshead.

PICKEN—CRAIG.—February 4th, at First Randalstown Presbyterian Church, by the Rev. James E. Ferguson, B.A., James Picken, Physician and Surgeon, Hazelbank, Randalstown, to Anna, daughter of the late James Craig, Clonbouy House, Randalstown.

WALLACE—REID.—At Greyfriar's (East) Church, Stirling, on February 20th, by the Rev. John Smith, M.A., B.D., North Church, assisted by the Rev. J. P. Lang, minister of the parish, Abraham Wallace, M.D. Edin., F.F.P.S. Glas., Professor of Midwifery, Anderson's College, Glasgow, to Ann Isabella, daughter of the late James Reid, Esq., Woodville, Stirling.

DEATHS.

BULL.—February 13th, at Shenley House, the residence of her cousin, James Waddell, Esq., Louisa Jane, the beloved wife of William H. Bull, Surgeon, St. Oswald's House, Stony Stratford, aged 27 years.

SCOTT.—On the 10th inst., at Shrewsbury, Ebenezer Samuel Scott, M.B., C.M. (Edin.), aged 31.

DONATIONS AND BEQUESTS.—An old governor of St. George's Hospital, after going through it and making a minute inspection, has given £1,000 as a mark of his satisfaction.—The London Hospital has received £1,000 anonymously.—Mr. James Benjamin Ball, of Merriam Square, Dublin, bequeathed £1,000 each to the Adelaide Hospital, the Mercers' Hospital, the City of Dublin Hospital, and the Rotunda Lying-in Hospital; £500 to the Whitworth Hospital, Druncondra; and £300 to the Combe Lying-in Hospital.—Mrs. Catherine Cain, of Southport, bequeathed £100 each to the Children's Infirmary, the Home for Incurables, the Lying-in Hospital, and the Royal Infirmary, all at Liverpool.—Mr. Thomas Smart, of Goldsmid Road, Brighton, bequeathed £100 to the Sussex County Hospital, and £100 to the Asylum for Idiots.—"N. N." has given £100 to the Hospital for Sick Children.—The Clothworkers' Company have given £100 to the Great Northern Hospital, £50 to the North-Eastern Hospital for Children, £50 to the Surgical Aid Society, £50 to the Charing Cross Hospital, and £50 to the Hospital for Women.

OPERATION DAYS AT THE HOSPITALS.

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

TUESDAY.....St. Bartholomew's, 1.30 P.M.—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 Orthopaedic, 10 A.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 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.—Chelsea Hospital for Women, 2 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. T., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 12.30; Skin, Tu. 12.30; Dental, Tu. Th. F., 12.

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

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

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

ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.

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

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

ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. 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.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of [London, 8.30 P.M. The Cold Bath Treatment of Enteric Fever (continued). Drs. Cayley, Samuel West, Gilbert Smith, A. T. Myers, Mahomed. Discussion.—Royal College of Surgeons, 4 P.M. Professor W. H. Flower: The Principal Types of the Human Species.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Thomas F. Chavasse: On Neurectomy of the Second Division of the Fifth Nerve. Mr. Christopher Heath: A Case of Amputation of the Arm and Scapula for Ossifying Sarcoma: Recovery. Dr. Heneage Gibbs will show Microscopic Specimens of Putrefactive Organisms at 8 o'clock.

WEDNESDAY.—Hunterian Society, 8 P.M. Mr. R. Clement Lucas: On Injuries to the Kidney. Mr. Poland: A Case of Acute Suppuration of the Hip and Elbow Joints.—Royal College of Surgeons, 4 P.M. Professor W. H. Flower: The Principal Types of the Human Species.

THURSDAY.—Moorfields Ophthalmic Hospital, 8.30 P.M. Mr. Tweedy: On the General Pathology of Inflammation of the Eye.

FRIDAY.—Royal College of Surgeons, 4 P.M. Professor W. H. Flower: The Principal Types of the Human Species.—Medical Society of Charing Cross Hospital, 8 P.M. Mr. H. Montague Murray: The Value of Phrenological Theories.

STAMMERING.

"M. G." asks if there be a monograph on stammering in English, or where and how information is obtainable to enable him to treat a case, as the observations on this subject which are to be found in ordinary text-books are meagre and insufficient for the purpose.

** Our correspondent should consult *The Impediments of Speech, and their Cure*, by A. E. Gerdtz, published by the author, Bingen-on-the-Rhine.

THE EARLY HISTORY OF VACCINATION.

SURGEON-GENERAL C. R. FRANCIS.—Many thanks. But we think the share of Farmer Jesty in the discovery of vaccination is too well understood by those interested in the point to make necessary any present reference to the subject.

TINEA VERSICOLOR.

IF "A Member" (Egypt), who asks for suggestions as to the treatment of obstinate tinea versicolor, will refer to a short paper in the BRITISH MEDICAL JOURNAL for May, 1877, he will find a very efficient treatment recommended by Mr. A. W. Mayo Robson, under the heading, "The Treatment of Pityriasis Versicolor by Means of Goa-Powder."

PNEUMATURIA.

SIR,—May I be permitted to inquire, through your columns, of some of the scientific readers of the JOURNAL, whether it is possible that, during the formation of acetone from the decomposition, as Dr. Ralfe states, of ethyl-diacetate, or, as he prefers to term it, aceto-acetic acid, in the body of the diabetic subjects, a gas might not be formed which would account for that rare phenomenon, pneumaturia. The process of decomposition or fermentation, as we are well aware, causes the evolution of carbonic acid gas. The question arises, might not this gas be formed in the blood, and give rise to the sudden coma of diabetics; and, if it form in the blood, could it not form in the urine as well, and produce pneumaturia?—I am, your obedient servant,

HARVEY J. PHILPOT.

14, Finsbury Circus, E.C.

** Our correspondent's suggestion is plausible. Pneumaturia, when it occurs, seems to be parallel to those cases of extreme flatulent distension which we sometimes meet with in hysterical and hypochondriacal patients. The suddenness with which this comes on in these cases, and the fact that it occurs often on an empty stomach, points to a rapid diffusion of gas from the blood. This diffusion is generally attributed to nervous influences, but it may possibly occur from an over-formation of carbonic acid in the blood from fermentative changes. Of this, we have no evidence as yet. In considering the subject, it would be necessary to distinguish true pneumaturia from mere frothy urine, which is more or less a mechanical condition; also from any carbonic acid formed in the bladder attendant on the decomposition of urea. Our correspondent may consult, on the subject of the diffusion of carbonic acid, Dr. C. H. Ralfe's recently published *Clinical Chemistry*, p. 227.

POISONING BY FRENCH BEANS.

SIR,—Mr. Broadbent gives (BRITISH MEDICAL JOURNAL, February 9th, p. 267) a case in which he attributes symptoms of poisoning to kidney-beans. I should hesitate to ascribe poisoning qualities to this most useful vegetable, which, in foreign countries, is much given in the hospitals, and is becoming more and more an article of everyday diet in this country. The roots of the scarlet runner (*Phaseolus Multiflorus*) are said to have narcotic properties; but I have never heard any injurious properties attributed to the seeds of any species. May it not be that the children ate the uncooked seeds, which are very indigestible, and suffered from gastric symptoms in consequence?—I am, etc.

2, Shelf Road, Liverpool. A. H. F. CAMERON, L.R.C.P.E., M.R.C.S.

STRANGULATED HERNIA.

SIR,—In a case of strangulated hernia of three days' duration, after failure of several attempts at reduction by taxis, I recently tried the following treatment, with immediate and complete success. I injected successively solutions of carbonate of soda and tartaric acid in suitable proportions for effervescing. Immediately the gas was formed, the hernia went back. Can you or any of your readers kindly inform me whether this treatment has been described and practised before. Cairo does not offer the means of examining the literature of medical subjects, but in the books and periodicals at my disposal, I can find no mention of any such or similar treatment. The injection of air in intussusception is the nearest approach to the method I am aware of. In any case, the treatment I have described seems worthy of being more widely known and practised than it is.—I am, yours faithfully,

Cairo, January 21st, 1884.

SIDNEY DAVIES, M.A., M.B.Oxon.

** Applications of a like kind have of late been made abroad in the treatment of intussusception, and with the object of diagnosing the extent and situation of cancerous growths of the stomach. We are not aware that such injections have ever before been used in the treatment of strangulated hernia. On the contrary, surgeons, following the example of O'Beirne, who used his long elastic tube with much success in cases of strangulation, have sought, in attempting reduction, to diminish rather than add to the gaseous contents of the intestinal canal.

QUASI-MENSTRUAL DISCHARGE IN A WOMAN SEVENTY YEARS OLD.

SIR,—I am attending a woman suffering from chronic Bright's disease (the contracting form, I believe). She was seventy years old on the 20th instant. There are no signs nor symptoms of uterine disease. About two months ago, she had pains in her back and the lower part of her body, followed the next day by a discharge of blood from the uterus, lasting four or five days, and resembling in every way (according to her own statement) her former menstrual periods. An interval of more than twenty years has elapsed since the menopause.—Yours very truly,

P. FRASER, M.B.Glas.

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BOOKS, ETC., RECEIVED.

A Guide to the Study of Ear-Disease. By P. McBride, M.D. Edinburgh: W. A. K. Johnston.

Germs, Dust, and Disease; Two Chapters in Our Life-History. By Andrew Smart, M.D. Edinburgh: Macniven and Wallace.

Selections from Essays on Health-Culture. By G. Jaeger, M.D., Stuttgart. Translated from the German.

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