

BRITISH MEDICAL ASSOCIATION.

EXTRAORDINARY GENERAL MEETING.

AN extraordinary general meeting of the British Medical Association was held on Wednesday, May 28th, at the Queen's Hotel, Birmingham. The chair was taken by Mr. WHEELHOUSE, President of Council, in the absence of Dr. Waters, President of the Association. The following members were present at the meeting;

Dr. W. F. Wade (Treasurer), Birmingham; Mr. Alfred Baker, Birmingham; Mr. J. Wright Baker, Derby; Mr. T. H. Bartleet, Birmingham; Dr. M. M. de Bartolomé, Sheffield; Dr. G. F. Bodington, Kingswinford; Dr. Alfred H. Carter, Birmingham; Dr. C. Chadwick, Tunbridge Wells; Mr. James Cornwall, Fairford; Dr. G. W. Crowe, Worcester; Dr. B. Foster, Birmingham; Mr. Ernest Hart, London; Mr. T. V. Jackson, Wolverhampton; Dr. P. Keelan, Clevedale; Mr. F. Mason, Bath; Mr. J. V. Solomon, Birmingham; Mr. R. Wilson Moore, Wednesbury; Mr. J. J. Nason, Stratford-upon-Avon; Dr. Bernard O'Connor, London; Dr. A. Strange, Shrewsbury; Dr. W. Strange, Worcester; Mr. T. Symson, Lincoln; Mr. James Taylor, Chester; Dr. A. S. Underhill, Tipton; Dr. E. Waters, Chester.

The SECRETARY (Mr. F. Fowke) read the notice, which had been inserted twice in the JOURNAL, convening the meeting, and the requisition, of which a copy is as follows, in accordance with which the meeting had been summoned.

NOTICE is hereby given, that, in accordance with Article 13, an EXTRAORDINARY GENERAL MEETING of Members of the British Medical Association will be held at the Queen's Hotel, Birmingham, on Wednesday, the 28th instant, at Three o'clock in the afternoon:

To consider Requisition, of which the following is a copy.

To the President and Council of the British Medical Association.

We, the undersigned, Members of the British Medical Association, request the Council of said Association to forthwith convene in London an Extraordinary General Meeting of the Members of said Association for the following purposes:—

"1. To consider complaints made by Members of the Association of their being deprived by the Journal Committee and the Reform Committee of their right to communicate through the medium of the JOURNAL with their fellow Members concerning questions affecting the rights and privileges of the general practitioners of the Association.

"2. To consider those provisions of the Government Bill, now in the House of Lords, which are alleged by Members of the Association to be detrimental to the interest and welfare of the general practitioners of the Association.

"3. To devise means to remedy, satisfactorily to the Members of the Association, that for which the meeting is convened as above expressed in paragraphs 1 and 2."

The requisition is signed by 53 Members of the Association.

Left at the office by
GEORGE BROWN,
JOHN P. HENTSCH,
R. H. S. CARPENTER,

on this 6th day of May, 1884.

FRANCIS FOWKE, *General Secretary.*

161A, Strand, London, May 13th, 1884.

The CHAIRMAN: Gentlemen.—In accordance with the requisition that has been read, signed by 53 members of the Association, your Council have called you together, and I will now call upon any one of the requisitionists who may be present, to move a resolution and submit it to this general meeting which has been called at their request. I may say that I have received a letter from the President of the Association regretting his inability to be present to-day. He is in Italy, and of course he could not be with us; he has requested me to act in his absence, in accordance with the by-law.

The CHAIRMAN: Has any gentleman any motion to bring forward having reference to the business for which we are specially called together? That, of course, is the only business which can be entertained at this meeting; and if any gentleman has any resolution to propose in connection with that business, I am ready to hear him.

Dr. BERNARD O'CONNOR: I am reminded that I am the only member present from London outside the Council. I may as well state at once that I am not one of the fifty-three requisitionists. The first intimation that I had of any requisition to hold a meeting was conveyed to me through the medium of the JOURNAL last week. As far as I can understand, a requisition by certain members of the Association has been presented in due form, calling upon the Council to convene forthwith in London an extraordinary general meeting. Now, I take it that the Council, and not the members, have convened this meeting

in Birmingham to-day, and I find that Article 13 of the Association clearly entitles them to do so. The article says that the Council may, whenever they think fit, convene an extraordinary meeting; but it further says, if I recollect rightly, that they must, at the requisition of fifty or more members, convene such a meeting.

The CHAIRMAN: Are you going to conclude with a motion?

Dr. O'CONNOR: I am going to say something in connection with the requisition, and I want to make a few remarks in connection with the business that we are called upon to consider. I take it that it is the requisition that we have to consider, not any particular business arising at the meeting in response to the requisition. The Council have summoned this meeting in Birmingham, and perhaps they will now tell us whether they intend to comply with the requisition by convening a meeting in London.

The CHAIRMAN: I can answer Dr. O'Connor at once definitely. The meeting is called for to-day, and it is called here in Birmingham. The requisitionists have a right to call an extraordinary general meeting through the Council. The Council, in response to that requisition, have called the meeting. In fixing the place the Council have been guided by custom. Extraordinary general meetings have hitherto been held in Birmingham. First of all then, custom required that this meeting should be held in Birmingham; and, secondly, impartiality demanded that it should be held at some place other than London, because, seeing that the requisitionists are all, or nearly all, London men, and the body of the Association is scattered all over the kingdom, it is hardly likely that a fair discussion could take place where the fifty-three men all or chiefly live; and, thirdly, if the requisitionists have a grievance sufficiently weighty to justify them in calling the whole Association together, they ought not to object to take the same inconvenience as they lay upon others in coming to a central point of meeting. As our members live in Scotland, Ireland, and all parts of the provinces, and as Birmingham is the most central spot in England, the meeting has been called here. We have a quorum, and the meeting is in actual session, and ready to hear any resolution that may be proposed in accordance with the requisition, in response to which we are here to-day, I believe, at extreme inconvenience. I can certainly speak for myself, for I do not know anything that could be more inconvenient to me than to come here on this occasion. The law, however, is very definite, and states that, when fifty members desire a meeting, the Council shall call it, and that they shall give notice of its being so called within twenty-one days. All that the law requires has been strictly fulfilled.

No one having come forward to respond to the Chairman's call,

Mr. ERNEST HART said: I should like to say a few words. These gentlemen have made certain statements; I have come here, at much inconvenience, at the Chairman's request, as Editor of the JOURNAL, to answer them; and I do not think it would be right that the meeting should be dissolved without receiving any sort of information. I therefore, for the purposes of order, beg to move a resolution expressing the previous history of the case:

"That the matters treated of in paragraph 1 of the requisition have already been under the consideration of the General Council, and have been investigated; and that the Council have decided that there is no ground of complaint."

These complaints of inadequate expression of the views of the requisitionists in the JOURNAL are not new; they were made at Exeter Hall, and they were brought before the Journal Committee and discussed by them and by the Council; but I think the members generally are not sufficiently aware that there is really no just foundation for the complaints which were then made, and which have been repeated in the circular issued to obtain the signatures for this requisition. As a matter of fact, instead of members having been prevented from communicating with each other through the JOURNAL on the subject of the Medical Acts Amendment Bill, there is no subject in the whole history of the Association as to which they have been allowed to communicate with each other so freely and so constantly; and there are no members of the Association who have used that privilege more extensively than some of the gentlemen whose names are most prominent in connection with the requisition. Anyone who will look at the JOURNAL for May and June, 1883, will see that it was literally flooded with letters, reports, and speeches, by gentlemen representing every kind of view upon this Bill; and that, instead of their being repressed, they were allowed an ample expression of opinion on every branch of the subject. This will be evident from the following analysis. A list of the letters dealt with by the Medical Reform Committee, and in respect to which this complaint has been urged, and also an analysis of them, was printed and circulated in the minutes of the Medical Reform Committee; they are thirty in number. On examining them, I find that eight are private letters to Dr. Waters, and ten are letters

as to the changes which the Bill proposes to make in the privileges of foreign graduates. These ten letters were all dealt with, and a considerable number of letters treating of the same subject were published in the JOURNAL, and notably communications from the official representatives of a committee of the foreign graduates established for the purpose; and in the JOURNAL will be found letters from the secretary of that committee, and a final letter explaining that the matter had been satisfactorily settled, so that here at least there can be no question of suppression. This deals with eighteen of the number. As to the rest, I find that letters numbered three and five are both from the same person, and that the second letter (number five) expresses the thanks of the writer for the information he has received from Dr. Waters, and a statement that he has petitioned in favour of the Bill. Letters number one and two are also from the same writer, and the second letter is also a letter of thanks, and contains the observation that the whole Association ought to be thankful that there is one man, such as Dr. Waters, who takes so much trouble in examining all the questions submitted to him. Letters number seven and eight are letters also relating to foreign degrees, and are from the same person; the second letter is a letter expressing warm thanks. Letters number twelve and twenty-one are simply letters asking questions as to the interpretation of clauses, which information was given. Out of the letters referred to as being suppressed, twenty-six, it will be observed, were never intended for publication, and the rest were dealt with in a manner completely satisfactory to the writers. There remain one or two other letters. There is a letter from Dr. McNaught, complaining that the provisions against quackery are not sufficiently stringent. On turning to the JOURNAL of June 23rd will be found a letter from Dr. McNaught dealing with that question, so that he at least was not suppressed. Letter number thirty was a letter from Mr. John Broom, and in the JOURNAL of June 23rd will be found a letter of three and a half columns from this gentleman dealing with a number of objections to the Bill, which was printed in full, with observations thereon. Another letter is from Dr. Thomson of Harcourt Street, Dublin, with reference to the standard of examination, and on page 638 of the JOURNAL will be found a long letter from that gentleman on the same subject. It will be seen that, year after year, Mr. Brown, Mr. R. H. S. Carpenter, Mr. Hentsch, Mr. Broom, Dr. McNaught, and every one of these gentlemen, have had ample opportunities of expressing their opinions in the JOURNAL. I find, for instance, letters from Mr. R. H. S. Carpenter, and from Mr. George Brown, on the question of unqualified practitioners on page 655. I find a letter from Dr. A. H. Jacob, the President of the Medical Alliance Association, on page 275 (Feb. 1883). I find, in September 1882, a letter from Mr. R. H. S. Carpenter, attacking the Medical Reform Committee, in language which it certainly required great allowance for warmth of feeling to allow to appear in the JOURNAL. He charged the Medical Reform Committee with publishing a report "remarkable for its untruthfulness;" he complains of the "reprehensible idleness," and of "the silly tall talk" of the Committee; and he speaks of their "palming off other people's work on the credulity of the members as their own work;" and he complains of their "abandoning ignominiously the principles of reform." Then, again, on February 17th, 1883, at the very time when we are charged with having suppressed this gentleman's views, is a similar letter of one and a half columns, in which again he expresses the opinion that the Medical Reform Committee have "betrayed their trust, and palmed off upon the Lord President untruth as truth." He speaks of the "impeached and incompetent Reform Committee," and attacks the members of the Committee in very unsparring language. On March 31st, 1883, page 639, will be found another letter, signed by Mr. Carpenter, as chairman of this association, by Dr. Chaple as treasurer, and by Mr. Hentsch its honorary secretary, in which the Bill is again attacked in very unsparring language. It is described as "a quack's emancipation Bill," and "a herbalist's emancipation Bill." On June 9th, 1883, is another letter from Dr. Chaple, who is, I believe, now chairman (and not treasurer) in lieu of Mr. Carpenter, attacking the policy of the Bill. On June 30th another letter from the same gentleman, maintaining his views and giving further expression to them. On page 1247 is a resolution passed at a meeting of Mr. Brown's association, the Medical Defence Association. At the meeting of the British Medical Association in August 1883, the report of the Medical Reform Committee was brought before the annual meeting; and at that meeting Dr. Jacob of Dublin, the past president of the Medical Alliance Association, which is now convening this meeting, was present. The first words of Dr. Jacob's speech were, that it had been a pleasure to him, as representing Ireland, to work hand in hand with Dr. Waters and the other members, in promoting legislation. It will be wearisome to go through anything like the list of letters

which have been published, from various members, on the Medical Acts Amendment Bill during the years that it has been under discussion, but if I take only the months of May and June of last year, when this particular allegation of suppression arises, I find, on having the JOURNAL examined, that in those two months only the following letters were published, and the following further reports, statements, and summaries of the views of all parties to the discussion.

List of Letters on the Medical Acts Amendment Bill, published in the BRITISH MEDICAL JOURNAL in May and June 1883.

From:	From:
Dr. F. E. Pocock, May, 5th, p. 891.	Dr. Durham, June, 9th, p. 1161.
"Surgeon," May 12th, p. 944.	Dr. Chaple, June, 9th, p. 1162.
Pertshire Medical Association to Mr. Mundella, May 19th, p. 979.	J. Dale, June 23rd, p. 1264.
Dr. Sheen (Cardiff), May 19th, p. 994.	"M.R.C.S.," June 23rd, p. 1262.
Dr. Myle, May 26th, p. 1051.	Dr. J. McNaught, June 23rd, p. 1263.
Dr. J. Brown (34 cols.), June 2nd, pp. 1090-1.	"A Member," June 23rd, p. 1268.
"L.R.C.P. Edin., R.N.," June 2nd, p. 1101.	"Vigilans," June 30th, p. 1314.
"A Member," June 9th, p. 1159.	Dr. Chaple, June 30th, p. 1315.
	Dr. J. G. Parsons, June 30th, p. 1315.
	"House-Surgeon," June 30th, p. 1315.
	"A Member," June 30th, p. 1315.

Medical Acts Amendment Bill.

Deputation to the Lord President of the Privy Council from the British Medical Association (see BRITISH MEDICAL JOURNAL, December 2nd, 1882, p. 1114).
Deputations to the Right Hon. A. J. Mundella from:

The Scotch Medical Corporation, May 12th, p. 930.
The Society of Apothecaries, June 9th, p. 1151.
The Metropolitan Counties Branch, June 9th, p. 1151.
The Medical Union Society, June 9th, p. 1151.
The University of Cambridge, June 9th, p. 1151.
The Apothecaries' Hall (Ireland), June 23rd, p. 1247.
The Royal College of Surgeons (Ireland), June 30th, p. 1298.
The Medical Herbalist, June 9th, p. 1191.
The Medical Alliance Association, August 4th, p. 285.

Action of Branches in respect to Medical Acts Amendment Bill, reported in the BRITISH MEDICAL JOURNAL during May and June 1883.

South Wales and Monmouthshire Branch, May 12th, p. 932.
Southern Branch, Isle of Wight District, May 12th, p. 982.
West Somerset Branch, May 19th, p. 983.
South-Eastern Branch.
North of Ireland Branch, June 23rd, p. 1305.
East Anglian Branch.

The Medical Acts Amendment Bill, BRITISH MEDICAL JOURNAL, May and June 1883.

A statement showing the exact nature of alterations made in the Bill, May 12th, p. 927.
Students and the Medical Bill: Discussion of the Medical Union Society at the Society of Arts, May 12th, p. 928.
Report of a meeting held in the Faculty Hall, Glasgow, May 26th, p. 1016.
Report of a special meeting of the Council of the British Medical Association at Birmingham on May 17th, May 26th, p. 1028.
A subcommittee appointed by the Metropolitan Counties Branch to examine the Medical Acts Amendment Bill, May 26th, p. 1028.
A petition from the King's and Queen's College of Physicians in Ireland to the House of Commons, June 2nd, p. 1088.
A meeting of the Corporation of the Apothecaries' Hall in Ireland, protesting against the injustice that had been done to their body by removing it from representation in the Medical Acts Amendment Bill, June 2nd, p. 1088.
An address on the Medical Acts Amendment Bill by W. M. Crowfoot (Beccles), June 16th, pp. 1164-5.
Report of meeting of the Royal College of Surgeons in Ireland on the Medical Acts Amendment Bill, June 23rd, p. 1247.
Report of meeting of the Scotch Corporations, June 23rd, p. 1247.
Report of the meeting of Medical Defence Association, Scotland, June 23rd, p. 1247.
Report of meeting of the Irish Medical Association, with report on Medical Acts Amendment Bill.
And leaders.

You will see that, year after year, there have been letters in the JOURNAL from these gentlemen belonging to small associations, the Medical Defence and Medical Alliance Associations, which hold extremely strong views as to one particular clause. They have had the opportunity of stating their opinions at all the Branches, and at every successive general meeting; they have had the opportunity, at the known and stated times and places, if they pleased, of objecting to the report of the Medical Reform Committee, and to the election of the members of that Committee. They have used their opportunities freely in the JOURNAL, and occasionally in language much stronger than is usually allowed; they have done it frequently and persistently. They did not appear at the last annual meeting to oppose the report, or to oppose the re-election of the committee. Thereport was carried, and the committee was re-elected unanimously. Under those circumstances, it is clear that, if the BRITISH MEDICAL JOURNAL is to be conducted as the organ of the British Medical Association, it must be conducted in accordance with the decisions which the Association adopts at its annual meetings, as being those which are in harmony with the wishes of the Association, and in concert with the committees which it appoints to carry out those decisions, and to control the con-

duct of the JOURNAL. The legitimate opportunity of these gentlemen is in the Branches at their general meetings, or at the Association meetings; that opportunity they have neglected; they have not appeared at those meetings, or, when they have appeared, they have failed to convince the members that their views are correct. I must say that the calling of this meeting has been a very severe strain on the constitutional forms of the Association; and has entailed considerable inconvenience upon a large number of the leading members of the Association. The whole complaint, that the views of these gentlemen have not been adequately expressed, I believe to be unfounded; and the proceedings that have been taken in bringing it about are the least reasonable of any that I remember to have occurred in the history of this Association.

Dr. EDWARD WATERS (Chester): I second the resolution. I am among the members of the Council of the Association who have been brought here at considerable inconvenience in order to be prepared for this attack. I really had to look up the JOURNAL, and I sat up a considerable part of last night in order to be prepared on the present occasion. As there is no real assault made upon me, I will not trouble the meeting with any defence; but I think it may be as well to place before the meeting what Mr. Upton says with regard to one point which has been contended for with regard to medical reform. I allude to the operation of the penal clauses of the Government Medical Bill. The Association has never gone for more than certain grand principles. One is the realisation of the direct representation of the profession in the General Medical Council. I think it must be admitted that the Government has done more in the proposed reconstitution of the Medical Council than our most sanguine hopes could have led us to expect; they have given us all that the Association has ever asked, that is, that we should have one half of the number of representatives on the Medical Council which is allotted to the universities and corporations. But the representation of those medical authorities has been very distinctly modified in favour of the profession. There is no direct representation of those bodies on the General Medical Council in the proposed plan of the Government, but all the bodies in each division of the kingdom are thrown together, so as to elect conjointly their representatives on the General Medical Council. In addition to having one-half of the number of representatives accorded to the universities and corporations, we have in the Crown nominees an independent body of six; and the six Crown nominees, with the four direct representatives of the profession, will constitute a clear working majority of ten to eight, which will quite render impossible any action especially favouring any individual corporation; on the contrary, the Crown and the profession will dominate the Medical Council in the future, instead of its being dominated by the representatives of the corporations. The conjoint scheme also has been proposed in the Medical Bill; and that is one other point for which we have contended. The third point was that the penal clauses against illegal assumption of professional titles should be strengthened; and, if the Bill be carefully read, it will be found that such is the case. There was a prosecution attempted in Liverpool the other day, which failed entirely, because, though the man assumed a title which is not registrable, or alleged that he was a graduate in medicine of some unknown university, the judge decided that it could not be shown that he had wilfully assumed that title; and upon that point the man got off, and the prosecution, which was conducted at considerable expense by the Medical Defence Association, failed. That clause in the present Act is altered, and the mere assumption of the title (without anything being said about wilfully and falsely, as in the Act of 1858) is quite sufficient to bring a person under the operation of the Act. Much has been said about the repeal of the Apothecaries' Act, and the consequent greater facilities which druggists and chemists will have of practising. On that point, the Medical Reform Committee thought it necessary, as there was a good deal of agitation with respect to it, to obtain the opinion of the Solicitor of the Association, who, I believe, has a great deal to do with the Apothecaries' Company (being their clerk). I asked him for the grounds upon which he asserted that the Act in no way weakened the powers of any person prosecuting for illegal practices; and he says:

[20, Austin Friars, London, E.C., July 4th, 1883.

Dear Sir,—The grounds for the opinion I have expressed, that the Medical Act Amendment Bill, 1883, will, if it becomes law, give no greater facilities to chemists and druggists for practising medicine than they now possess, are as follows.

The prosecution of chemists and druggists is at present practically regulated by the twentieth section of the Apothecaries' Act, 1815. This section renders every one, after the date of that Act, liable to a penalty who acts or practises as an apothecary without a qualification as such. The qualification is defined by the fourteenth section of the Act, and is, in fact, identical with the language used in the licence or diploma of the Society of Apothecaries of London.

The twenty-ninth section of the Act, saves the rights of the Universities of Oxford and Cambridge, the Royal Colleges, the Society of Apothecaries, and any

person actually practising as an apothecary before 1815 (there are scarce, if any, practising as such now left).

The whole of these clauses are abrogated by the Medical Act Amendment Bill, 1883; but, on the other hand, the Bill proposes to enact that prosecutions under the Act (which are to be placed in the hands of the bodies and officials therein named) may and can be instituted in respect—

4. Of any person who, if not a registered medical practitioner, represents himself to be such.

5. Of any person who, not being a registered medical practitioner, practises, or professes to practise, medicine or surgery for gain, or who receives payment for so doing, or represents himself to be a physician, surgeon, doctor, or apothecary.

The twenty-eighth section of the Apothecaries' Act, 1815, saves the rights of chemists and druggists as regards "preparing, compounding, dispensing, and vending drugs and medicine." This also would be abrogated by the Bill of 1883, and its place taken by the sixty-fourth section of that Bill, the language of which I will presently refer to.

I am of opinion that, under one or other of the sentences in the Bill of 1883 which I have underscored, it would be impossible for a chemist or druggist to do more than "sell, compound, or dispense" medicine without overstepping the lines which would make them immediately liable to prosecution.

In the case of the Society of Apothecaries v. Shepperley, which was tried before Mr. Baron Pollock, that learned judge said, commenting on the twenty-eighth section of the Apothecaries' Act of 1815, "To my mind, as at present advised, I think this section is intended, in the latter portion of it, to apply to the trade or business of a chemist and druggist, not as it was used and exercised and carried on generally, but to the trade or business of a chemist and druggist limited by the words 'in the buying, preparing, compounding, dispensing, and vending drugs, and so forth.' That is my impression." And it was admitted that this was the view of another learned judge.

The sixty-fourth section of the Medical Act Amendment Bill, 1883, saves "the lawful occupation or business of chemists or druggists."

It is clear to my mind, on the authority of the dictum of the judge which I have quoted in the above case, that such "lawful" occupation is limited to buying, preparing, compounding, dispensing, and vending drugs; and that no chemist or druggist, as the law now stands, and if the present Bill became an Act, could hope to prove that his "lawful occupation" went one step beyond these duties.

F. Powke, Esq. Yours faithfully, JAMES B. UPTON.

I think that letter makes it perfectly clear that the powers of prosecuting unregistered persons who like to prey upon the public are in no way weakened by the Government Bill. I second the motion that has been proposed.

The motion was put, and unanimously adopted.

Mr. ALFRED BAKER proposed a vote of thanks to the Chairman.

Dr. WADE seconded the motion, which was unanimously agreed to. The proceedings then terminated.

THE IRISH MEDICAL ASSOCIATION.

THE forty-fifth annual meeting of this Association was held last Monday in the Royal College of Surgeons, Dr. A. H. JACOB, President, in the chair.

Report of Council.—The report of the Council for the past year was read by the honorary secretary, Dr. Chapman, and gave a clear and comprehensive account of the work that had been done during this period. Naturally the first subject referred to in it was the Medical Acts Amendment Bill. With regard to this, the amendments urged upon the Government by the Association were: (a) That the State examinee should be attached to a licensing body during his period of study, and that this affiliation should be necessary to registration. (b) That the curriculum and period of study should be uniform throughout the kingdom. (c) That the direct representative and the Crown nominee should have seats on the divisional board for each division of the kingdom. (d) That University matriculants should not be admitted to the final examination at a reduced fee, unless they had fulfilled, at least, three years' study in arts. (e) That the surplus funds in the hands of the Medical Council and divisional board should be divided between the licensing bodies in proportion to the educational and examinal work done by each respectively. (f) That the representation of the Irish College of Physicians on the divisional board should be increased. The last of these amendments, however, has since been accepted. Pending the decision of Government regarding the introduction of the above amendments into the Bill, the Council had not taken any step to promote the progress of the measure; and they were of opinion that, unless these amendments, or the greater part of them, be adopted in the Bill, that measure should not receive any support from the Association.

Touching the *Union Officers' Superannuation Bill*, the report expressed the regret of the Council that no satisfactory progress has been made with the measure. The question of the remuneration of medical officers of health for their services in connection with the *Labourers (Ireland) Act*, appeared, according to the report, to have been settled by a recent judgment of a County Court judge, who had decided that a medical officer was fairly entitled to be remunerated for extra services in connection with the Act.

As to the *Notification of Infectious Diseases*, the Association still approved Mr. Meldon's Bill, as introduced into the House of Commons in 1882 and 1883.

As regards *Prison-Surgeons*, the Council had pleasure in reporting that a very important precedent has been recently established relative to the payment of substitutes for prison-surgeons during their temporary absence from duty on Crown or official business. At the instance of the Association, a test-case was brought before the Recorder of Galway, who gave judgment against the gentleman whose case the Association took up. The Council was not satisfied that the facts of the case had been fully submitted; and, acting under legal advice, notice of appeal was lodged against the Recorder's decision. When the case was heard at assizes, the judge gave a decree for the amount claimed, with costs; and ruled that, under the circumstances, the authorities were liable to pay for the services of the prison-surgeon's substitute. No notice of further appeal was lodged. The Council considered that this decision was very noteworthy; and they would recommend medical gentlemen holding public appointments, when compelled to be absent from duty in such instances as Crown summonses or official requirements, merely to nominate, but not appoint, or make any arrangement as to the payment of, their substitutes; leaving it to the latter to take the steps necessary to recover from the proper source the amount of their claims for services rendered. The medical officers would thus most effectually resist the imposition of unfair deductions from their salaries.

The refusal of payment to a *Dispensary Medical Officer's Substitute* by a board of guardians, during the illness of the medical officer, also furnished a case concerning which legal proceedings were successfully instituted by the Association. A decree for the amount claimed, with costs, was given. The decision was further of importance, inasmuch as it ruled that a dispensary committee, by appointing a dispensary medical officer's substitute subsequently to the time he entered upon the duties, entitled him to claim remuneration for his services by such substitute, not merely from the date of his appointment, but from the day he, with the sanction of the committee, commenced to discharge the duties. It thus appeared that the right of a board of guardians to "determine the amount of remuneration, if any," in such cases, did not relieve them of liability to pay reasonable claims for services rendered and accepted.

As regards the *Establishment of Branches*, the report stated that the Council had taken steps to ascertain the opinions of the members of the Association individually concerning the advisability of forming local branches of the Association throughout the provinces, and also the result of the voting, which was—in favour of the proposal, 38; against it, 206; adverse majority, 168. Only 303 members voted on the question, of whom 57 were doubtful, and two voting-papers were spoiled. With an adverse majority of more than five to one, the Council considered this question settled in the negative.

The anxious attention of the Council has been directed to the exclusion of dispensary medical officers from the commission of the peace in Ireland, which was brought recently under the notice of the House of Commons by Mr. Sexton, M.P.; and Dr. Lyons, M.P., had given notice that he would call the attention of the House to the subject after the Whitsuntide recess; and the Council, in order to strengthen his hands, had prepared a memorial for signature by each dispensary medical officer. The Council, upon inquiry, and upon consideration of the arguments adduced, had not been able to discover any valid reason whatever for the exclusion of dispensary medical officers from the magistracy, and, being aware that the duties had been discharged with perfect propriety and without the least inconvenience to the public service by those medical officers who had held Her Majesty's commission, they were determined to use every influence to cause this most unnecessary, unwise, and derogatory exclusion to cease.

The statement of accounts showed that the balance in hand, at the close of last account, was about £100; received since for subscriptions, £280, making a total to credit of £387 8s. 6d. The expenditure amounted to £246 16s. 9d., leaving a balance to credit of £140 11s. 9d.

Resolutions.—After the report had been adopted, and the usual votes of thanks passed, Mr. CORLEY moved:

"That the Council be instructed to continue to urge Government to adopt the amendments of the Medical Act Amendment Bill approved of by this Association; and that, in the event of such amendments as seem to them necessary not being introduced into the Bill, the support of this Association shall not be given to that measure."

Mr. STOKER suggested that it would be desirable to add to the resolution the proposal that the fee should be uniform throughout the United Kingdom, as well as the curriculum and period of study, as urged in the amendments approved by the Association.

The resolution, with the addition suggested by Mr. Stoker, was adopted. The following resolutions were also adopted:

"That the Association, having observed with much regret that, in

consequence of the persistent opposition given to it by certain members for Irish constituencies, the Union Officers Superannuation Bill has not been pressed upon the attention of Parliament, re-asserts its opinion that the Poor Law medical officer is entitled, in equity, to receive a pension, as a matter of right, whenever he shall be incapacitated from the discharge of his duty; and therefore respectfully urges the Government and Mr. Herbert Gladstone to exercise with determination their influence in Parliament so as to pass in the present session a measure so generally approved and so just in principle. That a copy of this resolution be forwarded to the Chief Secretary, Mr. Herbert Gladstone, and the Vice-President of the Local Government Board for Ireland."

"That this Association approves of Mr. Meldon's 'Notification of Infectious Diseases (Ireland) Bill,' and hereby directs the Council to exercise the influence of the Association in its favour, and to oppose any Bill which proposes that the duty of notifying infectious diseases to the sanitary authorities shall be made obligatory upon the medical attendant."

"That the indiscriminate issue of dispensary tickets to persons whose circumstances do not entitle them to charitable relief is a practice grossly unjust to the medical officer, and to the ratepayers, at whose expense such relief is given, and its prevalence in Ireland demands the earnest attention of the Government authorities. That the legal precedents established by the Association, by the recovery of fees for services rendered on these tickets, are eminently satisfactory, and that the Council be requested to consider the propriety of testing the question whether the cancelling of the ticket is an indispensable precedent to the recovery of such fees."

"That the action of Council in instituting a suit to establish the right of medical officers of health to payment for inspections under the Labourers (Ireland) Act is approved, such functions not being, in the opinion of the Association, a legitimate part of the duty of the medical officer under the Public Health Act."

"That the Association regards the exclusion of dispensary medical officers from the commission of the peace in Ireland as derogatory to the social and professional position of those officers, and entirely unjustified by experience as to the manner in which the magisterial functions have been heretofore discharged by those officers who have held Her Majesty's commission; that the Council be requested to use their utmost influence to cause any understanding which may exist as to the exclusion of dispensary medical officers to be abrogated."

Officers and Council.—The following gentlemen were elected officers and members of the Council for the year ending May 31st next: **President:** Dr. W. D. Hemphill, Oakville, Clonmel. **Vice-Presidents:** Leinster—Dr. Edward Hamilton, 120, Stephen's Green, Dublin. Ulster—Dr. W. Malcomson, Cavan. Munster—Dr. John Russell, Thurles. Connaught—Dr. Heily, Roscommon. **Council:** Dr. C. Bent Ball, Dr. J. W. Boyce, Dr. Brown, Dr. William Carte, J.P.; Dr. Chaplin, Dr. A. H. Corley, Dr. H. G. Croly, Dr. T. Darby, Dr. R. V. Fletcher, J. R. Harvey, W. J. Hepburn, A. H. Jacob, David Jacob, J. B. Kelly, Richard John Kinkad, James Martin, A. Meldon, G. J. Mackesy, R. M'Donnell, F. V. M'Dowell, G. Morrogh, J. Molony, A. O'K. Nolan, J. F. Pollock, Sir G. H. Porter, T. Purcell, J. Ridley, J. M. Tabuteau, R. M. Tagert, Wm. Thomson, J. W. Usher, J. L. Walshe. **Auditor:** Dr. Albert Croly, Rathfarnham.

Vote of Thanks.—Dr. HEMPHILL of Clonmel having taken the chair as president, Dr. MARTIN of Portlaw moved the following resolution:

"That the warmest thanks of this Association are hereby given to our late president, Dr. Jacob, for the dignified manner in which he has filled that office, as well as for the zealous interest he has ever evinced in the welfare and objects of the Association."

Dr. CHAPMAN seconded the resolution, which was adopted.

Dinner.—In the evening the annual dinner took place in the Albert Hall of the College of Surgeons. Dr. Hemphill, president, occupied the chair, and he was supported by a large attendance of members and guests of the Association.

UNIVERSITY OF DURHAM: EXAMINATION FOR THE M.D. DEGREE WITHOUT RESIDENCE.

At a meeting held at the Trevelyan Hotel, Manchester, on May 28th—Mr. T. J. Monaghan, (Accrington), in the chair—the following motions were carried unanimously.

1. "That the resolutions passed at the London meeting be adopted by this committee." Moved by Mr. J. Brown, Bacup; seconded by Mr. G. G. Hodgson, Liverpool.

2. "That an additional reason for the alteration is, that certain hospital appointments can only be held by graduates of a British uni-

versity; and that no other qualifications, whatever worth they may have in the profession, will stand in place of a degree." Moved by Mr. A. R. Hopper, Liverpool; seconded by Mr. J. S. Withers, Sale.

3. "That this committee will use every means in its power to promote the desired change." Moved by Mr. Thomas Cooke, Ashton; seconded by Mr. B. Jones, Leigh.

A form of memorial was likewise agreed upon, which will be sent for signature to all those who have sent their names to the Honorary Secretary, who will be glad to receive additional names for the memorial.

MEDICAL SICKNESS, ANNUITY, AND LIFE-ASSURANCE SOCIETY.

FORMATION OF A BIRMINGHAM BRANCH.

A MEETING of the members of the above Society, residing in Birmingham and neighbourhood, was held on Friday, May 30th, at the Medical Institute, Birmingham, for the purpose of electing a local committee, and of considering what steps should be taken to bring the advantages of membership before those who have not yet joined the Society.

A committee of ten members was elected, with power to add to their number; and Mr. Ravenhill, one of the vice-presidents of the Society, was elected Chairman, and Dr. Richards, Honorary Secretary. The members of the committee were selected as practitioners residing in different centres of the district; and it was decided that each member of the committee should take his own district, and endeavour to secure adherents by laying before the medical men in his neighbourhood the great advantages which this Society offers to both senior and junior members of the medical profession.

Letters were read from members, expressing regret at their inability to be present, and expressing in high terms their pleasure at the formation and successful progress of the Society.

Communications should be addressed to Mr. Ravenhill, 113, High Street, Bordesley, Birmingham; or Dr. Richards, Temple House, Bath Row, Birmingham.

INTERNATIONAL HEALTH EXHIBITION CONFERENCES.

THE first of three conferences arranged to be held in connection with the International Health Exhibition, under the auspices of the Mansion House Council on the Dwellings of the Poor, was held on June 4th, in the arena of the Albert Hall. The Lord Mayor, who presided, dwelt upon the importance of the subject treated in the three papers to be read that day; and remarked that the third had the greatest interest for them, because overcrowding was inimical to the health and morality of the inhabitants of any town. Dr. G. B. Longstaffe, in a paper on "The Population of London and its Migration," quoted the restriction placed on an extension of the metropolis in 1580, when the erection of new buildings in London was forbidden as "likely to increase the plague; to create trouble in governing such multitudes; a dearth of victuals; the multiplying of beggars; the assemblage of more artisans than could live together; and as likely to impoverish other cities for lack of inhabitants." The reader of the paper wished that something could be done, if not to diminish the number of the inhabitants of the metropolis, at least to prevent their increase. Emigration was the only practicable remedy; but emigration should not be promoted merely from London itself, because, for every family sent away from the metropolis, two would rush in from the provinces and from Ireland. Moreover, country people made far better emigrants than townsmen. A discussion followed, in which Canon Gregory, the Rev. Styleman Herring, and others, took part on this and the following papers: "The Treatment of the London Poor," written by Miss Gertrude Toynbee; and "Overcrowding," by the Rev. A. Mearns. Thursday's Conference was opened at 3 o'clock, under the presidency of the Archbishop of Canterbury, when papers were read on "Suburban Dwellings and Cheap Railway Fares," and on "The Creation of a Building Fund."

A CONFERENCE, organised by a committee appointed by the Society of Medical Officers of Health, the Sanitary Institute, and the Parkes Museum, of which committee Dr. Dudfield and Dr. Louis Parkes are respectively chairman and honorary secretary, will be held in the arena of the Royal Albert Hall from June 9th to June 14th. The following papers will be read.—On Monday, June 9th, at 2 p.m., by John W. Tripe, M.D., on Domestic Sanitary Arrangements of the Metropolitan Poor; by Ernest Turner, F.R.I.B.A., on The Improvement of the Sanitary Arrangements of Metropolitan Houses. Tuesday, June 10th, 2 p.m., George Wilson, M.D., on Domestic Sanitation in Rural Districts; by H. Percy Boulnois, M. Inst. C.E., on Sanitary Houses for the Working

Classes in Urban Districts. Wednesday, June 11th, 2 p.m., John Syer Bristowe, M.D., F.R.S., on Industrial Diseases. Thursday, June 12th, 2 p.m., W. N. Thursfield, M.D., on Spread of Infectious Diseases through the Agency of Milk; by W. H. Corfield, M.D., Through Other Agencies. Friday, June 13th, 2 p.m., Alfred Hill, M.D., on Notification of Infectious Diseases, Its Importance and Its Difficulties; by Alfred Carpenter, M.D., J.P., on The Right and the Duty of the State to Enforce it. Saturday, June 14th, 2 p.m., A. Wynter Blyth, M.R.C.S., Disposal of the Dead; and Wm. Eassie, C.E., on Cremation. We would especially remind members of the Association interested in the question of Notification of Infectious Disease, of the importance of attending the Conference of Friday afternoon.

THE PRELIMINARY REPORT OF THE COLLECTIVE INVESTIGATION COMMITTEE ON DIPHTHERIA.

"IN tracking the principle of heat," said Lord Bacon, "make as large a list as possible of those bodies in which, however widely they differ from each other in appearance, we perceive heat; and as large a list as possible of those which, while they bear a general resemblance to hot bodies, are nevertheless not hot. Observe the different degrees of heat in different hot bodies, and then, if there be something which is found in all hot bodies, and of which the increase or diminution is always accompanied by an increase or diminution of heat, we may hope that we have really discovered the object of our search." The directions of the great author of inductive philosophy here given are more than equally applicable to an investigation into the nature of infectious diseases. They indicate the true lines on which such an investigation should proceed; and in the admirable memorandum on Diphtheria, by Mr. Shirley Murphy, issued by the Collective Investigation Committee at the time of their first appeal to the profession for information, this principle was recognised. "Anyone studying the etiology of diphtheria must endeavour to learn accurately the conditions associated with the existence of the disease amongst those attacked, and compare them with the conditions associated with those who escape. By means of this comparison it becomes possible to eliminate those conditions which are common to both groups of individuals, viz., those who are attacked and those who escape: perhaps to identify some condition as specially co-existent with the disease, and, finally, to accumulate sufficient evidence to enable it to be regarded, in its relation to the disease, as cause is related to effect." Such were the words of the memorandum, and they contained a guarantee of a logical method of research.

"The inquiry by induction," continued Lord Bacon, "is wonderfully hard, for the things reported are full of fables." Thanks, however, to the class of workers who have lent their assistance, this does not seem to have been the special difficulty with which the Collective Investigation Committee have had to contend. The difficulty, it seems, has rather been in the paucity of information, and especially of information of a certain kind. The "list of bodies" attacked, although probably insufficient to justify the putting forward of any single inference, is considerable; but the circumstances attending different "degrees" of attack, and those associated with escapes in the face of exposure, have scarcely received illustration. No doubt, time and patience, and insistence upon what is required, will supply this deficiency.

Meanwhile, a preliminary report, purporting "to do no more than indicate the directions in which the communications already received appear to lead, and leaving to a later date a more precise statement," has been issued. We may believe that considerations of expediency—the necessity of making the investigation popular—have weighed with the Committee; excluding such considerations, we think the profession would have been content to wait, so long as sources of information proved fruitful, for their more matured deliberations. Tentative inferences are not favourable to the inductive method. The temptation to accept them as a basis for synthetical argument is rarely altogether resisted—the report before us is not without instance of this truth—and the result in that case is often disastrous; moreover, they are apt to influence the direction of subsequent observations. The postponement, again, of that "precise statement" spoken of, apparent both in the relation of fact and the advancement of argument, we account a disadvantage. It tends to debar effective criticism; and we feel assured that, next to a desire for observed facts, the Committee themselves most wish that their interpretation of those facts should, step by step, be submitted to a searching scrutiny.

Altogether 138 communications were received by the Committee, 90 giving information upon sanitary, and 112 upon clinical, points. The actual number of cases is not recorded; but we infer, from various proportions given, that it must be represented by some figure between 160 and 175. We may suppose that 168 cases were reported—126

singly, and 42 in twelve different groups. Three-fourths were described as sporadic, originating without known exposure to any antecedent case, "and by far the greater number, whether sporadic or epidemic, occurred in sparsely inhabited districts, a point particularly noticeable among the former class." The report goes on to speak of the general opinion that diphtheria is a disease especially of rural districts, and refers to a paper that has been prepared for the Committee by Dr. G. B. Longstaff as affording "satisfactory evidence of the relation of its prevalence to population." It is intended hereafter to publish this contribution; meanwhile the statement is deemed sufficient that, "while 62 per cent. of the total districts of England and Wales had a mortality from diphtheria above the average in the decades 1851-60 or 1861-70, or in both periods, of the densely populated districts only 36 per cent. were above the average." Now, it is quite clear that no inference as regards the relative frequency of sporadic attacks, or as to the preponderance either of such attacks or of the disease as a whole, in sparsely inhabited areas, can be drawn from the individual observations reported to the Committee. Many of the cases were no doubt reported because of the mystery surrounding their origin—a mystery which is not recognised in a town where hidden sources of infection are expected to operate; and the cases are therefore to be regarded as selected and not as representative ones. The words of the memorandum already quoted, in effect suggested this selection: "Rural places more than others," it says, "best promise to reward the investigator for his labours."

Dr. Longstaff's paper is said to "prove conclusively that the greatest mortality from diphtheria occurs in thinly inhabited areas," and, allowing apparently no doubt as to the significance the Committee wish to attach to these words, it is referred to more than once as "showing the relation of diphtheria to density of population;" and an attempt is afterwards made, in submitting certain hypotheses, to use this conclusion syllogistically. From the glimpse we have of the paper, proof, to our minds, is far short of this. That 62 per cent. of the total districts of England and Wales show a mortality above the average of that of England and Wales, while only 36 per cent. of the densely populated districts are above that average, proves no more than that the mortality is comparatively low in several large centres of population. Relative excess in other parts, as compared with the average rate thus depreciated, follows of course of necessity. To render our criticism clear, we might say, for example, that the converse of what is here proved might be alleged with far more emphasis of summer diarrhoea; but even of that disease it would be considered, with our present knowledge, a misuse of terms to speak of "the relation of its prevalence to density of population;" and wholly inadmissible to accept such supposed relation as a premiss for synthetical deduction. We need not here stop to discuss all that, in our opinion, it will be needful to show in order to establish such a relation by means of statistics; it will be sufficient to do that when Dr. Longstaff's paper appears. It is obvious, however, that some very elaborate combinations of figures and groupings of districts will be necessary; and if we are right in believing that the inquiry will have to be greatly localised, with comparisons of small areas and small populations, it seems doubtful whether it admits of being carried to a successful issue in the case of a disease with an average mortality not much above 1 per 10,000 of the population.

The Committee see reason for attaching special importance to the statistical data Dr. Longstaff affords, from the consideration that, "in thickly populated areas, diphtheria must have, through personal communication, special opportunities of extension." We think that too much might easily be made of this argument in the case of diphtheria. That disease, of the common infective diseases, holds, we are perhaps justified in assuming, the lowest place in the scale of infectivity. Inquiries have usually shown that its epidemic extension has been due to intercourse of a very close and personal kind; it has spread among the members of the several branches of one family, amongst the children of one school and of one class. The wider opportunities for personal intercourse which town life affords do not, therefore, so much concern us; the question is, rather, whether in town, as compared with country, an individual is likely to have more intimate personal friends, more kissing acquaintances.

Again, the bulk of the mortality in these rural places is, we conceive, notwithstanding the preponderance of sporadic cases reported to the Committee, made up of small circumscribed epidemics. Of these, reports have generally shown that there has been some considerable antecedent smouldering of the disease; and that, meagre precautions often appearing sufficient, as soon as the danger is fairly recognised, the visitation is controlled. The inhabitants of towns, with medical aid close at hand, may not, perhaps, be so much exposed to this danger of unrecognised disease. The Government of Russia has

found the importation of medical assistance into infected districts a prime necessity.

The Committee comments upon the opposite behaviour, in this respect, of scarlatina, saying that a continuance of Dr. Longstaff's inquiry shows that the "the relation of this disease, scarlatina, to population is almost exactly the converse of that of diphtheria." In the case of scarlatina, with the much wider reaching potency of its infection, we are justified in attaching more importance to the aggregation of susceptible individuals; but we believe that Dr. Longstaff will find that even its prevalence is more closely related to the character, especially the age, of a population than to mere density. Taking, for example, the county of Durham, which, with a rate twice the average, heads the list of English counties in the order of scarlatinal fatality, it will be found that the proportion of children below the age of fifteen years (i.e., of persons most susceptible to scarlatina) to the whole population, is higher by three per cent. than the corresponding proportion in England; in other words, more than 19,000 children, amongst whom, according to the mortality of that age, there would be some 80 deaths from scarlatina annually, are living in this county over and above what may be termed the normal number. The direct arithmetical effect of these 80 deaths on the mortality-rate would not be considerable, reducing it only about 1.2 per 10,000; but who shall say what the influence of some 800 additional cases of sickness may not have been in keeping alive and spreading the infection? These considerations apply, to some extent, also in the case of diphtheria; and, in so far as they do apply, they tend to enhance the significance of Dr. Longstaff's observations. The immunity of adults from the infection of diphtheria appears, however, to be much less complete than from that of scarlet-fever. Not only is the proportion of adult deaths to the total number three times as great in the one case as in the other, but experience would seem to show that, with diphtheria, such immunity is rather from fatal attacks than from infection. If this be so, adults, although supplying relatively few deaths, nevertheless bear their share in propagating the disease.

The ages in the cases reported to the Committee are not given; and other personal data we may hope, in a future report, to see noticed—social condition, habit, complexion (*vide* Dr. Airy's observations), acclimation, etc. The food-supply is worthy of attention, not only from the probability of its affording an occasional vehicle for the contagium (a point insisted upon in Mr. Murphy's memorandum), but as a possible influence on individual susceptibility. It has been suggested, for example, that the comparative insusceptibility of infants to scarlatinal attacks may be due to their alimentation; and a similar, if less marked, immunity is enjoyed by them in the case of diphtheria, whether or not croup be included under that name. Again, the question of water as a vehicle of infection is only slightly touched by the mere fact that the simultaneous occurrence of a number of attacks has not been reported to the Committee. Even in its most favourable medium, a contagium may have a low diffusible power; and, furthermore, in many rural districts, almost each family obtains its water-supply from a separate source. It may not be considered inconsequent to remark here that in just those districts where diphtheria is apt to prevail, sufferers from intestinal worms are often found in excessive numbers, for we know the medium of infection in the case of the large round worm to be almost certainly the drinking-water; whilst the eggs of the thread-worm are conveyed directly from person to person—a mode of infection that, in the view of the Committee, should operate more completely in towns.

Adverting to a suggestion that scarlatina and diphtheria may be clinical varieties of one and the same disease, the Committee adduce the fact that, in one-half the cases reported to them, in which this information was given, the sufferers from diphtheria had previously passed through an attack of scarlatina. If the numbers were considerable, and especially if the sufferers from the two attacks were in any considerable proportion still at the time of childhood, strong evidence is hereby afforded against a suggestion that would, indeed, appear to have little in its favour. We fail, however, to see how the evidence is in any way applicable to the conclusion that, assuming the two diseases identical, "the persons who may suffer from more than one attack number 50 per cent. of the community." That 50 per cent. of the diphtheritic patients, at all ages, were found to have suffered previously from an attack of scarlatina, in districts where the latter disease is not immoderately prevalent, would rather suggest to us, before making any mathematical estimate of probabilities, some abnormal incidence of the one disease upon previous sufferers from the other. And, besides, if the supposition is that the two diseases are identical, on what ground are those who suffer from the two attacks, but in the reverse sequence, omitted from the computation? On this very point, the immunity from subsequent infection conferred by one

attack, there would seem to be a distinct difference between the two diseases in question; and a difference that must probably be regarded as fundamental.

Upon the important question of the relation of apparently simple sore-throat to diphtheria, the Committee desire to extend their inquiries. So far, in about one-fourth of the cases reported to them, antecedent sore-throat is spoken of; and in a smaller number of cases the two affections were co-existent in the same household. The connection between croup and diphtheria receives comparatively slight illustration. Definite contact with croup preceded two attacks of diphtheria; in two cases croup is mentioned as having prevailed in the neighbourhood, and two others are spoken of as "croup and diphtheria." Perhaps more information would be obtained from an inquiry concerning the occurrence of croup (or of the disease which, did it occur sporadically, would be called croup) after exposure to the infection of diphtheria.

The evidence obtained as to concurrent disease amongst the lower animals is almost entirely negative. As to local sanitary conditions likewise, as causative agencies, nothing determinate can be said. One half the houses invaded are stated to have been absolutely free from defect, but we are not told whether cases in which the disease obviously spread by infection are included in this computation. It is considered of importance that in less than one tenth of the cases was the disease attributed to a defective drain or sewer; but here again the caution must be borne in mind that the great bulk of this evidence comes from rural districts—that is to say where sewers and drains are very frequently absent.

Of the clinical phenomena that receive illustration, perhaps the invariable occurrence of glandular swellings and the all but invariable occurrence of false membranes are the most noticeable. These observations, however, must by no means be taken as definitive. It may be remembered, for example, that in the inquiry undertaken by the Royal Medical and Chirurgical Society into the relation between membranous croup and diphtheria, it was shown that glandular enlargement was often absent. Of twenty-five cases of diphtheritic paralysis reported to the Committee, the muscles of deglutition or of the soft palate were affected in nineteen; in one there was paralysis of the larynx, in another of the diaphragm, and in three there was loss of sensation and taste. Disturbances of vision were not apparently noted. The duration of the paralytic symptoms lasted from three days to five months.

Albuminuria was present in 88 per cent. of the cases (about one-third of the total number) in which its presence or absence was noted. The condition appeared as early as the first day, and as late as the sixteenth, and its duration ranged from two to sixty-three days.

Upon the results of various methods of treatment, a discussion is promised in a future report. On every ground, but mainly perhaps in the hope that important etiological problems may be elucidated, that report will be looked for with much interest.

COLLECTIVE INVESTIGATION OF DISEASE.

LIST OF RETURNS RECEIVED IN MAY, 1884.

I.—PNEUMONIA (31).

C. E. Abbott, Esq.; F. J. Allan, M.D.; J. M. Booth, Esq. (2); R. L. Bowles, Esq. (3); D. C. Burlingham, M.D.; C. Elliott, M.D. (4); J. Hamilton, M.D.; A. P. Hillier, M.B.; W. G. Lowe, M.D.; J. A. Mackenzie, M.B. (3); J. H. McAnley, Esq.; J. E. Prichard, Esq.; E. Prideaux, Esq. (3); T. F. Raven, Esq.; T. H. Redwood, M.D.; T. W. Reid, Esq.; W. D. Sheppard, Esq.; E. G. A. Walker, Esq.; T. J. Webster, Esq. (3).

II.—CHOREA (4).

W. H. Day, M.D.; E. G. Gilbert, Esq.; S. A. Hayman, Esq.; R. Mears, Esq.

III.—ACUTE RHEUMATISM (4).

P. B. Burroughs, Esq.; W. M. Clarke, Esq.; G. A. Mackenzie, M.B.; W. Odell, Esq.

IV.—DIPHTHERIA (Clinical, 3).

E. G. Gilbert, Esq.; — Hill, M.D. (2).

IVa.—DIPHTHERIA (Sanitary, 1).

E. G. Gilbert, Esq.

VI.—ACUTE GOUT (4).

R. L. Bowles, Esq. (3); W. G. Smith, M.D.

VII.—PUERPERAL PYREXIA FORMS (9).

Burgess-Major Forbes Dick, M.D. (7); J. Heardwood, M.D.; G. G. Whitwell, M.D.

X.—AGED PERSONS (8).

T. E. Gilmour, Esq.; C. E. Jennings, Esq.; T. Wilson, M.B.

XI.—ALBUMINURIA IN THE APPARENTLY HEALTHY (17).

J. C. Clarke, Esq.; J. Ferguson, Esq.; F. B. Fisher, Esq.; J. E. Glascock, Esq.; C. A. Greaves, M.B.; G. Jackson, Esq.; S. Johnson, M.D.; W. Kelster, M.D.; H. P. Markham, Esq.; J. H. Morgan, Esq.; J. W. Nelligan, M.B.; T. M. Rooke, M.D.; T. Shims, M.P.; W. H. Taylor, M.D.; H. E. Trestrail, Esq.; T. A. Vesey, M.B.; C. H. Weld, Esq.

Total number of returns received during May, 76.

The Committee beg also to acknowledge with thanks a communication from G. M. Giles, M.B., 9th Native Infantry, Peshawur; and a report of cases of pneumonia from Evan Jones, Esq.

ASSOCIATION INTELLIGENCE.

PROCEEDINGS OF THE COUNCIL.

At a meeting of the Council, called specially to receive a requisition signed by fifty-three members of the Association, held at the Queen's Hotel, Birmingham, on Wednesday, May 28th, 1884; present, Mr. C. G. WHEELHOUSE, President of the Council, in the chair; Dr. Wade, Treasurer; Mr. Alfred Baker, Dr. Bartolomé, Dr. C. Chadwick, Dr. Crowe, Dr. Foster, Mr. Mason, Mr. T. Simpson, Dr. William Strange, Dr. Arthur Strange, Dr. Edward Waters;

Read letters of apology for non-attendance from the President, Mr. W. D. Husband, Dr. Vawdrey Lush, Mr. Dix, Dr. Lanchester, Mr. Sibley, Dr. Skerritt, Mr. Evan Jones, Mr. Macnamara, and Dr. Alfred Sheen.

Read circular convening meeting.

Read letter from the Solicitor to the Association.

The requisition, signed by fifty-three members, was then considered.

Resolved: That the step taken by the President of the Council, in calling an extraordinary general meeting of members at the Queen's Hotel, Birmingham, on Wednesday the 28th instant, be approved and confirmed.

NOTICE OF QUARTERLY MEETINGS FOR 1884:

ELECTION OF MEMBERS.

MEETINGS of the Council will be held on Wednesday, 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., 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.

II. Chorea.

III. Acute Rheumatism.

IV. Diphtheria, clinical.

IVa. Diphtheria, sanitary.

v. Syphilis, acquired.

va. " inherited.

VII. Puerperal Pyrexia.

VIII. Paroxysmal hæmoglobinuria.

x. Habits of Aged Persons.

xi. Albuminuria in the Apparently Healthy.

NOTE.—The further 150 cases of pneumonia asked for by the Committee have now been received, and will be included in the forthcoming issue of the *Record* in July. The Committee hope that cases will still be communicated, as opportunity may occur, with a view to a further report upon the subject in the future.

An inquiry is being now issued concerning the general condition, habits, and circumstances, past and present, and the family history of persons who have attained or passed the age of 80 years.

The replies to this inquiry will be most valuable when given by a medical man; but the questions have been so arranged, that, with the exception of some on the last page, they may be answered by another person. *Partial information will be gladly received.*

Copies of the form and memorandum relating to Aged Persons, recently printed in the *JOURNAL*, are ready for distribution through the local Secretaries, and will be forwarded to any one who is willing to fill up one or more of the forms, on application by post-card or otherwise to the "Secretary of the Collective Investigation Committee," 161A, Strand, London.

There is also now being issued an inquiry as to the occurrence of Albuminuria in apparently healthy persons.

Applications should be addressed to

The Secretary of the Collective Investigation Committee,
May 1884. 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.

MIDLAND BRANCH.—The annual meeting of this Branch will be held in Nottingham on Thursday, July 3rd. Notice of papers, etc., to be sent to the Secretary, LEWIS W. MARSHALL, M.D., Nottingham.

METROPOLITAN COUNTIES BRANCH.—The thirty-second annual meeting of this Branch will be held at the Holborn Restaurant on Tuesday, June 24th, at 5.30 p.m. President: Charles J. Hare, M.D.; President-elect: Charles Macnamara, Esq. Dinner at 7 p.m.; tickets, 7s. 6d. each, exclusive of wine. Early application for dinner-tickets should be made to Dr. Grigg, 6, Curzon Street, Mayfair, W.—ALEXANDER HENRY, M.D., W. CHAPMAN GRIGG, M.D., Honorary Secretaries.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The annual meeting of this Branch will be held at Cardiff on Thursday, June 26th next; Eben Davies, Esq., President; A. Sheen, M.D., President-elect. Members wishing to bring forward communications, cases, etc., are requested to send titles to either of the undersigned before June 7th, in order that the same may be inserted in the circulars.—ALFRED SHEEN, M.D., Cardiff; D. ARTHUR DAVIES, M.B., Swansea, Honorary Secretaries.—May 21st, 1884.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.—The annual meeting of this Branch will be held at the Medical Institute on June 19th, at 3.30 p.m.—E. RICKARDS, Secretary, 14, Newhall Street, Birmingham.

NORTH OF IRELAND BRANCH.—The annual meeting of this Branch will be held in the Belfast Royal Hospital, on Thursday, June 19th, at 12 o'clock. Notice of papers and other business to be sent to Dr. DEMPSEY, Honorary Secretary, Clifton Street, Belfast.

SOUTH MIDLAND BRANCH.—The annual meeting will be held at the Infirmary, Northampton, on Thursday, June 26th, at 2.30 p.m. Members wishing to send papers, cases, etc., are requested to send the titles of the same to the Secretary, with as little delay as possible. The dinner will take place at Franklin's Restaurant, Guildhall Road, at 6 p.m. Tickets (exclusive of wine) 6s. 6d. each. Gentlemen intending to be present are requested to communicate with the undersigned not later than June 23rd.—C. J. EVANS, Honorary Secretary, *pro tem*.

BORDER COUNTIES BRANCH.—The seventeenth annual meeting will be held at Hawick on Friday, June 27th. Members intending to read papers or show specimens are requested to give notice to Dr. LEDIARD, Carlisle, or Dr. SMITH, Dumfries.

CAMBRIDGESHIRE AND HUNTINGDONSHIRE BRANCH.—President, Wm. Groom, Esq.; President-elect, D. B. Balding, Esq. The annual meeting will be held at Royston on Friday, June 27th. Members intending to make any communication are requested to inform the Secretary as early as possible.—B. ANNINGSON, Honorary Secretary, Cambridge.

LANCASHIRE AND CHESHIRE BRANCH.—The annual meeting of this Branch will be held in the Town Hall, Chester, on Wednesday, June 18th, 1884, at 2 p.m. (the Council meets at 1 p.m.) Order of Business: The President's Address; Report of Council; Election of Representative Members in the Council of the Association; Election of New Council and Office-Bearers; General Business. Dr. William Roberts will move: "That the necessary expenses of the Subcommittee on the 'Collective Investigation of Disease be defrayed out of the funds of the Branch.'" Dr. Fitzpatrick will move: "That, while fully recognising the generous and hospitable spirit which actuates those members of the Branch in whose towns the annual and intervening meetings are held, in providing a public luncheon for the members attending, it is not considered desirable, in the interests of the Branch, that the practice should be continued, owing to the loss of time, which should be devoted to the reading and discussion of papers, which have often to be omitted altogether." Mr. Reginald Harrison will move: "That the Lancashire and Cheshire Branch of the British Medical Association has heard with regret that the resolutions passed at the meeting held at the College of Surgeons on March 29th, have been rejected by the Council, and that they cordially agree with the spirit of those resolutions." Medical and Surgical Communications: Mr. Johnson Martin: Paper on Over-Education, or the Serious and Evil Effects of the Present System of Education. Paper on Cholera, its Cause, Prevention, and Treatment. Dr. Walter: Two Specimens of Uterine Polypus. Dr. Ransome: Some Cases illustrating the uses of the Bacillus-search. (Other communications are expected.) Luncheon will be provided by the members of the Chester Medical Society, at the Town Hall, from 12.30 to 2.30 p.m. Dinner at the Town Hall, at 6.30 p.m.; tickets, 7s. each, exclusive of wine. Arrangements have been made with the following firms for an exhibition of new drugs, special pharmaceutical and dietetic preparations, and medical batteries: Messrs. Clay and Abraham, Liverpool; Messrs. Mottershead and Co., Manchester; Messrs. Symes and Co., Liverpool; Messrs. Woolley and

Co., Manchester. Messrs. Wood and Sons, Manchester, will exhibit a collection of surgical instruments and appliances. Messrs. Armstrong Brothers, Manchester, will exhibit optical goods, thermometers, and microscopes. The different exhibits will be on view from twelve o'clock.—CHAS. E. GLASCOTT, M.D., Honorary Secretary, 23, St. John Street, Manchester.

SOUTHERN BRANCH.—The eleventh annual meeting of this Branch will be held at the Council Chamber, Salisbury, on Thursday, June 19th, 1884, at twelve o'clock. The President-elect has kindly undertaken to provide refreshments at the Council Chamber. In accordance with the new by-laws, two gentlemen will be elected at this meeting as representatives of the Branch on the Council of the Association for the ensuing year. Members desirous of reading papers or other communications are requested to forward at once the titles to the Honorary Secretary. No communication must exceed seven minutes in length, and no subsequent speech must exceed five minutes. The address will be delivered by the President-elect at 2 p.m. During the afternoon, the members will have an opportunity of visiting several places of interest in the locality. The dinner will take place at the White Hart Hotel, at 6 p.m.; tickets, 12s. 6d. each, including wine. The Committee request that those gentlemen who intend to be present at the dinner will send in their names to Mr. H. J. Manning, Laverstock House, Salisbury, on or before Tuesday, the 24th instant.—J. WARD COUSINS, M.D., Honorary Secretary and Treasurer.

SOUTH-WESTERN BRANCH: ANNUAL MEETING.

The annual meeting of this Branch was held at Exeter on Wednesday, May 21st. About 100 members and visitors were present. Before the meeting, the President-elect, Dr. Lewis Shapter, entertained the members at a luncheon at his house. The meeting was held in the board-room of the Devon and Exeter Hospital.

The chair was taken by the President, Mr. C. BULTEEL, of Stonehouse, who said that it only remained for him to resign his position as President for the year, and to introduce the new President. They would not expect many words from him on retiring, neither had the year been an eventful one, although it promised to be so to the profession. The Medical Act Amendment Bill was before Parliament when they (the Branch) last met, and the result was known to them. The House of Commons could not find sufficient time to attend to the wants of the medical profession. Whether they would have better fortune this year remained to be seen. In regard to the Association, the past year had not been an eventful one, but the current year would see the new mode of electing the Council—an important subject which would engage their attention that day, and upon it a great deal of the success of the society depended. Another question concerning the Royal College of Surgeons would probably be brought before the Branch—he meant the alteration arising from the action of the Council at their last meeting. They had to congratulate themselves that at last they had conceded the right of the Fellows voting by proxy in the election to the College of Surgeons, and this he thought an important grant. Other things were brought before the Council which had not been graciously listened to, and which would be brought before them before the meeting closed. He concluded by thanking the members for their kindness in having elected him last year to the honour of President.

President's Address.—Dr. L. SHAPTER then took the chair amidst loud applause, and proceeded to deliver an able address. He compared the character and degrees of progress of the Hippocratic era with that of our own day, remarking that, since the age of Hippocrates, who flourished 450 years before Christ, the art which he loved so well had degenerated, although in recent years it had recovered, thanks to the Harveian epoch, which had rescued it from its fall. In reviewing the Hippocratic times, he observed that the system of medicine was then founded upon recorded observations of preceding generations; but that Hippocrates himself, while admitting the fallaciousness and emptiness of experience alone, unsupported by knowledge, laid stress upon a comparison of disease with health, and upon the results of experience being invariably tested by the strict scrutiny of reason. His theory of medicine was further based upon a belief in a spiritual essence diffused through the whole work of creation, and which strove to preserve all things in their natural state, and to restore them when preternaturally deranged. This principle he called "Nature," and he held it to be a *vis medicatrix*. "Nature," says he, "is the physician of diseases." Hippocrates, moreover, insisted upon the dependency of the whole body upon disease manifested in a single part; he recognised no beginning in the body, but as a described circle, so was the body; there was no beginning to be found; and thus one part of the body imparted disease to the other parts, viz., the stomach to the head, and the head to the stomach; and if the very smallest part of the body suffered, it would impart its suffering to the whole frame. It must be recognised, too, that Hippocrates was well grounded in what they should probably term the elements of medical knowledge. From his writings, it would appear that very little had been added to his exact knowledge of anatomy; and if all wished to be his imitators as practitioners, they must be physicians of the whole

body, and not only of a part—they must pay attention to the effect of local mischief upon the general frame, and not take too desponding a view from the local manifestations of diseases alone; and, more than all, Nature must be the guide, without any ignorant submission to her rule. In his first character, Hippocrates was a sanitary physician, and as such he dwelt upon the influence which climate, soil, and water, and the manners and customs of the people, exercised over the types and progress of disease. Such thoughts—enunciated 400 years before the Christian era—should be stirring to medical men, when they were just now awakening as a nation to the economical tendencies of sanitary science, and could hardly realise, as a community, the value of remedying, rather than patching, defective systems of drainage and water-supply. As a practical physician, Hippocrates gave terse aphorisms, which spoke eloquently of his great powers of observation. He foreshadowed, and even enunciated, many systems of treatment now called novel, and his method of recording and judging of fevers by the respirations and heat of the skin was a state of things to which we had in a great measure recurred. The disease really described by Blackall of Exeter, at the commencement of the present century, but worked out and claimed by Bright, and termed Bright's disease, was foreshadowed by Hippocrates; and they might well ponder upon this fact, that if the words and works of Hippocrates had only been studied in after ages, the discoveries of Blackall and Bright might have enlightened many earlier epochs of medical history. As a practical surgeon, too, the works of Hippocrates were based upon an extensive practice and familiarity with accidents occurring at the public athletic games of his country, and were characterised by clear logical reasoning for what was given as "proper" treatment; and it was here again worthy of thought that the practical observations of Hippocrates, opposed in many instances to modern practice, had been supported by such eminent modern authorities as Mr. Liston and Sir Astley Cooper, showing them to have been the practical results of thought and reasoning, rather than of routine. The lessons, then, to be learned were (1) that the unity of the body and the dependency of its several parts and systems upon one another indicate variety in diseased actions, and call for the establishment of a system of "general" apart from "special" prognostics; (2) that the teachings of pathology will only prove practically fruitful in so far as they practically explain and elucidate disease as it is observed by the physician; and (3) that treatment as the aim of the art must be based upon the collected and tested experience of chemical investigators, assuming that the science of therapeutics was not taken to exist in the manufacture of compound prescriptions and so-called specifics, but in simply and plainly giving the right medicine (and the right medicine alone) at the right time, in accordance with the recognised physiological action of the drug. To associations such as this might well be entrusted the task of collecting, testing, grouping, and diffusing aphorisms of clinical knowledge, and methods of treatment acquired by specialists and others, a work which it was out of the power of individuals to properly accomplish; and so high an authority as Mr. Jonathan Hutchinson asserted that in the houses, schools, workhouses, and hospitals of England there were many thousands of children suffering from ulceration of the cornea of the eye and intolerance of light, lingering on in disease for months, and only ultimately to become disfigured and incapacitated by scars, when only a little unity and investigation were wanted to fix upon a specified formula for a weak yellow oxide of mercury ointment, which should be used, to the abandonment of blisters, setons, and like painful measures; and would result in the saving of the sight of thousands, even if it were sometimes used in error, but without harm. How, again, could the diffusion of knowledge be more usefully marked than in the prevention of infant-mortality. Or take another example from the more special region of pathology. They had recently heard a good deal of the contagious character of consumption, and the "bacillus," or contagious material, was actually demonstrated. There was no question about admitting the occasional contagious character of consumption; but it would be a mistake to assume that it was otherwise than in rare instances, and there recognised by clinical observers that it is contagious. What they wanted to do, then, here again, as in so many other instances, was to wash their hands of fashion and extremes, and to have it definitely decided by competent and able investigators at what stage and in what way the disease is communicable to others, and in what forms it is not communicable. In conclusion, Dr. Shapter referred to professional education, and pointed out that by comparison with the cultivated Hippocratic mind the tendency of the day was to neglect the "training" of the mind, and the forming its capacity for observation and researches, for a mere routine-system of instruction in elements and a cramming for an examination as a final but inadequate test. The scientific "habit" of mind for judging of points observed was not, he pointed out, to be acquired by any amount of book-learning;

ing; and, in the absence of the old system of apprenticeship, under which the student cultivated the faculties of observation and self-reliance under the guidance of an eminent teacher, Dr. Shapter strongly urged the development of provincial hospitals as schools for preliminary medical education. The student would thus acquire a liking for his profession, or at least obtain an insight into it before he embarked on the expense and wider teaching of the higher schools; and, having been grounded and taught the elements of his profession practically, he would profit by the whole of his time spent at the higher schools, and it would no longer remain a disgrace to the system of professional education that a student reached his third year at a London school before he even visited a bedside, and that, even then, the aim of his studies was an examination.

The address was received with frequent marks of approval, and a vote of thanks to the President was carried amidst much applause.

Vote of Thanks to the Ex-President.—Dr. J. WOODMAN moved a vote of thanks to the ex-president for his services during the year. He spoke of the hospitality and ability shown by Mr. Bulteel during his presidency.—Dr. HENDERSON seconded the proposal, and remarked that the meetings during the year had been of an excellent character. The vote was most heartily agreed to.—In reply, Mr. BULTEEL said his services had been repaid manifold by the extreme pleasure he had found in being able to do anything for the society.—The HONORARY SECRETARY (Dr. Rees Philipps) then announced that a resolution referred to in the minutes had been sent to the proper quarters. The new rules of the Association needed an alteration of their by-laws, and on the suggestion of the Secretary, the consideration of this matter was referred to the Council of the Branch.

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

"Since the last annual meeting seven members of the South-Western Branch have died, seven have resigned, and several have been removed from other causes; thirty new members have been elected. The number of members is now 203. In addition to the annual meeting and council meeting, a quarterly meeting was held at Truro, and a special meeting at Exeter. The balance in hand has risen from £13 8s. 11d. to £16 9s. 2d. A petition in favour of the Government Medical Reform Bill was presented to Parliament by Sir Stafford Northcote; a protest against the conduct of the Government with reference to the Contagious Diseases Acts, and a copy of the resolutions passed at the last annual meeting, were sent to the Home Secretary and to the members of Parliament for the various divisions and boroughs in Devon and Cornwall. A memorial to the College of Physicians, to strengthen the hands of the corporation in its endeavour to show the state of feeling of the medical profession with reference to the prosecution of Messrs. Bower and Keates was duly forwarded. It is with the greatest regret that the Council has to report the very great loss it, and the Branch generally, has sustained in the lamented and untimely death of Dr. Hudson, of Redruth."

Mr. BULTEEL moved, and Dr. WOODMAN seconded, the adoption of the report, which was readily agreed to.

Annual Meeting of 1885.—The question of the election of six members to the Council of the Branch was referred to the members in Truro and neighbourhood, who were also authorised to nominate the president-elect, the town of Truro being selected for the next annual meeting.

Resignation of Honorary Secretary.—The Honorary Secretary, Dr. Rees Philipps, having announced his resignation in consequence of his approaching removal to Virginia Water, was accorded a very cordial vote of thanks for his past services.

Election of Officers.—Dr. P. Maury Deas, of Exeter, was appointed honorary secretary and representative of the Branch on the Parliamentary Bills Committee.—Dr. A. H. Bampton, of Plymouth, and Dr. Deas, were elected representatives of the Branch on the Council of the Association.

The Royal College of Surgeons.—Dr. JOHN WOODMAN proposed and Mr. C. BULTEEL seconded this resolution, "That the members of the South-Western Branch of the British Medical Association have heard with great regret that the resolutions passed at the meeting held at the College of Surgeons, on March 29th last, have been rejected by the Council, and that they cordially agree with the spirit of those resolutions." Mr. PAUL SWAIN of Plymouth, in supporting the resolution, explained the position of affairs between the Council and the Fellows and Members. He then expressed his regret that there should be any division between the Fellows and Members, as their interests were identical. He fully sympathised with the Members in their desire to assert themselves. He thought it a great misfortune that, as a rule, from the moment at which the Member emerged from the gloomy portals of the

Royal College of Surgeons, with a tin box containing his diploma under his arm, from that moment all interest in College matters ceased. He desired to remind the Members that, if the resolution of March 29th could be carried into effect, two great privileges would be at once conferred upon them—viz., the right to attend the meetings of the College, and the right of speech. He ventured to hope that the Members would see their way to work with the Fellows, and that there would be no antagonism between the two bodies, which would be fatal to both.

The resolution was unanimously adopted. The Secretary was instructed to forward a copy of the resolution to the President of the College of Surgeons.

Prosecution of Messrs. Bower and Keates.—A resolution was proposed by Dr. ROLSTON of Devonport, and seconded by Mr. GEORGE JACKSON of Plymouth: "That this meeting gratefully acknowledges the support given to the general practitioners in the action taken by the Presidents of the Royal Colleges of Physicians and Surgeons, and by other leading members of the profession, with regard to the prosecution of two medical men for alleged malpractice, which prosecution resulted in their conduct being approved." This was unanimously adopted.

Collective Investigation.—Dr. SIDNEY COUPLAND read a paper on the advantages of Collective Investigation. A hearty vote of thanks was awarded to Dr. Coupland for his paper.

Mr. Joseph E. Square of Plymouth was elected Honorary Local Collective Investigation Secretary for East Cornwall, in the place of Mr. W. Square, resigned.

Quarterly Meeting.—It was decided that the next quarterly meeting be held at Plymouth in July, on the occasion of the opening of the new South Devon and East Cornwall Hospital.

Communications.—The following were made.

1. Mr. J. D. Harris: The Treatment of Wounds by Dry Dressing.
2. Dr. Spencer Thomson: A new Oro-nasal Steam Inhaler.
3. Mr. Bankart: Card Specimen.
4. Dr. Deas: Specimen.
5. Dr. Davy: Specimen.
6. Dr. Saunders: Specimens.

Excursion.—After the meeting, the members visited the Show of the Devon County Agricultural Association.

Annual Dinner.—The annual dinner, which was held in the evening at the New London Hotel—Dr. Lewis Shapter, President, in the chair—was attended by sixty members and visitors. After dinner, some excellent songs were given by Messrs. Richmond (who also presided at the piano), Roper, Domville, Budd, and Deas.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Physiological Alcohol in the Tissues.—Malassez and Vignal on Tuberculous Zoogloea.—The Organisms of Septicæmia.—Pleural Effusion subsequent to Excision of Tumours of the Breast.—Sanitary Service in Algeria.—The Conseil d'Hygiène and Diphtheria.—Night Asylums.—The Death of a Medical Editor.

At a recent meeting of the Academy of Medicine, M. Béchard, Professor and Dean of the Paris Medical Faculty, read a communication from Dr. Béchamp on the presence of alcohol in the tissues of the organism and the products of elimination, when in a normal condition. The author alluded to the researches of M. Dujardin-Beaumetz (see JOURNAL, April 19th) on the elimination of alcohol, and stated that it is a question that presents all but insurmountable difficulties, inasmuch as the animal economy both fabricates and eliminates alcohol independently of any that is imbibed. M. Béchamp found 1.50 grammes (twenty-four grains) of alcohol in acid or alkaline urine that had been allowed to ferment. In the hepatic parenchyma and muscular tissue of dead animals, before putrefaction sets in, alcohol can be detected. As much as two cubic centimètres of absolute alcohol can be obtained from an ostrich's egg. Alcohol is also a product of living tissues. Urine, passed by persons who had abstained from alcohol, furnished alcohol when distilled before fermentation had commenced. Cow's and ass's milk contain alcohol. Only certain organic substances, entirely free from saccharine matter, are non-alcohol-producing. M. Gautier observed that M. Béchamp does not confine himself to the

question that MM. Perrin and Dujardin-Beaumetz have raised. These investigators sought to determine in what form alcohol, taken as food, is eliminated, not whether the products of elimination contain alcohol or not. M. Béchamp is, nevertheless, perfectly correct in asserting that living tissues furnish alcohol. M. Gautier, during his researches, observed the same phenomena.

MM. Malassez and Vignal have communicated to the Paris Biological Society further results concerning their researches on tuberculous zoogloea. After colouring a preparation of tuberculous zoogloea, by immersing it in alkaline methylene, it becomes apparent that some of the zoogloea is stained entirely, whilst other masses become coloured only at the periphery; in some instances, the zoogloea resists coloration altogether. It is the smallest masses of zoogloea which become thoroughly stained; those which are coloured at the periphery are very large, and are found on the surface of large tubercles; those which remain colourless occupy the centre of the tubercle. The zoogloea which becomes thoroughly coloured, when examined with a high power, presents the aspect of a chain of minute spheres; that which is only partially coloured is composed of small irregular granulations, and that which remains colourless is made up of spores. Thus the tendency of zoogloea to become coloured is in proportion to the vitality which it possesses.

M. Malassez presented a communication to the same society from M. Degagny, concerning human and animal blood in septicæmia. A waggoner hurt himself whilst putting a horse into a butcher's cart. He exhibited most alarming symptoms, and it was believed that he was ill with charbon. A specimen of his blood was sent to M. Degagny, who states that the affection in question was septicæmia. He observed in the patient's blood organisms presenting the outline of a figure of 8. The patient was treated by hypodermic injections of oxidised water, and recovered. M. Degagny found organisms presenting the figure of 8 in the blood of sheep attacked by septicæmia. According to this investigator, the organisms of septicæmia are found in blood long before death.

At a recent meeting of the Académie de Médecine, M. Verneuil read notes taken of two cases of pleural effusion, subsequent to removal of tumours of the breast. One had already been communicated to the Société de Chirurgie by M. Picqué. The operation was performed on November 15th; the axillary glands were healthy. The patient died four days after the operation; she exhibited symptoms of pleural effusion. At the necropsy a small quantity of sero-purulent effusion was found in the pleura; there was fatty degeneration of the kidneys. The second patient was treated by M. Verneuil. She was sixty years old, and had a scirrhus tumour of the right breast; the axillary glands were larger than the normal size. The general condition was good; the urine was free from sugar or albumen; the proportion of urea was normal. The morning after the operation a reddish œdema appeared round the wound. A few days subsequently phlegmonous erysipelas set in on the right side of the breast, followed by bilateral pleural effusion, and the patient died five days after the operation. At the necropsy several collections of pus were observed in the thoracic wall with bilateral sero-purulent effusion, more abundant in the left pleura than in the right, which was the side operated on. The pleura were somewhat abnormally vascular; the kidneys presented signs of interstitial nephritis. M. Verneuil explains these phenomena by the following hypothesis. That traumatism acts as a stimulus on generalised unhealthy conditions, and also recalls anterior morbid conditions. These morbid conditions thus aroused tend to attack the regions least capable of resistance. These recently created pathological areas always present the features of differentiation of the pre-existing morbid condition.

The expenses incurred by the French Government in protecting its Algerian provinces from cholera, during the late Egyptian epidemic, amount to 41,209 fr. 50 (£1,648 11s. 11d.) A sanitary cordon was established between Tunis and Tripoli. Special official precautions were taken in localities where water could be obtained. The cordon was broken up as soon as Tunis was believed to be free from danger.

The Conseil d'Hygiène Publique et de Salubrité has issued instructions to the general public concerning diphtheria, which are comprised under the headings of "General directions," "What should be done when diphtheria attacks one of the members of a family," "How to disinfect." Naturally, practitioners and nurses are familiar with the minute and wise rules and precautions drawn up by the "Conseil," but the general public are ignorant of them. It is to be hoped that they will profit by the wisdom brought to their doors.

The exhibition of Meissonnier's works, for the benefit of night asylums, realised twelve thousand francs (£480) on the first day; the tickets were ten francs each.

Dr. Blondéau, secretary and editor of the *Progrès Médical*, died a few days ago from an attack of gout. He was forty years of age.

Aberdeen, 24.9 in Paisley, and 25.8 in Glasgow. The 7,059 deaths in these principal Scotch towns last quarter included 3 which were referred to small-pox, 132 to measles, 94 to diphtheria, 299 to whooping-cough, 104 to different forms of "fever" (principally enteric), and 125 to diarrhoeal diseases—in all, 870 deaths resulted from these principal zymotic diseases, equal to an annual rate of 2.78 per 1,000, against an average rate of 2.64 in the twenty-eight large English towns. Compared with the corresponding quarter of 1883, the deaths from each of these zymotic diseases showed a decline.

SMALL-POX IN SUNDERLAND.

THAT our strictures on the procedure of the Urban Sanitary Authority, in their arrangements for the isolation and treatment of the recent small-pox outbreak in this town, have not been without effect in developing a healthy public action, is shown by an annotation in the *Sunderland Herald and Daily Post*, of May 23rd, from which we learn that the Health Committee of the corporation had succeeded in obtaining the offer of twelve acres of ground, excellently adapted for the purpose of erecting thereon an hospital for the treatment of infectious diseases. The ground is high, possesses good natural facilities for drainage, and is situate about a mile to the west of the borough. After considerable discussion, the Health Committee decided, by a majority of twelve to two, to adopt their subcommittee's report, and recommend the purchase of the land for the purpose named by the corporation. The amount of the purchase money, £5,000 in all, or £416 an acre, is regarded as very moderate, seeing that the Birmingham Corporation have just had to pay £1,000 an acre for land which they required for the purposes of a new fever hospital.

We hold that the town of Sunderland lies under very considerable obligations to the two professional members of its Urban Sanitary Authority, Dr. Ayre Smith and Dr. Douglas, who have exhibited singular perseverance, as well as disinterested public spirit and enlightenment, in seeking to secure for this town such an immunity as is procurable against the development of infectious disease. We therefore sincerely hope that no obstruction in the form of a vicious economy may interfere with their benevolent and useful action.

MEDICAL OFFICERS OF HEALTH AND SANITARY PROSECUTIONS.

SIR,—1. Is a medical member of a sanitary authority justified in taking an active part in the defence in a prosecution for nuisance ordered by the authority of which he is a member, without any consultation or communication with the medical officer of health, there being no pretence of ill-feeling on either side?

2. Is he justified in taking part in an attack on the medical officer for a guarded account of the circumstances in his annual report?

3. Are medical officers of health justified in going into the districts of other medical officers to give evidence against them in sanitary prosecutions without communicating with them, in order to ascertain the ground for action?—I am, sir, yours obediently,

M. O. H.

. To the first two questions we must reply that it is altogether a matter relating to good taste and professional feeling; to the third question, that medical officers of health cannot be prohibited from giving evidence in sanitary prosecutions in the districts of other health-officers; indeed, justice might at times require them to do so, but it is only courteous to communicate with the health-officer first under these circumstances.

HOSPITAL AND DISPENSARY MANAGEMENT.

BELFAST ROYAL HOSPITAL.

At the quarterly meeting of this charity held on May 26th, the secretary's report showed a rather discouraging state of the finances. At the close of the last year, the balance against the hospital was £700, in the eight months which have since elapsed this balance has increased to £2,000. In the present financial year there has been a general falling off in the receipts from donations and bequests, church collections, and general subscriptions. A great redeeming feature, however, in the future prospects of the hospital is the increased support received from the working classes. The subscriptions from this source are yearly increasing, and a strong opinion is entertained from the progress made in this direction, and from the growing popularity of the institution with the artisan classes, that Belfast will soon stand at the head of all other towns in the United Kingdom in having its principal hospital largely supported by the class who use it.

The Hospital Sunday Fund in Belfast, as compared with English towns of the same magnitude, has been very unsuccessful, not averaging more than £500 or £600.

A bazaar is in process of organisation, which it is hoped will materially augment the funds and relieve the committee of management of all difficulties.

In consequence of the epidemic of typhus at Zurich, the authorities of that city have ordained that the fountains in public schools are not to be supplied with water. Boiled water is to be supplied to the masters and pupils. Typhus is prevalent at Geneva. The epidemic at Berne quickly disappeared.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Admitted Licentiates on May 29th, 1884.

Deare, Arthur Cecil, 40, Bassein Park Road, W.
De Morinni, William Raoul, St. Bartholomew's Hospital, E.C.
Maitland, Percy Edmund, 12, Albert Street, N.W.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Board of Examiners on the 29th ultimo, and, when eligible, will be admitted to the pass-examination for the Fellowship.

Messrs. F. J. Smith, student of the London Hospital; W. Permewan, and P. W. Fraser, of University College; A. Carless, of King's College; J. A. Smith, of St. Bartholomew's Hospital; G. Rowell, and J. W. Washbourn, of Guy's Hospital; J. Cahill, of St. George's Hospital; and H. Tonks, of the London Hospital.

Nine candidates, having failed to acquit themselves to the satisfaction of the Board of Examiners, were referred to their anatomical and physiological studies for six months. Ninety candidates presented themselves for the examination just completed, as compared with eighty-six at the corresponding period last year; of this number, forty-eight were referred for six months' additional studies.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, May 29th, 1884.

Arkle, Charles Joseph, 18, Portland Terrace, Regent's Park, N.W.
Cook, Henry Samuel, Acocks Green, near Birmingham.
Kerr, Andrew Watson, 29, Prospect Street, Belfast.
Maguire, Charles Patrick, 1, Compton Street, W.C.
McMullan, Joseph Hugh, Belfast.
Sims, George Samuel, St. Thomas's Hospital.
Walker, Joseph Eagland, 158, Stanhope Street, N.W.
Windley, William, 27, Disraeli Road, Putney.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the Court of Examiners held on May 8th and following days, the under-named gentlemen passed their final examination for the letters testimonial of the College, and, having taken the declaration and signed the roll, were admitted Licentiates.

Messrs. B. J. Acheson, G. H. Bagot, L. A. F. Bate, J. Bernal, F. L. Carte, J. V. Collins, C. Cronin, T. Crowe, A. Cuffe, T. J. Daly, J. B. Delaney, T. L. Dillon, C. Eccles, P. J. Ford, F. J. Greig, J. Hanna, D. Kennedy, G. Kennedy, C. R. Kilkelly, B. Lane, F. D. Lowson, J. Lowney, E. M'Nulty, J. J. M'Grath, J. H. Maguire, E. L. Minchin, C. R. Moloney, W. A. Murray, L. T. M. Nash, C. J. Ferrott, W. W. Scott, E. N. Smartt, A. Stewart, M. E. Thomson, A. M. Westropp, H. E. P. Wright, T. N. Wright, J. H. Woods, and J. F. Yates.

Thirteen were stopped.

MEDICAL VACANCIES.

The following vacancies are announced.

BURTON-ON-TRENT INFIRMARY.—House Surgeon. Salary, 130*l.* per annum. Applications by June 12th.

CHORLTON-UPON-MEDLOCK DISPENSARY.—House-Surgeon. Salary, 100*l.* per annum. Applications to Mr. Adam Fox, 53, Prince's Street, Manchester.

CORNWALL WORKS DISPENSARY.—Second Medical Officer. Salary, 200*l.* per annum. Apply for further particulars to S. T. Darby Weston, 38, Booth Street, Handsworth, Birmingham.

CUMBERLAND AND WESTMORLAND ASYLUM.—Assistant Medical Officer. Salary, 80*l.* per annum. Applications to Dr. Campbell, Garlands, Carlisle.

CUMBERLAND INFIRMARY, Carlisle.—House Surgeon. Applications by June 10th.

EAST SUSSEX, HASTINGS, AND ST. LEONARD'S INFIRMARY.—Assistant-Physician. Applications by June 10th.

FLINTSHIRE DISPENSARY.—House-Surgeon. Salary, 100*l.* per annum. Applications by June 11th.

FULHAM UNION.—Assistant Medical Officer. Salary, 100*l.* per annum. Applications by June 16th.

HAVERSTOCK HILL AND MALDEN ROAD PROVIDENT DISPENSARY.—Registered Practitioner. Application by June 14th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Resident Clinical Assistant. Applications by June 14th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Assistant Resident Medical Officer. Salary, 50*l.* per annum. Applications by June 11th.

KINGTON UNION.—Medical Officer and Public Vaccinator. Salary, 30*l.* per annum. Applications by June 30th.

MANCHESTER SOUTHERN HOSPITAL, Clifford Street.—Honorary Medical Practitioner. Applications by June 9th.

OWENS COLLEGE, Manchester.—Lecturer in Dental Surgery. Applications by June 16th.

OWENS COLLEGE, Manchester.—Special Lecturer in Dental Mechanics and Dental Metallurgy. Applications by June 16th.

PARISH OF CHELSEA.—Medical Officer of Health, Food and Drugs Analyst, and Gas Examiner. Salary, 450*l.* per annum. Applications by June 17th.

PARISHES OF NORTHMAVINE AND DELTING, Shetland.—Medical Officer. Salary, 60*l.* per annum. Applications to Mr. Robert Robertson, Inspector of Poor, Delting, Shetland, Lerwick, by June 30th.

QUEEN'S COLLEGE, Birmingham.—Professor of Anatomy. Salary, 262*l.* 10*s.* per annum. Applications by June 30th.

ROYAL BERKS HOSPITAL.—Assistant House-Surgeon. Applications by June 17th.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY.—Honorary Physician. Applications by June 25th.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.—Administrator of Anesthetics. Applications to be addressed to S. V. Mercier, Esq., Secretary, St. John's Hospital, Leicester Square.

ST. MARY'S HOSPITAL, W.—Medical Superintendent. Salary, 150*l.* per annum. Applications by June 10th.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—Professor of Physiology. Applications to G. P. Field, Dean.

TOWNSHIP OF TONTEH PARK.—Assistant Medical Officer.—Salary, 100*l.* per annum. Applications by June 11th.

TOWN OF CALCUTTA.—Health Officer. Salary, Rs. 1,250 per month. Applications to the Secretary to the Municipality, Calcutta, by July 15th.

WEST LONDON HOSPITAL, Hammersmith, W.—Assistant-Physician. Applications by June 30th.

YORKSHIRE COLLEGE, Leeds.—Professor of Physiology. Guaranteed Stipend not less than 300*l.* Applications by July 2nd.

YORK COUNTY HOSPITAL.—Assistant House-Surgeon. Salary, 50*l.* per annum. Applications by June 21st.

MEDICAL APPOINTMENTS.

FLOOD, F. P., M.R.C.S.Eng., appointed Honorary Surgeon to the Leeds Public Dispensary, *vice* W. H. Brown, resigned.

LE CRONIER, John, M.D., appointed Consulting Surgeon to the Jersey General Dispensary.

ORWIN, Arthur W., M.D., promoted to the office of full Surgeon to the Central London Throat and Ear Hospital.

PHILIPPS, Sutherland Rees, M.D., appointed Medical Superintendent of the Asylum, St. Ann's Heath, Chertsey.

RENDELL, H., M.B., C.M.Ed., appointed Assistant-Physician to the North-Western Hospital, Haverstock Hill.

ROWE, G. Herbert, M.R.C.S.Eng., appointed Honorary Surgeon to the Leeds Public Dispensary, *vice* C. J. Wright, M.R.C.S.Eng., resigned.

RUSSELL, R. H., M.R.C.S., appointed House-Surgeon to the Salop Infirmary, Shrewsbury, *vice* W. Dowson, M.B., resigned.

STEWART, Andrew, L.R.C.P. and L.M.Edin., L.R.C.S. and L.M.Edin., appointed Honorary Surgeon to the Birkenhead Borough Hospital, *vice* S. Spratly, M.D., M.R.C.S., resigned.

WOOD, G. Benington, M.B., C.M.Edin., appointed Resident Medical Officer to the Jersey General Dispensary, *vice* Frederick A. Hynes, M.R.C.S.Eng.

BIRTHS, MARRIAGES, AND DEATHS.

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

DEATH.

LLOYD.—On Whitsunday, June 1st, at Boroughfield, St. Alban's, Ridgway R. Lloyd, M.R.C.S.Eng., aged 41.

ST. THOMAS'S HOSPITAL.—The following appointments have been made for the months of June, July, and August. *Resident House-Physicians:* C. D. Green, M.R.C.S., L.R.C.P. (extension); Walter Hull, M.B., M.R.C.S., L.R.C.P. (extension). *Non-Resident House-Physician:* F. W. S. Stone, M.R.C.S., L.R.C.P. *Assistant House-Physicians:* T. Scutt, M.R.C.S., L.R.C.P.; Y. Saneyoshi, M.R.C.S., L.R.C.P. *House-Surgeons:* F. F. Caiger, M.B., M.S. (extension); G. D. Johnston, M.R.C.S., L.R.C.P. (completion of term); G. F. Cooper, M.R.C.S., L.R.C.P. (completion of term). *Assistant House-Surgeon:* H. B. Robinson, M.R.C.S., L.R.C.P. *Resident Accoucheur:* John Orford, M.R.C.S., L.R.C.P. *Ophthalmic Assistant* (six months): S. W. Sutton, M.D., B.S. *Clinical Assistant in the Skin Department:* T. Glover Lyon, M.R.C.S., L.R.C.P.

DEATH FROM THE BLOW OF A CRICKET-BALL.—A schoolboy, aged 15, the son of Colonel Bruce Brine, R.E., while batting at practice on May 30th, was struck on the side of the head by a ball bowled by the school cricket-instructor. The lad continued playing for two hours more, but became unconscious four hours after the accident, and died in four hours more. No fracture of the skull could be detected, but it seems not improbable that there may have been fracture of the base and rupture of one of the meningeal arteries. The accident was attributed to the exceeding dryness of the ground.

PRESENTATION.—Mr. Hugh Norris of South Petherton, on the occasion of his retiring from active practice, has been presented by his numerous friends with a handsome silver salver, accompanied with a purse of 150 guineas.

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.—Odontological Society of Great Britain, 8 p.m. Casual communications by Messrs. W. St. George Elliott, W. E. Hartling, David Hepburn, etc. A paper will be read by Mr. Oakley Coles On the Maintenance of Health amongst the Practitioners of Dental Surgery. Royal College of Surgeons of England, 4 p.m. Mr. Edward Albert Schäfer: The Mechanism of Absorption.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 p.m. Mr. Arbuthnot Lane: Three forms of Spinal Deformity. Dr. W. H. Broadbent: On a Particular Form of Amnesia—Loss of Nouns. Dr. Sharkey: Embolism of the Right Middle Cerebral Artery, producing Left Hemiplegia and Hemianæsthesia; Absorption of a Large Portion of the Right Hemisphere; Death Seven Years Later. Dr. Matthews Duncan: On Albuminuria with Paracetitis. Dr. Stephen Mackenzie: Observations on the Weight of the Thyroid Body.

WEDNESDAY.—Epidemiological Society of London, 8 p.m. Dr. H. Franklin Parson: Some Observations on the Etiology of Diphtheria. Dr. John Wortale: Epidemiological Notes during the Autumn of 1883 in Beyrouth, Syria. Office-bearers for the ensuing year will be nominated.—Royal Microscopical Society, 8 p.m. Dr. J. Anthony: On the Camera Lucida. Mr. G. F. Dowdeswell: On Some Phenomena of the Red Blood-corpuscles of Vertebrates, with reference to the occurrence of Bacteria normally in Living Animals. Mr. C. D. Ahrens: On a New Polarising Prism. Mr. G. F. Dowdeswell: On the Constancy of Specific Morphological Characters in the Bacteria.—Royal College of Surgeons of England, 4 p.m. Sir Henry Thompson: On Some Important Changes in Connection with the Surgery of the Urinary Organs.

FRIDAY.—Royal College of Surgeons of England, 4 p.m. Sir Henry Thompson: On Some Important Changes in Connection with the Surgery of the Urinary Organs.

PHYSICIANS IN HEALTH-RESORTS.

SIR,—Is it so impossible as we commonly imagine to bring to book offenders against the obvious laws of professional etiquette? Of course, the time will never come when our profession will consist wholly of men of honour, but there is a lamentable want of moral courage in tackling men who are known to be flagrant offenders in these matters. The practice of meeting homeopaths in consultation, and of winking at other irregularities, is only too common among the "conscript fathers" of the profession. The corporations and universities also pay no regard to the conduct of their graduates or licentiates in these matters.

It may be a disagreeable and invidious thing to "post" offenders, but if every case of misconduct of this kind were at once reported to the Council of the Association or its Branches, and set forth on record in black and white for all time to come, we should find men less anxious than they now are to make themselves known by advertisements, either open or indirect. Personally, I think a regular advertised quack or a registered medical practitioner who advertises infinitely more respectable and honest than one who publishes quasi-medical lectures in ordinary newspapers; or, as is systematically done in continental health-resorts, and perhaps also in English ones—tips the *concierge* or the proprietor of an hotel, or gives the latter a bribe or percentage even on bills.

To expose in future all such cases at any cost, is the intention of yours truly,
CATO.

STRYCHNIA AND TOBACCO.

SIR,—I can confirm by my own experience the effect of strychnia in producing a distaste for tobacco, as described in a letter headed "Result or Coincidence," in a recent number of the JOURNAL.

Some years ago, I was ordered by a London physician a long course of arsenic combined with tincture of nuxvomica. After taking the mixture a fortnight or so, I was surprised to find my taste for tobacco subsiding, and I very soon took a positive dislike to my pipe. That the arsenic did not produce this effect, I proved by omitting it for a time from the mixture. A year and a half afterwards, being quite well, and having regained my "tobacco-appetite," I had occasion to take some "Easton's syrup" for climatic debility contracted in Egypt, and found the same distaste for smoking to return. I daresay similar instances could be collected. It follows that the habit of smoking could be easily broken, if required, by a mild course of strychnia.—I am, sir, yours obediently,
MEDICUS, R.N.

THE CAUSE OF CHOLERA: A NEW THEORY.

SIR,—I was particularly interested to read the account of experiments made by Mr. Vincent Richards, in India, on the nature of the poison of cholera, as described in the BRITISH MEDICAL JOURNAL of May 24th last, page 1008. He thinks that the poison is not an organism, but a chemical compound which can easily be destroyed, for instance, by permanganate of potash.

In the year 1866, I had an outbreak of cholera to attend in one of the districts of the Saffron Walden Union in Essex, to which I was then medical officer. There were forty-two cases and eight deaths. I said at the time, and have often referred to it since, that the only thing I found to do any real good was Cond's fluid, well diluted with cold spring water, and given as a drink freely. I first tried it merely as an experiment.—I remain, your obedient servant,
WATERINGBURY, KENT.

JOHN WILLIAM FRY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following questions in Anatomy and Physiology were submitted to the candidates at the primary examination for the Fellowship on May 23rd. *Anatomy* (three questions to be answered): 1. Give the dissection required to expose the complete dome of the pleura of the right side. 2. Describe the action of the muscles passing between the trunk and upper limb in reference to the movements of the shoulder-girdle and arm upon the trunk. 3. Describe fully the twelfth dorsal vertebra, mentioning the various structures attached to it. 4. Describe the dissection required to expose the transversus pedis muscle.—*Physiology*: 1. What are the distinctive functional and structural characters of animal and vegetable cells? Give the evidence on which your statement rests. 2. Describe the means by which a muscle-curve is obtained. What circumstances modify the contraction of muscle, and the form of the muscle-curve? 3. Assuming the right forearm to have been voluntarily flexed, describe the cause of the nerve-impulse by which this movement was excited, from the cerebral motor ganglion-cells to its exit from the cord. Give the evidence on which your answer is based. 4. Describe the mechanisms by which accommodation is accomplished, and the methods of accurately determining them.

CHLOROFORM-NARCOSIS DURING SLEEP.

SIR,—Whilst reading your article on Dr. Girdner's chloroform-narcosis during sleep, I thought it might be of interest to record my own experience in such cases. When acting as house-surgeon at St. Thomas's, and at the York county hospitals, I frequently endeavoured to induce chloroform-narcosis during sleep; and I have succeeded in doing so at least twenty times, without the intervention of consciousness. Some of these I have a very distinct remembrance of, especially one little boy who expressed great astonishment on finding himself in a different ward the next morning, for he had been moved during the night. This plan of giving chloroform to a sleeping child has several advantages. In a hospital, a great deal of noise is avoided, a matter of importance to other patients; and the struggles of a frightened child are prevented. Chloroform is the only drug I have ever used in this method; and I have never tried to narcotise sleeping adults. Occasionally, the child awakens shortly after beginning with the inhalation, but I think this is always due to the vapour being too concentrated, and irritating the nasal mucous membrane. It is also necessary to continue the inhalation much longer with a sleeping than with any other child, as with the former the respiration is slow and shallow. The rules, then, are, in these cases, to use a weak vapour, and to take plenty of time. Anybody carrying these out will be, I am sure, successful in the great majority of instances. Once being present when a pig was about to be killed, I obtained permission to administer chloroform. We found the animal asleep, and by the aid of a sponge and walking-stick, I succeeded in rendering my patient insensible without awakening him, after which the butcher did his work. I may add that the meat obtained from this animal did not seem to differ in taste or smell from ordinary pork.—Yours obediently,
YORK.

F. H. WEEKES, M.R.C.S.

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

Sir Henry Thompson, London; Our Dublin Correspondent; Our Edinburgh Correspondent; Dr. Pyle, London; Mr. T. M. Stone, London; Mr. Morratt Baker, London; Mr. J. Lloyd Roberts, Denbigh; Dr. J. W. Moore, Dublin; Dr. Orwin, London; A Guy's Student; Dr. Philipson, Newcastle-on-Tyne; Sir T. Spencer Wells, London; Dr. Pye-Smith, London; Dr. Yarrow, London; Mr. F. Long, London; Mr. B. Jones, Leigh; Mr. J. Parette, Bristol; Dr. L. Humphry, Cambridge; Mr. T. Bates, Worcester; Dr. R. Lee, London; Mr. A. H. Benson, Dublin; Dr. Huggard, London; Dr. L. H. Ormsby, Dublin; Mr. W. E. Stainton Stanley, Wellow, Bath; Dr. A. W. Edis, London; The Right Honourable the Lord Mayor of London; Mr. J. B. Richards, Torquay; The Secretary of the Collective Investigation Committee; Dr. Crookshank, Cairo; Mr. J. L. Chambers, London; Mr. Shirley F. Murphy, London; Mr. Henry Greenway, Plymouth; Mr. J. W. H. Flanagan, Nussersaban, India; Mr. J. H. Gwynne, Cannock; Mr. G. F. Hodgson, Brighton; Dr. A. S. Merriek, Belfast; Dr. G. E. Shuttleworth, Lancaster; Mr. Andrew Stewart, Birkenhead; Dr. J. K. Spender, Bath; Mr. St. Clair B. Shadwell, Walthamstow; Mr. A. Eccles, Torquay; Mr. J. West, London; Dr. Day, London; Mr. F. Bingham, Purfleet; Our Belfast Correspondent; Mr. T. J. Verrall, Brighton; Mr. W. H. Flower, London; Dr. H. C. Pope, London; Dr. MacGregor, Aberdeen; Mr. H. A. Collins, Saxmundham; Dr. F. S. Palmer, East Sheen; Dr. Chavasse, Birmingham; Mr. T. L. Bashford, Berlin; Mr. Lawson Tait, Birmingham; The Honorary Secretaries of the Aberdeen, Banff, and Kincardine Branch; The Secretary of the Guildhall School of Music; Dr. W. Williams, Liverpool; Mr. William Donovan, Romsey; Mr. Robert Holtby, York; Mr. FitzJames Molony, Porlock; Dr. A. Collie, Homerton; Mr. Martin, Belfast; Mr. L. H. Tossell, Exeter; Mr. N. E. Davies, Sherborne; Dr. S. Rees Philipps, Exeter; Mr. A. de Winter Baker, Dawlish; Mr. W. J. Walsham, London; Dr. Styrap, Shrewsbury; Mr. A. Drummond Macdonald, Liverpool; Our Birmingham Correspondent; Mr. W. Berry, Wigan; Dr. Crichton Browne, London; Mr. J. J. Lidy, London; Dr. C. Macdowell, Carlisle; Mr. M. Thornton Parker, Fort Union; Mr. John Ferguson, Manchester; Mr. Joseph Thompson, Nottingham; Dr. James Anderson, London; Surgeon-Major Partridge, Anerley; Mr. A. Cunningham, Oldbury; Mr. A. R. Barnes, Boreham Street; Mr. J. H. Williams, Bootle; Dr. Thomas Barlow, London; Mr. H. Ludford, Maidstone; Mr. E. F. Flynn, Sunderland; Dr. Joseph Hatchett, Ashby-de-la-Zouch; Mr. C. J. Bond, Leicester; Mr. W. H. Bennett, Omagh; Dr. E. Whittle, Liverpool; Dr. W. S. Paget, Great Crosby; Dr. J. Knox, Bakewell; Dr. D. J. Mackenzie, Glossop; Dr. Crowley, London; Mr. R. E. Power, Portsmouth; Mr. B. Jones, Leigh; Our Liverpool Correspondent; Dr. J. N. MacKenzie, Baltimore, U.S.A.; Mr. Dixon, Hove, Brighton; Mr. N. H. Nixon, London; Dr. MacLagan, London; Dr. C. Godson, London; Dr. F. Argles, Teignmouth; Mr. J. P. Graves, Waterford; Dr. D. Hepburn, London; Mr. A. Wilson, Leytonstone; Our Paris Correspondent; Our Aberdeen Correspondent; Dr. Steavenson, London; Mr. C. B. Kettleby, London; Dr. Ward Cousins, Southsea; Our Glasgow Correspondent; Dr. T. H. S. Pullin, Sidmouth; Dr. C. Parsons, Dover; Dr. Fisher Brighton; Mr. H. Cribb, Bishop's Stortford, etc.

BOOKS, ETC., RECEIVED.

Death and Disease. By Thomas Southerst, Barrister-at-Law. London: Kegan, Paul, Trench, and Co. 1884.
Manual of Pathological Anatomy. By Cornil and Ranvier. Second Edition. Re-edited, Enlarged and Translated, with approval of the Authors, by A. M. Hart. London: Smith, Elder, and Co. 1884.
Eczema and Its Management; A Practical Treatise, Based on the Study of Three Thousand Cases of the Disease. By L. Duncan Bulkley. London: G. P. Putnam's Sons, and J. and A. Churchill. 1884.
The Treatment of Backward Displacements of the Uterus and of Prolapsus Uteri, by the New Method of Shortening the Round Ligaments. By W. Alexander, M.D. London: J. and A. Churchill. 1884.

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