

account. Means would be taken to secure a suitable investment for at least an additional £1,000. The report concluded with expressions of confidence in the future of the Society, and requested that all communications on the business of the Society should be addressed to the Secretary, Mr. C. J. Radley, 26, Wynne Road, Brixton, London, S. W.

At an ordinary meeting of the Bath and Bristol Branch, held at the Museum and Library, Bristol, on Wednesday, January 28th, Mr. A. H. Boys drew attention to the objects of this Society, and proposed the following resolution: "That this Branch of the Association form a Branch of the Medical Sickness, Annuity, and Life-Assurance Society, and that the business be transacted in this room at the time which shall be most convenient to the Directors of the Branch." This was seconded by Mr. Michell Clarke, and resolved unanimously.

STATION-HOSPITALS IN INDIA.

THERE is no part of our duty as journalists more distasteful to us than to be under the almost constant necessity of urging those in authority, at home and abroad, to do justice to members of our profession employed in the medical services of the country. Still, it is a duty, and we must not shrink from it. It is a fact reflecting little credit on the good sense of all departments of Government, that it is seldom possible to obtain acts of justice and reasonable consideration for a body of men quite indispensable to the service of the State all over the world, without having recourse to the hateful means of agitation. Surely it is, or should be, the desire of wise rulers to prevent discontent from eating like a canker into the heart of a service, conscious of its importance to the public weal. Commissioned officers have, of course, the right to represent their grievances, but they cannot do so collectively. Every one smarting under a sense of wrong must speak for himself; collective representation of grievances is contrary to the first principles of military law, and properly so. As, therefore, medical officers, like all others who serve under the Mutiny Act, can do little to help themselves, or, by their unaided efforts, obtain even a hearing, it is all the more necessary that those whose hands are not tied should bring such influence to bear as they can command to obtain redress of grievances when such really exist. Officers in the combatant ranks have powerful friends, not only in the military press, but also in the most influential journals in the kingdom, to say nothing of parliamentary influence, and, we may almost say, representation. Our brethren look to the medical press, and, above all, to the Association which this JOURNAL represents, for help in time of need. Once more we repeat, the BRITISH MEDICAL JOURNAL has never been allowed to be the organ of mere grumblers, to be found in all services; but, when a real grievance crops up for which reasonable redress is refused, it is our clear duty to speak out.

This is a long introduction to a very simple case; but, for very good and sufficient reasons, we have felt it to be our duty once more to define our position in relation to matters of this kind. We now venture to ask the authorities in the India Office why they decline to sanction the resolution of the Viceroy in Council to grant what is known in India as "charge-pay" to medical officers in the responsible position of heads of station-hospitals. It is a notorious fact that the introduction of the station-hospital system has been an immense saving of expense to the Government of India. It is difficult to conceive a more responsible position, if human life and suffering count for anything, than such a post in such a climate as that of India. In all other posts in that country, officers—civil, military, and judicial—are paid in proportion to their duties and responsibilities. Why, we ask, should responsibilities touching questions of life or death in the case of thousands of valuable soldiers (who are not as plentiful in India as, in the times in which we live, they should be) be thought less of than those of other branches of administration? Every day that passes sees more and more demanded from medical officers—higher qualifications, more stringent tests, examinations exacted as a *sine qua non* for every step of promotion, grave and ever increasing responsibilities in time of war, often not confined to their own acts and duties, but the scapegoats for the blunders and misdoings of other departments. In the face of all this, we maintain that equity and policy alike demand that the services of medical officers charged with the responsible duty of chiefs of station-hospitals should be recognised, and as fairly remunerated as in the case of those who serve the State in other capacities.

THE CATERHAM IMBECILE ASYLUM.—The managers of the Metropolitan Asylums Board have agreed to ask the assent of the Local Government Board to the increase of the salary of Mr. G. S. Elliot, who has been medical superintendent of the asylum for some years, from £500 a year to £600.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1885: ELECTION OF MEMBERS.

Regulations for the Election of Members passed at the Meeting of the Committee of Council, October 12th, 1881.

1. There shall be a standing notice in the JOURNAL every week, of the meetings of the Committee of Council throughout the year; and stating that gentlemen wishing to be elected members of the Association must send in their names twenty-one days before the meeting of the Committee of Council at which they wish to be elected.
2. That a list of applicants be in the hands of the Committee of Council fourteen days before such meeting of the Committee of Council, and that the Branch-Secretaries be supplied with several copies of the list.
3. That no member be elected by a Branch, unless his name has been inserted in the circular summoning the meeting at which he seeks election.

Meetings of the Council will be held on April 8th, July 8th, and October 14th, 1885. 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, namely, March 18th, June 17th, and September 24th, 1885, 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.

BRANCH MEETINGS TO BE HELD.

SOUTH INDIAN BRANCH.—Meetings are held in the Central Museum, Madras, on the first Saturday in the month, at 9 P.M. Gentlemen desirous of reading papers or exhibiting specimens are requested to communicate with the Honorary Secretary.—C. SIBTHORPE, Honorary Secretary, Madras.

STAFFORDSHIRE BRANCH.—The second general meeting of the present session will be held at the North-Western Railway Hotel, Stafford, on Thursday, February 26th, 1885. The President, Dr. E. T. Tylecote, will take the chair at 3.30 P.M. Papers will be read by Dr. Reid (Stafford) and Dr. C. Smith (Wolverhampton), and a discussion will take place upon Chorea and Acute Rheumatism. Dr. Isambard Owen (London) will be present at the meeting.—VINCENT JACKSON, General Secretary, Wolverhampton, February 2nd, 1885.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The third ordinary meeting of this Branch was held at the Museum and Library, Bristol, on Wednesday evening, January 28th; E. CROSSMAN, Esq., retiring President, in the Chair. There were also present sixty members and four visitors.

New Members.—Messrs. W. M. Beaumont, M.R.C.S., of Bath, and F. St. J. Kemm, L.R.C.P., L.R.C.S. Edin., of Worle, were elected members.

Medical Sickness, Annuity, and Life-Assurance Society.—Mr. A. H. BOYS's resolution, seconded by Mr. MICHELL CLARKE, is given this week in our column devoted to the proceedings of this Society.

Intestinal Obstruction.—A discussion upon the treatment of intestinal obstruction was opened by Mr. GREIG SMITH. The following gentlemen took part in the debate: Mr. TREVES (of London), Dr. E. L. FOX, Mr. CROSS, Dr. SHINGLETON SMITH, Mr. DOBSON, Dr. MARKHAM SKERRITT, Mr. MICHELL CLARKE, Dr. GOODRIDGE, and the Chairman.

EAST ANGLIAN BRANCH: ESSEX DISTRICT.

The first meeting of this newly formed District was held at the Saracen's Head, Chelmsford, on Wednesday, January 28th, under the presidency of Mr. E. F. SYMMONS of Colchester, President of the East Anglian Branch.

Rules.—A code of rules for the regulation of the meetings of the District was agreed upon.

Secretary.—Mr. W. T. JACKMAN of Coggershall was elected Honorary Secretary for the year.

Treatment of Strangulated Hernia.—Mr. HOWARD MARSH read a paper on the treatment of strangulated hernia, with especial reference to those cases in which it was advisable or necessary to form an artificial anus, and the great assistance afforded by the use of the enterotome in effecting the closure of the opening in the gut and re-establishing the use of the natural passages.

Colotomy.—Mr. THOMAS SIMPSON (Coggershall) sent a paper on a case of colotomy, by which life was prolonged four years, in a patient 71 years of age. Death was caused by a rupture taking place immediately below the artificial anus. The pathological specimen of this case will be sent to the museum of St. Bartholomew's Hospital.

The Next Meeting of the District was arranged to take place at Braintree, in the summer.

SOUTH EASTERN BRANCH; WEST KENT DISTRICT.

THE second meeting of the session was held at the Gravesend Hospital on January 27th, Dr. CHARLES FIRTH in the chair.

Papers, etc.—The following papers were read.

1. Mr. C. B. Kestley read a paper on the Results of Treatment in Hip-Disease. He said that excision of the hip-joint, at any rate in children, was an unsatisfactory operation, leaving the patients hopeless cripples; and he strongly advocated treating hip-disease by early operation; his method of operating being to expose the joint, and scrape away all disease with a Volckmann's spoon, and then filling the joint with iodoform, to close the wound with sutures; observing strict antiseptic precautions throughout. In this way he could secure a good result (usually ankylosis) in six weeks. In the discussion which followed, the Chairman, Dr. J. V. Bell, Mr. Bernays, and others took part.

2. Dr. Venn related a difficult case of Labour complicated by Ovarian Cyst, the child being delivered after rupture of the cyst, the contents of which discharged spontaneously *per anum* some days later, the patient making a good recovery.

3. Mr. Bernays read three cases of Poisoning by Sewer-gas in Children, the chief symptoms being pallor, apathy, and gradual marasmus. In one case, the pulse was very slow. Two died, and one recovered.—Dr. Venn had noticed boils in such cases.—Mr. Bernays had seen boils upon one of his three cases.

4. Mr. C. J. W. Pinching showed a patient whose Thigh-bone he had enucleated.

Mr. Robbs and Dr. Firth exhibited some pathological specimens.

Messrs. Krohn and Sescemann showed a very interesting series of new surgical instruments.

Dinner.—Fifteen members and friends dined afterwards at the New Falcon Hotel.

Next Meeting.—It was resolved that the next meeting be held at Maidstone, in March or April; and that Dr. Charles Hoar be requested to preside.

in some instances it was succeeded by pain. One patient for three days afterwards complained of painful pricking sensations.

M. Vulpian, at a recent meeting of the Académie des Sciences, read a note from M. Germain Sée, on cardiac hypertrophy consequent on growth. It frequently happens that growing youths, from 15 to 20, are subject to palpitation and constant headaches, accompanied by hypertrophied heart. The principal symptoms of this condition, are increased volume of the heart, recognised by percussion, a *bruit de souffle* at the apex, and irregular pulse. M. Germain Sée recognises three forms of this affection; the tachycardic, with rapid pulse and violent palpitations; the dyspnoëic, in which the respiration is difficult; and the cephalic type, in which the cerebral circulation is disturbed in consequence of hypertrophied heart. M. Sée believes that condition is entirely misunderstood, and often interpreted as anemia or a nervous affection; he asserts that it is perfectly remediable, and is of opinion that "hypertrophy from growth" ought not to be considered as a reason for exempting youths from military service, always provided that they follow a treatment and diet appropriate to their condition. M. Vulpian and M. Larrey are less certain that lads with hypertrophied hearts are fit to be soldiers.

M. Bottard, a house-surgeon, in a note read at the Biological Society, described an unusually virulent wound inflicted by a weaver-fish. The wound was linear, and resembled a lancet-cut, on the index-finger. The pain soon became intolerable, the wounded finger became swollen, also quickly afterwards the other fingers, the wrist, and forearm. A solution of carbolic acid was applied; instant relief followed, and in two or three days the wounded finger seemed cured. On the fifth day after the wound, shooting pains appeared, accompanied by fever. There was inflammation of the index and median fingers; part of the palmar surface of the hand was also attacked. The glands were not swollen. Several incisions were made, and a few drops of pus escaped. Some hours later, fresh incisions were made, and were repeated three days subsequently. At the onset of the phlegmonous symptoms, there were indications of intoxication. Gastric and vasomotor disturbance troubled the patient; after a slight meal he became unconscious during ten minutes to a quarter of an hour. The left side of the body and face were covered with red blotches; there was not any sickness, but the patient became weaker, and sleep was obtained by administering chloral. The pain then became less; an eschar formed, which reached from the extremity of the index-finger to the second articulation, where from destruction of tissue there was a large cavity. A week subsequently the patient, who was a medical man, went to Paris, and was treated there by a surgeon, who removed a portion of the eschar, and applied a Guérin's dressing, which he desired to be kept intact during five days. However, after forty-eight hours, the pain and odour obliged the sufferer to remove the dressing. The wound was then treated with carbolic acid immersions and lead plasters. The pains were calmed. A few months later, the patient removed the eschar unaided, and eight days later on there was complete cicatrisation. The finger was saved, but was atrophied, and the first phalangeal articulation ankylosed. Neuritis also persisted. It is now three years and three months since the accident, and handling a hard substance causes pain. Tactile sensitiveness was lost for some time.

M. Gavoy has invented an instrument for determining the degree of mobility of the brain in the cranium; he has shown it to the different scientific and medical bodies. It is termed a kinesiometer.

M. Gustave Lagneau, the well known statistician, affirms that the population has decreased in twenty-six departments of France. From 1836 to 1881, among 648,027 inhabitants, the depopulation has, on an average, reached seven per cent.; emigration to other towns is the principal cause. M. Lagneau deplors this movement of the peasants towards large centres. In large cities, particularly in Paris, there are few births in proportion to the adult population. Illegitimate births present a much larger proportion than the legitimate; and these are always accompanied by a much larger death-rate, which is about double that of the legitimate children. Emigration to distant countries or colonies, which is a fourteenth less than that from department to department, is not so disastrous; it leads to importation, and thus improves the condition of those remaining in the mother country. The emigrants also are surrounded by healthy conditions, and have families, except emigrants to Senegal and Guiana. Four departments in Normandy undergo depopulation because there are few children born. In other departments, the death-rate is greater than the birth-rate, but immigration strikes the balance. M. Lagneau says this low birth-rate may be interpreted to mean good for the individual, but future disasters for the nation. A scanty population may enjoy advantages which lessen the chances of illness and early death, but it also invites a considerable immigration. In 1881, this

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

The Value of Iron as a Medicine.—The Action of Cucaine on the Skin.—Cardiac Hypertrophy in Adolescents.—A Venomous Wound Inflicted by a Weaver-Fish (Trachinus Viperæ).—A Kinesiometer.—Decrease of the Population.—A Medical Action.—Appointment.

THE different opinions of the numerous authors who have discussed the question of iron, used as a therapeutic agent, may be summarised in the two following propositions. The first, that iron is a specific remedy for anemia; it provides the blood-corpuscles with an element essential to their formation—hæmoglobin; the second is, that iron only serves as a stimulus to the digestion. M. Hayem, in the *Bulletin de Thérapeutique*, supports the first resolution; M. Dujardin-Beaumetz (*Réflexions Critiques sur l'emploi du Fer dans le Traitement du Chlorose*) the second. Tiedemann, Gmelin, and Claude Bernard have sought only to discover if iron is absorbed; others have based their views on the number of the blood-corpuscles, and the paleness or redness of the blood. MM. Debierre and Linossier, of Lyons, have ascertained the quantity of iron contained in the blood before and after a long treatment. A dog, weighing seventeen kilos, was submitted to a regular uniform diet, and a prolonged treatment with iron. Its blood contained a larger quantity of iron than before the treatment was begun, and increased more quickly than did the proportion of corpuscles. The proportion of urea in the urine diminished. The animal did not take any exercise, therefore the smaller proportion of urea observed must be attributed to the influence of iron.

M. Paul Bert has been making experiments on the influence of cucaine on the skin when deprived of the horny layer, and presenting only the rete mucosum. A solution of cucaine was injected into the serum of a blister. Another blister was opened, and its surface washed with a solution of cucaine. Some lint, saturated with a solution of cucaine, was placed on a third when opened. In all three instances there was pronounced analgesia, after an interval of five minutes. A needle, pressed in as far as half a millimètre, did not produce any pain. The analgesic area was very limited, and the regions beyond it which had not been treated with cucaine were acutely sensitive. As a general rule, analgesia disappeared after ten or twelve minutes;

HEALTH OF FOREIGN CITIES.—It appears, from statistics published in the Registrar-General's return for the week ending the 31st ult., that the death-rate recently averaged 35.9 per 1,000 in the three principal Indian cities; it was 28.2 in Bombay, 35.6 in Calcutta, and 49.5 in Madras. Cholera caused 48 deaths in Madras, 21 in Calcutta, and 5 in Bombay; 4 fatal cases of small-pox occurred in Madras, and "fever"-mortality was greatest in Calcutta. According to the most recently received weekly returns, the annual death-rate per 1,000 persons estimated to be living in twenty-four of the largest European cities averaged 29.7, and exceeded by 5.2 the mean rate during last week in the twenty-eight large English towns. The death-rate in St. Petersburg was 32.0, and showed a further increase upon the rates in previous weeks; the 570 deaths included 20 from "fever," and 11 from diphtheria and croup. In three other northern cities—Copenhagen, Christiania, and Stockholm—the death-rate averaged 31.9, and ranged from 26.8 in Christiania, to 35.3 in Stockholm; diphtheria and croup caused 12, and scarlet fever 9 deaths in Stockholm; 11 fatal cases of measles occurred in Copenhagen, and 5 of the 65 deaths in Christiania resulted from diphtheria and croup. In Paris the death-rate was 27.9, and showed a further increase upon the rates in recent weeks; 38 deaths from measles, 36 from diphtheria and croup, and 19 from typhoid fever, were reported. The 193 deaths in Brussels, including 11 from diphtheria and croup, were equal to a rate of 25.1. In Geneva the rate was 25.6, and considerably higher than in recent weeks. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 30.5, the highest rate being 31.5 in Rotterdam; scarlet fever caused 15 deaths in Amsterdam, and whooping-cough showed fatal prevalence in Amsterdam and in Rotterdam. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 27.8, and ranged from 22.9 and 24.5 in Berlin and Dresden, to 32.2 in Breslau, and 45.4 in Trieste. Small-pox caused 16 deaths in Trieste, and 9 in Vienna. Diphtheria showed more or less fatal prevalence in most of these German cities, and was most fatal in Berlin and Dresden. The mean death-rate in three of the principal Italian cities was 30.6, the rate ranging from 26.2 in Rome, to 41.4 in Venice; small-pox caused 15 deaths in Turin, 6 in Venice, and 5 in Rome. In Madrid the rate was so high as 47.7, and the deaths included 25 from diphtheria and croup, and 21 from "fever." The 152 deaths in Lisbon, of which 10 resulted from small-pox, gave a rate of 38.9. The rate in Alexandria was 35.3, 7 deaths being referred to "fever." In four of the largest American cities, the recorded rate averaged 25.0, ranging from 23.4 in Baltimore, to 25.7 in New York. Diphtheria showed fatal prevalence in each of these cities, especially in New York; typhoid fever caused 11 deaths in Philadelphia, and 9 in Baltimore.

HEALTH OF IRISH TOWNS.—In the week ending January 31st the number of deaths registered in the sixteen principal town-districts of Ireland was 520. The average annual death-rate, represented by the deaths registered, was 31.4 per 1,000 of the population. The deaths registered in each of the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—Armagh, 77.5; Belfast, 28.3; Cork, 44.1; Drogheda, 16.9; Dublin, 33.8; Dundalk, 26.2; Galway, 30.3; Kilkenny, 29.6; Limerick, 33.7; Lisburn, 24.2; Londonderry, 12.5; Lurgan, 30.8; Newry, 10.5; Sligo, 4.8; Waterford, 20.8; Wexford, 29.9. The deaths from the principal zymotic diseases registered in the sixteen districts during last week were equal to an annual rate of 2.9 per 1,000, the rates ranging from 0.0 in eleven of the districts to 10.3 in Armagh. Among the 119 deaths registered in Belfast were 2 from measles, 6 from scarlatina, 3 from typhus, 3 from whooping-cough, and 2 from diarrhoea; and the 68 deaths registered in Cork comprised 1 from measles, 1 from scarlatina, 2 from typhus, 2 from whooping-cough, and 1 from diphtheria. In the Dublin Registration District, the deaths registered during the week amounted to 240. Twenty-five deaths from zymotic diseases were registered in Dublin, being 7 under the number for the preceding week, and 10 below the average for the fourth week of the last ten years: they comprised 3 from measles, 3 from scarlet fever, 2 from typhus, 5 from whooping-cough, 3 from simple continued and ill-defined fever, 4 from enteric fever, etc. Fifty-eight deaths from diseases of the respiratory system (including 39 from bronchitis and 11 from pneumonia) were registered, being 3 over the number for the preceding week, but 13 under the average for the fourth week of the last ten years. The deaths of 19 children under five years of age (including 13 infants under one year old), were ascribed to convulsions. Five deaths were caused by apoplexy, 13 by other diseases of the brain and nervous system (exclusive of convulsions), and 16 by diseases of the

circulatory system. Phthisis or pulmonary consumption caused 33 deaths, and cancer 3. Two accidental deaths were registered. In two instances, the cause of death was "uncertified," and in 18 other cases there was "no medical attendant."

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Admitted Members, January 29th, 1885.

W. R. Dakin, M.D. Lond., 61, Edith Road, W.
W. A. Foxwell, M.B. Camb., General Hospital, Birmingham.
H. Handford, M.D. Edin., Nottingham.
A. H. N. Lewers, M.B. Lond., 109, Gower Street, W.C.
J. M. McDonagh, M.D. Brussels, 123, Beaufort Street, S.W.
W. Pasteur, M.D. Lond., 19, Queen Street, Mayfair, W.

Admitted Licentiates.

G. G. Adams, 5, Oakfield Park, Clifton, Bristol.
E. Annacker, Oxford Street, Manchester.
E. I. Bower, 15, Acton Street, W.C.
R. F. Bowie, 24, Huntley Street, W.C.
H. T. Bury, 15, Granby Street, N.W.
R. M. Canfield, M.D. Vermont, 29, Amwell Street, E.C.
R. H. Cox, 102A, Mount Street, W.
G. H. De'Ath, Guy's Hospital, S.E.
D. A. De Montbrun, 1, Osnaburgh Street, N.W.
A. W. Dingley, 277, Camden Road, N.
H. Downes, 14, St. Mary's Road, Canonbury, N.
R. T. Featherstonhaugh, 25, Park Road, West Dulwich, S.E.
H. H. Fisher, 36, Wilmington Square, W.C.
J. H. Gilbertson, Hertford.
F. W. Gordon, Brynarlais, Llandrindod Wells.
A. S. Gubb, French Hospital, Leicester Square, W.C.
J. H. Hacking, Old Trafford, Manchester.
W. H. Hall, 27, Claremont Square, N.
W. G. Henry, M.D. McGill, 52, Torrington Square, W.C.
W. Huntington, 5, Amberley Street, Liverpool.
J. A. Jones, Tir Canadoc, Tallich.
C. L. Josling, Sidcup.
C. Kelbell, Sussex County Hospital, Brighton.
R. Lake, 47, Bessborough Gardens, S.W.
C. R. Laurie, Buckhurst Hill.
A. McKillop, M.D. Toronto, 12, Nicholas Street, E.
H. T. D. Medley, 40, Bronesbury Villas, N.W.
A. F. Messiter, Willington, Burton-on-Trent.
G. W. Mullis, 8A, Penton Place, S.E.
A. M. Page, 43, St. John's Wood Terrace, N.W.
E. B. Parfitt, 24, Maxilla Gardens, W.
H. J. Pulling, 24, Denbigh Street, S.W.
W. A. Ross, Toronto, Canada.
G. L. Rugg, Stockwell Villa, Clapham Road, S.W.
G. A. Shackel, Erleigh Court, Reading.
A. Smith, 54, Stockwell Green, S.W.
W. Spry, 1, Upper Bedford Place, W.C.
J. R. Staddon, 159, Fentiman Road, S.W.
G. E. Stewart, 29, Cobourg Road, S.E.
C. Strickland, 11, Warwick Road, W.
W. G. Thorold, 30, Sussex Street, Pimlico, S.W.
F. Tratman, 63, St. Peter's Road, E.
F. S. Turner, 29, Avenue, Chiswick.
W. Washbourn, 8, Granby Street, N.W.
C. J. West, 146, Buckingham Palace Road, S.W.
R. M. Williams, 94, Blackheath Hill, S.E.
R. R. Williams, 8, Aampton Place, W.C.
W. Winckler, University College Hospital, W.C.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 28th ultimo.

Messrs. J. McK. Ackland, Exeter, of Charing Cross Hospital; M. G. Dundas, L.S.A., Forest Gate, E.; J. H. Sellick, Reigate, H. E. Jones, St. Thomas's Terrace, S.E.; F. Heatherley, Newman Street, W., of Guy's Hospital; and O. F. Wunderlich, L.R.C.P. Lond., Wallace Road, N., of St. Bartholomew's Hospital.

The following gentlemen were admitted Members on the 29th ultimo.

Messrs. W. A. Maggs, L.S.A., Hanover Square, and E. L. Williams, L.R.C.P. Lond., Buckingham Gate, S.W., of Middlesex Hospital; T. W. Thomas, L.S.A., Albert Street, S.W.; W. A. B. McCabe, L.S.A., Jersey, and A. W. Dingley, L.R.C.P. Lond., Camden Road, N., of University College; F. J. Freeland, L.S.A., Torrington Square, of King's College; J. Wilding, L.S.A., Lambourne Road, S.W., of Westminster Hospital; H. W. Shadwell, L.S.A., Hammersmith, of St. Bartholomew's Hospital; A. F. Messiter, L.R.C.P. Lond., Burton-on-Trent, of the Birmingham School; W. G. Thorold, L.R.C.P. Lond., Ilfracombe, of the Bristol School; and R. Lake, L.R.C.P. Lond., Bessborough Gardens, S.W., of St. Thomas's Hospital.

The following gentlemen passed on the 2nd instant.

Messrs. H. W. R. Bencraft, Southampton, F. A. N. Bateman, L.R.C.P. Lond., Pall Mall, of St. George's Hospital; E. J. Smith, L.S.A., Brixton, of Charing Cross Hospital; W. G. Rockwood, M.D. Madras, Ceylon, of the Madras School; F. M. Wright, L.S.A., Bottsford, Notts, W. D. Stevenson, L.S.A., Kew Gardens, of Middlesex Hospital; and H. C. W. Jones, L.S.A., Cheltenham, of the Cambridge School.

The following gentlemen passed on the 3rd instant.

Messrs. F. S. Barnett, L.S.A., Stoke Newington, E. X. Harcourt, L.R.C.P. Lond., Eastbourne, and F. E. Mathews, L.S.A., Doughty Street, W.C., of St. Bartholomew's Hospital; H. G. Nicholson, L.S.A., Hereford, and W. S. Thomson, George Street, W., of Middlesex Hospital; R. L. Huzzey, L.S.A., Ampthill, Beds, of Charing Cross Hospital; H. J. Sequeira, L.S.A., Jewry Street, E.C., of the London Hospital; W. J. Munro, M.B. Ed., Sydney, N.S.W., of the Edinburgh School; G. H. Doudney, M.B. Durh., West Dulwich, of St. Thomas's Hospital; and S. J. Brooks, L.S.A., Tooting Park, of King's College.

The following gentlemen passed on the 4th instant.

Messrs. H. F. Jackson, Ballina, and C. R. Laurie, L.S.A., Bournemouth, of St. Bartholomew's Hospital; F. A. Dixey, M.B. Oxon., Oxford, of University College; V. H. W. Wingham, L.S.A., Guilford Street, W.C., of Middlesex Hospital; and E. Annacker, L.R.C.P.L., Manchester, of the Manchester Royal Infirmary.

Of the 233 candidates examined, 42 were approved in Surgery, and, when qualified in Medicine and Midwifery, will be admitted Members of the College, and 15, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their professional studies for three months, 79 for six months, 4 for nine months, and 3 for one year, making a total of 101 rejections.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The examinations for the triple qualification of these bodies were held at Edinburgh in January with the following results. First Examination.

W. L. Byham, Ealing; J. T. Simpson, Leeds; J. G. Mackay, Inverness; S. J. W. Hayman, Cornwall; J. Donaldson, County Cork; P. J. Wilkinson, Manchester; R. W. Stones, Durham; W. H. Clements, Gosport; L. Birch, Manchester; C. Carruthers, Kirkpatrick Fleming; A. G. Ginders, Exeter; J. MacLaughlin, County Derry; J. Gilmore, County Derry; R. Markland, Wigan; A. Bradshaw, Sierra Leone; G. A. Armstrong, Ireland; J. G. Holmes, Leeds; H. E. Blackwood, Kirkintilloch; A. H. Hoffman, Ipswich; A. L. Murray, Belfast; J. S. Nicholson, Yorkshire; J. A. H. Mogg, Redditch; R. T. Williams, Wales; A. A. Martin, Blairgowrie; S. J. Dunlop, County Antrim; C. B. Mather, Tonbridge; W. W. Shrubshall, Margate; W. H. Large, Nottingham; J. Dunn, Londonderry; S. Rumbold, Cambridge; J. G. Mackintosh, Edinburgh; W. J. O'Donnell, Cork; C. G. C. Scudamore, Clapham; H. Grant, Edinburgh; J. Howie, Dundee; J. H. Briggs, Yorkshire; G. F. Day, Hereford; F. M. Sykes, Manchester; A. M. Stewart, Candler; H. O. Hughes, Merionethshire; J. O. Jones, Denbighshire; T. S. Davies, Monmouthshire; and A. Morley, Leeds.

Second Examination.

J. Donaldson, County Cork; T. Monies, India; H. P. Shuttleworth, London; S. J. W. Hayman, Cornwall; J. Wingfield, St. Petersburg; A. Morley, Leeds; J. W. Alexander, Glasgow; L. M. Dunlop, Stroud; W. L. Byham, Ealing; and J. T. Simpson, Leeds.

Third Examination, admitted L.R.C.P. Edinburgh, L.R.C.S. Edinburgh, and L.F.P. & S. Glasgow.

P. Lynch, Australia; J. T. Simpson, Leeds; J. H. D. Redding, Pontydwye; H. M. Sweetnam, County Cork; H. C. Davies, Galway; S. J. W. Hayman, Cornwall; W. Hall, Portsmouth; S. E. Falconer, Penamallow; L. D. Brown, Henley; W. N. Robertson, Canada; T. A. Leishman, Roxburghshire; and J. C. Clark, Dundalk.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH.—Double Qualification.—During the January sittings of the Examiners, the following gentlemen passed their first professional examination.

J. Clerke, County Cork; W. H. Chamberlain, Leicester; G. Elliott, Donegal; A. M. Neaby, London; F. Wilson, Halifax; C. A. Wickham, County Longford; A. Allen, Conington; G. H. Bate, Cheshire; J. S. Greer, County Down; F. W. E. Coates, Salisbury; P. J. O'Leary, Castleishon; and W. C. Graham, County Antrim.

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

A. K. J. Reed, Laghy; W. Haines, County Cork; L. J. B. P. Fernandez, India; A. F. Seelenmeyer, London; J. F. Donegan, Cork; G. L. Moore, Stoke-on-Trent; J. J. O'Brien, Clare; C. Chabres, North Wales; J. G. Uppeley, South Africa; G. P. Godfrey, Mansfield, Notts; M. H. Taylor, Dublin; R. H. Cogan, County Cork; T. J. Walker, Yorkshire; G. Bower, Macclesfield; R. T. H. Bland, Plymouth; J. T. Cooke, Aden; R. T. Darwin, India; E. J. Thomas, Chester; A. Blakiston, Yorkshire; R. F. Bowers, Bengal; and W. Downan, Cork.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, January 29th, 1885.

Barnard, Walter Burrows, Charing Cross Hospital.
Bennett, Deane, St. Mary's Hospital.
Bennett, James Robert Abraham, University College.
Blomfield, George Wills, London Hospital.
Ensor, Edwin Thomas, London Hospital.
Guinness, Harry Grattan, London Hospital.
Haynes, Charles, Charing Cross Hospital.
Jones, Edward Francis, London Hospital.
Long, Frederick William Devereux, Charing Cross Hospital.
Noyes, Alexander Wellesley Finch, Charing Cross Hospital.
Stephens, William John, King's College.
Weston, Joseph Theophilus, Bengal Medical College, Calcutta.

MEDICAL VACANCIES.

The following vacancies are announced.

CARDIFF PROVIDENT DISPENSARY.—Dispenser. Salary, £70 per annum if unmarried, or £100 if married, to take entire charge of premises. Applications to the Honorary Secretary, 6, Guildford Street, Cardiff, by February 12th.

DERBY AMALGAMATED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Surgeon. Salary, £160 per annum. Applications to Mr. J. Bullivant, 58, Abbey Street, Derby, by February 9th.

FARRINGTON GENERAL DISPENSARY AND LYING-IN CHARITY.—Honorary Physician. Applications to Mr. J. Lewis, 17, Bartlett's Buildings, Holborn Circus, by February 9th.

GENERAL INFIRMARY AT GLOUCESTER, AND THE GLOUCESTER-SHIRE EYE INSTITUTION.—Physician. Applications by February 18th.

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

MANCHESTER ROYAL INFIRMARY.—Resident Medical Officer for the Fever Hospital, Monsall. Salary, £200 per annum. Applications by February 14th.

MIDDLESEX HOSPITAL.—Second Chloroformist. Applications to the Secretary-Superintendent by February 14th.

MOUNTJOY CONVICT PRISON.—Assistant Medical Officer. Salary, £120 per annum. Applications to the Under Secretary, Dublin Castle, by February 10th.

NATIONAL ORTHOPÆDIC HOSPITAL, 234, Great Portland Street, Regent's Park, N.W.—Physician. Applications by February 18th.

PARISH OF LIVERPOOL.—Assistant Medical Officer. Salary, £80 per annum. Applications to H. J. Hagger, Parish Offices, Brownlow Hill, by February 11th.

RADCLIFFE INFIRMARY, Oxford.—Resident House-Physician. Salary, £80 per annum. Applications by February 14th.

ROYAL ALBERT HOSPITAL, Devonport.—Resident Medical Officer. Salary, £200 per annum.

ROYAL HOSPITAL OF BETHLEHEM.—Assistant Medical Officer. Salary, £300 per annum. Applications by February 12th.

STROUD GENERAL HOSPITAL.—House-Surgeon. Salary, £80 per annum. Applications to John Libby, Honorary Secretary, New Mills, Stroud.

SUSSEX COUNTY HOSPITAL, Brighton.—Physician and Assistant-Physician. Applications by February 11th.

TOWNSHIP OF MANCHESTER.—Resident Assistant Medical Officer. Salary, £140 per annum. Applications endorsed "Medical Appointment" by February 7th.

WICKLOW CO. INFIRMARY.—Medical Officer. Applications to Rev. H. Rooke, Honorary Secretary, The Parsonage, Wicklow, before February 11th.

MEDICAL APPOINTMENTS.

Hicks, J. Braxton, M.D., F.R.S., appointed Honorary Physician to the Royal Maternity Charity.

Hobson, L. J., M.D. Lond., B.S., F.R.C.S. Eng., appointed Honorary Medical Officer to the Harrogate Bath Hospital, vice A. Ford, F.R.C.S. Ed., resigned.

Johnston, M., M.R.C.S., L.R.C.P., and L.M. Lond., appointed Junior Assistant Medical Officer to the Sussex County Lunatic Asylum, Hayward's Heath.

MANSELL-MOULLIN, James Alfred, M.A., M.B. Oxon., M.R.C.P., M.R.C.S., L.S.A. and L.M., appointed Assistant Physician for Diseases of Women to the West London Hospital, vice Albert Venn, promoted.

ORWIN, Arthur, M.D., appointed Physician to the Guildhall School of Music.

WALKER, E. B. C., M.B. and M.C. Edin., late Junior Assistant Medical Officer, appointed Senior Assistant Medical Officer to the Sussex County Lunatic Asylum, Hayward's Heath.

WARE, J. W. Langston, M.R.C.S., L.R.C.P. Lond., appointed Medical Officer and Public Vaccinator to the No. 4 District of the Barnstable Union.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

PARSONS.—On January 28th, at 13, Whitworth Road, South Norwood, the wife of H. Franklin Parsons, M.D., of a daughter.

MARRIAGE.

FERGUSON—BUTTERWORTH.—On November 19th, 1884, at St. Paul's Church, Dunedin, by the Venerable Archdeacon Edwards, Henry Lindo Ferguson, M.A. Trin. Coll. Dub., F.R.C.S.L., late Assistant-Surgeon to the National Eye and Ear Infirmary, Dublin, to May, eldest daughter of John Leach Butterworth, of Dunedin, New Zealand.

DEATH.

WILLIAMS.—On January 18th, at Zanzibar, of malarial fever, John Alexander Williams, M.B., M.R.C.S., Medical Officer to H.M. Consulate, aged 29. By telegram.

THE DARENTH CAMP.—At a meeting of the Metropolitan Asylums Board on January 31st, it was resolved to appoint Captain Butler, R.N., to be General Superintendent of Darenth Camp, to have authority immediately after the Medical Superintendent. Captain Butler takes the place of the late steward, Mr. Harper, who has had to resign owing to ill-health, brought on by overwork. The managers agreed that Mr. Harper should be awarded the sum of 150 guineas, "in consideration of the extraordinary services rendered by him in the establishment and administration of Darenth Camp."

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

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

GUY'S.—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. 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, W., 2; Throat, Th., 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., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; 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.

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.

TUESDAYSt. 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.—St. Thomas's (Ophthalmic Department), 4 P.M.—Cancer Hospital, Brompton, 2.30 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 Central, 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.

THURSDAYSt. 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.

FRIDAYKing'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.

SATURDAYSt. 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.—Cancer Hospital, Brompton, 2.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Mr. Henry Morris will open a discussion on Some Points in the Surgery of the Kidney. Mr. James Martin will show, at 8 P.M., Cases of Lupus cured by Caustics.—Royal College of Surgeons of England, 4 P.M. Professor W. K. Parker: On Birds, their Genesis and Structure.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. D. Lowson: Case of Displacement and Fracture of the Axis. Mr. Richard Davy: The Radical Cure of Club-foot, with exhibition of cases.

WEDNESDAY.—Hunterian Society, 7.30 P.M. Annual meeting. 8 P.M. Oration, by Dr. F. Charlewood Turner.—Royal College of Surgeons of England, 4 P.M. Professor W. K. Parker: On Birds, their Genesis and Structure.—Royal Microscopical Society, 8 P.M. On the Life-History of a Septic Organism hitherto unrecorded (Presidential Address), illustrated by Lantern-Microscope.—Epidemiological Society of London, 8 P.M. Surgeon-Major K. McLeod: The Prevalence of Epidemic Roseola in Calcutta.

FRIDAY.—Clinical Society of London, 8.30 P.M. President's Address. Dr. Hale White: A Case of Myxodema, with a Post Mortem Examination. Dr. Carrington and Dr. Hale White: Two Cases of Phlegmonous Pharyngitis.

Dr. Hughes Bennett: A Case of Locomotor Ataxy without Disease of the Posterior Columns of the Cord. Dr. Seymour Taylor: A Case of Arrested Rickets (living specimen).—Royal College of Surgeons of England, 4 P.M. Professor W. K. Parker: On Birds, their Genesis and Structure.—Medico-Psychological Association, 4 P.M. Dr. Hayes Newington: The Influence of Minor Uterine Troubles on Insanity. Dr. Hack Tuke: The Insane in the United States.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the office of the JOURNAL and not to his private house.

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

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication. CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports favour us with Duplicate Copies.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

PERMANGANATE OF POTASH.

SIR,—Permanganate of potash, administered in tablets, of the strength of one grain, gives rise at once to ulceration of the parts it comes in contact with. I have recently had two cases in which this has happened under my care, and, in one of them, an ulcer lasted for ten days; it was seated on the inner surface of the lower lip, was about the size of a pea, and was sloughy on its surface. Both patients, I am compelled to say, are much out of health, and consequently of low vitality. Fortunately, the tablets did not reach any portion of the intestinal canal. In one case, the cheek and mouth were much swollen, so that eating was painful; in this, two tablets only were used; in the other, a part of one was taken.

It is within my knowledge, but not of my own experience, that pills containing two to three grains each of this drug have been given twice or thrice daily and that certain effects have been attributed to them: it has also been told me that some of these pills have been brought back after having safely passed through the whole intestinal canal unchanged. It would seem, therefore, that some of us are mercifully preserved.

Let those who introduced this remedy to the profession two or three years ago give us their experience of it, and tell us whether it is as much used now as it was eighteen months ago. Hoping these few lines may be of service,—I am, sir, obediently yours,
Mandeville Place.
FREDERICK SIMMS.

A MODE OF ASSISTING THE CIRCULATION.

SIR,—While reading some remarks on massage, movement-cure, etc., at page 27 of the BRITISH MEDICAL JOURNAL for January 3rd, it struck me that great aid might be afforded to the circulation of the blood and lymph by applying pressure to the limbs in a special manner. The theory is based on the physiological fact, that the contraction of the arteries which comes into play on the closure of the aortic valves is a most important agent in moving on the blood; and, furthermore, pressure applied to the surface of the body during the period of closure of the aortic valves must, in accordance with the laws of physics, drive on the venous, as well as the arterial, blood.

The mechanical part of the method may be likened to a sort of auxiliary heart, and consists essentially of four elements: 1, a modification of the sphygmograph; 2, a delicate electrical appliance; 3, a machine working an air-pump; 4, a case for each extremity, having an outer rigid skin, and an inner thin flexible lining, lying closely on the surface of the limb, with an air-tight space between the lining and the rigid cover, communicating with the air-pump. On the closure of the aortic valves, the sphygmograph brings the electrical appliance, which regulates the machine working the air-pump, into action. Each stroke of the air-pump raises the tension of the air contained in the air-tight chamber as high as may be required, and thus causes an application of pressure to the surface of the limb; the tension becomes at once normal before the aortic valves open again; and so on at each beat of the pulse.

The cases suitable for treatment on the above principles would be, as a general rule, those where there was a failure in the propelling power of the left ventricle, or an increase in the resistance to the flow of the blood anywhere between the aortic valves and cavity of the right auricle.

Contraindications are afforded in cases of aortic regurgitation, aneurysm, and some cases of distended right heart; extreme dilatability of the arteries would possibly also contraindicate, owing to the great distension which might be produced of the cerebral thoracic and abdominal arteries on the application of pressure.

The above is just a mere sketch of an idea, and might be developed into something useful. The weak point is, I think, the capability of the sphygmograph to play its part; but, even on this point, I am very sanguine.—I am, yours very truly,
HUGH L. DONOVAN, M.D., Surgeon, Medical Staff.
Newbridge.

MEMBER OF THE BRITISH MEDICAL ASSOCIATION.—Certifying surgeons are appointed by A. Redgrave, Esq., Whitehall. The appointment is often given to the oldest in practice in the town or village.

THE LATE MR. FORD.

We regret to announce the death of Mr. Ford, for many years porter to the Royal College of Surgeons. He was a contributor to several London and provincial newspapers.

DISEASES OF THE WEST COAST OF AFRICA.

SIR,—In reply to "Medicus," I write to say that the most recent publication on the above subject is one on *West African Hygiene*, by Charles Scovell Grant, M.D., published by Stanford, 55, Charing Cross, S.W. It is a small pamphlet of about fifty pages, and though written more especially for non-medical readers, may, nevertheless, be studied with advantage by the young physician intending to sojourn on the African coast.—Yours faithfully, D. H. CULLIMORE, M.D.
27, Welbeck Street.

THE TITLE OF DOCTOR.

SIR,—In the JOURNAL of January 24th, I notice a letter signed "L.R.C.P.Ed. and M.R.C.S. for Forty Years," having for its subject the Title of Doctor, also in your number for January 10th, a letter on the same topic signed by "W. J. Keir."

It is not my intention to enter upon any discourse as to the validity of the title. I had hoped that the resemblances of, and the differences between, a "degree" and a "qualification," were now patent to all, and do still believe so, as far as the greater majority of medical practitioners is concerned.

Both your correspondents have, when present at their examinations, been addressed as "doctor," the one by "each of the examiners," who, in addition to this, shook hands with him; the other by "an official of the College."

Eighteen months ago, I passed the Final Examination at the Apothecaries' Hall, London. I had not the good fortune to be addressed by "each of the examiners" as "doctor," neither did they all shake hands with me, but I was "orally addressed" by two "officials" of that institution by that title.

May I be allowed to ask your correspondents if, in their opinion, one is entitled to call himself "doctor" after having obtained the L.S.A.? and if not, why? and where the line should be drawn.—I am, etc., M.B. Edin.

EXCISION OF THE CÆCUM FOR EPITHELIOMA.

SIR,—Mr. Walter Whitehead, in his paper on a case of Excision of the Cæcum for Epithelioma, published in the BRITISH MEDICAL JOURNAL of January 24th, has overlaid a case reported by Mr. Sydney Jones in the *Lancet*, "Mirror of Hospital Practice," for January 10th of this year. Mr. Sydney Jones's operation was for scirrhus growth of six months' duration, and it was necessary to remove the bowel from the ileum to the transverse colon. The patient was a female, aged 54, and the operation was performed May 23rd, 1884. The patient died three days later from localised peritonitis.—I am, sir, yours truly, St. Thomas's Hospital, S.E. WILLIAM H. BATTLE, Surgical Registrar.

TREATMENT OF SEVERE COUGH.

SIR,—I should advise your correspondent, "J. C. H." (JOURNAL January 3rd, p. 55), to try euonymin, with which I have been very successful in several cases. I always use the compound liquor of euonymin and pepsin made by Oppenheimer.—Yours truly, A. T.

THE BRUSSELS M.D.

SIR,—As a recent graduate of the University of Brussels, I wish to lay before your readers the status of the examination.

The test is a most rigid one, embracing thirteen distinct subjects, each having a separate examiner, the veto of any one being sufficient to score a rejection. The examination in clinical medicine and surgery, likewise regional anatomy, dissections, surgical and medical pathology, together with midwifery, is of a most searching character. I consider it fully equal to our best London tests; and it is quite a mistake to imagine that one can obtain the degree without careful preparation and clinical experience.

I have been prompted to write this letter on account of numerous inquiries relative to the Brussels M.D.—I am, sir, yours truly, SIGMA.

MEDICAL STUDY IN VIENNA.

SIR,—From my own experience, I can testify to the excellent opportunities and the most extensive field for clinical study in Vienna. The General Hospital can accommodate 3,000 in-patients, and there is free access to all. There are special clinical courses for graduates, most ably conducted in all departments of medicine, surgery, and midwifery; such as diseases of the ear, throat, eye, skin, etc. Regarding midwifery, there are three departments: 1, ordinary and instrumental labour; 2, all operations performed on the dead body and phantom; 3, a special "touch course," that is, the examination, external, abdominal, vaginal, and bimanual of pregnant women close on confinement, chiefly intended for diagnosis and prognosis. These courses are attended by graduates of every civilised nationality, eminently so by Americans, who far outnumber several times all the others. Consequently, as the Americans generally know German well, "S. H. B." will always have an interpreter at hand (and a most courteous one too); but, unless he understand German, he loses the professor's remarks, and being unable to question the patients for himself, he must trust, in great measure, to physical signs and his own observation. If "S. H. B." desire more information, I shall be glad to give him the benefit of my experience on his communicating with me.

In addition to the General Hospital, there is a very largely attended Polyklinik, or Out-door Dispensary, where abundant material is found for all medical and surgical cases except midwifery and gynaecology. There is a large children's hospital near the general one.—Yours faithfully, A. T. BRAND, M.D.
Inverly, Driffield.

VACCINATION.

DISAPPOINTED.—The lymph of the National Vaccine Establishment is received from the best of the public vaccinators, and from the three vaccinators who especially act under the instructions of the Local Government Board, two of the latter being engaged at the Animal Vaccine Establishment. This lymph, therefore, ought to be as good as can be obtained. Apart from this, lymph can be procured from most of the public vaccinators by private arrangement, or for a small payment. The mother of a recently vaccinated infant can be induced to allow her child to be taken to our correspondent's house, where vaccination can be done direct. This is the best plan of all.

SELF-TEACHING IN FRENCH.

SIR,—I am desirous of learning French, but am so situated that, if I do learn it, it must be by teaching myself. Would any member inform me as to the best books to procure, and the course of study that I should adopt? Is the Hamiltonian a good system to follow in self-teaching?—I am, etc., X. Y. Z.

J. W. B. is referred to the article on Myxodema, in Quain's *Dictionary of Medicine*, and to Dr. Ord's paper in the *Medico-Chirurgical Transactions* for 1878.

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

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