

of the thyroid usually equal on the two sides? 12. In conjunction with what other diseases is exophthalmic goitre found? Does it occur often in several members of the same family? 13. This disease occurring most frequently in women, is any relation between it and derangement of the reproductive system observable? 14. Family histories of cases of the disease. 15. Has any similar condition been observed in any of the lower animals? Those who make oral communications will be restricted to a quarter of an hour, and will be expected to supply a written report of their remarks. Those who make oral communication of facts will not thereby be debarred from subsequently taking part in the discussion.

### ORGANISATION OF MEDICAL CHARITY.

THE medical subcommittee appointed by the Charity Organisation Society in 1884, to consider the question of assisting in the organisation of medical charities, and the prevention of their abuse by unsuitable persons presenting themselves as patients, has issued its first detailed report. Beside lay persons may be mentioned that the chairman of this committee is Dr. G. B. Longstaff, and that it has for its honorary consultative members:—R. Barwell, F.R.C.S., Dr. Gulliver, Dr. W. P. Herringham, J. Holm, F.R.C.S., and Dr. J. S. Sharkey. The report deals especially with two departments of the working of the committee, the first being the co-operation of hospitals and dispensaries, and the second, the supply of surgical apparatus. We shall to-day notice especially their report of the first of these questions. Their first year has, they say, necessarily been occupied in obtaining an accurate knowledge of the different methods in which the out-patient departments of the metropolitan hospitals are conducted; and the fact that the Medical Secretary has paid during the past eighteen months 406 visits to 71 hospitals and dispensaries is a sufficient indication of the labour which this has entailed. It has been found, they report, that nearly every hospital has of late years attempted some change in its system of administration. Either inquiries are instituted as to the social position of applicants for relief; or the number of new patients to be treated in one day is limited; or there is a preliminary inspection of the patients, with a view to the admission of those only whose complaints are comparatively serious; or a small payment is required for drugs, and if it be not paid, the Charity Organisation Committee is asked to ascertain whether the patient is in such an impoverished state that he cannot pay it; or, best of all, there is strict registration of patients, and a small charge for treatment. Inquiry has in several instances led to a reduction in the number of patients, more particularly in the special departments of hospitals, and on this account, owing to the complaints of physicians and surgeons, it has been discontinued.

*Changes introduced into Hospital Management.*—All these changes would, they point out, imply that the hospital authorities themselves recognise a need of reform, but fear to adopt measures of too radical a nature, lest they should render their hospital odious to their clients, and thus incur the disapprobation of their supporters—the public. The question is so complicated, and the conditions of medical work are so various, that no simple and decided opinion can be given as to what reform should be made and how it should be carried out. But the following suggestion, which was submitted to the Council by the Medical Secretary in July, 1884, is put forward.

*Linking of Provident Dispensaries to Hospitals.*—One of the most important steps towards any improvement would be the linking of Provident Dispensaries to General Hospitals. Then, if members of the Provident Dispensary required either consultative advice or hospital treatment, they would be referred to the out-patient department or to the wards of the hospital. On the other hand, out-patients at the hospital, if, on inquiry, they were found to be able to pay the fee at a Provident Dispensary, would, after the first treatment, be drafted to the dispensary, and would not be eligible for further relief from the hospital. It would be to the interest of the hospital to supervise the management of the dispensary, so that the medical staff should have brought before them all cases of clinical importance; indeed, all the cases at the dispensary should become available for the use of the hospital school; and to make students acquainted with practice at the homes of the patients, one or two of them might accompany the dispensary doctor in his visits, and act as assistants or dressers. This would be a great advantage. The system of apprenticeship is no longer in vogue; and many qualified medical men, and some even of our best assistant physicians and surgeons, who have passed through a long hospital course, find themselves strangely at a loss on paying their first visits to the homes of patients. It is a new experience to them. And they sometimes prescribe remedies that are quite unattainable outside the hospital; while

with a larger experience in general practice, some alternative treatment, within the reach of the patient, would have suggested itself. They are glad to learn that the Metropolitan Provident Medical Association have determined to make proposals to one or two hospitals with a view to the adoption of a scheme somewhat similar to this.

*Co-operation between Hospitals and General Charity.*—The frequent visits which have been paid to the hospitals have also proved that co-operation between them and the Charity Organisation Society would secure the greatest possible benefit to the poor. Through the kind intervention of the ward sisters and the surgeons of one or two hospitals, the District Committees of the Society were asked to help the families of some of the patients, or to aid the patients themselves on their leaving the hospital. Excluding the surgical-aid cases, 68 were so sent; and of these 33 were relieved; 18 were for various reasons unassisted; 3 resided beyond the area dealt with by the Society; 5 were Poor-law cases; 3 could not be found at the address given; 1 was for inquiry only, through a provincial society.

Short notes are given of illustrative cases in which excellent work of aid was done by the officers of this Committee. The work of this Committee deserves to be widely known in the Provinces as well as in London.

## ASSOCIATION INTELLIGENCE.

### NOTICE OF QUARTERLY MEETINGS FOR 1886. ELECTION OF MEMBERS.

ANY qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Meetings of the Council will be held on April 14th, July 14th, and October 20th, 1886. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary, not later than twenty-one days before each meeting, namely, March 25th, June 24th, and September 30th, 1886.

Candidates seeking election by a Branch Council should apply to the secretary of the Branch. No member can be elected by a Branch Council, unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, General Secretary.

### COLLECTIVE INVESTIGATION OF DISEASE.

INQUIRIES are in progress on the subjects of

DIPHTHERIA, ACUTE RHEUMATISM,  
OLD AGE, CANCER OF THE BREAST.

Memoranda on the above, and forms for recording individual cases, may be had on application.

It is requested that returns on Acute Rheumatism be sent in as early a date as possible, as the printing of the Tables is in progress.

The greater part of the "Old Age" form may be filled in by a non-medical person, if necessary.

**THE ETIOLOGY OF PHTHISIS.**—Continuation of inquiry. The Committee will be glad to receive the names of gentlemen willing to engage in joint investigation of any of the following points in relation to the origin of cases of Phthisis:—(a) The influence of residence and occupation; (b) the previous state of the patients' thoracic organs and general health; (c) heredity and communication. Full particulars will be sent on application.

**THE CONNECTION OF DISEASE WITH HABITS OF INTEMPERANCE.**—Additional replies are earnestly requested on the schedule issued with the JOURNAL of May 9th, 1885. Copies of the schedule may be had at once on application.

**PROGNOSIS IN HEART-VALVE DISEASE,** based on an examination of cases in which the lesion has existed for an unusual length of time without producing serious symptoms; **THE EXTREME DURATION OF INFECTIOUSNESS IN INFECTIOUS DISEASES.** The Committee has proposed these two subjects for future inquiry, and has referred them to the Branches of the Association, in accordance with its regulations, with a view to preliminary discussion during the present year. Arrangements have also been entered into with the Section of Medicine of the Annual Meeting of 1886 to hold a discussion upon "Cases in which Disease of the Heart-Valves has been known to exist for upwards of five years without causing serious symptoms;" and with the Section of Public Health to hold a discussion on "The Duration of Infectiousness." The inquiry-papers, to be subsequently issued, will

be based upon the information afforded in these Branch and general discussions.

*Application for forms, memoranda, or further information, may be made to any of the Honorary Local Secretaries, or to the Secretary of the Collective Investigation Committee, 161a, Strand, W.C.*

\* \* The COMMITTEE earnestly requests EARLY replies to the International Inquiry paper on the Geographical Distribution of certain diseases, at present being circulated in the Branches of the Association.

## BRANCH MEETINGS TO BE HELD.

**SOUTH INDIAN BRANCH.**—Meetings are held in the Medical College, Madras, on the first Friday in the month, at 4.30 P.M. Gentlemen desirous of reading papers or exhibiting specimens are requested to communicate with the Honorary Secretary.—J. MANTLAND, M.B., Honorary Secretary, Madras.

**METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.**—The next meeting will be held on Thursday, March 18th, at 8.30 P.M., at the London Hospital. A demonstration of patients suffering from Diseases of the Circulatory System will be given by Dr. Sansom, Physician to the Hospital.—JOSEPH W. HUNT, 101, Queen's Road, Dalston, Honorary Secretary.

**SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.**—A conjoint meeting of the above districts will be held at the Grand Hotel, Brighton, on Wednesday, March 24th. Mr. Hodgson will preside. Communications with respect to papers should be sent to the Honorary Secretary, T. JENNER VERRALL, 95, Western Road, Brighton.

**SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.**—The next meeting will be held at the Harp Hotel, Dover, on Thursday, March 25th, at 3 P.M. Dr. Charles Parsons in the chair. The dinner will take place at 5 P.M., at the Harp Hotel. All members of the South-Eastern Branch are entitled to attend these meetings, and to introduce professional friends. All gentlemen purposing to dine are particularly requested to inform Dr. Parsons by Tuesday, the 23rd instant, that proper arrangements may be made. *Agenda:* 3 P.M., Dr. Bowles will open a discussion on The Prognosis of Heart-Valve Disease, of Five Years' Standing. The above subject has been chosen by the Collective Investigation Committee for Discussion during the present year. It is hoped that all members will bring short notes of any cases they may have, especially in reference to the nature and position of the valvular murmurs when they first came under observation. Mr. A. G. Osborn and Dr. John Ormsby: Cystic Omental, Simulating Ovarian Disease; Laparotomy, Drainage, and Result. Dr. T. Eastes: Three Cases of Visceral Abscess. The readers of papers are requested to bring with them brief summaries for insertion in the Minutes and Journal.—W. J. TYSON, Honorary District Secretary, 10, Langhorne Gardens, Folkestone.

**ABERDEEN, BANFF, AND KINCARDINE BRANCH.**—The March meeting of the Branch will be held on the 17th instant, at 198, Union Street, at 8 o'clock P.M. Business.—1. Cases of Meningitis following Disease of the Middle Ear, by Dr. Michie, Cove. 2. Demonstration of the Practice of Retinoscopy for ascertaining Errors of Refraction, by Dr. Mackenzie Davidson, Aberdeen. 3. Case of Epithelioma of the Vulva treated by means of Paquin's Thermo-cautery, by Dr. Barclay, Banff. 4. Exhibition of Specimens: (1) Skeleton of Extra-uterine Fetus of Eight Months, by Dr. Michie; (2) New Traction-Forceps, by Professor Stevenson; (3) Patient with Hemichorea and Partial Hemiplegia after Acute Rheumatism, by Dr. Mackenzie Booth.—ROBERT JOHN GARDEN, J. MACKENZIE BOOTH, Honorary Secretaries.

**BORDER COUNTIES BRANCH.**—The spring meeting will be held at Dumfries early in April, when a discussion on Brain-Surgery will be introduced by Dr. Thomson, of Dumfries. Drs. Campbell and Eaton will also read papers. Intimations of communications or specimens should be sent to the undersigned. Further information will be given later on.—H. A. LEDIARD, Honorary Secretary, Carlisle.

## METROPOLITAN COUNTIES BRANCH: NORTHERN DISTRICT.

A MEETING of this district was held at the Board-room of the Great Northern Central Hospital, on Thursday, February 25th, 1886, at 8.30 P.M. The chair was taken by Dr. DICKSON, President of the Branch.

*Papers.*—The following papers were read.

1. Mr. W. Spencer Watson: The Treatment of Nasal Polypi and Chronic Rhinitis.
2. Dr. Fancourt Barnes: Case of Uterine Myoma, treated by Oophorectomy.
3. Dr. R. W. Burnet: Case of Cerebral Syphilis: Fits: and Recovery.
4. Dr. E. C. Beale: Isolated Tubercular Ulceration in the Mouth.

## ABERDEEN, BANFF, AND KINCARDINE BRANCH.

An ordinary meeting of this Branch was held at 198, Union Street, Aberdeen, on February 17th: Professor OGSTON, President, in the Chair.

*Papers.*—The following papers were read.

1. Dr. Aymer (Bervie): Case of Epileptic Vertigo or Automatism.
2. Dr. Ruxton: Case of Progressive Muscular Atrophy (patient shown).

3. Dr. Mackenzie Booth: Case of Sarcoma of the Lung.

4. Dr. Scroggie showed a Fetus of five months, with Amniotic Membranes.

5. Dr. Ogston showed a patient operated on for Congenital Dislocation of the Hip-joint and a large Sarcoma of the Humerus; and commented on a Case of Operation for Cancer of the Stomach.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

*The Contagious Properties of Phthisis.—Dysentery Cured by Ergot.—Use of Trouvé's Electric Explorer in the Extraction of Bullets.—Preventive Tracheotomy.—Taenia Expelled by the Mouth.—General News.*

At a recent meeting of the Société Médicale des Hôpitaux, M. Valin read the report on the contagious properties of tuberculosis. The Society sent a list of questions to 10,000 medical men, and received 123 answers. Those who answered were classified as follows: 57 believed in contagion; 57 disbelieved it; 7 gave doubtful replies, and 2 were incomprehensible. Of 439 cases forwarded, 218 supported the hypothesis of contagion, and 226 were against the theory. The 218 cases favourable to the theory were as follows: 107 were husbands and wives, 71 near relations, 18 the offspring of phthisical parents, 16 were distant relations. In one, the disease was said to have been transmitted from a master to his dog. Heredity is an important factor in the propagation of tubercle. Tuberculosis is, the report states, more frequently inherited from the mother than from the father. Inherited tuberculosis is manifested sooner than when contracted from proximity with the contagious principle. It is difficult to ascertain what is the exact proportion of the cases due to contagion; it is roughly estimated to be one in ten among the well-fed classes; among the poor classes it is much greater. Data are at hand which indicate that phthisis has been imported into isolated localities and islands by inhabitants from neighbouring countries where the disease existed.

M. Boisseau de Rocher publishes, in the *Progrès Médical* of March 6th, notes on a case of dysentery successfully treated by ergot of rye. The patient, a strong man, aged 44, was, on the second day of the attack, in such a prostrate condition that death was feared. Calomel was given; thirty-six hours subsequently, stomatitis appeared, and the stools were not improved. The pulse was rapid. The general condition was slightly improved by giving the patient alcohol. Ergot was then administered. The number of stools was reduced to two a day; they were free from blood, and were diarrhoeal in character, rather than dysenteric. Twenty-four hours later, the patient ceased to have dysenteric stools, and his recovery was rapid and complete.

M. Richet and M. Verneuil have lately used Trouvé's electric explorer with success for detecting and removing encysted bullets. In M. Richet's case, the ball, a revolver-bullet, was in the knee; in M. Verneuil's case, the ball was found resting in the sacrum. In the latter case, the patient, a soldier, had been shot in 1870.

At one of the last meetings of the Paris Surgical Society, a discussion took place on the utility of preventive tracheotomy. M. Monod maintained that, when the posterior region of the mouth is operated on, and a portion of the pharynx is excised, washing out the wound with antiseptic solution cannot prevent the infectious products proceeding from the buccal cavity from penetrating into the bronchial tubes; pneumonia may result, and cause death. M. Monod quoted from German authors, Langenbeck and Kocher, who entertain the same views on the utility of preventive tracheotomy. M. Monod believed that the danger of cold air passing directly into the bronchial tubes through the cannula is greatly exaggerated; also that the actual danger can be greatly modified by simple and easy precautions. The danger resulting from incompletely disinfecting the area operated on is much greater. It is impossible to obtain an aseptic condition, unless the dressing protect the entire wounded surface and the upper part of the pharynx. This essential condition M. Monod obtained, in an operation for an epithelioma, at the back of the buccal cavity and extended into the pharynx, by performing tracheotomy. The patient recovered rapidly, and the operator attributes this complete success to the beneficial effect of preventive tracheotomy. M. Verneuil condemned preventive tracheotomy except in operations extending to the pharynx. M. Marchand observed that it was precisely in such cases that M. Monod recommended it, when the lateral walls of the pharynx are included in the area operated on.

useful and valuable reference. The report should prove satisfactory to every member of the Association, and to those interested in their duties and efforts. In the coming year, it may be hoped that a still larger interest may be taken, and greater support given to those who are most earnestly using their endeavours towards more efficient uniformity of action in the working of the Vaccination Acts. No greater proof of interest in these duties could be given than the fact of their devoting the spare time at their command in efforts which, it is hoped, will enable them more thoroughly to discharge the duties of the important trust reposed in them as public servants.

THERE has been a sharp contest for the appointment of medical officer of health in Fulham, an appointment which lies with the vestry. The selected candidates were Dr. R. J. Lee, a member of the vestry, Dr. Cooney, and Dr. Egan, two local practitioners, Dr. Egan being a churchwarden of the parish. The choice fell upon Dr. Egan by twenty-nine votes, against twenty-five for Dr. Cooney. In his previous ballot, Dr. R. J. Lee received ten votes. The whole contest seemed to have turned very much upon the question of the local popularity of the respective candidates. The salary is £150 a year.

POOR-LAW MEDICAL RELIEF.—At a conference held in connection with the Metropolitan Provident Medical Association, at which a paper was read by Miss F. Davenport-Hill on "Our System of Poor-law Medical Relief," the following resolution was proposed by Mr. F. D. Mocatta, seconded by Mr. John Lowles, and adopted: "That this conference wishes to draw the attention of the metropolitan boards of guardians to the injury done to provident institutions and to the self-respect and independence of the working classes by a lax administration of poor-law medical relief."

## MEDICAL NEWS.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed the Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, March 4th, 1886.

Andrews, Charles, M.R.C.S., 92, Hammersmith Road, W.  
Shaw, Arthur Crompton, Norfolk Road, N.W.  
Snow, Lionel Mason, 122, King Henry's Road, N.W.  
Soy, Edward, 72, South Lambeth Road, S.W.  
Vernon, Arthur Heygate, 26, Macaulay Road, Clapham.

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

Priestley, Percy, Sheffield School of Medicine.

## MEDICAL VACANCIES.

The following vacancies are announced.

- BOOTLE MATERNITY AND DISPENSARY FOR WOMEN AND CHILDREN.—Honorary Assistant-Physician. Applications by March 16th.
- BOROUGH OF HALIFAX.—Borough Analyst. Applications by March 18th to Keighley Walton, Town Clerk, Halifax.
- BRISTOL ROYAL INFIRMARY.—House-Surgeon. Applications by March 18th, to the Secretary.
- CARDIFF UNION.—Vaccination Officer. Salary, £140. Applications by March 30th to A. J. Harris, Clerk, Cardiff.
- CARLISLE DISPENSARY.—Junior House-Surgeon. Salary, £100 per annum. Applications by March 24th to Mr. J. Ostell, 14, Bank, Carlisle.
- COUNTY OF SOUTHAMPTON.—Public Analyst. Applications by March 30th to the Clerk of the Peace, County Hall, Winchester.
- DENTAL HOSPITAL, Exeter.—Two Surgeon Administrators of Anæsthetics. Applications by March 16th to H. B. Mason.
- DEVON AND EXETER HOSPITAL.—Surgeon. Applications by March 16th.
- DEVON COUNTY ASYLUM.—Junior Assistant Medical Officer. Salary, £120. Applications by March 18th to T. E. Drake, Solicitor, Exeter.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Resident Clinical Assistant. Application by March 18th to the Secretary.
- FLINTSHIRE DISPENSARY.—House-Surgeon. Salary, £100. Applications by April 7th.
- GASCOYNE DISTRICT, Western Australia.—Medical Officer. Public salary, £200 per annum. Applications to the Assistant Private Secretary, Colonial Office, S.W.
- GENERAL HOSPITAL, Birmingham.—Resident Registrar and Pathologist. Salary, £100 per annum. Applications by March 27th to H. Fox.
- GREENHOUGH DISTRICT, Western Australia.—Medical Officer. Public salary, £200 per annum. Applications to the Assistant Private Secretary, Colonial Office, S.W.
- GREENWICH UNION.—Medical Officer. Salary, £120 per annum. Applications by March 17th, to S. Saw, Clerk.
- GUEST HOSPITAL, Dudley.—Resident Medical Officer. Salary, £120. Applications to E. Poole, Secretary, before March 19th.
- LEICESTER INFIRMARY AND FEVER HOUSE.—House-Surgeon. Applications by April 6th to T. A. Wykes.

- LISNASKEA UNION, Maguirebridge Dispensary District.—Medical Officer. Salary, £96 per annum. Applications to Mr. E. Law.
- LYMINGTON UNION.—Three Medical Officers. Applications to Edwin Jackman.
- NORFOLK AND NORWICH HOSPITAL, Norwich.—Assistant to House-Surgeon. Applications by March 17th to H. Chester.
- NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, E.—Resident Clinical Assistant and Registrar. Salary, £60. Applications by March 22nd.
- PARISH OF ST. GEORGE-IN-THE-EAST.—Assistant Medical Officer. Salary, £120 per annum. Applications by March 19th to John Richard Browne, Guardian Offices, Old Gravel Lane, E.
- ROEBOURNE DISTRICT, Western Australia.—Medical Officer. Public salary, £200 per annum. Applications to the Assistant Private Secretary, Colonial Office, S.W.
- SHEFFIELD GENERAL INFIRMARY.—House-Surgeon. Salary, £120 per annum. Applications by April 5th to G. H. Day.
- SHEFFIELD GENERAL INFIRMARY.—Assistant House-Surgeon. Salary, £80 per annum. Applications by April 5th to G. H. Day.
- SHILLELAGH UNION.—Medical Officer for Workhouse Infirmary and Fever Hospital. Salary, £90 per annum, with £10 as Consulting Sanitary Officer. Applications to Clerk of Union. Election on March 19th.
- ST. LUKE'S HOSPITAL.—Resident Clinical Assistant. Applications to the Secretary.
- ST. PETER'S HOSPITAL, Henrietta Street.—House-Surgeon. Honorarium, £26 5s. per annum. Applications by March 27th.
- UNIVERSITY OF MELBOURNE.—Chair of Chemistry. Salary, £750 per annum. Applications to Robert Murray Smith, Victoria Office, 8, Victoria Chambers, Westminster.
- WAREFORD ASYLUM, Oxford.—Assistant Medical Officer. Salary, £120 per annum. Applications by March 13th, to the Medical Superintendent.
- WEST NORFOLK AND LYNN HOSPITAL.—House-Surgeon and Secretary. Salary, £100. Applications by March 13th.

## MEDICAL APPOINTMENTS.

- BLUMER, F. Milnes, B.A., M.B., appointed Medical Officer of Health for the Borough of Stafford.
- EDMOND, G. M., M.D., appointed Physician to the Aberdeen Dispensary.
- GORDON, John, M.B., C.M., appointed Physician to the Aberdeen Dispensary.
- WADE, A. B., M.B., C.M., M.F.C.S. Eng., appointed Assistant-Surgeon to the Royal South Hants Infirmary.

## BIRTHS, MARRIAGES, AND DEATHS.

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

### MARRIAGES.

- EAST-GARMAN.—At St. Stephen's, North Bow, E., by the Rev. T. R. Lawrence, Vicar, Arthur James East, second son of Joseph East, Esq., of The Limes, East Ham, Essex, to Martha, second daughter of Dr. H. V. Garman, of Kent House, Bow Road.
- PROEON—GRINDLEY.—March 9th, at St. Anne's, Highgate Rise, N., by the Rev. C. J. Ackland, M.A., assisted by the Rev. C. C. Buss, M.A., Henry Walter Pigeon, M.A., M.B., B.C., F.R.C.S., of Albion Street, Hull, son of Colonel Pigeon, of Bristol, to Nellizzie, second daughter of the late R. Dutton Grindley, Esq., of Highgate, N.

### DEATH.

- BROWN.—On March 5th, at his residence, Mitten Grange, Stourport, George Gwynne Brown, M.R.C.S. Eng., L.S.A., in his 76th year.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

- MONDAY.—Medical Society of London. Mr. Edmund Owen: Boy with Reproduction of Upper End of Femur after Furneaux Jordan's Amputation. Mr. Startin: Case of General Xanthelasma, Diffuse Scleroderma, Angioma, and other cases and specimens. Dr. C. T. Williams: A Case of Mediastinal Tumour.
- TUESDAY.—Pathological Society, 8.30 p.m. Dr. Goodhart and Dr. Hale White: Trabeculated Skull in an Infant. Dr. Percy Kidd: Diffused Symmetrical Cirrhosis of Lungs. Dr. Hadden: 1. Tumour of Stomach; 2. Single Cyst of Liver (card). Sir W. Mac Cormac: Tumour of Palate. Mr. R. Williams: Acute Nephritis in Lambs. Dr. Handford (Nottingham): 1. Unusual Case of Ante Mortem Digestion of Stomach; 2. Right Sided Ulcerative Endocarditis (card); 3. Acute Intestinal Obstruction Due to a Band (card). 4. Thrombosis of Left Posterior Cerebral Artery (card); 5. (For Mr. E. Powell) Congenital (?) Atrophy of Right Kidney (card). Mr. F. T. Paul (Liverpool): 1. Congenital Adenocarcinoma of Kidney; 2. Calcification of Arteries. Dr. G. N. Pitt: Hydatid of Liver Embedded in a Syphilitic Deposit. Dr. Sainsbury: Pyonephrosis from Valvular Obstruction of Ureter. Dr. Pasteur: Aortic Aneurysm with Mitral Stenosis (card). Mr. Fenwick: Post Trigonal Pouch Containing Stone (card). Mr. Shattock: Lumbo-sacral Meningo-Myelocele Cured by Morton's Treatment (card). Mr. Ballance: Fracture of Thyroid Cartilage (card).
- THURSDAY.—Harveian Society of London, 8.30 p.m. Mr. G. R. Turner: A Case of Compound Fracture of the Patella. Mr. Edmund Owen: Sprained Joints.—Parker Museum of Hygiene, 8 p.m. Captain M. F. Wolff: The Rational Alimentation of the Labouring Classes.
- FRIDAY.—Society of Medical Officers of Health, 7.30 p.m. Report of Council. Dr. Louis Parkes: The Sanitary Condition of Poor Districts in the Metropolis, with Especial Reference to their Water-Closet Accommodation. Meeting of Council at 7 p.m.

# OPERATION DAYS AT THE LONDON HOSPITALS.

<b>MONDAY</b> .....	10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's (Ophthalmic Department); and Royal Westminster Ophthalmic.—2 P.M.: Metropolitan Free; St. Mark's; Central London Ophthalmic; Royal Orthopaedic; and Hospital for Women.—2.30 P.M.: Chelsea Hospital for Women.
<b>TUESDAY</b> .....	9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; St. Bartholomew's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Westminster; St. Mark's; Central London Ophthalmic.—2.30 P.M.: West London; Cancer Hospital, Brompton.—4 P.M.: St. Thomas's (Ophthalmic Department).
<b>WEDNESDAY</b> .....	10 A.M.: National Orthopaedic.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: Middlesex.—1.30 P.M.: St. Bartholomew's; St. Mary's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: London; University College; Westminster; Great Northern Central; Central London Ophthalmic.—2.30 P.M.: Samaritan Free Hospital for Women and Children; St. Peter's.—3 to 4 P.M.: King's College.
<b>THURSDAY</b> .....	10.30 A.M.: Royal London Ophthalmic.—1 P.M.: St. George's.—1.30 P.M.: St. Bartholomew's (Ophthalmic Department); Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M.: North-west London; Chelsea Hospital for Women.
<b>FRIDAY</b> .....	9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.15 P.M.: St. George's (Ophthalmic Department).—1.30 P.M.: Guy's; Royal Westminster Ophthalmic.—2 P.M.: King's College; St. Thomas's (Ophthalmic Department); Central London Ophthalmic; Royal South London Ophthalmic; East London Hospital for Children.—2.30 P.M.: West London.
<b>SATURDAY</b> .....	9 A.M.: Royal Free.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: King's College.—1.30 P.M.: St. Bartholomew's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Middlesex; Royal Free; Central London Ophthalmic.—2.30 P.M.: Cancer Hospital, Brompton.

# HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

<b>CHARING CROSS.</b> —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.30; Dental, M. W. F., 9.
<b>GUY'S.</b> —Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
<b>KING'S COLLEGE.</b> —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.
<b>LONDON.</b> —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.
<b>MIDDLESEX.</b> —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 3.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.
<b>ST. BARTHOLOMEW'S.</b> —Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9.
<b>ST. GEORGE'S.</b> —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.
<b>ST. MARY'S.</b> —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.
<b>ST. THOMAS'S.</b> —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.
<b>UNIVERSITY COLLEGE.</b> —Medical and Surgical, daily, 1 to 2; Obstetrics, M. Tu. Th., 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.
<b>WESTMINSTER.</b> —Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

# LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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.

# QUERIES.

## APPOINTMENTS ON EMIGRANT SHIPS.

T. G. P. ASKS how an appointment under Government to emigrants on board ship could be tried for or obtained.

STAINING OF THE SKIN BY SUPPOSED USE OF OXIDE OF SILVER INTERNALLY. A MEMBER asks: Can you inform me if there be any known means of neutralising the dark hue of the skin in an old case of epilepsy treated as above?

# ANSWERS.

A MEMBER.—Medicines charged for at a moderate price; services gratuitously.

PLASTER CASTS.—The best kind of cast for orthopaedic purposes is that devised by Mr. Anthony Bowlby, Surgical Registrar to St. Bartholomew's Hospital. See his article, "A New Material for Casts and Models," JOURNAL, vol. II, 1882, p. 783.

ARMLEY (Leeds).—It is, we suppose, quite understood that Mr. H. A. Allbutt and Dr. Clifford Allbutt are two entirely distinct persons.

QUERIST.—If Querist be well up in practical chemistry, and know his drugs well, he ought to be able to pass the first L.R.C.P. Lond. without the aid of a coach. For physics, he might read Everett's text-book; any of the smaller books on chemistry will do; perhaps Roscoe is as good as any other. Botany is no longer one of the subjects. Brunton's new book is certainly sufficient for the other subjects.

MR. R. KIMPTON.—The treatise in question is, we believe, not translated into English.

## WHOLE-MEAL BREAD.

MR. J. LARDNER GREEN thinks that reliable information as to whole-meal bread may be found in a small pamphlet on that subject written by Mr. Rathmel Wilson, and published by Messrs. Brown and Co., Booksellers, of Salisbury.

## PRACTICE IN CYPRUS.

M.D.'s advice to "Emigrant" is to try to obtain a colonial surgeoncy in the island, without which he must be prepared to wait for several years before he could get together a practice, even in one of the larger towns. The colonial surgeon is well paid, and can support himself whilst learning the Cypriot Greek, and making himself acquainted with the native diseases.

M.D. paid a visit to Cyprus in 1884, partly with the idea of settling there, and he came to the conclusion that, without a Government appointment, practice was impossible. The only practitioner whom he knew attempted it, gave it up after a few months' trial. It would be impossible here to fully describe the climate, but he considers it one of the finest in the Mediterranean. In conclusion, he refers "Emigrant" to Sir Samuel Baker's work on Cyprus, which will afford him a great deal of interesting information.

## NUMBNESS AND COLDNESS OF FINGERS AND FEET.

IN answer to M.D., C. A. G. suggests cold sponging over the whole surface of the body, followed by hard rubbing, every morning, along with such exercise (light dumb-bells) as the state of the heart will permit.

## FIRST AID TO THE WOUNDED.

LECTURER will find the titles of several works in the BRITISH MEDICAL JOURNAL for January 16th, page 136. They can be procured through any medical bookseller.

# NOTES, LETTERS, ETC.

## CHLOROFORM IN DENTAL EXTRACTION.

DR. E. DAVIES.—The selection of anaesthetics in dental and other operations is a matter for the individual judgment of the administrator. Whatever may be the apparent balance of evidence, the conclusion must be considered to be still *sub judice*, and we entirely disapprove of the absolute statements made in the note in question, which found its way into our columns under circumstances which we elsewhere explain. We greatly regret the circumstance, and have taken steps accordingly. A death from misadventure under an anaesthetic duly administered, as was the case here, involves no kind of reflection upon the administrator.

## SEWAGE-FARMS.

SIR,—Your correspondent, "S. F.," has drawn his inferences from imperfect sources. If he will refer to the *Proceedings of the International Medical Congress*, vol. iv, pages 562 to 567, he will find some propositions which were not in any way disproved at that congress, and which were based upon observations drawn from a very extended area; namely, the effects upon a very large number of persons living close to and occupied upon a sewage-farm, of five hundred acres in extent.

Let me give you the figures as to death-rates which have been published by Dr. Philpot, the Medical Officer for this borough of Croydon, taking the last three years. I extract them from the published records, which are open to all the world. The death-rate for the borough in 1883 was 14.84; in 1884, 16.47; in 1885, 16.84. The borough has two sewage-farms, one of nearly six hundred acres to the west of it, and coming within 900 yards of its borders, with a large population close to it; the other is the Norwood Sewage Farm in question, of less than 60 acres in extent. Do the figures show any sign of diminished vitality, such as the utilisation of a sewage of 70,000 would produce, if it did promote so-called "sewage-farm throats"?

The information as to the health of the district to the west of the town corresponds with that from the east; the figures are lower than those in the borough. I have them, though not before me at this moment, for the past three years, but figures are published in my paper as to earlier periods. Let me now give the figures as published by Dr. Philpot regarding the district close to the Norwood Sewage Farm (namely, the South Norwood district) for the last three years:—1883, 12.82; 1884, 16.72; 1885, 14.68; average, 14.72; the zymotic cases are relatively small also.

It does seem a great pity that efforts should be made to discredit the utilisation of sewage by ways which alone can get rid of the evils of storage, which

