at those ages in the three preceding years, further rose in 1879 to 77.9. The nearest approach to so so high a death-rate at these ages in recent years occurred in 1875, when it was equal to 77.5 per 1,000. The high death-rate among elderly persons during 1879 appears to have been principally due to the excessive fatality of diseases of the respiratory organs during the first quarter of the year.

The 528,194 deaths last year included 17,407 from scarlet fever, 12,047 from whooping-cough, 10,906 from diarrhœa, 8,840 from measles, 7,554 from fever, 2,856 from diphtheria, and 547 from small-pox. Thus 60,157 deaths were referred to the seven principal zymotic diseases, and were equal to an annual rate of 2.39 per 1,000. The death-rate from these seven diseases in the four preceding years was equal to 3.44, 3.11, 2.71, and 3.32 per 1,000 respectively. The zymotic death-rate last year was 0.32 below the unprecedentedly low death-rate from these diseases in 1877. During the past nine years of the current decade, the death-rate from these seven diseases has averaged 3.37 per 1,000, against 4.11 and 4.14 in the two preceding decades, 1851-60 and 1861-70. Compared with the numbers in 1878, the fatal cases of measles showed a slight increase, whereas those of each of the six other diseases had considerably declined. The decrease of deaths referred to diarrhœa and small-pox was specially marked; the fatal cases of small-pox were, without a single exception, considerably fewer than those returned in any previous year since the establishment of civil registration in 1837. The death-rate from fever (principally enteric or typhoid), which was equal to 1.11 per 1,000 in 1865, has since declined with but slight fluctuations, and in 1879 did not exceed 0.30. In the past nine years, the annual death-rate from fever has average but 0.51 per 1,000, against 0.91 and 0.88 in the two preceding decades. This marked decline of fever fatality is a satisfactory sign of sanitary progress.

The inquest cases registered in 1879 were 26,521, and equal to 5.0 per cent. of the total deaths registered; this proportion corresponded with that which prevailed in 1878. The deaths referred to different forms of violence were 16,824, and showed a decline of 947 from the number recorded in the previous year; they were equal to 3.2 per cent. of the deaths from all causes.

The Registrar-General states that the foregoing numbers for 1879 are subject to revision when the causes of death and other details are finally classified and tabled for publication in the Annual Report for 1879.

PUBLIC HEALTH.—During last week, being the sixth week of the year, 4,937 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 30 deaths annually in every 1,000 persons living. The annual death-rate was 19 in Edinburgh, 23 in Glasgow, and 45 in Dublin. The annual rates of mortality in the twenty English towns were as follow: Leeds 19, Leicester 20, Brighton 20, Portsmouth 20, Sheffield 21, Sunderland 22, Birmingham 23, Oldham 23, Norwich 24, Bristol 25, Wolverhampton 25, Salford 26, Bradford 26, Manchester 26, Hull 27, Newcastle-upon-Tyne 29, Liverpool 30, Plymouth 31, Nottingham, 31, and the highest rate was 36 in London. The death-rate in the nineteen provincial towns averaged only 24.9 per 1,000, against 35.5 in the Metropolis. The annual death-rate from the seven principal zymotic diseases averaged 4.0 per 1,000 in the twenty towns, and ranged from 0.8 in Portsmouth and Leicester, to 6.3 and 6.9 in Plymouth and Nottingham. In London, 2,495 deaths were registered, which exceeded the average by so many as 730. The annual death-rate from all causes, which had been equal to 27.1, 31.3, and 48.1 per 1,000 in the three preceding weeks, declined again last week to 35.5. The 2,495 deaths included 12 from small-pox, 23 from measles, 56 from scarlet fever, 13 from diphtheria, 197 from whooping-cough, 19 from different forms of fever, and 19 from diarrhœa—altogether 339 zymotic deaths, which were 98 above the average, and were equal to an annual rate of 4.8 per 1,000. The deaths referred to diseases of the respiratory organs, which had been 757 and 1,557 in the two preceding weeks, declined again last week to 1,020, put exceeded the corrected weekly average by 551; 760 more fatal cases of bronchitis were recorded, and 171 of pneumonia. Different forms of violence caused 81 deaths; 75 were the result of negligence or accident, including 28 from fractures and contusions, 8 from burns and scalds, 14 from drowning, and 18 of infants under one year of age from suffocation. At Greenwich, the mean temperature of the air was 40 6°, and 1.4° above the average. The general direction of the wind was southerly, and the horizontal movement of the air averaged 13.4 miles per hour, which was slightly above the average. Rain fell on four days of the week, to the aggregate amount of 0.61 of an inch. The duration of registered bright sunshine in the week was equal to 21 per cent. of its possible duration. The recorded amount of ozone in the atmosphere exceeded the average, especially on Monday.

ASSOCIATION INTELLIGENCE.

BRITISH MEDICAL ASSOCIATION:

FORTY-EIGHTH ANNUAL MEETING.

THE Forty-Eighth Annual Meeting of the British Medical Association will be held at Cambridge on Tuesday, Wednesday, Thursday, and Friday, August 10th, 11th, 12th, and 13th, 1880.

President: DENIS C. O'CONNOR, A.B., M.D., Professor of Medicine in Queen's College, Cork.

President-elect: G. M. HUMPHRY, M.D., F.R.C.S., F.R.S., Professor of Anatomy in the University of Cambridge; Senior Surgeon to Addenbrooke's Hospital.

An Address in Medicine will be delivered by J. B. BRADBURY, M.D., F.R.C.P., Physician to Addenbrooke's Hospital; Linacre Lecturer in Physic.

An Address in Surgery will be delivered by TIMOTHY HOLMES, M.A., F.R.C.S., Surgeon to St. George's Hospital.

An Address in Physiology will be delivered by MICHAEL FOSTER, M.D., Hon. M.A., F.R.S., Prælector in Physiology in Trinity College, Cambridge.

The business of the Association will be transacted in Eight Sections.

SECTION A.: MEDICINE.—*President:* George Edward Paget, M.D., D.C.L., F.R.S., Cambridge. *Vice-Presidents:* George Johnson, M.D., F.R.S., London; P. W. Latham, M.A., M.D., Cambridge. *Secretaries:* W. B. Cheadle, M.A., M.D., 2, Hyde Park Place, London, W.; D. B. Lees, M.A., M.D., 2, Thurloe Houses, Thurloe Square, London, S.W.

SECTION B.: SURGERY.—*President:* William S. Savory, M.B., F.R.S., London. *Vice-Presidents:* William Cadge, F.R.C.S., Norwich; John Wood F.R.C.S., F.R.S., London. *Secretaries:* John Chiene, F.R.C.S.Ed., F.R.S.Edin., 21, Ainslie Place, Edinburgh; George E. Wherry, M.B., M.C., F.R.C.S., 63, Trumpington Street, Cambridge.

SECTION C.: OBSTETRIC MEDICINE.—*President:* W. S. Playfair, M.D., London. *Vice-Presidents:* H. Macnaughton Jones, M.D., Cork; Henry Gervis, M.D., London. *Secretaries:* R. N. Ingle, M.D., 21, Regent Street, Cambridge; C. E. Underhill, M.D., 8, Coates Crescent, Edinburgh.

SECTION D.: PUBLIC MEDICINE.—*President:* Henry W. Acland, M.D., LL.D., F.R.S., Oxford. *Vice-Presidents:* Arthur Ransome, M.A., M.D., Manchester; Thomas Pridgin Teale, M.A., F.R.C.S., Leeds. *Secretaries:* William Armistead, M.B., St. Mary's Villa, Station Road, Cambridge; Thomas Walker, M.D., 19, Westgate, Peterborough.

SECTION E.: PSYCHOLOGY.—*President:* J. Crichton Browne, M.D., LL.D., F.R.S., London. *Vice-Presidents:* G. F. Blandford, M.D., London; P. M. Deas, M.B., Macclesfield. *Secretaries:* G. M. Bacon, Hon. M.A., M.D., Lunatic Asylum, Fulbourn, Cambridge; Henry Sutherland, M.A., M.D., 6, Richmond Terrace, Whitehall, S.W.

SECTION F.: PHYSIOLOGY.—*President:* William Rutherford, M.D., F.R.S., Edinburgh. *Vice-Presidents:* Arthur Gamgee, M.D., F.R.S., Manchester; Robert McDonnell, M.D., F.R.S., Dublin. *Secretaries:* W. H. Gaskell, M.A., M.D., Grantchester, Cambridge; William Stirling, D.Sc., M.B., Marischal College, Aberdeen.

SECTION G.: PATHOLOGY.—*President:* Sir James Paget, Bart., D.C.L., LL.D., F.R.S. *Vice-Presidents:* Samuel Wilks, M.D., F.R.S.; W. Howship Dickinson, M.D. *Secretaries:* W. S. Greenfield, M.D., 15, Palace Road, Albert Embankment; Charles Creighton, M.A., M.D., Anatomical Museum, Cambridge.

SECTION H.: OPHTHALMOLOGY.—*President:* William Bowman, F.R.C.S., F.R.S., London. *Vice-Presidents:* Henry Power, F.R.C.S., London; Henry R. Swanzy, M.B., Dublin. *Secretaries:* W. A. Brailey, M.A., M.D., 38, King's Road, Brownswood Park, London, N.; David Little, M.D., 21, St. John Street, Manchester.

A Subsection of Otology will be formed, of which Mr. W. B. Dalby, F.R.C.S., of London, will be Chairman, and Dr. James Patterson Cassells of Newton Terrace, Sauchiehall Street, Glasgow, honorary secretary.

Honorary Local Secretaries: Bushell Anningson, M.A., M.D. (Hon. Medical Secretary), Walt-ham-sal, Barton Road, Cambridge; A. P. Humphry, Esq., M.A. (Hon. Reception Secretary), Corpus Buildings, Cambridge.

Letters relating to the strictly medical work (Sections, Museums, etc.) of the meeting should be addressed to Dr. Anningson; other letters to Mr. A. P. Humphry.

TUESDAY, AUGUST 10TH, 1880.

2 P.M.—Meeting of Committee of Council.
2.30 P.M.—Meeting of the Council of 1879-80.
8 P.M.—General Meeting. President's Address; Annual Report of Council; and other business.

WEDNESDAY, AUGUST 11TH.

9.30 A.M.—Meeting of Council of 1880-81.
11 A.M.—Second General Meeting. Address in Medicine.
2 to 5 P.M.—Sectional Meetings.

THURSDAY, AUGUST 12TH.

9.30 A.M.—Meeting of the Committee of Council.
10 A.M.—Third General Meeting. Reports of Committees.
11 A.M.—Address in Surgery.
2 to 5 P.M.—Sectional Meetings.
6.30 P.M.—Public Dinner.

FRIDAY, AUGUST 13TH.

10 A.M.—Address in Physiology.
11 A.M.—Sectional Meetings.
1.30 P.M.—Concluding General Meeting.

SOUTH OF IRELAND BRANCH.

THE usual quarterly meeting of the Branch will be held in the Royal Cork Institution, on Thursday, February 26th, at 4 P.M.

Dinner at the Victoria Hotel, at 6.30 P.M. Tickets, 12s. each, wine included.

Members intending to read papers, or send communications, will kindly intimate their intention to the Secretaries.

P. J. CREMEN, M.D., T. G. ATKINS, M.D., *Honorary Secretaries.*

Cork, January 22nd, 1880.

STAFFORDSHIRE BRANCH.

THE second ordinary meeting of the present session will be held at the Board Room of the Infirmary, Stafford, on Thursday, February 26th, at 3.30 P.M.

VINCENT JACKSON, Wolverhampton; J. G. U. WEST, Stoke-upon-Trent, *Honorary Secretaries.*

Wolverhampton, February 2nd, 1880.

SOUTHERN BRANCH: SOUTHAMPTON DISTRICT.

THE next meeting of this district will be held at the house of Professor De Chaumont, M.D., F.R.S., Woolston Lawn, Woolston, on Friday, February 27th, at 8 P.M.

A paper entitled "Notes on Midwifery Cases" will be read by Surgeon-Major Veale, M.D.

THEOPH. W. TREND, *Honorary Secretary.*

Raeberry Lodge, February 13th, 1880.

NORTH OF IRELAND BRANCH.

A MEETING of this Branch will be held on Friday, the 5th March next, at 12 o'clock, in the Belfast Royal Hospital.

Members intending to make any communication or read any papers are requested to inform

JOHN MOORE, M.D., *Honorary Secretary.*

2, Carlisle Terrace, Belfast, February 9th, 1880.

GLASGOW AND WEST OF SCOTLAND BRANCH.

DISCUSSION ON THE RELATION OF CROUP AND DIPHTHERIA.

AT a meeting of this Branch on Friday, December 19th, the principal business was a discussion on the above subject, of which the following is a condensed report. Dr. W. T. GAIRDNER, President of the Branch, occupied the chair.

Dr. RUSSELL, Medical Officer of Health for Glasgow, introduced the discussion. He stated that, as he had not had any clinical experience of croup and diphtheria, the only contribution he could make to a discussion on their relation was from a statistical aspect. He proposed to present such facts as admitted of expression in figures, in a form suited for use in debate, without himself deriving any argument therefrom. It could not but be that the isolated units of diagnosis, made without concert, when gathered up should establish facts eventually related to the nature of the disease, and bound to be considered alike by those who adopted the view of identity or of non-identity. Nearly all the information was graphically displayed in diagrams, and his remarks would only be by way of explaining these diagrams, and pointing out their salient features. The first pair of diagrams showed the comparative rise and fall of croup and diphtheria in all Scotland from year to year from 1857 to 1874. This was divided into two periods of nine years, the first ending with 1865, during which both croup and diphtheria became epidemic; the second following 1865, when both were endemic. Differences were pointed out in the former period; and in the latter, the movements of both coincided in direction in seven years and diverged in two years. In the second pair of diagrams, Scotland was divided into districts, representing town and insular and mainland rural. The same epidemic and endemic periods were then observed. The absolutely highest epidemic point of croup was reached in the insular, and of diphtheria in the mainland rural districts. In the endemic period, the general result was that croup and diphtheria had in their movements as often gone divergently as together in the insular districts, while in the mainland and town districts they, as a rule, were together. In the third pair of diagrams, the aggregate comparative fatality of croup and diphtheria was shown for the ten years 1861-70 in the towns, as contrasted with the counties in which the towns were situated. The first conclusion to which the comparison led was, that there was no relation over the period between the amount of the fatality of the two diseases. The next conclusion was that, while diphtheria affected most the rural districts, croup affected most the towns, and was less fatal in the country round the towns. Of the counties of Scotland, twenty-one were purely rural, *i.e.*, they contained no large towns. There was, in these, no relation between the comparative fatality of croup and diphtheria. Two, which were among the lowest as to diphtheria, were the absolutely highest as to croup; while Caithness, which was only exceeded by rural Aberdeenshire as to diphtheria, was among the lowest as to croup. The comparative seasonal fatality of croup and diphtheria was shown in diagrams enlarged from Mr. Buchan and Dr. Mitchell's paper "On the Influence of Weather upon Mortality". They were founded on the experience of London and New York. From these, it was evident that diphtheria was a disease of autumn and winter, while croup was a disease of winter and spring. The bronchitis curves of both cities were also given. The affinity between the croup and bronchitis curves was obvious, especially in London. Both were diseases of winter and spring. The comparative fatality from croup and diphtheria at different ages was determined from the Scotch statistics of 1861-70. These showed that while croup was wholly a disease fatal to children, diphtheria was fatal at all ages. Below four years, croup was uniformly the most fatal; above that age, diphtheria. There were only four deaths out of 11,186 from croup above fifteen years. Dr. Russell then turned to the development of certain comparative facts of a more intimate kind as to the habits and habitats of croup and diphtheria in Glasgow, such as—1. Their district relations; 2. The comparative size of the houses in which they were found; 3. Their comparative death-rate in houses of the same size; 4. Their relation to sewer-connection of houses; 5. Their relations to houses of small size with and without internal sewer-connections; 6. The comparative number of instances in which more than one death occurred from each in the same family.

Dr. GEORGE BUCHANAN (Glasgow) speaking from the point of view of a surgeon, submitted that he had repeatedly seen members of the same family suffering at the same time from disease which, basing the diagnosis upon the occurrence or absence of false membrane on the tonsils or fauces, would in some of the cases be called croup, and in others diphtheria. He had also satisfied himself, by *post mortem* examination, that there was no recognisable difference in the viscid secretion and partially membranous effusion in the smaller bronchial tubes, in cases which might be differentiated into croup and diphtheria by reference to the tonsils and fauces. By examining the bronchi and smaller tubes alone, in a case which had died from the extension of the disease below the trachea, a pathologist could not affirm whether it had been a case of croup or of diphtheria. This identity of the effusion into the bronchial tubes, when the disease extended so far down, favoured the theory of the essential identity of the affections. Taking the membranous effusion as the distinguishing mark, there were three varieties: (1) when the false membrane was limited to the fauces and tonsils; (2) to the fauces and trachea; (3) to the trachea. The first might be termed diphtheria; the second, tracheal diphtheria; the third, croup. The first was rarely seen in the sthenic form; the last as rarely in the asthenic; while the second was as often seen in the sthenic as in the asthenic form. Whatever the variety, in the asthenic form the tendency was to rapid failure of the vital powers, the membranous effusion being the least important factor. In the sthenic form, the tendency was to the rapid formation of false membrane. Clinically, the last two varieties had a closer affinity to each other than had the first two. Croup he would define as sthenic tracheal diphtheria; but if they turned out to be different dis-

eases, he would divide diphtheria into faucial and tracheal, as a practical means of drawing attention to the totally different forms of danger.

Dr. MACLEOD (Kilmarnock) was of opinion that the diseases were not identical; that the difference was radical, being shown equally in the modes of commencement, in their courses, and in their terminations. The situation of the false membrane was different in each; and he held that there was a difference in the pathological appearances. The membrane of croup was more friable and less organised than that of diphtheria. In inflammatory croup, the disease did not usually extend to the smaller tubes, as it did in the other affection. Excluding those exceptional cases in which diphtheria began in the trachea, the diagnosis between them was tolerably certain. The fact that opposite modes of treatment were indicated, also gave colour to the non-identity of the diseases.

Dr. BRUCE GOFF (Bothwell) thought that, as the treatment depended on the stage of the disease, it had little bearing on the question at issue. In an experience extending through one great and several smaller epidemics of diphtheria, he had noted the apparent points of difference between croup and diphtheria. In croup, he had never seen the dusky red hue of the fauces; in diphtheria, he had never once observed its absence. In the latter affection, also, he had seen the appearance on the fauces of other children in the family, otherwise unaffected. In one point, Dr. Russell's statistics were apparently contradictory. Diphtheria Dr. Russell had found to be largely a disease of villages and small towns; while in towns, it was most prevalent in houses supplied with waterclosets. Now, in villages and small towns, waterclosets were generally absent. How was this apparent discrepancy to be explained?

Dr. MARSHALL (Greenock) adverted to the confusion arising from different practitioners calling the same things by different names, and especially to the manner in which the name was modified by the presence or absence of false membrane. He believed that in acute cases the inflammatory action was sometimes checked by treatment, and no false membrane formed. He objected to any such classification as that suggested by Dr. George Buchanan, founded on the mere locality of the inflammatory action (such as faucial, faucial and tracheal, and simply tracheal). It was much preferable to found on general systemic symptoms; and in croup and diphtheria, these were different. In acute croup, especially, the course of the affection was more rapid, leading up to a point at which the reactive powers of the system were called into play; while in diphtheria, the progress was comparatively languid, and the vital powers reacted less vigorously, if at all. This difference in systemic symptoms pointed to an essential distinction in the two diseases.

Dr. RENFREW contended that croup and diphtheria were distinct diseases. From observation on croup before the other disease appeared, he declared it to be tracheitis with false membrane (an essential product of the disease), non-contagious, with cough and hoarse voice, and tight breathing, with pain at the lower part of the throat. There was no change in the mucous membrane or secretion in the fauces or about the glottis. The cervical glands were neither swollen nor painful. The disease was violent, with violent pyrexia; the age of those attacked from two to six years. Spasmodic croup, or laryngismus stridulus, attacked children from three months to two years; after the age of six, the laryngitis was not generally accompanied by exudation, but by effusion. Croup was not a frequent disease; it occurred more frequently in some districts than in others. Bits of fibrinous membrane were coughed up for two or three weeks after recovery, in cases in which exudation had taken place. Diphtheria, on the other hand, was a specific constitutional disease of an asthenic character arising from a poison in the blood, manifesting itself by local affections in the fauces, larynx, and nose. In these parts, it was usually accompanied by an exudation arising from the fact that the poison was eliminated at these places. The exudation, which was contagious, was an accidental rather than an essential part of the disease; and from some cause, local or constitutional, the false membrane might be absent; the cervical glands were frequently swollen. The disease was asthenic; the patient looked contracted and shrivelled, the skin pale and dusky, the eyes having a peculiar heavy look; temperature 99° to 102°; pulse from normal up to 100 or 108. The whole symptoms were, therefore, different from those of croup, which was essentially a sthenic inflammatory disease, with violent fever. In diphtheria, the false membrane was occasionally absent, even in fatal cases, but there were always irritation and inflammation, with an increase of the mucous secretion, which was tough and glairy. The spasmodic action noticed in some of the worst cases was due to the irritating eliminated material and the inflamed state of the parts acting upon the superior laryngeal nerve, producing spasm through the inferior or recurrent laryngeal. For the last ten or twelve years, he had treated all his cases with croupy symptoms as diphtheria. Croup (tracheitis) he was inclined to consider now an extinct disease.

Dr. EBEN. DUNCAN (Crosshill) referred to what might be called the "safe" diagnostic view of the question adopted by many practitioners, of classifying all doubtful and difficult cases as diphtheria. After all, something might be said for this method; for the question—What constituted diphtheria?—was very difficult to answer. Some would limit the term to cases of sore-throat with exudation on the tonsils; others would add such additional symptoms as swelling of the glands. But the diagnosis, under any definition, was complicated by perplexing facts. Thus, in an epidemic of sore-throat which he had witnessed, all the local appearances were those of commencing diphtheria. In many cases, by brushing the tonsils with a caustic solution, the exudation was brought out. Hence, after all, the "safe" plan might not be very far wrong. In a case of laryngitis, he had lately shown to the Pathological Society the coughed-up membrane and the larynx removed after death. In the exudation of the latter, there were found micrococci, though none were found in the membrane. These organisms were no doubt the result of ordinary putrefactive changes; and he did not consider them as at all pathognomic of diphtheria. In the present case, there were no other symptoms special to diphtheria. The anomaly referred to by Dr. Goff might be explained in this way. In the larger houses, the physician saw the disease at an early stage, and pronounced it diphtheria from the appearance of the tonsils; while, in the smaller houses, he was called in later, after the disease had spread downwards, and the character of the breathing caused him to call it croup. It might be also that, in the latter cases, the examination might sometimes be more cursory and less careful than in the former.

Dr. HECTOR CAMERON, speaking as a surgeon, stated that his experience had forced him to the conclusion that croup and diphtheria were either identical diseases, or that, at all events, the diagnosis between them could not be made out by competent physicians. The facts which had convinced him of this were such as these. Some time ago, he was called in by two well known physicians to operate in a case of what was described as simple inflammatory croup, without exudation and with no albumen in the urine. Two or three days after the operation, the urine was found loaded with albumen. It was not uncommon to find a child taken ill with croup, while another in the same family would shortly afterwards manifest all the symptoms of well marked diphtheria. Or the disease would be called croup for a week, and then, on the occurrence of marked exudation on the tonsils, with albuminous urine and other symptoms, the name would be altered to diphtheria. In the same family, a child died of what was entered as croup, and shortly afterwards another succumbed to what was set down as diphtheria. It was surely unfortunate to have two names for what was, during life, apparently the same thing, and which, even after death, could not be distinguished as separate diseases. The family predisposition to the affection was noteworthy. Dr. Cameron gave a number of illustrations of the family tendency, some of them of a striking character. On pointing out this feature in a communication to the BRITISH MEDICAL JOURNAL some time ago, he received a letter on the subject from a gentleman, who mentioned to him a very extraordinary example of family predisposition. In the Royal family, there appeared to exist a constitutional liability both to enteric fever and to diphtheria; the death of the Princess Alice from the latter affection, and some months thereafter of a child of the Princess Royal from the former, being the most recent illustrations. Dr. Cameron concluded by giving some details of a recent outbreak of diphtheria in a farmhouse at Kilbarchan, six or eight members of the family being attacked, some of them fatally. The outbreak appeared to be connected with the fact of a drain blocked with fæces communicating with a bedroom.

Dr. HUGH THOMSON, as one who had experience of croup before diphtheria was spoken of, said that in those early days he had never seen any more than one in a family attacked by croup at the same time. No one ever dreamed of contagion in the disease. This feature of croup appeared to mark it as essentially distinct from diphtheria. To provide some data for the solution of the question whether what was called diphtheritic croup was identical with the old croup, Dr. Thomson read notes of a case of his own in 1843. The onset of the croupy symptoms was sudden, coming on in the evening. Difficulty of breathing was so great, that there were doubts whether the child would see the morning. When seen at eleven o'clock next day, the face was livid and swollen, the general surface was cold and dry. He was comatose; respiration was difficult, short, and loudly croupy. Percussion yielded all over the chest a clear sound. Respiratory murmurs were everywhere obscured by moist *râles*. Venesection was employed without effect, and death took place shortly after noon. A *post mortem* examination revealed a little false membrane adhering to the inflamed epiglottis. The false membrane lined the larynx and trachea, being thickest in the larynx.

Dr. WOOD SMITH suggested that there had been a change of type from the last generation. Cases of inflammatory croup, with exudation, he had occasionally seen; but the great majority of cases might now be classed as diphtheritic croup.

Dr. GAIRDNER said that, brought up as he had been in the opinion that croup and diphtheria were distinct diseases, his position at the present time was that he had the greatest difficulty in making up his mind what to believe, and especially what to teach to his students. The report of the Committee of the Royal Medical and Chirurgical Society, which he had read through, had not lifted him out of his difficulty. On the one hand, the statistics of croup were no doubt loaded with a mass of cases which might be dismissed at once as lying on the outside of the debatable land—cases of simple inflammatory croup, spasmodic croup, etc.; cases that were sporadic, non-contagious, non-membranous. The large proportion of these cases recovered. On the other side, the figures of diphtheria were complicated by an unknown proportion of cases of both simple and ulcerative sore-throat, which could not be regarded as true diphtheria in the absence of evidence of the membranous exudation. Was laryngo-tracheal diphtheria identical with membranous croup? Or was there ever a disease observed having a fibrinous exudation as a part of its pathology, but which could be distinguished nosologically from epidemic contagious diphtheria? To this question pathological research gave no certain reply. Nor did Dr. Russell's statistics, interesting though they were, decisively settle the question. Medical statistics were the arithmetical expressions, not of absolute facts, but only of medical opinions; and no amount of aggregations of opinions, in themselves doubtful or wrong, would ever eliminate the error or enable these opinions to take the place of facts. If, for example, croup and diphtheria had been inextricably confused together in medical diagnosis, the mere fact that some cases had gone into one column and others into another column of the registrar's returns, would not redeem the statistical results from the ambiguity that attached to them in virtue of their origin. But were these medical opinions so classified doubtful or wrong? He (Dr. Gairdner) had great difficulty in saying so, and he would briefly indicate the nature of the difficulty he had in accepting the doctrine, now much in favour, of the identity of membranous croup and diphtheria. Let anyone call to mind a really typical case of diphtheria as it had been too often witnessed of late years. The initial symptoms were generally like simple sore-throat or scarlet fever—anything rather than croup. At this stage, one was tempted to suspend judgment until something or other occurred to determine the diagnosis; it might be the false membrane on the uvula and fauces, or the glandular swelling in the neck, or the albuminous urine, or the unwholesome fetid discharge from the nostrils, with great asthenia and blanching of the surface, and symptoms of collapse. Any or all of these symptoms might occur in a typical case, before there was the slightest vestige of laryngeal implication. The croupy symptoms might occur last in order, or not at all, and the patient might nevertheless die of pure asthenia, with diphtheria of the fauces alone. Now cases of this kind, which were so common in the experience of physicians as to have formed the nosological picture of diphtheria as now understood, did not seem to have been known to Francis Home, or Cheyne. Was it possible or conceivable that these acute clinical observers had entirely overlooked such cases, while describing membranous croup as cynanche trachealis? In appealing to the experience of practitioners who had accepted the definitions of these authors, and whose practice extended back to the earlier part of the century, it was impossible to disregard the statement, which Dr. Gairdner believed his own father would have made unreservedly, that up to a certain date no such case as that just adverted to had occurred to him in practice; while, on the other hand, he had seen scores of cases of croup, including a few with fibrinous exudation. If diphtheria existed in these days, how was it not observed and described as they now knew it to exist? But this was not all. Diphtheria had been described, and in Scotland, as a local epidemic, before the time of Bretonneau; and when so described, it was not called croup, but a peculiar kind of sore-throat with ulcers. He (Dr. Gairdner) remembered being present at a meeting of the Forfarshire Medical Society many years ago, when Dr. Guthrie of Brechin, a practitioner well known and widely respected, read a series of questions which had been addressed to him in the early days of his practice, about a peculiar and dangerous epidemic sore-throat in Fife, which Dr. Guthrie had no difficulty from subsequent experience from recognising as identical with diphtheria. Yet no one had thought of calling this sore-throat croup at that time; and it was only the documents stowed away in a drawer that enabled Dr. Guthrie, after a lifetime of experience, to reproduce the epidemic as identical with Bretonneau's disease. Was it possible for whole generations of practitioners to miss observing a disease like this? or for that disease to have appeared to earlier observers a simple laryngeal disease, and then to have disappeared from sight altogether, and again to make its appearance as diphtheria in our own day? He had no bias or prejudice in the question; but to his mind it was beset with the greatest difficulty.

Dr. RUSSELL, in reply, said a word in regard to Dr. Goff's difficulty. His (Dr. Russell's) statement as to the comparative prevalence of diphtheria in town houses with internal sewer-connections had reference to the smaller houses, in which water-closets were admittedly a great nuisance. The middens in which their country friends delighted, with want of proper drainage, were the counterpart of the water-closet in the small town-house.

DUBLIN BRANCH: THIRD ANNUAL MEETING.

THE third annual meeting of the Dublin Branch was held on Thursday, January 29th, in the hall of the King and Queen's College of Physicians: S. GORDON, M.D., President, in the chair. There was a large and influential attendance. Amongst those present were the President of the Association, the Presidents and Vice-Presidents of the King and Queen's College of Physicians and of the Royal College of Surgeons in Ireland, Dr. Sinclair, Dr. Whistler (Bray), Dr. Marks, Dr. Brown, Dr. Bennett, Dr. Ashe, Dr. Crozier, Dr. Hepburn, Dr. Atthill, Dr. S. Gordon, junior, Dr. Hayden, Dr. Nixon, Dr. Stoney, Dr. Roe, Dr. Cranny, Mr. Ormsby, Dr. Bridgford, Dr. Purcell, Dr. Scott, Dr. H. Kennedy, Dr. Roche, Dr. Doyle, Dr. Charlton, Dr. C. A. Cameron, Dr. Murphy, Dr. Robinson, Dr. J. W. Moore, Dr. Peele, Dr. Pollock, Dr. Dickinson, Dr. Morrogh, Dr. Baxter, Dr. Robert McDonnell, Dr. Charles J. Moore, Dr. Purser, Dr. Foot, Dr. Duncan, Dr. Quinlan, Dr. Lalor, Dr. Finny, Dr. Wheeler, Dr. Denham, Rev. S. Haughton, Dr. Hillary, Dr. Scott, Mr. Stokes, Dr. W. G. Smith, Dr. Grimshaw, Registrar-General; Dr. A. H. Jacob, Mr. Thomson, Mr. Pearsall, Dr. Corley, Dr. Ringwood (Kells), Dr. Hadden, Dr. Croghan, Mr. L'Estrange, Dr. Wharton, Dr. Barton, Dr. Thornley Stoker, etc.

Dr. George F. Duffey (honorary secretary) read letters of apology from Dr. Humphry of Cambridge (President-elect of the Association). Dr. Kinkead (President of the West of Ireland Branch), Dr. B. O'Flynn (President of the South of Ireland Branch), and Dr. Maconchy (President of the North of Ireland Branch), regretting their inability to be present.

New Members.—Seven gentlemen were elected members of the Association, and thirteen gentlemen members of the Branch.

Report of Council.—Dr. DUFFEY, honorary secretary, read the annual report, which was as follows.

"During the past year, your Council have held five meetings, and have elected twenty-six gentlemen members of the parent Association. The number of members on the roll of the Branch for the year was 179; 38 of whom were admitted since the last annual general meeting. Your Council unfortunately cannot, as in the last report, congratulate the Branch on the absence of death from its ranks, since they have to regret the loss of five members, viz., Dr. B. F. McDowell, Mr. Ledwich, Dr. Malachi Burke, Registrar-General; Dr. Adams, and Dr. Bookey. Four gentlemen resigned membership during the year, and six have left the district; the actual numerical strength of the Branch on this day being, accordingly, 162 members; showing an increase of twenty, as compared with last year.

The great success of the Annual Meeting of the Association at Cork last August was most satisfactory to your Council; and the assistance which they and the Branch generally were happy to be able to afford to the indefatigable Local Honorary Secretary and to the Annual Museum Committee especially, was, they have reason to believe, much appreciated.

"In accordance with the recommendation contained in the report adopted at the last Annual General Meeting, a Subcommittee of the Council, consisting of the Reverend Dr. Haughton, Dr. Grimshaw, and Dr. Bennett, was appointed in February last to watch the progress of the various Parliamentary Bills relating to medical education. A meeting of the Medical Reform Committee of the Association having been convened in London on March 19th to consider what action should be taken relative to the several Medical Bills before Parliament early last session, a letter was written by your Council to the Chairman of the Committee (Dr. Waters), informing him that, having considered the provisions of those Bills, the Council was of opinion that no Bill could be considered satisfactory which did not contain the following provisions: 1. That absolute uniformity shall be enforced as to curriculum of study, standard of examination, and fees payable by candidates in all parts of the United Kingdom, and that diplomas may be granted on "like terms" in all cases: 2. That the responsibility of framing examination rules should rest solely on the General Medical Council: 3. That the surplus fees from the conjoint board shall be placed at the entire disposal of the co-operating bodies in each branch of the United

Kingdom for expenditure for the public purposes of these authorities. It was further stated that the Council of the Branch believed that any measure which did not fulfil the first two of the foregoing conditions would prove injurious to the profession and to the public. Dr. Grimshaw, a member of the Reform Committee, was deputed to support these opinions of the Council at the meeting. Your Council are pleased to state that their views on these matters, as on all other questions affecting the profession since the formation of the Branch, have been in perfect accord with the Council of the Irish Medical Association, whom Dr. Grimshaw conjointly represented on this occasion.

"The importance of having an influential representative of a Metropolitan Branch like ours at such a meeting, as well as the advisability of the Branch being represented at the meetings of the Committee of Council, and at occasional conferences—such as that recently held in London with reference to the Bill legalising Animal Vaccination, about to be introduced into the House of Commons by Dr. Cameron, M.P.—will, your Council believe, be acknowledged by the Branch.

"Your Council have had much pleasure in acting with the Council of the Irish Medical Association, by sharing the expenses incurred by their joint representative in attending the meeting already referred to. Your Honorary Secretary has on two occasions attended the meetings of the Committee of Council at his own expense; and Professor Sinclair, Secretary of the Vaccine Department of the Local Government Board for Ireland, also was good enough, in the same manner, to represent the Branch at the late conference on Animal Vaccination. But, in order to have funds available to defray the expenses which may be incurred in future by your representatives in fulfilling similar duties (which cannot always be expected to be performed gratuitously), as well as for the more efficient working of the Branch, it was necessary to increase the annual subscription of members. Accordingly, the Council called a special general meeting of the Branch on the 3rd November last, at which it was unanimously resolved that the annual subscription to the Branch for the year 1880 and in future should be 5s. Your Council consider that, by this small addition to each member's subscription, the usefulness and importance of the Branch will be much increased.

"The subject of the grievances of the Irish prisons surgeons received the attention of the Council; and the assistance of the British Medical Association and its JOURNAL, proferred to these gentlemen in the name of the Branch, was gladly availed of.

"Anxious to aid in every measure for the improvement of the public health, your Council—with the assistance of Dr. J. W. Moore—will bring before you to-day an important subject in connection with the prevention of disease, viz., the compulsory notification of infectious epidemic diseases; believing that a full discussion of this question will be of signal interest at the present time.

"Your Council recommend that the Parliamentary Committee be reappointed, and that the Council be empowered, if it consider it advisable, to offer evidence before the Parliamentary Committee on the Medical Bills next session, should the Committee receive further evidence.

"As the number of members now in the Branch entitles it to have eight representatives on the General Council of the Association, Dr. Robert McDonnell, F.R.S., President-elect, has been nominated as a representative, in addition to the seven outgoing representatives, who have been also nominated for re-election. All these gentlemen have signified their present intention of attending, if possible, the next Annual Meeting of the Association at Cambridge as your representatives.

"The accounts of the Branch, up to the 26th instant, have been audited by Dr. E. H. Bennett, and show a balance in favour of the Branch of £8 4s. 10d.

"The thanks of the Branch and of the Council are again eminently due to the President and Fellows of this College for their courteous permission to hold our meetings within its walls."

Dr. M'CLINTOCK, Vice-President of the Royal College of Surgeons, moved the adoption of the report, which, he said, was a model of perspicuity and brevity—full without being tedious, and brief without being obscure. Tried by the double test of numbers and finance, the Branch had prospered in the past year; their roll of members showing an increase, and their accounts a balance, though small, on the right side.

Dr. CHURCHILL, Vice-President of the College of Physicians, seconded the motion, which was adopted.

President's Address.—The President, Dr. GORDON, delivered the annual address. It was published at page 195 of the JOURNAL for February 7th.

Communication.—Dr. J. W. MOORE read a paper on "The Compulsory Notification and Registration of Infectious Diseases", which was published in the JOURNAL for January 31st, page 158.

Dr. C. A. CAMERON, Superintendent Medical Officer of Health for Dublin, agreed with Dr. Moore in thinking there ought to be some system of registration of diseases, and more especially of infectious diseases. In Brooklyn, the system had been brought to such a state of perfection that intimation of the existence of an infectious disease in a particular house is conveyed within about an hour to the eighty schools in the city, and next morning the brother or sister of the child attacked is refused admission to the school. But, although such a system as was proposed by Dr. Moore would, no doubt, be highly interesting from a scientific point of view, yet he feared laymen who did not share the enthusiasm of the profession would not care to pay for it unless some practical result was likely to follow in the prevention of disease, and, in fact, unless the sanitary authority was to intervene in the matter. He found great difference of opinion, too, amongst medical men as to what constituted want of proper accommodation in tenement houses, for example, for the treatment of infectious diseases—some being of opinion that if there were two rooms in the immediate occupation of the family infected the accommodation was sufficient. He thought, on the other hand, that in all tenement houses, it should be held that there was not adequate accommodation, and that it should be lawful, compulsorily, to remove the infected persons to hospital. If a Bill for the purpose suggested by Dr. Moore were introduced, a clause might be inserted in it defining more strictly what constitutes adequate accommodation.—Dr. QUINLAN feared that the measure proposed by Dr. Moore would destroy the confidential relations of medical men and their patients. He further objected to putting additional labour on medical men for State purposes for which they got no remuneration.

Dr. HEAD, President of the College of Physicians, moved: "That this Branch is of opinion that the compulsory and early notification of the occurrence of cases of epidemic disease in a large city like Dublin is of the greatest importance; and that the Council be requested, with as little delay as possible, to take whatever steps may seem to them best calculated to promote the attainment of this object."

Dr. MAPOTHER, President of the College of Surgeons, seconded the motion, which was adopted unanimously.

Election of Officers.—The following were elected officers and council for 1880. *President:* Robert McDonnell, M.D., F.R.S. *President-elect:* Thomas Hayden, F.K.Q.C.P. *Vice-Presidents:* A. H. McClintock, M.D.; H. H. Head, M.D. *Council:* Isaac Ashe, M.D.; Lombe Atthill, M.D.; Edward Bennett, M.D.; T. Darby, F.R.C.S.I.; Samuel Gordon, M.D.; T. W. Grimshaw, M.D.; Edward Hamilton, M.D.; Rev. Samuel Haughton, M.D., F.R.S.D.; Alfred Hudson, M.D.; E. Mapother, M.D.; George H. Porter, M.D.; W. Stokes, M.D. *Representatives on the General Council:* Isaac Ashe, M.D.; Rev. S. Haughton, M.D., F.R.S.; A. Hudson, M.D.; James Little, M.D.; A. H. McClintock, M.D.; R. McDonnell, M.D., F.R.S.; G. H. Porter, M.D.; W. Stokes, M.D. *Honorary Secretary and Treasurer:* George W. Duffey, M.D., 30, Fitzwilliam Place.

The New President.—Dr. MCDONNELL, the newly elected President, then took the chair.

Vote of Thanks.—A warm vote of thanks to Dr. GORDON for the manner in which he had fulfilled the office of President during the past year was passed, on the motion of Dr. Head, President of the College of Physicians, seconded by Dr. Mapother, President of the College of Surgeons.

Dr. MCDONNELL, in putting the motion, briefly thanked the members for the honour they had done him in placing him in that high position—an honour which he considered very much enhanced by the fact that he succeeded Dr. Gordon.

Dr. GORDON, in returning thanks, said that the chief credit was not due to himself, but to their excellent honorary secretary, Dr. Duffey.

The proceedings of the meeting then terminated.

The Dinner.—In the evening, the members and their friends sat down to dinner in the great hall of the College of Physicians: Dr. ROBERT MCDONNELL, President, in the chair. Covers were laid for ninety. Amongst those present were the Right Honourable the Lord Mayor, M.P.; Dr. O'Connor of Cork, President of the British Medical Association; Hon. David Plunket, M.P.; Dr. Croker King, Medical Commissioner of the Local Government Board; the President of the College of Physicians; the President and the Vice-President of the Royal College of Surgeons; the Presidents of the Pathological and of the Obstetrical Societies; the Registrar-General; Mr. Purcell, Q.C.; Dr. Gordon; Mr. Furlong, B.L.; Dr. Banks; Surgeon-Major Reynolds, V.C.; Dr. Atthill; Dr. Jacob; Dr. Patton; Mr. Shaw; Mr. James Maunsell; Dr. Chapman, Honorary Secretary of the Irish Medical Association; Dr. Finny; Dr. Duffey, etc. The arrangements were very successful; and during the evening, in addition to the usual loyal toasts, those of "The Houses of Lords and Commons", "The Lord Mayor and City of Dublin", "The British Medical Association and its Branches", "The Irish Medical Association", "The Colleges of Physicians and Surgeons", "Our Visitors",

and "The Press", were given; and among the speakers were, besides the President, the Lord Mayor, Dr. O'Connor, President of the Association, the Hon. D. Plunket, M.P., Dr. Gordon, Dr. Head, Dr. Chapman, Dr. Mapother, and Dr. Duffey, Mr. T. A. Purcell, Q.C., Mr. Scott, and Dr. Jacob. The toast of Dr. Duffey's health was most warmly received. Several glees and quartets were sung during the evening in a charming manner, and the operations of the Association were referred to in such a way as to establish beyond any doubt its rapidly increasing usefulness, and the large hold it has upon the most eminent members of the profession. Lord O'Hagan, the Right Hon. the Attorney-General, M.P., and the President of the Irish Medical Association, were unavoidably prevented at the last moment from being present at the dinner.

CORRESPONDENCE.

HOSPITAL STATISTICS.

SIR,—I have no wish to interfere in any way in this controversy; but being engaged in investigating the results of an operation, extending over many years, I am more than ever convinced of the many errors and fallacies which may creep into numerical statistics. For the sake of your many readers who are engaged in arduous practice, I may state the principle on which hospital statistics are registered.

If a patient who is admitted to a hospital lives for less than twenty-four hours, the case is considered moribund, and the name is not entered in the books as affecting mortality. If, during the few hours before death, an operation have been performed—as an amputation, or the ligature of an artery, or trephining, or the like—the operation is not credited with the death. But if the patient live twenty-four hours or more, and then die, the operation appears in statistics of operations with the result, "death".

When an operation has been performed, the date and cause of death do not alter the numerical table. A patient enters a hospital; he undergoes an operation; he leaves the ward alive; and the operation is put down as successful or cure. But if he be carried out dead, in the register the word "death" is marked against the operation. Thus, a man has disease of the bladder and purulent urine, along with the presence of a calculus, which causes his life to be intolerable; he undergoes lithotomy; the wound heals, he is relieved of the agony; but the other urinary disease goes on and gradually exhausts him. If he have a comfortable home, he elects to go home and spend his few remaining days with his family. He is dismissed, "cured", as to the operation. But if he have no home to go to, the benevolence of the hospital authorities allows him to linger on, and after two or three months he dies. The operation is marked "death".

Last summer, in a case of diffuse aneurism of the common femoral artery, I ligatured the external iliac high up. The wound healed perfectly, partial consolidation of the aneurism took place, and I went to the continent for three weeks, intending, on my return, to ligature the artery below, and then perhaps in the sac. During my absence, the collateral circulation suddenly caused the aneurism to distend and burst into the thigh, and the man died. The operation had been successful; but the man was carried dead out of my ward. In the operation register appears, "Ligature of the external iliac; death".

Some years ago, I performed excision on the tongue in what proved to be the only fatal case among many that I have done. Somewhere about a week after the operation, the man was able to sit up, swallow, speak a little, and walk across his room; when suddenly suppression of urine occurred, with symptoms of uræmic poisoning, of which he died comatose in less than forty-eight hours. On *post mortem* examination, the kidneys were found to be completely hollowed by cystic degeneration, leaving almost no perceptible secreting substance. This case is recorded as excision of the tongue; "death".

Every hospital-surgeon's private case-book is crowded with such particulars, which can never appear in a numerical table. And only the surgeon himself, and those who actually observed the patient along with him, are qualified to state in what degree mortality depends on an operation, or after treatment, or on causes which are avoidable or are unavoidable, for whatever reason.—I am, etc.,

GEORGE BUCHANAN,
Professor of Clinical Surgery, University of Glasgow.

THE RELATIONS OF SMALL-POX AND COW-POX.

SIR,—I venture to believe that every medical man who reads Sir Thomas Watson's letter on the above subject in the JOURNAL of the 17th ult. would echo the last sentence in your foot-note thereto: "that it would be a matter of great interest if he would restate his argument". For well-nigh half a century, hundreds, if not thousands, of us have been so accustomed to associate nothing but reverence with the able and clear teaching of Sir Thomas Watson, that it comes to us as a great surprise to see him now deliberately declaring that what, in repeated editions of his *Principles and Practice of Physic*, he described as "demonstrated fact", he now regards as quite the reverse; "that the vaccine disease is *sui generis*, and in no sense owes its origin to small-pox", and so on; and then adding "that the attempts made forty years ago to procure fresh lymph for vaccination purposes, by inoculating the cow with the virus of human small-pox were a mistake;.....that the ensuing so-called vaccination was not vaccination at all,.....but the introduction of small-pox to the community.....in multitudes of places to which otherwise it might never have come".

I suppose it is pretty well known that one of the most active propagators of small-pox virus to the cow, and thence back (as vaccine virus) to the human subject, in this country, was Mr. Badcock, formerly of this town, and still living near London. Mr. Badcock continued this practice for many years here, and also after he left. For thirty years I have been familiar with the use of this virus myself, and I know that it has been, and still is, extensively used by both the public and the private vaccinators here; not exclusively, however, as some of us occasionally have replenished our stock from the Jennerian source, and then again from Badcock's. The two seem to me identical in every respect (and my eyes have been intimate with the appearances of all stages of vaccination for the last forty years). It is very exceptional indeed for me to find either to fail, whether used fresh or preserved. Moreover, that the public vaccinations in this town (as well as the private ones) are not wanting in character is pretty well proved, firstly, by the fact that, large though it be and so ready its communication with London, small-pox of late years has scarcely been known here, and an occasional introduced case has not led to its extension; secondly, that each of the present public vaccinators—Mr. Dixon, Dr. Ross, and Dr. Badcock (a son of the experimenter)—has on three separate occasions received a grant through the Government inspector for the excellency of his work.—I am, sir, yours truly, G. F. HODGSON.

Brighton, February 3rd, 1880.

P.S. It is remarkable that another living author of a *Practice of Medicine* has recently changed his opinion on the relation of small-pox to cow-pox; viz., Dr. Bristowe, who in his first edition (1876) considered them *not* identical, but in the 1878 edition expresses his adhesion to the view of Ceely and Badcock. Consequently, his conversion has been in the reverse direction of Sir Thomas Watson's.

THE MANCHESTER CHILDREN'S HOSPITAL AND DR. HUMPHREYS.

SIR,—The correspondence on the above subject becomes each week more embittered, while the main facts at issue are still unsettled. As an outsider, I would suggest a general reconciliation; for, if there be one point clearer than another, it is that the several contending parties are all anxious, each in his own way, for the advancement and success of the hospital. I cannot but think that some secret influence has been at work, unconsciously biassing one party against the other, with the result that the hospital suffers, while the officials connected with it fail in the object they have in view.

Dr. Borchardt, the promoter and firm friend of the hospital, I am sure has but one object in view, whatever policy he advocates, and that is, to make the hospital successful; and while I am sorry that he has appeared to adopt an antagonism to Dr. Humphreys, it has resulted from circumstances—probably an over-zeal in a cause he loves so well—which I should think may easily be pardoned him.

Now, might it not be well to introduce a new mode of governing the hospital, in substitution for that which does not seem to have been very successful during the past few years? It is my privilege to belong to a hospital, on the Board of Management of which all the staff are *ex officio* members, and I can testify to the success which this amalgamation of lay and medical authority ensures. Furthermore, I would introduce, or rather reintroduce, the plan, general in London and elsewhere, of periodical visits from the staff; they being at liberty in the intervals to engage in private practice or accept other hospital appointments, instead of the present plan of heavily subsidising them, and claiming their entire services. Then, in place of the large salary, an *honorarium* for travelling expenses could be allowed, and the remaining money utilised for the general working of the hospital.

I am sure this plan is better, both for patients and doctors; it answers perfectly at Great Ormond Street, and at my own hospital at Shadwell, although most of my colleagues, like myself, live at some miles' distance from the hospital. The services of a good resident are required,

Why the Indian Medical Service should be treated in this way I am unable to make out, unless it is that we are nobody's children, and are unrepresented and uncared for at the head-quarters of the Government of India, or at the India Office. It is certainly not because it is effete and incapable, for it has for many years attracted most of the best men from the medical schools of the kingdom; and it certainly is not because it can be alleged that its officers have ever failed to perform their duties cheerfully and efficiently, whether in famine, in pestilence, or in the field.—Your obedient servant, INDICUS.

India, January 1880.

NAVAL MEDICAL SERVICE.—The following appointments have been made: Staff-Surgeon—J. P. Courtenay, to the *President*. Surgeons—A. W. Russell, to the *Indus*; W. J. B. Bookey, and J. H. L. Hayne, to the *President*.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Friday, February 13th.

The Appointment of Registrar-General.—The Marquis of LOTHIAN asked the First Lord of the Treasury, with reference to the recent appointment to the office of Registrar-General, whether the long services of Dr. Farr had been taken into consideration, and whether he would state why Dr. Farr had not been selected as the successor of George Graham, Esq., in that office. It seemed generally to be assumed that a public servant in the position of Dr. Farr, unless promoted when a vacancy occurred, such as the one to which reference was made in the question, was under the imputation of having something against him. An impression had arisen among the medical profession, which he was sure was altogether owing to a misapprehension, that Dr. Farr was not promoted simply because he was a member of the medical profession. He was quite sure that, in appointing Sir Brydges Henniker, there was no intention whatever to throw any reflection upon that profession; and he was sure the noble Earl would agree with him that it would be unfortunate if such an impression were allowed to remain.—The Earl of BEACONSFIELD said that it was the original wish of the Government to appoint Dr. Farr to the post. He had obtained a very high reputation by his labours in his office; they had always been admitted, and they had been amply recognised by the public and the State. But when he (Lord Beaconsfield) had to make those inquiries which were necessary before the appointment was made, such a representation was made to him as to the state of health of Dr. Farr, that he shrank from the responsibility of appointing him to discharge the very arduous duties of the office of Registrar-General. He had before him an official document which had previously been sent in asking for a superannuation for Dr. Farr; and the statement of his health in that document, combined with his advanced age—seventy-two—was such that he felt confident that not one of their lordships would feel himself authorised, after reading that document, to appoint Dr. Farr to the office. That was the only ground on which the Government proceeded; and as to supposing that there was a prejudice on the part of the Government against the appointment of a medical man to an office the duties of which were intimately connected with the acquisition of statistics relating to life and death, he was sure their lordships would, without a moment's hesitation, acquit him, or any person who might occupy his present position, of being influenced by such considerations. After he found it impossible to appoint Dr. Farr, the office was open for a considerable period, and many names were sent in. He selected the gentleman who had received the appointment because, on the whole, he believed him most competent to fulfil its duties. He was an individual with whom Lord Beaconsfield had no personal acquaintance, but who in his mind gave the greatest promise of the ability to fulfil duties of the greatest importance, and which certainly required health and vigour for their performance, particularly when preparations were being made for taking a new census.

HOUSE OF COMMONS.—Tuesday, February 17th.

The New Master in Lunacy.—The CHANCELLOR OF THE EXCHEQUER, in reply to Mr. ANDERSON, said that Mr. Henry Graham, who had recently been appointed Master in Lunacy, had not been, as stated in the question, the private secretary to the Lord Chancellor, but for the last six years the principal secretary to the Lord Chancellor's department; and, in further reply to the hon. gentleman, he might state that the office required the appointment not only of a lawyer, but of a man of learning, accomplishment, and judgment. In addition to these qualities, Mr. Graham had acquired a great experience of a very varied kind. He was called to the bar in 1868. The duties were chiefly administrative, and he was also fully competent to conduct the inquiries which he would have to hold.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen, having passed the required examination, were elected Licentiates at the quarterly meeting of the College, on January 29th, 1880.

Alvares, Nicolas Santana, 24, Ampthill Square, N.W.
McKee, Gerard Macklin Eccles, 2, Overstone Road, W.

The following passed as Licentiates on February 16th.

Baker, William James, Millbrook, Southampton
Paddle, James Isaac, University Hospital, W.C.
Shears, Charles Hartley Bedwell, St. Bartholomew's Hospital, E.C.
Stokes, Henry Fraser, 21, Compton Terrace, N.
Weed, Theodore Arthur, M.D. Wooster, 449, Strand, W.C.

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

John Benson Cooke, Dorking, Surrey; Alexander Cook, Greenock; Herbert Gleison Stacey, Halifax; Walter Humphries, Tipperary; John Moore Tweed, Antrim; Hugh Hopper, Gateshead-on-Tyne; Richard Clegg, Burnley; Robt. Love, Belfast; Hugh Owen Hughes, Denbigh; Robert Roberts, Chester: George Pearce Baldwin, Wolverhampton; Patrick MacDonogh, London; John Mackenzie, Sutherlandshire; James Daniel Ross, County Cork, and Charles Edward Watson, Hertfordshire.

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

John Benson Cooke, Dorking, Surrey; Henry Richard Leech, Bloxwich; Samuel Alexander, County Tyrone; George Joseph Walsh, Enniskillen; James Robert Wallace, Bengal; Arthur Hickman, Edinburgh; George Frederick Wales, Belfast; William Francis Blyth, Dublin; James Harran, Dublin; Charles Harold Bloxsome, Sheffield; David Gault, Tyrone; Thomas Matthews, County Down; Michael Doyle Foley, County Kerry; George Edward Pollard, London; Arthur Nathaniel Davis, Mayo; Corneby Austin, Banbury; Gilbert Marshall, Armagh; Alfred William Fox, Whitlock, Scarborough; James William Beeman Hodsdon, Bermuda; John Garbutt Hutchinson, Cumberland; John Galbraith Hyde, Stratford, Ontario; Theodore Arthur Weed, Cleveland, Ohio; Richard Condon Daly, City of Cork; Frederic John William Cox, Edinburgh; Reginald Latimer Wellington Greene, Antrim; David Henry Walsh, Bristol; William Albert Maurice de Watteville, Berne, and Robert William Gentles, Jedburgh.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—The following gentlemen passed their first professional examination during the January sittings of the examiners.

Arthur William Egerton Brydges Barrett, Bath, and George William Robinson, Huddersfield.

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

Horwasji Merwanjii Hakim, Bombay; Manekshaw Jamshedji Kelawala, Bombay; Merwanje Dhunjebhai Karanjia, Bombay; Eduljee Sorabjee Chenai, Bombay; John Hugh Mackenzie, Cawnpore; James Hamilton Nicholas, Dublin, and John Fell Edmund Cotman, Thorpe, near Norwich.

Mr. Frank Earle Huxley of Birmingham, having passed the necessary examinations, obtained the diploma of Dental Surgery.

MEDICAL VACANCIES.

Particulars of those marked with an asterisk will be found in the advertisement columns.

THE following vacancies are announced:—

ASHTON-UNDER-LYNE DISTRICT INFIRMARY—House-Surgeon. Salary to commence at £80 per annum, with residence and maintenance. Applications not later than February 25th.

BALROTHERY UNION—Medical Officer for Kilsallaghan Dispensary District, at a salary of £100 per annum, and £15 per annum as Medical Officer of Health, with Registration and Vaccination Fees. Election on March 5th.

BASFORD UNION—Medical Officer for the Carlton District.

BUCKINGHAMSHIRE GENERAL INFIRMARY—Resident Surgeon and Apothecary. Salary, £80 per annum, with board, lodging, coal, and furnished apartments. Applications to the Secretary on or before the 28th instant.

BURY ST. EDMUND'S FRIENDLY SOCIETIES' MEDICAL ASSOCIATION—Resident Medical Officer. Salary, £180 per annum, with house, coal, gas, and additional fees for Midwifery. Applications, stating age, testimonials, etc., on or before February 23rd.

*CARMARTHEN INFIRMARY—House-Surgeon. Salary, £125 per annum, with lodging, fire, and washing. Applications to the Secretary on or before March 31st.

*DISPENSARY FOR SICK CHILDREN, Manchester—Assistant or Visiting Medical Officer. Salary, £180 per annum. Applications, with testimonials, on or before the 25th instant.

GLANFORD BRIGG UNION—Medical Officer for the Broughton District. Salary, £57 per annum.

GREAT YARMOUTH HOSPITAL—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications, with testimonials, to the Honorary Secretary, on or before March 18th.

IRVINESTOWN UNION—Medical Officer for Ederney Dispensary District, at a salary of £120 per annum, £15 as Medical Officer of Health, Registration and Vaccination Fees. Election on the 21st instant.

*HOSPITAL FOR EPILEPSY AND PARALYSIS—Physician. Applications, with testimonials, on or before March 13th.

KELLS UNION—Medical Officer for Kells Dispensary District, at a salary of £120 per annum, £15 as Medical Officer of Health, with Registration and Vaccination Fees. Election on the 21st instant.

*LEAVESDEN ASYLUM FOR IMBECILES, near Watford—Two Assistant Medical Officers. First Assistant, £150 per annum; second Assistant, £120 per annum, rising £10 annually to £150, with board, furnished apartments, and washing. Applications, with copies of testimonials, on or before February 28th.

*LIVERPOOL NORTHERN HOSPITAL—Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance in the house. Applications and testimonials to be addressed to the Chairman of the Committee not later than February 21st.

LONDON HOSPITAL MEDICAL SCHOOL—Lectureship in Botany. Applications on or before the 23rd instant.

MANORHAMILTON UNION—Medical Officer for Drumkeeran Dispensary District, at an annual salary of £100, with Sanitary, Registration, and Vaccination Fees. Election on March 5th.

*NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC—Resident Medical Officer. Salary, £100 per annum, with board and apartments. Applications, with testimonials, to the Secretary, on or before the 21st instant.

NAVAN UNION—Medical Officer for Painestown Dispensary District, at a salary of £120 per annum, and £15 per annum as Medical Officer of Health, with Registration and Vaccination Fees. Election on the 27th instant.

NORWICH UNION—Medical Officer for the Fifth District. Salary, £80.

*ROYAL FREE HOSPITAL—Junior Resident Medical Officer. Applications on or before the 25th instant.

*ROYAL HOSPITAL FOR DISEASES OF THE CHEST—Two Assistant-Physicians. Applications, with testimonials, before February 26th.

ROYAL SEA-BATHING INFIRMARY, Margate—Resident Surgeon. Applications, with testimonials, to the Secretary on or before the 21st instant.

ROYAL SOUTH LONDON DISPENSARY—Honorary District Surgeon. Applications on or before the 26th instant.

*ST. BARTHOLOMEW'S HOSPITAL, Chatham—Assistant House-Surgeon. Salary, £80 per annum, with board, washing, etc. Applications on or before March 22nd.

*SUNDERLAND HOSPITAL FOR SICK CHILDREN—Three Honorary Medical Officers. Applications to the Honorary Secretary on or before March 2nd.

WEST LONDON HOSPITAL, Hammersmith—Assistant Surgeon. Applications on or before the 21st instant.

*WEST SUSSEX, EAST HANTS, AND CHICHESTER INFIRMARY AND DISPENSARY—Honorary Physician and Honorary Surgeon. Applications on or before March 1st.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*BROADBENT, W. H., M.D., apppointed Consulting Physician to the London Fever Hospital.

*BUCHANAN, George, M.D., appointed Consulting Physician to the London Fever Hospital.

*GOURLEY, S., M.D., appointed Certifying Factory Surgeon and Admiralty Surgeon for the Hartlepools.

HALL, F. De Havilland, M.D., elected Honorary Physician to St. Mark's Hospital, *vice* Arthur Leared, M.D., deceased.

HENDERSON, G. C., M.B., appointed Assistant Physician to the London Fever Hospital, *vice* F. A. Mahomed, M.D.

KITCHENER, Thomas, M.D., appointed Physician to the Southern Dispensary, Bath, *vice* G. E. Lawrence, L.R.C.P., resigned.

MCHARDY, Malcolm McD., F.R.C.S.Ed., appointed Professor of Ophthalmic Surgery in King's College, and Ophthalmic Surgeon to King's College Hospital, *vice* J. Soelberg Wells, M.D., deceased.

*MAHOMED, F. A., M.D., appointed Physician to the London Fever Hospital, *vice* W. H. Broadbent, M.D., resigned.

PARISH, Frank, M.R.C.S., appointed House-Surgeon to the West Kent General Hospital, *vice* John Knowles, M.R.C.S.Eng., resigned.

*ROSSITER, George F., M.B., appointed an Honorary Assistant Medical Officer to the Weston-super-Mare Hospital and Dispensary.

STEELE, W. C., M.R.C.S., appointed House-Surgeon to the Huntingdon County Hospital, *vice* D. McRitchie, M.B., resigned.

WRIGHT, Herbert E., M.R.C.S., appointed House-Surgeon to the Bootle Borough Hospital, *vice* D. Forbes, M.B., resigned.

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.

DEATH.

CLOUTING.—On the 12th ultimo, Grace Rebecca, the infant daughter of J. R. Clouting, M.R.C.S., aged six weeks.

DR. THOMAS MCNAUGHTAN has been elected Mayor of Blackpool.

DR. V. JAGIELSKI has been made a corresponding member of the Royal and Imperial National Academy (La Scuola Italica) in Rome.

ROYAL MICROSCOPICAL SOCIETY.—The last report shows a very flourishing state of affairs. The total number of Fellows is now 575. Improvements have been made in the library; several additions have been made to the collection of instruments and objects; and it is proposed to enlarge the *Journal* of the Society.

THE VICTORIA HOSPITAL FOR CHILDREN.—A donation of one hundred guineas from Mrs. Sidney Hayward, in memory of her late husband Dr. Sidney Hayward, who was one of the earliest promoters of the hospital, and, till his retirement to a country practice and his early death, was one of its physicians and most active supporters, is most gratefully acknowledged by the Committee of Management.

CARDIFF MEDICAL SOCIETY.—The annual meeting of the members was held at the Infirmary on January 15th, when the following officers were elected. *President:* A. P. Fiddian, M.B. *Vice-President:* Thos. Wallace, M.D. *Committee:* C. E. Hardyman; John Evans; F. W. Evans, M.D.; and W. Campbell, M.D. *Honorary Secretary and Treasurer:* F. Garrett Horder.

DR. H. CROOKSHANK, one of the chief instructors of the St. John's ambulance classes, and Acting Surgeon to the 49th Middlesex (Post Office) Rifle Volunteers, has been decorated with the Order of the Osmanli by the Ottoman Government, as a further recognition of his services during the bombardment of Rustchuk and on the battle-field of the Lom, when in charge of the ambulances of the National Aid Society during the late Turko-Russian war. Dr. Crookshank had already received the military war-medal and the Order of the Medjidie.

SUPERSTITION IN SOMERSETSHIRE.—The Taunton Town Council are advertising for a man and wife to take charge of the Sanitary Hospital. The circumstances are curious. The present lodge-keeper is fully persuaded that his wife has been "bewitched" by one of the nurses. Questioned by the Hospital Committee, the man persisted in his conviction that the nurse "bewitched" his wife by "burning dragon's blood", causing her to vary considerably in her health; one day, as he explains, she is much better, and the next day much worse. That this is the consequence of the "dragon's blood" he cannot doubt. In these circumstances, the Taunton Town Council have decided on getting another caretaker for the hospital.

MEMORIAL TO THE LATE DR. WOODS.—The members of Sandy Row Presbyterian Church, Belfast, have erected, in the vestibule of the church, a mural tablet to the memory of the late Dr. Woods, civil surgeon to the troops in South Africa. The tablet is of Gothic design, eight-and-a-half feet high, and composed of Caen stone. On the slab is the following inscription: "In affectionate remembrance of Arthur Appleton Woods, M.D., M.Ch. Born August 14th, 1850; died May 1879. He served on the British Medical Staff during the Russo-Turkish War 1878; afterwards engaged in the Zulu campaign, while attached professionally to Barrow's cavalry, No. 1 relieving column; he was present at the battle of Gingholove, and, in active discharge of his duty in the field, he caught the fever epidemic prevailing among the troops, of which he fell a victim at Herwin, Port Natal. Beloved in life, lamented in death. To testify their sense of the loss of this valued and gifted member of their congregation, and ornament of his profession."

THE HEALTH OF ROME.—The *Times* correspondent writes, under date February 6th: "The following statistics, recently published by the municipality of Rome, are not only interesting, but important, as showing the steadily improving hygienic condition of the city. During 1879, the births numbered 7,987, of which 7,800 were among the resident population. The deaths among the resident population were 6,724, *plus* 1,970 non-residents, among whom are included the great number of workmen and labourers from other cities and from the neighbouring villages who flock to Rome to find occupation, the soldiers, Italian travellers, and a few foreigners of all nations. To the above are to be added 138 births and 356 deaths among the domiciled population casually absent from Rome. Marriages, 1,839; immigration, 9,799; emigration, 1,178. The deaths among the military stationed in Rome numbered 160 less than during 1878. The births among the domiciled population were 858 in excess of the deaths. On December 31st, 1879, the population numbered 298,960; while, on December 31st, 1878, the number was 289,321, showing an increase in the last year of 9,639 persons. The births during the twelve months were at the rate of 26.7 and the deaths at the rate of 22.7 per 1,000 inhabitants on the average population of 296,783. The census of 1871 gave 244,484 as the population of Rome; and therefore there has, in the course of eight years, been an increase of 54,476 persons. This augmentation has been almost entirely due to the great immigration, inasmuch as during the first years of this period the deaths were in excess of the births, whereas during the latter years the reverse has been the case; for example: in 1877, the births exceeded the deaths in number by 660; in 1878, by 815; in 1879, by 858. These results are in accord with the improvement verified in the average mortality per 1,000 inhabitants. In 1872, the average was 37.1; in 1873, 29.3; in 1874, 26.6; in 1875, 30.3; in 1876, 28.3; in 1877, 23.4; in 1878, 23.0; in 1879, 22.7. These statistics should do much to dissipate the erroneous reports circulated regarding the insalubrity of the climate of Rome."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopædic, 2 P.M.

TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 P.M.

WEDNESDAY..St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—King's College, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopædic, 10 A.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 P.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.

FRIDAY.....Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.—East London Hospital for Children, 2 P.M.

SATURDAY....St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

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

GUY'S.—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

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

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

MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30: Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, 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; Orthopædic, F., 12.30; Dental, F., 9.

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

ST. MARY'S.—Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, W. S., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.

ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. W. F., 2; Ear, S., 1.30; Skin, Tu., 1.30; S., 9; Throat, Th., 2.30; Dental, W., 10.3.

WESTMINSTER.—Medical and Surgical, daily 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. Thorowgood, "On Suppressed Gout"; Dr. Corfield, "Leaves from a Sanitary Note-Book"; Mr. Dewar, "A Case of Jaundice".

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Vandyke Carter, "Experimental Pathology of Spirillum Fever"; Dr. Alfred Sangster, "Non-Glandular Theory of Origin of Molluscum Contagiosum".

WEDNESDAY.—Hunterian Society, 8 P.M. Dr. Stephen Mackenzie will show a Case of Urticaria Pigmentosa (living subject); and read a paper on "Annular Stricture of the Intestine".

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. Teevan, "A Case of Retention of Urine from Impacted Urethral Calculus, relieved by pushing the Stone back into the Bladder and Crushing it"; Dr. Buzzard, "A Case of Paraplegia from Pott's Disease treated by Sayre's Splint: Intestinal Obstruction: Death from a Kick in the Abdomen"; Dr. Buzzard, "A Case of Rapid and almost Universal Paralysis, involving the Four Extremities, both sides of the Face, Respiration, and Deglutition: Recovery": Dr. Sangster, "A Case of Molluscum Fibrosum"; Dr. Greenhow, "A Case of Typhoid Fever, with Acute Nephritis and Profuse Hæmaturia".—Quekett Microscopical Club, 8 P.M. Dr. T. Spencer Cobbold, F.R.S., "On Human and Canine Filariæ"; Dr. Sylvester Marsh, jun., "On Bleaching and Washing Microscopical Sections".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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*.

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

AN APPEAL.

THE widow and orphans of the late Dr. Harry Molony, medical officer of the Kilrush (co. Clare) Workhouse and Fever Hospital, having been left in very distressed circumstances by his sudden and early death, a fund is being now raised for their assistance. Dr. Molony, who was respected and beloved by all who knew him, left three sons. The eldest is in Christ's Hospital, and is therefore for the present partially provided for. But as Dr. Molony's income was a very small one, little or no means have been left for his widow and the younger children, who are aged respectively seven and five years.

Subscriptions, which are earnestly requested in aid of the fund, will be thankfully received and acknowledged by George F. Duffey, M.D., 30, Fitzwilliam Place Dublin; C. E. Fitzgerald, M.D., 27, Upper Merrion Street, Dublin; or by H. T. Land, Esq., Treasurer Provincial Bank, Kilrush, co. Clare.

MR. W. WYNWARD (Hurley) should apply to a bookseller. We do not execute commissions for the purchase of books or pamphlets.

SURGICAL PYROTECHNICS.

THE following is from the *New York Hospital Gazette*:—I don't know with whom originated the brilliant idea of employing local anæsthesia (with ether) just before the cautery is applied, but I have heard that a distinguished physician relates the following personal experience. Desiring to cauterise a patient's spine, he applied the ether in spray until he deemed the part sufficiently frozen. He then applied the cautery. The ether took fire and scorched some of the patient's hair. When asked how the patient liked it, he replied that the patient supposed it was all right, and "a part of the regular pyrotechnics".

INFANT CRÈCHES.

SIR,—In reference to a letter in the BRITISH MEDICAL JOURNAL about nurseries, I enclose some circulars printed at different times that may be of some use. It is two years since the Patricroft nursery was opened, and the greatest difficulty has been to find a suitable nurse. She must not be too particular, as the children are sometimes brought in a dirty state, and if anything is said about it the mothers are offended. She must be methodical and good-tempered, and have many good qualities, which are not easy to find combined. The mothers themselves in many cases are opposed to a day-nursery from some feeling of pride. A subscription-list will also be required, as it is not possible to get sufficient from the children's payment to work the institution as it should be. I do not think any nursery should be begun, whatever the number of children, with less than £60 *per annum* of voluntary subscriptions. The children pay in most cases 2s. 6d. per week for six days. The nursery is open from 5.45 A.M. to 7 P.M. Those remaining the night, pay from 3s. to 5s., according to the number from one family. I send them out when I can in a large basket-perambulator holding eight; but I find a difficulty in getting a person to go out with it. You will observe in the last report that as much was spent in milk as in all the other food together. I find, compared with other nurseries, that I receive more by children's payments. Other nurseries charge from nothing to 2d. or 4d. per day. I have just succeeded in raising over £500. I hope before long to start the new building. The first year's daily attendances of children were 1620, the second year 2619, and last month (January) 626.—I am, yours,

The Poplars, Patricroft, February 1880. A. S. ROE.

"DR. TATHAM is justified in asserting that the rate of mortality under five years of age affords the surest test of sanitary conditions. It may be hoped that the Town Council of Salford will realise the importance of this sad waste of infant life within their sanitary district" (BRITISH MEDICAL JOURNAL, p. 137). *Mutato nomine de Mancunio fabula narratur.* A. S.

DISINFECTION OF DRAINS.

SIR,—It appears to me that in disinfecting drains we have not arrived at a thorough and efficient method. It is true we do disinfect drains; but in my opinion we do not disinfect them properly. In order to dispel bad smells and kill miasmata, it is necessary to apply the carbolic acid (or whatever disinfectant we use) equally all through the contents of the drain and its principal communications. To do this would not involve very much trouble or expense. All we would require would be an engine, a force-pump, and small pipes. These pipes should be inlaid in the main drain and its branches to the second, third, or fourth degree. These pipes should be armed, at intervals of a few feet, with perforated expansions, so as to cause a spray, and should be protected from the current (on the side or surface which faces the current) by a sort of metallic screen, sloping from the side of the drain forwards, not directly, but at an angle of thirty degrees, the small angle being towards the perforated expansion: the screen would in this way protect the expansion or spray-tube from dirt, filth, etc. These tubes must be connected with the force-pump, and the latter with the engine. Suppose we have a solution of common carbolic acid or ether, and we place it into the receptacle connected with the pump, it is sucked up and forced along these tubes. When it arrives at the expanded parts of the tubes, a spray is formed, which diffuses itself equally throughout the drain.—Believe me, yours faithfully, HENRY YARROW.

Chesterfield, January 28th, 1880.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the BRITISH MEDICAL JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

SICK CLUBS AND THEIR MEDICAL OFFICERS.

SIR,—Permit me to draw the attention of the members of the profession (country practitioners in particular) to the unsatisfactory and very unremunerative scale of pay given by friendly societies to their medical officers. In many parts of the country 3s. 6d., 4s., or 5s. *per annum* per member is the rate; and this sum, taking into consideration the high price of drugs and heavy stable expenses, cannot by any means be considered adequate for the lengthy attendances often incurred by club-members. Every medical man who has held these appointments is well aware that persons who pay a trifling annual sum for their medicine and attendance, are only too eager to send for the doctor for the most trivial complaint, whereas, if they had to pay for such attendance, they would think twice before doing so. The clubs I hold bring in about £40 *per annum*, and I do not hesitate to say that were I to sum up the total amount of attendance, etc., in the year, and charge the modest fee of 2s. 6d. for each visit (including medicine), it would amount to more than six times £40. If general practitioners would make a determined stand against this beggarly rate of pay, and demand a fair sum for their services (say 10s. per member *per annum*), they would have the satisfaction of knowing that they were not working for next to nothing. It is a notorious fact that club officials exercise no discretion as to the pecuniary means of those whom they admit as members, and that there are farmers and tradesmen (whose incomes are quadruple that of the doctor) obtaining their attendance for a few shillings a year. What I would suggest is, that we should form an union amongst ourselves—in fact, "strike" against this injustice.—Trusting this matter will receive the earnest attention of my professional brethren, and not be allowed to fall through, I remain, yours faithfully,

February 10th, 1880. QUID PRO QUO.

TESTS FOR COLOUR-BLINDNESS.

INCERTUS.—The mode of testing colour-perception, which is at once simplest and most trustworthy, requires the person to choose from among a number of coloured objects all that resemble some particular one chosen as a sample. The best set of tests are Holmgren's coloured worsteds (Horne and Thornethwaite, 416, Strand; or Pickard and Curry, 195, Great Portland Street, W.) The subject is well explained in Joy Jeffries' book on colour-blindness. Hawkesley, 300, Oxford Street, sells a set of pocket colour-tests. A railway-servant who shows partial colour-blindness—*e.g.*, confuses between *pale* green, gray, and rose colour, should be passed on for special examination to an expert, as a low degree does not incapacitate for the railway signals. Confusion between strong colours, scarlet and full green, or either of these colours and dark brown or black, speaks for itself.

THE MORTALITY REFERABLE TO ALCOHOL.

SIR,—It is stated in the JOURNAL of January 31st, that the Council of the Harveian Society has resolved to inquire of all the London general practitioners as to the mortality from alcohol. The result which they have already obtained makes it absolutely necessary that further investigations should be made. If the same percentage of deaths be caused by alcohol throughout the country, then, in round numbers, there are annually 32,000 deaths from the direct effects of alcohol, and 81,000 from its indirect effects. This is a fearful mortality. But I would urge the Council not to confine their inquiry to a city such as London. No fair estimate for the whole country can be obtained, unless a due proportion of the rural districts is likewise included. It would seem that the middle classes have principally furnished the above figures: it is absolutely necessary that the poorer classes should also be reported on. Lastly, I would urge that a wise discretion should be exercised respecting the returns sent in. It is very easy to exaggerate in this matter. The Council of the British Medical Temperance Association endeavoured some time ago to collect evidence of a similar kind. It was found, however, that the returns from one medical man presented such an extravagant idea of the noxious influence of alcohol, that the whole value of the statistics was vitiated thereby, and they were accordingly suppressed. If only some hundreds of medical men can be induced to take this matter up, it is obvious that such isolated extravagances will be of less consequence. It is of vital importance to the people to know the truth on this matter, the whole truth, but nothing but the truth. The Council of the Harveian Society deserves the thanks and support of all, and I trust they will see their way to extending this inquiry, or to getting the matter taken up by Government.—I am, sir, yours obediently,

Enfield, January 31st, 1880. J. JAMES RIDGE.

SIR,—In the cause of temperance itself, may I utter one word of warning and protest against the statistics which a committee of the Harveian Society has already collected, and which, as it would appear from a paragraph in a recent number, the Society seeks to extend by further inquiry? Statistics, to be of any real value, must be established upon data which will stand the test of rigid and impartial scrutiny. It must, I think, be obvious that the data on which the statistics of the Harveian Society are to be based are in their very foundation unsure. What is it that the Society asks general practitioners to do? To look through the counterfoils of old death-certificates and thence to tell what influence, wholly or in part, they consider alcohol to have had in causing the deaths which they have certified "within the last few years". Now and then it is manifest that alcohol has been the parent of disease which has directly led to death, and *post mortem* examination merely adds another link to a chain of evidence already strong; but in cases where the influence of alcohol has not been so abundantly clear, *post mortem* examination can alone confirm with certainty that which has been, perhaps, no more than hearsay or suspicion of a habit during life. In the absence, therefore, of *post mortem* examination of these, the more numerous, cases, can any one speak with accuracy as to the cause of death? and is it not well known how rarely such necessary examinations are made in private practice? With no certain record to guide him, the practitioner must appeal to his memory, and he assigns, according to an estimate altogether arbitrary, a larger or smaller share to alcohol in causing this or that death, as he turns over the counterfoils before him. And as the man with largest practice meets in all probability with the greatest number of deaths, it comes to pass that he who has given the largest number of death-certificates, and who is presumably the man of largest experience, will supply to the Harveian Society data the least trustworthy, for more than any other man is his memory encumbered, and more than any other man he has to rely upon this faculty. Notably, too, in the absence of accurate facts, both of recorded lives and of examinations after death, will estimation of the morbific powers of alcohol be influenced by the opinions which this or that man may hold upon the alcohol question in general. At the discussion which arose at the Harveian Society when this alcohol committee was proposed, one speaker went so far as to say that the death of an innocent child in the street by the carelessness of some driver who had had too much to drink, must be regarded as a death due to alcohol. Of what earthly value can be the returns to the Society of any observer, who can propound anything so absurd as this?

Before it be too late, I would urge the Society to pause before it lends the weight of its name and gives the sanction—as in the end it will surely be thought by the public and the medical profession at large—to statistics which slight investigation will suffice to show to be without value. If statistics such as those which the Harveian Society desires to collect can be of service to the cause which so many have at heart, let it be freely and in all wisdom acknowledged that the data for forming them do not yet exist. Rather let the Society, after requisite thought and care, lay down precise and definite rules for future observation; and then, but not before, let it call upon practitioners in general to aid in the inquiry by making observations and recording facts according to one common plan. Thus may the committee of the Society be able to prepare a statistical report which shall merit the confidence of friend and foe alike, and which, of inestimable value, may perchance promote the cause of temperance throughout the land.—Your obedient servant, M.A.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Glasgow Herald; The Manchester Guardian; The Yorkshire Post; The Leeds Mercury; The Cork Constitution; The Coventry Herald; The British Guiana Royal Gazette; The Ceylon Observer; The Wigan Observer; The Peterborough and Huntingdonshire Standard; The Sussex Daily News; The Liverpool Mercury; The Banffshire Journal; The Newport and Market Drayton Advertiser; The North Wales Guardian; The Sheffield Daily Telegraph; The Wexford Independent; etc.

*** We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

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

Mr. T. Spencer Wells, London; Dr. T. Clifford Allbutt, Leeds; Dr. G. Johnson, London; Dr. Yandell, Louisville; Dr. Alfred Carpenter, Croydon; Dr. Heath, Torquay; Mr. W. S. Davies, Mountain Ash; Dr. Waters, Chester; Mr. J. F. O'Ryan, Tipperary; Mr. W. F. M. Jackson, Smethwick; Dr. McKee, Randalstown; Mrs. Mary O'Connell, Cashel; Dr. Bacon, Fulbourn; Dr. Brabazon, Lymm; Mr. J. J. Lee, Stoke, Devonport; M.D.; Mr. W. J. Gard, Devonport; Mr. Hughes, Woodbridge; Mr. Teevan, London; Dr. J. N. Vinen, London; Dr. Batten, Gloucester; Dr. Murray Lindsay, Mickleover; Dr. Glascott, Manchester; Dr. J. W. Moore, Dublin; The Secretary of Apothecaries' Hall; Dr. Balfour, Edinburgh; Mr. Tomes, Brampton; The Secretary of the Charing Cross Hospital; Dr. John Moore, Belfast; Dr. F. Warner, London; Dr. Anningson, Cambridge; The Secretary of the Medical Society of London; Dr. A. Hughes Bennett, London; Mr. W. Watson Cheyne, London; Dr. Morris, London; Mr. Cox, Winchcombe; Mr. Malcolm Morris, London; Dr. Thin, London; Mr. G. E. Walker, Newport; Dr. J. Byrne, Londonderry; Dr. W. Murrell, London; The Registrar-General of England; Dr. W. W. Moore, Brighton: Mr. R. W. Parker, London; Mr. W. R. Barker, London; Mr. J. Mortimer, London; Dr. Brabazon, Bath; Mr. W. Wynyard, Hursley; Mr. Lewis Jones, Carmarthen; Dr. De Courcy Morris, Birkenhead; The Registrar-General of Ireland; Mr. Nelson Hardy, London; Dr. Bond, Gloucester; Dr. R. Atkins, Waterford; Mr. James Startin, London; Mr. H. B. Blackburn, London; Dr. Beatty, Leamington; Dr. A. S. Taylor, London; The Secretary of the Quekett Microscopical Club; Dr. R. Farquharson, London; Dr. Anderson, Glasgow; Mr. James Edwards, Rochester; Dr. Kinkead, Galway; The Secretary of the Clinical Society; Dr. Francis, Cranleigh; Mr. P. Burroughs, Weston-super-Mare; Dr. W. Easby, March; Dr. C. Smith, Sheffield; Mr. E. Jenkings, Arbroath; Dr. Galabin, London; Dr. Crichton Browne, London; X.; Mr. A. Kebbell, Flaxton, York; Dr. W. Wood, London; Mr. G. F. Rossiter, Weston-super-Mare; Mr. W. Trenerry, Bristol; Our Edinburgh Correspondent; Mr. E. Smith, Torquay; Dr. Farr, London; Dr. W. A. Brailey, London; Dr. C. Creighton, Cambridge; Dr. W. W. Moore, Brighton; Our Dublin Correspondent; Dr. W. A. Sturge, London; Dr. Atkinson, Kingston-on-Thames; Assistant Medical Officer; Mrs. Morgan J. O'Connell, Cashel; Mr. E. Clarke, London; Dr. J. G. Black, Rothbury; Our Glasgow Correspondent; Messrs. Bates, Hendy, and Co., London; Mr. R. R. Maddison, Barnsley; Dr. Rabagliati, Edinburgh; Dr. Borchardt, Manchester; Dr. R. Bridges, London; Mr. C. A. Rayne, Devonport; Dr. L. Conner, Detroit; Messrs. Macmillan and Co., London; Dr. Annibale di Giacomo, London; Mr. C. Marriott, Sevenoaks; Mr. J. E. Ingpen, Putney; Mr. W. D. Hemming, Bournemouth; Mr. E. Nettleship, London; Mr. J. H. Bannister, London; Mr. Morton Smale, London; Dr. A. S. Taylor, London; Mr. F. W. Lowndes, Liverpool; Mr. J. J. Nason, Stratford-on-Avon; Dr. Crookshank, London; Dr. M. G. Evans, Cardiff; Mr. G. H. Jeffery, London; Mr. E. Johnson, Bury; Dr. Warner, London; Mr. Henry H. Masters, Bungay; Mr. G. J. Thurston, Sandown; Dr. A. S. Currie, Sydney; Mr. W. Hayward, Rochester; Dr. J. B. Gill, Hastings; Dr. J. A. Thompson, London; Dr. F. Quinlan, Dublin; Mr. J. E. Given, Dublin; Mr. W. H. Arrowsmith, Darlington; Dr. Grimshaw, Dublin; Dr. Brandt, Oporto; Dr. Gillespie, London; Mr. Lister, London; etc.

BOOKS, ETC., RECEIVED.

The Retrospect of Medicine. Edited by W. Braithwaite, M.D., and J. Braithwaite, M.D. Vol. lxxx. July-December, 1879. London: Simpkin and Marshall.

St. Bartholomew's Hospital Reports. Vol. xv. Edited by W. S. Church, M.D., and A. Willett, F.R.C.S. London: Smith, Elder, and Co. 1879.

Aids to Physiology. By B. Thompson Lowne, F.R.C.S. London: Baillière, Tindall, and Cox. 1880.

The Spectroscope in Medicine. By C. A. MacMunn, B.A., M.D. London: J. and A. Churchill.

On Pseudo-Hypertrophic Muscular Paralysis. By W. R. Gowers, M.D., F.R.C.P. London: J. and A. Churchill.