

Acts passed after the latest Superannuation Act. Upon this ruling of the Local Government Board, the Association had taken the advice of Mr. Purcell, Q.C., who had given a distinctly contrary opinion. The Association now, therefore, appealed to the Chief Secretary against a decision which they believed to be illegal, and which, if persevered in, would deprive all superannuated medical officers of a part of their rightful pension. Dr. Jacob then proceeded to urge upon the Chief Secretary the necessity for a Bill to be introduced by Government to give medical officers, who had ceased to be capable of discharging their duties, a right to a pension. He pointed out that a medical officer was not qualified for a pension until he was broken down in health, or was over sixty years of age, and had served over twenty years. If he were so qualified, he must resign his office a month before the grant of his pension could be discussed; thus abandoning his means of livelihood for ever, and this on the hope that his board of guardians might deal justly with him. The guardians, however, knew that the pension must fall upon themselves and their neighbours. They knew that the doctor, having resigned, was defenceless; and in very many instances they had shown themselves forgetful of his long and faithful service, and had refused any pension whatever, leaving the medical officer to semi-starvation, even in some cases to enter the workhouse as a pauper. Dr. Jacob quoted cases in which officers who had served over forty years—admittedly well and truly—had been thus refused any superannuation; and instanced several painful cases in point. He had ascertained that, of the eighty-four medical officers now receiving pensions, thirty-one were over seventy when they resigned, and the average age of the whole was sixty-five years and a half. Some of them were over eighty when they thought themselves safe in asking a pension; and he had in his hand the names of five officers who, though close upon eighty years of age, were continuing to attempt the dispensary duty of districts averaging 28,000 acres and 4,500 of population. He need hardly say that the idea of an old man of eighty being called at two o'clock of a stormy morning to go, perhaps, eight miles across country, over bog and mountain, to save the life of a woman in labour by a difficult operation, was an absurdity; and yet he was aware there were many cases as extreme as this. Dr. Jacob concluded by entreating the Chief Secretary to use the authority of Government for the passing of an Act to give broken-down officers, under proper supervision, the right to a pension; and, as regards the first question on which he had touched, to obtain an authoritative opinion by the law-officers of the Crown upon the decision of the Local Government Board.

The CHIEF SECRETARY, in reply, said he thought the deputation had made out a *prima facie* case. He was aware of the important position dispensary doctors held throughout Ireland, and the faithful and devoted manner in which they discharged their duties. As regarded the question of public health, it was hard to expect sanitary improvements to be carried out unless the sanitary medical officers were satisfied with their position, and felt they were fairly treated in the matter of remuneration. He felt a strong case had been made out. Individually, his power was very limited, as it was a matter more for the Treasury; but the views of the deputation should be considered.

NUMBER OF STUDENTS AT THE MEDICAL SCHOOLS.

THE following are the numbers of students found this session at various medical schools. The list is supplemental to that published in the BRITISH MEDICAL JOURNAL of October 23rd, page 677.

| | Entire Curriculum. | Partial Courses of Lectures or Practice. |
|--|------------------------------------|--|
| St. Mary's Hospital, London | 20 (1st), 26 (2nd), 68 (3rd & 4th) | 1 (1st) |
| Middlesex Hospital, London | 33 (1st), 32 (2nd), 55 (3rd & 4th) | 5 (1st), 2 (2nd), 3 (3rd) |
| Dental Students | 12 (1st), 12 (2nd) | |
| National Dental Hospital | 20 new entries | |
| Queen's College, Birmingham | 21 (1st), 24 (2nd), 34 (3rd & 4th) | |
| Bristol Medical School | 22 (1st), 14 (2nd), 7 (3rd & 4th) | 5 (1st), 4 (2nd) |
| Liverpool Royal Infirmary | 33 (1st). New entries only | 9 (1st). New entries only. |
| Owens College, Manchester | 54 (1st), 57 (2nd), 75 (3rd & 4th) | 25 (all years) |
| Sheffield School of Medicine | 14 (1st), 4 (2nd), 11 (3rd & 4th) | |
| University of Durham College of Medicine | 29 (1st). New entries only | 29 (new entries only) |
| * 25 of these are fresh entries. | | |

NIGHT MEDICAL SERVICE IN PARIS.

THE statistics of this useful service, reported by Dr. Passant, for the three months from April 1st to June 30th, 1880, shows the following results. The number of visits made amounted to 1,421; viz., to men, 507; to women, 723; to children below three years of age, 191. The average number of visits nightly was 15 $\frac{2}{3}$; for the corresponding three months of last year it was 12. Thirty-six per cent. of those who re-

quired this nocturnal help, in sudden emergencies and acute disease, were men; 51 per cent. were women; and 13 per cent. were children less than three years old. We shall shortly have occasion to put before our readers a project for establishing in London a similar organisation to this, which is now rendering valuable aid in nocturnal emergencies to the population, not only of Paris and New York, St. Petersburg, and other capitals, but in a great number of other foreign cities. It appears to be everywhere successful, and to render great services.

GUY'S HOSPITAL.

WE understand that the first meeting of the Taking-in Committee, of which the deputation of the medical staff forms an integral part, took place on Wednesday last. Many important resolutions, in accordance with the wishes of the medical staff, were cordially passed; and we are pleased to learn that both the lay and medical members of the Committee seemed only imbued with the desire to work harmoniously together for the good of the patients.

ASSOCIATION INTELLIGENCE.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

THE first meeting of the present session will be held at St. Thomas's Hospital (Westminster Bridge entrance), on Wednesday, Nov. 10th, at 8 P.M., Dr. HABERSHON, President of the Branch, in the chair, when a discussion on the Treatment of Enteric Fever will be opened by Dr. Bristowe. The chief points for discussion will be (1) Food, (2) Alcohol, (3) Drugs, and (4) Baths. Dr. Habershon, Dr. Bristowe, Dr. Andrew Clark, Dr. Broadbent, Dr. Mahomed, Dr. Sansom, Dr. Norman Kerr, and other members, are expected to take part in the debate. The discussion will be open to all members of the Metropolitan Counties Branch and their friends.

H. NELSON HARDY, *Hon. Sec.*

The Grove, Dulwich, October 12th, 1880.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THE first meeting of the present session will be held on Thursday evening, November 18th, at half-past eight o'clock, at the New Town Hall, Hackney; Dr. HABERSHON in the Chair.

The following papers will be read:

1. Dr. Stephen Mackenzie: On a Case of Hæmatochyluria.
2. Dr. Bate, Medical Officer of Health for Bethnal Green: On the Sanitary Arrangements of Dwelling-Houses.

FREDERICK WALLACE, *Hon. Sec.*

243, Hackney Road, E.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

THE next meeting will be held, in connection with the East Kent and Canterbury Medical Society, at the Library of the Kent and Canterbury Hospital, on Thursday, November 18th, at 3 P.M.; Mr. REID, F.R.C.S., of Canterbury, in the Chair.

The following communications are promised:

1. Three Cases of Tetanus. By Mr. Brian Rigden.
2. Three Cases of Stricture of Urethra. By Mr. Dring.
3. Case of Stricture of Intestine. By Mr. Schön.
4. Case of Excision of Os Calcis. By Mr. Whitehead Reid.

Dinner will be provided at the Fleur de Lis Hotel, at 5 P.M. precisely; charge, 6s. 6d. (exclusive of wine).

Members intending to dine are requested to signify the same to the Secretary on or before Tuesday, the 16th instant.

T. WHITEHEAD REID, M.R.C.P., *Hon. Sec.*

34, St. George's Place, Canterbury, November 1st, 1880.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

THE first meeting of the above District for the present season will be held on Wednesday, November 17th, at the Maiden's Head Inn, Uckfield, at 2.45 P.M.; W. J. TREUTLER, Esq., M.B., C.M., in the Chair.

Dinner will be provided at 4.45 P.M.; price, 6s. (exclusive of wine).

The following papers have been promised:

1. Dr. Joseph Ewart: On Hydrophobia.
2. Mr. W. Wallis: Fatal Case of Ileus caused by Congenital Malformation of the Intestine, with preparation.

3. Mr. G. F. Hodgson: Case of Mucous Polypus growing from Fundus Uteri, with preparation.

4. Dr. Treutler: Case of Hemiplegic Unilateral Anasarca consequent on Scarlatina.

Notice of important communications is requested to be sent at once to the Secretary, in order that they may be inserted in the usual circular.

THOMAS TROLLOPE, M.D., *Hon. District Secretary.*

9, Maze Hill, St. Leonard's-on-Sea, November 2nd, 1880.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

THE first meeting of this session was held at the Kent County Ophthalmic Hospital, Maidstone, on October 26th; J. MEREDITH, M.D., in the Chair.

The Next Meeting was appointed to be held at Gravesend; R. Innes Nisbett, Esq., Chairman.

Papers.—The following were read:

1. Mr. Adams gave an interesting address on Conjunctivitis.

2. Dr. Monckton showed a case of Lymphadenoma, with Remarks.

Dinner.—Sixteen visitors and members afterwards dined together at the Mitre Hotel.

BERMINGHAM AND MIDLAND COUNTIES BRANCH.

THE second meeting of the session will be held in the Medical Institute, New Edmund Street, on Thursday, November 11th, 1880. The Chair will be taken by the President, Mr. R. PROSSER, at three o'clock P.M.

The following papers are promised:

Mr. Lawson Tait: A third series of Fifty Cases of Ovariectomy; and a second series of Fifty Cases of Abdominal Section for various purposes.

Mr. Lloyd Owen: On Colour-Blindness.

Mr. J. F. West: On the Treatment of Empyema by Excision of a Portion of a Rib.

Members are invited to exhibit patients, pathological specimens, new drugs, instruments, or appliances, at the commencement of the meeting.

E. MALINS, M.B., } *Hon. Secs.*
E. RICKARDS, M.B., }

November 3rd, 1880.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.

A MEETING of the above District was held at the White Hart Hotel, Reigate, on Thursday, October 14th, 1880; Dr. JOHN WALTERS in the Chair.

Papers, etc.—The following papers and communications were read:

1. The Albuminuria of Pregnancy, and its relation to Puerperal Eclampsia. By A. L. Galabin, M.D. (This paper was published at p. 697 of last week's JOURNAL.)

2. A Brief Retrospect of some of the more important Advances in Obstetric Practice during the last Thirty Years. By C. Holman, M.D. Dr. Holman briefly touched upon each of the following points, viz.: Anaesthetics; Sedatives; Pressure applied externally to the Fundus Uteri to assist the Expulsion of the Placenta; The Use of the Pad and Binder; Hydrostatic Dilators; Forceps; Craniotomy; Post Partum Haemorrhage; Intra-uterine Injections; Albuminuria in Pregnancy; Puerperal Fever; Injuries to the Perineum.

3. Dr. Walters exhibited two cases of Hip-Disease, illustrating the Advantages derived from the Use of Thomas's Splint. In one case, an abscess had been cured by two aspirations. These patients were convalescents from the Queen's Square Hospital.

4. Dr. Walters showed three cases in which he had excised the Hip-Joint with excellent results, all other treatment having failed, and the patients being in a critical state when the operation was performed.

5. Dr. Walters also exhibited four cases showing the good results obtained by the use of Sayre's Jacket, etc., in Angular Curvature of the Spine. In one of these, a lumbar abscess had formed prior to the commencement of the treatment; in another, complete paraplegia had been present for some considerable time; and again, in a third, partial spinal hemiplegia, before treatment was commenced. All these cases were quite convalescent, and the paralysis had quite disappeared. In two of the cases, great advantage had been derived from the use of home-made leather jackets after the plaster-of-Paris had been given up.

6. Mr. Berridge read the notes of a case of Acute Intestinal-Obstruction caused by an Impacted Gall-Stone. Abdominal section was performed by Dr. Walters on the seventh day. The patient was much relieved, but died rather suddenly twenty-four hours after the operation.

Dinner.—Twenty-five members and visitors sat down to dinner.

EAST YORK AND NORTH LINCOLN BRANCH: HALF-YEARLY MEETING.

THE half-yearly meeting was held at the Infirmary, Hull, on October 20th, at 1.30 P.M.; the President, T. M. EVANS, Esq., in the Chair.

Communications.—The following communications were made.

1. The President showed a case of Arrested Development of the Genital Organs in an infant. The penis was bound down to the scrotum; but it seemed likely that an operation would be of service.

2. Dr. King showed a patient whose Carotid and Subclavian Arteries he had Ligatured at one operation for Aneurism at the root of the neck. The wounds healed by first intention, and the patient was discharged with great relief to the urgent symptoms; but it was a question whether the disease was not extending toward the middle line.

3. Dr. King also showed a patient on whom he had performed Excision of the Upper Jaw for malignant disease. He was discharged cured in eighteen days.

4. Mr. Craven showed a patient who had just been admitted with Malignant Disease of the Upper Jaw of six weeks' duration.

5. Dr. King showed a child on whom he had performed Double Osteotomy.

6. Mr. R. H. B. Nicholson showed a girl on whom he had performed Double Osteotomy a year ago. At that time, she could not walk thirty yards without pain; but now she was taking a part in Hengler's Circus.

7. The President introduced a discussion on Anaesthetics by reading a short paper. The conclusions of the paper were summed up in the following propositions. 1. Anaesthesia, however induced, is attended with a very certain danger from asphyxia. 2. This danger may be averted by watchful and prompt attention to the respiration. 3. The depressing action of chloroform on the heart, which is sometimes suddenly manifested, is a much more serious danger, and should determine us to prefer ether for general purposes.—Many gentlemen took part in the discussion which followed.

8. Mr. Craven related the particulars of a case of Lithotomy which he had recently performed on a patient aged 50. The bladder was found to be full of stones, two being of large size; together they weighed six ounces and a half. This was his most remarkable experience as regards the size and weight of urinary calculi.

9. Mr. Dix related the particulars of a case of Tumour of the Brain, and showed the specimen. The patient was a female child, aged 7, who had been ill for a year before death. She suffered from intense pain, with progressive debility and emaciation, but retained her faculties and memory to the last. The tumour was a very large one, encroaching on both hemispheres, and also on the cerebellum. It had been examined by Dr. Mason, who said that it was a glio-sarcoma.

A case of Empysema by Mr. R. H. B. Nicholson, and a paper on Injuries of the Brain by Dr. Mason, had to be postponed for want of time.

Dinner.—In the evening, the members dined together at the Victoria Hotel.

WEST SOMERSET BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held at the Railway Hotel, Taunton, on Thursday, October 21st, at 5.15 P.M.; J. MEREDITH, Esq., President, in the Chair. There were present fifteen members and two visitors.

Papers.—The following were read.

1. Hypertrophy of the Tongue, exemplified by a typical case in a child, which was brought from the Taunton and Somerset Hospital and exhibited. By G. W. Rigden, Esq.

2. On Congenital Cleft Palate. By W. A. Hunt, Esq., of Yeovil. Mr. Hunt brought forward and discussed the following points. 1. It is absolutely needful, for such patients to acquire distinct speech, that they should be furnished with a soft palate which, from its length and mobility, can be raised by muscular action, whenever needed, backwards and upwards; so that its free edge may, by resting against the posterior wall of the pharynx, cut off all passage of air through the nares. 2. Such a soft palate it is absolutely impossible to give by surgical operation in the majority of cases, especially in adults; hence the nose, twangy, disappointing speech, after successful surgical treatment in very many cases; and, especially when the gap is very wide and the speech very bad, the surgeon has so little tissue that he cannot make a velum sufficiently long or sufficiently mobile for his patient ever to be able to speak intelligibly. 3. By a method elaborated by Dr. N. Kingsley of America, all congenital clefts, no matter how large, could be closed by mechanical means; the hard palate is a hard palate; the soft palate by a peculiar velum of delicate India-rubber, which would

do all the duties of a normal soft palate, and by which perfectly distinct speech could be acquired by the patient.

Mr. Hunt exhibited casts from life, and artificial soft and hard palates made after Dr. Kingsley's method.

Question.—The question for discussion, as settled by the Council—viz., "What, in your opinion, is the best method to be adopted by the profession, the public, and the sanitary authorities, in order to check the spread of infectious diseases?"—was put from the Chair. After verbal replies had been given by members present, and a written reply sent by Dr. Cordwell had been read, it was resolved: "That it is the opinion of this meeting that the best method to be adopted, in order to check the spread of infectious diseases, would be: 1. That, on the occurrence of any case of infectious disease, a notification thereof should be immediately sent to the central sanitary authority of the district; and 2. That this information should be given by the head of, or responsible person in, the house in which the disease occurs."

SOUTHERN BRANCH: DORSET DISTRICT.

THE eleventh meeting was held at the Yeatman Hospital, Sherborne, on October 20th, under the presidency of Mr. WILLIAMSON DANIELL.

Officers.—The following were elected: *President-elect*, R. P. Simpson (Weymouth); *Vice-Presidents*, F. C. Griffin, M.B. (Weymouth), W. H. Williams, M.D. (Sherborne); *Honorary Secretaries*, W. G. Vawdrey Lush, M.D. (Weymouth), C. H. Watts Parkinson, Esq. (Wimborne) re-elected.

New Members.—Dr. W. H. Williams and Mr. N. Davies, of Sherborne; Dr. Gregory White, Dr. J. F. Woodroffe, Dr. W. H. Blenkinsopp, Mr. W. E. Husband, and Mr. A. E. B. Leve, of Bournemouth; Mr. H. W. Hartford, of Christchurch; Mr. Arthur Butler of Evershot; Mr. F. B. Fisher, of Dorchester; Mr. Benjamin Jumeaux, of Swanage; and Mr. E. O. Scallon, of Milborne Port,—were elected members of the Branch and District.

Next Meeting.—It was decided that the next meeting should be held at Dorchester.

A Discussion on Difficult Parturition and its Treatment took place.

Cases of Compound Fractures and Wounds of Joints treated with Glycerine and Carbolic Acid were read by Dr. Griffin.

Specimen.—Glass Tubing, removed from the Muscles of the Neck, was shown by Mr. Nunn.

Dinner.—The members and friends, twenty-one in number, dined at the Digby Hotel.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held at the Hospital, Monmouth, on Thursday, October 14th. About twelve members were present; PEARSON R. CRESSWELL, Esq., *President-elect*, in the Chair.

New Members.—The following gentlemen were elected members of the Association and Branch: Owen Williams, Esq., Burry Port; E. E. Price, M.D., Dowlais; Eleazar Davies, Esq., Dowlais.

Communications.—The following were made.

1. Mr. S. H. Steel, M.B. (Abergavenny), related notes of an interesting case of Hepatic Abscess, with necropsy.

2. Mr. Prosser (Monmouth) showed the patient, a specimen of a recent successful case of Ovariectomy, giving, briefly, points of interest in the case.

3. Mr. Owen Willis (Monmouth) exhibited some palatable Medicated Aërated Waters, containing definite quantities of Bromide of Potassium, Carbonate of Soda, etc., which are likely to prove serviceable. The manufacturer is Mr. Hyam of Monmouth.

Dinner.—The members and visitors afterwards partook of an excellent dinner at the King's Head Hotel.

YORKSHIRE BRANCH: AUTUMNAL MEETING.

THE autumnal meeting of this Branch was held at the Grand Hotel, Scarborough, under the presidency of Mr. MIALl.

Communications.—1. The subject of Paracentesis in Pleurisy was introduced by Dr. EDDISON (Leeds), and Dr. TIBBITS (Bradford). Papers on the same subject were read for Dr. CHURTON (Leeds), and Mr. ROBINSON (Leeds).

2. Mr. MOSSOP (Bradford) read a paper, entitled, Remarks on Umbilical Hæmorrhage.

3. Mr. J. W. TEALE related a very interesting case of Herniotomy.

4. The PRESIDENT (Mr. Miall) read a paper on Diseases of Joints.

Dinner.—After the meeting, the members dined together at the Grand Hotel; the PRESIDENT (Mr. Miall) in the chair. Mr. DALE, in proposing the health of the President, spoke at length of the pleasure

the Scarborough medical men had in welcoming the Branch; and went on to say that they would have greater pleasure still in giving a heartier welcome to the whole Association, if they could manage to meet the last week in July instead of the first week in August. It would be a specially interesting opportunity if it could be arranged for next year. Mr. Dale was warmly seconded by his Scarborough brethren; and the PRESIDENT, in replying, concurred with the proposition. The health of Mr. J. W. Teale, to whom the Branch was indebted for all the excellent local arrangements, was heartily drunk; and the members separated pleased with everything, excepting the weather.

CORRESPONDENCE.

ON THE COMPULSORY INTIMATION OF INFECTIOUS DISEASES IN EDINBURGH.

SIR,—At the last meeting of the Social Science Congress, I gave the statistics relating to the carrying out of the compulsory intimation of infectious diseases.

The local Act in question came into operation on November 7th, 1879, and, up to September 6th of the present year (a period of ten months), no fewer than 4,502 intimations had been received by the authorities. These comprised: typhus, 22 cases; typhoid, 226 cases; diphtheria, 127 cases; scarlatina, 917 cases; measles, 3,210 cases. In 412 cases, the circumstances were such as to justify the removal of the patient to a hospital, with the concurrence of the medical attendant.

As your readers are aware, the intimations are made by the medical profession, who are furnished with suitable slips and stamped envelopes, and who receive two shillings and sixpence for each intimation. Last July, a sum of £519 was sent out to the profession; and so convinced is the Corporation of the value of the information thus received, that they have set aside £1,000 to cover the expenses of the current year. Our experiment has been a great success. No complaints have reached us from the medical profession, who have loyally assisted the authorities in carrying out what was feared to be an unworkable and objectionable clause. The information as to the existence of infectious disease has been prompt and effectual; which, I am convinced, would not have been the case had we trusted, in great part, to a poor ignorant population to supply it. No doubt, here we enjoy exceptional advantages from the large number of students attending our hospitals and dispensaries, and it is comparatively rare to find a person dying without medical advice. This is mainly due to the custom, introduced by myself twenty years ago, of causing an official inquiry to be made by the police into all cases of death occurring without a medical man seeing the patient during life. This inquiry entails on the relatives considerable annoyance, and has gradually led them to recognise the importance of seeking medical assistance. One of the subsidiary advantages of this procedure is, that the number of uncertified deaths in Edinburgh is very small.

To the Health Department the intimations have proved of great service—first, in showing how inadequate was the existing accommodation for infectious diseases in our various hospitals; and, second, in enabling us to arrive at the true cause of outbreaks of these diseases, and thus prevent their spread.—Yours, etc.,

HENRY D. LITTLEJOHN, M.D.,
Medical Officer of Health, Edinburgh.

UNCERTIFIED DEATHS.

SIR,—As medical men practising in the district referred to in a paragraph in the BRITISH MEDICAL JOURNAL of October 16th, we wish to state that we are by no means surprised at the number of deaths registered here as uncertified. There are several unqualified men practising in the neighbourhood of Clapham Junction, who represent themselves as being qualified, and who are supposed to be so by the poorer classes. These men cannot in many cases get the deaths of the persons they attend certified by a qualified man—though we regret to say that in some instances they do—and such deaths are registered as uncertified. In some of these cases, even when a qualified practitioner has refused to certify, in consequence of his not having seen the patient before death, the coroner has not thought it necessary to hold an inquest. At the same time, we would call attention to the fact that there are in this district four of the largest provident dispensaries in London, where all the poor can obtain skilled advice for a nominal sum. We therefore hope that the suggestion of the Wandsworth Board of Works, viz., "that in all cases of uncertified death, where no inquest is held, an investigation should be made, and a certificate of the cause of death given, by the

resign, except after general unfitness or marked incongruity between him and the board which appointed him.

Whilst thus citing the case of Dr. Jefferiss somewhat at length, we would point out to him, and to all Scotch poor-law medical officers, that every needful alteration requisite to place the service on a satisfactory footing was urged by Mr. Walker, chairman of the Board of Supervision, in the evidence he gave before the Select Committee on Scotch poor-law relief, which sat eight years ago. Clauses founded almost entirely on that gentleman's evidence, and embodying all the suggestions he made for the reform of Scotch medical relief, were included in the Bill brought in by Mr. Crawford. Unfortunately, that Bill was lost on the second reading, on points in no way connected with the medical relief clauses. Since that date, several half-hearted attempts have been made, by successive Lord Advocates, to deal with the subject. Some months ago, a deputation waited on the Premier, and urged him to take up the subject. A sort of promise was obtained, that the question should be dealt with in the next session. Now, if Scotch Poor-law medical officers really feel that they are labouring under grievous disabilities—and the case of Dr. Jefferiss is a striking instance in point that they are—then let them at once petition the House of Commons for a redress of their grievances. Not content with that, let them write to every M.P. they may happen to know, whether representing Scotch, Irish, or English constituencies, and urge on them the necessity for their aid.

Let the prayer of their petition contain the points advocated by Mr. Walker, which are: first, permanence of appointments; second, stipends regulated in accordance with the area and population; third, the provision of all medicines and appliances; and, lastly, absolute superannuation in all suitable cases. Petitions containing these heads should be sent in so soon as Parliament meets in February.

THE SANITARY MEDICAL SERVICE.

DR. H. W. LARKIN, of Bilston, writes to us in reply to the letter of "Floreat res Medica", and our remarks thereon. In reply to our own remarks on the facts as stated, he says: "Allow me to remind you that there are circumstances, other than the reduction of the salary of an officer, which may render sanitary administration in any district 'nothing but the mockery of the Public Health Act'. It may, under certain exceptional conditions, even be possible that the course named may be the only practicable means of dealing with such a travesty. Whatever exalted conception may be associated with the 'sanitary supervision of 25,000 persons, housed as the inhabitants of the Black Country are known to be', and for which you think 'the initial salary of £60 ludicrously inadequate,' it has for years, in this district, practically amounted to from forty to fifty inspections, of the most commonplace character, annually; which, at the salary paid—£60 and £50 *per annum*, respectively—have cost from 20s. to 30s. for each act.

"The board here is not indifferent to sanitary measures. For years, it spent £1,050 annually, in inspections and removals. This annual amount has, for the last two years, been reduced to £840, without the slightest detriment to the public service. When a medical officer can show services rendered, either practical or experimental, for the promotion of sanitary science, and in the interests of the public, the board will not fail fully to recognise, and adequately to remunerate, such intelligent enterprise. It will probably surprise you to learn that the present medical officer is younger than, and that his powers of locomotion are fully as two to one compared with those of, his predecessor in office."

Dr. Larkin's communication does not, however, alter our opinion as to the insufficiency of the salary at present attached to the office of medical officer of health for Bilston. Whether the former officer was adequately remunerated for the services which he actually performed is another question, upon which we can of course form no judgment.

PUBLIC HEALTH MEDICAL APPOINTMENTS.

SEARLE, George C., M.R.C.S. Eng., reappointed Medical Officer of Health for Lower Brixham, at the increased salary of £20 *per annum*.

TWEDDELL, George, M.R.C.S. Eng., appointed Medical Officer of Health to the Northern Division of the Houghton-le-Spring Rural Sanitary District, *vice* W. Lyon, M.D.

POOR-LAW MEDICAL APPOINTMENTS.

CASE, Perkins W. P., M.B., appointed Assistant Medical Officer to the Infirmary of the Whitechapel Union, *vice* J. H. Gibson, M.D., resigned.

CUNNINGHAM, Andrew, M.B., C.M., appointed Medical Officer to the North West Oldbury District of the West Bromwich Union, *vice* W. H. Hayward, M.R.C.S.E., resigned.

CURRIE, Andrew S., M.D., appointed Medical Officer to the Sydney District of the Chepstow Union, *vice* W. J. S. Tuckwell, M.R.C.S. Eng., resigned.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, October 28th, 1880.

Marlow, Frank William, Wantage, Berks.
Powell, Simpson, Upper Woburn Place.
Whiting, John, Ringsfield, Beccles.

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

Burton, Charles Frederick, Queen's College, Birmingham.
Cheyne, Robert, King's College, London.
Wyborn, Samuel, Charing Cross Hospital.

MEDICAL VACANCIES.

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

The following vacancies are announced:—

ASHTON-UNDER-LYNE INFIRMARY—Consulting Surgeon.

BAWNBOY UNION—Medical Officer for Newtownmore Dispensary District. Salary, £90 *per annum*, with £15 yearly as Medical Officer of Health, registration and vaccination fees. Election on the 16th November.

CENTRAL LONDON SICK ASYLUM DISTRICT—Assistant Medical Officer and Dispenser. Salary, £100 *per annum*, with board and residence.

*CHARING CROSS HOSPITAL—Assistant Physician. Applications, with testimonials, on or before November 27th.

CORK NORTH INFIRMARY—House-Surgeon and Apothecary. Salary, £105 *per annum*, with apartments, etc.

ESSEX AND COLCHESTER HOSPITAL—House-Surgeon and Apothecary. Salary, £100 *per annum*, with board and lodging. Applications, with testimonials, on or before November 18th.

FULHAM UNION—Medical Officer to the Third District. Salary, £60 *per annum*. Applications, with testimonials, on or before November 10th.

GLENNAMADDY UNION—Medical Officer for Glennamaddy Dispensary District. Salary £100 *per annum*, with £20 as Medical Officer of Health, registration and vaccination fees. Election on the 16th November.

GLENNAMADDY UNION—Medical Officer for Workhouse, at a salary of £50 *per annum*, and £10 as Consulting Medical Officer of Health. Election on the 16th November.

HAILSHAM UNION—Medical Officer to the Third District.

*HULL GENERAL INFIRMARY—Assistant House-Surgeon. Salary, £50 *per annum*. Applications not later than November 8th.

*LEAMINGTON FRIENDLY MEDICAL SOCIETIES—Medical Officer. Salary, £200 *per annum*. Applications to the Secretary not later than November 20th.

LEEDS UNION—Assistant Medical Officer to Workhouse.

*LINCOLN UNITED FRIENDLY SOCIETIES' DISPENSARY—Resident Medical Officer. Salary to commence at £175 *per annum*, with house, etc. Applications, with testimonials, to the Secretary on or before November 12th.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY—Resident Surgeon and Apothecary. Salary, about £250 *per annum*, with lighting, fire, and attendance. Applications not later than November 30th.

METROPOLITAN FEVER HOSPITAL, Homerton—Assistant Medical Officer. Salary, £15 *per month*, with board, attendance, and furnished apartments. Applications, with testimonials, to the Medical Superintendent.

NORFOLK AND NORWICH HOSPITAL—House-Surgeon. Salary, £100 *per annum*, with board, lodging, washing, coals, gas, etc. Applications, with testimonials, on or before November 19th.

OMAGH DISTRICT LUNATIC ASYLUM—Resident Medical Superintendent. Applications to Under Secretary, Dublin Castle, up to November 17th.

*ROYAL SURREY COUNTY HOSPITAL, Guildford—House-Surgeon. Salary, £75 *per annum*, with board, lodging, and washing. Applications, with testimonials, on or before December 6th.

ROYAL COLLEGE OF SURGEONS—Examiner in Anatomy and Physiology. Applications, with testimonials, on or before November 13th.

ST. ANDREW'S PAROCHIAL AUTHORITIES—Medical Officer.

*ST. BARTHOLOMEW'S HOSPITAL, Chatham—Assistant House-Surgeon. Salary, £80 *per annum*, with board, lodging, washing, etc. Applications, with testimonials, on or before December 13th.

ST. SAVIOUR'S UNION, Walworth—Assistant Medical Officer and Dispenser to Infirmary. Salary, £130 *per annum*, with furnished apartments, rations, washing, etc. Applications on or before November 11th.

*SURREY COUNTY LUNATIC ASYLUM—Junior Assistant Medical Officer. Salary, £170 *per annum*, with washing, attendance, and furnished apartments. Applications to the Superintendent before November 25th.

MEDICAL APPOINTMENTS.

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

*BATTERSBURY, R. L., M.B. Lond., appointed Medical Examiner of Recruits for the Regular Army and Militia at Berkhamsstead

BRODIE, William Hampden, M.B. and C.M., Aberdeen, appointed House-Surgeon in the Northern Infirmary, Inverness.

COLLINS, E. Wolfenden, M.D., appointed Surgeon to the Hospital for Diseases of Women and Children, Sydenham Park.

FRAZER, William, B.A., M.D., appointed Medical Officer to the Boscombe Infirmary, Bournemouth.

GUNBIN, G. F., M.R.C.S., appointed House-Surgeon to the Westminster Hospital, *vice* S. Smyth, M.R.C.S., resigned.

HEMMING, W. Douglas, F.R.C.S.Ed., appointed Medical Officer to the Boscombe Infirmary, Bournemouth.
 HOPWOOD, Edgar C., B.A., M.B., appointed Assistant Resident Medical Officer of the London Fever Hospital, *vice* C. D. Adam, M.R.C.S.Eng., resigned.
 NELSON, Thomas, M.B., appointed Resident Surgeon to the Birmingham General Dispensary, *vice* H. C. Wilson, M.D., resigned.
 STEWART, W. R. H., F.R.C.S.Ed., appointed Surgeon to the North-West London Hospital, *vice* Frank Godfrey, L.R.C.P.Ed., resigned.
 WHITE, Joseph, F.R.C.S.Ed., appointed Consulting Surgeon to the Nottingham General Hospital, on retiring, after twenty-one years, from the office of surgeon.

MR. ARTHUR PRICE has been appointed Surgeon to the Royal Naval Artillery Volunteers (London Brigade).

DONATIONS.—The Bishop of Cork, Mrs. Lombard, and Miss Hyde, have each given £50 towards the funds of the Home for Protestant Incurables, Cork.

DURING the past four weeks of the current quarter, the metropolitan death-rate has averaged 20.8 per 1,000, against 20.4 and 20.7 in the corresponding weeks of 1878 and 1879.

PUBLIC HEALTH.—During last week, being the forty-third week of this year, 5,424 births and 3,826 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 23 deaths annually in every 1,000 persons living. The annual death-rate was 22 in Edinburgh, 24 in Glasgow, and 35 in Dublin. The annual rates of mortality in the twenty English towns were as follow: Bradford, 19; Leeds, 20; Newcastle-upon-Tyne, 21; Sheffield, 21; Portsmouth, 21; Plymouth, 22; London, 22; Birmingham, 22; Leicester, 22; Bristol, 23; Wolverhampton, 23; Sunderland, 23; Manchester, 24; Nottingham, 25; Oldham, 25; Salford, 25; Norwich, 26; Brighton, 26; Liverpool, 27; and the highest rate, 28, in Hull. The annual death-rate from the seven principal zymotic diseases averaged 3.3 per 1,000 in the twenty towns, and ranged from 1.8 in Norwich, and 2.1 in Plymouth and Newcastle-upon-Tyne, to 6.3 and 6.4 in Sunderland and Leicester. Scarlet fever showed the largest proportional fatality in Sunderland, Leicester, and Oldham; and measles in Salford and Leicester. The highest death-rate from enteric fever occurred in Leicester and Salford. In London, 1,521 deaths were registered, which exceeded the average by 18, and gave an annual death-rate of 21.7. The 1,521 deaths included 2 from small-pox, 37 from measles, 88 from scarlet fever, 10 from diphtheria, 24 from whooping-cough, 21 from different forms of fever, and 28 from diarrhoea—being altogether 210 zymotic deaths, which were 22 below the average, and were equal to an annual rate of 3.0 per 1,000. Nine deaths were referred to puerperal fever, which exceeded the average by three. The deaths referred to diseases of the respiratory organs, which had steadily increased from 124 to 323 in the seven preceding weeks, further rose to 333 last week, which, however, exceeded the corrected weekly average by but 7; 231 were attributed to bronchitis, and 66 to pneumonia. Different forms of violence caused 49 deaths; 38 were the result of negligence or accident, including 20 from fractures and contusions, 6 from burns and scalds, 2 from drowning, and 8 of infants under one year of age from suffocation. Nine cases of suicide were registered during the week. At Greenwich, the mean temperature of the air was 42.0°, and 6.5° below the average. The general direction of the wind was south-westerly, and the horizontal movement of the air averaged 13.0 miles per hour, which was 1.6 above the average. Rain fell on four days of the week, to the aggregate amount of 1.72 inches. The duration of registered bright sunshine in the week was equal to 14 per cent. of its possible duration. No ozone was recorded during the week, except on Wednesday and Thursday.

DEATH OF A MEDICAL STUDENT.—Dr. Danford Thomas lately held an inquest, at the Clerkenwell Coroner's Court, on the body of Francis Henry Howell, twenty years of age, a medical student at St. Bartholomew's Hospital, who was found dead in bed at his lodgings. Mrs. Normell, the landlady, stated that, at one o'clock on the day in question, as the deceased had not come down, she knocked at his bedroom door. She got no answer, and subsequently the door was forced. Deceased was found dead in bed. A letter was found in the room, which deceased had evidently intended to send to Dr. Norman Moore, at the hospital. In this, he expressed his intention to take some hydrate of chloral, as he had lately suffered from sleeplessness, and desiring the Doctor to come to him if he did not put in an appearance at the hospital at the appointed time. This letter was dated October 25th. The medical evidence was to the effect that death had been caused by chloral. The jury returned a verdict of "Death from misadventure".

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 Orthopaedic, 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.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.M.
 THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 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..... King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.—East London Hospital for Children, 2 P.M.
 SATURDAY St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.
 GUY'S.—Medical and Surgical, daily, exc. 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., 1.30; 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; Orthopaedic, F., 12.30; Dental, Tu. F., 9.
 ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.
 ST. MARY'S.—Medical and Surgical, daily, 1.15; 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., 1; 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. Dowse will exhibit a patient with Tumour of the Cerebellum; Dr. Sansom, a case and specimen illustrating the Causation of the Presystolic Murmur, and a paper on "The Cause and Significance of Reduplication of the Sounds of the Heart".
 TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Cavafy, "On Amoeboid Movements of the Colourless Blood-Corpuscles in Leucæmia"; Mr. Brodhurst, "On the Nature and Treatment of Genu Valgum".
 WEDNESDAY.—Hunterian Society, 7.30 P.M., Council Meeting. 8 P.M., Mr. Couper, "A Case of Nephrectomy"; Mr. Waren Tay, "Notes of a Case of Colotomy performed six years ago for (?) Annular Stricture: patient still living".—Royal Microscopical Society, 8 P.M. Mr. Charles Stewart, "Notes on some Acanthometridæ"; Dr. Carpenter, C.B., "New 'Working' Microscope".
 FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. James Adams, "A Case of Ligature of the Common Carotid and Subclavian Arteries for an Aneurism, supposed to be of the Innominate Artery"; Dr. Duckworth, "Two Cases of Myxoderma"; Dr. Sturge and Mr. Godlee, "Stretching of the Facial Nerve for Relief of Spasm of the Facial Muscles"; Dr. T. Colcott Fox, "A Case of Persisting Gyrate Erythema".

THE MEDICAL PROFESSION AND INTEMPERANCE IN ALCOHOL.

SIR,—In reply to my challenge to Miss Hellena Richardson, to name the individuals upon whose authority she asserted "that hundreds and thousands dying of drink, denouncing the doctor who brought them to such a fearful death," we are treated to the following specimens of the grounds upon which this lady justifies her sweeping accusations. "1. A young woman who is not yet dead, and may live for years." 2. An old woman so addicted to drink, that all "the weeping and praying has been in vain" to reclaim her. It is some satisfaction to learn that this interesting individual, also, "is not likely to die soon." 3. The mother of young children, who is so inveterate "that she sets her husband and all else at defiance"—a proof, certainly, of vigorous life.

To my unsophisticated mind, the record of three nameless drunken women, still in the flesh, is rather an anomalous method of proving "that hundreds and thousands of women on their death-beds denounced the doctor who brought them to such fearful deaths." I am quite satisfied to leave Miss Hellena Richardson to the unbiased judgment of your readers. Hoping that the utter collapse of this reckless writer will deter any other lady, with more leisure than intellect, from inditing fanatical appeals, and slandering an honourable profession.—I am, sir, your obedient servant,
BENJAMIN BAKER, L.R.C.S.
Brentwood, Essex, October 26th, 1880.

ON THE EFFECT OF REMOVAL OF THE UVULA ON THE VOICE.

SIR,—So long as the correspondence on this subject was confined to the experience of one who had lost his uvula as the result of diphtheria, there was no need for serious interference; but the letter of Dr. Poulain last week calls for a few words of reply. I feel bound to say that I cannot agree with his remarks with reference to removal of either tonsils or uvula, two very different procedures, by-the-by. As to the first, not only has it been long recognised that removal of the tonsils is followed by extension of upward range, rather than of loss of high notes; but, in my own experience, I can recall two instances; one of a deep bass, the other of a pure tenor, in which removal of the tonsils was followed by the best results to the purity and certainty of the voice, without any alteration whatever in range. The first case was that of the late Mr. Jules Perkins, who suffered from enlarged tonsils, subject to frequently recurring attacks of follicular inflammation. He sang in opera five nights after I had removed the diseased glands. The second case was that of a well known tenor—Signor Stagno—a Spaniard by birth. He expressly asked me to remove the left tonsil, because of the improvement he had experienced since removal of the right some years previously in Madrid. These names I may mention, since Mr. Perkins is since dead of acute rheumatism, and Signor Stagno has ceased to sing in public; but other cases could be quoted equally convincing.

As to removal of a portion of—not excision of the whole of—the uvula, there is much misconception. Singers are not, as a rule, well educated. In the class of cases under consideration, they have often lost notes in their voice, or their entire singing voice, from a chronic laryngitis, largely induced or kept up by an elongated uvula; and because they do not always recover all their voice after removal of the source of irritation, they are too apt to accuse the operation of the failure. Dr. Poulain quotes Mr. Hedley (misprinted Wedley in the JOURNAL) of the Albert Hall Choral Society. I removed a portion of his uvula some years ago, with, as I believe, the best results, if I may judge from the many good reports I have had from him personally, as well as from the many patients he has since recommended to me for similar treatment. I should be, indeed, surprised to hear that his own experience was against the operation, though I should not allow it to greatly influence me against my own results, as a whole, and the following weighty fact: namely, that Professor Carlo Labus, President of the recent Laryngological Congress at Milan, read a paper on that occasion, on this very subject; and that not only was his experience strongly in favour of the operation with especial regard to the voice—which is not, by the way, by any means the most important point—but that of the many authorities present, such as Drs. Stoërte (Vienna), Elsberg (New York), Krishaber and E. Fournié (Paris); not one of them—and they all spoke on the paper—said one word in detraction of the operation as to its effect on the singing voice. When I add that Dr. Labus's experience is based on treatment for various throat-affections of 1,132 singers of different sexes and quality of voice, it will be granted that he speaks with some authority. I have written to Dr. Labus to send an abstract of his paper; and I am sure, sir, that you will find room for so valuable a contribution.

Removal of a portion of an unduly elongated uvula is a slight operation of such very great value in a large number of really distressing throat-affections, that it is a pity it should be subjected to depreciation; and it is on this account that I venture to trouble you with this letter.—Yours faithfully,
LENNOX BROWNE, F.R.C.S.E.

P.S.—I would advise your first correspondent, Mr. Philpot, to consult *L'Hygiène de la Voix*, by Dr. Mandl, whose position as professor at the Paris Conservatoire of Music entitles him to speak *ex cathedra*. He says, at page 185: "This operation encounters, on the part of some artists, the same ill founded opposition as removal of the tonsils (p. 183). I can affirm that, from the considerable number of ablations of the uvula that I have made, I have always, when the operation was really indicated, seen the most happy effects result to the voice, since a permanent source of irritation has thereby been removed."

CONTAGION FROM FLIES.

SIR,—Having, some time ago, devoted a little attention to the fungus which, just at this time of the year, affects the house-fly, may I trespass on your space so far as to furnish my quota to the information contributed by your other correspondents? In the first place, I would dismiss all idea of its being contagious or able to transmit disease to the human subject. I gather, from the review of a paper by Cohn, which appeared in the fifth volume of the *Quarterly Journal of Microscopical Science*, that this disease of the *Musca domestica* was observed by De Geen in 1782, and had not escaped the notice of that acute naturalist, the poet Goethe; it had also been made a subject of study in 1827 by Nees von Essenbach; but in 1835, from careful investigation, M. Duméril was enabled to pronounce it a true fungus allied to the muscardine infesting the silkworm. In 1841, that eminent fungologist Mr. Berkeley determined the mould to be *Sporodionema musca*, but Cohn named it *Empusa musca*, by which it is more familiarly known. The appearance it usually presents is that of a zone of white particles surrounding an apparently live fly; but upon closer inspection, it will be found that the fly is dead, its legs folded under its body, and that it is attached by the sucker of its proboscis to the surface of the window-glass, or on whatever it had settled in dying. The hairs on the fly will be observed covered by minute white globules, similar to those forming the encircling zone. The abdominal segments are separated by distension, and the abdomen appears stuffed by something. On dissecting such a fly in a little glycerine and water, the cause of the distension will be evident by the escape of a mass of mycelina threads, with similar spores to those surrounding the fly; almost all the soft

tissues have disappeared, nothing being left save the tracheal tubes and the chitine, the fungus having preyed upon all the soft parts, and probably suspending its growth for lack of moisture. It is not easy to make a good dissection of such a fly, as its body is so completely desiccated that it breaks to pieces very readily; but, should moisture be supplied by floating the fly on the surface of water, the fungus will grow again rapidly. This fungus does not seem capable of propagating the disease in other flies, probably needing a predisposing nidus for its development, as I have kept flies affected with the *empusa* in contact with healthy flies without their contracting the disease. Little is at present known relative to the life-history of this fungus; but if, just about this time of the year, the blood of a sickly fly be examined, a number of free cells may be noticed, which have been supposed to be the spores of this disease; but this needs further investigation before it can be definitely settled. We are aware that fungoid diseases affect many insects, as in the muscardine affecting the silkworm. The *Botrytis bassiana* principally concerned in the production of this disease is supposed to enter through the spiracles, the spores being drawn into the tracheal tubes of the silkworm, where they develop so rapidly that the tubes become blocked up; now, in the fly, the tracheal tubes seem remarkably free, only the soft tissues being consumed by the growth of the fungus.

Dr. W. B. Carpenter, in his work *The Microscope and its Revelations*, states that it is not at all an uncommon sight in the West Indies, to see a species of *Polistes* (the representative of the wasp in our own country) flying about with fungoid plants of their own length projecting from some part of their body, their roots having a firm hold of the soft structures within; and he gives various instances of vegetable fungi infecting insects, but does not offer any explanation of their origin. This *Empusa musca* may be properly classed with these fungi; and, while admitting the fact that contagion may be carried by flies, no danger to the human subject need be apprehended from this disease, which is one peculiar to insect-life alone.—I am, sir, yours obediently,
T. CHARTERS WHITE, M.R.C.S., F.L.S.
Science Club, 4, Savile Row, October 17th, 1880.

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

Dr. Collie, Homerton; Mr. F. Wallace, Hackney; Mr. Baker, Brentwood; Mr. T. W. Reid, Canterbury; Mr. E. D. Farmer, London; Mr. G. Eastes, London; Dr. F. P. Atkinson, Kingston-on-Thames; Dr. T. S. Dowse, London; Dr. D. Newman, Glasgow; Dr. P. M. Braidwood, Liverpool; Mr. T. S. Moore, London; Mr. P. Metcalfe, Norfolk Island; Dr. Stirling, Aberdeen; Mr. W. Robinson, London; Dr. G. H. Fitzgerald, Liverpool; Mr. R. Clement Lucas, London; Dr. Goodhart, London; Mr. J. C. P. Muir, London; Mr. A. Jackson, Sheffield; Mr. R. W. Potter, Hanley; Justitia; Dr. Ernest A. Jacob, Leeds; Mr. A. Hallows, Maidstone; Mr. W. D. Hemming, Bournemouth; Mr. B. Baker, Brentwood; Mr. W. Mac Cormac, London; Dr. J. Rogers, London; Mr. W. S. Byrne, London; Dr. W. Munro, Manchester; Mr. J. White, Nottingham; Mr. Donald N. Waser, Burnham; Mr. W. Holmden, Edgbaston; Mr. J. Hutchinson, London; Mr. St. Vincent Mercier, London; Mr. Lawson Tait, Birmingham; Dr. H. W. Larkin, Bilston; Dr. R. Saundby, Birmingham; Mr. F. Jordan, Birmingham; Dr. S. W. Smith, Pershore; Dr. F. Henderson, Helensburgh; Mr. M. J. T. Knight, Carlton; Dr. W. L. Winterbotham, Bridgwater; Mr. J. Clegg, Epping; Mr. James Allen, London; Dr. G. Whittle, Liverpool; Our Aberdeen Correspondent; Mr. J. C. Searle, Buxham; J. G. H.; Our Paris Correspondent; Dr. A. Duke, Dublin; Dr. Donkin, London; Dr. R. Lindsay, Salisbury; Mr. F. E. Cockell, jun., Dalston; Dr. W. H. Day, London; Mr. H. Armstrong, Newcastle-on-Tyne; Mr. J. Allan, Edinburgh; Mr. W. Rendle, London; Mr. G. Scudamore, London; Dr. T. Trollope, St. Leonard's-on-Sea; Our Edinburgh Correspondent; Dr. J. B. Power, Kingstown; Mr. Stanley Rogers, London; Dr. W. Moxon, London; Dr. Robert Lee, London; Mr. Walter Dunn, Manchester; Dr. C. H. Drury, Pulham St. Mary; Rev. H. S. Lach-Szyrma, Newlyn; Mr. W. Whitehead, Manchester; Mr. A. Doran, London; Dr. Louis Henry, Melbourne; Dr. Luke Armstrong, Newcastle-on-Tyne; Our Dublin Correspondent; Dr. G. R. Carter, Anerley; Mr. Goyder, Newcastle-on-Tyne; Dr. More Madden, Dublin; etc.

BOOKS, ETC., RECEIVED.

Croonian Lectures. By William Cayley, M.D., F.R.C.P. London: J. and A. Churchill. 1880.
St. George's Hospital Reports. London: J. and A. Churchill, 1880.
Health-Lectures for the People. Delivered at Manchester in 1878, 1879, and 1880—Manchester: John Heywood. 1880.

Scale of Charges for Advertisements in the "British Medical Journal".

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