behind the times, and is not adapted to meet the requirements of a great centre of industry. The professor of natural history also asks for additional space in the museum, so that he may arrange, for purposes of practical study, rare and valuable specimens of plants and animals which have within the last few years been presented to the college. The increase in the number of medical students still continues, and the overcrowding of the anatomical lecture-theatre and dissecting-room during the past session was the cause of considerable inconvenience and anxiety. The recent extension of the field of medical science also requires a large amount of additional space, especially for the study of histology and physiology. It follows that, unless the buildings of the college are enlarged and its laboratories properly equipped, it cannot continue to give such practical training to the students as is now demanded of candidates for degrees. During the past year, the sum of £1,680 was raised by public subscription, for the establishment of a scholarship to commemorate the distinguished services rendered to the college and to chemical science by the late Vice-President, Dr. Thomas Andrews; and at the same time a full-length oil-portrait of Dr. Andrews was placed in the examination-hall of the college.

MIDDLETON UNION.

DR. RICHARD RYAN having been suspended by the Local Government Board under a sealed order, an election for the vacant appointment took place on two several occasions, with the result that Dr. Ryan was twice placed at the head of the poll. Another election has been fixed for Saturday, October 1st, when a similar result may be expected. The Local Government Board are, however, equal to the occasion; and have informed the Dispensary Committee that, if a proper medical officer is not elected within a month, the Board will themselves make the appointment.

HEALTH OF CORK.

DURING the four weeks ending September 10th, the deaths registered in Cork amounted to 141 (including 36 dying in the workhouse who formerly resided in the city), of which number 12 were due to infectious maladies, and 14 were infants under one year. During the same period, 153 births took place, a number equal to 25.38 per 1,000 of the population. The death-rate was equal to 23.38, but, if the deaths occurring in the workhouse be deducted, the total urban mortality would then amount to only 17.4; from infectious diseases, 1.9; and an infant mortality of 2.3 per cent. During the four weeks, no material alteration has taken place with regard to the amount of fever arising within the borough, there being 53 cases of every description of this disease recorded, as against 52 last month. It would appear, however, that typhus has shown a somewhat increased prevalence for the past few months, not only in the city, but throughout the country at large, but by no means to such an extent as to give rise to public uneasiness.

SURGERY AMONG THE MOUND-BUILDERS.—Dr. BRADFORD (*Boston Medical and Surgical Journal*, May 12, 1881), recently exhibited at the Boston society for Medical Observation, some morbid specimens picked from over a thousand skeletons of the mound-builders. There was a femur with a perforation partially filled up and surrounded by evidences of suppurative osteitis, which might have resulted from external violence. Of two tibiæ, one was normal, while the other gave evidence of caries of the ankle. An exostosis showed an attempt at repair. Dr. Bradford believed that the individual who had the latter bone must have been long sick, and gone about with some artificial support. In a case of caries of the spine, the whole dorsal region was involved and cure by ankylosis had taken place. The rest of the skeleton showed the person to have been a young female. Years must have elapsed before a cure was effected. There were also two fractured femora which had united in such good position that in his opinion must have been treated with considerable surgical skill. There was no bowing outward or forward, and but little rotation. The position could not have been maintained till the cure was attained without some pretty efficient means of maintaining the axis of the limb. The results would be considered good in these days in cases where extension could not be employed. From these circumstances, Dr. Bradford thought it very probable that the mound-builders were as much superior in surgical skill to the modern Indians, as they were in civilisation and knowledge of the arts.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the offices of the Association, 161A, Strand, on Wednesday, the 12th day of October, next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*

161A, Strand, London, September 6th, 1881.

BRANCH MEETINGS TO BE HELD.

SOUTH-WESTERN BRANCH.—The next quarterly meeting of this Branch will be held at the Exeter Hospital on Wednesday, October 5th, at 2 P.M. Members intending to read papers, or show specimens or cases, are requested to give notice to S. REES PHILIPPS, M.D., Honorary Secretary, Wonford House, Exeter.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—The next meeting of the above district will be held at the White Hart Hotel, Reigate, on Thursday, October 20th, at 4 P.M.; F. B. Hallowes, Esq., in the chair. The following papers and communications will be read. Dr. Stephen Mackenzie: On the Diagnosis of Intracranial Tumours. Dr. John Walters: Case of Cerebral Abscess. Dr. H. S. *Stone:* Case of Urethral Calculus. Mr. W. A. Berridge: Case of Fractured Coracoid Process, with Specimen. Dinner at 6 P.M., exclusive of wine.—J. HERBERT STOWERS, M.D., Honorary Secretary, 23, Finsbury Circus, E.C.

SOUTH-EASTERN BRANCH: WEST SURREY DISTRICT.—The next meeting will be held at the Bush Hotel, Farnham, on Thursday, October 6th, 1881, at 4 P.M. to the minute; Dr. W. W. Young, M.D., in the chair. Dinner at 6 P.M. precisely; charge, 6s. 6d., exclusive of wine. The following cases and papers have been promised. 1. Mr. Napper: A case of Complete Closure of the Vagina in Labour. 2. Dr. Pearse: A paper on Indigestion. 3. Mr. S. G. Sloman: A paper on the Necessity or otherwise of Frequent Revaccination; and a case of Prolapse of the Female Bladder. 4. Dr. W. W. Young will open a discussion on the Contagious Diseases Acts. 5. Mr. Lorimer: A case of Obstruction of the Bowels.—A. ARTHUR NAPPER, Honorary Secretary.

BATH AND BRISTOL BRANCH.—The first meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Thursday, October 27th, at 4.15 P.M. This hour has been chosen to suit the convenience of country members especially; and it is hoped they will attend, and favour the meeting with their experiences. David Davies, President.—R. S. FOWLER, E. MARKHAM SKERRITT, Honorary Secretaries.—Bath, October 1st, 1881.

NORTH OF ENGLAND BRANCH.—The autumnal meeting of this Branch will be held at the Lumbton Arms Hotel, Chester-le-Street, on Thursday, October 6th, at 3 P.M. The following papers have been promised. 1. Dr. G. H. Philipson: Report of a Case of Perinephritis. 2. Mr. E. Jepson: A Case of Plastic Bronchitis. 3. Mr. E. Jepson: A Case of Scarlet Fever. 4. Dr. A. Mantle: Notes of a case of Stenosis of the Trachea and Right Bronchus. Members intending to read papers are requested to communicate at once with one of the Honorary Secretaries. Dinner at same hotel, at 5.30 P.M.; charge, 6s., exclusive of wine. T. W. BARRON, M.B., Durham; DAVID DRUMMOND, M.D., Newcastle-on-Tyne, Honorary Secretaries.

LANCASHIRE AND CHESHIRE BRANCH.—An ordinary meeting of this Branch will be held at the Town Hall, Bolton, on Thursday, October 13th, at 3 P.M. (Council meets at 2.30). The following communications have been promised. A short address on the Medical Reminiscences of Bolton, by Dr. Rothwell. On the Compulsory Registration of Infectious disease, by Dr. Sergeant, Medical Officer of Health for Bolton. On the transmission of Disease by some Foods, by Dr. Vacher. Case of Multiple Exostosis, by Dr. Shuttleworth. Case of Transfusion of Blood for *Post Partum* Hæmorrhage, by Dr. Walter. Enormous Fibro-Cystic Tumour of Breast, by Mr. Banks. On Modified Listerism, by Mr. R. Hamilton. On the Detection and Removal of Foreign Bodies in the Cornea, by Mr. Emrys-Jones. Cases of Cataract, Operation, etc., by Mr. E. Sunderland. This is the first meeting of the Branch at Bolton, and, among other matters of interest in the town, are the newly completed and extensive buildings of the Infirmary, at present containing a loan-collection of pictures. Dinner at the Swan Hotel, 6 P.M.; tickets 7s. 6d.—A. DAVIDSON, Honorary Secretary, 2, Gambier Terrace, Liverpool.—September 27th, 1881.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

ON Thursday, September 8th, the eightieth meeting of the above district was held at the Royal Sea-Bathing Infirmary, Margate, under the presidency of Mr. W. KNIGHT TREVES, who, in conjunction with Mr. Thornton, conducted the members round the wards and the new buildings; the directors very kindly providing an excellent luncheon.

Papers.—The following were read:

1. Mr. TREVES read a paper on Angular Curvature, illustrated by living specimens representing all the chief varieties of spinal caries and the various modes of treatment usually employed.

2. Mr. S. WOODMAN read a paper on Some Disorders of the Teeth, and their Influence on Health, showing casts of some deformities. He mentioned three cases where persistent and unbearable heartburn from wearing vulcanite plates was cured by the substitution of gold ones; and urged the importance of extracting at an early age the first

molar or second bicuspid tooth, to give room for the proper eruption of the wisdom teeth.

3. Mr. DRING exhibited a Monster, born of a woman, aged 28, in her fourth confinement. The cranial cavity was large, and appeared collapsed and continuous with the spinal by double spina bifida. There was no difficulty about the delivery, but a large quantity of liquor amnii; and "the monster" was a female.

4. Mr. LYDDON showed an Uterine Fibroid Polypus, weighing twenty-eight ounces, of about four years' growth, which he had removed by the wire-cable *écraseur* from the fundus uteri. The woman suffered much from hæmorrhage during the early growth of the polypus, but not afterwards.

5. Mr. WHITEHEAD REID showed a specimen of Ulceration of the Vermiform Appendix, caused by the presence of a foreign body, in a lad aged 15, who died from peritonitis a week after swallowing cherry-stones; Peyer's patches in the ileum near the valve were inflamed, and small portions of cherry-stones were found in various parts of the small bowel.

Dinner.—The members afterwards dined together at the White Hart Hotel.

EAST YORK AND NORTH LINCOLN BRANCH.

THE half-yearly meeting was held at the Beverley Arms, Beverley, on Thursday, September 22nd, 1881, at 4.15 P.M.; the President, W. STEPHENSON, Esq., in the chair.

Communications.—The following communications were read:

Mr. Stephenson: A Case of Lithotrity.—A Case of Compound Fracture of the Radius, with Compound Dislocation of the Ulna, treated Antiseptically; the patient was shown.

Mr. R. H. Bourchier Nicholson: Notes of a Case of Paralysis of the Right Fifth Cranial Nerve.

Mr. Appleton: Remarks on Lithæmia.

Mr. Redmond, R.N.: A Visit to the Hospital at Kiel.

Dr. Kelburne King: Case of Epithelioma of Tongue, followed by Disease of Glands, treated by Excision and Removal of Lower Jaw.

Mr. R. H. Bourchier Nicholson showed a specimen of Perforating Ulcer of the Duodenum.

CORRESPONDENCE.

TREATMENT OF CURVES OF THE TIBIA.

SIR,—Mr. Freer's letter in your issue of to-day on the above subject, induces me to send you a few lines confirmatory of his views. In July 1878, I performed my first osteotomies for curvature of the bones of the lower extremities, and have repeated the operation on several occasions since that date, with invariable success (as regards the operation), and without antiseptic precautions. At the same time, many parents refused to submit their children to operative interference, even though their limbs were so curved they scarcely could walk, and these cases gradually became the most interesting. I watched them month by month, and found that the limbs gradually straightened to a considerable extent without any artificial assistance. But this result will not invariably follow; hence, during the last ten years, I have, both in hospital and in private practice, advocated support of the limbs by means of plaster-of-Paris bandages. There is little risk connected with so-termed forcible fracture of the bones of the limbs, or with osteotomy of those bones by means of the chisel or the saw; but, in my experience, both methods are as a rule not required in the case of children under six years old, and may be grouped in the class of meddlesome surgery. At the same time, as Mr. Freer states in his letter, there "is risk" attached to osteotomy.

Another point to which I would direct attention is that, while section of the femur will be followed by a straight limb which continues straight, section of the bones below the knee is only temporarily advantageous. If the latter cases be examined in a year or two after the operation, as a rule the bones will be found to have yielded. We all know that, on pressing on a flexible stick, the lower portion yields more readily than the upper. This, it seems to me, is the explanation of the curving of the bones of the leg before those of the thigh. My practice is, therefore, to fix the lower limbs up to, or rather above, the middle of the thigh in plaster-of-Paris bandages; and I have found that almost all cases in children under six years of age have been cured by this means in a few months. There seems to me no doubt that "the rachitic condition would have a tendency to continue to a certain extent in the new bone-tissue, in very young children"; hence my rule is not to perform osteotomy in children under six years old who are able to walk. The plaster-of-Paris bandage is a simple, safe, efficient, and inexpensive method of treating curvatures of the limbs in children under six years old.

Another point I would moot is, that these curvings of the bones of the lower extremities are due rather to the child having acquired an improper centre of gravity, than to extra weight of the body, as is generally stated. It seems to me to be quite as essential to teach a child to carry its body properly, as it is necessary to instruct a man to acquire a proper seat in the saddle. Neither habit is intuitive; and, if we do not teach a child to walk so that the pelvis may bear the weight of the spine, as intended by nature, the body gradually inclines more and more forward, and the bones of the leg by degrees yield like the lower portion of a flexible stick. This observation has been demonstrated to me over and over again in private practice in children who are strong, healthy, with perfect hygienic surroundings, and with trunks not too heavy for their lower limbs. Support their lower extremities so that they acquire the habit of resting their trunks on their pelves, and the limbs become quite straight.

Hoping you will excuse my occupying so much of the valuable space of the JOURNAL with these remarks on the treatment of "bowed legs",—I remain, yours faithfully, P. M. BRAIDWOOD,

Senior Surgeon to the Wirral Hospital for Sick Children.

17, Rodney Street, Liverpool, September 3rd, 1881.

OBITUARY.

MR. A. B. STIRLING.

THE anatomical department of Edinburgh University has lost a valued servant in the death of Mr. A. B. Stirling, the assistant conservator of the Anatomical Museum. Mr. Stirling died at Thankerton, aged 70. He was born in 1811 at Milngavie, Stirlingshire, where his father was a shoemaker, and a man of great mental vigour and of robust intellect. Mr. Stirling inherited the independence of character, the robust and vigorous mental energy of his father. He early evinced a decided liking for natural history studies; and, in fact, he was an example of that type of man of which Scotland has produced many—men like Dick of Thurso, and Edwards of Banff. He was a born naturalist; and, although he did not find a sphere suitable for the manifestation of his extraordinary aptitude for anatomical work until about mid-life, still he accomplished an amount of work, after that time, which proved him to have been a man of no ordinary attainments.

In early life he was a policeman, and became inspector of police in the St. Andrew's district, and for some years he acted as a gamekeeper. His love of natural history brought him into contact with the late Professor John Reid and Dr. Adamson of St. Andrew's, who employed him to arrange the University Museum there. In 1856, he was introduced to the late Professor Goodsir, who recognised his aptitude for anatomical work, and saw in him one who would be a congenial help in the work which he had in view; and Mr. Goodsir appointed him assistant conservator of the Edinburgh Anatomical Museum—a museum which he has enriched with hundreds of anatomical preparations (normal and morbid), and also many comparative anatomy specimens, which are all characterised by great taste in the way in which they are mounted.

He thus found himself in a congenial atmosphere, and was enabled to follow the bent of his genius in the pursuit of anatomical work. He soon acquired an extensive knowledge of anatomy, human and comparative; but this was not all: he had so remarkable a mechanical turn, and so inventive a mind, that he devised many new methods for preserving the human body for dissection, for mounting anatomical preparations, for cutting microscopic sections, and for mounting the same. He was a most accomplished microscopist; and, long before any one in this country, he invented, and used with complete success, a microtome for cutting microscopic sections—a microtome which has formed the basis of several section cutters which have appeared in recent years. Above all, Mr. Stirling was an adept in the art of microscopic injection, and his preparations have never been excelled; many of them are still to be found in collections both at home and abroad.

He was a keen sportsman, especially a fisher, and this led him to take a great interest in fish, especially the salmonidæ; and, when the "fungous disease" broke out amongst the salmon in the Tweed and other rivers, he investigated this matter, and communicated his results to the Royal Society of Edinburgh—results which contain by far the best description yet given of the pathological conditions of this remarkable disease.

Many generations of medical students knew and loved Mr. Stirling, for he was ever ready to pour out those rich stores of anatomical lore which he had accumulated as the result of his own observations. It

officers of health are, for the most part, very meagre, consisting mainly of recapitulation of the individual nuisances reported on during the year. Some sanitary improvements have been carried out in a piecemeal fashion; but, it is probable that far more systematic and satisfactory progress would have been made, if the sanitary authority had had the uniformity of advice, and the opportunity of personal conference, at their meetings, which the appointment of a single competent officer would have afforded them".

This entirely bears out the arguments brought forward by the deputation who recently waited on Mr. Dodson with regard to this very subject; and it is to be hoped that the President of the Local Government Board will see fit to consider, in the recess, whether some stop should not be put to the Board's toleration of such appointments as these.

MILITARY AND NAVAL MEDICAL SERVICES.

INDIAN MEDICAL SERVICE.

SIR,—In a leading article of a recent issue of the *Home News*, the editor remarks, with reference to the Indian Medical Service: "Although the military branch of the service has been seriously depreciated, the civil branch has undoubtedly been improved, and now affords to candidates for the public service a career calculated to attract to its ranks men of real ability. All that is now wanted are some further slight modifications in the interest of the military branch."

Now, sir, the "modification" I would suggest, from the experience of several years' service in India, would be the complete amalgamation of the military branch of the Indian Medical Service with, or its absorption into, the Army Medical Department. The details could be easily arranged, and we would then—the civil branch being entirely eliminated and independent—have one military medical department, and hear no more of one service or branch being improved at the expense of the other, of any detriment arising from the duties of military officers being administered or superintended by men fresh from civil employ, or the complaints of the latter that officers of the Army Medical Department supersede them. The fact of the matter is, the Indian medical officers want the best of both services, to hold well-paid civil appointments as executives, and afterwards have the higher administrative grades of Deputy Surgeon-General and Surgeon-General, which should be the reward of military service. It is absurd that men should spend twenty or more years in civil employment, and then expect to be pitchforked into posts requiring an intimate knowledge of military men and military duties. The authorities appreciate the difficulty. Hence the six months' probation in medical charge of a Native infantry (!) required prior to promotion, and which is now being undergone by a medical officer who was recently officiating as Deputy Surgeon-General and Principal Medical Officer of a division in the field! The civil branch should become a distinct service, affording, as it does, a career for real ability, and giving ample scope for the talent of our Eurasian brethren, who are unfitted for military service. The latter might then be appointed locally, as you suggest in the BRITISH MEDICAL JOURNAL of July 23rd, to various suitable and congenial posts.—Yours, etc.,

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INDIAN ARMY MEDICAL OFFICERS.

SIR,—Will you allow me to draw your attention to a grievance long experienced by the junior officers of the Army Medical Department serving in India; namely, the low rate of pay during the first six years of their service. A surgeon in Class A at home draws, with allowances, £300 a year, and a surgeon in Class B £350 a year. On being sent to India, he finds himself entitled to draw a consolidated pay, including all allowances, of 317 rupees a month, which, at the present rate of exchange, is only £17 more than the pay of a surgeon in Class A, and £33 a year less than that of a surgeon in Class B at home. On the issue of the new warrant of the 27th November, 1879, no mention was made of the fact, that the advantages offered in it did not apply to officers serving in India, and it was not until a considerable number of candidates were admitted, that a foot-note was added, saying that: "This warrant did not apply to India". An officer, therefore, finds himself in India drawing comparatively less pay than at home, while his expenses are nearly double; consequently, he is barely able to live. The relative rank of captain carries with it in India no advantage of any kind, as the pay is about £100 a year less than a combatant officer of the same rank.

From the foregoing facts, you will see that a junior officer, on completion of his tour of five years' service in India, is as poor, if not poorer, than when he left home; and finds himself, on his return to England, very much in the same position as when he first entered the service.

Hoping that this will appear to be no groundless grievance, and that the authorities will be led to see the justice, as well as the necessity, of improving the pay of junior medical officers serving in India, I am, your obedient servant,

Bombay. JUNIOR.

LIVERPOOL PORT.—Dr. Stopford Taylor has the satisfaction to state that not one case occurred in this port last year in which it was necessary to serve a notice or take legal proceedings, the owners of ships having readily complied with every requirement. From September 6th (when the port-inspector commenced his duties) to December 31st, 1,678 vessels were inspected, of which 364 were steamships and 1,314 sailing-vessels. The chief defect discovered was the dirty condition of the forecastle, which was noticed in 117 vessels; whilst 11 were found with faulty bulkheads, and 6 with defective water-closets. All others were found in a fair sanitary condition. Sixteen vessels were reported with disease on board, the chief of which were fever-cases from New York. Measles was very prevalent on board the training-ship *Conway* during August and September. The patients were treated by their own medical attendant; the ship was disinfected and cleansed by the crew; and 1,535 articles of clothing, etc., were disinfected by the port sanitary authority.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentleman passed his Examination in the Science and Practice of Medicine, and received a certificate to practise, on Thursday, September 22nd, 1881.

Wigan, Charles Arthur, Portishead, Somerset.

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

Forrest, James Rocheid, St. Bartholomew's Hospital.
Vivian, George Ernest, St. Thomas's Hospital.
Whitten, Samuel, Mercer's Hospital, Dublin.

MEDICAL VACANCIES.

THE following vacancies are announced:—

BETHLEM HOSPITAL—Two Resident Medical Students. Applications to A. M. Jeaffreson, Esq., Bridewell Hospital, Blackfriars, E.C., by October 1st.

CLINICAL HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Park Place, Manchester—House-Surgeon. Salary, £80 per annum. Applications to Mr. E. W. Marshall, Secretary, 38, Baclon Arcade, Manchester, by October 8th.

DENTAL HOSPITAL, Leicester Square—Dental Surgeon. Applications by October 10th.

DREADNOUGHT HOSPITAL, Greenwich—Resident House-Surgeon. Salary, £50 per annum. Applications by October 8th.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Lady Superintendent. Salary, £60 per annum. Applications to the Secretary by Oct. 8th.

ESSEX AND COLCHESTER HOSPITAL—Physician. Applications by October 5th.

HOSPITAL FOR CONSUMPTION, Brompton.—Lady Superintendent. Salary, £100 per annum. Applications by October 5th.

HOSPITAL FOR EPILEPSY AND PARALYSIS, Portland Terrace.—Physician. Applications to Arthur Reade, Secretary, by October 12th.

HULME DISPENSARY, Manchester—House-Surgeon. Salary, £130 per annum. Applications to Dr. Wahltuch, Honorary Secretary, by October 20th.

LEAVESDEN ASYLUM FOR IMBECILES, near Watford, Herts—Assistant Medical Officer. Salary, £120 per annum. Applications by October 4th.

LEEDS PUBLIC DISPENSARY—Resident Medical Officer. Salary, £80 per annum. Applications by October 15th.

PLYMOUTH PUBLIC DISPENSARY—Assistant Physician. Salary, £60 per annum. Applications to the Honorary Secretary by the 4th October.

QUEEN'S HOSPITAL, Birmingham—Second Casualty Surgeon. Applications by October 5th.

RICCARTSBAR ASYLUM, Paisley—Medical Officer. Salary, £60 per annum. Applications to R. Rowand, Inspector of Poor, Paisley, by October 6th.

TOWNS HOSPITAL AND ASYLUM, Glasgow — Assistant Medical Officer. Salary, £80 per annum. Applications, etc., to Dr. Robertson by October 10th.

WESTMINSTER HOSPITAL—House-Surgeon. Applications by October 7th.

MEDICAL APPOINTMENTS.

ANDREW, E., M.D., appointed Surgeon to the Eye, Ear, and Throat Hospital for Shropshire and Wales.

BUSBY, A. R., M.R.C.S., appointed Resident Medical Officer to the Bath General or Mineral Water Hospital.

CARTER, R. B., F.R.C.S., appointed Consulting Surgeon to the Eye, Ear, and Throat Hospital for Shropshire and Wales.

OZANNE, F. N., M.R.C.S., appointed House-Surgeon to the Weston-super-Mare Hospital and Dispensary.

SMYTH, Sydney, M.R.C.S., appointed House-Surgeon and Secretary to the Royal Isle of Wight Infirmary, *vice* C. B. Beresford, M.R.C.S., resigned.

WADDELL, C., M.D., appointed Assistant Surgeon to the Eye, Ear, and Throat Hospital for Shropshire and Wales.

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.

BIRTHS.

DAVEY.—On September 21st, at Ash Grove, Barkway, Royston, the wife of Francis A. Davey, M.R.C.S.E., L.S.A., of a son.

HOFFMEISTER.—On the 15th of September, at 8, Cambridge Road, Brighton, the wife of Dr. J. B. Hoffmeister, of a son.

LUCEY.—On September 28th, at the Elms, Bush Hill Park, Enfield, the wife of William C. Lucey, M.D., of a daughter.

MARRIAGES.

EAMES—LORD.—On the 22nd inst., at All Saints', Hamer, by the Rev. C. F. D. Hodge, M.A., Vicar, James Crompton Eames, M.D., son of Dr. Eames, Barnfield House, Kersley, near Manchester, to Florence, eldest daughter of Thomas B. Lord, Townhead, Rochdale.

WILLIAMS—STOREY.—September 23rd, at St. Cuthbert's, North Meols Parish Church, by the Rev. J. H. Bartlett, Henry Clarence Williams, L.R.C.P., etc., Southport, to May, daughter of the late John Storey, Esq., of Moss Side in Furness. No cards.

DEATH.

BOULTON.—On September 21st, at Horncastle, Georgiana Caroline, the beloved wife of Albert E. Boulton, Surgeon, and daughter of the late Rev. William Williams, Vicar of Croft, Lincolnshire.

PUBLIC HEALTH.—The following are the annual rates of mortality last week, being the thirty-seventh week of the year, in twenty of the largest English towns: Oldham 12, Leeds 13, Wolverhampton 14, Bristol 14, Bradford 15, London 15, Salford 15, Birmingham 16, Sheffield 16, Brighton 16, Manchester 16, Sunderland 17, Plymouth 17, Newcastle-on-Tyne 17, Norwich 18, Portsmouth 19, Nottingham 20, Leicester 26, Liverpool 28, and Hull 30. Scarlet fever showed the largest proportional fatality in Hull, Nottingham, Leicester, and Sunderland; no fewer than 175 fatal cases of this disease have been registered in Hull since the beginning of July, of which 26 were recorded last week. The 16 deaths from diphtheria in the twenty towns included 6 in London, 8 in Portsmouth, and 2 in Birmingham. Fever, principally enteric, showed the highest death-rate in Wolverhampton, Hull, and Newcastle-upon-Tyne; 2 of the 3 deaths from "fever" in Newcastle-upon-Tyne occurred in the Fever Hospial, and were certified as typhus. Small-pox caused 27 more deaths in London and its outer ring of suburban districts and one in Liverpool, but not one in any of the eighteen other large provincial towns. In London, 2,493 births and 1,151 deaths were registered. The deaths were 251 below the average. The annual death-rate declined to 15.7. During the first eleven weeks of the current quarter, the metropolitan death-rate averaged 21.1 per 1,000, against 18.0 and 20.9 in the corresponding periods of 1879 and 1880. The 1,151 deaths included 26 from small-pox, 16 from measles, 51 from scarlet fever, 6 from diphtheria, 22 from whooping-cough, one from typhus fever, 21 from enteric fever, 2 from ill-defined forms of continued fever, 40 from diarrhœa, 6 from simple cholera, and not one from dysentery; thus, 191 deaths were referred to these diseases, being 116 below the average. The deaths referred to diseases of the respiratory organs, which had been 115 and 131 in the two preceding weeks, further rose to 156 last week, but were 9 below the average; 91 were attributed to bronchitis and 37 to pneumonia. The death of an inmate of the Greenwich Union Infirmary, whose age was stated to be 101 years, occurred on the 12th instant. Different forms of violence caused 49 deaths; 44 were the result of negligence or accident, among which were 19 from fractures and contusions, 5 from burns and scalds, 5 from drowning, and 7 of infants under one year of age from suffocation. At Greenwich, the mean temperature of the air was 55.0°, and 2.6° below the average. The mean degree of humidity of the air was 90, complete saturation being represented by 100; the air was, therefore, damp. The direction of the wind was variable, and the horizontal movement of the air averaged 6.9 miles per hour, which was 4.8 below the average. Rain fell on three days of the week, to the aggregate amount of 0.14 of an inch. The duration of registered bright sunshine in the week was equal to 23 per cent. of its possible duration. No ozone was recorded on any day of the week except on Sunday, when the amount was below the average.—The annual rate of mortality last week, being the thirty-eighth week of the year, in twenty of the largest English towns, averaged 18.2 per 1,000 of their aggregate population. The rates of mortality in the several towns were as follow: Bradford 15, Leeds 15, Birmingham 15, Bristol 15, Brighton 15, Salford 15, Sunderland 15, Portsmouth 16, Sheffield 17, Plymouth 17, London 17, Oldham 18, Nottingham 20, Norwich 20, Leicester 20, Newcastle-on-Tyne 22, Wolverhampton 22, Liverpool 23, Hull 24, and Manchester 25. Scarlet fever showed the largest proportional fatality in Hull, Nottingham, and Bradford; no fewer than 197 fatal cases of this disease have been recorded in Hull during the past twelve weeks, of which 22 were registered last week. The 21 deaths from diphtheria in the twenty towns included 14 in London, 5 in Portsmouth, and 2 in Birmingham. Fever, principally enteric, showed the highest death-rate in Liverpool and Portsmouth. The fatality of diarrhœa was considerably below the average for the season. Small-pox caused 27 more deaths in London and its outer ring of suburban districts, one in Oldham, and one in Newcastle-upon-Tyne; while no death from this disease was recorded in any of the seventeen other large provincial towns. In London, 2,330 births and 1,279 deaths were registered. The deaths were 108 below the average. The annual death-rate from all causes, which had not exceeded 16.2, 16.7, and 15.7 per 1,000 in the three preceding weeks, rose last week to 17,4. The 1,279 deaths included 26 from small-pox, 17 from measles, 48 from scarlet fever, 14 from diphtheria, 31 from whooping-cough, 3 from typhus fever, 40 from enteric fever, 2 from ill-defined forms of continued fever, 33 from diarrhœa, 3 from dysentery; thus, 217 deaths were referred to these diseases, being 46 below the average. The deaths referred to diseases of the respiratory organs, which had been 115, 131, and 156 in the three preceding weeks, further rose to 164 last week, but were 21 below the average; 85 were attributed to bronchitis and 52 to pneumonia. Different forms of violence caused 59 deaths; 53 were the result of negligence or accident, among which were 24 from fractures and contusions, 2 from burns and scalds, 13 from drowning, one from poison, and 8 of infants under one year of age from suffocation. At Greenwich, the mean temperature of the air was 58.2°, and 1.8° above the average. The mean degree of humidity of the air was 89, complete saturation being represented by 100. The direction of the wind was variable, and the horizontal movement of the air averaged 8.4 miles per hour, which was 2.6 below the average. Rain fell on five days of the week, to the aggregate amount of 1.19 inches. The duration of registered bright sunshine in the week was equal to 12 per cent. of its possible duration.

HEALTH OF FOREIGN CITIES.—The following facts, derived from a table in the Registrar-General's last weekly return, afford trustworthy indications of the recent health and sanitary condition of various foreign and colonial cities. In the three principal Indian cities, the death-rate averaged 32.8 per 1,000; it was equal to 21.9 in Calcutta, 36.1 in Bombay, and 38.8 in Madras. Cholera caused 18 deaths in Bombay and 16 in Calcutta, and small-pox 31 in Madras. The fatal cases of "fevers" showed the usual excessive proportions in each of these cities. The rate in Alexandria was equal to 50.2, showing a further increase upon the rates in previous weeks; the deaths included 13 from enteric fever and 12 from whooping-cough. According to the most recent weekly returns, the average annual death-rate in nineteen European cities was equal to 25.4 per 1,000 of their aggregate population, whereas the rate in the twenty large English towns last week did not average more than 18.2. The rate in St. Petersburg was equal to 41.1, no fewer than 47 deaths being referred to typhus and typhoid fevers, showing a considerable increase upon the numbers in the preceding week. In three other northern cities—Copenhagen, Stockholm, and Christiania—the average death-rate did not exceed 20.2, the highest rate being 23.2 in Stockholm; whooping-cough caused 3 deaths in Copenhagen, and scarlet fever 2 in Stockholm. The Paris death-rate was equal to 24.8, while in London it did not exceed 17.4; the deaths included 33 from diphtheria and croup, 29 from enteric fever, and 15 from small-pox. The deaths in Brussels were equal to a rate of 23.3, and included 5 from "fevers". The rate in Geneva was 22.8, 3 deaths from fever being reported. In three of the largest Dutch cities—Amsterdam, Rotterdam, and the Hague—the death-rate averaged only 20.1, the highest being 23.4 in the Hague; typhus and typhoid fevers caused 5 deaths in Amsterdam. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 26.2, and ranged from 21.3 in Vienna and 22.5 in Hamburg, to 33.5 and 36.2 in Munich and Buda-Pesth. Small-pox caused 13 more deaths in Vienna, showing an increase upon recent weekly numbers. Turin is the only Italian city contributing to last week's table; the rate in this city was equal to 26.4, and 15 of the 122 deaths were referred to enteric fever. In four of the principal American cities, the death-rate, calculated upon the population enumerated in 1880, averaged no less than 29.1; it was equal to 22.5 in Philadelphia, 28.6 in Brooklyn, 31.3 in Baltimore, and 33.0 in New York. Diphtheria showed fatal prevalence in New York and Baltimore, and typhoid fever in Philadelphia and Baltimore.

WEDNESBURY.—We are gratified to find that the suggestion we threw out (see vol. ii, 1880, p. 947) with regard to the publication of the health-reports for this important district has been acted upon, and that Mr. Garman's report for 1880 now appears in pamphlet form, after the fashion of others of its class. In 1875, the population of Wednesbury was estimated at 27,000, but bad trade and general mercantile depression have reduced it to 24,500. Last year the birth-rate was 37.8, and the death-rate 18.8, per 1,000 respectively, rates slightly in excess of those of 1879. Of the total deaths (462), 115 were from zymotic diseases, or nearly twice the number of such deaths in 1879. This alarming increase was due to the prevalence of scarlet fever and diarrhœa, which together were fatal in 87 cases. Mr. Garman deplores the prevalence of the first disease, which has increased of late years, and expresses the opinion that, whilst an intercourse is constantly kept up between the healthy and the sick, and in the absence of any system of notification of infectious diseases, scarlatina must continue to figure in the death-returns. The absence of isolation accommodation has, moreover, no doubt been to a large extent responsible for the lamentable prevalence of the disease. Diarrhœa caused 39 deaths, all, with one exception, in children under five years of age. There was a marked decline in the number of deaths from pulmonary diseases. Eighty-five deaths occurred last year, against 134 in 1879. There was also a decline in the number of deaths from wasting and tubercular diseases, a result which is attributed chiefly to the social improvement in the condition of those who have the care and rearing of children. Not much is said as to the sanitary condition of the borough; and, in future reports, Mr. Garman would do well to dwell somewhat more in detail upon his personal work, and upon the action taken on his advice for the improvement of the district.

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.—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.—North-west London, 2.30 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., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.

LONDON.—Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, 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, 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; 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, M. Th., 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. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.3.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 2; Eye M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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 not answered, are requested to look to the Notices to Correspondents of the following week.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

HOMES FOR CHILDREN.

SIR,—I shall be very glad if you, or any of your readers, can inform me if there is any home, not a baby-farm, where a father who is going abroad could place his little girl, aged three years, and where she would be well looked after.—Yours truly, ORPHAN.

THE ASSOCIATION IN ITS RELATIONS TO HOMŒOPATHIC PRACTITIONERS.

SIR,—At the meeting of the Lancashire and Cheshire Branch held here a few days ago, the amendment I brought forward in favour of perfect freedom of individual judgment was rejected by a narrow majority. The excellent but brief report of the meeting did not and could not give the speeches delivered on the occasion, though some of them were extremely interesting.

I simply explained that I had long felt that all practitioners, as soon as they were duly qualified, were entitled to perfect freedom of thought and action, might freely use all such remedies as commended themselves, and might meet whoever could give them assistance in their art, and might avail themselves freely of all the discoveries, of whatever kind, the unknown future may bring forth; that absolute freedom of thought was the very breath of our nostrils. Also, that an association, founded for scientific and social purposes, degraded itself into a trades' union, or a Boycotting machine, when it hampered and harassed its members by telling them what line of practice they were not to adopt, and what kind of practitioners they were not to meet.

I wish now to be permitted to expatiate a little more freely on this subject, and I will try not to be tedious. The question then, to my mind, we have to consider is, not whether it is right or expedient to meet certain practitioners ourselves, but whether it is right for us to compel others not to meet them; to say to others, "You must not and shall not meet them, and you must not and shall not meet anyone else that meets them". "Must" and "shall" are words highly distasteful to the English mind.

And what is the penalty to be exacted for meeting these tabooed gentlemen? Expulsion from this Association, the only Association that bands the profession together, and one which, looked at in its scientific and social aspects, commands our high respect, and, with many of us, a much warmer feeling. It is difficult now to conceive how resolutions of so arbitrary a character should ever have been passed unanimously by our meetings. If some despotic monarch had commanded us not to meet these gentlemen, or for that matter if he had commanded us to meet them (a thing not one whit more tyrannical), how we should have rebelled, or how servile we should have thought ourselves if we had submitted.

It may be said that we live in strange times, and that strange diseases demand strange remedies. But the times are always strange. There have been the days of Dr. Sangrado; there have been the grand times of Louis XIV, when the state of the profession afforded so delightful a field for Molière to revel in. And here I must venture to give a translation I once made of a little scene from this writer's *L'Amour Médecin*, which sounds strangely familiar to medical ears.

A consultation of doctors is going on; each has already related what a long round of visits he has paid, and what distances into the country he has been; then M. Tomès says, "By the-bye, now what do you think of the quarrel between the two doctors Theophraste and Artemius, for it is a matter on which the whole profession is divided?"

M. Defonandres: "For my part, I am for Artemius."

M. Tomès: "And so am I. Very true, his advice, as people say, may have killed the patient, and that of Theophraste may have been much better; still, the latter did wrong under the circumstances, and ought not to have had a different opinion from his senior. What say you?"

M. Defonandres: "I quite agree. Formalities must always be observed, happen what may."

M. Tomès: "For my part, I am strict as the deuce, unless it be among friends; and one day we had met, three others of us, with a strange physician, for a consultation, when I stopped the whole affair, and would not allow an opinion to be given on the case if things were not done in order. The people in the house pressed us all they could, and the malady was very urgent, but I would not yield a bit, and the patient died bravely during the dispute."

M. Defonandres: "It is very right to teach people how to conduct themselves, and to bring them to a sense of their errors."

M. Tomès: "A man dead is but a man dead, and makes no matter; but a formality neglected does a notable mischief to the whole medical profession."

The public in those days, as in these, may have reasonably been puzzled with the formalities of the profession; and, while they laughed, it must still have been with an uncomfortable feeling that things were not altogether arranged for their benefit.

I have a strong opinion that the relations between the profession and the public can never be quite satisfactory until every practitioner had the free use of his own independent judgment as to whom he shall meet, and whom he shall decline to meet. He can then give, if he pleases, reasons that may commend themselves to people's common sense, and not be obliged to confess that he is simply obeying the dictum of others. But, independently of the question of expediency, every man's right to this measure of freedom is surely indefeasible.

My amendment, as your readers may know, was simply this: "That, in the opinion of this meeting, every member of the British Medical Association is entitled to the freest use of his own independent judgment in regard to the question of meeting gentlemen who practise homœopathy."

In conclusion, I willingly concede to the framers of the resolutions, that seem now so archaic, the merit of the best intentions, and of a perfervid zeal for the honour and dignity of a profession that happens, however, to be not altogether unable to stand without artificial buttresses.—I am, sir, yours obediently,

Liverpool, September 26th, 1881. HENRY LOWNDES.

M.B.—The practice of boring the ears is probably nothing more than a survival of a barbarous method of ornamentation; its relation to weak eye-sight is not only, in our opinion, purely hypothetical, but has nothing whatever to recommend it, either in practical experience or on theoretical data. It is a mere superstition.

PATHOLOGICAL HISTOLOGY.

SIR,—Will you be good enough to inform me, through your "Answers to Correspondents", as to a good book describing how to prepare pathological specimens for the microscope? Please state also the price.—I am, yours truly, PATHOLOGIST.

*** There is no special book on this subject, so far as we know. The necessary information is to be found in the technical treatises on histology, such as Frey's *Microscope*, Frey's *Histology* (both translated into English), or the manuals of Practical Histology, such as Rutherford's, Stirling's, or Schäfer's, or others which are equally well known. The technical processes are the same in morbid as in normal histology. Valuable information as to the application of processes to particular pathological specimens and varieties of disease will be found in Ranvier and Cornil's standard treatise on *Pathologie Histologique*. A new edition has been lately published in France, of which a translation into English is now in the press (Smith, Elder, and Co.).

Low Mortality Statistics.

SIR,—One is a good deal amused from time to time at the zeal of the inhabitants of certain watering-places in publishing the low rates of mortality of their respective towns, of course with the object of attracting visitors. I had in my hands recently a guide to a very fashionable resort on the north coast of Devon, in which it was affirmed that the mortality for a long series of years had been at the rate only of between nine and ten per thousand of the population, of which number three-fourths were infants. It has been commonly supposed that, by the exertions of the late Sir G. Cornewall Lewis and Mr. W. J. Thoms, most of the so-called centenarians had been wiped out; but such statistics as these, if carried to their legitimate conclusion, taking the mortality at ten per thousand, show us a town of which the age, not merely of a single individual here and there, but the average of the whole population at death, is 100 years, and excluding the infants each individual should arrive at 400 years. Thus some of the resident inhabitants might easily have known bluff King Hal, and as recorded on the tombstones people seem to have died at all ages (but none of them quadricentenarian), and by adding these defective ages to the resident population, some might even have been at the battle of Hastings. I think it is high time that a stop should be put to such absurd statements. In the JOURNAL of September 10th, there are several of the same family, which I suggest must be either watch-box statistics, or the reports of mortality must have been imperfectly kept, or the sick must have been sent to die elsewhere and not been brought in to the account. Supposing the New Zealand statistics to have any value, the following is the clear outcome. The average age of the whole population at death, on a sufficiently extended basis, should be: at Dunedin, 69½; Caversham, 72¾; Lyttelton, 76½; Oamaru, 86¼; Napier, 89¾; Tamara, 92; Invercargill, 100; Thames, 131½. Then we have at home Ealing, where the average age at death should show 82.

There are a great many factors that go to make up the mortality statistics; among these may be mentioned the aspect of the town, the soil, habitations, food, and the *vis vitæ* of the inhabitants, for there is a great difference in this respect among different people, some being full of vigour and never ailing, while others are always sickly, and can hardly be said to have ever been properly alive—a sort of half or three-quarter existence, in short, they may be said to have been born merely to suffer. But the most constant factor, and one that is occasionally more effective than all the rest put together, is the relative age of the population. This is so important that it may happen that though the death-rate may show higher in town A than in town B, town A may be the more healthy one on account of its containing a greater number of infants or very old people. Suppose, again, Brighton to have a certain death-rate and Birmingham one somewhat higher, it does not follow from this that Birmingham is a more unhealthy town, as the increased mortality may arise from many causes, as intemperance, insufficient or unsuitable food arising from poverty, dust arising from manufactures, difference of ages, etc. Of course, it might be the other way and Brighton be more healthy than it appears by the statistics. The Northampton table seems to make the greatest prospect of longevity to occur between the ages of 10-15, the Carlisle between 5-10, with a continual decrease afterwards. The life office tables, being founded on selected lives, are of no use in respect to this subject.

It seems clear, then, from the foregoing that the only possible way of arriving at a satisfactory mortality statistic is by taking a table—for this purpose the Carlisle would be as good as any—and ascertain what the mortality should be for each quinquennial period, and then measure the actual mortality at these different ages, and not in the present higgledy-piggledy manner, by which it is only shown, at the best, that out of so many people who were alive, so many have died, and leaves out of the count every circumstance that could render this information of the least value. If something like the plan above suggested could be carried out, it might be possible to trace the causes of mortality more effectually than at present, as why so many more people have died at certain ages than ought to have done according to the calculation; also the standard of comparison would be more satisfactory than at present, and we should be spared being so frequently offended by useless or impossible statistics.—I am, etc., G.

T. W. H.—We have had the subject under consideration more than once, but there are a good many difficulties in the way, both as to space and as to the best means of obtaining the required information.

Subcutaneous Injection of Quinine.

SIR,—I beg you will allow me to mention that, in the year 1862, when Assistant-Surgeon in the European General Hospital, Bombay, I first used quinine by subcutaneous injection. My manner of procedure, etc., was brought before the Bombay Medical and Physical Society in March, 1863 (*vide* JOURNAL), and also in the *Lancet* of August 1st, 1863. As I observe that this method of using quinine has been credited to some other gentlemen, I mention the dates and articles on and by which I brought it forward, being ready to retire from the position if anyone can show previous publication on the subject.—I am, etc., W. J. MOORE,

Deputy Surgeon-General H.M. Forces, Bombay.

Bombay, September 6th, 1881.

Treatment of Hard Corns.

Rub them daily with sand-paper till the hypertrophied epidermis is removed. If there be much tenderness, paint the corns every night with strong tincture of iodine; but the main point of the treatment is to remove the epidermis with the sand-paper. W. A.

A. R. W. (Airdrie) will find full details of the courses at the University of Vienna and other foreign universities, and the conditions of attending and profiting by the foreign colleges and universities, in the student's number of the *London Medical Record*, September 15th, which is devoted to the elucidation of the conditions and methods of education and graduation in foreign universities and colleges in Europe and America.

Professional Advertising.

A small pink handbill, of which the subjoined is a copy, has been sent to us from Manchester.

"New Surgery, 160, City Road (corner of York Street), Hulme. Terms: Advice and medicine, 6d.; weekly, 1s.; visits to patients' homes (including medicine), 1s. 6d.; teeth extracted, 6d.; certificates, 6d. and 1s.; vaccination, 1s.; confinements, 10s. 6d. to 15s. After 10 P.M., all charges double, except confinements. Hours: morning, 9 to 11; afternoon, 2 to 3; evening, 6 to 9. In opening the above surgery, an attempt has been made to meet the requirements of the middle and working classes, many of whom find it almost impossible, during these dull times, to pay the usual medical fees. The terms are strictly cash. Visits are paid, and messages may be left, at any hour. Special attention paid to children. W. W. Bremner, Physician and Surgeon."

Small-pox Inoculation in China.

SIR,—I notice an inquiry in the number of the JOURNAL for August 27th regarding small-pox inoculation in China. The writer expresses a doubt as to the existence of inoculation being practised in China, and also as to the mode adopted. I may state that full particulars regarding the practice are given in the translation of a native Chinese pamphlet on Inoculation, which I made several years ago, and which was published in the *Dublin Medical Journal* for 1843-4. The author says that this procedure was invented by a philosopher in the Sung dynasty about 1014 A.D., and has been followed ever since. There are three plans used: 1. Watery inoculation; the variolary crusts are rubbed with water to a fine paste, with which a plug of cotton-wool is moistened, and then inserted into one of the nostrils. 2. Dry inoculation; the crusts are rubbed into a dry powder, which is blown into the nostrils. 3. Clothes inoculation. In this mode, the person or child is made to put on the clothes of a child affected with small-pox. Then follow a long list of rules for the management of the patient. The abstract of the translation can be seen at p. 238 in *The Medical Missionary in China*, published by me in 1861.—Yours truly, WM. LOCKHART.

67, Granville Park, Blackheath, S.E., September 1st, 1881.

Factory Surgeons.

SIR,—Will you, in an early issue of the JOURNAL, be so kind as to inform me with whom rests the appointment of surgeon under the Factory Act? and also what are the formalities necessary in applying for a vacant post under the Act?—I am, sir, your obedient servant, A. Y. Z.

*** 1. The Home Secretary. 2. Formal application backed by professional applications and political influence.

Noises in the Ears.

SIR,—Would you, or any member of the Association, advise me as to the most satisfactory treatment for continued buzzing noises in the ears. I believe them to be caused by large doses of quinine I took twelve months ago as a preventative against ague, when travelling in unhealthy parts of Peru and Bolivia. In other respects, my health is perfectly good. Any suggestions for the relief of these distressing symptoms will be very thankfully received.—I am, etc., J. A. FREND.

Rosario, South America, August 19th, 1881.

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

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BOOKS, ETC., RECEIVED.

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Cyclopædia of the Practice of Medicine. By Dr. H. von Ziemssen. London: Sampson Low and Co. 1881.

American Nervousness. By George M. Beard, A.M., M.D. London: Trübner and Co. 1881.

Text-Book of Modern Midwifery. By Rodney Glisan, M.D. Philadelphia: Presley Blakiston. 1881.

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