

made by the medical officers of health to induce persons who have not been properly vaccinated to submit at once to the operation. The present epidemic has illustrated the protective influence of vaccination, as all persons who had been properly vaccinated have either escaped the disease or have had it in a very modified form.

REPORT OF THE COLLECTIVE INVESTIGATION COMMITTEE.

ADOPTED AT THE ANNUAL GENERAL MEETING OF MEMBERS, HELD AT THE TOWN HALL, RYDE, ON TUESDAY, AUGUST 9TH, 1881.

IN presenting their Report the members of this Committee are aware that though the contemplated work is one of much importance, which may be productive of very valuable results—one which is worthy of the British Medical Association, and which ought to be undertaken by it—yet it is one which will require great and continuous effort to carry it on in an efficient and satisfactory manner. To combine a number of men in the systematic and careful observation and record of facts is difficult under any circumstances, and especially so in the case of medical men whose irregular and harassing avocations necessarily disincline them to enter upon and continue a labour of this kind.

It is obvious that success will much depend upon the energy, perseverance, ability, and judgment of the Secretary to the Committee which is proposed. The work that will devolve upon him will be laborious: and though it will no doubt, to some extent, bring its own reward, the Committee feel that the Association could not expect that such a task should be undertaken gratuitously.

The Committee further feel that it may be desirable to make some remuneration to those persons who shall be found to have given the time and attention which is requisite to make careful observations and record them well; and they think it will be agreed that a portion of the funds of the Association can scarcely be better employed than in inducing the individual members of the Association to contribute their share to the advancement of medical science by a careful and systematic observation and record of the facts which come under their notice.

The Committee accordingly have agreed to propose the following resolutions:—

1. That a committee of seven be appointed annually at the Michaelmas quarterly meeting by the Committee of Council, to arrange, superintend, and direct the work of combined observation, and be named the "Combined Observation Committee". That the Committee have power to add to their number.

2. That the Committee meet at such times and places as they think fit, and report at least once in each year to the Committee of Council; and that their Report be presented at the annual meeting of the Association.

3. That the Committee shall have power to nominate for appointment by the Committee of Council a Secretary, who shall be paid (£200 annually) from the funds of the Association, and who shall act under the direction of the Committee, and shall hold office during their pleasure.

4. That the secretary shall attend such Branch meetings of the Association as may be desirable for the purpose of explaining the nature and objects of the investigations, and of interesting and directing the members of the Association in the work.

5. That the travelling and other necessary expenses of the secretary, to the amount of not more than £100 in any year, having been submitted to and approved by the "Combined Observation Committee", and the Committee of Council, shall be paid out of the funds of the Association.

6. That communications to the members of the Association, and others, for the purposes of the investigation shall be made through the JOURNAL, or from the offices of the Association, in accordance with the usual regulations.

7. That the Branches of the Association be invited to appoint Registrars who may assist in the work, and that such Registrars, shall together with the "Combined Observation Committee", form a "General Committee" to determine from time to time the subjects for investigation, and the manner in which such investigation shall be conducted.

The following have been suggested as likely to form suitable subjects for combined observation. They are merely mentioned to indicate the kind of work which is contemplated. It would rest with the General Committee to consider their suitability, or to select others.

1. Records of the medical life-history of patients, including the sequelæ of various diseases. 2. Records of the relationship of certain specified diseases—as, cancer, tubercle, syphilitic degeneration, osteo-

arthritis, chorea, etc., to any other diseases. 3. Observations respecting epidemic diseases in given districts. 4. The incubation period of contagious diseases; and the duration of contagion. 5. The origin of contagious diseases. 6. The collection of evidence as to the effects of certain remedies. 7. The geographical distribution of diseases. 8. Anthropometrical observations, especially in relation to disease. 9. The hereditary influence of race, climate, occupation, food, etc., in the production of diathesis, or of tendencies to certain diseases.—(Signed) G. M. HUMPHRY, Chairman of the Committee appointed to consider the question of Collective Investigation.—December 7th, 1881.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held on Wednesday, the 18th day of January next, 1882, in the Council Room, Exeter Hall, Strand, London, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, London, December 13th, 1881.

NOTICE OF QUARTERLY MEETINGS FOR 1882: ELECTION OF MEMBERS.

MEETINGS of the Committee of Council will be held on Wednesday, January 18th, April 12th, July 12th, October 18th. Gentlemen desirous of becoming members must send in their forms of application for election to the General Secretary not later than 21 days before each meeting, viz., December 28th next, March 22nd, May 22nd, September 27th, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

November 4th, 1881.

FRANCIS FOWKE, *General Secretary*.

BRANCH MEETINGS TO BE HELD.

GLOUCESTERSHIRE BRANCH.—The next meeting will be held, under the presidency of J. Bubb, Esq., on Tuesday, December 20th, at 7.30 P.M., in the Board Room of the General Hospital, Cheltenham. Business: 1. Dr. Bond will introduce the subject of Medical Defence Associations, and the desirability of establishing one in connection with this Branch. 2. Dr. J. Stewart will propose the following resolution: "That this Branch hereby records its entire disapproval of the views expressed by the readers of Addresses at the Annual General Meeting of the Association at Ryde, in reference to Consultation with Homœopathic Practitioners." 3. Cases of interest in the Cheltenham Hospital.—RAYNER W. BATTEN, *Honorary Secretary*.

SOUTH OF IRELAND BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held on November 26th, in the Royal Cork Institution, at 4 P.M. Present; the President, Dr. N. J. HOBART, in the chair; and nine members.

Report.—The Honorary Secretary read the annual report, which was adopted.

Meetings.—It was arranged to hold the meetings and dinners, as before, quarterly; the meetings to be held in the Royal Cork Institution, at 4 P.M.

New Members.—Dr. J. F. Hartland of Villierstown, Co. Waterford, was elected a member of the Association, and also of the Branch. Mr. G. E. Atkins, of the Fever Hospital, Cork, was elected a member of the Branch.

Election of Officers.—The following were elected for the ensuing session:—*President:* P. J. Cremen, M.D. *President-elect:* Ringrose Atkins, M.D. (Waterford). *Vice-Presidents:* T. C. Shinkwin, M.D.; R. O'Reilly, M.D. (Lismore). *Council:* P. Berry, Esq. (Mallow); J. E. Bull, Esq. (Cork); R. J. Burke, M.D. (Douglas); H. Corby, M.D. (Cork); W. J. Cummins, M.D. (Cork); J. G. Curtis, Esq. (Cork); D. Donovan, Esq. (Cork); J. A. Eames, M.D. (Cork); J. P. Golding, M.D. (Cork); C. A. Harvey, M.D. (Cork); J. R. Hayes, M.D. (Tralee); H. Macnaughton Jones, M.D. (Cork); Surgeon-Major T. B. Moriarty, M.D. (Cork); D. B. O'Flynn, M.D. (Cork); M. O'Keeffe, M.D. (Cork); A. O'Connor, M.D. (Blackrock). *Honorary Secretary and Treasurer:* T. Gielston Atkins, B.A., M.D. (Cork).

Dr. Hobart then vacated the chair, which was taken by Dr. CREMEN.

Communications.—The following communications were made.

1. Dr. Macnaughton Jones: Case of Large Fibroid Polypus of Uterus: Removal: Death.

2. Dr. Macnaughton Jones: Case of Pus in Tympanum: Cerebellar Abscess.
 3. Dr. Macnaughton Jones: Double Fracture of Humerus.
 4. Dr. Macnaughton Jones: Naso-pharyngeal Polypus.
 5. Dr. Gelston Atkins: Tibiæ removed for Necrosis.
- Dinner.*—In the evening, twenty-six members and their guest dined at Lloyd's Hotel, and spent a most enjoyable evening.
- Next Meeting.*—The next meeting will be held in the end of February 1882.

CORRESPONDENCE.

THE BRUSSELS DEGREE OF M.D.

SIR,—In consequence of the letter you were good enough to insert in last week's JOURNAL, on the subject of the Brussels degree, I have received communications from nearly one hundred correspondents. I shall be glad, therefore, if you will allow me to say that I hope in time to reply to all of them by letter; and must beg the kind forbearance of those gentlemen with whom I have not yet been able to communicate.—I am, sir, your obedient servant,

F. ERNEST POOCK, M.D., Honorary Secretary, Brussels Medical Graduates' Association.

The Limes, St. Mark's Road, Notting Hill, W., Dec. 13th, 1881.

P.S.—It may, perhaps, prevent unnecessary correspondence in the future, if I say now that all candidates must be doubly qualified.

ON THE POSITION OF SHIP-SURGEONS.

SIR,—The advantages of travel, and the certainty of bread with the least labour, have ever secured for the mercantile marine an abundance of legally qualified medical officers. The market has been overstocked with an article the quality of which is no object to the purchaser, and the natural consequences of this abnormal condition have been injurious to all concerned. The ship-surgeon not unfrequently finds himself in a position derogatory to an educated and honourable man; professional status and reputation are lowered; the travelling public are provided with an untrusted and possibly sometimes inefficient medical service under circumstances the most important; and the shipowners, through their own parsimony, are subjected to annoyance, and occasionally to absolute loss.

Both shipowners and Board of Trade authorities seem to regard the ship-surgeon as a *legally necessary nuisance*. He is selected without any reference to age, experience, qualification, or character; and, when he enters on his duties, he is badly paid, badly accommodated, badly treated, and his usefulness as a sanitary officer completely paralysed by the undefined nature of his responsibilities, and the want of all authority. His "wages" (from £5 to £10 per month) are usually about a seventh of the captain's, a third of the chief engineer's, and the same as, or even less than, the cook, steward, second officer, third engineer, and carpenter. His quarters are generally proportionate to his pay. On one of the finest and most fashionable steamers afloat, in the service of a company justly most popular with their surgeons, I inhabited a cabin measuring about six feet by four (so that, lying in my bed, I could touch the four walls and ceiling all at the same time), and so situated in the centre of the ship that the light of day never penetrated thereto. In other vessels—new, and carrying up to 1,200 passengers—a similar space is not only the "doctor's room", but also the dispensary, and in it are stored (as well as the doctor) the drugs, instruments, etc.

These are extreme, but by no means isolated, instances. On the next, and greatest grievance, it will be difficult for me or anyone of experience to avoid the suspicion of personal pique. By many, the ship-surgeon is supposed to be a kind of independent semi-governmental official, representing the interest of the passengers, and responsible for their health and comfort. He is in reality nothing at all of the kind. He has not the slightest authority in even the most purely sanitary matters. He can neither order a patient into hospital or out of hospital—more ventilation or less ventilation—without consulting the higher powers. His instructions are to accompany (or walk behind) the captain, purser, and chief steward on their morning inspection, and on such occasions he may suggest as he pleases with reference to the ventilation, passengers' accommodation, food, etc.; but a small experience teaches the surgeon not partial to snubbing that it is wiser to keep these suggestions to himself, or only to offer them in the most guarded manner,

after a careful diagnosis of the commanding digestion. He knows, in short, that in finding any fault, or encouraging any complaint, he will be treading on the corns of someone, and preparing for himself "a hot time" while on board, and likely dismissal at the termination of the voyage. Although holding a Board of Trade "appointment", he is not only the servant of a private company, but practically of an individual, and one of a class who, however they may be admired in other respects, are remarkably impatient of suggestion or contradiction, and proverbially inconsiderate to subordinates. If he "gets on with" or pleases the captain of the ship, and is careful to see nothing or know nothing, and confine his attention to the mixing of his drugs, all may go smoothly, and he may have a very pleasant time. If, however, a difference arise—no matter whose the fault—he will find himself subjected—not only from that potentate, but also from the smaller fry, who, seeing "he is not in with the skipper", know they may say and do just what they please—to a series of petty insults and annoyances, for which there is no redress, and from which there is no escape. On his return, he will very likely find himself superseded—dismissed without any charge having been brought against him, or any reason being assigned, except that he, an unimportant and unvalued servant, does not please an important and valued one. This condition of affairs is with the cognisance and assent of the Board of Trade. About a year and a half ago, I wrote to the authorities at Liverpool, asking an official definition of the surgeon's position on board an Atlantic steamer with reference to sanitary matters generally—the hospitals, the passengers' accommodation, food, etc.; in substance, what were the duties and responsibilities of the official printed appointment I held from them. My letter implied not the slightest complaint against any one; nevertheless, the only reply vouchsafed me was, that if I had any complaint to make against the captain or owners (my employers!), I should "do so openly".

I shall postpone the consideration of such grievances as the surgeon being required to perform purser's duties; the difficulty on many ships of obtaining personal attendance (I can name different surgeons who, in the service of different companies, have begged in vain for three days at a time for such apparently necessary service as to have the slops removed from their rooms); and the general order of Liverpool companies that "the surgeon remain on board all the time the ship is in the river, both before entering and after leaving dock", sometimes four days out of six or seven that she is in port. I shall also, if authority still slumbers, have occasion to comment upon the Board of Trade lists of stores, medical comforts, and drugs for passenger-ships; of the latter, it will suffice for the present to say, that it excludes such important medicines as ether, hydrocyanic and carbolic acids, all the bromides, any preparation of nux vomica, etc.

The formation of a scheme of reform for these manifest abuses I am disposed to leave to your wider experience. I will merely suggest that in the first place we should forcibly direct to the matter the attention of the Government, with the view of having the surgeons of all ships carrying any considerable number of passengers independent and dependable Government officials. In the second place, that we should endeavour, through public opinion, to influence the shipowners. When the travelling public are convinced of facts which, I think, the experience of the past five years fairly establishes, that the rate of mortality among passengers is at least two or three times higher at sea than on land, and that the most healthy individual embarking at Liverpool for America is probably a hundred times more likely to lose his life in transit by disease than by shipwreck, then inquiries will be heard more frequently about the surgeon, and less frequently about the captain, of the ship in which it is purposed engaging a passage.

In Dr. Turner's recently published statistics will be found the following figures, which speak for themselves. Of 1,563,644 persons who left Europe for New York between 1870 and 1880, 2,518 died in transit; average duration of passage, 13 days 12 hours. Of 14,874 persons who embarked on 15 ships during the year 1880, 37 died; the average passage being 12 days and 20 hours. One ship, carrying 1,331 emigrants, lost 13 in the course of a 16 days' voyage. It is necessary to note that all these persons were subjected to medical inspection and "passed" as healthy at the time of embarkation.

No further proof will be needed to show that there is an immense amount of sickness on passenger-ships. With reference to the difficulties of dealing with it, and the absurdity of saying that "any one is good enough for a ship-surgeon", I shall only say that, in my own experience, whether as house-surgeon, as hospital and asylum medical officer, or as private practitioner, or in any professional capacity, I have never felt responsibility so keenly as the occasional, undivided, untrusted responsibility of a ship-surgeon.—I am, sir, your obedient servant,

J. A. IRWIN, M.A. Cantab., M.D. Dub., Late Honorary Physician to the Manchester Southern Hospital, etc.

and terminated with general peritonitis from perforation of the vermiform process, on November 24th. From the history and the *post mortem* appearances, it seems evident that perforation had occurred already in 1880, when all the symptoms of perityphlitis were present; that then, however, protecting adhesions were formed, which gave way during the last fatal illness. Busch recognised the nature of his condition during the last days, and accepted his fate with calm fortitude, although he much appreciated life, was happy in his home and in his surroundings, and would have wished to remain and to work.

Professor Busch was a sterling man in every point, and few men have enjoyed greater esteem and affection from those who knew him, and few are mourned more sincerely and more widely.

SAMUEL BIRCH BUCKNILL, M.D.

CONSULTING PHYSICIAN TO RUGBY HOSPITAL.

DR. S. B. BUCKNILL, who died in November, was a member of a family well known as medical practitioners in Rugby for upwards of a century. In 1780-81, Mr. Samuel Bucknill, grandfather of the deceased, was a prominent witness in the Warwickshire *cause célèbre*, the trial of Captain Donellan for the murder by poisoning, at Lawford Hall, of his brother-in-law, Sir Theodosius Boughton. He died in 1810, leaving four sons and several daughters. All his sons entered the medical profession, and severally distinguished themselves in the different localities in which they practised—Charles, the eldest, at Rugby; William, the second son, at Nuneaton; Samuel, the third son, father of the deceased, at Rugby, in partnership with his brother Charles; and John, the fourth son, at Market Bosworth. The deceased, Dr. S. Birch Bucknill, was the eldest son of a second marriage of his father, the second Mr. Samuel Bucknill, and was born on October 14th, 1814. He studied in Edinburgh, where he graduated as M.D. in 1839; and in or about 1840, on his uncle, Mr. Charles Bucknill, retiring from practice, he entered into partnership with his father, who died in 1863 at the age of 80. In 1847, Dr. S. B. Bucknill married Miss Pratt, of Sedlescomb, Sussex, by whom he had a family of two sons and one daughter; the daughter he lost some years ago, the sons and his widow survive him. Besides being thoroughly well versed in his profession, he was much liked and duly appreciated by his patients, and much esteemed generally by those with whom he came into contact.

Dr. Bucknill was a zealous member of the Volunteer Rifle Corps, which he joined in 1860, and in which he to the last remained a private. He was superannuated on November 1st, 1880, on account of age. He was surgeon to several Oddfellows' lodges and friendly societies. His funeral was attended by a large concourse of people, there being from 2,000 to 3,000 present.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, December 8th.

Case, William, Cockthorpe, Wells, Norfolk.
Cole, George Milner, Cambridge Gardens, Notting Hill,
Ghandy, Rastanji Dinshaji, Bombay.
Lane, James Oswald, Bridge Street, Hereford.
Macculloch, Charles, Abbey Town, Cumberland.
Marras, Ernest Adrian, Halsey Street, S.W.
Puddicombe, Francis Morgan, Dartmouth.
Tyrrell, Charles Robert, Hornsey Lane, Highgate.

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

Honan, Lynton M., St. George's Hospital.
Openshaw, Thomas H., London Hospital.
Webster, John Arthur, St. Mary's Hospital.

UNIVERSITY OF DUBLIN.—SCHOOL OF PHYSIC IN IRELAND.—At the Michaelmas Term Examination for the Degree of Bachelor of Medicine (M.B.), held on Monday and Tuesday, November 28th and 29th, the successful candidates passed in the following order of merit.

Bertram C. A. Windle, William Henry, Sidney G. Turpin (Clk.), George C. Kingsbury, Arthur M. Archer, George Marshall, William S. J. Scott, Chaworth L. Nolan, Thomas R. Gillespie, Frank S. P. Newell, James Craig, Edmund F. B. Wilson.

At the examination for the Degree of Bachelor in Surgery (B.Ch.), held on Monday and Tuesday, December 5th and 6th, the successful candidates were arranged in order of merit as follows.

Sidney G. Turpin (Clk.), George C. Kingsbury, Bertram C. A. Windle, Edmund F. B. Wilson, Arthur M. Archer, Dawson Henry, Henry B. Pope, Alexander R. Johnstone.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the usual monthly examinations for the Licences of the College, held

on Monday, Tuesday, Wednesday, and Thursday, December 5th, 6th, 7th, and 8th, the following candidates were successful.

For the Licences to practise Medicine and Midwifery.—Danby Browne, Thomas Esmonde Cahill, John Patrick Joseph Coolican, Frederick Dundas Elderton, William Gardiner Jacob, Thomas Wagner, Patrick Joseph Murphy, Maurice Joseph Weston, Loftus Ralph Wilkin.

The following Licentiates in Medicine of the College, having complied with the by-laws relating to Membership, have been duly enrolled Members of the College.

Christopher Gunn, 1877, Dublin; Agnes McLaren, 1878, Edinburgh; Andrew John Horne, 1878, Dublin.

(The numerals indicate the year in which the members respectively became Licentiates in Medicine of the College.)

MEDICAL VACANCIES.

THE following vacancies are announced:—

BALLINA UNION.—Medical Officer for Crossmolina Dispensary District. Salary, £120 per annum, with £20 yearly as Medical Officer of Health, registration and vaccination fees. Election on the 28th instant.

CHARING CROSS HOSPITAL, West Strand.—Medical and Surgical Registrar Applications to W. Shoobred, Secretary, by 31st instant.

CHORLTON-UPON-MEDLOCK DISPENSARY, Manchester. Honorary Surgeon. Applications to the Secretary by December 17th.

CORPORATION OF CORK.—City Analyst. Salary, £100 per annum. Applications to Mr. D. F. Giltinan, 20, South Mall, Cork, by December 19th.

CORPORATION OF LIVERPOOL.—Surgeon. Salary, £300 per annum. Applications to J. Rayne, Town Clerk, Liverpool, by January 2nd, 1882.

DONAGHMORE UNION.—Medical Officer for Rathdowney Dispensary District. Salary, £100 per annum, with £20 yearly as Medical Officer of Health, registration and vaccination fees. Election on the 20th instant.

GENERAL HOSPITAL, Birmingham.—Honorary Surgeon. Applications to Mr. W. T. Grant, House-Governor, by December 24th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST Physician. Applications by 28th December.

LONDON LOCK HOSPITAL.—Assistant House-Surgeon to the Female Department. Applications to the Secretary, Lock Hospital, Westbourne Green, Harrow Road, W., by the 20th instant.

LOUGHBOROUGH DISPENSARY AND INFIRMARY.—House-Surgeon. Salary, £105 per annum. Applications by December 17th.

METROPOLITAN ASYLUMS BOARD.—Resident Medical Officer. Salary, £15 per month. Apply personally to Dr. Gayton between eleven and three o'clock at the Hospital Ship *Atlas*, off Greenwich.

MONMOUTH UNION.—Medical Officer. Salary, £40 per annum. Applications to the Clerk by December 30th.

NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.—Dental Surgeon. Applications by January 10th, 1882.

PARISHES OF KILDONAN AND LOTH.—Medical Officer. Salary from the two parishes, £73 per annum. Applications to Jas. Campbell, Inspector of Poor Helmsdale, by 9th January, 1882.

PRESTON AND COUNTY OF LANCASTER INFIRMARY.—Matron Superintendent. Salary, £60 per annum. Applications to the Secretary, 54, Fishergate, Preston, by January 5th, 1882.

SHEFFIELD GENERAL INFIRMARY.—House-Surgeon. Salary, £120 per annum. Applications to the Medical Staff (care of the Secretary) by December 17th.

UNIVERSITY OF EDINBURGH.—Examinerships in Clinical Medicine, Surgery, Physiology, Materia Medica, and Pathology. Applications to the Secretary of the University by January 16th, 1882.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—Medical and Surgical Registrar. An honorarium of £63. Applications to the Secretary by January 10th, 1882.

WARNEFORD HOSPITAL, Leamington.—House-Surgeon. Salary, £100 per annum. Application to W. Maycock, by 27th instant.

MEDICAL APPOINTMENTS.

ABERCROMBIE, J., M.D., appointed Assistant Physician to the Charing Cross Hospital, *vice* R. Smith, M.D., deceased.

BATTERHAM, J. W., M.R.C.S., appointed Junior House-Physician to the Westminster Hospital.

BROWN, Alex. Stewart, appointed Medical Superintendent, St. Mary's Hospital, London.

CAMERON, J. D., L.R.C.P., appointed House-Surgeon to the Stroud General Hospital, *vice* F. W. Stony, M.R.C.S., resigned.

CHITTENDEN, T. H., M.R.C.S.E., appointed House-Surgeon to St. Peter's Hospital, *vice* G. T. Woolley, M.R.C.S.E.

CROOK, H. G., M.B., appointed Medical Officer and Public Vaccinator to the Repent District of the Burton-on-Trent Union.

GREENWOOD, G., M.R.C.S., appointed Assistant House-Surgeon to the North-Eastern Hospital for Children.

HARRIS, A. E., L.R.C.P., appointed Medical Officer and Public Analyst to the Borough of Sunderland, *vice* H. J. Yeld, M.D., deceased.

JEFFERISS, W. R. S., M.D., appointed Medical Officer to the Burton-on-Trent Amalgamated Friendly Societies' Medical Association.

JOHNSON, W., M.R.C.S., appointed Assistant-Surgeon to the Norwich Friendly Societies' Medical Institute.

MOYNAN, W. A., M.D., appointed Junior Assistant Medical Officer to the Somerset and Bath Lunatic Asylum, *vice* J. F. Woods, M.R.C.S., resigned.

NECKITT, J. D. T., L.R.C.S., appointed Medical Officer to the Monmouth Union Dispensary.

O'NEILL, L. J., L.R.C.P.I., appointed Medical Officer to the North Dublin Union.
 PERRY, Marten, M.D., L.R.C.P., appointed Senior Physician to the Johnson Hospital, Spalding.
 SELLERS, W. H. Irvine, M.B., C.M.Ed., M.R.C.S.E., appointed Junior House-Surgeon to the Royal Southern Hospital, Liverpool.
 TERRY, Charles, M.R.C.S.E., L.S.A., appointed Medical Officer to District No. 1 of the Newport Pagnell Union.
 WILLCOCKS, Frederick, M.R.C.P., appointed Physician for Out-patients to the Evelina Hospital for Sick Children, *vice* E. B. Baxter, M.D., resigned.
 WRIGHT, C. St. J., M.B., appointed Resident Medical Officer to the Guardians of the Poor of St. Mary, *vice* A. G. Mickley, M.B.

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.

MARRIAGE.

JAMES-BUCKLAND.—On 15th December, at St. Phillip's Church, Kennington, London, by the Revd. Allen T. Edwards, M.A., Alfred James, of Biggleswade, Surgeon, son of C. H. James, M.P., to Helen Buckland, of Jersey, daughter of the late Charles Buckland.

DEATH.

HEMMING.—On Friday, the 9th instant, at his residence, Glenalmond, Bournemouth, William Douglas Hemming, F.R.C.S.Ed., etc., youngest son of William B. Hemming, M.R.C.S.E., etc., of 26, Notting Hill Terrace, W., aged 33 years.

LONGEVITY IN IRELAND.—Among the deaths returned during last quarter, eight were registered as having occurred in centenarians. Of these, three were stated to be 100 years, one 101, two 103, one 104, and one 115.

THE Duke of Cambridge has consented to preside at the next annual festival dinner in aid of the funds of University College Hospital, to be held in February.

LIVERPOOL ROYAL INFIRMARY.—The following appointments have been made. *House-Surgeons*: Frederick J. Laimbeer, L.R.C.P.Lond., M.R.C.S.; A. McCormac, M.B., M.R.C.S.; Hugh Rayner, M.R.C.S. *House-Physicians*: A. Stookes, L.R.C.S.Ed.; M. Barclay Thomson, M.B., C.M.Ed.

SANATORIUM FOR BRIGHTON.—A special meeting of the Hove Commissioners has been held at Brighton to receive a report from the sanitary committee recommending the affixing of the common seal to the contract with Mr. Knight for the purchase of ten acres of land on the Hangleton Bush Farm, Portslade, for the purpose of a sanatorium for the town and district. The decision of the board was unanimous in favour of the committee's recommendation.

BEQUESTS AND DONATIONS.—The Manchester Royal Infirmary, Dispensary, and Lunatic Asylum, has received £1000 under the will of Miss Nancy Elton, of Bury; viz., £500 for the Infirmary, and £500 for the Asylum.—Mr. John Thorpe, of Elston Hall, Notts, bequeathed £100 each to the Nottingham General Hospital and the Newark General Hospital and Dispensary.—Mr. Christopher Pond, of the firm of Spiers and Pond, bequeathed £100 to the London Hospital.—The Goldsmiths' Company have given £50 to the Metropolitan Convalescent Institution.—“A Friend of University College Hospital” has given £50 to it.—His Excellency Earl Cowper has given £50, John Anderson, J.P., 50 guineas, and Robert W. Murray £50, to the Belfast Royal Hospital.—Mr. Hugh Currie has left £250, and Mr. W. Kearney £100, to the Belfast Royal Hospital.

HEALTH OF FOREIGN CITIES.—A table in the Registrar-General's last weekly return supplies the following facts, which may be accepted as trustworthy indications of the recent health and sanitary condition of various foreign and colonial cities. In the three principal Indian cities, the death-rate, according to the most recent weekly returns, averaged 33.7 per 1000; it was equal to 26.1 in Bombay, 34.9 in Madras, and 35.9 in Calcutta. Cholera caused 35 deaths in Calcutta, showing an increase upon recent weekly numbers, whereas the fatal cases of small-pox in Madras declined to 5; fever fatality was more than usually high in each of these three cities. The death-rate in Alexandria, in the ten days ending November 30th, was equal to 41.2, showing a further increase upon the rates in previous weeks; no fewer than 28 deaths were referred to typhoid fever, and 25 to dysentery. According to the most recent weekly returns, the average annual death-rate in twenty-one European cities was equal to 25.7 per 1000 of their aggregate population, whereas the average rate in twenty of the largest English towns during last week did not exceed 21.2. The rate in St. Petersburg was equal to 39.9, against 43.9 in the previous week; the deaths included 34 from typhus and typhoid fevers, and 16

from diphtheria. In three other northern cities—Copenhagen, Stockholm, and Christiania—the rate did not average more than 20.9, the highest being 22.1 in Christiania, where measles showed fatal prevalence and caused 16 of the 51 deaths. The Paris death-rate was equal to 27.2; 53 deaths were referred to diphtheria and croup, and 33 to typhoid fever. The deaths in Brussels, including 2 from “fever” and 5 from whooping-cough, were equal to a rate of 23.7. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the average death-rate was 22.0, and the highest 24.7 in the Hague; whooping-cough caused 4 deaths in Amsterdam. The death-rate in Geneva did not exceed 19.7. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 23.8, and ranged from 21.5 in Berlin and Dresden, to 26.0 and 29.4 in Munich and Buda-Pesth. Small-pox caused 13 deaths in Vienna and 8 in Buda-Pesth; and 42 fatal cases of diphtheria were recorded in Berlin. The death-rate in Naples, Turin, and Venice was equal to 25.2, 23.6, and 32.8, respectively, and averaged 26.0; typhoid fever caused 10 deaths in Naples and 5 in Venice. In four large American cities, the death-rate averaged 24.0; it was 19.7 in Philadelphia, 22.8 in Brooklyn, 26.2 in Baltimore, and 26.6 in New York. Small-pox caused 18 and typhoid fever 30 deaths in Philadelphia; diphtheritic fatality was excessive in each of the three other American cities.

A CHEESEMONGER at Brixton has been summoned at the Lambeth Police Court, and fined 20s. and costs, for selling an article termed “butter” which was not of the nature and substance demanded. The defendant, in pleading guilty, said it was an understood thing with his customers that he could not supply genuine butter under 1s. 4d. per pound. The certificate of Dr. Muter, the analyst, showed that the article was not dangerous to health, being chiefly made of fat. Peter Curran, a butterman, also of Brixton, who had been previously convicted under the Adulteration Act, was fined 40s. and 12s. 6d. costs for the like offence.

THE COMMUNICATION OF SYPHILIS BY SKIN-GRAFTING.—At a recent meeting of the Société Médicale des Hôpitaux of Paris, M. Féréal related the following interesting particulars of a case, which had been under the care of M. Deubel. A man, aged 49, suffered from gangrenous erysipelas of the upper third of the left thigh, which left a large obstinate ulcerating surface. On March 7th, M. Deubel applied forty-five pieces of skin, taken from five different persons, to the outer part of the sore. Thirty-three of the grafts adhered. On March 18th, twenty-eight grafts, taken from the buccal mucous membrane of a rabbit, were applied, but all failed. On March 23rd, forty grafts, supplied by seven persons, were placed on the internal portion of the ulcerated surface. Thirty of these were successful, and cicatrisation was proceeding rapidly when, on April 5th, a greyish ulcer appeared at the site of the first grafting; other similar ulcers quickly followed, and in three days involved the whole of the cicatrix. About ten weeks after the first series of grafts had been applied (May 19th), a copious roseolar rash appeared, and was soon followed by crusts on the hairy scalp and mucous patches in the mouth. About this time, the son of the patient, who had furnished part of the grafts on both occasions, consulted M. Deubel, who discovered mucous patches around the anus. The young man had had a chancre eighteen months previously, which had not been treated.

COMPULSORY FEEDING OF PHTHISICAL PATIENTS.—M. Debove has recently laid before the Société Médicale des Hôpitaux in Paris some facts relative to the advantages of compulsory feeding for phthysical patients. Under the influence of this method by Faucher's œsophageal tube, which allows, in the first instance, washing out the stomach if necessary, then introducing into it nourishing and easily assimilable foods, such as milk, eggs, and raw meat, the patients are seen gradually to recover appetite, strength, and plumpness, whilst fever, sweats, and vomiting, disappear. The tolerance of the stomach for nourishment introduced in this way, sometimes in considerable quantities, is a remarkable fact. The cough no longer induces sickness, and the restoration of the gastric functions puts an end to the anorexia. Thus M. Debove's researches are of great interest from the physiological, as well as the therapeutical, point of view. Pulmonary phthisis is not the only disease in which his method might be used with advantage; it is clearly suitable to the majority of cachectic conditions to all diseases produced by defective nutrition. It may be noted that M. Dujardin-Beaumetz has repeated M. Debove's experiments in his hospital wards, and confirms M. Debove's statements as to the favourable results obtained by the therapeutic method under consideration. But it is obvious that it can only have a limited, temporary, and occasional usefulness.

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 Gny'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.—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; 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, 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., 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. The discussion on the Salicylate Treatment of Acute Rheumatism will be resumed, when further Statistics will be furnished by the President, Dr. de Havilland Hall, Dr. Warner, Dr. Charles Hood, Dr. Coupland, Dr. Fowler, and Dr. Gilbert Smith.

TUESDAY.—Pathological Society of London, 8.30 P.M. Dr. Pye-Smith: Cirrhosis of Liver in a Child. Dr. B. Fenwick: Disease of Suprarenal Capsules. Dr. Goodhart: Ulcerative Endocarditis. Mr. A. Barker: 1. Dislocation of Hip; 2. Spinal Caries. Dr. Sharkey: 1. Cyst of Liver; 2. Cyst of Cerebellum; 3. Gummata in Spleen. Dr. Stephen Mackenzie: Stricture of Intestine. Dr. Fowler: Intestinal Obstruction. Card specimens: Attached Foetus; Fracture of Femur; Absence of Radius; Filaria Medinensis.

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

THE HISTORY OF THE ASSOCIATION.

In the list of readers of addresses given at page 954 of last week's JOURNAL, the name of Dr. J. G. Swayne, who delivered the address in Obstetric Medicine in 1863, was accidentally omitted. At page 955, it should have been stated that at the meeting at Cork in 1879, Subsections were formed in Ophthalmology, Otology, and Dermatology, the officers of which were as follows. *Ophthalmology: President*, Henry Power, Esq.; *Secretaries*, H. Rosborough Swanzy, Esq., and E. Nettleship, Esq. *Otology: Chairman*, Jonathan Hutchinson, Esq.; *Secretary*, J. Patterson Cassells, M.D. *Dermatology: Chairman*, McCall Anderson, M.D.; *Secretaries*, Malcolm Morris, M.B., and Walter Smith, M.B. At Cambridge, in 1880, there was a Section of Physiology, of which the officers were: *President*: Michael Foster, M.D., F.R.S.; *Vice-Presidents*: A. Gamgee, M.D., F.R.S.; R. McDonnell, M.D., F.R.S.; *Secretaries*: W. H. Gaskell, M.D.; W. Stirling, M.D.

S. B. W. is referred to the various numbers of the BRITISH MEDICAL JOURNAL, in which articles have been published on the subject of introducing tubes into the trachea, in lieu of tracheotomy, by Dr. Macewen and others.

POCKET-MONEY FOR HOSPITALS.

SIR,—Thanks to your few lines on the late Baron J. de Rothschild, the idea struck me that children might be of use in supporting children's hospitals. Since the enclosed appeared in the *Staffordshire Sentinel*, I have heard frequent opinions of both young and old in favour of the idea. Promises are already becoming plentiful, and it is thought that the "pocket-money" will follow.—I am, etc.,

NORTH STAFFORDSHIRE.

"The Children's Infirmary."—A correspondent sends us the following suggestion for the support of this useful institution by the children of North Staffordshire. "The late Baron James de Rothschild, of Paris, who died suddenly on the 24th, October, in his thirty-seventh year, gave early in life a proof of having inherited the benevolent characteristics of his family. When but a lad he saved up his pocket money with the then ambitious desire to build a hospital. With the help of his relatives, he was eventually able to accomplish this design, and erected a large hospital near Boulogne, in the administration of which he took great personal interest. Here in North Staffordshire we have not a hospital to build. By the benevolence of that great dispenser of charity in North Staffordshire, Sir Smith Child, one is already built, and has been doing good work, affording relief to scores of little sufferers. Of the many who have been to visit it, and they include world-wide travellers, all have expressed the greatest pleasure at the happy appearance of its little wards, with the little cots, and tiny happy-looking inmates. Some have even said that it was the sweetest little hospital they had ever seen. Go, children of North Staffordshire, go and see your little infirmary for little folk; you will always find fourteen or fifteen little chickabiddies in its wards, and then say whether you will not willingly and heartily give up some of your pocket money for the support of this little oasis in the desert, where no child of poor parents is ever refused free admission."

QUERIST.—The best cheap book answering to our correspondent's stated requirements is, we are informed, *Pearson on Infidelity*, published by W. J. Johnson, 121, Fleet Street, in 1864. Our correspondent might also read with advantage *The Bible and Science*, by Dr. Lauder Brunton, F.R.S., published by Macmillan and Co. The *Nineteenth Century* gives good science abstracts.

ABUSE OF HOSPITALS.

SIR,—A letter on this subject in your last issue might be supposed to point to the Hospital for Sick Children, Great Ormond Street. May I mention, in your columns, that we do not keep a calf, nor is any gratuitous vaccination performed here.—I am, sir, yours faithfully,

W. E. STEAVENSON, Resident Medical Officer.

The Hospital for Sick Children, 49, Great Ormond Street, Queen Square, W.C., London, December 14th, 1881.

ATTENDANCE ON WIDOWS OF MEDICAL MEN.

SIR,—Mr. H. Blackburn asks the opinion of medical men whether he ought to charge a fee to widows of medical men. I have been surprised at the very few answers that have been sent to the JOURNAL, as I consider it is a very important matter. In my opinion, the unwritten etiquette of the profession forbids anything of the kind; and Mr. Blackburn ought not to have sent in any bill, or expected any remuneration whatsoever. I consider the lady was quite right when she said "that it was unusual to charge at all in such cases."

Surely, sir, we who give more of our time and skill away without any return at all than any of the other professions, as Earl Derby truly and justly said at Liverpool a few weeks ago, can afford to give to the widows and unmarried children (up to the age of 21) of our poor departed brothers our advice gratis, without taking or expecting the cash worked hard for by them.

I have lately been attending the widow of a late distinguished general practitioner, and I should no more think of sending her in a bill than visit my patients in a balloon. I offered voluntarily to go and see one of her children many miles away, which would have caused me great inconvenience; and I should not have expected even my travelling expenses.

I hope most of the members of the profession think as I do; for we ought to be all pleased to help one another. As to the outside world, I never think of giving anything without adequate return, except perhaps to the very poor.—I am, your obedient servant,

THOMAS DUTTON, M.B.

The Gorse, Sidlesham.

LE PETIT MAL DURING VACCINATION.

SIR,—In answer to Dr. Neale's letter in your issue of the 9th June last, I desire to state that, about four weeks since, a healthy, vigorous young lady, aged 15, from a country township, presented herself for vaccination. I had very nearly finished the process after scarifying, when she went off into what at first appeared to be the usual faint. Directly she was laid down, however, she had two or three distinct epileptic twitches of the left side of the face, accompanied by several clonic spasms of the left side of the body, and almost immediately these had passed off she arose. She had never had anything of the kind previously, and she was not of a hysterical temperament, nor apparently even what might be deemed nervous. Occurring as it did in a healthy patient, I believe the explanation of the phenomenon may be found in the slight shock of the operation being sufficient to give rise to the supposed vaso-motor disturbances in the cerebrum, of the same character as in the ordinary epileptic attack; or what appears to be a very feasible explanation of these attacks is that recently put forth by Dr. Moxon in the Croonian Lectures (*vide* BRITISH MEDICAL JOURNAL, April 23rd, 1881, p. 628), the shock in this case being sufficient to start the series of changes.—Yours obediently,

CRAIG DIXSON.

2, Clarendon Terrace, Hyde Park, Sydney, N.S.W., October 17th, 1881.