

With the advantage of the microscope we may at the present day refuse to admit that such a bulging ever took on a cancerous character. The greater liability of persons of fair complexion, and the influence of the suppression of a diarrhoea, still remain to be verified. It is, however, reasonable to expect that persons in a condition of malnutrition, from syphilis or from any other constitutional disease, are unduly liable to be destructively affected when once attacked. We do not appear to have advanced much in our methods of treatment. Depletion, anodynes, and astringents appear then, as now, to have had the largest measure of success. As to the operative procedures, perhaps the less said the better, as the observations were made on so few patients—two in the case of removal of the staphyломatous bulging, and one only in that of symblepharon.

THE ENTRIES AT THE MEDICAL SCHOOLS.

By the courtesy of the deans, wardens, and secretaries of the various medical schools, we are enabled to publish the following list of students who have entered at the beginning of the present winter session. In the table, Column B probably includes, in the case of some schools, students who have entered for preliminary courses in science only; but, wherever it has been possible, we have placed the numbers of students thus occupied in a separate column (D).

Schools.	A.	B.	C.	D.	Total.
St. Bartholomew's Hospital.....	110	15	0	30	161
Charing Cross Hospital.....	41	15	4	—	60
Guy's Hospital.....	81	15	—	—	96
King's College.....	35	—	—	—	—
London Hospital.....	37	40	—	—	127
Middlesex Hospital.....	31	5	0	—	45
St. George's Hospital.....	42	6	0	—	48
St. Mary's Hospital.....	25	7	0	—	32
St. Thomas's Hospital.....	62	31	0	—	93
University College.....	29	—	—	55	144
Westminster Hospital.....	19	4	1	—	24
Bristol.....	29	0	0	—	29
Owens College.....	53	6	—	12	76

A. Students who have entered for the full curriculum. B. Students who have entered for special courses. C. Dental students. D. Students who have joined classes for preliminary scientific instruction. * No return.

It thus appears that the total number of entries of first year's students this winter session in London is 622. St. Bartholomew's Hospital has again the largest entry; University College, the London Hospital, and Guy's Hospital come next in order, with numbers which do not differ very widely from the returns of last year, except in the case of the first-named school, which has not so large a majority as in 1881.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:

NOTICE OF QUARTERLY MEETINGS FOR 1882: ELECTION OF MEMBERS.

A MEETING of the Committee of Council will be held on Wednesday, January 17th, 1883. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than 21 days before the meeting—viz., December 27th, 1882, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

FRANCIS FOWKE, *General Secretary*.

BRANCH MEETINGS TO BE HELD.

WEST SOMERSET BRANCH.—The autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, October 26th, at five o'clock. Dinner (5s. a head, exclusive of wine) will be served at 5.30 punctually. The subject, as settled by the Council, for the meeting to discuss after dinner is, The Treatment of Acute Rheumatism. Gentlemen intending to read papers or be present at the dinner, should inform the Honorary Secretary before the day of meeting.—W. M. KELLY, M.D., Honorary Secretary.—Taunton, September 26th, 1882.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The autumn meeting will be held at Aberdare, on Thursday, October 26th. Members desirous of reading papers etc., are requested to forward titles to Dr. Sheen, Cardiff, before October 14th.—A. SHEEN, M.D.; D. A. DAVIES, M.B., Honorary Secretaries.

STAFFORDSHIRE BRANCH.—The ninth annual meeting of this Branch will be held at the Bell Medical Library, Cleveland Road, Wolverhampton, on Thursday, October 26th, at 3 P.M. An address will be delivered by the President-elect, Dr. Tothorick. Dinner at the Star and Garter Hotel, Victoria Street, at 6 P.M. Tickets (without wine), 7s. 6d. each.—VINCENT JACKSON, General Secretary.—Wolverhampton, September 25th, 1882.

SOUTH-EASTERN BRANCH: WEST SURREY DISTRICT.—The next meeting will be held at the Surrey County Hospital, Guildford, on Thursday, October 26th, 1882, at 3.30 P.M.; T. M. Butler, Esq., in the chair. The following cases have been promised. 1. Dr. W. H. Day: Chorea. 2. Mr. Lorimer: A Case of Congenital Stricture of the Rectum. 3. Dr. Morton: A Case of Psoriasis Abscess. 4. Mr. C. J. Sells: A Case of Tetanus. Several interesting cases in the Hospital will be shown. Dinner will be provided at 6.30 to the minute at the White Lion Hotel; charge, 5s. 6d., exclusive of wine. Members intending to dine are requested to kindly intimate their intention to the Honorary Secretary, before the 23rd instant.—A. ARTHUR NAPPER, Honorary Secretary, Broad Oak, Cranleigh.

BATH AND BRISTOL BRANCH.—The first ordinary meeting of the session will be held at the Museum and Library, Bristol, on Wednesday evening, October 25th, at half-past seven o'clock, J. K. Spender, M.D., President. A petition respecting the Regulations affecting militia surgeons will lie on the table for signature. The following communications are expected. Dr. H. Waldo: Consolidation of a Large Aneurysm without Surgical Interference (the patient will be exhibited). Mr. N. C. Dobson: Remarks on some of the more important Operations during Ten Years' Work at the Bristol General Hospital. Mr. W. H. Harsant: Two Successful Cases of Colotomy. Dr. A. E. Aust Lawrence: Notes on Cases of Placenta Prævia.—E. MARKHAM SKERRITT, R. J. H. SCOTT, Honorary Secretaries.

BORDER COUNTIES BRANCH.—The autumnal meeting of this Branch will be held at the Infirmary, Whitehaven, on Friday, October 27th, 1882, at 1 o'clock in the afternoon. The members will dine together at the Black Lion at 4 o'clock. Dinner, 5s. each.—J. KENDALL BURT, M.B., Kendal; JOHN SMITH, M.D., Dumfries, Honorary Secretaries.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at Canterbury on November 9th. Members intending to bring forward any communications are requested to give notice to the Honorary Secretary at once.—T. WHITEHEAD REID, Honorary Secretary, 34, St. George's Place, Canterbury.—October 18th, 1882.

SOUTHERN BRANCH: DORSET DISTRICT.—The next meeting will be held at Blandford, on Wednesday, October 25th, 1882. The business meeting will be held at the Crown Hotel, at 3.15 P.M. Agenda.—Correspondence to be read respecting the proposed Dorset and West Hants Branch. Election of Officers for 1883. Discussion: Diabetes. Paper by Mr. F. D. Lys. Paper by Dr. J. Comyns Leach: "The recent Cremations in Dorset, the first in Modern England." Dinner at 5.30. Charge 6s. each, without wine.—WILLIAM VAWDREY LUSH, M.D., Weymouth; C. H. WATTS PARKINSON, Wimborne, Honorary Secretaries.

SOUTHERN BRANCH: ISLE OF WIGHT DISTRICT.—The next ordinary meeting will be held at the Royal Isle of Wight Infirmary, Ryde, on Thursday, October 26th, 1882, at 4 P.M.; Alexander G. Davey, M.D., President, in the chair. There will be a discussion on the objects of the Collective Investigation Committee, and the formation of a Local Committee. The following communications are promised. Dr. Robertson: Pulse-Tracings, and their Significance. Dr. C. Neill: Microscopical Specimens of Optic Neuritis, with Notes. Mr. W. E. Green: Two Cases of Obstruction of the Bowel treated with Belladonna. Dinner at Yelf's Hotel at 6 P.M.; charge 6s., exclusive of wine.—W. E. GREEN, Honorary Secretary.

SOUTH WESTERN BRANCH: QUARTERLY MEETING.

A QUARTERLY meeting of the South-Western Branch was held at the South Devon and East Cornwall Hospital, Plymouth, on Thursday, October 12th, Dr. THOMPSON, of Launceston, vice-president, in the chair. Thirty-two members and several visitors were present.

Communications.—Mr. Square: 1. On rapidly advancing myopia. 2. Cases with specimens. 3. Microscopic studies. Mr. J. E. Adkins, unusual case in midwifery practice; Dr. Hudson, case of traumatic tetanus, recovery; Mr. E. S. Angove, case of traumatic tetanus, recovery; Mr. W. Heath showed a large number of interesting microscopic objects.

Before the meeting, the members were entertained at luncheon by Mr. Paul Swain.

Amputations at the Hip-Joint in the West of England.—The fact that, during the last months, there have been three successful amputations at the hip-joint in the South Devon and East Cornwall Hospital, Plymouth, is deserving of more than a passing notice. It goes to confirm the growing opinion that this operation, hitherto so fatal as to preclude its performance save in the most desperate cases, may now be performed with far less risk to life. There still exists, of course, the shock which must of necessity follow the removal of so large a portion of the body as is included in a lower extremity. But, happily, that which added fatally to the shock, the severe hæmorrhage, can now be effectually arrested by the use of Davy's lever, the means adopted in the three cases under our notice. In the first case the amputation was performed by Mr. Paul Swain on a boy aged 10, for acute necrosis of the entire shaft of the femur. The patient was so reduced that no remedial measure for the removal of the dead bone could be attempted. The loss of blood certainly did not exceed two ounces, and the boy has made an excellent recovery. The second case was operated on by Mr. William Square, for malignant disease of the lower end of the femur in a boy aged 19. The loss of blood, for some reason, was more excessive, but not sufficient to prevent the perfect recovery of the patient. The third case, that of a girl of 16, with peculiar disease of the whole lower extremity, was operated on by Mr. Paul Swain, in the presence of a number of the members of the South-Western Branch of the Association. The hæmorrhage was controlled with Davy's lever by Mr. William Square, and did not exceed an ounce. The patient has

quite recovered from the immediate shock of the operation, and is progressing favourably. Evidently, for the future, amputation at the hip-joint is to take a new place in operative surgery, and will be adopted in many cases where measures short of it have long been felt to be ineffectual.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE first ordinary meeting of the session 1882-83 was held at the Medical Institute, October 12th; Dr. BALTHAZAR FOSTER (President-Elect) in the chair. Forty members were present.

The Chairman explained the absence of the President, and moved the following resolution, which was seconded by Dr. Russell, and carried unanimously: "That the Secretary be requested to convey to Dr. Dewes, the President, the sincere sympathy of the members of the Branch with him in the illness which has necessitated his absence, and to express their hopes that he will soon return, restored to health, to preside over their meetings."

Mr. Lawson Tait showed an occluded and distended Fallopian tube which he had removed from a lady who had been under the joint care of Dr. Sanger and himself. After playing lawn-tennis on a wet afternoon, she had an attack of acute pelvic inflammation, and, when first seen, was unable to walk, and was suffering intense pain. A large doughy mass was felt behind the uterus, which Mr. Tait recognised as a distended Fallopian tube. Dr. Sanger concurred in its immediate removal, and, when this was done, the diagnosis was found to be correct. The patient made an uninterrupted recovery, and was at once relieved from her suffering. In this case neither of the ovaries were removed, but only one Fallopian tube.

Dr. Saundby showed a concentrated mixture for making lactic acid lemonade, prepared by Messrs. Woolley and Co. of Manchester. It was composed of equal parts of lactic acid and glycerine, flavoured with tincture of oranges, and was intended to be used, as suggested by the speaker, in the treatment of diabetes.

Dr. Russell read a paper on The Salicylates in Acute Rheumatism. In the discussion which followed, Dr. Malet, Dr. A. S. Underhill, Dr. Saundby, Dr. Crowe (Worcester), Dr. Thursfield (Leamington), Dr. Bassett, Dr. Wilson Moore, Mr. Yates, Dr. Edgar Underhill (Dudley), Dr. Carter, Dr. Rickards, and Dr. Foster, took part.

SHROPSHIRE AND MID-WALES BRANCH.

THE annual meeting of the above branch was held at the Board Room, Salop Infirmary, on Tuesday, October 10th. There was a very fair attendance of members. Dr. TAYLEUR GWYNN was appointed chairman for the day, Dr. E. Burd, who was appointed vice-president at the last annual meeting, having declined to be elected president for the ensuing year, on account of his numerous engagements.

Retiring President.—A hearty vote of thanks was unanimously accorded to the retiring president, C. B. H. Soame, Esq.

Vice-President.—Dr. Edwyn Andrew, of Shrewsbury, was elected vice-president for the ensuing year.

Representatives at General Council.—J. R. Humphreys, A. Matthias, Esq., Dr. S. T. Gwynn, and the honorary secretaries were appointed.

Branch Council.—The following gentlemen were elected members of the Branch Council: Dr. E. Andrew; J. Bratton, Esq.; Wm. Eddowes, Esq.; H. J. Elliot, Esq.; Dr. T. T. Gwynn; J. D. Harries, Esq.; J. R. Humphreys, Esq.; J. Rider, Esq.; H. J. Rope, Esq.; R. W. O. Withers, Esq.; J. Gill, Esq.; Dr. Strange, and the honorary secretary. *Honorary Secretaries:* Dr. E. Cureton and Dr. Strange were appointed.

New Members.—The following gentlemen were elected members of the Association and Branch: Walter Thos. Steventon, Esq., Wellington; John Gill, Esq., Welshpool; Cecil A. Corke, Esq., Baschurch; Henry Owen Westwood, Esq., Prees; J. Peplow Cartwright, Esq., Oswestry; Wm. Calwell, Esq., Wellington; Dr. A. C. Malley, Munslow; G. D. Collins, Esq., Shrewsbury; and W. B. Rigby, Esq., Shrewsbury.

It was proposed and carried that the annual meeting be held in future on the last Tuesday in June, unless otherwise ordered by the Branch Council.

Cases.—Dr. Alfred Eddowes read some notes on a case of Compound Comminuted Fracture of the Patella. Dr. Andrew read a paper on a case of Obstruction of the Bowels, which ended fatally; also notes on *post mortem* examination of the same. Wm. Eddowes, Esq., described a case of Hæmorrhoids Tied; followed by Pyæmic Abscesses of the Lung, Back, and Thigh: recovery. He also showed temperature charts of cases of Oophorectomy, Ovariectomy, etc.

A local committee was formed of the members present, with power to add to their number, as a branch of the Collective Investigation Committee of the British Medical Association.

About twenty members afterwards dined at the Lion hotel. Oct. 19.

CORRESPONDENCE.

THE TREATMENT OF RHEUMATISM.

SIR,—With your permission, I am desirous of referring to the not unfriendly comments of Dr. Gowans upon my paper on Rheumatism and Gout, which appeared recently in the JOURNAL. The Doctor at first bears testimony to the efficacy of the treatment recommended, and then broadly avers that "at least sixteen years since he saw it tried in Glasgow Infirmary". The next sentence, however, solves the difficulty; for he explains that it was the method of Drs. Dechelly and Herbert Davies that was tested in that institution, and appends a statement of inferences drawn from that trial. With conclusions arrived at from such premisses I have, technically, nothing to do. I do not, however, question the statement that the method referred to was not so successful in subacute as in acute cases. Very likely. Under my plan, the subacute yielded as readily as the acute forms. The second conclusion indicates most distinctly the fundamental difference that obtains between the two modes of procedure; for, while it states that it is immaterial whether the blister be applied over the heart or the articulations, my contention is that the blister should be applied to the cardiac region, and to that alone. Further, I am not unacquainted with the Dechelly-Davies, otherwise the blistering, plan of treatment. Had Dr. Gowans read my paper on the Pathology and Treatment of Acute Rheumatism (a copy of which I have forwarded to his address), as published in the *Dublin Journal of Medical Science*, he would have seen that I have given it sufficient prominence. As one reason why it has ceased to influence our practice, I may be permitted to quote a passage from Senator in Ziemssen's *Cyclopadia*, vol. xxi, page 65; and his statement is but the reflex of medical opinion. He says: "I have myself repeatedly seen the blister treatment (of Legroux, Dechelly, and Davies) carried out in the wards of the Berlin Charité, without any result beyond a slight and often only temporary diminution of articular swelling, and a transient fall of temperature, resembling that produced both in sick and healthy persons by external irritation of the skin. I have never seen the blistering cause any change in the state of the urine; and the other effects were not more brilliant than those produced by other modes of treatment." He then refers to the risk of strangury and urinary and fibrinous inflammation that may arise from the simultaneous application of a number of blisters; concluding, generally, that neither "this nor any other plan has been certainly proved even to exert an influence on the chief symptom of the disease—the joint-affection."

And now, notwithstanding Dr. Gowans's reclamations, I still think that one who holds that rheumatitis is a specific form of endocarditis of neurotic origin, and which depends for its cure on the agency of counterirritation over the heart alone, may not unfairly claim to have taken a "new departure", and to tread in a different pathway from those who accept the hypothesis of lactic acid or other *materies morbi* as its primal cause, and who, for its elimination, adopt the practice of promiscuous vesication.—I am, etc.,

ALEXANDER HARKIN, M.D., F.R.C.S.

5, College Square North, Belfast, October 1882.

SIR,—I have just read in the BRITISH MEDICAL JOURNAL a communication styled "Some observations on Rheumatism and Gout, with a New Departure." The new departure I find to be the treatment of acute rheumatism by blistering. The writer calls it "My Simple Plan for the Cure of Rheumatism." For very many years I have practised with great advantage this simple plan, but I by no reason claim any credit to myself. I have extensively employed blistering in acute rheumatism, as a large class of students who have attended my hospitals are aware.

I first adopted it after reading a lecture by Dr. Herbert Davies, delivered in the London Hospital in 1864, "On the Treatment of Rheumatic Fever exclusively by Blistering." For the benefit of those who, like Dr. Hacker, have not had the advantage of reading Dr. Davies's lecture, I may quote his words, "The treatment has been absolutely and entirely local; the result, in rapid relief of pain, quick convalescence, and freedom from cardiac disease, highly satisfactory."

As to the priority of the proposal to treat acute rheumatism by blistering, I am not quite certain that the merit is due to Dr. Davies, but certain it is that so long ago as 1864 he brought it prominently before the profession in his highly important and interesting lecture, giving moreover the history of thirteen cases.

In speaking of the blister treatment of Dr. Davies, I have been told that before Dr. Davies's publication, the practice had been pursued by the late Dr. R. B. Todd, one of the most illustrious physicians of the present century. "Palmm qui meruit ferat."—Yours, etc.,

A DUBLIN HOSPITAL PHYSICIAN.

was precluded from giving any money consideration for useful work done, they had sanctioned the supply of a little beer, as an encouragement to the gardener, shoemakers, and carpenters who were engaged in labour in the house. If the doctor thought the inmates would be just as well without the beer, he was not obliged to sign the orders; but he did not think that Mr. Fenn would be censured by the Local Government Board if he did". Another of the guardians, Mr. Marshall, a surgeon in the town, "was of opinion that Mr. Fenn had acted wisely in bringing the subject before the board, as he considered that the responsibility for ordering beer, etc., for labour, should be thrown on the guardians, and not upon the medical officer". On which the Rev. T. Briggs remarked "that it was purely optional with the doctor whether he ordered these stimulants or not; and if he held they were not necessary, it would be impossible for the Board to say that they were". Whilst Mr. Pepper expressed "the hope that Mr. Fenn would hesitate before withdrawing the supply of beer; for although perhaps legally the inmates were not entitled to it, yet it was given as a reward for extra work that the board would have to employ workmen in the town to do"; which was followed by Mr. Fenn stating "that he could not conscientiously sign the order that the stimulants were necessary, but he would leave the subject in the hands of the board, and, if they wished the order given, for extra work, he would sanction it". The Chairman said "he was glad the doctor was willing to give the orders, as that would make it perfectly satisfactory". Ultimately, it was unanimously resolved that the doctor, having expressed his opinion on the subject of giving stimulants to the inmates, the board was of opinion that it should be carried on as hitherto.

In commenting on this procedure of Mr. Fenn, we would point out, for his benefit and that of other workhouse medical officers holding similar views, that the Local Government has distinctly laid down "that no stimulant of any kind should be supplied to a pauper inmate of a workhouse for any work done by him, unless the medical officer be of opinion that such stimulant be necessary for the preservation of the health of such inmate; and, therefore, if Mr. Fenn holds such strong views as to the injury done by ordering beer, etc., he should have the courage of his opinions, and refuse to sanction their supply.

THE OUTBREAK OF TYPHOID FEVER AT CLAPHAM.

INFORMATION having been given to the Local Government Board of an outbreak of typhoid fever at Clapham, attributed to the use of milk from a particular source, Dr. Parsons was instructed by the Board to inquire into the circumstances of the case. At the date of his visit on July 24th, the number of cases which were known to have occurred in Clapham and its immediate neighbourhood were twenty, and of households attacked fifteen; two other cases in one household were subsequently heard of. Previous to June, Clapham had for some time been free from typhoid fever, the only deaths registered from fever during 1882 having been three in the week ending February 25th, and one in that ending March 4th. The majority of the houses in which the fever had occurred were of a superior class, and in good situations, but their sanitary conditions varied in different cases, but in few was there any sanitary defect of a nature to make itself obvious to the inmates through the occurrence of bad smells or other nuisances; and in some cases, Dr. Parsons tells us, the drains had been laid and ventilated on the most approved modern principles. The points most open to objection were occasional absence of proper ventilation to drains and soil-pipes, continuity of sink-pipes and cistern overflow with the drains, and the use of the same cistern for flushing water-closets and supplying drinking-water. The sewers are stated by the surveyor of the district to be in good order, and freely ventilated by openings in the drains of the road. In one case only complaint was made of a bad smell issuing from a sewer grid opposite the house. On the outbreak of fever which was the subject of Dr. Parsons's inquiry attracting attention, it was soon observed that all the households in which cases had occurred obtained their milk from the same source; and as fresh cases came to knowledge the same condition was still found to hold good except in one instance. In this exceptional case, milk was obtained from a goat kept on the premises by the people themselves, supplemented by small quantities of milk purchased from a small local dealer. The house in which this fever patient lived was of an inferior class to most of the others invaded by typhoid. The kitchen, which was the living room, was ill ventilated, and contained a sink, the pipe of which went direct into the drain, guarded only by a broken and ineffective trap. In front of the house is a sewer grating, complained of as offensive, which is stated to serve for the ventilation of a considerable length of large-sized main sewer. With this exception, all the households invaded by fever obtained their milk from a dealer living on Clapham Common, and at many of them milk was used in large quantities, in some up to ten or

twelve pints daily. In almost all cases the persons who suffered from fever were known to have been in the habit of drinking raw milk more or less freely, and in some the patient was the chief milk-drinker in the house. Thus at one house containing about fifteen inmates, the patient and an elder sister were the only ones who drank cold milk, and it was remembered that on one particular occasion shortly before the illness, the elder sister would not drink the milk, saying that it had an unpleasant taste and smell. On further inquiries, it transpired that the milk purveyed by the Clapham dealer up to the time of the outbreak was of two kinds obtained from different sources; that yielded by his own cows being sold as "nursery" milk and ordinary milk, which was sent to him from dairy-farms at Musbury near Axminster. The fever among the dairymen's customers has been made out by Dr. Parsons to be confined to the users of the ordinary milk; of the households which took this milk, about one in seven has been attacked. He points out that, on the supposition that the fever was conveyed by the milk, this seems a small proportion; but suggests that it is probable that escaped milk was used only in supports. Thus, at two households, in each of which there had been two cases of fever, at the one eight pints, at the other twelve pints, were taken. At each of two other houses, in which there had been one case of fever, four pints daily were taken. Inquiries made at Drake's farm, one of the farms whence the supply of "ordinary" milk was obtained, which is supposed to have caused the outbreak of typhoid under investigation, showed that there had been some cases of typhoid at Musbury last winter, the last of which recovered about the end of March. The excreta from this case were thrown into a vault of primitive construction, and then flushed out in a way which it is inferred may have polluted the water on Drake's farm. Dr. Dupré has made an analysis of a sample of this water, which shows it to be largely polluted by sewage, and entirely unfit for drinking or culinary purposes. Dr. Parsons, therefore, comes to the conclusion that the fact unquestionably shown by Dr. Dupré's analysis of the pollution of the well at Drake's farm; the existence, at a not very remote date, of typhoid fever, in the neighbourhood of the farm, and the evident possibility of the access of the specific poison to the well, by percolation from the sewage-polluted brook through the porous gravelly soil, indicate a channel by which infection may have gained access to the milk; whether in the rinsing of the churns or by the accidental splashing from the pump in the process of cooling. The cessation of the further spread of the fever within a few days after July 6th, the date when the Musbury supply of milk was discontinued, confirms Dr. Parsons in his view of the connection of the fever with that supply. This outbreak, which, fortunately, was not so serious in its results as some which it has been our duty to chronicle, still tends to accentuate the necessity for a thorough and skilled inspection of all farms whence milk for family consumption is obtained, with reference to their drainage, water-supply, and arrangements for storage and transmission.

UNIVERSITY INTELLIGENCE.

THE LATE PROFESSOR BALFOUR.—The following formal announcement of the meeting to be called to arrange for a memorial to the late Professor Balfour, has appeared in the *Cambridge University Reporter*: "The Vice-Chancellor begs leave to inform the members of the Senate that he has received the following communication: 'We, the undersigned, conceiving it desirable that some memorial of the late Professor Balfour should be established in the University, beg leave to ask you to be so good as to call a meeting of members of the Senate and others, at which it is hoped that you will consent to preside. G. E. Paget, G. M. Humphry, Thos. M'K. Hughes, H. N. Moseley, Alfred Newton, G. H. Darwin, E. W. Blore, Coutts Trotter, M. Foster, A. Sedgwick, J. W. Clark, Sydney H. Vines;' and, in accordance with the request contained therein, invites the attendance of members of the Senate and others at a meeting to be held on Saturday, October 21st, at half-past four o'clock in the afternoon, in the Lecture-room of Comparative Anatomy, in the New Museums, to take steps to establish in the University a memorial of the late Professor Balfour."

The Vice-Chancellor further announces that he has received a letter from Mr. J. W. Clark, M.A., superintendent of the Museum of Zoology and Comparative Anatomy, announcing that the family of the late Professor Balfour has presented his scientific library to the University for the use of the Morphological Laboratory. The library consists of rather more than 500 volumes, together with 1,100 pamphlets bound in 77 volumes. This latter portion of the library is particularly valuable, as Professor Balfour had taken great pains to collect the most important papers in morphology

and embryology; and so extensive a series, especially when arranged as this is, according to subject, places before students the most important information on any given group of animals, without the trouble of reference to journals and transactions. Besides these works on morphology, about 60 volumes on general science have been presented to the Philosophical Library.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, October 12th, 1882.

Iliewiez, Henry Frederick, Marquess Road, Canonbury.
Leftwich, Charles Harcourt, New Cross.
Manley, John Herbert Hawkins, West Bromwich.
Tripp, Charles Llwelllyn Howard, Royal Free Hospital.

UNIVERSITY OF DURHAM.—The following is a list of successful candidates at the examination held this week.

First examination for the degree of Bachelor of Medicine.

First-Class Honours.—No candidate was successful.

Second-Class Honours.—James R. Roberts, Middlesex Hospital.

Pass-List.—Edmund L. Archer, M.R.C.S., St. Bartholomew's; John F. Bate, University College; William L. Blight; Henry W. Dixon, Newcastle-upon-Tyne; John M. Harper, London Hospital; Isaac Hartley, Newcastle-upon-Tyne; William Jacques, Newcastle-upon-Tyne; James Lazenby, Newcastle-upon-Tyne; Herbert Mosse, Charing Cross Hospital; George P. Newbolt, St. Bartholomew's Hospital; Edward A. Opie; Louis Robinson, St. Bartholomew's Hospital; James M. Robson, B.A., Newcastle-upon-Tyne; Frederick T. Thistle, L.R.C.P., St. Bartholomew's Hospital; Shirley L. Woolmer, University College.

Ten candidates failed in the examination as a whole; two failed in Chemistry only, and one in Botany only.

MEDICAL VACANCIES.

The following vacancies are announced:—

ANDERSON'S COLLEGE DISPENSARY, Glasgow.—Surgeon on Dispensary Staff. Applications to D. Wilson.

AUCKLAND UNIVERSITY COLLEGE, New Zealand.—Two Professors, one for Chemistry, and the other for Natural Science. Applications by October 31st.

CARLOW UNION.—Medical Officer for Bagenalstown Dispensary District. Salary, £120 per annum, with £20 per annum as Medical Officer of Health, registration, and vaccination fees. Election on October 24th.

CHARING CROSS HOSPITAL.—Assistant-Physician. Applications by October 23rd.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—Resident Clinical Assistant. Salary, £20 per annum. Applications by November 9th.

CLAPHAM GENERAL DISPENSARY.—Medical Officer. Applications to the Honorary Secretary, 42, Manor Street, Clapham.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Administrator of Anæsthetics. Applications by November 13th.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Dental House-Surgeon. Salary, £40 per annum. Applications by November 13th.

GLASGOW HOSPITAL FOR SICK CHILDREN.—Two Visiting Physicians, one Extra Physician, one Pathologist, one Aurist, two Visiting Surgeons, one Extra Surgeon, one Oculist and one Surgeon-Dentist. Applications by October 23rd.

GLASGOW HOSPITAL FOR SICK CHILDREN.—Resident Medical Officer. Applications by October 23rd.

GLENTIES UNION.—Medical Officer for Ardara Dispensary District. Salary, £100 per annum, with £15 per annum as Medical Officer of Health, registration, and vaccination fees. Election on October 24th.

GREAT NORTHERN HOSPITAL, Caledonian Road, N.—Ophthalmic Surgeon. Applications by October 31st.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Resident Clinical Assistant. Applications by November 4th.

KENDAL UNION.—Medical Officer and Public Vaccinator. Salaries £40 and £45 per annum respectively. Applications by October 26th.

LEADHILLS.—Medical Officer. Applications to T. Newbigging, Mines Office.

LONDON FEVER HOSPITAL.—Resident Medical Officer. Salary, £200 per annum. Applications by October 31st.

LYMINGTON UNION RURAL SANITARY AUTHORITY.—Medical Officer and Public Vaccinator. Salary, £30 per annum. Applications by October 21st.

LYMINGTON UNION RURAL SANITARY AUTHORITY.—Medical Officer of Health. Salary, £50 per annum. Applications by October 21st.

MACCLESFIELD GENERAL INFIRMARY.—Senior House-Surgeon. Salary, £100 per annum. Applications to the Chairman of House-Committee by October 28th.

MANCHESTER ROYAL INFIRMARY, DISPENSARY, AND LUNATIC HOSPITAL OR ASYLUM.—Honorary Assistant-Surgeon. Applications by October 28th.

MIDDLESEX HOSPITAL, W.—Assistant-Surgeon. Applications by October 24th.

NORTHAMPTON GENERAL INFIRMARY.—Physician.—Applications to be addressed to the Secretary not later than October 27th.

NORTH-WEST LONDON HOSPITAL, 18 and 20, Kentish Town Road.—Ophthalmic Surgeon. Applications by October 28th.

OLDCASTLE UNION, Crossakiel.—Dispensary Medical Officer. Salary, £80 per annum, and £15 as Medical Officer of Health. Application by October 21st.

PARISH OF BIRMINGHAM.—Physician. Salary, £150 per annum. Applications by October 23rd.

POPLAR AND STEPNEY SICK ASYLUM DISTRICT.—Assistant Medical Officer. Salary, £120 per annum. Applications by October 30th.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, 191, Marylebone Road.—Physician to the Out-patients. Applications by November 10th.

ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY, Wigan.—Junior House-Surgeon. Salary, £80 per annum. Applications by November 2nd.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—Clinical Assistant. Applications by October 31st.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—House-Surgeon. Applications by October 30th.

SCARBOROUGH FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Resident Medical Officer. Salary, £200 per annum. Applications by October 23rd.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon. Salary, £25 per annum. Applications by October 25th.

WESTERN INFIRMARY OF GLASGOW.—Two extra Dispensary Surgeons. Applications by October 28th.

MEDICAL APPOINTMENTS.

BAMPTON, A. H., M.D., appointed Assistant-Physician to the Plymouth Public Dispensary.

BLAGG, A. F., M.R.C.S., appointed Resident Medical Officer to the Rochdale Infirmary, *vice* F. C. Stevenson, L.K.Q.C.P.I., resigned.

BUCHAN, W. A., M.D., appointed House-Surgeon to the Clinical Hospital and Dispensary for Women and Children, *vice* W. Donie, M.B., resigned.

BUCKLEY, C., L.R.C.P., appointed Medical Officer to the Mitchelstown Union, Kilcorrey Dispensary District, *vice* Thomas Reardon, L.K.Q.C.P.I., resigned.

CLENDINNEN, J. George, L.R.C.S.I., L.S.A., appointed Medical Officer of Health to the Lower Sedgley Local Board, *vice* Joseph Eagleton, L.R.C.P. and S.E., resigned.

COLLIER, J., M.R.C.S., appointed Junior Demonstrator of Anatomy to the Owens College, Manchester, *vice* W. Evans-Hoyle, M.R.C.S., resigned.

CROSS, F. R., F.R.C.S., appointed Honorary Surgeon to the Bristol Eye Hospital, *vice* R. T. H. Bartley, M.D., deceased.

DENNEHY, P. R., L.K.Q.C.P., appointed Medical Officer to the Lismore Union Workhouse and Fever Hospital.

HALL, B., M.B.Lond., M.R.C.S., appointed Assistant Medical Officer at Earlswood Asylum, *vice* Dr. Jones, appointed an Assistant Medical Officer at Colney Hatch.

HENRY, Thomas, L.R.C.S., appointed Medical Officer for Pomeroy Dispensary District to the Cookstown Union.

LEWIS, L., M.R.C.S., appointed Assistant-Physician to the Plymouth Public Dispensary.

LOUGHEED, W. H., M.B., appointed House-Surgeon to the Kent County Ophthalmic Hospital, *vice* W. W. Smyth, L.R.C.P., resigned.

MACCARTHY, Fennell, M.B., B.Ch., Dub., appointed Surgeon to the Midland Railway, Worcester District, *vice* George F. A. Knapp, M.R.C.S., deceased.

PEARCE, W., L.R.C.P., appointed Resident House-Surgeon to the Seamen's Hospital, Greenwich.

PROFFITT, A. H., M.R.C.S., appointed Resident House-Surgeon to the Horton Infirmary, Banbury.

RAWSON, E. E., L.R.C.P., appointed Medical Officer of Health to the Thornton Local Board.

REARDON, Thomas, L.K.C.Q.P.I., appointed Medical Officer to the Donereal Dispensary.

SCOTT, C. C., M.E., C.M. Edin., appointed House-Surgeon to the Ayr New Hospital, and Surgeon to the Dispensary.

SCOTT, G., M.B., appointed Resident Medical Officer to the Portpatrick Parish *vice* G. T. Brown, M.B., resigned.

SHAW, H. B., B.A., appointed Demonstrator of Practical Physiology to the Charing Cross Hospital Medical School.

STEVENSON, W. E., M.B., Cantab., M.R.C.S., S.Sc. Cert. Camb., has been appointed Electrician to St. Bartholomew's Hospital London.

WEST, J. A., M.R.C.S., appointed Resident Clinical Assistant and Registrar to the North-Eastern Hospital for Children.

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.

BIRTH.

EALIS.—On October 6th, at 54, Wheeley's Road, Edgbaston, Birmingham, the wife of Henry Eales, M.R.C.S., of a son.

MARRIAGE.

ALLARD—PEACEY.—On October 12th, at Boddington Church, Gloucestershire, by the Rev. John Arkell, Vicar of St. Ebbs, Oxford, assisted by the Rev. Thomas Furnell, Vicar of Boddington, Joseph Higginson Allard, M.R.C.S.E., L.R.C.P.Ed. of Tewkesbury, second son of William Allard, J.P., F.R.C.S. Eng., to Harriet Mary, eldest daughter of the late W. H. Peacey, J.P., M.R.C.S. Eng. No Cards.

DEATH.

WATERHOUSE.—October 17th, at Peatling Magna, Leicestershire, of enteric fever, Joseph Bourne Waterhouse, M.R.C.S., in his thirtieth year.

OPERATION DAYS AT THE HOSPITALS.

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

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

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

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.—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.

CHARGING 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., 1; 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, dai, y, 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.

ST. MARY'S.—Medical and Surgical, daily, 1.45; Obstetric, Tu, F., 9.30; o.p., Tu, F., 2; Eye, Tu, F., 9.15; Ear, M. Th., 2; Skin, Tu, Th., 1.30; Throat, M. Th., 1.45; 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, T., 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., 3; Eye, M. Th., 2.30; Ear, Tu, F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. Radcliffe Crocker: Skull-cap from a case of Congenital Syphilis, which was shown last session. Mr. Francis Mason (the President): A Case of Gastrotomy (with specimen). Mr. Thomas Bryant: Inflammation and Ulceration of the Tongue.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Barwell: On Dislocation of the Foot, with Version and Torsion of the Astragalus. Dr. F. Warner: Ophthalmoplegia Externa, complicating a case of Graves's Disease.

WEDNESDAY.—Hunterian Society, 8 P.M. Dr. Charlewood Turner: A Heart of Two Chambers. Dr. Herman: On the Clinical Classifications of Backward Displacements of the Uterus.

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. Walsham: Case of Gun-shot Injury of the Lower Jaw. Dr. Mahomed and Mr. Pepper: Case of Ligation of the Common Carotid Artery for Hæmorrhage from the Throat due to Ulceration after Scarlet Fever. Dr. Crocker: Case of Hæmaturia from Bilharzia Hæmatobia (specimens of the parasite will be shown). Mr. Golding-Bird: Case of Removal of the Uterus for Fibroid Disease.—Quekett Microscopical Club, 8 P.M. Mr. T. W. Morris: On the Fibro-vascular Bundles in Ferns, and their Value in Determining Generic Affinities.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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.

PRESCRIPTIONS AND PRESCRIBING CHEMISTS.

SIR,—“Because, sir, I gets better medicine, and it does me more good, from th chemist.” Thus, in reply to my question, “Why don't you see your doctor?” I have been always of a rather curious temperament—let's say of an inquiring mind. As I happened to know both the doctor and the chemist, I determined to verify the woman's assertion. By a little crafty inquiry, I got hold of both prescriptions. Here they are. The doctor's: *R. Tinct. ferri perchlor. 3ij; inf. quassia 3xij; M 3i ter die sumend.* The chemist's: *R. Syrupi ferri hypophos. co. 3iss; glycerini 3ss; aquæ q.s. ad 3xij; M 3i ter die sumend.* P.h. ag.

The woman was suffering from anæmia and general debility. Moreover, I found, on inquiry, that the doctor charged *as. 6d.* for his mixture, and that the chemist charged *2s.* for his. This set me a-thinking. How can the chemist give a better article—for the patient was quite correct—for less money, and why does he do so? Many reminiscences of prescribing for the poor now recurred to me. “Thrakely wather an' tartar-emetick”—the Irish dispensary patient's synonym for the mist. tuss. of the dispensary doctor—not very far out either. The mistura quassia found as the *lignum quassia*. The syrupus aurantii represented by inferior molasses. No wonder the poor patient prefers to go to the chemist, where better, nicer, and cheaper medicine can be obtained. Why does he do so? we ask. Why does he (the chemist) give such nice stuff as compared with his superior in the profession of medicine? The answer is simple. He finds it pays. He can write a better prescription than an M.D. Lond., and he can procure or manufacture his drugs more cheaply.

Let us take as an example this very syrupus ferri phosph. co. He, the chemist, has learned, from seeing the prescriptions of medical men (for rich patients), that the preparations of the hypophosphites—especially that of iron—are of great value, and are superseding the old forms of tonics of the same class. He goes with the times, and prescribes them. They are nice, but dear—not, however, necessarily so; but the preparations as supplied to the public and to the profession are dear. Turning to various price-lists before me, I find liquor ferri hypophosph. co. (Dr. Churchill's formula) is *8s. the lb.*; Parrish's Food, the same; and Fellows's syrup of the hypophosphites is *7s. a bottle, about 1 lb.* These are preparations most in use. They are pretty much the same in value; Fellows's differing from the others in containing minute doses of quinia and strychnia as hypophosphites, and Parrish's being distinguished by an excess of phosphoric acid. Of their value as mineral tonics, there is no second opinion, but their price renders them prohibitory, to the general practitioner, but not to the chemist. In the first place, he can get them much cheaper than the doctor; and, in the second place, if he does not, he makes them for himself.

There is a moral to all this—two morals, in fact. The first, every man to his trade. Let the doctor leave the supplying of medicine to the chemist; and then he can afford to write not only good, but nice, prescriptions. The second is, let the chemists be content with reasonable profits, and they will benefit themselves and their fellow-creatures.

Let us return to our hypophosphites, for which I have abolished all the old chemicals of a rusty nature. There is no reason in the world why these preparations should not be sold at one-third of the present cost. Take a pound of the liquor ferri phosph. co., at *8s. per lb.* The cost of the materials, working on the scale of ounces, is one shilling (I speak from practical experience, for I have made it, in order that my poor patients should not have their teeth discoloured and their stomachs annoyed by rust dissolved in spirits of salt), add *6d. per lb.* for working expenses, and *6d. per lb.* for profit. A fortune could be made by selling it at *2s. per lb.*; a little more for the other preparations, because they contain sugar and quinia.

Now, this may all appear rambling talk, but it is real. Our best and most useful medicines are so high priced as to put them out of the reach of the poor; and this should not be.—I am, etc., VERBUM SAPIENTIBUS.

A VERY OLD STUDENT.—Not having completed your studies at the time, you must comply with the existing regulations, and undergo the same examinations as the “mere boys,” as you term them. Write to the Secretary for the regulations of the College.

SIR,—Has not the vaccination inquiry at Norwich proved incontestably that vaccination, in spite of “skill, experience, and care” (BRITISH MEDICAL JOURNAL) on the part of the vaccinator, is not unattended with danger to life? How, then, is the State justified in making it compulsory? Is this a sufficiently orthodox question for the BRITISH MEDICAL JOURNAL?—Your obedient servant, Norwich, October 7th, 1882. WILLIAM H. DAY.

*. The medical facts as to the Norwich cases have yet to be learnt. The evidence brought forward at the public inquiry affords no real help in elucidating the etiology of the cases in question. But, as has often been pointed out, vaccination, which, to be effectual, must cause a sensible amount of constitutional disturbance, may, just as teething, or errors of diet, or even the prick of a pin might do, be the means of bringing to the surface some eruptive disorders lurking and inherent in the system.

