these communications, because they went to the very fundamental conception of life that they had been gradually coming to from the days when he was taught that cells were everything. They had been coming to perceive that there are a great many forms of animal and vegetable life which never arrive at the dignity of cell-form. There are forms in which there is simply a continuity of animal protoplasm, and they had been gradually coming to that idea in vegetable structure. This continuity of protoplasm was really just drawing the lower forms of the two kingdoms into closer approximation one with the other. These investigations illustrated the larger general views to which they were coming of the fundamental conception of life; and, on the other hand, they showed the superiority of the modern method of microscopic investigation over the old method.

Mr. C. A. MACMUNN (Wolverhampton) read a paper "On the Occurrence of Chlorophyll in Animals." The conclusion at which he had arrived was, that all the characteristic appearances of vegetable chlorophyll are present in animals, and synthetically built up by and in the bodies of animals.—The PRESIDENT said he regarded this paper as one of great importance. Some persons considered that chlorophyll in animals was due to minute parasitic algæ; but that view, which was entertained by German physiologists, was opposed by various considerations.—Mr. W. T. THISELTON DYER remarked that the paper was valuable as an argument in favour of the unity of composition between the two series of organisms of the animal and vegetable kingdom.

The Germ-Theory and Disease.—Dr. CARPENTER, who read a paper on this subject, treated it from a natural history point of view. He pointed out the facility which the lower forms of life possess of adapting themselves to changed conditions of existence. He believed, although it has not yet been proved, that the same germs under different conditions give rise to various diseases. The decrease of the virulence of the small-pox which ravaged Europe in the fifteenth century he attributed to the cultivation of the mildest cases which occurred, while a severe dose of any particular disease-germ may so affect the system, that a disease arises which cannot be recognised as related to that from which it proceeded. Under favourable conditions, an ordinary intermittent fever (endemic) may develop into a virulent form which is highly contagious. There was, in the opinion of the author, very strong ground for the belief that even the innocent hay-bacillus, which, when sown in broth or milk, simply causes its putrescence, and has no power of developing itself in the human body, may undergo such an alteration in its type as to become the germ of severe disease. Notwithstanding, therefore, the tendency among modern pathologists to regard the various forms of zymotic disease as specifically distinct, and to attribute to inexact observation every recorded fact which ran counter to their preconceptions, the author held that the application of the natural history method to the study of these diseases fully justified the belief that the same germs undergoing development under different conditions might manifest themselves under a variety of forms, and maintained that a larger study of the history of medicine justified the belief that, while some of these germs, breeding only in the human body, had acquired a considerable fixity, yet that this fixity did not necessarily hold good over the whole world or through all time; and that there was a large class, including cholera and the various forms of fever originating in germs which breed in the soil as well as in the human body, over which the nature of the breeding ground, with various atmospheric (possibly electrical) conditions exerted a most important modifying influence. He held that this inclusive study, taking account of all the facts which science could bring to bear on the inquiry, was much more likely to lead to accurate results than the exclusive method followed by many pathologists.—The PRESIDENT said the paper was important, as there was a desire to exclude natural history from the medical curriculum. All he could say was that, whenever that was done, medical men would cease to be such able interpreters of nature as they were at present.—Mr. VINES said there was no evidence of the mutability of the lower fungi, whatever there might be as to bacteria.

Cattle-Disease in South America.—Dr. Roy had passed the poison of this form of disease into mice, or other animals, and in the blood of these animals he found contained a less virulent poison than that with which they were inoculated; but this, when used as a vaccine, proved itself to be still deadly. The prairie-dog was then used as a medium of cultivation, and the poison was found to be sufficiently modified for use for horses and cattle, though not for sheep. Exposure to heat for a longer period was sufficient to modify the virulence of the poison to such an extent that the sheep inoculated did not die, but they were not found to be protected against disease. Germs treated by Pasteur's method did not cause death, but yet did not prevent animals from contracting disease. Finally, Dr. Roy found that, by heating the poison to 45° Cent. for seven or eight days, a vaccine was obtained which prevented the death of sheep when inoculated with it, but yet, in his opinion, did not protect them from the disease, and he could not, therefore, adduce from his experience any support of Professor Pasteur's theory.

On Galvani and Animal Electricity.—Professor M'KENDRICK, M.D., F.R.S., etc., Professor of Physiology in the University of Glasgow and in the Royal Institution of Great Britain, delivered a discourse on Galvani and Animal Electricity, fully illustrated by experiments in which galvanometers of the most sensitive constructive were used. Professor M'Kendrick observed that in these days, when electricity is commanding universal attention as a great force capable of being made subservient to humanity, it may be appropriate to consider some of the phenomena of electricity produced by living tissues and by living organs, or what is called animal electricity. It must also be remembered that most of the modern developments of electrical science may trace their origin to the physiological experiments of Galvani, the Professor of Anatomy at Bologna, in 1786. The lecturer spoke of the well-known researches of Galvani, and the opposition of Volta, whose inquiries led to the invention of the Voltaic pile. He referred to the experiments of Nobili and Matteucci, and spoke at great length of the labours of Du Bois Reymond, and other authorities. In summing up, after a few remarks regarding electric fishes, the lecturer said that all of these electrical changes were really expressions of the vital changes occurring in living tissues under the action of stimuli. It was no part of the functions of nerves, muscles, or of the retina of the eye to produce currents under the action of their relative stimuli, but such currents indicated chemical changes in the organs or tissues. For example, the contraction of a muscle is a movement following or consequent upon many chemical changes, among the results of which were the production of heat and differences of electrical potential. Thus there was no special production of electricity, except in the case of electrical fishes, and possibly of some other animals. In most animals, including man, the production of currents was an incidental phenomenon, indicating chemical operations, and nothing more. Besides, the currents so produced were feeble and evanescent, and bore no relation to the general well-being. Consequently, all attempts to influence the living body by magnets had no rational basis. The lecturer had tested this question by powerful electro-magnets, and had not been able to detect that they had the slightest influence on any vital phenomena. It need hardly be added that the so-called phenomena of animal magnetism are of a subjective character, dependent on peculiar states of the nervous system, having nothing whatever to do with electricity or magnetism; but still in a sense they are phenomena as real as those of physical science. Their subjective character, however, renders them specially difficult of investigation, and consequently they are more liable to fall into the hands of the charlatan. One safeguard against this is the recognition of what the electrical phenomena of the living body really mean, and one purpose of the lecturer will be served if it shows that to detect and account for these phenomena requires the most refined methods of the physicist and of the physiologist, and that they give us only a glimpse into the intricate changes occurring in living tissues.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF QUARTERLY MEETINGS FOR 1884:

ELECTION OF MEMBERS.

A MEETING of the Council will be held on Wednesday, January 16th, 1884. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than twenty-one days before the meeting, viz., December 26th, 1883, 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.*

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room, Exeter Hall, Strand, London, on Wednesday, the 17th day of October next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*

161A, Strand, London, September 16th, 1883.

COLLECTIVE INVESTIGATION OF DISEASE.

CARDS for recording individual cases of the following diseases have been prepared by the Committee; they may be had on application to the Honorary Secretaries of the Local Committees in each Branch, or on application to the Secretary of the Collective Investigation Committee.

I. Acute Pneumonia.
II. Chorea.
III. Acute Rheumatism.
IV. Diphtheria, clinical.
IV*a*. Diphtheria, sanitary.
V. Syphilis, acquired.
V*a*. „ inherited.
VI. Acute Gout.

URGENT.—*The Committee propose to publish a final report on Acute Pneumonia at the end of the year. Cases are therefore urgently needed during the next two months.*

Applications should be addressed to
The Secretary of the Collective Investigation Committee
September 1883. 161A, Strand, W.C.

BRANCH MEETINGS TO BE HELD.

SOUTH MIDLAND BRANCH.—The autumnal meeting of the above Branch will be held at Wellingborough, in the first week in October. Gentlemen desirous of reading papers or exhibiting specimens, etc., are requested to communicate with the Honorary Secretary at their earliest convenience.—G. F. KIRBY SMITH, Honorary Secretary.

WEST SOMERSET BRANCH.—The autumnal meeting will be held at the Railway Hotel, Taunton, on Thursday, October 18th, at 5 o'clock. The question, as settled by the Council to be discussed after dinner, is "What is your personal experience as to the etiology of diphtheria?" Dr. Prideaux will exhibit Preparations of Bacteria of various diseases, and will show, if possible, a case of extroversion of the bladder. Gentlemen wishing to bring communications before the meeting, are requested to give notice to the Secretary.—W. M. KELLY, Honorary Secretary, Taunton.

EAST AND WEST SURREY DISTRICTS: SOUTH-EASTERN BRANCH.—A conjoint meeting of the above districts will be held at the White Hart Hotel, Reigate, on Thursday, October 11th, 1883, at 4 P.M., F. F. Lloyd, Esq., of Reigate, in the chair. Dinner will be served at 6 P.M. precisely; charge, 6s., exclusive of wine. All members of the South-Eastern Branch are entitled to attend and to introduce professional friends.—The following communications, etc., have been promised. Watson Cheyne, Esq.: Antiseptic Surgery as Applied to Country Practice. Geo. Abbott, Esq.: Note-taking by Notation, with Special Reference to Collective Investigation. Thos. M. Butler, Esq.: A Case of Interest.—J. Herbert Stowers, Honorary Secretary East Surrey District, 23, Finsbury Circus, E.C. A. Arthur Napper, Honorary Secretary West Surrey District, Cranleigh, Surrey.—N.B. Gentlemen having filled up cards of the Collective Investigation Committee, will oblige by bringing them to the meeting.

EAST ANGLIAN BRANCH.—The autumn meeting of the East Anglian Branch will be held at the King's Head Hotel, Bungay, on Thursday, October 25th, at 1 P.M. There will be a *dejeuner* at 4.30, after the meeting. It is requested that notices of papers or communications be sent at once to either of the Honorary Secretaries, W. A. Elliston, M.D., Ipswich; M. Beverley, M.D., Norwich.

BORDER COUNTIES BRANCH.—The autumnal meeting of the above Branch will be held on Friday, October 19th, 1883. Gentlemen intending to read papers, show specimens, etc., are requested to communicate as soon as possible with either of the Secretaries, W. Russel, M.B., Carlisle; J. Smith, M.D., Dumfries.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

A MEETING of the above district was held at Hayward's Heath on September 19th, Dr. HEWITT in the chair.

Chairman's Address.—Dr. HEWITT spoke on "The Relation between Consulting-Physicians and General Practitioners, with Special Reference to Seeing Patient, Payment of Fees, and Abuse of Prescription." Dr. Hewitt considered the present relations very unsatisfactory, and attributed to this, in great measure, the general status of the profession, which was admittedly lower than it should be. He summed up his suggestions, as to remedy, under the following heads: 1. There should be a distinct grade of consultants. 2. Consultants should see patients only in association with general practitioners, either by correspondence or by personal interview. 3. Prescriptions should be given by the consultant to the medical attendant only, and, on no account to the patient.

Mr. Austin, Dr. Lee, Mr. Turner, and Mr. Hodgson spoke.

The majority of those present evidently felt strongly the justice of the Chairman's remarks.

Dr. EWART described a case of Hypertrophy of the Nose, upon which Mr. Lister had operated with very good results.

Dr. LEE read a paper on the Use of Antiseptics, especially with reference to their volatilisation. He spoke of the circumstances affecting the volatilisation of various antiseptics, and pointed out the fallacy, in certain experiments with carbolic acid upon vaccine virus. The virus remained potent after exposure, as it was thought, to the vapour of carbolic acid; whereas, in reality, no vapour was given off. Dr. Lee pointed out the bearing of this upon the use of this and other agents, for the purpose of disinfection.

Mr. HODGSON (Brighton) narrated the following cases of deafness from nerve-disease.

CASE 1. *Labyrinthine Deafness from Mumps.*—A professional man's only son, aged 15, took mumps from one of his sisters in November 1877. A spoiled and wilful lad, he would not submit to any treatment, not even confinement to the house. On the sixth day, the swelling of the salivary glands never having been great, severe orchitis occurred. For this, he gladly took to his bed. In two days more the other testicle became much inflamed. When the swelling, etc., of the testicles was subsiding, sharp head-symptoms supervened—headache, much giddiness, tinnitus, deafness on the left side, fever, and some night-delirium. In about a week, all these symptoms subsided, except the one-sided deafness, which remained much the same as when it was first noticed. From the first, nothing wrong was to be detected in the outer ear, or tympanum, or throat; but the deafness was great. An old-fashioned watch (whose tick was audible by average hearing at twenty-seven feet distance) was altogether inaudible by this ear, and also on the mastoid. An A tuning-fork was but faintly noticed in air and on the bone, and, on the latter slightly better with meatus open than when closed. During the acute symptoms, salines with bromide of potassium were administered; but, as soon as convalescence began, he would take no more medicine, or Mr. Hodgson should have liked to have tried the effect of potassium-iodide. Six months subsequently, and again five years later, this youth's ear was carefully examined again, and found to be just in the same state.

CASE 2. *Labyrinthine Deafness from Mumps.*—A clergyman's daughter, aged 15, was first seen in August 1883, on account of deafness on the right side, of two years' duration. It had come on suddenly then, whilst she was ill with the mumps, for which she received no medical attention, and was not confined to one room. Both sides of her neck were then a good deal swollen, but she was not very ill, and had no earache, tinnitus, or giddiness; and since that time she had been quite well in general health. At present the hearing (of the same watch described above) is just not contact, and it is also faintly heard on the mastoid. Tuning-fork also heard very imperfectly both opposite the meatus and on the bone. External and middle ears and throat all seemed perfectly healthy. This condition of things having existed for two years, no treatment was considered feasible.

Remarks.—Such cases as the two above-mentioned are not common. They are the only ones that Mr. Hodgson has ever met with. Still, they have occasionally been alluded to in English medical literature; and during the last two or three years several cases have been recorded in the *Archives of Otology* (German and American), a publication which culls otological lore from all parts of the civilised world. Thence it appears that the attacks are always sudden, the deafness generally severe, and sometimes affecting both ears, in which cases the giddiness may persist for years. The symptoms clearly point to mischief in the labyrinthine structures, which would seem (as in the salivary, mammary, and seminal glands), to be effusive and not purulent, but yet violent enough to permanently injure the delicate expansions of the auditory nerve. Even the testicles are said to be sometimes left impotent by an attack of mumps. But why the internal ear should be amongst the structures selected for invasion by this disease, it is hard to define, since its tissues seem not to resemble those of any other of the organs affected, including the exceptional ones, the ovaries, uterus, and vulva. Mr. Hodgson believes that, as yet, nobody has investigated this mumps-deafness *post mortem*.

CASE 3. *Labyrinthine Deafness from Inherited Syphilis.*—A labourer's daughter, aged 10½, has been quite deaf with both ears, during the last twelve months. Now she cannot hear either a large watch, a tuning-fork, a metronome, or a loud voice, in any way. She began to have interstitial keratitis six years ago, and now is, in consequence, nearly blind, notwithstanding two iridec-

tomies. Her two upper and four lower incisor teeth are typically "Hutchinsonian." No defect in outer or middle ears, except slightly in-drawn membranes.

CASE 4. *Labyrinthine Deafness from Inherited Syphilis.*—A working woman, aged 33, "stone-deaf" with both ears. Up to two years ago heard very well; and all this has come on since, by degrees. Membranes of the drums in-drawn, but bulge readily under Valsalvaism and Politzerism. Throat healthy. Auditory nerves quite insensible. Sight of both eyes defective, from the effects of bygone keratitis. Incisor teeth "Hutchinsonian."

Remarks.—The two last-given cases are of a kind unhappily common; but these two well represent many, except that their ages are at the two extremes. Generally the disease occurs to young people in their "teens," the ear-affection having been preceded by the corneal. When a case is seen in its early stage, the use of bichloride and iodide has sometimes made the surgeon think a cure was about to be obtained, only, however, before long for the failure to become as determined and hopeless as in other cases. Indeed, so far, in those congenitally syphilitic, as well as in the parotitic deafness, therapeutics are of no avail; but the diagnosis and prognosis are sufficiently clear to deter from useless treatment and from resort to quackery; and, of course, hearing-trumpets are of no use. The precise condition of the labyrinth in this disease has not apparently been investigated in any necropsy.

CORRESPONDENCE.

CAPTAIN GALTON ON HOSPITAL CONSTRUCTION.

SIR,—The publication in the BRITISH MEDICAL JOURNAL of the 1st instant of the paper read by Captain Galton on August 2nd at the annual meeting of the British Medical Association held in Liverpool requires a reply from me to that portion relating to my hospital plan. A few days before the reading of this paper, I corresponded with Captain Galton, and explained to him that I was about to exhibit the drawings and model of my proposed method of hospital construction at the then forthcoming meeting, by the request of two of the Association officials (Dr. W. Carter and Dr. Imlach), and hoped he would therefore not consider I was obtruding my ideas. I also enclosed two or three reprints and a photograph respecting my plan. I received an early reply containing certain comments, to which I replied on July 29th.

Captain Galton has chosen to quote (see BRITISH MEDICAL JOURNAL, page 426) from the least explanatory reprint I sent him. Had he fully quoted from the paper, headed "Paris Universal Exhibition, 1878," my description of my proposed method of hospital construction, and from the manuscript note appended to the same, his criticisms would have been to a great extent answered, and the readers of the JOURNAL would have had clearer ideas of the advantages offered by my design. I shall feel obliged by your now inserting this description. It is as follows.

"This method of construction consists of a substantial building, containing a smaller one, the side and end spaces, between the two, forming corridors. The inner building is made of glass, or enamelled sheet-iron and glass, fixed in iron framework, and is divided longitudinally by a partition into two equal parts, and these are subdivided by partitions transversely, so as to form a double row of compartments, each of which has an entrance from its corridor. Each compartment is supplied with fresh air from a grating in the floor by means of an air-tube which lies underneath, and also by an extra tube over the door, and the foul air is extracted by a heated flue which passes from the summit of the inclined inner roof or ceiling up through the outer roof. One of the supply-tubes may be closed in cold weather if necessary. The building is heated by hot-water or steam pipes. The ward-offices are placed at each end of the building, and project on either side, so that the outline of the ground-plan somewhat resembles the letter I. The nurses' rooms are so placed that the nurse has a view of the patients through either row of transparent compartments.

"By this plan of hospital construction, each patient is surrounded with air uncontaminated by himself, by his fellow-patients, or by the building, the materials of which the compartments (including the floors) are made being non-absorbent, and the ventilation constant and complete, even if the external air were perfectly still. By occasionally washing the compartments, they would always retain their purity, thus obviating the expense and inconvenience attendant on hospitals otherwise constructed. Although each patient would be isolated, he would not feel lonely, as he could see and converse with his neighbour through the glass partition. He would also not be exposed to draughts, as in ordinary hospitals, where the amount of ventilation which is useful to some patients is frequently injurious to others. *This plan is especially adapted for the reception of wounded patients, whether by operation, accident, or disease; for a fever hospital, and a lying-in hospital.* By this means, not only would there be a great saving of life, but recoveries would be more rapid. *Cases not requiring isolation may safely be placed together in large wards capable of accommodating twenty or more patients each.*

"The chief requirement in a hospital is, that the patients shall be constantly surrounded with fresh air. To obtain pure air, it is self-evident the hospital must be placed in a healthy locality, and must not 'foul its own nest' by imperfect drainage, defective sewer-ventilation, etc.; or, if placed in the midst of a crowded city, the air must be purified in its passage into the building. To do this, and to prevent the admitted air becoming impure around the patient, and to remove all risk of infecting the neighbourhood with the outgoing air, will be found set forth in the papers which accompany the drawings exhibited.[1]

"In addition to the above remarks, I beg to state that *my design is intended to secure the advantages of a large hospital without the dangers, and the safety of the hut system without the inconveniences.* Mere isolation of certain classes of cases, however, is not sufficient. The compartments in which the patients are placed should be of proper form, and made with non-absorbent materials; otherwise, ventilation would be imperfect, and the walls would still become a source of mischief. My method of construction allows the patients' friends to pay visits without the chance of receiving infection, as they could remain in the corridors, and yet see and converse with the patients through the fronts of the glass compartments. The arrangement of the corridors would not only prevent the compartments being exposed to extremes of temperature, but would also prevent external sounds injuriously affecting the patients.

"In a tropical climate, each compartment could be furnished with a *punkah* for fanning the patient; as ventilation, however perfect, might fail to produce sufficient evaporation from the body to cause a sensation of coolness. All the *punkahs* could be kept in motion by one man with the aid of simple machinery. Lastly, the construction of the compartments would not afford a covert for venomous snakes and insects."

With this plan, the compartments would be always available for patients, as the cleansing and disinfection of a compartment could be carried out within an hour of its being vacated. It would also be economical for small towns, where the authorities could not afford to build wards for the different infectious diseases and for both sexes. One block, with the ward-offices in its centre, so as to separate the sexes, might suffice; and the compartments might be occupied by patients from various classes of society, and suffering from different diseases. Another advantage this plan offers is that, if a patient be admitted under suspicion of infection, although he may not really be infected, he is not exposed to infection as he would be if placed with other patients in a common fever-ward, or even in a probationary ward. In February 1882, I suggested the use of telephones in infectious diseases hospitals, so that a patient in his bed could converse with a friend placed in a room in a remote part of the building, and thus avoid the risk of spreading infection. (I made this suggestion to Professor Tyndall, who approves of my hospital plan, but wished to know if I could make it possible for a visiting friend to converse with a patient without being overheard by other patients.)

Captain Galton says: "As regards the facility of inspection, it is quite certain that a view of the beds in a distant cubicle could not be obtained through a series of glass partitions." I presume he means he is quite certain. Well, I am quite certain such view could be obtained through plate-glass; and a portion of each partition (about five feet square) in the line of sight from the nurse's room, would be made of this material. As there would be a nurse's room at each end of the block of twenty compartments or cubicles, a nurse would not necessarily have to view more than one half the length of the block of two rows; that is to say, she would only have to look through five sheets of plate-glass at the utmost at a time. Besides, it would be the duty of the nurses to occasionally walk in the corridors, so as to gain a closer inspection of the patients. In all hospitals it is sometimes found necessary to have a nurse or

[1] See BRITISH MEDICAL JOURNAL, May 11th, 1872; November 15th, 1873; September 26th, 1874; January 30th, 1875; June 19th, 1875.

tality, Dr. Welch adds, would be highly satisfactory in any district, and it is especially so in this, in which there is a large artisan and working population. To the seven principal zymotic disorders, thirty-four deaths were referred; whooping-cough, which was more fatal in any year—except 1878—during the last twelve years, causing eleven. Two cases of small-pox were imported into the district, but in both immediate notification was received from medical men; and the prompt steps which were taken for the removal of the patients to an infectious hospital, and the revaccination of the adult inmates of the houses, stamped the disease out. An instance is given in the report of the value of school-closure in preventing the spread of infectious disease. In commenting on an outbreak of diphtheria among school-children, Dr. Welch observes that an examination of the school-premises failed to account for the prevalence. Subsequent inquiry, however, showed that a child suffering from what was regarded as simple sore-throat had attended the school, and had directly infected the other children. The school was closed for a short time, and, as all the cases occurred in houses in which isolation could be sufficiently carried out, the disease quickly subsided. In reviewing the sanitary history of the year, Dr. Welch notes that a great improvement has of late been made in the condition of small house-properties. Some extension was also made in the main drainage to which 288 houses were connected during the year, making a total of 2,020.

HOVE.—The death-rate of a health-resort is a matter of high importance, not only to those interested in the welfare of the place, but also to intending visitors; and it is satisfactory to learn that during 1882 the death-rate in Hove from all causes was as low as 13.6 per 1,000 of population. Whooping-cough was prevalent during the first six months of the year, and accounted for more than half the total deaths from zymotic causes (58); diarrhœa being fatal to nine children, and measles to four. The rate of infantile mortality was somewhat high, on account of fatality from whooping-cough; but 27 per cent. of the total deaths occurred in persons aged sixty years and upwards. Dr. Kebbell congratulates his authority upon the satisfactory condition of their district, which, he thinks, is emphasised by the fact that two deaths only were recorded from typhoid fever.

MONMOUTH RURAL.—In his account of the prevalence of zymotic disorders in this district during 1882, Dr. Willis gives an instance of neglect of a kind which, unfortunately, is a common experience of health-officers. Dr. Willis found a delicate child suffering from whooping-cough in an exceedingly dirty state, kept in a small greengrocer's shop, in the midst of decaying fruit and vegetables. The door was wide open all day, allowing a full draught of November air to blow over the sick child, who suffered with a complication of the disease with bronchitis. Thus it could not be a matter of surprise that the case terminated fatally. While such painful cases of neglect and ignorance are of every-day occurrence, so long will the task of preventing the extension of disease be one of insuperable difficulty. There was a considerable prevalence of measles during the year; and cases of scarlatina cropped up at different times, but nothing of interest is noted in regard to their causation. The total deaths numbered 340, representing a death-rate of 15.50 per 1,000. Dr. Willis appears to have kept his district under supervision, and he notes that a considerable number of nuisances have either been removed or abated.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, September 20th, 1883.

Bateman, Frederick Augustus Newton, Pall Mall, S.W.
Habgood, William, Wimborne, Dorset.
James, Prytherch James, Eastlake Road, Loughborough.
Little, Andrew-Johnston, Belfast.
Lockwood, Harry, Gudcliffe Vale Road, Sheffield.
Marsden, James Aspinall, Paulet Road, Camberwell.
Smith, Joseph Spilsbury, Free Town, Sierra Leone.

MEDICAL VACANCIES.

The following vacancies are announced:

CHELTENHAM GENERAL HOSPITAL.—Assistant House-Surgeon. Salary, £80 per annum. Applications to the Honorary Secretary by 24th October.

CITY PROVIDENT DISPENSARY AND SURGICAL APPLIANCE ASSOCIATION, 164, Aldersgate Street, E.C.—Surgeon. Applications to the Secretary.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Lecturer on Dental Anatomy and Physiology. Applications by October 1st.

DURHAM COUNTY ASYLUM, Sedgefield, near Ferry Hill.—Junior Assistant Medical Officer. Salary, £100 to £150 per annum. Applications to Dr. Smith, Superintendent.

GRANTHAM FRIENDLY AND TRADE SOCIETIES MEDICAL INSTITUTE.—Resident Medical Officer. Salary, £150 per annum. Applications to John Hancock, 16, North Parade, Grantham, by October 1st.

HARTLEPOOLS FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Assistant Medical Officer. Applications to T. Twiddell, Commercial Terrace, West Hartlepool.

JOINT COUNTIES ASYLUM, Abergavenny.—Senior Assistant Medical Officer. Salary, £150 per annum. Applications to Medical Superintendent by October 1st.

KENT COUNTY OPHTHALMIC HOSPITAL.—House-Surgeon. Salary, £100 per annum. Applications by October 1st.

KIDDERMINSTER FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Assistant Medical Officer. Applications to Dr. T. W. Measures, 4, Lion Street, Kidderminster.

KING'S COLLEGE HOSPITAL.—Pathological Registrar. Applications to J. W. Cunningham, Esq., Secretary.

KING'S COLLEGE, London.—Curatorship of Anatomical Museum. Applications to J. W. Cunningham, Esq.

LISTOWEL UNION.—Medical Officer. Salary, £75 per annum. Applications to J. McCarthy, Esq., Clerk of the Union, by October 4th.

LOCAL BOARD FOR THE DISTRICT OF CARSHALTON, Surrey.—Salary, £40 per annum. Applications to William A. Smith, Cumberland Villa, Carshalton Hill, Sutton, Surrey, by October 1st.

NEWPORT (MON.) ODD FELLOWS' MEDICAL AID ASSOCIATION.—Assistant Medical Officer. Applications to J. Powell, Secretary, 19, Dock Street, Newport, Monmouthshire, by October 1st.

OUGHTERARD UNION.—Medical Officer, £122 per annum, and Vaccination Fees. Applications to the Honorary Secretary, P. McDonough, Esq., Lettermore, Ballydangan, *viâ* Spiddal, Co. Galway, by October 2nd.

OUNDLE UNION.—Medical Officer. Salary, £40 per annum, and Fees. Applications to Robert Richardson, Esq., Clerk to the Union, by October 3rd.

PAROCHIAL BOARD OF KILLEAN AND KILCHENZIE.—Medical Officer. Salary, £150 per annum. Applications to the Chairman of the Board, Glencreggan, Kintyre, Argyllshire.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road.—Assistant-Physician. Applications by October 6th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road.—Surgeon. Applications by October 6th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road.—Pathologist. Applications by October 6th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—House-Surgeon. Applications to the Secretary, King William Street, Charing Cross.

QUEEN'S COLLEGE, Belfast.—Professor of Anatomy and Physiology. Candidates to forward testimonials to the Under-Secretary, Dublin Castle, not later than the 20th October.

ST. GEORGE'S, HANOVER SQUARE, PROVIDENT DISPENSARY, 59, Mount Street, W.—Resident Medical Officer. Applications by September 29th.

MEDICAL APPOINTMENTS.

ADKINS, George, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A.Lond., appointed Medical Officer of Health to the Plympton St. Mary Union Rural Sanitary Authority.

GORDON, A. H., M.R.C.S.E., L.R.C.P.Ed., appointed Junior House-Surgeon to the Royal Southern Hospital, Liverpool, *vice* M. M. Fitzpatrick, M.B., C.M., resigned.

HAMILTON, G. S., L.R.C.P., appointed Resident Medical Officer to the Infirmary for Children, Liverpool, *vice* E. Davidson, M.B., resigned.

HEATH, James, M.B., C.M.Edin., appointed Junior House-Surgeon to the Torbay Hospital, Torquay.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3*s.* 6*d., which should be forwarded in stamps with the announcements.*

BIRTH.

SHARP.—On the 20th instant, at Kenmare House, Walsall, the wife of Gwinnett Sharp, Surgeon, of a son.

MARRIAGE.

CARTER-NORTH.—On the 26th instant, at St. Martin's Church, Potter Newton, by the Rev. R. R. Kirby, vicar of Chapel Allerton, assisted by the Rev. R. K. Snowdon, vicar of Clifford, Francis Richard Carter, M.R.C.S., eldest son of Joseph Barton Carter, M.R.C.S., Elm House, Chapel Allerton, to Mary Temperley, youngest daughter of the late William North, Esq., of North Grove, Potter Newton.

DEATH.

BALDING.—On the 25th instant, at his residence, Barkway, Herts, James Balding, M.R.C.S. and L.S.A.Lond., aged 86.

THE LIBRARY OF THE PARKES MUSEUM.—Mr. Edwin Chadwick, C.B., has recently presented to the library of the Parkes Museum a large number of books, pamphlets, and reports, dealing with his favourite subjects; many of the volumes are of exceptional value, being in many instances rare and difficult to obtain, and in almost every case enriched by the autograph of the author. Miss Florence Nightingale also has recently presented her two works (on *Hospitals* and on *Lying-in Institutions*) to the library; and, in doing so, has taken the opportunity of expressing her warm interest in the Museum.

OPERATION DAYS AT THE HOSPITALS.

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

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

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

THURSDAY......St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.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. W., 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, Th., 9; Dental, Tu., 9.

MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear, and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopædic, F., 12.30; Dental, Tu. F., 9.

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

ST. MARY'S.—Medical and Surgical, daily, 1.45; 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. 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., 10.30.

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.

WEDNESDAY.—Obstetrical Society of London, 8 P.M. Specimens will be shown by Dr. Mansell-Moullin, Dr. W. A. Duncan, and others. Dr. Swayne: Gangrene of the Thigh during the Seventh Month of Pregnancy. Dr. Henry Bennet: On the Anatomy, Physiology, and Pathology, of the Os Uteri Internum. Dr. E. S. Tait: Observations on Puerperal Temperatures.

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 Annua 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.

CONTAGIOUS AND EPIDEMIC PNEUMONIA.

SIR,—Your correspondent, "M.B.," takes exception to the expression, "pneumonia without lung-inflammation," as paradoxical. I would remind "M.B." that many observers look upon acute pneumonia as a specific fever, of which an inflamed state of the lung is the peculiar characteristic. It does not, however, follow that this characteristic is invariably to be met with. Small-pox is a fever characterised by pustular rash; scarlet fever is another, characterised by scarlet rash (but "M.B." has, doubtless, seen "*variola sine variolis*," and scarlet fever where there has been no rash. To speak of small-pox without spots, or scarlet fever without scarlet rash, is quite as paradoxical in terms as it is to speak of pneumonia without inflammation of the lung.

"M.B." thinks that the case in which I ventured this diagnosis must have been one where, although lung-inflammation existed, it could not be found. If "M.B." will favour me by referring again to the case in question (BRITISH MEDICAL JOURNAL, August 11th), I think he will see that the phenomena were quite unlike what is seen in the course of inflammation of the lung. Whether they were accounted for by the same septic influences which induced well-marked pneumonia, with lung-consolidation, in the patient's brothers and sisters, is the point at issue. I thought it probable, but by no means certain. If it were certain, then, undoubtedly, all the children suffered from pneumonia, but this one had it without inflammation of the lung.

In answer to "M.B.'s" question, I may say that no special treatment was adopted, in this case, which could have cut short, or prevented, an attack of lung-inflammation.—I am, sir, yours obediently,

THOS. F. RAVEN.

Barfield House, Broadstairs, September 23rd, 1883.

DR. WYNN WILLIAMS ON DISPLACEMENTS OF THE UTERUS.

DR. WILLIAMS writes to inform us that the different pessaries mentioned in his paper published in the JOURNAL, September 22nd, may be purchased at Mr. Russell's, 57, George Street, Portman Square. In that paper, page 575, first column, line seven from top, for "labia" read "left labium;" and in the same column, line thirty-five from top, for "fine ends" read "free ends." In the last paragraph in the paper, for "withdraw the shield with the point downwards" read "withdraw the sound," etc.; and for "dilated and strengthened" read "dilated and straightened."

AN ORTHODOX MEMBER.—We would suggest that our correspondent should communicate any information which he possesses to the secretary of the hospital. There is not, we are assured, any leaning of the kind suggested; and the publication of the letter would convey, we believe, an unkind and unfounded imputation.

CALIX AND CALYX.

A PASSAGE in Hyrtl's *Onomatologia Anatomica* will prove of interest now that so much is being written about the kidney, both in surgical as well as in medical works. "Calyx, -ycis" is a purely botanical word from κάλυξ, -υκος, a bud, it is occasionally used by the ancients to express the shell or covering of certain fruits and animals, but never intended to imply a cup. Calix, -icis, in Greek κύλιξ, -ικος, signifies simply a cup or goblet, such as the *calix venenatus*, whence Socrates drank the poison-draught. Hence Winslow, as much at home in botany as in anatomy, wrote "calices of the kidney," since they are cup-like, not bud-like.

X. Y. Z.—We are not aware of any objection to it.

SEA-VOYAGES.

SIR,—"An Anxious Inquirer" will find the climate of the Cape preferable to that of St. Helena. A sojourn in the neighbourhood of Wynberg, a few miles from Cape Town, would be very enjoyable, even in summer. The hottest part of the year occurs in December; but the heat is moderated by the winds, which render the climate bracing. In winter, the winds round the Cape are tremendous. No better time could be chosen than the present for making the voyage; beyond the chance of an equinoctial gale in the Bay of Biscay, the voyage is very plain sailing, and going round the Cape is a pleasure trip at this season. Having lived about five years at the Cape, I can speak highly of its climate, but I do not recommend the frontier for the invalid, who would encounter many difficulties. St. Helena is a miserable place, not to be compared with the Cape.—I am, etc.,

SENEX.

SIR,—This summer I spent some time in South Africa, calling at St. Helena on my outward and homeward voyage. It was the cool season when I was at St. Helena, and even at that time the heat was most oppressive. What it will be during their summer, I can't imagine. If one were to go there as a stranger, he would find it very dull, and, I fear, find difficulty in passing the time pleasantly. The greatest drawback to the place is, undoubtedly, the hotel-accommodation, which is very poor.

At the Cape, on the other hand, the climate will be most agreeable, and everything will be at its finest, trees, heaths, etc., all in full bloom. For a stranger, it would be best to go to some of the suburbs—Wyneberg, twelve miles in the country, or some other of the numerous lovely spots within easy reach of Cape Town. The hotels are first-class, and living is comparatively cheap, from 9s. 6d. to 12s. 6d. *per diem*. As a rule, one meets pleasant people, and has ample opportunity of enjoyment.

The steamers to the Cape are of the best class, and are well found in every respect. Should one feel disposed, the voyage from Cape Town to Durban, Natal, is a pleasant way of spending a short time. The only drawback to this, if one be a bad sailor, is the small size of the coasting steamers, and the rough weather often experienced.—I am, yours faithfully,

W. MORRISON, M.A., M.B.

CANNABIS INDICA.

SIR,—Being in doubt as to the efficacy of this drug, I took the tincture, in doses commencing at five minims and increasing to two drachms, every four hours, without any effect. I then concluded that the drug was inert; but, to make sure, I took the extract in one-grain doses. The second dose was taken two hours after the first; and in about two hours I experienced an irresistible tendency to laugh, with great excitement. I conclude I am peculiarly susceptible to this drug, as I am to morphia, as in most people (including a medical friend who also experimented on himself) a much larger quantity was required to produce toxic effects.—I am, etc.,

W. PEEL NESBITT, M.B., M.R.C.P.E.

North Adelaide, South Australia.