

side process. The filtered liquid is introduced into a flask similar to that used for the meat-infusion. From this, test-tubes, etc., are filled and sterilised by the three days' intermittent heating described above.

4. *Coagulated blood-serum* is another form of the cultivating medium which remains solid at the body-temperature. The blood, preferably that of a sheep, is taken immediately after death, and poured into tall glass vessels. The froth is removed from the surface, and the unoccupied part of the top of the vessel is carefully wiped. This is to prevent the serum becoming discoloured. The vessels are set aside for thirty-six hours, being kept, if possible, in an ice safe. The separation of the serum being complete, the clear fluid is drawn off into a flask by means of a siphon, care being taken not to disturb the clot. From the flask, the serum is poured into a number of test-tubes which have been fitted with cotton-wool plugs and sterilised.

The next step is to sterilise the serum. This is done in the apparatus represented in Fig. 14. It is a cylindrical box, with the floor,

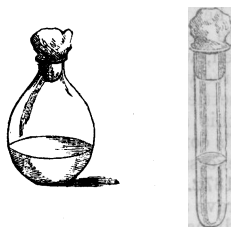


Fig. 11.—Test-Tube containing Cultivating Fluid ready for Inoculation.

Fig. 12.—Flask containing Cultivating Medium (Milk, Bread-Infusion, etc.).

sides, and lid double, to contain water. A tubular prolongation of the lid enables this to be heated independently.

In the centre of the interior of the box is a pillar, and four partitions pass from this to the sides. These serve to support the test-tubes. The lid is pierced to receive a thermometer and a gas regulating apparatus, such as that in connection with the incubator first described.

In this box, the test-tubes containing the blood-serum are heated to 58° Cent. for one hour on six successive days. This temperature is sufficient to kill active organisms, while the spore-forms develop and are killed.

At the end of this process the serum is still liquid. In order to coagulate it, it is heated to a temperature of 65° Cent. This is effected in a box represented in Fig. 13. Two of the legs move in

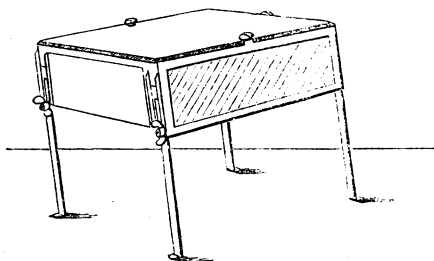


Fig. 13.—Box, with Sloping Floor, for heating Test-Tubes containing Blood-Serum to a Temperature of 65° C.

grooves in the side, and are fixed by screw-clamps. By this means the floor of the box can be made slanting. The lid of the box is of glass, and is covered with felt. The sides and floor contain water. The test-tubes are placed on their sides on the sloping floor, in order to present a large surface of serum for inoculation. The temperature is maintained at 65° C. for an hour or two, until coagulation is complete. The tubes are kept for a week before they are inoculated, in order to see if the serum is completely sterile. The watery part of the coagulum does not evaporate so quickly as it otherwise would from this large surface, owing to the presence of drops of condensed moisture which, running down the interior of the tube, collect at the bottom, and help to maintain a moist atmosphere.

5. *Milk*.—It is best to use skimmed milk. This is placed in a purified flask and steamed for half an hour on three successive days. It is then generally sterile.

6. *Bread-Infusion*.—Dry brown bread is grated into fine crumbs. These are then placed in small flasks, such as that represented in Fig. 12, and water added in the proportion of two parts of water to one of

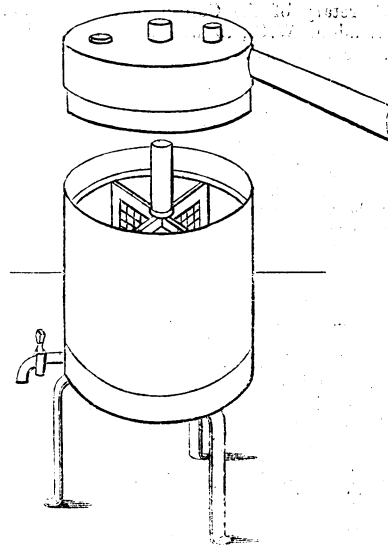


Fig. 14.—Box for heating Test-Tubes containing Blood-Serum to a Temperature of 58° C.

bread-crumbs. The flasks are then sterilised by steaming in the usual way. The bread-crumbs swell up and form a solid material for cultivation.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1884: ELECTION OF MEMBERS.

A MEETING of the Council will be held on October 15th, 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., September 25th, 1884, 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*.

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.

- | | |
|----------------------------|--|
| II. Chorea. | VII. Puerperal Pyrexia. |
| III. Acute Rheumatism. | VIII. Paroxysmal hæmoglobinuria. |
| IV. Diphtheria, clinical. | X. Habits of Aged Persons. |
| IVa. Diphtheria, sanitary. | XI. Albuminuria in the Apparently Healthy. |
| V. Syphilis, acquired. | XII. Sleep-walking. |
| Va. „ inherited. | |
| VI. Acute Gout. | |

An inquiry is now issued concerning the general condition, habits, and circumstances, past and present, and the family history, of persons who have attained or passed the age of 80 years.

The replies to this inquiry will be most valuable when given by a medical man; but the questions have been so arranged, that, with the exception of some on the last page, they may be answered by another person. *Partial information will be gladly received.*

There is also now issued an inquiry as to the occurrence of albuminuria in apparently healthy persons.

The Acute Gout card, which had been found too elaborate, has been made a great deal simpler, and is now re-issued.

Copies of these forms and memoranda are in the hands of all the local secretaries, and will be forwarded to any one who is willing to fill up one or more of the forms, on application by post card or other

wise to the "Secretary of the Collective Investigation Committee," 161A, Strand, London, W.C., to whom all applications and correspondence should be addressed.

July, 1884.

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—The next meeting of the above district will be held at the Station Hotel, Hayward's Heath, on Wednesday, September 24th. Charge for dinner, 6s., exclusive of wine. Mr. Porter of Lindfield will take the chair. Members desirous of narrating cases or contributing short papers should communicate with the Honorary Secretary, T. JENNER VERRALL, 9, Western Road, Brighton.

CORRESPONDENCE.

"HUMANITY'S BONFIRE."

SIR,—Will you permit me as an old member of the Association—as an acquaintance of its founder—and the intimate friend of Dr. Conolly, one of the most distinguished, as he was certainly one of the most beloved of its members in times past, to demur to a statement made last Saturday in one of your brief editorial articles under the title of "Humanity's Bonfire." After describing the burning of a great heap of instruments of restraint, such as cribs, fetters, halters, etc., at the Indianapolis Asylum, and which appears to have been accompanied by acts of prayer and praise, (as many incidents of far less importance are in England, such as the presentation of colours to a regiment and the like), you say "everyone knows" that there are occasionally cases in the best conducted Asylums in which mild forms of restraint are the rudest modes of protecting the patient from injuring himself and others. Now to this statement I must give a negative. "Everyone" certainly does not "know" this. At the time of Dr. Conolly's decease no kind of "restraint" was used in the Middlesex, in the Wilts, or in the Lancaster Asylums. I could name another County Asylum in which no restraint was used for twenty years, but as you use the term "best conducted," I am not the person so to describe it, but am,—

Yours respectfully,
The Laurels, Fairford.

JOHN HITCHMAN, M.D.

CHOLERAIC DIARRHŒA.

SIR,—Respecting the outbreak of choleraic diarrhœa in my district, the reports have been greatly exaggerated. My assistant, who has had by far the majority of cases, estimates the total number as not exceeding one hundred. The symptoms in some cases have been very severe, but in most instances have been of a mild character. I believe the cause to be due to an injudicious form of diet, and influenced in a great measure by the great heat we have experienced lately. A certain potted-meat, sold in the village, has been given as the cause; but, although in several cases I have traced it to potted-meat, which I believe to have been kept too long, yet in others the causes have been entirely distinct from this said meat.

There has been only one death in Rishton, that of Hindle Duckworth, aged 42; but he had been suffering from valvular heart-disease for two years to my knowledge. There have been no fresh cases for several days; and, in fact, all my patients, with the exception of five or six, have entirely recovered; and, further, I am of opinion that, in a few days, there will be no traces of the disease left in the village. —I am, sir, yours faithfully,

JOHN BARR, M.B., Medical Officer.

Lymewood House, Rishton.

CHARGE AGAINST A SURGEON.—George Williamson, surgeon, of Newtown Row, Birmingham, was lately summoned for giving to Ann Maria Hood a false certificate relating to the death of Laura Hood on the 21st May. The defendant, it was alleged, signed the certificate stating that he attended the child on the 19th May, whereas he never saw the child either before or after death. The defendant declared that the certificate, which was given by his assistant, was a forgery, but the Local Superintendent Registrar gave evidence that the defendant had previously acknowledged the certificate as his, and stated that he had seen the child. The magistrates fined the defendant £5 and costs, or 28 days' imprisonment. The defendant, who refused to pay the fine, was removed to the lock-up.

POPULARITY OF THE INTERNATIONAL HEALTH EXHIBITION.—Upwards of two million people visited the International Health Exhibition between May 8th and August 16th, a period of little over three months.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE LUNACY CERTIFICATE QUESTION.

A CASE of the utmost importance to the medical profession was recently tried at the Liverpool Assizes, before Mr. Justice Cave and a special jury, and occupied the court during five whole days.

The case was an action for libel and conspiracy, brought by a Mrs. Good against Dr. Ewing Whittle, Dr. Glynn Whittle (his son), and Mr. Hutchinson, of Liverpool, and Mr. Mould, of the Manchester Royal Lunatic Hospital, Cheadle; against the former for having signed certificates in lunacy respecting plaintiff, and against the latter for having received her as a patient on such certificates.

The cause was briefly this. Plaintiff, who was born in 1829, the child of parents in good circumstances, was married in 1854 to a Mr. Houlgrave, with whom she appears to have lived happily for ten years, when he died, leaving her with five children, and another shortly to arrive. Mr. Houlgrave settled about £3,000 on her, and left her guardian of his children, with one of his cousins as co-trustee and guardian. Two or three years after her husband's death, she married a Mr. Good, who also settled £2,000 on her, and by whom she had one child. Shortly after this second marriage, a change seems to have taken place in plaintiff's conduct and character. It was asserted that she began to drink to excess; and her husband left her for a time in 1870, and finally in 1872. A year or two after the latter date, the relatives of Mr. Houlgrave applied to the Court of Chancery to remove plaintiff from the guardianship of her children, on the ground of her intemperate habits and neglecting the children; and the Court granted the application, Mr. Good having previously removed his own child from her care, and sent her out of the country. The other children were by the Court placed under the guardianship of Mr. Houlgrave, the cousin, and by him were placed in different Catholic families or institutions (the father having been a Catholic and Mrs. Good a Protestant).

In 1877, in consequence of a letter which her only brother, Mr. Edwards, received from her, he went to see her at her lodgings in Manchester, and found her in such a condition that, on the advice of his solicitors, he asked Messrs. Lund and Braddon, surgeons in Manchester, to examine her with regard to her mental condition. These gentlemen came to the conclusion that she was of unsound mind; and, on their certificates, she was placed in the asylum at Cheadle, where she remained for three years. As there did not appear any prospect of her ultimate complete recovery, a petition was presented to the Lord Chancellor for an inquisition, which was held by Master Nicholson, with the result that Mrs. Good was declared to be insane, and committees were as usual appointed for her personal estate. She was discharged from the Asylum in 1880 on probation, and lived with medical practitioners in different places, and eventually returned to Liverpool, where she resided with a cousin, Mrs. Davison. It was at this period that she became acquainted with the elder Dr. Whittle, who, after attending her for a few months, came to the conclusion that she was of sound mind; and, together with another practitioner, Dr. Warburton, made an affidavit to that effect. Plaintiff's brother, Mr. Edwards, raised no objection, and the inquisition was superseded.

Very soon after this, a striking change took place in plaintiff's conduct. She drank to excess, wrote threatening letters and postcards to her brother, accused him of having embezzled her property, assaulted him violently on one occasion, pulling out a handful of his whiskers; said the priests were all in a plot, with Cardinal Manning at their head, to injure her and deprive her of her children, and that her daughters were mistresses for the priests; and eventually she went through a form of marriage at a registry office with a young dock-labourer. Previously to this last act, both the Drs. Whittle had become convinced that she was of unsound mind, and had communicated their opinion to Mr. Edwards, and steps were taken to send her again to the Cheadle Asylum, but at this time they were not carried out. After this marriage, however, her brother caused her to be arrested for bigamy, and, when at the police-station, she was visited by the defendants, excepting Mr. Mould, and, certificates of insanity being signed, the charge of bigamy was withdrawn, and she was sent to Cheadle. The certificates, however, on which she was admitted were rejected by the Commissioners in Lunacy as being too weak; and, after an ineffectual attempt to strengthen them, the plaintiff was ordered by the commissioners to be discharged, and she was readmitted on fresh certificates, signed by Dr. Renaud and another Manchester medical man.

After her admission to Cheadle, she had written a letter to Mr. Mould, accusing her brother of having shut her up in an asylum be-

it was "of a very malignant type." Sickness among the out-door poor showed some increase upon that of the two preceding years. It is noticeable that among this class of patients there was a decrease of small-pox, erysipelas, and insane cases, and an increase in measles and whooping-cough. Dr. Liff is of opinion that the number of medical orders would have been much larger, had it not been for the use of the numerous cheap dispensaries which, of late years, have sprung into existence.

MEDICAL NEWS.

UNIVERSITY OF ABERDEEN.—During the past year, the following candidates received Degrees in Medicine and Surgery.

Degree of M.D.—A. T. Brand, M.B., C.M., Driffield; W. C. Brown, M.B., C.M., Penang; M. Davies, M.B., C.M., Llangwryfon, Cardiganshire; F. J. Fehrsen, M.B., C.M., Kingston, Jamaica; S. W. Findlater, M.B., C.M., Dufftown; E. Footner, M.B., C.M., Brigade-Surgeon; J. W. Hodgson, M.B., C.M., Exmouth; T. S. Jones, M.B., C.M., Swansea; E. Knowles, M.B., C.M., Cirkhead; G. H. Le Motte, M.B., C.M., Army Medical Department, Chatham; C. Low, M.B., C.M., Arbroath; J. Millar, M.B., C.M., Arbroath; J. H. Moir, M.B., C.M., Burton-on-Trent; J. Murray, M.B., C.M., Surgeon-Major, Ipswich; A. Nicol, M.B., C.M., Inverurie; H. A. Phillips, M.B., C.M., Waterbeach; J. B. K. Robb, M.B., C.M., Montrose; C. L. Tuckey, M.B., C.M., London; J. H. Walker, M.A., M.B., C.M., North Borneo; P. R. Wilde, M.B., C.M., Bath.

Degrees of M.B. and C.M.—H. M. K. Adamson, Morpeth, Montrose; G. H. Alden, Southampton; J. H. Anderson, Aberdeen; J. Anderson, Preston; A. H. Barrett, Wallingford; C. G. Battiscombe, Blackheath; F. A. Bennet, M.A., Cullen; J. W. Bett, Dundee; W. R. Clark, M.A., Edinburgh; J. W. Cook, Allness; A. M. Cowie, Mortlach; J. F. Craig, M.A., Leslie, Inch; G. B. Currie, M.A., Aberdeen; H. M. C. Dalton, Newcastle, New South Wales; A. G. Davidson, M.A., Wattle, Aberdeenshire; G. Duffus, Cullen; A. G. Duguid, Longside, Aberdeenshire; W. A. Elmslie, Resthew, Chapel of Garioch; C. A. Faulkner, Rajahmundry; J. A. Fehrsen, Graef Reinet, South Africa; W. R. Forster, Blyth, Northumberland; T. B. Gibson, M.A., Aberdeen; J. Gordon, Keith; T. B. Graham, Ecclefechan; A. Grant, Balmoral; J. W. Harrison, Sandwich; C. R. Lyall, Aberdeen; S. Macdonald, Elgin; F. I. Mackintosh, M.A., Deskford, Cullen; A. Maclean, F.R.C.S.Ed., Thurso; A. A. MacLennan, Nairn; G. Milne, Methlic; J. Mitchell, Aberdeen; J. M. Munro, Inverurie; A. Murchison, Lochcarron; E. Poonen, B.A., India; R. D. Presslie, Aberdeen; A. Reid, Auchindoir; I. K. Reid, Aberdeen; A. E. Roberts, London; W. Robertson, M.A., Rathen; J. Russell, Longhough, Orkney; W. L. Ruxton, Wakefield; J. Savege, Montrose; P. G. Simpson, Aberdeen; W. L. I. Sutherland, Aberdeen; H. Thiele, Bermuda; L. F. Walker, Aberdeen; J. E. Webb, Windsor; J. Will, Ellon; J. T. Windle, Burnley; J. M. Young, Boyndlie, Fraserburgh.

Of the above-named candidates, G. H. Alden, W. R. Clark, M.A., T. B. Gibson, M.A., J. Gordon, A. E. Roberts, and J. Will received their Degrees in Medicine and Surgery with honourable distinction.

The John Murray Medal and Scholarship was awarded to A. G. Smith, and will be presented to him along with his diplomas on his attaining the necessary age.

At the same time, C. G. Bennett, A. S. Inglis, and J. C. D. Irvine were certified as having passed all the examinations, but did not graduate.

The following candidates are now declared to have passed the first division of the first professional examination.

W. Alexander, C. Angus, F. Beetham, A. T. G. Beveridge, J. U. Black, F. Booth, J. Bryce, J. S. Butter, R. G. Campbell, R. H. Cook, E. C. Curtis, J. J. Y. Dalgarno, D. M. Davidson, G. Davidson, A. J. Davies, A. Dingwall, J. Don, C. E. Duff, S. S. Dunn, R. Fairweather, A. C. Ferguson, A. R. Galloway, G. Gibb, W. Gordon, D'Arcy Harvey, B. A. Heathcote, G. Henry, B. B. Hoggan, P. P. Johnson, B. E. Jones, J. E. Jones, G. W. E. Kerr, C. F. G. Mann, W. Masson, J. N. M'Arthur, W. S. M'Gowan, J. M'Lean, W. R. C. Middleton, J. Moncur, D. D. Monro, R. H. Nicolson, J. Packer, J. Pearson, H. L. Phelps, A. H. Radcliffe, R. Rannie, J. F. Ritchie, P. A. Roden, G. Rose, A. M. Saunders, J. Shand, S. E. Sheard, J. Smith, J. A. Sutherland, W. St. C. Symmers, R. Thomson, T. H. Thomson, G. Watt, H. G. Wilkinson, J. Wilson.

The following candidates have completed the first professional examination.

C. A. Arnold, T. C. Bennett, J. F. Binnie, A. W. Chapman, E. G. W. Deane, T. F. Dewar, G. H. Ede, W. B. Evans, A. Forbes, J. E. Jefferis, G. B. D. Macdonald, N. Mackinnon, J. C. Mackintosh, F. Mac Rae, L. S. Manning, J. Melvin, R. Morrison, P. J. Nicoll, G. H. Reynolds, J. Russell, W. Scatteredy, W. C. Sheard, C. Smith, C. H. J. Souter, J. Thomson, J. S. Walker, J. Williams.

The following candidates have passed the second professional examination.

J. M. Barnes, W. R. Cheves, E. G. W. Deane, J. F. S. Fowler, F. A. Foy, W. S. Geddie, G. N. Henry, W. H. Hewlett, A. Leach, J. Malcolm, A. E. Patterson, G. Scott, W. G. Stott.

UNIVERSITY OF GLASGOW.—The following Degrees have been conferred in the Faculty of Medicine.

Doctors of Medicine, with the Titles of their Theses.—R. Allan, M.B., Scotland; Dermoid Cysts. J. D. Boyd, M.B., Australia; On Vaccination. D. Donald, M.B., Scotland; An Epidemic of Pneumonia treated by Cold Local Applications. M. K. Hargreaves, M.B., England; An Analytical Review of 850

Consecutive Cases of Labour, with Observations on Treatment of Special Cases. J. Goff, M.B., Scotland; On External Abdominal Examination and Manipulation as an Aid to the Diagnosis and Treatment of Obstetric Cases. J. R. Lewis, M.B., Scotland; Chorea. G. S. Middleton, M.A., M.D., Scotland; On the Pathology of Pseudo-hypertrophic Muscular Paralysis. R. Miller, M.B., Scotland; Epilepsy. W. Morrison, M.B., Scotland; Tubercular Meningitis. A. Macphie, M.B., Scotland; On Spermatorrhoea. P. C. Smith, M.A., M.B., Scotland; Symptoms and Treatment of Some of the more Common Diseases of the Lungs in Children. J. L. Steven, M.B., Scotland; The Pathology of Suppurative Inflammations of the Kidneys. J. Thomson, M.B., Scotland; Puerperal Insanity. J. Wills, M.B., Scotland; Septicæmia following Childbirth. (* Commended for thesis; highly commended for thesis.)

Bachelors of Medicine and Masters in Surgery.—A. G. Auld, Scotland; H. Bamber, Scotland; J. Beveridge, Scotland; W. T. Blakely, Scotland; W. Brown, Scotland; W. Brown, Scotland; W. M. Brown, Scotland; J. I. Brownlee, South Africa; G. Clark, Scotland; J. Cowie, Scotland; J. Crawford, Scotland; W. Cullen, Scotland; J. B. Cumming, South Africa; J. Cunningham, Scotland; H. E. N. Dobie, China; W. Ecklin, Scotland; J. Findlay, Scotland; D. Finlay, Scotland; A. Frew, Scotland; A. B. Fulton, Scotland; M. H. Greener, England; C. O. Hawthorne, England; J. Hinshelwood, M.A., Scotland; A. Jack, Scotland; H. Kelly, Scotland; F. E. Kendall, England; A. G. Keogh, Australia; J. K. Kerr, Scotland; M. Killoch, Scotland; C. G. King, Scotland; A. Kirkpatrick, Scotland; R. Livingstone, Scotland; D. Marquis, Scotland; W. G. Marshall, M.A., Scotland; J. Mason, England; J. M. Mathie-Morton, Scotland; R. G. Miller, Scotland; A. N. Montgomery, Scotland; A. Murdoch, Scotland; J. W. A. Murdoch, Scotland; B. W. Macarthur, Scotland; D. Macartney, M.A., Scotland; W. M'Cracken, Scotland; W. M'Creddie, Scotland; T. C. M'Culloch, Scotland; R. Macdonald, Scotland; A. MacDougall, Scotland; D. Mac Gilvray, Scotland; E. MacKenzie, England; C. Mackinnon, M.A., Scotland; D. J. Mackintosh, Scotland; D. M. Macphail, Jamaica; A. M. Macrae, Scotland; A. B. Paterson, India; A. Peacock, Scotland; W. G. Pretsell, Scotland; J. Ralley, Scotland; W. Rankin, Ireland; J. O. Reddie, Scotland; J. Ritchie, England; A. Robertson, Scotland; F. Russell, Scotland; H. Rutherford, M.A., Scotland; G. S. Scott, Scotland; R. Scott, Australia; M. Semple, Scotland; R. M. Service, Scotland; M. Sharman, England; J. Shaw, Scotland; J. Sinclair, Scotland; W. M. Smith, Scotland; W. F. Somerville, M.A., B.Sc., Scotland; W. W. Spence, Scotland; F. Taylor, Scotland; W. C. Taylor, Australia; J. Thornley, England; G. B. Todd, Scotland; A. Watt, Scotland; J. White, Scotland; G. Wilson, Scotland; J. Wilson, M.A., B.Sc., Scotland.

The following gentlemen were named as entitled to Honours, to High Commendation, and to Commendation, on account of distinguished merit at the various examinations for the Degrees of M.B. and C.M. i. *Honours*: C. O. Hawthorne. Mr. Hawthorne gained also the Brunton Memorial Prize of £10, awarded to the most distinguished medical graduate of the year (1884). ii. *High Commendation*: M. H. Greener; G. Wilson. iii. *Commendation*: W. T. Blakely; W. M. Brown; D. Finlay; A. B. Fulton; R. G. Miller; A. Murdoch; T. C. M'Culloch; A. Peacock; R. Scott; J. Wilson, M.A., B.Sc.

UNIVERSITY OF EDINBURGH.—The following gentlemen received Degrees in Medicine and Surgery on Friday, August 1st, 1884.

Degree of Doctor of Medicine, with the Titles of the Theses. (** denotes those who obtained prizes for their dissertations; * those deemed worthy of competing for the dissertation prizes; * those commended for their dissertations.) *J. Aitchison, England, M.B., 1875: The Wallend Small-pox Epidemic of 1888. T. A. Alexander, Scotland, M.B. and C.M., 1880: The Feeding of Infants, Natural and Artificial, with reference to the Comparative Value of Fresh Cow's and Condensed Swiss Milk. B. K. Basu, India, M.B. and C.M., 1882: Ovariectomy. H. K. Bean, England, M.B. and C.M., 1880: Some Observations on the Effects of the Cotton Manufacture on the Health of the Operatives engaged in it. *J. S. Bolton, England, M.B. and C.M., 1882: The Relation of Convergence to Accommodation in Vision. *M. L. Brown, England, M.B. and C.M., 1880: General Paralysis of the Insane. *P. W. Case, England, M.B. and C.M., 1879: Ulcer-repair by Sponge-derm and Skin-grafting. *J. S. Craigie, Scotland, M.B. and C.M., 1880: On the Present State of our Knowledge as to the Causes of Monstrosities, with Description of a Singular Case. ***G. F. Crooke, England, M.B., 1880: Contribution to the Morbid Anatomy and Histology of Scarlatina. E. T. Davies, Wales, M.B. and C.M., 1877: Puerperal Eclampsia, and Metria, or Puerperal Pyrexia. *H. M. Dunlop, Scotland, M.B. and C.M., 1880: A Treatise on Tubercular Meningo-Cerebritis during Childhood. *W. Frew, Scotland, M.B. and C.M., 1872: Report of a Small Outbreak of Epidemic Cerebro-spinal Meningitis, or Cerebro-spinal Fever. A. P. Hillier (B.A.), England, M.B. and C.M., 1882: Vaccination, and the Recent Small-pox Epidemic at Cape Town. R. B. Hogg, Scotland, M.B. and C.M., 1875: Gastric Disorder: its Causes, Symptoms, and Treatment. W. W. Horton, England, M.B. and C.M., 1880: Notes on Insanity. D. M. Jack, Scotland, M.B. and C.M., 1875: On Cataract in India. G. M. Johnston, Scotland, M.B. and C.M., 1880: Recent Progress in Obstetrics. D. M. Jones, Bonn, M.B. and C.M., 1882: Syphilitic Diseases of the Spinal Cord. *D. Lennox, Scotland, M.B. and C.M., 1880: Some Observations on the Refusal of Food in Insanity. *D. Lindsay, Scotland, M.B. and C.M., 1880: On the Normal and Pathological Development of Bone. **A. D. Macdonald, Scotland, M.B. and C.M., 1880: Essays in Obstetrics and Gynaecology. R. J. J. Macdonald, England, M.B. and C.M., 1881: The Electrolysis of Malignant Tumours, with a Description of a New Regulator. *S. MacKew, England, M.B. and C.M., 1881: Pathology and Localisation of Disease of the Cerebral Cortex. *N. Maclean, Scotland, M.B. and C.M., 1881: The Treatment of Lupus. *J. R. Morrison, England, M.B., 1875: Notes on Ten Consecutive Cases of Ovariectomy. *T. A. Palm (M.A. Edin.), Ceylon, M.B. and C.M., 1878: Kakke: a Study of Disease in Japan. R. B. Proudfoot, Scotland, M.B. and C.M., 1880: Diphtheria. *F. Rennie, Scotland, M.B. and C.M., 1878: Locomotor Ataxia. T. Richards, England, M.B. and C.M.,

RECENTLY.—W. Richardson, England, M.B. and C.M. (with First-class Honours), 1877; On the Value of Electricity in the Treatment of the Insane. W. Edwards, Wales, M.B. and C.M. (with Second-class Honours), 1879; On the Nature of Madia. W. Russell, Isle of Man, M.B. and C.M., 1876; Studies of Some Morbid Cardiac Conditions. W. Sang, Scotland, M.B. and C.M., 1871; Scabies. G. E. Schofield, England, M.B. and C.M., 1878; Post Partum Hemorrhage. G. J. M. Smith, Canada, M.B. and C.M., 1871; Rare Cases of Abdominal Disease occurring in Country Practices. W. D. Symington, England, M.B. and C.M., 1879; Chronic Lead-poisoning. E. Wilcox, England, M.B. and C.M., 1882; On Spasmodic Asthma.

Degrees of Bachelor of Medicine and Master in Surgery. (a indicates that the candidate passed the examinations with First-class Honours; b indicates that the candidate passed the examination with Second-class Honours.)

H. Adams, Scotland; M. S. P. Aganoor, Persia; N. E. Aldridge, England; J. H. L. Alcott, England; M. Altounian, Asia; S. Arnold, England; E. H. B. Bawden, England; T. W. Bell, New Zealand; D. Berry, Scotland; J. Bisset, Scotland; J. A. Blair, Scotland; T. M. Blumer, B.A., England; T. Bond, Scotland; F. F. Bond, England; J. B. Bottomley, Africa; H. Bradwell, England; H. R. Brewster, England; R. A. Brewis, England; D. M. Brown, Scotland; T. A. Brown, Scotland; S. B. Burns, Scotland; J. M. Cadell, Scotland; E. R. Campbell, Scotland; A. E. Carmichael, Scotland; W. R. Carter, England; L. M. F. Christian, New South Wales; T. G. Cluocher, England; R. L. Clark, Scotland; D. Cloete, Cape of Good Hope; J. G. Coombs, Slilly; R. S. Coulthard, England; W. L. Cullen, Scotland; J. S. Cunningham, Scotland; T. B. Darling, Scotland; H. H. Davies, Wales; T. L. K. Davies, Wales; D. Davies Jones, Wales; T. W. Dewar, Scotland; D. G. Donaldson, Scotland; D. R. Dow, M.A., Scotland; T. Easton, M.A., Scotland; E. Eckerley, England; T. Edwards, England; H. S. Fairbank, England; T. E. A. Ferguson, West Indies; J. H. Ferguson, Scotland; T. Ferrier, Scotland; G. Fisher, Orkney; W. E. Flett, Scotland; A. Fraser, Scotland; P. Fraser, M.A., Jamaica; A. W. Fulton, Scotland; C. H. Gage-Brown, England; W. G. Galletly, Scotland; D. J. Galloway, Scotland; D. F. Gardiner, Scotland; L. R. Gray, Scotland; F. G. Greenbury, England; B. E. Greenough, England; B. Griffiths, Wales; C. D. G. Hailes, England; W. W. Hall, India; J. R. Henderson, Scotland; T. M. Hodgson, England; W. A. Holmes, England; T. A. F. Hood, England; A. H. Howden, Scotland; R. S. Hubberty, England; D. de V. Hugo, Cape Colony; J. Hume, Scotland; H. E. Isaszewski, England; J. O. Jones, Wales; G. H. Kenyon, England; M. A. Ker, Scotland; D. O. Kerr, Scotland; J. Kerr, Scotland; W. V. M. Koch, Ceylon; D. Laing, Scotland; W. Laing, Scotland; C. A. Lane, India; A. W. S. Lang, Scotland; A. E. G. Langschmidt, Cape; C. N. Lee, Scotland; A. W. M. Leicester, India; L. H. Le Merle, Mauritius; C. L. Lempriere, Australia; W. G. Little, M.A., Scotland; B. S. P. Loubser, Cape; W. W. R. Love, Ireland; C. J. Macalister, England; B. P. P. McDonald, Scotland; A. G. Macdonald, Scotland; W. G. M. Ewan, M.A., Scotland; J. M. Gibbon, Scotland; D. Macgregor, M.A., Scotland; H. J. Mackay, Ireland; W. B. Mackay, Scotland; J. H. MacKenzie, M.A., Scotland; M. MacLaren, B.A., New Brunswick; A. Maclean, Scotland; J. M. Leod, B.A., Australia; J. M. Myr, Scotland; A. Macqueen, Scotland; G. D. Malar, Cape; E. G. Mallan, Australia; A. Matheson, Scotland; A. Mathies, Scotland; W. J. van der Merwe, Cape Colony; G. Michael, Scotland; R. Mitchell, M.A., Scotland; D. Morgan, Wales; A. E. Morison, England; D. Mowat, Scotland; W. J. Munro, B.A., Australia; F. Murray, B.A., Cape; B. H. Nicholson, Scotland; J. Noble, Scotland; F. B. O'Flaherty, Constantinople; A. G. Paterson, M.A., Brazil; C. E. Paterson, Scotland; A. A. Pockley, Sydney, N.S.W.; J. M. S. Preston, Ireland; E. F. T. Price, India; W. T. Prout, Mauritius; A. C. Purchas, New Zealand; T. R. Rait, Scotland; F. M. Reynolds, India; T. Rhodes, England; W. Richards, England; J. Rigg, England; A. L. F. Robertson, Scotland; J. Robertson, England; J. C. Robertson, England; R. M. Robertson, Scotland; A. J. T. Roux, Cape; B. Rutter, England; T. S. Shaw, Scotland; W. H. Simmons, England; G. R. Smuts, Cape; W. Sneddon, Scotland; G. S. Stephen, Scotland; H. F. D. Stephens, England; S. H. A. Stephen, Scotland; J. Stevens, M.A., Scotland; C. H. Stewart, B.Sc., Scotland; J. W. Stirling, Canada; J. Stuart, Scotland; J. C. Taylor, England; J. G. Thomson, Scotland; R. S. Thornton, Scotland; C. G. Thorp, India; J. J. Todd, Scotland; C. G. Trill, New South Wales; G. A. Tullis, Jamaica; J. W. O. Underhill, England; A. E. Walker, England; N. H. Walker, Scotland; N. P. Walker, Scotland; D. Wallace, Scotland; T. A. Watson, England; S. F. Wernich, Cape Colony; A. Westlake, England; R. H. A. White, Jamaica; W. J. Will, New Zealand; B. G. Wilson, England; M. D. B. Windy, England; J. E. Wolfragen, Frankfurt; J. C. Young, B.Sc., Australia.

The same Surgical Fellowship was awarded to E. E. Maddox, M.B., C.M.; the Ettles Medical Scholarship to John Stevens, M.A., M.B., C.M.; the Beany Prize to F. A. Pockley, M.B., C.M.; the Stark Scholarship in Clinical Medicine to J. Stevens, M.A., M.B., C.M.; the Buchanan Scholarship to F. H. Simmons, M.B., C.M.; and the Scott Scholarship to F. A. Pockley, M.B., C.M.

THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The following candidates passed the final examination at the July sittings of the Examiners, and were admitted Licentates of the Faculty.

A. Barnett, Stoke Newington; D. M. Barry, West Drayton; A. C. Boothman, Glasgow; S. B. Butler, Birmingham; A. G. Goodwin, Glasgow; D. Jameson, Newtownards; J. G. Marguerite, Ceylon; A. Taylor, Bolton; W. W. Wilkinson, Glasgow.

The following passed the final examination for the double qualification, and were admitted Licentates of the Faculty and of the Royal College of Physicians of Edinburgh.

J. Anderson, Newcastle; J. S. Forrest, J. Jones, W. Jones, R. Morgan, I. M. Macdonald, P. H. Owen, all of Glasgow; S. Haddock, and G. Johnson, of Edinburgh.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, August 14th, 1884.

Butt, Frank Charles, St. Margaret's, Richmond.
Gemmill, John Edward, 115, Queen Street, Waterloo, Liverpool.
Hughes, Samuel, 6, Princess Road, Liverpool.
Kendall, Hen, Wm. Marshdale, Renfrew, Bexley Heath.
Fristley, Robert Chambers, 17, Hertford Street, May Fair.

MEDICAL VACANCIES.

The following vacancies are announced.

CAVAN UNION.—Medical Officer. Kilmaleck Dispensary. Salary, 140*l.* per annum and fees. Election on 30th inst.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.—Chair of Physiology. Applications by August 26th.

GOTON HILL LUNATIC HOSPITAL, Stafford.—Assistant Medical Officer. Salary, 100*l.* per annum. Applications to the Medical Superintendent.

GENERAL HOSPITAL, Birmingham.—Resident Registrar and Pathologist. Salary, 100*l.* per annum. Applications by September 5th.

GENERAL HOSPITAL FOR SICK CHILDREN, Pendlebury, Manchester.—Junior Resident Medical Officer. Salary, 80*l.* per annum. Applications by September 2nd.

HULL GENERAL INFIRMARY.—Assistant House-Surgeon. Applications by September 2nd.

KILLARNEY UNION.—Medical Officer. Salary, 120*l.* per annum and fees. Applications by 24th inst. to E. Walsh, Hon. Sec.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon. Salary, 70*l.* per annum. Applications by the 29th inst.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant House-Surgeon. Applications to the Honorary Secretary.

NORTH LONDON HOSPITAL FOR CONSUMPTION, Hampstead, N.W. Dental Surgeon. Applications by August 29th.

NORTH LONDON HOSPITAL FOR CONSUMPTION, Hampstead, N.W. Resident Medical Officer. Salary, 40*l.* per annum. Applications by August 29th.

PARISH OF BARVAS, Island of Lewis.—Medical Officer. Salary, 150*l.* per annum. Applications to the Inspector of Poor for the Parish of Stornoway. Applications by September 16th.

PAROCHIAL BOARD OF ARDCHATTAN AND MUCKAIRN, Argyllshire.—Medical Officer. Salary, 70*l.* per annum. Applications by September 6th.

QUEEN'S COLLEGE, Cork.—Professor of Materia Medica. Applications to the Under-Secretary, Dublin Castle, by September 15th.

SHREWSBURY COUNTY ASYLUM.—Junior Assistant Medical Officer. Salary, 100*l.* per annum. Applications to the Medical Superintendent at the Asylum, by September 1st.

ST. LUKE'S HOSPITAL.—Resident Clinical Assistant for six months. Applications to the Secretary.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, PARALYSIS AND EPILEPSY, 73, Welbeck Street, W. Physician, also two Assistant Physicians. Applications to the Secretary.

MEDICAL APPOINTMENTS.

JONES, T. W. Carmalt, M.A. Camb., F.R.C.S. Edin., appointed Assistant Surgeon to the Western Ophthalmic Hospital.

PRINGLE, J. J., M.B., M.R.C.P., appointed Assistant Physician to the Royal Hospital for Diseases of the Chest, City Road, vice C. F. Coxwell, B.A., M.B., resigned.

TRAVIS, W. Owen, M.S., M.B., M.R.C.S., appointed Demonstrator of Anatomy in the Yorkshire College, Leeds.

WITCHELL, E. Aubrey, M.B., C.M. Edinburgh, appointed House-Surgeon to the Stroud General Hospital.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5*s.* 6*d.*, which should be forwarded in stamps with the announcements.

BIRTHS.

BUCKELL.—On the 18th instant, at West Street, Chichester, the wife of Arthur Edward Buckell, M.D., of a son.

HUGHES.—On July 27th, at 40, King Street, Carmarthen, the wife of W. Lewis Hughes, of a daughter.

WOOLLEY.—On June 29th, 1884, at 113, Collins Street, East, Melbourne, Australia, the wife of George Talbot Woolley, M.R.C.S. Eng., of a son.

MARRIAGES.

DUN—PETERS.—At Crosslea House, Burnside, Rutherglen, on the 13th instant, by Rev. D. P. Macpherson, B.D., and Rev. Alexander Grant, William Gibb Dun, M.D., F.F.P.S., Glasgow, to Elisabeth, eldest daughter of Rev. Hermann Peters, Arnheim, Westphalia, Germany.

DEATHS.

CUOLAHAN.—On the 20th instant, at 9, Grange Road, Bermondsey, S.E., very suddenly, Hugh Cuolahan, M.D., in his 67th year, to the inexpressible grief of his sorrowing wife and children.

JENKINS.—On the 21st July, 1884, at Fawley, Hants, Robert Walker Jenkins, M.R.C.S. Eng., L.S.A., Medical Officer of Health, New Forest Rural District, formerly of 25, Philpot Lane, and 13, Charlotte Street, Bedford Square, London, aged 54. Friends will please accept this, the only intimation. Delayed in transmission.

PRITCHARD.—On the 16th instant, at 98, Cannon Street Road, East, Samuel Evan Pritchard, L.R.C.P. Lond., M.R.C.S. Eng., aged 31. For several years Medical Resident at Tower Hamlets Dispensary, and late District Medical Officer to St. George's-in-the-East.

RICHARDSON.—On the 15th instant, through a carriage accident, Richard Richardson, surgeon, of Bryngwy Rhayader, Radnorshire, aged 54.

WALLACE.—At Moira House, Arnold, Notts., on the 19th instant, Hélène Thomson, and on the 20th instant, Walter George, twin children, aged 8 months, of Robert S. Wallace, Surgeon.

THE OUTBREAK OF SICKNESS IN THE THAYETMYO GAOL IN 1881.—Our contemporary the *Indian Medical Gazette* has printed, *in extenso*, the Proceedings of the Chief Commissioner, British Burmah, in the Judicial Department, dated April 21st, 1882, on the serious outbreak of disease in the Thayetmyo gaol in the latter part of 1881. This severe epidemic was carefully inquired into by the Inspector-General of Gaols and by a medical committee specially appointed for the purpose. The first case of the disease was observed on June 22nd. The superintendent of the gaol, who was also the medical officer in charge, entered it as a case of "acute oedema." Another case, with the same symptoms, was admitted on June 26th. Under treatment, both cases improved, and the second patient was discharged cured in twenty days. The third and fourth cases occurred on July 13th and 15th respectively. No other was admitted until July 24th. This last case, on admission, did not at first differ from the others, but alarming symptoms quickly supervened, and the man died that night. This led to a careful inspection of the prisoners by the medical officer, who sent five men into hospital on the 27th and two more on the 30th. From this date to October cases continued to pour in. In all, 103 were admitted; of these, one half died in gaol. Energetic measures were then taken; 79 prisoners, who had only short periods to serve, were released; the rest (240) were transferred to the Moulmin prison, and the infected gaol was temporarily closed. This measure was successful; the disease ceased, not another man died. What was the disease? The history of this outbreak and the account of the symptoms given by the medical officer leaves no room for doubt; it was that obscure disease known as beri-beri, in its most acute and fatal form, the mortality equalling that of cholera. The symptoms were those recognised as characteristic of the most rapid form of the disease: anæmia, dropsy of the thoracic and abdominal cavities, scanty sometimes suppressed urine, constipation, intense dyspnoea, precordial pain, failure of the circulation, indicated by a weak and irregular pulse, attended with first numbness and then paralysis; death from exhaustion, often suddenly from embolism. What was the cause of the disease? On this there was much difference of opinion. In the first place, the evidence points conclusively to the fact that the disease was confined to the gaol. It was not contagious, although two of the medical members of the committee of inquiry thought it was. It is certain that the released prisoners did not spread the disease, nor was it carried into the Moulmin prison by the prisoners transferred from the infected gaol. Was the dietary defective? This was the opinion of the inspector-general of gaols and of some of the medical committee; and it is certain that, for some time before the outbreak, "the food was not what the Government paid for." On this subject, there is always a disposition in the official mind to repudiate a charge of this kind, as conveying censure on official persons; it was so in this case. Although the charge is only faintly denied, it is admitted—and the point is very important—that there was a want of variety in the vegetables, which accounts for the scorbutic element unquestionably present in the disease. There is no fact in prison-management all over the world better established than this, if to the many depressing influences of penal servitude an imperfect and insufficient dietary be added, the appearance of disease may be only a question of time. On the advice of the medical committee, the dietary was improved; but, as in all such cases, when the human system has been for some time subjected to imperfect nutrition from a scanty or improper diet, recovery or even notable improvement does not soon follow the correction of the fault, as was too well seen in the late famine in India. The other causes to which the outbreak was attributed were bad water, overcrowding and imperfect ventilation, inadequate clothing, cold, damp—in a word, an unhygienic condition of the prison; all of the above causes contributing to bring about the miserable result. It is to be kept in mind that beri-beri is a disease endemic in Burmah; the very light-keepers, as noted in the papers before us, suffering from it, and it has always severely scourged the native Madras troops doing duty in the province. There is a significant fact mentioned in the official report which must not be overlooked—viz., that part of the ground occupied by the gaol was formerly a burial-ground, and in this soil were wells which were in use in the prison. The soil impregnated with organic matter has been removed, and a thick layer of pure soil substituted, and the wells

have been bricked up. Other improvements have been introduced, and the prison is now healthy. We have gone into the above details because the great mortality every now and then occurring in Indian gaols is justly regarded as a scandal. Surely, there is a lesson for the authorities to be learned from this example which they should take to heart and profit by.

ABDOMINAL SECTION IN CENTRAL AFRICA.—In the *Edinburgh Medical Journal* for April, Mr. Robert W. Felkin gives an interesting account of a successful Cesarean section performed in his presence by a native African. The patient was a healthy-looking young woman, about 20 years of age. This was her first pregnancy. Mr. Felkin entered the hut just as the operation was about to begin. The woman lay upon an inclined bed, the head of which was placed against the side of the hut. She was liberally supplied with banana wine, and was in a state of semi-intoxication. She was perfectly naked. A band of mbugu, or bark-cloth, fastened her thorax to the bed; another band of cloth fastened down her thighs; and a man held her ankles. Another man, standing on her right side, steadied her abdomen. The operator stood at first on her left side, holding his knife aloft with his right hand, and muttering an incantation. This being done, he washed his hands and the patient's abdomen first with banana wine, and then with water. Then having uttered a shrill cry, which was taken up by a small crowd assembled outside the hut, he made a rapid cut in the middle line, commencing a little above the pubes, and ending just below the umbilicus. The whole abdominal wall and part of the uterine wall were severed by this incision, and the liquor amni escaped. A few bleeding points in the abdominal wall were touched with a red-hot iron by an assistant. The operator next rapidly finished the incision in the uterine wall; his assistant held the abdominal walls apart with both hands; and, as soon as the uterine wall was divided, he hooked it up with two fingers. The child was rapidly removed, and given to another assistant, after the cord had been cut; and then the operator, dropping his knife, seized the contracting uterus with both hands, and gave it a squeeze or two. He next put his right hand into the uterine cavity through the incision, and, with two or three fingers, dilated the cervix uteri from within outwards. He then cleared the uterus of clots and the placenta, which had by this time become detached, removing it through the abdominal wound. His assistant endeavoured, but not very successfully, to prevent the escape of the intestines through the wound. The red-hot iron was then used to check some further hæmorrhage from the abdominal wound; but it was very sparingly applied. All this time the chief "surgeon" was keeping up firm pressure on the uterus, which he continued to do till it was firmly contracted. No sutures were put in the uterine wall. The assistant, who had held the abdominal walls, now slipped his hands to each extremity of the wound; and a porous grass mat was placed over the wound and secured there. The bands which fastened the woman down were cut, and she was gently turned to the edge of the bed, and then over into the arms of the assistants, so that the fluid in the abdominal cavity could drain away on to the floor. She was then replaced in her former position; and the mat having been removed, the edges of the wound—i. e., the peritoneum—were brought into close apposition; seven thin iron spikes, well polished, like acupuncture-needles, being used for the purpose, and fastened by string made from bark-cloth. A paste prepared by chewing two different roots, and spitting the pulp into a bowl, was then thickly plastered over the wound; a banana-leaf warmed over the fire was placed on the top of that; and, finally, a firm bandage of mbugu cloth completed the operation. Until the pins were placed in position, the patient had uttered no cry; and, an hour after the operation, she appeared to be quite comfortable. Her temperature, as far as Mr. Felkin knows, never rose above 99.6° Fahr., except on the second night after the operation, when it was 101°, the pulse being 108. The child was placed to the breast two hours after the operation; but for ten days the woman had a very scanty supply of milk, and the child was mostly suckled by a friend. The wound was dressed on the third morning, and one pin removed; three more were removed on the fifth day; and the rest on the sixth. At each dressing, fresh pulp was applied, and a little pus which had formed was removed by a sponge formed of pulp. A firm bandage was applied after each dressing. Eleven days after the operation, the wound was entirely healed, and the woman seemed quite comfortable. The uterine discharge was healthy. The child had a slight wound on the right shoulder; this was dressed with pulp, and healed in four days. The scene of this operation was Kakura, in the Uganda country.

A CENTENARIAN.—The death of a centenarian is announced from Bologne, in the Haute-Marne, Mdme. Lux, at the age of 104. The old lady was engaged to the last in her household duties.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The annual statement of the receipt and expenditure of this college during the year from Midsummer Day, 1883 to Midsummer Day, 1884, have been prepared, from which it appears that the receipts from all sources (including a balance brought forward of £2,087 10s. 4d.) amounted to £22,111 10s. 9d. The expenditure over the same period was £20,046 7s. 4d. On the receipt side £16,917 7s. was received in fees from candidates for the several diplomas of the college; rents of house property in Lincoln's Inn Fields produced £1,530 18s.; dividends on Bank Stock, £1,182 19s. 3d.; incidental receipts, £118 13s. 8d.; and receipts from trust funds, £274 2s. 6d. Under the head of expenditure appear the following items: Fees—Members of council, £238 7s.; board of examiners, £2,618; court of examiners, £4,284; examiners in medicine, £279 12s.; examiners in midwifery, £144; examiners in dental surgery, £110 5s. Diploma stamps, £490. Cost of working expenses at the examinations, including instruments, patients, burial of subjects, etc., £434 7s. 7d. College department—Salaries and wages, stationery, printing, advertisements, postage stamps, etc., £2,681 17s. 11d.; coals and gas, £394 7s. 11d. Museum departments—Salaries and wages, lectures, specimens, spirit glasses, etc., £2,299 18s. Library department—Salary and wages, purchases, and binding books, etc., £782 13s. 3d. Pensions, £354 12s. Extraordinary expenditure: Presentation to the secretary of the college, £500; and honoraria of £100 each to Dr. Goodhart and Mr. Doran, £700; taxes and rates, £979 9s. 3d.; alterations, repairs, painting, and furniture, £882 3s. 8d.; law charges, £42; trust funds, £238 3s. 9d. Investment: Purchase of Stock—Metropolitan Three and a Half per Centa., £2,112 10s. Leaving a balance to be carried forward of £2,065 3s. 5d.

THE STERILISATION OF DRINK WATER BY HEAT.—M. Miguel has published in the *Journal des Connaiss. Méd.* No. 32, 1884 a paper in which he shows that the Seine water always contains a very large, though variable number of micro-organisms. After being boiled for 15 minutes, the water still contains about 500 living germs of bacilli per litre, but the bacteria are dead. A temperature of 115° C. is necessary to destroy all the organisms living in water, and they soon reappear on exposure to air and cooling. After 48 hours, the water contains as many living organisms as before being boiled.

INFECTED INSECTS.—It is stated that three persons have died recently in the neighbourhood of St. Petersburg, after having been stung by insects which are supposed to have carried infection from animals dead of rinderpest.

A CHINESE PHYSICIAN.—A Chinese physician has been permitted to register in New York City to practise among his countrymen.

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. T., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Tu. Th. F., 1.30; 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; 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., 3; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

ST. MARK'S.—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., M. Th., 9.30; Eye, Tu. F., 9.30; Ear, W. S., 9.30; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; Dental, W. S., 9.30.

ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.30.

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.

OPERATION DAYS AT THE HOSPITALS.

MONDAY......St. Bartholomew's, 1.30 P.M.—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.—Hospital for Women, 2 P.M.

TUESDAYSt. Bartholomew's, 1.30 P.M.—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.

THURSDAYSt. 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.—Chelsea Hospital for Women, 2 P.M.

FRIDAYKing'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.

SATURDAYSt. 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.

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.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL should be addressed to the Editor at the office of the JOURNAL, and not to his private house.

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.

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

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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

ASSALINI'S FORCEPS.

SIR,—Having used Assalini's forceps more than five hundred times without a single mishap, I can fully corroborate Mr. Square's statements in answer to "Accoucheur's" query. The forceps can be applied high up above the brim of the pelvis, as easily as when the child's head is pressing upon the perineum. It never slips, nor does it nip in hairs or portion of skin, in the act of being locked. In applying it, moreover, the patient need never be alarmed by being dragged to the edge of the bed; and many a time have I used it without the patient having had the slightest suspicion of the fact. Contrary to the general rule, the lower blade is the best to insert first, and it is retained in its position by its own weight. It is quite unnecessary, too, to search about for the ears, fontanelles, etc., of the child, as the forceps adapts itself to any position of the head, and never injures it.

If Mr. Square has leisure, and you will kindly grant him space in your JOURNAL, I am certain that a great service would be done to the profession, if he would enter more fully into the statistics of his practice. I suspect that many medical men use ergot, where the advocates of the frequent use of the forceps do not. In my own experience of considerably more than two thousand cases, I have not used more than three or four ounces of ergot; a comparison, therefore, of the relative merits of the two methods of treatment, would be most interesting and instructive.—I remain, sir, obediently yours,

FORCEPS.

UNION OF WOUNDS AND FRACTURES IN OLD PERSONS.

SIR,—*Apropos* of Professor Humphry's request for information on the subject of union of wounds and fractures in old persons, I will briefly relate the particulars of a case which came under my observation two years ago.

The patient, a healthy German lady, aged 78 or 80 years, was in the act of plucking a bunch of grapes, when her foot slipped, and she fell from the first round of a ladder on which she was standing. The fall resulted in fracture of the neck of the left femur. Her limb was encased in a long splint with weights, and, notwithstanding her restlessness and obstinate spirit, she was able to walk with canes in six or seven weeks. No unfavourable symptom arose with the exception of two bedsores, which, however, yielded kindly to the application of balsam of Peru.

The lady enjoyed moderate good health until one year after her fracture, when she died as a result of gangrene of her right foot.—I am, sir, yours truly,
ST. PAUL, MINNESOTA.
EDGAR SCHMIDT.

NON-GRAVID HYDRORRHOEA.

SIR.—The interest awakened in non-gravid hydrorrhoea by the communications of Dr. J. Oliver and Dr. Cummins, and the desire to contribute in some small degree to the elucidation of the various factors upon which its phenomena depend, induce me to offer some particulars of a case which I have attended very frequently for nearly five years.

Its first occurrence in my patient took place after an abortion, induced by an accident at an early stage of gestation; hæmorrhage had persisted to an undue extent, and for this I gave a medium dose of ergot to the action of which I subsequently found my patient extremely susceptible. This completely arrested the sanguineous discharge, which gave place to a colourless fluid, and as convalescence occurred, and the continuous discharge ceased, occasional gushes of clear fluid associated themselves in a remarkable manner with nervous phenomena, which may be traced in a more or less evident association through the subsequent history of the case.

This nervous connection was first seen in a suddenly occurring attack of severe gastralgia with collapse, for which I had her placed in a hot bath; this induced a gush of fluid from the vagina, with immediate relief to the gastralgia. These attacks recurred several times, and were rapidly relieved by a hot vaginal injection, which induced a gush of fluid in the same manner as the bath had done. These sudden gushes occurred frequently, without any associated pain, and from various exciting causes which I shall name in due course.

When the severe attacks of gastralgia had quite ceased, my patient began to suffer very frequently from symptoms of angina pectoris, which I classify as pseudo-angina. These seizures presented the usual symptoms of true angina, but were very often associated with general abdominal distension and loud borborygmi; the distension was so marked, that the fastening of some of her clothes, at other times loose, produced on these occasions a deep constriction around her. The attacks of angina occurred at least once a month, sometimes once a week, occasionally oftener, and were sometimes alarming from the tendency to collapse. The seizures associated with marked abdominal distension were most frequently relieved on the occurrence of this gush of fluid from the vagina, but did not yield readily to anything else; the attacks, however, which presented no indications of a tendency to hydrorrhoea, were quickly relieved by nitrite of amyl, nitro-glycerine, or on some occasions, inhalation of ether.

Although the hydrorrhoea and angina were less frequently associated than not, the same exciting causes produced sometimes one, sometimes the other, sometimes both in conjunction.

The chief exciting causes were overexertion, cold, any mental worry, sudden shock, anger, fatigue, etc.

In the course of her pregnancies, the hydrorrhoea occurred in the early and late stages, but during gestation she was free from angina; she complained sometimes, after some exciting cause, of a sensation as if "her heart stopped beating," which sensation seemed to replace the angina.

After one confinement the gushes of fluid were so excessive that they caused such a tendency to collapse, as on one occasion to necessitate immediate stimulation with undiluted brandy; and I may here add that on all occasions the discharge was followed by coldness of the surface and pinched features, with a sensation of "sinking through bed or sofa."

The attacks continued to occur for some years, becoming less frequent as she became stronger, and now, though not absolutely free from them, she has not lately had a severe attack.

On the occurrence of the sudden enlargement of the abdomen, I have never been able to make out an enlargement of the uterus, and the hydrorrhoea was never accompanied by expulsive pains, even when pregnant; but I must now draw attention to an apparent vicarious relationship between the hydrorrhoea and hysterical urine. After her health had become much better, the general abdominal enlargement which indicated the probability of hydrorrhoea subsided gradually on some occasions, on the emission of a quantity of "hysterical urine."

I shall not express a definite opinion as to the origin of the hydrorrhoea, but this case points to a predominating neurosis, I believe, as a chief factor in its production.

My patient, who is temperate, is neurotic, a member of a neurotic and gouty family, and not herself free from indications of gout. Another member of her family also suffered from non-gravid hydrorrhoea, and became subsequently insane.

The one medicine which produced markedly good effects was arsenic.—I am, sir, yours truly,
WM. J. MACKIE.
Richmond House, Turvey.

PHYSICIANS.

SIR.—Until I read Mr. J. F. Hartley's note in the BRITISH MEDICAL JOURNAL, I thought it was never doubted that Licentiates (in common with Members and Fellows) of a College of Physicians were *bona fide* physicians.

Mr. H. G. Swan has well shown that the Licentiates of the Dublin College are physicians, and recognised as such in their diplomas. The word "physician" is not inserted in the diploma of the Edinburgh College, but the licentiate is recognised as physician in By-law No. 3: "Any Fellow, Member, or Licentiate who, in the opinion of the College, shall have been found guilty of conduct unbecoming the character of a physician, may be deprived of all the rights, privileges, which as Fellow, Member, or Licentiate, he does or may enjoy."

The present Licentiates of the London College are the successors of the original Licentiates who for centuries have occupied the rank of physicians to our great London hospitals, and therefore must be as truly physicians as their predecessors.—Yours truly,
JAS. G. PARSONS, M.D., L.R.C.P. Edin.
Crofton House, Bristol.

PAIN IN THE HEELS.

SIR.—I shall be glad of advice about the following case. A healthy stable-boy, aged 16, has, for half a year, suffered from a burning aching pain in the centre of his heels when standing, so severe as to unfit him for work. He does not suffer from sweating feet nor flat feet; in fact, the arch of his foot is higher than ordinary. There is no tenderness on pressure.

He has been treated with local applications of sulphurous acid, belladonna, iodine, nitrate of silver, and salt and water. At a provincial hospital he was supplied with specially made arch-supporting boots, and was made to go about the wards bare-foot. For six months he continued well, but latterly he has become as bad as before, and pursuing the same plan of treatment does no good. What is the pathology of such cases, and what is the best treatment?—Yours truly,
P.S. There are no corns nor anything abnormal about his heels.

QUERENNA.

LIFE ASSURANCE OFFICES AND MEDICAL FEES.

SIR.—Your correspondent, "perplexed," raises a point which is worth attention, especially after the comment by Dr. Sieveking. Like many others, I have repeatedly, and for different assurance companies, filled up such a form as "perplexed" declines to fill up. My impression is that most insurance societies require a special form of certificate of death from the medical attendant of the deceased, and that this is part of the bond entered into between the company and the insured. My practice has been to charge a fee (usually half a guinea) for such a special certificate; the item has then been included in the account sent in to the executors, and has hitherto been paid without demur. It is, however, easy to understand how, under some circumstances, it might be difficult to find an owner for the half-guinea debt.

If I understand Dr. Sieveking aright, an assurance company has no claim to any certificate of death, except such as can be furnished by a registrar; and that, if an office nevertheless requires a special certificate from the doctor who has been in attendance, the office (not the heir of the deceased) is bound to pay the fee for such certificate. If this be so, my practice, as above-stated, is all wrong, and as I find, on enquiry, that others pursue the same course, it would be well if the point could be authoritatively settled.—I am, yours faithfully,
DEBITO.

POSTAL ESSAY CLUB.

SIR.—Some time ago a few medical friends established a Postal Essay Club. We are anxious to increase the number of our members, and would deem it a favour if the request appeared in the BRITISH MEDICAL JOURNAL.

I shall be most happy to supply particulars, rules, etc., upon application.—Yours truly,
C. CLARK-BURMAN, L.R.C.P.S.
Belford, Northumberland.

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

Dr. J. Hitchman, Fairfield; Mr. W. Thomson, Dublin; Mr. L. Hill, London; Mr. Wm. Ingram Keir, Melksham; Mr. J. J. Lister, London; Mr. Downing Evans, Newport; Dr. A. Emrys-Jones, Manchester; Dr. Huggard, London; Dr. E. W. Hope, Liverpool; Dr. D. Adams, London; Dr. G. Fyfe, Gainsborough; J. O.; Mr. F. Vacher, Birkenhead; Mr. J. R. Humphreys, Shrewsbury; Mr. Cassan, Gainsborough; Mr. S. Farmer, Chorley; Dr. Styrap, Shrewsbury; Our Berlin Correspondent; Dr. Magill, London; Mr. E. C. Baber, Newport; Our Liverpool Correspondent; Our Aberdeen Correspondent; Dr. Jacob, Dublin; Mr. A. Whay, Port Said; Mr. J. Cochrane, Lochinver; Mr. J. F. J. Sykes, London; Messrs. Walker and Moore, London; Dr. Bramwell, Perth; Dr. C. A. McLean, Monte Video; Mr. J. W. Batterham, Wolverhampton; Our Dublin Correspondent; Our Glasgow Correspondent; Our Edinburgh Correspondent; Dr. Gama, Bombay; Mr. J. Renshaw, Ashton-on-Mersey; Our Paris Correspondent; Dr. T. Sinclair, Belfast; Dr. W. J. Collins, London; Mr. Eastes, London; Mr. F. W. Short, London; Dr. Hounsell, Torquay; Dr. J. Barr, Kington; Mr. H. Rope, Shrewsbury; Mr. T. L. Hall, Leominster; Dr. D. Graham, Boston, U.S.A.; Mr. J. L. Hamilton, London; Mr. R. A. Murray, Stockport; Mr. J. Smith, Stonehouse; Dr. Colles, Wellington; Mr. V. E. Sutcliffe, Huddersfield; Mr. W. Emerson, Dalston; Mr. La Thuti, London; Mr. E. Aubrey Mitchell, Stroud, etc.

BOOKS, etc., RECEIVED.

Army Medical Department; Report for the Year, 1882. Vol. XXIV. London: Eyre and Spottiswoode. 1884.
What to Do in Cases of Poisoning. By W. Murrell, M.D., F.R.C.P. Fourth Edition. London: H. K. Lewis. 1884.
Laws Concerning Public Health. Edited by W. R. Smith, M.D. Assisted by H. Smith, M.D. London: Sampson Low, and Co. 1884.
The Principles of Ventilation, Heating. By J. S. Billings, M.D. London: Trübner and Co. 1884.
A Treatise on the Purification of Coal-Gas, and the Advantages of Cooper's Coal-Lining Process. By R. P. Spice, M.Inst.C.E. London: E. and F. N. Spon, 16, Charing Cross.
Tumours of the Bladder. By Sir H. Thompson, F.R.C.S. London: J. and A. Churchill. 1884.

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