

grants or otherwise, this can best be effected, and to report to the Academy on the subject."

A proposal that no officer of the Academy as such should receive any emolument from its funds was, after a prolonged discussion, negatively, on a division, by a majority of three votes.

The following officers were elected for the session 1884-5: *President*: Dr. J. T. Banks. *General Treasurer*: Robert McDonnell, F.R.S. *General Secretary*: William Thomson. *Medical Section: President*: Dr. F. R. Cruise, *President King and Queen's College of Physicians: Council*: J. Hawtrey Benson, George F. Duffey, J. Magee Finny, T. W. Grimshaw, Richard A. Hayes, Henry Kennedy, A. N. Montgomery (Secretary), J. W. Moore, Walter G. Smith, H. C. Tweedy. *Surgical Section: President*: E. H. Bennett, *President Royal College of Surgeons: Council*: Wm. Colles, C. Copping, Edward Hamilton, Edward Dillon Mapother, Edward Stanier O'Grady, W. Thornley Stoker, W. Stokes (Secretary), P. J. Hayes, H. R. Swanzy, Kendal Franks. *Obstetrical Section: President*: Lombe Atthill. *Council*: John A. Byrne, Professor Dill (Belfast), Andrew J. Horne, J. Rutherford Kirkpatrick, G. H. Kidd, Arthur V. Macan, Thomas More Madden, W. Cox Neville (Secretary), R. D. Purfooy, William J. Smiely. *Pathological Section: President*: Arthur Wynne Foot. *Council*: Phineas S. Abraham, J. Wallace Beatry, A. H. Corley, Samuel Gordon, J. V. Lentaigne, T. E. Little, J. M. Purser, F. B. Quinlan, William Stoker, J. B. Story.

On the motion of Sir George H. Porter, seconded by the Vice-President of the King and Queen's College of Physicians, Dr. Duffey, the best thanks of the Academy were unanimously accorded to Mr. Thomson, the General Secretary, for the zeal and energy he had expended on behalf of the Academy, and for the manner in which he had edited the last volume of its *Transactions*.

THE BENEDICTINE MONASTERY AT CANTERBURY.

THE members of the East and West Kent Districts of the South-Eastern Branch of the British Medical Association, through the courtesy of the Very Reverend the Dean of Canterbury, visited the cathedral of Canterbury on October 3rd. Mr. J. B. Sheppard, M.R.C.S., the keeper of the chapter-records, very kindly undertook to act as guide, and conducted the members over the remains of the Benedictine Monastery of Christ Church, viewing the monastic buildings from a medical point of view.

He first related how Prior Wybert, in the middle of the twelfth century had caused a copious supply of pure water, collected from the Tertiary hills (Thanet sands) to the north-east of the city, to be brought into the precincts by wooden pipes; and he showed how, after the water had been distributed to all the offices of the monastery, and had become contaminated by the various uses to which it was put, it was turned with considerable force into the closed maxima, by means of which it carried off the excrements from the *necessarium* of the convent. The remains of this *necessarium*, with the great drain beneath it, and of those of the cistern and water-tower (now used as a baptistery) were then inspected. The first-named building was, considering that the convent consisted of only about eighty monks, a very extensive edifice, stretching from east to west for more than a hundred feet, and enclosing one side of the monastic premises; thus, with its blank wall, secluding the monks from contact with the outer world. The rule of St. Benedict prescribed that each monk should have a closet for his separate use; and hence the *necessarium* had to be made large enough to contain many closets as the convent had monks. These closets were on the first floor of the building, about six feet above the present level of the ground, whilst beneath the whole length of the building, resting on the surface of the ground, or slightly sunk below its level, ran the closed maxima, with its perpetual stream of water. The interior of this great drain, which is readily accessible, was then examined, and found to consist of a long passage, about eight feet wide. In section the passage is egg-shaped, the small end being below. The lower half of the elliptical passage is constructed of smooth masonry, offering no impediment to the flow of matter over its surface; but overhead, along its whole length, it is ribbed with transverse stone arches, about eighteen inches apart. The closets, probably constructed of light wainscot, were placed over the intervals between these arches. By this combination of pure drinking-water and a complete and speedy removal of excrementitious matter, it is recorded that the convent obtained an almost total exemption from some of the serious forms of epidemic disease prevalent in that age. The monastic obituary, which is still preserved in the Cathedral library, reports that during the invasion of the "Black Death," which in 1348-9 carried off one-half of the population of Europe, the Convent of Canterbury only lost four of its members, out of about eighty.

It must, however, be remarked, that whilst the Prior's precautions defended the monks from this one special pestilence, they exercised but little protecting influence in other epidemics, of a different kind, which occurred during the two centuries following that in which this most deadly plague swept over the world.

Up to 1534, the date to which the Obituary extends, "Pestilential Vehemens" is continually set down as the cause of death; in fact, to some kind of epidemic disease, exclusive of the four epidemics in 1348-9, thirty-five per cent. of the mortality is attributed. In 1420, 1430, and 1485 the Convent was attacked by fatal infectious disorders, and in 1485 and afterwards, considerable numbers were carried off by the sweating sickness, which disease is in the obituary designated as "Le Swete." In two cases the patients are said to have died of "Flux," which was considered to be so infectious that the bodies, in both cases, were buried immediately.

About five new members were admitted in each year, the ordinary age of the candidate being 16 or 18 years; but some old men, tired of the world, became monks. The average duration of life as a monk, that is after admission to "religion," was 28.4 years; but this calculation is misleading, because the number is kept low through several boys of morbid constitution, who died one or two years after making their profession. One monk lived to 98, and many others attained an age so advanced that they were excused from all duties and religious services, and were allowed unlimited diet and a separate chamber in the Infirmary.

Considerable remains of the Monastic Infirmary are still standing, but the members had no time to visit them; nor were they able to examine the windows containing contemporary pictures of the miracles—medically very interesting—worked by the body of St. Thomas à Beckett within the first fifty years after his death.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1885:

ELECTION OF MEMBERS.

MEETINGS of the Council will be held on January 14th, April 8th, July 8th, and October 14th, 1885. 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 each meeting, namely, December 25th, 1884, and March 18th, June 17th, and September 24th, 1885, 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.

- | | |
|---------------------------|--|
| I. Acute Pneumonia. | VII. Puerperal Pyrexia. |
| II. Cholera. | VIII. Paroxysmal hemoglobinuria. |
| III. Acute Rheumatism. | IX. Habits of Aged Persons. |
| IV. Diphtheria, clinical. | XI. Albuminuria in the Apparently Healthy. |
| V. Diphtheria, sanitary. | XII. Sleep-walking. |
| VI. Syphilis, acquired. | |
| VII. " inherited. | |
| VIII. 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 otherwise 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 INDIAN BRANCH.—Meetings are held in the Central Museum, Madras, on the first Saturday in the month, at 9 P.M. Gentlemen desirous of reading papers or exhibiting specimens are requested to communicate with the Honorary Secretary.—C. SIBTHORPE, Honorary Secretary, Madras.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held at the Hackney Town Hall, on Thursday, November 20th, at 8.30 P.M. The chair will be taken by Dr. Herman; and a discussion on the Use of the Forceps will be opened by F. Wallace, Esq.—JOSEPH A. HUNT, Honorary Secretary, 101, Queen's Road, Dalston.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of this district will take place on Tuesday, November 25th, at Rochester, Dr. J. D. Burns, R.N., in the chair. Gentlemen desirous of reading papers, or exhibiting specimens, are requested to inform the Honorary Secretary of the district, Dr. Lewis Jones, St. Bartholomew's Hospital, Chatham, not later than November 6th. Further particulars will be duly announced.—H. L. JONES, Honorary Secretary.—October 21st, 1884.

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT.—A meeting of the district will be held at the Marine Hotel, Worthing, at 4 P.M., on Thursday, November 18th; Dr. Fuller in the chair. The following papers are promised: 1. Cases of Foreign Bodies in the Ear, and Case of Post Pharyngeal Abscess, Mr. E. Cresswell Baber. 2. Two Cases of Placenta Previa, Dr. Arthur E. Buckell. 3. Case of Enteritis, Mr. Geo. Collet. Dinner at 6 o'clock.—Geo. COLLET, Hon. Sec.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—The next meeting of the above district will be held at Tunbridge Wells on Wednesday, December 3rd. Notice of papers, or other contributions, should be sent to the Honorary Secretary, T. JENNER VERRALL, 95, Western Road, Brighton.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above district will be held at the Kent and Canterbury Hospital on Thursday, November 27th, at 3 P.M.; Mr. Wachter in the chair. Mr. Shirley F. Murphy will open a discussion on Diphtheria Card, No. iv and No. ixa of the Collective Investigation Committee. It is hoped that all members who have filled up cards during the last few weeks, will bring them, and take part in the discussion. The President very kindly invites members and their friends to luncheon at his house on King's Bridge. Dinner will be held at the Royal Fountain Hotel at 5 P.M.—T. WHITEHEAD REID, Honorary Secretary.

STAFFORDSHIRE BRANCH.—The first general meeting of this present session will be held at the Railway Hotel, Stoke-upon-Trent, on Thursday, November 27th, at 4 P.M. The principal feature of the meeting will be a discussion upon the Radical Cure of Hernia, which will be commenced by Mr. Spanton, who will read a paper.—VINCENT JACKSON, General Secretary, Wolverhampton.

YORKSHIRE BRANCH.—The autumn meeting of this Branch will be held at the Royal Hotel, Scarborough, on Wednesday, November 12th, at 4 P.M. Dinner at 7 P.M. (6s. per head, exclusive of wine). Dinner, bed, and breakfast, 12s. 6d. per head. The following papers will be read: 1. The President (Mr. Knaggs): A Case of Nephrotomy. 2. Mr. Mayo Robson: Cure of Traumatic Stricture of Urethra by Excision of the Stricture, and Union of the separated Mucous Membrane by continuous Catgut Suture. 3. Mr. T. R. Jessop: Case of Cholecystotomy. 4. Dr. James Braithwaite: Two successful Cases of Gastrotomy for Extra-uterine Gestation. 5. Dr. Tibbitts: On some of the Disadvantages of the Compulsory Notification of Infectious Diseases. 6. Dr. Solomon C. Smith: Massage, Faradisation, and the Zander-Cure. 7. Dr. H. J. Hardwicke: Development and Heredity. 8. Mr. Charles Atkin: Notes on Cases of Imperforate Colon and Rectum. Members intending to dine, or stay all night, are requested to communicate with the Manager, Royal Hotel, Scarborough.—ARTHUR JACKSON, Secretary, Sheffield.

SOUTHERN BRANCH: ISLE OF WIGHT DISTRICT.

An ordinary quarterly meeting was held at the Bugle Hotel, Newport, on October 30th; present, JOSEPH GROVES, M.B., President, in the chair, twelve members, and four visitors.

Collective Investigation.—The SECRETARY gave an account of the work of the Collective Investigation Committee during the past quarter, and stated that eleven cards had been returned from various members; he also expressed a hope that others would take an interest in the work. He placed a book on the table which he had prepared, at the suggestion of Dr. Herringham, containing the names of those who had returned cards, under their various headings, also a tabulated statement of the number accredited to each member, and to each district in the Island.

Next Place of Meeting.—COWES was proposed by Dr. GROVES, and seconded by Dr. NEAL. The proposal was carried.

New Uterine Support.—The Secretary read a letter from Dr. COGHILL, stating that he had been called away, and could not attend

the meeting, and explaining the lines upon which his new uterine support acted. Mr. Green exhibited the pessary, explaining its mechanism and method of application; and gave details from memory of a severe case of retroflexion in which it was first tried, and in which its success and comfort were so remarkable, that the patient, after being for ten years a chronic invalid, unable to take but little exercise, even with the aid of a carefully adjusted Hodge's pessary, was able at once to take long walks, and was now paying a series of visits to friends in various parts of the kingdom.

Tubercular Meningitis.—Mr. GREEN read a paper on a case of tubercular meningitis in an adult, successfully treated with large doses of free phosphorus. A discussion took place, in which Drs. Neal, Castle, Groves, Messrs. Meers and Lloyd, took part; and a general agreement of opinion existed that such cases were, as a rule, so hopeless, that it would be well in future to give the drug a trial. A general discussion then ensued upon the uses of free phosphorus, and especially upon the large (one-sixth of a grain) doses given by the French in cases of nervous affection.

Needle-Holder.—Dr. J. WARD COUSINS exhibited his new mechanical needle-holder, in which a needle may be held and used in any position, and liberated in a moment by a simple movement of the thumb.

The meeting then adjourned to dinner.

EAST YORK AND NORTH LINCOLN BRANCH: AUTUMNAL MEETING.

The autumn meeting of this Branch was held in the Town Hall, Grimsby, September 25th. The President, Mr. KEETLEY, who is Mayor of Grimsby, took the chair. Fifteen gentlemen were present.

Time of Meeting.—Mr. KEETLEY gave notice that at the annual meeting he should propose that the autumn meeting be held in October instead of September.

Oxide of Zinc in Cholera and Infantile Diarrhoea.—Mr. KEETLEY read a paper on this subject, giving his experience of the great value of this method of treating these diseases.

Thoughts on Asiatic and English Cholera.—Mr. HOWLETT read this paper, which went into the pathology of these diseases, and gave an account of the recent researches of Koch.—A discussion followed.

Renal Lithotomy.—Mr. R. H. B. NICHOLSON related the history of this case. Symptoms had existed for two years. When first seen by Mr. Nicholson, the patient was passing eight ounces of pus daily. At the operation, after the first incision, an aspirator was used, which also seemed as a guide to the stone. Eight ounces of fetid pus were evacuated. The stone weighed one hundred and eighty grains. There was a smaller stone, weighing six grains. The patient's condition was much improved, and the wound was nearly healed.

Perityphlitic Abscess Bursting into the Bowel: Recovery.—Dr. E. G. HULL related this case.

Abdominal Tumours.—Mr. KEETLEY read notes of three cases.

Dinner.—In the evening, the members dined at the Royal Hotel.

SOUTH AUSTRALIAN BRANCH: ANNUAL MEETING.

The annual meeting of this Branch was held at the hospital, Adelaide, on June 26th. The retiring President, W. GARDNER, M.D., took the chair.

Report of Council.—The report stated that, during the year, nothing of special moment had occurred. The Council had obtained permission to store the valuable collection of pathological specimens which had accumulated in the hospital. The question of quarantining dogs for rabies had been brought before the Branch, and the President had communicated with the Chief Secretary of the colony on the subject. An Act for the purpose had been passed. The Branch consisted of sixty-four members. During the year, seventeen new members had joined, six had died, and four had resigned. There was a balance of £19 10s. 6d. in favour of the Branch.—The report was adopted.

Officers and Council.—The following were elected: *Vice-President*, W. T. Hayward, Esq.; *Treasurer*, T. W. Corbin, Esq.; *Secretary*, W. L. Cleland, M.B.; *Members of Council*: J. A. Cockburn, M.D.; W. Gardner, M.D.; W. P. Nesbitt, M.B.

Notification of Infectious Diseases.—Mr. HAYWARD proposed the following resolution:

"That the South Australian Branch of the British Medical Association, while recognising the desirability of the notification of infectious diseases, is of opinion that the recommendations of the President of the Local Board of Health, in his recent letters to medical practitioners,

are undesirable, as they would tend to interfere with the relationship between medical men and their patients, and throw the onus of notifying disease on the former instead of on the latter."

The motion was supported by Dr. Davies Thomas, Mr. Nesbitt, Dr. Gosse, and Mr. James Hamilton; and was opposed by Mr. Dunlop, Dr. Whittell (President of the Board of Health), and Dr. Stirling; who, while recognising the relationship between patient and medical practitioner, considered that private considerations should be subsidiary to those affecting the country at large. Dr. Whittell thought that a voluntary system of report by the medical profession was the best. The motion, on being put to the vote, was lost.

Communications.—The following communications were made.

1. Dr. Gardner showed a youth, on whom he had performed, eight weeks previously, a Primary Resection for Compound Comminuted Fracture of the Humerus. Four inches of the shaft had been removed, the remaining fragments wired together. There was good movement and power of the limb.

2. Dr. Gardner also showed a boy, the greater part of whose Upper Jaw had been removed for a Semi-malignant Growth. There had been no appearance of a tendency to recur.

3. Dr. Gosse showed a case of Arterio-venous Aneurysm of the Orbit in a little girl, following a blow by a parasol-spike, three years ago.

4. Dr. Poulton, for Mr. Ellison, exhibited a successful case of Excision of the Rectum. The man had suffered for more than twelve months. He was operated on three months ago, and had been steadily gaining weight for the last month. There was still deficient control of the feces, but the patient suffered very little inconvenience.

5. Dr. Poulton also showed a youth, who had had the head of the Right Humerus Excised, for injury by a gunshot-wound in the axilla. A full charge of shot had been removed during the operation.

6. Dr. Poulton also showed a case of Hairy Cutaneous Nævus of the Eyelids, Eyebrow, and Face, in an infant.

7. A number of pathological specimens were exhibited by Drs. Gardner, Thomas, C. Gosse, Dunlop, Poulton, and others, in an adjoining room; in another, microscopical sections—physiological and pathological—and a medical electric lamp by Dr. Gardner; whilst in a third room, Dr. C. Gosse demonstrated Master's ophthalmoscope.

VICTORIAN BRANCH: ANNUAL MEETING.

THE annual meeting of the Victorian Branch was held on July 30th, in the hall of the Royal Society, Melbourne; G. GRAHAM, M.D., President, in the chair.

Report of Council.—The report commenced with discussing the question of frequency of meetings. It was considered that it would be unwise to multiply the meetings without good reason in the shape of interesting business. The number of members was 23, of whom 7 had been elected during the year. One member had died, and one had resigned. There had been, during the year, three general meetings; and the subjects which had engaged attention were: The Health Act Amendment Bill; The question of Calf-Lymph Vaccination; The Medical Act; The Ballarat Hospital Medical Staff; A curious case of Erythema, by Dr. Pincock; A rare Surgical Accident, by Dr. Pincock; An Account of a Recent Visit to Europe, by Dr. Cutts; A Description of a New Electric Lamp for Examining the Throat, by Dr. Henry. On March 20th, Mr. T. N. Fitzgerald was presented, at a dinner given to him by the medical profession, on the occasion of his leaving this colony for Europe, with a letter authorising him to act as the representative of the Branch during his visit to the old country. The question of an alliance with the Medical Society of Victoria had received consideration on several occasions, but no action had been taken to that end, and the Council recommended that it should be allowed to fall into abeyance. The *Australasian Medical Gazette* was increasing both its circulation and its influence. Many papers of great interest had appeared in it during the past year. Under the able editorship of Dr. Creed, and the business-management of Mr. Bruck, the journal had taken a place not hitherto reached by any scientific periodical in the Australian colonies. Three members of the Branch—Mr. Gillbee, Mr. Fitzgerald, and Mr. James—had gone to Europe.—After a brief discussion, the report was adopted.

The Honorary Secretary announced that there was a balance in the bank to the credit of the Branch of £12 8s. 2d.

Amalgamation with the Defence Association.—A discussion took place upon a proposition by the Honorary Secretary, that the Branch

should amalgamate with the Victorian Defence Association, a body which, although it had for a while enjoyed a prosperous existence, suddenly collapsed. As some funds remained, it had been thought, as the objects contemplated by the Defence Association were really included in the scheme of the Branch, these funds might be disposed of in the way proposed. It was eventually resolved: "That the proposition be adopted, subject to confirmation at an ensuing general meeting of the Branch."

Election of Officers.—The following officers for the ensuing year were elected: President, J. T. Rudall, Esq.; Vice-President, L. Henry, M.B.; Treasurer, G. Graham, M.D.; Secretary, J. E. Neild, M.D.; Members of Council, W. Barker, Esq., J. H. Browning, Esq., T. L. McMillan, M.D., R. P. Pincock, M.B., E. L. Simmons, Esq., J. E. Willmott.

Recent Appointments in the Central Board of Health.—The subject of recent changes made by the Government in the Central Board of Health, more especially the displacing of Dr. Youl from his office of President in favour of Mr. Akehurst, who was not a medical man, was brought up, and the following motion was submitted: "That the recent appointment of a non-medical man as President of the Central Board of Health, is not only an affront to the whole medical profession of this colony, but a dangerous violation of a well established and generally recognised principle, that boards of health should be directed by legally qualified and specially competent medical practitioners." After some remarks from various speakers, the motion was carried unanimously.

The following resolution was also carried unanimously: "That the earnestness, industry, and zeal shown by Dr. Youl in the performance of his duties, as President both of the former and of the present Central Board of Health, entitle him to the warm approval of this Association; and that his recent summary removal from that office, which he has filled with so much credit, claims from this Association the expression towards him of cordial sympathy under the indignity to which he has been so ungenerously subjected."

President's Address.—The retiring President, Dr. GRAHAM, delivered an address. He first referred to the Amended Public Health Act for the colony, which was passed last November, and commented on the disregard of the suggestions and experience of the medical profession shown in the passing of the Act, and in the formation of the Central Board. He also deprecated the practice of being advertised in the newspapers by means of what was called "interviewing," and asserted that no truly respectable medical man would seek this sort of conspicuousness. He also regretted the great readiness with which some medical men gave certificates in praise of dietetical or pharmaceutical preparations. After some remarks on charlatanry in general, and a condemnation of the practice of homœopaths who "sail under the Hahnemannian flag, and fight under that of Rational Medicine," he proceeded to express his opinion that, on the whole, there were grounds for being satisfied with the present condition and the future of medicine in the colony. He spoke with satisfaction of the provision of improved means for teaching, in the establishment of the Physiological Laboratory in the University of Melbourne, and the establishment of the College of Pharmacy, and made some remarks on the Medical Students' Society, the Melbourne Hospital, and the Lying-in Hospital. Speaking of the lunatic asylums of the colony, he condemned the proposal which had been made by some, to adopt the system followed at Gheel. The President concluded by expressing his gratitude to the Branch for the favour shown him in electing him to the office from which he was about to retire.

NEW SOUTH WALES BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held in the Royal Society's Rooms, Sydney, on Friday, August 1st, at 8.15 P.M. The chair was taken by Dr. QUAIFFE.

Mode of Election of Officers.—It was pointed out that there was some obscurity in the by-laws as to the election of officers; and it was resolved: "That a meeting of the Council be called to amend the By-laws to meet the present difficulty, and a special general meeting be called to consider the amended by-laws, and to elect a President and Secretary."

Communications.—The following communications were made.

1. Dr. W. E. Warren exhibited a Pathological Specimen, and read some notes.

2. Dr. Creed exhibited some Calculi, extracted from the Urethra of a boy 9 years old.

3. Dr. Creed read an extract from the *Australian Practitioner*, edited by Dr. Knaggs, on "Registration of Deaths in New South Wales."

**SOUTH-EASTERN BRANCH: WEST SURREY DISTRICT.
COLLECTIVE INVESTIGATION OF DISEASE: CHOREA AND
RHEUMATISM.**

A MEETING of the members of the West Surrey District of the South-Eastern Branch, to which all medical men residing in the district were invited, was held at the Guildford Hospital on Thursday, October 9th, for the purpose of a discussion on Chorea and Acute Rheumatism, these subjects being under special consideration by the Collective Investigation Committee. The chair was taken by Mr. JONATHAN HUTCHINSON, F.R.S.

Appointment of Subcommittee.—The following members were appointed a Subcommittee on Collective Investigation for the District: Drs. Merton and Stedman, and Messrs. Butler, Schollick, Sells, and Taylor, of Guildford; Drs. Young and Barker, of Aldershot; Messrs. Lorimer and S. G. Sloman, of Farnham; Dr. Leachman, of Petersfield; Dr. Daniels, of Epsom; Dr. Crompton and Mr. A. A. Napper, of Cranleigh; Mr. C. W. Chaldecott, of Dorking; Mr. J. B. Stedman, of Godalming; and Dr. T. F. Pearse, of Haslemere, *Honorary Secretary*.

The Discussion on Chorea was opened with a paper by Dr. HERBINGHAM of London, the Secretary of the Collective Investigation Committee. A short paper was afterwards contributed by the Local Honorary Secretary, Dr. PEARSE, having for its object to prove that chorea was essentially a so-called "nervous" disease, produced by causes acting directly on the higher nervous centres; and that the supposed dependence on acute rheumatism or its consequences was not correct, although the two diseases might be associated in allied constitutions.

The discussion was taken up in a most instructive manner by the CHAIRMAN, who, in the course of his criticisms, made many suggestions for future collective work. Amongst other remarks, he asked if chorea was hereditary, or if it went in families; he himself questioned it. He thought it was required to know more of the subsequent life-histories of choreic patients, as most cases recovered completely. He asked what was the longest duration of this disease. Mr. Hutchinson also asked whether it ever, or generally, preceded insanity. He threw out the suggestion of a local congestion of the brain of a temporary nature, producing an intense irritation, just as occurred in the skin in some forms of urticaria. With regard to the causation of the disease, he thought it was still unsettled whether it was merely a disturbance of function or a disturbance of structure.—One member related a case of chorea cured by the extraction of a tooth; another member, a case cured by the expulsion of intestinal worms.—The CHAIRMAN concluded the debate, and inquired what minor ailments were to be noted. He believed the rheumatic tendency was a variety of the catarrhal; one person, on exposure, developing acute rheumatism; another, some form or other of catarrh. He asked here whether, when rheumatism developed, it supplanted the liability to catarrh.

Acute Rheumatism.—The HONORARY SECRETARY then, in a few remarks, enumerated the points so far observed in acute rheumatism by the work of collective investigation, and indicated those requiring further attention. Under the latter head were: the number of cases falling under the observation of each practitioner in the course of the year, with the object of determining the geographical distribution of the disease; records of cases occurring after scarlatina—the symptoms being then often slight, and, therefore, liable to be overlooked; further details of treatment; how long before treatment commenced—what doses—how often given—and over what periods? It was important to know more distinctly the condition of the heart before the attack. A knowledge of the common and minor ailments were much wanted, as they showed the constitutional diathesis; also the relative history of neuroses. As regards the joints, cases were required where the disease persisted, especially where it advanced to disorganisation of the joint, and came under surgical treatment.

A few remarks on the nature of rheumatism were made by Mr. A. NAPPER; and Dr. LEACHMAN, of Petersfield, drew a comparison between the modern treatment by the salicyl compounds, and that by other methods, remarking particularly on the liability of recurrence under the modern methods, and the apparent increase of heart-complication.

A Vote of Thanks was then unanimously and heartily given to Mr. Hutchinson, for his kindness in taking the chair on this occasion. The meeting then terminated.

Specimens.—Before the discussion, Messrs. Arnold exhibited a display of instruments, and Messrs. Beck a large number of specimens of the various kinds of bacteria. Messrs. Lebon and Co. sent some new forms of clinical diagrams for inspection; microscopic specimens relating to chorea and acute rheumatism were also exhibited, having been kindly lent for the occasion by Mr. Robert W. Parker.

SPECIAL CORRESPONDENCE.

LIVERPOOL.

[FROM OUR SPECIAL CORRESPONDENT.]

The proposed new Hospital for Infectious Diseases.—The Medical Profession and the Municipal Elections.—The Children's Infirmary.—The work of the St. John Ambulance Association.

THE project to erect the proposed new hospital for infectious diseases at Edge Hill, has been abandoned. It is believed that this is in a great measure due to the strong representations as to the unsuitability of that site, that were made by the medical profession. At the first meeting of the City Council which was held after the medical conference on the subject, the opinion of the profession was brought before the councillors, who signified their sense of its importance by rejecting the proposal by a large majority.

Mr. Hamilton, the senior surgeon to the Royal Southern Hospital, has for the past three years been a member of the City Council. Although a Conservative in politics, he has voted in the most independent manner; and it is generally felt that his services to the city have been invaluable, more especially in matters affecting the health of the community. He had decided not to come forward for re-election, but, being urgently requested by many influential members of the profession to reconsider his determination, he at once acceded to the wishes of his medical brethren. The Liberal party selected a gentleman to oppose Mr. Hamilton, but it was believed that if the views of the profession, as to the great importance of having a practical sanitarian in the Council, were laid before the Liberal candidate, he would withdraw. A large deputation of medical men therefore waited upon the chiefs of the Liberal party. But, although the candidate himself was perfectly willing to retire from the contest, his committee decided that he ought not to do so. In consequence, medical men of all shades of political opinion have united in supporting Mr. Hamilton, quite irrespectively of politics, but simply because they feel that the loss of Mr. Hamilton's valuable services to the city would be a public calamity. On the evening of October 24th, a public meeting was held, presided over by Dr. Nevins, at which Drs. Carter, Whittle, and Howie delivered addresses. At this meeting a memorial, bearing the signatures of over one hundred and fifty medical men, was presented to Mr. Hamilton. Unfortunately for the city, this is not the only example of the great evil of introducing party politics into municipal affairs. In another ward Mr. Stewart, a barrister, who has done a great deal of good work in the Council, has been opposed by a gentleman who is a novice in regard to municipal work.

The death, from enteric fever, of Dr. Hoggan, caused a vacancy on the staff of the Children's Infirmary, which has recently been filled up by the appointment of Dr. T. Grimsdale.

The winter classes of the St. John Ambulance Association have commenced, and the work is being actively carried on. The applications for instruction from all quarters are so numerous that there is at present some little difficulty in obtaining the services of a sufficient number of medical men as lecturers. The classes for the police have been held during the summer, as the number to be instructed in first aid to the wounded is so large. A novel kind of class—one for bicyclists—has recently been formed, with Dr. Parsons as surgeon-instructor.

MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

Owens College.—Infectious Cases and Payments.—The Water-Supply of Manchester.

THE sessional work at Owens College, was opened as usual this year without any introductory lecture or conversazione. Every department is now busily engaged. About 150 students are busy at work in the dissecting-room, which is plentifully supplied with subjects, fourteen being ready to commence the session with. Besides the systematic courses of medicine and surgery which are being delivered at the College, clinical lectures and demonstrations are being given at the Royal Infirmary, St. Mary's Hospital for Women, the Eye Hospital, Children's Hospital, and Fever Hospitals, so that there is no lack of opportunities for work provided for the senior students. I hear that 259 students have been registered on the medical side, of which sixty-eight are new entries, excluding fourteen entered only for the subjects of the preliminary scientific examination of the London and Victoria Universities. The new block of buildings, which will form when com-

might, in view of one, at least, of his qualifications, be considered an unworthy means of endeavouring to obtain practice, and of attracting public notice, and, therefore, contrary to his declaration. It is not unusual, or unprofessional, for medical men to visit outlying districts, on certain days, to see patients. In small towns, this soon becomes known without the objectionable aid of public notices.

INDIA AND THE COLONIES.

INDIA.

DRINKING-WATER IN A MALARIOUS DISTRICT.—Mr. Whalley, a member of the Indian Civil Service, has favoured us with the following interesting memorandum. All along the base of the Himalayas, in the North-West Provinces of India, lies a belt of marsh and forest, called the Terai, which for many years has been almost uninhabitable, owing to the malarious fever which prevails there. Continuous efforts have been made by the Government of the provinces to reclaim and populate this tract, but with only partial success. Roads and railways have been carried across it; canals for irrigation have been constructed; villages have been planted here and there; and costly schemes of drainage have been proposed and considered, and laid aside. The owners of the land also, in those parts where ownership is recognised, have expended capital in efforts to improve their property. The strife between enterprise and malaria is continually carried on, but at the cost of a fearful sacrifice of human life. Here and there a lodgment is effected, and the pestilential influences driven back; but, for every position that is so stormed, hundreds of lives are thrown into the breach. The forests have been now, for the most part, cut into blocks and demarcated, and the waste land between the forest-blocks assigned for pasture and cultivation. In these tracts, new colonies are constantly being planted, blended, and extinguished. The teeming population from the south persistently sends out fresh parties of emigrants, who bring their ploughs, and cattle, and household gods, and build themselves houses—sometimes to succeed; sometimes to fly back panic-stricken after an unhealthy season, leaving half their number under the sod. To mitigate this mortality, which is due almost entirely to malarious fever, has been a problem constantly before the Government and the landholders, whose rents are affected by the unwholesome climate; and one step worth recording has been made towards its solution. Malarious fever has been the great scourge of northern Hindustan for ages past; and the experience of those ages has stamped in the every-day language of the people its conclusions as to the cause, or at least the transmitting medium, of fever. The only common expression for a healthy locality is one whose *air and water* are good. If a man propose to settle in a new town, his first and most earnest inquiry about it is, How is the air and water, the *“ab a havā?”* The popular belief, thus stereotyped, has at last been accepted in its entirety, though hesitatingly, by most of the medical profession in India; and it is admitted that malarious poison may be conveyed into the system by the water that is drunk, as well as by the air that is breathed. The water of the streams which run through the Terai is at certain seasons very largely impregnated with malarious poison; and the drinking of this water is always dangerous, and not unfrequently fatal. A party of workmen were sent, two or three years ago, in the month of October, to repair a bridge over a stream called the Chūkā, and they were dependent on the stream for their drinking-water. Out of the thirty men only three escaped fever, and several died. Since then a deep masonry-well has been constructed at a few hundred yards distance from the bridge; and the forest-guards who are located there, and drink only the water of the well, find the station as healthy as any other. Again, a village named Bahrwa, two or three miles from the forest border, where the supply of drinking-water was obtained from shallow wells fed by the infiltration of the surface-drainage, had been repeatedly settled and deserted owing to the fatal character of the fever which prevailed there. Six years ago the landlord went to the expense of constructing a masonry-well, forty feet deep, reaching down to the spring-level, and closing all the shallow wells previously used. Since then, the village has become known as one of the healthiest villages in the neighbourhood. The Forest Department now constructs deep masonry-wells at all the forest-stations, and by this precaution is enabled to maintain a permanent staff of guards at stations where formerly the men were invalided and had to be relieved every fortnight. Moreover, the villages in the vicinity show their appreciation of the measure, by resorting to these wells for their supply of drinking-water during the malarious season. There seems, therefore, to be little doubt that in this tract the chief cause of malarious fever is the drinking of water which has been exposed to some

poisonous action above ground. The streams which enjoy the most deadly reputation, all take their rise in dense forest, and are overhung for a portion of their course by a thick screen of over-arching trees and bushes. Streams which are bordered by sand or boulders, are generally innocuous. Unhealthy villages are found mostly along the shallow depressions which convey the surface-water of the forest to the rivers. Both facts seem to point to the conclusion that the malaria contained in the water is generated by decaying vegetation; and the fact that the malarious season begins in April and becomes most deadly in October, which has been used to establish another theory, does not militate against this, for these periods are coincident with the periods when the forest-trees shed their leaves. But, however this may be, there is no question that many places noted for malaria have now become healthy, and the change has been sharply marked, and contemporaneous with the construction of masonry-wells.

AUSTRALIA.

THE INSPECTORSHIP OF ANATOMY AT SYDNEY.—The office of Inspector of Anatomy in Sydney has been suppressed. Judging from a correspondence published in the local press, the late incumbent of the office displayed a lamentable want of judgment and tact in allowing himself to listen to the idle gossip of workmen about the buildings of the University of Sydney. It is obvious that a dissecting-room ought to be conducted with decency and decorum, and there is not the slightest evidence that this condition has not been fulfilled in the department under the direction of Professor Anderson-Stuart.

SANITARY PROGRESS IN AUSTRALIA.—A peculiar interest attaches to the sanitary progress of our various colonies in Australia, as they have not, or ought not to have, any arrears to make good, such as we in England are obliged to pay so heavily for. The Central Board of Health for South Australia has issued a very clear and sensible report of its operations during the year ended March 31st, 1884, which reveals satisfactory progress and an increasing appreciation of the importance of sanitary work. In districts not under the jurisdiction of local boards, of which 86 have now been constituted, it falls to the lot of the Central Board to supervise. In the year under notice, the number of visits of the Board's officers was 1,126, and the number of orders issued for the abatement of nuisances was 424, as against 2,095 visits, and 651 notices in the preceding year. The Board observes that the practice of issuing notices for the abatement of nuisances before proceeding to serve peremptory orders, has been found, after many years' trial, to be of little practical effect. To meet the difficulty, the Board have ceased to send out such notices in cases of common nuisance, and issue an order for their immediate abatement. The hold of the central board on the local boards does not appear to be very strong, for we read that they experience great difficulty in obtaining the returns required by the Public Health Act; and hints are thrown out of resort to compulsory powers for obtaining sanitary reforms. Twenty-three local boards have now the assistance of medical officers of health; though some of the appointments were made unwillingly. The sanitary condition of the capital (Adelaide) comes in for considerable attention in the report. It was found necessary to appoint a Commission to inquire into the defective sanitary administration of the town; but it is hoped that the local board are now awakened to a sense of their responsibility. Slaughter-houses, piggeries, suburban dwellings, cowyards and dairies, appear to have been looked after; and the Board note with satisfaction the efforts made by the Adelaide and other local boards to compel milk-vendors to supply a pure and wholesome article. The general death-rate of the whole colony was 14.55 per 1,000. The most recent figures of the other Australian colonies are not now available, but those for 1882 may usefully be subjoined for the purposes of comparison: New South Wales, 16.03; Queensland, 17.99; Victoria, 15.31; Western Australia, 14.16; Tasmania, 15.79; New Zealand, 11.19. The birth-rate for 1883 was 36.64, and the marriage-rate 16.65. In the twenty-one corporate towns, the average death-rate was 22.34, though there appears reason to believe that this figure is too large. In Adelaide itself, the death-rate was 23.9 per 1,000; or, allowing for deaths of strangers in public institutions, 19.93. These figures are higher than they should be in a young community which is practically free from the deep-rooted squalor and destitution of European cities. The ratio of deaths of children under one year of age was 145 per 1,000 births, as against 142 in 1882. In Adelaide, this ratio was swollen to 185.3 per 1,000; a result due to the overcrowding in small tenements, the difficulty of securing wholesome milk, and the entrusting of babies to ignorant nurse-girls. Typhoid fever still continues to be prevalent in various parts of the colony. The cases that occurred during the year were

widespread, and it was unfortunately found impossible to trace them to their origin. A system of investigation has now been commenced, through the agency of the officers of health, and the medical profession has been appealed to for assistance.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE HEALTH AUTHORITIES OF LONDON AND PROVISION FOR INFECTIOUS DISEASES.

At the usual meeting of the Metropolitan Asylums Board, on October 25th, under the presidency of Mr. Galsworthy, the attention of the managers was called to an important report by the General Purposes Committee, with respect to the provision to be made for small-pox and fever patients of the non-pauper classes. The chairman stated that the matter had been under the consideration of the General Purposes Committee for a considerable time, and the report to be brought forward was one of the most important which had ever come before the managers; inasmuch as, with the consent of a large number of the sanitary authorities of the metropolis, it was proposed that the Asylums Board should undertake the charge of the classes of patients for whose care the district boards, as distinguished from the boards of guardians, were responsible.

Sir E. HAY CURRIE, Chairman of the General Purposes Committee, presented the report. The question of making provision for the non-pauper patients afflicted with infectious diseases was brought under notice by the vestry of St. Marylebone, the authorities of which had always endeavoured to discharge the duties imposed by the Legislature; and other authorities of the metropolis urged that the Asylums Board should be the central authority for making comprehensive and systematic hospital accommodation for all classes who needed it, in respect to infectious diseases; and it was also pressed that the Asylums Board should not be merely a department of poor-law administration, but should also have the powers of the Sanitary Acts conferred upon it. Of the thirty-eight authorities in London, only four had dissented from the views set forth by the others that the Metropolitan Asylums Board should be the sole authority for dealing with all cases of infectious disease. The various authorities of London had found that there was no possibility of obtaining sites in the districts for fever and small-pox asylums, for the isolation of non-pauper cases of these diseases, and hence they had made no provision for the cases, and the managers' wards had been used to find beds, not only for the pauper patients, but for the non-pauper classes. Returns which the managers had obtained showed that, during the year ending August 1st last, upwards of 330 had been admitted into the fever asylums otherwise than by the relieving officers' orders, while upwards of 400 small-pox patients had been admitted in the same manner. These extra admissions had been under an order of the Local Government Board; and, as there was no stigma of pauperism attaching to relief received in these infectious asylums, it was time that the managers were empowered to deal with the sanitary authorities, in order that those authorities should send patients to the asylums and recover the cost from those who could pay. Sir Edmund moved "that the Local Government Board be requested to place themselves in communication with the several local authorities of the metropolis, with the view to issuing an order which shall empower the managers (in accordance with the terms of clause 15 of the Poor Law Act of 1879) to contract with such authorities for the reception into the managers' hospitals of cases of dangerous infectious disorders other than those chargeable to the various parishes and unions."—Dr. FOWLER seconded the motion.—Mr. ROBINS said that, even if it were possible for the districts to establish asylums for the sick in the various districts suffering from infectious diseases, yet the cost would be enormous. General concurrence with the terms of the report was expressed by Mr. FOX TALBOT, M.P., and other members; but several members urged that the local sanitary authorities should be pressed to obtain payment from the friends of those patients who were sent into the asylums under the authority of the vestries, the district local boards of works, who have general charge of the health-affairs in the metropolis, and that their officers should be charged to secure such payment.—After some remarks from the CHAIRMAN and Sir E. H. CURRIE, the motion was carried unanimously.

HEALTH OF ENGLISH TOWNS.—During the week ending the 1st inst., 6,000 births and 3,464 deaths were registered in the twenty-eight large English towns, including London, dealt with in the Registrar-General's weekly returns, which have an estimated population of 8,762,354 persons. The annual rate of mortality per 1,000 persons living in these towns, which had been 21.1 and 20.9 in the two preceding weeks, further declined to 20.6 last week. The rates in the several towns, ranged in order from the lowest, were as follow: Norwich, 15.0; Nottingham, 16.5; Brighton, 17.1; Birkenhead, 17.2; Portsmouth, 18.0; Derby, 18.5; Wolverhampton, 19.3; London, 19.5; Oldham, 19.6; Newcastle-upon-Tyne, 19.7; Halifax, 19.8; Huddersfield, 20.0; Sunderland, 20.8; Leeds, 21.0; Sheffield, 21.0; Birmingham, 21.1; Bradford, 21.4; Salford, 21.4; Bristol, 21.8; Hull, 22.5; Liverpool, 23.0; Manchester, 23.9; Plymouth, 24.2; Leicester, 25.5; Bolton, 26.3; Blackburn, 26.9; Cardiff, 27.9; and Preston, 28.8. The average death-rate last week in the twenty-seven provincial towns averaged 21.6 per 1,000, and 2.1 above the rate recorded in London. The 3,464 deaths registered last week in the twenty-eight towns included 379 which were referred to the principal zymotic diseases, against numbers steadily declining from 1,311 to 390 in the ten preceding weeks. Of these, 84 resulted from diarrhoea, 67 from "fever" (principally enteric), 66 from scarlet-fever, 57 from measles, 50 from whooping-cough, 31 from diphtheria, and 24 from small-pox. These 379 deaths were equal to an annual rate of 2.3 per 1,000. The zymotic death-rate in London was 2.1 per 1,000; while in the twenty-seven provincial towns it averaged 2.4, and ranged from 0.0 in Brighton, and 0.6 in Norwich and in Huddersfield, to 6.3 in Hull, and 6.8 in Preston. The deaths referred to diarrhoea showed a further decline from recent weekly numbers. The deaths referred to "fever" differed but slightly from those recorded in recent weeks, and showed the highest rates of mortality in Preston and Derby. The 66 fatal cases of scarlet fever showed a slight further decline; this disease showed the largest proportional fatality in Sheffield, Cardiff, and Sunderland. The fatal cases of measles, which had increased from 37 to 55 in the four previous weeks, further rose to 57 last week, and caused the highest death-rates in Bolton and Cardiff. The 50 deaths from whooping-cough slightly exceeded the number in the preceding week; this disease was somewhat prevalent in Hull and Halifax. The 31 fatal cases of diphtheria in the twenty-eight towns included 22 in London, and 4 in Liverpool. Of the 24 deaths from small-pox, 21 occurred in London (exclusive of 17 of London residents which were registered in the Metropolitan Asylum Hospitals situated outside Registration London), 2 in Birkenhead, and 1 in Hull. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 504, 558, and 596 on the three preceding Saturdays, declined to 580 at the end of last week; the admitted cases, which had been 68, 144, and 173 in the three previous weeks, declined last week to 101. The death-rate from diseases of the respiratory organs in London was equal to 4.5 per 1,000, and was below the average. The causes of 68, or nearly 2 per cent. of the 3,464 deaths registered last week in the twenty-eight towns were not certified, either by medical practitioners or by coroners.

HEALTH OF SCOTCH TOWNS.—In the eight principal Scotch towns, having an estimated population of 1,254,607 persons, 899 births and 543 deaths were registered during the week ending the 1st instant. The annual rate of mortality, which in the two preceding weeks had been 21.3 and 21.4 per 1,000, further rose to 22.5, and exceeded by 1.9 the average rate for the same period in the twenty-eight large English towns. Among these Scotch towns, the rate was equal to 16.0 in Paisley, 16.8 in Perth, 18.8 in Edinburgh, 20.3 in Leith, 20.6 in Aberdeen, 20.8 in Dundee, 21.5 in Greenock, and 26.7 in Glasgow. The 543 deaths registered last week in these towns included 116 which were referred to the principal zymotic diseases, against 101 and 110 in the two preceding weeks; of these, 25 resulted from scarlet fever, 23 from diarrhoea, 22 from whooping-cough, 20 from diphtheria, 14 from measles, 12 from "fever" (principally enteric), and not one from small-pox. These 116 deaths were equal to an annual rate of 4.8 per 1,000, which was more than double the average zymotic death-rate in the large English towns. The zymotic death-rates in the Scotch towns ranged from 1.7 in Perth and in Paisley, to 6.1 and 7.2 in Aberdeen and Greenock. The fatal cases of scarlet fever, which had risen in the three preceding weeks from 12 to 19, further rose to 25, and included 17 in Glasgow, and 5 in Greenock. The 23 deaths from diarrhoeal diseases considerably exceeded those recorded in the corresponding week of last year. The 22 fatal cases of whooping-cough were 5 more than in the preceding week; 7 occurred in Glasgow and 6 in Dundee. The 20 deaths from diphtheria showed a further increase upon recent weekly numbers,

DUTY OF MEDICAL OFFICERS OF HEALTH AS TO EXAMINATION OF INFECTIOUS PATIENTS.

SIR,—May I ask some kind member, being a medical officer of health, whether it is customary, on paying official visits to fever-patients of other medical men, to examine such patients with thermometer, and otherwise go over the treatment, and frighten them by saying they will not be well for a long time? The person in office here does so.—Yours obediently, J. W. P.

* * This question can be answered without hesitation. Such a proceeding would be most improper. No medical officer of health is entitled by law to make, in virtue of his office, a personal examination of a patient without such patient's consent; and an obvious rule of medical etiquette would, in any case, forbid his making such an examination without the previous consent of the medical attendant in charge. It may be convenient to quote here the words of the official order of the Local Government Board, as to the course to be followed by a medical officer of health "on receiving information of the outbreak of any contagious, infectious, or epidemic disease of a dangerous character within his district." Section 6, of Article 18 of that order, lays down that "he shall visit the spot without delay, and inquire into the causes and circumstances of such outbreak; and, in case that he is not satisfied that all due precautions are being taken, he shall advise the persons competent to act, as to the measures which may appear to him to be required to prevent the extension of the disease, and, so far as he may be lawfully authorised, assist in the execution of the same." No general rule can, of course, be laid down as to the evidence upon which a health-officer is to satisfy himself as to the nature of the disease reported, and as to whether all due precautions are being taken. These must, of necessity, depend largely upon the circumstances of each case.

VACCINATION CERTIFICATES.

SIR,—It seems to me that much valuable time and labour might be saved if a public vaccinator were allowed to send to the vaccination-officer periodically a list of those children he had successfully vaccinated, with all necessary particulars, instead of having to undergo the drudgery of filling up the usual vaccination-certificates, and signing his name on each. Last Wednesday, I was occupied for nearly an hour and a half in writing out and folding up forty-three certificates. If a printed form were provided with the following headings: "Register No.; Name; Father's or Mother's Name; Age; Address; Parish; County;" the work might easily have been completed in ten minutes, and would have answered every purpose. Is there any valid reason why such a form should not be sanctioned by the Local Government Board for the use of public vaccinators?—Yours faithfully, Berkhamstead.

R. L. BATTERBURY, M.D., Public Vaccinator.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

EXAMINATIONS FOR MEDICAL AND SURGICAL DEGREES.—The first examination for the degree of Bachelor of Medicine will begin on Tuesday, December 2nd; the second on Friday, December 5th; the third (Part I), on Tuesday, December 9th, and (Part II), on Wednesday, December 10th. The examination for the degree of Bachelor of Surgery will be held on Saturday, December 13th. The examination for the degree of Master of Surgery will be held on Friday and Saturday, December 12th and 13th. The names of candidates for the third examination, and for the examinations in Surgery, must be sent to the Preelectors of their respective colleges on or before Saturday, November 22nd; those for the first or second examinations on or before Saturday, November 15th. The certificates of candidates, accompanied by their postal addresses, must be sent to the secretary not less than seven days before the beginning of the examination for which they have entered. The fees for the examination must be paid to the Registry of the University before the certificates are sent in.

HOSPITAL AND DISPENSARY MANAGEMENT.

SMALL-POX AND FEVER IN LONDON.—The last returns from the small-pox asylums, under the Asylums Board, were incomplete, owing to the reports from the Eastern Asylum not having come in; but the small-pox cases had risen from 514 in the previous week to 575, irrespective of the number which might be in the Eastern Asylum. Of the whole number, 409 were in the Darent Camp, and 105 in the hospital-ships. In regard to fever, notwithstanding that 114 cases had been discharged cured in the fortnight, the numbers under treatment in the several asylums showed a total of 480, against 479 a fortnight ago, 131 fresh cases having been admitted. Of those under treatment, 354 were cases of scarlet fever, and 126 cases of enteric fever.

A NEW HOSPITAL FOR FEVER.—The contract for the building of the new "Northern" Hospital of the Metropolitan Asylums Board

has been transferred to Messrs. Wall, Brothers. The contract is for £79,427, and the building will occupy the Winchmore Hill site. It is intended for convalescent fever-patients.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Admitted Licentiates, October 30th, 1884.

Anderson, D. E., 27, Endsleigh Gardens, N.W.
Baillie, R. A., Radnor House, Blackheath Park, S.E.
Bidwell, H., St. Thomas's Hospital, S.E.
Blight, W. L., Pendavey, Sladesbridge.
Bond, C. K., 143, Lupus Street, S.W.
Byrne, G., Withington, Manchester.
Cann, R. T., 105, Lambeth Palace Road, S.E.
Chapman, H. C., 87, St. Mary's Terrace, W.
Crocker, J. H., Lyneham Lodge, Lee Road, S.E.
Davies, J., 99, Larkhall Lane, S.W.
Des Vaux, H. A., St. George's Hospital, S.W.
De Monte, D. A., 14, Melville Terrace, Edinburgh.
Ellis, C. C., 11, Clarendon Road, W.
Fox, H., Brambletye, Park Hill, Croydon.
Gray, T. U., 340, Essex Road, N.
Griffiths, C. T., 15, Cathcart Road, S.W.
Habgood, H., Chewton Mendip, Bath.
Hall, A. R., 9, Stranraer Place, W.
Harlock, H., Buckfastleigh.
Hughes, E. A., 91, Onslow Gardens, S.W.
Humphreys, C. E., 3, Chichester Street, S.W.
Jones, I. H., 53, Maida Vale, W.
Kerby, R. J., 4, Warlterville Road, Crouch Hill, N.
Koettlitz, M., Bootle, Liverpool.
Laslett, T. G., 352, Grovenor Terrace, Liverpool.
Livermore, W. L., 91, Queen's Road, Finsbury Park, N.
Low, C. W., Vicarage Park, Plumstead.
Marten, R. H., 15, Granby Street, N.W.
Miles, G. E., Northumberland House, Finsbury Park, N.
Morgan, G., Market Drayton.
Santi, P. R. W., 4, Doughty Street, W.C.
Stevens, P. R., 1, Oakley Square, N.W.
Thomas, B. W., 5, Heathcote Street, W.C.
Voisin, A. B., St. Heliers, Jersey.
Weakley, A. J., 5, Ramsay Road, Leytonstone, E.

Admitted Members.

Cullimore, D. H., M.D.Brussels, 27, Welbeck Street, W.
Daly, E. O., M.B.Oxford, Hull.
Maudsley, H., M.D.Lond., University College, W.C.
Oliver, J., M.B.Edinburgh, 11, Montague Street, W.C.
Wilkinson, W. C., M.B.Lond., 2, Manchester Street, W.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 23rd ultimo.

Messrs. E. Jessop, Nottingham; H. H. Fisher, Sittingbourne; G. S. Clayton, L.S.A., Hampstead; H. J. Bury, Hampstead; G. C. Bell, Blackheath; H. J. Hillestad, L.S.A., St. John's, S.E.; R. J. Kerby, L.R.C.P.Lond., Crouch Hill, N.W.; E. M. Hewish, M.D., Toronto; G. Byrne, L.R.C.P.Lond., Manchester; E. R. Noad, L.R.C.P.Ed., Christ's Hospital, E.C.; A. J. Weakley, L.R.C.P.Lond., Leytonstone; H. G. Shaw, L.R.C.P.Ed., Stratford-on-Avon; C. J. J. Hood, L.S.A., Tunbridge Wells; G. W. J. Bell, L.R.C.P.Ed., Dulwich; H. Lloyd, L.S.A., Denbigh; and F. W. H. Penfold, Rainham, Kent.

Seven gentlemen were approved in Surgery, and, when qualified in Medicine, will be admitted Members of the College; six candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their professional studies for six months, and three for three months.

The following gentlemen passed on the 24th ultimo.

Messrs. J. W. Carr, L.S.A., Bloomsbury Square, W.C.; E. Cusse, L.S.A., Great Ormond Street, W.C.; P. R. W. Santi, L.S.A., Doughty Street, W.C.; C. Averill, L.S.A., Stafford; A. S. Gubb, L.S.A., Southampton; H. Tuck, L.S.A., Surbiton; C. S. Blair, M.B.Durham, Newcastle-on-Tyne; R. T. Cann, L.R.C.P.Lond., Lambeth Palace Road, S.E.; R. M. Williams, L.S.A., Beaumaris, Anglesey; W. R. Tytheridge, L.R.C.P.Ed., St. James's Square; and W. J. Best, L.S.A., Queensdown Road, E.

Six gentlemen were approved in Surgery, and, when qualified in Medicine, will be admitted Members of the College; and six candidates were referred for six months, and as many for three months.

UNIVERSITY OF GLASGOW.—At the professional examinations for the Degrees of M.B. and C.M., held in October, the following candidates passed.

First Professional Examination (Chemistry, Botany, Zoology).—J. Adam, M.A., J. A. Anderson, R. Anderson, W. Auld, R. Banks, J. Barr, W. G. Barrae, M. Beattie, A. Blair, T. Bonar, W. Bryce, A. Campbell, R. Clarke, R. C. Cowan, H. Crossfield, D. Curle, J. R. Dalrymple, W. J. Daly, W. Diamond, H. Dickie, M.A., J. Dickinson, J. K. Duff, M.A., F. L. Duncan, J. E. Duncan, J. Duncanson, A. W. Dunlop, M.A., J. M'L. Eadie, W. D. Erskine,

F. Fedarb, J. F. Fergus, M.A., H. W. Finlayson, R. H. Gibbs, J. P. Gillespie, J. A. Goodfellow, R. Greenhill, W. F. Grier, W. Harrop, J. F. Hughes, W. R. Jack, A. H. Jago, J. Jago, R. Kennedy, H. W. Kilpatrick, H. Kirkland, D. Laird, E. Lang, G. Lapraik, J. Lovo, J. Mechan, W. Miller, R. C. Miller, J. T. Mitter, J. K. Morton, J. Muirhead, J. F. D. Macara, J. McDonald, J. M'Dougall, T. M'Geoch, J. M'Kinnon, W. H. M'Kinstry, M. A. MacKintosh, D. Maclean, W. MacLennan, R. A. MacLeod, A. L. McMillan, J. C. G. MacNab, J. MacPherson, L. M'Whannell, R. B. Ness, M.A., W. F. Ness, J. Porter, J. S. Rankine, T. J. Redhead, R. G. Reid, R. Robertson, W. Robertson, J. S. Rosser, G. Russell, A. Shah, W. M. Snodgrass, M.A., A. Sprutt, J. B. Stewart, L. R. Sutherland, J. M'D. Vallance, R. D. Walker, D. C. Watt, T. Watt, M.A., C. M. Wildridge, R. O. Willis, G. Willis, J. P. Wilson, R. Wilson, D. Wingate, J. Young, J. M'G. Young, R. Zuill.

Second Professional Examination (Anatomy, Physiology).—B. J. Adam, A. W. Aird, J. Baird, C. Banks, R. M'G. Beattie, J. A. Brown, R. Brown, M.A., W. F. Brown, A. Carmichael, J. H. Carslaw, M.A., R. Corbett, R. K. B. Crawford, J. R. F. Cullen, J. F. Davidson, D. M'K. Dewar, J. Dunlop, W. H. Fergus, G. G. Ferguson, R. T. Ferguson, W. Fox, B. I. Gardner, W. Gemmell, B. E. Goff, C. C. Grant, R. W. T. Haddow, R. Hamilton, S. C. Harris, R. Henry, J. W. Hill, A. Innes, J. Keddie, J. A. Kennedy, M.A., J. Laurie, W. B. Leishman, W. Livingstone, R. Mair, W. H. Y. Manners, J. Marshall, W. Marshall, A. L. Mathieson, H. W. B. Montague, J. M'Conochy, H. M. M'Holl, A. M'Intyre, G. Macintyre, C. A. MacKechnie, A. A. MacKeith, W. M'Kinlay, J. M'Lachlan, D. T. Macleod, J. MacPhail, J. H. Nicoll, A. T. Nisbet, R. S. Penman, W. Pyle, J. Reid, J. A. Robertson, R. Robertson, Alexander Roxburgh, Archibald Roxburgh, H. W. Sinclair, J. W. H. Steil, J. Stewart, W. Walker, W. Wallace, R. Whitelaw, A. S. Witherspoon, A. Wyllie, J. Wyllie, W. Watson.

Third Professional Examination (Materia Medica, Pathology, Regional Anatomy).—J. Allan, W. C. Allan, S. J. Baird, G. G. Bannerman, C. Baxter, C. W. Bell, H. D. Browne, W. Buchanan, W. Butchart, M.A., A. Campbell, M.A., I. E. Campbell, W. W. Christie, G. M. Connor, W. C. Crichton, D. Currie, W. Davidson, A. Dewar, H. S. H. Foster, J. R. Gibson, C. Gray, A. Hamilton, J. Hogg, J. Horne, W. Huntly, M.A., D. G. Johnston, G. Marshall, J. G. Marshall, J. Martin, D. C. Muir, A. Munro, J. R. R. M'Crindle, J. Mackie, A. MacLachlan, J. N. Maclean, C. MacLaggart, M.A., J. F. Orr, P. Roy, R. Routledge, T. Rutherford, J. Scanlan, G. Sprutt, D. Stuell, D. H. Storer, J. Wands, L. Williams, J. Wright, R. R. Young.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, October 30th, 1884.

Parker, William Turnour, 68, Little Road, Fulham.
Sansoni, Charles Lane, Devonshire House, Anley, S.E.
Sugden, Edgar Brewitt, 13, Adamson Road, N.W.

MEDICAL VACANCIES.

The following vacancies are announced.

- ADDENBROOKE'S HOSPITAL, Cambridge.**—Resident House-Physician. Salary, £65 per annum. Applications by December 10th.
- BRISTOL ROYAL INFIRMARY.**—Assistant Resident Officer and Pathologist. Salary, £80 per annum. Applications by November 24th.
- CANCER HOSPITAL, Fulham Road, Brompton, S.W.**—Honorary Surgeon and Honorary Assistant-Surgeon. Applications to the Chairman of the Weekly Board by November 11th.
- DENTAL HOSPITAL OF LONDON, AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.**—Lecturer on Dental Surgery and Pathology. Applications by November 10th.
- DENTAL HOSPITAL OF LONDON, AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.**—Demonstrator of Non-Cohesive Fillings. Salary, £50 per annum. Applications by December 8th.
- EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Shadwell, E.**—Assistant-Physician. Applications by November 21st.
- ENNIS DISTRICT LUNATIC ASYLUM.**—Resident Medical Superintendent. Applications to the Under-Secretary, Dublin Castle, by November 21st.
- GATESHEAD DISPENSARY.**—Resident House-Surgeon. Salary, £210 per annum. Applications to Mr. Joseph Jordan, 2, Side, Newcastle-on-Tyne.
- HOSPITAL FOR DISEASES OF THE THROAT, Golden Square.**—Resident Medical Officer. Salary, £50 per annum. Applications by November 24th.
- LONDON HOSPITAL, Whitechapel, E.**—Honorary Assistant Surgeon. Applications by November 24th.
- LONDON TEMPERANCE HOSPITAL.**—Assistant House-Surgeon. Applications to the Honorary Secretary of the London Temperance Hospital, Hampstead Road, N.W.
- MANCHESTER ROYAL INFIRMARY.**—Resident Medical Officer of the Convalescent Hospital at Cheadle. Salary, £150 per annum. Applications by November 8th.
- NORTH-WEST LONDON HOSPITAL, Kentish Town Road, N.W.**—Two Assistant-Physicians, Senior Assistant-Surgeon, Ophthalmic Surgeon, and Physician for Diseases of the Skin. Applications by November 18th.
- PARISH OF LOCHS, Stornoway.**—Medical Officer. Salary, £150 per annum. Applications to the Inspector of Poor, by November 20th.
- PAROCHIAL BOARD OF NEW ABBEY.**—Salary, £40 per annum. Applications to Captain Stewart, Shambellie, New Abbey, Dumfries, by November 10th.
- PORTUMNA UNION, No. 1 Dispensary.**—Medical Officer. Salary, £112 10s. per annum. Election, November 16th.
- PORTUMNA UNION.**—Workhouse Medical Officer. Salary, £80 per annum, with £5 10s. yearly as Consulting Sanitary Officer. Election, November 15th.
- ROYAL FREE HOSPITAL, Gray's Inn Road.**—Senior Resident Medical Officer. Salary, £104 per annum. Applications by December 3rd.
- ROYAL LONDON OPHTHALMIC HOSPITAL, Blomfield Street, Moorfields.**—Assistant Surgeon. Applications by November 8th.

ST. ANDREWS HOSPITAL FOR MENTAL DISEASES, Northampton.—Assistant Medical Officer. Salary, £150 per annum. Applications by November 20th.

TORBAY HOSPITAL AND PROVIDENT DISPENSARY, Torquay.—Senior House-Surgeon and Senior Provident Medical Officer. Salary, £100 per annum. Applications by November 22nd.

UNIVERSITY COLLEGE, London.—Curator of Anatomy. Salary, £150 per annum. Applications by November 24th.

WESTERN OPHTHALMIC HOSPITAL, 155, Marylebone Road, W.—Surgeon. Applications by November 22nd.

WEST RIDING LUNATIC ASYLUM, Wakefield.—Pathologist and Assistant Medical Officer. Salary, £100 per annum. Applications to W. B. Lewis.

WEST RIDING LUNATIC ASYLUM, Wakefield.—Resident Clinical Assistant. Applications to the Medical Superintendent.

MEDICAL APPOINTMENTS.

BARRON, James, M.D., appointed Assistant-Surgeon to the Belfast Royal Hospital.

CALWELL, William, M.D., appointed House-Surgeon to the Belfast Royal Hospital.

COATES, M., M.D., F.R.C.S. Eng., appointed Medical Officer to the Streatham District General Post-Office.

COLLIER, M. P. Mayo, M.B. Lond., F.R.C.S. Eng., appointed Assistant-Surgeon to the North-West London Hospital.

DEBHAM, Frederic, M.B. Lond., F.R.C.S. Eng., appointed Senior Surgeon to the North-West London Hospital.

EVANS, E., B.A. (Cantab.), appointed Demonstrator in Physiology at St. Mary's Hospital Medical School, Paddington, W., *vice* Dr. Hall, resigned.

FRASER, James A., M.R.C.S. Eng., L.R.C.P. Lond., appointed Surgeon to the Romford Union House.

FULLER, A., M.B., C.M., appointed Assistant Medical Officer to the Hackney Union, *vice* J. J. Gordon, L.R.C.P.

GORDON, J. J., L.R.C.P., appointed Principal Medical Officer to the Hackney Union.

HALL, B., M.B. Lond., M.R.C.S., appointed Second Assistant Medical Officer to the Middlesex County Asylum, Banstead.

HARRIS, Thomas, M.D. (Lond.), M.R.C.S., appointed House-Physician to the Radcliffe Infirmary, Oxford.

HOOD, Donald, William Charles, M.D. (Cantab.), M.R.C.P. Lond., appointed Senior Physician to the North-West London Hospital.

JAYNES, Victor A., M.R.C.S., L.S.A. Lond., appointed Public Vaccinator for Bermondsey, *vice* H. Colahlan, M.D., deceased.

MENZIES, J. Herbert, M.R.C.S., L.S.A. Lond., appointed House-Surgeon to the West London Hospital.

MOXON, Henry J., appointed Dental Surgeon to the London Female Penitentiary.

McMASTER, A., L.R.C.S.I., appointed Medical Officer to the Omagh Union, *vice* T. Robinson, L.F.F.S., deceased.

MURDOCH, J. W. A., M.B. and C.M., appointed Resident Medical Officer to the Riccarton Asylum, Paisley, *vice* George Park, M.B. and C.M., resigned.

OPENSHAW, T. H., M.B., M.R.C.S. Eng., L.S.A., appointed Resident Accoucheur to the London Hospital.

PENLEY, Frederick Newland, M.R.C.S. Eng., L.D.S., appointed Dental Surgeon to the North-West London Hospital.

RERLEY, T. S., M.B., appointed Junior Medical Officer to the Hartlepool Friendly Societies' Medical Association.

ROBINS, George Norman, M.R.C.S., L.R.C.P., appointed Medical Officer to the Rippington District of the Bourne Union.

ROPER, G. A., M.R.C.S., appointed Senior Resident Medical Officer to the Bury St. Edmunds Friendly Societies' Medical Aid Association, *vice* W. O'Keefe, M.D., resigned.

SANDERS, T., F.R.C.S., L.S.A., appointed Coroner for the Borough of South Molton, *vice* J. Flexman, M.R.C.S., resigned.

SHAW, John, M.D. Lond., M.R.C.P. Lond., appointed Senior Assistant-Physician to the North-West London Hospital.

STEWART, A. Hastings, M.R.C.S., appointed Resident Medical Officer of the Male Lock Hospital, Dean Street, Soho.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

BLENKARNE.—On November 1st, at West Street, Buckingham, the wife of W. L'Heureux Blenkarne, M.R.C.S., of a son (Harold Morgan).

MARRIAGES.

CLAREMONT—LESZYNSKI.—On October 28th, at St. Thomas's, Elm Road, by the Rev. Thomas Stevenson, M.A., assisted by the Rev. H. W. Reynolds, M.A., Vicar, Claude C. Claremont, M.B., of Southsea, eldest son of Claude C. Claremont, Surgeon, of Millbrook House, Harrington Square, and Caroline Fanny, only daughter of the late Rev. Alexander Ludwig Leszynski, A.K.C., and of Mme. Leszynski, of St. Paul's Crescent, Camden Square. German and American papers, please copy.

MAXWELL—SUCKLING.—On October 29th, at the Parish Church, Edglaston, Warwickshire, by the Rev. G. F. B. Cross, assisted by the Rev. J. Canning, Patrick William Maxwell, M.B., M.R.C.S., of 10, Lower Mount Street, Dublin, to Elizabeth Catherine, daughter of Cornelius Benson Suckling, M.D.

DEATH.

RANSOM.—On Tuesday, November 4th, Peter Faylett Ransom, for 38 years Surgeon at North Elmham, Norfolk, after a few days' illness, aged 64 years.

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.
TUESDAY	St. 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.
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.—Chelsea Hospital for Women, 2 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. 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. S.; 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., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.
St. MARY'S.—Medical and Surgical, daily, 1.45; 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. S.; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. de Havilland Hall: A Case of Surgical Scarlet Fever (postponed). Mr. Rogers-Harrison: A Case of Spontaneous Amputation. Dr. Carrick: On the Manufacture and Uses of Koumiss in Russia.
TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Champneys: On Expiratory Emphysema—that is, Emphysema of the Neck—occurring during Labour and during Violent Expiratory Efforts: an Experimental Inquiry.
WEDNESDAY.—Epidemiological Society of London, 8 P.M. The President will deliver an inaugural address on Certain Rare Epidemics and Endemics.—Hunterian Society, 7.30 P.M. Council.—8 P.M. Dr. Collie: Observations on the Diagnosis of Small-pox. Dr. Turner: Case of Suppuration of Simple Fracture of Rib, with Remarks on the Etiology of Inflammation.
THURSDAY.—Ophthalmological Society of the United Kingdom, 9 P.M. Bowman Lecture, by Mr. Jonathan Hutchinson, on Diseases of the Eye which appear to be in connection with Gout.—Parkes Museum, 8 P.M. Mr. C. J. Symons, F.R.S., on Meteorology and Hygiene.
FRIDAY.—Clinical Society of London, 8.30 P.M. Dr. Stephen Mackenzie: Cases of Dysentery treated by Voluminous Injections of Nitrate of Silver. Mr. Morrant Baker: Three Cases of Joint-disease in connection with Locomotor Ataxy. Dr. H. B. Donkin: A Case of Muscular Atrophy and Joint-disease. Dr. Hale White: A Case of Tumour of the Frontal Lobe with very few Symptoms. Living Specimens.—A Case of Favus, by Mr. Malcolm Morris; Cases of Joint-disease illustrating Mr. Baker's and Dr. Donkin's papers will be present, and perhaps others.

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.

THE RABRETH MEMORIAL FUND.

We have received, from Mr. R. Kernshaw of Southgate, a contribution of one guinea towards the Rabreth Memorial Fund, and have forwarded it to the Principal of King's College.

ASPIRATORS.

SIR,—I have recently seen Mr. Bowreman Jessett's interesting paper on Aspirators in the JOURNAL. In reference to his remark that "it was not until the year 1860 the instrument attained anything like perfection," and his attributing that perfection to Dr. Dieulafoy of Paris, I think it but right to supply the following information. In 1866, Messrs. Meyer and Meltzer made me a set of these exploring needle-trocars, with exhausting glass syringe, which I exhibited in August 1867 at the annual meeting of the British Medical Association in Dublin, at Oxford in 1868, and at Leeds in 1869. I also showed them to several eminent physicians in Paris in 1868, having been invited by Dr. Campbell to do so. On the following day, M. Robert, the instrument-maker, and successor to M. Charrière, called and asked to see the instrument. After examining it, he remarked that it was a perfectly novel and valuable invention, and was calculated to become an important aid to the practice of surgery and medicine; and that he would like to include it in his forthcoming illustrated catalogue of instruments, if I would give him a sketch of my "aspirateur sous-cutané;" this I accordingly did. The sketch, however, never appeared in M. Robert's catalogue; but, in the following year (1869), he made a precisely similar instrument for Dr. Dieulafoy, who, afterwards, not only claimed it as his invention, but also took out a patent for its sale in England, which I opposed on the grounds above stated. Whilst, therefore, Dr. Newington's clever suggestion, and the "long pins used by the natives of India" are shadows, which are often cast before great events, I hope, nevertheless, that the above indisputable facts will conclusively show that my claim to be the inventor of the aspirator is just.—Your obedient servant,

PROTHEROE SMITH.

TRACHEOTOMY-TUBES.

DR. A. COWLEY MALLEY gives the following description of an instrument devised last year. "The instrument consists of an India-rubber tube kept patent by a coil of wire. One end of the tube fits accurately into the tracheotomy-tube, the other is attached to an exhausting bottle, which may be the ordinary Dieulafoy's aspirator, or any modified form of that instrument. The advantages are, that the orifice is the full size of the tracheotomy-tube, and any amount of exhaust power may be employed. The instrument can be obtained from C. Wright and Co., 108, New Bond Street."

THE MEDICAL DIGEST.

SIR.—An illustration of the value of the *Digest* in every-day practice occurred lately. A patient, rapidly sinking from inability to take food, after all the usual remedies had been exhausted, was given, with marked advantage, liquor pancreaticus; the subject "Appetite" being referred to, and this suggestion being found, amongst others, in Section 119:1.—Yours,

RICHARD NEALE, M.D. Lond.

60, Boundary Road, South Hampstead, N.W.

MR. T. SHAPLEY.—We know of no one at present who makes a point of doing the sort of work referred to. If a permanent biological laboratory be established, as there is some reason to hope, it could readily be undertaken there for suitable fees.

IRRITATION OF THE HEAD.

SIR,—I shall be extremely obliged to any medical gentleman who would prescribe for intense irritation of the head, from which a patient has been suffering for some months, and which, at times, is almost unbearable. Several remedies have been tried, but without producing the desired effect. I should, therefore, be glad to hear of something that would allay the irritation, without injury to the hair, and that would restore the head to its former healthy condition.—I am, sir, yours faithfully,

M.D.

LOSS OF SMELL.

SIR.—Would any of your readers kindly suggest the treatment to adopt in a case where a young lady, aged 30, and otherwise healthy, lost the entire sense of smell about two years ago, the result of a temporary cold?—I am, etc.,

A MEMBER.

MR. L. would not be justified in making any communication on the subject, except at the express and written desire of his patient, and then only to him and through him.

