

unfortunately, is not suitable to most of us, and effervescing mineral waters are not pleasant for constant use in winter. The Nile water supplied by the water-companies looks good enough, and rarely contains more than the merest trace of organic matter; but its use is not desirable as a constant drink, as it certainly produces, or predisposes, to diarrhoea, if long continued, and without boiling and careful filtration it is not fit.

GOOD v. WHITTLE AND OTHERS.

At a special general meeting of the Liverpool Medical Institution, held on November 27th (Dr. Gee, President, in the chair), it was unanimously resolved:—

“That the sympathy of their professional brethren is due to Drs. Whittle and Hutchinson in respect of the injury, anxiety, and loss sustained by them, owing to the trial of *Good v. Whittle and others*; and that by way of giving practical expression to this resolution a fund be opened towards re-imbursing them the expenses which they have incurred in defending themselves.”

A fund committee was formed of the following gentlemen:—R. Gee, Esq., M.D., President of the Medical Institution, Chairman; J. B. Nevins, Esq., M.D., Consulting Surgeon, Eye and Ear Infirmary, Treasurer; W. Alexander, F.R.C.S., Surgeon Liverpool Workhouse, Secretary; J. E. Burton, L.R.C.P., Honorary Surgeon, Hospital for Women; W. Macfie Campbell, M.D., Honorary Surgeon, Northern Hospital; W. Carter, M.D., Honorary Physician, Royal Southern Hospital; D. D. Costine, M.D., Honorary Physician, Stanley Hospital; Ed. H. Dickinson, M.A., M.D., Honorary Physician, Northern Hospital; R. Hamilton, F.R.C.S., Honorary Surgeon, Royal Southern Hospital; R. Harrison, F.R.C.S., Honorary Surgeon, Royal Infirmary; G. Walker, M.D., Honorary Surgeon, Birkenhead Lying-in Hospital; D. M. Williams, M.D., Honorary Physician, Consumption Hospital; J. H. Wilson, M.D., Consulting Surgeon, Lying-in Hospital; J. Sinclair M.D., Public Vaccinator, Liverpool; H. O. Thomas, M.R.C.S.

As the position of Drs. Whittle and Hutchinson may at any moment be the position of any medical man in the United Kingdom, it was also resolved to seek the sympathy and support not only of the profession in Liverpool and its neighbourhood, but of the profession generally, and for this purpose the *Weekly Medical Journals* were to be asked to take the matter up by publishing this appeal and the names of the subscribers to the fund from time to time. It may be necessary to mention, for the benefit of those who may have overlooked or forgotten the circumstances, that, during last summer, an action was brought against Drs. Whittle and Hutchinson, of Liverpool, and Dr. M. Mould, of Cheadle, for conspiracy against, unlawful detention of, and want of care in certifying a Mrs. Good as a lunatic. After five days' trial before a special jury a verdict with costs was given for the defendants upon all the counts of the indictment.

The defendants' costs amounted to above £630, one fourth of this amount (Dr. Mould's share) was borne by the Asylum Authorities, so that £470 has to be defrayed by Drs. Whittle and Hutchinson. It is believed that the profession will not allow all this expense to fall on these old and much respected practitioners, but will contribute towards lightening the burden thus unexpectedly cast upon them. It is almost certain that Mrs. Good, the complainant, who is possessed of limited means, will not be able to meet defendants' costs, and, therefore, they must be met by the defendants themselves.

Gentlemen wishing to contribute will please send their remittances to Dr. Nevins, 3, Abercromby Square, or to the Whittle and Hutchinson Fund, North and South Wales Bank, Hardman Street, Liverpool. The following contributions have already been promised:—Dr. J. Cameron, £10; Dr. W. Carter, £5 5s.; Dr. R. Gee, £5 5s.; Dr. J. B. Nevins, £5 5s.; Mr. H. O. Thomas, £5 5s.; Dr. Macfie Campbell, £2 2s.; Dr. Crawford, £2 2s.; Mr. R. Hamilton, £2 2s.; Dr. D. M. Williams, £2 2s.; Dr. W. Alexander, £1 1s.; Mr. R. Jones, £1 1s.; Dr. McClelland, £1 1s.; Dr. Rich, £1 1s.; Dr. Robertson, £1 1s.; Dr. J. H. Wilson, £1 1s.

DONCASTER COMBINATION.—The death-rate of almost all the districts included in this combination, from all causes, from zymotic diseases, and the proportion of deaths amongst young children, compared favourably, both in 1882 and 1883, with similar returns for the whole country. The general death-rate ranged, in 1883, from 17.0 to 21.3 per 1,000, and the zymotic rate from 1.1 to 3.7. As in former reports, Dr. Wilson bestows much care upon an analysis of these statistics, and places on record the principal causes that have been at work in the production of disease, together with an account of the measures adopted for its repression. The whole combined area seems to have been thoroughly and systematically inspected, and improvements of more or less importance are noted in a variety of directions.

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. Chorea. | VIII. Paroxysmal hæmoglobin-uria. |
| III. Acute Rheumatism. | X. Habits of Aged Persons. |
| IV. Diphtheria, clinical. | XI. Albuminuria in the Apparently Healthy. |
| IVa. Diphtheria, sanitary. | XII. Sleep-walking. |
| V. Syphilis, acquired. | |
| 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 anyone 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 BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting (postponed from November 20th) will be held on Thursday, December 13th, at the Hackney Town Hall, at 8.30, Dr. Herman in the chair. A discussion on the use of the forceps will be opened by Frederick Wallace, Esq.—JOSEPH W. HUNT, Honorary Secretary, 101, Queen's Road, Dalston.

BATH AND BRISTOL BRANCH.—The second ordinary meeting of the Branch will be held at the Grand Pump Room Hotel, Bath, on Thursday evening, December 11th, at half-past seven o'clock, R. S. Fowler, Esq., President, in the chair. The following communications are expected:—A Case of Sclerosis of Spinal Cord (disseminated), in conjunction with Commencing Bulbar Paralysis, a patient will be shown: A. B. Brabazon, M.D. A Simple Method of Treating Spurious Valgus: F. K. Green, Esq. 3. Notes on Two Cases of Typhoid Fever, A. W. Fox, M.B.—Bath, December, 1884.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

A MEETING of the above District was held at St. Bartholomew's Hospital, Rochester, on November 25th; Dr. J. D. Burns, R.N., in the chair.

Next Meeting.—It was resolved that the next meeting be held at Gravesend in January, and that Mr. C. J. W. Pinching be asked to take the chair.

The Meeting of the Association in 1886.—It was resolved unani-

mously that the invitation of the large majority of the Brighton members of the profession, and several other members of the South-Eastern Branch, for the Association to hold its annual meeting in 1886 at Brighton, be approved and supported by the members now present.

Communications.—The following papers were read.

1. Dr. Fancourt Barnes : A case of Porro's Operation.

2. Dr. Adam : Existing Lunacy Law and Practice.

Dinner.—Fifteen members and friends dined together at the Sun Hotel, Chatham.

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT: AUTUMN MEETING.

The autumnal meeting was held at the Marine Hotel, Worthing, on November 13th; Dr. FULLER in the chair.

Collective Investigation of Disease.—Dr. Arthur E. Buckell was elected Honorary Secretary to the local committee, *vice* Mr. G. B. Collet, resigned.

Communications.—The following communications were made.

1. Mr. Cresswell Baber reported two cases of Foreign Bodies in the Ear, which caused polypi to form; and a case of Postpharyngeal Abscess, which, from its low position, was most difficult to diagnose.

2. Dr. Arthur E. Buckell read notes on two cases of Placenta Prævia, where the lives of both mothers were saved, which led to a discussion, in which Dr. Galton (Anerley) took part.

3. Mr. G. B. Collet reported in full a case of Enteritis, caused by a piece of walnut becoming impacted in the vermiform appendix.

The members dined together after the meeting.

METROPOLITAN COUNTIES BRANCH: HERTFORDSHIRE DISTRICT.

A MEETING of the Hertfordshire District was held in the Council Chamber, Town Hall, St. Alban's, on November 21st; C. J. HARE, M.D., Vice-President of the Branch, in the chair.

The late Mr. Lloyd.—In opening the meeting, the President referred in affectionate terms to the great loss felt by members, owing to the death of the late Secretary, Mr. R. R. Lloyd.

Election of Secretary.—Mr. H. Leslie Bates, of St. Alban's, was elected to fill the vacant post.

Communications.—The following were read.

1. On Deferred Shock, by Mr. D. de Berdt Hovell.

2. Accuracy of Death-Returns, the Basis of Medical Statistics, by C. E. Saunders, M.D.

Discussion followed the reading of the papers.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Cocaine.—Diphtheria.—Tuberculosis of Fowls.—The Preservation of Chloroform.—The Impurity of Digitaline.—The Filaria Sanguinis as a Pathological Agent.—General News.—Obituary.

M. VULPIAN has made an interesting communication to the Académie des Sciences on the physiological effects of the hydrochlorate of cocaine. When this substance is placed in contact with tissues, they are deprived of sensibility. The cornea becomes perfectly insensitive after a few drops of solution of hydrochlorate of cocaine have been dropped on it. The effect is more marked when the application is local than when the drug is introduced into the circulation; this latter method is followed by dilatation of the pupil and phenomena similar to those produced by electrifying the cervical branch of the sympathetic. In another experiment made by M. Vulpian, a frog's foot was kept in a tube containing a solution of hydrochlorate of cocaine. After a minute had elapsed, the foot was squeezed and pinched without provoking any pain. This local anæsthetic action is supposed to result from the agent used penetrating the skin, and reaching the cutaneous nerves, which it temporarily paralyses. M. Panas has made a series of experiments in order to ascertain the action of hydrochlorate of cocaine on the eye. He uses a solution consisting of half a gramme of hydrochlorate of cocaine and 100 grammes of water. Its local application to the eye produces anæsthesia; the blepharostat can be placed and the conjunctiva pinched without producing pain; incising the cornea is also painless, but the iris retains its sensibility. When the eye is inflamed, anæsthesia is imperfect, and sometimes entirely absent.

It is only recently that tuberculosis and diphtheria of fowls have

been distinguished one from the other, though even now many naturalists fail to make the distinction. The pathological condition of the viscera is alike in both affections. M. Cornil demonstrates that the variety of bacillus present enables a diagnosis to be made. If tuberculous products be examined, whether they be of recent or long standing formation, small masses, tuberculous nodules, or cheesy patches; there are always a considerable number of these organisms present. These exhibit many of the characteristics of the bacilli of human tuberculosis, but have been considered as dissimilar and classed with the bacillus of diphtheria, because they resist the action of colouring re-agents. Nitric acid has the same action on the bacilli of human tuberculosis as it has on the bacillus of fowls' tuberculosis; and this fact alone M. Cornil believes, establishes their identity. M. Déjerine has demonstrated that in human tuberculosis, the bacillus disappears from its calcareous areas; in fowls it continues to be abundant. In fowls, diphtheria attacks many regions, the larynx, the eyes, the intestines, the mediastinum, and the liver, where small semi-transparent swellings, opaque in the centre, are developed. These swellings have a very slow progress, like that of tuberculosis, and this has led to the two affections being considered identical. On examining the pathological growths of diphtheria in fowls, ten varieties of micro-organisms are found. Micrococci and bacilli are abundant, the latter are smaller than those hitherto observed in tuberculosis. These bacteria always co-exist with inflammation and gangrene, which attacks the tissues and cells. M. Cornil considers that the diphtheria of fowls and that of the human subject closely resemble each other; also that the difference in character of the bacillus of diphtheria of fowls and tuberculosis distinguishes the two affections.

There are two theories concerning the preservation of chloroform. One dates as far back as 1867, and comes from Germany. It asserts that chloroform, in contact with the air and exposed to sunlight, gradually deteriorates. M. Personne, a distinguished French chemist, attributed the alteration of chloroform to the presence of chloral. M. Regnault has reinvestigated this question, and communicated the result of his researches to the Biological Society. He observed that chloroform, when exposed to the influence of sunlight in July, began to decompose after an interval of two days; in December, after five days. The bottle experimented on contained chlorine vapour, hydrochloric acid, and phosgene. Chloroform in contact with the air, but removed from the influence of sunlight, continued pure for more than fifteen months. Exposed to the sun, chloroform remains pure, if surrounded by an atmosphere of nitrogen entirely free from oxygen. As it is practically impossible to withdraw chloroform from the influence of the sun and air, M. Regnault endeavoured to ascertain what substances mixed with chloroform would prevent its deterioration; and he has ascertained that ethylic, amylic, and acetic alcohols are arresting agents in different degrees; benzine and toluene have a similar action; that of benzine is feeble, but toluene preserves chloroform during a year or more.

M. Laborde, a short time since, demonstrated the impurity of digitaline used in other countries. He has recently examined the supply of this drug to the Paris hospitals, and has stated at a meeting of the Biological Society that it is less active and more impure than the foreign specimens. The crystallised powder sold as digitaline, answers imperfectly to the action of reagents, and produces slowly and only partially the physiological effects of that therapeutic agent.

M. Le Dentu made an interesting communication on the habits of the *filaria sanguinis*, and the pathological conditions which its presence provokes. It is one of the causes, but not the only one, of chyluria and hæmatochyluria, chyliform ascites, pleural effusions, fatty hydrocele, varicosity of the lymphatics, or nœvoid elephantiasis, termed here English elephantiasis; also of croero, a skin-affection special to Brazil. Magalhaes ascertained the toxic effect of glycerine on the *filaria sanguinis*, and, in a case of fatty hydrocele, injected a dose of it. Serious symptoms appeared, and *filaria* twenty-six days subsequently were present in the blood. M. Le Dentu used an injection with a third part only of glycerine, and the patient was cured, and has not yet returned for treatment.

The Société des Médecins and the Société des Chirurgiens des Hôpitaux have each, at a specially convened meeting, decided that women are not to be admitted to the competitive examination for the house-surgeonship. They assigned the following reasons for this decision. The lady-students were admitted to the examination for the dresserships (*externes*) on the condition that the higher examination should be closed to them. The pupils who claim the privilege of entering the higher competitive examinations are all foreigners; there is not one French woman on the list; neither is there one who has obtained the diploma of "Bachelier." It is by an act of courtesy that they pursue their medical studies. They can easily educate them-

HEALTH OF SCOTCH TOWNS.—In the eight principal Scotch towns, having an estimated population of 1,254,607 persons, 844 births and 633 deaths were registered during the week ending the 22nd ult. The annual rate of mortality, which had been 22.6 and 22.3 per 1,000 in the two preceding weeks, rose to 26.2, and exceeded by 5.3 the average rate for the same period in the twenty-eight large English towns. Among these Scotch towns, the rate was equal to 8.4 in Perth, 14.3 in Greenock, 17.2 in Leith, 23.2 in Edinburgh, 24.2 in Dundee, 29.5 in Glasgow, 31.2 in Paisley, and 36.0 in Aberdeen. The 633 deaths registered in these towns included 115 which were referred to the principal zymotic diseases, against 93 and 103 in the two previous weeks; of these, 34 resulted from measles, 27 from whooping-cough, 21 from diphtheria, 14 from scarlet fever, 14 from diarrhoea, 5 from "fever" (principally enteric), and not one from small-pox. These 115 deaths were equal to an annual rate of 4.8 per 1,000, which exceeded by 2.5 the average zymotic death-rate in the large English towns. The zymotic rates in the Scotch towns ranged from 1.4 and 3.4 in Greenock and Perth, to 5.1 in Glasgow, and 8.4 in Aberdeen. The fatal cases of measles, which had increased in the three preceding weeks from 14 to 23, further rose to 34, of which 19 occurred in Glasgow, and 10 in Aberdeen. The 27 deaths from whooping-cough also showed a further increase upon recent weekly numbers, and included 9 in Glasgow, 6 in Dundee, and 4 in Edinburgh. The 21 fatal cases of diphtheria exceeded by 8 the number in the preceding weeks; 8 were returned in Glasgow, and 5 in Edinburgh. The deaths referred to scarlet fever, which had been 18 and 19 in the two previous weeks, declined to 14, and included 9 in Glasgow. Of the 5 fatal cases of fever, 3 occurred in Edinburgh. The mortality from diseases of the respiratory organs in these Scotch towns was equal to 6.0 per 1,000, against 4.6 in London. As many as 89, or 14.1 per cent. of the 633 deaths registered last week in these Scotch towns, were uncertified.—In the eight principal Scotch towns, having an estimated population of 1,254,607 persons, 857 births and 689 deaths were registered during the week ending the 29th ult. The annual rate of mortality, which had been 22.3 and 26.2 per 1,000 in the two preceding weeks, further rose last week to 28.6, which exceeded by 4.8 per 1,000 the average rate for the same period in the twenty-eight large English towns. Among these Scotch towns the rate was equal to 18.5 in Edinburgh, 22.2 in Greenock, 22.7 in Leith, 22.8 in Dundee, 24.3 in Aberdeen, 31.9 in Perth, 32.1 in Paisley, and 36.9 in Glasgow. The 689 deaths registered last week in these towns included 101 which were referred to the principal zymotic diseases, against 103 and 115 in the two preceding weeks; of these, 30 resulted from measles, 21 from diphtheria, 19 from whooping-cough, 14 from scarlet fever, 14 from diarrhoea, 3 from "fever" (principally enteric), and not one from small-pox. These 101 deaths were equal to an annual rate of 4.2 per 1,000, which exceeded by 1.8 the average zymotic death-rate in the large English towns. The zymotic death-rates in the Scotch towns ranged from 1.9 and 2.1 in Edinburgh and Greenock, to 5.8 in Glasgow, and 8.4 in Perth. The deaths from measles, which had risen from 14 to 24 in the four previous weeks, declined to 30 last week, and included 21 in Glasgow and 6 in Aberdeen. The 21 fatal cases of diphtheria corresponded with the number in the preceding week; 10 occurred in Glasgow, 3 in Edinburgh, and 3 in Leith. The 19 deaths from whooping-cough showed a decline of 8 from the number in the previous week, and included 12 in Glasgow. The fatal cases of scarlet fever, which had been 19 and 14 in the two preceding weeks, were again 14 last week, of which 9 occurred in Glasgow, 2 in Greenock, and 2 in Paisley. The three deaths from "fever" showed a further decline from recent weekly numbers, and included 2 in Edinburgh. The mortality from diseases of the respiratory organs in these Scotch towns showed a marked increase, and was equal to 7.5 per 1,000, against 6.6 in London. As many as 91, or 13.2 per cent. of the 689 deaths registered last week in these Scotch towns were uncertified.

HEALTH OF IRISH TOWNS.—During the week ending 22nd November, the number of deaths registered in the sixteen principal town districts of Ireland was 467. The average annual death-rate represented by the deaths registered was 28.3 per 1,000 of the population, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest:—Drogheda, 8.5; Sligo, 9.6; Dundalk, 13.1; Wexford, 17.1; Belfast, 23.5; Galway, 23.5; Lurgan, 25.7; Armagh, 25.8; Limerick, 27.0; Newry, 28.1; Cork, 30.5; Dublin, 31.4; Londonderry, 32.1; Lisburn, 33.7; Waterford, 39.4; Kilkenny, 46.5. The deaths from the principal zymotic diseases in the sixteen districts were equal to an annual rate of 4.5 per 1,000, the rates varying from 0.0 in Newry, Kilkenny, Drogheda, Wexford,

Dundalk, and Sligo, to 10.3 in Armagh; the 5 deaths from all causes registered in the last-named district comprising 1 from measles and 1 from enteric fever. The 98 deaths from all causes registered in Belfast comprised 1 from measles, 6 from scarlatina, 5 from typhus, 2 from whooping-cough, 2 from diphtheria, 1 from simple continued fever, 3 from enteric fever, and 3 from diarrhoea. Among the 17 deaths in Waterford were 2 more from scarlatina. In the Dublin Registration District the deaths registered during the week amounted to 220. Forty-one deaths from zymotic diseases were registered in Dublin, being 7 in excess of the average for the corresponding week of the last ten years, and 14 over the number for the week ended 15th ult. Forty-three deaths from diseases of the respiratory system were registered, being 1 over the number for the preceding week, but 8 under the average for the 47th week of the last ten years: they comprised 28 from bronchitis, 10 from pneumonia or inflammation of the lungs, and 2 from croup. The deaths of 15 children (including 12 infants under one year old) were ascribed to convulsions. Fourteen deaths were caused by diseases of the brain and nervous system (exclusive of convulsions), and 10 by diseases of the circulatory system. Phthisis or pulmonary consumption caused 29 deaths, mesenteric disease 6, and cancer 2. Five accidental deaths were registered. In 2 instances the cause of death was "uncertified," and in 32 other cases there was "no medical attendant."

VISITATION OF LUNATICS.

SIR.—Will you kindly give me your advice in the following case? I am a district medical officer, and lately received a parish order to attend a man who was alleged to be insane, but who was working regularly, and earning thirty shillings per week. I cannot detect insanity about him. Will you kindly tell me whether I was, or am, bound by law, or expediency, to attend him, and what I should do as to his supposed insanity.—I remain, yours faithfully,

MEDICUS.

*. * Medicus having complied with the order of the relieving officer to visit a supposed lunatic, and having failed to discover any evidence of insanity, should make in writing a report to that effect. It is not incumbent on him to trouble himself farther about the case until he gets a second order, or he is informed, on good authority, that the man has developed distinct maniacal tendencies, when it would be advisable to see him again.

It should be remembered that it requires, at times, much patience and tact to get from an absolute lunatic evidence of his mental derangement; and, possibly, "Medicus" might have been deceived by the seeming rational conduct of this supposed lunatic. He would hardly have been requested to visit him unless he had exhibited something strange.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, November 27th, 1884.

Childe, Charles Plumley, King's College.
Dutt, Upendra Krishna, St. Mary's Hospital.
Jolliffe, Albert Robert, Charing Cross Hospital.
Ladell, Mordaunt Percy, London Hospital.
Quartley, Selwyn Warner, Middlesex Hospital.
Reed, Henry Albert, Guy's Hospital.
Steer, Adam William Thorburn, St. Bartholomew's Hospital.
Taylor, Charles Henry, King's College.

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

Garrett, John Henry, University College.

MEDICAL VACANCIES.

The following vacancies are announced.

ADDENBROOKE'S HOSPITAL, Cambridge.—Resident House-Physician. Salary, £65 per annum. Applications by December 9th.

BOROUGH OF NOTTINGHAM.—Medical Officer of Health. Applications by December 6th.

BIRMINGHAM AND MIDLAND EYE HOSPITAL. House-Surgeon. Salary, £100 per annum. Applications by January 5th.

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 RIDING ASYLUM, Beverley, Yorks.—Assistant Medical Officer. Salary £100 per annum. Application to M. D. Macleod, Medical Superintendent, by December 20th.

GLOUCESTERSHIRE.—County Analyst. Salary, £100 per annum. Applications to the Clerk of the Peace, Shire Hall, Gloucester, by December 15th.

HANTS COUNTY ASYLUM.—Medical Superintendent. Salary, £600 per annum. Applications by December 14th.

HOLYWELL UNION.—Medical Officer and Public Vaccinator. Salary £45 per annum. Applications by December 12th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Resident Clinical Assistant. Applications by December 13th.

LONDON HOSPITAL.—Surgical Registrar for 1885. Salary, £100 per annum. Applications by December 15th.

METROPOLITAN ASYLUMS BOARD.—Second Assistant Medical Officer. Salary, £120 per annum. Applications by December 15th.

MIDDLESEX HOSPITAL.—W. Additional Full Physician. Applications to the Secretary-Superintendent by December 20th.

ORMSKIRK UNION.—Medical Officer of Health. Salary, £250 per annum. Applications by December 15th.

PORTLAND TOWN DISPENSARY. Henry Street, St. John's Wood, N.W. House-Surgeon. Salary, £80 per annum. Applications to the Honorary Secretary, 10, Ormonde Terrace, Regent's Park, by December 15th.

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY.—Senior House-Surgeon. Salary, £100 per annum. Applications to R. F. Easterby, Secretary, Fishergate, Preston, by December 20th.

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY.—Junior House-Surgeon. Salary, £80 per annum. Applications to R. F. Easterby, Secretary, Fishergate, Preston, by December 20th.

QUEEN'S HOSPITAL, Birmingham.—Two Honorary Obstetric Officers. Applications to Secretary by December 6th.

QUEEN'S HOSPITAL, Birmingham.—Honorary Obstetric Officer. Applications by December 9th.

RADCLIFFE INFIRMARY, Oxford.—Honorary Physician. Applications by January 14th.

SOUTH CHARITABLE INFIRMARY AND COUNTY HOSPITAL, Cork.—House-Surgeon and Apothecary. Salary, £100 per annum. Applications by December 15th.

ST. MARY'S HOSPITAL, Paddington, W.—Two Physicians. Applications by December 15th.

SUSSEX COUNTY HOSPITAL, Brighton.—Dispenser. Salary £100 per annum. Applications by December 3rd.

UNIVERSITY OF ADELAIDE, South Australia.—Elder Professor of Anatomy. Salary, £600 per annum. Applications to Sir Arthur Rylth, K.C.M.G., Agent-General for South Australia, 8, Victoria Chambers, Westminster, S.W., by December 15th.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—House-Surgeon. Salary, £50 per annum. Applications by December 15th.

WREXHAM INFIRMARY AND DISPENSARY.—House-Surgeon. Salary, £100 per annum. Applications to J. Oswell Bury, 9, Temple Row, Wrexham, by December 9th.

MEDICAL APPOINTMENTS.

BROWN, John, L.R.C.P. Lond., etc., reappointed Medical Officer of Health for the Baccup Urban Sanitary Authority for the term of one year.

FIELDS, W. E., M.D. Lond., appointed Assistant Medical Officer to the Asylum for Idiots, Earlswood, Redhill, Surrey, vice B. Hall, M.B. Lond., resigned.

GREEN, C. D., M.B., M.R.C.S., L.R.C.P., appointed Resident Accoucheur to St. Thomas's Hospital.

HARRIS, Robert, M.B., M.R.C.S., appointed Resident House-Surgeon to Gateshead Dispensary, vice Robert Parkes, M.B., C.M., resigned.

JESSUP, F. Bowreman, F.R.C.S., appointed Surgeon to the Cancer Hospital, Brompton.

JOHNSTON, G. D., M.R.C.S., L.R.C.P., appointed House-Physician to St. Thomas's Hospital.

JONES, William Wansbrough, M.A., M.B. Oxon., B.Sc. Lond., M.R.C.S., appointed Resident Medical Officer of the Convalescent Hospital of the Manchester Infirmary, Cheshire.

JONES, W. Wansbrough, M.A., M.B. Oxon., B.Sc. Lond., M.R.C.S. Eng., appointed Resident Medical Officer to the Barnes Convalescent Hospital, Cheshire, vice Dr. Malcolm Webb.

KENNA, Michael, F., L.R.C.S.I., L.R.C.P. Eng., etc., appointed Medical Officer to the Fountains Dispensary of the Athy Union, Co. Kildare, Ireland.

LANKFESTER, H. H., M.R.C.S., L.S.A., appointed Non-resident House-Physician to St. Thomas's Hospital.

LAWSON, R., M.R.C.S., L.S.A., appointed Assistant House-Surgeon to St. Thomas's Hospital.

MACKENZIE, H. W. G., M.A., M.B., appointed Assistant House-Physician to St. Thomas's Hospital.

MARRINER, W. H. Lister, M.B., M.R.C.S., L.R.C.P., appointed Clinical Assistant in the Department for Diseases of the Throat at St. Thomas's Hospital.

MCDERMOTT, Cornelius, M.A., M.D., M.Ch., appointed Medical Officer for Ennistymon Union, vice Daniel O'Brien, M.D., M.Ch., resigned.

MURKINSON, Finlay, M.B., M.A., appointed Medical Superintendent of Peckham House Asylum, Peckham, S.E., vice J. Ansell Brown, M.R.C.S., L.S.A., resigned.

ST. BEAM, Charles, F.R.C.S., appointed Assistant Surgeon to the Cancer Hospital, Brompton.

STEPHENS, Lockhart E. W., M.R.C.S., L.S.A., appointed House-Surgeon to the Bristol General Hospital.

SELMISHILL, Charles Parkham, appointed Surgeon and Chief of the Medical Department of the Blaenavon Iron Works, vice Dr. Martin Quick, resigned.

WHITING, Henry, M.R.C.S. and L.S.A., appointed Medical Officer to the Shotton-infl District of the Farham Union, vice Henry Clodder, M.R.C.S. Eng., deceased.

BIRTHS, MARRIAGES, AND DEATHS.

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

MARRIAGE.

TILLOTTE—COLLWELL.—On November 27th, at Sandon, Staffordshire, John Herbert Tillocote, M.D., to Millicent Lucinda, eldest daughter of the Reverend W. E. Collwell, M.A., vicar of Sandon.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHANCING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skn., 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., 12.30.

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., 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., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; 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, 1.50; 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.

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.—St. Thomas's (Ophthalmic Department), 4 P.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 Central, 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 3 P.M.—London, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Mr. Treves will open a discussion on the Treatment of Intussusception.—The Parkes Museum of Hygiene, 4.30 P.M. One of three popular lectures on Precautions against Cholera. Mr. Ernest Hart: National Precautions: Regulation of Traveling; Ships; Importation of Clothes, Rags, etc.; Uselessness of Quarantine.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Percy Kidd: On the Distribution of the "Tubercle-Bacilli" in the Lesions of Phthisis. Microscopic Specimens will be on view at 8.30 P.M. Mr. W. B. Dalby: Cases in which Perforation of the Mastoid Cells is necessary.

WEDNESDAY.—Hunterian Society, 7.30 P.M. Council, 8 P.M. Mr. T. Mark Howell will exhibit an Appliance for removing False Membrane from the Trachea. Dr. Alfred Carpenter: Alcoholic Drinks as Medicines.—The Parkes Museum of Hygiene, 4.30 P.M. One of three popular lectures on Precautions against Cholera. Mr. Shirley Murphy: Local Precautions: Duty of Sanitary Authorities in Town and Country, and of the Householder.

THURSDAY.—Ophthalmological Society of the United Kingdom, 8.30 p.m. Lying specimens at 8 p.m. Mr. H. Bates: Severe Bithitis Albuminurica affecting One Eye alone. Mr. W. O. Brailley: Hyphema secondary to some deep-seated Intra-ocular Change. Communications, etc. Mr. E. Nettleship: On the Use of Cocaine in Ophthalmic Practice. Mr. A. H. Benson: Further Observations regarding the Value of Hydrochlorate of Cocaine as a Local Anesthetic. Report of the Committee on the Influence of the Vapour of Bisulphide of Carbon and of Chloride of Sulphur on the Vision. Mr. W. A. Brailley: On the Condition of the Ciliary Nerves in Certain Diseases of the Eye. Mr. J. Couper: An Improved Ophthalmoscope. Dr. Priestley Smith: Ophthalmic Models used in Teaching.

FRIDAY.—Clinical Society of London, 8.30 p.m. Adjourned debate on Mr. Morant Baker's paper on Charcot's Joint-Disease. Professor Charcot's specimens and others will be again on view. The Parker Museum of Hygiene, 4.30 p.m. One of three popular lectures on Precautions against Cholera. Dr. Norman Chevers: Personal Precautions to be taken by each Individual. Panel: Food and Drink. Clothing.—University of London, 5 p.m. The Brown Lectures, by Mr. Victor Horsley. The Thyroid Gland: its Relation to the Pathology of Myxedema and Cretinism, to the Surgical Treatment of Goitre, and to the General Nutrition of the Body.

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.

RADICAL CURE OF HERNIA.

SIR,—I have noticed, in reading your JOURNAL lately, that there are means of radically curing femoral and inguinal hernia.

I have not read of an umbilical hernia being cured, but I should like you to inform me (in the corresponding column of the BRITISH MEDICAL JOURNAL) whether there are means of radically curing umbilical hernia.—Yours, etc., Dalsdon, N. W. E.

Operative procedures for the radical cure of umbilical hernia have been devised and successfully practised by Mr. John Wood, by Mr. Barwell, and, quite recently, by Mr. Banks. There are no special difficulties in obtaining a radical cure of exomphalus by surgical operation, but such treatment is far less frequently needed and indicated in this than in inguinal hernia.

PICRIC ACID AND POTASH TEST FOR SUGAR.

SIR,—Since reading Dr. Johnson's article on the above test for sugar in the urine I have tested about 100 samples of urine with it; not that other symptoms of diabetes were present in my cases, but simply, whilst examining for other matters, I applied this test also; and with two exceptions (undoubted cases of diabetes mellitus), I obtained varying degrees of coloration, from a light red shade up to, but not quite, the deep port-wine colour present when sugar is in the urine. In all these cases, I tried Trommer's, Fehling's, and the yeast tests, with negative results. In the two cases mentioned above, I had objective as well as subjective symptoms of the disease, and, besides the picric and potash, I tried the copper and yeast processes, with the result of proving the undoubted presence of sugar; in one of them, thirty grains to the ounce. Now my difficulty is this: if the picric and potash will give in any case a certain degree of coloration, how am I to trust the colorimeter? Let me specify one of the cases that occurred to me. A lady proposed for insurance was referred to me for examination. In all respects, she was thoroughly eligible; I could not detect any disease or condition present that should prevent her life from being accepted as a first-class one; but, on testing the urine with the picric acid and potash, I was astounded to see it becoming almost as dark as port-wine; in fact, in daylight, it was just possible to see through the test-tube containing it. I then tried it with Trommer's, Fehling's, and the yeast-test, but with negative results; still not satisfied, I requested a friend—Dr. Whitla, of Belfast—to examine it for me, as I was nonplussed by the turn of events. He tested it with Pay's tablets, and Oliver's tests, in addition to the others, but could find no trace of sugar. I should state that she was suckling a baby at the time.

I am afraid, either that I must proceed on wrong lines in the process (if so, I obtained distinct port-wine colour in the two cases of undoubted diabetes), or else that sugar in variable amounts is present in the urine of almost every person about here, that will respond to the picric acid but to no other test. Can you enlighten me?—Yours truly, ARMAGH.

SALICYLIC ACID AS A PRESERVATIVE.

We have received from Messrs. Burgoyne, Burdighes, Cyriax, and Farries, 16, Coleman Street, a bottle of "Marsala must," which has been effectually preserved by the action of a very small proportion of salicylic acid. This is the more remarkable, as grape-juice is peculiarly liable to fermentation; the antiseptic and antiputrefactive powers of salicylic acid are shown in a very strong light, by the perfect success of this interesting experiment.

THE RELATIONS OF THE MEDICAL PROFESSION.

SIR,—I think the letter of Dr. Haddon, in the JOURNAL of November 22nd, will produce in the minds of some of your readers impressions which are not to be desired. I should be glad if you would allow me to comment a little upon the opinions expressed by Dr. Haddon.

Besides those varieties of the surgery mentioned in the letter referred to, there are more to which it may be well to allude. There are surgeries where, in addition to prescribing and dispensing, the ordinary retail of the druggist is carried on, such as pennyworths of hair-oil, scented soap, face-powder, and patent medicines; and in more than one of these establishments, conducted by fully qualified gentlemen, may be found a postal and telegraph office, rejoicing in the presence of a female clerk. Sometimes a medical man arranges with a druggist to see patients in the back parlour of the druggist's shop, the profits of such transactions being divided between the parties concerned; and sometimes medical men set up a druggist's shop of their own, without the least pretence of its being any other thing than a shop, but generally under some other name than their own. But the most deplorable practice is that of the surgeon who, having capital at command, starts a number of dispensaries in different localities (managed by young qualified men), to the number, perhaps, of eight or ten, and over which the principal exercises no personal control, except in the matter of pocketing the profits. In none other of the learned professions do such things obtain. Clergymen do not hold numerous livings, and leaving them in charge of underpaid curates, live quietly on their incomes. Neither do solicitors have offices scattered in every direction, and only of interest to their owners on account of the income they bring in. Why should a profession which holds itself equal in dignity to the Church or the Bar, allow its members to engage in such indecentifiable speculations? It is difficult to see how, as Dr. Haddon asserts, advice and medicine can be obtained at a druggist's at less cost than from a dispenser. At many such places, sixpence is the fee for consultation and medicine; and I fancy no druggist would care to take less, if as little; and, in the event of a surgery being in the charge of an unqualified man of experience, I fancy few will deny that his advice is infinitely more valuable than that of a druggist who is frequently ignorant of the very existence of the disease he pretends to treat. In large cities, and especially in London, the "assistants who dispense the medicines, and also visit" are not principally unqualified men. That unqualified men do practise under the shadow of qualified persons, no one will deny; but, if inquiry were made in London among the assistants who manage branch-practices and dispensaries, it would be found that the number of qualified men is greatly in excess of that of the unqualified holding similar positions. The employment of any class of men on a large scale can always be ascertained by inquiring into the demand for their services; and one need only apply at the office of any of the medical agents, to learn that the demand for unqualified men has been, for the last few years, steadily decreasing; and that, when employed, it is as dispensers, to keep the books, and to attend to the surgery.

It would seem, by Dr. Haddon's letter, that, in order to make a living, druggists must have a number of prescriptions to dispense, and, failing that, must resort to counter-prescribing, to make a "respectable living." This is not so. Dispensing forms but one of many departments in the business of a druggist; and it is not on account of medical men dispensing their own medicines (which they have done from time immemorial) that druggists have to engage in prescribing to add to their incomes. But it is due to the fact that, of late years, several branches of their legitimate trade have been taken from them: that they endeavour to increase what has been taken from them, as long as druggists have sold drugs, a customary and lucrative branch of their business. I may instance the absorption of the fancy trade by drapers and universal providers, and the annihilation of the druggist's sale of patent medicines, etc., by the competition of co-operative societies and grocers. Prescribing amongst druggists is not increasing, rather the reverse; and it is not the obstinacy of the medical man in continuing to dispense which causes this decrease, but the abuse of the out-patient departments of our hospitals, and the so-called provident dispensaries. As long as thousands of people every day—many of whom are well able to pay a moderate fee—can be supplied with advice and costly and unlimited medicines for nothing, these people (the majority of whom would otherwise be profitable patients) neither consult a private practitioner, nor have their medicines dispensed by the druggist. Thus, in a single day in London, thousands of people are treated professionally, by some of our best men, for nothing; people who, but for the existence of charitable institutions, easily imposed upon, would go to a medical man, and cheerfully pay his fee, with obvious benefit to both. To the whole body of the profession, it is most important that this abuse should be put an end to; and if, instead of lending their aid to such proceedings, medical men would band themselves together to redress the evil, many a struggling practitioner, whose knocker now "hangs rusty and stiff" on his door, would be able to earn a sufficient income.

To prevent, by law, medical men from dispensing would be most inexpedient and unjustifiable; for, setting aside the annoyance it would cause, both to the patient and his medical attendant, country practitioners and surgeons in low neighbourhoods must dispense to make a living; for, as Dr. Haddon writes, the lower classes cannot understand that the advice of a medical man, *per se*, should command a fee. This being so, any such law would have an effect precisely opposite to that Dr. Haddon expects; for while the out-patient departments of hospitals, etc., would be, if possible, more imposed upon by unscrupulous persons, the druggist's prescribing would increase in the same proportion as his medical neighbour's dispensing would; and persons who required prescriptions dispensed would, in the absence of the competition of the dispensing surgeon, be entirely in the hands of the druggist as to the cost of the medicine. By the combined action of the members of an influential profession such as ours, much could be done to ameliorate the uncomfortable position many of its members are placed in; but, in the absence of such action, druggists continue to prescribe as if they men speculate in human illness, and medical men are placed in a position more vexatious than the members of any other of the learned professions.—I am, etc.,

WALTER SNELL, L.R.C.P.E.

SIR.—Mr. Acton, in his work on the *Reproductive Organs*, refers to a work by Professor Newman, on the *Relation of Physiology to Sexual Morals*. Can anyone tell me who is the publisher, or where the pamphlet can be obtained?—Yours respectfully, MEDICAL.

SURGICAL AID SWITZERLAND.

SIR,—Can you, or any of the readers of the JOURNAL, tell me if there is a society for supplying artificial limbs, at cost or reduced price, to any poor person who is not able to buy what is requisite?—Yours truly, G. E. POWER.

Albert Street, Hucknall Torkard, Nottingham.

EDINBURGH LECTURES ON PUBLIC HEALTH.

SIR,—In answer to "Country Member's" question, the first of the series of popular physiology lectures has recently been published. It is on "The Eye and its Functions," and is by H. Campbell, M.B., B.S. Lond., M.R.C.P. Lond. It is published by George Dryden, 54, Lothian Street, Edinburgh.—I am, etc., M.R.C.S.

AN APPEAL.

SIR,—Three years ago, a young surgeon practising in New Zealand died, nine months after losing his wife. Two little orphan sons, aged 3 and 4 years respectively, were at once sent home to England to their grandmother, the widow of a clergyman, herself in delicate health, advanced in years, and with scanty means of support. With praiseworthy energy, this good old lady at once set about a vigorous canvass to get one of the lads into the Wanstead Orphan Asylum, and was happily successful.

She is now most desirous, ere she dies, that the other little fellow should find a home in the same institution as his brother, so that the fatherless and motherless boys may at least see and know something of each other during their childhood and youth. A sum of £180 will secure the fulfilment of this very natural wish, if it can be raised before March next. The British Medical Benevolent Fund, which has already, on two previous occasions, given assistance, has to-day voted £20 towards the sum I have named; and I venture, through your columns, to invite others to take part in this good work.

I shall be most happy to give fuller information to anyone desiring it, and to take charge of any contributions which your readers may be pleased to send to me.—I am, sir, your obedient servant,
Kensmore Lodge, Elgin Road, St. Peter's Park, W.
STAMFORD FELCE.

TRACHEOTOMY ASPIRATOR.

SIR,—Allow me to congratulate Mr. A. Cowley Malley on having had an opportunity to use his tracheotomy aspirator, and on its perfect success. A similar apparatus was made for me by Messrs. Stevens and Sons, of Gower Street, in February of this year, as suggested in the *Lancet* of February 2nd, 1884.—Yours faithfully,
FRANKLINHAM.
GEO. E. JEAFFRESON.

PRURITUS OF PREGNANCY.

SIR,—“A Member” requests, at p. 1056, a reliable remedy for the above. Has he eliminated diabetes? Has he exhausted the remedies found in Sections 45 and 46 of the *Medical Digest*? Two remedies have seldom failed in my experience, even if diabetes be present; namely, bathing with very hot water, or with a cold saturated solution of boric acid and ether.—Obediently yours
60, Boundary Road, South Hampstead, N.W. RICHARD NEALE, M.D. Lond.

INCLUDED EGGS.

A CORRESPONDENT writes to us, saying that, in cracking the shell of a hen's egg, he found a second shell within it. Five similar cases are described in the *Catalogue of the Teratological Series in the Museum of the Royal College of Surgeons of England*, prepared by Mr. B. T. Lowne. The following paragraph precedes the description of the specimen. “Sometimes a small egg, or pseudo-egg, remains in the oviduct, or, according to Mr. Tegetmeier, is carried back from the shell-secreting into the albumen-secreting portion of the oviduct, and becomes invested with a second layer of albumen and a second shell; or it is met by, and invested in, a second ovum; in this way, one egg becomes included in another. Very frequently, the included egg is cracked or broken; in such cases, impaction is probably the cause of the phenomenon.”

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

Our Belfast Correspondent; Mr. J. Gopal, Punjab; M.B.; Mr. Charles Mackeson, London; Mr. George Rendle, London; Mr. J. B. Harris, Lower Norwood; Mr. G. Eastes, London; Dr. Hack Tuke, London; Our Liverpool Correspondent; Mr. J. West, London; Mr. Decimus Curme, Blandford; Mr. P. S. H. Scott, Bath; Dr. M. Charteris, Edinburgh; Mr. Lloyd Francis, Leavenworth; Dr. Oliver, London; Mr. Goswell Bury, Wrexham; Dr. W. Alexander, Liverpool; Mr. W. H. Jalland, York; Dr. Eastwood, Darlington; Dr. B. Howard, Paris; Mr. M. A. B. Corbin, Guernsey; Our Berlin Correspondent; Mr. Walter Buchanan, Chatham; Mr. A. B. Vaines, Uitenhage; Mr. William Square, Plymouth; Our Birmingham Correspondent; Messrs. Coxeter and Son, London; Dr. Goodhart, London; Dr. Thin, London; Mr. A. T. Roworth, Grays; Dr. R. J. W. Horton, Newcastle-under-Lyme; Mr. R. A. Murray, Stockport; Mr. F. Treves, London; Dr. C. J. Renshaw, Ashton-upon-Mersey; Dr. Tolerton, Malmesbury; Dr. W. G. Walford, London; Our Manchester Correspondent; Mr. Charles Roberts, London; Our Aberdeen Correspondent; Dr. A. A. C. Mathers, Coleraine; Mr. E. L. Freer, Birmingham; Mr. W. J. Mackie, Turvey; Dr. Roche, Kingstown; Messrs. Parkins and Gotto, London; Messrs. Willis and Co., London; The Secretary of the Religious Tract Society, London; Mr. J. Fox, London; Mr. F. R. Fisher, London; Dr. W. R. Dakin, London; Mr. C. R. Illingsworth, Clayton-le-Moors; Mr. W. Whitehead, Manchester; Inquirer; F.R.C.S.; Mr. S. B. Donnan, London; Dr. Balzhazar Foster, Birmingham; Mr. George Meadows, Hastings; Dr. Quinlan, Dublin; Mr. J. W. Taylor, Birmingham; Mrs. Mahomed, London; Mr. J. Clifford Smith, London; Mr. Henry Morris, London; Dr. W. W. Day, Edmonton; Dr. W. P. Herringham, London; Medicus; The Secretary of the Parkes Museum; L.K.Q.C.P., 1881, M.D. Lond.; Mr. James Robertson, Tillicoultry; Mr. William Donovan, Romsey; Mr. E. Rice Morgan, Morristown; Dr. Macnaughton Jones, London; Mr. E. Brock, London; Mr. Arkle, London; Mr. R. J. Godlee, London; Dr. A. Hughes Bennett, London; Mr. J. H. Baldwin, London; Mr. George Thomson, Oldham; Dr. Norman Kerr, London; Mr. J. P. Aston, Limply Stoke; Dr. Suckling, Birmingham; Mr. B. Newbott, London; Mr. R. S. Archer, Liverpool; Mr. Clarke, Carlisle; Mr. H. Drinkwater, Sunderland; Messrs. Raphael Tuck and Son, London; Mr. W. B. Washington, London; Mr. F. W. Doughty, Tunbridge; Dr. Danford Thomas, London; Dr. de Chaumont, Netley; Mr. A. G. Cunningham, Bristol; Dr. H. Campbell Pope, London; Mr. R. B. Wilkins, Newport, Isle of Wight; Our Liverpool Correspondent; Dr. Stephen Mackenzie, London; Dr. Rawdon, Liverpool; Mr. J. Tweedy,

London; Dr. A. Waller, London; Dr. J. K. Fowler, London; Dr. Symes Thompson, London; Dr. Cranston Charles, Streatham; Dr. F. Willcocks, London; Dr. Colcott Fox, London; Dr. Drummond, Newcastle-on-Tyne; Dr. Waters, Liverpool; Dr. J. Hunt, Dalston; Dr. Styrap, Shrewsbury; Our Edinburgh Correspondent; Our Glasgow Correspondent; Mr. J. Brown, Bacup; Mr. A. E. Durham, London; The Secretary of the Royal Medical and Chirurgical Society, London; Mr. Shirley Murphy, London; Mr. L. Stephen, Bristol; Mr. C. P. Skrimshire, Iron Works, near Pontypool; Our Dublin Correspondent; Our Aberdeen Correspondent; Dr. G. Ogilvie, London; Mr. Davies-Colley, London; Mr. A. J. Pepper, London; Dr. H. Simpson, Manchester; Dr. Dempsey, Belfast; Mr. Hayercraft, Birmingham; Mr. J. E. Burton, Liverpool; Dr. J. K. Spender, Bath; Mr. W. G. Walsham, London; Dr. Clement Godson, London; Dr. de Watterville, London; Dr. Ogilvie Will, Aberdeen; Dr. Aust Lawrence, Clifton; Mr. F. A. Southam, Manchester; Dr. James Barr, Liverpool; Mr. W. Allingham, London; Dr. Dyce Davidson, Aberdeen; Mr. R. S. Archer, Liverpool; Sir Henry Thompson, London; Dr. T. Cole, Bath, etc.

BOOKS, ETC., RECEIVED.

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