

ASSOCIATION INTELLIGENCE.

NOTICE OF EXTRAORDINARY GENERAL MEETING.

NOTICE is hereby given that an Extraordinary General Meeting of members will be held in the Council-Room, Exeter Hall, London, on Friday, August 14th next, at 4 o'clock in the afternoon, for the purpose of confirming the resolution passed at an extraordinary general meeting of members held at the Town Hall, Cardiff, on the 30th instant, namely, that in Articles 13 and 15 the word fifty be altered to one hundred, so as to read as follows:

13. The Council may, whenever they think fit, and they shall, upon a requisition made in writing by any 100 or more members, convene an extraordinary general meeting.

15. Upon the receipt of such requisition, the Council shall forthwith proceed to convene a general meeting, and if they do not so within 21 days from the date of the requisition, any 100 members may themselves convene a meeting.

FRANCIS FOWKE, *General Secretary.*

Cardiff, July 30th, 1885.

NOTICE OF QUARTERLY MEETINGS FOR 1885.

ELECTION OF MEMBERS.

ANY qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

A meeting of the Council will be held on October 14th, 1885. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary, not later than twenty-one days before the meeting, namely, September 24th, 1885.

Candidates seeking election by a Branch Council should apply to the secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary.*

GRANTS FOR SCIENTIFIC RESEARCH.

THE Scientific Grants Committee of the British Medical Association desire to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences, that they are empowered to receive applications for grants in aid of such research. Applications for sums to be granted at the next annual meeting should be made without delay to the General Secretary, at the office of the Association, 161A, Strand, W.C. Applications must include details of the precise character and objects of the research which is proposed.

Reports of work done by the assistance of Association grants belong to the Association.

Instruments purchased by means of grants must be returned to the General Secretary on the conclusion of the research in furtherance of which the grant was made.

COLLECTIVE INVESTIGATION OF DISEASE.

INQUIRIES are in progress on the subjects of

CHOREA, DIPHTHERIA,
ACUTE RHEUMATISM, OLD AGE,
CANCER OF THE BREAST.

Memoranda on the above, and forms for recording individual cases, may be had on application.

It is requested that returns in Chorea and Acute Rheumatism be sent in at as early a date as possible, as the Reports on these subjects are in preparation. The greater part of the "Old Age" form may be filled in by a non-medical person, if necessary.

The Committee are also glad to receive reports of cases of the following conditions, memoranda and forms for which are prepared.

PAROXYSMAL HÆMOGLOBINURIA.
ALBUMINURIA IN THE APPARENTLY HEALTHY.
SLEEP-WALKING. ACUTE GOUT.

The "Sleep-walking" form may be filled in by a non-medical person, if necessary.

PURPERAL PYREXIA.—The Committee will be glad to receive reports of cases illustrative of the points mentioned in the JOURNAL of January 31st, 1885 (p. 249). Separate copies of the article and questions alluded to will be forwarded on application.

THE CONNECTION OF DISEASE WITH HABITS OF INTEMPERANCE.—A schedule of inquiry upon this subject has been prepared by the Committee, and was issued with the JOURNAL of May 9th. Replies are requested on the schedule issued with the JOURNAL of May 9th. Additional copies of the schedule may be had at once on application.

Returns on ACUTE PNEUMONIA are still received.

THE ETIOLOGY OF PHTHISIS.—Continuation of inquiry. The Committee will be glad to receive the names of gentlemen willing to engage in joint investigation of any of the following points in relation to the origin of cases of Phthisis;—(a) The influence of residence and occupation; (b) the previous state of the patients' thoracic organs and general health; (c) heredity and communication. Full particulars will be sent on application.

Application for forms, memoranda, or further information, may be made to any of the Honorary Local Secretaries, or to the Secretary of the Collective Investigation Committee, 161A, Strand, W.C.

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.—J. MAITLAND, M.B., Honorary Secretary, Madras.

NORTHERN COUNTIES (SCOTLAND) BRANCH.

ANNUAL MEETING.

THE annual meeting of this Branch was held in the Victoria Hotel, Inverness, on July 8th, when the chair was taken at first by Dr. M'INTYRE, of Fort William, President.

New Members.—Drs. Chapman, and Duncan M'Kay, of Inverness, and Dr. Fortescue Fox, of Strathpeffer Spa, were unanimously elected members.

President's Address.—On taking the chair, the President-elect, Dr. McNEE, of Inverness, read a paper on the Germ-Theory of Disease. He began by showing that the antiseptic system in surgery was built on the foundation of M. Pasteur's researches and observations in the process of fermentation. He went on to show how, to M. Lemair, through his pamphlet (*Du Coaltar Saponine*), published in 1860, and a larger work (*De l'Acide Phénique, de son Action sur les Végétaux, les Animaux, etc.*), published in 1863, was due the credit of really originating the antiseptic system; but that nevertheless to Sir Joseph Lister, more than to any other surgeon, was surgery indebted for making out the system that now bore his name. After paying a very high and well deserved tribute of respect to Sir Joseph Lister, "whose memory would be green in the annals of surgery long after the very names of many of his most illustrious detractors would be buried in oblivion," the paper described what was really meant by the "germ-theory of disease," and in what manner the germs were supposed to give rise to disease; the writer expressing the opinion that the fermentation-theory, or something akin to it, had probably most supporters, and was more generally applicable. Next came a tentative classification of pathogenic micro-organisms after Dr. Harley, of which the micrococci, the bacilli, and the bacteria, were the germs most frequently met with; then followed, in minute detail, the conditions necessary to be fulfilled in experimenting with any one of these organisms, before it could be considered as the real cause of any particular disease, and where these conditions were fulfilled, there did not seem any room for doubt as to the causal relation of the germ to the disease in question. M. Pasteur's communication to the Academy of Sciences on April 30th, 1877, was then referred to, in which he demonstrated that the bacilli, called *leptotrichia*, filaments, rods, etc., discovered by Davaine and Rayer, in 1850, were the sole cause of splenic fever in the ox, sheep, horse, rabbit, etc., these constituting splenic fever, the first specific disease that could, without doubt, be attributed to a specific organism. Pasteur's further researches and discovery of a protective vaccine through attenuating the splenic virus of fever was also noticed. The author then gave a list of most of the diseases in man and the lower animals in which a micro-organism was found by one or more observers, and supposed to be the cause of the disease under observation. He commented, at some length, on those cases where the proof seemed most complete, such as fowl-cholera in the lower animals, and erysipelas, gonorrhœa, malignant carbuncle, wool-sorters' disease, etc., in man; and merely referred to other diseases where, as yet, the proof was very incomplete. The remarkable similarity of symptoms during life, and correspondence of

post mortem appearances, in the fatal cases in an outbreak at Welbeck in 1880, among 75 persons who had partaken of beef and ham-sandwiches at a sale of timber, and a similar outbreak among 15 persons at Nottingham, in 1881, who had taken some baked pork, were then noticed; a bacillus was found in the cases which, after cultivation and re-inoculation, reproduced the affection. The interesting experiments of Klebs and Crudele, showing the causal connection between the soil and the malarial fever of the Roman Campagna (doubted, however, by Sternberg), those of Dr. Becker with the micro-organism of acute infectious osteomyelitis, discovered by Schüller and Rosenbach, and those extremely interesting and instructive observations of Dr. Manson, of Amoy, respecting the connection between the filaria sanguinis hominis, and its embryo, and lymph-diseases, were all passed under review. As an example of the care, caution, and extensive knowledge required on the part of workers in the experimental microscopic world, as well as the difficulty of making sure that one was working with only one kind of organism, the writer instanced the different manner in which Koch, somewhat accidentally, discovered how the field-mouse and house-mouse were affected by an injection of the same putrid fluid, which, in the one case, caused septicæmia and gangrene, and in the other gangrene, but no septicæmia. The same experimenter, by exposing some sterilised gelatine-material in a shallow glass to the air of London for four hours, found 40 to 50 different organisms deposited in it. After some general remarks, Dr. McNee concluded as follows. "I must conclude by inquiring, as shortly as possible, what your position and mine ought to be with regard to this germ-theory of disease in its present condition. I think we ought to be reverent, humble, patient, discriminating disciples. I am myself quite a believer in it, as you must have gathered from what I have put together in this paper; but I would not like anyone to run away with the impression that I am a credulous disciple of that school, as I certainly would not ask or wish any of you to be. While I acknowledge with much thankfulness and deep gratitude much good, and, I have no doubt, enduring work that has been done in this line, and look forward with hope to a great deal more, I am quite well aware that a vast deal of nonsense has been spoken and written on the subject, that much chaff is found mixed with the wheat. Nay, more, I am far from thinking that it is the wheat, and wheat only, that I have put before you in this paper, as many of the observations therein referred to require confirmation ere they can claim a place among our list of accepted facts. We have not yet arrived at a stage in this investigation to warrant us indulging in any dogmatic assertion, but I think a good foundation has undoubtedly been laid; the building is being reared, and the builders very busily engaged in shaping the stones that are destined to form part of the mason-work. In any case, I believe the foundation is sound, and I have not much fear for the superstructure. Methinks we are soon to have great discoveries in this microscopic world; consequently, we must be on the alert. Believing, as I do, that much of the future progress of pathology, and through it, of medicine, lies in this direction, I would like myself, and advise others, to watch attentively all that goes on in this region, trying to keep abreast of the work done, to read, study, reflect, and digest what is being written on the subject. Though many of us, from lack of training and opportunity, cannot engage in the thick of the battle, yet we may, from our elevated height of unprejudicial observers, see and judge better of the progress of the fight and the success of the combatants than those enveloped in the smoke and dust of the battle-field. Let us then, in a true scientific spirit, try to make the most of this obscure parasitic world, endeavouring to get out of it all it has got to teach, avoiding, on the one hand, a cold unreasonable scepticism, and, on the other, a servile credulous belief, but weighing all that comes within our grasp in the scales of a sound and impartial judgment; unhesitatingly reject the false, but hold fast the real and the true; and thus I have little doubt all of us will profit much, and, I would fain hope, our patients more, from this germ-theory of disease."

After a lengthened discussion, a very hearty vote of thanks was accorded to Dr. McNee for his instructive address.

Hypodermic Injector.—Dr. WHYTE (Elgin) exhibited a new hypodermic injector invented by himself, and explained its advantages.

Reports from the local Investigation Committee and Committee on "Fees and Ethics" were submitted.

Representative on the General Council.—Dr. M'Intyre was re-elected representative of the Branch on the Council of the Association.

Next Annual Meeting.—It was agreed that the next annual meeting of the Branch should be held at Elgin on the second Wednesday of July, 1886, and it was further agreed that Dr. Robert Craig, of Glenurquhart, Inverness-shire, be President-elect.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

The Microbe of Albuminuria and the Relation of Albuminuria to Eclampsia.—General News.

M. DOLERIS, assisted by M. Poney (Montevideo), has continued his researches (commenced in 1883) on the microbe of albuminuria, and the connection of albuminuria with eclampsia. In a communication to the Biological Society, Mr. Doleris stated that albuminuria, during pregnancy, happened in the proportion of 1 to 20 cases. The urine of pregnant women who are free from albuminuria may present organisms, though every precaution be taken; the proportion is 1 to 5. Dr. Doleris believes this may result from catarrh of the vagina extending to the urethra, and, perhaps, the bladder; this possible cause of mistake must be borne in mind in making researches. Dr. Doleris observed in twenty cases that the urine of pregnant women contained organisms, generally presenting the aspect of small chains. Their blood was examined, and used for artificial cultivations; but organisms were not detected. Nevertheless, Dr. Doleris does not consider that their absence is proved, because only a few drops were withdrawn from a finger of each patient. The blood and urine of five patients exhibiting albuminuric eclampsia was examined; the increase and decrease of the microbes was observed to be synchronous with the appearance and disappearance of convulsions. MM. Doleris and Poney will shortly publish the results of the inoculations, and the chemical analyses they made.

M. Gariel, in a lecture given at the Normandy Société d'Hygiène, has treated the question of electricity and hygiene. The connection between these two subjects is rarely realised. It is generally known that electro-plating replaces gilding and silvering with mercury; but, beyond this, little is known of the hygienic importance of electricity. The first example cited by M. Gariel is the electric sifting machine, better known in America than in England. The jerking movements formerly given to the sifter, in order to separate the flour from the bran, diffused among the surrounding atmosphere fine dust, inimical to health; it caused disturbance of the respiratory organs. Electricity is also of inestimable value as a life-saver in mines. Formerly, numbers of miners lost their lives, because, when their fuse burned too quickly, they had not time to seek safety before it exploded; or, if it burned too slowly, believing it had gone out, on approaching to place another fuse, they lost their lives. Electricity induces explosion at the moment desired; if it fail, the locality can be approached without danger. Part of M. Gariel's lecture treated of the application of electricity to alcohol. The alcohol extracted from the residue of beetroot, after it has been used for making sugar, contains aldehydes, which are both unpalatable and dangerous to health. MM. Maudin and Schneider have constructed an electric instrument, which adds a sufficient number of molecules of hydrogen to these alcohols, so that, by distillation, all alcohols may be obtained free from such dangerous substances. M. Gariel also referred to the application of electrical currents for the prevention of deposits in boilers; and for warming the atmosphere, a method especially desirable for confined areas, such as railway-carriages. He also touched on the benefit to public health that would result from the use of the electric light. M. Gariel terminated his lecture by a few words concerning the influence of electricity on living beings. He believes that it must be extremely beneficial, but admits that its effects are all but unknown. Experiments on plants have given definite results, but are somewhat contradictory. M. Gariel's lecture is published at length in the May number of the *Revue Scientifique*.

The Comité d'Hygiène has been twice consulted by the Minister of Commerce concerning the practice of adding salicylic acid to drinks and articles of food. That body declared it to be dangerous to public health. The subject will shortly be discussed at the Académie de Médecine.

Dr. Dujardin-Beaumetz, in a communication to the Académie de Médecine on carbon-disulphide, shows how intimately science and public health are connected. The manufacture of carbon-disulphide has of late years immensely increased. It is especially used in oil-factories and for treating vines attacked by the phylloxera. In 1885, twelve million kilogrammes were thus used. M. Dujardin-Beaumetz has administered carbon-disulphide to animals by passing it into the stomach, the respiratory organs, the veins, and the skin. Passed into the digestive organs, it is never poisonous; 25 grammes daily have been absorbed by patients without any ill effects. A dose of 40 centi-

was impossible to discuss at all fully the treatment of placenta prævia and hæmorrhage. Still it appears to me that the practice, as he describes it, is not free from danger, and therefore requires elucidation, if not correction.

In the first place, abundant experience has satisfied me that "swabbing the part freely with a solution of perchloride or persulphate of iron," which I stated might be desirable (see *Obstetric Operations*, 1876) is not often necessary. If the case be properly managed on the principles expounded by me, of first rupturing the membranes; then (2) of detaching the placenta; then (3) of dilating the cervix, if necessary by Barnes' bags, before proceeding to delivery, there will not often be *post partum* hæmorrhage enough to call for styptics.

Further, another remedy stands before the ferric solution. That is, hot water. It is often efficacious in constringing the vessels; and it is therefore wise to use it before resorting to the iron; and also because it is the most effectual means of clearing the uterus of clots. And lastly, I wish to point out that although the iron, has, as I insisted in the Obstetrical Society in 1865, an antiseptic value, this ought not to be counted upon without using certain precautions. The ferric element must be in due proportion to the blood to coagulate it perfectly; and even given this condition at the time, retained clots may undergo decomposition, which may be the source of septicæmia. This danger may not be so great, but it is a possible one. We must not rely upon the antiseptic action of iron as absolute. I cannot do better than conclude this note with the following quotation from the second volume of *Obstetric Medicine and Surgery*, written by myself and Dr. Fancourt Barnes: "The remote danger of septicæmia is minimised by taking care not to inject iron until the uterus is completely emptied; by washing out the uterine cavity with carbolic injections daily; and by the use of all those means to obviate septicæmia which will be indicated in the chapter on puerperal fever." Judiciously employed, ferric injections occupy an important place amongst the preventions of puerperal fever, and in keeping down puerperal mortality.

ROBERT BARNES.

AN APPEAL.

SIR,—The following case has come under my own notice, as Treasurer of the British Medical Benevolent Fund, within the last week.

A medical man, in practice in Australia, lost his life through an accident. His widow and two daughters came to England expecting to find friends, but these were on the point of returning to Australia. Being without advisers here, they were robbed of nearly all they had by a fraudulent trustee, and have had to strive for a maintenance by letting their house out in apartments, and teaching. The mother, however, has been suffering for eighteen months from gastric ulcer, and requires the constant attendance of one of the daughters, so that one only can go out to teach, and their resources have, consequently, run down to the point of exhaustion.

A grant of £20 has been made from the fund, the maximum which can be afforded to any single case, £10 of which has been given at once, while the remainder is to be distributed in monthly instalments. But this just falls short of what is required to give these poor ladies another chance. Twenty or thirty pounds more would redeem a valuable pianoforte, which would enable the girl kept at home in attendance on her mother to earn something by giving music-lessons, and this would probably suffice to maintain them.

Under such circumstances I have felt justified in departing from my rule of not asking for aid for individual cases, and in placing the facts before the profession. I shall be happy to take charge of anything which may be sent for these ladies; at the same time, I trust the fund will not suffer, relieving as it does more than 150 deserving and urgent cases yearly, besides giving over 50 annuities to aged members of the profession.—Your obedient servant,

W. H. BROADBENT, M.D.

34, Seymour Street, Portman Square.

INDIA AND THE COLONIES.

UNIVERSITY OF BOMBAY.—The Medical Faculty of the University have expressed themselves in favour of introducing the degree of M.B. for such licentiates as should take the ordinary university degrees without further medical examination. The matter will be referred to the Syndicate, by whom it is likely to be warmly discussed. Elsewhere, the M.B. is only given as the reward of a stiff medical examination, and is a certificate of professional fitness. This new proposal would make it an honorary appendage to the L.M. and S.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Friday, July 31st.

Medical Relief Disqualification Removal Bill.—The Earl of MILLTOWN, in moving the third reading of this Bill, said he desired to thank their lordships on both sides of the House for their forbearance, which had enabled him to pass the Bill with such facility. He sincerely trusted the experience of the next few years would show that the fears of some of their lordships with regard to it were groundless. The Bill was read a third time and passed.

Monday, August 3rd.

Lunacy Acts Amendment Bill.—This Bill passed through Committee.

Burgh Police and Health (Scotland) Bill.—This Bill passed through Committee.

HOUSE OF COMMONS.—Monday, August 3rd, 1885.

The Army Medical Service.—Mr. BERESFORD asked the Secretary of State for War whether he would have any objection to lay upon the table of the House the names of the medical officers of the Army who have returned from foreign service within the last three years, with the dates of their proceeding on foreign service again; and to state the length of home-service of each medical officer.—Mr. W. H. SMITH said he was not prepared to lay on the table the return asked for. It was obviously impossible to convey to the House, in the form of a return, all the circumstances of an officer's service abroad, or of the emergency that might in certain cases necessitate the curtailment of his service at home. As Secretary of State for War, he held himself responsible generally that the roster and system of relief were fairly worked.

OBITUARY.

AUGUSTUS BURKE SHEPHERD, M.A., M.D., F.R.C.P.

AUGUSTUS BURKE SHEPHERD, whose sudden death will be deeply and widely felt, was educated at Tunbridge School and at Brazenose College, Oxford. After taking his degree in arts, he entered at Guy's Hospital, where he became much attached to the late Dr. George Barlow, then senior physician, and always retained the highest esteem for that learned, thoughtful, and accomplished man. In some of the most estimable traits of character, there was resemblance between the master and the scholar. He formed at Guy's Hospital friendships which lasted all his life, and had all the traditional attachment to his Alma Mater.

Taking deep interest in auscultation and the pathology of the lungs, Dr. Shepherd sought and obtained a place on the staff of the Victoria Park Hospital, where he gained the esteem and friendship of the late Dr. Peacock, and of Dr. (now Sir) Risdon Bennett. He afterwards became assistant-physician to St. Mary's Hospital, and devoted himself, with characteristic energy and unselfish zeal, to teaching histology and morbid anatomy. At this time, he was also physician to the Waterloo Infirmary for Women and Children; but, on being appointed Dean of the Medical School of St. Mary's, he gave up other posts, and worked heart and soul for the students' welfare, a generous devotion which he felt to be amply repaid by the warm gratitude that he earned.

Being appointed Gulstonian Lecturer, he delivered his lectures at the College of Physicians on the pathology of phthisis, especially its morbid anatomy; and added to the volume, when published, some most beautiful coloured drawings and histological plates.

After many years' faithful service as dean and as assistant-physician, Dr. Shepherd did not care to await the slow process of promotion by seniority; and, being possessed of good fortune and without children, he resigned his hospital appointments, gave up the profession, and bought a beautiful house on the borders of Windermere, where he and his wife spent the vacation last year. He was a most zealous and public-spirited Fellow of the College of Physicians, and Secretary of the Fellows' Club. He had lately made all the arrangements for one of the most elegant and tasteful *conversazioni* which the College has ever given; and, having joined his wife at Ambleside, was coming up on purpose for the comitia, held on the 30th instant, and the Fellows' dinner, which was to follow it. Before that day, after a very brief illness, he was taken from the scenes he loved so well; and when the College met, Sir William Jenner (as President) announced, in a few well-chosen words of esteem and regret, the loss it had sustained.

of the Board determined to reduce the salary in any event; but they could not have done so, had there not been a member of our profession willing to assist them." And he contends that no one, for that purpose, was justified in taking an inadequate salary, which £5, or £10 either, would be, in view of the fact that Buglawton is not a town at all, but a large rural district, 20 miles in circumference, and includes several villages. Five pounds, Dr. Davidson thinks, would not be a high charge for any medical man to make for a single inspection of such a district, keeping out of view altogether the other well known duties of a medical officer of health. The gentleman appointed in Dr. Davidson's place was, he says, well aware, three weeks before accepting the appointment, that the salary was to be £5, instead of £10; and also with the circumstances of Dr. Davidson's supercession, having then discussed the whole matter with some mutual friends. The appointment was never offered to him, or made for more than one year.

On the general question of the tenure of office by medical officers of health, we make some remarks in another part of our issue, which, we trust, will be satisfactory to Dr. Davidson.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Admitted Members on July 30th, 1885.

J. Anderson, M.D. St. Andrews, 105, Glo'ster Place, W.; R. H. Fox, M.D. Brussels, 43, Finsbury Circus, E.C.; W. D. Halliburton, M.D. Lond., 135, Gower Street, W.C.; A. Shadwell, M.B. Ox., Brighton; St. C. Thomson, M.B. Lond., 18, Glo'ster Walk, W.; L. C. Wooldridge, M.B. Lond., Guy's Hospital, S.E.

Admitted Licentiates on July 30th, 1885.

J. H. B. Allan, M.D. McGill, 56, Gore Road, E.; T. M. Angior, Bootle, Liverpool; H. W. Austin, Stoke, Devonport; W. J. T. Barker, General Hospital, Bristol; G. Bent, 96, Charlwood Street, S.W.; A. A. Brockat, St. Thomas's Hospital, S.E.; A. D. Chapple, Leigham Court Road, S.W.; T. H. Chittenden, Whitwell, Welling; F. C. Clarkson, Grove Road, Surbiton; F. J. Clendinnen, 32, Calthorpe Street, W.C.; J. S. Curgenvan, 12, Craven Hill Gardens, W.; T. A. Dagg, 36, Granville Square, W.C.; W. F. Dearden, Portland House, Bolton; W. H. Dodd, Sirhowy, Tredegar; E. V. Du Buisson, 46, Nelson Square, S.E.; J. M. Evans, 89, Turner Street, E.; A. G. R. Foulerton, 16, Norland Square, W.; J. H. Gough, St. Mary's Hospital, Manchester; D. Gow, M.D. Toronto, 7, Nicholas Street, E.; W. Habgood, Wimborne; H. G. S. Horne, Guy's Hospital, S.E.; A. W. Hutton, Royal Infirmary, Manchester; Habeeb Jabboor, London Hospital, E.; Hanna Jabboor, London Hospital, E.; T. B. Jacobson, Guy's Hospital, S.E.; J. Jarvis, Bury St. Edmunds; A. Jervis, St. George's Hospital, S.W.; P. A. Lloyd, Manor House, St. Mark's Road, W.; G. W. A. Lynch, 48, Minford Gardens, W.; W. H. B. Moore, 5, St. Paul's Road, N.W.; J. Oliver, 259, Friern Road, S.E.; A. T. O'Reilly, 24, Huntley Street, W.C.; H. C. Parsons, Hampton Wick; F. A. Pring, 47, Endell Street, W.C.; J. J. G. Pritchard, Ferndale, St. John's Park, S.E.; H. E. Rayner, 35, Great Charlotte Street, S.E.; T. Rushbrooke, 22, Rutland Street, N.W.; G. Schofield, Guy's Hospital, S.E.; H. W. Shadwell, 107, Hammersmith Grove, W.; G. F. Smith, 11, St. Anne's Terrace, N.W.; J. Smith, 29, Cassland Road, E.; W. O. Steintal, 7, Rudall Crescent, N.W.; T. H. Sykes, Southport; J. P. Wagstaff, 61, Acre Lane, S.W.; H. S. Walker, Elms, Wakefield; J. Welpont, 51, St. Mark's Road, Leeds; F. F. White, 35, Sussex Gardens, W.; D. F. Whiteley, 29, Great Percy Street, W.C.; C. Williams, 99, Gower Street, W.C.; E. L. Wilson, 2, James Street, Buckingham Gate, S.W.; A. Wilson, 131, Railton Road, S.E.; G. J. Woutersz, 1, Rankellor Street, Edinburgh.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, July 30th, 1885.

Beddow, Josiah, M.R.C.S., Upper Clapton.
Harris, Percy Reeves Traer, Bethune Road, Amhurst Park, N.
Lermitte, Charles Gower, Sheen Park, Richmond.
McLachlan, John, M.B. and C.M. Edin., Lothian Street, Edinburgh.
Thornton, Edward, M.R.C.S., Shrewsbury.

On the same day, the following gentleman passed his examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received a certificate to practise, namely,

Jollye, Francis Wm., Spalding.

MEDICAL VACANCIES.

The following vacancies are announced.

CLONMEL LUNATIC ASYLUM.—Assistant Medical Officer. Salary £100 per annum, and £50 in lieu of rations. Candidates to be unmarried, and not over 32 years. Election on August 10th.

COTON HILL LUNATIC HOSPITAL, Stafford.—Assistant Medical Officer. Salary, £100 per annum. Applications by August 8th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Resident Clinical Assistant. Applications by August 15th.

ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.—House-Surgeon. Salary, £100 per annum. Applications to F. Brown, 46, Atholl Street, Douglas, by August 10th.

LINCOLN COUNTY HOSPITAL.—House-Surgeon. Salary, £100 per annum.

Applications by August 15th.

MANCHESTER ROYAL INFIRMARY, MONSALL FEVER HOSPITAL.—Assistant Medical Officer. Salary, £50 per annum. Applications to the Chairman of the Medical Board.

MASON SCIENCE COLLEGE, Birmingham.—Demonstrator in Physiology. Applications by August 26th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, E.—Physician. Applications by August 31st.

REETH UNION, North Riding of Yorkshire.—Poor-law Medical Officer, Muker District, and Medical Officer of Health for the whole Union. Applications by August 19th.

ROYAL BERKS HOSPITAL, Reading.—House-Surgeon. Salary, £90 per annum. Applications by August 15th.

SALISBURY INFIRMARY.—House-Surgeon. Salary, £100 per annum. Applications by August 21st.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon and Secretary. Applications to F. Milnes Blumer.

ST. BARTHOLOMEW'S HOSPITAL, Chatham.—Assistant House-Surgeon. Salary, £100 per annum. Applications by September 19th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Surgeon. Applications by August 13th.

MEDICAL APPOINTMENTS.

HARRIS, Thomas, M.D. Lond., appointed Honorary Assistant-Physician to the Hospital for Consumption and Diseases of the Throat, Manchester.

MORRIS, E. Freeman, late House-Physician and House-Surgeon at Leeds Infirmary, appointed House-Surgeon to the York County Hospital.

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.

WALLACE.—On the 1st instant, at 4, Newton Place, Charing Cross, Glasgow, the wife of Abraham Wallace, M.D. Edin., of a son.

MARRIAGES.

BEAUMONT—HOLT.—July 30th, at St. John the Evangelist's, Brownswood Park, by the Rev. D. W. Weir, M.A., assisted by the Rev. E. C. Jarvis, M.A., Edgar Beaumont, L.R.C.P. Lond., M.R.C.S. Eng., of Upper Norwood, to Catherine Lucy, eldest daughter of E. Holt, of Wakefield, Yorks, and Brownswood Park, London, N.

HODGSON—MILNE.—On the 30th July, at the Congregational Chapel, Burton Joyce, by the Rev. F. Robinson, of Riddings, assisted by the Rev. J. Hodgson, of Milsbridge, John Hodgson, M.B. Lond., M.R.C.S., of Oldham, to Florence, second daughter of the late Samuel Milne, Esq., of the Grove, Burton Joyce, Notts.

PURDY—JOBBERNS.—On the 4th instant, at St. Margaret's, Bay View, Aberdeen, by the Rev. J. M. Danson, M.A., St. Andrew's Episcopal Church, assisted by the Rev. R. Mackay, M.A., St. John's, Longside, James Robert Purdy, M.B., C.M., Oulton, near Leeds, to Mary Beattie, second daughter of Captain J. Jobberns, late 39th Foot.

THOMAS—WILLEY.—July 30th, at St. Mark's Church, Sheffield, by the Rev. H. Arnold Farrell, M.A., William Frederick Thomas, Surgeon, Her Majesty's Madras Army, to Jeannie, eldest daughter of the late G. C. Willey, Western Bank, Sheffield.

DEATHS.

NICHOLSON.—On July 29th, at his residence, 53, George Street, Hull, John Lee Nicholson, M.R.C.S., L.S.A., aged 69.

VINEN.—On Monday, July 27th, at 17, Chepstow Villas, Bayswater, Emily Charlotte, the beloved wife of Edward Hart Vinen, M.D.

CHILD-LABOUR IN FACTORIES.—From the last report of the New Jersey Inspector of Factories and Workshops, it appears that there were last year 15,000 youths and children at work in 5,000 factories in that State. The average age at which they went to work was nine years. All of them had been accustomed to work 10 hours a day, and many of them even 14 hours. Those who had entered the shops the earliest in life were the puniest and most ignorant. The weekly wages of the children did not average two dollars. The inspector remedied many of the grievances, and sent a considerable number of the children to day and night schools. Upon investigation, the New York Bureau of Labour Statistics also found a bad state of infant-labour. In some mills, little children were kept at work under their drivers 11 hours per day all the year round; subterfuges were adopted for employing very young children, and overseers were permitted to beat them with straps. Men have been turned out of the mills because children and women can be got to work more cheaply. The superintendent of one factory said: "Families come here from Ireland, and the girls are as healthy and rosy-cheeked as you would ever see, and yet in two years the girls would be in consumption, and half the family would be gone in seven years." The Commissioner reports that families cannot be supported without the wages of the children, and that, even thus aided, "a majority of families barely manage to make both ends meet at the close of the year, while a considerable number actually find themselves in debt." The question of child-labour and of pauper-labour in the United States is a very pressing one, and is beginning to secure serious attention.

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, 2.30 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.—King's College, 3 to 4 P.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.—Bass 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.—Cancer Hospital, Brompton, 2.30 P.M.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS. —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30 Skin, M. Th., ; Dental, M. W. F., 9.30.
GUY'S. —Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
KING'S COLLEGE. —Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th., Throat, Th. 3; Dental, Tu. F., 10.
LONDON. —Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9.
MIDDLESEX. —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.
ST. BARTHOLOMEW'S. —Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W. 11.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.
ST. GEORGE'S. —Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p. Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 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, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

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 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.

BIOLOGY AND MEDICAL STUDENTS.

SIR,—It has been said by Spinoza that error is but imperfect truth, which seizes on one aspect of the question to the neglect of all the rest.

This is just what Mr. Ray Lankester has done. If medicine were a perfect science, no doubt we might so learn it as to proceed from theory to practice with something like mathematical certainty; but, in its present state of imperfection, the utility of such attempts must be admitted; and I think we ought to acknowledge more than we do the necessity of studying our profession otherwise than as the outcome of merely theoretical considerations.

In our eagerness to reach an ideal standard of perfection, we are too apt to forget that the medical art is much older than what we call the science, and of independent origin.

"Medicines and cures," says Celsus, "were first found out, and then, after, the reasons and causes were discovered; and not the causes first found out, and by light from them the medicines and cures discovered." This distinction still holds good.

The ancient physicians looked upon medicine as the art of diagnosing and treating disease, in which the unerring tact of a practised and sound judgment was of primary importance. With them, the rapid and searching glance of comprehension into the hidden sources of disease was, as it ever will be, the principal and most essential thing. All the scientific paraphernalia of modern educational culture are simply introductory to this great end; they are really external to it, and much less important than it. In ultimate resort, it is upon intuition, rather than upon syllogism, that the solution of many medical problems depends.

Thus, also, Aristotle, in his *Analytics*: "Since, of the faculties that concern the understanding by which we learn the truth, some are always true, and some admit of falsehood, as opinion and reasoning; and since science and intellect are always true, and there is no other kind of science more exact than intellect, and since the first principles are clearer than the demonstrations, and since all science is together with reason, there can be no science of the first principles; and since nothing can be truer than science except intellect, intellect must be intellect of first principles; and this appears both from considering these things, and that the beginning of demonstration is not demonstration, so that neither is science the beginning of science. If, then, we have no kind of truth which exists independently of science, intellect (*voûs*) must be the beginning of science."

The great variety of subjects, and the immense number of empirical facts, which the present system of medical education so perversely demands, is, I think, to be regretted; because this state of things tends, with increasing force, to the study of isolated phenomena, and small and narrow domains. It causes the knowledge of Nature, as a great and comprehensive whole, to be sadly neglected. The mind, by this process, is fatigued and bewildered, and fails to acquire a correct understanding of the true nature of things. Thus is generated that narrow-mindedness which forgets the man in studying the cell.

In this state of things, we must seek the explanation of the remarkable anomaly so painfully obvious in connection with medical examinations; that nearly all the subjects they embrace may be discarded immediately the ordeal is over, without the slightest detriment to any future professional prospects.

Men learn nothing by passing examinations, except to gratify their vanity and self-conceit. The best interests of education assuredly demand less examinations and more sound teaching; teaching, that is to say, not with the object of satisfying the unreasonable demand of insatiable examiners, but of seeking out and knowing the truth.

It has been well said, a student of Nature bows to no authority; for there is nothing either more ancient or of higher authority than Nature, which reveals to the inquiring mind the laws of its stupendous harmony. This is my interpretation of Mr. Lankester's "Lehrfreiheit" and "Lernfreiheit." The fewer obstacles interposed between the student and Nature the better.—Sincerely yours,

W. ROGER WILLIAMS.

LOSS OF A NAIL.

SIR,—Will some kind member furnish me with a suggestion as to the diagnosis and treatment of the following troublesome case?

Three years ago the patient, aged 60, lost, through disease, the nail of the middle finger. The nail has never been replaced; and although the surface has, he says, on several occasions "healed up," it is subject to constantly recurring ulceration. Being a working man, he finds this a great hindrance, and came to me, asking me to amputate. I was unwilling to do this without an effort to remedy the condition. I, therefore, first of all tried arsenical lotion, and subsequently strong carbolic acid ointment, in both cases with very little benefit. According to his statement, it has been seen by "lots of doctors," under whose treatment it has been more or less benefited for a time.—I remain, yours faithfully,

L.R.C.P., M.B., M.A.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following questions in Physiology and Anatomy were submitted to the candidates at the recent primary examinations for the membership. Candidates were required to answer at least four questions in each subject, and were informed that they might with advantage answer all six. *Physiology*.—1. Give the characters, distribution, and uses of yellow elastic tissue. 2. Name the several proximate constituents of bread; describe the changes which each undergoes in the alimentary canal. 3. Describe in proper sequence the action of the right auricle, right ventricle, and pulmonary artery, with their valves, during a complete cardiac cycle. 4. What kinds of impulses travel by the anterior and posterior roots of the spinal nerves? How have the facts been demonstrated? 5. Describe the physical and chemical characters of lymph. What is its source? Compare it with chyle and with blood. How is its movement effected? 6. By what means is the temperature of the body raised above that of the surrounding air? How is it prevented from rising above normal limits? To what extent does it vary in different parts of the body? *Anatomy*.—1. Describe the os calcis, with its muscular and ligamentous attachments. 2. Describe the mechanism of pronation and supination of the forearm and hand, and enumerate the muscles by which these movements are effected, giving their nervous supply. (A full description of the radio-ulnar articulations is not required.) 3. The abdomen having been opened, state in order the viscera which must be removed to expose the whole of the vena cava inferior. 4. Enumerate the ligaments which connect the occiput with the atlas and axis, and describe the movements which take place between these bones. 5. Describe the areas of distribution of the various cutaneous nerves of the buttock and thigh. 6. Describe the structure and relations of the prostate gland, and the portion of urethra contained within it.

THE CAUSES OF CANCER.

SIR,—I have worked for some years at the question of the etiology of cancer, and, with this object in view, far and wide in the broad field of literature I have searched and examined. I published a paper on cancer in the JOURNAL in April 1883. In August of the same year, I suggested, in a letter to the JOURNAL, that cancer should form one of the subjects of inquiry by the Collective Investigation Committee; and I am glad to see that, in the able hands of Mr. Butlin (see JOURNAL, July 11th, p. 5), there is now some likelihood of the matter being thoroughly inquired into.

In criticising my conclusion that the fecundity of women and the prevalence of high nervous tension should be classed as strong predisposing causes of cancer, Mr. Butlin states that there is absolutely no proof at present that very fruitful women and highly nervous people are "peculiarly" liable to cancer. Now, statistics which I have quoted, collected by Moore, showed that cancer of the uterus was most common in women who had borne fine children, and Scanzoni determined the same fact; and, with regard to the question of nervous persons, it is generally admitted by surgeons that a close connection exists between mental shock and the appearance of mammary cancer. This fact is frequently referred to in the pages of surgical text-books. It does not, therefore, seem extravagant to hold that nervous persons, in one respect at least, are more liable to cancer than others whose nervous systems possess more stability. Mr. Butlin may, of course, have some reasons for refusing to accept the applicability of these statistics to the case in point, but in my opinion they seem to be conclusive enough; and there is, moreover, the concurrent testimony of Birkett, West, and Velpeau, of the special liability of the breast and uterus to undergo malignant degeneration in married women who have borne children. Mr. Butlin, however, qualifies his criticism by the insertion of the phrase "at present," and here I am quite in accord with him, inasmuch as the statistics above referred to cannot be described as having the freshness of youth; indeed, according to my reading, there have been no published observations dealing with this matter for many years; and, bearing this fact in mind, I would suggest that the Collective Investigation Committee might, with advantage, institute an inquiry based upon the relative frequency of cancer in the case of married and unmarried females.

Turning, now, to the discussion of the hereditary theory of cancer, I think there is no statement which cannot be disposed of showing that cancer is in any respect more hereditary than, for instance, small-pox, scarlet fever, or measles. In both cases, nothing more is transmitted than a predisposition to suffer from the diseases in question. A man is predisposed to scarlet fever by virtue of his humanity; but this predisposition—which, of course, may vary in degree—may or may not become manifest. He may never be exposed to the infection, or, if exposed, may pass scatheless through the risk. A man is not the subject of scarlet fever, in spite of the predisposition to the disease which he may inherit, until the appearance of the usual symptoms by which it is characterised; neither is he the subject of cancer, in any sense whatever, in spite of cancerous progenitors, until some organ or part becomes the seat of a malignant growth. Therefore, it is impossible to speak of cancer as being hereditary in the usual acceptance of this term. Each man and woman inherits a predisposition to become cancerous after a certain age is reached, and this is largely under the influence of certain causes which, perhaps, it is true to describe as exciting. Similarly, then, as scarlet fever does not arise *de novo*, and without the presence of the germ of this disease, so the predisposition to cancer, of degrees of which it is quite possible to conceive, will presumably be found not to exhibit any activity except under the influence of one or more causes with which it invariably seems to be so closely allied. Thus it seems rational to conclude that, even in persons whose cancerous disease is said to be hereditary, some amount of care in the avoidance of deleterious habits might have had the effect of maintaining the predisposition to the disease in a condition of really masterly inactivity. For instance, Dr. Stallard states that in San Francisco carcinoma of the stomach is very predominant amongst the male population; and he attributes this result to a very likely cause, the prevalence of the practice of drinking "cocktails" in the morning, together with bitterns in the middle of the day, and punches at night. Now, in view of this, a man in San Francisco might not suffer from cancer of the stomach if he had strength of mind enough to deny himself what are called "cocktails." It is evident, however, that any inquiry into the whole question of cancer is likely to yield good results which deals with the combination of circumstances under which the disease seems most prone to occur. It is probable that we are a very long way off determining in what cancer as a disease consists; but there is no disputing the fact that we have certain knowledge of many of its causes, or at least of the conditions under which it commonly arises. We are sure, for instance, of the connection between smoking and cancer of the lip, and soot and epithelioma of the scrotum; and in these cases it is evident that some perversion of nutrition is excited by the stem of the pipe on the one hand, and the soot on the other. But, if physical agents can act as exciting causes of cancer, there is no apparent reason why morbid conditions should not lead to the same result. And, from this point of view, it is not improbable that eczema of the nipple and leucoma of the tongue owe their precancerous connection to the fact, that the chronic inflammatory changes with which they are associated act as exciting causes of cancer in organs for which the disease exhibits a marked predilection.

I may add, in conclusion, that a few months ago the idea presented itself of examining the records of all the European States, with the view to "an inquiry into the comparative mortality from cancer in the European States." But some hours spent in the library of the Statistical Society exposed me to the disappointment of finding that, in consequence of the meagre details which are furnished to this country of the mortality-statistics of other countries in Europe, the collection of facts for the purpose would be a matter of considerable difficulty. In time, however, I hope to be able to do something in this direction.—I am, sir, yours faithfully,

H. PERCY DUNN.

THE FIRST APPENDIX TO THE "MEDICAL DIGEST."

SIR,—Considering that during the past four years much has been written on medical science, it has been suggested that it would be acceptable to many if the first appendix to the *Medical Digest* were to be issued at the end of 1885, instead of at the close of 1886, as originally proposed.

I wish upon this point to elicit through your JOURNAL the opinions of those interested in the subject. A post-card addressed to myself, or to the publishers, Messrs. Ledger, Smith, and Co., St. Mary Axe, E.C., expressive of such opinions, and noting, at the same time, any needed corrections in the edition of 1882, will oblige, yours truly,

RICHARD NEALE, M.D. LOND.

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

PRACTICE IN NEW ZEALAND.

The Edinburgh Medical Missionary Society's quarterly paper publishes the following paragraph.

OPENINGS FOR CHRISTIAN PHYSICIANS IN NEW ZEALAND.—The following extract from a letter, written from Waipukurau, near Napier, New Zealand, will, we hope, be read by some young Christian medical men who are on the outlook for a useful, as well as inviting, sphere in which to practise their profession. We shall be glad to hear from any such. Our friend writes:—

"I wish some steady young doctors would come out to this part of the colony. It would be a great benefit if these doctors had some regard for religion. At present, we are here in need of a medical missionary, or a medical man who would occasionally conduct religious services. His station would be, at present, an outlying one, where there is no medical man within 45 miles, and where a minister preaches only about four times a year. The district is well able to give a suitable man £300 a year. There is another district in the Wairarapa, near Wellington, where the people are prepared to give £300 yearly, in addition to his practice, for a good Christian medical man; and between his practice and the amount promised, he would have at least £500 a year. If you know of a young medical man who has a character for piety, or even a regard for religion, you would greatly oblige me by bringing these openings under his notice. In this country, we need men of Christian principle."

The address of the Edinburgh Medical Missionary Society is 56, George Square, Edinburgh.

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

Mr. W. Philipson, Newcastle-on-Tyne; Mr. G. Cartland, Windsor; Mr. D. Bradley, Dudley; Mr. W. H. Omerara, Carlisle; Mr. W. J. Sansbury, London; Dr. W. R. S. Jeffries, Chatham; Mr. Furness Simmons, London; Mr. W. P. Y. Bainbridge, Droitwich; Dr. W. Bruce, Dingwall, N.B.; Dr. Styrap, Shrewsbury; Dr. J. W. Bullen, Bandon; Messrs. Sampson Low and Co., London; Messrs. Burroughs, Wellcome, and Co., London; The Secretary of the Royal College of Physicians, London; The Rev. W. G. Hazlerigg, Wiesbaden; Mrs. S. Aldridge, Dorchester; The Secretary of the Medical Faculty, University of Aberdeen; Mr. A. Gubb, London; Mr. J. F. Dixon, Sevenoaks; Dr. Petch, York; Dr. R. Bowes, Oldham; Mr. A. Stewart Norman, Havant; Dr. A. Tucker Wise, Maloya, Switzerland; Mr. Wm. Garner, London; Dr. Maxwell, Sandgate; Dr. A. Sheen, Cardiff; Mr. C. T. Mitchell, London; Dr. R. Pearson, London; Dr. Leech, Manchester; Dr. G. Owen Rees, London; The Secretary of the Cambridge Scientific Instrument Company; Dr. Robinson, Dublin; Our Glasgow Correspondent; Dr. G. E. P. Nixon, Shrivensham; Dr. Jeffreys, Chesterfield; Dr. Chalmers, London; Mr. C. R. Straton, Wilton, Salisbury; Dr. R. Wade Savage, London; The Rev. G. Howard Wright, London; Mr. J. Hussey Williams, Southport; Dr. A. Hegg, London; Mr. F. P. Atkinson, Surbiton; Mr. Wm. Barlow, Bolton; Dr. Broadbent, London; Dr. E. E. Moore, Downpatrick; Mr. H. J. Masters, Leicester; Mr. H. T. Tomlinson, Nuneaton, Warwickshire; Mr. W. H. Withington, Manchester; Our Edinburgh Correspondent; Mr. J. P. Philpot, Parkstone; Dr. G. C. Kingsbury, Blackpool; Dr. A. Edis, London; Mr. E. Freeman Morris, Leeds; Dr. W. S. Robertson, Port Said; Mr. T. C. Blanchard, Linares, Andalusia; Dr. Monckton, Maidstone; Mr. T. W. Cook, Exeter; Mr. R. Rieley, Spennymoor; Dr. E. Markham Skerritt, Clifton; Mr. W. J. H. Wood, Boston; Messrs. Mawson and Swan, Newcastle-on-Tyne; Our Correspondent in Cairo; Mr. R. J. Gilbert, London; Our Aberdeen Correspondent; Dr. A. Ambrose, Bournemouth; Mr. R. S. Anderson, Spennymoor; Mr. Percy Pope, South Hayling; A Member; Mr. E. Sheaf, Newcastle-on-Tyne; Mrs. Timmins, Carmarthen; Mr. J. F. Maclaren, Suakin, Egypt; Dr. J. Sinclair Coghill, Ventnor; Dr. R. Barnes, London; Dr. Murrell, London; Dr. Poulain, London; Dr. McKendrick, Glasgow; Dr. T. Maxwell, Woolwich; Mr. H. D. Palmer, Colchester; Mr. C. E. Furslow, Birmingham; Surgeon-Major Baker, Salford; Dr. J. S. Langdon, Seville; Dr. D. C. Black, Glasgow; Mr. S. Osborn, London; Mr. James Dixon, Dorking; Dr. T. Harris, Manchester, etc.

BOOKS, ETC., RECEIVED.

A System of Practical Medicine by American Authors. Edited by W. Pepper, M.D., assisted by Louis Starr, M.D. Vol. II. General Diseases (continued) and Diseases of the Digestive System. London: Sampson Low, Marston, Searle, and Rivington. 1885.

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