

aid J. I. W. Stevens (equal).—*Winter Session, 1884-1885*: Medicine: Medal and First Certificate, H. T. Platt; Surgery: Medal and First Certificate, H. T. Platt; Certificate, 2. F. Prond. Public Health: Medal and First Certificate, J. F. Williams-Freeman; Certificate, 2. J. Pearson. Anatomy: Senior Class: Medal and First Certificate, L. A. Baine; Certificate, 2. W. H. G. Williams; Junior Class: Medal and First Certificate, W. A. Budd; Certificates, 2. A. E. Cope and W. J. Stephens (equal). Physiology: Senior Class: Medal and First Certificate, M. M. Bowlan; Certificates, 2. W. H. G. Williams; 3. J. W. Leech; Junior Class: Medal and First Certificate, H. J. Parry; Certificates, 2. A. E. Cope; 3. G. Clatby and H. McLagan (equal). Dissection: Medal and First Certificate, T. M. Elmsper; Certificates, 2. M. M. Bowlan and W. R. Shortt (equal). University Scholar, 1884: A. E. Cope. Tullagh Scholar, 1884: A. E. Bradbury. Charlton Scholars: 1884, J. M. Lazenby; 1885, H. T. Platt.

GLASGOW ROYAL INFIRMARY SCHOOL OF MEDICINE.—*Summer Session, 1884*: Forensic Medicine: First Prize, A. R. Owst; Second Prize, R. H. Parry; Certificates, A. E. Thorpe, R. Morgan. Midwifery: First Prize, R. H. Parry; Second Prize, R. Morgan; Third Prize, J. Jones; Certificates, A. R. Owst, W. Valentine. Pathology: Systematic Class, First Prize, J. T. Neech; Second Prize, J. H. Owen; Practical Class, First Prize, R. H. Parry; Second Prize, J. H. Owen; Certificates, R. Morgan and R. H. Parry (equal); J. T. Neech.—*Winter Session, 1884-85*: Chemical Department: Chemical Division, First Prize, J. H. Miller; Certificates, J. W. Lay, T. M'Gubbin, W. M'Leod, A. J. Harwood; Medical Division, First Prize, R. C. Wakefield; Second Prize, W. J. France; Certificates, J. T. Wilson, J. L. Wilson, A. M'Donald, R. W. Roberts. Anatomy: Senior Division: Prize, J. Beadle; Certificates (in order of merit), J. O. Jones, G. Evans, J. R. Lloyd Jones, F. A. Elkins, E. Brooks. Junior Division: Prize, R. C. Wakefield; Certificates (in order of merit), W. R. Walker, W. J. France, J. W. Lax. Practical Anatomy: Certificates (in alphabetical order), Senior Division, J. Beadle, E. Brooks, G. Evans, A. J. Harwood, H. Owen, J. O. Jones, J. R. L. Jones, T. C. Jones; Junior Division, W. J. France, J. W. Lax, A. Macdonald, R. W. Roberts, R. C. Wakefield, W. R. Walker, R. P. Williams. Physiology: First Prize, R. C. Wakefield; Second Prize, J. R. L. Jones; Certificates, J. O. Jones, F. A. Elkins, B. O. Willis. Surgery: Gold Medals, F. Wilson, R. H. Parry; Certificates, F. W. Ord, A. W. White, W. Valentine. Medicine: Prize, F. Wilson; Certificate, J. Thomas. Materia Medica: First Prize, R. H. Parry; Second Prize, J. S. Sergeant; Certificates, T. Jones, E. Brooks, J. O. Jones.

CARMICHAEL COLLEGE OF MEDICINE.—Carmichael Scholarship: T. E. Dunne. Surgery: J. A. Whitty. Medicine: J. Toppin. Botany and Zoology: A. Downing. Materia Medica: J. B. Meek. Medical Jurisprudence: W. Abernethy. Practical Chemistry: L. H. Ford; Extra, B. la Roche Souvrière. Practical Histology: S. M. Cox and B. Hunt (equal). Anatomy (for First Year Students): C. D'Alton, C. W. Healey, L. H. Ford. Junior Anatomy: G. J. Lough, J. Stewart, S. M. Cox. Senior Anatomy: E. Conzoran. Junior Dissections: T. E. Dunne, G. J. Lough, J. J. M'Naboe. Senior Dissections: A. Clutterbuck. Chemistry: L. H. Ford, C. W. Healey, J. B. Spearling. Special Prize: J. J. M'Naboe and J. Beattie. Mayne Scholarship: E. Conzoran.

NATIONAL DENTAL HOSPITAL AND COLLEGE.—Rymer Medal: Not awarded. Dental Anatomy: Prize, G. Lombardi; Certificate, E. G. Carter. Dental Mechanics: Prize, A. C. Poole; Certificate, R. J. Lovitt. Dental Surgery: Prize, B. Douthwaite; Certificate, C. E. Tucker. Metallurgy: Prize, G. Lombardi; Certificate, J. Rymer. Operative Dental Surgery: Prize, E. C. Perks; Certificate, W. J. Fisk. Students' Society (Paper): F. Wright; (Communications), F. Wright.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room, Exeter Hall, Strand, London, on Wednesday, the 14th day of October next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, September 17th, 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 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

CHOLERA, 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 Cholera and Acute Rheumatism be sent in 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 HEMOGLOBINURIA.
ALBUMINURIA IN THE APPARENTLY HEALTHY.
SLEEP-WALKING. ACUTE GOUT.

The "Sleep-walking" form may be filled in by a non-medical person 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 Medical College, Madras, on the first Friday in the month, at 4.30 P.M. Gentlemen desirous of reading papers or exhibiting specimens are requested to communicate with the Honorary Secretary.—J. MATTLAND, M.B., Honorary Secretary, Madras.

SOUTH MIDLAND BRANCH.—The autumnal meeting of the above Branch will be held at the Cock Hotel, Stony Stratford, on Tuesday, October 6th, at 2 o'clock P.M. The President kindly invites the members to luncheon at his house at 1 o'clock. Gentlemen wishing to read papers or cases are requested to communicate without delay with the undersigned.—CHARLES J. EVANS, Honorary Secretary, Northampton.

STAFFORDSHIRE BRANCH.—The twelfth annual general meeting of this Branch will be held at the Bell Medical Library, Cleveland Road, Wolverhampton, on Thursday, October 23rd, 1885, at three o'clock in the afternoon. An address will be delivered by the President-elect, Mr. J. T. Hartill (Willenhall).—VINCENT JACKSON, General Secretary.—Wolverhampton, September 11th, 1885.

SOUTH-EASTERN BRANCH.—EAST SURREY DISTRICT.—The next meeting will be held at the White Hart Hotel, Reigate, on Thursday, October 8th, at 4 P.M.: Dr. Holman, of Reigate, in the chair. The following papers, etc., have been promised: Dr. Holman (Chairman): A Case of Cystitis; Dr. Milner Fothergill: Our Means of Affecting Arterial Tension. Mr. F. B. Holloway: A Case of Passage of a Large Number of Gallstones. Mr. Hutchinson will report: A Case of Calculus Vesicae, with clinical remarks. Dr. Stoker: A paper. Dinner will be served at 6 P.M. precisely; charge, 7s., exclusive of wine. All members of the South-Eastern Branch are entitled to be present, and to introduce professional friends.—J. HERBERT STOWERS, M.D., Honorary Secretary, 23, Finsbury Circus, E.C.

OXFORD AND DISTRICT BRANCH.—A meeting of this Branch will be held in Oxford, on Wednesday, October 28th. Members who wish to communicate papers are requested to inform one of the secretaries (W. L. MORGAN, Esq., 49, Broad Street; Dr. DARRISHING, 60, High Street, Oxford, on or before October 14th).

WEST SOMERSET BRANCH.—The autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, October 22nd, at 8 o'clock. Dinner at 5.30 o'clock, punctually. Subject for discussion: "The Treatment of Obstinate Constipation." Mr. Frederick Treves will open the discussion. Gentlemen wishing to read papers or cases are requested to send notice to W. M. KELLY, Honorary Secretary.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.
The summer meeting was held at Staplehurst on Thursday, September 24th; Dr. JOYCE, of Cranbrook, in the chair.

Election of Chairman.—Mr. Whitehead Reid, of Canterbury, was chosen as chairman for the next meeting at Canterbury in November.

The Treatment of Miscarriages.—This paper was read by Dr. EDIS (London). He avoided using the term abortion, as it tended to convey the idea of criminal practice. His remarks were chiefly directed to the management of incomplete expulsion of the ovum, more especially about the third or fourth month. It was in these cases that the primary danger of severe hæmorrhage, and subsequently of septicæmia, occurred. He urged the advisability of dilating the cervix uteri, should that be requisite, in all cases where hæmorrhage persisted, or where the discharges became offensive, irrigating the uterine cavity with hot iodised water, and then, either by means of the finger or ovum-forceps, carefully exploring the interior of the uterus, and removing any portions of retained placental or other tissue. The instruments usually employed by him in carrying out these measures were shown, and their action explained. In many instances, met with in everyday practice, of metrorrhagia, it would frequently be found, on careful inquiry, that a period or two had been missed prior to the hæmorrhage commencing, and that a miscarriage at some early date took place, often unsuspected by the patient or practitioner. Whenever there was a persistent elevation of temperature or sanguineous discharge, not explained by the presence of a hæmatocoele or other similar condition, dilatation and exploration ought always to be resorted to.—Dr. Joyce, Mr. Worship, Mr. Rigden, Mr. Monckton, and Mr. Reid took part in the discussion, and Dr. Edis replied.

Puerperal Phlegmasia.—Dr. JOYCE read this paper, which dealt more especially on the pneumonias and pleuritis that occurred during the puerperal period, and are associated with offensive lochial discharge. It was pointed out that such inflammations were generally but local expressions of a general toxicæmic condition, while the starting point was the uterus. It was also shown that the stress of the septic process sometimes fell on the membranes of the brain, constituting puerperal meningitis, and two cases were cited in support. The pathology and etiology of the process was considered, and its proper treatment by the free use of quinine and careful uterine irrigation insisted on.—Dr. Edis, Dr. Gogarty, and Dr. Bowles spoke, and the Chairman afterwards replied.

Case of Cherry-stone in Bronchus.—Dr. F. EASTES read this case. On May 27th, 1885, a boy, J. F., aged 2 years and 8 months, was suddenly seized with dyspnoea when passing the house. Dr. Eastes saw him almost black in the face, and gasping for breath at rather long intervals, very little air entering the chest. On passing a finger into his mouth no foreign body could be felt, and the vocal cords were reached. After this he breathed freely, and regained consciousness. A whistling noise could now be heard with the stethoscope placed over the left bronchus. He was carried to the hospital, and there his body was inverted and shaken; an emetic was then administered, and bits of cherries and radishes were vomited. Special instruments were telegraphed for, and tracheotomy was performed as low as possible on May 29th, thirty-seven hours after the sudden attack of dyspnoea. Nothing could be found down either bronchus. The patient was inverted again and shaken. Half an hour after the completion of the operation, he died. At the necropsy, the right lung was found to be enormously gorged with blood, the left lung very pale and collapsed. A cherry-stone was firmly impacted in the left bronchus, one inch and a quarter below the bifurcation. The specimen was exhibited with the cherry-stone in situ.

Glaucoma.—Dr. TROSKY read a paper on a case of acute glaucoma simulating a bilious attack.—Mr. JULIEN (London) spoke of the importance of diagnosing such a case as the above. Irridectomy should be done in every case except the hæmorrhagic variety. Atropine was most harmful.—Dr. BOWLES mentioned that belladonna, even taken internally, was capable of setting up glaucomatous attack in a case predisposed.

Dinner.—The members afterwards dined together at the South-Eastern Hotel.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Pathogenic Germs in Healthy Blood.—*The Action of Subnitrate of Bismuth in Dressing Wounds.*—*Tubercular Hypertrophy of the Male Mammary Gland.*—*An Unusual Form of Osteitis.*—*Dysentery at St. Germain-en-Laye.*—*Muscular Atrophy consecutive to Articular Fractures.*—*A Case of Transmitted Phthisis.*—*Pellagra.*

M. CHAUVÉAU, at the Grenoble meeting of the Association for the Advancement of Science, exposed some facts which warranted the belief that the blood of healthy people contains pathological germs, which only require favourable conditions to exhibit their properties. M. Verneuil endorsed this view, and observed that, even when in a condition of apparently perfect health, we are, nevertheless, a sort of menagerie or hothouse, containing a mass of germs, which develop when a wound or injury provides them with the opportunity. M. Ollier instanced recurring osteomyelitis as a proof of the truth of M. Chauveau and Verneuil's theories. Sometimes, after an interval of ten years, osteomyelitis reappears. The microbes remain inert until aroused by a provocative, but the disease reappears each time in a milder form, suggesting that the micro-organism becomes attenuated by remaining in the human organism.

M. Gosselin and Heret, in a communication to the Académie des Sciences, discussed the action of subnitrate of bismuth as a dressing for wounds. After operating on rabbits and guinea-pigs, the application of this substance arrested the escape of blood between the suture-stitches or into the wound, and immediate reunion was obtained; the subnitrate of bismuth, though it was not a coagulating agent until the nitric acid was freed, parted with its acid when in contact with the wet surface of wounds, and the blood round the severed arteries was coagulated. In addition to this action, it was also an astringent, a germicide, and a sedative. This salt of bismuth was preferable to hydrate of bismuth, which was neither a coagulating agent nor an astringent; it could be used pulverised, or in solution at 1 per 50.

M. Leudet, of Rouen, described, at the Scientific Association at Grenoble, a form of hypertrophy of the mammary gland observed in tuberculous men. This lesion is distinguished from that of tubercular mammary glands by invading the entire glands. It is generally consecutive to other tubercular lesions, those of the lungs and pleura; it is very painful, does not suppurate, and terminates by resolution.

M. A. Poncet de Lyon described, at the same meeting, a form of osteitis, which attacks the coracoid process. This affection occurs during adolescence, before the epiphyses unite to the scapula. The diagnosis is difficult, but may be made by accurately determining the seat of pain. Abscesses form in the subclavicular region. When the entire apophysis is involved, the neighbouring articular surfaces are menaced, and surgical intervention is warranted. M. Poncet has performed resection of the head of the humerus, of the coracoid process, and all the surfaces attacked.

M. Amat has investigated the repeated epidemics of dysentery at St. Germain-en-Laye, and has ascertained that, during the last three years, there has been a yearly increasing epidemic of dysentery, instead of a few sporadic cases. The epidemic appeared during the months of July, August, and September, of 1882-3-4. The soldiers suffered severely, as well as civilians. M. Amat, during his investigation, came to the conclusion that there must be some specific cause for this reappearance of the epidemic. He believes he has found it in the water-supply of St. Germain, which is mainly drawn from wells constructed at Pecq. The water-level rises and falls with that of the Seine; this river is notably impure below Paris. Analyses of the water used for drinking were made at the municipal laboratory of Paris, and it contained a high percentage of organic matter. Before this water was supplied to the barracks, drinking-water was prepared from Retz, and was of good quality. Dysentery at that time had not appeared; it was coexistent with the supply of Pecq water. On ascertaining these facts, all drinking-water used by the soldiers was boiled, and the epidemic was suddenly arrested. During August, there were a few cases among the soldiers, who afterwards owned that they had drunk unboiled water.

Muscular atrophy consecutive to articular fractures is the subject of a paper read before the Paris Biological Society by M. Clado, and Duplacy. They have observed generalised muscular atrophy of the portion of the limb above the fracture, and an excessive quantity of fat in the inner perimysium of the atrophied muscles. A histological

guardians informed the board that my statement was absolute nonsense, that there was no danger or risk whatever to the medical officers, and that the himself would just as soon sleep with a small-pox patient as not. A majority of the poor-law guardians then present swallowed this distinction afterwards voting against giving medical officers anything for their services during the epidemic; and then proceeded straight to vote sums of money to the relieving officers and to the vaccination officers for their services during the small-pox epidemic. I give Dr. Serjeant the credit for seeing the absurd position in which the board was thereby placed, and he made a strenuous effort to have the words "small-pox epidemic" struck out, but he failed.

The case, therefore, now stands that the Camberwell Board of Guardians have handsomely remunerated their subordinate officers for extra services "during the late small-pox epidemic," and have refused any remuneration to the district medical officers, or to recognise their services in any way, on the ground that there has been no epidemic at all.

Dr. Serjeant speaks in his letter to you as having voted with "the large majority" against the just claims of the medical officers; and says that my motion received three votes. Allow me to say that six votes carried the day against me, and had Dr. Serjeant and Dr. Green voted for their medical brethren instead of against them, the grant for the doctors would have been carried by one vote.

I now leave it to your medical readers to decide whether they think with Dr. Serjeant that the case was "so feebly put by me that failure was inevitable."—I am, etc.,

ANDREW A. W. DREW, Vicar of St. Antholin's, Nunhead;
a Guardian of the Parish of Camberwell.

TYPHOID FEVER WITH RESPECT TO AGE.

SIR,—I read the excellent address, as delivered by Mr. Davies, M.O.H. for Bristol, as published in the JOURNAL of August 1st.

Speaking of typhoid fever, he there states that certain returns, in which the deaths of infants and the aged are attributed to this disease, are accepted with serious misgivings. This is, no doubt, true generally, but the following case will probably surprise others as it surprised me.

It is some time ago since I attended A.B., aged 79. He was suffering from slight congestion of one lung. By-and-by, typhoid symptoms developed, amongst which I may mention sleeplessness, slight delirium, and the dark brown fur in the central line of the tongue. The bowels had to be relieved by injections for a few days; there was never any gurgling in the right iliac fossa; neither could the typhoid spots be found.

I often asked myself, is it a case of typhoid fever? But, taking the age of the patient and all the symptoms into consideration, I could not conclude that the case was anything but congestion of one lung, and that typhoid symptoms had developed previously to death. What was the result? Seven more of the people, staying in the same house, began with unmistakable typhoid fever.

Now, considering that not only was I the medical attendant, but that I was M.O.H. for the same district, I came in for a good share of hostile criticism. I received a caution, which I shall not forget in a hurry; further, I shall not be so much impressed with the statement that is made in the text-books, that typhoid fever occurs in patients under 45 years of age, and is pre-eminently a disease of childhood and adolescence.

I may never see another case at such an advanced age as 79, but others may. For the purpose of putting others on their guard, I write this. I would just add, that each of the eight cases made a good recovery.—Yours obediently,

M.O.H.

QUALIFICATION FOR MEDICAL OFFICER OF HEALTH.

X. Y. Z. writes to us, inquiring whether the holder of the L.A.H. Dublin, with no other qualification, is eligible for appointment as medical officer of health. The general order of the Local Government Board, relating to medical officers of health, provides that "a person shall not be qualified to be appointed unless he shall be registered under the Medical Act of 1858, and qualified by law to practise both medicine and surgery; provided that the Local Government Board may, upon the application of the sanitary authority, dispense with so much of this regulation as requires that the medical officer of health shall be qualified to practise both medicine and surgery, if he is duly registered under the said Act, and qualified to practise either medicine or surgery." Whether, however, the Board would be prepared to dispense with the double qualification in X. Y. Z.'s case, we cannot of course say. No doubt every case is dealt with on its own merits, and the point would be considered whether the sanitary authority had difficulty in securing the services of a fully qualified practitioner.

LEEDS SMALL-POX HOSPITAL.

SIR,—In this town, until fifteen years ago, small-pox patients were admitted into the House of Recovery, or Hospital for Infectious Diseases; but several cases having occurred in which convalescents from typhoid fever took small-pox, it was decided to erect a separate hospital for the latter disease. A gentleman in private practice was appointed to attend at the Small-Pox Hospital whenever his services were required, and the two institutions were kept entirely distinct. This arrangement has proved to be a very satisfactory one; no case of infection from the patients in the Small-Pox Hospital having occurred during the whole of this time.

The Sanitary Committee of the Town Council have now, however, decided to again place the Small-Pox Hospital under the sole care and management of the resident medical officer of the House of Recovery. Now I am strongly of opinion that, in thus acting, the committee are making a serious mistake. I think that the duties of medical officers and superintendents of the only hospital for infectious diseases in one of the largest boroughs in this country ought, if properly performed, to suffice for one man, without saddling him, in addition with the whole and sole charge of another institution about a quarter of a mile distant. I also object to the proposal of the committee, on the ground that the risk will again be incurred of commingling small-pox to the fever patients—a risk which cannot be altogether ignored when we remember the circumstances which led to the severance of the two institutions. I am also of opinion that my object in laying this matter before your readers is to elicit an opinion on the subject from those who have had experience in the treatment of these cases in public hospitals.

I should like to know also whether there is any town in which an arrangement exists similar to the one proposed by our sanitary authorities.—Yours truly,

Leeds.

DR. GEORGE PADDOCK BAY, medical officer of health for Bethnal Green, writes with reference to the statistics showing the mortality for the various London districts for 1888 second quarter, published in the BRITISH MEDICAL JOURNAL August 15th, page 820, that he does not think his district has been credited with the proper population, which he estimates at 129,872. A birth-rate, he says, calculated on this is almost identical with that of the census year, whereas the birth-rate calculated upon the population given in these pages is much higher than that of any other district in London. He asks for a trustworthy way of calculating population, as he considers logarithms bring out too high a figure.

The population of Bethnal Green as given in the table published in the BRITISH MEDICAL JOURNAL of August 15th, is slightly lower than our correspondent's estimate, for the reason that, after the populations of all the London districts had been separately calculated, they were adjusted to cast to the total population of London as published by the Registrar-General. If the birth-rate in Bethnal Green for the second quarter of this year (to which our correspondent refers as being unduly raised by the adoption of a smaller population) be calculated upon his estimate of the population, it will differ but slightly, namely, 39.1 instead of 39.8 per 1,000.

If our correspondent have reason to believe that the population of his district is still increasing at least as rapidly as between 1871 and 1881, it shall not in future be reduced by any adjustment. We would be glad to have from our correspondent any reliable data upon which to estimate the population of his district.

In the absence of a more recent enumeration of the inhabited houses than the census returns, we are compelled to estimate the present population of the London districts geometrically (by logarithms) upon the rate of increase observed between the last two censuses. The number of inhabited houses on the rate-books in 1881, and at any comparatively recent date, would afford an excellent basis for a revised estimate of population.

HEALTH OF ENGLISH TOWNS.

DURING the week ending Saturday, September 26th, 5,065 births and 2,717 deaths were registered in the twenty-eight large English towns, including London, dealt with in the Registrar-General's weekly returns, which have an estimated population of 8,906,446 persons. The annual rate of mortality per 1,000 persons living in these towns, which had steadily declined in the seven preceding weeks from 24.8 to 17.1, further fell last week to 16.9, a lower rate than in any week on record. The rates in the several towns, ranged in order from the lowest, were as follow: Bristol, 10.0; Hull, 11.8; London, 13.8; Wolverhampton, 15.8; Derby, 14.0; Norwich, 14.3; Huddersfield, 14.3; Oldham, 14.3; Bradford, 14.8; Birmingham, 15.5; Birkenhead, 15.7; Nottingham, 15.8; Leeds, 16.4; Brighton, 16.8; Salford, 17.4; Halifax, 17.5; Leicester, 18.0; Blackburn, 18.1; Portsmouth, 18.6; Newcastle-upon-Tyne, 19.1; Bolton, 19.9; Sunderland, 20.0; Liverpool, 21.7; Manchester, 21.7; Sheffield, 21.8; Plymouth, 22.0; Cardiff, 22.0; and the highest rate during the week, 25.1 in Preston. The death-rate during the week in the twenty-seven provincial towns averaged 17.7 per 1,000, and exceeded by as much as 8.9 the rate in London, which, as before stated, was only 13.8 per 1,000, and considerably lower than in any week on record. The 2,717 deaths registered during the week in the twenty-eight large towns included 374 which were referred to the principal zymotic diseases, against 478 and 393 in the two preceding weeks; of these, 166 resulted from diarrhoea, 59 from whooping-cough, 55 from fever (principally enteric or typhoid), 31 from measles, 36 from scarlet fever, 28 from diphtheria, and 3 from small-pox. These 374 deaths were equal to an annual rate of 2.2 per 1,000. The zymotic death-rate in London was equal to 1.8; while in the twenty-seven provincial towns it averaged 2.5 per 1,000, and ranged from 0.0 and 0.5 in Norwich and Bradford, to 4.1 in Liverpool, 4.2 in Blackburn, and 4.7 in Preston. The deaths referred to diarrhoea, which had declined in the seven previous weeks from 628 to 183, further fell last week to 156, and showed the largest proportional fatality in Bolton, Plymouth, and Blackburn. The fatal cases of whooping-cough, which had been 67 and 46 in the two preceding weeks, rose again last week to 50; this disease caused the highest death-rates in Liverpool and Preston. The deaths referred to measles, which had declined from 89 to 36 in the four preceding weeks, were last week 37, of which 15 occurred in London. The 55 fatal cases of fever showed an increase of 14 upon the number in the previous week, and showed the largest proportional fatality in Portsmouth, Oldham, and Leicester. The deaths from scarlet fever, which had been 45 and 49 in the two preceding weeks, declined to 36, and caused the highest death-rate in Bolton. The 28 fatal cases of diphtheria showed a decline of 4 from the number in the previous week, and included 18 in London, 3 in Liverpool, and 2 in Birmingham. The 3 deaths from small-pox during the week in the twenty-eight towns were all recorded in London, and were exclusive of 8 deaths of London residents from this disease registered in the Metropolitan Asylum Hospitals situated outside Registration London. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had declined in the sixteen preceding weeks from 1,389 to 106, further fell during the week to 43; the admissions, which had been 32 and 47 in the two preceding weeks, declined during the week to 27. The death-rate from disease of the respiratory organs in London last week was equal to 2.0 per 1,000, and was considerably below the average. The causes of 61, or 2.2 per cent., of the 2,717 deaths registered during the week in the twenty-eight towns were not certified, either by registered medical practitioners or by coroners.

UNIVERSITY INTELLIGENCE.

VICTORIA UNIVERSITY, OWENS COLLEGE, MANCHESTER. The following appointments have recently been made at the College:—To the Professorship of Greek, Mr. John Strachan, B.A., of Pembroke College, Cambridge, and Porson Scholar and Chancellor's Medalist. To the Professorship of Mathematics, Mr. Horace Lamb, M.A., F.R.S., late Fellow of Trinity College, Cambridge, and Professor of Mathematics in the University of Adelaide. To the Professorship of Anatomy, Mr. Alfred H. Young, M.B., F.R.C.S. To the Professorship of Obstetrics, Mr. C. Gillingworth M.D., M.R.C.P. To the Lectureship in French, Mr. Victor Kastner, B. es. L., late Professor of French in Queen's College, Cambridge.

MEDICAL NEWS.

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, September 24th, 1885.

Hay, Stephen Moffat, Moorefield, Ontario, Canada.
Young, Edward Herbert, 13, St. John Street, Stamford, Lincolnshire.

MEDICAL VACANCIES.

The following vacancies are announced.

BEDFORD GENERAL INFIRMARY.—Surgeon. Applications by October 8th.
CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Resident Clinical Assistant. Applications by October 8th.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident Clinical Assistant. Applications by October 17th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, E.—Resident Clinical Assistant and Registrar. Salary, £70 per annum. Applications by October 10th.

OWENS COLLEGE, Manchester.—Professor of Physiology. Applications by November 9th.

RIPON DISPENSARY.—Resident House-Surgeon and Dispenser. Salary, £100 per annum. Applications to F. D. Wise.

ROYAL LONDON OPHTHALMIC HOSPITAL, Blomfield Street, Moorfields, E.C.—House-Surgeon. Applications by October 12th.

ST. MARY'S HOSPITAL.—Physician-Accoucheur. Applications by October 12th.

STOCKTON UNION.—Medical Officer and Public Vaccinator.—Applications by October 17th.

TAUNTON AND SOMERSET HOSPITAL.—Honorary Physician. Applications by October 14th.

WESTMINSTER GENERAL DISPENSARY, 9, Gerrard Street, Soho.—Resident Medical Officer. Salary, £100 per annum. Applications by October 12th.

WORCESTER AMALGAMATED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Assistant Medical Officer. Salary, £180 per annum. Applications by October 5th.

MEDICAL APPOINTMENTS.

JOHNSTON, Francis, M.B., C.M. Univ. Glasgow, appointed Senior House-Surgeon to the Liverpool Northern Hospital, vice W. Horrocks, resigned.

ROBINSON, William, M.D. and M.S. (Dunelm), M.R.C.S. Eng., appointed Medical Officer to the Workhouse, District Medical Officer, Medical Officer of Health, and Public Vaccinator to the Stanhope District of the Weardale Union, vice C. Arnison, resigned.

SYMONS, M. J., M.D. Ed., appointed Honorary Ophthalmic Surgeon to the Adelaide Hospital, South Australia.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 6d., which should be forwarded in stamps with the announcements.

BIRTH.

WALLER.—On October 1st, at Lynden House, 29, Abbey Road, the wife of Augustus Waller, M.D., of a son.

MARRIAGE.

PAGET-BURD.—On September 17th, at St. Mary's Church, Shrewsbury, Stephen Paget, F.R.C.S., of Wimpole Street, London, son of Sir James Paget, Bart., to Eleanor Mary, daughter of Edward Burd, M.D., of Newport House, Shrewsbury.

DEATHS.

HOCKIN.—On September 23rd, at Southport, Queensland, Australia, G. Treverne Hockin, M.R.C.S., L.R.C.P., L.M., fourth son of John Hockin, Esq., of Beckenham. Aged 27. By telegram.

WALKER.—On September 28th, at 83, Rodney Street, Liverpool, Thomas Shadford Walker, M.R.C.S., Consulting Surgeon to the Liverpool Eye and Ear Infirmary.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY.—Obstetrical Society of London, 8 P.M. Specimens will be shown by Mr. Doran, Dr. William A. Duncan, and others. **Papers.**—Dr. Matthews Duncan: The Hypertrophies of Lupus of the Female Pudendum. Mr. S. D. Hine: Case of Obstructed Labour in which Spontaneous Version followed an Unsuccessful Attempt to Deliver with the Crotchet after Craniotomy.

FRIDAY.—Clinical Society of London. Dr. Sawtell: A Case of Haematemesis and Melena in a Newly Born Child. Mr. Barwell: A Case of Gastrostomy. Mr. Clement Lucas: Two Cases of Strangulated Umbilical Hernia, treated by Excision of the Sac and Skin-covering. Mr. Charters Symonds: A Case of Trephining for Compression by a Clot derived from a Lacerated Meningeal Artery, suggesting Temporary or Permanent Closure of the Carotid as a Means of Controlling the Haemorrhage.

OPERATION DAYS AT THE LONDON HOSPITALS.

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

TUESDAYSt. Bartholomew's, 1.30 P.M.—Guy's, 1.30 P.M.—Westminster 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—St. Mark's, 9 A.M.—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, 8 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.

FRIDAYKing's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.—East London Hospital for Children, 2 P.M.

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.

CHARGING 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. F., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th., Throat, Th. S.; Dental, Tu. F., 10.

LONDON.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9.

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

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

ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, 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., 1.25; 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, enclose us with Duplicate Copies.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

