

spontaneous small-pox in the plains at the foot of the Himalayas, where no inoculation was practised. He drew attention to statistics compiled from the admission registers of the gaols in the North-West Provinces between the years 1861 and 1872. The total number of prisoners subjected to inquiry was 268,445; of this number, 85 per cent. were visibly marked with small-pox, and $7\frac{1}{2}$ per cent. were doubtfully marked cases, giving a total of $92\frac{1}{2}$ per cent. of the adult population marked with small-pox. Dr. Pringle's experience, during the past twenty years, of the non-criminal portion of the community in the same locality, was much the same.

In this home of inoculation in the Himalayas, the case was quite different, a small-pox marked adult being, comparatively speaking, rare. In accounting for this remarkable difference, between the visible effects of spontaneous small-pox and those seen in the cases of inoculated small-pox in the Himalayas, Dr. Pringle remarked that, in his opinion, it would seem to be due to what he termed accidental cultivation of the product of the spontaneous small-pox eruption, to a considerable extent on the lines of M. Pasteur's recent discoveries. This accidental cultivation consisted in the lymph being carried on through many transmissions till the cultivated product resembled in its action cow-pox lymph, and only produced local symptoms at the point of insertion, or else, very rarely, a small-pox eruption.

In 1864, Dr. Pringle commenced the present system of voluntary vaccination in the Mesopotamia of the Ganges and Jumna, from fifty miles above their junction at Allahabad to their sources in the Himalayas. He commented on the points in which the practice of vaccination differed in India from that carried on in this country. These he summed up under the head of climatic causes, which, owing to the high temperature met with in the plains of Hindostan from April to October, limited the practice of vaccination to cold weather months, namely, from the middle of October to the middle of March. Latterly, by retrovaccinating—that is, vaccinating a calf and taking the lymph from the eruption—Dr. Pringle had succeeded in making his sanitary circle, with its population of ten millions, and other circles of similar extent, independent of any supplies from the National Vaccine Establishment. The highest caste Brahmin inoculators, converted into vaccinators, operated on the calf while Brahmins held it, and other Brahmins brought their children for vaccination. The Maharajah of Tirri Ghurwāl had been so satisfied with this prophylactic, that he not only paid all the expenses attendant on it—about £50 a year—out of his own private purse, but had forbidden, under severe penalties, the practice of inoculation; while, in having his own son and heir vaccinated, he had set an example to his subjects which they had not been slow to follow. In comparing the two prophylactic measures, Dr. Pringle pointed out that, while the practice of inoculation no doubt kept up the disease of small-pox, and was dependent on its presence for the virus required for the operation, yet even, imperfectly as it was carried on, it was nevertheless a very great boon to the population, as it could be practised throughout the year. The Himalayas would have been nearly depopulated had small-pox been allowed to sweep off the large percentage of the population, which it did annually in the plains, where religious observances requiring the promiscuous collection of cases of the disease at the "sutla," or small-pox festivals, served only to spread the disease. The repetition of the inoculation, at any future period of life, was never thought of, and in this, it was, in his opinion, superior to vaccination in countries like India. Dr. Pringle discouraged revaccination in his circle, and made quality, and not quantity, the basis of his work, explaining to his subordinates that, if the former imparted the immunity claimed for it, the result would quickly be followed by the latter.

In concluding, Dr. Pringle illustrated the absolute necessity of carefully supervising any system of vaccination, both as regards the veracity of the returns submitted, and the quality of the work, with reference to the knowledge and skill of the operators.

PRESENTATIONS.—Mr. L'Heureux Blenkarne, of Buckingham, has been presented, by the Loyal Grenville Lodge of Oddfellows, with a testimonial, consisting of a handsome solid oak case, containing a complete set of table cutlery, bearing a suitable inscription, on his retirement from the post of surgeon to the lodge.—Dr. D. G. Prothero, who, through ill-health, has been obliged to relinquish his practice at Great Malvern, has been presented, by his patients and friends, with a handsome silver tea-tray, bearing the following inscription: "Presented to D. G. Prothero, Esq., M.B., M.R.C.S., on leaving Malvern, by his friends and patients," together with an illuminated address.

SUPERANNUATION.—Mr. Samuel Watson, late medical officer for the Coltingham district of the Sculcoates Union, Yorkshire, has obtained a superannuation allowance of £50 *per annum*.

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.

Tuesday, October 13th, 1885.—Trust Funds Committee, 3 P.M.; Arrangement Committee, 4 P.M.; Premises Committee, 5 P.M.; Scientific Grants Committee, 6 P.M. *Wednesday, October 14th, 1885.*—Subcommittee of Journal and Finance Committee to consider proposal of Collective Investigation Committee, 11 A.M.; Journal and Finance Committee, 11.30 A.M.; Council, 2 P.M., at Exeter Hall.

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

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 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 GOIT.

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 Phtthisis;—(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. MAITLAND, M.B., Honorary Secretary, Madras.

STAFFORDSHIRE BRANCH.—The twelfth annual general meeting of this Branch will be held at the Bell Medical Library, Cleveland Road, Wolverhampton, on Thursday, October 29th, 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.

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., 42, Broad Street; Dr. DARBISHIRE, 60, High Street, Oxford), on or before October 19th.

WEST SOMERSET BRANCH.—The autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, October 22nd, at 5 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 WALES AND MONMOUTHSHIRE BRANCH.—The next meeting of this Branch will be held at Tredegar, on Wednesday, November 4th. Members wishing to read papers, etc., should send titles to Dr. Sheen by October 19th, in order that the same may be inserted in the circulars.—A. SHEEN, M.D., Cardiff; D. ARTHUR DAVIES, M.B., Swansea, October 5th, 1885.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The inaugural meeting of the winter session will be held on Thursday, October 15th, at 8.30 P.M., at the Hackney Town Hall, when a paper will be read by Jonathan Hutchinson, Esq., on "Some Clinical Notes on Tumour." The chair will be taken by the President of the Branch.—J. N. HUNT, Honorary Secretary, 101, Queen's Road, Dalston.

READING BRANCH.

The annual meeting of this Branch was held in the Library of the Royal Berks Hospital, on September 23rd. The meeting was fairly attended.

President's Address.—Mr. WALFORD, the President, took the chair, and delivered the following address.

Gentlemen,—The duty I have undertaken is a somewhat presumptuous one, and I must ask your charitable construction of what I have written. In 1866, I occupied this position—so that time is getting on. Of those who were amongst us recently, I have spoken, and I come now to those who are before me, and to the younger I especially address myself; for to those who have been some years in harness, I cannot say anything—I would rather listen to than speak to them. In looking back, I wish to see the lesson it teaches, and to give utterance to it, for such as have recently begun the ascent of the hill of life. My observations must be general. I can take up no branch of the practice of medicine or surgery, being really out of harness and not in working order. But I should like to lay down this proposition: "That the medical attendant should desire to do all that is possible in any case that may come before him," so that he can feel that nothing has been left undone. For, there is a best possible to be done in each case—in everything the same is true. To aim at doing the best in the one thing we have chosen is our duty, and this involves health, all that is necessary to secure health, and then the spirit of self-sacrifice. To keep this in one's mind, what watchfulness it involves! It should keep us conscious of our dependence on knowledge—informed up to the level to which the science has progressed—thus manifesting the true professional spirit of the successful practitioners of medicine. To be legally qualified to do all this, which those before me are, is one thing—to be actively engaged in honestly carrying it out, is another. "The mind's the standard of the man." Thus

to act, what does it involve? Such thought, such cerebral activity, that personal health must not be neglected; otherwise, we shall break down in our work, or not be ready when we are needed. Of course, we know only too well how great are the differences among men; but the true professional spirit involves that a man uses the whole of his power in and for the discharge of his duty. Then I would that he should ask himself, if he be in possession of all the power his nature is capable of? If he be below the level to which he might attain, he has not done his best—he has not fully discharged his responsibility professionally. Then as to what can be done to attain to, and keep up, this level of brain-power, I hold the first thing is to use to the fullest the power he possesses; and whether a man has arrived at his highest possible capability, he can only determine by going forward on the pathway he is pursuing, and must not feel sure that he has reached the end or summit of the evolutionary process. This evolutionary process it is which has given us our great men, capable of doing what they do—the outcome of which is the highest physical development of which the individual organism is capable. An important question arises here: Is it possible to attain this highest level without the use of alcohol? using the term to mean that form of it which agrees with the individual. That alcohol aids the power of the brain, I think no one will deny. In my observation, I have thought that the man who gets a living out of his brains is the man who needs a stimulant. In a review of a book on the "Drink Question," in the *Times* of August 14th, 1884, will be found all that I can desire to say on the question. An extract or two you will permit me to make. "There is abundant evidence that life can be sustained, and even that health can be preserved, especially in hot climates, without the use of alcohol; but the practical question is, whether this life is as full and useful as it might be, or whether it does not fall short of the proper development of the capacities of the individual." "Where there is no continuous strain upon the intellect, the alcohol is not required as a source of power, and it becomes a surplus material which has to be eliminated from the system, and which even then acts as a poison." "We must arrive, then, at the general conclusion that, for the enormous majority of sober people, alcohol is an useful article of diet." "But no one who deals fairly with himself will ever find any practical difficulty in arriving at a standard of quantity for his own guidance." Thus, it appears that alcohol is a part of the conditions on which our work is to be done; and also, that more than is necessary is as bad as excess in eating. As to when it should be taken (it is understood to be taken only at meals, or a meal), I am decided in my conviction that alcohol at luncheon disturbs the continuous even action of the brain. Food may then be taken, but not stimulants. The time for stimulants should be with the principal meal, and this meal when active mental or bodily work is over, when the mind is no longer on the stretch; and I consider we are taught this in the New Testament. In Luke xvii, 7th and 8th verses, appears: "But who is there of you, having a servant plowing or keeping sheep, that will say unto him, when he is come in from the field, come straightway and sit down to meat; and will not rather say unto him, make ready wherewith I may sup, and gird thyself and serve me, till I have eaten and drunken; and afterward thou shalt eat and drink?" All this has reference to health—health to be used in serving others; and that "we may eat our own bread;" for, "If any will not work, neither let him eat" (2nd Thess., iii, 10). There is this consideration to be borne in mind—namely, our creature condition—so that our health or usefulness depend upon our observance of the laws of our being. Truly, we are erring creatures, and are bound to practise forbearance; and true, indeed, it is that "as we sow, so shall we reap." This, then, gentlemen, is the stage of evolution at which I have arrived. You will note it, and be thankful that you have advanced far beyond it. Of one thing I feel sure, and that is that I am behind you; and so I ask you, be pitiful to me, and thankful for yourselves, "remembering the higher standard which has prevailed whilst your minds were being formed." At any rate, what I have said I believe to be truth. Gentlemen, farewell.

The President received the thanks of the meeting for his address.

President-elect.—Mr. ARMSTRONG, of Wellington College, was chosen as President-elect.

Lunacy-Certificates.—Mr. MAY brought forward the subject of the present state of the law relating to the signing of lunacy-certificates, and the following resolution, on the motion of Mr. MAY, was carried: "That the Council of the British Medical Association be requested to consider the expediency of promoting a change of the law which permits actions to be brought against medical men for signing lunacy-certificates."

Dinner.—Subsequently the members adjourned to the Queen's Hotel for their annual dinner.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

A MEETING of the above District was held at Hastings on Friday, September 25th.

Collective Investigation.—Mr. H. Algernon Hodson, of Brighton, was appointed Honorary Secretary for Collective Investigation for this District.

The Application of a Special Form of Jury-Mast in Certain Cases of Curious Disease Affecting the First Four Dorsal Vertebrae.—This paper, read by Mr. WALTER PYE, was illustrated by diagrams taken from photographs of patients. After a preliminary statement in explanation of the writer's opinions upon the general question of the jacket-treatment of spinal disease, it was pointed out that there were three situations in which a jacket failed to give of itself any efficient support, namely, in many cases of lumbar caries, in cervical caries, and in disease in the upper dorsal vertebrae. The methods employed to overcome the difficulty in the two first cases were mentioned, and then the treatment of the third form of the disease (that is, when one or more of the four upper dorsal vertebrae are attacked) by means of a jury-mast was explained. This mast was attached by a light plaster-case, or felt-jacket, to the lower healthy vertebrae, its upper free portion being bent so as to overhang the spine above the angle of disease. To this free part, which stopped short behind the occiput, two cross-bars were pivotted, and the patient's shoulder-girdle and chest were slung up to them by means of axillary bands, and a broad webbing-strap fastened to the jacket. It was shown that the progressive drooping forwards of the shoulders and upper part of the chest was then, in a great measure, corrected, without any undue weight being put upon the pelvis. Moreover, the jury-mast encouraged the development of a compensatory lordosis in the lumbar region, which aids, in most cases of dorsal angular deformity, the maintenance of the erect attitude.

Perforating Ulcer of Stomach.—The CHAIRMAN and Mr. W. GRANT JONES related cases of perforating ulcer of the stomach. The former entered at some length into the pathology and treatment of such cases.

Aphasia Following Injury.—Mr. VERRALL read notes of a case of temporary aphasia following a blow upon the occiput, the force telling by *contrecoup* upon the left frontal convolution. Speech was recovered and lost again several times during the first fortnight after the accident, the relapses being apparently due to passing congestion of the brain. Recovery was eventually complete.

Clinical Figures.—Mr. VERRALL showed, for Messrs. Danielsson and Co., specimens of their *Clinical Figures*.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

New Facts concerning the Transmission of Infectious Diseases.—Professor Peter on the Etiology and Treatment of Cholera.—The Action of Mercury on the Blood of Syphilitic Patients.—The Constant Use of Chloroform.—Effects of Intravenous Injections of Oxidised Water.—Contagious Disease in Animals.—Female Medical Students and the Internats.

M. LANCEREAUX, in a communication to the Académie des Sciences, stated that a series of facts, collected in his hospital-wards, convinced him that small-pox, measles, and scarlet fever were transmissible from the onset. The period of incubation varied; it was from eight to ten days in inoculated small-pox; from ten to twelve in spontaneous small-pox. A mild form of small-pox might, by transmission, provoke a violent or a mild form.

M. Peter, in a communication to the same institution, on the cholera-epidemic of 1884, stated that he treated forty-three cholera-patients in his wards at the Charité Hospital, twenty-six were cured, seventeen died. M. Peter did not believe that cholera was, pathologically, a separate affection, but the last expression of a morbid progressive series of phenomena, beginning with simple diarrhoea, going on to cholera from diarrhoea, then to cholera nostras, and finally to Indian cholera. The morbid series might remain incomplete, and stopped at choleric or cholera nostras. The difference between cholera nostras and Indian cholera was, according to M. Peter, the greater morbid intensity of intrinsic causes. Indian cholera and cholera nostras, he affirmed, were the same affection, and could be provoked by morbid agents. Spontaneous genera-

tion of cholera was not inconsistent with its importation. The cause of cholera, according to M. Peter, was some organic poison, probably a ptomaine, which acted on the solar plexus by means of the nerves of the gastro-intestinal mucous membrane. During the typhoid phase, the patient was exposed to sepsis from within or without; during convalescence he was liable to neuralgia, and paralytic and cerebral disturbances. M. Peter recommended blisters above the abdomen, with subcutaneous injections of from five millegrammes to one centigramme of hydrochlorate of morphine under the skin, for relieving cramps, and continuous currents for nervous irritation. This treatment arrested the vomiting. Spinal ice-bags he also believed to be efficacious.

According to M. Gaillard's experiments, the action of mercury on the blood of syphilitic patients, is at first to lessen the proportion of corpuscles and hæmoglobin, but the normal proportion is quickly regained, and then exceeded.

M. Regnault has observed, from personal experience, that repeated inhalations of small doses of chloroform produce insomnia. M. Dubois has noticed the same effect in chronic intoxication from chloroform; the condition also provokes neuralgic or rheumatic pains, extending along the limbs, and sometimes attacking the articulations. Sleeplessness is preceded by a condition of excitement, redness of the face, then an inclination to sleep, and accommodatory asthenopia. Brain-work becomes impossible in consequence of incoherence of ideas. If at this period a power of sleeping remains, it is always broken by starts, just as after violent exercise has been taken; the limbs are often cold and numb. At an advanced stage trophic disturbance is manifested; the nails become soft, bunions appear on the toes, the patient grows thin and pale, and the circulation becomes faulty. About three years later on, a circle of pain girds the waist, and profuse sweats appear, as well as all the symptoms indicative of serious anæmia.

M. Regnard has made experiments to ascertain the value of venous injections of oxidised water. He finds that animals thus treated die from the formation of bullæ of gas, which act as emboli. Oxidised water decomposes as soon as it is in the blood, and liberates gases, which form bubbles, and impede the pulmonary capillary circulation. M. Laborde does not believe that these gaseous emboli are so dangerous; he affirms that he has injected eighteen litres of air without any accident supervening. He always took especial care to inject very slowly. MM. Laborde and Quinquaud have, by their previous experiments, ascertained that injections of oxidised water produced profound sleep, and general anæsthesia, and stronger doses resulted in suffocation. The oxygen of the blood was gradually diminished in quantity because the hæmoglobin was destroyed, and large quantities of hæmatin were formed.

M. Alexandre, in his report to the Prefect of Police concerning the service of inspection of the contagious diseases of animals, states that only three animals had recently been attacked by charbon; these, which were in the same stable, had been killed. Foot and mouth disease attacked 55 sheep and 42 cows; peripneumonia appeared in 80 different stables, and contaminated 408 animals, representing a money value of 1,000,000 francs (£40,000); 222 died, 128 before inoculation, and 94 after; 322 horses were attacked with glanders. These last statistics are not accurate, for a considerable number of horses with glanders are given over to the knacker. For rabies, 354 dogs, 8 cats, 2 horses, and 2 goats were killed. M. Alexandre attributes the frequency of rabies to the faulty application of the dog-tax; half of these animals belonged to owners who evade payment of the duty. He also deprecates the suppression of the dog-muzzle, and urges the police-prefecture to put sentiment aside, and enforce its use. M. Alexandre proposes that, as at Berlin, all unmuzzled dogs be killed, for the liberty given to animals involves serious dangers to human life.

The prefect of the Seine, in accordance with the wish expressed by the municipal council of Paris, has decreed that female dressers at the hospitals (externes) shall be allowed to compete for the house-surgeonship (internes) on complying with all the formalities required by the *service de santé*. Female internes will be submitted to the same rules and regulations as their male colleagues.

EGYPT.

[FROM OUR OWN CORRESPONDENT.]

Sanitary Statistics in Egypt.

CAIRO, September 28th, 1885.

Dr. ENGEL, who is attached to the Sanitary Direction, has published an *Essai de Statistique Sanitaire de l'Egypte*, founded on the returns of births and deaths during the five years 1880 to 1884, inclusive, and on the census which was taken in 1882.

Dr. Engel allows that the statistics he gives are subject to serious

were ascribed to convulsions. Two deaths were caused by apoplexy, 7 by other diseases of the brain and nervous system (exclusive of convulsions), and 4 by diseases of the circulatory system. Phthisis caused 16 deaths, mesenteric disease 7, and cancer 2. One accidental death was registered. In 30 instances there was "no medical attendant" during the last illness.

In the week ending September 26th, the number of deaths registered in the sixteen principal town-districts of Ireland was 341. The average annual death-rate represented by the deaths registered was 20.6 per 1,000 of the population. The deaths registered in each of the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000: Armagh, 15.5; Belfast, 20.0; Cork, 25.3; Drogheda, 16.9; Dublin, 21.7; Dundalk, 13.1; Galway, 23.5; Kilkenny, 12.7; Limerick, 21.6; Lisburn, 38.7; Londonderry, 12.5; Lurgan, 15.4; Newry, 17.6; Sligo, 19.2; Waterford, 11.6; Wexford, 12.8. The deaths from the principal zymotic diseases in the sixteen districts were equal to an annual rate of 2.6 per 1,000, the rates varying from 0.0 in Limerick, Londonderry, Galway, Newry, Kilkenny, Drogheda, Wexford, Dundalk, and Lurgan, to 14.5 in Lisburn; the 8 deaths from all causes registered in the last named district comprising 3 more from measles. In the Dublin Registration District, the deaths registered during the week amounted to 149. Eighteen deaths from zymotic diseases were registered in Dublin; they consisted of 2 from measles, 5 from scarlet fever, 1 from whooping-cough, 1 from cerebro-spinal fever, 1 from enteric fever, and 8 from diarrhoea. Twenty-four deaths from diseases of the respiratory system were registered: they comprised 13 from bronchitis, and 8 from pneumonia. The deaths of 17 children under 5 years of age (including 15 infants under 1 year old) were ascribed to convulsions. Three deaths were caused by epilepsy, 1 by apoplexy, 7 by other diseases of the brain and nervous system (exclusive of convulsions), and 8 by diseases of the circulatory system. Phthisis caused 24 deaths, mesenteric disease 2, and tubercular meningitis 5. Two accidental deaths and two cases of suicide were registered. In one instance, the cause of death was "uncertified," and in 18 other cases there was "no medical attendant."

HEALTH OF FOREIGN CITIES.

It appears from statistics published in the Registrar-General's return for the week ending September 5th, that the annual death-rate recently averaged 30.5 per 1,000 in the three principal Indian cities: it was equal to 26.3 in Calcutta, 28.0 in Bombay, and 34.6 in Madras. Cholera caused 26 deaths in Calcutta, and 18 in Bombay; while the mortality from "fever" was excessive in each of the three Indian cities. According to the then most recently received weekly returns, the average annual death-rate per 1,000 persons estimated to be living in twenty of the largest European cities was equal to 24.5, and exceeded by as much as 6.5 per 1,000 the mean rate during the week in the twenty-eight large English towns. The death-rate in St. Petersburg was 30.0, and showed a further increase upon the rates recorded in the two preceding weeks; the 523 deaths included 153 from diarrhoeal diseases, 7 from diphtheria, and 7 from typhus and typhoid fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged only 19.9, and was equal to 16.7 in Copenhagen, 19.2 in Stockholm, and 27.2 in Christiania; diphtheria and croup caused 14 deaths in Christiania, and 2 deaths were referred to scarlet fever in Stockholm. In Paris, the death-rate was 22.0, against 20.6 and 22.1 in the two preceding weeks, and exceeded by as much as 6.2 per 1,000 the rate recorded during the week in London; the 949 deaths included 36 from typhoid fever, 138 from diarrhoeal diseases, and 15 from diphtheria and croup. The 177 deaths in Brussels, of which 45 resulted from diarrhoeal diseases, were equal to an annual rate of 21.5. In Geneva, the 23 deaths corresponded to an annual rate of 16.8 per 1,000. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 17.3, the highest rate being 19.8 in the Hague; scarlet fever caused 2 deaths in Amsterdam, and 5 in Rotterdam. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 26.8, and ranged from 23.0 and 24.5 in Vienna and Berlin, to 31.4 in Prague and 32.6 in Breslau. The continued prevalence of summer diarrhoea caused the comparatively high death-rates in most of these cities; 159 deaths were referred to this disease in Berlin, 47 in Hamburg, and 55 in Buda-Pesth. Small-pox caused 8 deaths in Vienna, 4 in Prague, and 4 in Buda-Pesth. The death-rate was equal to 27.9 both in Rome and in Turin; 3 deaths were referred to small-pox in each of these cities, and 30 deaths resulted from diarrhoeal diseases in Rome. No returns appear to have been received from Madrid, Lisbon, or Alexandria. In four of the largest American cities, the recorded death-rate averaged 24.3, and ranged from 21.7 in Baltimore to 25.7 in Philadelphia. Diarrhoeal diseases again showed fatal prevalence in each of the American cities; typhoid fever caused 13 deaths in Philadelphia, and diphtheria 15 deaths in New York.

It appears from statistics published in the Registrar-General's return for the week ending Saturday, September 12th, that the annual death-rate recently averaged 27.6 per 1,000 in Bombay, and 35.6 in Madras. Cholera caused 8 deaths in Bombay; and the mortality from fever was excessive in both these cities. According to the then most recently received weekly returns, the annual death-rate per 1,000 persons estimated to be living in twenty-one of the largest European cities averaged 23.8, and exceeded by 6.5 the mean rate during the week in the twenty-eight large English towns. The death-rate in St. Petersburg was 27.3, and showed a decline from the rate recorded in the preceding week; the 485 deaths included 88 from diarrhoeal diseases, and 7 from typhus and typhoid fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged only 18.8, ranging from 16.7 in Christiania to 19.5 in Stockholm; diphtheria and croup caused 5 deaths in Christiania, and measles 2 in Stockholm. In Paris, the death-rate was equal to 20.4 per 1,000, showing a further decline from the rates in recent weeks, but exceeding the London rate by 4.8; the deaths included 132 from diarrhoeal diseases, 5 from small-pox, and 25 from typhoid fever. The 194 deaths in Brussels, of which 48 resulted from diarrhoea, gave a rate of 23.5. The rate of mortality in Geneva was equal to 23.4. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 18.9, the highest rate being 20.9 in the Hague, where 3 deaths from whooping-cough were recorded. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 25.5 per 1,000, and ranged from 22.4 and 23.4 in Vienna and Berlin, to 27.7 in Munich, and 31.5 in Trieste. The fatal cases of diarrhoeal diseases, although showing a general decline, were again excessive in Berlin, Hamburg, and Buda-Pesth; small-pox caused 9 deaths in Vienna, 6 in Buda-Pesth, and 2 in Prague. In three of the largest Italian cities, the death-rate averaged 26.8; it was equal to 22.2 in Turin, 28.0 in Venice, and 31.3 in Rome. Small-pox caused 8 deaths in Venice, and 3 in Rome; in the last-mentioned city, 6 fatal cases of typhoid fever, and 7 of measles, were also recorded. In four of the largest American cities, the mean death-rate was equal to 25.1; the rate ranged from 17.5 in Baltimore to 29.1 in New York.

Diarrhoeal mortality showed an excess in New York and Brooklyn; and typhoid fever caused 16 deaths in Philadelphia, and 6 in Baltimore.

MEDICAL NEWS.

UNIVERSITY OF DURHAM FACULTY OF MEDICINE.—At the recent examination for degrees in Medicine and Surgery, the following candidates satisfied the examiners.

First Examination for the Degree of Bachelor in Medicine (Old Regulations).—*Second-class Honours.*—A. F. G. Codd, St. George's Hospital.

Pass-list, in Alphabetical Order.—E. C. Arnold, St. George's Hospital; C. Averill, M.R.C.S., L.S.A., St. Bartholomew's Hospital; W. C. Brown, College of Medicine, Newcastle-upon-Tyne; E. H. Gibbon, College of Medicine, Newcastle-upon-Tyne; H. E. Haycock, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; A. K. Holt, St. Bartholomew's Hospital; J. A. Manton, St. Bartholomew's Hospital; A. Miers, Leeds Medical School; I. G. Modlin, College of Medicine, Newcastle-upon-Tyne; J. Norton, Westminster Hospital; G. A. Robinson, London Hospital; C. W. Smeeton, Leeds Medical School; J. A. Smith, Leeds Medical School; C. J. Stanley, King's College; G. W. Steenberg, College of Medicine, Newcastle-upon-Tyne; R. Thompson, Guy's Hospital; W. Thompson, Leeds Medical School.

The following passed in Anatomy, Physiology, and Botany.

J. B. Baker, M.R.C.S., L.R.C.P., Charing Cross Hospital; E. E. S. Coombe, University College; T. Lund, College of Medicine, Newcastle-upon-Tyne; F. J. McArdle, University College, Liverpool; C. W. E. Toller, St. Bartholomew's Hospital.

The following passed in Chemistry.

G. T. Giddings, London Hospital.

First Examination for the Degree of Bachelor in Medicine (New Regulations).—J. S. Walton, College of Medicine, Newcastle-upon-Tyne.

The following passed in Anatomy and Physiology.

A. J. Hopper, College of Medicine, Newcastle-upon-Tyne; E. Jenson, M.R.C.S., L.S.A.

The following passed in Chemistry, Chemical Physics, and Botany.

S. J. Ailken, College of Medicine, Newcastle-upon-Tyne; N. Davis, College of Medicine, Newcastle-upon-Tyne; R. C. De Lacey, College of Medicine, Newcastle-upon-Tyne; L. A. McNabb, College of Medicine, Newcastle-upon-Tyne; G. Metcalfe, College of Medicine, Newcastle-upon-Tyne; H. J. Parry, College of Medicine, Newcastle-upon-Tyne; D. R. Roberts, College of Medicine, Newcastle-upon-Tyne; C. B. Smith, College of Medicine, Newcastle-upon-Tyne.

The following passed in Chemistry and Chemical Physics only.

W. H. Coates; N. Faichnie, University College, London; J. C. Hoyle, St. Bartholomew's Hospital.

Second Examination for the Degree of Bachelor in Medicine (New Regulations).—*Second-class Honours.*—M. M. Bowlan, College of Medicine, Newcastle-upon-Tyne.

Pass-list, in Alphabetical Order.—G. Berwick, College of Medicine, Newcastle-upon-Tyne; E. Bowmaker, College of Medicine, Newcastle-upon-Tyne; J. W. Leech, College of Medicine, Newcastle-upon-Tyne; G. Metcalfe, College of Medicine, Newcastle-upon-Tyne; W. H. G. Williams, College of Medicine, Newcastle-upon-Tyne.

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, October 1st, 1885.

Francis, Alfred George, M.R.C.S., Southchurch, Essex.
Jaynes, Frederick John, M.R.C.S., Wormington Grange, Gloucestershire.
Oliver, George Henry, M.R.C.S., 73, French Gate, Doncaster.

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,

Ewens, George Francis William, Ealing House, West End, Hammersmith.

MEDICAL VACANCIES.

The following vacancies are announced.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident Clinical Assistant. Applications by October 17th.

MANCHESTER HOSPITAL FOR CONSUMPTION.—Honorary Physician. Application by October 31st.

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

NORTH LONDON HOSPITAL FOR CONSUMPTION, Hampstead.—Resident Medical Officer. Salary, together with board and rooms in the Hospital, £40 per annum. Applications by October 29th.

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

QUEEN'S COLLEGE, Galway.—Professorship of Natural Philosophy. Applications by October 28th.

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. ASAPH UNION.—Medical Officer. Applications by October 28th.

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

ST. OLAVE'S UNION.—Resident Assistant Medical Officer and Dispenser. Applications by October 19th.

ST. PANCRAS AND NORTHERN DISPENSARY, 120, Euston Road, N.W.—Resident Medical Officer. Application by October 13th.

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

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

WEST LONDON HOSPITAL, Hammersmith Road.—House-Physician and House-Surgeon. Applications by October 22nd.

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

WONFORD HOUSE HOSPITAL FOR THE INSANE, Exeter.—Assistant Medical Officer. Salary, £150, with board, lodging and attendance. Applications by October 26th.

MEDICAL APPOINTMENTS.

ANDERSON, Joseph, M.B. and C.M.Aberd., appointed Senior House-Surgeon to the Preston and County of Lancaster Royal Infirmary, *vice* C. J. Heath, M.R.C.S., L.S.A., resigned.

EMERY-JONES, A., M.D. Edin., M.R.C.S. Eng., appointed Visiting Ophthalmic Surgeon to the Bolton Infirmary.

GREVES, E. Hyla, M.D., appointed Pathologist to the Royal Infirmary, Liverpool, *vice* A. Creswell Rich, M.B., M.R.C.S., resigned.

HASELL, Edward S., M.R.C.S. Eng., L.S.A., appointed House-Surgeon to the Northern Branch of the Brighton, Hove, and Preston Dispensary.

MAYNARD, Frederick Pursant, M.B. Durh., M.R.C.S., L.R.C.P. Lond., appointed Assistant House-Surgeon to the Preston and County of Lancaster Royal Infirmary, *vice* W. F. Moore, promoted.

MOORE, Walter Francis, M.B. Durh., M.R.C.S., appointed Junior House-Surgeon to the Preston and County of Lancaster Royal Infirmary, *vice* J. Anderson, promoted.

MURPHY, Edmond, L.R.C.S.I., L.K.Q.C.P.I., etc., appointed Medical Officer to the Ballyroan Dispensary District, Queen's County, Ireland, *vice* William Blunden, M.B. Dub., L.R.C.S.I., etc., resigned.

POWELL, J. Harry, M.R.C.S. Lond., L.R.C.P. Edin., appointed House-Surgeon to the Weston-super-Mare Hospital and Dispensary.

THORNBURN, William, M.B., B.S., B.Sc. Lond., appointed Surgical Registrar to the Manchester Royal Infirmary, *vice* Professor A. H. Young.

THORNBURN, William, appointed Surgical Tutor to Owens College, Manchester.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

BOOKLESS.—At The Chevots, Wimbledon, on October 2nd, the wife of J. Pitcairn Bookless, Esq., M.D., of a daughter.

GAIRDNER.—At the College, Glasgow, on October 1st, the wife of Professor Gairdner, M.D., LL.D., of a son.

MARRIAGES.

CORNISH—CLAPHAM.—On October 3rd, at the Parish Church, Uppelme, by the Rev. Henry Bramley, vicar, Charles Henry Cornish, F.R.C.S., of Taunton, to Elizabeth Frances, widow of Samuel Clapham, formerly of Leeds and Victoria.

GODFREY—LITTLE.—On June 30th, 1885, at Christ Church, Georgetown, Demerara, by the Rev. T. J. Moulder, Joseph Edward Godfrey, M.B. and C.M. Edin., to Alice Helena, youngest daughter of George Little, Highbury Place, London.

MEREDITH—GREEN.—On September 15th, at Trinity Church, Boston, U.S.A., by the Rev. Phillips Brooks, assisted by the Rev. William Lawrence, William Appleton Meredith, of Queen Anne Street, London, to Caroline Sargent, daughter of Henry A. Green, Esq., of Boston.

DEATH.

MARTIN.—On October 1st, at Kingsgate Road, Kilburn, N.W., John Martin, L.R.C.P. Ed., L.S.A. Lond., and L.F.P.S. Glas., aged 65, formerly of Liverpool.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY.—British Gynaecological Society. Specimens by Dr. Fancourt Barnes, Mr. Reeves, and others. Dr. Jamieson: Ruptured Perinæum. Dr. Heywood Smith: Hernia of the Ovary.—Royal Microscopical Society, 8 p.m. Dr. Maddox: On the Feeding of Insects with Bacilli. Mr. T. B. Rosseter: On the Gizzard of the Larvæ of *Corthra plumicorpus*.

THURSDAY.—Harveian Society of London, 8.30 p.m. Mr. A. Q. Silcock: 1. Case of Iodic Purpura; 2. Specimen of Pyo-salpinx. Dr. W. B. Cheville: The Treatment of Chorea.—Ophthalmological Society of the United Kingdom, 8.30 p.m. Living and Card Specimens at 8 p.m. Mr. W. Lang: 1. Detached Retina in Yellow Spot Region reshowed; 2. Pemphigus of Conjunctiva. Mr. Spencer Watson: Granular Lids and Vascular Cornea treated by Peritomy. Dr. J. B. Lawford: Tuberculosis of Choroid. Mr. G. Anderson Critchett: A Case of Orbital Cellulitis. Dr. W. A. McKewen: Intracapsular Injection of Water in Cataract-Extraction. Mr. Walter H. Jessop: On a Case exhibiting Definite Movements of the Pupils with the Action of the Extrinsic Muscles of the Eye. Mr. E. Nettleship: A Case of Fatal Meningitis after Excision of the Eyeball. Mr. Simon Snell: Foreign Bodies in the Back Part of the Eye, with Preservation of Sight.

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.

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.—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.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30 Skin, M. Th., 1; 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.

IMPEDIMENTS TO UTERINE ACTION.

SIR,—As "trifles make the sum of life," so in obstetrics, attention to trifles saves much time, and therefore conduces much to the safety of the patient. This must be my apology for bringing before the profession what is possibly well known to many of its members. I have frequently observed in my practice that a common cause of failure of uterine action in the second stage of labour, is the ponding back of the liquor amnii behind the child, so that the uterus cannot contract properly on the surface of the body, and from which it is separated by a layer of fluid. To remedy this, it is my practice, after rupturing the membranes, which I always do in multipara, as soon as ever the os is fully dilated, to introduce a gum-elastic catheter under the head into the uterus, and to leave it there until the head is well down on the perineum, when it should be withdrawn. The catheter then introduced serves the purpose of draining off the superfluity of liquor amnii, and it also acts as an additional stimulus to uterine action, besides which, by attaching to it a long piece of India-rubber tubing carried to a vessel at the bedside, the patient may be saved much wetting of the bedding, etc. It is almost needless to state that the catheter should not be used for other purposes, and should be well washed in antiseptic fluid as soon as possible after use. Another troublesome complication of labour which I have frequently come across, but which is not, I think, mentioned in many of the text-books, is the condition called pendulous belly. This mostly occurs in women who have had large families, or are debilitated from some other cause. In it, owing to flaccidity of the abdominal walls, and consequent want of support to the uterus, that organ becomes more or less acutely anteverted. Consequently, at the time of labour, the child's head is further forward than it should be, and instead of descending into the pelvis it remained impacted against the symphysis pubis. In this condition uterine action is often violent but futile. To remedy it, the patient should be got into bed as soon as seen, placed on her back, and the binder tightly applied, and tightened from time to time as the child descends. If the condition be detected early in pregnancy, an abdominal belt should be worn during that period.—Yours faithfully, A. DE W. BAKER, L.R.C.P. Lond., M.R.C.S.E., 2, Lawn Terrace, Dawlish.

SERIOUS ACCIDENTS DURING COITUS.

DR. ZEISS, of Erfurt, mentions, in the *Gynäkolog. Centralblatt*, two instances which have come under his notice of serious accidents occurring during coitus. The first was that of a newly married young woman, who, after the first connection, suffered from such serious hæmorrhage that, as cold sponging and washing did not arrest it, Dr. Zeiss was called in on the following afternoon. He found the patient faint, almost pulseless, and covered all over with a cold sweat. A quantity of blood and clots had to be removed before he could make an examination. He then saw two lacerations in the hymen, and from the deeper of these, a vessel, out of the ruptured end of which a continuous stream of blood was flowing. Digital compression against the bone not proving efficacious, he put in a stitch, which was left in for three days. The patient slowly recovered her strength under tonics. Neither she nor any of her family had the hæmorrhagic diathesis. The other case was that of a married woman, aged 25, who had been delivered with forceps, but had done well and begun to attend to her household duties on the ninth day. At this time coitus took place, apparently in the genu-pectoral position. The woman suddenly felt a sharp pain and a considerable quantity of blood flowed from the vulva. Medical assistance was obtained, and cold disinfecting injections used, which arrested the hæmorrhage. When Dr. Zeiss saw her, he found a rent an inch and a half long on the right side of the upper part of the vagina, with jagged and gaping edges. This was treated successfully with iodoform-powder, and the vagina plugged with iodoform gauze.

THE CONNECTION BETWEEN QUINSY AND RHEUMATISM.

SIR, With all respect for Mr. Green's opinion, I would remark that the Collective Investigation Committee, in their report on Rheumatism, came to the conclusion that no certain connection between quinsy and rheumatism could be made out. Moreover, quinsy is essentially connected with adolescence and a strumous habit, and if Mr. Green will take care to inquire, he will be able to make out in almost every case, previous muscular or mental exhaustion. In young boys at school I believe masturbation is a frequent cause, and in after-years excessive sexual indulgence. Of course, I believe that a weak state of health renders one susceptible to take rheumatism. Since writing the above, I have seen a person who is frequently subject to quinsy, and she assures me she has never had so much as rheumatic pains. The attacks have always come on after extra fatigue. There are two points worthy of note, and they are, a second attack rarely follows except after some months' interval, no matter what the exposure. Laryngitis is a very rare accompaniment, contrary to what would be the case were tonsillitis the direct result of cold.—I am, sir, your obedient servant, Claremont Road, Surbiton. F. P. ATKINSON.

"A FLEABITE."

SIR,—I shall be glad if some member or members will kindly explain the following case. A patient of mine, a barrister, and of good physique and constitution, suffers in a remarkable, and to me a unique, manner, from the bites of fleas. He feels no pain at the time the bite is inflicted, and it is generally about twelve hours before the lesion is complete, when it shows itself in the form of a livid and almost purpuric mark, varying from half an inch to an inch in length, and nearly the eighth of an inch in breadth. From the above-named time considerable pain of a burning character is felt, and this lasts for two or three days. If the bites are on the inner and palmar aspect of the wrist, vesicles are formed within twenty-four hours, and if in the neighbourhood of the groin, the inguinal glands become slightly enlarged and decidedly painful. As far as I am able to judge, there is no hæmorrhagic diathesis on the part of the patient, but I am informed that his little nephew suffers very similarly. Fleabites, as we all know, are proverbially unimportant, but in the case I have described they are a real grievance, and I therefore venture to ask the advice of more experienced gentlemen than myself.—I am, sir, yours faithfully, ASSOCIATE.

MEDICAL ETIQUETTE.

SIR,—I think it is grossly inconsistent, as well as unfair, to the general practitioner, for a man who puts Physician as well as Surgeon on his door-plate, to receive half-a-crown and five shilling fees and retain club-appointments.—I remain, yours obediently, GENERAL PRACTITIONER. Physician and Surgeon means L.R.C.P. and M.R.C.S., which are the ordinary qualifications of a general practitioner.

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

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A Guide to the New Pharmacopœia (1885), Comprising an Epitome of the Changes, and an Account of the New Preparations, their Characters, Uses, Doses, and Modes of Administration, together with a Therapeutical Commentary. By Prosser James, M.D. London: J. and A. Churchill. 1885.
A Summary of New Remedies. By Thomas M. Dolan, M.D. London: Baillière, Tindall, and Cox. 1885.
Diseases of Sedentary Life. By J. Milner Fothergill, M.D. London: Baillière, Tindall, and Cox. 1885.

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