

this. If the medical schools were to be under the university, it must have some control over them, and consequently they could not, as the report supposed, retain their individuality. All the medical schools were not of university rank; the teaching at some was very inefficient. He was strongly opposed to the Royal Colleges of Physicians and Surgeons coming into the scheme, as it would be tantamount to their abolition; neither did he favour the scheme to empower them to grant degrees. Such a degree would be, in his opinion, a false trade-mark. He thought that the scheme of the Association so closely resembled the constitution of the University of London, that the latter body ought to have no difficulty in meeting the Association half way.

The Rev. Dr. WACE, Principal of King's College, deprecated any independent movement on the part of a single body, such as University or King's College, and hoped that by mutual concession and compromise a satisfaction of all interests might be attained.

Professor ALEXANDER WILLIAMSON felt the great need of a tolerant spirit. The report was to be received, not adopted, and the Association was not pledged to any one point in it.

Mr. BRUDENELL CARTER thought Dr. Matthews Duncan had spoken too unfavourably of the teaching in any of the London medical schools.

Professor RAY LANKESTER moved, as an amendment, that the further consideration of the report be referred to that day three months, as he thought the Association had not had sufficient opportunity to express an opinion.

Mr. TWEEDY seconded the amendment, as it was not hostile to the objects of the Association.

Sir GEORGE YOUNG pointed out that the reports had been placed in the hands of members last August.

Dr. NORMAN MOORE considered the matter urgent; and the Association was not in any way pledged to details.

Sir GEORGE YOUNG briefly replied in the same sense.

The amendment was then put and lost; the original motion was carried by a large majority.

CHOLERA AND THE LONDON HOSPITALS.

At a meeting of the Hospitals Association on November 18th, Dr. Steele, of Guy's Hospital, read a paper on the duties of general hospitals during an epidemic of cholera. He first referred to the absence of any sanitary provision in London before the outbreak of cholera in 1832, and pointed out that, as soon as the reforms rendered possible by the strong impression made on the public mind by that epidemic had been carried out, a very notable diminution in the severity of the epidemic when the disease again appeared had occurred. The Metropolitan Sick Asylums Board was now able to command 600 beds in the general hospitals, and 900 in workhouse-infirmaries; it had been arranged that the expenses incurred by the general hospitals should be defrayed out of the common poor-fund; and this, as Dr. Steele was careful to point out, was an entirely new departure in the relations hitherto existing between the general hospitals and the local government. The accommodation in South London was inadequate, and, if an epidemic were to break out there, great confusion would arise. Dr. Steele then referred to the necessity for early removal, and stated that the appliances of the ambulance-corps of the Asylums Board, and the "St. John litters," now employed at all the police-stations, might both be available. He advocated house-to-house visitation during an epidemic, in order to instruct the poorer classes as to the necessity of treating all cases of diarrhoea, and to ascertain the existence of cases of cholera in the early stage; the various district nursing institutions might afford valuable assistance in this work. The hospitals would require a very large staff of nurses, and ought not to undertake the disinfection of the bedding or clothes used by patients before admission; when the patients were admitted into a general hospital, all fomites ought to be at once removed and disinfected by the Metropolitan Sick Asylums Board. Dr. Steele insisted on the advisability of thoroughly disinfecting all excreta. For this purpose, he said that soil-basins were employed in most hospitals, apart from the ordinary closets. These vessels, which nurses insisted on calling sluices, ought to be of copper, large enough to hold a bed-pan, and should have water laid on, and be furnished with a siphon-trap of earthenware, while the soil-pipe continuation should be in direct communication with the external air. Such basins were an absolute necessity in connection with cholera-wards; and each time they received the egesta, some disinfecting material should be thrown down them; it would be necessary also to have an antiseptic put in the collecting vessels before they were removed from the bedside. Carbolate of lime, he said, was not so soluble as was usually supposed,

and there was grave reason to doubt whether carbolic acid in the strongest solution it could make with water was thoroughly efficacious. The pure acid, and even the impure, were too expensive to allow a very free use, and were acrid poisons. He suggested sulphate of iron or green vitriol, a soluble salt with powerfully oxidising properties, which for many years had been recognised and employed by chemists and sanitary officers all over the country and in India, but had not made much way as a depurant or purifier in hospital-practice. The reason of its exclusion was its liability to stain linen and cotton fabrics. He had had a box to hold a few pounds of the salt made for Guy's Hospital; it could be fixed over the soil-basin and be furnished with a wooden spoon, with a long handle, and the nurse need not fear its coming into contact with her linen. Most people, he said, fancied that a bad smell required an odour equally, if not more, powerful to neutralise it. The sulphate of iron had no smell, but it would be easy to add to the crystals some powerfully smelling substance; probably carbolic acid would answer best, as there was now an universal belief in its antiseptic properties.

THE JAFFRAY HOSPITAL, BIRMINGHAM.

THE opening of the Jaffray Suburban Hospital, founded by the proprietor of the *Birmingham Daily Post* for the reception of chronic and convalescent cases from the General Hospital, was performed on Friday in last week by His Royal Highness the Prince of Wales. The Prince, who was escorted by a troop of Hussars, was cheered continuously from the time he left the station until he reached the hospital at the village of Gravelly Hill. On reaching the hospital, His Royal Highness was accorded a most enthusiastic greeting by a large crowd, which, notwithstanding the severity of the weather (and during the whole of the day it was most inclement), had gathered in front of the institution.

The Prince was presented, by Mr. A. Baker, Chairman of the Hospital Committee, with an elaborately wrought gold and silver key, with which His Royal Highness unlocked the door of one of the wards. Proceeding to a room which had been set apart for the formal ceremony, the Prince was presented by Lord Brooke with an address of welcome, to which His Royal Highness replied.

Two cheques of the value of £1,250 each were handed to Mr. Jaffray, one from a private donor, and the other from the Birmingham and Aston Licensed Victuallers' Association, for the endowment of beds in the hospital. The Prince of Wales gave Mrs. Jaffray a copy of the presentation-key in the form of a brooch, and shortly afterwards the Prince declared the hospital open.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1886. 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.

Meetings of the Council will be held on January 20th, April 14th, July 14th, and October 20th, 1886. 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 each meeting, namely, December 30th, 1885, and March 25th, June 24th, and September 30th, 1886.

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.

COLLECTIVE INVESTIGATION OF DISEASE.

THE inquiry on CHOREA is now closed, the tabulation of the returns being completed.

Inquiries are in progress on the subjects of

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 on Acute Rheumatism be sent in at as early a date as possible, as the printing of the Tables is in progress.

The greater part of the "Old Age" form may be filled in by a non-medical person, if necessary.

The Committee are also glad to receive reports of cases of the following conditions, memoranda and forms for which are prepared. PAROXYSMAL HÆMOGLOBINURIA, ALBUMINURIA IN THE APPARENTLY HEALTHY, SLEEP-WALKING, ACUTE GOUT. Returns on ACUTE PNEUMONIA are still received.

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.

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

LANCASHIRE AND CHESHIRE BRANCH.—An intermediate meeting will be held in Ashton-under-Lyne, on Wednesday, December 16th. Gentlemen wishing to show cases, or read papers, will oblige by communicating with the Honorary Secretary, without delay.—CHARLES EDWARD GLASCOTT, M.D., Honorary Secretary, 23, St. John Street, Manchester.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of the above District will be held at St. Bartholomew's Hospital, Chatham, on Friday, December 18th, at 3 P.M., J. Langston, Esq., J.P., in the chair. The dinner will take place at The Bull Hotel, Rochester, at 5.30 P.M.; charge 6s., exclusive of wine. Gentlemen who intend to dine are particularly requested to signify their intention to the Honorary Secretary of the District not later than December 16th. Papers to be read: 1. Dr. J. V. Bell, Two Cases of Trephining. 2. F. B. Jessett, Esq., Plastic Operations for Restoration of Upper Lip After Removal of Epithelioma. 3. Dr. H. Lewis Jones, Clinical Notes of Empyema. All members of the South-Eastern Branch are entitled to attend this meeting, and to introduce friends.—A. W. NANKIVELL, Honorary Secretary.

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT.

The autumn meeting was held at Chichester on Friday, November 20th; Dr. TYACKE in the chair.

Remarks on Sanitary Matters.—The Chairman, in his remarks on sanitary matters, commented on the inefficiency of their administration in consequence of the divided and antagonistic duties of the great majority of the officers of health. He considered that the duties of the latter could not be performed vigorously and satisfactorily whilst the chief transgressors were often those who were their private patients, and with whom rested their appointment and dismissal at short notice. The duties of officers of health were ever increasing in amount and importance, and the recent investigations of M. Pasteur and others as to the connection of micro-organisms with the etiology of disease must add materially to the field of his operations. Dr. Tyacke would, therefore, again draw attention to the recommendations of the Joint Committee on State Medicine, consisting of subcommittees of the British Medical and Social Science Associations, which insisted "that an essential condition of success in any sanitary system must be the employment of a certain number of high class executive officers devoting their whole time to the discharge of their several duties; that to secure such competency, and adequate remuneration for such services, large areas are necessary; that the full value of the preventive functions of the medical officers of health can be realised only when they are freed from the restraints of private practice, so as to enable them to point out defects and suggest remedies without the risk of personal annoyance and loss." Dr. Tyacke further urged that it was very desirable to press forward this subject at the present time, as, whatever the result of the political struggle, it would surely form an important item in the local government changes soon to be considered,

when the opinions of medical men should have their just weight.—Dr. WITHERS MOORE (Brighton) suggested that an officer of State ought to be appointed to look after sanitary affairs. Dr. FULLER (Shoreham) thought the appointment of medical officers of health should be a permanent one.

Collective Investigation.—The Honorary Secretary for the district, Dr. A. E. BUCKELL, made a report on this subject.

Typhlitis.—Mr. G. B. COLLET read notes of a case of typhlitis, caused by the patient bathing when suffering from slight mucocenteritis.

Dinner.—The members afterwards dined together.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

A MEETING of the above District was held at the Bear Hotel, Lewes, on Wednesday, November 25th, 1885; Dr. CROSSKEY in the chair.

Discussion on Diphtheria.—Mr. SHIRLEY MURPHY, on behalf of the Collective Investigation Committee, opened a discussion on diphtheria. His remarks were mainly directed to the question of the similarity between diphtheria and scarlatina. He also dealt with the peculiarities of the disease in regard to the spreading of epidemics, and the various suggestions which had been made as the mode of its propagation.—Dr. HOLMAN, Dr. MOORE, and Mr. KAYE SMITH took part in the discussion.

Cases.—Mr. Gravely described a case of Pneumonia, with maniacal symptoms coming on after the chest-symptoms had disappeared.—Dr. TREUTLER read notes of a case of Injury to the Thigh in a Child.

Dr. Crosskey and the Lunacy Acts.—Dr. HOLMAN moved the following resolution, which was carried unanimously.

"That the members of the East Sussex District of the South-Eastern Branch of the British Medical Association desire to express their deep sympathy with Dr. Crosskey, and to offer him their hearty congratulations on his successful defence in the action of Hillman v. Crosskey. They would desire also to enter on their minutes the emphatic expression of their opinion that the present lunacy laws require amendment, as much in the best interests of the medical profession as for the protection of the public."

Dr. CROSSKEY, in reply, said how grateful he felt that such a resolution should be placed on the minutes of the Association; and he remarked upon the kindness and sympathy he had received from members of the profession in all parts of the United Kingdom. At the same time, he could not but think that the British Medical Association did not do so much as it might in such a case towards assisting one of its members in his anxieties and grave difficulties.

Next Meeting.—Dr. CROSSKEY moved, Dr. TREUTLER seconded, "That the next meeting—if possible, in conjunction with the West Sussex District—be held at Brighton, in March, 1886; and that Mr. Hodgson be asked to preside."

GLOUCESTERSHIRE BRANCH: ANNUAL MEETING.

THE annual meeting was held at Cheltenham, in the Board-room of the General Hospital, on Tuesday, November 17th, 1885. Dr. NEEDHAM, President, took the chair, and there were an unusually large number of members and visitors.

New President and Council.—The scrutineers examined the voting-paper, and announced that Dr. GOODING (Cheltenham), was elected unanimously as President for 1886. The following members were elected on the Council: Drs. BATTEN and BOND, and Messrs. WILTON and ELLIS. Mr. Cardew was re-elected Honorary Secretary.

Papers and Cases.—Dr. WILSON (Cheltenham) read the notes of a case of Paroxysmal Hæmoglobinuria, together with Symmetrical Gangrene, and exhibited the patient; also, specimens of his urine and blood.—Dr. ISAMBARD OWEN made a few remarks on the boy, whom he had seen in St. George's Hospital.—Mr. ELLIS (Gloucester) described and exhibited an apparatus for the Dry Antiseptic Vapour Treatment of Wounds, by means of which air was filtered through a cotton diaphragm, saturated with eucalyptol, and pumped over a wound.—Dr. GOODING, Mr. LAWSON TAIT, and others, started a short discussion on Antiseptic Wound Treatment.—Mr. BOWER (Gloucester) read a most interesting paper on The Frequent Non-recognition of Glaucoma, and exhibited a boy on whom he had performed iridectomy for recurrent glaucoma.

Supper.—After the meeting, the members adjourned to the Queen's Hotel, and sat down to a supper laid in the Ball-room. At the conclusion of the supper, Dr. Isambard Owen gave a short address on the work of the Collective Investigation Committee, which gave rise to a general conversation on the subject.

New Members.—At a meeting of the Council of the Branch, the following gentlemen were elected members of the Branch: Drs. Bram-

well and Best, and S. E. Gabb, Esq. (Cheltenham); Dr. Hooker (Cirencester); P. D. Hopgood, Esq. (Stow-on-the-Wold); and E. E. Tarleton, Esq. (Ashton-under-Hill). Also, R. T. Richardson, Esq. (Frampton-on-Severn), and H. Ewbank, Esq. (Cheltenham), were elected members of the Association for 1886.

METROPOLITAN COUNTIES BRANCH: HERTFORDSHIRE DISTRICT.

A MEETING of this District was held at Watford on November 18th; WALTER DICKSON, M.D., President of the Branch, in the chair.

Papers, etc.—The following papers were read.

1. Displacement of Pelvic Viscera: Dr. P. Horrocks.
2. Cases of Empyema and Thoracentesis: Dr. W. H. Blake.
3. A case of Reynard's Disease: Mr. C. D. Murray.
4. Osteosarcoma of the Left Knee: Mr. F. R. Webster.

Votes of Thanks.—The meeting terminated with votes of thanks to the President of the Branch for kindly consenting to occupy the chair; also to the several members for their interesting communications.

ABERDEEN, BANFF, AND KINCARDINE BRANCH: NOVEMBER MEETING.

A MEETING of this Branch was held at 198, Union Street, Aberdeen, on November 18th; Professor OGSTON, President, in the chair.

New Member.—Dr. A. Gordon Davidson, of Warth, was unanimously elected a member of the Branch.

Papers, etc.—The following communications were made.

1. Dr. A. Ogston: Operative Treatment of Congenital Dislocation of the Hip-joint.
2. Dr. Macgregor: Tumour of the Pons Varolii and Medulla Oblongata.
3. Dr. Gordon: Unilateral Cerebral Convulsions.
4. Dr. A. Ogston: Dilatation of Kidney with Putty-like Contents.
5. Dr. Macgregor: Sarcoma of Testicle.

An apology for absence was intimated from Dr. Garden, who was to have shown a preparation.

Votes of Thanks were accorded to the gentlemen who had contributed papers and specimens; and a similar vote to the chairman concluded the business of the meeting.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

The Effect of Double Ovariectomy on Menstruation.—Pulmonary Complications of Acute Eruptive Diseases.—Hysteria in the Male.—Vaseline in Pastry not Injurious.—Prophylaxis of Hydrophobia.—The Supposed Intracellular and Pericellular Sinuses of Adamkiewicz.—Function of the Nerve of Wrisberg.—General News.

At a recent meeting of the Société de Chirurgie, M. Terrier read some clinical notes on the influence of double ovariectomy on menstruation. He has performed the operation twenty-two times. In some of his patients, he has been able to study their condition during ten years after the operation; in others, during one year only. One patient had menstruated from the age of 16 to the age of 22; she was aged 52 when operated on. Two others, whose general state of health was very serious, had not menstruated for several months. All the others, thirteen out of twenty-two, menstruated regularly. The two ovaries were removed, and, in most of the patients, the menstrual flow took place. In one case of single ovariectomy, the menses reappeared three months after the operation, and were regularly repeated until the remaining ovary was removed, and then they disappeared. In another instance, in which the right ovary was removed, the menses continued; the left ovary was subsequently removed, and, during five months afterwards, the menstrual flow took place regularly at the normal periods; later on, the menopause was definitely established. Three patients menstruated regularly during seven years after undergoing double ovariectomy. M. Terrier concludes that ovariectomy is generally followed by suppression of the menstrual flow. This may not occur immediately; sometimes the menses appear once after the operation, sometimes twice during the following year, sometimes four times during the three subsequent years.

M. Broca, demonstrator at the Paris Medical Faculty, in a work entitled *Sur la Pneumonia Lobaire Aiguë Secondaire*, states that lobular pneumonia has been observed in small-pox, though not fre-

quently, but yet more so than in scarlet fever and measles. He cites the following cases. A patient was convalescent after an attack of small-pox, when he exhibited symptoms of lobar pneumonia of a typhoid character. In another instance, pneumonia preceded the varioloid eruption. The prodromata were identical with those of small-pox; the next morning, pneumonia was clearly diagnosed. On the evening of the fifth day, small-pox eruption appeared. M. Broca has found one case of pneumonia in scarlet fever on record. Halbey, of Wetzlar, in his statistics, mentions one among 220 cases. According to Rilliet and Barthez, diphtheritic pneumonia is always lobar. M. Vulpian has the same belief. M. Sanné, in his *Traité de la Diphthérie*, says that broncho-pneumonia is a more frequent complication of this disease than lobar pneumonia; nevertheless, this latter is more frequent than many authors admit. M. Broca, after careful clinical study in the hospitals, during his house-surgeonship, comes to the conclusion that, in all acute eruptive diseases, broncho-pneumonia is more frequent than lobar pneumonia, but that this latter is occasionally observed.

M. Rendu, at a meeting of the Société des Hôpitaux, showed a male patient, aged 20, attacked with brachial monoplegia of hysterical origin.

Dr. Guichard, of the Maternity Angers, records the following case. A stoker of a railway company had erysipelas of the face, which declared itself on January 15th, and was cured on the 30th. His wife was delivered of a child on January 17th, and died on the 30th of that month from puerperal septicæmia.

M. Dubois, in a communication to the Société de Biologie, stated that, wishing to ascertain whether vaseline is injurious, and its use ought to be prohibited in pastry, he fed two dogs on soup exclusively made with vaseline. The animals did not present any symptoms of gastric disturbance, nor imperfect nutrition. Their excrement was slightly yellow; their weight was not altered; the slight diminution of urea observed in their urine was explained by the absence of meat from their diet. M. Dubois concludes that pastry made with vaseline may not be pleasant to the palate, but that it is not injurious to the health. M. Dubois mentioned the case of a woman who had absorbed a considerable quantity of mineral essence, and afterwards swallowed charcoal, which prevented any fatal consequences from happening.

M. Pasteur was present at a recent meeting of the Conseil de Hygiène. M. Léon Colin, in the name of the Council, made a short eulogistic speech, which M. Pasteur acknowledged. He stated that, since Meister was treated, every day people bitten from mad dogs had appeared at his laboratory to be treated in the same way. M. Pasteur considers that an establishment for the sole treatment of hydrophobia is indispensable. The expense would not be great, but his system must be further tested, in order that a number of successfully treated cases may warrant the organisation of such an establishment. M. Dujardin-Beaumetz said he had noted sixteen cases since last January. The last death was caused by a dog which had previously bitten four other people. M. Brouardel asked if inoculations made a month or six weeks after the bite had been inflicted would be efficacious. M. Pasteur said he believed he could answer in the affirmative, although he had not absolute experimental proof. He had just received a telegram from Algiers telling him that four children have been bitten by a mad dog; one died on November 5th. He was asked if he would treat the two others; he replied in the affirmative. M. Pasteur hopes to save both of the surviving children; but, if one died, it would be easy to determine which virus was the cause of death. In rabbits, hydrophobia occurs on the fifteenth day when the inoculation is made with the virus of a mad dog; on the seventh, when with the virus of preventive inoculation. M. Pasteur had forwarded a letter of thanks to the Municipal Council of Havre for 1,000 francs (£40) forwarded to pay a part of the expenses involved by his researches on hydrophobia. He informed the Council that he intended to devote it to paying the expenses of indigent poor who require treatment after having been bitten.

M. Vulpian read before the Académie des Sciences a note from M. Vignal, in which that histologist denies the presence of the intracellular sinus which Professor Adamkiewicz described in nerve-cells, in a communication presented to the Academy. M. Vignal made several vascular injections with colloid and crystalline substances, and observed that the crystalline substance passed through the walls of the vessels, coloured the neighbouring elements, and especially the cellular nuclei. As to the pericellular sinus which Adamkiewicz described in the same communication, M. Vignal believes that it is produced by the extravasation of the mass injected. If a colloid mass be well injected, all the blood-capillaries are penetrated by this substance, and neither an intracellular nor pericellular sinus is observed in the ganglion-cells.

M. Vulpian's recent experimental researches concerning the func-

INDIA AND THE COLONIES.

SÉLANGOR.

SÉLANGOR is a native Malay State under the "protection" of Great Britain; but it may be doubted whether even that omniscient person, Macaulay's "ordinary schoolboy," would know much about its physical peculiarities or natural products. It is gratifying, therefore, to find that Dr. A. W. Sinclair, the surgeon in charge, is turning his exile in that remote region to good account. Reports, such as one which has been recently received from him, are of great value, as affording trustworthy facts with regard to the distribution of disease; we are grateful for the statistics and observations supplied, and venture to hope that in future years further details, and tables more thoroughly worked out in certain respects, may be presented. As the staff consists of only one surgeon, two apothecaries, five dressers, and one apprentice, who have to serve three hospitals at Kwala Lumpor, and two at Klang, it would be unreasonable to ask for elaborate statistics. A small-pox hospital has been erected in consequence of a recent epidemic, and a leper-ward has also been provided. The method of disposing of excreta, and the water-supply, which have been very defective, are now both engaging the attention of the Government.

One of the most important diseases for which the hospitals have to make provision is beri-beri. The number of cases under treatment in the State Hospitals in 1884 was greatly in excess of the number treated in 1883, but this is attributed to the natives having come to appreciate more highly the advantages presented by treatment in hospital by a European physician. The following table shows the number of cases of beri-beri under treatment, in the hospitals and gaols, where the result could be ascertained.

		<i>Hospitals.</i>					
Year.	Total.	Cured or Transferred.	Died.	Percentage of Deaths.			
1883	166	68	98	59.0			
1884	245	177	68	27.75			
		<i>Gaols.</i>					
1883	84	61	23	27.39			
1884	29	26	3	10.34			
Grand total...	524	332	192	36.64			

The great decrease in the death-rate in hospital, taken along with the still more striking decline noticed in the gaol-population, and the fact that the natives show a greater readiness to put themselves under treatment, seems to lend support to the view that this mysterious disease, at any rate in its chronic form, is very amenable to treatment when resorted to early. Of the 57 fatal cases which occurred in 1884 in the Kwala Lumpor General and Pauper Hospitals, 8 were under treatment one day or less, 14 for two days or less, and 38 one week or less. Unfortunately, the tables before us do not show the total number of cases of beri-beri under treatment in these two hospitals, and how long the patients who succumbed had been suffering from the disease. A table showing the relation between the mortality and the duration of the illness before treatment would be a valuable addition to future reports. That beri-beri must have a very important influence on the death-rate, is shown by the fact that nearly half of the total deaths in the State Hospitals in 1884 are attributed to that disease. The total number of patients for whom the result of treatment could be ascertained in 1884 was 1,361; the total number of deaths was 148, while the number of deaths from beri-beri was 68; that is to say, the general death-rate in hospital was 10.87 per cent., while the rate from beri-beri was 5 per cent. The total number of cases of beri-beri treated in 1884 was 245, or 18 per cent.

Dysentery caused 18 deaths during the year, and paludal fevers 1 (a Malay). In the table showing the total number of cases, however, dysentery and paludal fever are lumped together under the head "cases due to a malarial origin." The general death-rate from all causes in the State Hospitals is stated to have been 18.271 per cent. in 1883, and 9.511 in 1884. "The small percentage of death," says Dr. Sinclair, "shows a better result than I anticipated, owing to the overcrowded state of the wards throughout the year."

CENTRAL LONDON THROAT AND EAR HOSPITAL.—On November 19th, Mr. Lennox Browne commenced a series of lectures on diseases of the throat and larynx at the hospital in Gray's Inn Road. After a few introductory remarks, the lecturer explained the use of the various instruments, and showed a number of typical cases illuminated by the oxyhydrogen light. Mr. Coxeter attended to give any explanations as to the instruments.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE GUARDIANS OF THE OUNDLE UNION, THE LOCAL GOVERNMENT BOARD, AND MR. A. S. STOKES.

WE have had forwarded to us by Mr. A. S. Stokes, of Weldon, Oundle Union, a letter, giving the facts connected with the administration of medical relief in the Weldon district of that union, which merits some consideration.

From Mr. Stokes's statement, it would appear that, from October, 1880, to 1883, the medical officership of this district of the union was confided to the charge of an unregistered medical practitioner, notwithstanding repeated representations to the board of guardians that such was the fact, the said officer being either unable or unwilling to produce to the guardians any certificate of qualification whatever.

In 1883, he succeeded in getting his name restored to the *Register*, but, some few months afterwards, resigned, and left the country. Upon this occurring, the board of guardians appointed Mr. Stokes; but, as the salary (little enough at any time) was £10 less than that of the unregistered predecessor, Mr. Stokes resigned, and a non-resident medical man, living eight miles away from the village, was appointed, and still holds the office.

Mr. Stokes having discovered that he was thereupon called in to all cases of urgency, and that without any prospect of payment, wrote to the guardians, offering, in self-defence, to take the post at the reduced salary, or for nothing at all, if they so resolved. The offer was declined; and, on an appeal to the Local Government Board, the department, in deference to the views of the guardians, permitted the non-resident medical officer, eight miles distant from the village, to be reappointed for twelve months.

The letter from Whitehall is so characteristic that we will give a brief epitome of its contents.

"The guardians have unanimously resolved that, taking into consideration the very satisfactory manner in which Mr. Thomas Pink has discharged his duties, etc., they are desirous that his appointment should be confirmed. The board are further informed that you are the only medical man residing in the district; that you resigned the office; and that they (the guardians) do not consider that the distance at which Mr. Pink resides causes any inconvenience to the poor, as he has a surgery in a village in the centre of the district. Under all the circumstances, the board have consented to the appointment of Mr. Pink for one year.

"(Signed) COURTENAY BOYLE, Assistant-Secretary."

Mr. Stokes has also forwarded to us the history of two cases requiring prompt and immediate attention, which could not by any possibility be obtained from a medical man, however zealous (even with a surgery in the centre of the district), who lived eight miles away.

There are, however, one or two facts in connection with this story that are instructive. It will be seen that the guardians appointed and retained in office, in spite of remonstrance from Mr. Stokes, an unregistered medical man, and that the Department sanctioned the payment of his salary during three years, though, in a somewhat parallel case in the Bingham Union, Nottingham, where a medical officer had unwittingly had his name removed from the *Register* (through inadvertently omitting to apprise the Secretary of the General Registration Office of his change of residence), the Local Government Board resolutely refused to allow the quarter's salary, earned whilst he was unregistered, to be paid to him. Again, it will be noted how scant is the consideration shown to the interests of the sick poor, when the Department, in deference to the views of the Oundle Board of Guardians, sanctions the reappointment of a non-resident and distant medical man, because the would-be holder has had the courage to decline holding an office to which a clearly inadequate salary was to be awarded.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

At a meeting of the Council of the above Association, held at their rooms, 3, Bolt Court, Fleet Street, on Tuesday, December 1st, 1885, the case of Dr. Collie, the Medical Superintendent of the Eastern Asylum Hospitals, was again considered, when it was unanimously resolved:

That this Council, having carefully gone through the evidence that was tendered at the recent official inquiry into the management of the Eastern Asylum Hospitals, fails to discover any sufficient pretext for the suspension of Dr. Collie from his duty as superintendent of such

hospitals, seeing that the most that could be brought against him, was the neglect of certain clerical requirements, which, having regard to the multifarious and onerous duties he was called on to discharge by the managers, should, as requested by Dr. Collie, have been remitted to some subordinate official; and further expresses its regret that the Poor-law inspectors to whom was entrusted the conduct of the official inquiry should have failed to recommend to the President of the Local Government Board the removal of his suspension.

That the best thanks of this Council be given to the general and medical press, and especially to the *Times*, for the support they have given to Dr. Collie under the trying circumstances in which he has been placed.

Signed on behalf of the Council,

JOSEPH ROGERS, M.D., President.

J. WICKHAM BARNES, F.R.C.S., Honorary Secretary.

THE CONWAY UNION BOARD OF GUARDIANS AND MR. T. DAVIES.

We learn from the *Liverpool Daily Post*, of the 31st ultimo, that the Conway Board of Guardians has taken a new departure. Foiled in the effort to get rid of Mr. T. Davies, the medical officer of the Creuddyn district of the union (whose treatment by the chairman of the board and the guardians who support him, has been frequently referred to by us, and was the subject of a question in the House of Commons), the board has decided to dissolve the district altogether, subject to the assent of the Local Government Board. Out of this district, it is proposed to form two fresh ones, for which two medical officers would be required; one of whom should live at Llandudno, and be paid £40 a year, inclusive of extras; and the other should reside at Colwyn Bay, and receive £45 a year, inclusive of extras—the conjoint amount making up the salary now paid to Mr. Davies, with £10 additional, the sum they offered to give him in lieu of expensive medicines, and to which that gentleman refused to agree.

It was also proposed that Mr. T. Davies be written to, and his assent asked; and, in the event of his refusal, that the Local Government Board be written to, and their consent requested, determining his office after six months' notice. This, if agreed to by the Department, would effectually dispose of Mr. Davies, by driving him from his office. That such was the object of the mover of the resolution, may be reasonably imagined, as he brought forward no reason why such a change would be advantageous to the poor or economical to the ratepayers. Indeed, the chairman said he did not oppose it, as it would not cost any more money. Unfortunately for Mr. Davies, Parliament is not sitting; otherwise, by a question in the House of Commons, the Board might be again foiled in the endeavour to displace Mr. Davies.

MEDICAL TREATMENT IN WORKHOUSE FEVER-WARDS.

SIR,—Permit me briefly to lay before you the following facts, which have recently taken place, hoping that, as they are of some importance not only to me, but probably also to other members of the profession, you will kindly state your opinion regarding them in an early issue of the *BRITISH MEDICAL JOURNAL*.

A. is a gentleman of this town who has a young family, and whose wife is again about to be confined. B. is, and has always been, the family physician; and on being summoned a few days ago to see one of the servants, he found that she was suffering from scarlet fever. It was evident that, in the circumstances, the immediate removal of the patient, was of the greatest consequence; and A. accordingly used every effort to obtain lodgings for her in the town, but without success. There is no hospital of any kind here, except the fever-wards attached to the workhouse. Application was then made to the clerk to the guardians, who gave a letter, countersigned by the relieving officer, authorising the admission of the patient to these wards; it being understood that A. was to pay whatever her residence there might cost the guardians. A. then called upon B. and requested him to superintend the removal of the patient from his house to the fever-wards and there to attend her during the course of her illness. B. accordingly saw her suitably accommodated, and afterwards sent a bottle of medicine for her use. This medicine was, however, returned, with a message from the medical officer to the guardians saying that the patient was now under his care, and that no other medical attendant would be permitted to interfere. To this resolution he adheres, in spite of remonstrance, and notwithstanding that on two previous occasions patients had been attended by B. in these wards under parallel circumstances, while he made no objection; and it is to the present action on his part that I now invite your attention.—I remain, yours etc., M.D.

. A medical officer of a workhouse is within his right in claiming full medical responsibility for all the patients under his care in such a workhouse. As we understand the case, the fever-wards are an integral part of the workhouse in question, and are under the jurisprudence of the poor-law guardians. If the fever-wards had been turned over to the rural sanitary authority under the Poor-law Act of 1879, and that authority had chosen to allow, as is done in some places, every medical man to follow his patients into hospital and attend them there, the case might have been different. The fact that, on two previous occasions, patients have been attended by B. in these wards under parallel circumstances without objection by the workhouse medical officer, certainly puts the latter's present conduct in a somewhat unfavourable light; but there may be reasons for his conduct, of which we are ignorant.

CONVEYANCE OF INFECTION OF ENTERIC FEVER.

SIR,—I write to ask you kindly to give me your opinion of the following case. Mrs. C., of — Street, is suffering from gastric fever, and in compliance with the Act, I have reported the case to the health-authorities, who have sent the enclosed form to the school, at which the sick woman's children are educated. I wrote to the schoolmaster saying there was no danger of infection, even if the children did attend the school.

I ask your practical opinion; is it possible for any person to convey infection of enteric fever from one individual to another? Has such a conveyance of infection ever been known? My reasons for asking you these questions is, that owing to the course taken by the authorities in cases of enteric fever, individuals are prevented going to work, and children going to school. I refer solely to enteric fever. I need not say that much unpleasantness has occurred between my patients' friends and myself, in cases where I have reported the disease to the authorities.—I am, sir, yours faithfully, GEO. H. PINDER.

98, Gt. Clowes Street, Broughton, Manchester.

"General Health Department, Salford, November 16th, 1885. The Sanitary Inspector for your district reports that enteric fever is present at No. — Street, Broughton, which I am informed is the residence of M. C., one of the pupils in attendance at your school. I would suggest, in the interest of the public health, that you should not receive into your school any pupils from this house until it has been certified free from infection.—I am, sir, yours faithfully, JOHN TATEHAM, M.D.—To the Schoolmaster of St. Ann's School, Silk Street, Salford."

. 1. We do not think the infection of enteric fever can be conveyed from the sick to the healthy by a third person, unless the latter, or his clothes, should become soiled by the patient's excreta. 2. We have never heard of such an occurrence; the experience of fever-hospitals is opposed to such a view. The notice is very likely an office-error which would be explained by the medical officer of health. We note that the name is lithographed.

LIABILITY OF AN URBAN SANITARY AUTHORITY FOR THE NON-PROVISION OF A SANATORIUM.

M. O. H.—Section 131 of the Public Health Act empowers, but does not compel, a sanitary authority to provide a hospital for the reception of cases of infectious disease. No action for compensation could, therefore, lie against the local board because it had omitted to provide such a hospital.

MEDICAL NEWS.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed the Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, November 26th, 1885.

Dewsnap, William Frederick, M.R.C.S., 1, Theresa Terrace, Hammersmith.
Edye, John Simpson, M.R.C.S., 21, Elgin Road, St. Peter's Park, W.
Ellis, William Gilmore, M.R.C.S., Banstead Asylum, Surrey.
Ware, George Stephen, M.R.C.S., Devon Villa, Harrow.
Winterburn, Joseph Williamson, 12, Cabal Road, Battersea, S.W.

MEDICAL VACANCIES.

The following vacancies are announced.

- CITY AND COUNTY LUNATIC ASYLUM, Stapleton, near Bristol.—Second Assistant Medical Officer. Salary, £150 per annum. Applications to the Chairman of the Committee of Visitors, Council House, Bristol, by December 11th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Assistant-Physician. Applications by December 7th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.—Two Assistant-Anaesthetists. Applications by December 14th.
- EAST LONDON HOSPITAL FOR CHILDREN.—Resident Clinical Assistant. Applications by December 10th.
- KENT AND CANTERBURY HOSPITAL. Assistant House-Surgeon and Dispenser. Salary, £50 per annum. Applications by December 11th.
- MIDDLESEX COUNTY LUNATIC ASYLUM, Colney Hatch.—Assistant Medical Officer. Salary, £150 per annum. Applications by December 17th.
- PADDINGTON WORKHOUSE INFIRMARY.—Assistant Medical Superintendent and Dispenser. Salary, £100 per annum. Applications by December 16th.
- SHEFFIELD FRIENDLY SOCIETIES' MEDICAL INSTITUTION.—Resident Medical Officer. Salary, £170 per annum. Applications to Mr. C. Belk, Fulton Road, Sheffield.
- TORBAY HOSPITAL AND PROVIDENT DISPENSARY, Torquay.—Junior House-Surgeon and Dispenser. Salary, £90 per annum. Applications by January 1st, 1886.
- VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—Registrar. Salary, £63 per annum. Applications by December 7th.
- VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—House-Surgeon. Salary, £50 per annum. Applications by December 7th.
- VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea.—Senior Surgeon. Applications by December 21st.
- VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea.—Second Surgeon. Applications by December 21st.
- VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea.—Second Surgeon on the In-Patient Staff. Applications by December 21st.
- WHITECHAPEL UNION.—Assistant Medical Officer of the Infirmary. Salary, £150 per annum. Applications by December 7th.

WESTERN GENERAL DISPENSARY, Marylebone Road.—*Ophthalmic Surgeon.*
Applications by December 7th.
WORCESTER AMALGAMATED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Salary, £130 per annum. Applications by December 15th.

MEDICAL APPOINTMENTS.

COULHANE, F. W. S., appointed Medical Officer to the No. 3 District, and Public Vaccinator to the No. 2 District, Hastings Union.
HORNE, Thomas, L.R.C.P., L.R.C.S. Ed., appointed Medical Officer and Public Vaccinator to the Stockton Union, *vice* Arthur E. H. Trotter, M.R.C.S., deceased.
MARTIN, Sidney H. C., M.D. Lond., B.Sc., M.R.C.P., appointed Physician to the Dispensary for Foreigners.
SPEERAT, Frank A., M.R.C.S. Eng., appointed Registrar to the North-West London Hospital.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

CASH.—On November 30th, at Drumeair, Earlsfield Road, Wandsworth, S.W., the wife of J. Theodore Cash, M.D., of a daughter.

MARRIAGES.

MACLAUGHAN—McGLASHAN.—At Woodville, Falkirk, on November 26th, by the Rev. William Begg, minister of the parish; Rev. A. D. Campbell, Free Church, Lockerbie; and the Rev. J. A. Johnston, Dryfesdale, Lockerbie, brother of the bride, James MacLaughan, M.B., C.M., Lockerbie, youngest son of the late Thomas MacLaughan, M.D., Rothesay, to Barbara Gibson, widow of the late J. B. McGlashan, and youngest daughter of the late Archibald Johnston.

WRIGHT—DENTON.—On November 12th, at Christchurch, Southport, Lancashire, by the Rev. C. H. Hatfield, M.A., Gaskoin Richard Morden Wright, L.R.C.P. Lond., M.R.C.S. Eng., of Manchester, eldest son of Morden Wright, M.R.C.S. Eng., etc., of London, to Catharine Elizabeth, elder daughter of Francis Denton, Esq., of Southport.

DEATH.

PRIDEAUX.—November 29th, at 22, Woburn Square, W.C., of diphtheria, after a week's illness, aged 30, Frances Helen Prideaux, M.B. and B.S. London, and L.K.Q.C.P.I., Assistant-Physician to the New Hospital for Women, Marylebone Road, and House-Surgeon to the Children's Hospital, Paddington Green.

DR. GEORGE WILKS has been appointed by the Duke of Edinburgh to be Physician in Ordinary to His Royal Highness.

VACCINATION.—Mr. Henry Longford, public vaccinator for the Knayton district, has received a vaccination grant in his district.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Clinical Evening.—Living Specimens at 8 P.M. Mr. J. Astley Bloxam: 1. Case of Trephining; 2. Case of Compound Committent Fracture of the Skull. Mr. A. Boyce Barrow: Cases of Radical Cure of Varicocele. Dr. C. E. Beevor: Case of Amyotrophic Sclerosis. Mr. E. H. Fenwick: Case of Descending Testis in an Adult. Dr. Maguire: Case of Mixed Paralysis of Ocular Muscles. Dr. J. K. Fowler: Case of Diffuse Lipoma.—Odonatological Society of Great Britain, 8 P.M. Casual Communications by Messrs. W. St. George Elliott, Felix Weiss, and George Cunningham. Mr. R. S. Eve: Some Points in the Pathology of Cystic and Encysted Solid Tumours of the Jaws.

TUESDAY.—Royal Medical and Chirurgical Society. Mr. Savory: A Case of Destruction of a Portion of the Axillary Artery by Sarcoma. Mr. T. Bryant: Amputation at the Knee-joint by Disarticulation, with Remarks on Amputation of the Leg by Lateral Flaps.

WEDNESDAY.—Epidemiological Society of London, 8 P.M. Dr. E. J. Edwards: Report of the German Vaccination Commission.—British Gynaecological Society, 8.30 P.M. Specimens will be shown by Dr. Edis, Dr. Savage, and others. Dr. Edis: On the Exploration of the Uterus in Hemorrhages.—Hunterian Society. Dr. Hughlings Jackson will read a paper. Mr. Symonds will exhibit a case of Stricture of the Oesophagus, under Treatment by "Tubage," also Lardaceous Disease stained with Methylene Violet.

THURSDAY.—Ophthalmological Society of the United Kingdom, 8.30 P.M. Living Specimens at 8 P.M. Mr. E. Nettleship: 1. Diabetic Retinitis; 2. Removal of Chip of Iron from Vitreous by Magnet. Dr. W. A. Bralley: 1. Case of Hemorrhagic Glaucoma without Increase of Tension; 2. Retinitis from Lardaceous Disease; 3. Peculiar looking Retinal Detachment relieved by Scleral Puncture. Mr. G. Hartbridge: Small Lenses (Congenital). Mr. W. H. Jessop: 1. Case of Retinal Hemorrhage; 2. Case of Detachment of Retina. Communications, etc.—Dr. Samuel West: A Case of Double Optic Neuritis after a Fall; Perfect Vision throughout Recovery. Mr. E. Nettleship: A Case of Fatal Meningitis after Excision of the Eyeball. Mr. C. Higgins: Neuro-paralytic Ophthalmia. Mr. W. H. Jessop: Note on the Fields of Vision in a Case of Diphtheria.—Parkes Museum of Hygiene, 8 P.M. Mr. Eric S. Bruce: Health and the Electric Light.

FRIDAY.—Clinical Society of London, 8 P.M. Mr. Andrew Clark: On a Case of Desquamative Prostatitis accompanied by the Discharge of Hyaline Tube-Casts. Dr. de Havilland Hall: Aneurysm of the Ascending and Transverse Portions of the Arch of the Aorta, Pressure on the Trachea and Bronchi, on the Left Recurrent Laryngeal Nerve and (?) the Vagus. Dr. Barlow and Mr. Rickman Godlee: On a Case of Perforation of the Vermiform Appendix treated by Operation. Living Specimens.—Dr. T. D. Savill: A Case of Myxodema. Dr. Stephen Mackenzie: 1. A Case of Symmetrical Morphea; 2. A Leprosy-like Syphilide.

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.—Chelsea 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, 2.30 P.M.—St. Mark's, 2 P.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, 2.30 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, 2.30 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.—West London, 2.30 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., 1.30; Dental, M. W. F., 9.

GUY'S.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. 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., 2; 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., 6.

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. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; 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., 1.50; 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.

LIFE AT PORT ELIZABETH.

SIR.—Would any of your readers kindly inform me of the prospects, fees, etc., of a general practitioner who wishes to commence in Port Elizabeth or Cape Town? I should be greatly obliged for the above information.—Yours truly, J. M.

HOME FOR INCURABLES.

SIR.—If Mr. H. S. S. Robinson will write to the secretary, Mauldeth Hall, Heaton Mersey, Manchester, he will get the regulations whereby patients may be admitted into the Northern Counties Hospital for Incurables.—Yours truly, J. ASPINALL HUNT. The Poplars, Ockbrook, Derby.

THE MEDICAL DEFENCE UNION.

SIR.—As I find that Mr. Brown has mentioned me in this discussion, will you kindly allow me to state that it was entirely due to the solicitation of Mr. Rideal, the secretary, that I undertook the necessary legal work for the incorporation of the union, and that I have too much confidence in Mr. Rideal's probity and in the success of the movement to trouble about any further notice of Mr. Brown's statements. My standing in the legal profession is sufficiently well established to warrant me feeling perfectly indifferent to any statements which he as a gentleman must, in calmer moments, be compelled to confess are incorrect and uncalled for.—I am, yours obediently, 17, Bedford Row, London. JOHN F. S. GIDLAND.

THE LATE DR. GRAHAM, OF LIVERPOOL.

SIR.—Kindly insert the following additional subscriptions to the fund which is being raised for the family of the late Dr. A. F. Graham, of Liverpool. Further contributions to this charitable fund will be thankfully received by any member of the committee, or by your faithfully, JAMES BARR, Hon. Secretary. 1, St. Domingo Grove, Liverpool.

	£	s.	d.
Dr. Barnardo, Southport	1	1	0
Dr. Caton, Liverpool	1	1	0
Dr. H. D. Farnell, Eastbourne ..	1	1	0
Dr. Thomas Scott, Ilkley	1	1	0
Dr. E. T. Davies, Liverpool	0	10	6
K., Tanton	0	10	0

PALLIATIVE TREATMENT OF CANCER OF TONSIL.

SIR.—I have a patient who suffers severely from malignant ulceration of tonsil and pharynx. Opiates internally only give partial relief. How would cocaine do in such a case? If so, what would be the best way of using it? Any information as to this, or any other medicine for continued use, that will alleviate pain, will much oblige. Operation is out of the question.—Yours truly, A SUFFERER.

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

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