

## 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 20th day of January, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, December 17th, 1885.

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 HEMOGLOBINURIA, 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. MANTLAND, M.B., Honorary Secretary, Madras.

BORDER COUNTIES BRANCH.—The winter meeting of this Branch will be held on Friday, January 8th, 1886, at the County Hotel, Carlisle. The chair will be taken at 6 P.M. by Mr. C. S. Hall, President. The Secretary will be glad to receive

notices of papers, and morbid specimens for exhibition, or patients, without delay. Supper will be provided in the hotel at 9 o'clock. Members from a distance can be taken in for the night by communicating with the Secretary, H. A. LEDIARD, Carlisle.

EAST ANGLIAN BRANCH: ESSEX DISTRICT.—The next meeting of the above district will be held, by invitation of Dr. Amsden, at the Essex County Asylum, Brentwood, on Wednesday, January 27th, 1886, at 2.30 P.M. Previously to the business of the meeting, Dr. Amsden has kindly offered to escort the members round some of the wards of the asylum. Dr. Elliston, President of the Branch, will preside. Programme and Business Agenda:—1. To arrange the place and date of the next meeting, and to nominate a member of the district, resident in or near such place of meeting, to take the chair thereat, provided the President of the Branch does not attend. 2. To elect an honorary secretary for the year 1886. The following papers have been promised:—1. On the Administration of Medicines by Injection into the Rectum, by the President. 2. On Fits, by W. B. Hadden, Esq., M.D., Assistant-Physician, St. Thomas's Hospital, London. 3. The Treatment of Acute Mania by Hyosciamine, by G. Amsden, Esq., M.B., Medical Superintendent, Essex County Asylum. 4. The Necessity of a Medical Defence Fund in connection with the British Medical Association, by J. Sinclair Holden, Esq., M.D., Sudbury. Gentlemen intending to be present, or wishing to read a paper, or show a case, are requested to communicate with the Honorary Secretary not later than January 25th.—WM. THOS. JACKMAN, Honorary Secretary, Coggeshall, Essex.

## BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the session was held at the Museum and Library, Bristol, on Wednesday, November 25th; E. C. BOARD, Esq., President, in the chair. There were also present forty members and two visitors.

New Members.—The following gentlemen were elected: C. K. Rudge, M.R.C.S., L.R.C.P., Clifton; J. Michell Clarke, M.A., M.B. Cantab., Clifton; W. Duncan, L.R.C.S.Ed., L.M., Ridgeway; G. C. Helps, M.R.C.S., Bath; A. P. H. Griffiths, M.R.C.S., Bath; J. Prankerd, F.R.C.S., Bath.

Medical Advertisements.—Mr. KEALL drew attention to certain facts in connection with this subject; and the matter was referred to the Council, with the request that they would report upon it to the Branch at a future meeting.

Communications.—The following communications were made.

1. Mr. Lockhart Stephens read a paper on Cases of Oesophageal Stricture, and exhibited specimens.—Mr. Penny, Mr. Greig Smith, Mr. Dobson, Dr. Swayne, Dr. Harrison, and Dr. Markham Skerritt joined in the discussion which followed.

2. Mr. W. Keall read a paper on the Treatment of Obstruction of the Lacrymal Ducts, upon which Mr. Cross made some comments.

3. Dr. Swayne related a Case of Typhlitis, which was discussed by Dr. Elliott, Dr. Waldo, Mr. Greig Smith, and Dr. Markham Skerritt.

## SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

THE autumn meeting was held at Canterbury on Thursday, November 26th; Mr. WHITEHEAD REID, of Canterbury, in the chair.

Election of Chairman.—Dr. Parsons, of Dover, was chosen chairman for the next meeting at Dover in March of next year.

Papers.—The following were read.

1. Mr. RAVEN (Broadstairs) read a paper on Purulent Pericarditis. The Chairman, and Drs. Bowles, T. Eastes, and Gogarty spoke; and Mr. Raven replied.

2. Mr. KNIGHT TREVES (Margate) read a paper on the Treatment of Large Glandular Swellings. A good discussion followed.

3. Dr. A. DE WATTEVILLE (London) showed some Electric Apparatus, and spoke of the use of Electricity in Diagnosis.

Dinner.—The members afterwards dined together at the Royal Fountain Hotel.

## SPECIAL CORRESPONDENCE.

## PARIS.

[FROM OUR OWN CORRESPONDENT.]

Gastric Bruits Synchronous with Heart-beats.—Regeneration of Tendons by Grafting.—The Zymotic Properties of certain Viruses.—The Properties of Manganese.—Stimulation of the Cerebellum.—The Microbe of the Measles of Pork.—The Pyocyanic Affection.—The Dangers of Nitrous Protoxide.—General News.

M. FRANÇOIS-FRANCK, who now replaces M. Marey in his professorial chair at the College de France, made an interesting communication at a recent meeting of the Société de Biologie, on *Bruits Gastriques Rythmiques avec le Cœur dans un Cas de Dilatation de l'Estomac, avec Adhérence probable du Péricarde* (gastric bruits synchronous with the

	From	To
Surgeon R. G. Hanley, M.B.	Dublin	Bengal.
" W. H. Bell	Aldershot	Bengal.
" J. H. Brannigan	York	Bengal.
" M. O'Halloran, M.D.	Buttevant	Bengal.
" W. H. Pinches	Portsmouth	Bengal.
" J. H. Daly	Winchester	Bengal.
" G. J. A. Tukey	Shorncliffe	Bengal.
" H. C. Dent	Aldershot	Bengal.
" H. G. Hathaway	Dover	Madras.
" T. Daly	York	Bengal.
" F. J. W. Stoney	Dublin	Curragh.
" J. F. Brooke	Dublin	Curragh.
" H. N. Kenny, M.B.	Dublin	Curragh.
Quartermaster T. Thompson	London	Home District.
" W. Pike	Home District	London.
" J. Horn	Western District	Devonport.

## THE NAVY.

The following appointments have been made at the Admiralty during the past week:—JOHN LAMBERT, Fleet-Surgeon, to the *Ajax*; WILLIAM ROCHE, Fleet-Surgeon, to the *Lion*; W. V. C. BARTLETT, Fleet-Surgeon, to the *Impregnable*; WILLIAM TAIT, M.B., Surgeon, to the Devonport Dockyard for Keyham Yard; H. A. M. RICHARDSON, Surgeon, to the *Cambridge*; Mr. T. J. CROWLEY, Surgeon, to the *Esper*; MICHAEL FITZGERALD, Staff-Surgeon, to the *Britannia*, additional, for temporary service; G. H. H. SYMONDS, Surgeon, to the *Royal Adelaide*; G. E. J. GREENE to be Surgeon and Agent at Kilmore.

## ARMY MEDICAL SERVICE.

SURGEON JAMES MAGILL, M.D., Coldstream Guards, has been appointed Surgeon-Major, *vice* C. C. Read, who has retired. Dr. Magill joined the service on May 3rd, 1876, when he was at once appointed to the Coldstream Guards. He accompanied his battalion in the expedition to the Nile towards the end of last year, and greatly distinguished himself at the battle of Abu Klea, where he was severely wounded. It is said that, on that occasion, Dr. Magill, after being struck, actually removed the bullet from the wound himself during the progress of the action.

Inspector-General J. E. WILLIAMS died on July 7th last. He entered the service as an Assistant-Surgeon, May 11th, 1827; became Surgeon July 23rd, 1841; Surgeon-Major, October 23rd, 1849; Deputy Inspector-General, July 20th, 1855; and Inspector-General, May 4th, 1860. He retired on half-pay November 17th, 1863. Mr. Williams had received the Turkish medal and the fifth class of the Order of the Medjidie.

Surgeon-Major EDWIN WILKES died at Jersey on November 1st in the 49th year of his age. His commissions were dated:—Assistant-Surgeon, December 1st, 1858; Surgeon, March 1st, 1873; and Surgeon-Major, January 21st, 1874. Mr. Wilkes had no war-record.

Brigade-Surgeon A. J. FERGUSON has been granted retired pay with the honorary rank of Deputy Surgeon-General. His commissions are dated:—Assistant-Surgeon, September, 1st, 1868; Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1873; and Brigade-Surgeon, November 1st, 1884. He was engaged in the recent war in Afghanistan, and took part in the operations in the Mазеена Valley. He received the Afghan medal.

Surgeon-Major A. W. BATE, M.D., has also been granted retired pay, with a step of honorary rank. He entered the service March 31st, 1865; became Surgeon, March 1st, 1873; and Surgeon-Major, March 31st, 1877. He does not appear to have seen war-service.

The surname of the gentleman appointed Surgeon in the *Gazette* of June 16th last is J. H. GREENWAY, not Greenaway, as there stated.

Mr. J. L. M'ARTHUR, M.B., has been appointed Acting-Surgeon to the 1st Banff Artillery Volunteers.

Honorary Assistant-Surgeon D. M. SUTHERLAND, M.D., has resigned his commission in 1st Caithness Artillery Volunteers, which he joined December 1st, 1866.

Surgeon J. COOK, M.D., of the 3rd Middlesex Artillery Volunteers, is granted the honorary rank of Surgeon-Major.

Acting-Surgeon G. F. ENGLAND, of the 2nd Volunteer Battalion of the Lincolnshire Regiment (late the 2nd Lincoln Volunteers), is promoted to be Surgeon.

Surgeon and Honorary Surgeon-Major W. JOHNSTON, of the 1st Stirling Volunteers, has resigned his commission. He is permitted to retain his rank and uniform.

Mr. WALTER ROSSER, M.D., is appointed Acting-Surgeon to the 1st Volunteer Battalion of the Queen's Royal West Surrey Regiment (formerly the 2nd Surrey Volunteers).

Surgeon W. G. MACPHERSON, M.B., who is at present serving in Bengal, has passed the examination for the higher standard in Hindustani.

Surgeon C. R. TYRRELL, serving in Bengal, is appointed to the civil medical charge of Muttra district.

Quartermaster W. JOSEPH has been placed in charge of pay-duties at the Depot and Training School at Aldershot.

Surgeon R. J. FALYE, doing duty at the station-hospital, Madras, is directed to do duty at the station-hospital, Secunderabad.

Surgeon J. I. ROUTH, doing duty at the station-hospital, Secunderabad, Madras Presidency, is ordered to do general duty in the British Burmah division.

Surgeon H. W. MURRAY, M.B., doing duty at the station-hospital, Poonamallee (now at Madras), is to do duty at the Madras station-hospital.

Surgeon-Major F. FALWASSER has been appointed for general duty in the Mhow Circle, Bombay Presidency.

## INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON H. COOK, M.D., Bombay Establishment, First Physician to the Jarnetjee Jeejeebhoy Hospital, and Professor of Medicine and Hygiene to the Grant Medical College, is gazetted Deputy Surgeon-General (superannuated).

Surgeon E. CATTIN, Bengal Establishment, is appointed to the permanent medical charge of the 1st Native Infantry, *vice* Surgeon J. C. Fullerton, transferred to permanent civil employment.

The services of Surgeon C. L. SWAINE, M.B., Madras Establishment, Medical Officer of the 2nd Infantry Hyderabad Contingent, are placed temporarily at the disposal of the Chief Commissioner of the Central Provinces to officiate as a Civil Surgeon in those provinces.

Surgeon-Major E. A. FITZGERALD, Bengal Establishment, second class Civil Surgeon, is transferred from Bareilly to Meerut.

Surgeon-Major H. GRIFFITH, Madras Establishment, Senior Civil Surgeon of Rangoon, is appointed to the medical and sanitary charge of the British Burmah State Railway.

Surgeon H. ARMSTRONG, Madras Establishment, is appointed Superintendent of the Lunatic Asylum at Madras, *vice* Surgeon Bain, vacated.

The services of Surgeon-Major T. J. H. WILKINS, and of Surgeons H. ST. C. CARRUTHERS and W. F. THOMAS, all of the Madras Establishment, are placed at the disposal of the Provincial Commander-in-Chief.

The undermentioned gentlemen have obtained leave of absence for the periods specified:—Brigade-Surgeon H. CAYLEY, Bengal Establishment, for 122 days in extension; Surgeon-Major W. R. HOOPER, Bengal Establishment, for six months on medical certificate in extension.

## INDIA AND THE COLONIES.

## AUSTRALIA.

HOSPITAL SATURDAY AND SUNDAY IN MELBOURNE.—It may not be generally known that Hospital Sundays existed in the Colonies long before the idea was taken up "at home." The annual collection has been made in aid of the Melbourne charities in the various business establishments and workshops of the city, and Hospital Sunday was celebrated in the usual manner, special services being preached morning and evening in all the churches. In the afternoon, a number of military bands played in the Botanical Gardens and other public places, where collections were made. In the Town Hall, where the Rev. Charles Strong, minister of the New Australian Church, preached, £327 was collected. The Toorak Presbyterian Church comes next with £303. St. John's Anglican Church, Toorak, contributed £212; St. Francis Roman Catholic Church, £125; All Saints' Anglican Church, St. Kilda, £109; St. Patrick's Cathedral, £81; the Salvation Army throughout Melbourne, about £100; the Collins Street Congregational Church, £78; and the Australian Secularist Association, £52. The record is one which our English churches will not easily surpass in the cause of charity.

PUBLIC HEALTH  
AND  
POOR-LAW MEDICAL SERVICES.

## HEALTH OF ENGLISH TOWNS.

In the twenty-eight large English towns, including London, dealt with in the Registrar-General's weekly return, which have an estimated population of 3,906,446 persons, 5,285 births and 3,633 deaths were registered during the week ended Saturday, November 28th. The annual rate of mortality, which had been 19.4 and 19.8 per 1,000 in the two preceding weeks, further rose during the week to 21.3. The rates in the several towns, ranged in order from the lowest, were as follow:—Leicester, 14.9; Hull, 16.2; Birkenhead, 17.4; Cardiff, 17.7; Oldham, 17.8; Bristol, 18.2; Leeds, 18.5; Blackburn, 18.5; Sheffield, 18.8; Bradford, 19.5; Halifax, 20.2; London, 20.6; Wolverhampton, 21.1; Birmingham, 21.6; Sunderland, 21.6; Newcastle-upon-Tyne, 22.8; Norwich, 22.9; Manchester, 23.0; Liverpool, 23.8; Salford, 24.5; Nottingham, 25.7; Portsmouth, 26.0; Bolton, 26.5; Plymouth, 26.8; Huddersfield, 26.9; Brighton, 28.2; Derby, 28.5; and the highest rate during the week, 34.3 in Preston. In the twenty-seven provincial towns the death-rate averaged 21.9 per 1,000, against 20.6 in London. The 3,633 deaths registered during the week in the twenty-eight towns included 120 which were referred to measles, 90 to whooping-cough, 43 to "fever" (principally enteric), 42 to scarlet fever, 40 to diarrhoea, 33 to diphtheria, and 4 to small-pox; in all, 372 deaths resulted from these principal zymotic diseases, against 310 and 331 in the two preceding weeks. The zymotic death-rate was equal to 2.2 per 1,000. In London the zymotic rate was equal to 2.2, and corresponded with the rate in the twenty-seven provincial towns, among which the zymotic death-rates ranged from 0.0 in Plymouth and in Halifax, to 4.5 in Brighton, 4.9 in Nottingham, and 5.7 in Bolton. The fatal cases of measles, which had steadily increased in the five preceding weeks from 62 to 86, further rose during the week to 120, and showed the largest proportional fatality in Brighton, Salford, Bolton, and Nottingham. The deaths referred to whooping-cough, which had been 42, 69, and 79 in the three previous weeks, further rose to 90, and caused the highest death-rates in Cardiff, Derby, Bolton, and Brighton. The 43 fatal cases of "fever" showed a decline of 12 from the number in the preceding week; this disease was proportionately most fatal in Portsmouth and Newcastle-upon-Tyne. The deaths from scarlet fever, which had declined in the three preceding weeks from 48 to 39, were 42 during the week, and caused the highest death-rates in Leeds and Birkenhead. The 40 fatal cases of diarrhoea showed a slight further increase upon recent weekly numbers. Of the 33 deaths from diphtheria in the twenty-eight towns, 20 occurred in London, and 2 in Manchester. The 4 fatal cases of small-pox recorded during the week included 1 in London (exclusive of a London resident from this disease registered in the Metropolitan Asylum Hospital Ship *Atlas*, moored off Dartford), 2 in Liverpool, and 1 in Birkenhead. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 90, 79, and 74 on the three preceding Saturdays, had further declined to 73. The admissions, which had been 11 in each of the two previous weeks, were 12 during the week. The death-rate from diseases of the respiratory organs in London was equal to 6.1 per 1,000, and slightly exceeded the average. The causes of 71, or 2.0 per cent. of the 3,633 deaths registered during the week in the twenty-eight towns were not certified, either by registered medical practitioners or by coroners.

During the week ending Saturday, December 5th, 5,961 births and 3,442 deaths were registered in the twenty-eight large English towns, including London, dealt with in the Registrar-General's weekly returns, which have an estimated population of 8,906,444 persons. The annual rate of mortality, which had increased from 19.4 to 21.3 per 1,000 in the three preceding weeks, declined during the week under notice to 20.2. The rates in the several towns, ranged in order from the lowest, were as follow:—Birkenhead, 11.2; Sheffield, 15.2; Huddersfield, 16.1; Plymouth, 16.5; Birmingham, 16.7; Hull, 17.4; Bristol, 17.7; Sunderland, 18.3; Halifax, 18.9; Wolverhampton, 19.1; Leeds, 19.4; Bradford, 19.5; Leicester, 19.5; London, 19.7; Salford, 20.7; Brighton, 21.4; Newcastle-upon-Tyne, 21.5; Norwich, 21.7; Portsmouth, 22.1; Preston, 22.9; Cardiff, 23.1; Derby, 23.8; Liverpool, 23.5; Manchester, 23.5; Oldham, 23.5; Blackburn, 24.1; Nottingham, 26.7; and the highest rate during the week, 31.3 in Bolton. The death-rate in the twenty-seven provincial towns averaged 20.5 per 1,000, and exceeded by 0.8 the rate recorded in London, which, as before stated, was 19.7 per 1,000. The 3,442 deaths registered in the twenty-eight towns included 385 which were referred to the principal zymotic diseases, against numbers steadily increasing from 279 to 872 in the five preceding weeks; of these, 123 resulted from measles, 111 from whooping-cough, 49 from "fever" (principally enteric), 40 from scarlet fever, 32 from diarrhoea, 26 from diphtheria, and 4 from small-pox. These 385 deaths were equal to an annual rate of 2.3 per 1,000. The zymotic death-rate in London was equal to 2.3, while in the twenty-seven provincial towns it averaged 2.1 per 1,000, among which it ranged from 0.0 in Birkenhead and Huddersfield, to 4.5 in Oldham, 4.9 in Nottingham, and 5.1 in Liverpool. The deaths referred to measles, which had risen in the six preceding weeks from 62 to 120, further rose to 123 during the week under notice, and showed the largest proportional fatality in Salford, Nottingham, and Liverpool. The fatal cases of whooping-cough, which in the four previous weeks had increased from 42 to 90, further rose to 111, and caused the highest death-rates in Oldham, Portsmouth, and Bolton. The 49 deaths referred to "fever" exceeded by 6 the number in the previous week; this disease was proportionally most prevalent in Plymouth and Cardiff. The fatal cases of scarlet fever, which had been 39 and 42 in the two preceding weeks, declined to 40 during the week under notice, and showed the largest proportional fatality in Bradford and Leicester. The 26 deaths from diphtheria showed a decline of 7 from the number in the previous week, and included 16 in London, and 2 in Oldham. Of the 4 fatal cases of small-pox recorded in the twenty-eight towns during the week, 1 occurred in London, and 3 in Liverpool. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had declined in the four preceding weeks from 90 to 73, further fell to 69 on Saturday, December 5th; the admissions, which had been 11 and 12 in the two preceding weeks, were 13 during the week. The death-rate from diseases of the respiratory organs in London during the week was equal to 5.2 per 1,000, and was considerably below the average. The causes of 74, or 2.1 per cent., of the 3,442 deaths registered during the week in the twenty-eight towns were not certified, either by registered medical practitioners or by coroners.

SOME difficulty has arisen with the Taunton Board of Guardians, owing to the Local Government Board having declined to sanction the appointment of a gentleman possessing only one registered qualification, and that a surgical one. The Board require a double qualification—surgical and medical. The Guardians, however, have persisted in their appointment of a public vaccinator by an unanimous vote.

## 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, December 10th, 1885.

Evans, Charles Hotham, M.R.C.S., Winchmore Hill, N.  
Hope, George, M.R.C.S., 8, Spring Gardens, Ventnor, Isle of Wight.

**UNIVERSITY OF DURHAM.**—At the examinations in Medicine and Surgery, at the College of Medicine, Newcastle-upon-Tyne, Michaelmas Term, 1885, the following satisfied the examiners.

*Degree of Doctor in Medicine, for Practitioners of Fifteen Years' Standing.*—G. F. Bodington, F.R.C.S., M.R.C.P., E. Eustace, L.R.C.S., L.R.C.P., A. Fenning, M.R.C.S., L.S.A., L.R.C.P. (Edin.), J. W. Hembrough, M.R.C.S., L.S.A., J. McG. MacCormac, L.R.C.S., L.R.C.P., T. S. Maguire, L.K.Q.C.P., W. Perkins, M.R.C.S., L.S.A., R. J. Shepherd, M.R.C.S., L.S.A.

*Degree of Doctor in Medicine (Essay).*—F. Spicer, M.B., M.R.C.S. (Gold Medal), D. H. Barley, M.B., M.R.C.S., T. E. Gordon, M.B., M.R.C.S., H. R. Mosse, M.B., M.R.C.S.

*Degree of Bachelor in Medicine (Essay).*—A. Wilkinson, L.M.  
*Degree of Master in Surgery.*—P. Boobyer, M.B., M.R.C.S.; G. R. Hall, M.B., College of Medicine, Newcastle; A. H. Hart, M.R.C.S., L.R.C.P., Queen's College, Birmingham; A. Y. Reilly, M.R.C.S., Middlesex Hospital.

*Second Examination for Degree of Bachelor in Medicine: First-Class Honours.*—None.—*Second-class Honours, in Order of Merit.*—A. Whyte, M.R.C.S., College of Medicine, Newcastle, and St. George's Hospital; H. T. Platt, College of Medicine, Newcastle.—*Pass-list, in Alphabetical Order.*—W. Baigent, College of Medicine, Newcastle; J. Barker, Edinburgh University, and College of Medicine, Newcastle; W. Biggam, College of Medicine, Newcastle; J. E. Coad, College of Medicine, Newcastle; C. Gayford, M.R.C.S., St. Bartholomew's Hospital; A. H. Hart, M.R.C.S., L.R.C.P., Queen's College, Birmingham; R. Heelis, M.R.C.S., L.R.C.P., St. Thomas's Hospital; J. M. Lazenby, College of Medicine, Newcastle; E. R. Lyth, College of Medicine, Newcastle; J. E. Pantom, M.R.C.S., St. Bartholomew's Hospital; A. Y. Reilly, M.R.C.S., Middlesex Hospital; F. J. Walker, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; F. P. Wightwick, M.R.C.S., L.R.C.P., Middlesex Hospital; J. P. Williams-Freeman, University College.

**UNIVERSITY OF DUBLIN.**—At the Michaelmas Term Examination for the degree of Bachelor of Medicine (M.B.), held on Monday, November 30th, and following days, the successful candidates, passed in order of merit as follows.

R. G. Patteson, H. C. Earl, R. W. Studdert, F. R. Newland, R. B. McCausland, J. Craig and B. D. Dickson (equal), H. M. Brabazon, H. F. Phillips, R. V. B. Smyth, R. C. Bolton, G. Faris, S. G. Edge, G. Hilliard, H. F. Kingston, J. C. Weir, G. W. Trouton.

Passed provisionally.

K. Frazer.

At the Michaelmas Term Examination for the degree of Bachelor of Surgery (B.Ch.), held on Monday, December 7th, and succeeding days, the candidates who passed were arranged in the following order of merit.

W. T. Dobbin, R. G. Patteson, R. W. Studdert, H. M. Brabazon, H. J. Hadden, H. F. Phillips, F. R. Newland, H. F. Kingston, G. W. Trouton, J. Craig, E. W. A. Gray, A. Findlater.

## MEDICAL VACANCIES.

The following vacancies are announced.

**BLACKBURN AND EAST LANCASHIRE INFIRMARY.**—House-Surgeon. Salary, £100 per annum. Applications by December 24th.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.**—Resident Clinical Assistant for six months. Gratuity, £20. Applications to the Secretary, 24, Finsbury Circus, by January 4th, 1886.

**DERBYSHIRE GENERAL INFIRMARY.**—Resident Assistant House-Surgeon for six months. Bonus of £10 given. No salary. Applications by December 29th.

**LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.**—Junior House-Surgeon. Applications by December 26th.

**LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.**—Senior House-Surgeon. Honorarium, 50 guineas per annum. Applications by December 31st.

**MIDDLESEX HOSPITAL.**—Assistant-Surgeon. Applications by December 22nd.

**MONAGHAN DISTRICT ASYLUM.**—Assistant Resident Medical Superintendent. Salary, £150 per annum. Applications by January 7th, 1886.

**OLDHAM.**—Medical Officer of Health for the Borough. Salary, £400 per annum. Applications by December 30th.

**ROYAL ALBERT HOSPITAL, Devonport.**—Assistant House-Surgeon. Applications by December 23rd.

**SHEFFIELD FRIENDLY SOCIETIES' MEDICAL INSTITUTION.**—Resident Medical Officer. Salary, £170 per annum. Applications to Mr. C. Belk, Falton Road, Sheffield.

**SUNDERLAND INFIRMARY.**—Second House-Surgeon. Salary, £80 per annum. Applications by January 4th, 1886.

**TEIGNMOUTH, DAWLISH, AND NEWTON INFIRMARY AND CONVALESCENT HOME.**—House-Surgeon and Dispenser. Salary, £71 per annum. Applications by December 22nd.

**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.**—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.

**WESTMINSTER GENERAL DISPENSARY, 9, Gerrard Street, Soho.**—Honorary Surgeon. Applications by December 28th.

**WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton.**—House-Physician. Salary, £100 per annum. Applications to the Chairman of the Medical Committee by January 4th, 1886.

## MEDICAL APPOINTMENTS.

**BARON, Barclay J., M.B., C.M.,** appointed Demonstrator of Practical Pathology in the Bristol Medical School.

**MACREADY, J. F. C. H., F.R.C.S.,** appointed Surgeon to the City of London Hospital for Diseases of the Chest, Victoria Park.

**NEWMHAM, W. H. C., M.A., M.B. Cantab., M.R.C.S.E.,** appointed House-Surgeon to the Bristol General Hospital.

**NICHOLSON, H. Gilbert, M.R.C.S., L.S.A. London,** appointed House-Surgeon to the Middlesex Hospital.

**SHAW, Lauriston E., M.D. Lond., M.R.C.P., M.R.C.S.,** appointed an Assistant-Physician of the City of London Hospital for Diseases of the Chest, Victoria Park.

**WARE, George Stephen, M.R.C.S., L.S.A.,** appointed Resident Physician's Assistant at the Middlesex Hospital.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.**—Medical Society of London, 8.30 p.m. Dr. B. W. Richardson, F.R.S.: A Case of Aneurysm of the Intimate Artery. Dr. W. B. Hadden: Chronic Poisoning by Bisulphide of Carbon.

**WEDNESDAY.**—British Gynaecological Society, 8.30 p.m. Specimens will be shown. Adjourned Discussion on Dr. R. T. Smith's paper on Hysterotrachelorrhaphy.

## OPERATION DAYS AT THE LONDON HOSPITALS.

<b>MONDAY</b> .....	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.
<b>TUESDAY</b> .....	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.
<b>WEDNESDAY</b> .....	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.
<b>THURSDAY</b> .....	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.
<b>FRIDAY</b> .....	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.
<b>SATURDAY</b> .....	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.

<b>CHARGING CROSS.</b> —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.30; Dental, M. W. F., 9.
<b>GUY'S.</b> —Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
<b>KING'S COLLEGE.</b> —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., 2; Throat, Th. 3; Dental, Tu. F., 10.
<b>LONDON.</b> —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.
<b>MIDDLESEX.</b> —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.
<b>ST. BARTHOLOMEW'S.</b> —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.
<b>ST. GEORGE'S.</b> —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.
<b>ST. MARY'S.</b> —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.
<b>ST. THOMAS'S.</b> —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.
<b>UNIVERSITY COLLEGE.</b> —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.
<b>WESTMINSTER.</b> —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 UNDER TAKE TO RETURN MANUSCRIPTS NOT USED.

## OPERATIONS IN INDIA.

SIR.—In the BRITISH MEDICAL JOURNAL of October 10th, in your article on Dr. Pringle's paper on The Ancient and Modern Methods of Treating Small-Pox in India, I gather that he said that the high temperature of the plains of India necessitates the suspension of operations during the hot months; in this, I beg to differ from him.

On the Central Provinces plateau of Chhimdevurn and Batal districts, at a mean elevation of 2,000 feet above sea-level, some years ago the experiment was tried of carrying on operations throughout the year; and, when carefully supervised, they were successful. Afterwards, some civil surgeons tried the experiment in the plains, and, for the last eight years, in the hot district of Nimur, I have carried on the work throughout the year with very fair success; but, during the hot and rainy season, closer supervision is necessary, as many cases are then accelerated, and the percentage of success lower than in the cold weather.

Only a short time ago, small-pox was considered endemic in Nimur, the district never being free from the disease. Almost every village had its goddess, "davi mata," with several deities of higher powers, at certain places, to which yearly pilgrimages took place, notably "Suenderdeo" on the Tapti River, in Ghoudwana, where thousands used to collect yearly, in the hot month of April.

From this, some idea may be formed of what the authorities had to contend with in introducing, and pressing on, vaccination; but even the Ghoud and Bheel are amenable to reason when they see benefit to be derived from a new procedure; and, from most strenuous objection, they have come to readily accept vaccination, and some even come long distances, bringing their children to be vaccinated. Thus, whereas six or eight years ago not merely the adult but the infant population would have borne out Dr. Pringle's percentage of pock-marked individuals, I am glad to say the children now growing up present a very different appearance, seeing which the parents, year by year, are becoming more anxious to have them protected.

But the greatest proof of their acceptance of the operation is that hardly a village deity (god) is now maintained; and this year, when I sent my nativesuperintendent as usual to the "Suenderdeo" mela, he returned, and said there were only five or six cases brought, and they were all foreigners from the Bernes. Yearly increasing numbers come from Maharajah Holkar's territory, which adjoins Nimur, to get their children vaccinated, and the educated portion of the community have shown their appreciation of the work. All the municipalities have made vaccination compulsory within their limits, but, unfortunately, have fixed the compulsory age at six instead of at three months. Hence, vaccination was suspended during the hot season, there would, ere the beginning of the next working season, be numbers of children unprotected, and ready to take the disease.

It is quite certain that good and efficient vaccination can be done in the plains of India during the hot months; but, during the rains, from difficulty in travelling, cases cannot be inspected properly; and hence, at this season, I confine operations to municipal towns and large villages, where the vaccinators can reside, and have their cases close at hand. The chief reason, however, for stopping work during the hot months is that the Government do not pay the vaccinators at the same rate; this is called the non-working season, and their pay is reduced, because they are not supposed to travel about.

I believe that much of our ill-success in India is due to the want of European supervision. The civil surgeon of a district has a dozen or twenty vaccinators scattered all over the district, but his duties at the headquarters-station do not admit of his going out and seeing their work, except, perhaps, for short periods, when but a very small portion can be inspected, and he is obliged to accept their returns, or their own, or the native superintendent's, statement. The civil surgeon should have opportunity to see at least some portion of each vaccinator's work, as, by his presence in the villages, and his inspection of the children, the parents are greatly encouraged, and led to put faith in the operations. Hitherto, revaccination has not been favourably received in the Central Provinces, as the natives never heard of revaccination; they do not, as yet, understand the reasons for it.

There can be no doubt that vaccination is the most important duty of a medical officer in charge of a district, but is, unfortunately, the one to which he can give the least time, as he is hampered with the charge of a gao, and constant police cases at the headquarters-station. During the cold months he should have an assistant, who could relieve him of all this, and let him give his whole attention to vaccination and district sanitary work; and, in a very short period, it would be found that small-pox was as uninfrequent in India as among European nations; but this can only be effected by carrying on the operations all the year round.—I am, sir, yours truly, P. CULLEX, M.D., M.C., Surgeon-Major. Cheltenham.

## GROWTH OF HAIRS ON THE EYEBALL.

SIR.—Whilst at the house of a patient a few days ago, I was asked to examine the eye of a young bulldog, aged 14 months. I did so, and found a sessile outgrowth on the ball of the left eye. It was situated on the outer side, beginning at the corneo-sclerotic junction, and extending back some distance on the sclerotic. It was surrounded with a fringe of fine hairs, and was about half the size of a pea. The eye itself had a watery appearance. Can you or any of your readers tell me anything of the pathology of this disease? What treatment can be adopted with any probability of success? Are there any special dangers to be avoided or precautions to be taken, in the administration of chloroform to the dog?—I am, sir, yours faithfully,

A MEMBER OF THE BRITISH MEDICAL ASSOCIATION.

## TUITION IN NURSING.

SIR.—Can you, or any of your readers, tell me of any infirmary, workhouse, or institution where ladies under twenty years of age are admitted for training and qualifying as nurses?—I am, sir, yours truly, RICHARD HUMPHREYS, M.B. Grassendale, Liverpool.

## NEW THEORY ON THE CAUSE OF ASTHMA.

SIR.—On reading Dr. Bulkley's able paper on asthma in your issue of November 21st, it occurred to me that I might throw some light on the subject. I have taught for some years that asthma was caused by a reverse action of the cilia lining the bronchial tract; that, in fact, instead of waving towards the external orifices, they wave backwards towards the lungs, and so obstruct the exit of both air and mucus. I cannot actually prove it; but the fact that chloroform and other strong vapours arrest the action of cilia when taken from the body, and relieve asthma during life, affords strong presumptive evidence of its truth.—I am, etc., M. R. O'CONNOR, M.D., M.Ch., Visiting Physician to Barrington Hospital, Limerick.

