

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETING 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.

A meeting of the Council will be held on 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 the meeting, namely, 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.

NOTICE OF COUNCIL MEETINGS.

A MEETING of the Council 1885-1886 will be held in the Music Room, Royal Pavilion, Brighton, on Tuesday next, the 10th instant, at two o'clock in the afternoon. Meetings of the Council 1886-1887 will be held in the Music Room, Royal Pavilion, Brighton, on Wednesday the 11th instant, and Thursday, the 12th instant, at half-past nine o'clock in the forenoon.

FRANCIS FOWKE, General Secretary.

London, August 4th, 1886.

BRITISH MEDICAL ASSOCIATION.

FIFTY-FOURTH ANNUAL MEETING.

THE fifty-fourth Annual Meeting of the British Medical Association will be held at Brighton, on August 10th, 11th, 12th, and 13th, 1886.

President: W. T. Edwards, M.D., F.R.C.S., Physician to the Glamorgan and Monmouth Infirmary, Cardiff.

President-elect: Withers Moore, M.D., F.R.C.P., Senior Physician to the Sussex County Hospital, Brighton.

President of the Council: B. Walter Foster, M.D., F.R.C.P., Professor of Medicine in Queen's College and Physician to the General Hospital, Birmingham.

Treasurer: C. Macnamara, F.R.C.S., Surgeon to the Westminster Hospital, London.

An Address in Medicine will be delivered by John S. Billings, M.D., LL.D., Surgeon United States Army, Washington.

An Address in Surgery will be delivered by Frederick Abell Humphry, F.R.C.S., Surgeon to the Sussex County Hospital.

An Address in Public Medicine will be given by E. D. Mapother, M.D., Consulting Medical Officer to the City of Dublin.

PROGRAMME OF PROCEEDINGS.

TUESDAY, AUGUST 10TH, 1886.

12.30 P.M.—Reception of Council of Association by the Mayor of Brighton.

2 P.M.—Meeting of 1885-6 Council. Music-Room, Royal Pavilion.

3 P.M.—General Meeting. Report of Council and other business. Adjourn at 5 P.M. Dome.

8 P.M.—General Meeting. President's Address, and any business adjourned from meeting at 3 o'clock. Dome.

WEDNESDAY, AUGUST 11TH, 1886.

9.30 A.M.—Meeting of 1886-7 Council. Music-Room, Royal Pavilion.

11.0 A.M.—Second General Meeting. Address in Medicine. Dome.

2 to 5 P.M.—Sectional Meetings. Royal Pavilion.

4 to 6 P.M.—Garden Party by Sir Julian Goldsmid at St. Ann's Wells.

8.30 P.M.—A Conversation will be given by the President of the Association, and the South-Eastern Branch. Dome and Royal Pavilion.

THURSDAY, AUGUST 12TH, 1886.

9.30 A.M.—Meeting of Council. Music-Room, Royal Pavilion.

11 A.M.—Third General Meeting. Address in Surgery. Presentation of Gold Medal for distinguished merit; and Stewart and Middlemore Prizes. Dome.

2 to 5 P.M.—Sectional Meetings. Royal Pavilion.

7 P.M.—Public Dinner. Dome.

FRIDAY, AUGUST 13TH, 1886.

10 A.M.—Address in Public Medicine. Dome.

11 A.M.—Sectional Meetings. Royal Pavilion.

4 P.M.—Concluding General Meeting. Dome.

8 P.M.—Reception by the Mayor of Brighton. Dome and Royal Pavilion.

SATURDAY, AUGUST 14TH, 1886.

Excursions.

The entrance-hall to the Royal Pavilion will be fitted up as a Reception-Room, and will be opened at 12 o'clock noon on Monday, August 9th, and on the following day at 9 o'clock in the forenoon, and will remain open until 6 o'clock in the afternoon of each day, for the issue of tickets to members, and for supplying all necessary information.

RETURN TICKETS TO BRIGHTON.—Return tickets to Brighton, at the usual 1st and 2nd class ticket rates, issued at all stations under fifty and above ten miles distant from Brighton, on Monday, August 9th, and intervening days, will be available for the return journey from Brighton by any train of the same description and class, up to and including Monday, August 16th, 1886. All return tickets (1st, 2nd, and 3rd class) issued to Brighton from places distant over fifty miles are available for eight days, including day of issue and return.

DAY TICKETS TO BRIGHTON.—Day tickets to Brighton (1st and 2nd class), will be issued on August 10th, 11th, 12th, 13th, and 14th, from London, and all other stations above ten miles distant from Brighton, at a single fare for the double journey, available to return by any train of the same description and class on the day of issue only.

These privileges will be granted only to members of the Association on production of their cards at the Company's various booking offices.

Programmes of the arrangements can be had upon application at the stations of the London, Brighton, and South Coast Railway.

* * It is particularly requested that gentlemen on their arrival will at once proceed to the Reception-Room, and (1) enter name and address, and obtain tickets and programme; (2) inquire for letters and telegrams; (3) consult the list of lodgings and hotels, etc.

The scientific business of the meeting will be conducted in nine Sections, as follows.

(All the Sections will be held in the Royal Pavilion.)

SECTION A.—MEDICINE.

MUSK-O-ROOM.

President, W. H. Broadbent, M.D., London. *Vice-Presidents,* Frederick Bagshaw, M.D., Hastings; Joseph Ewart, M.D., Brighton. *Honorary Secretaries,* Francis Warner, M.D., 24, Harley Street, London; Henry Seymour Branfoot, M.B., 42, Norfolk Square, Brighton.

The following subjects have been chosen for special discussion.

1. Cases in which Disease of the Valves of the Heart has been known to exist for upwards of five years, without causing Serious Symptoms. Introduced by Sir Andrew Clark, M.D., F.R.C.P., F.R.S., London. The following gentlemen have promised to take part in the discussion: Drs. Gairdner, Clifford Allbutt, R. Foster, Douglas Powell, Sir Dyce Duckworth, M. Bruce, Burney Yeo, Skerritt, Saundby, Sansom, Tyson, Thomas, S. Mackenzie, D. J. Leech, Bernard O'Connor, S. Bristowe, W. H. Lamb, and Oliver.

2. On the Effects produced by Gall-stones, with particular reference to some Rarer Points in their Symptomatology. Introduced by W. Ord, M.D., F.R.C.P., London. The following gentlemen have promised to take part in the discussion: Drs. Clifford Allbutt, Sir B. W. Foster, Pavy, Shingleton Smith, Saundby, Sir Peter Eade, M.D., J. S. Bristowe, R. Eardley-Wilmot, M.B., and Ralfe.

Dr. Radcliffe Crocker will give a Demonstration on the Removal of Hairs by Electrolysis.

The President of the Section will deliver his Address on August 12th. The following papers are promised.

CHURTON, T., M.D. Two Cases of Non-diabetic Acetonuria.

COUTTS, J. A., M.B. Latter Effects of Rickets.

OULLIMORE, D., M.D. Tropical Hepatic Abscess.

CROCKER, H. Radcliffe, M.D. A New Treatment for obstinately recurring Eczema.

DRUSALIE, O. R., M.D. The Treatment of Phthisis.

DUCKWORTH, Sir Dyce, M.D. Inadequate Treatment of Anæmia.

EYLANDT, J. E., M.D. Revel. Treatment of Diphtheria.

FOX, Hingston, Esq. Hints on the Ready Determination of Urea-Excretion.

GAMGEE, A., M.D. On Compressed and Rarefied Air.

HALL, F. de Havilland, M.D. Meningitis as a complication of Pneumonia.

HANDFORD, H., M.D. Menstruation and Phthisis.

HAYCRAFT, J. B., M.D. 1. The Coagulation of the Blood in its Relation to Disease. 2. Demonstration of a Method for the Estimation of Uric Acid.

HOVELL, —, M.D. On some Conditions of Neurasthenia.

KIRK, Robert, M.D. 1. On Urine which darkens with Alkalies occurring in three Members of the same family: will show Crystals of an Acid obtained from the Urine in these Cases. 2. On so-called Peptone in the Urine.

MARTIN, A., M.D. Etiology of Rheumatism: considered from a Bacterial Point of View. Will also give a demonstration of his specimens of Bacteria in Rheumatism.

MCVAIL, D. C., M.B. The Physical Conditions that underlie the Thoracic Percussion-Sounds.

MOXON, W., M.D. Effects of Turpentine, Ergot, and Water, on Albuminuria.
 MYRTLE, A. S., M.D. Chronic Inflammation of Mucous Membrane of Pyloric end of Stomach, Duodenum, Common Gall-duct, and Bladder; their Symptoms, and Treatment by Harrogate Waters.
 OLIVER, T., M.D. On the Relationship of Urea to certain Diseased Processes.
 PLAYFAIR, W. S., M.D. Some Observations on what is called Neurasthenia.
 RALFE, C. H., M.D. Functional Albuminuria.
 RENDALL, Stanley, M.D. Therapeutical Action of the Waters of Aix-les-Bains.
 SAVAGE, George H., M.D. Mental Symptoms with Locomotor Ataxy.
 STRAHAN, J., M.D. Intestinal Ulcers and their Treatment, more especially by Atsenuic.
 WEST, Samuel, M.D. Hamaturia in Granular Kidney.
 WHITE, W. Hale, M.D. Inexplicable Pyrexia.
 WHITTLE, E. G., M.D. Melancholia and Insomnia in the Sane: Treatment.

SECTION B.—SURGERY.

BANQUETING-ROOM.

President, John Eric Erichsen, F.R.C.S., F.R.S., London. *Vice-Presidents*, Frederick William Jowers, M.R.C.S., Brighton; John Ward Cousins, F.R.C.S., Southsea. *Honorary Secretaries*, William Johnson Walsham, F.R.C.S., 27, Weymouth Street, London; Wiloughby Furner, F.R.C.S., 2, Brunswick Place, Brighton.

The President will deliver the address on Wednesday August 11th, at 2 P.M.

Sir Henry Thompson will open a discussion on Suprapubic Lithotomy. The following gentlemen will take part in the discussion: Messrs. W. Cade, Reginald Harrison, Professor Humphry, Berkeley Hill, T. R. Jessop, Greig Smith, W. Pye, Barwell, Bruce Clarke, Edward Lund, Walter Whitehead, Jacobson, Warren, of Birmingham, J. Ward Cousins, and Vincent Jackson.

The following papers are promised.

HARLEY, George, M.D., F.R.S. Hepatic Phlebotomy and Puncture in Hypertrophic Congestions of the Liver.
 IMLACH, Francis, M.D. A Case of Renal Hydatids.
 TAIT, Lawson, Esq. Surgical Treatment of Diseases of the Liver.
 Mr. Jennings will take part in the discussion.
 THORNTON, J. K., Esq. The Surgery of the Liver.
 WILLETT, A., Esq., and MEREDITH, W. A., Esq. Cholecystotomy.

Messrs. Macnamara, Morris, Bellamy, Jessop, and Professor Gaston, of Georgia, will take part in the discussion.

HORSLEY, Victor, M.B. A paper, illustrated by Photographs illuminated by the Lime-light, in connection with the Advances in the Surgery of the Central Nervous System.

Mr. E. Bellamy and Dr. Hughes Bennett will join in the discussion.
 ADAMS, W., Esq. On the Treatment of Congenital Displacement, the so-called Congenital Dislocation of the Hip-Joint, by long-continued Recumbency and Extension; and will show his New Extension Couch.

ANDERSON, W., Esq. On Treatment of Aneurysm by Galvano-Puncture, illustrated by cases.

BENTON, S., Esq. Fistula in Ano of the Horse-Shoe Shape.

BROWNE, J. Walton, M.D. The Treatment of Club-foot.

BROWNE, Lennox, Esq. On the more complete Surgical Treatment of Suffocative Goitre.

CARTER, Jas. F., Esq. On the Accessory Organs of Generation in the Male.

CHURCHILL, F., Esq. On the Multiple Causation and the Immediate Treatment of Congenital Club-foot.

CLARKE, Bruce, Esq., and STEVENSON, W. E., M.D. The Employment of Electricity in the Treatment of Diseases of the Urinary Organs.

COUSINS, J. Ward, M.D. A new Month-gag with Throat-Guard.

DEMPSEY, Alexander, M.D. A Case of Orbital Aneurysm.

FAGAN, John, Esq. Notes on Gunshot-Wounds.

FITCH, Simon, M.D., Nova Scotia. The Dome-Trocar and associated Instruments in Paracentesis, Aspiration, Transfusion, Ovariectomy, and Tunnelling the enlarged Prostate.

GASTON, Professor, Atlanta, Georgia. The Practicability of Establishing an Artificial Fistulous Opening in the Human Subject between the Gall-Bladder and the Duodenum.

HARRISON, Reginald, Esq. On the Treatment of Urethral Stricture by Internal and External Urethrotomy combined.

JESSETT, F. B., Esq. Surgical Treatment of certain Tumours of the Neck.

KETLEY, C. B., Esq. Further Remarks on the Radical Cure of Hernia by Injections into the Inguinal Canal.

KIRK, Robert, M.D., Glasgow, will show his Vapour-Pressure Injector, and read Notes of Cases treated by it.

MARSH, Howard, Esq. A Case of Abscess of the Liver, opened by free Incision.

OWEN, Edmund, Esq. Psoas Abscess: when and how to open it.

PYE, W., Esq. 1. A Case of Multiple Papilloma of the Bladder, removed by the Suprapubic Operation. 2. Two Cases of Suprapubic Cystotomy.

ROBERTS, Milton Josiah, M.D., New York. On the Diagnosis and Mechanical Operative Treatment of Knock-knee, and Bow-leg Deformity; at the same time making a demonstration of the Cutting Qualities of his Electro-Osteotome.

SMITH, Charles, Esq., Brighton. A New Clamp for the Treatment of Hemorrhoids.

SMITH, Noble, Esq. On Obscure Disease of the Spinal Column.

STANTIN, James, Esq. The Surgical Treatment of Acne and Lupus.

STOKES, Sir William, Dublin. Acute Myxoedema following Thyroidectomy.

SYMONDS, Charters J., M.D. The Treatment of Malignant Stricture of the Oesophagus by Tubage.

SYMPSON, Thomas, Esq. A Case of Myositis Ossificans.

TAIT, Lawson, Esq., will read for Dr. Mackay, of Huelva, a Contribution to the Surgical Treatment of Gall-stones.

WALSHAM, W. J., Esq. Cases of Abscess of the Liver opened by free Incision.

WHITEHEAD, Walter, Esq. Three Hundred Consecutive Cases of Hemorrhoids cured by Excision.

WILE, W. C., M.D., Newtown, Connecticut. On the Relation which Alimentation bears to the Results of Surgical Practice.

SECTION C.—OBSTETRIC MEDICINE.

SALOON.

President, Alfred Meadows, M.D., London. *Vice-Presidents*, Constantine Holman, M.D., Reigate; Frederick W. Salzmann, M.R.C.S., Brighton. *Honorary Secretaries*, Charles J. Wright, M.R.C.S., Lynton Villa, Virginia Road, Leeds; Alban Doran, F.R.C.S., 9, Granville Place, W.

The President will deliver a short address.

The following two special discussions will take place.

1. The Alternatives to Craniotomy. This discussion will be introduced by Dr. Robert Barnes; and Professor Porro, Dr. Halliday Croome, Dr. E. T. Davies, Liverpool; Dr. Walter, Manchester; Mr. Greig Smith, Clifton, and others, will be among the speakers.

2. On Removal of the Uterine Appendages. Papers will be read by Dr. Savage, Birmingham; Dr. More Madden, Dublin; and others; and Dr. Bantock, Dr. E. T. Davies, Dr. G. Elder, Nottingham; Dr. Imlach, Liverpool; Dr. Walter, Manchester; Mr. Lawson Tait, Birmingham; Mr. Vincent Jackson, Wolverhampton, and others, will take part in the discussion.

The following papers are promised.

AVELING, J. H., M.D. A Case of Extra-uterine Gestation arrested by Electricity.
 BALLANTYNE, J. W., M.B., Edinburgh. Sphygmographic Tracings in Labour and the Puerperium.

BARNES, Fancourt, M.D. On Perinaeorrhaphy.

BEVERLEY, M., M.D. A Record of Twenty Cases of Emmet's Operation for Laceration of the Cervix Uteri, and of Three for Prolapsed Uteri.

BLACK, J. Gordon, M.D., Harrogate. The Use of Stent-Pessaries.

BRADTHWAITE, J., M.D. A Method of Treating certain Cases of Amenorrhoea, and Scanty Menstruation.

DOLAN, T. M., M.D. Obstetric Experiences, with Observations.

EDIS, A. W., M.D. Cases illustrating the Difficulties of Diagnosis in Gynaecological Practice.

ELDER, G., M.D. A Case of Vesico-vaginal Fistula.

EMMET, T. A., M.D., New York. On certain mooted points in Gynaecology.

GRIGG, W. C., M.D. On the Antiseptic Use of Bichloride of Mercury in Obstetric Practice.

HANFIELD-JONES, M., M.B. Scanty Secretion of Liquor Amnii in the Early Months of Pregnancy, and its Bearing on Diagnosis.

HART, D. Berry, M.D. Successful Case of Abdominal Section for Ruptured Fallopian Tube Fœtation, with Microscopic Examination of the part of the Tube removed.

HEWITT, W. M. Graily, M.D. The Early History and Etiology of Uterine Flexions and Displacements.

KINKEAD, R. J., M.D., Galway. Craniotomy and Caesarean Section.

LUK, W. T., M.D., New York. The Proper Moment for the Performance of Gastrostomy in Abdominal Pregnancy.

PETCH, R., M.D., York. Extra-uterine Gestation treated by Galvano-Puncture.

RANNEY, George, M.D., Michigan. Treatment of Mastitis.

ROUTH, C. H. F., M.D. On some Points of Difficulty as affecting Medical Men in Cases of Hysteria with Erotic Symptoms.

WALTER, W., M.D. A Case of Uterine Myoma causing obstruction of the Bowels treated by the Removal of the Appendages.

SECTION D.—PUBLIC MEDICINE.

NORTH DRAWING-ROOM.

President, Rickard Patrick B. Taaffe, M.D., Brighton. *Vice-Presidents*, Sir Charles Alexander Cameron, M.K.Q.C.P., Dublin; Charles Kelly, M.D., Worthing. *Honorary Secretaries*, W. Brown, F.R.C.S., Carlisle; William Joseph Tyson, M.D., Folkestone.

The President will deliver an address on Wednesday, August 11th, at 2 o'clock P.M.

The general subjects for discussion are the following:

1. Scarlet Fever; its Causation, and the best Sanitary Measures for Dealing with the Disease as it exists among Urban Populations. Dr. Ewart, of Brighton, will open this discussion. Dr. W. Squire will take part.

2. On the Duration of Infectiousness in the following Infectious Diseases: Scarlatina, Small-pox, Measles, Mumps, and Diphtheria. Dr. A. Ransome, of Manchester, will open this discussion. Dr. E. W. Hope, of Liverpool; Dr. T. F. Pearce, Haslemere; and Dr. W. Squire, will take part.

3. Diphtheria in Rural Districts: (a) Causation; (b) Influence of Soil upon the Disease. Dr. C. Kelly will open this discussion.

4. Reports of Water Analyses: the best Method of Stating these so as to secure one Uniform Plan. Dr. Whitelegge will open this discussion.

Dr. Edgar Crookshank will exhibit the various apparatus employed in a Bacteriological Laboratory, and give demonstrations of cultivations, microscopic preparations, and photographs of bacteria.

The following papers are promised.

ASHBY, H., M.D. On the Duration of Infectiveness in Scarlet Fever.

BOOBYER, P., M.B., Nottingham. Scarlet Fever in relation with the disturbance of Impure Subsoil and the Construction of Sewers.

CARPENTER, A., M.D. The Causation of, and on the Quarantine which is necessary to be observed in, Scarlatina.

CORNISH, Surgeon-General W. E. On an Outbreak of Cholera amongst British Emigrants proceeding from London to Queensland, in the Steamship *Dorinda* during November and December, 1885.

DAVISON, James, M.D. The Principle of Separation of the Human Excreta as applied to Closets, and the true Method of Disposing of the Solids and Fluids respectively.

DRYSDALE, C. R., M.D. 1. On Animal Vaccination. 2. Sewage Pollution of the Thames.

EVATT, Surgeon-Major G. J. H., M.D. On the Medical Department of an Army Corps in War, with proposal for a more efficient Volunteer Medical Organisation.

GROVES, J., B.A., M.B. The Sanitary Acts as applied to Rural Sanitary Districts.

HANDFORD, H., M.D. Death-rate of Enteric Fever.

KERR, Norman, M.D. On Hydrophobia, and its Prevention.

PAGET, C. E., Esq. The Influence of Acute, supposed Simple, Sore-Throat in the Spread of Diphtheria.

PEARSE, T. F., M.D. On the Periods of Incubation of the principal Exanthemata.

PRINGLE, Surgeon-Major R., M.D. 1. The Advantages and Disadvantages of Human and Animal Lymph compared. 2. State Vaccination, with special reference to the Compulsory Clauses in the Vaccination Acts.

SEATON, E., M.D. Scarlet Fever.

SQUIRE, W., M.D. On the Influence of Increased Means of Isolation upon the Prevalence of Scarlet Fever in London.

TATHAM, J., M.D. Scarlet Fever, and the best Means for its Prevention amongst Urban Populations.

TAYLOR, Michael W., M.D. Diphtheria in Connection with Damp and Mould.

VACHER, F., Esq. Duration of Infectiousness in the Exanthemata and Allied Diseases.

SECTION E.—PSYCHOLOGY.

OLD SCHOOL-BOARD ROOM.

President, Thomas Smith Clouston, M.D., Edinburgh. *Vice-Presidents*, Charles A. Lockhart Robertson, M.D., Brighton; Joseph Raymond Gasquet, M.B., Brighton. *Honorary Secretaries*, Charles Spencer Waller Cobbold, M.D., Earlswood Asylum, Redhill; James M. Moody, M.R.C.S., Surrey County Asylum, Canehill, Purley.

The President, Dr. T. S. Clouston, will deliver an address on The Relation of Bodily and Psychical Pain.

The following papers are promised.

BEACH, Fletcher, M.B. The Influence of Hereditary Predisposition in the Production of Imbecility.

CLARK, A. Campbell, M.B. Experimental Dietetics in Lunacy Practice. A Record of Investigation and Results.

COBBOLD, C. S. W., M.D. Suicidal Tendencies in Congenital Imbeciles.

GILL, Stanley A., Esq., B.A. The Use and Abuse of Seclusion.

SAVAGE, G. H., M.D. On Alternations of Neuroses.

SHUTTLEWORTH, G. E., M.D. The Relation of Marriages of Consanguinity to Mental Unsoundness.

STRAHAN, S. A. K., M.D. How can the Medical Spirit best be kept up in Asylums for the Insane?

THOMSON, D. G., M.D. On the Separate Care and Medical Treatment of Recent Cases of Insanity, either in Existing Asylums, or in Lunatic Hospitals to be Established for that Special Purpose.

TUKE, D. Hack, M.D. On the Alleged Increase of Insanity.

The President will introduce a discussion as to How the Medical Spirit can best be kept up in Asylums for the Insane.

SECTION F.—PATHOLOGY.

MASONIC ROOM.

President, Julius Dreschfeld, M.D., Manchester. *Vice-Presidents*, James Frederick Goodhart, M.D., London; Heneage Gibbes, M.D., London. *Honorary Secretaries*, John E. Ranking, M.D., Mount Ephraim Road, Tunbridge Wells; John Caldwell Uthoff, M.D., 9, Brunswick Place, Brighton.

The following subjects have been chosen for special discussion.

1. Peripheral Neuritis. Opened by papers by Dr. Ross (Manchester), and Dr. Buzzard (London). Mr. Watson Cheyne, Professor Charcot, Drs. Clifford Allbutt, Hadden, Poore, Drummond, Saundby, Maguire, and Whittle, will take part in the discussion.

2. Aneurysm. Introductory paper by Timothy Holmes, F.R.C.S. Messrs. Barwell, Bryant, Savory, H. Morris, C. J. Symonds, Watson Cheyne, R. Maguire, and E. Lund, will take part in the discussion.

3. The Etiology and Pathology of Pneumonia. Introductory papers by Dr. Octavius Sturges and Dr. R. Douglas Powell. Dr. Churton, Dr. R. Maguire, Sir Andrew Clark, Dr. Duckworth, and Dr. Hollis will take part in the discussion.

Dr. Heneage Gibbes will show, in the Museum in connection with the Pathological Section, a series of Microscopical Specimens of Carcinoma and Sarcoma, also a number of Photographs of Normal and Morbid Histology and Bacterium, and Photographs showing Diseased Conditions, life size.

The following papers are promised.

ANDERSON, R. J., M.D. The Presence of a Joint between the Coracoid Process of the Scapula and the Clavicle (rare case).

ASHBY, H., M.D. The Pathology of Nephritis following Scarlet Fever.

BARWELL, R., Esq. On Aneurysm.

CHURTON, T., M.D. The Pathology of the Adrenals.

CROOKER, E. Radcliffe, M.D. The Anatomy of the Early Stage of Kala-azar, and will show drawings of different types of Leprosy.

HUDSON, Leopold, Esq., will show Specimens of Organisms found in several cases of Pneumonia.

GLYNN, T. R., M.D. Six Cases of Ulcerative Endocarditis.

GREVES, E. Hyla, M.D., will show a Rare Form of Cerebral Tumour, and give an account of the same.

HOLLIS, W. A., M.D. Pulmonary Tuberculosis, associated with Heart-Disease.

MAGUIRE, Robert, M.D. On Albuminuria in Diabetes.

RAKE, B. N., M.D. Government Medical Officer, Trinidad. 1. An Inquiry into the Distribution of the Leprosy-Bacillus. 2. Experiments on the Communicability of Leprosy to Animals.

SYMONDS, C. J., Esq. The Formation of Aneurysms in Acute Arteritis.

YOUNG, Professor A. H. On Traumatic Malignancy.

SECTION G.—THERAPEUTICS AND PHARMACOLOGY.

KING'S APARTMENTS, 1.

President, Thomas Lauder Brunton, M.D., F.R.S., London. *Vice-Presidents*, John Mitchell Bruce, M.D., London; Edward Mackey, M.D., Brighton. *Honorary Secretaries*, Cornelius William Suckling, M.D., 108, Newhall Street, Birmingham; John Theodore Cash, M.D., Drumearn, Earlsfield Road, Wandsworth Common, S.W.

An Introductory Presidential Address will be given by Dr. T. Lauder Brunton, F.R.S.

The following subjects have been selected for special discussions.

1. Antipyretics; to be opened by Dr. Carter, of Liverpool.

2. Analgesics; to be opened by Dr. Spender, of Bath; Dr. Brown Séquard will join in the discussion.

3. Action of Drugs in Albuminuria; to be opened by Dr. Saundby, of Birmingham.

The following papers are promised.

BRUCE, Mitchell, M.D. Morphine in Diabetes.

DRYSDALE, Charles R., M.D. Mercury as an Antidote in Syphilis.

GRANVILLE, J. Mortimer, M.D. The Relief of Pain by Mechanical Vibration or Percussion.

HANDFORD, H., M.D. The Pathology of a rare form of Skin-disease affecting the Sebaceous Follicles.

HORSLEY, Victor, Esq., and SEMON, F., M.D. On an Apparently Peripheral and Differential Action of Ether upon the Laryngeal Muscles, etc.

JAMES, Prosser, M.D. On Local Anesthetics.

JESSOP, W. H., M.B. On the Therapeutic Effects of Cuscaine in Ophthalmic Practice.

LIEBREICH, Professor, Berlin. Lanolin: a new Fatty Substance; its Physical Properties and Therapeutic Uses.

MACKAY, E., M.D. Resorcin in Gastric and Cutaneous Disorders.

MACKENZIE, Stephen, M.D. On the Value of Cannabis Indica in a Certain Class of Headaches.

SROEMAKER, John, M.D., Philadelphia. Hamamelis Virginia.

ST. GEORGE, George, Esq., Lisburn. Experiments with Manaca in the Treatment of Rheumatism.

STONE, W. H., M.D., will show the Apparatus exhibited by him on the occasion of his Lumenian Lectures.

STRAHAN, J., M.D. An Unrecorded Danger from Continued Large Doses of Iron.

TRUMAN, E. B., M.D. Poisoning by Squills.

SECTION H.—OPHTHALMOLOGY.

KING'S APARTMENTS, 2.

President, Chas. Oldham, F.R.C.S., Brighton. *Vice-Presidents*, Louis Tosswill, M.B., Exeter; George Anderson Critchett, F.R.C.S. Edin., London. *Honorary Secretaries*, Frank Henry Hodges, F.R.C.S. Edin., 17, Horse Fair Street, Leicester; Arthur Nicholson, M.D., 98, Montpellier Road, Brighton.

Mr. Jonathan Hutchinson will open a discussion on the Different Forms of Choroiditis, in relation to their several Causes.

Mr. Anderson Critchett will open a discussion on Episcleleritis.

An improved Electric Refraction Ophthalmoscope will be shown by Mr. Henry Juler.

The following papers are promised.

ABBOTT, G., Esq. The Use of Styles in the Treatment of Epiphora.

ANDREW, Edwyn, M.D. Ophthalmic Hints.

BARRETT, J. W., M.B., and LANG, W., Esq. On the Causation of Phlyctenular Ophthalmia and Sycosis.

BENSON, Arthur H., Esq. On the Operative Treatment of Trichiasis with or without Entropion.

BROWNE, Edgar, Esq. On New Remedies.

BICKERTON, T. H., Esq., will show a Case of Growth between the Superficial Corneal Layers, and will exhibit Photographs of a Tumour of the Socket.

COUSINS, J. Ward, M.D. 1. New Fixing Forceps. 2. A Right Canine Tooth removed from the Left Orbit of a Child.

CRITCHETT, G. Anderson, Esq. On Dislocation of the Lens.

FROST, W. Adams, Esq. What is the best Method of Dealing with a Lost Eye?

GLASCOTT, C. E., M.D. On Sarcoma of the Choroid, followed by Amblyopic Symptoms in the Sound Eye.

GREENWAY, Henry, Esq. Use of Ice and Carbolic Acid in the Treatment of Injuries and Inflammation of the Eyes and Eyelids.

HARTNIDGE, Gustavus, Esq. Strabismus and its Treatment in Young Children.

HEWITSON, H. B., Esq. The Treatment of Interstitial Keratitis by Operation, without Constitutional Remedies.

HIGGINS, Charles, Esq. Headaches in relation to Eye-Conditions.

JOHNSON, L. L., Esq. Paper, and Demonstration of several new Ophthalmic Instruments.
LEE, Charles T., Esq. The Extraction of Soft Cataract by Irrigation.
SNELL, Simeon, Esq. 1. Massage in Eye-Affections. 2. On the Operation for Squint.

TAYLOR, Charles Bell, M.D. 1. Is it Desirable, in Certain Cases, to Substitute Resection of the Optic Nerve for Ablation of the Eye-ball? 2. On a Method of Treating Epiphora without Slitting the Punctum Lacrymale.

A limited number of beds in the Sussex Eye Hospital, Brighton, will be devoted to the reception of cases of interest to be shown at the meetings of the Ophthalmological Section of the British Medical Association at Brighton. Gentlemen wishing to secure beds for such cases are requested to apply, as soon as possible, to Mr. Arthur Nicholson, 98, Montpelier Road, Honorary Secretary of the Section.

SECTION I.—OTOLOGY.

KING'S APARTMENTS, 3.

President, G. F. Hodgson, M.R.C.S., Brighton. *Vice-Presidents*, Alphonso Elkin Cumberbatch, F.R.C.S., London; Edward Cresswell Baber, M.B., Brighton. *Honorary Secretaries*, Henry Albert Reeves, F.R.C.S. Edin., 78, Grosvenor Street, W., London; Patrick William Maxwell, M.D. Edin., 16, Warrington Place, Dublin.

The President will deliver an Address.

The following papers are promised.

BABER, E. C., Esq. On Examination of the Nasal Cavities from the Front (illustrated with Diagrams); and will show some Nasal Cases at the Throat and Ear Dispensary.

BARR, T., M.D. 1. On the Varieties, with Appearance, of the Tympanic Membrane compatible with Good Hearing. 2. On the Value of Rinne's Test, in the Diagnosis of Disease of the Nervous Structures of the Ear.

BROWNE, J. Walton, M.D. Cases of Mastoid Abscess.

CUMBERBATCH, A. E., M.B. Aural Vertigo.

DELSAUNOUE, Dr. G., Brussels. 1. Case of a Revolver-Bullet in the Ear. 2. Foreign Bodies in the Substance of the Lobule. (In French.)

ELLIS, Richard, Esq. Labyrinthine Hemorrhage, with Exhibition of Patient.

GRANT, Dundas, M.D. 1. Pulsating Tinnitus. 2. On the Use of the Tuning-Fork.

MACDONALD, Greville, M.D. The Functions of the Nose in Health and Disease.

PRITCHARD, Urban, M.D. Counter-irritation in the Treatment of Ear-disease.

SYMINGTON, J., M.B. The Anatomy of the Ear in the Child.

WOLSTON, Walter, M.D. Nasal Polypi, their Radical Extirpation and Cure by Electro-cautery, with illustrative Cases.

Discussion to be opened by Spencer Watson, Esq.: On the Complications of Nasal Polypi, in which Dr. Charles Worden and Dr. Dundas Grant will take part.

Honorary Local Secretaries: Thomas Jenner Verrall, M.R.C.S., 95, Western Road, Brighton; Alfred Scott, L.R.C.P., German Place, Brighton.

ANNUAL MUSEUM.

THE twentieth annual museum will, by permission of the Town Council, be located in the Corn Exchange, a large hall, communicating with the Dome, and having a separate entrance in Church Road.

It will be open to the profession from August 9th to August 15th, and will be classified in three sections.

SECTION A.—Foods, drugs, hygienic and sanitary appliances. A specialty will be made of all kinds of prepared, peptonised, and other compound nutrients. (Honorary Secretary, Dr. Mackey, 1, Brunswick Road, Hove, Brighton.)

SECTION B.—New books, instruments, and appliances—medical and surgical; galvanic and other batteries and apparatus. (Honorary Secretary, Dr. Whittle, 65, Dyke Road, Brighton.)

SECTION C.—Anatomical and pathological specimens, diagrams, casts, or models; microscopes and microscopical preparations. (Honorary Secretary, D. W. Giffard, Esq., 5, Pavilion Parade, Old Steine, Brighton.)

A name and description, printed, if possible, must be attached to each exhibit, which should be sent to the Corn Exchange, Brighton (to the care of the Secretaries of the respective sections), between Monday, August 2nd, and Saturday, August 7th. Ample counter space will be provided, and, so far as possible, equal facilities will be given to every exhibitor.

A description, for insertion in the Museum Catalogue, should be forwarded to the private address of the respective Secretaries, at least one month before the meeting, that is, by July 10th.

TO EXHIBITORS.—The expenses of carriage and of removal to be borne by the exhibitor. The Committee will exercise every reasonable care as to objects entrusted to them, but will not be responsible for risk or accident.

EXCURSIONS.

We are now able to announce the final arrangements for the excursions from Brighton during next week.

The Hastings Excursion.—Number limited to 150. The members will leave Brighton by special train at 9.20 A.M., and will return from Hastings by special train at 8.20 P.M.

The Eastbourne Excursion.—Number limited to 100. The members will leave Brighton by the ordinary train at 9.55 A.M., and arrive at Eastbourne at 10.50 A.M. They can return from Eastbourne by the 7.28 or 7.45, which arrive at Brighton at 8.30 and 8.55 P.M.

The Arundel Excursion.—Number limited to 200. Here again the members will travel by "special." They will leave Brighton at 10.5 A.M., and arrive at Arundel at about 11 A.M. From Arundel they will retrain for Chichester at 3.15 P.M., reaching Chichester before 4 P.M. The return "special" will leave Chichester at 6.50 P.M.

The Tunbridge Wells Excursion.—Number limited to 150. The members, travelling by ordinary train, will leave Brighton at 9.30 A.M., and arrive at Tunbridge Wells at 10.57 A.M. They will return by a train that leaves Tunbridge Wells at 7.17 P.M., and arrives at Brighton at 8.55.

For the convenience of those members who attend this excursion, and also wish to return to London the same night, without coming back to Brighton, the railway authorities have kindly granted permission by which members may travel to London Bridge from Tunbridge Wells via Three Bridges, on producing the ordinary London-to-Brighton return ticket. For these members the train will leave Tunbridge Wells at 6.15 P.M., and arrive at London Bridge at 8.33.

The Isle of Wight Excursion.—Number limited to 200. The steamboat "Brighton" will leave the West Pier at 8.30 A.M. The times of arrival at and departure from the Island are necessarily dependent on the state of the weather, and the ruling of Captain Gardiner. However, the members will be able to spend four hours on the Island.

The tickets for all these excursions will cost the same, viz., 6s. 6d., and beyond this no member will have to pay a penny.

The railway tickets will be sold all the week at the "Excursion Table," in the corridor of the Pavilion. Members are earnestly requested to purchase their tickets as early as possible in the week, so that due notice may be given to their entertainers of the number they are to expect, and to make ready for. Members are also warned that they can only secure a place in the excursions by purchasing the tickets, and that no notice of intention to accompany an excursion will be sufficient to secure a place at that excursion without the purchase of a ticket.

Steamboat Trips.—Thanks to the generosity of Captain Gardiner, the members of the Association will have plenty of opportunities for enjoying small trips on the sea. His boat leaves the West Pier every day at 11 A.M., 3 P.M., and 7.30 P.M. The members may accompany all these trips free of charge on production of their member's tickets.

Special trips will also be made on Thursday and Friday from 4.30 P.M. to 6.30 P.M. These also are free of charge, but are not open to the public. Members attending these two latter trips will have light refreshments provided. A band of musicians will also accompany them.

Members going on any of these excursions can go back to London the same night by the train which leaves Brighton at 10.35 P.M., arriving at London Bridge at 12.10 A.M.

MEMBERS desirous of returning North by steamer are informed that there are no steamers passing Brighton that would call for passengers. The only way would be to go to London by rail, and from thence by steamer for the North.

NOTICES OF MOTION.

Dr. WARD COUSINS hereby gives notice that he will move the following addition to, and alteration of, the By-laws; namely, Page 17, By-laws. Addition to "d," second line, after the word "member," add "of a Branch within the limits of the United Kingdom of Great Britain and Ireland."

Addition to "d."—"No person shall be eligible as a representative member of a Colonial or Indian Branch unless, at the time of his election, he shall be a recognised member of the Branch, and shall have resided within the area of the Branch for at least twelve months prior to his election. The election of Colonial and Indian members of the Council shall be annual, and shall be subject to the same by-laws as the election of other representative members."

Mr. John Dix hereby gives notice that, at the Annual Meeting, he intends to submit a proposition not involving an alteration of a By-law on the subject of the payment of travelling expenses of the Representatives of Branches to the meetings of the Council.

A motion will be introduced by the Shropshire and Mid-Wales Branch on the subject of State Honours to the Medical Profession.

Mr. JOHN MARSHALL gives notice that he will move
 "That notices of Births, Marriages, and Deaths, occurring in
 families of members of the Association, shall be published in the
 BRITISH MEDICAL JOURNAL without charge."

May 6th, 1886. FRANCIS FOWKE, General Secretary.

The following meetings, by permission of the Council, will be held
 during the Annual Meeting of the British Medical Association at
 Brighton.

BRITISH MEDICAL BENEVOLENT FUND.

The Honorary Local Secretaries are requested to meet on Wednesday
 morning, August 11th, at 10 o'clock, in the King's Apartments,
 No. 1, Royal Pavilion.

MEDICAL DEFENCE.

The attendance of all members of the Association interested in the
 question of the formation of a Medical Defence Association, in con-
 nection with the British Medical Association, is requested at a meet-
 ing to be held at Brighton, in the Town Hall, on Wednesday, August
 11th, at 10 o'clock.

On behalf of the Council of the Lancashire and Cheshire Branch,
 CHARLES E. GLASCOTT, Honorary Secretary.

IRISH GRADUATES' ASSOCIATION.

The Ninth Annual Meeting of this Association will be held in the
 Banqueting Room, Royal Pavilion, on Wednesday, August 11th, at
 12.30 p.m.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

The Annual Meeting of this Association will be held in the Banquet-
 ing-Room, Royal Pavilion, on Thursday, August 12th, at 10 o'clock.
 It is hoped that all Poor-law Medical Officers present will attend.

MEDICAL SICKNESS, ANNUITY, AND LIFE-ASSURANCE SOCIETY.

The Third Annual Meeting of this Society will be held in the Masonic
 Room, Royal Pavilion, on Thursday, August 12th, at 10.30 A.M.

COLLECTIVE INVESTIGATION COMMITTEE.

This Committee will meet in the King's Apartments, No. 2, on
 Thursday, August 12th, at 10.30 A.M.

NEW SYDENHAM SOCIETY.

The Annual Meeting of this Society will be held in the Saloon, on
 Friday, August 13th, at 9.30 A.M.

PROCEEDINGS OF COUNCIL.

At a meeting of the Council, held in the Council Room, Exeter Hall,
 on Wednesday, July 21st, 1886, Present,—

Dr. B. W. FOSTER, President of the Council, in the chair,

Dr. W. T. Edwards, President,
 Cardiff
 Dr. W. Withers Moore, President-
 elect, Brighton
 Mr. C. Maenamara, Treasurer,
 London
 Dr. B. Anningson, Cambridge
 Dr. M. M. De Bartolomé, Sheffield
 Dr. T. Bridgwater, Harrow-on-
 the-Hill
 Mr. H. T. Butlin, London.
 Dr. A. Carpenter, Croydon
 Dr. A. H. Carter, Birmingham.
 Dr. C. Chadwick, Tunbridge
 Wells
 Dr. J. Ward Cousins, Southsea
 Mr. T. W. Crosse, Norwich
 Dr. G. W. Crowe, Worcester
 Dr. A. Davidson, Liverpool
 Dr. P. M. Deas, Exeter
 Mr. John Dix, Hull
 Dr. J. L. H. Down, London
 Dr. W. A. Elliston, Ipswich

Dr. C. E. Glascott, Manchester
 Dr. W. C. Grigg, London
 Dr. C. Holman, Reigate
 Professor G. M. Humphry, F.R.S.,
 Cambridge
 Mr. W. D. Husband, Bourne-
 mouth
 Mr. A. Jackson, Sheffield
 Mr. T. Vincent Jackson, Wolver-
 hampton
 Mr. T. R. Jessop, Leeds
 Mr. H. B. Ker, Halesowen
 Dr. W. G. V. Lush, Weymouth
 Dr. F. Mason, Bath
 Mr. S. W. Sibley, London
 Dr. E. M. Skerritt, Clifton
 Dr. W. Strange, Worcester
 Mr. T. Simpson, Lincoln
 Mr. J. Taylor, Chester
 Dr. T. W. Trend, Southampton
 Mr. F. Wallace, London
 Dr. E. Waters, Chester
 Mr. C. G. Wheelhouse, Leeds

The Minutes of the last meeting having been printed and circulated,
 and no objection raised, they were signed as correct.

Read letters of apology for non-attendance from Mr. Alfred Baker,
 Mr. J. Wright Baker, Dr. Henry Barnes, Surgeon-General Cornish,
 Dr. Duffey, Dr. Bruce Goff, Mr. Jones-Morris, and Mr. Prankard.

Continued Minutes 1225 and 1226, of which the following are copies,
 were then considered.

"That the Council authorise and request the Chairman of the Council, the
 Chairman and Secretary of the Collective Investigation Committee, and such
 other persons as they may think fit to associate with themselves, to form a
 deputation to certain of the Corporations of London, to ask if they would be
 willing to contribute from their funds towards the carrying out of the Scientific
 Investigations into the distribution, the causes, and the treatment of disease,
 which this Association has undertaken with a view to the promotion of the
 general interests of the community in the matter of public health.

Whereupon an amendment was moved.
 "That the consideration of this question be deferred to the next meeting of the
 Council.

The amendment having been put from the chair, the same was declared to be
 carried.

Whereupon an amendment was moved and seconded (notice of which
 had been given):

"That a subcommittee be appointed to inquire into the success of
 the work of Collective Investigation from the commencement of the
 movement, and report to the Council as to the continuance of the
 grant."

The motion having been withdrawn, the amendment was put from
 the chair as a substantive motion, and declared to be carried.

Resolved: That the Committee consist of the following gentlemen:
 Dr. Chadwick, Dr. Bridgwater, Mr. Sibley, Dr. Davidson, Mr. But-
 lin, Mr. Hugh Ker, Mr. Arthur Jackson, the President, the President
 of the Council, and Treasurer *ex-officio*.

Resolved: That 114 of the 115 candidates, whose names appear on
 the circular convening the meeting, together with the 44 on supple-
 mentary list, be and they are hereby elected members of the British
 Medical Association.

Resolved: That the minutes of the Journal and Finance Committee,
 of to-day's date, be approved, and the recommendations contained
 therein carried into effect.

The Journal and Finance Committee minutes contain particulars of accounts for
 the quarter ending June 30th, amounting to \$4,371 1s. 1d., and report of
 further investment of £1,000 in Bank of England stock.

Read resolution of the South-Eastern Branch, of which the follow-
 ing is a copy—

"Resolved: That the question of payment of travelling expenses of the repre-
 sentatives of the Branches in the Council having been twice considered at annual
 meetings of the Association, and decided against by considerable majorities, the
 South-Eastern Branch see no reason for disturbing the existing arrangements,
 which have been recommended by a Committee, adopted by the Council, and
 emphatically affirmed by members of the Association."

"That a copy of this resolution be sent to the President of the East York and
 North Lincoln Branch, and to the President of the Council of the Association."

Resolved: That the report of the Premises Committee be received
 and adopted.

The report of the Premises Committee minutes ask for authority for the pur-
 chase of the lease of certain premises.

Resolved: That the minutes of the Trust Funds Committee of the
 20th instant be received and adopted, and the recommendations
 contained therein carried into effect.

The minutes of the Trust Funds Committee contain reports of adjudicators (see
 JOURNAL, July 31st, page 225).

The Annual Report of the Council was then considered.

Resolved: That the report of the Council, as amended, be approved,
 adopted, and published in the JOURNAL for presentation to the
 General Meeting of Members at the Annual Meeting on the 10th
 proximo (see page 273).

Resolved: That the Report of the Parliamentary Bills Committee
 be received, and published in the JOURNAL for presentation to a
 General Meeting of Members at the Annual Meeting (see page 275).

Resolved: That the Report of the Habitual Drunkards Committee
 be received, and published in the JOURNAL for presentation to the
 Annual General Meeting (see page 276).

Resolved: That the Report of the Collective Investigation Com-
 mittee be received, and published in the JOURNAL for presentation
 to the Annual Meeting at Brighton (see page 280).

Resolved: That the Report of the Medical Reform Committee be
 received, and published in the JOURNAL for presentation to the
 Annual Meeting at Brighton (see page 274).

Resolved: That the minutes of the Medical Reform Committee of
 the 21st instant be approved, and the recommendations contained
 therein carried into effect.

Resolved: That the gold medal for Distinguished Merit of the
 British Medical Association be awarded to Dr. Waters for his long-
 continued, self-denying, and able services in the cause of Medical
 Reform.

Dr. Bridgwater presented an engraved portrait of the President of

the Council, framed for hanging in the Council Room of the Association.

Resolved: That the present of the Portrait of the President of the Council be accepted with thanks.

The ballot for giving the medal for merit to Dr. Waters was then declared by the President of Council, 29 voting, and only one dissentient.

Resolved: That the Minutes of the Scientific Grants Committee of the 20th instant be received, approved, and the recommendations contained therein carried into effect.

Resolved: That the Report of the Scientific Grants Committee be received, and printed in the JOURNAL for presentation at the Annual Meeting at Brighton (see page 277).

Resolved: That the meetings of the Medical Sickness Annuity, and Life-Assurance Society, the Poor-law Medical Officers, the British Medical Benevolent Fund, and the Irish Graduates' Association, be allowed to be held as usual during the Annual Meeting, provided they are fixed for times which do not clash with the General and Sectional Meetings.

Resolved: That the Lancashire and Cheshire Branch be allowed to hold a meeting, during the annual meeting of the Association at Brighton, in a separate room, on the subject of Medical Defence.

Resolved: That the list of attendances, together with the returns of representatives of Branches for 1886-87, be received and entered on the minutes.

[The following Reports of the Council, and of Committees, will be presented at the Annual Meeting at Brighton on August 10th, 11th, 12th, and 13th, and are published in accordance with the regulations for the conduct of Annual Meetings, which require that all Reports of Committees of the Association shall be printed in the Journal before the Annual Meeting.]

REPORT OF COUNCIL.

Fifty-fourth Annual Meeting of the British Medical Association, Brighton, August, 1886.

SINCE your Council had the pleasure of meeting you at Brighton, in 1851, great changes have taken place, both in this town and your Association. Brighton has increased in population from 65,000 to 107,000; the town was then governed by 120 commissioners; it is now incorporated, and is governed by a Council and a Mayor. On the other hand, the Association, which in 1851 numbered 1,200, has at present nearly 12,000 members, and is incorporated, and governed by the officers of the Association and by representatives on your Council, directly elected by the Branches. The Association has also extended its organisation to the Colonies and to India.

Your Council are glad to be able to report a continued increase in the prosperity of the Association, both financially and in the number of its Branches. In spite of the severe depression, affecting all professions and classes, the increase in the number of our members has been fairly maintained, while the surplus of revenue over expenditure has increased. The revenue of the Association for the past year has been £23,713; the expenditure, £20,400, leaving a balance or surplus of £3,313. This has been invested by your Council, £2,000 in Newcastle Corporation Bonds, 3½ per cent., at £99½; and £1,000 Bank of England Stock, which pays at the present dividends about 3¼ per cent. Your investments now amount to £22,541.

The JOURNAL has now reached a weekly issue of 13,000 copies; and, on the occasion of the twentieth year of office of your editor, Mr. Ernest Hart, your Council have the pleasure to express their sense of the ability and impartiality with which he has performed his duties, and their belief that the success of the JOURNAL is mainly due to his efforts.

Your Council look forward to the formation of new branches which have been promised at Limerick, Bermuda, Ceylon, and at Calcutta. The Sydney Branch forwarded a communication to the General Secretary during the past year, requesting that the JOURNALS to the various members of the New South Wales Branch might be forwarded through an agent, instead of being sent direct from the office. The difficulties and objections were so apparent your Council decided that such an arrangement could not be entertained.

Your Council have the pleasure to report the complete organisation of an important Branch, having its centre in the University city of Oxford. This Branch, though formed previously to the last meeting, had not completed its organisation in time for the Council then to notify it formally to you.

It is desirable, for the interests and influence of the Association, that the Branches should act in closer unison with the Council; and more especially your Council desire to draw the attention of the Indian and Colonial Branches to this point. With this object a modification in the By-laws will be submitted to the annual meeting. The distance from the parent Association and offices, no doubt, renders an interchange of ideas somewhat tedious; but, from the interest with which all communications from the Indian and Colonial Branches are received by the Association, your Council hopes that our Branches throughout the Empire may feel that we have a common object in advancing the welfare of the profession.

The good work so faithfully and courteously performed by the honorary secretaries of the Branches merits your warmest thanks. Amongst those whom your Council regret to report as having resigned their appointments during the past year are Dr. Henry, who has held the office of Honorary Secretary to the Metropolitan Counties Branch for twenty-seven years; Dr. Carter, the Birmingham and Midland Branch; Dr. Hayes, the Dublin Branch; Dr. Marshall, the Midland Branch; Dr. Saunders, the Jamaica Branch; and Dr. Warren, the Sydney and New South Wales Branch.

The various committees appointed by the Council have been constantly at work during the year.

Not only the Association, but the medical profession, are under an obligation to the Medical Reform Committee, and especially to its Chairman, Dr. Edward Waters, of Chester. For the last eighteen years, notwithstanding the pressing claims of an extensive practice, and in spite of disappointments which would have discouraged most men, Dr. Waters has assiduously laboured to promote the Medical Act Amendment Bill, the success of which we have now the pleasure of recording. To his unwearied energy and judicious management is very largely due the passing of the Act.

In the conduct of the Bill through the House of Commons the Association has derived valuable aid from Dr. Foster, the President of the Council, especially in bringing the insufficiency of the proportion of two direct representatives, originally allotted to England, to the notice of the House.

The Parliamentary Bills Committee has rendered valuable assistance in amending the Lunacy Acts Amendment Bill; most of the recommendations of the Committee have been adopted by the Lord Chancellor, and the Bill has passed the House of Lords. The Committee has also had under consideration the various health clauses in the private local Corporation Bills, more especially those which relate to the compulsory registration of infectious disease, and upon which you have from time to time expressed a decided opinion. The Sanitary Clauses of the Burgh and Police of Scotland Bill, and the position of the medical officers of the mercantile marine have also received the attention of your Committee, but the full particulars of the action of this Committee will be placed before you in its report.

The Scientific Grants Committee has not, this year, exceeded your grant of £300. Last year, a special grant of £100 in addition to the £300 was made upon the recommendation of the Committee appointed to consider the application for a proposed research upon the methods of conferring immunity from infection in certain septic diseases, and the conditions upon which such immunity depends. Your Council regrets that no satisfactory report has been received from the recipient of this grant.

The Scientific Scholarships, instituted three years ago next October, expire at the end of the current year. Your scholars have been Dr. Augustus Waller and Mr. Watson Cheyne. Mr. Watson Cheyne's research has been upon "The Relation of Micro-organisms to Disease"; Dr. Waller's, upon "The Fatigue and Recovery of Muscle and Nerve." Elaborate and highly scientific reports have been given by both Mr. Watson Cheyne and Dr. Waller on their respective subjects.

The Collective Investigation Committee has, during the past year, directed its attention principally to winding up the inquiries previously extant; in fact, since July, 1884, the only report published by the Committee has been one drawn up by Professor Humphry, on old age, which appeared in the JOURNAL of the Association in May, 1885. The Collective Investigation Committee, however, feel confident that the nucleus has been successfully formed of a body of regular and persistent workers, which tend gradually to increase; and, to enable them to carry on their work, they solicit a renewal of the grant of £600 for the ensuing year. Your Council are aware that there is a feeling of disappointment among a large proportion of the members of the Association—that, with a net expenditure, up to the present time, of so large a sum as £2,126 on collective investigations, that the result has not been more marked than it now is; but a work of this kind takes time to develop, and, having been commenced, it would seem unwise to hamper its efforts for want of funds. At the

same time, your Council believe that the time has arrived for careful consideration, on the part of the Association, of the subject of collective investigation from a financial point of view. A Subcommittee has been appointed to inquire into the success of the Collective Investigation Committee.

The Trust Funds Committee have, in accordance with the instructions of the Middlemore and Stewart Trust Deeds, offered again prizes on the subjects required by the deeds, approved by the donors, Mr. Middlemore and the late Dr. A. P. Stewart; the latter for the best work on "Contagious Disease," the former for the best essay on the "Discoveries in Ophthalmic Science."

The question of more commodious premises has engaged the attention of your Council during the past year, and in accordance with the wishes of the Association expressed at the last annual meeting, a Committee was appointed for this purpose. This Committee has had the eligibility of various sites under consideration, with valuations, plans, and reports, and your Council trusts, before long, to place before you a satisfactory result; at the same time, there are great difficulties in obtaining the necessary requirements at a reasonable cost.

Your Council in the last annual report stated that, in the opinion of your solicitor, and also of counsel, the Association in General Meeting had not the power to appoint Committees. Your Council, therefore, appointed a Committee to consider and report upon the constitution of the various Committees, and on the mode of the election of the members of the same, and also to suggest in what manner the reports should be brought before the annual meeting of the Association. The Council adopted the following regulations, upon the recommendation of the Committee.

RULES AND REGULATIONS AS REGARDS THE COMMITTEES OF THE BRITISH MEDICAL ASSOCIATION.

1. That the Council may from time to time appoint Committees for such purposes as it may think proper. These Committees may consist either wholly of members of the Council or partly of members of the Council and partly of members of the Association (not members of the Council).

2. That, at the first or subsequent meeting of the Council after the first day of the annual meeting, such Committees as may be desirable shall be appointed. It shall be the duty of any Committee, whose work is to be continued, to provide the Council before the annual meeting with the names suggested to act for the ensuing year.

3. That it shall be competent to the various Committees to add to their number new members. These new members shall be empowered to act on the Committee until the next meeting of the Council, when their names shall be submitted to the Council for election on the Committee.

4. That the Committee shall be empowered to ask other gentlemen, either members of the Association or others, to assist in the deliberations of the Committee, without the power of voting.

5. That it shall be the duty of each Committee to keep the Council informed of their proceedings by submitting their minutes to each quarterly meeting of the Council.

6. That a report from each Committee shall be submitted to a meeting of the Council before the annual meeting of the Association. This report, if approved and adopted by the Council, shall be submitted to the general meeting of the Association.

7. That it shall be the duty of the General Secretary to summons each Committee as soon as convenient after their election.

Amongst the losses in your ranks which you have to deplore are Mr. G. D. Brown, of Ealing; Dr. S. Monckton, of Maidstone; Mr. W. M. Clarke, of Bristol, a former President of the Bath and Bristol Branch; Dr. H. G. Bull, of Hereford, a well known naturalist and antiquarian; Mr. T. J. Tufnell, a former President of the College of Surgeons of Ireland; Dr. S. S. Dyer, of Ringwood, Hants; Dr. K. King, of Hull; Dr. Daniel Allen Charles, of Cookstown; Mr. William Bousfield Page, of Carlisle; Dr. Sigismund Sutro; Dr. John Bishop, of Edinburgh, who was one of the Honorary Secretaries of the Edinburgh Meeting in 1875; Dr. Evory Kennedy, who was President of the Obstetric Section in 1872; Mr. John Archer, of Birmingham; Dr. James Thompson, late of Leamington; Dr. William Cumming, of Edinburgh; Mr. Francis Mason, of London; Deputy Surgeon-General W. H. Corbett, M.D.; Mr. Thomas Darby, one of those who assisted in forming the Dublin Branch of the Association; Mr. White-Cooper, Surgeon Oculist in Ordinary to the Queen; Mr. J. M. Burton; Mr. Shadford Walker, President of the Section of Ophthalmology in 1883.

B. WALTER FOSTER, President of the Council.

REPORT OF THE MEDICAL REFORM COMMITTEE.

In recording the passing of the Medical Act of 1886, the Medical Reform Committee of the Association have to announce the completion of the work they were appointed to discharge on behalf of the Association.

On May 28th, 1867, the Council of the Association nominated a Sub-committee to consider the means of obtaining the representation of "the great body of the profession" in the Medical Council in any alteration of the Medical Act of 1858.

This was the special work delegated to the Sub-committee which reported, accordingly, at the annual meeting held in Dublin in the same year, the mode of doing it, when the report was almost unanimously adopted.

In July, 1868, in pursuance of the instructions of the Association, a deputation from the Council of the Association waited on the General Medical Council, and submitted the resolution passed in Dublin, but without producing any result other than a fruitless discussion on the subject in the Medical Council.

At the ensuing annual meeting of the Association in Oxford in 1868, the Sub-committee of the Council was enlarged by the addition of an equal number of members of the Association who were not members of the Council, and the Direct Representation Committee was thus changed into a committee receiving mandate directly from the Association, in place of being a Sub-committee of the Council of the Association.

At the annual meeting at Newcastle in 1870, the Government Medical Bill, in the charge of the Marquis of Ripon and the late Mr. W. E. Forster, having been withdrawn, the Direct Representation Committee was changed into the Medical Reform Committee of the Association, with instructions to promote a complete Medical Act Amendment Bill on behalf of the Association, whereby a far more extended and more arduous sphere of work was assigned them, and that at a period when the income of the Association barely balanced the expenditure, and when there were no funds available for the payment of parliamentary agents and draftsmen.

The action of the Direct Representation Committee had compelled a recognition of the power wielded by the Association. Other parties were thereby encouraged to enter the field, and, without any real backing behind them, rival bills were proposed. Year after year the action of the Association was thus greatly embarrassed, and its power, in some degree, compromised. The labours of the Medical Reform Committee, however, were none the less annually endorsed and approved by the Association, the Committee as regularly reappointed, and the struggle unceasingly maintained, though under the most discouraging circumstances, in consequence of the opposition to direct representation by members of the General Medical Council and others who descended to stigmatise the members of the Medical Reform Committee as mere "agitators" and "wirepullers." Notwithstanding the employment of these and other opprobrious epithets, the Medical Reform Committee, strong in the consciousness of the justice and need of their work, continued their labours until, after many years, in 1879, during the Government of the late Lord Beaconsfield, the whole subject was referred to a Select Committee of the House of Commons. This Committee sat during the sessions of 1879 and 1880, and had nearly closed the evidence when Parliament was suddenly dissolved. It is an open secret that the Select Committee would have reported in favour of direct representation, and of the examination of all members of the profession in medicine, surgery, and midwifery before admission to the *Medical Register*.

The dissolution of Parliament at the moment when the work of the Select Committee was almost terminated was a bitter disappointment, inasmuch as it compelled a fresh start when the question was near being settled.

A Government, under the premiership of Mr. Gladstone, replaced that under Lord Beaconsfield, with Earl Spencer, as Lord President of the Privy Council, and Mr. Mundella as Vice-President of the Committee of Council on Education. In 1881, they received the Medical Reform Committee as a deputation from the Association, and the Lord President subsequently obtained the appointment, by Her Majesty, of the Royal Commission presided over by the Earl of Camperdown. The Report of the Medical Reform Committee, submitted to the Jubilee Meeting of the Association at Worcester, showed that the Royal Commission had reported in favour of all the points which the Association advocated, and the Committee were instructed to request the Government to frame a Bill on the basis of the Report. With this object, the Medical Reform Committee were, on November 20th, 1882, presented to Lord Carlingford and Mr. Mundella, by His Grace the Duke of Westminster, and Lord

Carlingford, in 1883, carried a Bill through the House of Lords, which failed in the Commons.

In 1884 the same Bill went through the same process. The Government failed to carry it through the Commons, although the leaders of the Opposition and the great mass of the members were in favour of it. The impediments in the way of any Bill which affected the privileges and interests of the Universities and Corporations were, by sad experience, proved to be well-nigh insuperable; and Lord Carlingford, abandoning, in consequence, the Bill of 1883 and 1884, drafted a less ambitious measure in 1885, which, owing to a change of Government, was not proceeded with. The strong opinion formed by the majority of the Royal Commission in favour of Direct Representation enabled the Government to propose these Bills which, for the first time, contained provisions for the direct representation of the medical profession in the Medical Council.

On the advent of the present Government, the Reform Committee lost no time in again pressing forward the need and urgency of medical legislation, and specially dwelt on the increased power which the Association had acquired through the presence of several members of the profession, including the President of the Council of the Association, in Parliament, and through the appointment of Select Committees of the House of Commons on the subject, followed by that of the Royal Commission. Reference was also made to the familiarity of the Lord President and Sir Lyon Playfair, the newly appointed Vice-President of the Committee of Council on Education, with all the details of the question. A hope was also expressed that any Bill that might be undertaken would be introduced in the House of Commons instead of, as previously, in the House of Lords. Following on these representations, Sir Lyon Playfair drafted a Bill which was confidentially laid before the Medical Reform Committee and generally approved. The Bill was subsequently submitted to the Council of the Association with a similar result.

In the passage of this Bill through Committee of the House of Commons, the number of direct representatives for England, through the initiative of Dr. Foster, the President of our Council, was increased from two to three, and, in Clause 10 of the Bill, provision is made for the increase of the number of direct representatives under certain contingencies.

The Bill having received the Royal assent, the direct representation of the profession is now established.

The Act further provides that no one shall be admitted to the *Medical Register* who has not been examined, under the supervision of the Medical Council, in medicine, surgery and midwifery.

The registration of partial qualifications is, therefore, no longer possible.

Your Committee are of opinion that the realisation of these two points constitutes a decided advance in medical legislation, and that it would have been most unwise not to accept them.

The Committee, on the part of the Association, desire to express their thanks to the Lord-President and Sir Lyon Playfair for securing the Medical Act of 1886.

The thanks of the Association are also eminently due to C. Lennox Peel, Esq., C.B., the Clerk of the Privy Council, for the courtesy and kindly consideration he has invariably shown when discussing the details of the quarter of a hundred Medical Bills which have passed through his hands since 1870. His intimate acquaintance with all the intricate questions involved in the subject, and his knowledge of what was possible and what was unattainable, have greatly contributed to the present settlement of the vexed question.

The Medical Reform Committee have a duty to discharge in acknowledging the unstinted assistance afforded them by W. H. Michael, Esq., Q.C., the eminent parliamentary barrister. His services were freely placed at the disposal of the Association, and should not be left without acknowledgment.

The Committee cannot conclude without a reference to the many loyal and devoted members who have worked with them during this fight of twenty years' duration. Sibson, Charlton, Southam, Falconer, Wilkinson, the beloved and ever-lamented Stewart, and the brilliant Hughes Bennett, out of a long roll of lost friends, zealous workers on the Committee, have passed from amongst us—"not dead, but gone before"—and are ever to be honoured by the Association.

EDWARD WATERS, M.D., Chairman and Convener of the
Medical Reform Committee.

July 9, 1886.

REQUESTS AND DONATIONS.—Miss A. F. Howis has given fifty guineas to the Charing Cross Hospital.—"A Mother" has given £50 to the North-Eastern Hospital for Children.

REPORT OF THE PARLIAMENTARY BILLS COMMITTEE.

OWING to the pre-occupation of the House of Commons with regard to Irish affairs, medical and social legislative proposals have not received much attention during the past session. Until the Irish question assumed such formidable dimensions, however, the House appeared willing, and even anxious, to forward measures on social questions, and there were some interesting debates early in the session on a variety of Bills and resolutions of this kind introduced by private members. With very few exceptions, however, these Bills did not make any useful progress, and it will not be necessary, in this report, to refer further to them.

Lunacy Acts Amendment Bill.—At a meeting of the Parliamentary Bills Committee, on February 19th, reported in the JOURNAL for February 27th, 1886, a Subcommittee was appointed to consider the provisions of the Lunacy Acts Amendment Bill, 1886, then about to be published. The Subcommittee consisted of the reappointed members of the similar Subcommittee of 1885, namely, Mr. Ernest Hart (chairman), Dr. Langdon Down, Dr. Orange, Mr. Sibley, Mr. Wickham Barnes, Dr. Grigg, Dr. Mickle, together with several new members, Dr. B. Foster, M.P., Dr. Bucknill, F.R.S., and Dr. Alfred Carpenter, J.P.

The Lunacy Acts Amendment Bill of last year was reintroduced by Lord Chancellor Herschell, with large modifications. The original Bill had presented objectionable features, and some of the changes engrafted upon it were also deemed by the Subcommittee to urgently need fundamental alteration in order to make the Bill a fair and workable measure, should it become law.

The Subcommittee met several times, fully considered all the provisions of the Bill, and drafted a memorandum containing a series of recommendations for amendment of the Bill. This memorandum was printed in the JOURNAL of March 13th, 1886, pages 515-7 (the remarks under "Section 17," page 516, second column, should be read under "Section 43," page 517, first column). The memorandum of the Subcommittee, containing the suggested amendments, was accompanied by a letter to the Lord Chancellor, printed at page 560 of the JOURNAL of March 20th.

The chief recommendations of the Subcommittee were:

1. That the same degree of protection afforded by the Bill to the medical practitioners who, in good faith, sign certificates of insanity, should be extended to those who, similarly, in good faith, receive and detain patients in asylums or under single care.
2. That the subsection of the Bill should be omitted by which it was provided that, except in the case of lunatics so found by inquisition, no order should be made for the reception of a lunatic as a "single" patient; that is to say, in the house of a medical or other person not licensed to receive persons of unsound mind.
3. That the sections which, as they stood, would practically have led to a large degree of confiscation, without compensation, of the income and property of private asylum proprietors, should be omitted, or modified, or that the question of reasonable compensation should be entertained.
4. That large modifications should be introduced into the section (liable to much abuse), under which a lunatic could be examined at the request of anyone, and discharged if certain certificates could be obtained.
5. That alterations should be made in the provisions of the Bill concerning workhouse medical officers.
6. That the section should be omitted, or greatly modified, which deals with the periodical reports and certificates, as to mental unsoundness, demanded, under the Bill, from the medical officers of asylums.

After the memorandum embodying the suggestions of the Subcommittee had been transmitted to the Lord Chancellor, his lordship introduced amendments which greatly modified and improved the Bill (see JOURNAL, April 3rd, 1886, pages 649 and 658). A further communication was made to the Lord Chancellor (JOURNAL, April 10th, page 712), pressing several suggestions not yet adopted, and these his lordship promised to consider.

The defeat of the Government led to the withdrawal of the Bill; but, should it be reintroduced in the present form, the following are the chief points of amendment, suggested by the Subcommittee, which still remain to be urged in Committee on the Bill in Parliament.

(a) The suggestions which relate to the extension to those who take charge of insane persons, of the protection afforded under the Bill to the medical practitioners who sign certificates of insanity. It is submitted that recent trials, in which actions have been brought against the medical officers of public lunatic hospitals, show that the protec-

tion at present granted by law is inadequate to provide the safeguards that may reasonably be expected, with respect to vexatious actions against those who take charge of insane persons, whether in private or in public asylums.

(b) The modification suggested in the section under which any lunatic in any asylum may be examined on the application of any person; and if two medical certificates are obtained, may be discharged; which would sometimes place power in the hands of improper persons, and prove a fertile source of vexatious litigation for alleged improper detention.

(c) The amendments suggested with respect to the section dealing with the periodical reports and certificates required from medical officers of asylums, especially with regard to the extreme desirability of providing that the signing and making of all reports or certificates required under the Bill should be protected in precisely the same manner as is adopted in the Bill in respect to the medical certificates of insanity under which persons are sent to asylums.

(d) The modifications suggested in order to protect the medical officers of workhouses against heavy damages for not acting in cases of doubt, and to secure remuneration for their certificates.

Leaving the recommendations of the Subcommittee, it may be added that it seems to be desirable that the "justice" should personally examine in all cases, private or pauper; the Bill leaving it optional with regard to the former, and doing away with the protection now afforded by that means to the latter. A new provision of the Bill, also, might well be excised; that by which no order of a justice, etc., would be requisite in cases certified to be of temporary unsoundness of mind; senile decay, or desirous of voluntarily submitting to treatment, and which would be likely to prove a fertile source of litigation.

With comparatively slight alterations, the Bill will be a great boon to the insane, and to those who have to assume responsibility with regard to them.

Burgh Police and Health (Scotland) Bill.—In previous reports, the Committee have gone fully into their proceedings with regard to this Bill, which has now been introduced in four successive sessions of Parliament. On February 18th last, Lord Granville announced it as one of the Bills to which the House of Lords would be invited to give its attention whilst the Government was formulating its Irish proposals. When the new Bill was published, it was found to be identically in the same form as last year, and the Committee deemed it necessary, therefore, to reissue their memorandum of 1884, pointing out the objections to the Bill. This memorandum was circulated amongst peers and members of the House of Commons interested in the question, and Mr. Trevelyan, then Secretary for Scotland, was asked to receive a deputation from this Committee, to explain the views of the profession on the clauses more immediately affecting them. Mr. Trevelyan courteously promised to receive such a deputation, as soon as the Bill came down to the House of Commons; but when it had arrived at this stage, Mr. Trevelyan was no longer a member of the Government. The only stage at which even a pretence of discussing the Bill was made in the House of Lords, was in Committee, which did not last much more than an hour, although the measure contained 553 clauses and a number of schedules. The third reading in the Upper House was passed without any debate whatever; and, in the Commons, the second reading of the Bill was attempted by the Government at 2 A.M. on the morning following that on which it had been delivered to members. Meantime, however, the Committee had made earnest representation to many Scotch members, who intervened to prevent such hurried proceedings. The subsequent defeat of the Government made it impossible to find time for its further discussion. It appears to the Committee that, independently of other objections, the Bill ought not to be passed before a careful inquiry has been made into the whole question of the relations of private medical men with local sanitary authorities, as regards cases of infectious disease occurring in their practice.

Registration of Midwives Bill.—The Subcommittee on this Bill has had under its consideration the question raised by Lord Carlisle, when Lord President, as to whether any of its provisions could be made less stringent, in order to heighten its chances of passing through Parliament; but circumstances have not been favourable to an active prosecution of the measure this year.

Regulation of Dairies.—The Committee have given consideration to the question of the enactments, at present in force, for safeguarding the purity of our milk-supplies, and have made representations to the Government. They had the satisfaction of obtaining this year a clause, in the Lord President's Contagious Diseases (Animals) Act, providing, in accordance with their past suggestions, for the transference of the duty of supervision from the Privy Council to the Local Government Board. The effect of this clause is, that the local sanitary author-

ities of the country, instead of the courts of quarter sessions, will be charged with the responsibility for regulating the sanitary condition and circumstances of dairies, cow-sheds, and milk-shops. Looking to the illusory character of the existing law on the subject, and to the very general neglect to carry out the orders of Council issued under the Act of 1878, the Committee feel that this proposed transfer of powers is of high practical importance; and they rejoice to observe that, at length, this useful measure of health-legislation has been accomplished.

Private Health Bills.—No opportunity has arisen during the year for direct intervention by the Committee with regard to the assumption by individual corporations of powers requiring medical men and others to make compulsory notification of cases of infectious disease to the medical officer of health. At the beginning of the session, correspondence was opened with those places where such notification was being promoted by the local authority; and the assistance of the Committee was promised to the local profession in case they might wish to express their views on the subject, or to raise objections to the local authority's proposals. In the case of one town (Carlisle), the materials supplied to a leading medical man on behalf of the Committee had the result of inducing the Town Council to withdraw the clauses objected to. In the case of the other towns, there did not appear to be any very strong feeling on the part of the profession; and, as has more than once been explained, no direct action on the part of this Committee is possible. The *locus standi* of the Parliamentary Bills Committee with regard to individual Private Bills has been persistently denied; and, though the Committee attempted, through Dr. Farquharson, M.P., to get the point reopened by the Select Committee to whom the local sanitary Bills of this year were referred, no change in their position has been accorded. Their powers in the matter are, therefore, at present limited to a promise of assistance to local practitioners, though they are not without hope that, when a favourable opportunity occurs, the whole question of the notification of infectious disease, and the relations of the profession with such cases, may be remitted to a Special Committee of the House or a Royal Commission. The information and experience which the Committee have gathered on this very important matter will then, it may be hoped, become usefully available for the advantage of the profession, in whose behalf it has been collected.

ERNEST HART, *Chairman.*

REPORT OF THE HABITUAL DRUNKARDS' LEGISLATIVE COMMITTEE, 1886.

In presenting their annual report to the Council, the Committee regret that, owing to the unusual absorption of legislative attention by political affairs, no suitable opportunity has been found of laying the proposals for amended legislation for habitual drunkards before either the Ministry or the Parliament.

The Committee have utilised this enforced delay, by giving a thorough consideration to the whole question, in which work they have been considerably aided by the deliberations of the Society for the Study and Cure of Inebriety, and by the published record of the experience of an additional year's operations at the Dalrymple Home for Inebriates, at Rickmansworth.

The Committee, while glad to acknowledge that a certain amount of good has been done by the Habitual Drunkards' Act, has been deeply impressed with the urgent need for a more considerate, complete, and efficient measure.

The Act is defective in many particulars:

1. It will expire in three years more, unless it be renewed.
2. The entrance into a licensed retreat is rendered forbidding by the compulsory appearance of the applicant before two justices. This procedure is deterrent to both sexes, especially to females.
3. By a recent interpretation on the part of the Home Office, the two justices must be "in the Commission of Peace for the county in which the attestation is made." This renders the securing of the necessary two justices more difficult than before, as it frequently happened that a justice from an adjoining county was on a visit to the justice to whom the habitual drunkard applied in the first instance. In retreats on the borders of more than one county, it has been found very difficult to obtain the presence of two justices without taking the applicant a considerable distance away, thus practically rendering patients unable to avail themselves of the provisions of the Act.
4. In the event of escape from a licensed retreat, the compulsory appearance of the patient before a justice is a penal procedure which exercises an untoward influence on the after-treatment in the retreat.
5. There is a want of power over correspondence and remittances forwarded to patients while under treatment, the possession of money being a powerful temptation to escape for the purpose of procuring liquor.
6. There is no authority in the Act for the appointment of a deputy in the absence of the superintendent from illness or other causes.
7. There is a total absence of provision for the cure and control of the destitute habitual drunkard; and for habitual drunkards in all stations in life, who are unwilling to apply for admission into a retreat.

in the United States, and in some of our own colonies, there is better and more effective legislation. In Victoria, for example, a permanent Act, passed in 1872, provides for voluntary application by a patient to one justice only, who has power to authorise the apprehension and conveyance of the applicant to a retreat. Any relation or friend of a habitual drunkard may apply to a county court judge, who can summon the inebriate to show cause against committal to a retreat. On a statutory declaration by two medical practitioners, the judge may order the inebriate's apprehension and committal to a retreat for any period not exceeding twelve months. Patients may be retaken, after having escaped, by any officer or servant belonging to the retreat, by any constable, or by any person authorised in writing by the superintendent, and be conveyed back to the retreat. Letters for patients must be enclosed in an envelope addressed to the superintendent. The superintendent may appoint a substitute to act with full powers during temporary absence.

The Committee recommended that the following amendments be suggested to the Home Secretary and to the Houses of Parliament, which amendments the Committee believe would greatly aid in the reformation and cure of numbers of habitual inebriates, who at present are beyond the reach of all moral and remedial influences.

1. A permanent measure instead of the present temporary Act.
2. In the case of voluntary applications for admission, attestation by one justice instead of by two justices, as at present; the signature of applicant to be attested at the house of the applicant or elsewhere.
3. The escaped patient, instead of, as at present, after re-capture on a warrant, having to appear before a magistrate, to be sent back to the retreat, from which he has escaped, direct; immediate notice being given to the Secretary of State of his return to the retreat.
4. Power to licensee to open all correspondence, if he should think this necessary, and to retain any money enclosures, postal orders or cheques. A memorandum of the amount to be handed to the patient.
5. Provision for the appointment of a deputy medical superintendent, or substitute, during temporary absence of superintendent.
6. Magistrates should have power to commit well-defined cases of habitual drunkenness to a retreat, for care and control, without consent of the patient.
7. The Metropolitan Asylums Board, and other like authorities throughout the kingdom, to have power to make provision for the care and treatment of habitual drunkards of limited or no means.
8. Guardians to be empowered to detain paupers who are habitual drunkards, for a period not exceeding twelve months, for treatment, either in the particular workhouse, or in some licensed retreat, with power in the latter case to pay for their maintenance.

In view of the importance of the work to be done, the Committee recommended their appointment as follows, namely: The President and President-Elect *ex-officio*; Dr. Norman Kerr, Dr. Foster, M.P.; Mr. D. B. Balding, Mr. H. Branthwaite, Dr. C. Cameron, M.P.; Dr. Alfred Carpenter, Dr. C. R. Drysdale, Dr. J. W. Eastwood, Surgeon-Major Evatt, Dr. R. Farquharson, M.P.; Mr. W. C. Garman, Dr. J. Hill Gibson, Dr. Alexander Grant, Dr. G. J. Hare, Mr. C. Holthouse, Mr. H. R. Ker, Mr. R. H. B. Nicholson, Surgeon-Major G. K. Poole, Mr. J. Pranker, Fleet-Surgeon G. Robertson, R.N., Dr. Joseph Rogers, Dr. G. D. P. Thomas, Dr. H. W. Williams, Surgeon-General C. R. Francis, Dr. E. H. Vinen.

NORMAN KERR, *Chairman*.
E. HART VINEN, } *Secretaries*.
C. R. FRANCIS, }

REPORTS OF THE SCIENTIFIC GRANTS COMMITTEE.

The Scientific Grants Committee have to report that the sum granted in aid of scientific research was £300; of which the following are the particulars:—

	£	s.	d.
Dr. V. D. Harris, 39, Wimpole Street, W., for an Investigation into the Derivation of Hemoglobin	10	0	0
Dr. Noel Paton, 21, Maitland Street, Edinburgh, a Research upon the Influence of Hepatic Stimulants on the Composition of the Urine	30	0	0
Dr. W. D. Halliburton, 135, Gower Street, W., Research into the Constitutional Properties of the Protein Matters of the Blood	25	0	0
Professor V. Horsley, 80, Park Street, W., in Aid of Scientific Research in Animal Tissues	30	0	0
Dr. Angel Money, 24, Harley Street, W., for an Experimental Study on Cerebral Capillary Embolism	20	0	0
Dr. Dawson Williams, 4, Oxford and Cambridge Mansions, W., in Aid of an Investigation into Infectious Wound Diseases and Tuberculosis (continued)	30	0	0
Dr. Sidney H. Martin, 135, Gower Street, W.C., in Aid of a Research into the Action of Papain, and Permission to Retain the Apparatus of Mr. Stanley Boyd (continued)	20	0	0
Dr. Theodore Cash, Drumearn, Earlsfield Road, Wandsworth, S.W., in Aid of an Investigation of the Action of Pathogenic upon Non-Pathogenic Organisms	15	0	0
Mr. Ralph Stockman, 2, Bonnington Place, Leith, in Aid of a Research into the Physiological Action and the Therapeutic Value of Vegetable Astrigents	35	0	0
Mr. G. A. Atkinson, Wynton, Type, to Ascertain the Action and Value of Certain Preparations containing Nitric Acid, in the Treatment of Spirits of Nitrous Ether	10	0	0

Dr. C. Beevor, 31, Harley Street, W., Localisation of Motor Function in the Cervical Enlargement of the Spinal Cord	95	0	0
Dr. W. Hunter, 8, West Maitland Street, Edinburgh, the Fate of Extravasated Blood	30	0	0
Dr. P. M. Chapman, 1, St. John Street, Hereford, for the Purchase of a Recording Drum for Special Use in Cardiographic Work	26	5	0
	£296	5	0

The following sums have been returned as unused:—

Dr. V. D. Harris	5	0	0
Dr. W. D. Halliburton	6	14	6
Prof. V. Horsley	25	0	0
Dr. Dawson Williams	18	10	5
Dr. S. H. Martin	0	3	9
Dr. Ralph Stockman	1	11	8
Dr. G. A. Atkinson	8	0	8
Dr. W. Hunter	6	10	6
Dr. P. Chapman	6	11	6

Total .. £74 6 6

Dr. Noel Paton will shortly send a report upon the subject of his research, namely, the influence of hepatic stimulants on the composition of the urine.

Dr. Halliburton, who has continued the investigation, originally commenced by Professor Schäfer, has been engaged during the past year in continuing his researches on the chemistry and physiology of the blood. A paper, descriptive of his investigations into the blood of crustacea, was published in the *Journal of Physiology*, December, 1885. An abstract of the results obtained from an investigation into certain of the properties of hemoglobin and methemoglobin crystals was communicated to the Physiological Society in February of this year.

Dr. Halliburton is at present engaged on researches on the physiological chemistry of lymphatic glands and muscle-plasma; in the latter instance, the phenomena of rigor mortis have especially engaged attention. The incompleteness of these investigations at present prevent Dr. Halliburton from publishing an account of them. When they are more advanced, however, he hopes to send a communication on the subject to the Association.

Professor Victor Horsley's research on the relation between the posterior columns of the spinal cord and the excito-motor area of the cortex, with special reference to Professor Schiff's view on the subject, was undertaken in consequence of the publication in England of certain experiments devised by Professor Schiff, and imagined by him to throw grave doubt upon the views of cerebral function held by the English School of Neurology at the present day. Briefly summed up, his conclusions amounted to this: that the fibres in the posterior columns of the spinal cord run directly to the opposite hemisphere, and that section of them was followed by degeneration of the corresponding excito-motor area: that this part of the cortex was not in the least motor in function, but, on the contrary, a perception-centre of tactile sensibility. These conclusions he considered to be established, more especially, by a series of experiments in which he divided the posterior columns of the cord, and then compared the reaction of the limbs on either side, when the corresponding hemisphere was stimulated with the faradic current in the usual way. This experiment was the one which it was the object of the present research to test, and the results of seven experiments conclusively showed that the apparent diminution in excitability of the opposite motor cortex was a phenomenon entirely due to the production of blocking of the direct pyramidal tract, such blocking being a degenerative, and therefore destructive, process, evoked by the vascular and other disturbances set up by the section of the posterior columns. Where this condition was slight, Schiff's result was absent, and, on the contrary, when the amount of damage to the spinal cord was exaggerated, especially if the antiseptic dressings failed, the phenomenon, as described by Professor Schiff, was easily obtained. This experiment, therefore, cannot be accepted as in any way supporting the views enunciated above. The whole question, however, is an extremely interesting one, and has supplied fresh information concerning the surgery of the spinal cord. Full details are published in *Brain*, April, 1886, page 42.

Dr. Money has continued his research on the effects of artificial embolism of the brain. Although the experiments do not support the theory of Hughlings Jackson, they cannot be said to overthrow it. The most interesting result that has come out of Dr. Money's researches is the varying effects of embolism of the spinal cord. It has been clearly shown that a slight amount of embolism of the cord sets up a condition of exaggerated reflex action; that a further amount of embolism induces spontaneous movements in which the reflexes are still greatly increased, whilst a still further

degree of blockage of vessels entails absolute loss of power, with relaxed limbs and loss of reflex actions. These spontaneous movements occur at irregular intervals in different groups of muscles; they simulate some cases of chorea in human beings, but they differ from the movements of the great bulk of cases of chorea in the exaggerated condition of the reflexes. It must be remembered, however, that, in a few cases of human chorea, the knee-jerks are increased. Chorea is a term that has been applied to such a large number of different kinds of movements, that it has become absolutely necessary to regard the term as synonymous with (generally) involuntary movement. Thus mere twitches of muscles, rhythmical spasms, and irregularly occurring movements, of all kinds, have been called chorea. Even Hughlings Jackson's definition of chorea as a series of movements occurring at irregular intervals, includes Dr. Money's experimental chorea. The truth seems to be, as physiology suggests, that the movements may originate in either the spinal or the cerebral segments. That embolism is capable of doing this in the spinal segment, Dr. Money's experiments, he thinks, leave no doubt; but it has not yet been shown that embolism can originate movements from the cerebral segment.

Dr. Dawson Williams, who has been investigating the mode of action of pathogenic micro-organisms, has made a certain number of observations of some interest. From the exceedingly complicated and tedious nature of the necessary manipulations, those observations are not very numerous, but he proposes to present a report to the Committee within the next few months.

During the last twelve months, Dr. Sidney Martin has been engaged in three researches, which are not yet quite completed.

1. The digestion of gelatin by trypsin, papain, and pepsin. The object was (a) to determine what is the relative activity of the three ferments on purified gelatin; (b) to examine the intermediate products formed; (c) to investigate the properties of the gelatin peptones.

2. The digestion of pure elestin by the same three ferments, with the same object as in the investigation of gelatin. These results will be published shortly, when the investigation of gelatin is completed.

3. The relation of true peptone to elestin and gelatin peptone, chiefly in regard to precipitation by saturation with neutral salts.

A preliminary communication was made to the Physiological Society on this subject (*vide Proc. Physiological Society*, February 13th, 1886). His chief work has been an examination of the proteids of wheat flour, as to (a) the proteids as present in flour; (b) the composition of gluten; (c) the nature and mode of formation of gluten. Dr. Martin has obtained interesting results which tend to elucidate the subject, and which are important in explaining the dietetic nature of the proteids of flour and bread. A preliminary communication was made to the Physiological Society (at Cambridge) in May, 1886. He is now extending his work into the investigation of the different varieties of wheat flour, and into rye and barley flours. The results will be published shortly. Since receiving the grant, Dr. Martin has also published a paper on the nature of papain and its action on vegetable proteid (*Journal of Physiology*, vol. vi). This paper includes an investigation into the proteids of papain juice (*carica papaya*), and a description of three new proteids in plants. A very short abstract appeared in the *BRITISH MEDICAL JOURNAL*, July, 1885, and in the transactions of the British Association (Aberdeen meeting).

Dr. Theodore Cash has promised a report shortly upon his investigation of the action of pathogenic upon non-pathogenic organisms.

An investigation has been made by Mr. Ralph Stockman, into the physiological action of various kinds of tannic acid, of gallic acid, and of pyrogallol acid, with special reference to their action on the circulatory system, and their therapeutic use as astringents. The result has been to show that these substances, as a class, do not possess the actions which are generally considered to constitute an astringent, and that they are, therefore, probably without therapeutic value. The research has also extended to the form and quantity in which these substances are absorbed from the alimentary canal, circulate in the blood, and are excreted from the body. It is hoped to publish, in a short time, the experiments and results in full.

Dr. George Armstrong Atkinson's investigation bore on the value of nitrites, and compounds in which nitrites are important ingredients, as diuretics.

The nitrite, or rather preparation in which a nitrite—nitrite of ethyl—is an important ingredient, that has hitherto been chiefly used in medicine, is the spirit of nitrous ether. This compound has, of late years, largely lost hold upon the medical profession, partly because its exact therapeutic rôle was unknown—its composition being extremely complex—but chiefly because it so frequently failed to produce either diuresis or diaphoresis, these being the principal desiderata

where it was prescribed. The valuable work on nitrites, both in their more purely scientific and in their clinical relations, which has been done within the past twenty years, is associated with nitrite of amyl, nitrite of sodium or potassium, or with their congener nitro-glycerine, and it was in connection with these, and with the spirit of nitrous ether, that he applied for and was granted a sum of £10 by the Scientific Grants Committee of the British Medical Association. Dr. Atkinson has, since receiving the grant, made several experiments as to the value of these agents as diuretics, both on men and on dogs, but has not yet made sufficient to give general results as to their effect upon the water, the urea and the uric acid excretion by the kidneys, and the rationale of their action. These experiments he hopes to be permitted to continue during the following year. He has, however, done a considerable amount of work at the chemistry of nitrites, and especially at their volumetric estimation. As to the volumetric estimation of inorganic nitrites, Dr. Atkinson finds that a modification of the permanganate process gives the best results, but that as ordinarily employed it is open to fallacy. His modification is to add a large excess of permanganate or potassium to a diluted sulphuric acid, run in the nitrite in a particular way, and then titrate back with a solution of ammonio-ferrous sulphate (Mohr's salt). The details are given in a paper he read before the Royal Society of Edinburgh, on March 15th, 1886, and which will shortly appear in the proceedings of that body. An abstract of the paper appeared in the *Pharmaceutical Journal*, of March 20th, 1886. Further, in connection with the general chemistry of nitrites and their decompositions, Dr. Atkinson has, in the hands of the editor of the *Pharmaceutical Journal*, a paper which he has entitled the pharmacognomy of the nitrites, and in it he also discusses the estimation of organic nitrites. In the *Pharmaceutical Journal*, of April 17th, 1886, he published a short communication on nitrites as impurities in potassium and sodium hydrates, and in other potassium and sodium salts. Dr. Atkinson has shown that nitrite of sodium is generally now met with in pharmaceutical establishments in a fairly pure state, containing nitrous acid equal to from 94 to 96 per cent. of the sodium salt; and he has also discussed the decomposition of nitrite of amyl, and the solubility and decomposition of nitro-glycerine. For none of the expenses in connection with these papers did he feel justified in using the grant, which was awarded for pharmacological and not pharmaceutical research.

Dr. Atkinson wishes to continue his research.

In conjunction with Mr. Horsley, professor at the Brown Institute, Dr. Beevor has been investigating the groups of muscles which are paralysed when the spinal nerves (fourth cervical to second dorsal) are divided. The effect produced by dividing one nerve only has been ascertained for all the above nerves; also the effect of dividing two contiguous nerves at the same time, but always only on one side—the left. The operation was done antiseptically, and, before dividing the nerve, it was faradised, and the resulting movement noted; the muscles were tested electrically, a week or more after the operation, and a list of the affected muscles made. At the end of a month or more, the cortical arm-centres for both the healthy and the injured arm were carefully and minutely stimulated electrically, and the different resulting movements of the two sides carefully noted. The nerves of the brachial plexus, especially on the operated side, were dissected out, so as to ascertain which nerve or nerves had been divided. The arms of both sides were also dissected, to see which muscles were wasted on the operated side. Both nerves and muscles are reserved for microscopical examination.

At present, the results obtained are hardly sufficiently harmonious to publish an exact table of the muscles paralysed by dividing single nerves. The minute electric investigation of Professor Ferrier's arm-centre, alluded to above, has given very definite results, on which the authors have presented a paper to the Royal Society.

The results are taken from stimulating the healthy left cortex, and observing the movements produced in the intact right arm. A normal basis is thus obtained with which to compare the effects produced in the operated or left arm, when the arm-centre is stimulated in the right side of the cortex. The arm-centre was mapped out into areas of about two millimètres in size; and, on faradic stimulation, they observed the joint which was first affected, the quantity of the movement, and the joints which were subsequently affected—showing the march of the movements when the several areas were individually stimulated.

The following results were obtained. The shoulder is especially and primarily represented in the upper part of the arm-centre, nearest the longitudinal fissure, the thumb at the lowest part, the elbow and wrist being intermediate. The "march" at the upper part of the centre is from shoulder to finger and thumb, and at the lowest part *vice versa*.

Primary movement begins in the shoulder at the upper part of the cortical arm-centre, and in the thumb at the lower part. As a rule, extension of all joints occurs at the upper part, and flexion of all joints predominates at the lower parts of the arm-centre, away from the longitudinal fissure, when these parts are stimulated by faradic currents, which were so weak as only just to produce movements in the opposite arm.

The subject of Dr. William Hunter's research has been the fate of extravasated blood, with special reference to its ultimate destruction within the various blood-destroying organs of the body—for example, liver, spleen, and bone-marrow (the latter being, for present purposes, regarded as an organ). The extravasations were obtained by injecting large quantities of blood into the peritoneal cavity—the blood, in all cases, being obtained from animals of the same species.

By careful enumeration of the blood-corpuscles within the circulation, the rate and extent of the absorption of red blood-corpuscles were determined, as also the duration of their life after absorption (the quantity of blood injected was sometimes enormous, so that no doubt could exist as to the increase in the number of blood-corpuscles).

The animals were killed at varying intervals of time, so that opportunity was given for observing the nature and the sequence of the local changes which were taking place, such as: 1. The various methods of disintegration of the red blood-corpuscles. 2. The mode of formation of blood-pigment from them. 3. The share taken by cells, not only in the disintegration, but also more especially in the formation of pigment. 4. The nature of the so-called process of organisation of blood-clot. 5. The channels through which absorption of the blood-corpuscles and serum took place—(a) Diaphragmatic lymphatics; (b) portal vein; (c) mesenteric lymphatics. 6. The changes in the lymphatic glands through which the blood passed. 7. The share taken in the ultimate destruction of the absorbed blood-corpuscles by (a) the liver; (b) the spleen; (c) the bone-marrow. 8. The nature of the process of blood destruction in each of these organs. 9. The changes induced in them by excessive destruction. 10. The importance of these observations in throwing light on the normal processes of blood destruction. 11. The equally great importance of them in explaining the pathology of some of the various diseases characterised by great anæmia. 12. Conclusions as to the value to be attached to the operation of blood-transfusion. 13. Conclusions as to the normal duration of life of red blood-corpuscles.

Dr. Paul Chapman's research was on cardiography, with special reference to the relation of the time of duration of ventricular systole to that of diastolic interval. The author, after discussing previous work on the subject, especially that of Dr. A. H. Garrod, gives a table of measurements of the duration of ventricular systole and diastole in each cardiac revolution, for every increase of five beats in frequency per minute between 45 and 150 in the healthy state. He shows that, in the human subject, the duration of systole diminishes by a constant quantity as the pulse frequency increases, the constant diminution being '0085" for every increase in frequency of five beats in the minute. He gives his table as one which may be safely used by future workers as a basis of comparison for estimating departures in disease, while emphasising the fact that the duration of ventricular systole may vary, in health, from the measurements given in his table by a limit of '02", an increase being most common with the lower pulse rates, a decrease at the higher. Aberrations extending beyond this limit must be considered abnormal. The influence of increase or of diminution of blood-pressure on the duration of ventricular systole is discussed. The importance of the rapid diminution in duration of systole in providing the heart with a requisite amount of rest is pointed out, and it is remarked that a high pulse frequency is not, in all cases, necessarily attended with rapid cardiac failure, though, in some, it must certainly quickly ensue. Marked departures from the relative duration of systole and diastole which should obtain in health are then noticed. The results of experiments with digitalis and convallaria majalis are given, and illustrative tracings shown. The instrument employed in making the observations was the air-containing cardiograph of Dr. Burdon Sanderson.

Research Scholarships.—The following is a short summary of the work done by Mr. Watson Cheyne, Research Scholar of the British Medical Association. 1. Report on micrococci in relation to wounds, abscesses, and septic processes. *THE BRITISH MEDICAL JOURNAL*, September 20th, 27th, and October 4th, 1884, contained an account of an elaborate research into the organisms found sometimes in wounds treated aseptically. This showed the occurrence of different kinds of micrococci under these circumstances, some virulent to rabbits, others not; it also showed the fallacy of Ogston's view

that growth without oxygen rendered them more virulent; showed the importance of the kidneys as organs for getting rid of one kind of these organisms, etc. It also contained experiments on suppuration with and without organisms, and pointed out the existence of different kinds of micrococci in abscesses, and some of the conditions under which they can cause abscess. The fact that different kinds of organisms are present in abscesses has since been confirmed and extended by Rosenbach; it contained other facts as to septic processes.

2. A report on cholera, detailing the results of a visit to Paris to study Koch's statements, and setting forth criticisms of the statements of others, leading to the conclusion of the absolute accuracy of Koch's facts, and the high probability of the truth of his views. Koch's facts and views are now accepted by the great majority of competent bacteriologists, many contrary statements having been found to rest on incomplete and imperfect methods, or on misunderstanding of Koch's views (*BRITISH MEDICAL JOURNAL*, April 25th, May 2nd, 9th, 16th, and 23rd, 1885).

3. Report on foulbrood in bees (*BRITISH MEDICAL JOURNAL*, September, 1885, and *Journal of the Royal Microscopical Society*, August, 1885), giving an account, in conjunction with Mr. Cheshire, of an investigation into the bacilli associated with this disease, and demonstrating completely that this is a bacillar disease due to the bacillus alvei. Mr. Cheshire's experiments in the way of cure of this affection have been attended with extremely important results, and he has done for the bee industry what Pasteur did for the silk-worm industry.

4. A report will be ready in two or three weeks of an elaborate investigation, carried on in great part in Koch's laboratory, into "Some of the Conditions of Infection." The results obtained are of great interest and importance, but open out so many branches of research, that the present report will only be, to a certain extent, preliminary. Among the questions asked, the chief was: Does the dose of virus introduced in any way affect the course of an infective disease? Stress does not seem to have been laid on this point; and, at first sight, on the bacterial view, one would not think that the dose would matter, except, perhaps, in shortening the incubation period, but it turns out otherwise. Where an animal is highly predisposed to the disease, as, for example, guinea-pigs to anthrax, one bacillus, that is, the minutest portion of the virus, produces the same effect as a large dose, though after a longer time; but where the predisposition to the disease is less, a large number as an initial dose are required to cause a fatal result. In some cases, smaller numbers produce only a local effect, and still fewer no effect at all. Further, the mild attack caused by the smaller dose may protect the animal from the fatal result of a larger dose in future, etc.

5. Some experiments have been made on cultivation of tubercle bacilli, which are referred to in a paper in the *BRITISH MEDICAL JOURNAL*, January, 1885.

6. Report of two cases of idiopathic purpura hæmorrhagica in which micro-organisms were present, *Pathological Transactions*, 1884.

Other matters have been investigated, but have not yet led to sufficiently definite results for publication. It cannot always be known at the beginning of a research, whether the result will be worth publishing; and, further, circumstances frequently arise in the course of a research which lead to its being abandoned, or, at least, laid aside for a time.

Among these may be mentioned a large amount of work done by Mr. Watson Cheyne on foot-and-mouth disease under great difficulties. Many facts of interest and importance were made out, but the absence of a place in which large animals could be kept, and the subsidence of the epidemic, when arrangements might have been made, prevented the completion of the work. It can, however, be taken up at a future time if circumstances are more favourable.

A good deal of work has been done on other bacillar diseases of bees; but such work is very difficult, and material can only be got at particular seasons of the year, so that it remains unfinished.

Experiments have been made on antiseptics, and are still being carried on.

Observations are being made, as opportunity arises, on the presence or absence of bacteria in wounds under different kinds of dressings, etc. These are being continued.

Dr. Waller's report of the work done by him as Research Scholar during the last year is a condensed one, consisting chiefly of results briefly formulated. It also contains a short description of work which is in progress. One of the chief conclusions established is, that the motor end-plate is the weak link in the chain constituted by nerve and muscle, and that interruption of functional continuity first occurs at that point in several conditions of decline, in fatigue, in natural death, in nerve-degene-

ration, as well as in curare-poisoning. The pathological, as well as physiological interest of such a generalisation is obvious, and illustrates once more the common kinship between normal and abnormal processes. Another principle brought into evidence by these observations is, that in the normal fatigue of voluntary power the failure is earlier and more pronounced centrally than peripherally, brain and spinal cord tire before muscle, or motor end plate; nerves, as compared with nerve-centres, do not show any evidence of fatigue; ganglionic tissues alone are the sufferers in nerve exhaustion. The report concludes with a brief reference to an investigation of the excised mammalian heart. Most of our knowledge of the intimate mechanism of cardiac action has been derived from the study of the hearts of cold-blooded animals, and to many questions which arise in the minds of those who have to deal with disordered hearts, physiologists can only answer by deductions from experiments on the hearts of cold-blooded animals. Do the mammalian ventricles contract at once throughout their whole mass, or does a wave pass along the muscular substance of the heart from the auricles? Do nerves take part in the distribution and co-ordination of excitatory impulses throughout the heart's muscle? As regards the frog or tortoise, our information is certain that a wave of contraction passes along the ventricular muscles from base to apex, and that the excitation is not distributed by nerves. But as regards mammalian animals, *non sequitur*; the answer to such elementary points is only to be obtained by experiments, and it is fortunate that the experiments can be made on the living hearts of dead animals.

These are some of the questions arising at the very threshold of any kind of investigation of cardiac muscle on the higher animals which are referred to by Dr. Waller. To deal with them with any measure of success requires arms of precision—the chronograph, the galvanometer, the electrometer—and multiplied experiments. We cannot discuss nor criticise those here, but we may hope, from the monograph which is about to be published of the research undertaken by Drs. Waller and Reid, for some answer to these vexed questions.

The Committee recommend that the Science Scholarships, of £150 each, be again awarded, subject to annual renewal by your Council.

JOSEPH LISTER, Chairman.

REPORT OF THE COLLECTIVE INVESTIGATION COMMITTEE.

THE Collective Investigation Committee presents the following Report to the Council, to be laid before the annual meeting of the Association at Brighton.

The list of returns received during the past year shows that the anticipations expressed in the Committee's last years Report have been in a large measure fulfilled, and that the nucleus has been successfully formed of a body of regular and persistent workers, which tends gradually to increase.

The Committee, during the past twelve months, has directed its attention rather to completing and winding up the inquiries previously extant, than to the issue of new ones.

The returns to the inquiry on Chorea, 439 in number, have been printed under the supervision of the Secretary to the Committee, and a Statistical Report on them has been prepared by Dr. Stephen Mackenzie. Arrangements have been made with the Journal and Finance Committee for the publication of this and succeeding reports in the pages of the JOURNAL. This report will appear at once. The printed tables, together with reprints of the Report, and of Professor Humphry's paper on Old Age, published in the JOURNAL of May 9th, 1885, will form the third volume of the Collective Investigation Record, which will be sold to such members of the Association as may desire to possess the complete text, at a moderate cost.

The returns to the inquiry on Acute Rheumatism, 655 in number, have been printed in like manner. The preparation of a Report upon them has been undertaken by a Subcommittee, and the Report will be published in the JOURNAL. These tables, together with the Report, the tabulated returns and Report on Diphtheria, undertaken by the Diphtheria Subcommittee; Professor Humphry's tables and Report on Centenarians; and other matter, will form Volumes IV and V of the Collective Investigation Record.

Efforts are being made to obtain a still further supply of returns to the inquiry on Habits of Intemperance, before proceeding with the classification of the results.

A Report by Professor Humphry upon Centenarians, forming a second instalment of his Report on the Habits of Old Age, will shortly appear in the JOURNAL. The table is already in the press. He has received numerous returns respecting persons between 80 and 90, and

between 90 and 100, and intends, as time permits, to tabulate and report upon them.

The number of returns received to the following inquiries; namely, Gout, Paroxysmal Hemoglobinuria, Albuminuria in Healthy Persons, Puerperal Pyrexia, and Sleep-walking, having been found to be inconsiderable, the Committee resolved early in the present year to abandon these inquiries.

The Committee has entered upon two important pieces of new work during the year, as follows:—

1. At its meeting in October last, the Committee adopted the form of inquiry into the Geographical Distribution of Rickets, Acute Rheumatism, Chorea, Cancer, and Urinary Calculus, suggested by the Collective Investigation Committee of the International Medical Congress. In the months of December and January, the question-paper upon these subjects was issued, through the medium of the Honorary Local Secretaries, to every member of the Association in the United Kingdom. The inquiry was completed, at private cost, by the issue of a similar paper to every member of the profession, outside the Association. Nearly 4,000 papers have been returned. These are now being sorted and arranged, with a view to the preparation of geographical maps of the diseases in question.

2. The following proposals were made to the Committee in June, 1885, by Dr. B. Walter Foster:—

1. The publication of the new *Pharmacopœia* is referred to a Committee of the General Medical Council, who, acting on the opinion of a few experts, decide upon additions, etc. Now these additions ought to be made, not on the experience or reading of a few persons, but on the general experience of the Profession. One man may now write up a new drug, make it popular, and get it into use. I should like the British Medical Association to be the authority to speak on new drugs on behalf of its members.

2. To carry this out, I think the Therapeutic Section might, at every annual meeting, have a discussion on new remedies, and select a list for trial during the next twelve months.

3. The Collective Investigation Committee might receive such list, and organise careful therapeutic testings of the proposed remedies, analyse the replies, and report at the next annual meeting.

4. In this way each year would place before the profession some sound opinions on the efficacy of some few new drugs (three to six, say), and at the end of four or five years an authoritative list might be published by the Collective Investigation Subcommittee as an addendum to the existing *Pharmacopœia*.

5. When the next *Pharmacopœia* came to be published, the accumulated knowledge of the Association would be at the service of its framers, and the profession would have practically decided on the drugs most valuable and most worthy of admission.

6. AND LASTLY. There would be gradually formed an authoritative list of remedies worthy of being used, and the busy practitioners would look to our Annual Reports for the best information on new remedies and new modes of treatment.

These proposals were accepted by this Committee, and approved by the officers of the Therapeutic Section. At the meeting of this Committee, on July 8th, 1885, it was suggested that the principle of work advocated by Dr. Foster in reference to Therapeutic subjects, might with advantage be generally adopted, the initiative of most of the inquiries being left to the Sections of the Annual Meeting. At the request of this Committee, its Chairman communicated with the Chairman of the Council upon the subject, and, in consequence, during the Annual Meeting in Cardiff, a conference was held, to which were summoned the President of the Association, the Presidents and Officers of Sections, and the Members of the Collective Investigation Committee present in Cardiff. At this conference the principle of the proposal was unanimously adopted. Dr. Foster's scheme was approved, and it was resolved that for the present year the working of the principle should be commenced in the Therapeutic Section only.

The Therapeutic Section, at its meeting on July 30th, adopted Dr. Foster's scheme, and appointed Mr. Evan Jones, J.P., of Aberdare, Dr. Talford Jones, of Brecon, Dr. William Murrell, of London, and Mr. Hancock Wathen, of Clifton, a Committee to prepare a list of subjects for investigation. That Committee selected the action of Hamamelis, and that of Paraldehyde, as subjects of investigation. At a later date, owing to a fear of toxic effects from the latter drug, the action of Pure Terebene was substituted.

Inquiry papers on these two subjects have been issued, and Reports will be presented to the Therapeutic Section of the Annual Meeting at Brighton.

This Committee having considered that inquiries might be profitably conducted on the following subjects; namely, Cases in which Disease of the Heart-Valves has been known to exist for upwards of five years without causing serious symptoms, and the Extreme Duration of Infectiousness in certain Diseases—a circular letter was addressed in October last, to the Honorary Local Secretaries for Collective Investigation in the various branches, requesting them, if possible, to arrange that discussions should be held upon these subjects in their

respective branches during the current year, as a preliminary to the issue of Inquiry Papers upon them.

Communications were also entered into with the Officers of the Sections of Medicine and of Public Health of the annual meeting of 1886, with the result that arrangements have been made to hold discussions in these Sections upon the above-mentioned subjects; and the results will be taken as guides in the issue of inquiries.

In accordance with the permission of the Council, the Committee has discharged the outstanding liabilities incurred by Professor Humphry and Dr. Owen, on behalf of the Collective Investigation Committee of the International Congress, amounting to £81 19s. 6d.

The Committee has taken into consideration the advisability of an inquiry into the Statistics of Administration of Anæsthetics in the Hospitals of the United Kingdom, and, as a preliminary measure, has addressed a circular letter to the authorities of the said Hospitals, inquiring how far they will be able or willing to co-operate.

The Committee, in conclusion, begs to apply for the renewal of the grant made last year for carrying on the work.

G. M. HUMPHRY, *Chairman of Committee.*

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Bright's Disease without Albuminuria.—The Result of using Collodion in Varioloid Eruptions.—Development of the Grey Cortical Substance in the Cerebral Convolutions.—Further Researches on Spartein.—Professor Chevreul.

At a recent meeting of the Société Médicale des Hôpitaux, M. Dieulafoy described several cases of Bright's disease without albuminuria. Last November a woman was admitted to the hospital who presented symptoms of gastric ulcer—vomiting, pain, and hæmatemesis; the vomiting increased, and became incoercible. Milk-diet was adopted, and cocaine, mixed with morphine, was administered, with negative results. The patient suffered from constant intense headache. The urine was examined daily, but albumen was not detected in it. The temperature was normal, varying from 37° to 36° Cent. (98.6° to 96.8° Fahr.). Subsequently, she was seized with epileptiform convulsions, became comatous, and died. On the day of her death, and the preceding night, the temperature rose to 38° Cent. (100.2° Fahr.). At the necropsy, the stomach was observed to be in a normal condition. There was a limited area of suppurative pneumonia, and mixed nephritis. A second case was that of a patient who suffered from violent oppression. The dyspnoea was not accompanied by cyanosis. The lips were red and fever was absent, characteristics of dyspnoea in Bright's disease. Three years ago, the patient had suffered from violent attacks of suffocation, accompanied by angina pectoris. She passed urine ten or twelve times in a night, suffered from headache, and presented the phenomenon of "le doigt mort" (the dead finger). Besides these symptoms, when auscultated on her entry, a *bruit de galop* was heard. The patient passed 200 grammes of urine free from albumen. She was put on a milk-diet, and the quantity of urine passed every twenty-four hours, in a fortnight's time, increased from 200 grammes to 600, the feeling of oppression disappeared, and a daily examination failed to detect the presence of albumen. The patient was attacked with congestion of both lungs and died. On the day of her death the urine was slightly cloudy. The necropsy showed that there was congestion of both lungs, and indications of former aortitis; the kidneys were normal in size, but the capsules were adherent; two or three small cysts were observed. The cortical tissue was thin and hard. Microscopical examination revealed interstitial nephritis. In another case described by Dr. Dieulafoy the patient suffered from attacks of dyspnoea, vomiting, and the sensation of "the dead finger." The urine was examined every day for a month but no traces of albumen were detected. In a fourth case, the patient was unusually obese. She frequently suffered from a feeling of oppression, also from attacks of vomiting. The symptom of "the dead finger" was present; in this instance there was also entire absence of albuminuria. The urine was carefully analysed during eight months; the result was negative. At the end of that period there was oedema of the lower limbs, and albumen appeared in the urine. The patient was seized with epileptiform convulsions and died in a state of coma. M. Dieulafoy considers that the facts above enumerated prove that Bright's disease can progress, and yet albumi-

uria may not appear for weeks or months. To this proposition belongs its corollary proved by another series of observation that chronic albuminuria may exist independently of Bright's disease. M. Dieulafoy cited a case in which the patient passed urine containing albumen, and had done so for more than two years. It would therefore appear that the presence of albumen in urine is not a symptom of semeiological importance, as it is supposed to be; and M. Dieulafoy considers that in these numerous cases where chronic nephritis is free from oedema and albuminuria, the diagnosis should depend on a careful clinical examination, and the grouping together of certain characteristic symptoms, such as buzzing in the ears, slight deafness, itching, frequent nocturnal micturition, the sensation of "the dead finger," especially sensibility to cold, a phenomena localised in the lower part of the thighs, knees, and legs, *bruit de galop*, etc.

M. Dieulafoy injected into the veins of a rabbit, weighing 2 kilo-grammes, 70 grammes of urine, passed by a patient suffering from Bright's disease, without albuminuria. The results were negative; but 90 grammes increased the respiration. An injection of 160 grammes of this urine caused death, but not a smaller quantity. Another rabbit, after having 160 grammes of urine from a patient with Bright's disease, but free from albumen, injected into its veins, was slightly affected, but perfectly recovered; another survived any doses below 285 grammes; that proved fatal, and would cause death in consequence of exaggerated vascular repletion, independently of the toxic properties of urine.

At a recent meeting of the Société des Hôpitaux, M. Comby stated that the different local remedies which from time to time have been recommended for arresting the varioloid eruption, have all in their turn been rejected as dangerous. He mentioned the following case as an example. A female patient entered the St. Louis Hospital with small-pox. Her face was covered with collodion. Papule appeared on the trunk and limbs; the face seemed to be free from eruption. On April 11th, papules appeared on the upper lip, and raised the collodion. The eruption spread entirely over the face, and showed through the covering of collodion. The patient suffered intolerable agony. An attempt was made to remove the collodion, but the patient suffered such pain that it had to be given up. The portion of collodion that was separated from the face left the derma exposed to the air. The eruption, which was discrete, semiconfluent, extended to the limbs; and the face was transformed into a running wound most offensive in its odour. The temperature rose to 39.4° Cent. (102.3° Fahr.). On April 15th, the patient became delirious, and died. M. Comby considers that the patient died from the same morbid process that kills patients with serious burns. At the necropsy, all the viscera were found to be healthy. If the patient had not died, she would have been terribly disfigured by buccal or palpebral atresia.

At a recent meeting of the Académie des Sciences, M. Vignal presented a note on the development of the grey cortical substance of the cerebral convolutions. The elements of the cortical substance of the brain are, like those of the spinal cord, solely derived from the ectoderm. At the commencement of gestation, they resemble the embryonic grey substance of the cord. Since Kölliker's works, it is generally known that the primitive layer rapidly divides into two layers—one inner, an epithelial layer, limiting the fourth ventricle; and a second, forming the grey cortical substance of the brain. Between these two layers appears the white substance emanating from the outer layer. As soon as the outer layer appears, the cells of the inner layer lose their epithelial character; they present a large nucleus surrounded by a granular protoplasm, from which proceed a number of prolongations lying close together. These non-differentiated cells begin to be differentiated towards the middle of the sixth month. The first nerve-cells that appear are those which form the lower portion of the third Meynert's layer (the layer of the large pyramidal cortical corpuscles). In the course of the seventh month, the nerve-cells of the fourth layer appear; in the eighth month, those of the second and fifth layers. The first Meynert's layer consists of fine nerve-tubes (Exner); it appears at the sixth week simultaneously with the white substance. At the ninth month, the five Meynert's layers can be easily recognised, although the greater proportion of the cells differ considerably from those in adults. The neuroglia-cells appear at the eighth month. Comparing the development of the grey cerebral substance with that of the grey substance of the cord, M. Vignal comments on the fact that the cerebral development is not so early as that of the cord. The medullary cells begin to appear in the twelfth week of gestation; the cerebral cells in the twenty-eighth week.

MM. Laborde and Légris, in an article entitled "La Méthode Expérimentale Appliquée à l'Étude des Substances Médicamenteuses,"

might confer upon him the honour of knighthood. While they regretted his absence from this ceremony, at which he had always heretofore been present, he would ask them to join their congratulations with his own, and unite in the wish that Sir Thomas Longmore might have health and happiness for many years to come to enjoy, with Lady Longmore, the well-earned honour Her Majesty had been pleased to bestow. Professor Aitken then presented the following lists of surgeons on probation who were successful at both the London and Netley examinations, with the combined number of marks gained by each, the 52nd session of the school being marked by a large number of successes, viz., 16 for the Indian Army Medical Service, and 59 for the British Army Medical Service.

Sir WILLIAM MAC CORMAC, having handed the prizes to the recipients, addressed the school, observing that the list which had been presented showed there were amongst them many earnest workers, and in many instances the prizes had been won in a remarkable manner, the number of marks gained being very large in proportion to the total number obtainable, viz., 7,800. Sir William then, as a stimulus to the young surgeons he was addressing, proceeded interestingly to notice the chief incidents in the life of the distinguished French surgeon, Ambrose Paré, who, living three hundred and fifty years ago, began his career in humble circumstances, apprenticed to a barber-surgeon of his village, and by perseverance and other good qualities, won his way to a position of eminence in military surgery. From this, Sir William went on to speak of the present condition of the medical service in the army, saying it was on a much higher footing than it once was. As with the profession outside the army, there had been great improvement, and this had been chiefly in the direction of making their service more and more a medical service, and he reminded them that it was now, as medical men, their chief distinction must accrue.

The DIRECTOR-GENERAL proposed an expression of thanks to Sir William Mac Cormac, and added that it gave him great pleasure to testify that the conduct of the class, whilst at Netley Hospital, had been unexceptional.

The proceedings then terminated, and the ladies and gentlemen adjourned to the adjacent officers' quarters, where, in the handsome dining hall of the mess, a first-class luncheon, supplemented by a choice dessert, was served.

BRITISH MEDICAL SERVICE.—The following is a list of surgeons on probation in the Medical Department of the British Army who were successful at both the London and Netley examinations. The prizes are awarded for marks gained in the special subjects taught at the Army Medical School. The final positions of these gentlemen are determined by the marks gained in London added to those gained at Netley, and the combined numbers are accordingly shown in the list which follows.

	Combined Marks.		Combined Marks.
1. Davidson, J. S.	5575	31. Donegan, J. F.	4200
2. Will, J.	5565	32. Donaldson, J.	4195
3. Moir, J.	5583	33. Mathias, H. B.	4175
4. Fallon, J.	5575	34. Bent, G.	4168
5. Salvage, J. V.	5508	35. Barefoot, G. H.	4166
6. Fowler, J. F. S.	5210	36. Newland, F. R.	4160
7. Aldridge, A. R.	5190	37. Windle, R. J.	4143
8. Bostock, R. A.	5068	38. Hall, R. J. D.	4120
9. Fayer, J.	4992	39. Marder, E. S.	4115
10. Walker, C. P.	4950	40. Allport, C. W.	4042
11. Macdonald, C. J.	4930	41. Russell, J. J.	4030
12. Tatham, C. J. W.	4907	42. Edey, J. S.	4013
13. Clarkgon, T. H. F.	4828	43. Scott, G.	4005
14. Austin, H. W.	4715	44. Browning, T.	3982
15. Garner, C.	4689	45. Bate, L. A. F.	3960
16. Wright, R. W.	4685	46. Trotter, W. J.	3910
17. Bailey, W. F.	4665	47. Hosie, A.	3905
18. Eckersley, E.	4655	48. Marks, G. F. H.	3896
19. Cottell, R. J. C.	4635	49. Holyoake, R.	3890
20. Deacon, J. G.	4585	50. Buist, R. N.	3878
21. Greig, D. M.	4577	51. Watson, J. J. C.	3785
22. Burrows, J. R.	4531	52. White, T. D.	3741
23. Keatly, J.	4445	53. Knaggs, H. T.	3710
24. Hennessy, D.	4436	54. Le Quesne, F. S.	3670
25. Saunders, D. M.	4410	55. Travers-Smith, V. E.	3626
26. Kiddle, W.	4437	56. Smyth, N.	3613
27. O'Callaghan, D. M.	4318	57. Cronin, C. S.	3595
28. Whitty, M. J.	4294	58. Dowman, W.	3560
29. Cummins, H. A.	4285	59. Foote, R. E.	3510
30. Kelly, R. E.	4235		

¹ Gained the prize in Pathology, presented by Sir Thomas Crawford, K.C.B.

² Gained a prize in Pathology.

³ Gained the Parkes Memorial Bronze Medal.

INDIAN MEDICAL SERVICE.—The following surgeons on probation in Her Majesty's Indian Medical Service were successful at both the London and Netley examinations. The prizes are awarded for marks gained in the special subjects taught at the Army Medical School.

The final positions are determined by the marks gained in London added to those gained at Netley, and the combined numbers are shown in the following list.

	Combined Marks.		Combined Marks.
1. W. G. Thorold	6215	9. G. J. H. Bell	5288
2. P. Behr	5940	10. J. T. Daly	5279
3. L. J. Pisani	5875	11. H. Fooks	5242
4. B. K. Basu	5672	*12. E. Hudson	5190
5. N. P. Sinha	5545	13. A. C. Deare	5175
6. W. R. Edwards	5518	14. A. W. Dawson	5107
7. C. Mactaggart	5352	15. W. H. B. Robinson	5048
8. J. F. Evans	5317	16. H. A. Sheppard	4783

¹ Gained the Herbert Prize of £20, with the Montefiore Medal and prize of twenty guineas.

² Gained the Martin Memorial Gold Medal.

³ Gained the Montefiore Second Prize, and also the Prize presented by Surgeon-General W. C. Maclean, C.B.

⁴ Gained a prize in pathology, presented by Sir Joseph Fayrer.

MEDICAL STAFF.

BRIGADE-SURGEON H. F. PATERSON, M.D., is directed to officiate on the Administrative Medical Staff of the Bengal army, with the temporary rank of Deputy Surgeon-General, vice Deputy Surgeon-General T. N. Hoysted, who has been transferred to the Home Establishment, and during the absence of Deputy Surgeon-General R. Webb, on leave.

Surgeon J. I. ROUTH, doing duty at the station-hospital, St. Thomas's Mount, Madras Command, is ordered to do duty at the station-hospital, Belgium.

Surgeon-Major JAMES GOOD, serving in the Bengal Command, has been appointed to the civil medical charge of the Shahjehanpore district, in addition to his military duties.

Surgeon-General W. G. TROUSDELL, M.D., died at Waterloo Road, Dublin, on July 23rd, in his 71st year. He entered the service as Assistant-Surgeon April 8th, 1842; became Surgeon, December 13th, 1853; Surgeon-Major, April 8th, 1862; Deputy Surgeon-General, June 30th, 1870; and retired with a step of honorary rank April 28th, 1876. Dr. Trousdell (Hart's Army List informs us) served with the 29th Regiment in the Punjab campaign of 1848-49, and was present at the battles of Chillianwallah and Goojerat (medal with two clasps); also throughout the Eastern campaign of 1854-55, including the battles of Alma and Inkerman, siege and fall of Sebastopol (medal with clasp, and Turkish medal).

THE INDIAN MEDICAL SERVICE.

SURGEON-MAJOR E. A. FITZGERALD, Bengal Establishment, 2nd class civil surgeon, is transferred from Minpore to Bareilly.

Surgeon A. J. STURMER, Madras Establishment, is appointed Civil Surgeon and Superintendent of the gaol, Vizagapatam, from the date of the appointment of Dr. Smith to be Medical Officer at Ootacamund. Surgeon J. SMYTH, M.D., is to act in this appointment pending the absence of Surgeon Sturmer on leave.

The Madras Medical Fund Annuities of July, 1886, are granted as follows:—To retired Deputy Surgeon-General W. H. REAN, M.D., and to retired Brigade-Surgeon J. HOUSTON, M.D., and large annuities from July.

Brigade-Surgeon H. V. CARTER, M.D., Bombay Establishment, is appointed to act as Professor of Hygiene in the Grant Medical College, in addition to his other duties, during the absence of Deputy Surgeon-General H. Cook.

It has been notified that the appointment of Garrison-Surgeon at Fort William is abolished from August 1st.

DR. HUGH MILLER is appointed Surgeon to the 1st Cheshire Engineer Volunteers.

Surgeon and Honorary Surgeon-Major C. HOLTTUM, of the 1st Volunteer Battalion of the East Kent Regiment (formerly the 2nd Kent Volunteers) has resigned his commission, to which he was appointed September 7th, 1860; he is permitted to retain his rank and uniform. Mr. PHILIP PHELPS is appointed Acting Surgeon to the same corps.

Mr. JOHN ALLEN, M.B., is appointed Acting Surgeon to the 2nd Perth (Perthshire Highland) Volunteers.

Captain J. R. BUCK is appointed Surgeon to the 2nd Volunteer Battalion of the Worcestershire Regiment (formerly the 2nd Worcester Volunteers), in which corps he has been Captain since January 29th, 1881.

INDIA AND THE COLONIES.

INDIA.

MADRAS MEDICAL COLLEGE.—At the recent distribution of prizes, it was announced that there were fourteen female students, as compared with twelve in the previous year. Of the fourteen, one is an F.A., four have matriculated, and nine have not matriculated. The female students of the Madras College have certainly been very successful. Of those who passed first in 1878, Mrs. Scharlieb is lecturer in Midwifery to the female students at the College, and also superintendent of the Victoria Caste Hospital. Miss Dora White has, for some time, had a large practice at Hyderabad, including the care of the ladies of the Nizam's zenana. Mrs. Mary Lanorgan is employed at Oodeypore as medical adviser to the zenana, and is in charge of a hospital for women and children. Of those who passed subsequently, Mrs. Van Ingen is in charge of Lady Dufferin's dispensary in Calcutta. Miss Hester Smith is in charge of a similar hospital in Ulwar, and has a large practice; while Miss Stewart has just received a medical appointment at Bhopal. Miss Ramshottom is employed as resident medical officer of the Military Female Orphan

Asylum, and Miss Yerbury as an assistant medical missionary in Khetri. All these ladies are drawing fair incomes, and, as the demand for lady-doctors is sure to increase, a promising career is opening up to many young women in India.

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 9,093,817 persons, 5,728 births and 3,521 deaths were registered during the week ending Saturday, July 24th. The annual rate of mortality, which had been increased in the five preceding weeks from 16.8 to 19.7, further rose during the week under notice to 20.2. The rates in the several towns, ranged in order from the lowest, were as follow:—Wolverhampton, 7.8; Derby, 13.1; Bradford, 14.0; Hull, 14.2; Nottingham, 15.3; Sunderland, 15.6; Sheffield, 16.0; Brighton, 16.6; Newcastle-upon-Tyne, 16.8; Leeds, 17.9; Birmingham, 18.0; Huddersfield, 19.4; Bolton, 19.7; Halifax, 20.0; Cardiff, 20.2; Salford, 20.3; Plymouth, 20.4; Liverpool, 20.6; Oldham, 20.8; Bristol, 21.0; Blackburn, 21.4; London, 21.6; Norwich, 22.1; Portsmouth, 22.6; Preston, 23.7; Manchester, 24.2; Leicester, 24.3; and the highest rate during the week was 24.6 in Birkenhead. In the twenty-seven provincial towns, the death-rate averaged 19.1 per 1,000, and was 2.5 below the rate recorded in London, which was, as before stated, equal to 21.6 per 1,000. The 3,521 deaths registered in the twenty-eight towns during the week under notice included 505 which were referred to diarrhoea, 86 to measles, 66 to whooping-cough, 36 to "fever" (principally enteric), 86 to scarlet fever, 25 to diphtheria, and not one to small-pox; in all, 754 deaths resulted from these principal zymotic diseases, against numbers increasing steadily from 263 to 652 in the preceding six weeks. The zymotic death-rate in these towns was equal to 4.3 per 1,000. In London, the zymotic rate was 6.0, and was 3.1 above the mean rate in the twenty-seven provincial towns, among which it ranged from 0.0 in Derby, and 0.6 in Huddersfield, to 5.4 in Portsmouth, 6.7 in Cardiff, and 12.9 in Preston. The deaths from diarrhoea, which had been 86, 222, and 411 in the three preceding weeks, further rose during the week to 505, and caused the highest death-rates in Leeds, Leicester, Cardiff, and London. The fatal cases of measles, which had been 116 and 93 in the two previous weeks, further declined to 86; the disease caused the greatest mortality in Portsmouth and Preston. The deaths from whooping-cough, which had been 58 and 50 in the two previous weeks, rose during the week under notice to 66, and caused the highest death-rates in Halifax and Preston. The 36 deaths referred to "fever" showed a decline of 3 from the number in the previous week; this disease was proportionally most fatal in Brighton and Cardiff. The fatal cases of scarlet fever, which had been 33 and 41 in the two preceding weeks, were 36 in the week under notice, of which 15 occurred in London, and 4 in Leeds. The 25 deaths referred to diphtheria exceeded those in the previous week by 8, and included 11 in London and 8 in Birmingham. No fatal case of small-pox was recorded during the week either in London or in any of the twenty-seven provincial towns. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 8 and 10 at the end of the two preceding weeks, were 9 on Saturday, July 24th; 2 new cases were admitted to these hospitals during the week, against 3 in each of the two preceding weeks. The death-rate from diseases of the respiratory organs in London during the week under notice was equal to 2.1 per 1,000, and was below the average. The causes of 74, or 2.1 per cent. of the 3,521 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, July 31st, 5,951 births and 3,593 deaths were registered in the twenty-eight large English towns, including London, dealt with in the Registrar-General's Weekly Return, which have an estimated population of 9,093,817 persons. The annual rate of mortality, which had risen in the six preceding weeks from 16.8 to 20.2, further increased during the week under notice to 20.6. The rates in the several towns, ranged in order from the lowest, were as follow:—Hull, 11.2; Brighton, 11.7; Derby, 14.8; Sheffield, 14.9; Plymouth, 17.0; Bradford, 17.6; Nottingham, 18.0; Bolton, 18.3; Salford, 18.5; Newcastle-upon-Tyne, 18.8; Huddersfield, 18.8; Birmingham, 18.9; Leeds, 18.9; Portsmouth, 19.1; Blackburn, 19.1; Bristol, 20.1; Sunderland, 20.2; Wolverhampton, 20.2; Oldham, 20.8; Liverpool, 21.2; Halifax, 21.3; Manchester, 21.9; London, 22.0; Birkenhead, 24.1; Preston, 24.7; Norwich, 25.5; Cardiff 26.9; and the highest rate during the week, 31.0 in Leicester. The death-rate in the twenty-seven provincial towns averaged 19.5 per 1,000, and was 2.5 below the rate recorded in London, which, as before stated, was 22.0 per 1,000. The 3,593 deaths registered in the twenty-eight towns during the week under notice included 872 which were referred to the principal zymotic diseases, against numbers increasing from 263 to 754 in the seven preceding weeks; of these, 646 resulted from diarrhoea, 83 from measles, 59 from whooping-cough, 39 from "fever" (principally enteric), 23 from scarlet fever, 22 from diphtheria, and not one from small-pox. These 872 deaths were equal to an annual rate of 5.0 per 1,000. The zymotic death-rate in London during the week under notice was equal to 6.7, while it averaged only 3.6 per 1,000, in the twenty-seven provincial towns, and ranged from 0.5 and 0.8 in Hull and Oldham, to 6.2 in Preston, 6.9 in Portsmouth, 7.7 in Birkenhead, 8.5 in Norwich, and 11.6 in Leicester. The deaths referred to diarrhoeal diseases, which had been 222, 411, and 505 in the three preceding weeks, further rose during the week under notice to 646, and showed the largest proportional fatality in Cardiff, Birkenhead, Norwich, and Leicester. The fatal cases of measles, which had declined in the three preceding weeks from 116 to 86, further fell to 83, and caused the highest death-rates in Halifax, Birkenhead, and Preston. The 59 deaths from whooping-cough showed a decline of 7 from the number in the previous week, and showed the highest proportional fatality in Preston. The fatal cases of "fever," which had been 39 and 36 in the two preceding weeks, rose again to 39 during the week under notice, and caused the highest death-rates in Cardiff and Portsmouth. The 23 deaths referred to scarlet fever showed a further considerable decline from recent weekly numbers. The fatal cases of diphtheria, which had been 17 and 25 in the two previous weeks, declined to 22, of which 15 occurred in London, 2 in Birmingham, and 2 in Liver-

pool. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 10 and 9 at the end of the two preceding weeks, further declined to 8 on Saturday, July 31st; 1 new case was admitted to these hospitals during the week, against 3 and 2 in the two previous weeks. The death-rate from diseases of the respiratory organs in London during the week under notice was equal to 2.1 per 1,000, and was below the average. The causes of 71, or 2.0 per cent. of the 3,593 deaths registered during the week in the twenty-eight towns were not certified, either by registered medical practitioners or by coroners.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, July 24th, 879 births and 489 deaths were registered in the eight principal Scotch towns, having an estimated population of 1,283,977 persons. The annual rate of mortality, which had been 19.1 and 19.2 per 1,000 in the two preceding weeks, further rose during the week under notice to 19.8, but was 0.4 below the average rate for the same period in the twenty-eight large English towns. Among these Scotch towns, the rate was equal to 14.1 in Leith, 14.8 in Perth, 15.3 in Aberdeen, 16.7 in Edinburgh and in Greenock, 18.4 in Dundee, 23.5 in Glasgow, and 26.0 in Paisley. The 489 deaths registered during the week in these towns included 65 which were referred to the principal zymotic diseases, against 64 and 68 in the two preceding weeks; of these, 33 resulted from diarrhoea, 13 from whooping-cough, 7 from scarlet fever, 4 from "fever," 3 from measles, and not one either from small-pox or diphtheria. These 65 deaths were equal to an annual rate of 2.6 per 1,000, which was 1.7 below the mean zymotic death-rate during the same period in the twenty-eight large English towns. The highest zymotic rates in the Scotch towns during the week were recorded in Glasgow and Paisley. The deaths attributed to diarrhoea in the eight towns, which had slowly increased in the six preceding weeks from 7 to 7, further rose in the week ending July 24th to 33, of which 10 occurred in Glasgow, 9 in Dundee, and 4 in Paisley. The fatal cases of whooping-cough, which had been 10, 17, and 18 in the three previous weeks, rose again to 18 during the week, and of these 17 were returned in Glasgow. The 7 deaths from scarlet fever corresponded with the number in each of the two preceding weeks, and included 5 in Glasgow. Two of the 4 deaths referred to fever occurred in Glasgow, and 2 of the 3 fatal cases of measles were returned in Leith. The death-rate from diseases of the respiratory organs in these Scotch towns during the week was equal to 2.8 per 1,000, against 2.6 in London. The causes of 80, or 16.3 per cent., of the 489 deaths registered during the week in these Scotch towns were uncertified.

In the eight principal Scotch towns, having an estimated population of 1,283,977 persons, 808 births and 481 deaths were registered during the week ending Saturday, July 31st. The annual rate of mortality, which had been 19.2 and 19.8 per 1,000 in the two preceding weeks, declined again during the week under notice to 19.5, and was 1.1 per 1,000 below the mean rate for the same period in the twenty-eight large English towns. Among these Scotch towns, the rate was equal to 14.1 in Greenock, 15.6 in Paisley, 16.3 in Leith, 16.4 in Perth, 18.4 in Dundee, 20.3 in Glasgow, 21.2 in Edinburgh, and 21.2 in Aberdeen. The 481 deaths registered during the week in these Scotch towns included 34 which were referred to diarrhoea, 18 to whooping-cough, 8 to measles, 4 to scarlet fever, 2 to diphtheria, 1 to "fever," and not one to small-pox; in all, 67 deaths resulted from these principal zymotic diseases, against 67 and 65 in the two preceding weeks. These 67 deaths were equal to an annual rate of 2.7 per 1,000, which was 2.3 below the mean zymotic death-rate during the same period in the twenty-eight large English towns. The highest zymotic rates in the Scotch towns during the week under notice were recorded in Perth, Glasgow, and Leith. The 34 deaths referred to diarrhoeal diseases showed a slight further increase upon recent weekly numbers, and included 15 in Glasgow, 7 in Edinburgh, and 6 in Dundee. The fatal cases of whooping-cough, which had been 18 in each of the two preceding weeks, were again 18 during the week under notice, of which 13 occurred in Glasgow and 2 in Perth. The deaths from measles, which in the five previous weeks had declined from 20 to 3, rose again last week to 8, and included 4 in Edinburgh, 2 in Glasgow, and 2 in Leith. The 4 fatal cases of scarlet fever showed a decline of 3 from the number in the preceding week, and included 3 in Glasgow. Of the 2 deaths referred to diphtheria, 1 occurred in Glasgow and 1 in Edinburgh; and the fatal case of fever was returned in Paisley. The death-rate from diseases of the respiratory organs in these Scotch towns, during the week under notice, was equal to 2.7 per 1,000, against 2.1 in London. The causes of 67, or nearly 14 per cent., of the 481 deaths registered during the week in these Scotch towns were uncertified.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen, having undergone the necessary examinations, were admitted Members on July 29th.

W. Collier, M.D. Camb., Oxford; W. Gay, M.B. Edin., 111, Disraeli Road, S.W.; F. L. Miner, M.D. McGill, 14, Wimpole Street, W.; G. D. Pidcock, M.B. Camb., 52, Devonshire Hill, N.W.

Admitted Licentiates on July 29th.

W. A. Aikin, 7, Clifton Place, Sussex Square, W.; E. C. Arnold, 3, Argyle Street, Tynemouth; P. E. Barber, Brookhill, Sheffield; W. M. Barclay, 22, Canynge Square, Clifton, Bristol; W. B. Barnard, 25, Upper Richmond Road, Putney, S.W.; W. A. H. Barrett, 39, Angell Road, Brixton, S.W.; W. O. Barham, Lymington; W. Bett, 15, Trinity Square, S.E.; P. P. Bhedwar, 15, Union Street, Burton-on-Trent; A. B. Blacker, 121, St. George's Road, Pimlico, S.W.; J. T. Blancard, 67, Middleton Square, E.C.; E. G. Blaxland, Sydney, New South Wales; G. M. Bluett, 15, Regent's Park Terrace, N.W.; H. W. Branson, 30, Tavistock Road, Westbourne Park, W.; L. W. Burton, 1, Terrace, Knatchbull Road, Camberwell, S.E.; F. E. Cave, Glantive, Dorville Road, Lee, S.E.; C. D. Christmas, 5, Weite Road, Hammersmith, W.; S. A. Clarke, 11, Bolingbroke Road, W.; G. T. Collingwood, 95, Manor Road, Brockley, S.E.; C. T. T. Comber, 2, Clarence Terrace, Priory Park, Kew; J. H. Cox, 4, Malmesbury Road, Bow, E.; W. C. Crockett, M.D. McGill, 24, Tollit Street, Mile End, E.; E. W. Crossley, 35, Weymouth Street, W.; F. G. C. Damian, 51, Lupus Street, S.W.; E. Deane, Guy's Hospital, S.E.; W. L. Dickinson, 9, Chesterfield Street, W.; H. H. Du Boulay, 95, Lancaster Gate, Hyde Park, W.; P. H. Dunn, St. Bartholomew's Hospital, E.C.

H. A. Dutch, 11, Sinclair Gardens, Uxbridge Road, W.; F. G. Engelbach, Fernleigh, Richmond, Surrey; C. F. Fenton, Western Road, Romford; N. H. Forbes, Bedford Park, Chiswick; J. M. France, 9, Guildford Road, South Lambeth, S.W.; G. B. French, Royal Medical Society, Edinburgh; A. H. Gault, Bramhall, Stockport; J. Girvin, Perry Hill, S.E.; C. J. Glasgow, 18, Miles Road, Clifton, Bristol; C. F. Glinn, 49, Oxford Terrace, Edgware Road, W.; C. A. Goulet, 2, Finchley Road, St. John's Wood, N.W.; H. E. Hackett, 27, Lever Street, Manchester; C. O'B. Harding, 29, Compton Terrace, Islington, N.; F. A. Harger, Castellan, Barnes, S.W.; J. F. Harries, King's College Hospital, W.C.; E. M. Hassard, Hoddesdon; E. J. A. Haynes, 35, Ashburnham Road, Greenwich, S.E.; G. F. Hentsch, Hoxton House Asylum, N.; W. J. Hill, Royal Hotel, Bath; A. B. Hinde, Middlesex Hospital, W.; J. Hutcheson, 3, Nelson Street, Edinburgh; F. S. Kapadia, 315, Camden Road, Holloway, N.; J. Labey, 24, Harleyford Road, Vauxhall, S.E.; C. C. V. Lyle, 45, Marylands Road, Paddington, W.; A. J. H. Montague, 19, St. Ann's Villas, Notting Hill, W.; Z. B. Mudge, 22, Claremont Square, N.; R. Nairn, 85, Lambeth Palace Road, S.E.; F. Norman, 87, Choumert Road, Peckham, S.E.; A. W. Pearce, Botesdale, Diss; R. H. Penton, 51, Sewardstone Road, Victoria Park, E.; H. I. Pocock, 5, Worcester Terrace, Clifton, Bristol; E. W. Rickards, 11, Russell Square, W.C.; B. Robinson, 17, Edith Road, West Kensington, W.; H. K. Roper, St. Olave, Waldegrave Road, Upper Norwood, S.E.; J. F. Roughton, St. Julian's Road, Streatham, S.W.; G. Howell, Guy's Hospital, S.E.; P. M. Seathill, Macaulay Road, Clapham Common, S.W.; W. D. Smallpeice, 42, Queen Anne's Gate, S.W.; L. M. Snow, 122, King Henry's Road, Primrose Hill, N.W.; E. C. Stabb, Ilfracombe; J. H. Tonking, Carn Brae; S. E. Tredinnick, 23, Claremont Square, N.; A. H. Tubby, 161, Kennington Park Road, S.E.; C. H. Wakeham, 186, Amhurst Road, Hackney, E.; S. E. Ward, Haverhill; W. H. Webb, Brook House, Upper Clapton, E.; A. E. Wilson, 106, Wickham Road, Brockley, S.E.; A. B. Woakes, 78, Harley Street, W.; G. C. W. Wright, Rawcliffe, Selby.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examination for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on July 28th.

R. Denman, L.S.A., Sydenham, J. A. Bradbury, L.S.A., Denmark Hill, R. J. Cook, East Dulwich, and E. P. Manby, Trinity Square, Students of Guy's Hospital; E. C. Stabb, L.S.A., Ilfracombe, J. H. Tonking, L.R.C.P.Lond., Pool, Cornwall, S. W. Wheaton, L.R.C.P.Lond., Battersea Road, of St. Thomas's Hospital; N. H. Forbes, L.R.C.P.Lond., Chiswick, of Middlesex Hospital; F. G. Engelbach, L.S.A., Richmond, S.W.; W. O. Barsham, L.R.C.P.Lond., Fincham, Norfolk, J. H. Griffin, L.S.A., Hammersmith, of St. Bartholomew's Hospital; L. W. Pockett, L.S.A., Goole, F. Collins, Adelaide Road, N.W., of University College; W. H. Stevens, Bristol, of Bristol Infirmary; T. Brushfield, Bursfield, of St. George's Hospital; R. H. Rains, Levenshulme, of Manchester Royal Infirmary; E. N. Nason, Nun-eaton, of Cambridge and London Hospital.

One candidate was referred for three months, and nine for six months.

Admitted Members on July 29th.

E. B. Holland, Titchfield Terrace, N.W., of Middlesex Hospital; S. H. Jones, L.S.A., George Street, W., of St. Thomas's Hospital; S. A. Mugford, Dean Street, S.E., A. E. Wilson, L.R.C.P.Lond., Brockley, W. A. Shelswell, Banbury, of Guy's Hospital; W. H. Brown, L.S.A., Oxbridge, of London Hospital; W. Malden, M.B. Cantab., Ventnor, and B. Furnivall, L.R.C.P.Lond., Bishopsgate Street Without, of St. Bartholomew's Hospital; S. A. Clarke, L.R.C.P.Lond., West Kensington, and P. J. Shopoff, L.R.C.P.Lond., Brook Street, of St. Mary's Hospital; W. L. Dickinson, L.R.C.P.Lond., Chesterfield Street, W., F. D. Woodhouse, Dorchester, of St. George's Hospital; A. J. Briant, L.S.A., Liverpool, of Royal Infirmary; J. B. Fowler, L.S.A., Harrington Street, N.W., of University College.

Five candidates were referred for three months, seven for six months, and two for nine months.

Admitted Members on July 30th.

C. F. Barton, L.S.A., Harrogate, of St. Thomas's Hospital; W. S. Cunliffe, L.S.A., Stoneleigh, and H. Skelding, Euston Square, of St. Bartholomew's Hospital; T. H. Godman, L.S.A., Stroud; H. S. Stockton, L.S.A., Wray Crescent, N., and G. H. Charlesworth, L.S.A., Wandsworth, of Charing Cross Hospital; George Rowell, L.R.C.P.Lond., Trinity Square, S.E., of Guy's Hospital; A. P. Luff, L.S.A., Ealing, of St. Mary's Hospital.

Four candidates were referred for three months, six for six months, one for nine months, and one for one year.

Admitted Members on August 2nd.

J. J. Sankey, Notting Hill, of Middlesex Hospital; J. M. Evans, L.R.C.P.Lond., Penybont, Radnor, of London Hospital; E. A. Thompson, Wandsworth Common, of Westminster Hospital; E. H. Biddlecombe, L.R.C.P.Lond., North Allington, of St. Bartholomew's Hospital.

Four candidates were referred for three months, seven for six months, and two for twelve months.

Admitted Members on August 3rd.

J. P. Fenoulhet, Lee, Kent, of St. Bartholomew's Hospital; W. E. P. Phillips, L.S.A., Haverfordwest, of Guy's Hospital; G. C. W. Wright, L.R.C.P.Lond., Rawcliffe, Selby, of London Hospital.

Two candidates were referred for three months, and ten for six months.

Admitted Members on August 4th.

W. Taylor, M.B. Edin., Highfield, Windermere, of Edinburgh University; E. Solly, L.S.A., Congleton, of St. Thomas's Hospital; H. J. M. Watts, L.R.C.P.Lond., of St. Bartholomew's Hospital.

Four were referred for three months, and six for six months.

VICTORIA UNIVERSITY.—The following are the results of the examinations just held. (Candidates' names are in alphabetical order throughout.)

Degree of M.B. Final Examination (Part I).—*First Division:* F. C. Bury, Owens College; A. W. Collins, University College (Liverpool). *Second Division:* J. G. G. Corkhill, University College; J. Fletcher, Owens College; W. Hurst, Owens College; J. M. Johnson, Owens College. Distinguished in Pharmacology and Therapeutics, F. C. Bury. **Final Examination (Part II).**—*First Division:* G. F. W. Braid, Owens College; A. W. Collins, University College; J. H. Thompson, Owens College. *Second Division:* J. G. G. Corkhill, University College; J. Fletcher, Owens College. Distinguished in Morbid Anatomy, Forensic Medicine, and Mental Diseases, G. F. W. Braid. Distinguished in Diseases of Children, J. H. Thompson.

Degree of M.R. Intermediate Examination.—*First Division:* J. Gould, University College; F. E. Mathews, Owens College. *Second Division:* T. Fearnhead, Owens College; H. Merrall, Owens College; A. J. Moss, Owens College; H. W. Pomfret, Owens College; F. G. Robinson, Owens College. Distinguished in Materia Medica and Pharmacy, J. Gould, F. E. Mathews.

Preliminary Examination in Science.—*First Division:* A. E. Ash, Owens College; J. H. Barker, Owens College; R. J. M. Buchanan, University College; A. J. Chalmers, University College; J. Walker Hall, Owens College; W. E. Livesey, University College; E. Molyneux, University College; J. H. Shaw, University College; P. Worley, Owens College. *Second Division:* H. A. Beaver, University College; H. S. Brightmore, Owens College; S. H. Fairrie, University College; W. Griffith, Owens College; W. J. Howarth, Owens College; J. L. Johnstone, Owens College; A. Nixon, Owens College; J. W. Shannon, University College; W. Smith, Owens College; R. Thorburn, Owens College; A. F. Walker, University College; A. C. Wilson, University College; L. Youatt, Owens College.

UNIVERSITY OF GLASGOW.—The following degrees were conferred in the Faculty of Medicine on July 29th.

Doctors of Medicine (M.D.).—I. Highly commended for Thesis: William F. Somerville, M.A., B.Sc., M.B., C.M., Scotland: Thesis—Urosemiotic: the Pathological Chemistry of the Urine; the complete Quantitative Analysis of the Urine; a valuable aid to Clinical Diagnosis. Robert S. Stewart, M.B., C.M., Scotland: Thesis—Observations on the Spinal Cord in the Insane. II. Commended for Thesis: Alexander G. Auld, M.B., C.M., Scotland: Thesis—Studies in Materia Medica. Alexander Rankin, M.B., C.M., Scotland: Thesis—Cerebral Cases, with remarks. III. Ordinary Degree: John Aitken, M.B., C.M., Scotland: Thesis—Depressed Fractures of the Skull. Samuel Alexander, M.B., C.M., Scotland: Thesis—Spontaneous hydrophobia. John Buchanan, M.B., C.M., Scotland: Thesis—Simple Fractures of the Leg. John Carruthers, M.B., C.M., Scotland: Thesis—Illustrative Cases of some Rarer Forms of Nervous Affection. John Duff, M.B., C.M., Scotland: Thesis—Epilepsy. Thomas Dunlop, M.B., C.M., Scotland: Thesis—A Short Review of Hæmophilia (Hæmorrhagic Diathesis), with Notes of Recent Cases. James B. Lawson, M.B., C.M., Scotland: Thesis—Emergencies, the Unconscious State, and Sudden Death. Eric Sinclair, M.B., C.M., Scotland: Thesis—Records of a Series of Post Mortem Examinations in a Hospital for the Insane. Alexander J. F. Skottowe, M.B., C.M., India: Thesis—Treatment of Pleural Effusions. William Waddell, M.B., C.M., England: Thesis—Indigestion as Related to Colds and Rheumatism.

Bachelors of Medicine and Masters in Surgery (M.B. and C.M.).—I. Honours: 1. Alexander Bryce, Scotland. 2. William Snodgrass, M.A., Whitewater, U.S.A. 3. John H. Carslaw, M.A., Scotland. II. High Commendation: 1. Daniel M'Kellar Dewar, Scotland. 2. John Macphail, Scotland. 3. James Dunlop, Scotland. 4. William H. Manners, England. 5. Adam T. Nisbet, Scotland. III. Commendation: 1. Robert Mair, Scotland. 2. James G. Connal, Scotland. 3. William H. Fergus, Scotland. 4. John Stewart (Lochgilphead), Scotland. 5. Alexander W. Aird, Scotland. IV. Ordinary Degrees of M.B. and C.M.: Basil J. Adam, Victoria; Charles Banks, Scotland; Colin Baxter, Scotland; Robert M'G. Beattie, Scotland; John Broom, Scotland; James A. Brown, Scotland; Robert Brown, M.A., Scotland; Walter F. Brown, Scotland; James Bruce, Scotland; Archibald Campbell, M.A., Scotland; Archibald T. Campbell, Scotland; Alexander Carmichael, Scotland; Robert Corbett, Scotland; Robert Craik, Scotland; Alexander D. Crawford, Scotland; John R. F. Cullen, Scotland; John Currie, Scotland; John Dodd, Scotland; Joseph L. Downes, Scotland; George G. Ferguson, Scotland; Robert T. Ferguson, Scotland; Robert I. Gardner, Scotland; Bruce E. Goff, Scotland; Andrew Gray, Scotland; Charles Gray, Scotland; Robert W. T. Haddow, Scotland; Robert Hamilton, Scotland; William T. Hannah, Scotland; Walter Hay, Scotland; Robert Henry, Scotland; Robert C. Highet, Scotland; James W. Hill, Scotland; Arthur D. Hughes, Wales; Josias Jago, Scotland; John Keddie, Scotland; John A. Kennedy, M.A., Scotland; James Laurie, Scotland; Robert C. Miller, Scotland; Henry W. B. Montague, Scotland; James Muirhead, Scotland; Donald S. MacColl, Scotland; James M'Conochy, Scotland; David Macdonald, Scotland; James M'Donald, Scotland; Thomas R. Macdonald, Scotland; Hugh M. M'Hour, Scotland; George M'Intyre, Scotland; William M'Kinlay, Scotland; Archibald MacLachlan, Scotland; James MacLachlan, Scotland; Alexander H. MacLean, Scotland; David T. MacLeod, Scotland; William T. Nicholson, England; James H. Nicoll, Scotland; Robert S. Penman, Scotland; William F. Phillips, Scotland; William Pyle, Scotland; James Rae, Scotland; Robert Robertson, Scotland; William Robertson, Scotland; Henry W. Robinson, Scotland; Robert Routledge, Scotland; Alexander Roxburgh, Scotland; Archibald Roxburgh, Scotland; Charles E. Scanlan, Scotland; William Shand, Scotland; Henry W. Sinclair, Scotland; James W. H. Stell, England; John Stewart (Renfrew), Scotland; John B. Stewart, M.A., Scotland; John Thorburn, Scotland; Thomas Watt, M.A., Scotland; Robert Whitelaw, Scotland; Donald Wingate, Scotland; Alexander Wylie, Scotland; James Wylie, Scotland; John Young, Scotland. V. Degree of C.M.: John Chalmers, M.D., Scotland. Mr. Walter Fox, of Brazil, received the ordinary degrees of M.B. and C.M. on July 26th.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed their Examination in the Science and Practice of Medicine,

1 Mr. Bryce gained the Brunton Memorial Prize of £10, awarded to the most distinguished medical graduate of the year.

surgery, and Midwifery, and received certificates to practise, on Thursday, July 29th, 1886.

Bower, William George, The Vineries, Southport.
 Briant, Arthur John, Bootle Borough Hospital, Liverpool.
 Burton, Charles Frederick, M.R.C.S., South Park Villas, Harrogate.
 Cunliffe, William Shrubsole, M.R.C.S., 45, Torrington Square, W.C.
 Goodman, Thomas Hubert, 407, Strand, W.C.
 Henderson, George Christopher, M.R.C.S., Natal, South Africa.
 Hunt, Howard Wrangham, M.R.C.S., 26, Holford Square, W.C.
 Paige, Horace Bennett Wood, Whitley, Newcastle-on-Tyne.
 Plant, Alexander Whitmore, Wordesley, Stourbridge.
 Popham, Robert Brooks, 67, Bartholomew Road, Camden Road.
 South, Frederick William Bury, San Nicolas, St. Leonards-on-Sea.
 Stockton, Hubert Samuel, 8, Wray Crescent, Tollington Park.
 Watson, Henry Gervase, Moorfields, Sheffield.

The following gentlemen have been appointed Examiners of the Society of Apothecaries of London for the ensuing year.

Bullock, Henry, L.S.A., F.R.C.S.E.
 Clark, Andrew, L.S.A., F.R.C.S.E.
 Duncan, William A., L.S.A., M.R.C.P. Lond., F.R.C.S. Eng., M.D. Brussels.
 Fowler, Robert, L.S.A., M.D. Univ. Edin., M.R.C.P. Edin., M.R.C.S. Eng.
 Hall, F. de Havilland, L.S.A., M.D. Univ. Lond., F.R.C.P.L., M.R.C.S.E.
 Hensley, Frederick J., L.S.A., M.D. Lond., M.R.C.S.E.
 Lee, Robert James, M.D. Univ. Camb., F.R.C.P.L.
 Makins, G. H., L.S.A., F.R.C.S.
 Stocker, John Sherwood, L.S.A., M.R.C.S.E., M.D. Univ. Lond., M.R.C.P.L.
 Thorowgood, John Charles, L.S.A., M.R.C.S.E., M.D. Univ. Lond., F.R.C.P.L.
 Walsham, W. J., L.S.A., F.R.C.S. Eng., M.B., M.S. Aberd.
 Warner, F., L.S.A., F.R.C.S.E., M.D. Univ. Lond., F.R.C.P.L.

MEDICAL VACANCIES.

The following vacancies are announced.

BALLYMENA UNION.—Medical Officer. Salary, £15 per annum, and fees. 2 Application by August 10th to W. Miller, Ahogill, County Antrim.

BIRMINGHAM BOROUGH ASYLUM.—Resident Clinical Assistant. Board and Residence. Applications to E. B. Whitcombe, Esq., Medical Superintendent.

DURHAM COUNTY ASYLUM, Sedgefield, Ferryhill.—Junior Assistant Medical Officer. Salary, £100 per annum. Applications to the Medical Superintendent.

GENERAL INFIRMARY, Leeds.—Resident Surgical Officer. Salary, £100 per annum, with board, lodging, and washing. Applications by August 20th to T. Blair, Esq., General Manager.

HARTLEPOOL'S FRIENDLY SOCIETIES MEDICAL ASSOCIATION. Medical Officer. Applications to T. Tweddell, Esq., West Hartlepool.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST. Brompton.—Resident Clinical Assistants. Applications by August 14th to H. Dobbin, Esq.

LONDON HOSPITAL MEDICAL COLLEGE, Turner Street, Mile End, E.—Assistant Demonstrator of Anatomy, Applications by August 12th to the Warden.

MANCHESTER ROYAL INFIRMARY (MONSALL FEVER HOSPITAL).—Assistant Medical Officer. Salary, £100 per annum, with board and residence. Applications by August 19th to the Chairman of the Board.

MANCHESTER ROYAL INFIRMARY.—Resident Medical Officer of the Convalescent Home at Cheadle. Salary, £150 per annum, with board and residence. Applications by August 14th, to the Chairman of the Board.

OWENS COLLEGE, Manchester.—Professor of Chemistry. Applications to the Council of the College, under cover, to the Registrar by August 31st.

ST. MARY'S HOSPITAL, Paddington.—Administrator of Anesthetics. Applications by August 7th to the Secretary.

ST. OLAVE'S UNION, Bermondsey.—Medical Officer of the Workhouse. Salary, £40 per annum, and fees. Applications by August 11th, to J. G. Hawkins, Esq., Clerk.

ST. OLAVE'S UNION, Bermondsey.—District Medical Officer. Salary, £160 per annum, and fees. Applications by August 11th to J. G. Hawkins, Esq., Clerk.

SCARBOROUGH HOSPITAL AND DISPENSARY.—House-Surgeon and Secretary. Salary, £80 per annum, with board and residence. Applications by August 17th to the Secretary.

WARWICK JOINT HOSPITAL BOARD.—Medical Officer to Infectious Hospital. Salary, £10 per annum, and £2 for each case. Applications, by August 19th, to A. E. Davis, Town Hall, Leamington.

WEST RIDING ASYLUM, WAKEFIELD.—Resident Clinical Assistant. Board, apartments, etc. Applications immediately to the Medical Director at the Asylum.

MEDICAL APPOINTMENTS.

DUNDAS, M. G., M.R.C.S., L.S.A., appointed Medical Officer and Public Vaccinator for the Fransham District of the Mitford and Launditch Union, Norfolk.

FITTON, H., M.R.C.S. Eng., L.R.C.P. Ed., appointed Junior House-Surgeon to the Halifax Infirmary, *vice* Mr. Thomas, promoted Senior House-Surgeon.

GRANT, J. Dundas, M.A., M.D., F.R.C.S. Ed., late Assistant-Surgeon Central London Throat and Ear Hospital, appointed Full Surgeon.

HOLTHOUSE, E. H., F.R.C.S. Eng., appointed Honorary Surgeon to the St. Pancras Northern District, *vice* H. Royes Bell, F.R.C.S. Eng., deceased.

LARKING, A. E., M.R.C.S. Eng., L.S.A., appointed House-Surgeon to the Brighton, Hove, and Preston District, *vice* G. H. Hodgson, M.R.C.S. Eng., L.S.A., resigned.

LAW, J. S., M.D. Ed., appointed Resident Clinical Assistant to the North Riding of Yorkshire Lunatic Asylum, Clifton, Yorks.

MEYER, C. H., M.B., appointed Medical Officer to the Hollingbourne Union, *vice* J. N. Bredin, L.K.Q.C.F., resigned.

NEVINS, Arthur E., M.R.C.S., L.R.C.P. & S. Edin., appointed a House-Surgeon to the Middlesex Hospital, *vice* Clement Pound, L.S.A.

REED, W. T., appointed Resident Surgeon to the Royal Sea-Bathing Infirmary, Margate, *vice* W. Bradbrook, M.R.C.S. Eng., resigned.

SWABY-SMITH, C., M.R.C.P. Eng., M.R.C.S., appointed Visiting Physician to the Spelthorne Sanatorium for Inebriates.

WHITE, F. S., M.R.C.S. Eng., L.S.A., appointed Junior Assistant Medical Officer to the Barnwood House Hospital for the Insane, *vice* R. D. Batt, M.R.C.S. Eng., deceased.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d. which should be forwarded in stamps with the announcements.

DEATH.

HARGROVE.—Charles William Hargrove, L.R.C.P. Edin., L.F.P.S. Glas., of Olton Warwickshire, died June 26th, from cancer of the tongue.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY.....10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's (Ophthalmic Department); and Royal Westminster Ophthalmic.—2 P.M.: Metropolitan Free; St. Mark's; Central London Ophthalmic; Royal Orthopaedic; and Hospital for Women.—2.30 P.M.: Chelsea Hospital for Women.

TUESDAY.....9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; St. Bartholomew's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Westminster; St. Mark's; Central London Ophthalmic.—2.30 P.M.: West London; Cancer Hospital, Brompton.—4 P.M.: St. Thomas's (Ophthalmic Department).

WEDNESDAY..10 A.M.: National Orthopaedic.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: Middlesex.—1.30 P.M.: St. Bartholomew's; St. Mary's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: London; University College; Westminster; Great Northern Central; Central London Ophthalmic.—2.30 P.M.: Samaritan Free Hospital for Women and Children; St. Peter's.—3 to 4 P.M.: King's College.

THURSDAY....10.30 A.M.: Royal London Ophthalmic.—1 P.M.: St. George's.—1.30 P.M.: St. Bartholomew's (Ophthalmic Department); Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M.: North-west London; Chelsea Hospital for Women.

FRIDAY.....9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.15 P.M.: St. George's (Ophthalmic Department).—1.30 P.M.: Guy's; Royal Westminster Ophthalmic.—2 P.M.: King's College; St. Thomas's (Ophthalmic Department); Central London Ophthalmic; Royal South London Ophthalmic; East London Hospital for Children.—2.30 P.M.: West London.

SATURDAY....9 A.M.: Royal Free.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: King's College.—1.30 P.M.: St. Bartholomew's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Middlesex; Royal Free; Central London Ophthalmic.—2.30 P.M.: Cancer Hospital, Brompton.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING 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. Th. F., 1.30; Ear, Tu. F., 1.30; Skin, Tu. Th. F., 1.30; Dental, Tu. Th. F., 12.

KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th., Throat, Th., 3; Dental, Tu. F., 10.

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

MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 2; 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., 8; 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. F., 9.30; Skin, Tu. F., 9.30; Electricity, Tu. F., 9.30; Dental, W. S., 9.30.

ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; Children, S., 12.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetrics, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Larynx, 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.

keeping the affected limb raised to an angle of 50° or 60°, upon a well pillowed board, the knee or elbow being slightly flexed for comfort. I fancy he would be pleased with the result.

CLIMATE OF DEMERARA AND BARRADOES.

F. A. D., M.D., writes: Under the heading "Barbadoes as a Sanatorium," in your number of July 17th, "A Traveller" writes as follows: "The sea-bathing it affords, and the trade-winds that blow over the island, render life there preferable to an enervating existence on the mud swamps of Demerara, or in the malarious forest covered country beyond." As this may be misleading, kindly allow me, as a former resident of Demerara and one who has travelled in the country, to draw your attention to the opinion of a "F.R.G.S.," and for the accuracy of which I can vouch. "The climate is warm, but not oppressive. The thermometer, it is true, ranges from 75° to 90°, but a refreshing sea-breeze tempers the heat. The colony is not so unhealthy as is generally supposed, and with care and ordinary precaution, good health can be enjoyed."

The following will also be found in the Exhibition supplement to the *European Mail*, speaking of British Guiana as the "Magnificent Province." "Probably a country of more striking natural features was never known, with its goldfields, now only awaiting settlement of boundary and protection to the miner to become capable of yielding rich results, its broad rivers, its enormous forests, its lonely mountains, such as Roraima, with fantastic surface and hitherto unknown flora, and its cataracts and falls of water, such as Kaieteur, which, when in full flood, is the finest fall of water in the world, not excepting Niagara. But although British Guiana, or as it is popularly called, from its principal county, Demerara, is not a part of the West Indies proper, yet its seaboard looks up to Trinidad and the islands, with which it is connected by mail communication; and its staple, sugar, makes its interest practically identical with that of the Western Archipelago. No one, indeed has yet fully described the marvellous animal and bird life of the interior of Guiana, though Schomburgk and Waterton did their best."

I leave Barbadoes in other hands, only having been on very short visits to the island, on one occasion for the benefit of my health, profiting by the change; but, before closing, I will, by your kind permission, draw attention to the following quotation from a good authority. "The climate, though warm, is perhaps as healthy as any part of the West Indies, and the heat is greatly alleviated by the trade-wind which constantly blows over the island; indeed, the longevity of its inhabitants is a proof of its salubrity."

It must, however, be admitted, as stated by "A Traveller," that "a native of these islands, who sought health in Barbadoes, would naturally be going out of the way."

THE CASE OF DR. J. S. RIDLEY.

MR. H. A. SMITH (Burnham Lodge, Ealing) writes: The following contributions have been further made towards the "Ridley Fund."

Thomas Smith, Esq., London	£5 5 0
Ashton Godwin, Esq., London	8 3 0
W. F. Giles, Esq., Southampton	2 2 0
C. E. Fitzgerald, Esq., Folkestone	1 1 0
R. Parker, Esq., Malpas	1 1 0
G. Robinson, Esq., Bedford	0 10 0
W. H. Radley, Esq., Scarborough	0 5 0
J. Manning, Esq., Wye, Kent	1 1 0
Small Subscriptions	1 10 0

Total amount subscribed 27 9 6

AN APPEAL.

MR. R. FITZROY BENHAM (Abercorn House, Baron's Court, S.W.) writes: Referring to my appeal in your JOURNAL, of June 26th, and the list of subscriptions you kindly published on July 10th, I have since received the following sums, and trust that those of your readers who have not yet contributed, will not overlook this very deserving case.

£ s. d.	M.D. Lond.	£ s. d.
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Leopold de Rothschild, Esq. 3 3 0	S. H. Agar, Esq. 1 0 0	
Sir W. Jenner, Bart. .. 2 2 0	W. C. Bland, Esq. 1 0 0	
W. M. B. .. 2 2 0	J. Bell, Esq. 0 10 6	
Professor Anderson .. 2 0 0	"K." Taunton 0 10 6	
Dr. Barr Meadows .. 1 1 0	Dr. R. Keer Johnson 0 10 0	
Dr. Reginald Eager .. 1 1 0	Dr. W. J. Martin 0 10 0	
Dr. F. R. .. 1 1 0	R. G. Coombe, Esq. 0 10 0	
J. W. Barry, Esq. .. 1 1 0	Smaller Sums 0 10 6	
Dr. G. W. Balfour .. 1 0 0		
Dr. W. P. Brabazon .. 1 0 0		

COD-LIVER OIL AND MALTINE.

MR. W. RALPH DODD (Stamford Hill) writes: As a disinterested party, perhaps you will allow me space to give an independent opinion relative to the solution of cod-liver oil in meat extract?

Assuming that water will dissolve an infinitesimal quantity of cod-liver oil (as it does other oils), it is clear that malt extract, being an aqueous solution of the principles in malt, may dissolve an infinitesimal amount likewise (I don't say that it does), but if it did in this proportion, it would be of no value medicinally. Reasoning thus, it is clear that the so-called solution is not a solution, but an emulsion.

Now, an emulsion may be defined as a mechanical mixture of substances, one of which is insoluble in the other; the surfaces of each particle repel each other, so that contact cannot be maintained without the addition of some substance which can establish a sufficient amount of adhesion to overcome the tendency to separation; in order to accomplish this, such substances as gums are added. This is precisely what occurs when malt extract and cod-liver oil are combined; the density of the former overcomes the resistance of the latter, and holds the oil mechanically with great tenacity, and in a very fine state of subdivision. That such is the case, may be seen with the aid of the microscope, and more readily when the smallest modicum of water is added, thus reducing the density of the malt extract, and setting free the globules of oil. If this were a true solution, it would follow the laws of solution, which it signally fails to do, and the conclusion is that the so-called solution is a mere mechanical mixture.

RISE OF TEMPERATURE AT NIGHT.

DR. A. W. WALLACE (Cardross, Dumbarton) writes: In his reply to "T. D.," Mr. Charles King has just reversed the law of conservation of force. Construction

requires heat to be converted into chemical action; therefore temperature falls. Waste of tissue is attended with evolution of heat. The facts, rightly interpreted, exactly agree with this. The increased waste during the day causes increased production of heat, which appears as an evening rise of temperature, if the heat-regulating apparatus is out of gear. During the night the process is reversed, and a lower morning temperature is the result. The fact that less carbonic dioxide is evolved during the night than during the day, corroborates the explanation I have given.

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

Mr. William Donovan, Birmingham; Mr. W. J. Penny, Clifton; Dr. Ashby, Manchester; Mr. G. F. Poynder, Gravesend; Mr. James Lattey, London; Dr. V. Poulain, London; Dr. Lowther, Grange-over-Sands; Dr. J. W. Watkins, Newton-le-Willows; Mr. Thompson, London; Dr. J. H. Aveling, London; Mr. W. A. Thomson, Ampthill; Mr. G. A. Atkinson, Edinburgh; Mr. T. M. Stone, London; Mr. Craven, Southport; Dr. Grant, Cairo; Dr. Simpson, Calcutta; Dr. G. F. Duffey, Dublin; Dr. Rich, Liverpool; Dr. Sutherland, London; Mr. J. Abbey, London; Dr. Lauder Brunton, London; Dr. A. Downes, Chelmsford; Dr. Ranney, S.S. *City of Rome*; Mr. Jeffreys, Chesterfield; A.B., M.B.; Mr. B. Bryan, London; Mr. W. Robinson, London; Mr. W. W. Morris, Clun; Dr. W. H. Lambart, Liverpool; Dr. Archer, Royston; Dr. R. T. A. O'Callaghan, Carlow; Mr. C. H. Cockran, Reading; Mr. Lawson Tait, Birmingham; The Secretary of the Victoria University, Manchester; Mr. Robert Jones, Liverpool; Dr. Bond, London; Dr. Lindsay, Belfast; Dr. Hack Tuke, London; Mr. W. W. Wagstaffe, Sevenoaks; Mr. W. Johnson Smith, Greenwich; Mr. P. S. Donnellan, Liverpool; Dr. D. Newman, Glasgow; Mr. E. Noble Edwards, Brighton; Mr. A. W. Green, London; Dr. J. Macpherson, London; Mr. C. E. Jennings, London; Mr. N. Grattan, Cork; Mr. G. J. Russell, Sevenoaks; Dr. R. J. Anderson, Galway; Dr. Clouston, Edinburgh; Dr. Myers, London; Mr. W. L. Saunder, Manchester; Dr. W. M. Rosten, Birmingham; Mr. W. W. Pryn, Devonport; Dr. Mapother, Dublin; Mr. Gurner, London; Mr. J. E. Erichsen, London; Dr. Fetch, York; Mr. A. Scott, Brighton; Dr. Beverley, Norwich; Dr. J. K. Spender, Bath; Mr. G. F. Hodgson, Brighton; M.B., M.C.; Dr. Ranking, Tunbridge Wells; Dr. R. Wade Savage, London; Dr. Banning, Bushey; Professor Stirling, Writtle, Essex; Secretary of Industries Office, Manchester; Mr. F. Canton, London; Mr. Dix, Hull; Probe; Mr. A. E. Nevins, London; Mr. B. T. Keele, London; Mr. R. Bremridge, London; Mr. B. Dutton Taplin, Binbrook; Mr. R. H. A. Hunter, London; Dr. Mordey Douglas, Sunderland; Mr. Thomas Blair, Leeds; Mr. Walter Reid, Haslar; Dr. Laffan, Cashel; Mr. George Sturge, London; Mr. W. J. Sansbury, London; The Mayor and Mayoress of Brighton; Mr. W. T. Atkey, Worthing; Mr. M. H. Feeny, Nunhead; Dr. Gairdner, Crieff; Messrs. Fletcher, Fletcher, and Stevenson, London; Mr. Harley, Bath; Mr. W. Magill, London; Mr. H. C. Burdett, London; M.R.C.S.; Mr. F. Shepherd, London; Mr. Vesey Fitzgerald, Birmingham; Messrs. Forrest and Co., London; Messrs. Evans and Wormull, London; Mr. C. F. Rideal, London; Dr. J. Tatham, Salford; Sir J. A. Hanbury, London; etc.

BOOKS, ETC., RECEIVED.

Bright's Disease. By C. W. Purdy, M.D. London: H. K. Lewis. 1886.
Monomanie sans Délire: an Examination of the Irresistible Criminal Impulse Theory. By A. W. Renton, M.A. Edinburgh: H. T. Clark. 1886.
Short Sight, Long Sight, and Astigmatism. By G. F. Helm. London: J. and A. Churchill. 1886.
Spasm in Chronic Nerve Disease. By S. J. Sharkey, M.A., M.B., F.R.C.P. London: J. and A. Churchill. 1886.
A Code of Rules for the Prevention of Infectious and Contagious Diseases in Schools. Second Edition. London: J. and A. Churchill. 1886.

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