

## Voting Paper.

No. of Voting Paper.	Name and Address of Voter.		
Initials of Voter against Name[s] of Person[s] for whom he intends to Vote.	Names of Persons Nominated.	Residence of Persons Nominated.	Registered Qualifications of Persons Nominated.
	A. B.		
	C. D.		
	E. F.		
	G. H.		

I vote for the person[s] in the above list against whose name[s] my initials are placed.

(Signed) \_\_\_\_\_

Of \_\_\_\_\_

(Registered Qualification or Qualifications) \_\_\_\_\_

*Directions to the Voter.*—The voter is entitled to vote for<sup>1</sup> candidate, and no more. The voter must write his initials against the name of every<sup>3</sup> person for whom he votes, and must subscribe in full his name, address, and registered qualification or qualifications. If the voter writes his initials against the names of more than<sup>2</sup> candidate[s], or otherwise fails to comply with any of these directions, the voting paper will be cancelled. This paper must be returned, by post or otherwise, under cover addressed<sup>4</sup> and must be received there on or before the day of

<sup>1</sup> Here insert England, Scotland, or Ireland, as the case may be.

<sup>2</sup> Here insert number of representatives to be elected.

<sup>3</sup> If only one representative is to be elected substitute "the" for "every."

<sup>4</sup> Here insert name of Branch Registrar and address to which voting papers are to be sent.

## THE CHOLERA.

## CHOLERA IN ITALY.

THE reported cholera returns, from September 10th to September 13th, are as follows: Torre del Annunziata, 53 cases, 22 deaths; Castellamare, 5 cases, 2 deaths; San Marco in Lamis, 40 cases, 21 deaths; Putignano, 65 cases, 31 deaths; Venice, 11 cases, 4 deaths; Ferrara, 46 cases, 23 deaths; Ravenna, 56 cases, 27 deaths; San Benedetto Tronto, 18 cases; Vicenza, 5 cases, 2 deaths; Padua, 23 cases, 8 deaths; Taranto, 10 cases, 2 deaths; Naples, 3 cases; San Giovanni Rotondi, 3 cases, 1 death; Carrara, 4 cases, 2 deaths.

## CHOLERA IN AUSTRIA-HUNGARY.

EIGHT fresh cases of cholera-nostras are reported to have occurred at Budapest on Tuesday. A labourer, who was taken ill on Monday, died half an hour after the first symptoms appeared. The Cholera Commission met on Tuesday morning.

In a village in Croatia, which is chiefly inhabited by immigrants from Herzegovina, cholera is said to have been present for some time, but its existence was kept secret by the inhabitants. In this place, and in several villages of Istria, says a correspondent, telegraphing from Vienna, stones were thrown at the physician, and it was with difficulty that the populace could be pacified, and persuaded that he was not a poisoner.

The cholera having broken out at Pesth, arrivals from all the Danubian ports have been declared liable to quarantine. Odessa is still regarded as free from infection.

## 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.

## COLLECTIVE INVESTIGATION OF DISEASE.

INQUIRIES are in progress on the subjects of

DIPHTHERIA, CANCER OF THE BREAST,  
OLD AGE, THE VALUE OF HAMAMELIS,  
THE VALUE OF PURE TEREBENE.

Memoranda on the above, and forms for recording individual cases, may be had on application.

THE ETIOLOGY OF PHTHISIS.—Continuation of inquiry. The Committee will be glad to receive the names of gentlemen willing to engage in joint investigation of any of the following points in relation to the origin of cases of Phthisis;—(a) The influence of residence and occupation; (b) the previous state of the patients' thoracic organs and general health; (c) heredity and communication. Full particulars will be sent on application.

The general inquiries into THE THERAPEUTIC VALUE OF HAMAMELIS AND PURE TEREBENE will be continued for another year, and a full report presented to the Section of Therapeutics in the Annual Meeting of 1887.

Returns are still received on THE CONNECTION OF DISEASE WITH HABITS OF INTemperance, and schedules will be forwarded on application.

Application for forms, memoranda, or further information, may be made to any of the Honorary Local Secretaries, or to the Secretary of the Collective Investigation Committee, 161a, Strand, W.C.

## BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at the National Art Treasures Exhibition, Folkestone, on Thursday, September 23rd, at 3 P.M. Dr. Thomas Eastes in the chair. Agenda: Dr. Fitzgerald: Some Practical Points on the Treatment of Ulceration of the Os Uteri. Dr. Gogarty: A Case of Ascites. The Chairman: Three Cases of Visceral Abscess. Members intending to exhibit specimens or make any communication to the meeting are requested to inform the Secretary at once. N.B.—Readers of papers are requested to send very brief summaries to the Honorary Secretary for insertion in the minutes and journal. The dinner will take place at 5 P.M., at the Exhibition. All members of the South-Eastern Branch are entitled to attend these meetings, and to introduce professional friends. The chairman will be glad to see all members and their friends to luncheon, at the Exhibition, between 1 and 2. Members will be admitted free to the Exhibition on the presentation of their visiting-cards. N.B.—All gentlemen purposing to dine are particularly requested to inform the Secretary by Tuesday, the 21st, that proper arrangements may be made.—W. J. TYSON, Honorary Secretary, 10, Langhorne Gardens, Folkestone.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—A meeting of the above District will take place at the West Kent Hospital, Maidstone, on October 29th. Gentlemen who wish to read papers, exhibit specimens, etc., are requested to inform the Honorary District Secretary, A. W. NANKIVELL, F.R.C.S., St. Bartholomew's Hospital, Chatham, not later than October 9th. Further particulars will be duly announced.—A. W. NANKIVELL, St. Bartholomew's Hospital, Chatham, September 11th, 1886.

NORTH OF ENGLAND BRANCH.—The next meeting will be held at the Newcastle-on-Tyne Infirmary on Tuesday, September 28th, at 2.30 P.M. Business, Introduction of Patients. By Dr. Philipson: A Case of Empyema successfully treated by Incision, Removal of a Portion of Two Ribs, Drainage, and Antiseptic Dressing. Demonstration, by Dr. Mantle, of the Methods employed in the Investigation of Disease for Bacteria, together with the Bacteria found in Rheumatism. Papers: Dr. Drummond: On the Symptoms and Diagnosis of Floating Kidney. Dr. Morison: Three Cases of Intestinal Obstruction. Dr. Munro: A Case of Intestinal Obstruction. Mr. Williamson: Successful Operation in a Case of Acute Intestinal Obstruction. Dr. Murphy: A Case in Medical Jurisprudence. Dr. Oliver: On some points in the Clinical Examination of the Urine. The dinner

after the meeting will take place at the Douglas Hotel, at five o'clock. Tickets, 6s. 6d. each, exclusive of wine.—G. E. WILLIAMSON, F.R.C.S., Honorary Secretary, 22, Eldon Square, Newcastle-on-Tyne.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

*Painful Cystitis.—Recurring Typhoid Fever.—Inhalations of Hydrofluoric Acid in Pulmonary Phthisis.—Renal Affections Treated by Naphthaline.—Gaseous Tumours of the Neck.—Lanolin.*

THE following suggestion for painful chronic cystitis has been found to be very efficacious: Crystallised nitrate of silver, 1 gramme; distilled water, 50 grammes. This is injected in cases of painful chronic cystitis. After the patient has passed urine, an explorer, with a perforated bougie, No. 12 to 14, is introduced until the urethral sphincter is reached, and from 20 to 40 drops of the solution are injected. The necessary number of injections, and the time which should elapse between administering them, varies. If the patient have only suffered three or four hours after the first injection, it is repeated every other day; but, if the pain continue for one or two days, it is better only to administer an instillation once or twice a week, and to decrease the number of drops. This remedy succeeds very well in cystitis of a gonorrhoeal origin, but should not be used in cases of cancer, or tuberculosis of the bladder.

At the recent French Congress for the Advancement of Science, M. Deshayes stated that he has recently met with two cases of recurring typhoid fever, quite distinct from relapse, as the fever reappeared three years after the first attack. M. Deshayes thinks that typhoid has a tendency to change in character. He cites, as a proof of this, the fact that most of the typhoid patients have apthæ. M. Bouchard has observed recurring cases of typhoid fever, at the rate of 20 per cent. The recurring attacks are always milder than the original illness.

At the same meeting, M. Sellar described his manner of treating pulmonary tuberculosis with inhalations of hydrofluoric acid. The patients are submitted to daily inhalations which last about an hour each time, and are repeated about twenty or thirty times. Air is passed into a mixture composed of 150 grammes of water, 50 of hydrofluoric acid. The air thus impregnated is propelled into a room in which the patients under treatment remain during the necessary time. M. Sellar states that these inhalations are perfectly harmless, and produce great improvements in patients suffering from pulmonary tuberculosis.

M. de Pezzer treats certain renal affections with naphthaline, especially those that are accompanied with difficult micturition; and, when fetid urine is passed, the results are generally good. In pyelonephritis, M. de Pezzer gives a gramme and a half, also in cystitis and prostatitis, with retention of urine, likewise for stricture complicated by fistula. The digestive functions are not disturbed by this treatment, and it has a sedative effect on the bladder. Its action is analogous to that of turpentine. M. Bouchard observed that stronger doses of naphthaline are necessary (five grammes a day) in order that urine may ferment less rapidly. Naphthaline is not eliminated in the form of naphthaline, but as naphthyl sulphate of soda, an antiseptic combination, which explains why it is that fermentation is lessened. M. Bergeron read a paper on rectal injections of a current of carbonic acid gas, impregnated with hydrosulphurous acid. These injections, given twice in the course of twenty-four hours to patients suffering from pulmonary tuberculosis, are followed by marked improvement—the cough becomes greatly calmed, the breathing is easier, and the general condition is greatly improved.

Dr. Paul Fabre, of Commeny, publishes in the *Gazette Médicale de Paris* the following cases of gaseous tumours in the front of the neck. The first case mentioned presented symptoms of a gaseous goitre, with spontaneous emphysema of the right side of the neck occurring during an attack of bronchitis. The patient was a child, not three months old, who was attacked with bronchitis on March 13th. On the 16th, a swelling was noticed above and below the right clavicle, which, when touched, produced crepitation. It was subcutaneous emphysema, but no trace of injury was visible. The child coughed incessantly, and, with each fit of coughing, the swelling increased. Auscultation under these circumstances was extremely difficult, but hissing *râles* in the left lung were distinctly heard, and, evidently, coughing had produced a rupture of the air-passage, followed by emphysema. The pulse-beats were 116 a minute. Linseed-meal poultices, sprinkled with *eau blanche*, were applied to the swelling. A teaspoonful of Desessart's syrup

was administered every hour. The following day the cough had somewhat subsided; tumefaction above the collar-bone was less prominent, and below it emphysema had almost disappeared. On the 18th, the tumefaction was limited to the neck, and the cough was nearly gone. On the 19th, the swelling had diminished, and crepitation no longer existed. A teaspoonful of equal parts of syrup of tolu and ether was given every two hours. On the 21st, the fever had entirely left. Pressure appears to have caused the swelling to decrease. On the 23rd, there was no more fever or cough, and the neck was not more swollen on the right than on the left side. From that time (a year ago), the child has been very well, and not the slightest swelling has reappeared. Another case was that of a child a month old, who had a gaseous tumour in the front of its neck, which entirely subsided with each inspiration of the breath. There was in this case a total absence of the first piece of the sternum. None of the rings of the trachea could be felt, and there were no solid tissues between the cricoid cartilage and the anterior extremity of the fourth rib. The size of the swelling, when distended by regular breathing, was the size of a goose's egg. On touching it, the articular surface of the inner extremity of the clavicle could be distinctly felt. With the child's cries, the tumour became swollen, but decreased with each inspiration. Nine months later, an apparatus was worn, the object of which was to prevent increased swelling of the goitre, which might in time break. Nothing since has been done in the case; and the child, who is now fourteen months old, is comparatively in good health.

M. Doyon, in an article in the *Annales de Dermatologie*, states that lanolin is rapidly absorbed by the skin. After rubbing with lanolin, the skin appears firmer, more turgescient, and at the same time the surface is almost dry; whilst, with vaseline, it preserves a shiny appearance even after energetic friction. This rapid absorption may be shown to be due to the intimate connection existing between lanolin and the fat of the epithelium. Lanolin has been shown experimentally to have no action upon healthy or unhealthy skin, but acts favourably on morbid phenomena occurring in deep layers of the skin. Lassar has used ointments prepared with lanolin, instead of vaseline or glycerine, in four hundred cases of persons affected with cutaneous lesions, and has not discovered harmful effects in any one of them, not even in those cases where there was great irritability of the skin. In the case of a child suffering from impetiginous eczema of the skin of the head and face, the sole use of lanolin containing salicylic acid at 2 per cent. produced cure. In cases of ulcerated impetigo, or of inflamed eczema, a salutary and prompt action has been obtained with the following ointment. Salicylic acid, 2 grammes; lanolin, 50 grammes; zinc oxide, 24 grammes; starch, 24 grammes. In the case of a patient who had suffered for several years from a severe and rare form of pityriasis versicolor, three frictions of the following ointment sufficed to destroy the parasite: Salicylic acid, 2 grammes; precipitated sulphur, 10 grammes; lanolin, 100 grammes. When greater softness of the skin is desired, it is necessary to add 20 parts of lanolin to 100 of vaseline. In seborrhea of the scalp, carbolic lanolin and sulphur suffice to remove furfuraceous desquamation. Lassar advises a mixture of vaseline and lanolin in equal parts, with the addition of tincture of benzoin if the skin be rough.

## CORRESPONDENCE.

### DIRECT REPRESENTATION.

SIR,—In anticipation of the meeting at Birmingham on Tuesday, September 14th, to nominate candidates for the direct representation of the profession in the Medical Council, a meeting of the profession was held in Chester on the preceding Monday in order to ascertain whom it might be deemed most advisable to nominate. Fourteen members of the profession attended, including those who were not members of the British Medical Association. The choice fell on the following gentlemen, who were unanimously selected.

1. Sir Andrew Clark, Bart., on account of the exceptional interest he evinced in the subject of medical education when President of the Metropolitan Counties Branch, and also on account of his strenuous advocacy of direct representation when chairman of the conference of medical reformers in 1880.

2. Mr. Wheelhouse, of Leeds, as specially familiar with the training of medical students, and as well known in connection with general practice in the north of England.

3. Mr. Ernest Hart, on account of his general ability, and his able championship of the general practitioners when giving evidence before the Select Committee of the House of Commons; on account of

## PUBLIC HEALTH

### AND

## POOR-LAW MEDICAL SERVICES.

### THE SANITARY CONDITION OF WINDSOR.

ON Tuesday last, Mr. Ritchie, President of the Local Government Board, received a deputation from New Windsor to protest against the charges made by the *Lancet* as to the unsanitary condition of Windsor, and to ask the Local Government Board to appoint an inspector to investigate the subject. The deputation consisted of Mr. Richardson-Gardner, M.P., Mr. T. D. Bolton, M.P., the Mayor of Windsor (Mr. Lundy), and others.—Mr. Richardson-Gardner, M.P., said that for the last two or three years letters had been written to the public press by a gentleman resident in Windsor, and the sanitary authorities treated these statements with the contempt that they deserved. In time, however, the effect upon the town became so serious that, at a public meeting of the inhabitants, these statements were denounced, and the authorities were called upon to take the necessary steps to bring the matter to a crucial trial. This deputation desired the Local Government Board to appoint an inspector to investigate these charges. He might mention that great improvement had been made at Windsor within the last thirty years, and over six hundred model cottages had been built from designs of the late Prince Consort.—Mr. Bolton, M.P., said the charges were unfortunate, and it was impossible to deal with them in the ordinary way; and therefore they asked for a Local Government Board inspector to put his seal, as it were, on the Royal borough, whether good or bad.—Mr. Ritchie, in reply, said the matter was one of very great and serious importance to Windsor. It would be very inconvenient if the Local Government Board should be called upon, on every occasion when there might be some dispute of the kind, to send down an inspector. They would have very largely to increase the number of inspectors. But, looking to the exceptional character of Windsor, he should feel inclined to grant their request, and to send down an inspector or inspectors. He assumed that the sanitary authority would remedy any defects that might be pointed out. It was important that the matter should be attended to quickly, and the inquiry would be instituted in the course of a few days.—The deputation then retired.

### THE HEALTH OF THE CITY OF LONDON.

ON Tuesday last, at a meeting of the City Commissioners of Sewers, Dr. Sedgwick Saunders reported that, during the vacation, the health of the City had been remarkably good, and the duties of the sanitary department unusually light. Excluding a few deaths from infantile diarrhoea, inevitable during the hot weather, only three deaths had arisen from preventable disease. Not a single fatal case of small-pox, measles, whooping-cough, or simple cholera had been recorded, and only one case of fever of the 108 deaths registered. The precautionary measures suggested by him had been faithfully carried out, and the constant use of disinfectants had had something to do with so gratifying a result. In the recess, 1,695 houses had been inspected, of which eight required sanitary improvement.

## MEDICAL NEWS.

**SOCIETY OF APOTHECARIES OF LONDON.**—The following gentlemen passed their Examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on Thursday, September 9th, 1886.

Brooks, Richard Philip, 14, Tollington Park, N.  
Griffiths, William, 37, St. John's Wood Terrace, N.W.  
Marks, Robert John, 23, Canyage Square, Clifton, Bristol.  
Melland, Brian, Victoria Park, Manchester.  
Rusher, John Golby, Pershore, Worcestershire.  
Wright, Charles Franklin, 5, Trafalgar Road, Great Yarmouth.

The following gentlemen also on the same day passed their Primary Professional Examination on September 2nd.

Goodwin, William Henry Frederic, Westminster Hospital.  
Lewington, John Joseph, London Hospital.  
McGeagh, William Stewart, St. Thomas's Hospital.

### MEDICAL VACANCIES.

The following vacancies are announced.

**BIRKENHEAD BOROUGH HOSPITAL.**—Junior House-Surgeon. Salary, £60, with board and residence. Applications by September 20th to the Chairman of the Weekly Board.

**BOURNEMOUTH COTTAGE HOSPITAL AND DISPENSARY.**—Resident Medical Officer and Secretary. Salary, £120 per annum, with rooms, etc. Applications by September 27th to the Secretary.

**CANCER HOSPITAL, BROMPTON.**—Assistant House-Surgeon for six months. Honorarium at the rate of £35 per annum, with board and residence. Applications by September 22nd to the Chairman of the Weekly Board.

**EAST LONDON HOSPITAL FOR CHILDREN.**—Resident Clinical Assistant. Board and lodging. Applications by September 23rd to A. Warner, Esq.

**EASTERN DISPENSARY, Bath.**—Resident Medical Officer. Salary, £100 per annum, rising to £120, lodging, etc. Applications by September 20th to T. H. Plowman, M.A., 1, Russell Street, Bath.

**HOSPITAL FOR WOMEN, Soho.**—House-Physician. Salary £75 per annum, with board, etc. Applications by September 18th to D. Cannon, Esq.

**KENT COUNTY OPHTHALMIC HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with apartments. Applications by October 1st to M. A. Adams, Esq., 1, Ashford Road, Maidstone.

**MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT.**—Resident Medical Officer. Salary, £60 per annum, with board and lodging. Applications by September 27th to G. Keating, Esq.

**MANCHESTER ROYAL INFIRMARY.**—Resident Medical Officer. Salary, £150 per annum, with board and residence. Applications by September 18th to the Chairman of the Board.

**MANCHESTER ROYAL INFIRMARY.**—Resident Surgical Officer. Salary, £150 per annum, with board and residence. Applications by September 18th to the Chairman of the Board.

**MIDDLESEX COUNTY LUNATIC ASYLUM, Colney Hatch.**—Junior Assistant Medical Officer. Salary, £100 per annum, with board, etc. Applications by September 23rd to R. A. Burrows, Esq.

**NORWICH FRIENDLY SOCIETIES MEDICAL INSTITUTE.**—Medical Officer. Salary, £250 per annum. Applications by September 30th to the Secretary, Ivy House, Lady Lane, Norwich.

**ROYAL SURREY COUNTY ASYLUM, Guildford.**—House-Surgeon. Salary, £80 per annum, with board and lodging. Applications by October 4th to Thomas Taunton.

**ROYAL UNIVERSITY OF IRELAND.**—Medical Fellow. Salary not to exceed £100 per annum, and appointment to last for seven years. Applications to Secretaries of University on or before October 1st.

**ST. PETER'S HOSPITAL FOR STONE.**—House-Surgeon. Honorarium 25 guineas, with board, lodging, and washing. Applications by September 25th to W. E. Scott, Esq.

**SUNDERLAND AND BISHOPWEARMOUTH INFIRMARY.**—Honorary Physician. Applications by October 4th to T. Robinson, Esq.

**VICTORIA HOSPITAL FOR CHILDREN, Chelsea.**—House-Surgeon. Honorarium, £50 per annum, with board and lodging. Applications by October 4th to Commander Blount, R.N., Secretary.

**WEST BROMWICH DISPENSARY HOSPITAL.**—House-Surgeon. Salary, £80 per annum, with board, etc. Applications by October 2nd to W. Bache, Esq., Churchill House, West Bromwich.

**WESTMINSTER HOSPITAL.**—Assistant Surgeon. Applications by September 21st to S. M. Quennell, Esq.

**WESTMINSTER HOSPITAL.**—Aural Surgeon. Applications by September 21st to S. M. Quennell, Esq.

### MEDICAL APPOINTMENTS.

**BARCLAY, W. M., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Assistant House-Surgeon to the Bristol General Hospital, *vice* A. N. Little, resigned.

**BROCKATT, A. O., L.R.C.P., M.R.C.S.,** reappointed Resident House-Physician to St. Thomas's Hospital.

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### BIRTHS.

**OLIVER.**—At Consett Hall, Co. Durham, on September 8th, the wife of Thomas Oliver, M.D., Eldon Square, Newcastle-upon-Tyne, of a son.

**OWEN.**—On September 11th, at Waltham's Dene, Wyrford, Berks, the wife of Owen Owen (Brigade-Surgeon R.P.), of a daughter.

**RYAN.**—At 153, Castlemere Terrace, Drake Street, Rochdale, Lancashire, on September 10th, the wife of M. J. Ryan, L.R.C.S.I., L. & L.M.K. & Q.C.P.I., of a son.

**WRIGHT.**—On September 8th, at 193, Regent Road, Manchester, the wife of Gas-koin Wright, L.R.C.P.Lond., M.R.C.S.Eng., of a son.

#### MARRIAGE.

**CAMPBELL—HIRST.**—On September 9th, at St. Chad's, Saddleworth, by the Rev. H. Doig, M.A., Vicar, assisted by the Rev. A. J. Sacré, Curate, Colin George Campbell, M.R.C.S., etc., of Uppermill, Saddleworth, to Annie Ethel, only daughter of Ben Hirst, Tamewater House, Saddleworth, Yorkshire.

#### DEATHS.

**JELLY.**—Suddenly, on September 14th, at Buxton, Fred. A. Jelly, M.B., C.M., aged 29 years, the beloved son of William Jelly, M.D., F.R.C.P.Lond., late of Valencia, Spain.

**MONTGOMERY.**—At Wordsworth House, Penrith, Cumberland, on September 8th, Elizabeth Ann Montgomery, wife of Tristram Lowther Montgomery, F.R.C.S.E., aged 43 years.

**NINNIS.**—On September 12th, at Pembroke House, Streatham, from pneumonia, Walter Melville, son of Belgrave and Ada J. Ninnis, aged 17 months.

**STEPHEN.**—At Carlsbad, on Saturday, September 11th, of cholera, William H. G. Stephen, M.B., C.M. Edin., L.R.C.P.Lond., youngest son of the late William Stephen, Inchbroom, Morayshire, aged 24 years.

## 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., 12.30; Skin, Tu. 12.30; Dental, Tu. Th. F., 12.

**KING'S COLLEGE**.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 8; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.

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

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

**ST. BARTHOLOMEW'S**.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. Th. S., 9.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9.

**ST. GEORGE'S**.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

**ST. MARY'S**.—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., M. Th., 9.30; Eye, Tu. F., 9.30; Ear, W. S., 9.30; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; Dental, W. S., 9.30.

**ST. THOMAS'S**.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; 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; Throat, Th., 2.30; Dental, W., 10.30.

**WESTMINSTER**.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3. Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161A, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 161A, Strand, W.C., London.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the Manager, 161A, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication. CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

## QUERIES.

## SENILE DISEASES.

JUNIOR asks for the names of any book or books on senile diseases, especially those bearing on the respiratory system.

## EPSOM COLLEGE.

COUNTRY PRACTITIONER writes: Will any gentl man that has experience of the above College give his opinion as to its fitness for a highly nervous boy?

## ANSWERS.

## SOIL OF SUBURBS OF LONDON.

J. D. writes: I. W. will find every information as to soil and altitudes in the suburbs of London in Mayne's *Geological and Topographical Map of London and its Environs*, published by Stanford. I fear that I. W. will find a residence on gravel no safeguard against rheumatic fever. The severest case I ever saw occurred a few yards from Park Lane, at an altitude of seventy feet above the Thames, where the soil is wholly gravel.

## MEDICAL TITLES.

INQUIRENS writes: Many medical practitioners assumed, prior to the passing of the Medical Act (1886), the title "Doctor," without being possessed of an university degree. Does that Act in any way interfere with that assumption, either positively or negatively?

\* \* The Act does not affect the question in any way.

## SEA-VOYAGES.

In reply to G. F. R.'s inquiry, Dr. J. C. Thorowgood recommends, in addition to the works already mentioned, Dr. W. S. Wilson's *Ocean as a Health-Resort*, published by Churchill. Every patient who is contemplating a sea-voyage, he says, should get this very useful little book, and take it with him. Of the great value of a voyage in a sailing vessel to Australia and back as a cure for commencing phthisis, there appears increasing evidence, but the invalid requires to be advised on many points before he starts.

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

Mr. W. T. Jackman, Coggeshall; Dr. H. F. A. Goodridge, Bath; Constant Reader; Mr. T. Collier, Ripon; Dr. M. W. Taylor, London; Dr. W. G. Walford, London; Dr. W. Hale White, London; Mr. C. G. Campbell, Saddleworth; X; Mr. Mayo Robson, Leeds; Junior; Mr. J. Grover, Carisbrooke; Mr. H. B. Warner, Sheffield; Mr. H. Greenway, Plymouth; Mr. R. G. Salmon, London; Dr. C. M. Chadwick, Tunbridge Wells; A Member; M.B., M.A.; Dr. Henry H. Smith, Philadelphia; Mr. E. Kite, West Bromwich; Mr. Gardiner Tronton, Carlisle; An Old West Indian Doctor; Mr. C. E. Paget, Kendal; Mr. J. Stuart Nairne, Glasgow; Dr. Maxwell, Woolwich; Dr. Van Idelson, Berne; Mr. P. J. Jackson, London; Mr. H. B. Roberts, Baden, Germany; Mr. W. Eassie, London; Mr. J. Davison, Bellaghy; Mr. W. M. Bristow, Wavertree; Mr. J. Dixon, Dorking; Mr. J. Burns, Salisbury; Mr. H. Davis, Tuam, County Galway; Dr. H. Barnes, Carlisle; Mr. H. Myddelton-Gavey, London; Dr. Teevan, Melbourne; Mr. O. Scattergood, M.B., Leeds; Mr. H. B. Hewetson, Leeds; Mr. W. A. Satchell, St. Servan; Mr. G. P. Atkinson, Pontefract; Mr. M. Thomson, Boxmoor; Mr. A. Jackson, Sheffield; Dr. W. Carter, Liverpool; Dr. J. Tatham, Salford; Dr. J. Alexander, Glasgow; Mr. W. H. Laban, West Bromwich; Messrs. Bush and Co., London; County Practitioner; Mr. W. G. Bacot, Blandford; Mr. C. H. Cuming, Plymouth; Dr. R. H. Fox, London; Mr. L. FitzPatrick, Queanbeyan, New South Wales; Mr. H. Ker, Birmingham; Cratagus; Dr. H. McAllister, Carrickfergus; Mr. E. White Wallis, London; The President of St. Thomas's Hospital, London; A Member; Mr. C. W. Evans, M.B., Bakewell; Mr. A. W. Nankivell, Chatham; Mr. R. Fletcher, Manchester; Mr. W. Adams Frost, London; Mr. O. G. Wheelhouse, Leeds; etc.

## BOOKS, ETC., RECEIVED.

Social Arrows. By Lord Brabazon. London: Longmans, Green and Co. 1886.  
Manual of Urine Testing. By K. M. Heanley. London: H. K. Lewis. 1886.

## SCALE OF CHARGES FOR ADVERTISEMENTS IN THE "BRITISH MEDICAL JOURNAL."

Seven lines and under	--	--	--	--	..20 s 6
Each additional line	--	--	--	--	.. 0 0 4
A whole column	--	--	--	--	.. 1 15 0
A page	--	--	--	--	.. 5 0 0

An average line contains eight words.

When a series of insertions of the same advertisement is ordered, a discount is made on the above scale in the following proportions, beyond which no reduction can be allowed.

For 6 insertions, a deduction of	..	..	..	10 per cent.
" 12 or 18 "	"	"	"	20 "
" 26 "	"	"	"	25 "
" 52 "	"	"	"	30 "

For these terms, the series must, in each case, be completed within twelve months from the date of first insertion.

Advertisements should be delivered, addressed to the Manager, at the Office, not later than noon on the Wednesday preceding publication; and, if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association, at the West Central Post-Office, High Holborn. Small amounts may be paid in postage-stamps.