

the plaster-of-Paris jacket is of high interest; but one other surgical paper, The Experimental Value of the Dowse Splint, by Dr. Brackett, is to be found in this collection. Dr. Collins Warren's paper, The Process of Repair after Resection of the Intestine, is, however, of direct surgical interest, although essentially physiological. We may briefly note the remaining papers, namely, Dr. Bowditch on The Action of Sulphuric Ether on the Peripheral Nervous System; Dr. F. H. Hooper on The Anatomy and Physiology of the Recurrent Laryngeal Nerves; Dr. J. Warren on The Effect of Pure Alcohol on the Reaction Time, with a Description of a new Chronoscope; Dr. Dwight's Notes on Muscular Abnormalities; Dr. Rotch on The Artificial Feeding of Infants; and Dr. H. C. Ernst's Experimental Research upon Rabies. In short, Harvard can show good work for 1887.

*Hypnotism Employed in Practical Medicine.* By Dr. OTTO G. WETTERSTRAND.—This little pamphlet contains a number of curious and interesting cases of hypnotic treatment of various diseases by Dr. Wetterstrand. The author appears to have no hesitation in using hypnotism as a curative means, and evidently does not share the distrust of a large number of medical men as to the ultimate results of its employment. He states that he has never found a case in which the patient suffered mentally even after repeated hypnotising. He holds that a sensitiveness to hypnotism depends more on character than temperament, and, contrary to the general opinion, considers hysterical people less sensitive to hypnotic impressions than others. Age is one of the most important factors. The author believes all children from 3 or 4 to 15 years of age are hypnotisable. After 30 people are less impressionable. His method is as follows: He invites the patients to sit down, and, telling them that sleep will probably cure their disease, urges them to concentrate their thoughts entirely on sleep, in the mean time looking at them keenly. He tells them they will feel weight in the eyelids and limbs, and gradually will be unable to move. Sleep sometimes results almost instantaneously, in others a longer time has to elapse. While asleep he assures them the sleep is beneficial, and suggests various things to them. There are four grades of sleep. The first is characterised by a certain sleepiness and sense of weight; the patient lies perfectly still, and there is no catalepsy. The second is a deeper sleep; the patient cannot open his eyes or move. The third grade is characterised by automatic movements. In the fourth the patient is conscious of no one but the hypnotiser, and hears him but no one else, and acts in accordance with his will. In the fifth somnambulism is present in greater or less degree. Insensibility is then at its height, and an operation could be performed without pain. Amnesia on waking up is complete. The patient follows any suggestion most rapidly. The suggestions and assertions should be made in a calm, assured voice, and the mind of the operator fixed entirely on the patient's cure; look, voice, and manner should all be in harmony. Dr. Wetterstrand ascribes some of his failures, not to the fact that the patients were un hypnotisable, but to the fact that his hypnotic suggestions were not therapeutically fortunate. Nervous and sick headaches seem to have been treated by him with marked success; out of seventy-four cases, sixty-five were completely and permanently cured. All sorts of other cases were treated by him. Chronic rheumatism, neuralgia, spinal complaint, epilepsy, stammering, mental diseases, general nervousness, uterine hæmorrhage, epistaxis, etc. With regard to consumption, Dr. Wetterstrand does not claim for hypnotism the distinction of acting as a cure, but as a very decided alleviation, especially where the patient has no appetite, and suffers severely from pain in the chest. Whatever may be the objections to hypnotism, Dr. Wetterstrand apparently considers them as of small account in proportion to the benefits to be derived, and concludes the pamphlet with the words of Professor Bernheim: "Suggestive therapeutics is one of the most brilliant methods of contemporary science."

**REQUESTS AND DONATIONS.**—Miss Georgiana Johanna Austin, of Oxford Terrace, Hyde Park, bequeathed £500 each to the Cancer Hospital and the Hospital for Consumption and Diseases of the Chest, £250 to the Hospital for Sick Children, £150 to St. Mary's Hospital, and £125 to the Royal National Sea Bathing Infirmary at Margate.—The Hon. Bowes Daly, of Killough Castle, Tipperary, bequeathed £200 each to the City of Dublin Hospital, St. Mark's Ophthalmic Hospital at Lincoln Place, Dublin, the Hospital for Incurables at Donnybrook, and the Convalescent Home at Stillorgan.

## MEMBERS PRESENT AT THE ANNUAL MEETING.

THE following names of members and visitors attending the annual meeting were entered in the books provided for the purpose:—

Abraham, P. S., M.D., F.R.C.S.I., London; Adam, Chas., M.D., Elgin; Adam, James, M.A., M.B., C.M., Western Infirmary; Adams, A. M., M.B., C.M., Glasgow; Adams, Frederick Vasey, L.R.C.P.E., etc., Glasgow; Adams, James A., M.D., Glasgow; Adams, John, M.B., C.M., Glasgow; Affleck, J. O., M.D., Edinburgh; Alston, J. M., M.D., Airdrie; Aitken, Sir William, M.D., LL.D., F.R.S., Professor of Pathology, Netley; Alcock, W. E., M.R.C.S., Alderson, Fred. Henry, M.D., Hammersmith; Aldous, George F., M.R.C.S., Plymouth; Alexander, Geo. P., F.R.C.S., Forfar; Alexander, John, M.D., Glasgow; Alexander, L. D., M.D., Kilcregan; Alexander, Thomas Gray, M.B., C.M., M.R.C.S., Glasgow; Allen, Donald, M.D., Evanton, Ross-shire; Allan, Geo. Richard, B.A., M.D., Glasgow; Allen, H. Blyth, L.F.P.S., Sunderland; Allan, James W., M.B., Bellfield Hospital, Glasgow; Allan, J. G., Esq., Keady, County Armagh; Allan, William, Esq., Govan; Allbutt, T. Clifford, M.D., F.R.S., Meanwood, Leeds; Allden, John H., M.R.C.S., L.S.A., Shirley, Southampton; Anderson, A. Jasper, M.R.C.S., Prestwich, near Manchester; Anderson, E. G., M.D., London; Anderson, F. H., M.D., M.C., Georgetown, Demerara; Anderson, J. W., M.A., M.B., C.M., Barrow-in-Furness; Anderson, J. Wallace, M.D., Glasgow; Anderson, Robt., M.B., C.M., Glasgow; Anderson, Robt., M.D., Seaton Delaval, Northumberland; Anderson, R. J., M.D., Newry; Anderson, Stirling, M.D., Chapel-en-le-Frith; Anderson, Thomas, M.C., M.D., Professor of Clinical Medicine, University of Glasgow; Anderson, W. W., M.D., Dennistoun; Andrews, Henry Charles, M.D., M.R.C.S., L.M., and L.S.A., London; Angus, James, M.D., Edinburgh; Annandale, T. M.D., Edinburgh; Apin, Alfred, M.D., L.R.C.P., M.R.C.S., Nottingham County Asylum; Apostoli, George, M.D., Paris; Arbuckle, Hugh W., M.D., Thorne, near Doncaster; Arbuckle, J. H., M.D., Kilmarnock; Arthur, Ashby, Henry, M.B., Wingate, Co. Dublin; Arthur, Hugh, M.D., Airdrie; Ashby, Henry, M.B., Manchester; Ashdown, H. H., M.B., London; Ashton, J. T., L.F.P.S., London; Atkinson, Robert, M.R.C.S.E., Ripponden; Aveling, J. H., M.D., London.

Baber, E. Cresswell, M.B., Brighton; Baird, James T. W., M.B., Congleton; Baker, R., M.D., York; Balding, B. F.R.C.S., Royston, Cambridgeshire; Balfe, J. H., L.R.C.P., L.R.C.S.G., Glasgow; Balfour, M. A. G., M.D., Edinburgh; Ball, Professor, Paris, Member of the Academy of Medicine, Paris; Bamber, H., M.B., Norwich; Bampton, A. H., M.D., Plymouth; Banks, Professor John T., Vice-President, Dublin; Banks, J. M.B., Dunoon; Barker, D. Fordyce, M.D., New York; Barlow, John, M.D., F.R.C.S., Glasgow; Barnes, Henry, M.D., Carlisle; Barnes, Robert, M.D., London; Barr, James, M.D., Liverpool; Barr, M., M.D., LL.D., London; Barr, Thomas, M.D., Glasgow; Barras, James, M.D., Govan; Barron, G. B., M.D., Southampton; Bartlett, Edward, M.R.C.S., L.D.S.E., London; Bartlett, William, M.R.C.S., L.D.S., Newcastle, Staffordshire; Bateman, F., M.D., L.R.C.P., Norwich; Bates, W. R., L.K.Q.C.P.I., Addingham; Bayliss, H. M., L.R.C.P., Glasgow; Beach, Fletcher, M.B., Darenth Asylum; Beale, E. Clifford, M.J., London; Beaton, George Thomas, M.D., Glasgow; Beattie, Surgeon-Major J. F., Netley; Beck, Fred. E., F.R.C.P., Belfast; Beggs, G. H., M.A., M.D., Sioux City, U.S.A.; Bell, James M., M.D., and L.R.C.S.E., Kettle, Fifeshire; Bell, John Hy., M.D., Bradford; Bell, M.D., Glasgow; Benington, E. C. M.B., Newcastle; Bennet, Fred. W., M.D., Glasgow; Bennett, M., F.R.C.S., Birmingham; Benson, A. H., F.R.C.S., Dublin; Bentley, A. S., Esq., Edinburgh; Benton, Samuel, M.R.C.S., London; Bernard, Walter, F.R.C.P., Derry; Berry, Wm., F.R.C.S.I., Wigan; Beveridge, John, M.B. and C.M., Kilmarnock; Bickerton, Thos., Herbert, M.R.C.S., Liverpool; Biden, Wm., F.R.C.P., Hyères, Var, France; Bingham, Henry, M.D., Belfast; Black, D. C., M.D., Glasgow; Black, James, M.B., F.R.C.S., London; Black, J. M.D., Halifax, N.S.; Black, Malcolm, M.D., Glasgow; Black, Robt., M.D., Greenock; Blackwood, James Simson, L.R.C.P.E. and L.R.C.S.E., Glasgow; Blaikie, R. H., M.D., F.R.C.S. Edin., Edinburgh; Blair, Archibald, Surgeon; Dalry, Blair, John, M.D., Shotts; Blair, Robt., M.D., C.M., Woodilee, Lenzie; Boileau, T. P. H., M.D., Surgeon-Major, M.S., Woolwich; Bond, C. J., F.R.C.S. Eng., Leicester; Booth, J. McKenzie, M.D., Aberdeen; Bower, David, M.D., L.F.P.S.G., Bedford; Bowles, Robert, M.D., Folkestone; Bowman, Charles, M.R.C.S. Eng.; Bowman, R.M., Ripon; Boyd, James P., Glasgow; Boyd, M.A., M.D., Dublin; Brady, C. M., L.R.C.S.I., Wigan; Brailey, W. A., M.D., London; Braithwaite, Jas., M.D., Leeds; Bramwell, Byrom, M.D., Edinburgh; Brand, A. T., M.D., Driffield, E. Yorks; Brett, Alex. F., M.D., Watford, Herts; Bridgwater, Thomas, M.B., President of Council, Harrow; Broadbent, S. W., M.R.C.S., Dalton-le-Dale, Sunderland; Brockhall, Andrew A., London; Brodie, David, M.D., Canterbury; Brodie, J. Ewan, M.D., Glasgow; Bromwell, J. R., M.D., Washington, D.C.; Brooke, F. C. G., M.B., Manchester; Brooks, H. St. Jno., M.D., Dublin; Brown, Archibald, M.B., Glasgow; Brown, Geo., M.R.C.S., London; Brown, John, M.D., F.R.C.S. Eng., Baxley, Lancashire; Brown, John, M.D., Glasgow; Brown, John Ritchie, M.D., Saltcoats, Ayrshire; Brown, Leonard, Esq., London; Brown, M., F.R.C.S., Edinburgh; Brown, Robert, M.D., Pollokshields; Brown, Thomas, L.F.P.S. Glas.; Brown, Wm., M.B., Fishponds, Bristol; Brown, Wm., M.R.C.S., Carlisle; Browne, D. J., Londonderry; Browne, J. W., M.R.C.S., Belfast; Browne, J. W. A., B.A., M.D., M.R.C.S., Belfast; Browne, Lennox, F.R.C.S. Edin.; London; Browne, Samuel, M.D., C.M., R.N., Warwick; Browne, Thos., L.F.P.S., Dunblane; Bruce, Alex., M.D., Edinburgh; Bruce, Robt., Wilson, L.F.P.S.G., Glasgow; Bruce, Wm., M.D., Dingwall; Bryce, Thomas H., M.A., M.B., C.M., Glasgow; Buchanan, George, Professor Clinical Surgery, Glasgow; Buchanan, Jas. R., Glasgow; Buchanan, H. Bryden, M.B., C.M., Thirsk; Buck, Chas. W., M.R.C.S.E., Settle; Buist, J. B., M.D., Edinburgh; Bulteel, Christopher, F.R.C.S., Stonehouse, Plymouth; Buncke, Alex., M.B., Purstone; Burgess, John, L.R.C.P., Burnley; Burns, John, Esq., Glasgow; Burns, Wm., M.G., M.R.C.S.E., L.R.C.P.E., Glasgow; Burrell, Edwin, M.D., London; Burrows, T. E., M.B., London; Butler, John Kerr, M.D., C.M., Cannock, Stafford; Butterfield, Harris, M.D., L.S.A., Sevenoaks, Kent; Byers, John W., M.D., Belfast; Byrne, J., F.R.C.S., Londonderry.

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Valcourt, Theophile De, M.D., Paris, and M.R.C.P., Cannes; Vandersmagt, A., M.D., C.M., D.P.H., Colombo, Ceylon; Vernon, John, Esq., Dublin; Vincent, Henry Bird, M.R.C.S.E., Dereham, Norfolk; Vinrace, Dennis, M.R.C.S., L.S.A., Hockley Hill, Birmingham.

Walker, Alex., M.D., St. Leonard's; Walker, James Pattison, Surgeon-General, London; Walker, S., M.D., Biarritz, France; Walker, Sam., M.R.C.S.Lond., Middlesbrough; Walker, Wm., M.D., Pollokshaws; Wallace, A., M.D., Glasgow; Wallace, A. M.D., L.R.C.S.Edin., Rochdale; Wallace, Frederick, L.R.C.P.Lond., M.R.C.S.Eng., London; Wallace, James, Esq., Greenock; Wallace, William, M.D., Greenock; Wallace, William, M.A., M.B.; C.M., Shawlands; Wallace, W. A., Esq., Brentwood; Walsh, Jno., M.R.C.S., Stonyhurst; Walter, Wm., M.D., Manchester; Walton, R. Spence, M.B., M.R.C.S.Lond., Hebbden Bridge, Yorkshire; Wands, Jas., M.B., Chester-le-Street; Warburton, E., M.R.C.S., Treherbert; Ward, J., Bywater, M.B., Cantab.; Oxford; Ward, P. M., M.R.C.S., L.R.C.P., Merthyr Tydail; Warden, Charles, M.D., Birmingham; Waring, Francis J. A., Esq., Hove, Brighton; Warner, Francis, M.D., London; Warnock, H., Esq., Donegal; Warren, D., L.K.Q.C.P., L.R.C.S.I., Melbourne; Waterhouse, H. P., M.B., Royal Infirmary, Edinburgh; Waters, E., M.D., Chester; Wathen, J. H., L.R.C.P., Clifton; Watkins, Robert W., F.R.C.S., Tostchester; Watson, Geo. A., Deputy Surgeon-General, Cheltenham; Watson, Jas., M.B., Royal Asylum, Dundee; Watson, J. M., L.R.C.P.E., L.R.C.S.E., Lanark; Watson, T., M.D., Stockton, Kirkintilloch; Watson, T. Boswall, M.D., London; Watson, W. R., Esq., Merryfield, Govan; Waxham, F. E., M.D., Chicago, U.S.A.; Webb, Wm., M.D., Wirksworth, Derbyshire; Webster, A. B., Esq., Edinburgh; Webster, Thomas, M.R.C.S., etc., Redland, Bristol; Weir, P. A., Surgeon-Major, Glasgow; Wells, Sir T. Spencer, London; Wemyss, J. W., M.D., Broughty Ferry; Westcott, Wynn, M.B., London; Wethered, Frank J., M.B., M.R.C.P., London; Whalley, William, M.D., M.R.C.S.E., Bradford; Wheelhouse, C. G., F.R.C.S.E. (President-Elect), Leeds; Whisk, Charles, M.B., C.M., Pollokshaws; Whitcombe, E. B., M.R.C.S., Birmingham; White, H. W., L.R.C.P., etc., Bradford; White, John, Esq., Pollokshaws; White, William D., Dublin; White, W. R., M.D., Wadhurst, Sussex; Whitelaw, Wm., M.D., Kirkintilloch; Whitelock, H. A., M.B., M.R.C.S., Oxford; Whitson, James, M.D., Glasgow; Wiglesworth, Joseph, M.D., Lond., Rainhill, Lancashire; Will, J. C. Ogilvie, M.D., F.R.S.E., Aberdeen; Wilcox, R. Lewis, M.R.C.S., L.R.C.P., Warminster; William, Robt., M.B. and C.M., Haltwhistle, Carlisle; Williams, Alf., M.B., Royal Infirmary, Edinburgh; Williams, Dawson, M.D., London; Williams, J. T. Creswick, L.R.C.P.Lond., M.R.C.S., L.S.A., Infirmary, Carmarthen; Williams, Richd., M.R.C.S., Liverpool; Williams, C. Theodore, M.D., London; Williams, W. J., M.D., Middlesbrough; Williams, W. M., Esq., Bettwyscoed; Williamson, Jas., M.D., Ventnor, Isle of Wight; Willis, George, Esq., Bailieston; Willis, William Robertson, M.B., C.M., Baillieston, N.B.; Willis, Thos., F.R.C.S., London; Wilson, H. Garnett, Esq., Glasgow; Wilson, H. P. C., Esq., Baltimore, U.S.A.; Wilson, James, M.D., Old Meldrum; Wilson, Jas., M.B., Govan; Wilson, James A., M.B., C.M., Springburn, Glasgow; Wilson, John, M.B., Glasgow; Wilson, John, M.D., Castleblaney; Wilson, J. M., Esq., Doncaster; Wilson, John Robert, M.D., Huntly, N.B.; Wilson, Ralph W., Esq., Kew Gardens; Wilson, R., M.D., Alloa; Wilson, Robert M., M.D., Old Deer, Aberdeenshire; Wilson, Thomas, M.R.C.S.Eng., L.R.C.P.Ed., Walsend-on-Tyne; Wilson, Wm. A., M.D., Thorncliffe, Greenock; Wilson, W., F.R.C.P.Lond., Florence; Winkfield, Alfred, F.R.C.S., Oxford; Winterbotham, W. L., M.B., Bridgwater; Wolfe, J. R., M.D., Glasgow; Wolston, W. T., M.D., Edinburgh; Wood, Thomas, M.B. and C.M., Leith; Woodman, John, M.D., Exeter; Woods, Oscar, M.D., Killarney; Workman, Charles, M.D., Glasgow; Wrench, Ed. M., F.R.C.S., Baslow, Derbyshire; Wright, C. J., M.R.C.S., Leeds; Wyer, Otho F., M.D., Glasg., Leamington Spa; Wylie, Alexander, M.D., London; Wylie, James, M.B., C.M., Glasgow; Wylie, John, M.B., Stewarton; Wylie, W., M.D., Skipton.

Yates, Jas., M.D., Oldham; Yates, P., M.D., Bolton; Young, Peter, L.R.C.S.E., Dundee; Young, P. A., M.D., Edinburgh; Young, R. Bruce, M.B., Glasgow; Young, Thomas, M.D., Ancoats, Manchester; Young, William, M.D., West Calder; Younger, H. J., M.B., Glasgow; Yellowlees, David, M.D., Gartnavel, Glasgow; Yeoman, G., Esq., Glasgow; Yourell, M., M.K.Q.C.P.I., Dublin.

Ziemssen, Oswald, M.D., Wiesbaden.

#### EXCURSIONS.

*The Perthshire Highlands, Lochearnhead, and Crieff.*—The full complement of visitors (namely, 100), including a number of ladies, availed themselves of this excursion, *via* the Caledonian Railway Company's well-known circular route. The weather unfortunately turned out very disagreeable, a thick drizzling rain falling throughout the greater portion of the day. Leaving Glasgow by special train at 8.35 A.M., the party proceeded to Lochearnhead, where seven brakes and carriages awaited their arrival. Driving thence down the north shore of Loch Earn to St. Fillans, the scenic grandeur on each side of the loch was not seen to advantage. At St. Fillans a short stay was made, and the party thereafter drove to Comrie. Here the party had the option of taking tea at Cowden, or journeying to see the Deil's Cauldron, a romantic waterfall in the neighbourhood. The journey was resumed to Crieff, which was reached at half-past four. Dinner was served in the Strathearn Hydropathic Establishment, to which a number of the leading citizens of Crieff were invited along with



the party. They left by special train in the evening for Glasgow.

*Lanark and Falls of Clyde.*—The party, to the number eighty, left, per special train, the Central Station at 9.40 A.M., and it was pleasing to note that several ladies were present. Places of interest on the way were pointed out, and Tillietudlem Station was reached in good time. The morning was mild, and there was no rain, therefore the short walk to the Castle was enjoyed by everyone. Preparations had been made at the Castle for our reception; the place was thrown open in readiness, candles were burning in the dungeons, and the ascent to the roof made comfortable. After the exploration, Dr. Glaister gave a short descriptive sketch of its archaeological and historical distinctions. The party then walked down the Nethan ravine, a very lovely walk, and in the pleasant morning was, after the gaiety and hard work of the week, a very agreeable contrast. Joining vehicles at Crossford, they drove to the different falls of the river, Stonebyres, Cora, and Bonnington Linns. At Corehouse estate they were joined by Hugh Davidson, Esq., solicitor, one of the leading archaeologists of the neighbourhood, who, by his entertaining anecdotes of places, men, and things, gave interest to the drive. At Cora Castle the party was photographed, and an exceedingly effective group has been made. At the top of the Falls the carriages awaited the party, and they drove on to Lanark, where every arrangement had been made, at the Clydesdale Hotel, for the comfort of the visitors. After the outer man had been refreshed, with appetites whetted, the inner man was abundantly provided for. Dining with the party were the Provost and Town Clerk of the burgh, Mr. Davidson, and other gentlemen. After dinner, a few toasts were pledged enthusiastically, and the party then proceeded to view and examine Smellie's library, which was laid out for inspection in the County buildings. There the medical visitors were shown an advance copy of Smellie's *Atlas*, with written corrections by himself in many places. Many expressions of interest were heard from the visitors *à propos* the worth of the collection, and it is to be hoped that a change will take place soon in its environment. The party then divided itself into sections, and, piloted by local gentlemen, visits were made to Cartland Crag, the old Roman bridge, St. Kentigern's Abbey, Smellie's grave, etc. The absence of rain, and on the other hand the absence of brilliant sunshine, contributed to make the weather agreeable, and many doubtless will remember their visit to Lanark and the Falls of Clyde.

*Loch Lomond.*—The excursion to Loch Lomond was not so numerously attended as it was expected, the broken character of the weather no doubt preventing many from taking advantage of this charming trip. The party, consisting of between thirty and forty members of the Association, with a goodly sprinkling of ladies, left Glasgow by train at 11.5 A.M., reaching Balloch pier at 12.5. Here they were joined by the guests, R. D. McKenzie, Esq., of Caldervan, Convenor of the county of Dumbarton, and Mr. Wylie, of Cordale. The loch was in one of its sober moods, but the scenery was much enjoyed by all, although only the shoulders of the Ben and other heights were visible. A sail of two hours took us to the head of the loch, during which the objects of interest were pointed out to the visitors. The boat lay here for two hours, during which time a substantial luncheon was discussed, and a short toast list disposed of, Dr. Morley Rooke, of Cheltenham, discharging the duties of chairman with entire satisfaction. The return sail to Balloch was very pleasant. Only slight showers (Scotch mist) fell at intervals, and the whole party seemed to enjoy the day's outing. A vote of thanks to Dr. Robertson, of Dumbarton, the representative of the Excursions Committee, before landing, testified to the success of the arrangements. The party reached Glasgow shortly before 8 o'clock in the evening.

*Stirling, Bridge of Allan, and Dunblane Cathedral.*—Owing to a little delay in starting it was close on 10 o'clock when the party of forty excursionists, chaperoned by Dr. Erskine, reached Stirling. Conducted by Dr. Haldane, Provost Yellowlees, Dr. Galbraith, and Chief Magistrate Drysdale, visits were made to the places of interest in the town: to the Royal Infirmary, where Dr. M'Nicol and the matron, Miss Falconer, conducted the visitors over the building, and to the Castle, Mar's Work, Argyle House, the East and West Churches, and the Guildhall, which were all examined, and their history graphically given by the Provost. At the Smith Institute the picture galleries and museums were inspected, and after cake and wine had been partaken of in the Reading Room, the party in open carriages (a few ladies not caring to face an inclement Scotch mist, sheltering themselves in a bus, thoughtfully provided) pro-

ceeded to view both the old and the new town. A smart run brought the party to Causewayhead and the foot of the Abbey Craig, where all dismounted and proceeded to climb the hill. Arrived at the summit a general desire was felt to ascend the monument, where the armour and marble busts were examined, and from the top of which, with the wind blowing lustily, the indefatigable Provost and Drs. Haldane and Galbraith pointed out the several objects of interest in the surrounding landscape, including Airthrey, Bridge of Allan, Blair Drummond, Craigforth, the Gowan Hills, the Heading Stone, Stirling Castle and Town, the Gillies Hill and Field of Bannockburn, the Forth with its many windings, Cambuskenneth Abbey, the railway bridge at Alloa, the Whale Park, and Demvat. A drive (by kind permission) through the lovely grounds surrounding Lord Abercrombie's mansion till the lodge on the Bridge of Allan was reached, was much enjoyed. Arrived at the Bridge of Allan, a substantial dinner was served in *recherché* style, to which ample justice was done. Dr. Haldane took the chair; toasts were freely drunk, and many pleasant speeches followed. The drive was now continued through the Bridge of Allan to Keir Lodge; Kippenross, by kind permission of Colonel Stirling, was driven through, and its beauties much admired, and on to Dunblane, where the cathedral was next visited, and its window and carving elicited warm admiration. At the Hydropathic Establishment light refreshments of a most agreeable kind were prepared. Dr. Brown, the resident physician, and Chief Magistrate Bell did all they could to enhance the pleasure and administer to the comfort of their guests. Time was pressing, the carriages were waiting to convey the party to the Bridge of Allan Station to catch the special from Lochearnhead, and all but a few, who had resolved on staying behind to enjoy more of the beauties of the place, arrived in Glasgow at 8.35, after a most enjoyable excursion, which had but one marring element, and that was the cold and inclement weather.

*Rothsay and Kyles of Bute.*—Over eighty excursionists (ladies and gentlemen) left the Central Station by special train for Greenock, where the new s.s. *Victoria* (specially chartered for the occasion) was waiting. Leaving Greenock the *Victoria* sailed round the s.s. *Great Eastern*, which was lying close by, giving the visitors a splendid view of it. Rothsay was next reached, where a few more gentlemen came on board, including the Provost of the town; and thence the sail was up the Kyles and right round the Island of Bute, back to Rothsay Pier. A splendid dinner was served on board, Dr. Charles Cameron, M.P., presiding. He was supported by the Provost of Rothsay, Sir Spencer Wells, Dr. Farquharson, M.P., and Professor Struthers, of Aberdeen. An impromptu toast list was prepared and heartily gone through. On arriving at Rothsay, brakes were in readiness to convey the party to Mount Stuart House, and thence back to Glenburn Hydropathic, where, by the kindness of Mr. Philp, the proprietor, tea was provided. The party next walked to Rothsay Castle, under the guidance of the Provost, who kindly described a number of interesting points in connection with this ancient ruin. The *Victoria* was again reached, conveying the party to Wemyss Bay, where train was waiting for Glasgow. Everyone seemed pleased with the day's entertainment, the only thing marring it being the weather which, at the outset particularly, was rather disagreeable. Dr. James Hamilton acted as chaperon.

*Ayr and the Land o' Burns.*—This trip was conducted by Dr. Robert Pollok, and was joined by some Americans, including Professor N. Davis, late President of the International Medical Congress which met at Washington last year; Miss Davis, and by a few Colonial medical men, amongst whom was Dr. Ogilvie, from Kingston, Jamaica, with other members interested in archaeology and in the favourite Scottish poet, Robert Burns. The party left St. Enoch Station by special saloon carriage, and the "auld town o' Ayr" was soon reached, where carriages were waiting. A pleasant drive followed, through the rich and varied scenery of agricultural Ayrshire, past the Ayr water reservoirs by Auchendrane, the country seat of Sir Peter Coats, and near that of the old family of Cathcart. At intervals the banks of the bonny Doon peeped out, rousing the enthusiasm and song of some of the poetic members. The time glided swiftly and pleasantly on until the horses' hoofs clattered on the causeway of Ancient Maybole. The old castle attracted special attention; and here the head of "Johnny Faa" still frowns down upon the descendants of Cassilis. "John Knox's house," and the old tolbooth were also seen. After luncheon, Crossraguel Abbey was visited. This old Gothic ruin, with its altar, vestry, ecclesiastical court, vaults, cells, and tower, afforded abundant material for friendly discussion; and it was

with some difficulty that the more ardent antiquarians were hurried off from the many associations that cluster round the remains of the old residence of Abbot Quentin Kennedy. Culzean Castle, the seat of the Marquis of Ailsa, was next visited. The recent demise of the lamented Marchioness cast a depression on this part of the programme; but the castle with its beautiful grounds, gardens, and extensive ponds, was much admired and greatly enjoyed. On the way home, the monument erected to Robert Burns was inspected, and here were seen the Bible Burns presented to his Highland Mary, Jean Armour's wedding ring, a few original manuscripts, and other relics of the poet. Thom's statues of Tam o' Shanter and Souter Johnny rivetted the attention. The company strolled along the "banks and braes o' bonny Doon," which flows through the well-kept grounds, and stood on the "auld brig o' Doon," where the witch caught possession of Tam's "grey mare Meg's tail." The "auld Alloway Kirk," with its graveyard and the window through which Tam sacrilegiously watched "Cutty Sark" dance were pointed out. The cottage, with the original fireplace and bedplace and many of the poet's relics, were closely scrutinised, and taking an affectionate farewell of the thatched cottage, the company were rapidly driven into Ayr, where an excellent dinner was served in the Station Hotel. So much time had been consumed in "doing" the many sights of the route, that toasts were dispensed with. Dr. Erskine proposed a vote of thanks to Dr. Pollok for the great kindness and geniality with which he had surrounded the day's journey. This was ably seconded and supported by Professor Davis, and cordially responded to by the company. Some waited to see Ayr, its Wallace Tower, and other historical connections, whilst the remainder of the party returned to Glasgow by the 6.15 P.M. train.

*Arran.*—The party, numbering 81, left Bridge Street Station in saloon carriages at 9.40 A.M. for Wemyss Bay, where it joined the famous Clyde steamer *Ivanhoe*, called at Rothesay, en route to Arran, and passed through the Kyles of Bute. Dinner, to which ample justice was done, was served on board during the passage. On landing on the island the party visited Brodick Castle (by the kind permission of his Grace the Duke of Hamilton), and all, highly pleased with the day's excursion, returned to Glasgow by the same route.

*Callander and the Trossachs (Loch Katrine).*—A party, 100 in number, left Buchanan Street Station, in special saloon carriages, for Callander, where coaches were in readiness to convey them to Loch Katrine. Dinner was served at 3 P.M. in the Trossachs Hotel, after which visitors enjoyed a sail on the loch to the Silver Strand, mentioned by Sir Walter Scott in the *Lady of the Lake*. After a most delightful and enjoyable trip, the party returned by the same route to Glasgow at 7.5 P.M.

*A Trip on the "Hebe."*—Some members of the Association and their families had a pleasant excursion in the yacht *Hebe*, placed at the disposal of Professor Gairdner, president of the Association, by the generosity of Mrs. Coates, of Ferguslie. The party left Greenock at 11 o'clock, and after calling at Rothesay, sailed up Loch Long. The weather was too boisterous for a trip further in the opposite direction, but in other respects all was propitious, and the voyage was thoroughly enjoyed by everyone. A handsome lunch was provided by Mrs. Coates, to whom great thanks are due. A number of ladies were of the party.

In addition to the above there was a series of short excursions, including visits to the harbour and shipbuilding works, under the charge of Dr. Barras, of Govan; the City of Glasgow Fever Hospital, Belvidere; the Hamilton Palace, Mausoleum, and Grounds (under the conductorship of Drs. Lennox and London, of Hamilton); Glasgow Corporation Waterworks, Mugdock (conducted by Dr. Robertson, Milngavie); Queen's Park and Cathkin Park, under the charge of Drs. Fenwick and Barrie; Barony Parochial Asylum, Woodilee, Lenzie, and the fossil trees in Victoria Park, Whitewich (Mr. John Young, F.G.S., conducting the party and explaining the interesting remains).

## BRITISH MEDICAL ASSOCIATION.

### SUBSCRIPTIONS FOR 1888.

SUBSCRIPTIONS to the Association for 1888 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to the General Secretary, 429, Strand, London. Post-office orders should be made payable at the West Central District Office, High Holborn.

## The British Medical Journal.

SATURDAY, SEPTEMBER 1st, 1888.

### DR. CARTER'S BRADSHAW LECTURE ON URÆMIA.

WE congratulate Dr. Carter upon his choice of subject for the Bradshaw Lecture of this year, and upon the concise review and criticism he offered his audience of the state of our knowledge concerning the pathology of uræmia, and of the theories advanced to connect its pathology with the clinical facts. To those who watch the progress of medical research it must during recent years have been evident that the study of pathological anatomy was rapidly ceasing to yield results which could be considered a sufficient recompense for the labour bestowed upon it. Observers have been reduced to a description of the curiosities of disease, or of minutiae only to be discovered by high powers of the microscope and after infinite pains of preparation. Of course such researches have their value, still most will prefer a more open field of discovery, and hence we see growing yearly a desire to investigate functional pathology, of which pathological chemistry forms one of the most important, and possibly one of the ultimate divisions. While something may still be claimed for the significance of the anatomy of uræmia, it has long been suspected that the clinical picture, designated by that name, was produced essentially by a chemical poisoning, the nature of which, as the number of the theories concerning it proves, was not yet known. Those who heard Dr. Carter's lecture, or who will read the account of it which we publish, will appreciate the strides made during the last few years in the investigation of the chemistry of uræmia. The narrower ideas of its pathology, the theories of ammonæmia, creatinæmia, urinæmia, and the rest, are seen to be no longer consistent with either clinical or chemical facts, and give place to broader views, which, if still lacking in precision, do not hide our ignorance under the cloak of a name.

Dr. Carter, as will be seen, has carefully digested the recent work of the French rather than of the German School, and, while giving a clear exposition of our scientific position, adds certain observations of his own, which are not the least interesting points in his lecture. He is not inclined to support Traube's theory, that the nervous phenomena of uræmia are due to cedema, and consequent anæmia of the nervous centres. The theory was mainly called forth by an anatomical fact that, in some cases of death from uræmia, the brain was seen to be pale and apparently watery. Such a change is often, but not always, seen; and as Dr. Carter, agreeing with Voit and

THE Queen has sent the Lord Mayor a donation of £50, in aid of the fund for the relief of the sufferers by the recent floods in the Isle of Dogs.

THE METROPOLITAN RAILWAY.—The state of the atmosphere in some portions of the Metropolitan Railway has long been a source of danger to those who travel by it. We are pleased to know that improvements are being effected at the Baker Street Stations which will admit some light and air to this part of the line, where both are so much needed.

enlarged and commensurate powers might contract for the reduction of the excessive death-rate of Manchester, now 27, to 16 in the 1,000; and this reduction would be attended, as shown in the manufacturing town of Leek, with an augmentation of five years of the average duration of life and working ability, and at what cost? At not above one-third of the insurance charges of the £24,000,000 annually paid by the wage-classes of England to provide against excessive sickness and premature mortality; nay, he believed at not above one-third of the insurance charges against sickness and mortality enforced by a special executive machinery made by Prince Bismarck in Germany. The sanitary works of drainage and improved water carriage were, however, sometimes counterbalanced by overcrowding. Let them look at the case of the working man under that condition. In some experiences got out at Glasgow it was shown that there was an excessive death-rate in single-roomed tenements, but a lower death-rate in double-roomed tenements, and a still lower death-rate in the three-roomed tenements. There had during the last seven years been a reduction of children's diseases by sanitation. The progress of the power of sanitation had also been strikingly displayed in the military services. A quarter of a century ago the death-rate in the Guards was 20 per 1,000. It was now 6½ per 1,000. The death-rate in the home army was 17 per 1,000; it was now about 8 per 1,000. But Germany beat us with her death-rate of 5 and 6 in 1,000. In France it was 10 in 1,000; in Austria, 11; in Italy, 11; in Russia, 18. In the Indian army the old death-rate was 69 in 1,000. From 1879 to 1874 it was reduced to 20 per 1,000, and now it was about 14 per 1,000. In the six years from 1879 to 1884 the aggregate saving was 16,910 lives; and, on the military estimate of £100 per life, the saving in money during the six years was £1,691,000. He had recently been made aware of the prevalence in high political statesmanship of a deadly error—that sanitation was opposed to the Malthusian doctrine, "that pestilence was the great check to the growing excess of population." Unfortunately he found a younger generation who had never read the demonstration of that great error given in his report of 1842—that pestilence was attended by a rapid augmentation of births, and did not reduce the numbers of populations, but only weakened them, and augmented the proportions of the dependent pauperism. There was one large economical effect which he had recently ascertained was now developed in connection with the sanitation of the German army. By the manual instruction and industrial exercises given in the three years military training, the recruits came out with an improved industrial aptitude, which imparted to them 30 per cent. of higher value in the labour market. With this result of improved productive force of the whole working population, the military training might be said to cost the State nothing, it being really economically remunerative. In conclusion, he referred to some of the chief provisions of the new Local Government Act.

On the motion of Sir T. ROBERTSON, M.P., a hearty vote of thanks was passed to the President for his address.

Dr. EWART, Chairman of the Sanitary Committee of the Brighton Town Council, read a paper on the Sanitary Advantages of Brighton. He dealt at length with the situation of the town, its climate, its excellent drainage system, and its splendid water-supply.

Dr. NEWSHOLM had prepared a paper on the Duties and Difficulties of Sanitary Inspectors, but time would not allow of its being read.

After the customary votes of thanks had been passed, the company adjourned to the banqueting-room, where they were entertained at lunch by the Mayor. Later on the party proceeded in brakes to the Goldstone Waterworks, where they were met by Mr. Alderman Hawks, the Chairman of the Waterworks Committee, who gave details as to the supply which can be obtained, and stated that, although only 3,000,000 gallons are required per day in the town, the reservoirs, holding a total of 9,500,000 gallons, are filled every day. The headings had been pumped out for the occasion, and the visitors were lowered into the tunnels, nearly 200 feet below the ground, and made an inspection of some of the large fissures. After leaving Goldstone they drove to Portobello, and descended the large ventilating-shaft on the intercepting and outfall sewer to inspect the furnace and flushing gates.

**FITZWYGRAM PRIZES.**—In the annual competition for the Fitzwygram prizes, held during the summer, Mr. John A. Gold, of Ladywood, Birmingham, and Mr. J. G. Clayton, of Wilmslow, Cheshire, graduates of the "Dick" Veterinary College, obtained the first and second prizes of £50 and £30 respectively.

## ASSOCIATION INTELLIGENCE.

### NOTICE OF QUARTERLY MEETING FOR 1888. 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 17th, 1888. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, September 26th, and December 28th, 1888.

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.

REPORTS upon the two remaining inquiries, namely, that into DIPHTHERIA, and that into the GEOGRAPHICAL DISTRIBUTION OF CERTAIN DISEASES, are in preparation, and will be published as soon as ready.

The following inquiry only of the first series remains open, namely, that on the ETIOLOGY OF PHTHISIS.

A fresh inquiry into the ORIGIN AND MODE OF PROPAGATION OF EPIDEMICS OF DIPHTHERIA has been issued.

*Memoranda upon these subjects, and forms for recording observations, may be had on application to the Secretary of the Collective Investigation Committee, 429, 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 Hythe on Thursday, September 13th, Dr. Lovegrove in the chair. Anyone wishing to read papers, etc., should communicate at once with the Honorary Secretary, W. J. TYSON, 10, Langhorne Gardens, Folkestone.

**NORTH OF ENGLAND BRANCH.**—The autumnal meeting will be held at Middlesbrough on Thursday, September 20th, at 2.45 P.M. A discussion will take place on the recent epidemic of pneumonia in the Middlesbrough district. Dr. Drummond will exhibit some pathological specimens. Dr. Oliver will read a paper on Adonidine in the Treatment of Heart Disease. Dr. Ellis will read a paper on the Treatment of Noises in the Head. The dinner after the meeting will be at 4.30 P.M.—G. E. WILLIAMSON, F.R.C.S., Honorary Secretary, 22, Eldon Square, Newcastle-upon-Tyne.

**EAST ANGLIAN BRANCH: ESSEX DISTRICT.**—The next meeting will be held in the Town Hall, Clacton-on-Sea, on Saturday, September 15th, at 2.30 P.M. Dr. E. G. Barnes will preside. Dr. Stretch Dowse will give a Demonstration of the Massage Processes, with special reference to their Use in Tropic Muscular Changes. Members wishing to bring forward subjects for discussion are requested to communicate with the Honorary Secretary, C. E. ABBOTT, Braintree.

## SPECIAL CORRESPONDENCE.

### VIENNA.

[FROM OUR OWN CORRESPONDENT.]

*Ether in Failure of the Heart—Erythrophlœin in Cardiac Affections.*

IN a recent number of the *Wiener Klinische Wochenschrift* Professor v. Bamberger describes an interesting observation as to the effect of ether on cardiac insufficiency. Two years ago he had had under notice a man, aged 60, who was suffering from severe insufficiency of the heart depending on fatty degeneration, and most probably also from sclerosis of the coronary arteries, but without cardiac failure. The other symptoms present were considerable dropsy, albuminuria, swelling of the liver, severe dyspnoea, and continual sleeplessness. The patient had enjoyed perfectly good health until recently, but owing to over-work and irregularity of life the action of his heart became impaired. As the ordinary remedies were of no use or were only temporarily beneficial, the patient was directed to undergo the Oertel "cure" in the mountains. The symptoms, however, and particularly the dyspnoea,

enjoy as a Fellow, Member, or Licentiate of the College, and his name shall be expunged from the list."

Pretty sharp, this, for those physicians who would be shopkeepers.

"3. Any Fellow, Member, or Licentiate who, in the opinion of the College, shall have been guilty of conduct unbecoming the character of a physician, may be deprived of all the rights and privileges which as Fellow, Member, or Licentiate he does, or may, enjoy."

Why is this law not put in force against the sixpenny doctors who keep an open dispensary, and advertise on their windows, "Physician and Surgeon, advice 6d., including medicine, etc?"

#### DEPUTIES OF MEDICAL OFFICERS OF HEALTH.

STATE MEDICINE writes: Can a medical officer of health legally appoint as his deputy his assistant, a young man with only the L.S.A. licence?

\*.\* We have referred this question to Mr. J. R. Upton, Solicitor to the Apothecaries' Society, who writes as follows:—

"In reply to the inquiry of 'State Medicine,' I do not know of any authority enabling a medical officer of health to appoint a legal deputy; but, if he had that power, then the answer to the question depends on whether the diploma of L.S.A. was obtained prior or subsequent to the coming into operation of the Medical Act of 1886. Generally, the question of 'State Medicine' ought to be stated far more fully to elicit a satisfactory answer."

#### THE COLLEGES AND FOREIGN DEGREES.

YANKEE writes: I should be obliged for information whether the different Colleges are allowed, or have the power, to admit to their examinations foreign graduates whom they recognise (for the single qualification only, I mean), and would that be registrable?

\*.\* Foreign degrees are not recognised by the Colleges for admission to examination, except under special circumstances, which may be ascertained on application to the several Colleges. A registered practitioner may have a foreign degree, if obtained prior to the passing of the Act of 1886 and after satisfactory inquiry by the Medical Council, added to his name in the Medical Register.

#### A NOVEL USE FOR THE BRITISH MEDICAL ASSOCIATION.

DR. HOLMES JOY (Tamworth) writes: I enclose for your perusal a circular letter which I received this morning. I think you will agree with me that such a device is not conducive to the honour or dignity of the profession to which the writer's father belongs, nor to the character of the British Medical Association of which he is a member.

"From X. Y. Z. and Co.: Dear Sir,—My father, Dr. X., who is a member of the British Medical Association, having favoured me with your name and address, I take the liberty of sending you a sample of fine blended new seasons tea, which is of really good market value, for your kind inspection. We send out the same in 6, 12 and 20 lbs. tins, so that they lose none of their original strength through keeping. Carriage paid on 12 lbs. and above. Other samples will be forwarded with pleasure if desired. Hoping to be favoured with a reply."

\*.\* With reference to the above touting note, to which our attention has been called by a member, we vain would hope that the alleged sanction and consent of Dr. X. thereto, has been heedlessly assumed by the son rather than *de facto* prompted by the father. If it be otherwise, we need scarcely assure our correspondent that we fully coincide with his opinion, that such a device is neither conducive to the dignity of the profession at large, nor to the character of the Association in question.

#### A SCURVY TRICK.

A MEMBER writes: A. advertises an opening and a surgery for disposal. B. replies to advertisement, and comes down and sees the place, and afterwards writes refusing to take the surgery on the terms offered, and announcing his intention of starting on his own account within one hundred yards of the surgery which he has been told about in confidence.

1. May I ask what you think of B.'s conduct?

2. Has A. any legal claim for damages against B. for breach of confidence, etc.?

\*.\* If the statement of A. in the above communication be an accurate record of the facts of the case, it has seldom devolved upon us to comment on a grosser breach of professional honour. We venture to suggest that B. will do well to reflect on the false position in which he has placed himself, and withdraw therefrom, for he may, we think, accept it as a fact that a practice obtained by such questionable means will not prove a satisfactory one, peculiarly or otherwise.

With regard to "any legal claim for damages against B.," the point is one for the more especial consideration of A.'s solicitor, to whom it may, perhaps, later on, be worth while to refer it.

#### "COVERING" UNQUALIFIED PRACTITIONERS IN THE LEGAL PROFESSION.

H. F. S. writes: I would call the attention of the medical profession to the action taken by the Incorporated Law Society against Grayson and Wall. The former, a qualified solicitor, had allowed Wall to act as an attorney or solicitor under cover of his name. This offence is punished by the suspension from practice for two years of the solicitor, and imprisonment for three months of the unqualified man. An appeal to a higher court for remission of the sentences is dismissed.—*Times*, August 10th. *Verb. sap.*

#### SOCIETY RATES.

B.C. writes: I thank "A. R." for bringing this subject before the medical public. The Royal Liver Friendly Society used to pay me five shillings per report, and as the sums insured for were small and the cases came to my house I thought the fee was enough "loading" of the policy. I have lately

been reduced to "thirty pence." It is quite likely that, were I to resign, the Society could easily get the thing done for a shilling or even for nothing, and get full value for their money. I hope better things of them, however, and mean to write to them on the subject before I am compelled to resign. Let the medical officers of the Society each address the Board of Management, and I have no doubt the subject will get the serious consideration it demands.

## INDIA AND THE COLONIES.

### INDIA.

THE Government of Bombay have accepted the offer of 66,000 rupees made by the Albless family to construct an obstetric hospital between the Cama Hospital and the new Police Court building to be named after Mr. Bomanjee, a deceased member of their family. The donors have made it a condition that separate accommodation shall be provided for Parsee patients in the new hospital. The lady doctors attached to the Cama Hospital will also attend the Bomanjee Albless Obstetric Hospital.

THE Government of Bombay have finally and definitely decided that Sir Dinshaw Manockjee Petit's munificent gift of a lakh and a quarter of rupees shall be devoted to the building of a hospital for women and children in connection with the Jamsetjee Jejeebhoy Obstetric Hospital. Sir Dinshaw has assented to this proposal. The alternative proposal of applying this sum to the establishment of a pharmacological laboratory met with many adherents, and the Bombay *Samachar* (a native organ), writing on the subject, points out the advantages which might have followed the alternative plan. There is, it says, a mine of drugs in this country, which, if carefully worked by men of special aptitude, would be productive of great good to human kind. The establishment of a pharmacological laboratory in a city like Bombay would bring into light many new drugs possessing a variety of properties, which might be efficaciously used on manifold diseases, and while not recognising the necessity for a children's hospital, it adds there is a great need for a pharmacological laboratory, which, if the Government do not think it desirable to establish, must be founded by contributions received from the public.

DR. H. VANDYKE CARTER's retirement from the Indian Medical Service will create a permanent vacancy in the principalship of the Grant Medical College. This institution, as well as the Bombay Medical and Physical Society, will feel with the Indian Medical Service generally the loss of a highly-esteemed physician and valued colleague.

FEMALE MEDICAL AID IN CENTRAL INDIA.—Surgeon-Major D. F. Keegan, M.D., residency surgeon at Indore, is taking up with commendable zeal the work of supplying female medical relief to native households by starting a class in the charitable hospital in his charge. In 1887 six native women of good caste joined this class, three of whom were Brahmins and three Mah-rattas, the former being widows. An Indian contemporary, speaking on this subject, says:—"The native untrained midwives are utterly incapable of fulfilling the heavy responsibilities imposed upon them, and their modes of dealing with their patients at certain critical conjunctures are of a deplorably clumsy and inefficient character. The spread of knowledge of the rational or European system of midwifery in Central India, therefore, will contribute greatly to the production of an incalculable amount of benefit to the people in general, who owe Surgeon-Major Keegan a debt of gratitude for the keen interest he evinces in providing women with medical aid. Last year as many as 460 women were admitted to his hospital as in-patients, many of whom were of the Brahmin class. As out-patients the daily average attendance of women was 27.5. In Bhopal the Begum has built a good residence for a lady doctor, and fitted up the building formerly occupied by the city Hakim as a hospital for females. There seems a good opening for a lady doctor at Bhopal, where the ruler takes a lively interest in the welfare of the women under her sway." The Canadian Mission at Indore has also supplemented this work, and Miss Beatty opened a class to train native nurses last year. Three joined, but as there was no hospital where regular practical instruction could be given her benevolent efforts were unsuccessful; but in other directions Miss Beatty's work has been most successful, and high-caste and purdah women have freely availed themselves of her services by going to her bungalow for treatment, and in obstinate cases, in which the native *Dhais* had expended in vain all their energies and skill, her assistance has been sought.



*crèches*, to whose influence is attributed much of the preservation of infantile existence.

**CHELTEMHAM** (Population, 43,910).—*Enteric Fever caused by use of Water from Polluted Shallow Wells: Such Wells condemned.*—Surgeon-General Roch had to report an extensive prevalence of infectious disease during 1887, which, though not increasing the death-rate to any great extent, was such as to cause great anxiety and labour. Certainly the most important, because affecting the character of the town as a health-resort, has been an epidemic of typhoid fever, which, though not of a severe type, was wide-spread and lasted into the first quarter of 1888. Mr. Roch considers the mildness of the cases was influenced by the mode of introduction into the system, as by far the greater number of cases were traced to polluted water in the shallow wells of the low lying part of the town. A prolonged drought aggravated existing pollution, and by lowering the water in the wells gave a concentrated dose of the poison to persons drinking it. The use of these wells should certainly be prohibited, since an unimpeachable supply of water is now at the disposal of the Corporation. The mains have only to be extended in order to obviate another such outbreak. Small-pox, scarlatina, diphtheria and measles all presented themselves at various seasons of the year. The spread of small-pox was prevented by the prompt measures taken to isolate the two cases in the Delancy Hospital, both families being placed in seclusion, revaccination enforced, and houses and clothing, etc., thoroughly disinfected. Four cases of diphtheria came under notice, three of them being attributed to sleeping in rooms where there was an escape of sewer gas, and the fourth to sleeping in a damp room, the wall of which was covered with a layer of greenish-blue mould. The death-rate for the year was 17.1 per 1,000, which is about the average for the past ten years, and taken in conjunction with the high mortality among children and the prevalence of typhoid fever and measles, may be considered satisfactory.

**JARROW** (Population 83,000).—*Compulsory Notification of Measles: New Infectious Hospital.*—There appears to have been an exceptional prevalence of infectious diseases in the borough during 1887, although, as Dr. Campbell Munro explains in his annual report, the excess is to some extent more apparent than real. The year 1887 was the first entire year in which the notification of measles was general, and the increase in the number of cases reported was chiefly due to that disease. No fewer than 565 cases of measles, attended by 43 deaths, came under notice within the year. In June the holidays of the infant department of the Ellison schools—to which at that time the outbreak seemed to be particularly confined—were prolonged. But the step did not appear to affect the progress of the epidemic, which reached its highest prevalence in July. No cases of small-pox occurred. Scarlet fever caused 14 deaths, 173 cases of that disease being notified. The death-rate for the year was 19.8 per 1,000, as against 20.7 for 1886. The district has at last the valuable defence afforded by a new permanent hospital for infectious diseases.

**MERTHYR TYDFIL** (Population, 57,000).—*Prevalence of Scarlet Fever: Typhus Fever Outbreak in Dowlais.*—Infectious diseases were rife in this district during 1887, though the fatality from them was by no means as great as in the previous year. Mr. T. J. Dyke reports that scarlet fever was again the chief cause of the zymotic mortality, 107 deaths, chiefly those of young children, being attributed to it. Many cases of measles were under treatment, and 11 deaths were registered. Diphtheria was fatal to 2 persons. Enteric fever was debited with 26 deaths, a very unusual number during late years: the increase was due to the outbreak of this fever in the Gellideg division. In September, 17 cases of typhus fever were reported in five cellar dwellings in Plough Court, Dowlais. These places of abode were unventilated, damp, and overcrowded. The sick were at once removed to the fever hospital, the houses vacated, disinfected, and cleansed, and the malady did not spread. One death was attributed to small-pox, the patient being unprotected by vaccination. Tubercular diseases caused no less than 133 deaths, 10 per cent. of the total deaths, or 14 per 10,000 of the people. Great as is the loss of life occasioned by these maladies, it is comparatively small when contrasted with the proportionate death-rate due to phthisis in the days when no sanitary improvement had begun—namely, 38 per 10,000. The general death-rate for the year was 21.7 per 1,000, of which the zymotic proportion was 3.4.

**SALTLEY** (Population, 7,550).—*High Infant Mortality.*—The high rate of infant mortality which Mr. W. G. Cresswell reports for 1887 detracts somewhat from an otherwise favourable record. Of 110 deaths at all ages, 62 took place under five years of age, while of children under one year no fewer than 41 died, or 148 per 1,000 of the registered births. The district was absolutely free from small-pox throughout the year. Diphtheria was also absent, and croup nearly so. A few cases of scarlatina occurred in the autumn. Whooping-cough, however, was exceedingly rife throughout the autumn and winter months, and the end of the year brought a few cases of measles. Diarrhoea and dysentery were not marked by any epidemic character, notwithstanding the comparatively large number of 11 deaths under this head. Mr. Cresswell inclines to the belief that many of the cases were not truly zymotic in their origin, but were produced in the very young by improper feeding. Excluding, therefore, these 11 deaths from the zymotic list, the actual known number would be only 10, and the rate per 1,000 only 1.3, instead of 2.7. Sanitary matters seem to be satisfactorily attended to.

## UNIVERSITY INTELLIGENCE.

### ROYAL UNIVERSITY OF IRELAND.

At a public meeting of the Senate of this University held August 3rd, 1888, the degree of Bachelor in Obstetric Science was conferred on George R. Young, M.D., Ch.M.

## OBITUARY.

### FREDERICK MASON, L.R.C.P. EDIN., M.R.C.S. ENG.

It is with a feeling of profound regret we announce the death of Mr. Frederick Mason, of Bath, which occurred on August 29th, at his residence, Belmont, after a few weeks' severe illness. Mr. Mason was born in Bath in 1823, and received his early education, with many other citizens of Bath, at Lo Studio, kept by Mr. J. E. Sturges. After leaving school he was articled to Mr. Harries, surgeon, of Walcot Parade, and subsequently studied at University College, London. He became a Member of the Royal College of Surgeons and a Licentiate of the Apothecaries' Hall in 1847, and in 1859 a Licentiate of the College of Physicians of Edinburgh. On returning to Bath, he established himself in practice on the Paragon (then Axford Buildings).

His skill as an oculist has long been recognised, and since 1863 he occupied the post of Surgeon to the Bath Eye Infirmary. Mr. Mason was elected on the Committee of Council of the Association when it met at Manchester in August, 1877, since when he has always been most regular in his attendance and a most assiduous member of Council as representative of the Bath and Bristol Branch. He was also a member of the Journal and Finance Committee of the Association. He was President of the Bath and Bristol Branch in 1847, and was a member of the Ophthalmological Society.

Since April 30th Mr. Mason had experienced some difficulty in swallowing, which had increased considerably during the last month. During the last week of his life his weakness was exceedingly distressing, and he passed quietly away. *Post-mortem* examination showed epithelioma of the cardiac end of the oesophagus about two inches in extent, with ulceration at the margin of the stomach. His reputation had extended far and wide. He made many friends both in and out of the profession, to whom his kindly and gentle manner had endeared him, and to whom his death has brought feelings of great regret.

### BENJAMIN TOWNSON, M.R.C.S. Eng., L.S.A., Liverpool.

We regret to record the death of Mr. Benjamin Townson, which took place on August 21st at his residence, Adelaide Parade, Waterloo. Mr. Townson obtained his qualifications in 1837, and for many years carried on practice in Shaw Street. He was well known in Everton and Kirkdale, and was intimately associated with many social and philanthropic movements. He was interested in many charitable institutions, especially in the St. George's Industrial Schools, West Derby Road. He was a member of the Society of Friends, and a well-known advocate of the temperance cause. He was for many years attached to the General Post Office as medical officer, an appointment he resigned on his retiring from practice a few years ago. He was 74 years of age.

## MEDICAL NEWS.

### MEDICAL VACANCIES.

The following Vacancies are announced:

- BELGRAVE HOSPITAL FOR CHILDREN.**—Resident House-Surgeon and Assistant Secretary. Appointment for six months. Salary at the rate of £30 per annum, with board and residence. Applications by September 15th to the Honorary Secretary, 79, Gloucester Street, S.W.
- CHELTEMHAM GENERAL HOSPITAL.**—Resident Surgeon for the Branch Dispensary. Salary, £180, with partly furnished house, etc. Applications by September 15th to the Honorary Secretary.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.**—Resident Clinical Assistant. Board and lodging. Applications by September 28th to the Secretary.
- EDINBURGH CITY POORHOUSE, Craiglockhart.**—Resident Medical Officer. Salary, £30 per annum, with board. Applications by September 12th to Mr. G. Greig, Inspector.
- GENERAL HOSPITAL, Birmingham.**—Assistant House-Surgeon. Board, residence, etc. Applications by September 1st to the House Governor.
- GENERAL INFIRMARY, Leeds.**—Resident Medical Officer and Pathologist. Salary, £100 per annum, with board, residence, etc. Applications by September 15th to the Secretary of the Faculty.
- MANCHESTER ROYAL INFIRMARY, DISPENSARY, AND LUNATIC ASYLUM.**—Honorary Assistant Physician. Applications by September 18th to the Chairman of the Board.
- NEWPORT AND COUNTY INFIRMARY AND DISPENSARY, Newport, Monmouthshire.**—House-Surgeon. Salary, £100 per annum, with board and residence, etc. Applications by September 13th to the Secretary.
- NEWTOWNMOUNT KENNEDY FEVER HOSPITAL.**—Physician. Applications to Rev. H. Irwin, Honorary Secretary and Treasurer, Prospect. Election on September 3rd.
- ROTHERHAM HOSPITAL.**—Assistant House-Surgeon. Board, residence, etc. Applications by September 8th to the House-Surgeon.
- ROYAL HOSPITAL OF BETHLEM.**—Assistant Medical Officer. Salary, £300 per annum, with furnished residence. Applications by September 4th to J. Baggallay, Esq., Bridewell Hospital, 14, New Bridge Street, E.C.
- THE GENERAL INFIRMARY, Hull.**—House-Surgeon. Salary, 100 guineas per annum, with board and furnished apartments. Applications by September 17th to the Chairman of the House Committee.
- UNIVERSITY OF ABERDEEN.**—Chair of Chemistry. Applications by September 15th to R. Walker, Esq., M.A., University Library, Aberdeen.
- WINCHOMB UNION (No. 2 District).**—Medical Officer. Salary, £65, with fees. Applications by September 6th to J. H. Stephens, Clerk, Winchcomb.

### MEDICAL APPOINTMENTS.

- BROADBENT, John, M.R.C.S.Eng., L.S.A.Lond.,** late Honorary Surgeon, appointed Consulting Surgeon to the Hulme Dispensary, Manchester.
- BUGBY, K. T., L.K.Q.C.P.I., L.R.C.S.I.,** appointed Medical Officer to the Tiscotin Dispensary, Kilkenny Union, *vice* J. A. Morris, L.K.Q.C.P.I., etc., resigned.
- KEIR, W. Ingram, F.R.C.S., L.R.C.P.E.,** re-appointed Medical Officer of Health to the Melksham Rural Sanitary Authority.
- MILNER, James, M.R.C.S., L.R.C.P.,** appointed Medical Officer and Public Vaccinator for the Shipdham District of the Mitford and Launditch Union, and for the Bradenham District of the Swaffham Union, *vice* J. K. Milne, deceased.
- RUTHERFORD, Henry T., B.A., M.B.Cantab., M.R.C.P.Lond.,** appointed Physician to the Out-Patients, Samaritan Free Hospital, *vice* R. Boxall, M.D.Brux., resigned.
- TONKS, Henry, F.R.C.S., L.R.C.P., L.S.A.,** appointed Senior Resident Medical Officer to the Royal Free Hospital, Gray's Inn Road.

**ST. JOHN AMBULANCE ASSOCIATION.**—Her Royal Highness the Duchess of Connaught has attended a St. John Ambulance class for ladies at Poona, and has been awarded a certificate after passing a very satisfactory examination. Two large classes for men of the 1st Royal Fusiliers and 2nd Durham Light Infantry have also been held by the same lecturer, Dr. Kilkelly, A.M.S.; and the certificates, forty-one in number, were presented on July 27th by H.R.H. the Commander-in-Chief, the Duke of Connaught, at the Soldiers' Institute, Poona. His Royal Highness, who was attended by his full staff, was received by Major-General Solly-Flood, commanding the division, and the members of the divisional and medical staffs and many officers of the garrison. Having witnessed a very effective ambulance demonstration by the classes, the Duke presented the certificates, and in a short speech expressed his gratification at being present and at the proficiency displayed.—Certificates of efficiency were recently distributed to the successful candidates of the ladies' class of the St. John Ambulance Corps at Hoylake, Birkenhead. With one exception, the whole class succeeded in passing the examination. At the close of the presentation of certificates on Thursday week, Dr. Barrow and Dr. Pierce, who have acted as lecturer and demonstrator respectively to the class, were presented by the ladies, as a token of their esteem, with a fish carver and fork in case and a silver salver, the former being given to Dr. Barrow, and the latter to Dr. Pierce.

THE sudden death is announced of Mr. J. T. Hillier, M.R.C.S., of Ramsgate, under painful circumstances. The deceased gentleman, who was sixty years of age, left his home on Wednesday, August 29th, apparently in the enjoyment of good health, and, accompanied by his daughter, walked hurriedly to the Ramsgate station, when suddenly he dropped on his knees and expired. Mr. Hillier was, it is stated, suffering from heart disease. He leaves a widow and family.

**HEROISM OF A MEDICAL MAN.**—Mr. Thelwall, M.R.C.S., of Farndon, having had his attention drawn to a man, a stonemason, who, attempting suicide, had leapt over Farndon Bridge into the swollen waters of the Dee, at once plunged into the river, and after considerable difficulty succeeded in bringing the man, who was in an unconscious state, to the shore, and by restorative means brought him speedily round.

A YOKOHAMA letter received at Plymouth gives particulars of an outbreak of cholera on board H.M.S. *Impérieuse*. It appears that two men died while the vessel was at Hong Kong, and a third soon afterwards. The outbreak is said to have been due to the abnormally high temperature of the ship, and a correspondent states that even at Yokohama, where the *Impérieuse* now is, 100° is the ordinary temperature between decks. It is so hot that the chocolate becomes liquid and the salt provisions go bad. The ship's company are described as in great discomfort.

**PRESENTATION.**—Dr. Scanes Spicer was on Tuesday last presented with a handsome testimonial of plate by the officers of the Fulham Infirmary, of which he has recently resigned the office of medical superintendent, after four years' service.

**YELLOW FEVER IN FLORIDA.**—A telegram from New York, under date of August 25th, says: The latest advices from Florida state that the epidemic of yellow fever at Jacksonville is increasing. Fourteen fresh cases occurred there yesterday, being the highest number yet recorded in one day. Two more deaths are also reported. The Board of Health is making every effort to check the spread of the epidemic.

**INTELLIGENCE from Macao** states that cholera broke out there on board the transport *India* among the troops embarked for Mozambique. Thirty-eight cases occurred in forty-eight hours, twenty-four of which were fatal.

**RATIONS.**—It is stated that, in consequence of recent complaints as to the quality of rations supplied to troops quartered at home, authority has been given by the Horse Guards for the formation of classes in which officers may be instructed in the methods of judging the quality of all kinds of provisions, forage, etc.; and facilities are to be given for the attendance of officers generally.

**TRANSMISSION OF SYPHILIS.**—A case has just been decided in one of the Paris law courts in which the parents of a child suffering from hereditary syphilis, which communicated the disease to its nurse, have been condemned to pay £80 damages to the woman. Each of them has also had to pay a fine of £4. The decision was grounded on the clauses of the Code providing for the punishment for wounds or other injuries inflicted through carelessness. It appears that the parents were aware of their child's condition.

**CHOLERA** is said to be very active in the Punjab. Every precaution is being taken to guard against the spreading of the disease.

Mr. HENRY WRIGHT, M.R.C.S.Eng., has been placed on the Commission of the Peace for the Borough of Scarborough.

### 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 announcement.

#### BIRTH.

**RENDALL.**—At 46, Charlotte Square, Edinburgh, on August 26th, the wife of Stanley M. Rendall, M.D., of Aix-les-Bains and Mentone, a daughter.

#### MARRIAGE.

**MCCONNELL-SOWERBY.**—At St. Mary's (parish) Church, Teddington, on August 23rd, by the Rev. E. T. Stubbs, M.A., Rector of Charlcombe, Surgeon-Major J. F. P. McConnell, M.D., F.R.C.P., Bengal Medical Service, to G. E. Violet Sowerby, daughter of William Sowerby, Esq., M.I.C.E.

#### DEATHS.

**MASON.**—August 29th, Frederick Mason, M.R.C.S., L.R.C.P., aged 65, at 20, Belmont, Bath.

**WILTON.**—August 27th, at Brunswick Road, Gloucester, aged 58 years, Francis Wilton, M.R.C.S., formerly of the United Counties (Carmarthen) and Ticehurst (Sussex) Asylums, and son of the late John William Wilton, J.P., F.R.C.S., of Gloucester.

## OPERATION DAYS AT THE LONDON HOSPITALS.

<b>MONDAY</b> .....	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.
<b>TUESDAY</b> .....	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); St. Mary's; 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); St. Thomas's; National Orthopaedic.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: Middlesex.—1.30 P.M.: St. Bartholomew'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.
<b>THURSDAY</b> .....	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; St. Thomas's (Obstetric Department); Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M.: North-West London; Chelsea Hospital for Women.
<b>FRIDAY</b> .....	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.
<b>SATURDAY</b> .....	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., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.

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

**MIDDLESEX**.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p. W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, Tu., 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. T. F. S., 1; Obstetric, Tu. S., 1; o.p., Tu., 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., 1.45; o.p., M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrician, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30; Operations, Tu., 1.30; Ophthalmic Operations, F., 9.

**ST. THOMAS'S**.—Medical and Surgical, daily, except Sat., 2; Obstetric, Tu. F., 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, M., 9; Skin, Th., 1; Dental, W. S., 9.15.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN THE FIRST POST ON WEDNESDAY.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, 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, 429, 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.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

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.

## QUERIES.

## MEDICAL PRACTICE IN QUEENSLAND.

L.R.C.P.ED., 1882, would be grateful for any information as to the demand for medical men in Queensland, rate of fees, nature of expenses, and, in fact, any information relating to the prospects for a medical man contemplating going out.

## PRIVATE LYING-IN HOSPITAL.

S. P. Y. wishes to know of a home or private hospital where a lady of very moderate circumstances could be received at a small cost during her confinement.

## BELLEVUE COLLEGE, BOSTON, U.S.

BOSTONIAN writes: Letters have appeared for weeks now in the *Christian World* whether such an institution as the above exists or not. Could any of your numerous Boston readers or others decide the question? The correspondence in the *Christian World* is really amusing.

## TREATMENT OF SALIVATION.

W.G.B. would be grateful for any suggestions as to treatment in the following case. He says:

My patient, an old soldier, came to me about nine months ago complaining of profuse salivation. He has no history of syphilis, or of having taken mercurials or other drugs for some years excepting for this salivation, which he described when he first came as being "pints a day." I have tried gargles containing acids, alkalies, chlorate of potash, alcohol, iodine, belladonna, etc., from time to time, and internally tonic and iodide of potassium. Atropine has also been injected hypodermically, and belladonna applied internally to the glands, all of which occasionally have had effect, though of only a temporary nature. I have passed probes along Wharton's and Steno's ducts, and latterly used one dipped in fused silver nitrate, which has had the effect of considerably lessening the secretion from the left parotid and sublingual glands; but this is almost compensated for by an increased flow from the right side. On examination the saliva can be easily seen distilling from the orifice of the right Steno's duct. I may mention that my patient has been addicted to the abuse of alcohol, but of late has been much better in this respect without a corresponding improvement in his symptoms. Strong astringent preparations and iron seem to be of no benefit.

## REMUNERATION OF LOCUM TENENS IN NEW ZEALAND.

X. Y. Z. would be grateful for any information as to the usual rate of remuneration of a *locum tenens* for a length of time (say one year) in New Zealand.

## HÆMORRHAGE DURING COITUS.

A MEMBER asks for suggestions as to treatment in the following case:—

W. S., aged 35, married, had syphilis eighteen years, gonorrhœa seventeen years ago. He suffered from secondaries for a long time, especially in both testicles, which were nodulated. He also had a hydrocele. Under the influence of arsenic and hyd. iodid. kali all symptoms passed away. He now suffers from sciatica. Could any member say why, during sexual intercourse, blood is discharged in small quantity? He has a slight stricture. At present he is taking Easton's syrup.

## ANSWERS.

T. D.—Williams and Norgate, 14, Henrietta Street, Covent Garden, are the publishers of Mr. George Greswell's *Examination of the Theory of Evolution*. The book could no doubt be procured through any bookseller.

## "CURE OF RUPTURE."

C. C. BLAKE.—We can give no information on the subject, but should advise our correspondent to consult a respectable surgeon who is not connected with advertising firms.

## DOMESTIC MEDICINE.

W. H. C. asks: 1. What is the best and most recent work on domestic medicine and surgery?

2. Is there any work treating specially of diseases met with in South Africa that would be useful to a medical missionary?

\* 1. *The Family Physician* (Cassell and Co.).

2. We do not know of such a work.

## ELEMENTARY PHYSIOLOGY.

R. C.—Huxley's little book (Macmillan and Co.) is by far the best. It is kept well up to date.

## PAROXYSMAL SNEEZING.

DR. RONALD DANIEL (Petersfield) writes: In a case of the kind under my care I found quinine in large doses, given in anticipation of the attack, of great service. This drug, together with the application of a solution of cocaine in and about the nares, effected a cure.

DR. LEONARD G. PETERS (Gobowen) writes: I would recommend "Member" to try cocaine, in the form of a 10 per cent. solution, painted locally into the nostrils; also let the patient take aconite, arsenic, and quinine combined, in pill or mixture. As there is no history of gout, there may be malarial influence; the fact of the paroxysms being more frequent in winter seems to preclude hay-fever, etc.

## CAULS.

DR. LEONARD G. PETERS (Gobowen) writes: In answer to the query by "A Member" concerning cauls, I beg to inform him that they are prized by some persons on account of a superstition that they are a preservative against drowning; hence they are especially valued by those who "go down to the sea in ships." As to preserving them, I should think any of the ordinary preservative solutions would answer, probably a solution of carbolic acid in methylated ether would be as good as any.

DR. ALEXANDER FORD (Waterford) writes: The belief in the preservative value of the caul is very ancient. Ælius Lampridius relates that Diadumenianus, who attained the sovereign dignity of the empire, was born with a caul. The superstition as to the caul was very prevalent in the early ages of Christianity, and St. Chrysostom inveighs against it in several of his homilies. In France its efficacy was recognised. *Etre né coiffé* signifies that the person is born lucky. If a child born with a caul or coif became a lawyer, it presaged that

## NITRITE OF AMYL IN CHLOROFORM SYNCOPE.

DR. JOHN RUXTON (Blackpool) writes: It would be presumption on my part or any other man's to say whether nitrite of amyl would have saved any individual life without being present on the particular occasion, but I can generally and candidly affirm that I have found it a most efficient agent in collapse from inhalation of chloroform, as well as a very useful auxiliary when administering the same in doubtful cases, proof of which could be corroborated by several medical friends here. I have also found it a ready and sometimes very satisfactory remedy in cases of angina pectoris or extreme pain over the cardiac region; and an attendant can administer it while one's own hands are preparing hypodermic, oral, or local remedies. Were I asked in what class of cases amyl was most likely to be useful, I should reply, in those accompanied by extreme pallor of countenance. I have been in the habit of using amyl for the past sixteen years, unsuccessfully at first in cases of cholera, but have frequently since found it invaluable, ready in its application, quick in its action, though not infallible. I have used Martindale's preparation, and should be sorry to banish it from my emergency bag.

## IRISH AND SCOTCH DIPLOMAS AND PUBLIC APPOINTMENTS.

ONE WHO HAS BEEN DEPOSED writes: At page 314 of the JOURNAL of August 11th I notice that Dr. Waters drew attention to the extraordinary rule which prevents the late President of the Association (Dr. Banks) from becoming a physician to the Liverpool Infirmary, because he did not possess a certain English diploma. It would be interesting on this point to refer to the action of certain members of Council (in the majority) in the Royal College of Surgeons in England. The regulations of the College say that Fellows of the Irish College are admissible to the Fellowship *ad eundem* of the English College, if they conform to the by-laws and produce certain formal certificates duly set forth. But these regulations do not say that the admission shall be by ballot, and after the Irish Fellow has taken the trouble to obtain the certificates required and made his application, he then finds the whole proceedings were a complete farce, and that the majority of the Council make it a rule to black-ball every Irish Fellow who applies, two only, I believe, having been elected. It would be interesting to know what is the wording of the Charter on the point, and if the Charter makes *ad eundem* admissions to the Fellowship a mere matter of a quasi-club election, and if the Council are acting within their rights in making the *ad eundem* admission a dead letter, while retaining it in the regulations.

## ENGLISH PRACTITIONERS IN SWITZERLAND.

DR. J. M. LUDWIG (Pontresina) writes: In a letter published in No. 1434 of the JOURNAL Messrs. Coester, hotel-keepers in Davos, say that the persecution of the English doctors in the Engadine was caused entirely by some Swiss doctors who denounced them for illegal practice, with a view of getting altogether rid of their competition, and that the Grosse Rath of Grubünden did not adopt the view of the Swiss medical profession, but granted the right to practise to the English doctors. With these statements I beg to compare the facts, which are as follows: One of the two English doctors concerned lived in a place where he could not be in the way of any other practitioner, and no Swiss medical man has ever denounced him for illegal practice or complained of his competition. When the other English doctor first settled down a petition was signed by all the resident Swiss doctors of St. Moritz, Pontresina, Samaden, Zug, and Scams, asking our authorities to grant him the permission to practise. None of these medical men have ever denounced him; on the contrary, they have refused to give evidence against him, and when the question came before the Grosse Rath, the only medical member of this body was in favour of the English doctors as soon as he knew the opinion of his Engadine *confrères*. The relations between the English and Swiss medical men in the Engadine are therefore very good.

## HYPODERMIC SYRINGES.

DR. ARTHUR HILL HASSALL (Lucerne) writes: I am glad to see that Mr. Serres has, in the JOURNAL of August 25th, drawn attention to the manner in which the graduation of hypodermic syringes varies. The subject is a very important one, and the need of greater care in the graduation of these instruments urgent.

The divisions of the syringes of British manufacture should correspond with the minim measure, but those of foreign make are divided into decigrammes, or tenths of a gramme, so that each division in this case corresponds to a minim and a half of the English scale. Now, I believe that a very large proportion of the hypodermic syringes sold in England are of foreign manufacture, and hence the difference pointed out by Mr. Serres is partly accounted for; but no doubt other differences arise from want of care.

I have in my possession at the present moment two hypodermic syringes, both probably of foreign make. The divisions in one of these corresponds to a minim and a half, the ten divisions representing no doubt one gramme. In the other each division corresponds to two minims. Now, the strength of the hypodermic solution of acetate of morphine of the *British Pharmacopœia* is 1 in 10, and the quantity of this to be used for injection ranges from 1 to 5 minims.

Supposing, therefore, either of the above instruments were employed, in the belief that the divisions represented in each case a minim, and supposing it were desired to inject only a minim of the Pharmacopœial solution, the actual quantity injected would be—according to which instrument was used—6 or 8 minims of that solution, or, in the last case, double the quantity desired. In fact, a quantity of morphine would be injected which in many cases would be highly dangerous, and in some might—and, indeed, I may say would—prove fatal.

There is another point in the construction of these syringes which requires consideration, namely, the way in which the divisions are indicated. They are usually marked on the stem of the piston, the numbers up to 10 commencing from above downwards, but sometimes the divisions are marked on the barrel. When indicated on the piston the figures should commence at the bottom and not at the top, because in using the syringe one has to read off from below the number of minims injected, and this often leads to confusion and mistakes. By far the best and most accurate method is to show the divisions on the barrel, each being indicated by a coloured figure, the numbers in this case commencing at the top. The marking on the piston readily lends itself to great irregularities. Hence it appears that there is much need for the exercise of greater care in the manufacture of these syringes, the accuracy of which should be guaranteed by a certificate, as in the case of clinical thermometers.

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

Mr. Walter Basset, Bristol; Dr. F. de Havilland Hall, London; Dr. Wahl-tuch, Manchester; Mrs. H. E. Brown, Buxton; Messrs. E. Jesurum and Co., Venice; Dr. W. J. Collins, London; Mr. A. E. Vaughan, Crewe; Mr. Wick-ham Barnes, London; Dr. W. F. Murray, Forfar; Mr. W. Williams, Os-westry; Mr. J. W. R. Johnstone, Stirling; Sir Edmund Lechmere, London; Mr. W. R. H. Stewart, London; Dr. David Little, Manchester; Mr. W. H. Hargrove, York; E. R. Woodhouse, M.B., Stafford; Mr. W. G. Bower, Leyland, Preston; Dr. John Robertson, Dumbarton; Rev. H. B. Tristram, Durham; Dr. Owen Coleman, Surbiton; Mr. G. E. Williamson, Newcastle-on-Tyne; Pater Familias; Dr. C. Denison, Denver, Colorado; W. Murray, M.B., Bristol; Mr. E. H. Seccombe, London; Dr. W. B. Banner-man, Madras; J. T.; Dr. A. B. Prowse, Clifton; Dr. Maguire, London; Pro Bono Publico; Surgeon Townsend, M.S., Queenstown; Sur-geon H. Todd, R.N.; Trafford Mitchell, M.B., Gorseinon, near Swansea; Dr. De Styrup, Shrewsbury; Mr. G. N. Robins, Bourne; Mr. Sprigg, Hereford; Mr. R. Clement Lucas, London; Dr. W. Smyly, Dublin; Messrs. T. Christy and Co., London; Dr. James C. Howden, Montrose; Dr. Wayland Chaffey, Brighton; Dr. T. W. Hime, Bradford; Mrs. Brewett, London; Dr. G. Thin, London; Dr. Macan, Dublin; Mr. A. E. Barker, London; Our Sheffield Correspondent; Dr. Wm. Hill, London; Dr. Francis Warner, London; Dr. Churton, Leeds; Mr. L. Phillips, Hove, Brighton; Mr. E. Bellamy, London; Messrs. Krohne and Sesemann, London; Dr. J. Pirie, Glasgow; Mr. C. E. Abbott, Braintree; Mr. Leonard G. Peters, Gobowen; Dr. Bryars, West Hartlepool; Our Glasgow Correspondent; Dr. Biddle, Kingston-on-Thames; Mr. T. F. Hugh Smith, Farnham; Dr. E. T. Davies, Liverpool; Mr. C. W. Thris, London; Mr. E. F. S. McKay, Tralee; Mr. Lewis H. Brown, Standish; Dr. Tatham, Salford; Dr. F. C. Palmer, Stroud; Mr. B. A. Daniell, Aberavon; Dr. F. Willecks, London; Dr. R. Daniel, Petersfield; Mr. Robert Ruttie, Burnley; Mr. Matthew Car-nelley, Ruddington; Messrs. Burroughs and Wellcome, London; Our Liverpool Correspondent; Dr. Sykes, Mexboro'; Miss Dibben, Bourne-mouth; Messrs. Street and Co., London; Mr. R. C. Holt, Burnley; Messrs. De Hoghton and Co., London; J. H. Gray, M.B., London; Mr. Arthur Jackson, Sheffield; Mr. J. C. Vaughan, Bradford; L.S.A.; Mr. J. H. Griffin, London; Dr. W. M. Hayman, Winchester; Mr. J. J. Pitcairn, London; Dr. S. Sloan, Glasgow; Mr. Marshall, Lamberhurst; Dr. W. Wallace, Greenock; Dr. James Erskine, Glasgow; Dr. Louis Parkes, London; Mr. L. W. Pead, London; Dr. John Irving, Leytonstone; Dr. C. Theodore Williams, London; Dr. Arthur Hill Hassall, Lucerne; Dr. J. A. Philip, Boulogne-sur-Mer; Dr. Carlo Ruata, Perugia; Mr. T. Laffan, Cashel; Prin-cipal Walley, Edinburgh; Dr. R. Pollok, Pollokshields; The War Office; Mr. A. W. Russell, Glasgow; Mr. A. P. Arnold, Bishop Auckland; Mr. F. Nettelfold, London; H. Venables Palin, M.B., Wrexham; Dr. John Barr, Blackburn; Dr. J. Buchanan, Liverpool; Secretary of the Sanitary Institute, London; Mr. J. McIlroy, Port Glenone; Mr. M. H. Feeny, London; Mr. J. G. Douglas Kerr, Romford; A. Campbell Munro, M.B., South Shields; Dr. Pearson, London; Dr. Scanes Speier, London; Mr. J. P. Wilton, Gloucester; Mr. H. Jackson, London; etc.

## BOOKS, ETC., RECEIVED.

Léon-Petit, Dr. L'Hystérie Pulmonaire. O. Dolin: Paris. 1888.  
The Science and Art of Training. A Handbook for Athletes. By Henry Hoole. M.D. Lond. Trubner and Co., Ludgate Hill. 1888.

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