

# ASSOCIATION INTELLIGENCE.

## COUNCIL.

### NOTICE OF MEETING.

A MEETING of the Council will be held at the Offices of the Association, No. 429, Strand (corner of Agar Street), London, on Wednesday, the 17th day of October next, at 2 o'clock in the afternoon.

The following Committees will also meet:—

*Tuesday, October 16th, 1888.*—Trust Funds Committee, 3.0 P.M.—Scientific Grants Committee, 4 P.M.—*Wednesday, October 17th, 1888.*—Arrangement Committee, 9.30 A.M.—Journal and Finance Committee, 11.30 A.M.

FRANCIS FOWKE, *General Secretary.*

October 11th, 1888.

### NOTICE OF QUARTERLY MEETING FOR 1888. ELECTION OF MEMBERS.

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, December 28th, 1888.

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*.

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.

**LANCASHIRE AND CHESHIRE BRANCH.**—An intermediate meeting of the Branch will be held in the Co-operative Hall, Warrington, on Tuesday, October 23rd, at 3.15 P.M. Gentlemen wishing to read papers, make communications, or show cases, are requested to write at once to Dr. GLASCOTT, 23, St. John Street, Manchester, Honorary Secretary.

**WEST SOMERSET BRANCH.**—The autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, October 18th, at 5 P.M.; dinner at 5.30 P.M. The subject for discussion after dinner will be: "What Connection, if any, exists between Hæmorrhage and Mal-hygiene?" The discussion will be opened by Dr. Meredith, who will read a paper on the subject. Members having any communication to bring before the meeting are requested to send notice of its title to W. M. KELLY, Honorary Secretary.

**STAFFORDSHIRE BRANCH.**—The fifteenth annual general meeting of this Branch will be held at the North-Western Railway Hotel, Stafford, on Thursday, October 25th, at 3.30 P.M. An address will be delivered by the President, Dr. F. Boldero, Penkridge.—T. VINCENT JACKSON, Wolverhampton.

**OXFORD AND DISTRICT BRANCH.**—The next meeting of this Branch will be held on Friday, October 26th, in the Radcliffe Infirmary, at 3 P.M. Members intending to read papers or show cases are requested to communicate with the Honorary Secretary, W. Lewis Morgan, 42, Broad Street, Oxford, on or before October 12th.—S. D. DARBISHIRE and W. LEWIS MORGAN, Honorary Secretaries.

**SOUTH-WESTERN BRANCH.**—An intermediate meeting of the Branch will be held at the Angel Hotel, Tiverton, on Thursday, October 25th, 1888, at 2 P.M. Luncheon will be provided between one and two o'clock, at three shillings a head. Notices of papers, cases, etc., to be sent to the Honorary Secretary; and members who propose to attend the meeting and luncheon are requested to inform the Honorary Secretary a few days beforehand. Mr. J. D. Harris, Exeter, will read a paper "On the General Condition of the Injured on Admission to the Devon and Exeter Hospital after the Theatre Fire." Mr. L. Mackenzie, Tiverton, will show: 1. A Case of Arsenic Poisoning simulating Addison's Disease. 2. A Case of Fracture of the Spine.—P. MAURY DEAS, Honorary Secretary, Wonford House, Exeter.

**NORTH OF ENGLAND BRANCH.**—The clinical meeting will be held at the Ingham Infirmary, South Shields, on Wednesday, October 25th, at 4 P.M. Cases of interest will be shown by the members of the staff of the hospital, and by others.—G. E. WILLIAMSON, F.R.C.S., Honorary Secretary, 22, Eldon Square, Newcastle-upon-Tyne.

**BORDER COUNTIES BRANCH.**—The autumn meeting of this Branch will be held at the Infirmary, Whitehaven, on Friday, October 19th. The chair will be taken by the President, Dr. Robertson, of Penrith, at 1 P.M. A meeting of the Council will precede. Mr. Cramer, Maryport, will read a paper on An Underscribed Factor in the Treatment of Fractures. Dr. Hight, Workington, will read a paper on the Treatment of Pneumonia. Dr. Welby-Anson will read Notes on Two Cases of Concealed Accidental Hæmorrhage. Dr. Thomson, Penrith, will read Notes of Cases of Fracture of the Base of the Skull. The President will read Brief Notes of some Cases of Acute Peritonitis treated by Sulphate of Magnesia. Dr. W. Anson: Fibro-Cystic Tumour of Uterus. Dinner at the Grand Hotel at 4 P.M.—HENRY A. LEDIARD, Honorary Secretary.

### BRITISH GUIANA BRANCH.

THE quarterly meeting of this Branch was held on July 6th at the Public Hospital, Georgetown. The private business occupied the whole of the time, and two adjourned meetings were held in the succeeding weeks for the discussion of papers on Yellow Fever by Drs. Wallbridge, Veendam, and Castor. The President, Dr. GRIEVE, was in the chair, and there were about twenty members present at each meeting.

*Yellow Fever.*—Dr. WALLBRIDGE read a paper on Yellow Fever in which he reviewed the most prominent symptoms of the disease, together with some points in connection with the differential diagnosis from bilious remittent fever. He discussed the question of the communicability of the disease, and gave the result of his work in the epidemic which occurred in Georgetown in 1881. He had traced no less than nineteen cases to one case in one series, and had traced several other shorter series.—Dr. VEENDAM read notes of his observations on yellow fever, giving evidence in support of the theory of communicability, and strongly condemning the use of stimulants until convalescence was established.—Dr. CASTOR gave a summary of the evidence against contagion.—In the discussion which followed Drs. GODFREY and G. C. LEARY gave some of their experience in the colony, and traced cases occurring after exposure to the poison.—Dr. POLLARD made remarks on the treatment, while Drs. MASSIAH and PEREIRA supported Dr. Castor's position.—The President formulated the following general proposition, which he said appeared to him best to explain all the facts in connection with yellow fever: "Every case of yellow fever depends for its causation upon an antecedent case. It results from the action of infective material of which the place of origin is the human body. The connected cases may be proximate or distant in time or place, and the connection immediate or mediate. When the interval between the cases exceeds the incubation period, the poison has remained in some medium external to the human body. Places, ships, and certain articles, retain the poison for an indefinite period, and being thus infected give rise to the disease in susceptible persons coming in contact with them under certain conditions. The evidence of direct and immediate contagion from person to person is very weak as compared with that showing the occurrence of the disease by contact with infected articles, ships, or places. The poison when leaving the body, if at all infective, seems to be made less so than it is after having undergone a further change external to the body. It multiplies in suitable media external to the body."

*Votes of Thanks.*—At the end of the meetings a vote of thanks was carried, with acclamation, to the readers of the papers.

*Auditors.*—Auditors were appointed.

### SOUTH MIDLAND BRANCH.

THE autumnal meeting was held at Oundle on October 2nd, fourteen members being present and one visitor, who were entertained at luncheon by Mr. Culcott prior to the meeting.

*New Members.*—The following gentlemen were proposed and elected new members of the Association and Branch, or Branch only: Wm. Easby, M.D., and Geo. Kirkwood, M.D., Peterborough.

Mr. Lewis B. Calcott and Dr. Elliott, Oundle; J. W. Gainer, M.B., Thrapston; and Mr. Jones, Northampton; the five latter from the commencement of the new year.

*Communications.*—Mr. CREW read a paper on Diphtheria, dwelling especially on its origin and treatment, and expressing his high opinion of the value of the vapour of iodine.—Mr. CALCOTT introduced by a few remarks a discussion on the surgical treatment of pleuritic effusions.—These two papers led to discussions, in which most of the members present took part.—Mr. HEMMING read some Recollections of the Recent Annual Meeting at Glasgow.—Other papers were deferred owing to want of time.

*Visit to the School.*—Mr. Park, head-master, kindly conducted the members over the new school buildings, the sanatorium, etc., lending the former for the use of the meeting.

*Votes of Thanks.*—Votes of thanks were passed to the Chairman, Mr. Calcott, Mr. Park, and to the readers of papers.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

*M. Budin on Artificial Suckling.*—*M. Verneuil on Filpuncture in the Treatment of Aneurysm.*—*Cod-liver Oil.*—*Case of Ectocardia.*—*Treatment of Cervical Rheumatism.*—*Ergot in Polyuria.*—*Benzoic Acid as a Food Preservative.*—*Saccharin in its Hygienic Aspects.*—*Saccharin and Insects.*—*Small-pox Hospitals and their Neighbourhood*

THE difficulties of suckling infants may arise from numerous causes. In the mother the nipple is sometimes too short, or the skin is chapped or cracked. The infant is occasionally incapable of making the necessary effort of suction, owing to some affection of the mouth, or to defect in the lips, tongue, palate, etc. Some babies are so feeble that they cannot swallow the milk introduced into their mouth. In such cases it is necessary to resort to an artificial method of suckling. Among the apparatus usually employed for suckling children is that of Dr. Bailly, which consists of a cylindro-conical glass cup, of which the base is well hollowed out, and to the summit of which an india-rubber teat is attached. M. Auvard says that with this apparatus the infant has to make a greater effort in order to draw up the milk than with the natural nipple. M. Auvard has therefore devised an instrument by which the mother herself causes the milk to flow, and the infant has only a very slight effort of suction to make. This apparatus, which M. Auvard names the "biaspiratory suckler," consists of (1) an elongated, conical glass cup; two small tubes are attached to this cup close to the extremity of the cone, the outer opening of one being directed upwards, and that of the other downwards; (2) an india-rubber tube terminating in a teat intended for the infant; this tube is fixed on the lower of the small tubes above described. The teat contains a safety-valve which opens to let the milk through when the infants sucks, and shuts when the aspiratory action is exercised in a contrary direction; (3) a second longer india-rubber tube, terminating in a mouthpiece, intended for the mother; this tube is fixed to the upper small tube, which is close to the extremity of the glass cone. M. Auvard's apparatus is employed in the following manner. The cup is placed on the breast; the teat is placed in the infant's mouth; the mother sucks through the mouthpiece, thus creating a vacuum in the cup; the milk flows into it, and passes into the india-rubber tube leading to the infant's mouth. A few weeks after the appearance of M. Auvard's instrument, Dr. Smester described an apparatus he had invented in the preceding year. This consists of a glass cone wider and more hollowed out, and with a longer cone than that of Dr. Bailly. This india-rubber teat in M. Smester's apparatus is furnished with a safety-valve of the same material; a hollow glass mouthpiece, to which is attached an india-rubber tube, terminating in another teat with another safety-valve, is fixed to the wall of this cup. There is thus a safety-valve to each mouthpiece. Moreover, the opening through which the milk flows is situated in the lower portion of the cone, instead of at its extremity, the teat intended for the infant being fixed on a more or less elongated tube, instead of being placed immediately on the conical extremity of the cup. M. Smester, while condemning M. Auvard's instrument, is not entirely satisfied with his own, the mechanism of which he ad-

mits to be imperfect in several respects. The safety-valves do not act properly; they shut too closely, or not closely enough. The ideal safety-valve has not yet been discovered, and this discovery must be made by a mechanician. According to M. Smester, the following are the chief defects of M. Auvard's apparatus. When the mother puts aside the mouthpiece, the air penetrates into the apparatus; and, if the breast becomes umbilicated, the nipple contracts. If she continues to suck through the mouthpiece, the action of suction hermetically closes the safety-valve in the mouthpiece intended for the infant, and she draws up the milk into her own mouth. If both mother and infant suck at the same time, the suction exercised by the infant should be much stronger than that of the mother, which of course is impossible in the case of a weakly baby. M. Budin, however, states that he has found M. Auvard's apparatus extremely useful at the Clinique d'Accouchements of the Faculté de Médecine. According to him, the mother inspires the air contained in the cup; a vacuum is thus created, and the milk spurts forth. It falls by its own weight into the lower portion of the cup, where it forms a liquid layer. It is above this layer that the vacuum is created by the mother; the milk continues to flow without any tendency to rise into the mother's mouth. At the first effort of suction by the infant, the lower layers of milk in the cup flow into its mouth. When the milk in the cup is exhausted, a fresh effort of suction on the mother's part closes the safety-valve in the lower teat, a vacuum is created, and the milk again flows out. In certain instances, however, this apparatus has not acted successfully, and this fact is accounted for by M. Budin in the following manner: 1. The india-rubber tubes are simply placed on different portions of the apparatus, so that during aspiration the air frequently penetrates with a slight hissing sound between the tubes and the surface with which they are in contact, thus preventing the possibility of a vacuum. It is, therefore, necessary to attach the india-rubber tubes tightly with thread, so that no air can pass between them and the parts they cover. 2. The conical cup being very wide and hollowed out, it sometimes happens that nipples which are very supple penetrate to the bottom of the cup and completely fill it; in such cases the milk flowing from the breast ascends into the mother's mouth. 3. If, whilst the child is suckling, the mother is in a recumbent position, the apparatus is often directed upwards. The extremity of the cone of the cup being considerably elevated, the apparatus must be entirely filled before the milk can flow into the tube leading to the infant's mouth, the result being that it rises into the mother's mouth at the same time. It is, therefore, essential that the apparatus should be maintained in a horizontal position. In order to remedy these defects, M. Budin has adopted the following modifications of M. Auvard's apparatus. Instead of a conical, or cylindro-conical, cup, he employs a spherical glass receptacle, something like a cupping glass in shape. On one side is an opening, which is applied to the breast; the rims are very wide and curved, so that the nipple cannot become strangulated. At the two ends of the large diameter of the glass, on an axis which would be perpendicular to a line passing through the centre of the largest opening, are placed two orifices which communicate with the external air through two hollow glass tubes. An india-rubber tube for the mother, to the extremity of which a mouthpiece is fixed, is attached to the upper tube. On the lower glass tube is fixed an india-rubber tube with a teat for the infant. A safety valve may be placed in this teat. The mouthpiece intended for the mother is made of china. The india-rubber tubes are closely attached to the apparatus with thread. The dimensions of this spherical glass should be carefully graduated. The concave portion which is applied to the breast is 6 centimètres in diameter at its base, and 24 millimètres at the place where it opens into the apparatus, the full diameter of which is 4 centimètres. It should be made of thick glass. The method of using this apparatus is the same as in the case of M. Auvard's; but, owing to the shape of the glass and the arrangement of the two tubes, the milk can never be drawn up into the mother's mouth. It can also be employed for infants too weak to make the necessary effort of suction; in such cases the safety valve in the teat intended for the infant should be first removed. The apparatus is placed on the breast, the mother presses the tube leading to the infant's mouth firmly between her finger and thumb. She then aspirates, and the milk flows into the spherical glass receptacle, and fills the lower part of it. When a sufficient quantity is collected, the mother ceases to press the tube. The milk descends by its own weight into the teat, which is perforated with small holes in the

services which he rendered upon all occasions with the utmost promptitude, he received a medal with three clasps, the fifth class of the Medjidieh, and the Turkish medal.

## UNIVERSITY INTELLIGENCE.

### VICTORIA.

#### EXAMINATION LISTS.

(Candidates' names are in alphabetical order throughout.)

#### FACULTY OF MEDICINE.

#### Preliminary Examination (Entrance in Arts Examination).

##### First Division.

Scanlon, L. E.  
Thompson, S.

##### Second Division.

Cheetham, D. H.  
Compton, E. L.  
Fish, F. W.  
Harrison, E.  
Heathcote, H. C.  
James, M. B.  
Lawton, R. M. T.  
Leigh, A.  
Lilley, A. W.  
Lindon, E. H. L.  
Maclaren, J. A.  
Mathwin, F. S.  
Oulton, G. H. E.  
Quinby, A. H.  
Speight, A.  
Spink, W. L.  
Thomas, H. C.  
Veale, H. de P. B.  
Whitaker, J. D.

#### Preliminary Examination in Science.

##### First Division.

Ashworth, H. W., Owens College.

##### Second Division.

Brushfield, A.,	Owens College.
Davies W. E.,	University ..
Day, F. H.,	" ..
Darbyshire, D. E.,	" ..
Miller, E. S.,	" ..
Tomlinson, W. H.,	Owens ..
Wood, R. L.,	University ..

### CAMBRIDGE.

THE following qualified practitioners have passed the examination in Sanitary Science just held, and receive the diploma of the University in Public Health.

G. Adkins, A. J. Anderson, S. Barwise, F. F. Caiger, S. Davies, E. Drummond, R. S. O. Dudfield, B. Evans, G. F. W. Ewens, W. B. Featherstone, J. Glaister, J. Hickman, W. Little, W. T. G. Robinson, A. Sheen, P. C. Smith, T. Thomson, F. C. A. Treadgold, W. Venis, G. Vincent, H. E. Waddy, S. White, A. D. Williams, P. M. Williams, C. R. Woods.

The examiners were Sir Charles Cameron, and Drs. Airy, Carpenter, and Corfield.

### DURHAM.

FACULTY OF MEDICINE.—Examination for the Licence in Sanitary Science, at the College of Medicine, Newcastle-upon-Tyne, September, 1888.

The following candidates satisfied the examiners.

F. Chand, M.B., B.S., L.R.C.P., L.S.A., L.M.S. India, Punjab University; H. Goude, M.D., F.R.C.S. Edin., M.R.C.S., L.S.A.; A. Robinson, M.D., M.R.C.S., L.S.A., College of Medicine, Newcastle-upon-Tyne.

First examination for the degree of Bachelor in Medicine. The following candidates satisfied the examiners.

In all subjects.

T. M. Allison, College of Medicine, Newcastle-upon-Tyne; E. W. P. Baines, College of Medicine, Newcastle-upon-Tyne; J. Clay, College of Medicine, Newcastle-upon-Tyne; H. A. Collinson, College of Medicine, Newcastle-upon-Tyne; A. Cox, College of Medicine, Newcastle-upon-Tyne; R. L. Daly, Yorkshire College, Leeds; W. J. Durant, College of Medicine, Newcastle-upon-Tyne; F. Huntton, College of Medicine, Newcastle-upon-Tyne; J. A. Kendal, College of Medicine, Newcastle-upon-Tyne; J. Law, College of Medicine, Newcastle-upon-Tyne; A. E. Neale, College of Medicine, Newcastle-upon-Tyne; W. Oliver, College of Medicine, Newcastle-upon-Tyne; J. A. W. Watts, The Owens College, Manchester; H. B. Wilson, Bristol Medical School.

In Elementary Anatomy and Elementary Physiology.

T. Dixon, College of Medicine, Newcastle-upon-Tyne; G. H. Fowler, College of Medicine, Newcastle-upon-Tyne; R. N. Lishman, College of Medicine, Newcastle-upon-Tyne; R. McCoull, College of Medicine, Newcastle-upon-Tyne; E. Mitchell, College of Medicine, Newcastle-upon-Tyne; R. Muschamp, Yorkshire College, Leeds.

In Chemistry with Chemical Physics, and Botany with Medical Botany.

J. Atcherly, Yorkshire College, Leeds; E. Bromley, Yorkshire College, Leeds; W. A. Clayton, College of Medicine, Newcastle-upon-Tyne; R. H. Cole, University College; H. W. J. Cook, Charing Cross Hospital; A. J. Dale, College of Medicine, Newcastle-upon-Tyne; C. B. Dale, St. Bartholomew's Hospital; R. B. Duncan, College of Medicine, Newcastle-

upon-Tyne; W. Fowler, College of Medicine, Newcastle-upon-Tyne; A. A. Hewer, St. Bartholomew's Hospital; K. C. Hill, College of Medicine, Newcastle-upon-Tyne; D. A. Hughes, Middlesex Hospital; W. D. Johns, College of Medicine, Newcastle-upon-Tyne; H. M. Jones, College of Medicine, Newcastle-upon-Tyne; R. S. Macpherson, College of Medicine, Newcastle-upon-Tyne; E. S. Perkins, Yorkshire College, Leeds; G. B. Robinson, Sheffield School of Medicine; F. Robson, College of Medicine, Newcastle-upon-Tyne; W. J. N. Vincent, London Hospital; G. T. Wayman, College of Medicine, Newcastle-upon-Tyne.

In Chemistry with Chemical Physics.

J. H. Blight, L.R.C.P., M.R.C.S., Guy's Hospital; A. Caddy, L.R.C.P., M.R.C.S., St. George's Hospital; R. Pearson, L.R.C.P., M.R.C.S., St. George's Hospital.

Second examination for the degree of Bachelor in Medicine.

The following candidates satisfied the examiners.

P. R. Atkins, College of Medicine, Newcastle-upon-Tyne; F. H. Alderson, Middlesex Hospital; T. Beattie, College of Medicine, Newcastle-upon-Tyne; A. Crick, St. Thomas's Hospital; E. W. Diver, University College; C. M. Hardy, College of Medicine, Newcastle-upon-Tyne; R. D. Hotchkiss, St. Bartholomew's Hospital; E. B. Hulbert, University College; A. M. Martin, College of Medicine, Newcastle-upon-Tyne; W. E. Peacock (Materia Medica), College of Medicine, Newcastle-upon-Tyne; S. W. Plummer, College of Medicine, Newcastle-upon-Tyne; C. B. Smith (Materia Medica), College of Medicine, Newcastle-upon-Tyne; H. Smith, College of Medicine, Newcastle-upon-Tyne; H. S. Stockton, M.R.C.S., L.S.A., Charing Cross Hospital; B. T. Stokoe, College of Medicine, Newcastle-upon-Tyne; A. A. D. Townsend, Queen's College, Birmingham; R. A. Welsh, College of Medicine, Newcastle-upon-Tyne; G. B. M. Wood, University College.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### GREENOCK FERGUSON EYE BEQUEST.

At a meeting of the trustees of this bequest, held at Greenock on October 8th, the annual report of the Eye Infirmary was submitted. It showed that the number of patients during the past year had been 2,380, an increase of 340 on the previous year, the total number of visits being 14,850. Of the total, 2,261 were dismissed cured, 86 improved, and 33 as incurable. The trustees voted to Dr. Cluckie, the surgeon, a special grant of £50. The annual income amount to £544, and the expenditure to £480.

## PUBLIC HEALTH

AND

### POOR LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.—In the twenty-eight large English towns, including London, which have an estimated population of 9,398,273 persons, 5,478 births and 3,286 deaths were registered during the week ending Saturday, October 6th. The annual rate of mortality, which had risen in the three preceding weeks from 17.7 to 18.3 per 1,000, declined again to 18.2 during the week under notice. The rates in the several towns ranged from 12.8 in Oldham, 13.1 in Nottingham, 13.4 in Wolverhampton, and 14.1 in Bristol to 24.0 in Birkenhead, 24.1 in Blackburn, 27.6 in Bolton, and 29.8 in Manchester. In the twenty-seven provincial towns the mean death-rate was 19.7 per 1,000, and exceeded by as much as 3.2 the rate recorded in London, which was only 16.5 per 1,000. The 3,286 deaths registered during the week under notice in the twenty-eight towns included 286 which were referred to diarrhoea, 55 to measles, 49 to scarlet fever, 47 to diphtheria, 40 to "fever" (principally enteric), 28 to whooping-cough, and not one to small-pox; in all, 505 deaths resulted from these principal zymotic diseases, against 545 and 569 in the two preceding weeks. These 505 deaths were equal to an annual rate of 2.8 per 1,000; in London the zymotic death-rate was 2.2, while it averaged 3.3 per 1,000 in the twenty-seven provincial towns, among which it ranged from 0.5 and 0.8 in Bristol and Oldham to 6.1 in Blackburn, 6.6 in Preston, and 7.4 in Bolton. Scarlet fever caused the highest proportional fatality in Bolton and Blackburn; whooping-cough in Norwich; "fever" in Salford and Cardiff; and diarrhoea in Sheffield, Bolton, Portsmouth, Wolverhampton, and Preston. Of the 47 deaths from diphtheria recorded during the week under notice in the twenty-eight towns, 35 occurred in London, 5 in Manchester, and 2 in Birmingham. No fatal case of small-pox was registered in London or in any of the provincial towns, and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals. These hospitals contained, however, 886 scarlet-fever patients on the same date, against numbers increasing from 716 to 880 in the six

preceding weeks; the new cases admitted, which had risen from 76 to 127 in the six previous weeks, declined again to 85 last week. The death-rate from diseases of the respiratory organs in London was equal to 2.9 per 1,000, and was slightly below the average.

**HEALTH OF SCOTCH TOWNS.**—During the week ending Saturday, October 6th, 808 births and 429 deaths were registered in the eight principal Scotch towns. The annual rate of mortality, which had risen from 16.0 to 17.6 per 1,000 in the three preceding weeks, declined again last week to 17.0, and was 1.2 per 1,000 below the mean rate during the same period in the twenty-eight large English towns. Among the Scotch towns, the lowest rates were recorded in Aberdeen and Greenock, and the highest in Dundee and Paisley. The 429 deaths in these towns during the week included 45 which were referred to the principal zymotic diseases, equal to an annual rate of 1.8 per 1,000, which was 1.0 below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Dundee and Paisley. The 181 deaths registered in Glasgow during the week included 7 from diarrhoea, 3 from whooping-cough, 3 from diphtheria, 2 from "fever," 1 from measles, and 1 from scarlet fever. Three fatal cases of diphtheria occurred in Edinburgh, and 7 of measles in Paisley. The death-rate from diseases of the respiratory organs in these towns was equal to 3.1 per 1,000, against 2.9 in London.

**HEALTH OF IRISH TOWNS.**—In the sixteen principal town districts of Ireland, the deaths registered during the week ending Saturday, October 6th, were equal to an annual rate of 18.9 per 1,000. The lowest rates were recorded in Wexford and Sligo, and the highest in Dublin and Kilkenny. The death-rate from the principal zymotic diseases averaged 3.2 per 1,000. The 158 deaths registered in Dublin during the week under notice were equal to an annual rate of 23.3 per 1,000, against 18.5 and 24.4 in the two preceding weeks. These 158 deaths included 37 which were referred to the principal zymotic diseases (equal to an annual rate of 5.5 per 1,000), of which 19 were referred to diarrhoea, 7 to whooping-cough, 7 to "fever," 2 to measles, and 2 to scarlet fever.

#### MEDICAL MEMBERS OF LOCAL BOARDS.

THE "MEDICAL MEMBER OF THE RAWMARSH LOCAL BOARD" writes: Owing to absence from home I have only now seen a reprint, in a local newspaper, of an article from the JOURNAL of August 25th referring to the part I took in a discussion at a recent meeting of the Rawmarsh Local Board. I do not remember using "strong terms" in opposing the removal of an enteric fever case to the small-pox hospital; but I know I made it plain that my object was simply to raise the question whether or not these cases should be kept in the hospital at the expense of the ratepayers. I reminded the members that, owing to the unsatisfactory financial condition of the parish, it was their duty to economise as much as they could without impairing the efficiency of the hospital as a place for the reception only of patients suffering from infectious diseases that could not otherwise be prevented from spreading. I pointed out that the consensus of opinion among medical men was that the medium of infection in typhoid fever was the bowel discharges, and that it was really these, and not the patients, that required isolation. I argued that by means of covered pails left at the patients' houses the excretions could be immediately isolated, and removed daily by the sanitary authority, and disposed of in a way that would prevent their being a probable source of future danger to others. My opinion is that preventive plan would be as effectual and much cheaper than taking all the cases to the hospital, and would certainly be more effectual than the present system of removing some and leaving others at their homes. In the latter instances the evacuations are generally emptied into ashpits, the poisonous contents of which are ultimately distributed nobody can tell where, and infect nobody knows how many people. I consider I should have failed in my duty as a medical member of the board if I had not said what I thought on this important question.

You stated that I "objected to the medical officer of health receiving extra remuneration for extra work done during a period of epidemic small-pox." I never did anything of the kind, and I should have been the last to do so. The principal facts are these. The board, instead of voting a grant for extraordinary services, increased the medical officer's salary, for the ensuing year only, from £40 to £70, on the distinct understanding that they were thereby paying for these services. He afterwards applied for a grant for the same work, and a majority allowed him another £20. During a correspondence with the Local Government Board about the increase of salary and the grounds for it, resolutions were informally altered, the effect if not the purpose of which was to throw dust in the eyes of the Local Government Board, and to deceive the ratepayers. What I conscientiously, and I still think properly, objected to was paying twice for the same services, the irregular method of procedure which led to it, and the double dealing which resulted.

No one can deny the truth of your remarks about the difficulties of medical officers of health and the duties of medical men in relation to them. I have always readily assisted sanitary authorities and their officials as long as they treated me with ordinary courtesy. But is there not another side to your picture? Are medical officers of health under no restrictions in their behaviour towards medical men? Are there no medical officers who create great difficulties for themselves and their professional brethren, and who, in

return for assistance rendered voluntarily, use their official position to trample on the rights of their brother practitioners and on the rights of their patients, and treat the former as if they were ignorant and unscrupulous quacks? If you have never heard of or had to deal with such, I have. I am fully alive to the importance of *esprit de corps*, and have more than once stretched a point under difficult circumstances to preserve it; but I must draw the line if I find I can only maintain it by humbly submitting to any indignities that may be heaped upon me, at the expense of honest and straightforward dealing and at the loss of my self-respect.

Your remarks were based on incomplete and incorrect information evidently derived from a tainted source. With all due deference to your impartiality, I am certain if you had 5½ years' experience here similar to mine you would be the first to admit that you were then better able to weigh my professional conduct in your editorial balance. Medical gentlemen acquainted with all the facts have in conversation with me approved of my actions in my relations with the board directly or indirectly concerning the medical officer of health. Further, I have an approving conscience, and that is a source of far more satisfaction to me than the approval or disapproval of anyone.

I hope that, under the circumstances referred to in my first sentence, you will, in fairness to me, insert this rather lengthy letter in your earliest issue if possible.

#### POOR-LAW MEDICAL OFFICERS.

J. C. M. L. asks: 1. Does holding an office under guardians, such as poor-law medical officer, incapacitate one from being a guardian? 2. I have to visit once a quarter a pauper child boarded out; this quarter when I went the house was closed, but I saw the child and its foster parents at a school some 200 yards further on. In the printed form I have to fill up, there is a column with the heading "Observations as to the Appearance and Health of the Child, the State of the House, and other Remarks." Shall I be required to make a second visit? and if so, can I claim another fee (2s 6d.)? I may mention that the house is ½ miles at least from mine.

\* \* 1. Yes. 2. Probably not.

#### SINGLE QUALIFICATIONS AND PUBLIC APPOINTMENTS.

M.B. B.Ch. writes: I am selling my practice, including appointments of union medical officer and public vaccinator. I have had an application for it from a man holding the M.D. of Dublin University, but who has no surgical qualification (he is of course registered). He asks me if he can be appointed to the posts mentioned, having but the one degree or qualification. There is no one within five miles who could be appointed, and no one will offer for the post. Was I right under these circumstances to reply to my applicant that I thought the guardians of the union had power to appoint him?

\* \* Under special circumstances the Local Government Board will occasionally consent to such an appointment.

## MEDICAL NEWS.

**EXAMINING BOARD IN ENGLAND, BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.**—The following gentlemen passed the second examination in Anatomy and Physiology at a meeting of the Board of Examiners on October 8th, namely:—

N. C. Gwyn and G. T. Kevern, students of Bristol Medical School.

#### Passed in Anatomy only.

R. Edwards, of Bristol; G. Allcock, J. Neal, E. F. Page, and T. H. Wilkins, of Queen's College, Birmingham; G. H. Crofts, H. W. Fisher, and D. F. Williams, of University College, Liverpool; E. B. Collings, G. W. Litley, and A. G. Hebblethwaite, of Yorkshire College, Leeds; R. Gillbard and A. T. Jago, of Guy's Hospital; H. A. Julius, of St. Thomas's Hospital; E. B. Wrench, of St. Thomas's and Cambridge University; and Montague Knapp, of Cork and Mr. Cooke's School of Anatomy and Physiology.

#### Passed in Physiology only.

B. C. Kendall, B. G. Neale, and James Smith, of Bristol; E. T. Hollings and T. W. Swales, of Yorkshire College, Leeds; F. W. Pogson, of Leeds and Mr. Cooke's School; W. Hall and D. Headridge, of Owens College, Manchester; J. A. Hogg and M. J. Houghton, of Queen's College, Birmingham; A. W. German and S. Melville, of University College, Liverpool; H. H. Weekes, of University College, London; S. J. Roberts, of Guy's Hospital; and G. T. Eccles, of Cambridge University.

#### Passed in Anatomy and Physiology on October 9th.

H. A. Bryant and E. G. March, of Guy's Hospital; R. C. Worsley and G. P. Glyn, of University College; G. C. Powrie and A. E. E. Twynham, of University College and Mr. Cooke's School; C. A. Owen, of Calcutta; G. A. Féré, of Toronto and Mr. Cooke's School; E. W. G. Masterman, of Edinburgh and St. Bartholomew's; C. Paine, of St. Mary's Hospital; G. R. F. Stilwell and E. W. Senior, of St. Thomas's Hospital; W. R. Boyd, J. S. Thomson, and C. D. Russell, of Melbourne University; S. A. Rowley, of Bristol and Mr. Cooke's School.

#### Passed in Anatomy only.

Messrs. H. M. Alexander, H. H. L. Patch, and C. R. M. Woodward, of St. Thomas's Hospital; W. J. Covey, of University College and Mr. Cooke's School; G. H. Brand, of King's College; C. W. H. Newington, of St. Bartholomew's Hospital; and Henry Collier, of University College, Liverpool.

#### Passed in Physiology only.

A. White, of Guy's Hospital; and Richard H. Griffith, of University College.

#### Passed in Anatomy only on October 10th.

L. A. Johnson, of Yorkshire College, Leeds; M. R. Rich, of London and Mr. Cooke's School of Anatomy; E. C. Hope, of Melbourne University; B. J. Singh, of Lahore Medical College; A. H. Turner, of London Hospital; G. A. Simpson, of London and Mr. Cooke's School; C. E. Oakeley, of St. George's and Mr. Cooke's School; S. James, of St. Thomas's Hospital; C. W. Allen and A. W. C. Herbert, of St. Mary's and Mr. Cooke's School; A. D. Humphry, of St. Bartholomew's Hospital; T. S. Byass, C. D. Cooper.

of University College and Mr. Cooke's School; H. H. Pearse, F. D. Lumley and A. H. Meadows, of Guy's Hospital.

#### Passed in Physiology only.

W. Handcock and L. F. West, of Yorkshire College, Leeds; F. J. A. Dalton, A. O. Hubbard, St. John B. Killery, W. E. Sargent, and M. Swabey, of St. Bartholomew's Hospital; W. H. Dixon and W. A. Higgs, of Guy's Hospital; F. A. Osborn, of Guy's and Mr. Cooke's School; S. Garrard, of St. Mary's; B. S. Foulds, of Westminster Hospital; Isaac Newton, of Charing Cross Hospital; J. C. Ellis, of St. George's Hospital; D. L. Freeland and A. R. McFarlane, of Middlesex Hospital; W. C. H. Wroughton, of St. Thomas's Hospital; E. B. Allen and R. T. Cassal, of University College Hospital; C. E. Dawes, J. S. Matthews, and J. E. S. Passmore, of London Hospital.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen, having passed the necessary examination in Surgery, and having obtained a medical qualification, were, at a meeting of the Council on October 11th admitted Members of the College, namely:

Slyman, William Betenson, L.S.A., 26, Cavendish Road, N.W.  
Whitaker, George Herbert, L.S.A., White Lodge, Enfield.

The following gentlemen having passed all the necessary Examinations, and having attained the legal age (25 years) were at the same meeting admitted Fellows of the College:

De Sauti, Philip Robert William, L.R.C.P.Lond., 6, Great Ormond Street, W.C.  
Metzgar, Charles, L.R.C.P.Lond., Guy's Hospital.

#### MEDICAL VACANCIES.

The following Vacancies are announced:

**BRISTOL DISPENSARY.**—Medical Officer. Applications by October 18th to the Secretary, Castle Green, Bristol.

**ENNIS DISTRICT LUNATIC ASYLUM.**—Visiting Physician. Salary, £100 per annum. Candidates, who must be doubly qualified, should forward their applications to the Board of Governors.

**GENERAL INFIRMARY, Leeds.**—Resident Obstetric Officer. Board, lodging, and washing. Applications by October 16th to W. H. Brown, Esq., 19, Queen Street, Leeds.

**GENERAL INFIRMARY, Leeds.**—Two House-Physicians. Board, lodging, and washing. Applications by October 16th to W. H. Brown, Esq., 19, Queen Street, Leeds.

**GENERAL INFIRMARY, Leeds.**—Two House-Surgeons. Board, lodging, and washing. Applications by October 16th to W. H. Brown, Esq., 19, Queen Street, Leeds.

**GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.**—Physician to Out-Patients. Applications by October 27th to the Secretary.

**GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.**—Surgeon to Out-Patients. Applications by October 27th to the Secretary.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—House-Physician. Applications by October 13th to the Secretary.

**KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD GENERAL DISPENSARY.**—Honorary Medical Officer. Applications by October 20th to the Honorary Secretary, 13, Kilburn Park Road, N.W.

**LIVERPOOL INFIRMARY FOR CHILDREN.**—Assistant House-Surgeon. Board and lodging. Applications by October 15th to the Honorary Secretary.

**NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.**—House-Surgeon. Applications by October 19th to the Secretary.

**NORTH-WEST LONDON HOSPITAL, Kentish Town Road.**—Senior Resident Medical Officer. Applications by October 22nd to the Secretary.

**PADDINGTON GREEN CHILDREN'S HOSPITAL.**—House-Surgeon. Salary, £50 per annum, with board and lodging. Applications by October 20th to the Secretary.

**PAROCHIAL BOARD OF TINGWALL, WHITENESS, AND WEISDALE, Shetland.**—Medical Officer. Salary, £40 per annum. Applications by October 18th to Mr. C. C. Beaton, Inspector of Poor, Tingwall, Shetland.

**RUBERY HILL ASYLUM.**—Assistant Medical Officer. Salary, £100 per annum, with apartments, board, etc. Applications to Dr. Lyle, Medical Superintendent.

**ST. MARYLEBONE GENERAL DISPENSARY.**—Resident Medical Officer. Salary, £105 per annum, with apartments, etc. Applications by October 20th to the Secretary.

**SEAMEN'S HOSPITAL SOCIETY, Greenwich.**—Resident House-Physician. Salary, £75 per annum, with board and lodging. Applications by October 22nd to P. Michelli, Esq., Secretary, Greenwich, S.E.

**SEAMEN'S HOSPITAL SOCIETY, Well Street, London Docks.**—Dispenser. Salary, £40 per annum. Applications to P. Michelli, Esq., Secretary, Greenwich, S.E.

**SEAMEN'S HOSPITAL SOCIETY, Well Street, London Docks.**—Surgeon for the Dispensary. Salary, £63 per annum. Applications by October 22nd to P. Michelli, Esq., Secretary, Greenwich, S.E.

**WESTERN DISPENSARY, Rochester Row, Westminster.**—Resident Medical Officer. Salary, 100 guineas per annum, with furnished rooms, etc. Applications by October 18th to the Secretary.

**WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.**—House-Surgeon. Salary, £80 per annum, with board and residence. Applications by October 18th to the Honorary Secretary.

#### MEDICAL APPOINTMENTS.

**Bourne, N. Whitelaw, M.D., L.R.C.P., M.R.C.S.,** appointed Administrator of Anæsthetics to the Westminster Hospital.

**Bowie, Alex., M.D., C.M.(St. And.), L.R.C.P.Edin.,** appointed a Physician to St. John's Hospital for Diseases of the Skin.

**Boyd, John St. Clair, M.S.,** appointed Assistant-Surgeon to the Belfast Hospital for Sick Children.

**Carnall, E., L.K.Q.C.P.I.,** appointed House-Surgeon to the Westminster General Dispensary, Soho.

**Dawson, W. E., L.K.Q.C.P., L.S.A., L.M.,** appointed Assistant-Physician to the City Provident Dispensary, Little Britain, E.C.

**Dockrell, Morgan, M.A., M.D., B.Ch.(Dub.),** appointed a Physician to St. John's Hospital for Diseases of the Skin.

**Ferguson, Donald, M.B., C.M.,** appointed Medical Officer to the Parochial Board of Pennygowan and Torosay.

**Hargreaves, Mark K., M.D., C.M.(Glasg.),** appointed an Assistant-Physician to St. John's Hospital for Diseases of the Skin, *vice* Alex. Bowie, M.D., C.M., elected a Physician.

**Harrison, James, M.B., C.M.,** appointed House-Surgeon and Dispenser to the North Shields and Tynemouth Dispensary, *vice* J. M. Robson, M.B., resigned.

**Hayland, Henry A., M.B.Cantab.,** appointed House-Physician to the Great Northern Central Hospital, *vice* C. Mortlock, M.R.C.S., L.R.C.P., resigned.

**Haycock, Henry E., L.R.C.P.Edin., M.R.C.S.Eng.,** appointed Medical Officer and Public Vaccinator of the Third District, Hitchin Union, *vice* T. Hillier Chittenden, L.R.C.P.Lond., M.R.C.S.Eng., resigned.

**Hebb, R. G., M.D.(Cantab.),** appointed Assistant-Physician to the Westminster Hospital, S.W.

**Irvine, William, M.D., M.Ch.,** appointed Visiting Physician to the City Hospitals at Parkhill and Grafton Street, Liverpool.

**Jones, E. Lloyd, M.B., B.A., B.C.Cantab.,** appointed House-Physician to St. Bartholomew's Hospital.

**Mortlock, C., M.R.C.S., L.R.C.P.,** appointed House-Surgeon to the Great Northern Central Hospital.

**Sinclair, F. Howard, M.D.(R.U.I.), L.K.Q.C.P.,** appointed Assistant-Physician to the Belfast Hospital for Sick Children.

**Turner, Alfred, M.B., C.M.Edin.,** appointed Assistant Medical Officer to the West Riding Asylum, Menston, near Leeds.

**Williamson, G. E., F.R.C.S.,** appointed Surgeon to the Royal Infirmary, Newcastle-upon-Tyne, *vice* Luke Armstrong, M.D., deceased.

**SERIOUS ASSAULT ON DR. BARR.**—We regret to announce that Dr. Barr, Physician to the Liverpool Northern Hospital and Medical Officer to the Kirkdale Prison, who is well known as a medical authority on prisons, is suffering from a wound of a serious nature, inflicted on October 8th by a negro, an inmate of the gaol. The man, about whose sanity doubts were entertained, had been examined by Dr. Barr, and, on the warder proceeding to remove him to his cell, he became violent and seized the short knife used in picking oakum. The warder, and another convict who was by, closed on the prisoner, and in the struggle the convict who was assisting received a serious wound. Dr. Barr, seeing the men were becoming overpowered, now interfered to assist them, and received from the prisoner a wound on the dorsum of the left wrist. Some other men now arrived and the negro was secured, when it was found that the other convict had received a serious wound, which Dr. Barr dressed before having his own injuries attended to. Dr. Barr then consulted his colleague, Mr. Chauncy Puzey, surgeon to the Northern Hospital, who found that all the superficial tendons on the dorsum of the left wrist, as well as the tendon of the extensor indicis, were divided. Chloroform was administered, and Dr. Puzey, with the assistance of Mr. Damer Harrison, sutured the tendons, and the patient is doing well.

**ST. THOMAS'S HOSPITAL.**—The new session of the Medical School was opened on October 1st by the delivery of the introductory lecture by Dr. Cullingworth in the Operating Theatre of Hospital at 3 P.M., after which those present visited the Medical School and viewed the important improvements which have been made there for the reception of students. In the evening at 6.30 P.M. the annual dinner of old and present students was held in the Governor's Hall, at which more than a hundred were present. Under the able chairmanship of Dr. J. C. Crosby a most enjoyable evening was spent. After the loyal toasts, Dr. Crosby proposed the "Army and Navy and Reserve Forces," to which Surgeon E. C. Freeman responded. Mr. Le Gros Clark proposed the "Medical School," to which Dr. Gervis replied, giving numerous interesting reminiscences of his old teachers and fellow students. Sir Henry Doulton responded to the toast of the "Governors of the Hospital." Dr. Stone proposed the "Health of the Chairman," who briefly replied. Dr. Bristowe proposed the "Health of the Old Students," and Mr. Henry Lankester and Dr. Rhys Williams replied. The "Health of the Secretaries" was given by Mr. H. H. Clutton, and replied to by Mr. Battle, who regretted the absence of Dr. Hawkins, his fellow secretary, and acknowledged the help given by Drs. Mackenzie and Robinson.



**THE SANITARY INSTITUTE.**—The legal formalities attending the amalgamation of the Parkes Museum of Hygiene and the Sanitary Institute have been at length completed by the meeting of the combined Councils on October 5th. The new Council formally took over the duties and responsibilities of the two institutions, and elected Sir Douglas Galton as the first Chairman of the Council of the new Sanitary Institute. Mr. Symons was elected Registrar. A letter was read from the Charity Commissioners, saying that they considered that the new institute was likely to prove a powerful means for the diffusion of sanitary knowledge, and promising to grant facilities to the Institute to deliver lectures in the various buildings which the Commissioners propose to establish in different parts of London. The Parkes Museum will be maintained under that name, and every pains will be taken to extend the sphere of its usefulness.

**SCHOLARSHIPS AT MEDICAL SCHOOLS.**—The scholarship of fifty guineas, at Charing Cross Hospital Medical School, open to students of the Universities of Oxford and Cambridge, has been awarded to Mr. Albert Carling, of St. John's College, Cambridge. The entrance scholarship of one hundred guineas has been awarded to Mr. William Escombe, and that of fifty guineas to Mr. Percy J. Probyn.—The open scholarship in Arts of 125 guineas at Guy's Hospital has been awarded to Mr. J. B. Leathes, of Rochester. The open scholarship in Science of 125 guineas has been awarded to Mr. W. J. Johnson, of Sheffield, Bedfordshire.—An Entrance Arts Scholarship at the Westminster Hospital, value £80, has been awarded to Mr. Witham.

**POST-GRADUATE LECTURES, CHARING CROSS HOSPITAL.**—The first lecture of the third course was delivered on October 5th by Dr. Julius Pollock on "Gout." The lecturer went fully into all parts of the subject, but dwelt more especially on the diagnosis and treatment of the disease. There was a large attendance of the members, and many new entries were made. Judging from the continued interest shown by the practitioners in the lectures, it is evident that their wants and wishes have been met by the way in which the course has been carried on. At the suggestion of the members, more clinical teaching will be given.

**THE PARIS FACULTY.**—In the Paris Faculty of Medicine in the scholastic year 1887-8, the degree of M.D. was taken by 373 students; of this number, 50 were foreigners, and two were women, of whom one was a foreigner. The number of students was 3,668, including 114 women and many foreigners. The foreign country which sends the largest number of students to Paris is Russia, 136; then comes America, 131; Roumania, 60; Turkey, 56; Spain and her Colonies, 41; and England, 34. Strange to say, one of the Turkish students is a woman.

**PERTHSHIRE MEDICAL ASSOCIATION.**—The office-bearers of this Society for the current session are: *President*: Dr. Robertson (Errol). *Vice-President*: Dr. Kennedy (Perth). *Secretary and Treasurer*: Dr. Gowans (Perth). *Council*: Dr. Beattie (Stanley); Dr. Bramwell (Perth); Dr. Wilson and Dr. McCallum (Dunning). The President delivered an opening address on "Our Conduct to One Another as Medical Men."

**NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.**—The inaugural meeting will take place on Friday, October 19th, at 8 P.M., when Mr. Frederick Treves will deliver an address upon "The Anatomical Conditions which Underlie Surgical Affections of the Intestines."

**BROMPTON HOSPITAL.**—A smoking concert was given by the medical staff of the Hospital for Consumption, Brompton, on Thursday evening, October 4th, in the theatre of the new wing. The members of the acting medical staff and many old resident clinical assistants, or as they are now more properly called house-physicians, were present.

It has been decided to erect additional buildings in connection with Dover Hospital, at a cost of £3,000 or £4,000. The accepted designs for the buildings are by Mr. Grant, of the Sittingbourne Local Board.

**PARACELSUS.**—The session of the Browning Society will be opened by a paper by Mr. Edward Berdoe, M.R.C.S., on "Paracelsus, the Luther of Medicine," at University College, London, on Friday, October 26th, at 8 P.M.

SOME highly successful trials are said to have been made in New South Wales of M. Pasteur's method for preventing anthrax among sheep and cattle.

## DIARY FOR NEXT WEEK.

### MONDAY.

**MEDICAL SOCIETY OF LONDON, 8.30 P.M.**—Opening address by the President, Sir William Mac Cormac. Mr. Edmund Owen: A Case of Acute Intestinal Obstruction Successfully Treated by Abdominal Section. Mr. Charles Ballance: A Case in which the Sternum was Trephined for Mediastinal Abscess.

### TUESDAY.

**PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.**—Mr. Hutchinson, jun.: Syphilitic Disease of Knee-joint. Dr. H. W. G. Mackenzie: Blood Calculi in Ovaries. Mr. A. Doran: Large Ovarian Tumours in a Seven Months' Child. Mr. Bruce Clark: Encysted Prostatic Calculi. Mr. Spencer: Varicocele—a Spontaneous Variation in the Spermatic Veins. Mr. Sheild: Complete Rupture of Left Bronchus from Fractured Rib. Card Specimen: Dr. Cayley: Congenital Stricture of Ileum.

### THURSDAY.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.** Patients and Card-Specimens at 8 P.M.—Mr. Hartridge: Case of Double Optic Neuritis following Injury to the Head. Mr. Gunn: Case of Acute Double Proptosis. Mr. Silcock: 1. Case of Connective Tissue Tumour in each Orbit; 2. Sarcoma of both Orbits. Papers.—Mr. Grossman: Stereocopy by Difference of Colour for the Normal and for the Colour-Blind Eye. Mr. Lang: On a Case of Absence of Iris following Injury. Mr. Silcock: Further Report on Case of Sarcoma of Frontal Bone.

**HARVEIAN SOCIETY OF LONDON, 8.30 P.M.**—Mr. Jonathan Hutchinson, F.R.S., will read a paper on Some Operations for Abdominal Tumours. Mr. Pepper will show a case of Ligature of the Femoral Artery and Vein. Mr. Malcolm Morris will also show some cases.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON, 4 P.M.**—Dr. P. W. Latham: The Harveian Oration.

### FRIDAY.

**SOCIETY OF MEDICAL OFFICERS OF HEALTH, 4 P.M.**—Annual Meeting (at the Holborn Restaurant), with address by Professor Corfield.

## 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.*

### MARRIAGES.

**BARROW—SLEDDON.**—September 26th, at Holy Trinity Church, Hoylake, by the Rev. John Yolland, M.A., Roger William Barrow, M.R.C.S., L.R.C.P., third son of Roger Barrow, of Liverpool, to Amy Constance, second daughter of John Norris Sleddon, of Marysville, Hoylake, and Needwood House, Fairfield, Liverpool.

**ERRINGTON—BOUSTEAD.**—On September 4th, at Christ's Church, Ahmednagar, by the Rev. E. Jenkyns Bowen, Chaplain, assisted by the Rev. J. Taylor, S.P.G., R. Errington, Esq., Lieutenant 1st Grenadier Regiment N.I., third son of G. H. Errington, Esq., of Merry Oak, near Southampton, to Essie, eldest daughter of Surgeon-Major R. Boustead, M.D., F.R.C.S., H.M.'s Indian Army.

**OLIVER—YOUNGER.**—On October 4th, by the Rev. Canon Dixon, assisted by the Rev. W. D. La Touche, at the parish church, Warkworth, James Oliver, M.D., F.R.S.(Edin.), of 18, Gordon Square, London, to Mary Jane, only daughter of the late George Younger, of Church Hill House, Warkworth, Northumberland.

### DEATHS.

**CHAMBRES.**—August 2nd, at sea, on board the African steamship *Wannebah*, aged 29 years, Charles Chambres, L.R.C.S., L.R.C.P.E., son of the late Dr. Chambres, of Lanrwst, and medical officer of the above vessel.

**DAVIS.**—October 8th, at Wreckenton House, Gateshead-on-Tyne, Robert Davis, M.R.C.S. Eng., L.S.A., aged 64.

**ELLIOTT.**—On September 25th, at his residence, North Street, Chichester, George Hurlstone Elliott, M.R.C.S., L.S.A., aged 49 years.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

**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 *Depliate Copies*.

vesicle in the hollow of the arm can be better protected (especially with the shield, if used) than four vesicles in different places, and lymph can be more easily taken. Of course the area of not less than a square inch can be produced to meet the requirements of the Local Government Board. I think if public vaccinators will try this method, together with the removal of the lymph by exsiccation with glycerine (if it succeeds) they will find the difficulties of vaccination reduced to a minimum, and what is of consequence now the antivaccinators are so active—that the operation will be rendered less unpopular.

#### THE TREATMENT OF OBESITY.

DR. N. E. DAVIES (Sherborne) writes: Physiologically there is no other safe means of reducing fat than I am aware of than by a carefully chosen system of diet and proper exercise, but here the sufferer is handicapped, for I know of no cookery book containing a large choice of aliments of all descriptions suitable for such persons only. I have for some time been engaged in leisure hours in compiling such a work. Few fat people have the necessary determination to refrain from taking things injurious to them, even if they knew what these are, which they seldom do. I believe if they knew how many luxuries there are that can be indulged in with impunity many would so live and diet, that their lives, instead of being a burden, would be made enjoyable. Establishments for the treatment of fatty disease would only be within the reach of the wealthy, as the spas abroad are, for instance; but chosen, regulated diet would be within the reach of almost all, and this I hope to furnish. I believe that proper dieting for three months in the year, with well regulated exercise, would meet the requirements of most cases, if not all.

#### THE USE OF THE LEFT HAND IN OPERATIONS.

DR. J. P. R. JAMISON (Broughshane, Co. Antrim) writes: Dr. Bower seems to think that the best plan for exercising the left hand is the playing of a musical instrument, particularly the piano or organ. He is right in his presumption that I do not play the piano, but I do play the violin (and have done so for ten years), which requires even more precision of the left hand than the piano, as in the former each note has to be made by the finger, in the latter each note is made and only requires to be sounded. It was because I understood the value of having the left hand in training, and because, even with my violin-playing, that it was not nearly so dexterous as the right, that I thought of and adopted the writing exercise. The holding of the pen, to my mind, corresponds very closely to the way in which small knives are held. Not all students play the piano or violin, nor are all even musical. What would be the best plan for exercising the left hand in these? Dr. Bower admits that the lumbricales are the muscles to be exercised, and anatomists say these are used in writing.

#### STOVES, ETC., IN BEDROOMS.

DR. E. H. JACOB (Leeds) writes: For heating a bedroom or any room only occasionally occupied nothing can be better or more convenient than gas. It is necessary to decide whether to adopt radiant or convected heat or a mixture of the two. For the latter probably Fletcher's 3 F tubular gas stove is as good as any. I have one in my laboratory which answers well. For radiant heat Wilson's gas fire is very good, though Fletcher's new type of gas fire with iron fretwork is probably but little inferior. If a mixture of the radiant and hot air effect is preferred, Fletcher's B 3 is suitable, or the "Wilson" fire may be obtained with an external casing, which answers the same purpose as the tubes in Fletcher's pattern.

A fair result can be obtained by fitting burners outside an ordinary fire-place to heat fireclay lumps within, provided that the greater part of the grate space is stopped by a brick and only about three inches left to be filled with the "asbestos fuel." This has the advantage that, if it be required, the "fuel" can be removed and the gas burners used to light an ordinary coal or coke fire. In cases of illness, when continuous heating and thorough ventilation are required, nothing is so convenient as a good slow combustion grate, such as the "Abbotsford," or the form with close asphalt recommended by Mr. Teale. I am surprised to find any medical man recommending a fuelless stove. In spite of the elaborate arrangements for "condensing" the impurities (as if CO<sub>2</sub> and SO<sub>2</sub> could be condensed by any ordinary method), they cannot be anything but poisonous if used for any but the shortest periods, and there are seldom any satisfactory arrangements for ventilating a room where there is no fireplace. For warming rooms where no fuel can be placed, it is easy to fix a small coil of hot water pipes heated by a diminutive gas boiler, which can be placed in a small wooden shed outside the house or in an adjoining room which possesses a flue.

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#### BOOKS, ETC., RECEIVED.

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- A Class Book of Elementary Chemistry. By W. W. Fisher, M.A., F.R.S. Oxford: At the Clarendon Press.
- Handy Book of Medicine Stamp Duty with the Statutes and Appendices. By E. N. Alpe. Published at the Office of the *Chemist and Druggist*, London, and Melbourne.
- Elocution, Voice, and Gesture. By Rupert Garry. London: Bemrose and Sons.
- A Textbook of Human Physiology. By Dr. L. Lamdois, with additions by William Stirling, M.D., Sc.D. Third Edition. London: C. Griffin and Co.
- Outlines of Qualitative Analysis. By A. H. Sexton. With illustrations. London: C. Griffin and Co.

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