

## ASSOCIATION INTELLIGENCE.

### COUNCIL.

#### NOTICE OF MEETINGS.

A MEETING of the Council 1888-89 will be held in the Council Room, Mechanics' Institute, Leeds, on Tuesday, the 13th instant, at half-past nine o'clock in the forenoon.

Meetings of the Council 1889-90 will be held in the Council Room, Mechanics' Institute, Leeds, on Wednesday, the 14th instant, at half-past nine o'clock in the forenoon, and on Thursday, the 15th instant, at half-past nine o'clock in the forenoon.

FRANCIS FOWKE, *General Secretary*.

August, 1889.

#### NOTICE OF QUARTERLY MEETINGS FOR 1889. ELECTION OF MEMBERS.

A MEETING of the Council will be held on October 16th, 1889. 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, 1889.

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.

THE series of Maps forming the Report of the Collective Investigation Committee on the GEOGRAPHICAL DISTRIBUTION OF RICKETS, ACUTE RHEUMATISM, CHOREA, CANCER, AND URINARY CALCULUS are deposited in the Library of the Association, and are open to the inspection of members. A descriptive commentary appeared in the JOURNAL of January 19th, 1889.

An inquiry into the ORIGIN AND MODE OF PROPAGATION OF EPIDEMICS OF DIPHTHERIA is in progress.

*Memoranda and forms for communicating observations may be had on application to the Secretary of the Collective Investigation Committee, 429, Strand, W.C.*

#### BRANCH MEETINGS TO BE HELD.

METROPOLITAN COUNTIES BRANCH.—A special general meeting will be held at the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, August 6th, at 5 P.M., to reconsider the resolution passed at the annual meeting of the Branch on July 5th respecting the annual meeting of the British Medical Association in 1890.—NOBLE SMITH, 24, Queen Anne Street, W., and H. RADCLIFFE CROCKER, M.D., 121, Harley Street, W., Honorary Secretaries.

#### SOUTH-WESTERN BRANCH.

THE fiftieth annual meeting of this Branch was held on June 18th, at the Guildhall, Bodmin, and was attended by between forty and fifty members. The Council met at 11.30, after which the members were hospitably entertained to luncheon by Mr. W. Pearse, the President-elect.

*Retiring President.*—At the general meeting the chair was taken by the President, Dr. JOHN WOODMAN.—THE HONORARY SECRETARY read the minutes of the last annual meeting at Exeter, and of the intermediate meetings at Tiverton and Paignton.—THE PRESIDENT, in resigning the chair, introduced the President-Elect, Mr. PEARSE, who took the chair.—Dr. THOMPSON, Launceston, proposed a vote of thanks to Dr. Woodman for the ability with which he had discharged the presidential duties during the year. This was seconded by Mr. GOULD, Hatherleigh, and carried by acclamation.

*Presidential Address.*—Mr. PEARSE then delivered his inaugural address, which, after a welcome to the members, and a sketch of Bodmin and its history, was devoted to a review of some of the great changes which had taken place in the practice of medicine and surgery, and of the enormous progress which had been made during the fifty years which had elapsed since the South-Western

Branch was inaugurated.—On the motion of Dr. WOODMAN, seconded by Dr. DEAS, a cordial vote of thanks was accorded to the President for his interesting and suggestive address.

*Report of Council.*—THE HONORARY SECRETARY read the report of the Branch Council as follows: The Council are glad to be able to report that the number of members attached to the Branch has been well maintained, in spite of a larger number of resignations than usual. Twenty-three new members have joined the Branch, of whom eighteen were already members of the parent Association. Three members have been removed by death, fifteen have resigned (of whom eight were leaving the district), and four have been removed from the list of members of the Association. The actual number now on the roll is 216, being one more than at date of last report. The number of members of the Association resident in Devon and Cornwall, who are not members of the South-Western Branch, is still considerable, although it has been much diminished during the last two or three years; and the Council would again express the hope that individual members in different parts of the district will use their influence to induce more to enrol themselves as members of the Branch. The annual meeting at Exeter was in every way a most excellent and enjoyable one, and the Council would also express their gratification that since then intermediate meetings have been held at Tiverton and at Paignton, which were well attended and markedly successful. The Council are satisfied that the success of the Branch as a means of promoting medical work and discussion depends largely on these district meetings, and trust that every effort will be made to continue them regularly. Early in the present year a circular letter, signed by many prominent members of the Association was forwarded to the Presidents of all the Branches, criticising in several respects the manner in which the JOURNAL was conducted, and suggesting certain changes, the chief of which were that all articles, reviews, etc., should have the author's signatures appended, and that the character of the advertisements should be more carefully controlled. This question was brought forward at the Paignton meeting, when the feeling was unanimous that this matter was essentially one to be discussed by the Council of the Association, and that the memorial in question ought to have been presented to the Council in the first place as the elected governing body of the Association. This matter has since been thoroughly discussed by the Council in London, and, while it was decided that the suggestion that all articles should be signed could not be entertained, an important step was taken to relieve the Editor of some individual responsibility, and to introduce a more representative element into the management of the JOURNAL, by deciding that a Committee of Reference be appointed, to act in consultation with the Editor, to which all articles, etc., should be submitted before publication, the Committee to consist of the President of the Council and the Treasurer of the Association, with two gentlemen to be nominated by the Journal Committee and submitted for approval to the Council. Your Council highly approve of the change thus made; they believe it will tend to inspire more confidence in the management of the JOURNAL and to remove some grounds of dissatisfaction. The annual meeting in 1890 falls to be held in some place in Devon other than Exeter or the three towns, and as no meeting has been held in North Devon for some years, your Council recommend that the next annual meeting be held at Ilfracombe, and suggest the name of Dr. Slade-King for President-Elect. In regard to the financial position of the Branch, it is reported that there is a balance on the credit side of £30 7s. 3d.—On the motion of Mr. J. ELLIOT SQUARE, Plymouth, seconded by Mr. J. B. KERSWILL, St. Germans, the report of the Council was adopted.

*Election of Officers.*—Mr. SOMER, Broadclyst, moved that the next annual meeting be held at Ilfracombe, and that Dr. Slade-King be nominated as the President-Elect. This was seconded by Mr. M. H. BULTEEL, Stonehouse, and agreed to.—Dr. WOODMAN, Exeter, in proposing that the President, Mr. Pearse, and the Honorary Secretary, Dr. Deas, should be elected as the two representative members on the Council of the Association, advocated the principle of electing the President of the year as one of the representative members.—Dr. Woodman's motion was seconded by Dr. THOMPSON, Launceston, and unanimously agreed to, Dr. Woodman's opinion that the precedent thus set should be followed in future years, being generally endorsed.—On the motion of Dr. ALEXANDER, Paignton, seconded by Dr. DEAS, the following six gentlemen were selected as new members of the Branch Council: F. C. Berry, M.B., Lynton; J. W. Cooke, Barnstaple; J. Gould,

Hatherleigh; A. L. Morgan, Torrington; E. Rouse, Bideford; E. J. Slade-King, M.D., Ilfracombe. Dr. Deas was re-elected as Secretary and also as representative member on the Parliamentary Bills Committee. Dr. Blomfield, Exeter, was appointed Local Secretary to the Collective Investigation Sub-Committee, *vice* Mr. J. E. Square, Plymouth, resigned.

**Alleged Abuse of Out-Patient Departments.**—Mr. E. H. EDLIN, Plymouth, in connection with a communication from the Gloucestershire and Worcestershire and Herefordshire Branches, opened a discussion on the subject of the abuse of hospital charities to the professional detriment of medical practitioners, and moved the following resolution: "That the members of the South-Western Branch of the British Medical Association protest against not only the abuse of the charitable funds of hospitals by the treatment of well-to-do patients gratuitously, but also against the injustice done towards the profession in connection therewith, and pledge themselves to do all in their power to prevent the injury which is thus being done to the medical profession." The motion was seconded by Dr. J. ROLSTON, Stoke, and after a number of members had joined in the discussion, was unanimously carried.

**Papers.**—The following papers were then read and discussed: Mr. M. H. BULTEEL, Stonehouse: Two cases of Abdominal Section for Ectopic Gestation.—Dr. A. KEMPE, Exeter: Notes of a case of Lithotomy.—Mr. C. H. WADE, Chudleigh: A case of Acute Ascending (Landry's) Paralysis.

**Annual Dinner.**—The annual dinner was held at Sandoe's Royal Hotel, when a very large company assembled, comprising most of the members attending the meeting and a number of guests.

**Excursions.**—A number of the members were driven to Lanhydrock, the seat of Lord Robartes, and conducted over the house and grounds, and afforded an opportunity of inspecting the church. On the following day about twenty members enjoyed a most delightful driving excursion to Tintagel and neighbourhood. The innovation of extending the annual gathering over two days met with general approval, and the hope was expressed that the precedent would be followed in future years.

#### READING AND UPPER THAMES BRANCH.

The annual meeting of this Branch was held in the Library of the Royal Berks Hospital, Reading, on July 18th, W. B. HOLDERNESS, M.R.C.S., in the chair.

**Election of Officers.**—The following officers were elected:—*President*: Dr. Price, Reading. *President-Elect*: Dr. Dunbar Dickson, Marlow. *Council*: The President, the President-Elect, Dr. Shettle, Dr. Banham, Mr. O. C. Maurice, Mr. Royds, Mr. Young, Dr. Tench, Mr. Holderness, Dr. Bateman, and the Honorary Secretary. *Representative of the Branch on the Council of the Association*: Dr. F. Bateman, Whitechurch, Oxon. *Representative on Parliamentary Bills Committee*: Dr. Heygate Phillips. *Honorary Secretary and Treasurer*: Dr. Heygate Phillips.

**President's Address.**—The President (Dr. PRICE) delivered an interesting address on eye symptoms in relation to general disease.

**Alleged Abuse of Out-patient Departments.**—A discussion then took place on the subject of the overgrowth of the out-patient departments of hospitals and other cognate subjects.

**Annual Dinner.**—The annual dinner was held at the Queen's Hotel the same evening.

#### SOUTHERN BRANCH: ISLE OF WIGHT DISTRICT.

An ordinary meeting of the Isle of Wight District of the Southern Branch was held at Daish's Hotel, Shanklin, on July 18th, J. M. PLETTS, M.D., President, in the chair.

**Vice-President.**—A vacancy existing, Mr. W. E. Green, of Sandown, was unanimously elected to this office.

**New Member.**—Mr. T. D'O. Pain, of Bembridge, was made a member of the Association and of the Branch and District.

**Amendment of By-laws.**—Notice of alteration of Law 13 was given by Dr. SINCLAIR COGHILL.

**A Visit to Apostoli's Clinique.**—Dr. COGHILL gave an account of the apparatus and methods employed by Apostoli in his use of electricity in the treatment of certain uterine diseases, and stated his own former and recent experience of the value of this therapeutic agent.

**Guaiacol Hypodermically in Pyrexia.**—Dr. COGHILL also contributed notes of cases in which, after reading an unpublished paper by Dr. Schetelig, of Nervi, he had employed guaiacol hypodermically in doses of 15 to 30 minims. He had found it one of the most potent of antipyretics and something more, for in one case of

double pleuro-pneumonia—probably of septic origin—it had at once terminated the febrile movement in the temperature and arrested the progress of the disease when the condition of the patient had already given rise to grave fears as to the issue of her illness.

**Fatal Case of Thoracic Aneurysm.**—Dr. ROBERTSON described the symptoms during life, and exhibited the aneurysm and adjacent structures of a patient who had died from rupture of the aneurysm into the left bronchus.

**Death in Early Tubal Pregnancy.**—Dr. COGHILL exhibited a specimen from a fatal case of tubal pregnancy, and gave a brief account of the case.

**Hot-air Inhalations in Consumption.**—Dr. ROBERTSON showed microscopic specimens of sputa of phthisical patients before and after inhalations of hot air. And it was pointed out that no material diminution in the abundance of tubercle bacilli present had resulted from inhaling for six weeks for an hour twice a day air at a temperature of between 200° and 250° Centigrade.

**Dinner.**—The members dined together after the meeting.

#### PROCEEDINGS OF COUNCIL.

At a meeting of the Council, held in the Council Room of the Association, 429, Strand, W.C., on Wednesday, July 10th, 1889; present:—

Dr. T. BRIDGWATER, President of the Council, in the chair,

Mr. C. G. WHEELHOUSE, Leeds (President-Elect).

Dr. HOLMAN, Reigate (Treasurer).

Dr. B. Anningson, Cambridge

Dr. J. S. Bristowe, F.R.S., London

Mr. H. T. Butlin, London

Dr. Alfred Carpenter, Croydon  
Surgeon-General W. R. Cornish, London

Dr. J. Ward Cousins, Portsmouth

Mr. T. W. Crosse, Norwich

Dr. P. M. Deas, Exeter

Dr. J. L. H. Down, London

Mr. George Eastes, London

Dr. C. E. Glascott, Manchester

Dr. Bruce Goff, Bothwell

Dr. O. Grant, Inverness

Dr. W. C. Grigg, London

Dr. T. W. Grimshaw, Carrickmines

Mr. J. H. Hemming, Kimbolton

Mr. G. F. Hodgson, Brighton

Professor G. M. Humphry, F.R.S., Cambridge

Mr. T. V. Jackson, Wolverhampton

Mr. T. R. Jessop, Leeds

Mr. Evan Jones, Aberdare

Mr. H. R. Ker, Halesowen

Dr. W. G. V. Lush, Weymouth

Mr. C. Macnamara, London

Dr. W. Withers Moore, Brighton

Dr. C. Parsons, Dover

Dr. R. Saundby, Birmingham

Dr. A. Sheen, Cardiff

Mr. S. W. Sibley, London

Dr. E. M. Skerritt, Clifton

Dr. T. Sympton, Lincoln

Dr. T. W. Trend, Southampton

Mr. F. Wallace, London

Dr. A. T. H. Waters, Liverpool

Dr. Edward Waters, Chester

Dr. G. E. Williamson, Newcastle-on-Tyne

Mr. Alfred Winkfield, Oxford

The minutes of the last meeting having been printed and circulated, and no objection taken, were signed as correct.

Read letters of apology for non-attendance from Dr. J. W. Byers, Dr. Henry Barnes, Dr. J. Mackenzie Booth, Dr. A. H. Bampton, Dr. W. Strange, Mr. J. Hardie, Mr. W. D. Husband, Dr. G. B. Barron, Mr. Jones-Morris, and Dr. McIntyre.

Read letter from Dr. R. D. Nicolls, of which the following is a copy:—

The Square, Navan, May 16th, 1889.

To the Council of the British Medical Association.

GENTLEMEN,—I beg to bring under your consideration the fact of a very great injustice done me, viz.: I was appointed early in 1870 to attend regular troops stationed here, as civil medical officer. This was at a time when there were not any army doctors available. In accepting the appointment at the low pay given, I did so naturally expecting that I should get remuneration in case of sickness. I have served seventeen years. In 1887 I was superseded by an army doctor, consequently I don't come under the law passed by Parliament that year, excluding a civil medical officer getting compensation. My length of service and my case being exceptional should entitle me remuneration; indeed, civil medical officers are the only branch of civil service who do not get a pension or even remuneration. I lay my case in your hands, my medical brothers, trusting that your powerful influence will obtain for me justice.—I am, gentlemen, yours truly,

RICHARD D. NICOLLS, M.D.

Resolved: That the letter be referred to the Parliamentary Bills Committee, asking if it may be taken into consideration to see if anything can be done to prevent the continuation of that injustice to the medical profession by the Government.

Resolved: That the 124 candidates whose names appear on the circular convening the meeting, together with the supplementary list of 37, be, and they are hereby, elected members of the British Medical Association.

Resolved: That the minutes of the Journal and Finance Committee of to-day's date be received and approved, and the recommendations contained therein carried into effect, with the exception of the alteration of the fees to the provincial member of the Editorial Reference Committee, of which notice was then given.

The minutes of the Journal and Finance Committee contain report approving accounts for quarter, amounting to £6,205 6s. 7d. The auditors' quarterly report.

Resolved: That the minutes of the Premises and Library Committee of the 9th inst. be received and approved, and the recommendations contained therein carried into effect, with the exception of providing curtains for the windows.

The minutes of the Premises Committee contains report upon completion of council room as library, and a request for a grant of £300 for the purchase of books of reference, and a recommendation that the windows be draped; and report of Library Committee, of which the following is a copy:—

#### REPORT OF THE LIBRARY COMMITTEE.

The Library Committee are glad to be able to report that the number of volumes belonging to the Library has increased by donation during the year from 300 to 1,500 volumes. They had thus outgrown the accommodation provided in the smaller reading and committee room. Your Council, on the recommendation of this Committee, granted on April 17th of this year the sum of £300 for fitting up the large Council Room in a suitable manner for use of the members as a library, newspaper, and reading room. This work has been satisfactorily accomplished, and accommodation has thus been provided for several thousand more volumes. The very commodious apartments thus set aside for the Library and for use of the members will, it is hoped, prove to be an additional stimulus to the rapid growth of this new feature in the development of the advantages which the Association seeks to afford to all its members. It may be anticipated that the generosity of members of the Association will assist the Council in rapidly forming a valuable and extensive collection of books, ancient and modern, for the common use of all, and thus enable them to form an important nucleus for what will, it is hoped, prove before long to be an extensive and valuable collection of books.

The Library Committee recommend the Council to make a further grant of £300 for the purchase of books of reference and other standard works.

Arrangements are in progress for furnishing the reading room with a liberal supply of current medical serials, British and foreign. The Honorary Librarian expects to be able to arrange this at but little cost by a system of exchanges with the BRITISH MEDICAL JOURNAL.

Amongst the volumes presented to the Library are some 200 published during 1888, and nearly 100 during 1889. All these books are duly catalogued and arranged.

The Library Committee desire to draw the attention of members of the Association to the fact that they can have letters addressed to the Library of the Association.

The list of donors to the Library include the following names:—Mrs. Arnott, Wm. Adams, Cresswell Baber, Joseph Bell, Heather Bigg, J. S. Bristowe, Lennox Browne, T. Lauder Brunton, H. T. Butlin, T. Buzzard, E. Bryan (of Idle), Dr. Bastian, Alfred Carpenter, C. W. Cutler, Cassell and Co., F. E. Cockell, jun., Jas. Charlesworth, Dr. Casey, W. Bruce Clark, H. Radcliffe Crocker, Sir Charles Cameron, W. H. Day, J. Matthews Duncan, Clement Dukes, W. Elstein, Fannin and Co., Professor Gairdner, Reginald Harrison, Graily Hewitt, Jonathan Hutchinson, W. J. Harris, Ernest Hart, C. J. Holman, J. D. Hellier, T. Holmes, Jukes de Styrap, Prosser James, C. B. Keetley, Norman Kerr, H. K. Lewis, C. Macnamara, Wm. Martindale, New Sydenham Society, H. W. Page, F. W. Pavy, Douglas Powell, Robson Rose, F. T. Roberts, W. H. Sankey, A. E. Sansome, Wm. Squire, W. E. Steavenson, H. R. Swanzy, James Sawyer, J. V. Shoemaker, Wm. Stewart, R. Saundby, C. E. Thorowgood, E. J. Tilt, A. Waterworth, C. Theodore Williams, A. T. H. Waters, Mrs. Wardell.

Resolved: That the report of the Council be received, approved, and published in the JOURNAL for presentation to the Annual Meeting at Leeds on the 13th proximo. (See page 268).

Resolved: That the minutes of the 9th inst. and report of the Inebriates Committee be received and approved, and the recommendations contained therein carried into effect, and that the report be published in the JOURNAL for presentation to the Annual Meeting at Leeds on the 13th proximo. (See page 273).

Resolved: That the minutes of the Scientific Grants Committee of the 9th instant, together with the annual report, be received and approved, and the report published in the JOURNAL for presentation to the Annual Meeting at Leeds on the 13th proximo for report. (See page 274).

The minutes of the Scientific Grants Committee contain applications for grants to the amount of £820, and recommendations that grants be made for £418.

Resolved: That the annual report of the Collective Investigation Committee be received, approved, and published in the JOURNAL for presentation to the Annual Meeting at Leeds on the 13th proximo. (See page 277).

Resolved unanimously: That the thanks of the Council be given to Dr. Isambard Owen, for the labour he has bestowed in drawing out the excellent and instructive maps illustrative of the geographical distribution of disease, as well as for the admirable and zealous manner in which as Secretary to the Collective Investigation Committee he has contributed to the work of the Association.

Resolved: That the annual report of the Therapeutic Committee

be received, approved, and published in the JOURNAL for presentation to the Annual Meeting at Leeds on the 13th proximo. (See page 278).

Resolved: That the minutes of the Trust Funds Subcommittee be received, approved, and the recommendations contained therein carried into effect.

The minutes of the Trust Funds Committee contain the awards of the Stewart Prizes. The Stewart Prize was awarded to Dr. E. E. Klein, F.R.S., for his very valuable and prolonged researches on Micro-organisms, and especially for his work in connection with the Etiology of Scarlet Fever. The Middlemore Prize was not awarded, but will again be offered for competition next year. The minutes also contain a legal opinion upon the use of the Hastings Fund.

Resolved: That the report of the Parliamentary Bills Committee be received, approved, and published in the JOURNAL for presentation to the Annual Meeting at Leeds on the 13th proximo. (See page 269).

Resolved: That the application of the Medical Sickness Society to hold a meeting at 2 o'clock on Wednesday, August 14th, at Leeds, be granted subject to the usual conditions.

Resolved: That permission be granted to the Anatomical Society to hold its meeting at 4.30 p.m. instead of 4 p.m. on August 15th.

Read abstract of letter from Dr. Byers, Honorary Secretary to the North of Ireland Branch, a copy of which is as follows:

At a meeting of our Branch, held on April 25th, Dr. Donaldson and Dr. Byrne (Derry) presented a memorial signed by twenty-two members of the North-West Section of the North of Ireland Branch, requesting to be allowed to withdraw from the North of Ireland Branch, in order that they might form a separate Branch having its headquarters in Derry. A resolution was passed unanimously approving of this memorial, and instructing me to forward it to the General Secretary, which I now do.

Resolved: That the formation of a separate Branch in the North-West of Ireland be approved and, subject to the approval of the by-laws, that the Branch be recognised.

Read minutes of meeting of the Medical Practitioners of the Cape of Good Hope, held on Friday, September 28th, 1888, and application for recognition of a Branch at Cape Town.

Minutes of a meeting of the Medical Practitioners of the Cape Peninsula, held on Friday, September 28th, 1888, in the rooms of the Y.M.C.A., Long Street, Cape Town, at 5 p.m.

Present:—Drs. Charlton, Scholtz, Anderson, Chiappini, Baird, Silk, Falkiner, Cox, Murray, Kohler, Manikus, Dyer, sen., Dyer, jun., Douglas, Peterson, Hewat, Herman.—Dr. Murray in the chair.

The notice calling the meeting having been read, Dr. Anderson proposed, and Dr. Silk seconded: "That a Branch of the British Medical Association be now established in Cape Town."—Carried *nem. con.*

Dr. Charlton said he was requested by Surgeon-General Faught to express his regret at being prevented from attending.

Dr. Murray stated that the Committee appointed at the last meeting had revised the rules of the S. A. Medical Association, and he thought that the revised rules might be adopted as they stood.

Dr. Baird proposed that the title page be amended and the word "rules" struck out and the word "constitution" employed instead. After some discussion, it was proposed by Dr. Falkiner, seconded by Dr. Silk, and carried by 8 votes to 3, that the words on the title page read:—

"Memorandum and Articles of Association of the Cape of Good Hope Branch of the British Medical Association." Dr. Manikus proposed that the Branch be called "The Cape of Good Hope Branch of the British Medical Association."—After discussion, the motion was carried by 7 votes to 6.

The new rules were then read and discussed *seriatim*, and duly carried as per enclosure.

Dr. Anderson proposed that the by-laws of the S. A. Medical Association be incorporated as they stood in the by-laws of this Association. Dr. Dyer seconded.—Carried *nem. con.*

The meeting then proceeded to the election of office-bearers with the following result:—President, C. F. K. Murray, Esq., M.D.; Vice-President, P. A. Chiappini, Esq., M.D.; Honorary Secretary, Geo. B. Silk, Esq., M.B. and C.M.; Honorary Treasurer, G. E. C. Anderson, Esq., M.D., M.R.C.S. Council, C. L. Herman, Esq., M.B. and C.M., M.R.C.S.; J. F. Manikus, Esq., M.D., Utrecht (Staats Examen); J. Baird, Esq., M.D.Brussels, L.R.C.P., L.R.C.S.; T. F. Falkiner, L.R.C.S.I., L.K.Q.C.P.I.

The above gentlemen were accordingly declared office-bearers for the ensuing year.

The meeting then closed. Confirmed.

(Signed) C. F. K. MURRAY, M.D., Chairman.

Resolved: That the Council of the British Medical Association have pleasure in recognising the Cape of Good Hope Branch, and approve the by-laws, and tender their thanks and congratulations to Surgeon-General Faught, Dr. Chiappini, Dr. G. B. Silke, Dr. Herman, and others, on the formation of the Branch.

[The following Reports of the Council, and of the Committees, will be presented at the Annual Meeting at Leeds on August 13th, 14th, 15th, and 16th, and are published in accordance with the regulations for the conduct of Annual Meetings, which require that all Reports of Committees of the Association shall be printed in the JOURNAL before the Annual Meeting.]

## REPORT OF COUNCIL.

*Fifty-seventh Annual Meeting of the British Medical Association, Leeds, August, 1889.*

IN meeting you again in Leeds, your Council would call attention to the fact that this is one of the towns in which the Association will now have been entertained for the third time. Those of you who were present when the Association met here twenty years ago will remember the brilliant and hospitable reception then given, and your Council feel assured that this meeting, under the presidency of Mr. Wheelhouse, will not be less successful than those which have preceded it.

A comparison of the Association, the number of its members, and its position on the occasion of its first visit in 1843, with those of the present time, shows that its members at that time numbered only a little over 1,600; the income was £2,102; and the expenditure, £1,488; leaving a balance of £613 in favour of the Association.

In 1869, the occasion of the second visit to Leeds, the Association had increased to 4,095 members, but the income had scarcely risen in proportion; the receipts were £5,571, the expenditure £5,371, leaving a balance in the Treasurer's hands of £200, and the estimated excess of assets over liabilities was at that time put down at £166. The Association now numbers more than 12,000 members, and the balance of assets over liabilities is £35,617.

Inclusive of the present, the Association will have held fifty-seven annual meetings in thirty-five towns and cities; it will thus be noticed that many towns will have entertained the Association more than once. As a fact several have received it three times since the first foundation; for example, Birmingham, Bath, Leeds, Manchester, Liverpool; while others of importance have only been visited once, and many not at all. It appears almost as though the Branches, while doing good work socially and scientifically by their meetings, tend rather to centralise their efforts in one or two localities, and leave others out of close or direct contact with the parent Association. There may also be another reason why the Association has not been invited by some important places, namely, the questions of expense and accommodation. Your Council would point out with regard to the first objection that the Association has been well entertained with a reception fund of £400 to £500; and with regard to the latter, that the meeting is small in a small town, and usually averages about 500 members.

Again your Council have to congratulate you upon the formation of new and important home and Colonial Branches. First of these in the order of recognition is one established at Malta, called the Malta and Mediterranean Branch. This is the first formed for the combined services. Branches have also been formed in the Punjab, Griqualand West, Bombay, Barbadoes, and Tasmania. From Cape of Good Hope a request to have a formal recognition of a most important Branch, starting with forty members, has been received. All these Branches, it is hoped, will form active and important centres of the Association in their respective localities. A Branch has also been added in Scotland, for Stirling.

The members residing in Derry, finding it so long a journey to Belfast, have asked permission to form a separate Branch; this request has been complied with, and the recognition by the Council of the Association has been granted. This, no doubt, gives facilities for members in that part of Ireland to meet more frequently for scientific and social intercourse, and so to add to the good work of the Association in that country.

Your Council regret that at present no steps have yet been taken to re-establish the important Branch of Cork and South of Ireland. It will be remembered that an Annual Meeting of the Association was held there in 1879, over which Dr. Dennis O'Connor presided. Your Council grieve to report his death during the past year.

Your Council have the pleasure to report a successful financial year. The expenditure has been £27,691, while the revenue has been £31,785, leaving a surplus balance of £4,093. £3,200 of this has been expended on the leases of 2 and 3, Agar Street. These will give the extra rooms required for committees, and also further space for the compositors on the top floor. Now that the Association can afford it, your Council consider that the time has arrived when the subscription of members resident abroad may fairly be reduced to £1 ls., the same as that of the home members, and that the extra postage of the JOURNAL to the Colonies need be no longer charged. This they hope will be regarded as a boon to the colonial members, and the amount formerly

charged for postage of 2s. 6d. to the Colonies and of 5s. to India will now be borne by the Association. More especially your Council hope that Indian members will appreciate the alteration, as, not only is the extra postage of the JOURNAL heavy, but there is also a serious charge for exchange in remitting subscriptions home. The present cost to the Association is about £400 per annum.

The organisation of a Library and Reading Room for the use of the members of the Association is making good progress. As the result of handsome donations from private individuals, members of the Association, and from authors and publishers, the collection of books has already considerably outgrown the accommodation first made available. The large Council Room has now, therefore, in virtue of a grant of £300, been fitted with bookcases and shelves which can accommodate several thousand further volumes. Steps will be taken to obtain a considerable supply of current periodical literature of all countries for reference, which may be acquired by a system of exchanges set on foot by the Editor of the JOURNAL, and it is hoped that the Reading Room will be made a useful, popular centre for the purpose of study and reference by members of the Association, who will there also have the opportunity of carrying on and receiving correspondence when in London. While thanking members of the Association, authors, and publishers who have already so generously contributed to form the nucleus of a library, it is hoped that now this extensive accommodation has been supplied, these donations will in the future be considerably increased.

The Council propose this year to make a grant of £300 for the purchase and acquirement of books of reference for the use of readers.

The number of members on the books last year was 12,265; during the year 954 have been elected, 110 have died, and 212 have resigned, leaving on the books 12,897.

It is, again, with grateful thanks that your Council would call your attention to the efficient work of your Honorary Secretaries to the Branches; their effective help, given without stint of labour or of time, tends to the material advancement of the Association. It is with regret your Council have to report the resignations of Dr. Ormsby, of the Dublin Branch; of Mr. Vincent Jackson, of the Staffordshire Branch; of Mr. W. E. Green, of the Isle of Wight District of the Southern Branch; Mr. Cureton, of the Shropshire and Mid-Wales Branch; and of Dr. Eastes, of the Metropolitan Branch.

Dr. C. Norman, Dr. C. Reid, Dr. R. Robertson, Mr. James Allen, Bratton, and Dr. Crocker, have been elected to fill the respective vacancies.

In compliance with the trust deeds of the Middlemore and Stewart funds these prizes have again been offered in accordance with the wishes of the donors. Only one Essay has been received for the Middlemore Prize. The adjudicators report that this essay is not of sufficient merit to justify the award. The Stewart Prize has been awarded to Dr. Klein, for good work done. Your cordial thanks are due to Dr. Littlejohn, Dr. Grimshaw, and Dr. Corfield, who have acted as adjudicators in the Stewart Prize, and to Dr. Swanzy, Dr. Reed, and Mr. Priestley Smith, who have acted in like manner for the Middlemore Prize.

The work of the Parliamentary Bills Committee has been chiefly directed towards (1) resisting proposals which had been made from factory owners to the Home Secretary for reducing or abolishing the part taken by certifying surgeons in carrying out some of the most important provisions of the Factory Acts; (2) in taking steps to bring under the notice of the Commission appointed to consider the question of rank, title, etc., of army medical officers, the views ascertained to be held by a large number of the members of the Service, as was proved by the former action of this Committee. This Commission has been mainly appointed in consequence of the past exertions of the Parliamentary Bills Committee on behalf of that service, of which due record has been made in past reports and in the reports of that Committee, and of the annual meetings of the Association. Thanks are due to Mr. C. Macnamara for the valuable assistance which, as a member of the Commission, he has rendered in bringing the documents and facts connected under the notice of the Commission. (3) The other work of the Parliamentary Bills Committee has been to secure further amendments in the Lunacy Acts Amendment Bill in its course through the House of Lords and the House of Commons, with the object of protecting alike the interests of the medical profession and of the public. Those efforts have been made with considerable success in some important particulars.

Finally, great attention has been given to the consideration of the Local Government (Scotland) Bills, and a series of amended clauses have been prepared by the Chairman of the Committee after much correspondence with leading authorities in Scotland, and have been submitted to the Committee with the assistance of Dr. Farquharson, M.P., and other parliamentary friends. A full report of the work of the Committee will be presented separately.

The Scientific Grants Committee, in consequence of the numerous and large applications for aid in scientific research, asked for and obtained £100 as an addition to the usual grant of £300. Unusually good work appears, by the report of the Committee, to be in progress.

Your Science Scholars are at present Dr. Sidney Martin and Dr. Ralph Stockman; the latter was appointed to investigate the chemical changes which menthol, camphor, and similar bodies undergo after absorption, and the action of the camphor group on the heart and circulation; also an investigation into a new body which acts like digitalis; and other researches. Dr. Sidney Martin was appointed to investigate the toxic albumens, and on the pathology (experimental) of diseases of the stomach.

The Inebriates' Legislation Committee have, with the aid of the Society for the Study of Inebriety, succeeded in securing permanent legislation with a few minor though useful amendments.

Having thus obtained permanence to the Inebriates Acts, the Committee have been devoting their energies to forming such a strong public opinion as will be likely to secure from Parliament more effective provision for the compulsory admission to retreats of inebriates unwilling to apply voluntarily; for the less forbidding reception of voluntary patients; and for provision for special medical care and treatment of the impecunious.

A peculiarly gratifying tribute to the work of the Committee has been the drafting of a Bill for Scotland (insisting on these among other provisions) by a Crown official supported by many of the most eminent legal authorities in that country.

These leading principles of the proposed measure have been approved by the Medico-Chirurgical Society of Edinburgh, and by your Inebriates Legislation Committee.

The Collective Investigation Committee has been engaged winding up the inquiries which were still in progress at the end of last year, and has not entered on any fresh undertaking. It has presented to the Council an elaborate Report upon its inquiry into the Geographical Distribution of Certain Diseases, in the form of a series of detailed maps, accompanied by a commentary. The latter was published in the JOURNAL of January 19th; the former are deposited in the Library of the Association; they have been exhibited by the Secretary of the Committee at the meetings of various Branches, and will be on view at the Annual Meeting in Leeds. A report, supplementary to that on Habits of Intemperance, upon the Causes of Death Among Gouty Men, was also published in the JOURNAL of January 19th.

During the past year pharmacological researches have been initiated under the personal direction of members of the Therapeutic Committee. Details of these will be forthcoming in the Report which the Committee brings forward. In their report they will also make suggestions by which it is hoped that their work will be extended in the investigation of strictly therapeutical questions.

At the Annual Meeting held in Glasgow last year, the Psychological Section appointed a Committee to consider the state of children unfit, from mental and nervous conditions, for ordinary school teaching. Since the appointment of the Committee 14 schools have been visited, 5,344 scholars have been personally examined; a grant of £50 was made to the Committee for expenses, which they ask to be renewed. The Committee will place the result of their investigations before the meeting at Leeds.

Questions relating to the conduct of the JOURNAL have been more than once under discussion during the year. A remonstrance from many leading medical men concerning the publication in the JOURNAL of a certain script document appeared to the Council to be well founded in principle, and, after receiving explanations as to the circumstances of its publication, the Council thought it right to express their regret that this document had been made public. Subsequently a memorandum was brought to the notice of the Council which had been prepared and issued for communication to the Branches of the Association of which the main suggestions was that all articles, reviews, letters, etc., in the JOURNAL should be signed. After careful inquiry and full consideration, the conclusion was arrived at, expressed in the memorandum published in the JOURNAL of May 4th, 1889 (page 1025), that in view of the functions which the JOURNAL

has to fulfil as a weekly newspaper called upon to defend the interests of all classes of the profession, and to furnish early information to its many thousands of readers in all parts of the world, and, having regard to its large staff of official and unofficial contributors, to whom the signing of their articles would be impossible, it was absolutely necessary that the confidential character of their communications should be protected under the shield of editorial responsibility as heretofore, and as is customary in all the leading journals and newspapers of this country.

In respect to advertisements it was found that great and very special care was taken to exclude all objectionable matter, and, in going into detail, the objections raised were found to be very few in number, and such as could be satisfactorily dealt with.

It is unnecessary to insist on the vast importance to the Association and to the profession of the efficiency of the JOURNAL and its popularity with all classes, at home and abroad, as a means of sustaining the numbers and widening the sphere of influence of the Association as well as of maintaining its finance in a sound and prosperous condition. These objects the Council are glad to say are shown to have been accomplished by the facts and figures published during the past as in previous years; and during no period have the evidences at home and abroad been more marked, of the high opinion which is entertained of the literary, scientific, professional and social value of the JOURNAL, and of the extent to which it is everywhere valued as standing in the front rank of medical journalism.

The Council think it right to renew on this occasion their expression of confidence in the ability and devotion of the Editor and General Secretary to all the best interests of the Association, and to the marked success with which the JOURNAL of the Association has for many years been conducted.

The Editor suggested in a memorandum submitted to the Council that, with a view of assisting him in his onerous responsibilities in the management of the JOURNAL, he should have the support henceforth of a Reference Committee meeting weekly at the office, and which should include the President of Council and the Treasurer of the Association for the time being, together with specially appointed members. Of this suggestion the Journal Committee and the Council have approved, and it has been carried into effect.

The Council has appointed as special members of the Committee Dr. Farquharson, M.P., of London, and Dr. Donald MacAlister, of Cambridge. Provision has been made for the due payment of the two special members for their attendance. The President of the Council and the Treasurer of the Association give their services without fee. The arrangement has been found to work well, and the weekly meetings of the Committee have taken place regularly since May 2nd.

Amongst others your Council grieve to have to report the loss to the Association by death of the following members: Dr. J. M. Fothergill, W. N. Price, Esq., Dr. J. N. McCulloch, N. Crisp, Esq., Dr. E. J. Barker, F. Mason, Esq., Dr. J. K. Milne, James Symes, Esq., the Rev. David Bell, M.D., Dr. L. Armstrong, Deputy-Surgeon General R. A. Chapple, Dr. G. H. Barfoot, E. G. Francis, Esq., Dr. J. Chalmers, J. Hall, Esq., Dr. E. Jackson, Dr. Dennis O'Connor, Dr. George Duff, M.A., R. Davies, Esq., Dr. A. Asher, Dr. E. Davidson, Surgeon J. Bulfin, Dr. R. Keith, Dr. P. B. Tucker, M. Brumell, Esq., Dr. A. J. Sinclair, Dr. W. H. Walker, Dr. G. T. Budd, Plymouth, F. W. Brown, Esq., Dr. Sankey, Dr. C. J. B. Williams, Dr. John Mackenzie, W. P. Keall, Esq., Dr. J. Rogers, Dr. J. Maclaren, C. T. Carter, Esq., G. Woods, Esq., Dr. R. McDonnell, Surgeon M. Gaisford, I.M.S., Dr. W. M. C. Watson, Dr. A. Nickson, B.A., Dr. W. S. Falls, E. R. Perks, Esq., Dr. W. M. Burslem.

THOMAS BRIDGWATER,  
President of the Council.

## REPORT OF THE PARLIAMENTARY BILLS COMMITTEE.

THE Parliamentary Bills Committee beg to report their proceedings as subjoined:

### CERTIFYING FACTORY SURGEONS.

The following is a short statement of the position of the Committee in the matter: On February 3rd a deputation from the Manchester United Cotton Spinners' Association, representing, it was said, 430 firms, and employing 20,000 people, waited upon the Home Secretary on the question of dispensing with the office of certifying surgeons in factories. It was argued among other



things that since the Elementary Education Act had come into force there was no need for the certifying surgeon to attend at the factories in order to certify as to the ages of children working as half-timers; it was, they argued, a needless expense, as the School Board furnished certificates. A large number of factory surgeons, finding their interests and position attacked, put themselves into communication with the Chairman of the Parliamentary Bills Committee, meetings were held, and they banded themselves into an Association of Certifying Factory Surgeons, with Mr. Francis H. Walsley as President, and Dr. Holmes as honorary secretary. A summary and review of their present position, as well as a reply to the statements made by the Cotton Spinners' Association, were printed and circulated, and on March 25th a deputation of the Association of Factory Surgeons waited upon the Home Secretary, being introduced by the Solicitor-General for Scotland. Dr. Alfred Carpenter was good enough to attend and represent the Committee in the Chairman's absence. A full report of the meeting was published in the JOURNAL for March 30th, p. 735. The Home Secretary replied that the statements made by the certifying surgeons should have his most careful consideration before any change was made in the law. Leaders on the subject have been published in the JOURNAL after consultation with persons most interested in the subject and copies of these leaders, with letters on the subject, have been sent to the Home Secretary. A communication was afterwards received from the Home Office asking for copies of subsequent articles on the subject, which were duly forwarded and acknowledged. A request was made by the Association of Certifying Factory Surgeons for 5,000 reprints of the leaders and for copies of the report of the deputation. That request was complied with.

In order to influence public attention in the matter, a question was put in the House of Commons on April 8th, when Mr. Matthews stated that the representations had been under his consideration, and he hoped to be able to introduce a Bill amending the Factory Acts this session, and he would take that opportunity of stating the decision of the Government on the subject. The memorial was before them for discussion and alteration.

A memorial, of which the following is a copy, was drawn up for presentation to the Home Secretary, and submitted to the members in an unrevised form. Having undergone considerable revision, it was adopted, after discussion, at a meeting of the Committee, held on June 27th, and duly forwarded to the Secretary of State for Home Affairs:

*To the Right Honourable the Secretary of State for Home Affairs.*

This memorial respectfully shows:—

That the employment of medical men as certifying surgeons was resorted to in the first instance because of the alarming prevalence of disease and deformities among factory operatives.

That as the true interest of the employers is to obtain the greatest efficiency among those they employ, the medical supervision of the physical ability and soundness of those entered for work is contributory thereto.

That no effectual and persistent supervision of the physical condition of those employed in factories is to be got except by the introduction of a neutral person from outside, instructed in the recognition of disease, and able to act in a completely independent manner.

That to rely upon the carefulness and discretion of the parents is altogether futile. Their interests are too intimately bound up with the gain to be obtained by the employment of their children, whose possible unfitness for work is either not recognised, or is purposely disregarded. The whole past history of factories demonstrates this fact, and the every-day experience of the certifying surgeons furnishes illustrations of it.

That it is important to the general sanitary interests of the operatives in a factory that no contagious or infectious disease be introduced from without by those engaged for work; while the principle goes farther, for it affects the general public, who are the ultimate recipients of the goods manufactured.

That it is essential that persons disabled by deformity or by imperfections of the special senses be not employed where the work is calculated to augment the disablement, or where defects of sensory organs expose the sufferers or their fellow-workers to peril or accident.

That in the interests of humanity it is a primary duty to reject as unfit for work those who exhibit signs of organic disease, whether of lungs or other internal organs.

That it is important in manufactories, where many diverse processes are carried on, as frequently happens, that some competent authority exist to determine not only the general question of fitness for labour, but that also of fitness for the particular work to be undertaken.

That compulsory medical examination acts as a deterrent to parents and others from presenting for employment unfit hands.

That experience shows a marked improvement has been brought about in the physical well-being, the cleanliness and order of children and young persons, which is largely attributable to the action of the certifying surgeons.

That the certifying surgeons, by reporting on the nature and the causes of accidents, and investigating them on the spot, exercise an important function in respect of future action to be taken by the factory inspectors.

That in all the preceding matters it is in their character as medical men that the certifying surgeons are proved to be essential to the due administration, and to the fulfilment of the sanitary purposes of the Factory Acts.

That it is contrary to reason to contend that a certificate of age is in itself

sufficient as a guarantee of fitness for work—that is, any sort of labour that may be imposed. For age and physical ability are not convertible terms.

That the vigilance of the certifying surgeons is constantly called into requisition to detect wilful alterations of the dates showing the age, or the fraudulent substitution of certificates of age, or the forgeries of the numbers showing the standard of education reached—for, in many factories, the services of the surgeon are sought for to watch over the observance of the educational conditions of labour.

That the weekly or very frequent visits of certifying surgeons to factories contribute greatly to the proper keeping of the registers—upon which hinges all action to be taken by the inspectors in enforcing the Act.

That, moreover, such visits keep constantly in the view of masters and managers the operation and requirements of the Factory Act, and afford opportunities to all concerned in the management of factories to seek the solution of any questions respecting the requirements of the Act. In fact the surgeons are perpetually called upon to act as expositors or interpreters of the legislative provisions. This happens by reason of their being at hand, and also by the comparative infrequency of the visits of the inspectors, whose districts are of so great extent that an annual visit to every factory is out of the power of those officers.

That these considerations demonstrate the great value of the services of the certifying surgeons as complementary of the duties specially belonging to the inspectors, and that, as a corollary, the abolition of the surgeon's office would, if the Act is to be administered as efficiently as at present, necessitate a vast addition to the staff of inspectors, at great cost to the country, and, not improbably, with increased friction to the manufacturers. That it is a known fact in small factories, where frequent visits by the surgeon are not arranged for, that there are almost always grave irregularities and omissions in the observance of the law.

That, considering the Factory Act to be established not solely for the benefit of the employed, but likewise for that of the manufacturers, it is a correct principle to charge some part of the cost of its administration upon the latter.

That the revision of fees made by the present Act leaves no valid grounds of complaint, the basis of payment being fixed on the lowest terms. To illustrate: a certificate is to be had at the house or office of a certifying surgeon at the cost of sixpence. This includes the examination of the document produced to show the age; the entry in the register from that document of the assigned date, and the names of parents; the signature to the certificate asserting fitness for work and freedom from disease and deformity, the notice of objection, if any be found, and the date at which the certificate is granted. In the case of factories employing five or more hands coming under the Act, the certificate has to be given at the factory itself; one object of which is to detect personation, and to identify the candidate with the factory in which he is to work. Here, too, the payment is based on the same standard; for although the law allows two shillings and sixpence for the visit to the factory, the surgeon may, and often is, called upon to examine five individuals for that amount.

In these particulars the surgeons' fees present a strong contrast with those allowed to registrars of births; viz., half-a-crown for a copy of a birth register.

That the earnings of the surgeons are in direct proportion to the number of certificates given and the visits made. That if the sum total reaches, in some instances, a considerable amount, it represents a large district, numerous factories, and much time and labour expended in the duties.

That the re-examination of children, passing from half to full time, or exchanging their places of employment, is as necessary to assure fitness on their part as the primary examination required in commencing work, and on precisely the same grounds.

That instead of curtailing the medical supervision of factory hands, there is a need of its extension. All places of associated labour, whether termed factories or not, should be subjected to like conditions, and the protective influence of the surgeons should not be exercised only at the entrance of a factory, but should, under certain limitations and conditions, be extended to the operatives engaged in it. Moreover, their aid should be available to carrying out to the full those sanitary clauses of the Act at present entrusted to the inspectors.

Lastly, that the special information acquired by the certifying surgeons, relative to disease in factories, might with advantage be communicated to the sanitary department of the State, and be rendered contributory to the repression of disease.

### THE LOCAL GOVERNMENT (SCOTLAND) BILLS.

As the result of a number of communications with leading health authorities in Scotland, and with persons in this country well acquainted with the working of the English Acts, the Chairman has had drawn at considerable labour the following new clauses and amendments in the Bill, which were adopted at a meeting of the Committee on June 27th, and, in accordance with a resolution then passed, steps have been taken to ensure their introduction in Committee by various members of Parliament.

### LOCAL GOVERNMENT (SCOTLAND) SUPPLEMENTARY PROVISIONS BILL.

#### PROPOSED NEW CLAUSES AND AMENDMENTS.

[N.B.—The New Matter and Proposed Modifications are in *Italics*.]

#### PART IV.—SUPPLEMENTAL.

#### PROVISIONS RELATING TO THE BOARD OF SUPERVISION.

21(a).—(1) *The Board of Supervision shall henceforward include in addition to the persons named in the Act passed in the sessions of the Eighth and Ninth years of the reign of Her Present Majesty, Chapter eighty-three, intituled an "Act for the amendment and better administration of the Laws relating to the Relief of the Poor in Scotland," one or more Medical Commissioners, to be appointed by Her Majesty and to hold office during Her Majesty's pleasure, such Medical Commissioner or Medical Commissioners to be of not less than ten years' standing in the Medical Profession, and possess in each case the qualifications required, for the time being, to be possessed by a medical officer appointed under the provisions of this Act.*

(2.) *The Board of Supervision shall have power to appoint in writing such medical*

inspectors and other officers as the Board may from time to time, with the sanction of the Treasury, deem to be necessary.

(3.) There shall be paid to such Commissioner or Commissioners, and to such inspectors and officers out of moneys provided by Parliament, such salaries or remuneration as the Treasury may from time to time determine.

#### REASONS FOR PROPOSED NEW CLAUSE—21 (a).

(1.) The constitution of the Scotch Board of Supervision has, on a variety of different grounds, given rise to oft-repeated expressions of dissatisfaction, notwithstanding the fact that good work in various directions has been accomplished by it. The Board was established in 1845 by the "Act for the Amendment and Better Administration of the Laws relating to the Relief of the Poor in Scotland," and consists of the Lord Provost of Edinburgh, the Lord Provost of Glasgow, the Solicitor-General of Scotland, the Sheriffs depute of the counties of Perth, Renfrew, and Ross and Cromarty, together with three other persons to be appointed by Her Majesty by warrant under the sign manual. But although this provision would seem to admit of the appointment of a medical man to the Board, no such appointment has been made.

This Board was by the same Act empowered to appoint "all such..... officers as they shall deem necessary," and under this provision two "superintendents of the poor," and two "visiting and inspecting officers," have been appointed. But not one of these officers is a medical man, and thus it will be seen that, although innumerable medical questions arise in the administration of the Poor Laws, there is no medical man on the Board, nor is there any medical man among its poor-law officials.

In 1867 the Public Health (Scotland) Act was passed, and under it the Board of Supervision became the central controlling authority for the administration of the sanitary laws throughout the country. There was, however, no modification made in the constitution of the Board. It was to remain just as it had been formed, in 1845, for supervision and relief of the poor, although the new responsibilities which were placed on its shoulders involved the application of a number of principles which were then only beginning to be rightly appreciated and could only be properly interpreted by an experienced student of preventive medicine. It would almost seem as if pains had been taken, however inexplicable it may appear, to exclude medical influence from the Board's councils; for, on looking into the Act, we find that even in the presence of a formidable epidemic threatening the country, when it might have been expected that the assistance of medical training and experience would have been specially useful, it is provided (Section 32) that "the Sheriff of any County in Scotland, other than Renfrew, Perth, or Ross and Cromarty, may be appointed an additional member of the Board."

The intention of the first sub-section of the proposed new clause is to secure the presence on the Board of one or more competent and experienced medical members who could speak with authority and exert proper influence on all matters affecting the public health.

It may be here noted that these considerations were not overlooked by Parliament when the Irish Local Government Board was established; for it is expressly provided (14 & 15 Vict., ch. 68, secs. 1, 2, etc.; and 35 & 36 Vict., ch. 69, sec. 3) that the Queen may from time to time appoint two members of the Board, but that one of the persons so appointed "SHALL BE A PHYSICIAN OR SURGEON OF NOT LESS THAN TEN YEARS' STANDING, AND SHALL HAVE THE TITLE OF MEDICAL COMMISSIONER."

(2.) As regards the medical advice for sanitary purposes at the disposal of the Board of Supervision, it must be admitted that the Board have power under Section 14 of the Act of 1867 "to appoint all such officers..... as they shall deem necessary." But as regards medical officials, they have not exercised this power to any great extent. They have, it is true, secured part of the services of Dr. H. D. Littlejohn, the able health officer of Edinburgh, and under his influence much good work has been accomplished. But Dr. Littlejohn is the only medical officer (beside the Superintendent of Vaccine) connected with the Board.

The procedure adopted by the Board, in respect of their sanitary functions, was thus described by Mr. (now Sir W. S.) Walker, the Chairman of the Board, in his evidence before the Royal Sanitary Commission, in May, 1870, and the description holds good at the present time:—

"The Board appointed no additional inspectors or visiting officers. We had three such officers under the Poor Law,<sup>1</sup> and we thought it sufficient in the meantime to give them separate instructions with regard to the Public Health Act, because in the course of their duty they were continually travelling about in their districts and visiting villages and towns, and they would almost necessarily see, or could very easily inquire into, what was being done and what was required to be done, and we directed them to report to us..... When these reports come to the Board we proceed to transmit a copy of them to the local authority for their observations..... (Q. 12,089.)

This is still the method of procedure, and, apart from the consideration that the reports are made by more or less unskilled observers, the system is obviously defective and insufficient. If it is to be inferred that sanitary administration is subordinated to that of the Poor Laws, some alteration is obviously needed.

It is desired by the proposed clause to secure the nucleus of a strong useful medical department under the central Board, and this endeavour is supported by the knowledge of the value of the small but able staff attached to the English Local Government Board, and of the great services that have been rendered by that staff, not only to individual localities throughout the country, but also in the promotion of sanitary science and preventive medicine.

#### PROVISIONS AS TO POWERS OF COUNCIL.

22.—(1) The council of every county shall, except where otherwise allowed by the Board of Supervision, from time to time appoint and pay a medical officer or medical officers and a sanitary inspector or sanitary inspectors, who shall not hold any other appointment or engage in private practice or employment without express written consent of the council.

Provided that the Board of Supervision may, for reasons brought to their knowledge, allow any County Council to make and carry into effect arrangements with any other County Council for the employment, jointly, of the services of one and the same medical officer, on such terms as to the contribution to the salary of the officer, or otherwise, as may be agreed.

<sup>1</sup> Now (June, 1889) there are four such officers, but not one of them is a medical man.

(2.) The County Council or County Councils, as the case may be, and any District Committee, as the local authority under the Public Health Acts, may from time to time make and carry into effect arrangements for rendering the services of such officer or officers regularly available in the district of the District Committee, on such terms as to the contribution by the District Committee to the salary of any medical officer or sanitary inspector, or otherwise, as may be agreed, and the medical officer or sanitary inspector shall have within such district all the powers and duties of a medical officer or sanitary inspector appointed by a District Committee.

(3.) Such an arrangement, when once made and carried into effect, shall not be altered, except with the consent of the Board of Supervision, given after full investigation of all the circumstances of the case; and so long as such an arrangement is in force, the obligation of the District Committee under the Public Health Acts (as amended by this Act), to appoint a medical officer or sanitary inspector shall be deemed to be satisfied without the appointment of a separate medical officer or sanitary inspector.

(4.) The provisions of the Public Health Acts relating to the appointment of officers are hereby varied so as to provide that henceforward it shall be the duty of every district Public Health Committee from time to time to appoint and pay a medical officer and a sanitary inspector. The powers, duties, and rights of the medical officer, and of the sanitary inspector, shall be those prescribed for such officers respectively by the Public Health Acts, and by any regulations made in that behalf, from time to time, by the Board of Supervision.

(5.) Every medical officer and every sanitary inspector appointed under this Act, or under the Public Health Acts, shall be removable from office only by the Board of Supervision.

#### REASONS FOR AMENDMENTS PROPOSED TO CLAUSE 22.

(1.) The clause as originally drafted would leave the appointment by a county authority of a medical officer or a sanitary inspector an entirely optional and permissive question. But having regard to the great importance from a public health point of view of every county authority having proper skilled advice in their supervision of the local administration of the sanitary laws, and having in view the hesitation that is at present apparent in England on the part of many of the new County Councils to avail themselves of the similar permissive powers to appoint county medical officers of health, it is obviously a preferable plan to render compulsory the appointment of a medical officer and sanitary inspector by every County Council, it being left to the discretion of the Board of Supervision as Central Authority to make exceptions where special circumstances show such exceptions to be reasonable, and not disadvantageous from a public health point of view.

The chief exceptions which it is contemplated should be made by the Board are those where two adjacent small counties desire to combine in the appointment of one and the same medical officer, and where a single officer, devoting all his time to the work, could satisfactorily undertake the duties of both counties.

With the view of facilitating such joint action, the proposed PROVISIO has been suggested.

The chief objection to the proposal to make the appointment of a medical officer of health compulsory on every Council will no doubt be based on the additional expense that would be involved; but this additional expense is more apparent than real. If the adoption of the proposal did in some cases involve an initial additional expenditure, it should be remembered that judicious combination of adjoining districts for the appointment of sanitary officers would be encouraged, and as vacancies occurred among existing officers such combinations would be extended. Eventually the initial slight additional expense would disappear, and in some cases an actual saving would probably ensue. Moreover, it must be remembered that at present there is a large number of districts in Scotland without a medical officer of health, as the appointment of such officers by local authorities under the Act of 1867 was not, as in England, compulsory. Such districts undoubtedly need medical supervision, and this could at once, without difficulty or great expense, be supplied by a county officer.

There is also the further contention that sanitary authority is more likely to listen to the advice of an officer appointed by themselves than to that of an officer appointed by a superior authority. But this objection falls to the ground when it is remembered that the medical officer of health is altogether an ADVISING officer and that the responsibility for adopting or rejecting his advice rests directly with the local authority, and indirectly with the County Council.

(2.) The addition of the words "OR COUNTY COUNCILS AS THE CASE MAY BE," is rendered necessary by the preceding PROVISIO to sub-section 1.

(3.) The proposed addition to this sub-section (3) is suggested with the view of preventing the breaking up of satisfactory combinations, in consequence of unjustifiable opposition on the part of an ignorant or capricious constituent authority. If a conscientious medical officer calls attention to sanitary defects in the district of such an authority, and recommends action which would involve expenditure, he is very liable to arouse the hostility of the authority, who might in their anger endeavour to secede from the combination, and appoint for themselves a more pliable adviser. The need for some such safeguard as that proposed has been proved to demonstration in English experience.

(4.) It is very desirable that every district Public Health Committee should have proper skilled advice on sanitary matters. Hitherto the appointment of medical officer and sanitary inspector has been optional, although the Board of Supervision have the power of requiring such appointments to be made if they think fit; and, as a result, in a large number of districts no medical officer has been appointed. It is now thought that the appointments should be made compulsory on the local authorities, and there is the less appearance of hardship now in this proposal, as, for a comparatively trifling contribution, such authorities will be able in future to avail themselves of the services of the county officers.

The second part of this new subsection (4) is a modification of Clause 17 (3) of the other Bill [Local Government (Scotland) Bill], and is rendered necessary by the proposed amendment of that clause (q.v.).

(5.) Under Section 8 of the Public Health (Scotland) Act, 1867, it is provided that the sanitary inspectors "shall be removable from office only by the Board" of Supervision, "except in the case where the local authority is the Town Council or Police Commissioners or Trustees in any burgh in Scotland having a local Act for police purposes, or having a population of ten thousand or upwards according to the census last taken, in which case the inspectors shall be removable from office by the local authority."

But by a strange anomaly, no such protection is afforded to medical officers appointed under that Act. In his evidence before the Royal Sanitary Commission on March 31st, 1870, Mr. E. S. Gordon, Q.C., who as Lord Advocate had framed and was mainly responsible for the Bill of 1867, stated that—

"The sanitary inspector is not removable without the consent of the Board of Supervision. I rather wished also that the medical officer should be in the same position, but I found that there was a strong disinclination to the power of dismissal being vested in the Board of Supervision alone; and, not being in Parliament at the time, I was obliged to come to a compromise." (Q. 11,092.)

That compromise is not satisfactory or just to the medical officers.

On the same occasion Mr. (now Sir W. S.) Walker, the Chairman of the Board of Supervision, threw further light on this matter in his evidence, when he admitted that the medical officer is much more dependent upon the local Board than the Inspector is, and added—

"I may observe that in Scotland the Board of Supervision have not the same power with reference to medical officers that the Poor-law Board have in England. The tenure of office of a poor-law medical officer in Scotland is not permanent, and the Scotch members or their constituents did not wish to place the medical officers under the Public Health Act in a different position from that of medical officers under the Poor-law Act." (Q. 12,103.)

It requires no elaborate arguments to show that it is of the utmost importance from every point of view to obtain reasonable security of tenure, during good behaviour, for the medical officer as well as the sanitary inspector, and for the officers of the new County Councils as much as for those of the old local authorities. Without such security of tenure perfect independence in the advice given by the medical officer cannot be ensured, and great hardship may fall on the head of an officer who, fearlessly doing his duty, points out the sanitary defects of his district. The need for such security has long been seen in English experience, and recently Bradford, Ruthin, and many other places have afforded striking evidence of this statement. Hence the proposal to add the new subsection (5) to Clause 22 of the present Bill.

23.—(1.) Every medical officer and sanitary inspector under the Public Health Acts for a district in any county shall send to the County Council a copy of every [periodical] report of which a copy is for the time being required by the regulations of the Board of Supervision (which they are hereby authorised to make) to be sent to that Board, *(and if a medical officer or sanitary inspector fails to send such copy the County Council may refuse to pay any contribution, which otherwise the Council would in pursuance of this Act pay, towards the salary of such medical officer or sanitary inspector.)*

(2.) If it appears to the County Council from any such report, or from any other information or representation, that the Public Health Acts have not been properly put in force within the district to which the report relates, or that any other matter affecting the public health of the district requires to be remedied, the Council may cause a representation to be made to the Board of Supervision on the matter.

#### REASONS FOR AMENDMENTS PROPOSED TO CLAUSE 23.

(1.) The County Council should have a copy of EVERY report of importance made by the local health officers, and not merely those that have to be PERIODICALLY made. It frequently happens that the "special" occasional reports on particular outbreaks of disease or on pressing local matters, are of the greatest importance. If the County Council are to exercise any effectual supervision over sanitary proceedings in their county, they should have copies of those reports in their hands at the times they are made, and should not have to wait for their incorporation in some "periodical" (probably annual, or at most, quarterly) report.

The clause as at present drafted, has been copied from the English Act of last session, but the defect referred to has already been discovered in the working of that Act. The word [PERIODICAL] should therefore be omitted.

The second part of this subsection (1), which has been copied from the English Act of last session ("AND IF A MEDICAL OFFICER OR SANITARY INSPECTOR FAILS TO SEND SUCH COPY, THE COUNTY COUNCIL MAY REFUSE TO PAY ANY CONTRIBUTION WHICH OTHERWISE THE COUNCIL WOULD, IN PURSUANCE OF THIS ACT, PAY TOWARDS THE SALARY OF SUCH MEDICAL OFFICER OR SANITARY INSPECTOR"), seems to be inapplicable to Scotland, as in that country there has been no repayment from the Parliamentary Grant of a moiety of the salaries of sanitary officers under the Public Health Acts. It should therefore be omitted.

Moreover, in any case, the stoppage of a moiety of some of the paltry salaries paid to the average health officers in Scotland would be but a very trifling punishment.

(2.) The insertion of the words "OR FROM ANY OTHER INFORMATION OR REPRESENTATION" after the words "FROM ANY SUCH REPORT," is desirable in order to enable the County Council to take action (if so disposed) on complaints or on information other than that afforded by the report of the local health officer.

24.—(1.) Except where the Board of Supervision, for reasons brought to their notice, may see fit in particular cases specially to allow, no person shall hereafter be appointed the medical officer of any county or district, unless he be legally qualified for the practice of medicine, surgery, and midwifery.

(2.) No person shall after the first day of January one thousand eight hundred and ninety-three be appointed the medical officer under the Public Health Acts for a county, or district, or a parish which contained, according to the last published census for the time being, a population of fifty thousand or upwards, unless he is qualified as above mentioned, and also either is registered on the Medical Register as the holder of a diploma in sanitary science, public health, or State medicine under Section 21 of the Medical Act, 1886, or has been during the three consecutive years preceding the year one thousand eight hundred and ninety-three a medical officer under the Public Health Acts as defined by this Act, or under the Public Health Act, 1875, or under the Public Health (Ireland) Act, 1878, for the district of a local authority under the said Acts containing a population according to the last published census of not less than twenty thousand.

(3.) No person shall, except with the express consent of the Board of Supervision, be appointed as the sanitary inspector for a county unless he possess a certificate or diploma in sanitary science from a body competent to give such certificates or diplomas, or has been during the three consecutive years preceding his appointment the sanitary inspector of a local authority under the

Public Health Acts, as defined by this Act, or under the Public Health Act, 1875, or under the Public Health (Ireland) Act, 1878, the district of which contained a population, according to the last published census, of not less than twenty thousand.

#### REASONS FOR AMENDMENTS PROPOSED TO CLAUSE 24.

(2.) The words proposed to be added seem to be necessary to ensure that the important post of medical officer of health shall be open to competition from all parts of Great Britain and Ireland.

(3.) The first amendment to this subsection (3) is designed to secure that preference shall be given to holders of special sanitary certificates or diplomas.

The second amendment is necessary in order to secure that the post of sanitary inspector shall be open for competition to candidates from all parts of the United Kingdom.

50.—(1.) The clerk of supply in office at and after the passing of this Act shall discharge all the duties of county clerk until the appointed day, and upon such day the clerk of supply in office shall become the clerk of the County Council (in this Act referred to as the county clerk or clerk of the County Council), and shall continue in office for twelve months after the first meeting of the Council, unless he shall sooner vacate office by death, resignation, or disqualification. At the expiration of such period, he shall continue in office during the pleasure of the County Council.

(2.) In addition to any other rights and duties conferred or imposed on him by the Council, the county clerk shall have and discharge the rights and duties now belonging to or devolving on the clerk of supply, and all things authorised or required to be done by or to the clerk of supply may be done by or to the county clerk.

(3.) Subject to the provisions of sub-section (1) of this section, the County Council may from time to time appoint a county clerk, treasurer, collector, assessors, surveyors, and such other inspectors, officers, and servants as may be necessary and proper for the efficient execution of the duties of the County Council, and may make regulations with respect to the duties and conduct of such county clerk, treasurer, collector, assessors, surveyors, inspectors, officers, and servants. If it is deemed expedient one person may be appointed to fill two or more offices, and two or more persons may be appointed jointly to fill one office.

(4.) It shall not be lawful to appoint a county councillor or the partner in business of a county councillor to any office or place of profit under the County Council; and the disqualification shall apply to any person and his partners in business during six months next after such person has ceased to be a county councillor.

(5.) The Council shall pay to the county clerk, treasurer, collector, assessors, surveyors, inspectors, officers, and servants appointed or employed by them such reasonable salaries, wages, or allowances, and may award to them such pensions, not exceeding those which may be awarded to civil servants of Her Majesty under the like circumstances, as they think proper, and every such county clerk, treasurer, collector, assessor, surveyor, inspector, officer, and servant shall hold office during the pleasure of the Council *(subject, as regards medical officers and sanitary inspectors, to the provisions of section 22 (5) of this Act.)*

(6.) The Council may at any time *(subject, as regards medical officers and sanitary inspectors, to the provisions of section 22 (5) of this Act)*, discontinue the appointment of any [inspector] officer, or servant appearing to them not necessary to be reappointed; and may from time to time make such arrangements as they think necessary as to the offices required to be created or abolished.

#### REASONS FOR PROPOSED AMENDMENT TO CLAUSE 50, SUBSECTION 6.

The proposed saving clause in sub-section (5) and (6) appears to be necessary in view of the proposed new subsection 5 of Clause 22 (q.r.). Otherwise there would be a serious inconsistency between the various provisions in the Act relative to the tenure of office of the sanitary officers.

Under these circumstances the word "inspector" had also better be omitted. The word "officer" would seem to include "inspector," and possible confusion may be avoided by omitting the latter word altogether.

#### LOCAL GOVERNMENT (SCOTLAND) BILL.

17. With respect to the transference to the County Council of the powers and duties of parochial boards as local authorities under the Public Health Acts, the following provisions shall have effect:—

(1.) For the purposes of the administration of the laws relating to public health, the county shall be divided into districts in the manner provided in the Acts of 1889, and there shall be a district public health committee for each such district constituted as provided in the said Acts.

(2.) A district public health committee shall, subject to the provisions of the said Acts, be the local authority under the Public Health Acts, and as such shall have and may exercise within its district all the powers and duties by the Acts of 1889 transferred to or conferred on the County Council with respect to the administration of the laws relating to public health, except those relating to medical officers or sanitary inspectors for the county, and subject to the provisions following:

(a.) A district public health committee shall have no power of raising money by rate or loan.

(b.) The County Council may make general regulations for the government of a district public health committee, and such committee shall conform to those regulations.

(c.) If not less than one-tenth of the ratepayers in a district appeal to the County Council from a determination or order of the district public health committee, the County Council shall take such appeal into condition, and shall have power to confirm or vary or rescind such determination or order; and such determination or order shall be stayed pending the appeal.

(2c.) It is felt that "five" is too small a number of ratepayers to be entrusted with the right of appeal against, and consequent power of delaying the execution of, an order of the local sanitary authority. If the proposal in the Bill were enacted every sanitary improvement would almost certainly lead to an appeal and delay. The appellants should be at least some percentage of the interested ratepayers, and in the clause suggested for substitution for Clause 17(2c) ten per cent., or one-tenth, is proposed.

(3.) Except as regards medical officers and sanitary inspectors the power of appointing officers under the Public Health Acts is hereby varied, so that it shall be lawful to appoint such officers either for the whole district or any



part thereof or parish therein as shall be deemed expedient. The officers so appointed shall have, as nearly as may be, within the areas respectively assigned to them the same powers, duties, rights, and tenure (if any) as the officers, as the case may be, of the existing local authority, have within the area of the parish. The district public health committee shall have power to appoint and remove a district committee clerk, who shall, whenever possible, be the same person appointed by the district committee of the same district for any other purpose under the Acts of 1889.

#### REASONS FOR PROPOSED AMENDMENT OF CLAUSE 17 (3).

(3.) This subsection as drafted would apparently continue a faulty arrangement as to the tenure of office of medical officers, which it is proposed to deal with fully in the "Supplementary Provisions" Bill (*q.v.*). These officers should therefore be excepted from the operation of the Clause 17 (3).

#### LUNACY ACTS AMENDMENT BILL.

This Bill was fully discussed before the Subcommittee in the spring, and a number of resolutions were printed in the JOURNAL of April 6th, page 799. The Lord Chancellor had modified the clauses respecting medical restraint, in accordance with the recommendations of the Parliamentary Bills Committee; that was to say, he had so modified them that a patient could be restrained for any medical or surgical reason, which was, he thought, nearly as far as it was desirable they should go, and covered most of the ground asked for.

The following are the more important additional suggested amendments, with reasons for the same, on which it was decided that insistence should be more strongly made while the Bill was before this Law Committee (the Bill as ordered to be printed, February 25th):—

Sect. 29, Subsect. 4, p. 18, line 30, to omit "a special report," and the words following to include the word "with" in line 33, and to make the necessary alterations in this and subsequent subsections to harmonise with this alteration.

The medical certificate of unsoundness, to be sent periodically, is thought to be sufficient, and the "special reports" will impose a large amount of extra routine work on the medical superintendent, to the detriment of more important duties.

Sect. 3, Subsect. 7, p. 2, and Sect. 33, Subsect. 1 p. 20. It is suggested that these be omitted, as singling out for restrictive legislation medical men from among those who now receive "single patients."

Sect. 37, p. 22. It is suggested that this section be omitted. If this section be not omitted it is suggested that the person making application for discharge of a patient under this section should give adequate security for the payment of all necessary expenses, and that persons be disqualified to sign any medical certificate under this section who hold to the applicant under this section the same relations as the persons disqualified to sign under Section 14 hold to the "petitioner" for an order for reception of an alleged lunatic into an asylum, etc.

It is to be anticipated that, under this section, vexatious, wholly unnecessary proceedings would sometimes be instituted, and that it is likely to lead to the discharge of persons who are in an unfit state for discharge.

Sects. 43 and 44. It is suggested that these sections be omitted, or, failing this, that Sect. 44 be omitted and the part of Sect. 43 following the word "be" in line 22, p. 26.

The correspondence of patients in private asylums is thought to be already duly protected, inasmuch as all letters to certain authorities must be forwarded unopened, and any letter written by a private patient and not forwarded to the person to whom it is addressed must be endorsed to that effect, and be laid before the Visiting Commissioners or the Committee of Visitors, as the case may be, at their next visit.

Sects. 54 to 60, p. 33, *et seq.* It is suggested that the provisions of the Bill be altered as not to subject the registered lunatic hospitals to special restrictions and disabilities.

Sect. 65, p. 38, line 38. It is suggested to omit the words "wholly or in part belonging to the same local authority," so that the services of medical officers in any two or more county or borough asylums should count accumulatively towards pension as if all such service has been in one asylum, each such local authority to contribute its appropriate share.

It is also suggested that officers and servants in county and borough asylums should be entitled to claim pensions as a right after a certain length of service with good conduct; and that the medical officers should be placed, as regards this matter, on a footing analogous to that of members of the Civil Service.

Copies of these resolutions have been forwarded to the Home Secretary, and placed in the hands of members of Parliament, with a view to securing their adoption in the Bill now before the Law Committee.

[It will be seen that many matters herein referred to are still in course of action, and further details as to the working of the Committee will be available before the annual meeting. The Committee, however, propose that, in making their final report, the necessary additions and alterations should be made to explain the course of events subsequent to the present interim Report.]

ERNEST HART, *Chairman.*

### REPORT OF INEBRIATES LEGISLATION COMMITTEE.

YOUR Committee have pleasure in reporting various indications of increased interest, alike on the part of the Legislature and the people, in the scientific treatment of the diseased inebriate.

The enactment of permanent legislation, which was mainly the work of the Association, aided by the Society for the Study of Inebriety, has contributed sensibly to the beneficial working of the Inebriates Acts.

It has been found that the change of title from "Habitual Drunkards" to "Inebriates" Act has smoothed the way to some individuals to avail themselves of the compulsory detention provisions of this instalment of sound legislative treatment, and that the new title is more accurate, as there are not a few inebriates whose indulgence is not habitual, but periodical or occasional.

The removal of the restriction of the justices attesting the applicant's request for admission and detention to one county has also rendered entrance on curative treatment less forbidding.

The limited power of appointment of a deputy to the licensee or medical superintendent has also been of service in sustaining and improving discipline.

Your Committee have been cheered in their efforts to arouse the Legislature to a due sense of the need for more thorough-going legislation by the drafting of a proposed Scottish Bill (of which an analysis is appended) by a former Crown Agent for Scotland, Mr. Charles Morton, W.S. The remarkable importance of this Bill lies in the fact that, with all its drastic provisions, it has originated from a legal source, and that its principles have been approved by many of the most distinguished members of that profession in Scotland. An abstract of the Bill is appended to this report.

While your Committee do not feel warranted in approving of all the provisions in this draft Bill, many of which are peculiar to Scotland, your Committee desire to record their high sense of the importance of such an influential legal demand for so thorough-going a measure. Your Committee have, however, heartily and formally approved of the leading features of the proposed Bill (1) The compulsory reception and detention of inebriates in properly conducted homes for the curative treatment of their diseased condition, (2) the payment of a portion of the necessary expenditure at the public charge, and (3) voluntary admission to a home without appearance before justices.

Your Committee also propose to issue a third circular to boards of guardians to ascertain their opinion as to the power of detention, for purposes of cure, of destitute habitual drunkards, and as to payment in certain cases for their residence in properly conducted and authorised homes.

The Committee recommend their re-election as follows:—The President and President-Elect, *ex-officio*; Dr. T. Bridgwater, President of Council; Dr. Norman Kerr, Chairman; Mr. D. B. Balding, J.P.; Mr. H. Branthwaite; Dr. C. Cameron, M.P.; Dr. Alfred Carpenter, J.P.; Dr. G. B. Clark, M.P.; Dr. C. R. Drysdale; Mr. George Eastes; Dr. J. W. Eastwood, J.P.; Dr. R. Farquharson, M.P.; Sir Walter Foster, M.P.; Mr. W. C. Garman; Dr. J. Hill Gibson; Dr. A. Grant; Mr. F. J. Gray; Dr. C. J. Hare; Mr. R. H. B. Nicholson; Surgeon-Major G. K. Poole, M.D.; Mr. J. Pranker; Surgeon-Major Pringle, M.D.; Fleet-Surgeon G. Robertson, M.D.; Dr. G. Danford Thomas, Coroner; Dr. H. W. Williams; Dr. Wynn Westcott; Dr. E. Hart Vinen; and Mr. H. R. Ker.

NORMAN KERR, M.D., *Chairman.*

#### Abstract of Scotch Bill.

The care and treatment of persons who, although not exhibiting such symptoms as would warrant a medical practitioner to grant a certificate for their confinement in a lunatic asylum, are yet labouring under a special form of mental disorder, the chief distinguishing features of which are,—excessive and secret indulgence in intoxicants, the craving for which is more or less persistent or occurring in fits, with remissions at intervals of time and a marked change in the mental powers and moral character.

CLAUSE I. Provides for repeal of existing Inebriates Acts, so far as relates to Scotland.

II. The Restorative Homes (Scotland) Act.

III. "District Homes," premises, other than a lunatic asylum, licensed under this Act, under the management of District Boards of Lunacy.

"Private Homes," licensed as above, but in the occupancy of private persons.

"Superintendent," manager or principal officer of a District Home, and the licensed owner or owners of a licensed Private Home, and any manager or other principal officer appointed by him for the management thereof.

"Sheriff," the sheriff and sheriff-substitute of county of patient's residence, and also sheriff of county where Home is situated.

IV. and V. The Board of Commissioners in Lunacy to inquire of each District Board whether separate District Homes, or one General District Home, or one or more Private Homes, should be established, and to report to the Secretary of State for Scotland, who can order the Board to carry out their decision. The report and the Scottish Secretary's order to be laid before both Houses of Parliament. If no objection in Parliament during 40 days, the Scottish Secretary's order to take effect. Estimates for sites, equipment, &c., of Homes to be subject to approval by General Board the work being executed under the management of the District Board.

VI. The necessary charges for the establishment and carrying on of approved Homes to be borne on the landward part of counties and upon the burghs (if for one General District Home) of all Scotland, (if for a separate District Home) of the district, according to the real rent of the lands and heritages. The proposed assessments to be raised under the same Acts as the assessment for Lunacy establishments.

VII. Board empowered to grant a licence for general or separate District Home.

VIII. When patient is from another district, District Board to have power to charge proportion of cost to district of patient's prior residence.

IX. and X. District Homes to be vested in the District Board, which Board can acquire lands and borrow on security of the assessment.

XI. Private Homes may be licensed by District Board on payment of a fee of £2 to the Board.

XII. Board to frame rules and regulations for District and Private Homes, for medical attendance, &c., also for scales of payment for patients not entering voluntarily, subject to approval by the Scottish Secretary of State.

XIII. and XIV. Secretary to appoint an Inspector with salary. Each Home to be inspected at least twice a year.

XV. Register of Patients, along with such other books as Board may direct, to be kept. A copy of Register to be transmitted in each December to the Board.

XVI. Provides for admission (and detention for a limited time) to a Home on voluntary application. The superintendent, within two days of admission, to report to the Board. The superintendent of a Private Home may make special arrangements for board and fees. If no such agreement, the scheduled charges to be exigible.

XVII. If patient refuses to apply voluntarily, any member of his family, or any other near relative, or a friend taking interest in him, or a magistrate in the public interest, may present an application to the Sheriff to grant an order for reception and detention in a District or Private Home. The application to be accompanied by a Statutory Declaration by the Applicant, and, if the patient have such friends, by a Statutory Declaration by two private friends, who shall have personally seen him within seven days, and also a certificate on soul and conscience by a registered medical practitioner, who shall have seen patient within seven days. If the patient have no private friends, there must be two medical certificates. The application may be for reception into a Home and for detention for a period not exceeding twelve months. On receiving the order from the Sheriff, the applicant, with the assistance (if necessary) of any of the attendants of the Home, or of officers of the law, can remove the patient to the Home. The Board to fix the scale of payment when there is no private arrangement.

XVIII. Any patient can at any time apply to the Board by letter, or to the Sheriff by petition. The Board and the Sheriff have both power to grant or refuse a discharge, subject to review by the Superior Courts. The patient can also apply to the Secretary for Scotland.

XIX. Patient, unless discharged by the Board, the Sheriff, a Superior Court, or the Secretary, shall be detained for twelve months. The Board may postpone discharge for an additional three months on application either from original applicant or from any relative, with the consent of the persons who made the relative declarations. The Board may also dismiss any patient for insubordination, misconduct, disobedience to regulations, disturbance or annoyance to the officers or inmates of the Home.

XX. Patient and his estate liable for patient's board and treatment in District and Private Homes, and for all contingent expenses, as decreed for by the Sheriff on a summary petition by applicant, superintendent, or guarantor.

XXI. The Board can transfer a patient from one home to another.

XXII. The Board may grant occasional leave of absence, subject to withdrawal. In the event of escape, any Justice or Magistrate with jurisdiction in place where patient is found, or in the district from which he escaped, can, on summary application by the Superintendent, issue a warrant for the apprehension of the patient; and, after apprehension, the patient shall be taken back to the Home.

XXIII. Any person aiding a patient to escape, or supplying anyone known to such person as being an inmate of a licensed Home, with wine, beer, spirits, or other alcoholic stimulant (unless by order of the Medical Attendant), shall be liable to a penalty of £10, on application of the Superintendent to the Sheriff or a Justice of the Peace.

XXIV. A penalty not exceeding £20 for any officer or attendant failing to comply with the provisions of the Act, or supplying stimulants or narcotics (except by order of the Medical Attendant) to any patient.

The Board may revoke a licence to a Private Home if the licensee prove to be unqualified or negligent.

XXV. The Summary Procedure (Scotland) Act to be incorporated with this Act.

XXVI. Power to Members of the Board and Inspectors to visit all District and Private Homes, and to employ medical advice and assistance. Such expenses to be charged to the Board.

XXVII. The Sheriff and any of the Visiting Justices can visit and inspect Homes.

XXVIII. Any minister of the parish, and the patient's own minister, also any relative, can visit under such conditions as Superintendent and Medical Attendant, with sanction of the Board, lay down.

XXIX to XXXI. No action to lie against any medical or other person for applications, certificates, or declarations, unless on specific averment of falsehood and malice, or of reckless and careless granting without inquiry, and of being untrue and unwarrantable. No action can be laid after the expiry of six months after the patient's discharge. No action to lie against the Commissioners, or against a Superintendent of a District or Private Home, or occupant or owner of a Private Home, or against any Attendant, acting under orders of the Sheriff or the Board. No document to be invalid for defect in form.

## REPORT OF THE SCIENTIFIC GRANTS COMMITTEE.

THE Scientific Grants Committee have to report that during the past year 1888-89 the sum of £419 has been granted in aid of scientific research, of which the following are particulars:

Ashdown, Dr. H. H., 49, Upper Bedford Place, Russell Square, W.C., a Research upon Absorption from the Bladder ...	£	s.	d.
Balance, Dr. C. A., 56, Harley Street, W. (renewed grant), to Inoculate Antiseptically a large Variety of Animals with Cancer, and to keep them subsequently under observation for a period of not less than two years. In addition, it is proposed to continue and extend cultivation experiments ...	15	0	0
Cash, Dr. J. T., 25, Dee Street, Aberdeen, Investigations with regard to the Action of some Nitrites which differ from those already examined ...	15	0	0
Copeman, Dr. S. M., Physiological Laboratory, St. Thomas's Hospital, S.E., a Research to find a Method of Definitely Determining whether a Blood Stain consists of Human Blood or that of one of the Lower Animals ...	10	0	0
Haldane, Dr. J. S., Cloandean, Auchterarder, to defray expenses in obtaining assistance in the carrying out of the Chemical Analyses connected with the Calorimetric Work ...	34	0	0
Halliburton, Dr. W. D., 25, Maitland Park Villas, Haverstock Hill, N.W., an Investigation into the Chemical and Physiological Fluids of the Body (Blood, Milk, Exudations, &c.) ...	30	0	0
Hayeraft, Dr. J. B., F.R.S., 20, Ann Street, Edinburgh, in aid of two Researches, the Chemo-Physical Character of Certain Proteids, and another which deals with the question of Capillary Hæmorrhage ...	25	0	0
Horsley, Professor V., the Brown Institution, Wandsworth Road, S.W., and Dr. Charles Beevor and Mr. Walter Spencer, for two researches: 1. Professor Horsley and Dr. Beevor, on a Minute Analysis on the so-called Motor Cortex in the Monkey, and an Investigation into the Function of the Divisions of the Internal Capsule. 2. Professor Horsley and Mr. Spencer, on Cerebral Compression, the Symptoms it Produces, and Diagnosis of the Seat and Nature of the Compression ...	50	0	0
Jessett, F. B., Esq., 16, Upper Wimpole Street, W., in conjunction with Professor Victor Horsley, on some Experiments in Intestinal Surgery ...	12	0	0
Jones, H. Lewis, M.D., 6, West Street, Finsbury Circus, E.C., an Investigation into the Structure of the Liver of the Lower Vertebrates, with the object of finding out, if possible, the Significance of the Tubular Structure of the Mammalian Liver, and its Derivation from the Tubular Liver of the Lower Animals. The application is for a grant for the purchase or hire of a microtome and for material ...	10	0	0
Lockwood, Mr. C. B., 19, Upper Berkeley Street, W., Pathology of Syphilis ...	25	0	0
Luff, Dr. A. P., St. Mary's Hospital, Paddington, W., an Investigation to Determine the Connection (if any) of the Ptomaines or Animal Alkaloids with Infectious Fevers ...	33	0	0
Reid, E. W., Esq., M.B., the Physiological Laboratory, St. Mary's Hospital Medical School, Paddington, W., in aid of an Investigation to Determine to what Extent the Vitality of the various Epithelia covering the Cavities of the Body influence the Absorption of Different Substances, and to Observe the Effects of various Drugs tending to Exalt or Depress the Irritability of Protoplasm upon the Power of Absorption of these Cavities, the Vascular Factor being excluded ...	20	0	0
Robertson, Dr. R., West Hill House, Ventnor, Isle of Wight, the Respiratory Incapacity in Pulmonary Consumption. 1. To Determine its Extent in Relation to Obvious Physical Changes and Symptoms. 2. To Estimate as far as possible the Relative Extent and Influence of Changes in Pulmonary Tissue in the Blood, and in Muscular Vigour, and the Influence of such other Factors as Inquiry may discover or show to be important ...	15	0	0
Spencer, W. G., Esq., M.B., 94, Wimpole Street, W., in aid of Experiments to Observe whether the Treatment by Drugs affects the Course of Tuberculosis artificially set up, etc. ...	10	0	0
Tomkins, Dr. Henry, Leicester, Researches (largely bacteriological), Causes of Summer Diarrhoea, particularly its Fatality and Prevalence in Leicester ...	20	0	0
Tubby, A. H., F.R.C.S., mit Herrn Oberst. v. d. Heyde, Parkstrasse 1311, Halle, o/S., a. To Ascertain the Limits of Tolerance of the Peritoneal Cavity to Irritants, Chemical and Putrefactive (Micro-organic). b. To Ascertain the Length of Time necessary, and the Nature and Amount of the Irritant needful, to induce Morbid Change, and the Nature of those Morbid Changes. c. To Ascertain the Time necessary for the Formation of such Union between the Parts of Resected Intestine as will suffice to Prevent the Passage of Foreign Material from the Gut into the Peritoneal Cavity under varying conditions into Intestinal Activity. d. To Discover, if possible, a more Practicable Method of Suturing Resected Intestines, and one involving less time in its Application than that now in vogue ...	30	0	0
White, Dr. W. Hale, 65, Harley Street, W., in aid of a Research upon the Influence of the Central Nervous System upon the Production of Pyrexia ...	50	0	0
£419 0 0			

The following amounts have been returned as unused:—

Dr. H. H. Ashdown ...	£	s.	d.
Dr. S. M. Copeman ...	2	19	3
Dr. J. S. Haldane ...	34	0	0
Dr. W. D. Halliburton ...	9	9	9
Dr. J. B. Hayeraft ...	10	0	0
Dr. H. L. Jones ...	5	13	3
Dr. A. P. Luff ...	18	6	8
Dr. R. Robertson ...	15	0	0
Dr. G. H. Savage ...	29	1	1
Mr. A. H. Tubby ...	27	14	1
Dr. H. Tomkins ...	4	9	3
Dr. W. H. White ...	38	17	0
Total amount returned ...	£201	19	11

Dr. Herbert H. Ashdown, who has received a grant for the purpose of conducting a research in the physiological laboratory of University College, London, upon the functions of the kidney, has found by quantitative analyses of urine secreted after section of the renal nerves, that a true paralytic secretion is caused; and, further, that by the injection of different chemical substances into the blood an activity may be established in the organ, the nerves of which have been divided, entirely out of proportion to, and unrepresented by, that aroused in the unaffected organ. He has also shown that a reducing substance may make its appearance in the urine secreted by the kidney with divided nerves which cannot be found present in the secretion of the uninjured organ. This substance he has found to be a form of glycuronic acid, and that it is similar to the reducing substance which may be present in the urine after the administration of chloral, chloroform, morphine, and some other drugs. He has also been able to obtain this same reducing substance in quantity in the urine of otherwise apparently healthy individuals.

Messrs. C. A. Ballance and S. G. Shattock's investigations into the intimate pathology of cancer have been continued on the same lines as have been followed during the previous years in which a grant has been received by them from the Scientific Grants Committee of the British Medical Association. Many tumours have been examined microscopically, whilst others have been employed for culture experiments on various media, especially human serum. Further transplantation experiments have been carried out upon different kinds of animals, so as to discover, if possible, one in which the disease would grow, and might thus be studied. Up to the present time all the results have been negative, but the lifetime of cancer in the human subject is so long, that, until at least two years have elapsed, Messrs. Shattock and Ballance believe that no safe judgment could be hazarded about the transplantation experiments or the bacteriological cultivations.

The research with regard to the action of some nitrites in furtherance of which Professor Cash, of Aberdeen, received a grant in the autumn of 1888 is still in progress, but it is expected that it will be published in the course of this year. The nitrites of amyl, butyl, propyl, and ethyl, separated in a pure condition by Professor Dunstan, have been carefully examined, with regard to their physiological action upon man and the lower animals, and certain variations in their action ascertained, which will be fully described in the report, together with the methods employed in the investigation.

Dr. S. Monckton Copeman has been engaged in a research on the medico-legal detection of human blood. The research was undertaken with the object of determining whether it was possible to distinguish human blood from that of the lower animals when dried on clothes, etc., the method followed depending on the different manner in which the hæmoglobin of the blood crystallises in different animals. Human hæmoglobin is usually stated to be non-crystallisable, but it was formerly found that if a drop of blood taken from a patient suffering from pernicious anæmia, who had not been treated with arsenic, was mounted on a glass slide, crystals of hæmoglobin always appeared in from ten to forty-eight hours without further preparation. Following out what appeared to be the condition here present, normal human blood was diluted with foreign (for example, sheep's) serum and mounted in the same manner. If the serum were fresh, usually no crystals formed; but if it had become decomposed, they appeared readily, when it was found that they consisted of reduced hæmoglobin. This was also the case when they were obtained by other methods, whereas the blood of all other animals except the monkey appears to crystallise as oxy-hæmoglobin, while the blood of this animal can be distinguished from that of man by the different shape of the crystals. Further experiments showed that they could be obtained from very minute quantities of blood, and also from blood which had been allowed to dry on clothes; so that, if the stain be fairly recent and in not very minute quantities, it appears possible to prove the desired point. The report of the method was published in detail in the JOURNAL on July 27th.

Dr. J. S. Haldane has sent the following report on the progress of a research on the physiology of temperature regulation in animals, for the purpose of which research he received last year a grant of £34 from the British Medical Association. At the outset of the work last summer Dr. Haldane found that the methods hitherto employed for the measurement of respiratory exchange of material were insufficient for the purposes of the present research. A new method had therefore to be devised; and he devoted considerable time to perfecting and very thoroughly

testing it. The method will, it is believed, be equally valuable in these researches, involving accurate measurement of the respiratory exchange. Dr. Haldane found it necessary to make a considerable number of further experiments with a view to perfecting the calorimetric method employed. In consequence of the results of these experiments, and in view of the desirability of having apparatus suitable for larger animals than those hitherto employed, a new calorimeter had to be obtained. Considerable delay occurred before it could be made, and the progress of the work has been much hindered from this cause. Dr. Haldane hopes, however, shortly to have ready for publication a paper containing the results of a first series of observations on animals and a description of the methods employed, and the experiments which have been made with a view to testing them.

Dr. Halliburton has during the year been engaged in investigating the chemical properties of certain exudation and transudation fluids. A paper on cerebro-spinal fluid has been sent to the JOURNAL of Physiology, of which an abstract was published in the JOURNAL on July 27th. The chief substances in this fluid to which Dr. Halliburton has directed his attention are (1) the proteids, which are found to consist chiefly of the peptone-like bodies known as albumoses; (2) the reducing substance, which is found to be pyrocatechin, and not sugar; and (3) the salts, which do not apparently differ from those of the blood and lymph, in spite of Schmidt's statement to the contrary. The peculiarities of this fluid in regard to its organic constituents separate it markedly from ordinary dropsical fluids, and justify its being classified as a secretion. Dr. Halliburton has done a good deal of work with dropsical fluids, but defers publishing his results until he has examined a greater number of these transudations.

Dr. J. Berry Haycraft has made experiments in connection with capillary hæmorrhage, which have progressed satisfactorily, and have yielded important results. The experiments in connection with the alkalinity of the blood, continued from last year, will be ready for publication in a month or so. In connection with these Dr. Haycraft has performed already over a hundred estimations of blood alkalinity. Dr. Haycraft reports that the research upon the chemico-physical character of certain proteids has cost him little money, and returns with thanks the £10 kindly voted him. Dr. Haycraft is anxious, however, to work at another branch of the same subject, in which case he would require the help of a skilled assistant who understands some chemical manipulation, as his own time is much broken up.

Professor Victor Horsley has been engaged in the continuation of experiments on the localisation of motor function in the cortex and in the internal capsule. In addition, observations were made on similar localisation in the cortex of an orang outang; and the results obtained are about to be published by the Royal Society, and embrace many new points.

Mr. F. B. Jessett has forwarded a description of the methods adopted and results obtained from an experimental investigation into a novel mode of performing operations in the intestines.<sup>1</sup> The operations performed were gastro-enterostomy, jejuno-ileostomy, circular enterorrhaphy, and ileo-colostomy. The investigation was carried out at the Brown Institution, in conjunction with Mr. Victor Horsley, and assisted by Dr. Dove. The methods adopted in the investigation were those suggested by Professor Senn, of Milwaukee, and were performed shortly as follows: Gastro-enterostomy and jejuno-ileostomy were performed with decalcified bone plates, each of which has an oval opening in its centre, and four perforations for sutures at the margin of the opening, one situated at each end, and one on each side; sutures are passed through these perforations, and fastened at the back. The operation is performed by making a longitudinal incision in the middle line of the abdomen, between the ensiform cartilage and umbilicus, and thus opening the cavity of the abdomen; a portion of the stomach and a loop of the jejunum, as near to its origin as possible, are now drawn out of the wound, and packed round with either sponges or cotton wool, soaked in solution of carbolic acid (1 to 60). A piece of india-rubber tubing is next passed round the intestine above and below the point at which it is to be opened, and lightly tied. An opening is next made in the long axis of the gut and in the stomach, large enough to admit the bone plates, which are now slipped, one into the stomach, and the other into the intestine; the lateral sutures, which are armed with needles, are now carried through all the coats of the stomach on the one hand, and the jejunum on the other, the end threads being left at the angle of the wounds of

<sup>1</sup> JOURNAL, July 27th.

each viscus. The corresponding threads of the two plates are then tied firmly, the knots being embedded between the peritoneal surfaces of the intestine and stomach. The parts are then dropped back into the abdomen, and the parietal wound closed in the usual manner. Jejunio-ileostomy and ileo-ileostomy are performed in identically the same manner, substituting two portions of the intestine. The operation can be easily performed in from fifteen to twenty minutes. Circular enterorrhaphy, as in cases of intestinal wounds, malignant disease, typhoid ulcer, or in any case in which it is deemed advisable to remove a portion of the intestine, is performed as follows:—The abdominal cavity being opened and the portion of intestine removed, a narrow band of india-rubber is cut the exact length of the circumference of the upper portion of divided gut. This is formed into a ring by two catgut sutures. The ring is next pushed into the gut, and fastened round its free edge by a continuous catgut suture. Two threads, armed at each end with a common sewing needle, are prepared. One thread is passed through the upper end of the india-rubber ring, now fixed in the intestine and all the coats of the bowel, the needles being passed one on either side of the mesentery. The needles of the other thread are passed equi-distant through the rubber ring and the coats of intestine on the convex surface. The needles are next passed through the serous and muscular coats of the lower portion of bowel, about an eighth of an inch from its cut edge, at corresponding points. These threads are drawn tightly, and the upper portion of the intestine invaginated into the lower, so that the two peritoneal surfaces are in close contact, and the threads are then tied sufficiently firmly to prevent disinvagination. The bowel is then dropped into the abdomen, and the parietal wound closed in the usual manner. Ileo-colostomy, an operation especially applicable in cases of tumour or cancer of the colon, or intussusception of the ileum into the cæcum and colon, is performed by lining the upper end of the intestine with india-rubber, in the same manner as described for circular enterorrhaphy. An incision is then made in the convex surface of the colon, and the threads passed through its muscular and serous coats on each side of the extremities of the incision. These threads are then drawn tightly, and the small intestine slipped into the slit in the colon, and the threads tied sufficiently firmly to secure the parts in apposition. The distal portion of the divided intestine is invaginated into itself, and fixed by a continuous suture passing through the serous and muscular coats only. These several operations have been performed by Mr. Jessett, assisted by Mr. Victor Horsley and Dr. Dove, with the following results, namely:—Two cases of gastro-enterostomy with approximation discs. Both recovered without bad symptoms. Five cases of jejunio-ileostomy with approximation discs. All recovered without bad symptoms. One case of jejunio-ileostomy by implantation died of secondary hæmorrhage. Seven cases of enterorrhaphy by invagination. Four recovered; the two first died directly from the operation, and one died from obstruction caused by an enterolith. Three cases of ileo-colostomy by implantation. All recovered without bad symptoms. A series of the pathological specimens, the results of the above operations, has been accepted by the pathologist of the College of Surgeons Museum. The entire cost of the investigation has been £20 11s. 5d., of which he has received £12 from your Committee, and he has applied for a further grant of £8.

Dr. Lewis Jones and Dr. T. W. Shore have been engaged in an investigation into the *structure of the vertebrate liver*, and they have examined sections of the liver in all the classes of the vertebrata, and have found that in them all the type of the organ is that of a network of tubules; in none have they found any vertebrate liver which is not a network. They put forward the suggestion that the liver is formed not by the outgrowth of rods of cells which coalesce and form a network, as described by Balfour, but that the network is produced by the breaking up of an originally solid mass of cells through the penetration into it of blood-vessels, and that the meshwork thus formed is more or less finely subdivided according to the extent of the penetration. In the amphioxus the organ remains in its primitive condition, and in the lamprey the penetration of blood-vessels is very imperfect; but in other fishes, in amphibia, in reptiles, and in birds, the liver is plainly seen to consist of a network of tubules. In mammals the tubular arrangement is still present, but it has become obscured by the more abundant anastomoses of tubules which result from (1) the more complete penetration of blood-vessels, (2) the condensation of the tissue, and (3) the development of the lobule, a structural peculiarity confined to mammals, and existing in them in very varying degrees of perfection, which owes its existence to

the formation of foci of drainage (intra-lobular veins), and a rearrangement of the tissue around these foci.

The grant to Mr. C. B. Lockwood, was originally made with the view of *investigating the pathology of syphilis*; but as great difficulty has been met with in obtaining suitable material, other subjects have also been investigated. With regard to *syphilis* some material has been obtained and is in course of examination. In making cultures from the blood upon serum an important preliminary difficulty has been met with. The serum tubes, which were obtained from Germany, although apparently pure, were found to contain a motile bacillus, which stained the same as, and had the same morphological characters as, the syphilis bacillus, which some observers say they have cultivated in serum. This point is still in course of investigation. A number of inoculations have been made from the blood of cases of *hectic fever*, *chronic pyæmia*, and *gonorrhæal rheumatism*, and also from the *joint fluid in the latter disease*. The results of these experiments have been decidedly encouraging, and positive results have occasionally been met with, and will in due course be communicated to the JOURNAL. A great many cultures have been made from operation wounds, and although the subject is one which has been much worked at, the results may some day prove worthy of being published. Mr. Lockwood regrets the slowness of the work, but the subject is one in which haste is impossible and quite incompatible with any pretence to accuracy.

Dr. A. P. Luff has been engaged in a research to ascertain the connection of ptomaines or animal alkaloids with the infectious fevers, and has worked on the urines of patients suffering from two of the infectious fevers—typhoid fever and scarlet fever—with the view of determining whether any animal alkaloid was present in the urine during the height of the fever which was not present in normal urine. Dr. Luff has extracted from the urine of typhoid fever patients small quantities of two ptomaines, which he has obtained in a crystalline condition, and which apparently have not been discovered before, since they present marked difference from the "typhotoxin" obtained by Brieger, and from the ptomaines extracted last year by Dixon Mann from the abdominal and thoracic viscera of a fatal typhoid fever case. From four gallons of urine collected from scarlet fever patients during the height of the fever, Dr. Luff obtained a small quantity of a semi-crystalline ptomaine in a pure state, and has determined its chemical tests, which he believes are characteristic, and, so far as he has been able to ascertain up to the present, it agrees with a known ptomaine or chemical substance. It is, he believes, a new and definite ptomaine. In the extraction of these ptomaines from the urine Dr. Luff has during the past three months employed a new process, the elaboration of which took him nearly two months. As this process is a somewhat lengthy and tedious one, Dr. Luff proposes to defer its description to the full report which he will send later. Dr. Luff has been extremely careful that the urines upon which he has worked have only been collected from patients who at the time were taking neither alkaloidal nor antipyretic medicines. Dr. Luff has not yet obtained any ptomaine in sufficient quantity to determine its chemical composition by ultimate analysis; this, however, he hopes to do, now that he has discovered a process which extracts the ptomaines in appreciable quantities. It is proposed to go on with the investigations.

Dr. E. W. Reid has been endeavouring to determine to what extent the vital condition of the various epithelia lining the cavities of the body influence the absorption of different substances. The object of the research has been to add some data to the facts already known concerning the influence exerted on the process of osmosis through animal membranes by the vital condition of such membranes. In order to exclude the effects of variations in the blood stream the portions of membrane employed have been removed from the body, and the well known long persistence of the vitality of the protoplasm of cold-blooded animals taken advantage of. In order to prolong the vitality of the excised tissue, as long as possible after removal from the body, a fluid was chosen which would have the smallest depressing action on the vitality of protoplasm consistent with sufficient density to give a fairly rapid indication of the process of osmosis. In obtaining such a fluid the duration of the movement of the cilia of ciliated epithelium, when immersed in the fluid, was taken as an indicator. The majority of the experiments have so far been conducted with the skin of the frog; a few have been made with the gastric mucous membrane of the same animal. The author, however, is desirous of extending the latter series before publication. The

Dutrochet osmometer has been employed in some cases, but the author bases most of his results upon experiments made with a form of osmometer which he has termed the discharging osmometer. In this instrument the pressure is kept constant in order to avoid any error from filtration. In all experiments the instruments have been worked in pairs, exactly equal areas of membrane being exposed in both instruments—one osmometer is thus used to control the results observed with the other. For recording purposes Dr. Reid has taken advantage of the photographic method in order to avoid friction. Two instruments have been devised; in one, the differential recording osmometer, a pair of the discharging osmometers record continuously the difference between the volume of fluid passing through a normal piece of membrane and an equal area of the same membrane subjected to the conditions of the experiment. Units of length in the record have a definite relation to units of volume of fluid passing through the membrane. The second instrument records the rise of fluid in the observation tubes of a pair of osmometers, in which the pressure at the commencement of the experiment is zero, though as osmosis proceeds it gradually increases. Dr. Reid claims to have gained evidence of the following facts in the case of the skin of the frog:—1. A definite absorptive force, apart from the force of osmosis, is exerted by the skin of the frog, comparable to the secretive force of the cells of glands. 2. This force is dependent upon the vital condition of the skin. 3. After removal of the skin from the circulation the absorptive force gradually diminishes, but may persist for three days when the skin is kept in normal saline solution. 4. Reagents tending to depress the vitality of protoplasm, such as chloroform, digitaline, and distilled water, diminish the strength of the absorptive force, while it can be increased by such a stimulant as alcohol in dilute solution. 5. In consequence of this force acting in a direction from without inwards any alteration of the relation of the external surface of the skin to the denser of the two fluids employed in an ordinary osmosis experiment makes a difference in the rapidity of osmotic transference of fluid through the skin, according as the absorptive force is opposed to or in the same direction as the osmotic stream.

The object of Dr. Robert Robertson's inquiry has been to endeavour to ascertain the causes which lead to diminution of *respiratory capacity in pulmonary consumption*, and to estimate how far that diminution is of a permanent character, and how far it depends upon causes which are or may be transient. The investigation as yet has been directed to obtaining some basis for separating the influence of interference with the access of air to the blood from the effects of changes in the blood itself as a respiratory medium, but the observations thus far, though considerable in number, are insufficient for the formulation of any general law upon the subject. Taking the results as provisional, it may be said: (a) That sphygmographic records warrant the opinion that the pulmonary blocking of the capillary vessels by the morbid process registers itself in the radial pulse-tracing, just as the blocking of air-cells by the same changes is indicated by spirometric measurements, although, of course, the modifications in the tracings do not permit of the same estimation of the magnitude of the capillary obstruction as do "vital capacities" of alveolar changes. (b) That deterioration in the quality of the blood does advance with advancing disease, but that neither the corpuscle-value nor the pigment-value of the blood coincides in rate of deterioration with that of spirometric capacity, nor do the deteriorations in blood-values coincide in rate or degree with each other. It is intended to continue this investigation until reliable conclusions are reached, and to extend it in other directions as may seem desirable.

Dr. W. G. Spencer has been engaged in a research on *the effect of drugs on the course of tuberculosis*. The object of the research has been to see what effect, if any, the administration of drugs to animals inoculated with tubercle would have on the course of the disease. Guinea-pigs have been used, as being most susceptible, inoculated with bovine or human lung tubercle. Thus the tuberculosis ran a rapid course in all the animals inoculated. The drugs were administered by subcutaneous injection, except in the case of bicarbonate of soda, which was given with the food. The doses were carefully regulated so as not to hurt in any way the animal. In no case of those given below in the table did the animal show any sign of suffering from the drug. Control animals were in all cases kept for comparison. The results as yet have been entirely negative.

Dr. H. Tomkins has been engaged in an inquiry into the *etiology*

*of summer diarrhoea*. This investigation was undertaken with a view of throwing some light upon the causes at work in producing summer diarrhoea in England, with its attendant excessive infantile mortality, more particularly as it affects Leicester, which suffers more than any other English town. Dr. Tomkins has been engaged upon this work during the summers of 1886, 1887, and 1888. The general results arrived at so far are as follows:—1. The disease is almost certainly of a specific character. 2. That it has increased considerably during the last quarter of a century. 3. That it affects not merely infants or young children, but, in an equal degree, persons aged 10 years and upwards, but the mortality is confined to infants. 4. That in those districts where the disease most prevails, there the air is most loaded with micro-organisms. 5. That the disease does not begin to prevail to any marked degree until the temperature of the earth has reached about 60° Fahr. at a depth of one foot. 6. That in those districts of the town where diarrhoea is most prevalent, a long continued pollution of the soil has been going on, and that the soil here shows an excess of bacteria compared with the soil of other parts of the borough. 7. That artificially cultivated microbes obtained from the air and soil of the "diarrhoea districts" are capable of producing diarrhoea on the human subject. 8. That *post-mortem* examination, in fatal cases, shows the chief pathological lesions to be in the mucous membrane of the intestines; in a few cases, doubtful changes in the kidneys were observed. That the conclusions arrived at from the above are:—That the prevalence of diarrhoea in Leicester is due to the heat of the summer sun acting upon a polluted soil, whereby large numbers of microbes are produced; these become disseminated in the air, and that these or some of these, either as the direct result of their growth and multiplication, or of some product arising therefrom within the body, as well, probably, as articles of food, set up the diarrhoea, and that the special prevalence in Leicester is due to its topographical position and the character of its geological formation.

The Committee have to report that of the amount granted last year—namely, £419, the sum of £201 19s. 11d. has been returned as unused, and has been paid over to the Treasurer of the Association.

The Committee recommend a grant of £500 for the purposes of assisting researches in 1889-90, of which they recommend the application of £410. The remaining sum to be applicable to further researches of which the details are under consideration.

JOSEPH LISTER, *Chairman*.

## REPORT OF THE COLLECTIVE INVESTIGATION COMMITTEE.

THE Collective Investigation Committee beg to present the following report to the Council, to be laid before the annual meeting in Leeds.

The report of the Committee during the past year has been limited to the completion of the inquiries which were in progress at the time of the last report.

The report of the Committee upon the Geographical Distribution of Rickets, Acute Rheumatism, Chorea, Cancer, and Urinary Calculus in the British Islands was presented to the Council at its meeting on January 16th in the form of a series of eighteen detailed maps, besides others of smaller size, and an explanatory commentary. The maps have been deposited in the Library of the Association for the use of members. The commentary was published in the JOURNAL of January 19th.

The Secretary of the Committee has attended on its behalf, or has arranged to attend before the close of the year, the meetings of such Branches as have requested it, to exhibit the maps in question and explain the results of the inquiry. Arrangements will also be made to place the maps on view at the annual meeting.

A report, prepared by Dr. Edward Casey, of Windsor, on the Causes of Death among Gouty People, supplementary to that on Habits of Intemperance, was also published in the JOURNAL of January 19th.

It having been brought to the notice of the Secretary to the Committee in February last that incorrect statements with regard to the results of the "Intemperance" inquiry had been widely circulated in a manner to mislead the public on an important sanitary question, a circular letter was drawn up by him in concert with the Committee on Inebriety, and forwarded to the principal London and provincial journals to caution the public against the statements in question.



Since the completion of the Geographical Report the Committee has directed its efforts to the completion of the inquiries into Epidemics of Diphtheria and the Etiology of Phthisis. A report upon the returns received will be prepared by the Secretary, and presented before the end of September; but the Committee regret to say that the returns upon these subjects have been so few that they do not feel justified in recommending the Association either to continue these inquiries further, or to enter, at the present time, upon fresh ones. They would regard it as the better course to abandon the work of Collective Investigation for the time being, and to allow the Committee to lapse at the end of its current year of office—namely, on October 1st next.

At the same time, they wish again to express their opinion that, considering all the difficulties of the undertaking, the results which have been obtained are quite sufficient to justify the action of the Association in entering on the work, and their hope that a resumption of collective inquiry may be counted among the possibilities of the future.

They also wish to express their deep sense of the liberality and public spirit which have throughout marked the action of the Council and the Association in dealing with the subject.

G. M. HUMPHREY, *Chairman*.

## REPORT OF THE THERAPEUTIC COMMITTEE.

DURING the past year the Committee have instituted pharmacological investigations under the direction of Dr. Lauder Brunton, and of Professors Leech, of Manchester, and Cash, of Aberdeen,

A. The researches undertaken under the direction of Dr. Brunton were—

1. A Contribution to our Knowledge of the Physiological Action of Antipyrin, by Rayner D. Batten, M.D., B.S., and T. J. Bokenham, L.R.C.P., L.S.A. The full paper appeared in the JOURNAL of June 1st, 1889. A Research on Antifebrin is also in progress.

2. A Research on the Value of certain Reputed Antiseptics (Sodium, Silicofluoride, and Helenine) as Protectives from Anthrax and Tuberculosis, by T. J. Bokenham, L.R.C.P., L.S.A. An abstract of the work as yet done is appended, but the research is not completed.

3. On the Action and Use of Tertiary Amyl Nitrite (Bertoni's Ether), by T. J. Bokenham, L.R.C.P., L.S.A., and E. Lloyd Jones, M.B., B.C. A paper is in preparation, and will include (1) an abstract of Bertoni's paper, (2) Action of Drug on Animals (3) Action on Patients.

4. On the Action of Iso-Amyl Nitrite Compared to that of Amyl Nitrite B. P. and Butyl Nitrite, by T. Lauder Brunton, M.D., F.R.S., and T. J. Bokenham, L.R.C.P., L.S.A.

B. Under the direction of Professor Leech, of Manchester:

5. A Contribution to the Pharmacology of Phenacetin, by R. B. Wild, M.D.

6. The Action of Sulphates, by Professor Leech and Dr. R. B. Wild.

C. Under the direction of Professor Cash, of Aberdeen:

7. Observations on the Pharmacology of Urethan, by John Gordon, M.D. Assistant to the Professor of Materia Medica in the University of Aberdeen. Influence on (1) nitrogenous excretion in the urine; (2) blood-pressure, pulse, and respiration; (3) reflex functions of the cord; (4) nerve and muscle. Paper to be read at the meeting at Leeds.

8. On the Action of Certain Inorganic Salts on the Vitality of Muscle, by A. R. Cushing, M.A., M.B. Various salts of potassium, sodium, and calcium have been tested by the method of immersion. Attention directed to (1) spontaneous movement of muscle; (2) retention or increase of its minimal irritability; (3) protraction of rigor.

During the ensuing year the Therapeutic Committee would propose to extend their work in two directions—

1. The pharmacological researches to be continued on the same lines as during the past year. The investigation would be initiated by individual members of the Committee, who would personally supervise the researches. Notice of the work being done or proposed to be done would be sent to the Secretary, who would inform members of the Committee of the researches undertaken.

2. The Committee desire to extend their work to purely therapeutical, as distinguished from pharmacological, questions—the utility of drugs in the treatment of disease. The action of the researches could be determined by the Committee and in lines directed by them. The Committee would, in fact, take charge of

the investigations. The Committee would select a certain number of workers, but all members of the Association would be invited to co-operate.

3. The expenses both of clinical and pharmacological work would be defrayed out of the funds allowed the Committee. Such expenses would be for (1) drugs; (2) chemical reagents; (3) glass apparatus; (4) instruments; (5) material; (6) time expended by students and residents in hospitals, or others, on the investigation; (7) clerical work.

4. The results would be published in the JOURNAL after being submitted to the Committee.

5. For the expenses the Committee request a grant of £200.

T. LAUDER BRUNTON, *Chairman*.

## BRITISH MEDICAL ASSOCIATION. FIFTY-SEVENTH ANNUAL MEETING.

THE fifty-seventh Annual Meeting of the British Medical Association will be held at Leeds, on Tuesday, Wednesday, Thursday, and Friday, August 13th, 14th, 15th, and 16th, 1889.

*President:* Professor W. T. Gairdner, M.D., LL.D., Professor of Medicine in the University of Glasgow.

*President-elect:* C. G. Wheelhouse, F.R.C.S., J.P., Consulting Surgeon, Leeds General Infirmary, Hillary Place, Leeds.

*President of the Council:* Thomas Bridgwater, M.B., LL.D., Harrow-on-the-Hill.

*Treasurer:* Constantine Holman, M.D., Reigate.

An Address in Medicine will be delivered by J. Hughlings Jackson, M.D., LL.D., F.R.S., Physician to the London Hospital, and to the National Hospital for Paralysed and Epileptic, Queen Square, W.C.

An Address in Surgery will be delivered by T. Pridgin Teale, M.B., F.R.C.S., F.R.S., Consulting Surgeon to the Leeds General Infirmary, Leeds.

An Address in Psychology will be delivered by Sir J. Crichton Browne, M.D., LL.D., F.R.S., Lord Chancellor's Visitor in Lunacy London.

### PROGRAMME OF PROCEEDINGS.

TUESDAY, AUGUST 13TH, 1889.

9.30 A.M.—Meeting of 1888-89 Council. Council Room, Mechanics' Institute.

11.30 A.M.—First General Meeting. Report of Council. Reports of Committees; and other business. Coliseum.

4 P.M.—Service in Parish Church. Sermon by the Right Rev. the Lord Bishop of Ripon.

8.30 P.M.—Adjourned General Meeting from 11.30 A.M. President's Address. Coliseum.

WEDNESDAY, AUGUST 14TH, 1889.

9.30 A.M.—Meeting of 1889-90 Council. Council Room, Mechanics' Institute.

10 A.M. to 2 P.M.—Sectional Meetings. Mechanics' Institute. Public Medicine. Philosophical Hall.

3 P.M.—Second General Meeting. Address in Medicine by J. Hughlings Jackson, M.D., LL.D., F.R.S. Presentation of Stewart Prize to Dr. Klein, F.R.S. Coliseum.

4 to 6.30 P.M.—Reception given by Colonel Wilson and the officers 3rd Volunteer Battalion West Yorkshire Regiment to members in the Services at the Carlton Barracks.

4.30 to 6.30 P.M.—Afternoon Reception at the Yorkshire College by the President, Council, and Senate of the College.

8.30 P.M.—*Conversazione* by the President of the Association and Local Executive Committee in the Art Gallery and Municipal Buildings.

THURSDAY, AUGUST 15TH, 1889.

9.30 A.M.—Meeting of the Council. Council Room, Mechanics' Institute.

10 A.M. to 2 P.M.—Sectional Meetings. Mechanics' Institute. Public Medicine. Philosophical Hall.

3 P.M.—Third General Meeting. Address in Surgery by T. Pridgin Teale, M.A., F.R.S., F.R.C.S. Coliseum.

4 to 6.30 P.M.—Garden Party at Gledhow Hall given by Sir James Kitson, Bart.

7.30 P.M.—Public Dinner of the Association in the Town Hall.

FRIDAY, AUGUST 16TH, 1889.

10.30 A.M. to 1.30 P.M.—Sectional Meetings. Mechanics' Institute. Public Medicine. Philosophical Hall.

3 P.M.—Concluding General Meeting. Address in Psychology by Sir James Crichton Browne, M.D., F.R.S. Coliseum.

4 to 6.30 P.M.—Garden Party at Roundhay Mount given by T. R. Jessop, F.R.C.S.  
 4.30 to 6.30 P.M.—Garden Party at the W.R. Asylum, Wakefield.  
 8 P.M.—Reception and Ball by the Mayor of Leeds in the Town Hall.

SATURDAY, AUGUST 17TH, 1889.

4 P.M.—Garden Party at the Palace, Ripon, given by the Bishop of Ripon and Mrs. Boyd-Carpenter.  
 Excursions.

#### RECEPTION ROOM.

The Reading Room of the Mechanics' Institute will be fitted up as a reception room, and will be opened at 12 o'clock on Monday, and on Tuesday and the following days at 9 A.M. for the issue of tickets to members, and for supplying all necessary information.

*\*\* It is particularly requested that members on their arrival will at once proceed to the reception room, at which each member should enter his name and address, receive his member's card and daily journal, inquire for telegrams and letters, and consult the list of lodgings and hotels, etc.*

#### Head Mistress's Room, Mechanics' Institute.

A. MEDICINE.—*President*, John Edwin Eddison, M.D. *Vice-Presidents*, Charles Parsons, M.D.; Robert Saundby, M.D. *Honorary Secretaries*, Alfred George Barrs, M.D., 22, Park Place, Leeds; Theodore Dyke Acland, M.D., 7, Brook Street, Grosvenor Square, W.

The proceedings of this Section will be opened by the President on Wednesday, August 14th, at 10 A.M., after which Dr. R. Douglas Powell will read a paper on The Clinical Aspects of Chronic Tubercular Diseases of the Serous Membranes and their Treatment. Sir Andrew Clark, Drs. Vincent Harris, Roberts, Samuel West, Churton, Cheadle, Handford, More Madden, and Burney Yeo have promised, if possible, to take part in the discussion.

On Thursday, August 15th, a paper will be read by Dr. Pavy on the Prognosis of Cases of Albuminuria, with Special Reference to Life Insurance. Sir W. Roberts, Drs. Goodhart, Maguire, Pye-Smith, Ralfe, Rabagliati, C. R. Drysdale, Robert Barnes, De Havilland Hall, N. Tirard, Joseph Ewart, T. Cranstoun Charles, and Saundby hope to take part in the discussion.

The following papers are promised:

- BATEMAN, F., M.D. (Norwich). On the Jurisprudence of Aphasia.  
 BROWN-SÉQUARD, C. E. The Toxicity of Expired Air and its Connection with Pulmonary Tuberculosis.  
 CHURTON, T., M.D.  
 CUTTER, Ephraim, M.D. (New York). Thirty Years' Work in the United States in the Treatment of Tuberculosis Pulmonalis, with Statistics of 100 Cases Illustrated by Lantern Slides of Microphotographs of Healthy and Tuberculous Lungs.  
 DRYSDALE, C. R., M.D. The Alleged Rarity of Phthisis among the Jews in London.  
 ECCLES, A. Symons, M.B. The Influence of Massage on the Rate of Absorption from the Intestines.  
 FINUCANE, T. D., M.D. (Blackrock). On Asiatic Cholera.  
 FLOOD, A. W. On Ringworm and its Treatment.  
 GREENE, G. E. J. (Ferns, Co. Wexford). Notes on Rôtheln.  
 HAIG, A., M.D. On the Connecting Link between the High Tension Pulse and Albuminuria.  
 HANDFORD, H., M.D. On the Relations of Arterial Hypoplasia to Cardiac Disease.  
 HARLEY, Vaughan, M.B. Abscess of the Liver: Treatment.  
 JOHNSTONE, Thos., M.D. 1. Case of Massage. 2. Ikley as a Resort for the Asthmatic.  
 LITTLE, J. Fletcher, M.B. The Modern Treatment of Palsies.  
 MCNAUGHT, Dr. A. Case of Dilatation of the Stomach accompanied by the Eruption of Inflammable Gas.  
 MADDEN, T. More, M.K.Q.C.P.I. Clinical Experiences of the Chronic Tubercular Diseases of Childhood.  
 MAGUIRE, R., M.D. Presystolic Murmur without Organic Mitral Disease.  
 PEARSE, T. F., Esq. The Use and Abuse of Soap.  
 THOMAS, W. R., M.D. On Phthisis, with Remarks on the Varieties of Climatic Treatment.  
 THUDICHUM, J. L. W., M.D. On the Demodex Folliculorum, the Parasite of the Acne Punctata of Man and the Mange of the Dog.  
 TIRARD, N., M.D. Peptonuria and the Fehling Test.

#### Lecture Theatre No. 13, School of Science.

B. SURGERY.—*President*, Thomas Richard Jessop, F.R.C.S. *Vice-Presidents*, Edward Atkinson, M.R.C.S.; Arthur F. McGill, F.R.C.S.; Henry Morris, F.R.C.S.; *Honorary Secretaries*, Arthur W. Mayo Robson, F.R.C.S., Hillary Place, Woodhouse Lane, Leeds; Edward Ward, M.B., 22, Park Place, Leeds.

Arrangements have been made in this Section for the consideration of four special subjects, and the gentlemen whose names are appended have promised, if possible, to take part in the discussions.

The President of the Surgical Section will give an Opening Address on the Treatment of Cancer of the Rectum. The following gentlemen will take part in the discussion:—Mr. Mitchell Banks (Liverpool), Mr. Bond (Leicester), Mr. Bryant (London), Mr. Harrison Cripps (London), Mr. Christopher Heath (London), Mr. Whitehead (Manchester), Dr. Alexander (Liverpool), Mr. H. Allingham (London), Mr. Alfred Cooper (London), Dr. Ward Cousins (Southsea), Mr. Vincent Jackson (Wolverhampton), Mr. Jordan Lloyd (Birmingham), Mr. F. Marsh (Birmingham), Dr. James Murphy (Sunderland), Mr. Bennett May (Birmingham), and Mr. F. B. Jessett (London).

Mr. Henry Morris will open a discussion on the Surgery of the Kidney. Professor Annandale (Edinburgh), Mr. Rickman Godlee (London), Mr. Bennett May (Birmingham), Dr. Newman (Glasgow), Mr. Lawson Tait (Birmingham), Mr. Bruce Clarke (London), Mr. Kendal Franks (Dublin), and Mr. R. Lawford Knaggs (Huddersfield) will take part in the discussion.

Mr. Frederick Treves will open a discussion on The Surgical Treatment of Typhlitis after the discussion on Renal Surgery.

Mr. A. F. McGill will open a discussion on the Treatment of Retention of Urine from Prostatic Enlargement. Mr. Edward Atkinson (Leeds), Mr. A. E. Durham (London), Mr. Reginald Harrison (Liverpool), Mr. Berkeley Hill (London), Mr. Bruce Clarke (London), Dr. Ward Cousins (Southsea), Mr. Vincent Jackson (Wolverhampton), Mr. Jordan Lloyd (Birmingham), Mr. Bennett May (Birmingham), and Mr. W. Whitehead (Manchester) will take part in the discussion.

On Wednesday, August 14th, from 4 to 5.30 P.M., exhibition of surgical cases in the Central Hall, Infirmary.

The following further papers are announced:

- ADAMS, W., Esq. (London). On the Successful Treatment of Cases of Congenital Displacement of the Hip-joint by Complete Recumbency with Extension for two years.  
 ALEXANDER, W., M.D. (Liverpool). The Surgical Treatment of Epilepsy.  
 ALLINGHAM, H. W., F.R.C.S. The Ligamenta Alaria as a Cause of Internal Derangements of the Knee-joint.  
 BISHOP, E. Stanmore (Manchester). 1. Some Points in the Technique of Morton's Operation for Spina Bifida. 2. Will show a Splint Cradle for Excision of the Hip-Joint and Osteotomy.  
 COUSINS, Ward, M.D. (Portsmouth), will exhibit a new Surgical Saw.  
 CRIPPS, Harrison, Esq. (London). A Series of Cases of Cancer of the Rectum treated by Excision or Colotomy.  
 FRANKS, Kendal, F.R.C.S. Subcuticular Suture.  
 HERN, John, M.D. (Darlington). The Advisability of Aspiration of the Protruded Gut in Recently Strangulated Hernia, with Notes of Cases.  
 HUME, G. H., M.D. (Newcastle). On Combined External and Internal Urethrotomy in the Treatment of certain cases of Stricture.  
 JONES, Robert, Esq. (Liverpool). 1. The Treatment of Joint Disease by Prolonged fixation. 2. The Treatment of Certain Cases of Peri-rectal Abscess by Partial Removal of the Sacrum.  
 KEETLER, C. B., Esq. (London). Compression of the Abdominal Aorta by an Instrument passed through a Small Opening in the Anterior Wall of the Abdomen.  
 KELLER, Otto E., M.D. (London). Trephining in a Case of Actinomycosis of Brain.  
 LLOYD, Jordan, Esq. (Birmingham). Abdominal Section for Acute Intestinal Obstruction.  
 MARSH, F., F.R.C.S., will Exhibit a Patient after Madelung's Operation, with subsequent Excision of Rectum.  
 OTIS, F. N., M.D. (New York). A *Resumé* of the Experience of Seventeen Years in the Operation of Dilating Urethrotomy.  
 PARKER, Rushton, Esq. Cerebral Tumour removed Successfully.  
 PARSONS, J. Inglis, M.D. (London). On the Arrest of Growth in Cancer by a powerful interrupted Voltaic Current.  
 PEARSE, T. Frederick, Esq. (London). The Treatment of Empyema.  
 ROBSON, A. W. Mayo (Leeds). 1. Two Hundred Consecutive Cases of Abdominal Section, with remarks. 2. Successful Case of Cholecystenterostomy for Biliary Fistula. Patient shown.  
 SILK, J. F. W., M.D. (London). Ether as an Adjunct to Nitrous Oxide Anæsthesia in Minor Surgery; with some general remarks upon Ether Narcosis and the teaching of Anæsthetics.  
 SPICER, Scanes, M.D. Note on a Case of Progressive Induration of Cervical Glands Simulating Malignant Disease, but readily yielding to the Treatment of Chronic Post-Nasal Catarrh.  
 STOKES, Sir Wm. Thyrotomy in the Treatment of Laryngeal Cancer.  
 WHITE, J. William, M.D. (Philadelphia). The Relations of Subdiaphragmatic Abscess to the Thoracic Viscera, with Three Illustrative Cases.

#### Engineering Class Room, Mechanics' Institute.

C. OBSTETRIC MEDICINE AND GYNÆCOLOGY.—*President*, Charles J. Cullingworth, M.D. *Vice-Presidents*, James Braithwaite, M.D.; J. W. Byers, M.D. *Honorary Secretaries*, F. Hall, M.D., St. Mark's House, Leeds; Peter Horrocks, M.D., 9, St. Thomas's Street, S.E.  
 Dr. Braxton Hicks, F.R.S., will open a discussion on the treatment of Placenta Prævia. Drs. Robert Barnes, Murdoch Cameron,

Gervis, W. Goodell (Philadelphia, U.S.), Robert Harvey (Bengal), Aust Lawrence, Malins, Murphy, Playfair, Priestley, Macnaughton Jones, Robert Bell, William Walter, Wallace, and Messrs. Hall and Wright are expected to take part in the discussion.

Dr. Herman will open a discussion on Corporeal Endometritis, its Frequency, Diagnosis, and Treatment. Drs. Braithwaite, Byers, Murdoch Cameron, Halliday Croom, Duke, Elder, Gervis, Goodell (Philadelphia, U.S.), A. W. Johnstone (Danville, U.S.), Handfield Jones, Aust Lawrence, Playfair, Robert Bell, William Walter, Priestley, Wallace, Macnaughton Jones, Aveling, Graily Hewitt, and Messrs. Pridgin Teale and More Madden are expected to take part in the discussion.

The President of the Section will give a short introductory address on Some Minor Points in Antiseptic Midwifery.

The following further papers are announced:

- ARMSTRONG, J., M.B. The Use of Antiseptics in Midwifery.  
 BELL, R., M.D. On the Relation of Endometritis to Ovarian Disease, and will also show some instruments.  
 CAMERON, Murdoch, M.D. Cesarean Section, with Notes of a Second Successful Case.  
 CROOM, J. Halliday, M.D. 1. On the Shedding of the Decidual Membrane late in the Puerperium. 2. On Encysted Tubercular Peritonitis Simulating Ovarian Tumour.  
 CUTTIE, Ephraim, M.D. (New York). Eighteen Years of Work in the United States in the Treatment of Uterine Fibroids by Galvanism with Demonstration of Methods of Operating and some Statistics of Treatment of Uterine Fibroids by Food for the same length of time.  
 DUKE, Alexander, F.K.Q.C.P.I. 1. Additional Traction in Forceps Cases as an Alternative to Craniotomy. 2. New Plan of Plugging the Cervix Uteri in Metrorrhagia.  
 HANDFIELD-JONES, M., M.D. On Cardiac Insufficiency in its Relation to Abortion.  
 HART, D. Berry, M.D. (Edinburgh). On the Definition of the Terms used in relation to the Hemorrhage at the end of Pregnancy. He will also show specimens of Placenta Previa and Extrauterine Fœtation.  
 JOHNSTONE, A. W., M.D. (Danville, U.S.A.) The Mechanics of Puberty.  
 LAWRENCE, A. E. Aust, M.D. (Bristol). Notes on Cases of Concealed Post-partum Hemorrhage.  
 MADDEN, T. More, M.K.Q.C.P.I. On Some Points in the Treatment of Uterine Cancer.  
 NAINNE, J. Stuart, Esq. Some Practical Points in the Surgical Treatment of Cancer of the Uterus.  
 PLAYFAIR, W. S., M.D. An Estimate of the Value of Electricity in Gynecology.  
 ROBERTS, Arthur, M.D. (Keighley). Concealed or Ante-partum Hemorrhage.  
 SINCLAIR, W. J., M.D. (Manchester). 1. Vaginal Hysterectomy for Cancer with Notes of Ten Cases. 2. Oophorectomy in the Treatment of Certain Neuroses; with Cases.  
 WALTER, Wm., M.D. A Case of Total Extirpation of Uterus for Cancer.

#### Philosophical Hall.

D. PUBLIC MEDICINE.—*President*, Edward Ballard, M.D., F.R.C.P., F.R.S. *Vice-Presidents*, George Goldie, L.R.C.P. Edin.; Shirley F. Murphy, M.R.C.S. *Honorary Secretaries*, George Eastes, M.B., F.R.C.S., 35, Gloucester Place, Hyde Park, W.; Arthur Stopford Underhill, M.D., D.P.H., Great Bridge, Tipton, Staffs.

The following special subjects will be considered in this Section:

1. Medical Officers of Health: their Training, and the Conditions on which they should hold Office. The President of the Section will introduce this subject. Dr. John Brown (Bacup), Mr. D. E. Flinn (Kingstown), Mr. G. E. J. Greene (Ferns), Mr. J. Brindley James (London), and others have promised to read papers or take part in the discussion.

2. Disinfection and Isolation: with special reference to the Control of Epidemics. Dr. C. H. Allfrey (St. Mary Cray) will read a paper on The Management of Infectious Diseases in Hotels, as illustrated by an outbreak of Scarlatina at the Grand Hotel, Grasse. Dr. W. Squire will contribute a paper on Disinfection and Isolation as necessary to the Control of Epidemics. Dr. C. R. Drysdale (London), Dr. E. W. Hope, Dr. Joseph Loane (London), and Dr. P. Caldwell Smith (Motherwell), will take part in this discussion.

3. Town Refuse: its Treatment and Disposal. Excremental Matter: its Treatment and Disposal by other Methods than that of Sewers. Dr. E. Slade-King (Ilfracombe) will read a paper on Town Refuse: its Collection and Disposal in the Smaller Towns. Dr. M. Greenwood, jun., will read a paper on Dusting in our Large Towns, and will take part in the discussion on Town Refuse: its Treatment and Disposal. Dr. C. F. Moore (Dublin) will contribute Notes on the Disposal of Town Refuse and Excremental Matter, etc. Dr. D. E. Flinn (Kingstown), Dr. G. E. J. Greene (Ferns), Dr. P. Caldwell Smith (Motherwell), and others, will also read papers or take part in this discussion.

4. Diseases and Injuries caused by Special Occupations: with reference to their Prevention. Dr. T. Churton (Leeds), Dr. J. T. Arlidge, Dr. G. E. J. Greene (Ferns), and others will read papers or take part in the discussion.

5. Contamination of Drinking-water by Lead: its Causes and Prevention. Dr. Sinclair White (Sheffield) and Dr. T. B. Fairclough (Mirfield) will read papers on this subject. Dr. John Brown (Bacup) and Dr. T. Churton (Leeds) will take part in this discussion.

The following further papers are announced:

- ARLIDGE, J. T., M.D. (Newcastle-under-Lyme). 1. On the Sources of Lead-poisoning in the Arts and Manufactures. 2. On the Observation and recording of Diseases incidental to Occupation.  
 CHURTON, T., M.D. (Leeds). Results of Twelve Months' Systematic Inquiry into the Sanitary State of the Homes of Hospital In-patients.  
 FLINN, D. E., F.R.C.S.I. (Kingstown). On the Public Cleansing of Towns viewed in Relation to Public Health.  
 JAMES, J. Brindley, M.R.C.S. (London). (1) Town Refuse: its Treatment and Disposal. (2) A Cabinet Minister of Public Health.  
 KING, E. Slade, M.O.H. (Great Torrington). Town Refuse; its Collection and Disposal in the Smaller Towns.

#### Class Room 3, School of Science.

E. PSYCHOLOGY.—*President*, D. Hack Tuke, F.R.C.P., LL.D. *Vice-Presidents*, W. Bevan Lewis, L.R.C.P.; Ringrose Atkins, M.D. *Honorary Secretaries*, John Greig McDowall, M.D., Menston Asylum near Leeds; Robert Percy Smith, M.D., Bethlem Royal Hospital, S.E.

Presidential address, Dr. Hack Tuke, on The Past and Present Provision for Pauper Lunatics in Yorkshire, introducing for discussion the question, Ought the Future Provision for this Class to be on the Same Lines? Drs. Bevan Lewis and Yellowlees will take part in the discussion.

Dr. W. W. Ireland will open a discussion on the Double Brain, and the Discordant Action of the Two Hemispheres in Insanity. Drs. Bevan Lewis, Hughlings Jackson, Fletcher Beach, and T. Outterson Wood will take part in the discussion.

Dr. F. Warner, as Secretary of the Committee (appointed at the Glasgow meeting in 1888), will read their report, and introduce a discussion on the Draft Report of the Committee appointed to conduct an Investigation as to the Average Development and Condition of Brain Function among the Children in Primary Schools. Drs. Fletcher Beach, Savage, Ireland, H. Ashby, and Shuttleworth will join in the discussion on Dr. Warner's report.

The following papers are promised:

- BEACH, Fletcher, M.B. Some further facts respecting the Causation of Idiocy and Imbecility.  
 BATEMAN, F., M.D. On Hypnotism, with special reference to Certain Experiments at La Salpêtrière.  
 BULLEN, F. St. John, M.R.C.S. An Analysis of 1,565 Post-Mortem Examinations of the Brain performed at the Wakefield Asylum during a period of eleven years.  
 ROBERTSON, George, M.D. Melancholia from an Evolutionary and Physiological Point of View.  
 SAVAGE, G. H., M.D. Massage Treatment of Some Forms of Melancholia.  
 SHUTTLEWORTH, G. E., M.D. (1) A Contribution to the Etiology of Idiocy. (2) Remarks on a Series of Idiot Brains.  
 VOISIN, Professeur Aug. (of the Salpêtrière). On the Use of Hypnotic Suggestion as a means of Treatment in the Insane, and the Results he has obtained by this Method.  
 WIGLESWORTH, J., M.D. Note on Optic Nerve Atrophy Preceding the Mental Symptoms of General Paralysis.

#### Physics Lecture Room No. 11, School of Science.

F. PATHOLOGY AND PHYSIOLOGY.—*President*, Joseph Coats, M.D. *Vice-Presidents*, Thomas Churton, M.D.; De Burgh Birch, M.D. *Honorary Secretaries*, Ernest Henry Jacob, M.D., 12, Park Street, Leeds; T. Wardrop Griffith, M.D., 23, Park Square, Leeds.

A discussion on the subject of Fever will be opened by Dr. T. J. MacLagan. Dr. Gairdner, Dr. Dreschfeld, Dr. Handford, Dr. Broadbent, and Dr. Sims Woodhead will take part in the discussion.

The following further papers are announced:

- BIRCH, De B., M.D. On the Nature of some Pressure Phosphenes.  
 COPEMAN, S. A. M., M.A. The Detection of Human Blood.  
 CROOKE, G. F., M.D. The Histology of Bright's Disease.  
 DRUMMOND, D., M.D. The Pathology of Acute Lead Poisoning.  
 HANDFORD, H., M.D. Visceral Changes in Enteric Fever.  
 HAYCRAFT, J. B., M.D. (Title not received.)  
 MOTT, F. W., M.D. The Pathology of Cardiac Failure.  
 POPE, F.M., M.D. Case of Thrombosis of Vertebral Artery: Pressure on Glossopharyngeal Nerve: Unilateral Loss of Taste.  
 WILLIAMS, Roger, Esq. The Neoplastic Process from an Evolutional Standpoint.  
 WOODHEAD, G. Sims, M.D.

The Pathological Museum will be held in the Chemical Laboratory of the Leeds School of Science (Mechanics Institute). Dr. Beaven Rake will show a series of preparations illustrative of the various lesions of Leprosy.

#### Class Room 5, School of Science.

G. OPHTHALMOLOGY.—*President*, George Anderson Critchett, F.R.C.S. Edin. *Vice-Presidents*, John Albert Nunneley, M.B.; George

A. Berry, M.B. *Honorary Secretaries*, Gustavus Hartridge, F.R.C.S., 65, Green Street, Grosvenor Square, W.; R. N. Hartley, M.B., 29, Blenheim Terrace, Leeds.

Mr. Jonathan Hutchinson will open a discussion on the Treatment of Glaucoma. Messrs. Couper, Frost, Evan Jones, Green, Griffith, Hutchinson, Little, Mackinlay, Macnaughton Jones, Prichard, Scougal, Symptom, Tweedy, Cant, Nunneley, Williams, and Lloyd Owen have promised to take part in the discussion.

The following further papers are announced:

- BENSON, A. H., M.B. Pulsating Tumour of Orbit cured by Digital Pressure.  
 BERRY, G. A., M.B. Some Points in Connection with Cataract Extraction.  
 BICKERTON, T. H., M.R.C.S. Criticism of the various Tests for Colour-Blindness, with special reference to the Board of Trade Tests, and further examples of Defective Eyesight occurring in Sailors.  
 BRONNER, Adolf, M.D., will show a Hook for Removing Remains of Lens Capsule.  
 CANT, W. J., M.R.C.S. A Case of Paralysis of the Right External Rectus Muscle after Injury to the Left Temple (*contre coup*?).  
 COLLINS, W. J., M.D. The Composition of the Human Lens in Health and in Cataract, and its Bearing upon Operations for the latter.  
 CROSS, F. Richardson, M.R.C.S. Muscular Advancement.  
 EMERY-JONES, A., M.D. The Value of Galvano-Cautery in the Treatment of Conical Cornea (6 cases).  
 FORD, Vernon, M.R.C.S. The Value of Peritomy in Ulcers of the Cornea, etc.  
 FROST, W. Adams, F.R.C.S., will show a series of Ophthalmoscopic Drawings thrown on a Screen.  
 GROSSMANN, K., M.D. 1. Note on Test for Colour Blindness. 2. Blepharorrhoea Neonatorum.  
 HARTLEY, R. N., M.B., will show 1. Modification of Sichel's Knife for Cataract Operations. 2. Cases of Soft Cataract treated by Suction. 3. Cases of Hard Cataract extracted without Iridectomy.  
 HARTTRIDGE, G., F.R.C.S. Case of Pulsating Exophthalmos Cured Spontaneously by Suppuration of Contents of Orbit.  
 HERN, John, M.D. Scleritis from Dental Irritation.  
 HEWETSON, H. B., M.R.C.S. 1. Series of Cataract Operations without Iridectomy. 2. Series of cases of Interstitial Keratitis treated by Syntectomy.  
 JOHNSON, G. L., F.R.C.S. Observations on the Therapeutical Action of the Violet and Ultra-violet Rays of Light on Vision.  
 MONEY, Angel, M.D. Sudden Transient Ocular Phenomena in Children.  
 MILES, P. H., M.D. Peripheral Neuritis of the Ophthalmic Division of the Fifth Nerve, and its Clinical Bearings.  
 SISSON, W. G. Tumours of Optic Nerve.  
 SNELL, Simeon, M.R.C.S. Extraction of Cataract without Iridectomy.  
 TEALE, T. Pridgin, M.B., F.R.S. Description of the Operation he employs for Extraction of Cataract without Iridectomy.  
 THOMPSON, J. T., M.B. 1. A Note on a case of Superficial Keratitis induced by Aniline Violet. 2. Necrosis of Cornea from Contact with Crude Creasote.

#### Class Room 1, School of Science.

II. DISEASES OF CHILDREN.—*President*, Thomas Scattergood, M.R.C.S. *Vice-Presidents*, Richard Favell, M.R.C.S.; A. H. Carter, M.D. *Honorary Secretaries*, Walter Henry Brown, F.R.C.S.I., 19, Queen Street, Leeds; Angel Money, M.D., F.R.C.P., 24, Harley Street, Cavendish Square, W.

A discussion on the following subject will take place: The paralysis of the first two years of life. What is the relative frequency of paralysis from brain, cord, and nerve disease? What is the nature of the changes in the centres and nerves? This will probably be opened by Dr. Henry Ashby. Papers will be read on the various forms of infantile paralysis: spastic paraplegia, congenital chorea, infantile palsy, and diphtheritic paralysis.

*Surgical Portion*.—Subject for discussion: The Surgical Treatment of the Various Congenital Malformations. Mr. Walsham and Mr. Morgan will take part in the discussion.

The following further papers are announced:

- ASHBY, Henry, M.D. A case of Softening of an Infant's Brain due to Vascular Obstruction. Also a case of Acute Polio-myelitis; death six weeks after the Acute Attack. The specimens will be shown.  
 BALLANTYNE, J. W., M.B., F.R.C.S. Ed. Sclerema and Oedema of the Newborn Infant.  
 BARRS, A. G., M.D., will show some Cases illustrative of Palsy in Infants.  
 BROWN, John, M.B. (Bacup). Unsuspected Lead-poisoning in Children.  
 BURY, Judson S., M.D. On a Case of Microcephalus with Spastic Paralysis, and will show a Specimen.  
 CHURCHILL, F. M.D. Hare-lip Operations.  
 CHURTON, T. M.D. Meningitis following Slight Injuries to the Head.  
 CURRIE, J. H., F.R.C.S. Congenital Malformations.  
 MORGAN, W. M.D. Cases of Infantile Palsy, Spastic Paraplegia, and Diphtheritic Paralysis in Children.  
 SYMPSON, Mansel, M.B. (1) A Case of Cerebral Birth Palsy with Epileptoid Convulsions. (2) A Case of Infantile Cerebral Palsy, with comments.  
 WALSHAM, W. J., F.R.C.S. Ectopia Vesicæ.  
 WARNER, P. M.D. Coincidental Defects in Children in Association with Mental Dullness, Nerve Defects, and Low Nutrition.

#### Class Room 2, School of Science.

I. LARYNGOLOGY.—*President*, Henry T. Butlin, F.R.C.S. *Vice-Presidents*, Francis de Havilland Hall, M.D.; Richard A. Hayes, M.D. *Honorary Secretaries*, Greville Macdonald, M.D., 47, Queen

Anne Street, Cavendish Square, W.; Barclay J. Baron, M.D., 16, Whiteladies Road, Bristol.

The following subjects are proposed for special discussion:

1. Tonsillitis: its Varieties and Association with Rheumatism.
2. Perichondritis of the Larynx: its Etiology, Pathology, Symptoms, and Treatment.

Dr. R. Hingston Fox and Dr. Barclay J. Baron will take part in the discussions.

The following gentlemen have promised papers on these subjects: Dr. C. W. Haig-Brown, Dr. P. McBride, Dr. G. Macdonald, Dr. David Newman, Dr. Scanes Spicer, and Mr. Lennox Browne; and the following will take part in the discussions: Dr. Dundas Grant, Dr. Hodgkinson, Mr. T. Mark Hovell, Dr. C. J. Lewis, Dr. S. Moritz, Dr. G. Hunter Mackenzie, Dr. Scanes Spicer, Mr. G. Eland Stewart, Dr. Archibald Garrod, Dr. Warden, Dr. A. Mantle, and Dr. de Havilland Hall.

The following further papers are announced:

- BARON, Barclay J., M.B. A Case of Bilateral Paralysis of Abductors of the Vocal Cords.  
 HAILES, W. J., M.D. (Albany, N. Y.). Intubation of the Larynx: 60 Cases; 20 Recoveries, with Instruments.  
 LAWRENCE, L. H., F.R.C.S. Granular Pharyngitis.  
 MACDONALD, Greville, M.D. Empyema of the Maxillary Sinus, with an analysis of twelve cases.  
 MACKENZIE, G. Hunter, M.D. Cases of Infraglottic Laryngeal Disease: (1) a Web removed by Laryngotomy; (2) a Growth a Sequel of Acute Laryngitis; (3) Intubation of the Larynx.  
 MORITZ, S., M.D. A Case of Acute Rheumatic Bilateral Paralysis of the Abductors of the Vocal Cords.  
 MURPHY, James, M.D. A Retractor for Use in Tracheotomy.  
 NEWMAN, David, M.D. A Case of Laryngeal Carcinoma complicated by Chronic Pulmonary Tuberculosis, with remarks respecting the rare coincidence of these diseases.  
 ROBERTSON, W., M.D. Two Cases of Rhinoscleroma. (With Exhibition of Patients.)  
 SPICER, R. H. Scanes, M.D. Throat and Nose Affections in Children as Causes of Functional Nervous Disorders.  
 STEWART, G. Eland, M.R.C.S. Tonsillitis as a Cause of Abscess in the Neck.  
 STOKER, George, M.K.Q.C.P.I. Laryngitis and Rhinitis in Diabetes.  
 ZWAARDEMAKER, H. M.D. (Utrecht). New Olfactometers for estimating Degree of Loss of Smell (shown and described for the author by Dr. Scanes Spicer).

#### Elementary Division, Mechanics' Institute.

J. OTOLOGY.—*President*, George P. Field, M.R.C.S. *Vice-Presidents*, Frederick Morrish Pierce, M.D.; Henry Bendelack Hewetson, M.R.C.S. *Honorary Secretaries*, Adolf Bronner, M.D., 33, Manor Row, Bradford; G. William Hill, M.B., 24, Wimpole St., W.

The following subjects are proposed for formal discussion:

1. The Causes, Varieties, and Treatment of Osseous Growths of the Ear.
2. The Influence of Diseases of the Nose and Pharynx on Affections of the Middle Ear.
3. The Diagnosis, with special reference to Localisation, of Intracranial Lesions the result of Aural Disease.

The first of these discussions will be opened by the President, Mr. G. P. Field, the second by the Vice-Presidents, Dr. F. M. Pierce and Mr. H. B. Hewetson, and the third by Mr. Cumberbatch and Dr. William Macewen, of Glasgow; Dr. Hughlings Jackson, Dr. Broadbent, Professor Ferrier, and Professor Horsley will probably speak on the latter subject.

The following otologists have also intimated their intention of joining in one or more of the discussions: Clarence J. Blake, M.D. (Boston, U.S.A.), Professor Urban Pritchard, M.D. (London), H. Macnaughton Jones, M.D. (London), J. Dundas Grant, M.D. (London), W. R. H. Stewart, F.R.C.S. Ed. (London), Donald Stewart, M.D. (Nottingham), Dr. Charles Warden (Birmingham), Mr. Lennox Browne, G. J. Mackesy, M.B., W. L. Mackesy, M.B., J. Erskine, M.B. (Glasgow), and Mr. Richard Williams.

Dr. Ward Cousins will give a demonstration on the Value of Antiseptic Artificial Drumheads in Chronic Middle-Ear Disease and Perforation, on Thursday, August 15th, at 2.30 p.m.

The following further papers are announced:

- BARR, Thomas, M.D. (Glasgow). On Non-operative Treatment of Aural Exostoses; and will show Sections of Temporal Bones from Cases of Intracranial Disease illustrative of the various directions by which Disease of the Middle Ear may extend to the Interior of the Cranium.  
 BRONNER, Adolf, M.D. (Bradford). Notes on the Use of Menthol in the Local Treatment of Diseases of the Middle Ear; and will show (1) a Catheter for the Injection of Fluids, and (2) a Capsule for the Introduction of Vapours into the Middle Ear.  
 COUSINS, J. Ward, M.D. (Portsmouth). On a New Antiseptic Ear Drum. (Specimen shown.)  
 DALBY, Sir Wm, M.B. (London) and SHEILD, Marmaduke, M.B. (London). On Treatment of Aural Exostoses.  
 DAVIS, Henry, M.R.C.S. (London). On the question of Anæsthetics in Operations for Adenoid Growths of the Naso-Pharynx.

- ELLIS, Richard, F.R.C.S.Ed. (Newcastle). On an Osseous Growth of the Auditory Meatus simulating a Foreign Body and Causing Deafness. (Removal with restoration of hearing. Specimen.)
- GUXE, Professor (Amsterdam). On Aprosexia, being the inability to fix the attention, and other allied troubles in the cerebral functions caused by nasal disorders.
- HARTLEY, R. N., M.B. (Leeds). Abscess of Right Temporo-Sphenoidal Lobe following Old Middle Ear Disease. (Trephined and drained: Recovery: Patient shown.)
- HILL, William, M.B. (London). On some Causes of Backwardness and Stupidity in Children; and will show Intranasal Guards for the safer application of Chromic Acid to the Nasal Cavities.
- LEE, Charles G., M.R.C.S. (Liverpool). A case of Cerebral Tumour complicated with Symptoms of Acute Otitis.
- LEES, David B., M.D. (London). On the Connection between Aural Disease and Meningitis in Children.
- MATHESON, Farquhar, M.B. (London). On Some Subject connected with Deaf-Mutism.
- NUNNELEY, John A., M.B. (Leeds).
- POLITZER, Professor, M.D. (Vienna) (per Mr. G. Stone, Liverpool). On Osseous Growth of the Ear. (With specimens.)
- STONE, George, L.R.C.P. & S.Ed. (Liverpool). A Case of Severe Unilateral Tinnitus due to Stricture of the Eustachian Tube cured by Persistent Bougieing.

*Class Room 10, School of Science.*

K. PHARMACOLOGY AND THERAPEUTICS.—*President*, Sir William Roberts, M.D., F.R.S. *Vice-Presidents*, T. Cranstoun Charles, M.D.; I. Burney Yeo, M.D. *Honorary Secretaries*, John B. Hellier, M.D., 1, De Grey Terrace, Leeds; Dawson Williams, M.D., 25, Old Burlington Street, W.

The proceedings of the Section will be opened at 10 A.M. on Wednesday, August 14th, by an address by the President on Certain Practical Points in the Use of Antacid Remedies in Dyspepsia and Gravel.

At 10.30 A.M. a discussion on Hypnotics and Analgesics, with special reference to remedies recently introduced, namely, Paraldehyde, Hypnone, Amylene Hydrate, Methylal, Sulphonal, will be opened by Dr. D. J. Leech, Professor of Therapeutics in the Victoria University, Manchester. Dr. Charteris, Professor of Therapeutics in the University of Glasgow, Sir J. Crichton Browne, Dr. W. H. Broadbent, Dr. Frederick Needham (Gloucester), Dr. Macnaughton Jones, Dr. T. Cranstoun Charles, and Dr. John Gordon (Aberdeen) have signified their intention of taking part in the discussion.

At 10 A.M. on Thursday, August 15th, a discussion on Foods for Invalids and Infants will be introduced by Dr. Burney Yeo; and Dr. Sidney Martin, Dr. E. D. Mapother, Dr. T. Cranstoun Charles, Mr. R. W. Parker, and Dr. S. McBean (Newcastle) will take part in the discussion.

The following papers have been promised:

- CHARLES, T. Cranstoun, M.D. (London). 1. The Hot-air Treatment of Pulmonary Consumption. 2. Some Cases of Diabetes. 3. Notes on the Use of Paraguay Tea. 4. On Ichthyol.
- CHARTERIS, Professor M., and MACLENNAN, W., M.B. Experimental Research on the General Comparative Action of the Natural and Artificial Salicylic Acids and their Salts of Sodium.
- CHURTON, T., M.D. The Treatment of Pemphigus.
- CROCKER, H. Radcliffe, M.D. On Anthrarobin in the Treatment of Skin Diseases.
- GORDON, John, M.D. (Aberdeen). On the Pharmacology of Urethane.
- GREENE, G. E. J. (Wexford). Lechnis Flascuulli in Renal and Vesical Affections.
- HAGG, A., M.A., M.D. The Influence of Opium and Morphine on Uric Acid considered with reference to the Action in Health and Disease.
- ILLINGWORTH, C. R., M.D. (Accrington). The Therapeutics of the Biniodide of Mercury.
- MILLER, A. C., M.D. (Fort William). The Mountain Cure of Phthisis, with special reference to its adoption on Ben Nevis.
- MURRAY, W., M.D. (Newcastle-on-Tyne). On the Removal of Renal Calculi by Toxic Doses of Belladonna.
- PEARSE, T. F., M.R.C.P., M.R.C.S. On the Use and Abuse of Soap.
- SOLLY, Samuel E., M.R.C.S., L.S.A. (Colorado Springs). On the Climate of Colorado.
- WOODS, Hugh, M.D. (Highgate). The Oxydides of Calcium and Bismuth.

*Honorary Local Secretaries*, Charles J. Wright, M.R.C.S., Lynton Villa, Virginia Road, Leeds; Charles M. Chadwick, M.D., 3, Park Square, Leeds; G. Herbert Rowe, M.R.C.S., Hillary Place, Leeds.

*Honorary Local Treasurer*, William Hall, M.R.C.S., Moorham, Headingley.

ANNUAL MUSEUM.

IN connection with the fifty-seventh annual meeting of the British Medical Association, the Museum and Exhibition will be held in the Mechanics' Institute, in which the Sectional meetings are held, and grounds of the Leeds School of Science. The Museum will be arranged in the following Sections:

SECTION A.—Foods and Drugs, including Antiseptic Dressings and other Chemical and Pharmaceutical Preparations. (Honorary Secretaries, Dr. J. Hellier, 1, De Grey Terrace, Leeds; Mr. C. V. Newstead, 40, Headingley Lane, Leeds.) In the Albert Hall.

SECTION B.—Pathology, comprising Casts, Models, Diagrams, Apparatus, Microscopical and Spirit Preparations, etc. (Honorary Secretaries, Dr. J. Dobson, 27, Burley Lawn, Leeds; Dr. E. H. Jacob, 12, Park Street, Leeds.) In the Chemical Laboratory.

SECTION C.—Anatomy and Physiology, comprising Special Dissections, Methods of Preparation, Drawings, Models, Microscopes, Microtomes, and Microscopic Preparations. (Honorary Secretaries—Physiology, Dr. De Burgh Birch, 16, De Grey Terrace, Leeds; Anatomy, Dr. T. Wardrop Griffith, 23, Park Square, Leeds.) In the Chemical Laboratory.

SECTION D.—Instruments and Books, including Appliances, Medical, Surgical, and Electrical. (Honorary Secretaries—Instruments, Mr. W. H. Brown, 19, Queen Street, Leeds; Books, Mr. F. H. Mayo, 49, Otley Road, Leeds.) In the Albert Hall.

SECTION E.—Sanitary and Ambulance Appliances. (Honorary Secretaries—Sanitary, Mr. J. S. Loe, Grafton Street, Leeds; Ambulance, Mr. R. N. Hartley, Blenheim Terrace, Leeds.) In the basement of the Boys' School.

In consequence of the great and increasing cost of these exhibitions, charges will be made to exhibitors (other than members of the medical profession), according to the space occupied.

*Regulations Regarding Exhibits.*

1. Intending exhibitors must communicate with the Secretaries of each Section in which they propose to exhibit, and a brief description of each exhibit, for insertion in the Museum Catalogue, must be in the hands of the respective Secretaries before July 8th.

2. All exhibits should be addressed to the "Secretary of the Museum, British Medical Association, Mechanics' Institute, Cookridge Street, Leeds," with the name of the Section for which they are intended.

3. Communications on general matters connected with the Museum to be addressed to the Museum Secretary, Dr. Jacob, 12, Park Street, Leeds.

All communications respecting advertisements in the Catalogue must be made to Messrs. Goodall and Suddick, Cookridge Street, Leeds.

PROPOSED EXCURSIONS.

1. *The Scarborough Excursion*.—Trains will leave the North Eastern Railway Station (New) at 9.5 A.M. on Saturday morning, August 17th, arriving at Scarborough at 11.15. At 12.45 P.M. a luncheon will be given by the profession of Scarborough to 100 members of the Association (by invitation). In the afternoon excursions by sea and land will be arranged, steam yachts will be placed at the disposal of the visitors, and short excursions will be organised by carriage. A garden party will be given by Mr. J. W. Woodall, in honour of the visit of the Association, at St. Nicholas Cliff. In the evening the grounds of the Cliff Bridge Company will be thrown open to the members, and especially illuminated: here a reception will be held in the Grand Hall by his worship the Mayor, official chairman of the Company, and the Committee. On Sunday a special service will be held in the parish church (St. Mary's), preacher the Venerable Archdeacon Blunt, D.D., Chaplain to the Queen. In the afternoon a concert of sacred music will be given in the Spa Grounds (3 to 4.30), and, later, Mr. Alderson Smith will be "at home" at Wheatcroft Cliff, to receive members of the Association and their wives; by his kindness, also, it is hoped that a deep sea trawling expedition will be arranged for Monday morning. A fee of one guinea will be charged, which will include all the expenses of the excursion. Gentlemen may be accompanied by ladies on the same terms, namely: saloon fare from Leeds to Scarborough, hotel accommodation at two of the best hotels from mid-day on Saturday, August 17th, till mid-day on Monday, August 19th (with the exception of wine). The Cliff Bridge Company will admit members free to their grounds on the three days, August 17th, 18th, and 19th. All excursions and other entertainments are open to all members and ladies accompanying them on production of their tickets. The luncheon to be given on Saturday will be by invitation only, as it is not possible to secure a room for an unlimited number. Any further particulars with regard to the Scarborough Excursion can be obtained on application to Charles F. Hutchinson, M.D., Honorary Secretary, May Lodge, Scarborough.

2. *The Ilkley and Bolton Abbey Excursion*, given by the Profession in Bradford and Ilkley.—The route of this excursion runs from Leeds in a north-westerly direction, leaving the Midland Station at 9.35 A.M.; it passes by way of Armley,



Kirkstall (with a view of the old abbey of that name), and continues along the Airedale Valley to Apperley Bridge.

After passing Kirkstall forge, the vale opens out, showing Calverley to the south and on the north, giving a fine view of the slope of the hill from Rawdon, on which, as prominent objects, stand the Rawdon Convalescent Home (founded, for poor patients, by the late Sir H. W. Ripley, Bart.) and the Rawdon Baptist College. These and the numerous villa residences of Leeds and Bradford merchants, embowered in trees, form a pleasant and striking landscape. Passing Apperley Bridge, the line curves temporarily towards the north, up a steep incline, affording a glimpse of the upper portion of the Airedale Valley, with Shipley and Bradford in the distance; it then enters a wooded and tunnelled portion, curving back to the west and reaching Guiseley; here, and at Ilkley, the members of the excursion will be joined by their entertainers, and the train will proceed along the south side of the Wharfedale Valley, towards Ilkley.

Just before the valley opens there lies, on the south side of the line, the New Menston Lunatic Asylum, to which the Psychological Section intends to pay a visit. Beyond this the line divides, one branch turning to the east to Otley, the other pursuing its course to Ilkley and Bolton. In the angle made by this division lies the burial place of the late Right Hon. W. E. Forster. The spot affords a view of the extent of Wharfedale, which, following the course of the river Wharfe from Bolton on the west, runs to where the North Eastern line, on its way to Harrogate, crosses the valley at Arthington, on the east. The dale is one of the most beautiful in Yorkshire, offering at certain points almost unique views, as that at Otley Chevin, Ormscliffe Cragg and the Cow and Calf. The town of Otley lies at the east end, on the north side of the valley, opposite the Chevin; the village of Burley lies embedded in foliage in the middle of the dale, while Ben Rhydding and Ilkley lie on the cliff or south side of the dale, at the edge of Rumbold's Moor.

The train, proceeding, passes the Burley Station, and at this point on the rising ground of the north of the dale may be seen Denton Hall and Park, formerly the residence of the famous Fairfax, now the seat of Mr. Wyville, J.P.; and, further west, Myddleton Lodge, the home of the Middletons, one of the oldest Yorkshire county families. The ground now rises precipitously to the south, and the first object which strikes the eye is the splendidly situated hydropathic establishment of Ben Rhydding. Further to the west of it are seen the massive rocks called the Cow and Calf, and the Ilkley district opens out, extending almost from the edge of the moor for a mile or more down a gentle slope to the river Wharfe. As the train moves past Ilkley, a good general view will be obtained of its spa establishments and villa residences. The train goes on past the village of Addingham (with Beamsley Beacon behind) till it reaches Bolton Bridge at 10.49; at this station waggonettes will be in readiness to take the party to the Priory and Bolton Woods. Most people have seen the beautiful print of "Bolton Abbey in the Olden Time." The remains of the Priory are charmingly situated, and form a grand adjunct to the restored church. To strangers the history of the structure will be freely afforded by some of the gentlemen accompanying the party. From the Priory the party will be conveyed to Bolton Woods and the Strid in the waggonettes.

The woods and stream will afford their own beautiful commentary; and the romantic story of the "boy of Egremont" checked in his spring across the "Strid" by the leashed hound, and drowned in the torrent; the despair of the mother, "Alice de Romille," and her subsequent founding of the Priory, can all be told on the spot. Time will not afford more than a distant view of "Barden Tower," the home of the Cliffords, and walk through the woods, nor can a visit to the Valley of Desolation, with its waterfall, be risked; but these will scarcely be missed amid the surrounding beauties. The waggonettes will return from the Strid about 12.45 to the Devonshire Hotel, where, if the day be propitious, lunch will be served on the lawn at 1.30 P.M.

The train will leave Bolton Abbey Station at 2.47 P.M. on its return to Ilkley; and here the rest of the day, till dinner-time, will be spent visiting the points of interest in its immediate precincts. Ilkley and its neighbouring "Rumbold's Moor" have their aboriginal and Roman history, with their "Cairns," "Barrows," Roman stations and roads. Monumental relics have been found abundantly, and one is to be seen at the back of the Rose and Crown Inn, and three ancient crosses in Ilkley Churchyard. The old Parish Church will repay a visit. All that the antiquarian will require to indicate the ancient history of Ilkley may be ob-

tained from "Lund's 6d. Guide." Modern Ilkley, as a spa and health resort, as well as Ben Rhydding (which was the first of the large hydropathic establishments in the neighbourhood), owes its celebrity not to any medicinal virtue in its water but to the wonderful purity and abundant supply of that water, and to the charming situation of the place. There is a valuable chalybeate spring at the side of the moor at Heber's Gill, past the Semon Convalescent Home, but this is quite apart from the main "Ilkley Water." This Ilkley water seems specially adapted for drinking and for all such purposes as are comprised under the head of "Hydropathy;" hence the abundance of these establishments. All, or a choice number, of these may be visited; from the original "Old White Wells," which everyone will observe high up on the hill side, through the grand structure of Ben Rhydding (Medical Officer, Dr. Johnstone); the palatial Ilkley Wells (Medical Officer, Dr. Scott); the well-known "Craiglands" (Medical Officer, Dr. H. Dobson); the Elizabethan structure, "Troutbeck;" the "Spa" establishment in the Grove, to Rockwood House, Marlborough House, and Stoney Lea. Besides these there is above the Grove, on the slope of the hill, the Ilkley Hospital (Medical Officer, Dr. Johnstone), established in 1829 as the Ilkley Bath Charitable Institution. This institution has from 700 to 800 patients passing through it in a year; these are recommended by subscribers; and it can be said with truth that the simple treatment and capital Ilkley air materially reinvigorates many of them. Another admirable institution, founded by the late Mr. Charles Semon, of Bradford, and bequeathed by him to the town of Bradford, is the Semon Convalescent Home, situated quite on the edge of the moor, south-west above Ilkley, and intended for the convalescent and weakly of the working class, clerks, and warehousemen; the whole charge for board and lodging is 12s. 6d. a week, the extra cost being furnished by the fund left by Mr. C. Semon. The people can wander on the moor at will, and convalescents are carried up from the railway by omnibus. The Home is open to others beside the inhabitants of Bradford. There are a number of hotels at Ilkley, the principal of which are the Middleton, the Crescent, etc.; but the hydropathic establishments also accommodate visitors even for a few days. Between the return arrival of the train at Ilkley and the hour at which the party will dine (5.30 P.M.), beside the places enumerated and the general exploration of Ilkley, if the day is fine, a walk to the "Cow and Calf" (on the way to Ben Rhydding) will yield a magnificent view from those rocks. Also  $1\frac{1}{2}$  mile from the station south-south-west, another splendid view is obtained from the "Panorama Rocks." Again, the walk to Myddleton Moor,  $1\frac{1}{2}$  mile north over the Ilkley bridge, will afford many interesting views. To any of the party who may prolong their stay over the excursion, the points of interest in the locality are many and varied, as Skipton town and castle, Keighley and Howarth (home of Charlotte Brontë, 14 miles), Denton Park, Otley and the Chevin, Farnley Hall ( $2\frac{1}{2}$  miles from Otley, full of interesting historical records), Burley, Harewood House, Harrogate, Ripon, and Fountains Abbey, etc. After dinner, time sufficient will be afforded for a leisurely stroll to the Ilkley station, from which the train will start on its return journey promptly at 8.35 P.M. for Leeds and Bradford.

3. *York, Helmsley, Rievaulx Abbey.*—The party will leave the North Eastern Railway Station (New) at 9.5 A.M., reaching York at 9.45, where they will be met by the representatives of the profession of York, who have hospitably undertaken to entertain the party, and to show them the various objects of interest. The party will first visit the gardens of the Yorkshire Philosophical Society, kindly thrown open to them by the courtesy of the Honorary Secretary, Mr. Noble, and the Council of the Society. The visit will be supervised by Canon Raine. Amongst the objects of interest are the ruins of St. Mary's Abbey, a portion of the old Roman walls, and a large collection of Roman and other antiquities in the museum and hospitium of the abbey. Afterwards the party will proceed to the Palace of the Stuart Kings, in which is located the Wilberforce School for the Blind. Mr. Buckle, the superintendent of the school, has courteously undertaken to point out the features of interest connected with this historical building. Leaving the Stuart Palace, our visitors will proceed, by way of Boolham Bar, to the Minster, where Canon Raine, in the unavoidable and regretted absence of the Dean of York, will again kindly undertake the duties of cicerone. After viewing the Minster, it is proposed to pay a visit to the Mansion House and Guildhall, where the members and their friends will be received by the Lord Mayor. The ancient plate preserved in the Mansion House and the Guildhall, which is one of the finest Gothic halls in

existence, will, it is believed, be inspected with much interest. Luncheon, by invitation of the profession in York, will be served at the Station Hotel, at 1 o'clock, after which the party will be conveyed by special train to Helmsley. Here carriages will convey them to Rievaulx Terrace, whence, having seen the beautiful view, they will proceed to the Abbey, driving through Duncombe Park to the Home Terrace, and thence by the ruins of Helmsley Castle to the Black Swan for dinner. The train will leave Helmsley for York in time to catch the night mail from York, and the 9.35 for Leeds.

4. *The Harrogate Excursion.*—The party will proceed by special train from the North Eastern Railway Station (New) about 9 A.M. to Pannal, where they will be met by four-horse drags. The beautiful grounds and rocks of Plumpton, will then be visited, where light refreshment will be provided; afterwards the party will drive to Knaresborough Castle, the Dripping Well, and the caves memorable as connected with Eugene Aram. Thence by Scriven and Ripley Castle to Harrogate. Here the members of the profession in Harrogate will entertain the party at lunch in the New Bath Hospital about 3 P.M., afterwards carriages will be provided, so that places of interest may be visited. Various other entertainments will be organised, and in the evening the houses of the various medical men will be thrown open to visitors, and members can return to Leeds either by the special train, or by one of the numerous trains leaving Harrogate for Leeds in time to catch the night mails. It is hoped that many will arrange to stay in Harrogate over the Sunday.

5. *The Brimham Rocks, Fountain Abbey, Studley Royal, and Ripon Excursion.*—Special train will leave the North Eastern Station (New) about 9 A.M. for Pateley Bridge, where carriages will meet the party to convey it by Raven's Gill and Guy's Cliff to Castlestead, where the party will be entertained at luncheon by Mr. George Metcalfe. After luncheon the party will proceed by the fantastic rocks of Brimham over the moors to Fountains Abbey and Studley Royal, the grounds being specially laid open and tea provided by the Marquis of Ripon. Having viewed this, the finest of the Cistercian abbeys, the party will proceed to Ripon, where, having seen the cathedral, they will be received and entertained at the Palace by the Bishop of Ripon and Mrs. Boyd-Carpenter. The train will leave Ripon for Leeds at 8.15 P.M., reaching Leeds about 9.30 P.M.

6. *The Washburn Valley and Farnley Excursion.*—The object of this excursion is to show the waterworks in connection with Leeds, the beautiful scenery of the Mid-Warfe and Washburn Valleys, and the unique collection of Turner paintings at Farnley Hall. The whole journey will be by carriage. The party will first be conducted to Adel Church, when the Rector will show this most perfect specimen of Norman architecture; thence past Cresseld by Arthington and Pool Bridge, through the picturesque village of Leathley, with its old church and village stocks, through Lindley Wood to the Reservoir, where Messrs. Greenwood and Batley will show some interesting torpedo experiments. The party will then proceed over Norwood Edge, whence a splendid view of the whole valley can be obtained by Swinsty Reservoir to Fewston (the Sinking Village). Here lunch will be provided by the Chairman of the Leeds Waterworks Committee, Mr. Alderman Woodhouse. The party will then drive by Snowdon Moors to Farnley Hall, the seat of Mr. Ayscough Fawkes, who has kindly consented to exhibit his unrivalled collection of paintings by J. M. W. Turner, as well as his Cromwellian relics. Thence to Otley, where dinner will be served at the White Horse Hotel, the party reaching Leeds in time for the night mails.

7. *Malham Cove, Gordale Scar, and Settle.*—The object of this excursion is to show the remarkable scenery produced by the Great Craven Fault in the Mountain Limestone, one of the grandest examples in England. A special train will leave the Midland station about 9 A.M., reaching Bell Busk about 10.20 A.M. Here carriages will be waiting to convey the party by Calton Hall, the birthplace of General Lambert, and Kirkby Malham, with its interesting church and registers, to Gordale Scar, described by Wordsworth as "one of the grandest objects in Nature." The party, having been refreshed at a farmhouse, will divide into two, the more adventurous going over the cliffs to Malham Cove, where they will meet the party who have driven round. Having viewed this magnificent amphitheatre of rocks, the party will return to Kirkby Malham, and will here again divide. The lighter carriages, with those who prefer a walk with an ascent of 700 feet, will go over Highside, where a magnificent view of both Airedale and

Ribblesdale can be obtained; thence by Scaleber Force to the Ashfield Hotel at Settle, where, being joined by the other party, who have driven round by Otterburn and Long Preston, dinner will be served. After dinner they will drive up Ribblesdale to Great Stainforth Force, returning by Giggleswick, where may be seen the ebbing and flowing well, and the Royal Victoria Cave Remains in the museum at the school. They will then return by Settle to Leeds, which will be reached about 9 P.M.

#### RAILWAY TICKETS.

Members of the Association, on application at the booking office at Leeds, and on production of their cards of membership, can have issued to them return tickets at single fares, available from Leeds to any station within a radius of fifty miles. The same facilities will be afforded to ladies accompanying members if they require to do so. Periodical tickets (first class) to Harrogate or Ilkley, available for seven days, will be issued to members of the Association at a charge of 10s. each on production of the voucher above named. These facilities will apply strictly to Leeds, and there will be no reduction in the fares charged to the members of the Association on their journey to Leeds for the meeting.

It has now been decided that Hull may be included in the range of places to which special return tickets may be issued from Leeds at a single fare for the double journey during the time that the Association is staying at Leeds.

The fee for each of the above excursions will be 10s. 6d., except in the case of the Scarborough excursion, for which one guinea will be charged. All applications for tickets, with remittance, to be made to

CHARLES M. CHADWICK, Honorary Secretary,  
Excursions Subcommittee.

#### CARDS OF MEMBERSHIP.

The cards of membership can be obtained on personal application at the Reception Room of the Mechanics' Institute, Leeds, on Monday, when it will be opened from 12 noon till 8 o'clock, and the other days of the meeting from 9 o'clock till 6 o'clock.

#### NOTICES OF MOTION.

MR. RIVINGTON gives notice that he will move, on the reading of the report of the Council:

That it is the opinion of this meeting that the Members of the Royal College of Surgeons of England should have a voice in the management of that College and in the election of its Council, and that it be an instruction to the Council of this Association to further this object through the action of the Parliamentary Bills Committee or of a special committee to be appointed for the purpose at this annual meeting.

DR. EDWIN RICKARDS hereby gives notice that, at the Annual Meeting to be held at Leeds in August next, he will move:

That it be a recommendation to the Council of the British Medical Association that a decennial index of the contents of the BRITISH MEDICAL JOURNAL from its commencement up to the present time be made, and that in future, in addition to the annual index, a quinquennial one be issued.

MR. J. BRINDLEY JAMES will move:

That the British Medical Association shall give active support and assistance to any scheme that has in view the establishment of hospital co-operation with a view to the better conducting of the out-patient department of our general hospitals, raising thereby the standard of hospital practice and extinguishing the *raison d'être* of so-called provident dispensaries and open surgeries, thus enabling general practitioners to gain an honourable livelihood.

DR. OGILVIE GRANT gives notice that at the first evening general meeting at Leeds he will move:

That the travelling expenses of representatives of Branches incurred in attending meetings of the Council in London be defrayed out of the funds of the Association.

DR. RENTOUL gives notice that he will move:

That, recognising the fact that there is an abuse of the out-patient department of our medical charities, this meeting of the British Medical Association resolves:

1. That medical practitioners and the managers of our medical charities in the various towns and cities meet together and decide who are eligible for out-patient medical aid. This meeting suggests that the following "wage limit" be adopted:—When a man and wife make 25s. per week and over, or a single person 20s. per week and over, that these shall be ineligible for out-patient treatment at the medical charities—except in cases of accident—and that those earning a similar rate of wage be ineligible for "home visits;" that is, visits paid by the staff of the medical charities to sick persons at the patient's home. Further, that either the Manchester system of checking abuse, or that used at the London, and St. Bartholomew's Hospitals be put into force, but that preference be given to the plan used in Manchester.

2. In order that those who shall be excluded from the out-patient department of our medical charities (by the working of the previous resolution) may have the means of obtaining immediate and efficient medical, surgical, and dental

treatment, and medicines, this meeting resolves, that a Public Medical Service—such as that suggested in the JOURNAL of June 22nd, 1889—be formed, and that this service embrace those wage-earners who are making under 45s. per week per family, and single persons under 30s. per week. And that the medical practitioners, dental surgeons, chemists, and hospital managers are requested to bring about this hospital reform, and establish a Public Medical Service with as little delay as possible.

3. That having secured hospital co-operation, and having established a Public Medical Service, the members of this Association appoint a Committee, composed of two representatives elected by each Branch, and that this Committee draw up a series of rules for the formation and working of a provident system, whereby wage-earners receiving up to 45s. per week per family, and single persons 30s. per week, may, by making periodic payments during health and sickness, provide themselves, their wives, and children with efficient medical and surgical treatment, and medicines.

4. That the principle of a "wage limit" be adopted, and worked by friendly societies, tontines, and sick insurance companies; or that a "sliding scale" of payments be made to their medical practitioners, so that the present abuses may be rectified. This scale of payments to be drawn up by the Committee constituted as by Resolution 3. This meeting suggests that the minimum medical fee paid by such sick clubs shall be 6s. per annum, per member; that the person proposed for membership pay a fee of 3s. 6d. for the medical examination (whether admitted to membership or not) to the practitioner who so examines; that the sum of 1s. be paid for each certificate to the practitioner by the person who obtains it; and that the sum of 8d. be paid for each prescription dispensed. This meeting earnestly requests the various authorities of friendly societies, tontines, and sick insurance companies, to make provision for surgical and dental treatment, and to draw up a scale of fees for the same, so that they may not be depending on the medical charities for relief.

5. That this meeting, recognising the fact that there are a great number of beds in the Poor-law infirmaries (there being no less than 12,000 in 25 metropolitan Poor-law infirmaries), and many in the various fever hospitals at present unused for the clinical teaching of students, and giving due weight to the statement made in the Metropolitan Asylums Board Report of 1889, page 18, that: "Your Committee cannot fail to observe the large proportion of mistakes which are made in the diagnoses of cases of small-pox and fever," desire to express their regret that the Poor-law infirmaries and fever hospitals are not open for the clinical instruction of medical students, and hope that the various authorities will direct their attention to the removal of the present restrictions, so that the educational standard may be improved, it being essential to the health of cities and towns that medical practitioners may be able to recognise fever cases at the earliest possible period.

6. That the Council and JOURNAL of the Association help in every legitimate way to bring the above resolutions to a successful issue.

FRANCIS FOWKE,

General Secretary.

Thursday, July 11th.

## CORRESPONDENCE.

### POST-GRADUATE COURSES IN LONDON.

SIR,—Why is it that London has not its post-graduate college? New York has, and, I take it, a very successful one. Vienna and Berlin have their post-graduate clinics, attended by medical men from all parts of the world. Edinburgh for several years has had a post-graduate course, which has been very successful, being attended by medical men from all parts. Charing Cross Hospital gives a post-graduate course, but the syllabus shows that it is not at all exhaustive, and extends over too long a period for those not resident in London or neighbourhood. Your very interesting and instructive articles on "Medical Paris of To-day" show that post-graduates have splendid facilities for studying any special subject. What is wanted in London is a school or college where pathology—a subject not taught to the older generation of practitioners—gynaecology, operative surgery and surgical anatomy, medical diagnosis and medical anatomy, dermatology, neurology, ophthalmology, would be taught as they are on the Continent, each subject being thoroughly gone into.

With the vast resources in clinical material at the London Hospital, I believe a trial made by the eminent staff attached, with some other gentlemen of high standing, would bring forward a large body of men who, like myself, feel the need of a "brushing up," and others who wish to qualify as gynaecologists, dermatologists, etc. With short sessions of, say, four or five weeks, with daily lectures and demonstrations, I think success would be assured, as gentlemen of mature years and long standing attend such courses elsewhere.

All should be, but many are not, French and German scholars, and, therefore, cannot avail themselves of the Continental clinics, who would attend, however, such clinics in London if presided over by men of acknowledged eminence in their respective branches.

I trust this subject may be freely ventilated in your columns, and result in the formation of a London post-graduate college.—I am, etc.,

July 24th.

SCIENTIA.

### MEDICAL DEFENCE.

SIR,—The statement of the honorary secretaries of the Medical Defence Union is lacking only in one point, but that is rather an essential one. They state the funds they have received and how much they have in hand, but they do not state what financial assistance they have given in any of the numerous cases of actions, criminal and civil, in which practitioners have been mulcted, to which they refer. It would be satisfactory to know to what extent they have given such financial assistance, and in what cases they have paid for the defence of any one practitioner, or have either contributed anything towards any of the subscription funds, or to any loss incurred by practitioners in consequence of such actions. If not, whom have they defended, and at what cost out of the funds in hand?—I am, etc.,

CIVIS.

### ROYAL MEDICAL BENEVOLENT COLLEGE.

SIR,—It is only right to assume that the Royal Medical Benevolent College was founded from purely philanthropic motives, to alleviate the distress of the aged by granting pensions and to assist the widows of medical practitioners in the education of their sons. Several complaints have, however, been made to the committee of this association by the candidates for the benefits of the college of the hardships which they have had to endure and the expenses which they have been compelled to incur, owing to the present system of election by votes which is countenanced by the council and governors of the college.

Instituted, as no doubt they were, from the highest and purest motives, there is not the slightest doubt that the sixty-three voting charities of the metropolis, of which the Medical Benevolent College is one, do a far greater aggregate of harm than good. From a medical and surgical point of view the hardships imposed upon the needy, at the very time when charity ought to alleviate their distress, are indefensible and unkind. The subscribers to the college, when thinking only of the benefit to the few successful candidates, must be sadly forgetful of the injury done to the many who fail.

As a matter of minor importance, I venture to suggest that the relations of subscribers should have some very substantial advantage over other candidates accorded to them, so long as the medical profession—for it rests in their own hands—allow the present system of election to last. That profession is largely represented amongst the subscribers, not only of the Medical Benevolent College, but of all the voting charities of the metropolis, and this committee feels assured that if each of your readers would seriously reflect on the hardships of canvassing, with its accompanying expenses, disappointments, and personal injury to health, and would communicate his objections to the committees of the charities to which he subscribes, then the voting and canvassing system would soon be a thing of the past.

The medical profession is in itself powerful enough to bring about a change, and if they would seriously set to work to accomplish the task they would earn the lasting gratitude of the poor and of all who have the welfare of the poor at heart. The charities are obdurate. Persuasion on our part has been abandoned as useless, and we now appeal to the public, as an extreme measure, to insist upon an alteration in the method of election, or, failing that, to withdraw their support.—I am, etc.,

30, Charing Cross, S.W.,

July 27th.

J. A. Dow, Secretary,

Charity Voting Reform Association.

### PILOCARPINE IN DEAFNESS.

IN the JOURNAL of July 20th, Mr. Woodhouse speaks of a recent "suggestion of Mr. Field's, that the hypodermic injection of pilocarpine was worth a trial in bad cases of deafness, especially where labyrinthine deafness was suspected."

I desire to say, that in my *Practitioner's Handbook on Diseases of the Ear*, is the following. "It is a question if we avail ourselves of the action of pilocarpine as frequently as we should. It is probably the most certain and powerful of all our drugs in cases suitable for its administration, where the reduction of vascular tension is our object, and in which we desire to check effusion, and control the tendency to extravasation. These are exactly the conditions in the earlier stages of Ménière's disease and other forms of vertigo in which labyrinthine effusions are threatened." I then proceed to give in detail the results of Professor Politzer's experience,<sup>1</sup> from the time he first suggested pilocarpine in 1880

<sup>1</sup> Wiener mediz. Blätter, Nos. 4, 5, and 6, 1885.

we desire to express our regret that these poor people should have been put to the pain and exposure of a public inquiry.—A verdict of death from natural causes was then returned.

#### MESSAGES BY PATIENTS' FRIENDS.

DR. D.—If the facts of the case be as represented, we need scarcely remark that the alleged conduct of Dr. W. would be indefensible, and subject him to adverse criticism. At the same time we deem it well to note that, from past experience in like cases, we think that if the message in question had been conveyed (as it should have been with the view to avoid error in delivery) through the medium of a written communication instead of verbally, it would have borne a different, or at least a less obnoxious, construction than that assumed by Dr. D., who, in our opinion, would have acted wisely before calling upon Dr. W. for an apology if he had in the first instance simply communicated to him the actual message received from the patient, and courteously solicited an explanation. In such case we should have been in a position to express a definite opinion thereon, and, moreover, been better able to advise him in reference to his future relations with the practitioner alluded to. As it is, we lack the necessary reliable information on which to base an opinion.

#### LUNATICS IN SINGLE CHARGE.

"MEMBER" asks: I am afraid I have not, perhaps, made my case sufficiently clear in the query asked and replied to in the JOURNAL of July 20th under the head of "Lunatics in Single Charge." The case is simply this. A gentleman long resident in India, a great linguist, and well read generally, develops delusions. He is put under restraint in a private asylum for a time, and is then allowed to go out, and recently consulted a high authority in mental diseases, who said he saw no reason why the delusions might not disappear with change, etc. Under these circumstances I am asked by his wife to take him and several members of his family under my roof, and, of course, to receive remuneration for their keep, etc. Is that individual still to be looked upon as a lunatic, and am I still liable to a penalty, though taken under my roof in sheer ignorance, for receiving him without acquainting the Commissioners in Lunacy?

\*\*\* In reference to the foregoing letter, the reply in JOURNAL of July 20th, page 156, to the first letter holds good. Our correspondent ought to have sent the "statement" as to the person of unsound mind to the Commissioners in the form prescribed by law, between two and seven days after receiving such person; should have had him visited not less than once in two weeks by another independent and separate qualified and registered medical man, who should at each visit have made entries in a book in the form prescribed by statute. In the former reply only the important earliest proceedings were mentioned; it was not thought necessary to lay down a whole code of instructions.

#### MEDICAL WRITINGS IN THE LAY PRESS.

KUCHENBACKER asks: Would you consider it improper for a duly qualified medical man to write health articles in a weekly local newspaper on the peculiarly beneficial qualities of a small neighbouring spa for the treatment of certain definite diseases, giving a list of the same, and the name of the attendant doctor who may be known to him?

\*\*\* Whatever may have been the course pursued by others in relation to the subject matter of our correspondent's communication, we would simply note for his guidance the following extract, among others, bearing on the subject from the *Ethical Code*:—

"It is alike derogatory to the Faculty to publish cases or operations, or write medical articles with the name and professional suffix of the writer appended, in the lay or daily press, or knowingly to suffer such publications to be made or otherwise issued to the public."

## UNIVERSITY INTELLIGENCE.

### CAMBRIDGE.

THE Clothworkers' Company has offered a scholarship of £30 a year tenable at Cavendish College, Cambridge, and the Fishmongers' Company has made a grant of £50 to the same College.

### VICTORIA.

EXAMINATIONS FOR THE M.B. AND CH.B. DEGREES.—During the past fortnight the examinations for the degrees of M.B. and Ch.B. of Victoria University, and also for the newly-instituted diploma of Public Health, have taken place. For the Final Examination for the medical degrees the number of candidates exceeded twenty, this being by far the largest number of candidates ever entered for this examination. There was also a large number of candidates for the diploma of Public Health.

OWENS COLLEGE.—The Medical Class in Owens College was brought to a close this week. The number of medical students attending the Medical School of Owens College has, during the last year, much exceeded that in any previous year in the history of this flourishing medical school. The number, we believe, exceeded 380. The growth of this school has been so steady and continuous that it is proposed to greatly enlarge the present buildings of the medical department. The medical department was enlarged only a few years ago, but already some of the class-

rooms and laboratories have proved too small. It is expected that during the course of next winter a large addition, in the way of new lecture-rooms and departments, will be made. The Dumville Surgical Prize, of the value of £20, has been awarded to Mr. T. N. Kelyack, who also recently won the Turner Medical Scholarship.

### GLASGOW.

THE summer medical session of Glasgow University was closed on July 25th. At the graduation ceremony the honorary degree of LL.D. was conferred upon Herr Joseph Joachim "in recognition of the aid he has during more than forty years given to the cultivation in Britain of the highest branch of musical talent and art." The degree of M.D. was conferred upon 10 graduates, and that of M.B. and C.M. upon 91 out of 153 candidates. The graduates were, at the close of the ceremony, addressed by Professor George Buchanan, M.D. Referring to the cry of overcrowding in the profession, Professor Buchanan contrasted the situation in 1850—when the population of Glasgow was 255,000, and the number of medical practitioners 231—with that of to-day, when the population is 750,000, and the number of practitioners 375. Considering the progress of the Glasgow University Medical School since 1859, he pointed out that in that year the number of students of medicine was 317; ten years later it was 310; in 1879 the number rose to 483, and in 1889 to 747; in 1850 the graduates numbered 28; in 1860, 33; in 1869, 48; in 1879, 57; in 1888, 114. Viewing all this increase, Dr. Buchanan concludes that, if no great fortunes have been made in medicine, "the percentage of those who reach moderate competence is equal to that in any other walk in life, while the failures as to worldly means are fewer than in most."

The vacant chair of English Literature in the University has been filled up by the appointment by the Crown of Mr. A. C. Bradley, M.A., Professor of Modern Literature and English Language in University College, Liverpool; and the University Court has appointed, as Professor Jebb's successor in the Greek chair, Mr. G. G. A. Murray, Lecturer and Fellow of New College, Oxford.

## MEDICO-PARLIAMENTARY.

### HOUSE OF LORDS.—Thursday, July 25th.

Smoke Abatement.—Lord STRATHEDEN and CAMPBELL said the Bill which had been introduced dealing with this subject had the essence taken out of it by the Standing Committee. Inasmuch as the principle of that Bill had been frequently affirmed by that House, he thought the action of the Standing Committee was *ultra vires*. He had determined to withdraw that Bill, and was endeavouring, in conjunction with the Smoke Abatement Institute, of which the Duke of Westminster was chairman, to frame a new Bill, which he expected he would be able to lay on the table during the present session.

Local Government (Scotland) Bill.—This Bill was brought in, and, after some remarks from Lord DENMAN, it was read a first time.

### Monday, July 29th.

The Hospitals of London.—Lord SANDHURST rose to present a petition signed by various members of the medical profession and by others, also on behalf of various medical charitable institutions, praying for inquiry in regard to the financial and general management and the common organisation of medical institutions, endowed and voluntary, and in regard to the administration of poor law institutions for the aid of the sick in the metropolis, and to move that the prayer of such petition should be agreed to. His lordship said he had assumed this task with feelings of great diffidence, and wished that the task had been undertaken by some one on either side who was a more practised speaker, and also by one whose individual opinion in endorsing the petition would carry more weight, for the subject was difficult and of great complexity. It concerned the welfare of the general public in receipt of medical relief, and it also concerned those of the public who generally contributed to maintain the charities. Moreover, the subject was bound up with the interest of the most honourable and honoured of professions, therefore he asked the indulgence of their lordships while he endeavoured to state some reasons why some of them, at any rate, considered an inquiry to be necessary. In his remarks he would not impugn the policy of any individual hospital nor arraign any board, neither would he pose as an economist nor a philanthropist; he would merely lay before them facts backed by a few figures. This was not the first time that the subject had been considered. Various medical committees had considered the whole or portions of the subject. No action, however, had been taken by the hospitals. Failing these the information had been amassed by the Charity Organisation Society, a society known to their lordships, whose business was organising and not dispensing charity, and, seeing this was their business, it was a fit and proper body to undertake it. The medical relief in the metropolis might be classed under two heads—charity and Poor-law charities. There were 11 general hospitals with schools and 8 general hospitals without schools, 67 special hospitals, 26 free dispensaries, 35 provident dispensaries, 13 part pay dispensaries, and 5 surgical appliance societies. The number of in-patients was 76,898, and out-patients 1,470,398. The total income was £396,258, and the total expenditure was £723,021. The beds unoccupied were about 2,000 in number. To these must be added 27 Poor-law infirmaries, with 11,900 beds, and £336,200 expenditure; 44 Poor-law dispensaries, with 114,980 out-patients, and £19,980 expenditure; 8 infectious hospitals, with 2,760 beds, and £129,313 ex-

happens that a brick-maker, having a contract for the removal of "dust" with a vestry or local board, continues his operations long after the district has been built over. An instance of this nuisance is the brickfields and potteries on the east side of the Green Lanes, within a few yards of Finsbury Park, and a quarter of a mile of some of the best residential property in the north of London. Its operations are now less active than they were, when fifteen or twenty years ago it was, so to say, in the heart of the country, but we can testify to the nuisance caused by mountains of foul and fetid refuse gathered from the adjacent parishes.

The disposal of town refuse is a problem of yearly increasing difficulty, of which suitably located destructors and carbonisers seem to offer the only practicable solution, but meanwhile sanitary authorities should be empowered to compel the discontinuance of such operations and collections of offensive matters in the event of the site becoming surrounded by houses, even when, as in this particular instance, they may be situated outside the boundaries of the districts which chiefly suffer.

#### THE TRUE DEATH-RATE OF LONDON DISTRICTS.

MR. EDRIC BAYLEY, Clerk to the Board of Works for St. Olave District, writes: In your issue of May 11th you publish a table purporting to give the "True Death-Rates of London Districts during the first quarter of 1889." In this table the death-rate of the St. Olave district is stated to be equal to 43.7 per 1,000 living, which is far higher than that of any other district; and the high rate of mortality is attributed to the excessive prevalence of measles and whooping-cough. The latter statement is correct, the epidemic of those diseases having reached the district after visiting many other parts of London. The true rate of mortality is, however, very different to that expressed in your table. The population of the district at the census of 1881 was 11,956. Since then 217 houses have been pulled down for street improvements; these, at the average of 7.845 per house, would reduce the population by 1,697. Twenty-one new houses, several blocks of artisans' dwellings, containing 888 sets of rooms, and a large common lodging-house have been built and occupied; these, partly from an actual census, and partly by calculation, are estimated to give an additional population of 4,685. This would make the present population 14,704, or an increase since the census of 2,748, instead of a decrease of 2,120, as given by you.

I am informed by the Superintendent of Visitors of the London School Board for the Division of Southwark that the number of children between the ages of 3 and 13 in the district is 2,635. The rule of the Education Department is to regard the number of children between these ages as one-sixth of the whole population, which on this basis would be 15,810. It is a little less in London, but not much, one-fifth would be 13,175. The Superintendent adds that it is quite certain that the whole population cannot be less than the mean, namely, 14,492.

Your statement gives the number of births for the quarter as 129, which on your estimate of the population is equal to an annual birth-rate of 52.6 per 1,000, the birth-rate for London for the same period being 32.4. The population on a birth-rate of 32.4 would be 15,925.

If, therefore, we assume the present population to be 14,500, we shall probably be under rather than over the true figure. If your calculations were made upon an estimated population of 14,500, the rates per 1,000 would be: births, 35.58; deaths, 29.51; principal zymotic diseases, 9.1—all in excess of the average.

The total number of deaths during the four quarters ending March 31st, 1889, was 273, which, on an estimated population of 14,500, is equal to 18.82 per 1,000. Notwithstanding the excessive mortality from measles and whooping-cough during the past quarter (and there have been but six since), the mortality during the year will bear favourable comparison with the rest of the metropolises.

I give you this information, as your readers may have assumed this district to be unhealthy, which is not the case.

\* \* We have adopted Mr. Bayley's estimate.

#### CANVASSING FOR POOR-LAW MEDICAL APPOINTMENTS.

DURHAM asks: Is it fit and proper, and consistent with medical etiquette, for a candidate for the post of district medical officer, to call upon each guardian for the purpose of obtaining his votes and interest at the ensuing election?

\* \* This is very frequently done; we know of no rule against it, and see no special objection to it, provided the appointment has been declared vacant by advertisement or otherwise.

#### HEALTH OF ENGLISH TOWNS.

DURING the week ending Saturday, July 20th, 5,895 births and 3,844 deaths were registered in the twenty-eight large English towns, including London, which have an estimated population of 9,555,406 persons. The annual rate of mortality in these towns, which had increased from 16.6 to 21.5 per 1,000 in the five preceding weeks, declined again to 21.0 during the week under notice. The rates in the several towns ranged from 12.0 in Brighton, 14.7 in Oldham, 15.4 in Derby, and 15.5 in Bristol to 28.5 in Leeds, 29.2 in Liverpool, 29.9 in Manchester, and 38.1 in Preston. In the twenty-seven provincial towns the mean death-rate was 22.9 per 1,000, and exceeded by 4.2 the rate recorded in London, which was only 18.7 per 1,000. The 3,844 deaths registered in the twenty-eight towns during the week under notice included 708 which were referred to diarrhoea, 102 to measles, 86 to whooping-cough, 58 to scarlet fever, 36 to diphtheria, 28 to "fever" (principally enteric), and not one to small-pox; in all, 1,018 deaths resulted from these principal zymotic diseases, against 476, 700, and 944 in the three preceding weeks. These 1,018 deaths were equal to an annual rate of 5.6 per 1,000; in London the zymotic death-rate was 4.5, while it averaged 6.5 per 1,000 in the twenty-seven provincial towns, and ranged from 0.6 in Wolverhampton, 1.3 in Brighton, and 1.6 in Bristol to 9.7 in Leicester, 9.9 in Leeds, 10.7 in Salford, and 17.0 in Preston. Measles caused the highest proportional fatality in Leeds, Halifax, and Preston; scarlet fever in Salford, Sunderland, and Plymouth; whooping-cough in Bradford, Preston, and Birkenhead; and diarrhoea in Manchester, Sunderland, Birmingham, Liverpool, Birkenhead, Leeds, Salford, Preston, and Leicester. Of the 36 deaths from diphtheria recorded during the week under notice in the twenty-eight towns, 23 occurred in London, 3 in Salford, 2 in Manchester, and 2 in Plymouth. No fatal case of small-pox was registered either in

London or in any of the twenty-seven provincial towns, and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals on Saturday, July 20th. These hospitals contained, however, 591 scarlet fever patients on the same date, against numbers increasing from 538 to 572 at the end of the four preceding weeks; 85 cases were admitted during the week, against numbers rising from 41 to 81 in the four previous weeks. The death-rate from diseases of the respiratory organs in London was equal to 1.7 per 1,000, and was considerably below the average.

#### HEALTH OF SCOTCH TOWNS.

In the eight principal Scotch towns, 808 births and 500 deaths were registered during the week ending Saturday, July 20th. The annual rate of mortality, which had been 21.3 and 18.6 per 1,000 in the two preceding weeks, rose again to 19.6 during the week under notice, but was 1.4 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 Edinburgh, and the highest in Paisley and Glasgow. The 500 deaths registered in these towns during the week under notice included 94 which were referred to the principal zymotic diseases, equal to an annual rate of 3.7 per 1,000, which was 1.9 below the mean zymotic death-rate during the same period in the large English towns. Among these Scotch towns the lowest zymotic rates were recorded in Edinburgh and Dundee, and the highest in Paisley and Leith. The 222 deaths registered in Glasgow during the week under notice included 18 from diarrhoea, 11 from whooping-cough, 8 from measles, and 7 from "fever." Five fatal cases of measles occurred in Edinburgh, and 3 in Leith; and 2 deaths resulted from diphtheria in Greenock. The death-rate from diseases of the respiratory organs in these towns was equal to 2.7 per 1,000, against 1.7 in London.

#### HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, July 20th, the deaths registered in the eight principal town districts of Ireland were equal to an annual rate of 21.9 per 1,000. The lowest rates were recorded in Dundalk and Kilkenny, and the highest in Drogheda and Waterford. The 154 deaths registered in Dublin during the week under notice were equal to an annual rate of 22.8 per 1,000 (against 22.8 and 16.3 in the two preceding weeks), the rate for the same period being 18.7 in London and 15.3 in Edinburgh. These 154 deaths included 25 which resulted from the principal zymotic diseases (equal to an annual rate of 3.7 per 1,000), of which 13 were referred to diarrhoea, 7 to measles, and 4 to whooping-cough.

## MEDICAL NEWS.

THE Mayor of Leeds has received a letter from Dr. Goldie resigning his position as medical officer for that borough. The *Yorkshire Post* says: "It was exactly sixteen years yesterday since Dr. Goldie succeeded to the position of medical officer of health for Leeds, and in leaving it he has the sympathy of a considerable proportion of his fellow-townsmen, who consider he has been hardly treated, and has, in fact, been made the scapegoat of a bad system and an inefficient committee."

THE fourth session of the French Surgical Congress will be held in Paris on October 14th, and six following days, under the presidency of Baron Larrey. The principal subjects of discussion will be: 1. The Results, Immediate and Remote, of Operations for Local Tuberculosis; 2. Surgical Treatment of Peritonitis; 3. The Treatment of Aneurysm of the Extremities. Communications should be addressed to M. le Docteur S. Pozzi, Secrétaire Général, 10, Place Vendôme, Paris.

DR. ROSS, from his experience during an epidemic of cholera in the Rawal Pindi gaol, recommends, in the *Indian Medical Gazette* for June, 1889, the early resort to hypodermic injections of morphine  $\frac{1}{4}$  gr., and atropine  $\frac{1}{10}$  gr.; the injection must be repeated every twenty minutes until the patient is disposed to fall asleep. At the same time an astringent acid mixture, containing gallic and sulphuric acid, carbolic acid (gr. j) and the tinctures of catechu and cardamoms, was given. In all he treated 100 cases, with 19 deaths. Atropine was used owing to the analogy of the symptoms produced by cholera and muscarin, atropine being a physiological antidote of the latter.

THE BRITISH DENTAL ASSOCIATION.—The annual general meeting of the British Dental Association will be held in Brighton on August 22nd and two following days, under the presidency of Mr. S. Lee Rymer. On the first day, a discussion on Anæsthetics will be opened by papers by Dr. F. R. Cruise on Ether; by Mr. Bowman Macleod on Chloroform; by Dr. Dudley W. Buxton on Recent Researches upon Nitrous Oxide Narcosis; and by Dr. Frederick Hewitt on Certain Anæsthetic Mixtures. It is believed that this discussion will have much interest for medical practitioners, and Mr. Morton Smale, Honorary Secretary of the Association, will send an invitation to any medical man who will address him at 40, Leicester Square. The annual dinner will take place at the



Pavilion on August 23rd, and on August 24th a large number of demonstrations will be given.

**ROYAL COLLEGE OF PHYSICIANS.**—The following are the officers and examiners elected at the last annual meeting:—*Censors*: John Syer Bristowe, M.D.; John Hughlings Jackson, M.D.; William Henry Broadbent, M.D.; Sir William Roberts, M.D. *Treasurer*: Sir Dyce Duckworth, M.D. *Emeritus Registrar*: Sir Henry Pitman, M.D. *Registrar*: Edward Liveing, M.D. *Harveian Librarian*: William Munk, M.D. *Elected Members of the Library Committee*: Joseph Frank Payne, M.D.; Isaac Burney Yeo, M.D.; Robert Farquharson, M.D.; Norman Moore, M.D.; *Curators of the Museum*: William Wegg, M.D.; William Howship Dickinson, M.D.; William Cayley, M.D.; Norman Moore, M.D. *Finance Committee*: Sir Edward Sieveking, M.D.; George Tupman Fincham, M.D.; Robert Martin, M.D.—**EXAMINERS**: *Chemistry and Chemical Physics*: Charles Henry Ralfe, M.D.; John M. Thomson, F.R.S.; August Dupré, Ph.D.; William Ramsay, Ph.D., F.R.S. *Materia Medica, Medical Botany, and Pharmacy*: Herbert Isambard Owen, M.D.; Nestor Isidore Charles Tirard, M.D.; John Mitchell Bruce, M.D.; William Hale White, M.D.; Cecil Yates Biss, M.D. *Elementary Physiology*: Henry Lewis Jones, M.D.; Frederick Walker Mott, M.D. *Physiology*: William Henry Allchin, M.B.; Arthur Gamgee, M.D.; Charles Scott Sherrington, M.B. *Osteology and Anatomy*: Wilmot Parker Herringham, M.B.; Seymour Taylor, M.D. *Medical Anatomy and Principles and Practice of Medicine*: William Henry Stone, M.B.; Sir Dyce Duckworth, M.D.; Alfred Baynard Duffin, M.D.; Joseph Frank Payne, M.D.; Thomas Henry Green, M.D.; John Cavafy, M.D.; Frederick Thomas Roberts, M.D.; Arthur Ernest Sansom, M.D.; Sidney Coupland, M.D.; James Frederick Goodhart, M.D. *Midwifery and Diseases peculiar to Women*: John Braxton Hicks, M.D.; Alfred Lewis Galabin, M.D.; Francis Henry Champneys, M.B.; Charles James Cullingworth, M.D. *Surgical Anatomy and Principles and Practice of Surgery*: Sir William Mac Cormac, F.R.C.S.; Professor Humphry, F.R.C.S.

**THE MEDICO-PSYCHOLOGICAL ASSOCIATION.**—The annual meeting of the Medico-Psychological Association, under the presidency of Dr. Hayes Newington, was held on Thursday, July 25th, at the rooms of the Medical Society of London, Chandos Street, W. The affairs of the Association are in a very flourishing condition, both numerically and financially, and an increasing number of candidates for the diploma of the Association are coming forward. The diploma can be obtained only after a stringent examination, theoretical and practical, and is a guarantee that the holder has a thorough knowledge of insanity and its treatment. The Association is doing good service in thus encouraging a more extended knowledge of this important branch of the profession. The attendance of members was fully up to the average of former years, and the able address of the President, which dealt chiefly with the question of instituting lunatic asylum hospitals for teaching purposes, was heartily applauded and followed by an animated discussion. In the evening the members dined together at "The Ship" at Greenwich. The following are the office-bearers for the year:—*President*: H. F. Hayes Newington, M.R.C.P. Edin. *President-Elect*: D. Yellowlees, LL.D., M.D., L.R.C.S., F.F.P.S. *Treasurer*: John H. Paul, M.D. *Editors of Journal*: D. Hack Tuke, M.D.; George H. Savage, M.D. *Auditors*: T. Outtersson Wood, M.D.; Ernest White, M.B. *Hon. Secretaries (for Ireland)*: Conolly Norman, F.R.C.S. (I.); (for Scotland) A. R. Urquhart, M.D.; (General) Fletcher Beach, M.D. *Members of Council*: F. H. Craddock, M.D.; F. Schofield, M.D.; S. W. D. Williams, M.D.; A. Paton, M.B.; W. W. Ireland, M.D.; T. S. Clouston, M.D.; S. A. K. Strahan, M.D.; E. B. Whitecombe, M.R.C.S.; E. M. Cook, M.B.; E. M. Courtenay, A.B., M.B.; T. D. Greenlees, M.D.; M. D. MacLeod, M.B.; J. Wigglesworth, M.D.; S. H. Agar, L.K.Q.C.P.; R. Baker, M.D.; J. B. Spence, M.D.; W. R. Nicholson, M.R.C.S.; D. Nicolson, M.B. and C.M.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—The following gentlemen, having passed the required examination, were admitted Members on July 25th:

J. W. Carr, M.D. Lond.; A. E. Cordes, M.D. Paris; W. Hunter, M.D. Edin.; D. R. Paterson, M.D. Edin.; F. H. Taylor, M.D. Lond.; D. Turner, L.R.C.P.; W. A. Turner, M.B. Edin.; W. J. Tyson, M.D. Durh.; S. W. Wheaton, M.D. Lond.; J. L. Whitehead, M.D. St. And.

**ROYAL COLLEGE OF SURGEONS OF EDINBURGH.**—The following gentlemen have been admitted Fellows of the College during the half-year to June 30th, 1889:

*After Examination.*—A. O. C. Watson, Army Medical Staff; J. C. Graham,

Deli, Sumatra; A. W. Flood, Bundoran, Co. Donegal; A. Hewett, Army Medical Staff; D. Harrison, Liverpool; W. D. Stewart, Surgeon-Major in Indian Medical Service; C. H. Clanburn, Army Medical Staff; A. Y. Reilly, Army Medical Staff; G. T. H. Thomas, Army Medical Staff; J. S. Nairne, Glasgow; J. R. Murray, Army Medical Staff. By election: T. E. Williams, Talgarth, Breconshire, and R. Somerville, Galashiels.

During the July sittings of the examiners the following gentlemen passed the first professional examination for the Licence in Dental Surgery:

J. M. L. Mason, Edinburgh, and A. S. Anderson, Edinburgh.

The following gentlemen passed the final examination, and were admitted L.D.S. Edinburgh:

C. W. S. Wilde, Liverpool; T. Gregory, Edinburgh; W. G. Campbell, Dundee; C. H. J. Acret, Canada; J. H. Cormack, Edinburgh; J. S. Allen, Ripley; W. G. Routledge, Exeter; A. E. Smith, Norwich; L. S. Shennan, Houghton-le-Spring; and F. L. F. Masters, Huddersfield.

The following having passed the required examinations were admitted L.R.C.S.E.:

Julia Cook, Shrewsbury; Jane Harriett Walker, Dewsbury, Yorks; W. A. Mackay, Calthness; H. E. B. Dickson, Sussex; F. Halsey, Melbourne; J. D. Windle, Oldham; and W. C. Little, Ontario.

**MEDICO-PSYCHOLOGICAL ASSOCIATION.**—The following gentlemen have passed the examination for the certificate in Psychological Medicine granted by this Association, held in the Aberdeen Royal Asylum:

W. Bullock, W. Davidson, J. Rannie, J. Wilson.

The following gentlemen passed the examination for the certificate in Psychological Medicine granted by this Association, held in the Edinburgh Royal Asylum:

J. B. Bird, A. W. Carter, R. J. Drummond, M.B., C.M., H. M. Eames, R. A. Fraser, M.B., C.M., G. Fitzgerald, G. Hennan, M. L. Hewat, J. Monteith, M.B., C.M., R. Renton, T. M. Ritchie, B.Sc., J. D. Stanley, M.B., C.M., W. D. Stewart, M.D., R. R. H. Whitwell, M.B., B.Sc.

**ROYAL COLLEGE OF SURGEONS IN IRELAND.**—Dental Examination. The following gentlemen have been admitted Licentiates in Dental Surgery of the College:

F. E. Garner, Bradford, Yorkshire; T. M. Howkins, Guernsey; E. Mawer, High Wycombe, Buckinghamshire; W. D. Quinn, Dublin; F. Sheppard, Hastings; and C. H. J. Williams, Croydon.

## MEDICAL VACANCIES.

The following Vacancies are announced:

**BIRMINGHAM WORKHOUSE INFIRMARY.**—Senior Resident Medical Officer. Salary, £150 per annum, with board and lodging, etc. Applications by August 3rd to Mr. W. Bowen, Clerk to the Guardians, Birmingham.

**BIRMINGHAM WORKHOUSE INFIRMARY.**—Assistant Resident Medical Officer. Salary, £100 per annum with board and lodging, etc. Applications by August 3rd to Mr. W. Bowen, Clerk to the Guardians, Birmingham.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.** Victoria Park, E.—Assistant Physician. Applications by August 6th to the Secretary, 24, Finsbury Circus, E.C.

**COVENTRY AND WARWICKSHIRE HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board, lodging, and attendance. Applications by August 16th, marked "Application for House-Surgeon," to be sent to the Secretary.

**HOSPITAL FOR WOMEN, Soho Square, W.**—House-Physician. Salary, £75 per annum, with board, etc. Applications by August 3rd to the Secretary.

**LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.**—Registrar and Chloroformist. Salary, 50 guineas. Applications by August 10th to the Secretary.

**NORFOLK AND NORWICH HOSPITAL.**—Honorary Dental Surgeon. Applications by August 14th, endorsed "Dental Surgeon," to the Secretary.

**NORTH CAMBRIDGESHIRE HOSPITAL, Wisbech.**—House Surgeon. Salary, £130 per annum, with house, etc. Application by August 10th to the Honorary Secretary.

**NORTH STAFFORDSHIRE INFIRMARY.**—Physician or Medical Officer. Applications by August 29th to the Secretary.

**NORTHUMBERLAND COUNTY ASYLUM.**—Clinical Assistant. Board and residence. Applications to Dr. McDowall, Northumberland County Asylum, Morpeth.

**RIPON DISPENSARY AND COTTAGE HOSPITAL.**—House Surgeon and Dispenser. Salary, £70 per annum, with board and lodging. Applications to the Honorary Secretary, F. D. Wise, Esq., Ripon.

**TOWN OF HOVE.**—Medical Officer of Health. Salary, £100 per annum. Application by August 1st, endorsed "Medical Officer of Health" to the Town Clerk, Town Hall, Hove.

**WOLVERHAMPTON EYE INFIRMARY.**—Resident Assistant. Board and washing. Applications by August 12th to the Chairman.

## MEDICAL APPOINTMENTS.

ALLAN, Francis J., M.D., D.P.H. Camb., appointed Deputy Public Vaccinator, Whitechapel Union.

BETTS, F. B., M.R.C.S. Eng., L.R.C.P. Lond., appointed Resident Obstetric Assistant to the Westminster Hospital.

KINGSTON, P. J., L.R.C.P., M.R.C.S., appointed House-Surgeon to the St. Mark's Hospital for Fistula, City Road, *vice* W. J. Midelton, M.R.C.S., resigned.

KIRKPATRICK, W., M.D., appointed Resident Assistant House-Surgeon to the Derbyshire General Infirmary, *vice* R. M. Wilson, M.D., B.Ch., resigned.

LEIGH, Randle, B.Sc.Lond., M.R.C.S., etc., appointed Demonstrator of Physiology in University College, Liverpool, *vice* F. C. Larkin, ppointed Assistant Lecturer.

MARTYN, R. J., L.R.C.S.I., L.M., L.K.Q.C.P.I., appointed Medical Officer to No. 2 Dispensary, Sligo; also Surgeon to the Royal Irish Constabulary and military stationed at Sligo, *vice* Dr. Palmer, deceased.

POGSON, J. W. B., M.B., B.S., M.R.C.S., appointed House-Surgeon to the Durham County Hospital.

WALSH, E. H., L.R.C.S.E., L.R.C.P.E., L.M., and L.A.H.I., appointed Medical Officer of Mitchelstown Workhouse, and Physician to the Fever Hospital, *vice* Dr. William O'Neill, resigned.

WILLIAMS, R. E., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Clayton House and General Dispensary, *vice* R. B. Eskridge, L.R.C.P., M.R.C.S.

### 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. The first post on Thursday mornings is the latest by which advertisements can be received.*

#### BIRTHS.

ASHWORTH.—On July 27th, at Halstead, Essex, the wife of J. Henry Ashworth, M.R.C.P.Ed., of a daughter.

GREATHHEAD.—On July 6th, at Graham's Town, South Africa, the wife of J. B. Greathhead, M.B.Edin., M.R.C.S., London, of a son.

HOOKER.—On July 27th, at Cirencester, the wife of Charles Hooker, L.R.C.P. and S.Edin., of a daughter.

KENYON.—On July 25th, at Hooton Pagnell, near Doncaster, the wife of G. Herbert Kenyon, M.D., of a son.

WILLIAMSON.—At 22, Eldon Square, Newcastle-on-Tyne, July 26th, the wife of G. E. Williamson, M.A., F.R.C.S., of a son.

#### MARRIAGE.

LEWIS-STARK.—At Thornville, Falkirk, on July 31st, by the Rev. George Lewis, Liverpool (father of the bridegroom), assisted by the Rev. J. B. Johnston, B.D., Falkirk, Charles James Lewis, M.D., C.M.Edin., M.R.C.S.Eng., Stirling, to May Harvey, only daughter of Henry Stark.

#### DEATH.

BEVISS.—On June 30th, at Pinetown, Natal, Charles Beviss, M.D., M.R.C.S., aged 49.

### HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. 1.30; Dental, M. W. F., 9.

CHELSEA HOSPITAL FOR WOMEN.—M. Tu. W. and F., 1.30.

GREAT NORTHERN CENTRAL.—Medical and Surgical, M. Tu. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. F., 10; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2.

GUY'S.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F. 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. 1; Skin, Tu., 1; Dental, Tu. Th. F., 1.30.

KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 1.30; o.p., W. F., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, M. Th., 9.30.

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

MIDDLESEX.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 9.30; o.p. W. 1.30; Eye, W. S., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th. 9.30; Dental, M. W. F., 9.30.

NATIONAL ORTHOPÆDIC.—M. Tu. Th. F., 2.

NORTH-WEST LONDON.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F. 9.

ROYAL ORTHOPÆDIC.—Daily, 1.

ROYAL FREE.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th. 9.

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

ST. GEORGE'S.—Medical and Surgical, M. T. F. S., 12; Obstetric, Th. 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu., S., 9.

ST. MARK'S HOSPITAL.—Fistula and Diseases of Rectum, malcs, W., 8.45; females, Th., 8.45.

ST. MARY'S.—Medical and Surgical, daily, 1.45, o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, 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. Tu. W. Th., F. 1.30; o.p., daily, except Sat., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1.30; Obstetrics, M. Th., 1.30; Tu., W. F., 2; Eye, Tu. F., 2; Ear, M. F., 9; Skin, W., 1.45, S., 9.15; Throat, Th., 1.30; Dental, W., 9.30.

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

### OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY.....10 A.M.: Royal London Ophthalmic.—10.30 A.M.: Royal Free (Ophthalmic Department).—1.30 P.M.: Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Central London Ophthalmic; Hospital for Women; Royal Orthopædic; St. Mark's; London.—2.30 P.M.: Chelsea Hospital for Women.

TUESDAY.....10 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; Royal Westminster Ophthalmic; St. Bartholomew's (Ophthalmic Department); St. Mary's.—2 P.M.: Cancer Hospital, Brompton; Central London Ophthalmic; London; Westminster.—2.30 P.M.: St. Mark's; West London.—4 P.M.: St. Thomas's (Ophthalmic Department).

WEDNESDAY....10 A.M.: National Orthopædic; Royal London Ophthalmic.—11 A.M.: St. Mary's (Orthopædic).—1 P.M.: Middlesex.—1.30 P.M.: Royal Westminster Ophthalmic; St. Bartholomew's; St. Thomas's.—2 P.M.: Central London Ophthalmic; Great Northern Central; London; Royal Free; University College; Westminster.—2.30 P.M.: St. Peter's; Samaritan Free Hospital for Women and Children.—3 to 4 P.M.: King's College.

THURSDAY .....10 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.: Central London Ophthalmic; Charing Cross; Hospital for Diseases of the Throat; Hospital for Women; London; University.—2.30 P.M.: Chelsea Hospital for Women; North-West London.

FRIDAY .....9 A.M.: Metropolitan; St. Mary's (Ophthalmic Department).—10 A.M.: Royal London Ophthalmic.—10.30 A.M.: Royal Free (Ophthalmic Department).—1.15 P.M.: St. George's (Ophthalmic Department).—1.30 P.M.: Guy's; Royal Westminster Ophthalmic.—2 P.M.: Central London Ophthalmic; East London Hospital for Children; King's College; London; St. Thomas's (Ophthalmic Department).—2.30 P.M.: West London.

SATURDAY.....9 A.M.: Royal Free (Department for Diseases of Women).—10 A.M.: Royal London Ophthalmic.—1 P.M.: King's College.—1.30 P.M.: Royal Westminster Ophthalmic; St. Bartholomew's; St. Thomas's.—2 P.M.: Cancer Hospital, Brompton; Central London Ophthalmic; Charing Cross; London; Middlesex; Royal Free; University.

### LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

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 or 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.

G. A. H. asks for advice how to remove the yellowish brown stains (or, rather, pigmentation marks) which are so common on the face of some women during and after confinement.

#### THE EFFECT OF CASTRATION ON THE VOICE.

M.D. writes: A patient of mine, aged 50, in robust health otherwise, has suffered very much from venous congestion of the epididymes of both testes (was operated on for varicocele with success some fourteen years ago). I have advised removal of one, or if necessary of both, testes. Can you or any of your readers say what effect, if any, such an operation will be likely to have on his voice? Strange to say some medical men (he has seen a great many) say it will alter his voice; others, equally eminent, that it will have no effect at all.

#### NOTES, LETTERS, ETC.

OUT of the economies of her private purse, the Empress of Japan has just bestowed the amount of her year's savings on the Tokio Female Hospital; the sum amounts to £1,500.

# "THE BRITISH PHARMACOPEIA."

MR. HENRY KIMPTON (London) writes: In your account of the meeting of the General Council of Medical Education and Registration, Mr. Macnamara, speaking of the proposed publication of Dr. Maybury's book by me, is reported to have said that it was intended to be issued at a lower price than the *British Pharmacopæia*. That is an error; the price advertised being 6s. 6d., that is, 6d. more than the *British Pharmacopæia*. It is also not the fact that the two books are printed in the same type, as stated by the same gentleman.

## PRIZE FOR AN ESSAY ON FISH POISONING.

THE Russian Academy of Sciences offers a prize of 5,000 roubles (£500) for the best inquiry into the nature and effects of the poison which develops in cured fish. The objects of the competitors must be: "(1) To determine, by means of exact experiments, the physical and chemical nature of the poison which develops in fish; (2) to study, by experiments on animals, its action upon the heart, the circulation of the blood, the organs of digestion, and the nervous system; (3) to determine the rapidity of its absorption by the digestive organs; and (4) to study and describe the characteristics which may serve to distinguish contaminated fish from such as are not contaminated." The fifth and sixth questions, with which it may be impossible for any one to deal satisfactorily, relate to the means of preserving fish from the development of the poison, and to the question of counter-poisons and the medical treatment of poisoned persons. The competition is open to all. The memoirs must be sent in, either in manuscript or printed, before January 1st, 1893, and may be written in any one of the following languages: Russian, Latin, French, English, German. If none of the papers is deemed worthy of the full prize, the accumulated interest upon the above-named sum may be handed over to the author who presents the best solution to some part of the problem.

## "PEROMELUS APUS."

MR. MARK STYLE (Bromyard) writes: Dr. Nisbet's case, reported in the *JOURNAL*, July 6th, reminds me of a case I inspected a few years ago in a travelling show. The man was some 25 years of age, and gained his living by acting as boot maker to the troupe, as well as by showing himself to the public. There was absolutely no sign of a lower extremity on either side, and I could make out no acetabula; there was some puckering of the skin over the pelvic bones. The humeri were abnormally long, both forearms terminating above the wrist joint; otherwise he was a well developed, strongly built man.

## MUNICIPAL APPRECIATION OF MEDICAL SERVICES.

"It is unfortunately not often," says the *New York Medical Journal*, "that a municipality sets a just estimate upon medical services for which it is called upon to pay. A commendable example in this respect has been set by the Municipal Assembly of St. Louis in voting an appropriation of 500 dollars to Dr. A. C. Bernays for attendance on a member of the police force who had been injured in the discharge of his duty. The case was one of gunshot wound of the abdomen involving the stomach, the duodenum, and the jejunum, and immediate laparotomy was performed with perfect success."

## MAGGOTS IN THE EAR.

J. HOLMES, M.D., M.R.C.S. Eng., L.S.A. Lond. (Southam) writes: A man, 66, with a history of middle ear disease from infancy, and who had been totally deaf in left ear since that time, came to the surgery on July 24th complaining of "maggots in the ear." He said that whilst haymaking about 2 P.M. on July 23rd, a small blow fly settled in his ear and remained there for about ten minutes in spite of his repeated endeavours to dislodge it. About 2 A.M. on July 24th he felt a stabbing pain in his ear, and there was a slight discharge of blood. He inserted some fresh cotton-wool in his ear, and on subsequently removing this found one or two small maggots. He came to the surgery at midday on the same day, and on removing the wool from the ear there was a small maggot on it, and two observed crawling on his neck. His ear was syringed, and one or two came away. He was told to drop some sweet oil into his ear. He returned on the morning of July 25th, and his ear was syringed with a weak antiseptic solution, and one larger one came away. He then stated that about forty had come away altogether. He returned in the evening feeling much more comfortable, and believes there are no more there. They had the appearance of ordinary maggots, such as one sees in fly-blown meat, and were from about a quarter to half-an-inch in length.

## POST-DIPHTHERITIC PARALYSIS.

E. MANSEL SYMPSON, M.B. (Lincoln) writes: A girl, aged 9, who has been a patient of mine lately, possesses a history of, I think, some interest. Two months ago she had a bad sore throat; "it looked whitish," the mother said. After a week, when she had got rid of a lot of whitish phlegm, her speech was thick, and fluids returned through her nose; also her accommodation was impaired. Later, she seemed to have no command over her legs, and when I saw her there was no knee-jerk to be obtained. Her breathing apparently was never affected, nor did her voice become "croupy." Here, then, was a case of diphtheria with typical paralysis following, and the mother had not thought it necessary to send for a doctor! Again, there were three other children living in the house; one had a slight sore throat, so that the susceptibility to contagion varied greatly in that one house.

## DEATHS FROM PHthisIS.

DR. ALEXANDER JAMES writes to say that with reference to a passage in the review of his work on *Pulmonary Phthisis* which appeared in the *JOURNAL* of April 6th last, in which it was stated that the results given in the first Brompton Hospital Report as regards age in phthisis were "founded on much larger data" than his own, that he has ascertained that the number of cases in the Report referred to was 4,358, whilst the number of cases from which his conclusions were drawn was 81,626, namely, the total deaths from phthisis in Scotland for ten years.

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

Dr. P. M. Deas, Exeter; Mr. O. Hehner, London; Mr. R. M. P. Low, London; Mr. F. W. J. Illye, Warminster; Dr. T. O'Reilly, St. Louis; Dr. J. H. Stallard, San Francisco; The Secretary of the Sanitary Institute, London; Mr. T. J. Bokenham, Cheshunt; Mr. T. M. Evans, Hull; Mr. A. Clark, Southampton; Mr. J. Hogg, London; Mr. G. F. E. Morgan, Hartlepool; Dr. B. Walker, Kirkby Stephen; Dr. Halliday, Glasgow; The Registrar of

the Royal College of Surgeons in Ireland, Dublin; Dr. A. H. Griffiths, Manchester; Dr. C. M. Chadwick, Leeds; Mr. H. T. Rake, Fordingbridge; Mr. A. B. MacDowall, London; Mr. W. Faulkner, London; Dr. H. Woods, London; Director-General Dick, London; Mr. Mayo Robson, Leeds; Dr. Mickle, London; Dr. J. Matthews, London; Dr. W. Pearce, London; Mr. W. Rivington, London; Dr. C. Puzey, Liverpool; Mr. J. H. Flather, Cambridge; Dr. H. M. Jones, London; Dr. C. T. Williams, London; Mr. H. N. Lawrence, London; Messrs. Burroughs, Wellcome, and Co., London; Dr. Holman, Reigate; Mr. H. Whorlow, London; Our Manchester Correspondent; Mr. J. Gawith, London; Dr. G. H. Kenyon, Doncaster; Mr. R. Leigh, Liverpool; Mr. W. H. A. Jacobson, London; Mr. P. P. Whitcombe, London; Mr. C. P. Hooker, Cirencester; Mr. J. Ewens, Clifton; Dr. J. T. Faulkner, Stretford; Mr. D. J. Wylie, Streatham; Mr. T. R. Jessop, Leeds; Dr. G. Herschell, London; Our Liverpool Correspondent; The Mayor of Leeds, Leeds; Mr. R. R. Leeper, Dublin; Dr. J. W. Byers, Belfast; Mr. F. Taylor, London; Mr. F. Hall, Leeds; Messrs. John Weiss and Son, London; Dr. Symes Thompson, London; Dr. E. L. Dixon, Preston; Mr. E. G. Newell, Mowile; Dr. W. C. Steele, London; Surgeon I.M.S.; Dr. F. Hueppe, Wiesbaden; Dr. F. Payne, London; Dr. J. Oliver, London; X.; Mr. G. A. Harris, Simla; Dr. J. H. Warren, Boston, Mass.; Dr. A. Napier, London; Dr. R. Rentoul, Liverpool; A Member of the Medical Profession; Mr. C. H. Bishop, London; Dr. T. J. Browne, Dalysfort; Dr. Yarrow, London; Nom de Plume; Dr. T. W. Hime, Paris; Dr. W. H. Wathen, Louisville; Mr. J. A. Dow, London; The Editor of the *Nursing Record*, London; Dr. H. C. Chapman, Liverpool; Mr. G. E. Williamson, Newcastle-on-Tyne; The Secretary of the Royal College of Surgeons of Edinburgh; Dr. C. E. Glascock, Manchester; J. W. B. Pogson, M.B., Birmingham; Dr. Halliburton, London; Anti-Critic; Mr. R. Jones, Liverpool; Semper; Mr. C. Buckley, Mitchelstown; Mr. J. H. Harris, London; Mr. J. D. Staple, Bristol; Mr. J. P. R. Jamison, Broughshane; Mr. T. N. Kelynach, Manchester; Mr. R. J. Martyn, Sligo; Mr. F. F. Jones, Llanfyllin; Dr. Wm. Strange, Worcester; Mr. G. H. King, London; Rev. F. Lawrence, York; Mr. E. M. Symson, Lincoln; Dr. Cookson, Stafford; Dr. Abercrombie, London; Dr. C. J. Mouncey, Earles'own; etc.

## BOOKS, ETC., RECEIVED.

Illustrated Catalogue and Price List of Surgical Instruments, Apparatus, and Appliances. Sold by John Weiss and Son, London.  
Diseases and Injuries of the Ear. By Chas. Henry Burnett, A.M., M.D. Edinburgh and London: Young J. Pentland. 1889.  
A System of Obstetrics. Edited by Barton Cooke Hirst, M.D. Volume II. Edinburgh: Young J. Pentland. 1889.  
Clinical Lectures on Diseases of the Nervous System. By Professor J. M. Charcot. Volume III. Translated by T. Savill, M.D. Lond., M.R.C.P. L. London: The New Sydenham Society.  
On the Respiratory Functions of the Nose, and their relation to certain Pathological Conditions. By Greville Macdonald, M.D. Lond. London: A. P. Watt. 1889.  
Health Troubles of City Life. By George Herschell, M.D. Lond. Bristol: J. Wright and Co. London: Hamilton Adams and Co. 1889.  
Manual of Musical Drill. By George Cruden, A.M. London: Simpkin, Marshall, and Co. 1889.  
Lectures on General Pathology. By Julius Cohnheim. Translated from the second German edition, by Alex. B. McKee, M.B. Dub. Section I: The Pathology of the Circulation. London: The New Sydenham Society.

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