

**Scientific Societies.**—At the Congress of Scientific Societies, M. Motais spoke on hereditary myopia. After carefully examining 330 young people and their relations, M. Motais came to the following conclusions. It is beyond a doubt that myopia is hereditary in the proportion of 65 per cent. Hereditary myopia manifests itself at an earlier period than acquired; it increases more rapidly, and is of a more exaggerated form. In 79 cases out of 100, it is transmitted from father to daughter; in 85 out of 100, from mother to son.

### SOCIETY FOR THE STUDY OF INEBRIETY.

A QUARTERLY meeting was held at 11, Chandos Street, on Tuesday, October 1st; the President, Dr. NORMAN KERR, in the chair.

A paper was read by Mr. H. C. TREESTRAIL on "Inebriety and Some of the Circumstances Favouring its Development." The circumstances of birth as exemplified in heredity, the use of alcohol during lactation, and defective education were dwelt on, and the necessity for the training of self-control was strongly urged. There should be education in all schools on the physiological action of narcotics of all kinds. Inebriety was a disease demanding sound scientific and judicious medical treatment.

The PRESIDENT, in a brief communication, answered the question, Is there an arsenic inebriety? in the negative, though he had known such substances as iodine and arsenic taken habitually to excess. A permanent impression could be made on the nerve-centres by almost any substance, but only narcotics and anæsthetics could give rise to a true narcomania.

A resolution was agreed to, memorialising the Home Secretary and Government to use their influence to promote the appointment of a Parliamentary Committee to inquire into the results of the working of the Inebriates Act.

Another resolution was passed, approving of the leading principles of Mr. Charles Morton's Restorative Homes (Scotland) Bill—namely: (1) voluntary reception and detention without appearance before a justice; (2) compulsory admission and detention of inebriates unable or unwilling to apply of their own accord; (3) provision at the public charge for the detention and treatment of impecunious inebriates.—Among those who took part in the discussion were Drs. H. W. WILLIAMS, Jabez HOGG, GEORGE POOLE, LONGHURST, HAZELL, and PARAMORE.

## ASSOCIATION INTELLIGENCE.

### COUNCIL.

#### NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 16th day of October next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

September 12th, 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*.

#### BRANCH MEETINGS TO BE HELD.

OXFORD AND DISTRICT BRANCH.—The next meeting of this Branch will be held at the Radcliffe Infirmary, at 3 P.M. on Friday, October 25th. Notice of papers to be read, etc., should be sent to the Honorary Secretary on or before Friday, October 11th.—W. LEWIS MORGAN, Honorary Secretary, 42, Broad Street, Oxford.

NORTH OF ENGLAND BRANCH.—The autumnal meeting will be held at the Royal Infirmary, Newcastle-upon-Tyne, on Wednesday, October 23rd, at 3 P.M. Agenda: Dr. Coley will exhibit some cases of interest. Dr. Murphy will read a paper on the Operative Treatment of Hemorrhoids. Dr. Coley: On Effusion into the Cavity of the Pleura. Mr. Williamson: On a Case of Cerebral Abscess, Localised and Opened. Dr. Philipson will introduce the question of the Formation of a Division of the Medical Defence Union for Northumberland and Durham. Members wishing to read papers, etc., are requested to communicate with the Honorary Secretary at once. The dinner after the meeting will take place at the Douglas Hotel, at 5 P.M., 6s. 6d. each, exclusive of wine.—G. E. WILLIAMSON, F.R.C.S., Honorary Secretary, 22, Eldon Square, Newcastle-on-Tyne.

SOUTH EASTERN BRANCH: EAST SURREY DISTRICT.—The autumn meeting will be held at the White Hart Hotel, Reigate, on Thursday, October 10th, at 4 P.M. Frederick B. Hallowes, Esq., of Redhill, in the chair. Dinner at 6 P.M., charge 7s., exclusive of wine. The following papers, etc., will be read:—Dr. W. J. Mickle: On the Relations of Medical Men with the Public and the Insane under the Present and Coming Lunacy Laws. Mr. Pearce Gould: (1) On the Treatment of Strumous Glands; (2) Recent Surgical Cases. Mr. Herbert W. Page: On Acute Epiphyseal Necrosis. Dr. John H. Galton: A Case of Mole Pregnancy in a Woman, aged 53. Dr. H. S. Stone: A Case of Gall-Stones passed through the Abdominal Wall. Members desirous of exhibiting or reading notes of cases will please communicate with P. T. Duncan, M.D., Honorary Secretary, Croydon.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.—The annual meeting of this Branch will be held at 198, Union Street, Aberdeen, on Saturday, October 19th, at 1 P.M., the President, Dr. Stone, Montrose, in the chair. Business: (1) Minutes, etc.; (2) Council report; (3) Treasurer's balance-sheet; (4) election of President-elect for the ensuing year; (5) election of two honorary secretaries and honorary treasurer; (6) election of members of Council; (7) election of chairman of Parliamentary Bills Committee; (8) Selection of place of next June meeting.—ROBERT JOHN GARDEN and J. MACKENZIE BOOTH, Honorary Secretaries.

STIRLING, KINROSS, AND CLACKMANNAN BRANCH.—The autumn meeting of this Branch will be held in the Scottish National Institution for Imbecile Children, Larbert, on Friday, October 18th, at 4 P.M. Dr. Leslie will exhibit various cases, and read a paper on Certain Types of Imbecility. Members desirous of showing specimens, etc., are requested to communicate with the Honorary Secretaries. The Council will meet at 3.45 P.M.—C. J. LEWIS, Honorary Secretary.

#### SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

A MEETING of the above district was held at Hastings on September 26th; Mr. ROUTH in the chair.

*Strychnine Poisoning.*—The CHAIRMAN described his personal experience of poisoning by the accidental administration of 70 minims of liq. strychninæ. Recovery followed treatment by chloral and chloroform inhalation. For six months subsequently he had no symptoms of migraine, from which he had suffered frequently.

*The Hospital Question.*—The remainder of the meeting was occupied by discussions on hospital out-patients, the proposed Public Medical Service, and the House of Lords inquiry, which are reported at page 797.

#### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

THE last meeting of the above District was held at the Royal Sea Bathing Infirmary, Margate, on Thursday, September 12th, at 3 P.M., Mr. KNIGHT TREVEES in the chair. Previous to the meeting the directors of the infirmary hospitably provided luncheon for members of the Association and their friends. Mr. C. H. SCHÖN, of Bridge, was elected chairman for the next meeting to be held at Canterbury in November.

*Prescribing v. Dispensing.*—The CHAIRMAN gave notes upon his experience of ten years' non-dispensing. The advantages and disadvantages of giving patients prescriptions were discussed by Dr. PITTOCK, Mr. GEORGE RIGDEN, Mr. PHILLIPPS, Mr. R. HICKS, and Dr. F. EASTES.

*Communication.*—Mr. W. L. CHUBB read Notes of a Case of Epyema. The epyema followed an attack of pneumonia in a man, aged 19. Aspiration was done with immediate relief to symptoms, but on the third and eleventh day after aspiration two and three pints of pus were expectorated respectively. An excellent recovery ensued. Some remarks were made on the difficulties met with in the diagnosis of pleuritic effusion, references being made to Dr. Hood's paper on Epyema following Pneumonia, and Dr. Goodhart's on Behaviour of Fluid in the Chest and Treatment of Epyema. Mr. R. HICKS, Dr. F. EASTES, and Mr. PHILLIPPS took part in the discussion.

*Dinner.*—The members afterwards dined together at the Naylor Rock Hotel.

#### EAST ANGLIAN BRANCH: ESSEX DISTRICT.

AN ordinary meeting of this District was held on September 24th at the Horn Hotel, Braintree; Dr. J. SINCLAIR HOLDEN, of Sud-

bury, President of the East Anglian Branch, in the chair. There were also present twenty members and one visitor.

*Next Meeting.*—This will be held at Haverhill in the spring.

*Medical Defence Union.*—Dr. MEAD (Newmarket) gave an account of the origin, development, and present condition of the Union. He explained its objects and the benefits conferred on its members. The Union was rapidly extending to all parts of Great Britain.—The following resolution was proposed by Mr. J. M. RYAN, M.B., Colchester, seconded by Mr. E. H. CARTER, and carried unanimously: "That this meeting considers the Medical Defence Union supplies the profession with a much needed organisation for protection from unjust charges, and approves of the steps which have been taken to organise it. The best thanks of the meeting are hereby tendered to Dr. Mead for his exertions in introducing the Union to East Anglia."

*Hospital Out-patient Reform.*—A discussion on this subject was opened by Mr. E. H. CARTER (see page 796).

The following papers were then read:

Dr. T. COLCOTT Fox (London): "New Methods of Treatment and New Applications in Skin Diseases."

A vote of thanks was unanimously accorded to Dr. T. Colcott Fox for his valuable and interesting paper.

Mr. T. SIMPSON (Coggeshall) showed a case of Scleroderma, and exhibited six drawings done by a camel's hair pencil held in the mouth.

Mr. C. F. ABBOTT (Braintree) read the notes and showed a case of Elephantiasis Arabum.

The members subsequently sat down to a cold collation at the hotel.

#### NEW SOUTH WALES BRANCH.

THE eighty-first general meeting of this Branch was held in the Royal Society's Room on Friday, June 7th. Present: Dr. FIASCHI (President, in the chair), Drs. Quaife, Cohen, Shand, Worrall, Wilkinson, Scot Skirving, Crago, Brady, Lyden, Fisher, Parker, Clubbe, E. F. Ross, Todd, Rennie, O'Reilly, Garrett, McCulloch, and the Hon. Dr. Creed, M.L.C. The minutes of the previous meeting were read and confirmed.

*Death of Dr. Nott.*—The PRESIDENT announced the death of Dr. Nott, of Woollahra.—Dr. SCOT SKIRVING proposed, and Dr. QUAIFFE seconded, that a letter of condolence be forwarded to Mrs. Nott, sympathising with her in the loss she had sustained by her husband's death.

*Representative at Annual Meeting.*—The HONORARY SECRETARY (Dr. Scot Skirving) read a letter from the President-elect of the British Medical Association, asking that a representative from the New South Wales Branch be sent to the annual meeting, to be held in August of this year at Leeds, England.—The Hon. Dr. CREED proposed: "That the Hon. Dr. MacLaurin be appointed to represent the Branch at the annual meeting of the British Medical Association."—Carried.

*New Members.*—The PRESIDENT (Dr. Fiaschi) announced that Drs. Barcroft and Harold Brown had been elected members of the Branch and Association.

*Communications.*—The Hon. Dr. CREED, M.L.C., and Dr. SCOT SKIRVING read a paper on Two Cases of Acute Yellow Atrophy of the Liver (?), in which recovery took place.—Dr. WILKINSON exhibited a case of Diphtheritic Paralysis, and explained the case.—Dr. BRADY exhibited some long hair from a Dermoid Tumour of the Scalp behind the Ear.—Dr. WILKINSON read a paper on a Case of Heart Disease, with exhibit and microscopical sections.—Dr. SHAND, of Penrith, read a paper on a Case of Fibro-Cystic Tumour removed from the Body of the Uterus, and exhibited the specimen.

THE eighty-second general meeting of the Branch was held at Sydney on Friday, July 7th. Present: Drs. FIASCHI, President; Mr. G. T. Hanks, M.R.C.S., Vice-President; Drs. Marshall, Hodgson, Rennie, Todd, Colton de Englesqueville, Scot Skirving, Jarvie Hood, Breneman, Fisher, Marano, Martin, Wright, Worrall, Roth, Quaife, Kendall, and Crago; Visitor, Dr. Burland.

The minutes of the previous meeting were read and confirmed.

*Death of Dr. McDonagh.*—The PRESIDENT announced the death of Dr. McDonagh. It was resolved: "That a letter of condolence be forwarded to the relatives of the deceased gentleman."

*New Members.*—Dr. Wright, of Glebe Point, and Dr. E. P. McDonnell were elected members of the Branch and Association.

*Communications.*—Dr. JARVIE HOOD, of Clarence River, read a paper on a case of Foreign Bodies in the Rectum, causing Scrotal

Fistula.—Dr. MORGAN MARTIN, of Sydney, exhibited a patient supposed to be suffering from Thoracic Aneurysm.—Dr. TODD, of Sydney, read a paper on the Comparative Value of the Methods of Treating the Accidents of Artificial General Anæsthesia. A discussion ensued, in which Drs. HODGSON, FIASCHI, WRIGHT, and SCOT SKIRVING took part.—Dr. MARANO read "Notes on a Case of Lupus Vulgaris," and exhibited drawings showing the different stages of the disease.

THE eighty-third general meeting of the Branch was held in the Royal Society's Room, Sydney, on Friday, August 2nd, 1889. Present: Dr. FIASCHI (President), in the chair, Mr. G. T. Hanks (Vice-President), and twenty-two members.

The minutes of the previous meeting were read and confirmed.

*Communications.*—Dr. WILKINSON read some notes on a case of Heart Disease.—Dr. WORRALL exhibited an Apparatus for washing out the abdominal cavity, and explained its advantages. Drs. FIASCHI, HODGSON, HANKINS, CHISHOLM, QUAIFFE, FOREMAN, and W. J. O'REILLY discussed the utility of the apparatus.—Dr. FIASCHI read a paper on Skin-grafting and its Recent Advances.—Dr. RENNIE read notes of a case of Diphtheritic Paralysis. The paper was discussed by Drs. CHISHOLM, CRAIGO, and FIASCHI.

*Friendly Societies.*—Dr. CLUBBE, of Randwick, moved: "That, in the opinion of this Branch of the British Medical Association, when dealing with friendly societies, its members should use the agreement that was drawn up by a subcommittee appointed by this Branch some time ago."—Seconded by Dr. HODGSON.—Dr. WILKINSON proposed and Dr. COHEN seconded: "That the discussion be postponed until the agreement is printed and circulated among the members."

#### JAMAICA BRANCH.

A GENERAL meeting of this Branch was held on January 30th at the Public Library, Kingston, the PRESIDENT in the chair. Present: Messrs. F. H. Saunders, Strachan, Da Costa, Turton, Henderson, Plaxton, and James Neish. The minutes of the general meeting of November 28th, 1888, were read and confirmed, and signed by the President.

*Abdominal Pregnancy.*—The PRESIDENT read a paper, in which he related three cases of abdominal pregnancy. The first was that of a negress, aged 30, admitted to hospital on May 23rd, 1885, with symptoms of ascites, for which she was tapped twice with relief. At the second tapping a solid mass was diagnosed in the abdomen. On June 13th laparotomy was performed, when a foetal head presented itself; the incision was enlarged, and a full-grown well-developed foetus taken away; the placenta was found in the left iliac fossa, very much softened and friable superficially, but attached firmly at its deeper part; the cord was tied, the friable portions of placenta removed, the abdominal cavity thoroughly cleared of all fetid fluid, and hæmorrhage stopped. No ligatures were used, the wound was sutured and two drain tubes left in. On the 16th, however, the discharge became offensive, diarrhoea set in, and on the 17th the patient died. At the necropsy no ovary or Fallopian tube could be found on the left side. The left side of the fundus of the uterus had sloughed away, and the whole organ was soft and friable.—In Case II the patient was admitted on June 7th, 1884, with a history of having been struck in the back by a hamper. She stated she was three months pregnant. There was no hæmorrhage, but a good deal of bearing down pain and some collapse. On the 13th sudden collapse came on and she died. The necropsy disclosed a ruptured tubal sac, the tiny foetus, and hæmorrhage.—In Case III the patient was admitted on June 17th, 1884, with a history of abdominal pain having come on suddenly a few days before. Patient collapsed. Abdomen distended and very tender; slight vaginal hæmorrhage. Four hours after she died. At the necropsy there was found a ruptured sac in the right Fallopian tube, a small foetus, and considerable hæmorrhage.

A GENERAL meeting was held on March 27th, at the Public Library, Kingston, the PRESIDENT in the chair. Present: Messrs. F. H. Saunders (President), Bronstorff, G. Cooke, Plaxton, James Neish, Henderson, Turton, Da Costa. The minutes of the general meeting of January 30th were read and confirmed, and signed by the President.

*Death of Dr. Madden.*—A letter of condolence from the meeting was ordered to be sent to the widow of Dr. T. P. Madden, who died on March 15th, 1889, of rupture of aortic aneurysm.

*Representative on Council of Association.*—Dr. G. C. Henderson

was nominated Representative of the Branch on the Council of the Association.

*Differences between Yellow and Malarial Fevers.*—Mr. STERN discussed this subject. He regarded yellow fever as specifically distinct from the bilious remittents of hot climates and from any form of malarial fever. The onset of yellow fever was sudden; the invasion of the malarial, even in aggravated forms, was slow. Convalescence once established in yellow fever, its progress was continuous and progressive; the reverse obtained in malarial fever. The one left evil traces behind. Weeks elapsed before the subject of malarial was safe. The duration of the one seldom or never exceeded nine days. The fatal issue almost always occurred between the third and fourth day, while the general range of temperature was not so high as in those cases of malignant remittents that approached it nearest. A second attack of yellow fever was so exceptional as to be phenomenal. The mortality was far in excess of that in malarial fever, and quinine exerted no influence over it. Then there was the infectious character of yellow fever. Habitual drunkards seemed somehow to enjoy immunity from yellow fever in a very noticeable proportion, while they but seldom escaped some form of malarial fever.

A GENERAL meeting was held on May 29th, 1889, at the Public Library, Kingston, the PRESIDENT in the chair. Present: Messrs. F. H. Saunders, Phillippo, Gerrard, Turton, Da Costa, Plaxton. The minutes of the general meeting of March 27th were read and confirmed, and signed by the President.

*New Member.*—Dr. L. M. Clark was admitted a member of the Branch.

*Rabies or its "Double"?*—Mr. PLAXTON read a paper with this title. He related two cases, of which the interest, according to him, was that, admitting them to be cases of rabies, no evil followed bites, or denying them to be rabies, they were cases of an acute and rapidly fatal maniacal affection in the dog.—Case I. One of his own dogs was excited, attacked all his other dogs without more than trifling cause, and bit and struggled when picked up from the ground. He bit five people, including his master. Muscular power gradually failed, the dog seemed to wish to vomit, lay much with closed eyes, whimpered occasionally; eyes clouded; not easily roused; once or twice in the day put his nose to a plate of milk, but did not drink, not seeming to understand it as food; took no note of water; was not snappish. The *post-mortem* disclosed that he had swallowed rubbish of all sorts during his illness.—Case II was also that of one of his own dogs, but not infected by the first. On Easter Sunday, 1884, during the night, she killed and ate part of one of her puppies. She was very furious, and attacked the other dogs, biting three certainly. She never attacked human beings. She tried to destroy a second puppy but was prevented. Water she lapped once or twice, but was not seen to drink any large quantity; milk and meat she treated in the same capricious manner. She was not noisy; never barked; was restless, jumping about the room as if eager to be out. Did not attack human beings. At the *post-mortem* nothing unusual was found; no peritonitis, nothing in the stomach or intestines, no foreign bodies, no rubbish of any kind. If these were not cases of rabies were they interesting cases of insanity in one of the lower animals? The first a case of insanity attacking the subject possibly at puberty, the second, perhaps, a case of puerperal mania. If they were rabies it was singular that all, man and beast, who were bitten escaped the disease.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

*Lactose as a Diuretic.*—*Cocaine in Operations on the Eye.*—*Health of the French Army.*—*Salicylate of Mercury.*—*Cancer in Rural Districts.*—*Injections of Camphorated Naphthol in Phthisis.*—*Chloroform Syncope.*

M. GERMAIN SÉE, at a recent meeting of the Paris Medical Academy, stated that lactose as a diuretic is preferable to milk. Many cardiac patients are unable to swallow large quantities of milk, whereas *tisane lactée*, tisane mixed with lactose, is easily tolerated. One hundred grammes of lactose administered daily acts more

powerfully as a diuretic than four or five litres of milk. Lactose is a valuable diuretic agent in dropsy, a frequent complication of certain forms of heart disease; for these cases, M. Germain Sée considers lactose superior to strophanthus or digitaline.

Dr. Adolphe Piéchaud constantly employs cocaine as a local anæsthetic in operations on the eye, and finds that in the preliminary manipulations and external operations it is of great service. But he considers its action as entirely superficial in cases where incisions are made in the connective tissue of the eye. It certainly has a powerful moral effect in these cases, however; for, after imbibing a few drops of cocaine, the most refractory patients will allow their eyes to be inspected. M. Piéchaud has employed it in ophthalmic migraine as an anti-spasmodic and an anti-nervous agent, but has only found it properly efficacious when combined with analgesine or caffeine. After various trials he has decided that the following mixture is the most effectual. It contains for a spoonful of 15 grammes: analgesine, 50 centigrammes; cocaine, 2 centigrammes; caffeine, 5 centigrammes; employed with ether. Dr. Piéchaud administered 15 grammes in one dose to 12 patients suffering from chronic headache, aggravated by inflammation of the eye. Relief was obtained almost immediately. Another patient, who for three weeks had suffered intense ciliary pain consecutive on conjunctivitis with oedema and benignant iritis, was completely freed from pain after taking two doses of 15 grammes of this mixture, which is called *cérébrine*. Dr. Piéchaud also cites the case of an old lady of 73, who, after being operated on for cataract, was attacked with violent frontal and facial neuralgia. A dose of 20 grammes of *cérébrine* caused all pain to disappear in ten minutes. The bandage was removed on the fourth day, and the eye was restored to its normal condition.

M. de Freycinet has sent in to the War Minister a report on army sanitation, in which he states that, in 1870, the mortality in the army in time of peace was 12 per 1,000; it is now 8 per 1,000, and it will be still lower. Typhoid fever is the cause of the greatest number of deaths. In thirteen years, from 1875 to 1887, there were 141,648 cases, resulting in 21,116 deaths; in the civil population the mortality from the same fever was seven times less, notwithstanding the bad sanitary conditions which surround a large section of the Paris civil population. M. de Freycinet, quoting from Dujardin-Beaumetz's report, concludes that the high rate of army mortality results from overcrowding and contaminated water. In thirty-nine towns spring water has been laid on. At the barracks of the Fire Brigade where typhoid fever raged, when spring water replaced river water this epidemic suddenly disappeared. During the last four years deaths from small-pox have fallen from 92 to 16, and these are believed to result from contamination brought by the "reservists;" in order to prevent this, all men called upon to serve temporarily as soldiers are obliged to be revaccinated. In future, barracks will be provided with isolated infirmaries, shower baths, both cold and tepid, in the infirmaries and hospitals, where the antiseptic method will be rigorously observed.

At the Paris Medical Academy M. Riche stated that there are four kinds of salicylate of mercury, and specially mentioned two, of which one contained 42 per cent. of mercury, and the other 59 per cent. These should not be prescribed indiscriminately, as their action varies, and he suggests that a committee should be formed to decide whether medical men ought not to be called upon clearly to indicate the salicylate they wish used.

MM. Arnaudet and Ozenne have recently published some interesting statistics concerning the frequent occurrence of cancer in country villages. At Saint Sylvestre Dr. Arnaudet finds 11 deaths from cancer during eight years, the total general mortality being 74—a proportion of 14 per cent. Dr. Ribulet (Bourghéroude) finds 17 deaths from cancer in two years, the total mortality being similar to that recorded by Dr. Arnaudet. M. Le Gros, in his statistics published by M. Ozenne, records 80 deaths from cancer, spreading over a period of sixteen years. These statistics, compared with those of Paris drawn up by M. Bertillon, show that in these rural districts the mortality from cancer is twice that of Paris. M. Arnaudet, after a close study of the question, believes it probable that water served as a means of spreading the disease. Six inhabitants of Saint Sylvestre provided themselves with drinking water from the same spring. This they used for making cider and all their drinks. All six died from cancer. This fact is far from conclusive, but certainly suggestive.

M. Fernet has treated four patients with advanced pulmonary lesions by administering interstitial injections of camphorated naphthol at the seat of the lesion, each injection consisting of 45

and 5 from measles. Three fatal cases of diphtheria were recorded in Leith and 2 in Dundee. The death-rate from diseases of the respiratory organs in these Scotch towns during the week under notice was equal to 3.5 per 1,000, against 2.3 in London.

#### HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, September 28th, the deaths registered in the sixteen principal town districts of Ireland were equal to an annual rate of 26.3 per 1,000. The lowest rates were recorded in Lisburn and Kilkenny, and the highest in Belfast and Dublin. The death-rate from the principal zymotic diseases in these towns averaged 4.3 per 1,000. The 213 deaths registered in Dublin during the week under notice were equal to an annual rate of 31.5 per 1,000 (against 24.5 and 28.5 in the two preceding weeks), the rate for the same period being only 16.4 in London and 16.6 in Edinburgh. The 213 deaths included 30 which resulted from the principal zymotic diseases (equal to an annual rate of 4.4 per 1,000), of which 23 were referred to diarrhoea, and 6 to "fever" (principally enteric).

#### REPORTS OF THE MEDICAL OFFICERS OF HEALTH.

**KENDAL (Population 14,000).—Decreasing Death rate: Diphtheria Epidemic: Suspected Relations to Prevalence of Fog.**—Mr. C. E. Paget reports that during 1888, the total mortality from zymotic diseases was 18, giving a death-rate of 1.3 per 1000 of the population, a rate which, though higher than in either of the two preceding years, is 0.2 lower than the mean of the quinquennial period 1881-85, and lower still than any other similar period since the year 1840. This mortality included for the first time since the year 1860, no death from diarrhoea or dysentery; and, considering the extent to which scarlet-fever prevailed during the year, only a very small mortality from this disease. The increase in the zymotic deaths was due to a short, though rather fatal, outbreak of diphtheria in the first six weeks of the year. Mr. Paget describes this as being of a most peculiar nature, the disease making a sudden onset, and then as abrupt a cessation. He gives the following interesting account of the circumstances attending the outbreak: All the fatal cases, with one exception, were on the east side of the river and near to it or the canal, in the flattest and most low-lying parts of the town, over which a heavy fog had hung with great persistency. This fog was common to the whole town, to most parts of the low-lying surrounding district, and, according to reports, it was noticeable over most of the moorlands of Yorkshire at the same time. The date of the commencement of the fog in Kendal was January 8th, and it remained continuously until January 20th. Inquiry showed that during the period of fog there was an intensified prevalence of sore throats among children attending the public elementary schools of the town, which died out towards the end of February. The nature of the fog was such that it was probable that sewer vapours and emanations from decomposing matters were confined to a low atmospheric level in the district and could not be dispersed. Mr. Paget thought it also likely that with low forms of organic life present in an atmosphere which could not be properly freshened during a period of twelve days children would be peculiarly liable to throat affections which in some instances might be true diphtheria.

**BRISTOL (Population, 226,510).—Small-pox Epidemic: Insufficient Hospital Accommodation: Scarlet Fever Mortality; Prevalence of Measles.**—Dr. D. S. Davies writes at some length on the sanitary condition of his district, making an excellent report to his authority, and one which betokens an expenditure of much time and care in its preparation. It is supplemented with valuable tables of statistics, charts, etc. He gives the death-rate for the year as 16.9 per 1,000; but as 1888 was a year of low death-rates in most towns in England, climatic and other general causes must be credited with some share in the lowness of the Bristol rate. It is satisfactory to note that amongst the general lowering of the rate throughout England, Bristol has retained her comparative position amongst the healthiest towns, and only one town of over 200,000 inhabitants (Hull) shows a smaller general death-rate. Not only is the rate the lowest ever recorded in Bristol, but the actual number of deaths during the year (3,816) was less than during any of the previous eleven years, except 1883, when 3,795 deaths occurred in a smaller population, and gave a death-rate of 17.8. The small-pox epidemic, which began in the autumn of 1887, continued through the first two quarters of 1888, causing 26 deaths, and disappearing completely in July. The mortality from scarlet fever fell from 217 in 1887 to 45 in 1888. Dr. Davies draws attention to the need of infectious hospital provision for other than pauper patients, and to the unsuitability of the present hospital provision for the isolation of more than one disease at a time; consequently, for nine

months these hospitals were closed against any but cases of small-pox. That scarlet fever is eminently a disease which can be dealt with and controlled by early and prompt isolation the experience of other towns is abundantly testifying; that it is a very fatal disease when uncontrolled the experience of Bristol itself can show. Thus, during the past ten years, from 1879 to 1888, scarlet fever has caused in this city 1,006 deaths, as compared with 58 deaths during the same period due to small-pox, and 20 to typhus. Dr. Davies expresses the opinion that a very large proportion of this mortality might have been prevented, as hitherto no attempt has been made to deal systematically with this disease, and the increased accommodation would also be a means of dealing with some other diseases occasionally requiring isolation, such as measles, diphtheria, erysipelas, etc., for all of which and for all classes provision should be made. A report for the first quarter of the current year shows that measles has been prevalent, and caused 121 deaths.

**PRESTON (Population, 103,234).—Small-pox Outbreak: Infection brought by Travelling Shows: Inadequate Hospital Accommodation for Non-paupers: Influence of Vaccination.**—The principal feature of Mr. Pilkington's report for the year 1888 is an interesting account of an epidemic of small-pox, which was remarkable by reason of the sudden and widespread nature of its attack. Mr. Pilkington, although unable to point out with absolute certainty the means by which the infection was first introduced into the town, has little doubt that it was sown broadcast through the medium of the travelling shows which visited the neighbourhood during the Whitsuntide holidays. The first three cases were notified on June 2nd, and by the end of the week some 178 cases were officially reported. This number being far in excess of the available accommodation, temporary provision had to be made, and after many difficulties and obstacles had been surmounted, a complete hospital was erected by the Ducker Portable House Company on an excellent site, entirely removed from houses, and at least a hundred yards from the public road. The disease was not entirely stamped out until the close of the year, though long before that time its virulence was exhausted. Of the 31 fatal cases, 12 died in hospital, and of these 4 were vaccinated, 1 unvaccinated, and 4 doubtful; the condition of the remaining 3 preventing the necessary examination. Mr. Pilkington only saw one instance of infection in a recently re-vaccinated person, and here the disease had evidently been contracted before the operation was performed, as the pustules and vaccine vesicles appeared together. The attack was an exceedingly mild one, and the eruption was confined to a few spots upon the forehead and face. An infant, aged a few months, was admitted with its mother, who was suffering from a modified attack. It had been twice unsuccessfully vaccinated, but the third time with good results, and, though nursed by and sleeping with its mother, it escaped without contracting the disease. Another curious case was that in which a young man had lately been suffering from disease of the hip-joint, and in which the affected part had been treated with iodine. The whole force of the eruption appeared to have expended itself upon the part so painted, and here a copious crop of pustules appeared, whilst on the rest of the body they were scattered and completely isolated. The deaths and sickness from other infectious diseases were, with the exception of diphtheria, below the average, and Mr. Pilkington was able to report a satisfactory reduction in the general mortality-rate, it being 22.53 per 1,000, as compared with 26.42 in the previous year.

## MEDICAL NEWS.

**BEQUESTS.**—The Stockport Infirmary largely benefits under the will of the late Mr. Tom Mason, of Portwood. The amount is currently stated to be £3,000.—By the will of Mr. D. Cullimore, barrister, late of Monkstown and Ballyganne Park, Co. Wexford, the County Infirmary, Wexford, has received a legacy of over £1,000, and the poor of the village Taghmon, Co. Wexford, £8,000.

**MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.**—The winter session of 1889-90 will be inaugurated on Monday next, October 7th, when an introductory address will be delivered in the Institution at 10 A.M. by Sir George Porter, Bart, Senior Surgeon to the hospital. The same evening the annual old students'

and governors' dinner will take place at the Shelbourne Hotel; Sir Howard Grubb, F.R.S., one of the governors, will preside. Application for dinner tickets must be made on or before Saturday, October 4th, to the Honorary Treasurer, Mr. L. H. Ormsby, 92, Merrion Square West, Dublin. One or two guests may be invited by each governor or old student. It is expected that this gathering will be largely attended.

**DRINKING FACILITIES AT LEEDS.**—A public-house map of the borough of Leeds has recently been issued. There are 355 fully licensed houses, 422 beer houses, and 362 off-licensed shops, making a total of 1,139 houses and shops in which intoxicants are sold. The population is 350,000, and it is calculated that Leeds expends on alcohol £1,213,000 per annum.

**PRESENTATIONS.**—At a meeting of the Board of Guardians held on Tuesday, September 24th, an illuminated address was presented to Dr. A. Downes, the late medical officer of health for the combined Rural Sanitary Authorities of Chelmsford and Maldon. Mr. Downes replied, and introduced Dr. Thresh, his successor, who has now taken charge of the combined districts.—At the Drill Hall, Nuneaton, on September 28th, Dr. Hammond was presented with a purse of nearly £100, and an illuminated address, expressive of the high regard in which he is held by the donors. A massive gold bracelet was presented by a deputation of ladies to Mrs. Hammond, with an expression of regret at the departure of Dr. and Mrs. Hammond.

### MEDICAL VACANCIES.

The following Vacancies are announced:

- BALLINROBE UNION.**—Medical Officer. Salary, £100 per annum, with £33 6s. 8d. as Consulting Sanitary Officer. Applications to Mr. John Walsh, Clerk of Union. Election on October 19th.
- CLAYTON HOSPITAL AND GENERAL DISPENSARY, Wakefield.**—House-Surgeon. Salary, £120 per annum, with residence, coals, and gas. Applications by October 18th to the Honorary Secretary.
- DORSET COUNTY ASYLUM.**—Assistant Medical Officer. Salary, £120 per annum, with board and residence. Applications by October 19th to Dr. MacDonald, Medical Superintendent.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.**—House-Physician. Board and lodging. Applications by October 10th to the Secretary.
- FLINTSHIRE DISPENSARY.**—House-Surgeon. Salary, £100 per annum, with furnished house, etc. Applications by October 7th to the Secretary, Board Room, Bajillt Street, Holywell.
- GATESHEAD DISPENSARY.**—Resident House-Surgeon. Salary, £200 per annum, with furnished apartments, etc. Applications by October 8th to the Honorary Secretary.
- GENERAL DISPENSARY AND INFIRMARY, Jersey.**—Resident Medical Officer. Salary, £120 per annum, with furnished apartments, etc. Applications by October 19th to the Honorary Secretary.
- HOSPITAL FOR CONSUMPTION, Brompton.**—House-Physicians. Applications by October 19th to the Secretary.
- JOINT COUNTIES ASYLUM, Carmarthen.**—Junior Assistant Medical Officer. Salary, £100 per annum, with board, lodging, etc. Applications by October 10th, to the Medical Superintendent.
- LANCASHIRE COUNTY ASYLUM, Rainhill, near Liverpool.**—Assistant Medical Officer. Salary, £105 per annum, with board, lodging, and washing. Applications by October 18th to the Medical Superintendent.
- LEICESTER INFIRMARY AND FEVER HOUSE.**—House-Surgeon. Salary, £120 per annum, with board, lodging, etc. Applications by October 5th to the Secretary.
- LONDON LOCK HOSPITAL AND ASYLUM, Harrow Road and Dean Street, W.**—Physician. Applications by October 21st to the Secretary, Harrow Road.
- LONDON LOCK HOSPITAL AND ASYLUM, Harrow Road and Dean Street, W.**—Surgeon. Applications by October 21st to the Secretary, Harrow Road.
- PLYMOUTH PUBLIC DISPENSARY.**—Physician's Assistant. Salary, £60 per annum. Applications by October 8th to the Honorary Secretary.
- PLYMOUTH PUBLIC DISPENSARY.**—Second Medical Officer for Provident Department. Applications by October 8th to the Honorary Secretary, W. H. France, Esq., 7, Athenaeum Terrace, Plymouth.
- ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.**—House-Surgeon. Salary, £70 per annum, with board and residence. Applications by October 10th to the Chairman of the Committee at the Hospital, Portsmouth.
- STOKESLEY UNION.**—Medical Officer for Workhouse and Stokesley District. Salary, £54 per annum, with extras. Applications by October 19th to T. Sowerby, Esq., Clerk, Stokesley.
- UNIVERSITY COLLEGE, Dundee.**—Professor of Physiology. Salary, £350 per annum, with two-thirds of fees. Applications by October 15th to Messrs. Shiell and Small, 5, Bank Street, Dundee.
- WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.**—Honorary Surgeon. Applications by October 7th to the Honorary Secretary.
- WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.**—Honorary Dental Surgeon. Applications by October 7th to the Honorary Secretary.

### MEDICAL APPOINTMENTS.

**FRASER, D. A., M.D., M.R.C.S., L.S.A.,** appointed Medical Officer and Vaccinator to No. 4 District of the Totnes Union, *vice* Dr. Currie, resigned.

- GARDNER, E. F., L.R.C.P., M.R.C.S.,** appointed House-Surgeon to the Evelina Hospital for Sick Children, *vice* G. H. Pennell, M.R.C.S., L.R.C.P., resigned.
- GREER, J. S., M.R.C.S., L.R.C.P. Edin.,** appointed Medical Officer to the Cavan Union, Bellanagh Dispensary, *vice* G. Lyndon, L.K.Q.C.P.I., resigned.
- HAINS, L., L.R.C.P. and S. Edin.,** appointed Medical Officer and Public Vaccinator to No. 3 District of the Totnes Union, *vice* Dr. Raby, resigned.
- HOLDEN, G. H. R., M.A., M.B., B.C. Cantab., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed House-Surgeon to St. Bartholomew's Hospital.
- HOPKINS, Thomas, B.A., M.B., B.Ch. Univ. Dubl.,** appointed House-Surgeon to Chester General Infirmary, *vice* Mr. William Lees, resigned.
- LOMAS, Ernest C., M.B., Ch.B. Vict., M.R.C.S. Eng.,** appointed Senior House-Surgeon to the Royal Albert Edward Infirmary, Wigan, *vice* A. J. Barnard, M.R.C.S. Eng., L.K.C.P. Edin., resigned.
- NUTTALL, A. E., M.A., M.B., B.C. Cantab.,** appointed Senior House-Surgeon to the Macclesfield General Infirmary, *vice* C. Averill, M.R.C.S. Eng., L.S.A., resigned.
- SHAW, Cecil E., M.A., M.D., M.Ch.,** of Belfast, appointed Honorary Consulting Oculist to the Alexandra Hospital, Ballymena.

### DIARY FOR NEXT WEEK.

#### FRIDAY (October 4th).

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY,** West London Hospital, 8 P.M.—Pathological Specimens: Mr. Keetley: 1. Loose Cartilages Removed from Two Knee-Joints. 2. A Portion of a Kidney Crushed off by a Wagon Wheel and Removed through a Lumbar Incision. Mr. Percy Dunn: Some recent Additions to the Museum of the West London Hospital. Dr. H. C. Pope (President): The Beginnings of Disease.

#### WEDNESDAY.

**ROYAL MICROSCOPICAL SOCIETY,** King's College, W.C., 8 P.M.

**BRITISH GYNECOLOGICAL SOCIETY,** 8.30 P.M.—Specimens will be shown by Mr. Lawson Tait, Dr. Bantock, Dr. Edis, Dr. R. T. Smith, and others. Adjourned discussion on Dr. Dolan's paper, Gynaecological Specialism and General Practice. Council meeting, 8 P.M.

**HUNTERIAN SOCIETY,** 8 P.M.—The President: A Short Address. Dr. Turner: Two Cases Treated by Forced Feeding.

### 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.

**FRASER.**—At Pomeroy House, Totnes, on September the 20th, the wife of Donald A. Fraser, M.D., of a daughter.

**PARKHILL.**—On September 28th, at Church Gresley, Burton-on-Trent, the wife of Saml. J. Parkhill, M.D., of a daughter.

#### MARRIAGES.

**BAREFOOT—WALKER.**—On the 2nd inst., at Christ Church, Southport, by the Ven. Archdeacon Clarke, John Richard Barefoot, surgeon Army Medical Staff, to Lilian Elizabeth Mary, daughter of Henry Walker, Esq., of Mosborough Hall, Derbyshire, and Southport.

**HODSDON—RAFFIN.**—At Donisla House, Mayfield Gardens, Edinburgh, on the 2nd inst., by the Rev. W. M. Falconer, M.A., and the Rev. George Davidson, M.A., James W. B. Hodson, M.D., F.R.C.S. Edin., to Joan, daughter of the late William Raffin.

**MAYLAND—REDDIE.**—On October 2nd, in St. Silas's English Episcopal Church, Glasgow, by the Rev. Sholto D. C. Douglas, M.A., incumbent, assisted by the Rev. T. M. Macdonald, Canon of Lincoln and rector of Kersal, Manchester, Alfred Ernest Mayland, to Jane, elder daughter of Charles Reddie, Glasgow, and granddaughter of Sir George Burns, Bart., Wemyss Bay, N.B.

**MILWARD—PLUMRIDGE.**—On September 26th, at Christ Church, Freemantle, Southampton, by the Rev. J. D'Arcy Preston, Surgeon E. O. Milward, Army Medical Staff, son of the late John Harnett Milward, Esq., Ennis, Ireland, to Enid, youngest daughter of the late Admiral Sir James Henry Plumridge, K.C.B.

**MORRISON—TITTERTON.**—On September 27th, at the Central Hall, Great Charles Street, Birmingham, by John Morrison, LL.B., brother of the bridegroom, James Thomas Jackman Morrison, M.A., B.C. Cantab., F.R.C.S. Eng., of Birmingham, to Edith Mary, eldest daughter of the late John Ward Titterton, of the Manor, Shifnal, Salop, and niece of Sir Charles B. H. Soame, Bart.

**SMITHSON—REED.**—On October 2nd, at St. Andrew's Church, Kirk Ella, by the Rev. James Ford, vicar, Arthur Ernest Smithson, B.A., B.M., B.C. Camb., 25, Bloomsbury Square, London, to Frances Scott, youngest daughter of Walter J. Reed, solicitor, Kirk Ella.

**SYM—STOECKEL.**—At the Roxburghe Hotel, Edinburgh, on the 26th September, by the Rev. Arthur Pollok Sym, B.D., Lilliesleaf, Allan Cuthbertson Sym, M.D., 144, Morningside Road, Edinburgh, to Emily Belinda, daughter of the late Frederick Charles Stoekel.

#### DEATH.

**HARDWICK.**—On the 27th September, at Newquay, Cornwall, Arthur Roy Grahame, the only son of Arthur and Mary Hardwick, aged 11 months.

**SMITH.**—On Sunday, September 29th, at 42, Park Street, Grosvenor Square, Protheroe Smith, M.D., in his 80th year. Founder of the first Hospital for Women.



## 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 Orthopaedic; 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 Orthopaedic; Royal London Ophthalmic.—11 A.M.: St. Mary's (Orthopaedic).—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.

## 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. 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. 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 ORTHOPAEDIC**.—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 ORTHOPAEDIC**.—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; Orthopaedic, 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; Orthopaedic, W., 2; Dental, Tu., S., 9.
- ST. MARK'S HOSPITAL**.—Fistula and Diseases of Rectum, males, 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; Orthopaedic, 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.

## 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 of the following week.

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

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

## ANSWERS.

VIVISECTION.—The necessary documents could probably be obtained from Dr. G. V. Poore, 30, Wimpole Street, Assistant Inspector of Vivisections.

DR. MACDONALD, Brora.—Inquiry should be addressed to the Registrar of the Branch Council for Scotland, J. Robertson, Esq., 1, George Square, Edinburgh.

T. H. W.—Wrapping paper, machine cut, for the different sizes of bottles, can be obtained from Cooper, 9, Coleman Street, E.C.; Lockwood and Co., 168, St. John Street, E.C.; and probably also of Maw Son and Thompson, Silverlock, and others. It is difficult to give the exact sizes, as the paper is folded different ways by different people.

## ST. MUNGO'S COLLEGE.

DR. STUART NAIRNE, DR. MIDDLETON, AND OTHERS.—We have endeavoured to place before our readers both sides of the question at issue as they have been represented to us by competent though antagonistic authorities. It appears inexpedient to pursue the matter further at present.

## HERPES ZOSTER.

DR. HINGSTON FOX (23, Finsbury Square, E.C.) writes: Careful dressing with ung. zinci or calamina generally answers well in herpes zoster. In a severe case, a powder composed of zinc oxid. one part, creta prep. three parts, well dusted on at night, proved very comforting.

SURGEON DENHAM FRANKLIN, F.R.C.S. Edin., Medical Staff (Dover) writes: I would recommend "Shingles" to try the effect of a paste composed of zinc oxide and limewater. The part should then be covered over with cotton-wool, kept on by means of a flannel bandage, as recommended by Erasmus Wilson. Should much pain accompany the attack I have found that instantaneous relief is procured by the application of a 5 per cent. solution of cocaine. The effect is only temporary, but the application can be repeated.

E. M. SYMPSON, M.B. (Lincoln) writes: In answer to "Shingles," the best local application to the vesicles in herpes zoster is flexile collodion. This quickly shrivels them up, and I fancy prevents the appearance of any where it has been painted on. I feel sure he will not be disappointed with it.

DR. C. R. ILLINGWORTH (Accrington) writes: I have found the following ointment answer well in all herpetic eruptions: Zinc ointment, six drachms; glycerine of borax, two drachms; pure carbolic acid, half a drachm; mix, and apply frequently. In herpes labialis, due to catarrh and respiratory disorders, I omit the carbolic acid, and thus get a bland, enamel-like ointment, of great service in any inflammatory or ulcerative skin affection, eczema, pruritus ani, acne rosacea, etc.

## HEREDITARY ALCOHOLISM.

IN reply to several correspondents we beg to state that M. Paul Sollier's Aubanel Prize Essay, entitled "The Role of Heredity in Alcoholism," which was referred to in a leading article in the JOURNAL of August 31st, is published by MM. Lecrosnier et Babé, Place de l'Ecole de Médecine, Paris. It can also be obtained from the office of the *Progrès Médical*, 14, Rue des Carmes, Paris. The price is, we believe, three or four francs. So far as we are aware, the work has not been translated into English.

## LIQUOR POTASSÆ IN THE TREATMENT OF GALL-STONES.

G.E.C.—At a meeting of the Cambridge Medical Society, a report of which appeared in the JOURNAL of May 11th, 1889, p. 1062, Mr. Treadgold related several cases of gall-stones in which he had used liquor potassæ with success.

## PILOCARPINE IN THE TREATMENT OF DEAFNESS.

M.R.C.S.—Mr. Field's paper, giving details of eighteen cases of labyrinthine deafness treated with pilocarpine, was published in the JOURNAL of March 2nd, 1889, p. 471. Dr. Barr, of Glasgow, dealt with the same subject in the JOURNAL of June 13th, 1885, p. 1192.

## QUININE IN PREGNANCY.

DR. LEONARD G. PETERS (Salford) writes: In reply to "A Member's" inquiry respecting the safety of continuing to use quinine in the case he mentions, I think the following case, together with my remarks last week, will help to relieve his anxiety:

E. P. had had four pregnancies previous to taking the quinine during preg-

nancy; the first child was premature and delicate from birth, and only lived one month; the second and third only lived two days, also weakly from birth, and the other pregnancy ended in abortion. During the fifth and two subsequent pregnancies she took quinine more or less freely, chiefly for the vomiting, which it controlled satisfactorily, and each of the children born after taking quinine is still alive. She is now *enroute* again, and has consulted me as to the advisability of taking quinine—although not this time needed for the vomiting—because she attributes the life of her three children to the circumstance of having taken quinine during those particular pregnancies.

I think "A Member" will find one-grain doses sufficient if his is a suitable case for the drug. I find it most beneficial in those cases which appear to be connected with neuralgia and other nervous conditions.

#### DURATION OF CONSTIPATION.

DR. GEORGE FOY (Dublin) writes: A. M. R. will find some interesting cases of Constipation in Dr. James O'Beirne's book, *New Views of the Process of Defecation*, published in Dublin in 1833, by Hodges and Smith. Pages 74 to 87 are occupied with the history of the case of a girl, aged 19, who "had not had a stool of any kind, or passed even flatus *per anum*, since early in the preceding December, a period of nearly six months."

#### BOOKS ON ANATOMY.

T. F.—For the London and Cambridge honours examinations it is usual to recommend Quain, supplemented by Gegenbaur's *Comparative Anatomy*, or the second volume of Balfour's *Embryology*. It is understood that in a few days Professor Macalister, of Cambridge, will have his book on anatomy out, and the work is, we believe, especially intended to meet the requirements of candidates for honours. A new edition of Quain has been talked of for some time.

#### NOTES, LETTERS, ETC.

##### UNQUALIFIED ASSISTANTS.

ANOTHER SINE DIPLOMA writes: "A Member," who wrote to the JOURNAL of September 14th, brings the most outrageous charges against the "unqualified assistant," namely, "drunkenness, dishonesty, incapacity for diagnosis, and incompetency for prescribing." If these charges were true the unqualified assistant could not exist, simply because no medical man would employ him. But the mere fact that the unqualified assistant does exist, and often is preferred to the "newly-fledged" man by medical men of standing, is a complete refutation of "A Member's" charges as applied to that class.

I am speaking for those who have gone through the curriculum and worked honestly, and not for those who stepped from behind a counter to the post of "unqualified assistant," and for those first who are *sans diplôme* through no real fault of their own. I think something should be done at least to raise their status; but possibly that something should take shape and form within their own ranks.

M.B. writes: "A Member," writing on this subject, is quite just and well within the mark in his condemnation of those who impose upon the "unthinking public" the service of unqualified assistants. I would go further, and ask how it is that an unqualified assistant can be *de facto* public vaccinator and poor-law officer, the legally appointed officer simply signing his name to the other's work? And in the particular instance of which I have knowledge the latter gentleman has been found (some years ago now) "professionally incapable" by a board of examiners.

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

Mr. G. Christopher, London; Messrs. Sampson Low and Co., London; Dr. More Madden, Dublin; Dr. J. M. Bruce, London; Mr. E. Whittingham, Bournemouth; Mr. Page, London; Dr. A. Hill, Birmingham; Mr. F. St. J. Bullen, Wakefield; Mr. S. Morton, Sheffield; Mr. W. Y. Veitch, Middlesbrough; Messrs. R. Sumner and Co., Liverpool; Mr. D. D. Day, Norwich; Brigade-Surgeon F. W. S. Hodder, Grouville, Jersey; Mr. A. W. Williams, Ravensthorpe; Messrs. R. Hogg and Son, London; Mr. H. K. Lewis, London; Mr. J. W. Hopkins, Snettisham Grange; Our Swiss Correspondent; Mr. W. B. Hemsley, London; Messrs. Maw, Son, and Thompson, London; Dr. W. Pearce, London; Dr. G. A. Stockwell, Detroit; Mr. R. N. Ingle, Cambridge; Mr. J. Furley, London; Mr. J. Falconer, Dublin; Dr. L. Cane, Peterborough; Mr. F. P. H. Hughes, Weston-super-Mare; Messrs. Williams and Norgate, London; Mr. G. H. Wilkins, London; Mr. F. J. Rebman, London; Mr. M. W. Kerin, Cork; Dr. D. A. Fraser, Totnes; Dr. Ilott, Bromley; Dr. Robert Maguire, London; Professor Gardner, Glasgow; Mr. J. K. Frost, Looe R.S.O.; Mr. S. Geary, Dartford; Mr. W. B. Nisbet, Townsville, New Zealand; Dr. J. Reid, Melbourne; M.S.; Mr. D. Franklin, Dover; Mr. P. F. Moline, London; Dr. H. Smith, London; Mr. A. F. Wilson, London; Mr. T. H. Williams, Oswestry; G. H. R. Holden, M.B., London; Dr. J. A. da Gama, Bombay; Dr. P. T. Duncan, Croydon; Dr. C. E. Shaw, Belfast; Mr. Bland Sutton, London; Mr. T. H. Bartleet, Birmingham; Mr. A. S. Roe, Eccles; Our Egyptian Correspondent; Dr. A. B. Harris, Falmouth; Mr. J. Binks, Wakefield; Dr. D. N. Knox, Glasgow; Mr. J. Evans, Beaufort; Dr. MacGregor, Wellington, New Zealand; Mr. W. Towers-Smith, London; Mr. W. Deeble, Netley; Messrs. Corbyn, Stacey, and Co., London; Dr. R. H. Fox, London; Dr. J. Cargill, Kingstown, Jamaica; Dr. A. Foxwell, Birmingham; Dr. T. Fielding, Milton Abbas; Dr. J. W. Hayward, Liverpool; Mr. E. Duke, St. Leonard's-on-Sea; Dr. G. C. Kingsbury, Blackpool; Mr. J. A. Goodchild, London; The President of the Royal College of Physicians, London; Dr. Norman Kerr, London; Mr. J. J. Hicks, London; Mr. D. Grove, Berlin; Sir William Moore, London; Dr. A. MacDougall, Girvan; Mr. C. B. Lockwood, London; Dr. O. Wood, London; Dr. Rentoul, Liverpool; Jeyes' Sanitary Compounds Company,

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#### BOOKS, ETC., RECEIVED.

Lectures on Obstetric Nursing. By Theophilus Parvin, M.D. Philadelphia: P. Blakiston, Son, and Co. 1889.  
The Animal Alkaloids. By A. M. Brown, M.D. Second Edition. London: Hirschfeld Bros. 1889.  
Native Stories, Myths, and Phantasies. By Young Pan. London: Hamilton Adams and Co.  
London Ancient and Modern. By G. V. Poore, M.D., L.R.C.P. London: Cassell and Co., Limited. 1889.  
A Treatise on Gout. By Sir Dyce Duckworth, M.D. Edin. London: Charles Griffin and Co. 1889.  
Watts's Dictionary of Chemistry. By M. M. Pattison Muir, M.A., and H. F. Morley, M.A., D.Sc. In four vols. Vol. II. London: Longmans, Green, and Co. 1889.

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