

seven other patients, varying in age from 18 to 45, who suffered from severe nervous headaches, generally associated with constipation, and with whom tea and coffee appeared to disagree.

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

#### REMOVAL OF CALCULUS FROM URETHRA.

On July 19th I was called to attend Mr. M., a farmer, aged 47. I found him in bed, complaining of nausea, flatulence, want of appetite, and pain at the point of the penis, with frequent calls to micturate, but inability to make water. Beside his bed stood a jar half full of blood-stained urine, and a gum elastic catheter which had been given him by his former medical attendant.

The history of the case was this: In July, 1889, he was seized one day, while doing heavy work, with pain in the lumbar region, sickness, and vomiting. This attack lasted for about two hours. After it had subsided he had a call to make water, but found he was unable.

On making careful inquiry into the onset of his trouble I found the patient could not definitely say that he had ever felt more pain over one side than the other, though he clearly remembered having intense pain in the right testicle while the colic lasted.

After preliminary examination of the rectum and prostate, I proceeded to make an examination of the bladder, when, in trying to pass a metal catheter along the urethra, I came upon a hard obstructing mass, situated in front of the triangular ligament. After a great deal of manipulation I succeeded in getting the mass to move forwards along the urethral channel to within half an inch of the meatus urinarius externus. Here I was able to secure it by means of a pair of forceps, and, after some difficulty, succeeded in extracting it. On removal, I found it to consist of a smooth bean-shaped calculus, greyish-brown in colour, and of remarkable density. It weighed 13 grains, and measured, in its longest and broadest diameters, 1.5 and 1.2 centimetre respectively.

It would appear that the calculus had descended from the right kidney when the patient was attacked with colic in July, 1889, and then, or shortly afterwards, in attempting to escape *per vias naturales*, got caught in the urethra, where, in all probability from the history of the case, it must have been for a year.

Caithness, N.B.

D. GAIR BRAIDWOOD, M.B., C.M. ED.

#### A CASE OF EMPYEMA.

C. S., aged 29, of healthy parentage, came under my hands in August, 1889, suffering from cough, expectoration, shortness of breath, and wasting, and he was considered by his friends to be in a "decline." He had been laid up in bed for ten weeks some eighteen months previously, but "did not know" from what he had then suffered any more than that it had come on with a "cold," and from this he had never thoroughly recovered, and had had much difficulty in carrying on his employment. He had now complete dullness and enlargement of the left side of his chest, and the hypodermic syringe proved the existence of fluid of a semi-purulent nature. Four pints were removed on August 24th with the aspirator, and the man improved rapidly, but in about three weeks his symptoms again became troublesome, and I again aspirated, and this time removed two pints of a fluid of a more purulent nature than before. From this time (September 19th, 1889) his symptoms improved rapidly, there was no return of the fluid, and he was out of doors in about a week. I put him on cod-liver oil, and in three weeks from beginning to take it his weight had increased from 9 stone 3 pounds to 10 stone 3 pounds, and he now scales 11 stone. He is now in very good health, and can carry on his laborious work with ease.

The case appears worth recording, from fluid of so purulent a nature clearing up so rapidly after simple aspiration, and from the little damage to the lung after such long-continued and considerable pressure. It is interesting also in showing the endurance of the man, for he had carried on his laborious occupation up to within a week of the time I first tapped him.

Falbourn.

F. L. NICHOLLS.

#### FOREIGN BODY IN SOFT PALATE.

I WAS called to see a man, aged 58, who complained of a severe sore throat, which, he said, had gradually been coming on for some days, and now it interfered with swallowing.

On examination, I found that the left posterior half of the hard palate, the soft palate, left tonsil, and uvula were acutely inflamed and swollen, the uvula being quite cedematous. I ordered hot water and chlorate of potash gargles, and next day the oedema had nearly all subsided, especially in the throat, and he was able to swallow very well; but the soft palate was still swollen, and pus oozed out from a small sinus which could now be seen. On passing a probe into the sinus, what was thought to be a piece of loose dead bone was felt. I then passed in a probe-pointed bistoury and slit up the sinus, and with a pair of dressing forceps laid hold of the supposed necrosed bone. To our surprise a piece of clay pipe shank, nearly one inch and a quarter in length, was removed. Three nights before sending for me the man remembered falling forward while stooping. He was smoking at the time, and the stem of the pipe ran against the roof of his mouth, but he had no idea that a piece had penetrated, the pain being so slight. No symptoms developed for two days, when he began to feel neuralgic pains, which he attributed to a bad tooth. After this his throat trouble developed. He says he was not drunk at the time, having only had one glass of beer at supper.

Liverpool.

THOMAS STEVENSON, M.B., C.M. ED.

## REPORTS

### MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

#### STANLEY HOSPITAL, LIVERPOOL.

##### A CASE OF PARALYSIS OF THE CIRCUMFLEX NERVE.

(By T. R. BRADSHAW, M.D., M.R.C.P., Physician to the Hospital. J. B., aged 46, a dock labourer, came on March 20th, 1890, complaining of loss of power in the right shoulder. He was temperate and generally enjoyed excellent health. His previous history suggested the possibility of his having had a secondary eruption thirty years ago; but no symptoms suggesting syphilis had appeared since then. The only other illnesses were typhus twenty-five years ago, and an erysipelatous inflammation of the right arm, following a wound, five years ago. He was married and had seven healthy children, one had died, and another was said to be delicate.

His present attack came on three weeks before he came to the hospital. He had been engaged unloading a ship on the river and was more than usually exposed to cold and wet. On leaving work he felt chilly and went to bed. After sleeping some time he awoke with an intense pain in the right shoulder, shooting down the arm. The pain was very severe for two days, when it left him in the state he was in when he came to the hospital. He appeared to be a robust well nourished man, in perfect health except for the condition about to be described. When he tried to abduct his arm the deltoid did not act, but the scapula was strongly rotated and the acromion raised by the associated action of the muscles that should fix the scapula when the arm is raised by the deltoid. The annexed figure taken from a photograph shows this rotation of the scapula very well. It was taken with the arm abducted to the utmost degree possible. There was slight but appreciable atrophy of the deltoid, and the reaction of degeneration was obtained to a slight degree; the fibres were also unduly irritable to percussion. There was no sign of paralysis of any other muscle; paralysis of the teres minor, which was probably present, does not cause any manifest symptom. Cutaneous sensibility was markedly impaired over the muscle in an area corresponding to the distribution of the circumflex nerve. There was no pain, and no spontaneous sensations were complained of.

When the patient was last seen, about two months after the above date, some movements had returned in the deltoid, but there was still slight numbness in the affected area of the skin. He continued to be in good general health, and was employed as a porter.

REMARKS.—The limitation of the paralysis, motor and sensory,

interfered with they would no longer continue to be governors of the hospital, and it would do endless harm. But inspection without interference and power given to prevent the erection of new hospitals and special hospitals until leave were given from the central body, would be an admirable improvement.

Lord SPENCER: Would you be in favour of keeping open the hospital appointments in order to get able men from Dublin or Edinburgh, irrespective of London diplomas?—I think we are very free as to whom we appoint, so long as they have the proper diploma.

Is not the staff rather close, and not open to able men of Edinburgh and Dublin?—The surgery is not open to any man unless he is a Fellow of the Royal College of Surgeons.

Not open to a Fellow of the Royal College of Surgeons of Edinburgh?—It is not.

May you not be excluding some very able and efficient men by adhering to that rule?—The number of candidates for these appointments, who are excellent men, are so large that there is not the slightest difficulty.

But at the same time you may be excluding some of the ablest men in the United Kingdom?—I should prefer that that question should be answered by a member of the profession.

In your opinion, would you prefer to remain as you are or make the appointments open?—I am sure they are open enough.

Mr. W. H. NIXON, the house-governor of the London Hospital, recalled, said that the appointments to the senior medical offices were somewhat tied, but with regard to the qualifications for the house-physicians, he gathered from the rules that they were not so tied. He did not consider, from the rate of mortality among the nursing staff at the London Hospital as compared with the mortality at other hospitals, that there had been anything serious resulting from defects in the sanitary arrangements at the institution. He then spoke of a scheme of inspection of out-patients which he had established for the purpose of investigating their circumstances to ascertain whether they were fit subjects for hospital relief. There was, he said, a special officer appointed to make the investigation, and his inquiries were directed to ascertaining the age, social state, number in family, income of applicant and family, whether in sick club or the receipt of parish relief and other particulars. That system had materially reduced the number of out-patients; in the first year to the extent of about 5,000. The results of the inspection were especially valuable in choking off persons who were not above coming to sponge on the hospital resource. A register of cases was kept. After giving a summary of the work undertaken in the out-patient department in a given week, the Witness said that provision was made that there should be no avoidable delay. First treatment was never refused at the hospital. A classified return of the results of the inspection in 1889 was read, and it showed that 443 general cases were passed and 279 cases cancelled, of which 145 did not return after the first visit, having received an intimation that inquiries would be made. Twenty-seven were found to have made false statements. The cost of the system of inspection at the London hospitals was about £150 or £160 a year, and it had been very beneficial in rejecting unworthy cases. He did not think there was any necessity for increasing the staff of inspection. It would be wise for other hospitals to establish such a system. A similar but not so complete a plan had been adopted at other hospitals. In reply to other members of the Committee, the Witness said an expert had suggested very many and extensive improvements in regard to sanitary matters, and he approved of the work that was suggested. He explained the steps taken to reduce the overcrowding of the hospital in the past, and to increase the number of beds, and to raise that number to 800. As a matter of fact, a number of beds were kept vacant for urgent cases. They always endeavoured to have a margin, but could not always maintain it. The hospital had never been overcrowded since the new wing was built. It was overcrowded in places, but not as a hospital. That was impossible. There must be a limit drawn somewhere where the overcrowding must stop. He had not heard that the medical staff complained of their patients suffering from the overcrowding of wards, but of course they must suffer to some extent. The committee frequently took note of his reports as to overcrowding. They wrote and remonstrated to the doctors, and urged them to reduce the numbers if possible. Before the nursing home was built they worked under the greatest possible disadvantages.

The Committee adjourned until Monday.

## ASSOCIATION INTELLIGENCE.

### LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members, in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

#### COUNCIL.

##### NOTICE OF MEETING.

A MEETING of the Council will be held in the Small Theatre of the Midland Institute, Birmingham, on Tuesday the 29th day of July next, at 9.30 o'clock in the forenoon.

July 16th, 1890.

FRANCIS FOWKE, *General Secretary.*

#### EXTRAORDINARY GENERAL MEETING.

NOTICE is hereby given that an Extraordinary General Meeting of Members will be held on Tuesday, the 29th day of July next, in the Large Theatre, Midland Institute, Birmingham, immediately after the Address of the President, which commences at 8.30 P.M.

#### BUSINESS.

To consider the Memorial on Proxy Voting, and the Report of the Committee thereon.

Dr. HUGH WOODS will move the following resolution:

Votes may be given either personally or by proxy, who shall be appointed in writing under the hand of the appointer. No person shall be appointed a proxy who is not a member. A blank unstamped form of instrument appointing a proxy shall be issued with each copy of the JOURNAL next but two before the commencement of general meetings, together with full instructions as to filling-in, signature, cancellation of stamp, etc. Instruments appointing proxies shall be deposited at the registered office of the Association not less than seventy-two hours before the time at which the general meeting commences.

July 16th, 1890.

FRANCIS FOWKE, *General Secretary.*

#### NOTICE OF QUARTERLY MEETINGS FOR 1890.

##### ELECTION OF MEMBERS.

A meeting of the Council will be held on October 15th, 1890. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before the meeting, namely, September 24th, 1890.

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.*

#### NEW SOUTH WALES BRANCH.

THE eighty-ninth meeting of the Branch was held in the Royal Society's Room, Sydney, on Friday, June 6th, Dr. G. T. HANKINS, in the chair. There were forty-five members present.

*Papers.*—Dr. SCOT SKIRVING read some notes on Cases of Vasomotor Changes and Charcot's Disease in Locomotor Ataxy, and exhibited the living specimens. Drs. SHAND, RENNIE, SYDNEY JONES and FRASCHI discussed the paper.—Dr. CHAMBERS related a Case of Unilateral Removal of the Uterine Appendage, and exhibited the patient.

*Sydney Hospital.*—Dr. ODILLO MAHER moved: "That in the opinion of this Society it is desirable that the Sydney Hospital be completed, and that a deputation be appointed to wait on the Colonial Secretary and urge the necessity for so doing."—Seconded by Dr. CHRISOLM and carried.

*The Western Suburbs Medical Association.*—Dr. WORRALL moved: "That the letter received from the Honorary Secretary of

the Western Suburbs Medical Association be printed and circulated amongst the members of the New South Wales Branch of the British Medical Association."—Seconded by Dr. COLLINGWOOD and carried.

*Intercolonial Medical Congress.*—Dr. WORRELL moved: "That three members be appointed to act upon the Committee of the projected Medical Congress, in accordance with the letter of the Honorary Secretaries of May 2nd, 1890," and that Drs. Creed, Hankins, and Fiaschi be appointed.—Seconded by Dr. THOMAS DIXON and carried.

#### SHROPSHIRE AND MID-WALES BRANCH.

The annual general meeting of this Branch was held at the Salop Infirmary on Tuesday, June 24th, at 3 P.M., the PRESIDENT (Mr. J. E. Brooks) in the chair. About thirty members were present.

*Election of Officers.*—The following members were duly elected to fill the undermentioned offices:—*President-Elect:* Mr. R. W. O. Withers. *Honorary Secretary and Treasurer:* Mr. J. A. Bratton. *Branch Representative on the Council:* Mr. J. D. Harries. *Branch Representative on the Parliamentary Bills Committee:* Mr. W. B. Davies. *Branch Council:* Messrs. Burd, M.D.; Charnley, M.D.; Cureton; W. B. Davies; W. Eddowes; S. T. Gwynn, M.D.; J. D. Harries; J. R. Humphreys; G. H. Keyworth; W. H. Packer, M.D.; H. J. Rope; R. W. O. Withers, auditor.

*Report of the Branch Council.*—The report stated that the Council had met four times during the year, and that there had been three general meetings. Two members had died, Messrs. Williams and Covernton; six members had resigned, and two had been removed from the list for irregularity in payment. Fourteen new members had been elected, which, together with two gentlemen to be elected on that day, brought the numbers of the Branch to eighty-nine. A circular had been sent out demanding subscriptions with such good results that only sixteen subscriptions had not yet been paid. There was a balance in hand of £20 11s. 10d. Against this the Branch owed £15 15s. in subscriptions, and there was the expense of the annual dinner yet to meet. Still, at the end of the year there would be a balance on the right side. A new departure had been made in the management of the dinner, the Council, through a subcommittee appointed by them, taking it all into their own hands instead of going to an hotel. The report was passed unanimously.

*Election of Members.*—The following gentlemen were elected members of the Branch: Messrs. W. Wallace Craig, Salop Infirmary, and D. Lloyd, Chirk.

*Vote of Thanks.*—A vote of thanks was unanimously tendered to Mr. H. J. Rope, the Vice-President, for his services during the past year.

*Communications.*—Mr. BENNETT MAY, of Birmingham, read Notes based on 100 Cases of Operation for Strangulated Hernia.—In the discussion which followed, Mr. EDDOWES spoke against the use of opium.—Dr. BROOKS and Mr. C. J. GIBSON made a few remarks, the latter bringing forward the question of aspirating the sac, a practice of which Mr. CÆSAR spoke favourably.—Mr. GILL also spoke, and Mr. BENNETT MAY replied. A vote of thanks to Mr. May for his interesting and instructive paper was then unanimously passed.—Mr. EDDOWES showed a successful case of Excision of the Elbow, and also a Tumour of the Scrotum for diagnosis.—Mr. CÆSAR showed a curious case of Irregular Development of the Lower Extremities in a Child and a case of recovery from Tubercular Disease of the Knee-joint.—The meeting then terminated.

*Annual Dinner.*—After the meeting the members dined together with several guests, to the number of thirty-six, and a most enjoyable and harmonious evening was spent.

**FEMALE MEDICAL EDUCATION IN RUSSIA.**—The Medical Academy for Women at St. Petersburg is to be reopened. At its sitting on June 9th the municipality of that city voted a yearly grant of £3,000 for the support of the academy, and decided to give it the use of a house belonging to the municipality, and to open the city hospitals to the students. Private subscriptions fully guarantee the further existence of the academy. It is hoped, therefore, that the Government will not oppose the reopening of the institution, which has already given to Russia no fewer than 693 lady doctors. The decision of the municipality was based upon a report by Dr. Archangelsky, who spoke very favourably of the work done by the eleven lady doctors who are in the employment of the municipality for the inspection of city schools and the poorer districts of St. Petersburg.

#### PROCEEDINGS OF THE COUNCIL.

At a meeting of the Council, held at the offices of the Association, 429, Strand, W.C., on Wednesday, July 16th, 1890:

##### Present.

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

Mr. C. G. WHEELHOUSE, Leeds, President.

Dr. W. F. WADE, Birmingham, President-Elect.

Dr. HOLMAN, Reigate, Treasurer.

Dr. B. ANNINGSON, Cambridge.

Dr. G. B. BARRON, Southport.

Mr. B. BARROW, Ryde.

Dr. F. BATEMAN, Whitchurch.

Dr. J. S. BRISTOWE, F.R.S.,

London.

Mr. H. T. BUTLIN, London.

Dr. A. CARPENTER, Croydon.

Surgeon-General W. R. CORNISH,

London.

Dr. J. WARD COUSINS, Ports-

mouth.

Mr. T. W. CROSSE, Norwich.

Dr. G. W. CROWE, Worcester.

Dr. J. L. H. DOWN, London.

Mr. GEORGE EASTES, M.B., Lon-

don.

Dr. W. A. ELLISTON, Ipswich.

Sir B. W. FOSTER, M.D., M.P.,

Birmingham.

Dr. J. H. GALTON, Upper Nor-

wood.

Dr. C. E. GLASCOTT, Manchester.

Dr. BRUCE GOFF, Bothwell.

Dr. T. W. GRIMSHAW, Carrick-

mines.

Mr. J. H. HEMMING, Kimbolton.

Mr. G. F. HOIGSON, Brighton.

Professor G. M. HUMPHRY, Cam-

bridge.

Mr. T. V. JACKSON, Wolverhamp-

ton.

Mr. T. R. JESSOP, Leeds.

Dr. W. M. KELLY, Taunton.

Mr. HUGH R. KER, Balham.

Mr. C. MACNAMARA, London.

Dr. W. WITHERS MOORE, Bur-

gess Hill.

Mr. W. JONES-MORRIS, Portma-

doc.

Mr. C. H. W. PARKINSON, Wim-

borne Minster.

Mr. W. PEARSE, St. Tudy.

Dr. W. RUSSELL, Edinburgh.

Dr. R. SAUNDBY, Birmingham.

Dr. A. SHEEN, Cardiff.

Dr. E. MARKHAM SKERBITT,

Clifton.

Mr. NOBLE SMITH, London.

Dr. W. STRANGE, Worcester.

Mr. T. SYMPSON, Lincoln.

Dr. T. W. TREND, Southampton.

Mr. F. WALLACE, London.

Mr. A. WINKFIELD, Oxford.

The minutes of the last meeting having been printed and sent round to the Council, and no objection having been received, they were signed as correct.

Read letters of apology for non-attendance from Dr. Gairdner, Dr. Barnes, of Carlisle, Dr. Mackenzie Booth, Professor Humphry, F.R.S., Dr. Ogilvie Grant, Deputy Surgeon-General Graves-Irwin, Mr. Evan Jones, and Dr. Webb.

Read letter from Dr. Russell (Edinburgh) respecting the dates of meetings of the Council.

Resolved: That the letter be referred to the Journal and Finance Committee, with a request that they should report upon it.

Read letter from Mr. Husband, of which the following is a copy:—

From W. D. Husband.

The Roost, Clifton, Bristol, July 11th, 1890.

Dear Dr. Bridgwater,—As it is now very impossible that my health will sufficiently improve to enable me to attend any future meetings of the Association, its Council or Committees, I feel that I ought now to make way for those who can efficiently help forward the progress of our great Association.

Will you, therefore, kindly convey to the Council my resignation as a member of the Journal and Finance and Trust Funds Committees.

I beg to be allowed to thank yourself and my other colleagues of the Council for their uniform kindness and courtesy. This forced severance is a great trial, but the recollections of more than fifty years' work permitted to me in assisting to help forward the prosperity of our Association will always remain a pleasing recollection.

You will see that I am still unable to use my pen, and obliged to ask others to wield it for me.

The President of the Council  
of the British Medical Association.

Resolved: That the resignation of Mr. Husband be received with great regret, and that the President be empowered to write on behalf of the Association and say how deeply the Council regret the cause by which he is no longer permitted to work with them, and to express a hope that he may have such comfort and freedom from suffering as his advanced age will permit.

The General Secretary reported that two of the Vice-Presidents, Dr. Lochée and Dr. de Bartolomé, had died since the last meeting of the Council.

Resolved: That by the lamented decease of Dr. Lochée, the senior Vice-President of the Association, who filled the presidential chair with such marked distinction in the year 1861, when the British Medical Association celebrated its twenty-ninth anniversary at Canterbury, the Association has to deplore the loss of

one of its most highly esteemed officers. The Association desires to record the deep regret which the event has occasioned, and to convey the unfeigned sympathy entertained for the family on the bereavement they have sustained.

Resolved: That the Council of the British Medical Association have heard with great regret of the death of Dr. de Bartolomé, and desire to record their sense of the loss sustained by the Association, and they desire to offer to the family of their late valued colleague and Vice-President the expression of their sorrow for the loss they together with them have conjointly sustained. In Dr. de Bartolomé the British Medical Association has lost an active, earnest, and highly valued friend, one who has occupied with dignity one of the chief offices in its Council, and one who was at all times eager to advance its well-being and prosperity, at no matter what cost, whether of time or personal labour, or of money. Fearless in his advocacy of what he believed to be right, he was ever ready to raise his voice in the maintenance of that right, and through many a troublesome time the Council has been indebted to him for sound advice, courageous action, and faithful service.

Read letter from the President-elect asking that the usual privileges be allowed to the students of the Birmingham Medical School of attending Sections, etc.

Resolved: That the Local Executive Committee be empowered to make such regulations as may seem fit for the attendance of students of the Birmingham Medical School at the Museum, sections, and addresses, provided that such arrangements shall not interfere with the arrangements and the comfort of the members.

Read resolutions of the Dublin Branch, of which the following are copies:—

That this Branch of the British Medical Association is of opinion that the diplomates of Irish universities and corporations should possess the same privileges in respect of public appointments in Great Britain as are enjoyed by diplomates in other parts of the kingdom.

That the Dublin Branch of the British Medical Association desires to draw the attention of the Council of the Association to the invidious exclusion of diplomates of Irish universities and corporations from many hospital appointments in Great Britain with a view of enlisting their co-operation to have such disabilities removed.

Resolved: That a Committee be appointed to consider and report upon the exclusion of the graduates and diplomas of universities and colleges in Ireland and Scotland from certain hospital appointments in England.

Resolved: That Dr. Gairdner, Dr. Davidson, Mr. Butlin, Mr. Macnamara, Dr. Crowe, Dr. Grimshaw, Dr. Carpenter, Surgeon-General Cornish, and Dr. John Galton be appointed a sub-committee to inquire into the question and report.

Read letters from the Honorary Secretary of the Anatomical Society, asking that the eight non-medical members of the Society be admitted as members to Section F and to take part in the discussions, etc.

Resolved: That the required permission for the non-medical members of the Anatomical Society to attend the meetings of the Section of Anatomy at Birmingham, on July 30th, 31st, and August 1st, be given.

Read letter from Dr. Francis Warner requesting that the Committee on the Scientific Investigation into the condition of school children be reappointed.

Resolved: That the re-appointment of the Committee be referred to the second meeting of the Council for 1890-91.

Read letters from Dr. Edward Barron, of Hong Kong, asking for the recognition of a Branch of the British Medical Association at Hong Kong.

Resolved: That the Council will gladly recognise and cordially welcome a Branch for Hong Kong upon receiving the particulars of constitution and by-laws.

Read letter from Dr. Nicholls, of Dominica, with by-laws of the proposed Leeward Islands Branch of the British Medical Association.

Resolved: That the Council desire to express the pleasure with which they learn that the effort to form a Branch of the British Medical Association in the Leeward Islands has proved so successful, and that the Branch be and it is hereby recognised, and that the warm thanks and congratulations be offered to Dr. Alfred Nicholls and others for their services.

Read letter from the Midland Branch, of which the following is a copy:

British Medical Association (Midland Branch),  
Lincoln, June 27th, 1890.

Dear Sir,—At a meeting of the Branch Council held at Nottingham yesterday, the accompanying resolution was unanimously passed: Nottingham feel that they cannot invite the Association for 1891, as the Art

Society have already made arrangements to meet there that year. On hearing from you that 1892 is open I will proceed to get out notices calling a Branch meeting (probably for July 23rd), and shall hope before then to hear that the Branch Council, at their meeting on the 16th prox., were favourable to the invitation. The Branch Council have appointed a deputation to wait on the Council at Birmingham, and formally tender the invitation, in anticipation of the consent of the Branch.

I enclose notice of election of new members as the same meeting.—Yours truly,  
(Signed) W. A. CARLINE.

*Copy of Resolution passed at a meeting of the Council of the Midland Branch held at Nottingham on Wednesday, June 26th, 1890.*

The Council of the Midland Branch have much pleasure in inviting the British Medical Association to hold their annual meeting in Nottingham in 1892, subject to this invitation, if accepted by the Association, being confirmed by a meeting of the Midland Branch.

Also letters from Dr. David Drummond and Dr. W. A. Carline, of which the following are copies:

6, Saville Place, Newcastle-on-Tyne, July 15th, 1890.

Dear Sir,—As neither Mr. Williamson nor I shall be able to attend the meeting of the Council to-morrow, I think that you should be made acquainted with the fact that a resolution was unanimously adopted at the recent meeting of the North of England Branch (annual), deciding to invite the Association to Newcastle for 1892, Dr. Philipson to be President. I suppose this will come up at Birmingham, but I shall be glad to hear from you on the subject.—I am, yours very faithfully,  
DAVID DRUMMOND.

British Medical Association, Midland Branch, Lincoln, July 15th, 1890.

Dear Sir,—I shall be glad to hear from you, as soon as possible, as to how the resolution of our Branch Council of June 26th is received by the Council at their meeting on the 16th inst.

Of course I understand that the Council cannot at present accept our invitation for 1892, but I presume we could arrive at such an understanding as would justify either the withdrawing of the enclosed circular, or of the Midland Branch giving public notice of its invitation.

You will, perhaps, call to mind that Nottingham was prevented from issuing an invitation for 1890 by the fact that the Law Society was to meet there, and in the same way the Arts Society stand in the way of an invitation for 1891.

Arrangements were made for the meeting of the Arts Society as soon as February last, and unless the Midland Branch can give early notice of their invitation to the Association for 1892, it will most probably be found that some other society has forestalled them.

I have not the slightest doubt that should our resolution be favourably received, the result will be a most successful meeting in Nottingham in 1892.—Yours very truly,  
W. A. CARLINE, Honorary Secretary.

British Medical Association, Midland Branch.

Sir,—At a meeting of the Branch Council, held at Nottingham on June 26th last, it was decided, subject to the approval of a general meeting of the Branch, to invite the British Medical Association to hold its annual meeting at Nottingham in 1892.

There will be a special general meeting of the Branch held, for this object, at the General Hospital, Nottingham, on Wednesday, July 23rd, at 3 P.M.—Yours truly,  
W. A. CARLINE, M.D., Hon. Sec.

Lincoln, July 7th, 1890.

The correspondence was left for consideration at a future meeting.

Read letter respecting a member.

Resolved: That the matter be referred to the Journal and Finance Committee to examine into the details, and report to the next meeting of the Council.

Read letter complaining of the assumption of the title of "Dr." by another member who, it was alleged, was not entitled to it.

Resolved: That the matter be referred to the Birmingham and Midland Counties Branch.

Read letter from Brigade-Surgeon J. Hamilton.

Constitutional Club, Northumberland Avenue, May 15th, 1890.

Dear Sir,—Will you kindly lay before the Council of the British Medical Association this request, to be permitted to present a piece of plate to Mr. Hart (subscribed for by 400 medical officers serving in India), at the annual meeting of the Association.

If the request be granted, may I beg you will kindly intimate the date on which the presentation may be carried out?—Faithfully yours,  
J. B. HAMILTON, M.D., Brigade-Surgeon M.S.

The Secretary, British Medical Association.

Resolved: That the question be referred to the Arrangements Committee.

The Council considered the election of 126 candidates.

The General Secretary reported that he had received communications stating that 14 had been elected by various Branch councils.

Read letter with reference to the candidature of two members.

Resolved: That the candidature of the two members in question be referred to the Metropolitan Counties Branch.

Resolved: That the remaining 110 candidates, whose names appear on the circular convening the meeting, be and they are hereby elected members of the British Medical Association.

Read minutes of Journal and Finance Committee.

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.

The Council then considered the draft report, which, with some amendments, was adopted.

Resolved: That the report of the Council be received, approved,

and published in the JOURNAL for presentation to the annual meeting at Birmingham on July 29th next (see below).

Resolved: That the report of the Inebriates Legislation Committee be received, approved, and published in the JOURNAL for presentation to the annual meeting at Birmingham on July 29th (see page 232).

Resolved: That the report of the Scientific Grants Committee be received, approved, and published in the JOURNAL for presentation to the annual meeting at Birmingham on July 29th (see page 233).

Resolved: That the report of the Therapeutic Committee be received, approved, and published in the JOURNAL for presentation to the annual meeting at Birmingham on July 29th (see page 236).

Resolved: That the report of the Parliamentary Bills Committee be received and approved. (For full report see page 229.)

Resolved: That the report of the Medical Charities Committee be received and approved, and published in the JOURNAL for presentation to the annual meeting at Birmingham on the 29th inst. (See page 239.)

Read memorial from Dr. Hugh Woods, signed by 110 members, a copy of which is as follows:—

WE, the undersigned, members of the British Medical Association, hereby request the Council of the Association to convene an extraordinary general meeting of the Association, for the purpose of adding to, or altering, the articles of association, so as to allow voting by proxy at all general meetings of the Association, and to provide for the circulating of unstamped proxy papers, with the copies of the JOURNAL, at a convenient time before such general meetings; and also to make any other such changes in the articles of association or by-laws as shall appear to the meeting advisable on account of the admission of voting by proxy. Signed—

George Henty, M.D., 302, Camden Rd., N.  
John F. J. Sykes, M.B., B.Sc., 171,  
Camden Road, N.W.

Hugh Woods, M.D., Highgate, N.  
Arthur Greenwood, L.R.C.P. Lond., 3,  
Hornsey Rise Gardens, N.

Robt. Jas. Hutton, L.R.C.P., etc.,  
Stapleton Hall Road  
W. Wynn Westcott, M.B., 396, Camden  
Road

H. J. Leonard, M.B., 279, Camden Road  
D. O. Fountaine, L.R.C.P. Edin.,  
M.R.C.S., 255, Camden Road

G. F. de la Cour, M.D., 268, Camden Rd.  
T. Boswall Watson, M.D., 202, Tufnell  
Park Road

Frederic H. Crowdy, M.D., South  
Grove, Highgate  
Wm. Dingley, M.R.C.S., L.S.A., 277,  
Camden Road

Llewellyn Thelwall, L.R.C.P.E., 145,  
Seven Sisters Road  
M. C. Soutter, M.R.C.S. Eng., 8, Cumber-  
land Terrace, N.

Alfred J. Barker, M.D., 20, Beaulieu  
Villas, Finsbury Park  
J. Pratt Brooks, M.R.C.S. Eng., 82,  
Tollington Park

E. W. Tait, M.R.C.S. Eng., L.S.A., 54,  
Highbury Park  
E. S. Tait, M.D., 54, Highbury Park

John B. Caskie, M.D., 13, Tyndale Pl., N.  
C. E. Dumbleton, M.R.C.S., 9, Robert  
Street, N.W.

G. Washington Isaac, M.B., C.M., 7,  
Mornington Crescent, N.W.  
F. R. Humphreys, M.R.C.S., L.R.C.P.,  
79, Queen's Crescent, N.W.

Richard T. Smith, M.D., etc., 53, Ha-  
verstock Hill  
Harry Brock, M.D., B.S., F.R.C.S.,  
115, Adelaide Road

T. W. Coffin, F.R.C.S. Ed., 22, Upper  
Park Road, N.W.  
Percy Flemming, M.D., B.S., F.R.C.S.  
Eng., 35, Regent's Park Road

H. C. Stewart, F.R.C.S., 22, North  
Bank, Regent's Park  
William E. Burton, L.R.C.S.I., etc.,  
24, Wimpole Street, W.

H. Cooper Rose, M.D., etc., 53, Rosslyn  
Hill, Hampstead  
Arthur Kvershed, M.R.C.P. Lond., 29,  
Rosslyn Hill, Hampstead

Herbert Cooper, M.R.C.P., etc., Hmpstd.  
Jas. Andrews, M.D., Hampstead  
C. C. Claremont, M.R.C.S., Millbrook  
House, Hampstead Road

J. Walter Carr, M.D., M.R.C.P., 40,  
Bloomsbury Square, W.C.  
Robert Hy. Coall, L.R.C.S.I., L.R.C.P.  
Edin., 44, Bedford Square, W.C.

Herbert Goude, M.D., F.R.C.S. Edin.,  
Smallpox Hospital, Highgate

James Altham, M.B. Ed., Penrith  
W. D. Symington, M.D., Wolverton  
H. Simms, M.R.C.S., etc., Fenny  
Stratford

R. A. Milligan, M.R.C.S., Northampton  
Hy. Skelding, M.B., M.R.C.S., Bedford  
J. W. Orr, M.R.C.S., Wollaston

C. R. Owen, L.R.C.P., Rushden  
W. H. Hull, F.R.C.S., Stony Stratford  
J. Neil Whitfield, L.F.P.S.G., North-  
ampton

Henry Terry, M.R.C.S., Northampton  
W. J. H. Wood, M.R.C.S. Eng., etc.,  
Boston

S. W. Allworthy, M.B., B.Ch., etc.,  
Belfast  
John B. Hellier, M.D., Lond., Leels

Wm. Henry Williams, M.D., Sherborne  
Robert John Garden, M.D., Aberdeen  
J. Urquhart, M.D., 250, Union Street,  
Aberdeen

James Taylor, M.D., Keith  
J. Watson Hutcheon, M.B., Alford  
A. G. Davidson, M.D., Wartle, Aber-  
deenshire

G. B. Currie, M.B., Inch  
J. G. Fowler, M.D., Woodside, Aber-  
deen

Jas. J. Y. Dalgarno, M.B., Aberdeen  
Jas. W. Mackenzie Gunn, M.B., Bux-  
burn

George Rose, M.B., Aberdeen  
John Robertson, L.R.C.P., L.R.C.S.,  
Aberdeen

A. T. Gordon Beveridge, M.B., Aberdeen  
John Ligertwood, M.D., Aberdeen  
Alex. Ogston, Aberdeen

J. Mackenzie Booth, M.D., Aberdeen  
G. F. Willan, M.R.C.S., LL.D., Melton  
Mowbray

R. C. Stewart, M.R.C.S., LL.D.,  
Leicester  
Frank M. Pope, M.B., Leicester

John Marshall, J.P., L.R.C.P. Lond.,  
M.R.C.S., 13, Liverpool Street, Dover  
R. Percy Smith, M.D. Lond., etc., Beth-  
lem Royal Hospital

T. Groves, M.D., Carisbrooke, Isle of  
Wight  
James Neale, M.D., Sandown, Isle of  
Wight

J. M. Pletts, M.D., Ryde, Isle of Wight  
Henry Harland, M.D., Eastridge, Ryde,  
Isle of Wight

Alfred Hollis, M.D., Freshwater, Isle  
of Wight  
H. W. Ingleby-Mackenzie, Ryde, Isle  
of Wight

Robert Robertson, M.D., Ventnor, Isle  
of Wight  
Martyn Barker, M.B., Sandown, Isle  
of Wight

J. S. Belcher, M.D., 18, Bell Lane,  
Gloucester

Edwd. Geo. Wake, M.D., Dartmouth  
Park Hill, Dublin

Reuben T. Warn, M.R.C.S., L.S.A., 37,  
Highgate Road  
Wm. Edwd. Cree, M.R.C.S., L.R.C.P.,  
1, Pemberton Villas, N.

George Wight, M.B., 428, Liverpool  
Road, N.  
Angel Money, M.D., F.R.C.P., 24,  
Harley Street

John P. Henry, M.D., B.Ch. Dub., St.  
Mary Gray, Kent  
Fred. Tresilian, M.D., M.S., R.U.I.,  
Enfield

Jas. Crabb, M.D., 409, Holloway Road  
John Brunton, M.A., M.D., 21, Euston  
Road

Augustus Hess, M.D., M.R.C.P., 14,  
City Road  
Robert Bruce, M.R.C.S., 22, City Road

Geo. F. Fulcher, M.B., Chingford  
John Mason, M.D., M.R.C.S., Windrmre.  
W. R. Parker, M.D., Kendal

D. G. Pearce Thomson, M.B., C.M. Ed.,  
Penrith  
W. Baron Cockill, M.R.C.S.E.,  
L.R.C.P.L., Kendal

Harman F. Lawrenson, M.D. Dub.,  
Dunlavin, co. Wicklow

Resolved: That an extraordinary general meeting be held on Tuesday, the 29th instant, immediately after the President's Address which commences at 8.30 P.M. to consider the memorial on proxy voting, together with the report of the Council on the same.

Read applications from the Secretary of the Medical Sicknes, Annuity, and Life Assurance Society, asking for permission to hold a meeting on Wednesday, July 30th, at 2 o'clock; and the Irish Medical Schools' Graduates' Association on Wednesday the 30th instant, at 4.30 o'clock in the afternoon.

Resolved: That permission be given to the Medical Sicknes Annuity and Life Assurance Society, and the Irish Medical Schools' Graduates' Association, to hold meetings at the hours proposed in the building used by the Association.

Resolved: That the report of the Trust Funds Committee be received and approved, and the prizes awarded as recommended therein.

[The following Reports of the Council, and of the Committees, will be presented at the Annual Meeting to be held at Birmingham on July 29th, 30th, 31st, and August 1st, 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.

In accordance with by-law 19 your Council presents its Annual Report, and has great pleasure in meeting you on the occasion of the fifty-eighth annual gathering, for the fourth time in the hospitable and loyal city of Birmingham. The three former occasions on which the Association has met in Birmingham, namely, 1834, 1856, and 1872, have all been eventful and memorable years in its history. In 1834 it here commemorated its second anniversary; and, already, in that year the Council was rejoiced to be able to state in its report that the Association numbered as many as 450 members, and that it was in a position to need the services of an honorary corresponding secretary; at the same meeting, a fund was instituted for the establishment of an occasional prize in the shape of a "prize essay," and the foundation of a library was proposed. The year 1856, the occasion of the second meeting in this town, was memorable as that in which the name of the Association was changed, and, in a measure, its constitution also; when, from having been simply the "Provincial Medical and Surgical Association," it became, as it still remains, the "British Medical Association." A report was issued of the proceedings of an executive council, appointed at the previous annual meeting at York. This executive council consisted of ten members, elected by the general council, and one secretary from each Branch, and the Branches at that time were 16 in number. At this meeting the by-laws were arranged, revised, and adopted, and practically, with the exception of those which concern the election of the Council, they remain now very nearly what they were after that revision. In contrast, further, with the flourishing condition to which the Association has now attained, it may be mentioned that at this meeting a "whip" was made of 10s. from each member present "to place the Association on a satisfactory financial basis" and a hope was expressed that many not actually present at the meeting, would, nevertheless, take

part in contributing to this "whip." In 1871, when the Association met here for the third time, the present improved system of finance was inaugurated, and this, with the assistance of a finance committee, which was appointed for the first time in that year, has led to most beneficial and satisfactory results. We now in 1890 meet here for the fourth time, and once again your Council is called upon for its report of progress.

At the last annual meeting resolutions were adopted instructing the Council to invite the Branches and individual practitioners to forward suggestions on certain propositions made by Dr. Rentoul, of Liverpool, on the management of public medical charities. The Council appointed a committee to receive replies of the Branches and to report upon them. This report will be placed before you during the meeting.

The House of Lords has been petitioned that the inquiry now being held into the financial and general management, and the common organisation of medical institutions, endowed and voluntary alike; "and in regard to the administration of Poor-law institutions in the metropolis, may be extended to the provinces also." Lord Sandhurst, the chairman of the committee of inquiry, presented the petition, and has promised to support it.

The opinion of the members of the Association present at the last annual meeting at Leeds was expressed that the members of the Royal College of Surgeons of England should have a voice in the management of the affairs of the College, and in the election of its Council. The matter was, accordingly, referred to the Parliamentary Bills Committee, and that committee will report upon the same during the present meeting.

Somewhat irregularly, a committee was appointed by the Psychological Section, last year, to investigate the average development and brain power among children in primary schools. A memorial was, in consequence, presented to the London School Board, signed by the President of the Council. The reply was, that, in the event of the Government or any responsible body, such as the College of Physicians, undertaking the suggested inquiry, the Board will be prepared to give the Committee any facilities that will not interfere with the work of the school.

The past year has been further eventful in other ways. The correspondence between the Council and certain metropolitan members of the Association, who had expressed dissatisfaction on certain points connected with the editing and publication of the JOURNAL, led, first, to the appointment of a special committee to assist the Editor in his work, and, afterwards, to an attempt to meet the dissentients and discuss the subject freely and fully with them. This offer was not accepted, and the matter ended, much to the regret of the Council, in the retirement from the Association of sixty-seven metropolitan members. On receiving the resignations the Council passed the following resolution:

"That the resignations be received with regret; that the Council desires to express its further regret that the signatories, in seeking the redress of any supposed grievances, whether in the conduct of the JOURNAL, or the business of the Association, have declined to avail themselves of the readiness expressed by the Council to consider any grievances laid before them either by direct communication or through their duly accredited representatives."

The number of members on the books last year was 12,897. During the year 949 have been elected, 154 have died, and 332 have resigned, leaving on the books 13,360.

Your Council have the pleasure to report to you a successful financial year. The revenue amounted to £30,001, while the expenditure has been £26,663, leaving a surplus of £3,338 which has been invested in  $3\frac{1}{2}\%$  India Stock. The investments of the Association in railway, debenture, corporation, bank, and India stocks, now amount to £23,871. The total excess of assets over liabilities is £38,956.

The JOURNAL, under the able editorship of Mr. Ernest Hart, continues to increase in utility and popularity.

Socially, scientifically, and politically it is a great success, and your Council feel that they have much cause to congratulate themselves that it has taken its position as one of the leading medical journals of the day, and is to be found in circulation over the whole scientific world.

Your Council have great pleasure in recognising Mr. Hart's endeavours to redress the grievances of the Army Medical Department; and, in evidence that those endeavours have been deeply appreciated by those on whose behalf they have been made, they have been requested by four hundred officers of the department serving in India that they be permitted to make a

public acknowledgement of them by a presentation of plate to Mr. Hart.

Your thanks are due to Mr. Hart also for the able manner in which, as Honorary Librarian, he has furthered your efforts to found a library worthy of the Association. By his labour your library has been so successfully started that it already numbers the respectable nucleus of 4,000 volumes, and that at comparatively small cost to your funds; and your Council feel that, with Mr. Hart, they have, in presenting this report to you, an opportunity—of which they gratefully avail themselves—very cordially and warmly to thank all those gentlemen who, by the presentation either of their own works or of other books, have given their valuable assistance in furtherance of this object.

During the year Dr. Sidney Martin has been appointed, for the third time, and Dr. Ralph Stockman, for the second time, your scientific scholars.

A sum of £591 was granted by the Scientific Grants Committee during the year to various workers, and the reports upon the work they have severally done will be laid before you.

At a meeting of the Scientific Grants Committee held in January last, and called specially to consider the question of founding an institute for the study of bacteriology at Cambridge, the following resolution was unanimously adopted, "That the Committee warmly approves of the establishment of the proposed "Jenner-Pasteur" Institute at Cambridge, and recommends to the Council of the Association to make a grant of £300 to the Institute for 1890." It was hoped that grants would be obtained from the Royal Society, the Royal Agricultural Society, and from some of the City companies in aid. On receiving this recommendation the Council considered it better to consult you before voting the amount and accordingly passed the following resolution. "That the Council highly approves the idea of a National institution for the study of bacteriology, and, in the event of one being established on a basis commensurate with the objects stated in the memorandum of Sir J. Whitehead's Committee, will recommend the next ensuing annual meeting to authorise the Council to apply such sum (not exceeding £300) as may be one-fifth of the expenditure of the then current year." As your Council has received no information that the conditions specified have been fulfilled, it does not ask you to vote this money at this meeting.

During the past year the Therapeutic Committee have been engaged in examining the therapeutical value of the hypnotics urethan, paraldehyde, and sulphonal. The results are embodied in the special report appended. Professor Charteris has investigated certain points regarding the pharmacology of the salicylates. His remarks were published in a paper read before the Royal Medical and Chirurgical Society. Mr. T. J. Bokenham has, under Dr. Lauder Brunton's direction, investigated the action of helenine and other drugs; the results obtained will shortly be published in the JOURNAL. The expenses incurred by the Committee are: 1. For Professor Charteris's research. 2. For Mr. Bokenham's research. 3. Purchase of Bertini's ether. 4. Clerical work. 5. Printing.

Last year the Middlemore prize was not awarded, and the adjudicators reported that it was desirable that the subject prescribed in the trust deed should be extended, as being too limited, and suggested that Mr. Middlemore's consent should be obtained to make some alteration which would increase the utility of his generous gift. Mr. Middlemore was, accordingly, consulted, and his consent to an enlargement of the terms of award was obtained by a supplemental deed. Consequently, as there was not sufficient time to obtain essays for competition, Mr. Henry Power, Mr. Lloyd Owen, and Mr. Critchett, were appointed adjudicators to consider the title of any work which they may think worthy of the prize for this year. The adjudicators have awarded the prize (£50 each) to Mr. W. A. Brailey and Mr. Priestley Smith, and it will be presented on Thursday, after the Address in Surgery at the general meeting at 3 o'clock.

In the matter of voting by proxy brought up by Dr. Hugh Woods last year at Leeds, a committee of the Council was appointed to confer with the solicitor on the subject, and to report to the Council. Dr. Hugh Woods, not being satisfied with the report, has presented a memorial asking for a "special meeting" to consider the question. Your Council have accordingly given notice of a meeting to be held on Tuesday evening, July 29th, to consider the same, and the report of the Council on the subject will be placed before you for discussion at that meeting.

The Council, in January last, decided unanimously to present the gold medal of the Association for distinguished merit to Surgeon Parke, for his highly distinguished services as surgeon to

the Emin Pasha Relief Force, "in evidence of the estimation in which such services are held by the members of his own profession." The presentation will be made on Thursday after the Address in Surgery.

Colonial Branches have been organised and recognised by the Council at the Leeward Islands, and at Hong Kong. The latter Branch will form an important centre and will number from twenty-five to thirty members. The former will include the important islands of the group and will number 24 members, an honorary secretary being appointed for each island.

Through the assiduous and earnest labours of their respective honorary secretaries, the Branches, both "home" and "colonial," continue to make marked and unabated progress in numbers, organisation, efficiency and finance. Many important and valuable communications have been made at their various meetings, and your warm thanks are due to those gentlemen by whose efforts these highly satisfactory results have been attained.

Your Council regret to report the retirement from office of Honorary Branch Secretary of the following gentlemen: Dr. Conolly Norman, of the Dublin Branch; Mr. Green, of the Southern Branch; and Mr. Noble Smith, of the Metropolitan Counties Branch, from office; and they desire to place on record the cordial thanks of the Association to these gentlemen for the services they have rendered.

Your Council further regret that they have to report the loss by death of two of the Vice-Presidents of the Association, Dr. Lochée and Dr. de Bartolomé. Dr. Lochée had long held the position of senior vice-president of the Association, and, so long ago as 1861, was appointed President when the meeting was held in Canterbury; and Dr. de Bartolomé held the same honourable position when Sheffield welcomed us under difficulties in 1876.

Amongst those members of whom we are called upon to mourn the loss by death are: Dr. Chevallier, of Ipswich, who for many years attended as a member of the Committee of Council; Surgeon G. Scott Tate, A.M.S.; Dr. S. O. Habershon; Dr. Thomas King Chambers; Dr. McNally, Surgeon-Major Madras army; Mr. Walter J. Coulson; Dr. L. T. Cumberbatch; Dr. Thomas Blunt, of Leicester, who acted as Honorary Secretary for the district of the Midland Branch for some years; Dr. Protheroe Smith; Dr. Chiappini, of Cape Town, whose face will be remembered by many at the annual meetings, and who was one of the founders of the Cape of Good Hope Branch; Mr. Henry Lowndes, of Liverpool; Mr. B. H. Spedding, of Belfast; Dr. William McCheane, of Liverpool; Mr. Haynes Walton; Deputy Surgeon-General R. Irvine; Surgeon-Major Shirley Deakin; Dr. J. B. Harrison, of Manchester; Deputy Surgeon-General C. E. Smith; Sir William Gull; Mr. Harrison Branthwaite; Brigade-Surgeon R. W. Davies, A.M.S.; Surgeon-General John Forbes; Dr. Fawcett, of Cambridge; Dr. Matterson, of York; Dr. Bramwell, President of the new Branch at Perth; and others.

(Signed) THOMAS BRIDGWATER, Chairman.

## REPORT OF THE PARLIAMENTARY BILLS COMMITTEE.

The Parliamentary Bills Committee beg to report as follows:—

### ROYAL COLLEGE OF SURGEONS BILL.

In furtherance of the resolution passed at the annual meeting at Leeds, meetings of the Committee were held on March 4th, 7th, and 14th, at which the draft Bill of the Association of Members of the Royal College of Surgeons (copies of which had been previously circulated among the members) was considered. The Bill underwent, with the aid of counsel, considerable modifications, and was approved in the following amended form:—

Whereas it is expedient to amend the constitution and government of the Royal College of Surgeons of England, and to declare and give effect to certain of the rights of the Members thereof, be it enacted, etc.

1. No Member of the said College shall hereafter be disqualified from being elected to, or holding, any place or office in the College by reason of his not being a Fellow of the College, except as hereinafter provided.

2. The Council of the College shall be elected by the Fellows and Members of the College, by means of voting papers, but the Council shall be empowered to provide by by-law that no Member who shall be of less than ten years' standing shall exercise the said electoral franchise unless he has been admitted to the Fellowship of the College.

3. The Fellows and Members are hereby declared to be entitled to meet together within the College at reasonable times to consider and resolve concerning the affairs of the College, and the Council shall convene an annual general meeting of the College to consider the annual report and matters arising thereon, on such day in November in each year as they shall decide, and shall at any time within fourteen days convene a special

general meeting on receipt of a requisition signed by not less than one hundred Fellows and Members, and any resolutions passed at any such annual or special general meeting by a two-thirds majority of the Members voting concerning the by-laws or the expenditure of the College shall be binding on the Council, provided that at any special general meeting there shall not have been less than three hundred Fellows or Members present and voting thereon.

4. Section 17 of the By-laws of the College, and all action taken or to be taken thereunder, is hereby declared to be invalid.

5. So soon as may be after the next annual election for the Council, the Council shall make such provision by by-law as may be necessary for fully carrying out the provisions of this Act, and shall have power therein and thereafter to determine a maximum number of places on the Council (such maximum to be six or more, as the Council shall from time to time appoint) which may be at any one time filled by Members who are not Fellows of the College, and that such Members shall be of twenty years' standing, or of such less standing as the Council may deem sufficient, and the Council shall forthwith provide by by-law for voting at such elections by voting papers, in manner similar to that prescribed in the Medical Acts, 1886, for the election of representatives on the General Medical Council, and shall have power from time to time, by by-law, to amend the manner of election of examiners, and to alter the said distribution of places on the Council, and to shorten the term of office of the members of the Council; provided always that no by-law shall be binding until it shall have been adopted by a general meeting of the College.

Lord Randolph Churchill considered that the measure could be best introduced into the House of Lords, looking at the state of business in the House of Commons and for other reasons, and Lord Dunraven undertook to introduce it. The session, however, was so excessively crowded, and Lord Dunraven himself so much occupied with other business, that he was not prepared to introduce it until somewhat late in the session, and when the Bill came before the authorities of the House of Lords it was found that there were certain matters in it which would bring it within the class of private Bills relating to the alteration of a charter, therefore certain preliminary forms of notice had to be given, and it was thought well to postpone the introduction of the Bill until next year, when technical questions could be more conveniently settled. The Chairman received a letter from Lord Dunraven's secretary to that effect, and understood from the secretary of the Association of Members that the Bill stood over until next year.

### ARMY MEDICAL SERVICE.

In consequence of the representations made by the Committee to Mr. Stanhope and the documentary evidence placed in his hands, the War Office appointed a Committee to consider the subject of the pay, rank, and status of army medical officers which was presided over by Lord Camperdown; Mr. Macnamara, and Dr. T. Graham Balfour, being nominated on the Committee as representatives of the Royal Colleges of Surgeons and Physicians respectively. The recommendations of that Committee, which have been very fully noticed in the JOURNAL, were in accordance with the proposals of the Parliamentary Bills Committee, but Mr. Stanhope, influenced by his military advisers, has not yet seen fit to act upon the recommendations of Lord Camperdown's Committee, which remain at present in abeyance. Very active steps have been taken on behalf of this Committee to carry the proceedings of the Committee on behalf of army medical officers a stage further. Acting in concert with persons very well informed on the subject both in civil and in military life, the Chairman drew up a brief summary of facts up to date on behalf of the Committee, showing what had been done on their behalf, and that statement with their advice had been extensively circulated to the Royal Colleges, to members of Parliament, to the corporations, to the schools, and also to the Branches. Dr. Farquharson, Sir Walter Foster, Sir Guyer Hunter, and other members of Parliament have been at considerable pains to impress the serious aspect of affairs on the Government, and have obtained from Mr. Stanhope a pledge that the questions which they will raise in Parliament on the Army Estimates as to the action of the Government in the matter shall not be raised, as such questions so frequently were, without due notice, in order that the Committee may have present a certain number of members of Parliament cognisant of and interested in the matter. The Chairman is glad to report that the colleges, including the Royal College of Physicians of London, and the Royal College of Surgeons of England, the King and Queen's College of Physicians of Ireland, and the Royal College of Surgeons of Ireland, and the Royal Colleges of Physicians and Surgeons in Edinburgh, have each taken action in the sense of supporting by their independent action the course pursued by the Parliamentary Bills Committee, and each of them has forwarded memorials to Parliament or to the Secretary of State for War, and the College of Physicians of London

have resolved to send a deputation (which they have invited other colleges to join) to wait upon the Secretary of State for War. This, it is thought, will have a just and important influence on the mind of Mr. Stanhope. Steps have also been taken to bring the subject under the notice of the medical students at schools. Information, which the Chairman had from most authentic sources, left no doubt in his mind that the Government were relying mainly upon the supposed eagerness of medical students to enter the Army Medical Service under any conditions as affording a certain pittance of income, no matter what the disadvantages might be, and until the supply of students are cut off by the medical schools, the military advisers of Mr. Stanhope—who were very much set against the amendments which they desired—would no doubt continue to advise him not to yield. Steps are therefore being taken at the medical schools; memorials had been submitted and circulated, and were in course of signature at a great number of the medical schools, and would be presented to Mr. Stanhope. The result of this action of the students in support of the work of the Parliamentary Bills Committee is likely to be very effective.

#### PROPOSALS TO AMEND THE SANITARY LAW.

It may be convenient to premise that the law for the preservation of the public health outside the metropolis is embodied mainly in the Public Health Act, 1875; but, comprehensive as that Act is, many defects and deficiencies have in the course of its administration been encountered which have not yet been dealt with in any general Act. This insufficiency of the Public Health Act in certain directions is shown by the action which has been taken by the large provincial corporations in supplementing their powers by local Acts. The expense, however, which attends the promotion of a private Bill has prevented all but the most populous and wealthy towns from obtaining the additional sanitary powers which, with few exceptions, are needed as much in one district as in another.

The great usefulness of the additional sanitary powers thus obtained by a large number of towns, and the hardship of involving a local authority desirous of possessing them, in an expenditure of several hundreds of pounds in promoting a private Bill for the purpose, have long been recognised by the annually appointed Select Committee of the House of Commons on Police and Sanitary Regulations; and year after year that Committee has urged upon Parliament the desirableness of enacting in a general measure applicable to the whole country the "Model Clauses" which were settled by them so long ago as 1882. No such complete measure has yet been passed into law, although some of the clauses have, by a course of piecemeal legislation, been embodied in the Infectious Disease (Notification) Act, the Prevention of Cruelty to Children Act, the Indecent Advertisements Act, and the Weights and Measures Act of last session.

During the present session a further effort has been made to embody in the general law the remaining model clauses. With this object three separate Bills were introduced into the House of Commons: the Infectious Disease (Prevention) Bill, by Mr. Lees Knowles; the Public Health Acts Amendment Bill, by Mr. F. S. Powell; and the Urban Sanitary Authorities (Further Powers) Bill, by Mr. H. H. Fowler. The two latter of these Bills have been consolidated by the Select Committee to which they were referred, but the Infectious Disease (Prevention) Bill has been allowed to remain a separate measure. Having regard to the undesirableness of scattering provisions relating to the same subject amongst several enactments when it can be avoided, it would have been in the interests of efficient sanitary administration to have consolidated all the three Bills into one. A striking example of the practical difficulty and inconvenience of efficiently administering a number of Acts relating to the same general subject, but passed at different times and bearing different titles, is afforded by the chaos of Acts which constitute the sanitary law of the metropolis and the law as to the Artisans' Dwellings and the Housing of the Poor, and which even experts find it difficult to understand.

The *Infectious Disease (Prevention) Bill*, as originally introduced, consisted of such of the "Model Clauses" as had reference to infectious disease, except those as to compulsory notification. Two of the most important of these model clauses related to dairies and milk supplies—one of them requiring any milk-vendor to furnish lists of his customers to the sanitary authority when the medical officer of health suspects that the outbreak or spread of infectious disease is due to the milk supplied by such dairyman;

the other, empowering the medical officer of health to inspect any dairy outside his district if he have reasonable cause to believe that any person in the district is suffering from infectious disease attributable to milk supplied within the district from such dairy, and enabling the sanitary authority to stop the sale, within their district, of milk from such dairy if the medical officer of health, after inspection, be of opinion that infectious disease is caused or is likely to arise from the consumption of such milk. The need of additional powers in this direction is shown in the daily accumulating records of disease distributed by milk, and the difficulties experienced in elucidating all the facts in such cases. The powers in question have already been embodied in a number of local Acts in recent years, and the present Bill proposed to do nothing more than enable any local authority, at their own discretion, and by simply passing a resolution, to acquire what the large towns have already obtained from Parliament at considerable cost. It is regrettable, therefore, from a public health point of view, that, in spite of the remonstrance of Dr. Farquharson, Sir Walter Foster, and others, the first of these clauses, requiring dairymen to furnish lists of their customers in certain circumstances, was struck out on the third reading of the Bill in the House of Commons, on June 11th.

The second of the clauses—as to inspection of dairies—has fortunately been retained, and has been extended to include dairies within as well as those without the district, and to authorise inspection not only of the premises but of the animals therein. It has, however, been somewhat unnecessarily encumbered with provisions requiring the presence of "a veterinary inspector or some other properly qualified veterinary surgeon" if the medical officer of health desire to inspect the animals in a dairy. A proposal that the medical officer of health should only be empowered to inspect the dairy at all in company with the veterinary officer of the district was, happily, negatived on a division. If it had been accepted the undoubted usefulness of the original clause would have been greatly impaired in actual practice. The procedure would frequently have been found unworkable.

Another useful clause in the original Bill was excised on the third reading, namely, that whereby persons gaining a livelihood by the washing or mangling of clothes would have been required to furnish lists of their customers, if the medical officer of health desired to have such lists with a view to prevent the spread of infectious disease. Yet a similar clause has been embodied in a number of local Acts in recent years, and has been found to work well. If by incorporation in the present Bill it had been rendered generally available it would often have been found of great assistance to health officers.

The other clauses of this Bill have met with little opposition, and by adopting them local authorities will acquire extended powers which they have much needed as to disinfection of premises, etc.; the letting of premises without previous disinfection; the method of dealing with bodies of persons dead from infectious disease; the carriage of corpses in public conveyances other than hearses; the provision of temporary shelter, etc., for persons whose homes are being disinfected; the casting of infected rubbish into ashpits, etc. These powers might well have been applied at once to the whole country; but, the system of optional adoption having been chosen—except in London, where the Act is to apply at the expiration of four months from the date of its passing—there is little doubt that local authorities will largely avail themselves of the advantages thereby offered to them. There is, however, some objection to the clause which was added to the Bill in Committee, whereby a local authority that has adopted all or any of the sections of the Act may rescind such adoption at will. An element of uncertainty and instability has thus been introduced which may in practice be found embarrassing. It is to be hoped that when once these useful powers have been adopted by a sanitary authority they will not be recklessly discarded to satisfy a passing whim or a particular limited interest at the expense of the public weal, but will become part of the recognised law of the district.

#### PUBLIC HEALTH ACTS AMENDMENT BILL.

This Bill, as consolidated and amended by the Select Committee, deserves every support from a sanitary point of view. It proposes to enable any urban or rural sanitary authority outside the metropolis, by the simple process of passing a resolution, to acquire many valuable amendments of, and additions to, the Public Health Acts which have in recent years been obtained by corporations who have promoted local Acts.

There is, however, an important defect in Section 70 of the Public Health Act, 1875 (as to the closing of polluted wells), which is not dealt with in the Bill, but which the present opportunity should be seized to remedy. The section in question is as follows:

"On the representation of any person to any local authority that within their district the water in any well, tank, or cistern, public or private, or supplied from any public pump, and used, or likely to be used, by man for drinking or domestic purposes, or for manufacturing drinks for the use of man, is *so polluted as to be injurious to health*, such authority may apply to a court of summary jurisdiction for an order to remedy the same; and thereupon such court shall summon the owner or occupier of the premises to which the well, tank, or cistern belongs, if it be private, and in the case of a public well, tank, cistern, or pump, any person alleged in the application to be interested in the same, and may either dismiss the application, or may make an order directing the well, tank, cistern, or pump to be permanently or temporarily closed, or the water to be used for certain purposes only, or such other order as may appear to them to be requisite to prevent injury to the health of persons drinking the water."

It has been held by some magistrates that, before a well can be ordered to be closed, the water must be proved to be actually "injurious" to health, and not merely so polluted or situated as to be liable to cause injury to health. This difficulty arose some time ago at Birmingham, and interfered seriously with the good work which was being carried on there in ridding the town of dangerous shallow wells. It has also greatly hampered the operations of sanitary authorities generally. There are at the present moment numerous wells in use throughout the country which, though not actually producing disease, are so situated, or so contaminated with sewage percolation, as to be unquestionably dangerous to the health of those who use them, but which it is not possible to condemn, in the words of the Act, as actually "injurious to health," until disease takes place as the result of using the water.

Polluted water may, in favourable circumstances, be used for years without apparent evil consequences, but if the specific infection of fever or cholera find its way into the well through the sewage percolations or otherwise, the results may be disastrous. Such cases are of daily occurrence. The lamentable history of the epidemic of cholera which in 1854 was caused by the use of the sparkling polluted water from the famous Broad Street pump, Soho, is a vivid instance of the danger attending the use of such wells.

Some alteration of the present law has been advocated by the Council of the Association of Municipal Corporations, by the Society of Medical Officers of Health, by the Society of Public Analysts, and by many other bodies, as well as by individuals interested in public health administration.

To remedy the defect, the following clause is suggested:

*Proposed New Clause.*—"The expression 'injurious to health,' in Section 70 of the Public Health Act, 1875, shall mean 'injurious or dangerous to health.'"

The clauses proposed in this Bill in substitution for Section 120 of the Public Health Act, 1875, as to disinfection of premises, etc., are very valuable and much needed, but they clash with those proposed on the same subject in the Infectious Disease (Prevention) Bill. As this latter Bill has already been passed by the House of Commons, the clauses in question had probably more conveniently be omitted from the Public Health Acts Amendment Bill.

#### BILLS AS TO THE HOUSING OF THE WORKING CLASSES.

The housing of the poor is one of the most important, as it is one of the most difficult, of the social questions of the day, for it affects both the physical and moral well-being of a large proportion of the population, both in the rural districts and in the towns. The evils of the existing state of the question have from time to time received much public attention, and in 1885 were strongly condemned by the Royal Commission on the Housing of the Working Classes; but the Act which was passed in that year on the subject dwelt very inadequately with the evils which the Commissioners' Report had exposed. Mr. Ritchie, the present able President of the Local Government Board, was quite justified in stating in the circular letter which he addressed to local authorities in December last, that he could "not avoid the conclusion that a large number of the working population of this country are at present housed

in tenements which are either unfit for human habitation, or in such a condition as to be distinctly prejudicial to the health of the inmates." This is not owing to want of statutory powers, but rather it is due to neglect on the part of local authorities to exercise the very large powers which they already possess. As the Royal Commission on the Housing of the Working Classes remarked in their report, "there has been failure in administration rather than in legislation, although the latter is no doubt capable of improvement. What at the present time is specially required is some motive power."

It is, however, a fact that the chaotic condition of the legislation relating to this subject—legislation which even experts cannot always readily interpret—together with important defects in the law, have to a great extent assisted unwilling authorities in their neglect. The consolidation and amendment of the various Acts, some thirteen in number, and the simplification of the procedure under them, have been therefore urgently needed, whilst the enforcement of the law should be more explicitly imposed on, and required from, the local authorities. As regards London, reform of the local system of administration will best secure improvement, but, until a better local system is established, much may be effected by strengthening the powers of the County Council.

Governments have long promised to take this matter in hand, but have not done so. At last Mr. Ritchie has, during the present session, introduced two Bills into the House of Commons on the subject—one to amend the Housing of the Working Classes Acts, the other to consolidate them.

It is not very obvious why the matter was thus dealt with in two Bills. The very fact of a "Consolidation" Bill being accompanied by an "Amendment" Bill involves an inconsistency, whilst such a course is distinctly inconvenient and disadvantageous. Moreover, in the present case the Bills as introduced clashed curiously with one another in several respects. Thus, although the Consolidation Bill repealed the whole of Torrens's Acts, Cross's Acts, and Lord Shaftesbury's Acts, the Amendment Bill repealed only certain sections of those Acts, and proceeded on the assumption that the Acts in question were otherwise to remain in force. It is well that the Bills were referred to the Standing Committee on Law, with instructions to consolidate them.

This the Committee have done in a very expeditious and satisfactory manner, with the result of producing a comprehensive and liberal measure which will place the law on this important subject in an intelligible condition.

Apart from the consolidation of the thirteen Acts known as Torrens's Acts, Cross's Acts, and Lord Shaftesbury's Acts, and part of the Housing of the Working Classes Act, 1885, several amendments of the law and new provisions have been included, which will go far towards removing the difficulties hitherto experienced.

Under the new Act it will be the duty of the medical officer of health to report to the local authority any dwellings which appear to him to be in a state "so dangerous or injurious to health as to be unfit for human habitation," and makes it the duty of the local authority to cause inspection of their district to be made from time to time, for the discovery of premises of that kind, and, when found, to take steps to obtain a closing order or an order for demolition. Thus the hitherto cumbrous procedure in dealing with unhealthy premises is much simplified and rendered more workable. The adoption of the phrase "dangerous or injurious to health" in place of the old phrase "injurious to health" is an amendment which has long been needed.

The powers for dealing with "obstructive buildings" are considerably extended, but it is not proposed, as has been recommended by the London County Council, to deprive the owner of the site of a condemned obstructive building of his right, under the existing law, of retaining the site. It is, however, provided that no building which would be dangerous or injurious to health, or obstructive, shall be erected on such site.

The procedure connected with a scheme for reconstruction on an area comprising houses closed by closing order is remodelled and much simplified. Local authorities are given freer scope for action, but the powers are still somewhat too permissive. "Shall" might with advantage replace "may" in most places. A very useful clause has been inserted, empowering the Local Government Board to order the provision by the local authority of accommodation for persons displaced by the authority's scheme.

Among the special provisions relating to London is one empowering the County Council to supersede a vestry or district board in case of default. It is proposed, however, to retain "the Secre-

tary of State" as the central authority for the metropolis, although the present is a favourable opportunity to transfer to the Local Government Board the powers which the Secretary of State has hitherto exercised as regards London. There seems no sufficient reason for maintaining a useless and detrimental distinction between London and the rest of the country in the matter of sanitary operations of this kind.

In future, a report from the medical officer of health of any county submitted to the County Council and forwarded by that Council to the local authority of any district in the county, is to have the like effect as a report from the medical officer of health of the district. Provincial County Councils are also to have power to supersede defaulting rural sanitary authorities. Herein lies much hope of securing more energetic administration in certain districts where it is much needed, but least likely to be adopted voluntarily by the local authorities.

Another very frequent cause of the negligence of local authorities will be neutralised by the provision that a person shall not vote as member of a local authority or county council upon any resolution or question under this Act if it relates to any dwelling house, building, or land in which he is beneficially interested.

The clauses which modify the system of computing compensation for property acquired under the Acts, are perhaps the most important in the Bill. Compensation, so far as it is based on rental, is to be based on the rental which would have been obtainable if the premises were occupied only by the number of persons whom the premises were fitted to accommodate without overcrowding. If the premises are in a state of defective sanitation or in bad repair the amount is to be that estimated as the value of the premises if they had been put into a sanitary condition or reasonably good repair, after deducting the estimated expense of putting them into such condition or repair. If the premises are unfit for habitation the only compensation is to be the value of the land and of the materials of the buildings. This is a most valuable amendment, for at present local authorities are to a great extent deterred from putting the Acts in force by the knowledge that exorbitant claims for compensation will be made on them by the owners of the abolished slums. A remarkable illustration in point is afforded by the experience of the late Metropolitan Board of Works. Out of £1,849,103 the total cost to that Board of carrying out their twenty schemes under Cross's Acts, no less a sum than £1,517,856 was paid in compensation.

It is satisfactory to find that there is a consensus of opinion in favour of this important measure. It is to be hoped, therefore, that in the absence of serious opposition, or even criticism, it will become law during the present session. Its passage will inaugurate a new and possibly far-reaching departure in the efforts to improve the dwellings of the poor, and must have good results.

#### MIDWIVES REGULATION BILL.

A Bill brought forward by private members for this purpose was introduced into the House of Commons. It was, however, a very unsatisfactory measure and objections were raised to it on behalf of the Committee. With the assent of the Government, who it was understood had a draft Bill of their own in preparation, this Bill was somewhat unexpectedly allowed to pass its second reading and referred to a Select Committee. Steps were immediately taken by the Chairman to summon a special meeting of the Parliamentary Bills Committee to consider this Bill, and the former draft Bill which had been prepared by your Committee and submitted to the Branches in 1882, was reprinted and the promoters of the private Bill, which had been referred to the Select Committee, accepted an invitation to attend a conference with the sub-committee appointed by the Parliamentary Bills Committee. Two conferences were held at which the original form of the Bill before the Select Committee was very considerably modified to meet the requirements of the case, and Mr. Rathbone and Sir Walter Foster undertook to take charge of the numerous amendments thus introduced. The Bill has now passed through the Select Committee and it is satisfactory to be able to report that the important amendments proposed by the Parliamentary Bills Committee have been incorporated with the aid of Sir W. Foster and Dr. Farquharson.

#### LUNACY ACT.

The following suggestion for the amendment in the new Lunacy Act, suggested by Dr. Mickle (to whom we are much indebted for the good work he has done for the Committee), will, in accordance with a resolution passed at the last meeting of the Committee, be brought under the notice of the Lord Chancellor:—

"Until recently, persons who were inmates of workhouses—whether brought there on account of their mental symptoms, or previously resident there, and who were deemed to be lunatics and fit and proper persons to be sent to an asylum—were examined, and, if found insane, and their removal to an asylum desirable, were certified by the medical officer of the workhouse, as a rule, if not universally. The new Lunacy Act does not make any direction that this custom shall be altered in this respect, or that some other medical practitioner—not the medical officer of the workhouse—shall be called in to sign the necessary medical certificate if the lunatic is to be sent to an asylum. Nevertheless, it appears that in some cases the guardians and justices have interpreted the new Act in this sense, and have acted upon their interpretation of it, thus placing workhouse medical officers under disabilities not required by the Act; the provision in which, relating to the calling in of a practitioner other than the medical officer of the workhouse, has to do with another matter altogether, namely, the detention of lunatics in the workhouse itself."

Mr. Wickham Barnes has also undertaken, at the Chairman's request, to bring up on behalf of the Poor-law medical officers a report on the subject of the payment of resident medical officers of workhouses.

#### RESTRICTIONS FOR THE SALE OF POISONS.

The Chairman, at the last meeting of the Committee, introduced a detailed memorandum, drawn with great care, with the object of increasing the means of restriction for the sale of poisons. He pointed out that it was a question as to which they would have to consult—the Pharmaceutical Society, the General Medical Council, and the Apothecaries' Society—and he was authorised to send copies to those several bodies for report, and in the meantime it will be circulated among the members of the Committee. They will then be in a position to discuss the matter next year.

#### FACTORY ACT ADMINISTRATION BILL.

This Bill has been under consideration of the Committee, but they found nothing in it calling for the intervention of the Committee. A copy had been submitted to Dr. Arlidge, of Newcastle-under-Lyme, and his observations upon it were published in the JOURNAL of June 28th, p. 1517.

(Signed) ERNEST HART, Chairman.

### REPORT OF INEBRIATES LEGISLATION COMMITTEE.

THE attention of your Committee was, during the past year, specially directed to the reception and collation of replies to an inquiry issued to boards of guardians, as to whether in their opinion guardians should be empowered, for curative purposes, to detain habitual drunken pauper inmates, either in the workhouse or in some special home for the treatment of the disease of inebriety.

Three such circulars have been issued by your Committee. The first was sent out in 1881, the second in 1882, the third in 1889. To the first 36 replies were returned, to the second 49, and to the third no fewer than 229. The affirmative responses were, in 1881, 14; in 1882, 27; and in 1889, 131.

Your Committee congratulate the Association on this remarkable advance of their proposals in the estimation of Poor-law guardians, as shown by the total replies in 1889 having been fully six times and the favourable replies nearly ten times as numerous as in 1881. The affirmative responses during the past year have outnumbered by 33 the total number of the opposed and the neutral, while many of the neutral are from Boards which have had no experience of drunken "ins and outs."

Your Committee have been gratified by noting a corresponding advance in public opinion on compulsory legislative provision for the treatment of inebriates. Several public bodies, including the Royal College of Physicians of Edinburgh, Society for the Study of Inebriety, justices of the peace at Manchester, and the Birmingham Prisoners' Aid Society, have passed resolutions in favour of such a procedure. In Scotland, the medical and legal professions have largely signed a memorial to the Lord Advocate in support of the leading provisions of Mr. Charles Morton's proposed measure for the compulsory reception and detention in Restorative Homes of diseased inebriates, for the reception and detention of voluntary inebriate applicants without the ordeal of an appearance before justices, and for contributions from the rates. These proposals have also been approved by your Committee and by the Association.

On the Continent, resolutions were agreed to at the Congresses of Belgium and Paris, approving of the interdiction of the diseased inebriate whose will-power has been broken down, and his detention in a special institution for the treatment of his malady. In the United States of America, under the presidency of Mr. Clark Bell, of the New York bar, the subject has been prominently discussed by the Medico-Legal Society, and by the International Congress of Medical Jurisprudence; while the American Medical Association devoted an entire sitting to the question. The American Society for the Study and Cure of Inebriety has celebrated its nineteenth anniversary by a dinner to the president, Dr. Joseph Parrish, on his 71st birthday, a record of the jubilant addresses at which is published by Dr. Crothers in the *Quarterly Journal of Inebriety*.

With a view to bring these with other encouraging signs of advancing public opinion, as well as the gratifying experience in the treatment of inebriety at the Dalrymple Home and other places for the therapeutic cure of inebriety, and the results of the working of the Inebriates Acts, before the legislature, your Committee, conjointly with the Society for the Study of Inebriety, have memorialised the Prime Minister, the Home Secretary, and the Government for a Parliamentary inquiry into the practical operation of existing legislation. Dr. Cameron, M.P., has given notice of a motion for the appointment of a Committee for this purpose.

The Committee recommend their re-election as follows:—The President and President-elect, *ex officio*; The President of Council; Dr. Norman Kerr; Mr. D. B. Baldwin, J.P.; Dr. T. Bridgwater, J.P.; 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.; Dr. W. T. Gairdner; 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. Prankerd; Surgeon-Major Pringle, M.D.; Fleet-Surgeon G. Robertson, M.D.; Dr. Grainger Stewart; Dr. G. Danford Thomas, Coroner; Dr. H. W. Williams; Dr. Wynn Westcott; Dr. E. Hart Vinen; and Mr. H. R. Ker.

(Signed) NORMAN KERR, M.D., Chairman.

REPORT OF THE SCIENTIFIC GRANTS COMMITTEE.

THE Scientific Grants Committee have to report that during the past year 1889-90 the sum of £ has been granted in aid of scientific research, of which the following are particulars:—

	£	s.	d.
Ashdown, Dr. H. H., continued Research upon Absorption from the Bladder	10	0	0
Ballance, Dr. C. A., 56, Harley Street, W., for continuing an Investigation into the Pathology of Cancer	20	0	0
Baylis, W. M., Esq., Physiological Laboratory, University College, Gower Street, W.C., Experiments on the Pancreatic Secretion with a view to Discovering the Nerves presiding over it, and to ascertain the Nature of the Inhibition stated to occur during Vomiting, and on Stimulation of the Central End of the Vagus or other Sensory Nerve	10	0	0
Bradford, Dr. J. Rose, Reading Room, University College, W.C., Some Experiments on the Action of the Cortex Cerebri on the Vasomotor System	15	0	0
Cheyne, W. Watson, M.B., 59, Welbeck Street, W., for continuing some work on Diseases of Bones and the Purchase of a Microtome for cutting Large and Complete Sections	40	0	0
Delépine, Sheridan, M.B., 6, Chapel Place, Cavendish Square, W., in aid of a Research on the Meanings of the "Cardio-pneumatic" Movement, and on the Modifications of that Movement in Disease	40	0	0
Edington, Dr. A., 49, Great King Street, Edinburgh: (I) A Critical Reinvestigation into the Blood of Scatlatina Patients at as early a date as opportunity affords. (2) A consideration of the Changes Produced in the Blood by the Action of Micro-organisms: 1st, Pathogenic; 2nd, Non-Pathogenic. (II) The Origin of the R-d Blood Corpuscles in the Adult. (III) The Origin of Pus from the Cell Elements—(a) of the Blood; 1st, Direct; 2nd, Indirect—(b) of the Tissues. (IV) The part played by Involuntary Processes in the Tissue Cells with regard to Tumour Formation. (V) A Consideration of the Relationship of certain Micro organisms to Tumour Formation	40	0	0
Hadden, Dr. W. B., 21, Welbeck Street, W., for Defraying Expenses incurred in Experiments on the Course of the Motor Tracts, Brain, and Spinal Cord of Monkeys (being balance of unexpended grant last year)	9	3	0
Haldane, Dr. J. S., Physiological Laboratory, Oxford, for the Purchase of Apparatus required 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 of Various Pathological Fluids, Transudations and the like	30	0	0
Hankin, E. H. Esq., Cambridge: 1. To Investigate the Nature of an Albumose that has been obtained from Anthrax Cultures under certain			

conditions, which has been already found to possess highly interesting Poisonous Properties. 2. To find out whether the Changes in the Suprarenal Capsule that have been noticed in animals poisoned with this Albumose are or are not causally connected with its Injection. 3. To find out whether the Difference between Virulent and Attenuated Anthrax depends on the Power that the former has of Producing a Ferment; for evidence has been found of the existence of this power in virulent anthrax, and no such evidence with the attenuated bacilli	50	0	0
Haycraft, Dr. J. B., University, Aberdeen, in aid of two Researches: one into the Chemo-Physical Character of Certain Proteids; and another which deals with the question of Capillary Hemorrhage...	10	0	
Kirk, Dr. Robert, Partick, Glasgow: 1. For a Research on Alcaptonuria, with special reference to the Oxidation of Uroleucic Acid and Analogous Substances as Gallic Acid in the Blood, and the Detection of such Oxidation Products, if any, in the Urine. 2. On the Distinction between Albumen and Mucin in the Urine, and some other Points in connection with Proteids in that Fluid	10	0	0
Luff, Dr. A. P., 35, Westbourne Terrace, Hyde Park, W., to continue an Investigation to Determine the Connection (if any) of the Ptomaines or Animal Alkaloids with Infectious Fevers	20	0	0
McWilliam, Dr. J. A., University, Aberdeen, to Investigate the Action of Ether and certain other Drugs upon the Vascular System in a new way which will afford a Simultaneous Record of the Changes occurring in (1) the Auricles; (2) the Ventricles; (3) the Arterial System as tested by the Sphygmograph; and (4) the Arterial System as indicated by Blood Pressure	25	0	0
Maguire, Dr. R., 4, Seymour Street, Portman Square, W., in aid of a Research upon the Excretion of Potash Salts and Phosphates in Disease	20	0	0
Mott, Fredk. Walker, M.D., Meadowland, Harrow-on-the-Hill, to ascertain (1) whether the Muscles of Adduction and Abduction of the Vocal Cords are represented in the Cortex Cerebri by Distinct Localised Centres; (2) also to Ascertain whether the Adductor Muscles which are connected with Phonation are more represented in the Cortex than the Abductor, with a view to explaining Hysterical Cramp of the Glottis, the Epileptic Cry, Laryngismus Stridulus, and other Functional Disturbances of the Brain associated with Spasm of the Glottis	20	0	0
Reid, E. W., Esq., M.B., Physiological Laboratory, St. Mary's Hospital, W., continuation of an Investigation to Determine to what Extent the Vitality of the Various Epithelia covering the Cavities of the Body influences the Absorption of Different Substances, and to Observe the Effects of Various Drugs tending to Exalt or Depress the Irritability of Protozoa upon the Power of Absorption of these Cavities, the Vascular Factor being Excluded	20	0	0
White, Dr. W. Hale, 65, Harley Street, W., for Investigating the Rise of Temperature Produced by Lesions of the Central Nervous System	40	0	0
	£463	3	0

Savage, Dr. G., for Expenses of Committee for Investigating State of Children Unfit from Mental and Nervous Conditions for ordinary School Teaching	28	15	0
Special Grant to Pasteur Fund	100	0	0
	£591	15	0

The following amounts have been returned as unused:—

Dr. H. H. Ashdown	10	0	0
Dr. S. Delépine	40	0	0
Dr. W. M. Baylis	10	0	0
Dr. A. Edington	3	2	11
Dr. R. Kirk	6	11	6
Dr. A. P. Luff	0	6	0
Dr. R. Maguire	20	0	0
Dr. E. W. Reid	17	0	0
	£107	0	5

Dr. H. H. Ashdown has returned the amount of grant made to him, having been precluded from continuing his research upon absorption from the bladder through scientific appointments.

Messrs. C. A. Ballance and S. G. Shattock have for some years been conducting experiments on the inoculation of carcinoma and sarcoma on the lower animals from man, and in two or three instances from one animal to another. The result of this work will shortly be published in extenso in the *Proceedings of the Royal Society*; and the main conclusion arrived at is that malignant disease in man cannot be held at present to be transferable to the lower animals. In continuation of their cancer research, and with the grant from the British Medical Association, they have been for some while engaged in investigating the subject of psorospermosis by the methods of inoculation and subcutaneous and intravenous injection on various animals. Their object is to see if it is possible to produce any lesions resembling "Paget's disease" or possibly malignant new formations. Further, they are engaged (with the skilled assistance of Mr. White) in attempting to isolate alkaloidal or other substances from malignant tumours with the idea of testing their pathogenic properties.

Mr. W. M. Baylis has returned a cheque for the amount of the grant made to him, not having been able to prosecute his research during the past year.

Dr. J. Rose Bradford has been engaged during the past year with Professor Schäfer in investigating *vasomotor functions of the cerebral cortex*. The observations have been made principally in monkeys and dogs; occasionally cats and rabbits. In all cases the animals were deeply anaesthetised either with ether or with morphine and chloroform. Different regions of the cerebral cortex were exposed and excited, the effects on the vasomotor system being determined by blood-pressure observations. The results obtained were very definite and constant, and pointed to the conclusion that only special portions of the cortex produced effects on the vasomotor system, when the excitation was not followed by movements. They did not find that the cortex generally acted simply like a sensory surface on excitation, but that there was definite localisation in certain convolutions, and they trust shortly to complete the observations and publish them in detail.

The work on which Mr. Watson Cheyne has been engaged is not yet sufficiently forward to report on. He has, however, collected and prepared a good many specimens, and hopes before long to send some notes of the work.

Dr. S. Delépine has returned the amount of grant made to him, not being able to prosecute his research through illness.

Mr. Edington has endeavoured to show that the nuclear division which obtains in the white corpuscles is a characteristically regular phenomenon, and that instead of being, as has been held by several authorities, a degenerative process, it is rather to be looked upon as a physiological one leading to the formation of daughter cells after the perinuclear protoplasm of the mother cell has been absorbed or dispersed. He has also shown, as he believes, that the nuclear division is in all cases preceded by nucleolar division. Of the daughter cells formed by this division, he finds that while some reproduce the fully formed leucocyte, others enlarge and acquire different staining characteristics, and, by a process of endogenous division, give rise to a number of small cells, which, after having ripened, are extruded, and become, by progressive increase in size and the assumption of the biconcave form, true red blood corpuscles. He has announced that it is possible to observe the cells which are thus set free in the blood without any special method of preparation, and he has given to these cells the name of albocytes. The mother cells which go to form these albocytes have been termed by him matricytes, and certain experiments have been detailed which go to show that considerable numbers of them must be present in the blood.

Dr. Hadden's grant made to him last year was to defray expenses incurred by an investigation made on the previous year, a report of which has been published.

Dr. J. S. Haldane has during the past year been devoting much time to the continuance of his research on *animal heat*. Owing, however, to continued difficulties in obtaining accurate calorimetric measurements, the work is not yet fit for publication. The chemical methods devised for the research, together with the results of a number of experiments, were communicated at a recent meeting of the Physiological Society.

Dr. Halliburton has in the Physiological Laboratory, University College, London, continued his work on *certain fluids of the body*. Last year a report was published by him on cerebrospinal fluid; he has now extended his observations to various dropsical fluids, special attention being paid to a quantitative and qualitative examination of the proteids or albuminous substances that they contain. He has also made a number of experiments on the proteids of milk. Reports on these subjects have been or will be sent in due course to the JOURNAL.

Mr. E. H. Hankin has been working on the *anthrax albumose* and allied subjects. A long course of experiments has been carried on as to the best way of making this substance. A new form of porcelain filter used in this research has been exhibited at a recent meeting of the Physiological Society. Mr. Hankin has also discovered a proteid body in the spleen and lymphatic glands of cats which has the power of killing anthrax bacilli. It was noticed in the JOURNAL of May 30th in a leading article on Poisonous and Defensive Albumoses, and it appears to have an important bearing on the question of the progress of, and recovery from, infectious diseases.

Dr. J. B. Haycraft has been engaged in investigating the *coagulation of egg and serum albumen, vitellin, and serum globulin by heat*, and has arrived at the following general conclusions: (1.) The coagulation point varies with certain conditions. A. The rapidity at which coagulation is allowed to take place. The coagula, especially in dilute solutions, take some time to form. Under the microscope minute granules at first appear, gradually

increasing in numbers and producing opalescence. These granules run together and cohere in masses, forming flocculi. When these changes take place slowly, and the temperature is quickly raised, one invariably oversteps the mark at which, with slower heating, the first appearance of opalescence or the first formation of flocculi would take place. It follows from this that it is necessary, in stating the coagulation point of an albumen, to note the rapidity with which the temperature was raised; and it follows, too, that, in comparing the coagulation points of two different albumens, the temperature of the two solutions must be elevated in exactly the same manner. B. Concentration of the albumen. In the case of albumens and globulins existing in a natural condition within an animal fluid (serum, hydrocele fluid, white of egg), the point of opalescence is gradually and uniformly raised by successive dilutions. The coagulation point (when flocculi first appear) on the other hand rises rapidly, and the more dilute fluids often refuse to coagulate at all. When a globulin is dissolved in an artificially prepared saline solution, both the point of opalescence and coagulating point are uniformly raised on diluting the solution. The same appears to apply to serum albumen saturated with magnesium sulphate. When the solutions are rendered acid the dilute albumen coagulates at a higher temperature than one which is more concentrated. C. Addition of neutral salts. These generally raise the coagulation point, but a salt may raise the temperature of coagulation if present in a certain percentage; at another percentage it may lower it. Thus common salt in moderate quantity raises the coagulation points both of vitellin and serum globulin, while larger quantities will lower it. Previous authors have frequently given conflicting evidence as to the action of a salt on coagulation; their differences are in some cases due to a difference in the quantity of salt used. If a proteid be present in a saturated solution of a salt—such as magnesium sulphate—and if another salt be then added which by itself would raise the coagulation point, the coagulation point is generally lowered. It appears, too, that salts which are most active in raising the coagulation point are most active in lowering it when added to a solution already saturated by another salt. D. Actions of acids and alkalis. In confirmation of the results obtained by most observers, we find that the coagulation point is generally lowered by the addition of small quantities of acids. (2.) General conclusion concerning specific coagulation points. It will be seen from the above that there are many factors which determine the coagulation point of an albumen, and this point can be changed, within limits, by varying the conditions A, B, C, and D. When authors—as they almost invariably do—assign definite coagulating points to the proteids with which they are experimenting, without stating the conditions A, B, C, and D, their results are as valueless as would be a table of specific gravities where the substances were weighed regardless of temperature. As is to be anticipated, no two authors agree as to their temperature points for coagulation, the reason being that the conditions A, B, C, and D are not standardised according to any generally accepted plan. If authors were to agree to work in all cases, say, with a 1 per cent. solution of albumen, rendered acid to an  $\frac{1}{1000}$  solution, and heated so that the fluid should take fifteen minutes to reach 80° C., then uniform results might be obtained. Even here other difficulties occur, for few proteids are soluble in water, the greater number requiring the addition of saline matter. In this case one could hardly make any scientific comparison between the albumen soluble in water and that soluble, say, in salt solution. The latter may have a very high coagulating point if the salt be present in a certain percentage quantity, a low one if it be present in another, while an insufficiency or an enormous quantity may lower the coagulation point to the temperature of the laboratory. Here, again, you have to select some standard percentage of the salt, and if this be done nearly allied globulins might be compared with advantage as to their coagulabilities. (3.) General conclusions concerning fractional coagulation. By means of fractional coagulation authors have affirmed their power to split up serum albumen into three proteids, and egg white into five. The method consists in acidifying the albumen, coagulating it, filtering off the coagula, reacidifying to the same point, heating a few degrees higher, filtering off the second crop of coagula, and so on. It was assumed that each crop was a different albumen. This is not, however, the case, and for the following reason: Supposing we are dealing with any one single albumen, and if we heat it, it will begin to coagulate at a certain point, say 60°. It will not all coagulate at that temperature, however, because as soon as the first clots separate out what remains is a more dilute solution of the same substance, requiring

(condition B) a higher temperature for its coagulation. Coagulation will, therefore, come to a standstill. Another condition (D) which operates in the same way is the diminution in the acidity brought about by the coagulation itself. While the clotting of the first few coagula is taking place the fluid becomes less acid and the coagulation point of the rest is raised. It is, therefore, theoretically and practically impossible to coagulate all the albumen in a solution at the temperature at which flocculi first form. A perfectly simple albumen can, therefore, be fractionated by coagulation, and in the case of egg white it is as easy to prove the existence of twenty as of five albumens.

Dr. R. Kirk has been engaged in a research (1) on the *proteids of the urine and albuminuria*. This subject has been investigated by Dr. Kirk for several years, and the first outcome of it, representing work done before the grant was made by the Committee, has already appeared in the *Lancet* (April 26th, 1890, p. 895). It is there shown that the mucin of the urine is precipitated by heat, and that it occurs in increased quantity in numerous cases of albuminuria. In a forthcoming report, Dr. Kirk will deal with the relative proportions in which these two substances are found together in various cases of albuminuria, and will further draw attention to the theory of Dr. Ralfe that the immediate source of the albumen in a great many cases is the renal epithelium—a view which Dr. Kirk finds everything tending to confirm. It will also be shown that mucin, when in large excess, impairs the delicacy of the cold picric acid test for albumen, which may only produce a slight opalescence when nitric acid gives a dense albumen zone, and Dr. Kirk is anxious to retract the statement he has previously made that the failure of the test in a clear acid urine negatives in all cases the presence of albumen. It will also be pointed out that a sufficient quantity of urinary mucin gives a hemialbumose reaction with heat and acid, and this has been observed in the urine in measles and in pregnancy. Reasons will be advanced tending to disprove the view that paraglobulin occurs in the urine apart from albumen, this error having arisen from ignorance of the behaviour of mucin. (2) *Alcaptonuria*. Previous investigation has shown that the body which gives the peculiar reactions in this class of cases is an acid having the formula  $C_9H_{10}O_6$ , to which Dr. Kirk has given the name uroleucic, and which Professor Huppert believes is a trioxo-phenyl-propionic acid  $[(HO)_3C_6H_2CH_2COOH]$ . The principal object of further research was to determine whether an oxidation product of this body occurred in the urine, and whether it could be isolated and analysed. Analogy would lead us to conclude that such must be the case, but all attempts to isolate such a body (and they have been numerous and laborious) have failed. Other questions were also proposed in connection with the subject, but Dr. Kirk has been diverted from these by matters of greater interest. It was found that the youngest child (a girl of  $3\frac{1}{2}$  years) in the family of which three previous members had been alcaptonuric, did not pass uroleucic acid, but that her urine contained some other reducing substance. Unfortunately she died of measles and pneumonia before the urine was thoroughly investigated, but this and other cases have led to an examination of the question of the reducing substances to be found in normal and various pathological urines. One result has been to prove that the urates, when quite separated from mucin on the one hand and kreatinin on the other, have not the slightest action on Fehling's solution, although they give a red colour with alkaline picrate of potash even in the cold. Diaceturia and acetonuria are also being made subjects of investigation, and it is hoped that reports on these questions will soon be ready for publication.

Dr. R. Maguire has returned the amount of grant made to him, not having been able to give the time to the intended research during the past year.

Dr. J. A. MacWilliam reports that many of his experiments have been of a very elaborate character. The action of the anaesthetics named has been investigated in a variety of ways. A simultaneous record has been made of the blood pressure and the respiration while the animal inhaled chloroform or ether by spontaneous respiration; and subsequently the chest was opened (respiration being maintained artificially), and prolonged tracings were obtained of the blood pressure, the beats of the auricles and of the ventricles simultaneously. Definite quantities of the anaesthetics were used, along with known quantities of air; and in many cases the administration was conducted in such a way as to lead to dangerous depression or death. Numerous observations were made on the tendency to a fatal issue, the modes of death, and the possibilities of recovery. Many facts bearing on these

questions have been elicited, and fresh evidence has been obtained showing marked differences in the action of chloroform and ether. The effects of anaesthetics after artificial respiration has been commenced and the thorax laid open have been carefully compared with those resulting from inhalation in the intact animal. A large number of graphic records have been taken on long sheets of smoked paper, and the publication of extensive tracings will be necessary in order to render the results of the research fully appreciable.

Dr. F. W. Mott and Professor Schäfer have been engaged in an investigation into the *bilaterally associated movements in monkeys*. The investigations upon this subject have been carried out at the Physiological Laboratory of University College, and they may be divided into the following principal headings. I. Relations of the cerebral cortex to movements of the vocal cords. The only fact of importance elicited was that after bilateral extirpation of the centre of phonation, vocalisation was observed. II. The functional relations of the corpus callosum to the motor cortex. The results may be summarised as follows: 1. Stimulation of centres connected with associated movements of the head and eyes, and will adduction of the cords produce the same effects after or before section of the corpus callosum. 2. Stimulation of the corpus callosum by weak induction currents produces localised bilateral movements in all parts of the body, the muscles which respond to the stimulus depending upon the position of the electrodes along the commissure. 3. Stimulation of the intact corpus callosum after removal of the motor area produces movements of the corresponding muscles on that side of the body. 4. Direct stimulation of the fibres of the corpus callosum in their transverse section produces localised movements on the side opposite to that hemisphere with which the stimulated fibres are still connected. 5. Epilepsy is produced either by stimulation of the intact corpus callosum or by direct stimulation of the fibres in section with a strong current. III. On associated movement of the eyes produced by unilateral and bilateral cortical faradisation of the monkey's brain. The results may be summarised as follows. 1. Unilateral stimulation of the frontal lobe and its relation to eye movements. Localisation of the head and eye area into three zones; an upper producing a downward movement, a middle producing lateral deviation, and a lower producing upward movement. 2. Bilateral stimulation of the portion of the frontal cortex, of which one side when stimulated gives rise to conjugate lateral deviation of head and eyes, produces fixation with some degree of convergence. 3. Bilateral stimulation of corresponding points on the occipital lobe, which when singly excited causes lateral deviation, is followed by fixation. 4. In bilateral stimulation of a point on the occipital lobe of one side and a point on the frontal lobe of the other, which when singly stimulated give rise to a similar lateral deviation, the frontal stimulation invariably overpowers the occipital, unless the current which is used to excite the occipital is very strong, while that of the frontal is very weak. IV. The return of bilateral movements after hemisection of the spinal cord, and the sensory disturbances resulting therefrom have been made the subject of a preliminary communication to the neurological and physiological societies, and the details will be published when further researches have been made.

Dr. A. P. Luff during the present year has extended his investigations as to the occurrence of *ptomaines in connection with typhoid fever* by examining the diarrhoea stools of well-marked cases of that fever. Care was taken only to examine the stools of patients who, neither previous to nor at the time of passing the stools, were taking any alkaloidal or antipyretic medicines. The stools passed during the height of the fever were examined, and were in all cases divided at once into two portions, one portion being immediately extracted for ptomaines, the other portion being allowed to stand for forty-eight hours previous to extraction. The method employed in the extraction of the faeces was "the ether and tartaric acid" that he devised eighteen months ago, and described in his report last year on the examination of the urine of typhoid and scarlet fevers for ptomaines (this process has, since the publication of that report, been successfully used by a writer in the *Chemical News* in the extraction of a ptomaine from the urine of a case of mumps). The results that have been obtained so far in the examination of typhoid stools are as follows: in all cases the portions of the typhoid stools extracted soon after evacuation yielded no ptomaine, whereas the portions of the stools that were allowed to stand for forty-eight hours in every case yielded a small quantity of a ptomaine, the hydrochlorate of which crystallised in well-defined prismatic crystals. This pro-

maine gave definite chemical reactions, and apparently is a different body to the one obtained last year from typhoid urine, since it differs in several of its reactions from that ptomaine. It exhibited all the properties of a ptomaine or alkaloid, and apparently was a single definite chemical body, since it resisted all attempts by fractional crystallisation and by fractional precipitation with various reagents to resolve it into more than one substance. The following are the reactions given by the hydrochlorates of the ptomaines respectively obtained from typhoid fæces and typhoid urine:

Reagent used.	Ptomaine from Typhoid Fæces.	Ptomaine from Typhoid Urine.
Phospho-molybdic acid ...	Slight white precipitate	White precipitate.
Phosphotungstic acid .....	Dense " Nil "	Nil.
Mercuric potassic iodide ..	" " " "	Dense yellow precipitate.
Iodine solution .....	" " " "	Brown precipitate.
Tannic acid .....	" " " "	Yellowish-brown precipitate.
Picric acid .....	Slight yellow precipitate	Yellow precipitate.
Platinic chloride .....	" " " "	Nil.
Auric chloride .....	" " " "	Dense yellow precipitate.

Dr. Luff proposes during the course of the summer and autumn of this year to endeavour to obtain from typhoid stools a sufficient quantity of this ptomaine in order to determine its chemical composition by ultimate analysis. From six gallons of scarlet fever urine he has again extracted a small quantity of a ptomaine precisely agreeing in all its reactions with the one described in his report of last year, but unfortunately he has been again unable to obtain sufficient of it for ultimate analysis. *Conclusions and remarks.*—From various experiments it appears that (a) the urines of persons in health contain no ptomaine that can be extracted by "the ether and tartaric acid process;" (b) that typhoid fever urine excreted during the height of the fever contains a ptomaine which in all probability is one hitherto undiscovered; (c) that typhoid fever urine excreted during the decline of the fever is free from this ptomaine; (d) that scarlet fever urine excreted during the height of the fever contains a ptomaine which in all probability is a new one, and so far as the experiments on four batches of urine collected from different patients show, this ptomaine is a constant constituent of the urine of scarlet fever; (e) that typhoid fæces passed during the height of the fever contain no ptomaine when examined within a short time of being passed; (f) that portions of the same fæces after standing for forty-eight hours contain a ptomaine which apparently has been developed as the result of some chemical changes. Dr. Luff proposes to continue these researches in the hope of elucidating the following points: (a) to obtain sufficient of these ptomaines to determine their composition by ultimate analysis, and, if possible, their chemical constitution; (b) to ascertain whether there is any relation between the amount of the ptomaine excreted in scarlet fever urine and the nephritis that sometimes accompanies scarlet fever; (c) to endeavour to determine the physiological action of these ptomaines; (d) in the event of demonstration of any relation of the ptomaines to infectious fevers as causative factors of the latter, to endeavour to discover some antidote which will render each ptomaine innocuous or insoluble.

Dr. W. Hale White has been engaged the latter part of last year and the whole of this up to the present date in devising a suitable calorimeter and recording apparatus for accurately estimating the precise heat production of animals. A large and accurate instrument has been made, and will be in working order in a week or two. Dr. W. Hale White has at the same time conducted some experiments upon the further localisation of the heat-producing cerebral function. They go to confirm the results at which he arrived last year.

Dr. E. W. Reid has returned the greater part of the grant made to him last year, not having completed his research, and applies for a renewal.

Dr. Ralph Stockman has during the past year been engaged in a research on the action of morphine and a number of its derivatives. This research is a contribution to the relationship between chemical constitution and physiological action of alkaloids. It is now completely finished and ready for publication. In it, Dr. Stockman has had the co-operation of Mr. D. B. Dott, who has done the greater part of the chemical work. The alkaloids, with the exception of morphine and codeine, had all to be prepared by them-

selves, as they are not made by chemical manufacturers. They have established a number of new facts regarding the action of morphine on the nervous system, and have fixed its minimum physiological and minimum lethal dose in frogs and rabbits for the purpose of comparing it with the other substances. They have done the same for codeine, and have also studied in detail the physiological actions of the following substances: ethylmorphine, amylmorphine, acetylmorphine, diacetylmorphine, benzoylmorphine, dibenzoylmorphine, methylmorphine, methylcodeine, dimethylmorphine (methocodine), morphine hydrogen sulphate, chloromorphine, trichloromorphine, tetrachloromorphine, nitrosomorphine. These are all bodies of definite chemical composition derived from morphine. It is generally held at present that such chemical changes profoundly affect the physiological action of alkaloids, but the result of their research has been to prove that the great majority of the above substances retain essentially the morphine action, and that the differences in action are apparent rather than real, and are merely superficial. Some of these substances they had examined previously (about three years ago); but, as the research proceeded, they obtained new results regarding the action of the whole group on the nervous system, and all the bodies were to a large extent reinvestigated. Dr. Stockman and Mr. D. B. Dott have also examined in the same way a number of the other opium alkaloids, and at present Dr. Stockman is going on (alone) with similar researches on other bodies.

Abstract of work done by Dr. Sidney Martin, a research scholar, 1889-90. *Influence of bile on pancreatic digestion* (with Dr. D. Williams) Last year, in a paper before the Royal Society, the influence of the bile and bile salts on the digestion of starch by the pancreas was discussed. It was shown that a certain percentage of bile salts added to the digestive mixture greatly increased both the rapidity and completeness of the digestion of starch—that is, not only was the starch more rapidly changed into dextrin than without bile salts, but there was more sugar (maltose) formed. The experiments extended to an investigation of the influence of bile salts on the pancreatic digestion of proteids, and a similar accelerating influence of the bile salts was found. These results are recorded in a paper read before the Royal Society in June of this year. Thus, in addition to the action of bile in the emulsifying of fats, it has the important function of hastening the digestion of starch and of proteids by the pancreatic juice. This applies not only to pig's bile salts, but to ox and human bile. 2. *On the comparative digestibility of different starches.* It is usually considered that the different starches are of the same degree of digestibility. The completeness of the digestion of starch is influenced by the amount of cellulose present. In testing the digestibility of pure starches (containing only a trace of cellulose) it was found that the three most digestible starches are pea starch, and that contained in Bermuda and St. Vincent arrowroot. Barley starch comes next, while rice, flour, and a mixture of rice, potato, and barley starches come far behind the first three in digestibility. The experiments showing these points will be published in full. The differing digestibility in starches does not seem to depend on the physical structure of the starch grain; it is quite possible that the different starches vary in their molecular structure. 3. *The pathology of the proteids of the body* (Abstract of a paper to be read at the Birmingham meeting of the Association.) The normal metabolism of the proteids of the body has in the end-products chiefly urea and uric acid; with some others, crystalline nitrogenous bodies, such as keratin, xanthin, hypoxanthin, etc. It is otherwise with the proteids which, in disease, are, so to speak, "outside" the metabolism of the body—that is, the proteids which exist in collections of pus, in pathological effusions, in collections of degenerating cells, as in masses of miliary tubercle and in malignant tumours. The changes of the proteids in fever and in pathological effusions, and the relation of these to peptonuria were investigated. In pus (empyema) certain albumoses were formed which were found to correspond to the amount of similar albumoses found in the urine. The amount of albumen found in the urine in cases of phthisis and in disordered digestion was also investigated. (Signed) JOSEPH LISTER, Chairman.

## REPORT OF THE THERAPEUTIC COMMITTEE.

### REPORT ON HYPNOTICS.

THE object of the investigation undertaken by the Therapeutic Committee was to ascertain by clinical observation the compara-

tive utility of different hypnotics, especially in relation to the certainty, and safety of their action, freedom from disagreeable after-effects, and finally, the question of the tolerance of the drug.

The difficulty in the way of coming to a precise conclusion is due partly to the fact that in one case one drug may answer best, and in another, another. The conditions which cause this difference are as yet imperfectly known, and the observations of the Committee were, therefore, directed towards ascertaining how far the difference might be due to the disease from which the patient suffered, how far to the temperament and constitution of the patient, and how far to differences in the dose of the remedy employed or to differences in the mode of administration, for example, in single or divided doses.

In order to ensure such uniformity in the observations as to allow of their comparison with one another, they were made according to a plan which was drawn up by the Committee. This plan included, under separate headings, the name, age, and occupation of the patient; the disease from which he suffered, and the duration of the insomnia; the hypnotics previously tried, and their effects; the dose and frequency of administration of the hypnotic selected for observation, and the results of its action as shown in the rapidity of action and the duration of sleep, together with any disagreeable after-effects, such as drowsiness, giddiness, nausea, inco-ordination of gait, etc. Each case was recorded on a separate schedule, and the results were tabulated by the Honorary Secretary (Dr. Sidney Martin), and considered by the Committee.

The records of sixty-four cases were received, and the Committee have to thank the following gentlemen for their aid in the investigation: Drs. E. S. Reynolds, J. Mackenzie Booth, A. Hopkinson, W. Bate, E. Jackson J. Priestley, J. Hervey Jones (Manchester), J. Sydney Short (Birmingham), R. L. Pinkerton (Yorkshire), John Gordon (Aberdeen), John Molony (Dublin), F. W. Burton (Cambridge), A. Chaplin, and H. M. Maclure (London).

The observations were under the direction of the following members of the Committee: Dr. Mitchell Bruce, Professor Cash, Dr. Duffey, Professor Leech, Dr. Donald MacAlister, Dr. Sidney Martin, and Dr. Robert Saundby. The following is a summary of the reports which have been received:—

#### SULPHONAL.

1. Two cases of *simple insomnia*, aged 36 and 32. In the first case insomnia had lasted eleven days; 20-grain doses of sulphonal every night for three days produced two hours' sleep five hours after taking the drug. Sleep was not very peaceful, and was followed by a slight feeling of intoxication. In the second case insomnia had lasted a month, and ammonium bromide, although useful at first, failed afterwards in doses of 40 grains. Sulphonal (20 grains) every morning for a month produced eight hours' natural sleep three hours after taking the drug. No bad after-effects.—(F. W. Burton.)

In a case of *neurasthenia and insomnia*, which had lasted one or two years, in a medical man, bromides of potassium and ammonium produced a refreshing sleep, but caused great depression after a few days. Sulphonal (20 to 30 grains), two or three nights a week for three months, produced, after three or four hours, six to nine hours' sound sleep. There was never any excitement, giddiness, headache, or inco-ordination of gait, but drowsiness followed sleep if 20 to 30 grains were taken as late as 9 or 10 P.M., but not if 10 to 20 grains were taken at 5 or 6 P.M. After using sulphonal as above described till the end of August, 1889, the patient went for a six weeks' holiday to Devonshire, and gave up hypnotics. During all the time the sleeplessness was very bad (not more than two to four hours' sleep a night). Then he returned to work for the winter, avoiding night work; and he began to take 10 grains of sulphonal regularly every evening. He thus secured five to six hours a night of fairly continuous sleep (his usual average in health is seven to eight hours, less than this always left him unrefreshed). In April, 1890, he again went for a holiday, this time travelling about the Highlands of Scotland. He still took 10 grains nightly; and from leaving home had very good nights, sleeping seven to nine or more hours soundly. On returning home after a month and resuming work, the average number of hours per night with 10 grains nightly again fell to five or six. The dose was increased to 20 grains per night, with the effect of raising the average to seven or eight hours. Now the dose has again be reduced to 10 grains, while sleep continues long and sound. No evil effects have been noted—no albuminuria or nervous symptoms, and the

patient is certain that 10 to 20 grains nightly have a slight regulating effect on the bowels, acting like a small dose of sulphur. For six months now (June 9th, 1890) sulphonal has been taken quite regularly, every night 10 grains, and occasionally 15 or 20.—(J. Priestley, M.R.C.S.) In a case of simple insomnia, which had lasted three months in a woman seven and a half months pregnant, 20 grains of bromide of potassium was at first useful, then failed. On two nights 20 grains of sulphonal were given; on the first night the patient slept for two hours, the effect coming on in thirty minutes; on the second night in five minutes. The patient fell asleep and remained so for eight hours. There were no bad after-effects following the first dose; on the day following the second dose the patient had repeatedly long sleeps, and suffered from giddiness and inco-ordination of gait so marked as to alarm the patient's friends.

2. *Acute Fevers*.—In a case of enteric fever in a nurse aged 24, in which insomnia had lasted two nights, sulphonal (25 grains) on three successive nights produced in two hours quiet sleep, lasting three hours and a half on the first occasion, eight hours on the second, and six on the third, with no bad after-effects. In two cases of typhus in young adults sulphonal was given. In the one in which sleeplessness had lasted one night, 25 grains each night for three nights produced after two hours six hours' sleep. There was no excitement or bad after-effects, but the patient talked during the sleep. In the other case, with two nights' sleeplessness, 25 grains in one dose were given for three nights. The first night patient was restless and delirious; he slept the second night, talking during the sleep; he slept on the third night without sulphonal; on the fourth night he had no sleep (no sulphonal); but on the fifth night slept three hours and a half after sulphonal. There were no bad after-effects. In a case of rheumatism with delirium sulphonal in 25, 30, and 40 grains had no hypnotic effect, morphine being successful.—(Dr. Duffey.)

In a case of pneumonia, insomnia had lasted during the whole of the attack. Bromide of potassium (20 grains) with nupenthe (20 minims) did not produce sleep. On the fifth night sulphonal (15 grains) was given, producing no sleep; on the sixth and seventh nights, 25 grains; the first dose producing, after two hours, interrupted sleep during six hours and a half; the second dose of 25 grains having no effect whatever. The next night, a dose of 30 grains was given, causing two and a half hours' sound sleep, then irregular sleep for four hours. The following night a dose of 30 grains produced a short period of dozing after three hours. There were no bad after-effects. The crisis came after the first dose of 30 grains, and this was the only night the patient got any real sleep. The insomnia continued during convalescence, uninfluenced by bromide and nupenthe, or by bromide (30 grains) and chloral (20 grains).—(E. Jackson.)

3. *Plumbism*.—In a case of plumbism (insomnia eight days), sulphonal (30 grains) produced after three hours good sleep for four hours and a half. Slight inco-ordination of gait was noticed next day with inclination to sleep, but no other bad after-effects.—(J. S. Short, M.D.) In a second of plumbism with granular kidney and extremely high tension of the pulse, insomnia had lasted many weeks, and a drachm of sulphonal produced in three-quarters of an hour two hours' sleep; the patient woke up in dyspnoea, which lasted half an hour, but he then slept for two hours and a half. There was drowsiness, giddiness and headache next day, but no vomiting or inco-ordination of gait.—(E. S. Reynolds.)

4. *Gastric Catarrh*.—In one case with dilated stomach (a few days' insomnia) 40 grs. of sulphonal produced, within half an hour, half an hour's sleep, and an irregular sleep for three hours and a half during the rest of the night. There was drowsiness the next next day, and the patient was sleeping soundly at midday; the pupils were contracted, and she was very thirsty and suffered from headache.—(E. S. Reynolds.)

In a second case the patient had three years previously an attack of insomnia lasting eight months; the present attack was of three weeks' duration. Bromide of potassium (20 to 30 grs.) had no effect, nor had 10 grs. of pulv. ipecac. co. Nupenthe, 25 minims, gave two hours' sleep; sulphonal (20 grs.) produced, after nine hours, a quiet and natural sleep lasting four hours, with no bad after-effects. On another occasion 30 grs., in five hours, produced five hours' dreamy sleep. There was slight drowsiness following, and very decided inco-ordination of gait until late in the afternoon. Insomnia disappeared when the patient went to the seaside.—(E. Jackson.)

5. *Heart Disease*.—In a case of mitral stenosis (insomnia four

months) in which bromide had been tried, sulphonal (20 grains) every night produced in an hour sound and refreshing sleep for six hours and a half.—(A. Chaplin.)

In a case of double mitral disease with cerebral embolism and delirium (insomnia six weeks), bromides (30 to 60 grains) produced quietness, but no sleep; sulphonal (20 and 40 grains) produced in three hours interrupted sleep for an hour or less, or no sleep at all. There was drowsiness next day.—(F. W. Burton.)

6. *Lung Disease*.—In a case of chronic bronchitis (insomnia for some months), sulphonal (20 grains) produced in half an hour to an hour sound sleep nearly all night. There was slight drowsiness next day, and giddiness on getting up, but no other bad after-effects.—(A. Chaplin.)

In a case of asthma, chronic bronchitis, and emphysema (insomnia two months), sulphonal (20 grains every other night) produced for the first three weeks twelve hours' sound sleep, and the following five weeks only six hours. At first, sleep came on in an hour, but during the last five weeks only after three hours. At the end of the first three weeks the insomnia returned on discontinuing the drug, which had to be given again. There was a feeling of transient muddle next day, but no other bad effect.—(Dr. Maclure.)

The drug was given in 11 cases of phthisis in patients varying in age from 16 to 47 years; the disease was active in all except 1, in whom it was quiescent. In 6 cases insomnia had lasted from three weeks to eight months. Sulphonal (in 15 to 25 grains) was given in 9 cases every other night, every third night, or once a week. In most cases the patients slept all night quietly. In 1 case 15 grains gave only four hours' sleep, in another three hours. In 2 cases 10 grains gave a sound sleep all night. The effect came on soonest in twenty minutes (1 case), but usually in an hour to three hours. In 1 case 5 grains was without any effect, except in producing sickness in the morning. Eight out of the 11 cases suffered from drowsiness the next day. In 1 case drowsiness appeared after the effect of the drug was lost. In 1 case drowsiness appeared early in the case of treatment, and in 1 case late. Giddiness was noted in 4 out of the 11 cases.

#### PARALDEHYDE.

1. *Bright's Disease*.—In a case of granular contracted kidney, with headache and uræmic dyspnoea (insomnia fourteen days), 40 minims every night for three nights produced natural sleep within five minutes, and lasting three to six hours. In a second case of granular kidney with dilated heart insomnia had lasted some weeks. Fifty minims of paraldehyde produced in fifteen minutes two and a half hours' sleep; headache then came on, but the patient slept at intervals for three hours during the rest of the night. In another case Bright's disease (insomnia some weeks), one drachm of paraldehyde caused dozing for three hours with restlessness, no actual sleep. In a case of Bright's with bronchitis, dilated heart, and cardiac dyspnoea, one drachm in one hour caused two and a half hours' sleep with a short interval of restlessness. The patient was dozing, but restless for the rest of the night. In these cases there were no bad after-effects.—(E. S. Reynolds.)

2. *Aneurysm*.—In a case of aortic aneurysm (insomnia four days), 40 minims, in seven minutes, produced an easy sleep of five hours, with four periods of short duration of wakefulness. No bad after-effects.

3. *Heart Disease*.—In a case of mitral stenosis (insomnia one month), paraldehyde was given in doses of 40 minims for three nights, then 1 drachm for two nights. The third administration of 40 minims produced no sleep, the second of 1 drachm also failed, and both these caused slight excitement. The other doses caused in four to fifteen minutes an easy sleep of two to five hours. Morphine succeeded well after paraldehyde had failed.—(F. W. Burton.)

Double aortic disease and secondary mitral; irregular insomnia for several weeks. Paraldehyde (20 minims) every four hours for fourteen days produced better rest at night, but not continuous sleep. No drowsiness in the day, and no bad after-effects.—(J. S. Short.)

In a similar case with slight insomnia half-drachm doses had a slight effect at first, but afterwards lost their power. Sleep was broken, and the patient vomited after one dose. In a case of double aortic disease, with periodic attacks of insomnia, half-drachm doses every three hours produced in half an hour natural sleep lasting two hours. No bad after-effects.—(W. Bate.)

In a case of mitral disease with cerebral hæmorrhage and dementia (insomnia some weeks), fifty minims in fifteen minutes pro-

duced over an hour's sleep; the patient was then awake for four hours, and was very irritable, but slept afterwards for two hours. In this thirty grains of chloralamide produced in fifteen minutes four and a half hours' sleep during the night, with two short intervals of great restlessness.

4. *Rheumatism*.—In a case of chronic rheumatism (insomnia some days) fifty minims of paraldehyde produced over six hours' sleep in the night, with intervals of wakefulness lasting half an hour.—(E. S. Reynolds.)

5. *Lung Disease*.—Bronchitis, with laryngeal catarrh and dementia (insomnia three nights), 2 drachms were given three times. The first time sleep lasted forty-five minutes; the second time sixty minutes, coming on in half an hour. Sleep was restless. On another occasion, 2 drachms gave the patient an hour's sleep; three hours after waking up he had another drachm, and slept for four hours. On the next night, 20 grains each of potassium bromide and chloral-hydrate gave him seven hours' restless sleep.—(A. Hopkinson.)

Bronchitis and dilated heart in an old man (insomnia for some days); 1 drachm caused a restless irregular sleep for six hours and a half. In a case of pneumonia (insomnia some days), 50 minims caused six hours' very restless sleep, with an hour's interval of waking.—(E. S. Reynolds.)

In a case of quiescent phthisis with chronic bronchitis (insomnia for three months), sulphonal was given for six weeks in 20-grain doses, causing forty-six hours' sleep. The drug, however, lost its effect, and produced only drowsiness. Paraldehyde (40 minims) every night for three nights produced within fifteen minutes a natural refreshing sleep, lasting twelve hours. For one month, during which patient was observed, the insomnia did not return. The drug caused some nausea.—(Dr. Maclure.)

In another case of active double phthisis, 40 minims produced in an hour natural sleep, lasting five hours. There was drowsiness and headache the next day. The second night the same dose produced only three hours' sleep; and on the third night the drug caused no sleep, and was discontinued owing to the headache and drowsiness.—(Dr. Maclure.)

In a case of phthisis (left apex) with insomnia of ten nights' duration, half a drachm produced an irregular disturbed sleep, lasting all night. There was giddiness and morning retching, but no other bad after-effects. In another case—insomnia for some weeks—half a drachm repeated in two hours produced, one hour and a half after the last dose, five hours' disturbed sleep in the first night, and six hours on the succeeding nights. There was drowsiness for an hour on awaking, and frontal headache for two hours.—(A. Chaplin.)

#### URETHANE.

In a case of double aortic disease (insomnia four days), 10 grains of urethane caused in two hours a good sleep for three hours. There was drowsiness all next day, and slight headache.—(J. S. Short.)

#### CHLORALAMIDE.

1. *Bright's Disease; Plumbism*.—In a case of granular kidney (insomnia some days) chloralamide (30 grains) produced during the night nearly eight hours' sleep with three intervals of fifteen to thirty minutes. The effect came on in fifteen minutes. In a second case of chronic plumbism with granular kidney and high arterial tension (insomnia several weeks), sulphonal (60 grains) was given with good effect (see Sulphonal—*Plumbism*). Chloralamide (30 grains) was given on three occasions producing within an hour good sleep, lasting all night with a few intervals of wakefulness. The effect, therefore, was better than that produced by sulphonal. In a second case of chronic plumbism with granular kidney and dilated heart (insomnia some weeks), chloralamide (20 grains once) produced three hours' sleep during the night at long and irregular intervals.

2. In a case of diabetes with bronchitis and dementia (insomnia some days) 30 grains of chloralamide caused in half an hour a sound sleep lasting over five hours with an interval of half an hour's wakefulness. In a case paralysis from Potts' disease (insomnia some days), 30 grains in half an hour caused dozing lasting an hour and half, and with an interval of two and a half hours, sleep lasting two hours. There were no bad effects from any of the doses of chloralamide.

*Sulphonal, Urethane, and Paraldehyde, and other Hypnotics, Compared*.—In a case of pernicious anæmia in a woman, aged 38, in whom insomnia had lasted several weeks, paraldehyde (50 minims) produced in a quarter of an hour sound sleep

for three-quarters of an hour only, the patient vomiting on waking, but with no other bad effects. Sulphonal was given in 30-grain doses on two occasions. Sleep came on ten minutes after the first dose and lasted fifteen minutes; the patient was then restless till morning, when she slept several hours. On the second occasion sleep came on in three-quarters of an hour; patient was then restless and talkative for an hour, and slept for three hours and a half. Drowsiness followed both doses. To the same patient, after paraldehyde had been tried, urethane (40 grains) was given once. In two hours patient slept for ten minutes; after an hour she slept an hour, and at another interval of an hour, for half an hour. The sleep was restless, but there were no bad after-effects. Thirteen consecutive observations were made in this case on the effect of 30 grains of chloral-mide given each night. Sleep was produced in one to two hours and lasted more or less all night with two or three intervals. On the ninth night patient did not sleep until 10 minims of Batley's solution were given. On the thirteenth night chloral-mide produced as good an effect as when first given. The patient vomited after the first dose, but not afterwards, nor were any other bad effects noticed.—(E. S. Reynolds).

The action of these three hypnotics were also compared in a case of chronic gout (patient aged 42), in which insomnia had lasted for two or three weeks. Urethane (20 grains) the first night gave, after an hour, three hours' restful sleep in the night; a similar dose the second night caused in a few minutes a quiet sleep for four or five hours; and the third night, after an hour, an interrupted sleep for three or four hours. No bad after-effects. One drachm of paraldehyde produced in half an hour a quiet restful sleep of three hours. Sulphonal (30 grains) on two separate nights produced no sleep, but caused vomiting within half an hour.—(J. Hervey Jones, M.D.)

*Alcoholism: Mania.*—In a patient, aged 40, with alcoholism cirrhosis of liver and gastric catarrh insomnia had been bad one week. Urethane (20 grains) produced, in one hour, sleep, which lasted one hour, and continued for three hours irregularly during the night. Sulphonal (10 grains) produced in half an hour four or five hours' quiet sleep, without bad after-effects, and was repeated on several occasions, always with good results.—(Dr. J. H. Jones)

In a case of acute alcoholism (patient aged 40), insomnia had lasted seven days; chloral hydrate (30 grains) and ammonium bromide (30 grains) every four hours produced no sleep, but vomiting after the later doses. Sulphonal (60 grains) produced in three hours seven hours quiet refreshing sleep with drowsiness, but no other bad after-effects. The drug was continued for seven days, and always with good results.—(Dr. J. Gordon.)

In acute and chronic mania and melancholia Dr. John Molony reports that in cases of irregular insomnia lasting from three nights to a week, bromides, bromidia, urethane, liq. opii. sedat., etc., in full doses produced unreliable effects, but sulphonal, 20 to 30 grains in single doses at bedtime, or 15 grains three times daily, produced in an hour two hours and a half or three hours' quiet re-freshing sleep for four to eight hours; no bad effects were observed.

#### SUMMARY OF RESULTS.

The results are best summarised under the following headings:—  
1. Dose of drug given? 2. Whether sleep is produced with certainty, how soon it comes on, and how long it continues? 3. Are there any dangerous, or other disagreeable effects produced? 4. Whether the drug loses its effect?

#### SULPHONAL.

1. *Dose.*—In thirty-two of the cases recorded, 20 grains were given in eleven instances, once at night. Sleep came on in half an hour to three hours; in one case in five hours, and in another in nine hours. A second dose on the succeeding night in one case produced sleep in five minutes. Sleep lasted in four cases all night; in four cases six hours; and in three cases one to two hours. With 25 grains (four cases) sleep came on in two hours and lasted six hours or all night. With 10 and 15 grains there was less sleep produced, and in a case of pneumonia (15 grains) there was no sleep after the drug. The few cases (seven in all) in which 30, 40 and 60 grains were given, showed that these doses did not possess greater hypnotic effect than a dose of twenty grains. In a case of chronic gout 30 grains had no effect.

*Disagreeable After-Effects.*—In six out of ten cases in which 20 grains had been given disagreeable after-effects were noted; drowsiness next day was noted six times; giddiness four times; and headache and inco-ordination of gait each twice. In

four cases where 10 grains had been given drowsiness was noted once; in five cases with 15 grains drowsiness was noted twice and giddiness twice; with 25 grains (four cases), drowsiness was noted twice, giddiness once, and headache once. In seven cases, with 30 to 60 grains, drowsiness was noted four times, giddiness twice, headache twice, inco-ordination of gait and vomiting each once.

*Whether the Drug Loses its Effect?*—Several of the cases show that a second dose on the succeeding night has a greater effect than of the first night. Thus, in one case, 20 grains produced on the first night two hours' sleep with no bad after-effects; on the second, a similar dose produced eight hours' sleep with drowsiness, giddiness, and inco-ordination of gait on the following day. In some cases prolonged use of the drug appears to diminish its effect. Thus, in one case (asthma and bronchitis) 20 grains was given every other night for eight weeks. During the first fortnight sleep came on in an hour and lasted twelve hours each night. The drug was then omitted for a week, when the insomnia returned. In the succeeding five weeks the drug, after three hours, produced six hours' sleep. In a case of phthisis 20 grains was given every other night for twenty-six days, except for five days, when the dose was reduced to 10 grains, but afterwards was increased. During the time the patient was taking 20 grains, after an hour, he slept for four to six hours. The drug was omitted for a fortnight, and, on recommencing it, it produced only drowsiness, and no sleep. In the case of neurasthenia and insomnia, quoted by Mr. Priestley (see *antea*), sulphonal, 10 to 20 grains, did not lose its effect during six months.

#### PARALDEHYDE.

Single doses of 40 to 60 minims (14 cases) produced sleep in five to fifteen minutes; in 2 cases in half an hour; in 1 case in an hour. In most cases the sleep was wakeful and restless, and lasted very varying times, in 1 case only three-quarters of an hour, in another case there was restless dozing for three hours, in another sleep for two hours; in ten cases sleep lasted from three to six hours, and in 1 case sleep for twelve hours. These results refer to single doses. Half a drachm every three hours produced within half an hour two hours' sleep; 20 minims every four hours for fourteen days produced better sleep at night, but not during the day.

*Disagreeable After-Effects.*—Giddiness and drowsiness were noted each once, vomiting three times, and retching and nausea each once.

*Tolerance of the Drug.*—In a case of mitral stenosis on two nights 40 minims gave two to five hours sleep; on the third night a similar dose had no effect; on the fourth night 1 drachm was satisfactory, but on the sixth night it produced no effect. When the paraldehyde failed it seemed to produce slight excitement. Morphine succeeded well afterwards.

#### CHLORALAMIDE.

In 1 case 20 grains, and in 6 cases 30 grains, were given in single doses. After the 20 grains, sleep came on in twenty minutes and lasted three hours, with half an hour's interval of waking; after 30 grains, sleep came on in fifteen minutes to half an hour (4 cases), one to two hours (2 cases). Sleep lasted all night in 3 cases, in 2 cases four to five hours, and in 1 case there was two hours' dozing, then an interval of wakefulness, and then two hours' sleep.

*Disagreeable After-Effects.*—None observed.

*Tolerance of the Drug.*—Thirteen consecutive observations were made in a case of pernicious anaemia, with several weeks' insomnia. Thirty grains of chloral-mide failed once on the ninth night; on the other nights the drug produced, in one to two hours, restful sleep, lasting all night, with two or three short intervals of wakefulness.

(Signed) T. LAUDER BRUNTON, Chairman.

### REPORT OF MEDICAL CHARITIES COMMITTEE.

YOUR Committee report that replies have been received from twenty-two Branches, of which a digest is published in the appendix.

In respect to the proposed medical service, constituting Proposal No. 2 of Dr. Kentoul's report, the replies received from the Branches are to the following effect:—Three Branches, numbering 426 members, approve; two Branches, numbering 318 members, are neutral; and sixteen Branches, numbering 4,497 members, disapprove.

The majority of the Committee entertain also an opinion adverse to this proposal; they see no reason, however, why the Branches

which believe it to be practicable should not endeavour to carry out the proposition in their own districts.

In respect to Proposal 1, which ran as follows:—"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: 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;" the Committee recommend an immediate reform of the out-patient departments of medical charities as an urgent necessity, and would especially emphasise the fact that it is difficult for provident or thrift movements to compete successfully against medical charities which bestow relief on all applicants without any inquiry, or against those which, by charging a fee from one to two pence, try to undereel any provident system.

They would also add that the reform of provident dispensaries and sick clubs is necessary.

To carry out these proposals the Committee consider that a reform of the abuses of the out patient departments would be best attained by some modification of the Manchester system, which is set out in the appendix.

To this end they would recommend that the following wage limit should be adopted:—

Single man or woman	...	...	14s. per week.
Man and wife	...	...	18s. "
" " and one child	...	...	19s. 6d. "
" " " two children	...	...	21s. "
" " " three	...	...	22s. 6d. "
" " " four	...	...	24s. "
" " " five	...	...	25s. 6d. "
" " " six	...	...	27s. "
" " " seven	...	...	28s. 6d. "
" " " eight	...	...	30s. "

The above wage limit is one that cannot be adopted universally.

They regard it as most important that all the medical charities in each city or town adopt a uniform "wage limit," else the destructive system of charity competition will, with its many evils, be perpetuated; while ineligible applicants refused at one hospital would be accepted by another. By strict co-operation the performing of the work of one charity by several will be prevented.

On this basis they recommend that the following cases should be considered ineligible for out-patient hospital relief, otherwise than as accident and urgency cases.

1. All those earning over the wage limit.

Letters of recommendation from subscribers to medical charities, Hospital Saturday and Sunday Funds, ought to carry no weight, unless the person so recommended for relief conform to the "wage limit" clause. No subscriber should be permitted to receive any benefits for himself or his household. Each subscriber who recommends an ineligible patient should have forwarded to him by the hospital clerk or secretary a form similar to that now used by the Salford Royal Hospital (See Appendix).

2. "That all those who are in receipt of Poor-law relief, and those who are members of friendly societies possessing a surgeon shall be ineligible for out-patient relief, except with a recommendation from the surgeon in attendance to show it is a case requiring consultation."

To inquire into the social circumstances of applicants for relief, an inquiry officer should be appointed at each hospital with a view to prevent the abuse of charity by improper objects, and a notice to this effect, similar to that in use at the London Hospital, should be placed in the waiting halls. This will act as a deterrent to those who try to impose on charity, and will therefore lessen the work of the inspector. (See Appendix).

The Committee suggest that the hospital clerks and inspectors who inquire into the social circumstances of applicants for medical charity relief be instructed to inform such as they find ineligible that they can receive immediate treatment either from a

private practitioner, or under suitable circumstances from the staff of a provident dispensary—supplying them at the same time with a leaflet on which is printed the names and addresses of the medical staff, and a few of the rules bearing on the scale of fees.

The Committee further wish to reaffirm the following resolutions passed by Sir William Fergusson's Committee of 1871, which was appointed "to inquire into the subject of out-patient hospital administration," namely:—

"That the practice of receiving payments for medicine or medical advice is untenable, it being impossible to dissociate the feeling of payment and right."

"That the number of out-patients treated should not exceed twenty-five per hour."

That all hospital authorities make a complete and full annual statement regarding income and expenditure on a uniform system.

The Committee are of opinion that the influence of the Council might with advantage be used in obtaining the opening of Poor-law infirmaries throughout the country for the purpose of medical study, in accordance with the resolution of the Metropolitan Counties and other Branches of the Association.

The Committee, having in mind the report forwarded by the Dublin Branch, suggest that the Council of the British Medical Association might invite the Irish Local Government Board to state if only that portion of the sick poor in receipt of either in- or out-door relief, or who can give evidence of destitution, are eligible for medical relief from the Poor-law medical staff.

The Committee think that the Irish Dispensary Committee should not possess the power of issuing tickets for medical relief to any applicants other than those entitled to it by the decision as given by the Local Government Board, it being well known that the employers of labour, shopkeepers, and owners of landed property serving on these Committees frequently issue such tickets to their *employés*, customers, and their friends and households.

That a copy of these resolutions be forwarded to the Committee of Medical Charities in the United Kingdom.

T. SPENCER WELLS, Chairman.

#### APPENDIX.

##### DIGEST OF REPLIES FROM BRANCHES.

On proposition No. 1—19 Branches voted in favour of it.		
On proposition No. 2—4	" "	and 16 against.
On proposition No. 3—5	" "	and 5 against.
On proposition No. 4—9	" "	and 4 against.
On proposition No. 5—15	" "	and 3 against.
On proposition No. 6—8	" "	and 3 against.
On proposition No. 7—10	" "	and 0 against.

##### DIGEST OF REPLIES FROM INDIVIDUAL MEMBERS.

On Proposition No. 1—141 voted for and 35 against.	
On Proposition No. 2—89	79 "
On Proposition No. 3—84	70 "
On Proposition No. 4—89	60 "
On Proposition No. 5—136	19 "
On Proposition No. 6—87	36 "

Replies received from Branches in respect of the original Resolution.

APPROVING Pub. Med. Service—3.	NEUTRAL—2.
Dorset and W. Hants.	North of England.
East York and N. Lincoln.	Shropshire and Mid-Wales
South Western (with 426 Members.)	(with 318 Members.)

##### DISAPPROVING P. M. S.—16.

Oxford District.	Midland.
Reading and Up. Thames.	N. of Ireland.
South Eastern.	Metrop. Counts.
Worcester and Hereford.	West Somerset.
Lancashire and Cheshire.	Birmingham and Mid.
Southern.	Glasgow and W. Scotland.
Bath and Bristol.	Border Counts.
Staffordshire.	East Anglian.

(With 4,497 Members.);

#### MANCHESTER ROYAL INFIRMARY SYSTEM FOR CHECKING OUT-PATIENT HOSPITAL ABUSE.

Briefly stated, the plan carried out at the Manchester Royal Infirmary is as follows:—

In 1875 the Provident Society—a body similar to the Charity Organisation Society—asked the various hospital committees each to appoint one of their number, these to meet and decide the important question, What are the circumstances which qualify a

person for the receipt of hospital relief? They agreed that a poverty scale or "wage limit" would afford them a sufficiently accurate basis to work upon. Their "wage limit" is when a single man or woman is in receipt of 12s. per weekly wage, man and wife 18s., and 1s. 6d. for each child—these are eligible for free medical relief. Thus the question was decided as to what class of persons should be eligible. That a margin of 1s. 6d. opposite each child was made showed the fact was recognised that a wage-earner and wife with, say eight children, were more in need of free medical relief than a wage earner and wife who have no family. By the above "wage limit" a man and wife with eight children, although in receipt of a total or combined weekly wage of 30s. are eligible for free out-patient hospital relief. When a wage-earner is out of work, from sickness or other cause, and not earning over 12s. per week, he is entitled to hospital relief. If he prove destitution, he can secure Poor-law relief; but if he be out of work and the wages of the entire family are still above the "wage limit," then he is not eligible for hospital relief. The wage limit applies to out, home, and dispensary patients. The admission of applicants for out-patient hospital relief is carried out on the following plan:—

Every morning all new applicants take their place on forms provided for them in the entrance hall of the out-patient department. These are called up in turn to the inquiry window by the hospital clerk, who interrogates them as to their circumstances; after this they are admitted to the out-patient room, and from this are passed on to the medical staff who are on duty that day. Twice weekly a list of all those applicants who reside within the Provident Dispensaries' districts is given to the Provident Society, whose inspectors visit the patients at their homes. These inspectors, if they find the patient's weekly wage above the "wage limit," withdraw the hospital card and inform him that he is not eligible for hospital relief. At the same time he or she is advised to join the nearest Provident Dispensary. The inspectors are paid at the rate of 27s. to 40s. per week. Each hospital pays a small annual sum to the Provident Society by which to defray the cost of inspection. As the hospital abuse rate in Manchester in 1875 was found to be 42.32 per 100, and as it is now reduced to about 6 per cent., it will readily be seen that the saving on the expenditure of patients more than provides for the wages of the inspectors. All accident cases are admitted at once by the hall porter, and treated by the medical staff. No list of such accident cases is furnished to the Provident Society.

FORM TO BE FILLED UP BY THE DONOR OF A LETTER OF RECOMMENDATION OR RENEWAL LETTER.

Name of medical charity..... Name of applicant or parent of applicant..... Address.....  
 Age..... Occupation..... Name of employer.....  
 Address..... In or out of work?.....  
 How long ill?..... Rent of House.....  
 Married or single?..... How much sick pay are you drawing?.....  
 Number of family and ages..... Are you in receipt of parish relief?.....  
 Are your wife or children, at present, ill?..... My weekly income from wages is..... from clubs is..... from other sources is..... from wife's earnings is..... from children's earnings is.....  
 Are you a subscriber to the Hospital Saturday or Sunday Fund?.....

I declare the above to be a correct statement. Name.....  
 Date..... Signature of donor.

NOTE.—The wage limits of out and home patients to be printed on the reverse side.

SUGGESTED FORM FOR MEDICAL CHARITY COMMITTEES ON WHICH TO BASE THEIR ANNUAL REPORTS.

Each hospital report should contain full information on the following heads:—Name of hospital, when founded; number of in-patients treated during the twelve months ending December 31st; number of out-patients; residence and occupation of out, home, and in-patients; out-patients treated daily; new out-patients treated daily; number of attendances; number of beds; average number of beds occupied daily during the year; average number of days of each in-patient under treatment; average number of days of each out-patient; average cost of each in-patient, per week; average cost of each out-patient; average cost of bed per week; average cost of each bed per week; number of consulting, visiting, resident, and dental staff (with dates of appointment); number of dispensers; number of nurses; number of nurses to in-

patients; list of operations, and number of deaths; amount paid to resident medical staff, visiting medical staff, medical and surgical registrar, pathologist, chloroformist, matron, nurses, dispensers, porters, to auditors, to solicitors, to chaplains; cost of drugs; cost of instruments; total salaries and wages; total cost of patients; amount paid by in- and out-patients; total income from (1) donations, subscriptions, and collections; (2) from invested funds and legacies; income from Hospital Sunday Fund; Hospital Saturday Fund; workshop collections; property; total expenditure; balance to credit; in debt; invested funds; estimated value of hospital buildings. State what system of checking the abuse of the charity by improper applicants is used, and what number of applicants are found to be ineligible, and why. The cost of in- and out-patients, and cost per bed to be worked out after a definite plan. Is the charity used for the training of sick nurses, pupil midwives, monthly nurses, and students? If so, how many of each were trained last year? State for how long a patient is given continuous treatment without requiring a "renewal form."

The following rules for working out the cost of beds, and of out- and in-patients are based on the different statements and reports made by Mr. J. W. Nixon, House Governor, London Hospital, E.:

To estimate the average cost of each in-patient: From the total expenditure deduct all extraordinary expenditure, such as new buildings, etc. From the balance left deduct all expenses incurred for out-patients only (which is done as stated in paragraphs below).

The cost per bed is found by dividing the amount left, after the above deductions, by the number of fully occupied beds.

The number of fully occupied beds is found by obtaining a daily return of the number of beds in actual use, and adding the numbers obtained together for the whole year, then dividing this by the number of days in the year.

The total cost per in-patient is found by dividing the cost per fully occupied bed by the number of patients who occupied each such bed.

To find the cost of out patient reduce the total number of out-patients to genuine continuous patients by deducting from the total number of out-patients all minor casualties and dental cases; divide the number deducted by 28 (as the latter are looked upon as one-attendance cases, and this division makes them into continuous cases). Add the result to the number remaining after minor casualties and dental cases have been deducted from the first grand total. This will, therefore, give the number of genuine continuous out-patients.

Next deduct from the total cost of drugs the cost of surgical appliances and items ordered only for in-patients, such as ice, scientific appliances, surgical instruments and mechanical aids (leave 10 per cent. of the last as out-patient expense). The balance of expenditure in drugs, etc., is to be divided equally among the number of in- and out-patients. To do this, find the daily cost of these medical and surgical items as follows:

- (a) Multiply the number of in-patients by the number of days' residence (this number is found by multiplying the number of occupied beds by 365 days, and dividing by number of in-patients).
- (b) Multiply the corrected number of out-patients by 28—their average days of attendance.
- (c) Add these two results together, and you get the total number of days for which medicine and surgical appliances have been supplied, of a kind common to both in- and out-patients.

Now divide the total cost of dispensary and surgery expenditure common to both in- and out-patients by the total number of days, and this gives the cost per patient per day for medical and surgical items. Use this result to find the part due to out-patients, multiplying this daily cost of patients by the days of out-patient attendances. To this add dispensary expenditure (partly real, partly estimated, which would not be wanted were there no out-patients), to this add:

- (a) Cost of drugs and honorarium to out-patient medical staff.
- (b) Salaries of dispenser or dispensers as paid for out-patient work.
- (c) A third cost of clerks.
- (d) A fourth cost of porters employed in issuing and re-sorting tickets and keeping order in the waiting rooms.
- (e) Surgical and medical waiting-hall porters and occasional cleaners.

- (f) Estimated minimum cost of coals, water, steam, gas, whitewashing, repairs, and printing.
- (g) Cost of nurses for out-patients' bath room and female patients.

These give the total cost of the out-patient department; and dividing this by the corrected total of genuine out-patients, you get finally the real approximate cost of each genuine out-patient. Multiply this by the number of genuine out-patients, and deduct the result from the total current expenditure before dealing with the in-patients.

LONDON HOSPITAL.

NOTICE TO GOVERNORS AND PATIENTS.

On and after January 1st, 1884, the following arrangements, which are in accordance with the terms of a report from the House Committee, adopted by the Special General Court of Governors, held on Wednesday, June 6th last, will come into operation:—

1. With a view to prevent the abuse of charity by improper objects, a waiting hall inspector will be employed to ascertain whether any patients presenting governors' letters are able to pay the fees of consulting physicians or surgeons, or (not being urgent cases) of local practitioners; or should be referred to recognised provident institutions (wherever existing); or, being in receipt of parish relief, should be required to attend Poor-law dispensaries.

2. In order to insure that renewed attendance is granted solely to such patients as require the continuous advice of experienced hospital physicians or surgeons, a governor's letter will not entitle to more than one attendance, unless the medical or surgical officer on duty may decide to prolong such attendance, and he is not at liberty to continue in force any ticket unless, in his professional opinion, further treatment is necessary or desirable, in which latter case attendance may be prolonged without renewal.

New tickets presented by patients who have been classed as not requiring further treatment will be of no avail except for a fresh disease, and will be at once cancelled.

3. Patients desiring treatment in the departments for disease of the eye, ear, or skin, or for cancers, tumours, etc., must obtain governors' letters, and will be subject to the inspection noted in Paragraph 1. But as to skin cases, it should be understood that one letter will be sufficient for all the members of one family, who may be suffering from the same disease.

The object of these arrangements is to bring the numbers of patients in attendance within manageable limits, thus, at the same time, rendering the tickets a more valuable possession to the governors or subscribers who may issue them, and to those patients who may be recognised as requiring and deserving skilled hospital treatment.

By Order of the House Committee.  
November 28th, 1883.

N.B. Incorrect information in reply to inquiries will lead to forfeiture of tickets.

[Note to Subscriber who recommends Improper Applicant.]

SALFORD ROYAL HOSPITAL.

Name.....189  
Residence.....

The circumstances of the above-named person, recommended by you, have been carefully inquired into, and it is found that he is not a proper case to be admitted as a patient of this charity. (See Rule 27 printed at foot.)

Full particulars may be obtained at the hospital.

By order of the Board,  
(Signed) GEO. H. LARMUTH,  
Secretary.

To Mr.....

Rule 27.—“All persons who are unable to pay for medicines, and are not in receipt of parochial relief.....shall be considered proper objects of this charity.”

[Note to Improper Applicant.]

SALFORD ROYAL HOSPITAL.

To.....189

Your attention is hereby directed to the following extract from the rules of the hospital:—

“All persons who are UNABLE to pay for medicines, and are not in receipt of parochial relief.....shall be considered proper objects of this charity.”

You are respectfully informed, after careful inquiry into the circumstances of yourself and family, that, in the opinion of the Board of this institution, you are capable of providing yourself with efficient medical attendance in the ordinary way, or through the provident dispensaries.

You are, therefore, deemed not to be a proper person to be admitted as a patient.

By order of the Board,  
GEO. H. LARMUTH,  
Secretary.

(Copy of Form filled up by the Manchester Medical Charities Official and forwarded to the Inspector of the Provident Society, who enters his Remarks and returns the Form to the Charity.)

.....HOSPITAL, MANCHESTER.

No.	NAME OF APPLICANT.	RESIDENCE.	No. of Family.	STATED AVERAGE WEEKLY EARNINGS OF					RENT.	INSPECTOR'S REMARKS.
				Patient.	Father.	Mother.	Children.	Total.		
										As, for instance, "eligible," "ineligible," "not found," "for Provident Dispensary," "fit to pay a doctor."

MANCHESTER AND SALFORD PROVIDENT DISPENSARIES ASSOCIATION.

PRESIDENT..... Mr. W. O. Hanlon.  
TREASURER..... Mr. Oliver Heywood.

TRUSTEES.

Mr. W. Morton Philips. Mr. Herbert Philips. Mr. Alfred Simpson.

HONORARY SECRETARY..... Mr. J. B. Parkinson.  
GENERAL SECRETARY..... E. R. Stanley Jones.

The following provident dispensaries are in active operation:—63, Ardwick Green; 146, Ashton New Road; 12, Dawson Street, Regent Road; Brookfield House, Great Clowes Street, Lower Broughton; 30, Upper Jackson Street, Hulme; 462, Rochdale Road; 60, Broad Street, Pendleton; 123, Gorton Lane, West Gorton; 144, Mill Street, Ancoats.

These Dispensaries offer to their Members the following amongst other great advantages:

1. Medical attendance and medicine at a charge so small as to be no burden to the member.

2. Medical attendance at the members' own houses, in cases of serious illness, without extra charge.

3. All the advantages of private medical attendance, without the heavy expenses attendant thereon.

4. Members removing to another district are transferred without charge to the provident dispensary of the district to which they may remove.

5. Every member may select from the dispensary staff the medical officer by whom he or she may wish to be attended.

6. The members have a voice in the management of the Dispensary, they being entitled to elect representatives from amongst themselves to serve on the Committee of Management.

7. The members of these dispensaries do not forfeit their independence or self-respect, as these are not, nor is it intended that they should be, charitable institutions—the subscriptions of the members themselves (where a sufficient number enrol themselves) being sufficient to meet the expenses incurred.

8. The drugs supplied are of the very best quality, and where the disease under treatment necessitates the use of drugs of great expense, they are freely prescribed.

Medicine:—A charge of 1d. is made to the members each time that they obtain medicine, but when more than one article is prescribed at one time the whole charge does not exceed 1d.

MANCHESTER ROYAL INFIRMARY.

It having been decided to confine the granting of free medical attendance and medicine to out-patients whose weekly earnings do not exceed the following scale, namely:—

Single man or woman..... 12s. 0d.  
Married couple..... 18s. 0d.  
For each child..... 1s. 6d.

and your weekly earnings being in excess of this scale, the visitor

of the District Provident Society bringing this circular is authorised to withdraw out-patient's card, and will furnish you with all particulars for joining the provident dispensary of the district in which you reside.

W. L. SAUNDER,  
Secretary, Manchester Royal Infirmary.  
JAMES SMITH,  
Agent, Manchester and Salford District  
Provident Society.

N.B.—Above will be found a list of the provident dispensaries, with particulars of the advantages of membership.

Should your earnings be but slightly in excess of the limit entitling you to a free medical treatment, the officer enrolling you a member of the provident dispensary is authorised to accept a reduced entrance fee.

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

THE fifty-eighth Annual Meeting of the British Medical Association will be held at Birmingham on Tuesday, Wednesday, Thursday, and Friday, July 29th, 30th, 31st, and August 1st, 1890.

*President:* C. G. WHEELHOUSE, F.R.C.S., J.P., Consulting Surgeon, Leeds General Infirmary, Cliff Point, Filey.

*President-elect:* WILLOUGHBY FRANCIS WADE, B.A., M.B., F.R.C.P., J.P., Senior Physician, Birmingham General Hospital, 27, Temple Row, Birmingham.

*President of the Council:* THOMAS BRIDGWATER, M.B., LL.D., J.P., Harrow-on-the-Hill.

*Treasurer:* CONSTANTINE HOLMAN, M.D., J.P., Reigate.

An Address in Medicine will be delivered by Sir B. WALTER FOSTER, M.D., M.P., Senior Professor of Medicine, Queen's College, Birmingham.

An Address in Surgery will be delivered by LAWSON TAIT, F.R.C.S., Surgeon, Birmingham and Midland Hospital for Women, Birmingham.

An Address in Therapeutics will be delivered by WILLIAM HENRY BROADBENT, M.D., F.R.C.P., Physician to St. Mary's Hospital, London.

### PROGRAMME OF PROCEEDINGS.

TUESDAY, JULY 29TH, 1890.

9.30 A.M.—Meeting of 1889-90 Council, Small Lecture Theatre, Midland Institute.

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

4 P.M.—Service in the Parish Church of St. Martin's. The Sermon will be preached by His Grace the Archbishop of Canterbury.

8.30 P.M.—Adjourned General Meeting from 11.30 A.M. President's Address, Large Lecture Theatre, Midland Institute. Extraordinary General Meeting.

WEDNESDAY, JULY 30TH, 1890.

9.30 A.M.—Meeting of 1890-91 Council, Small Lecture Theatre, Midland Institute.

10 A.M. to 2 P.M.—Sectional Meetings.

2.5 P.M.—Excursion to Lichfield to attend Service and view Cathedral.

3 P.M.—Second General Meeting. Address in Medicine by Sir B. WALTER FOSTER, M.D., M.P., Large Lecture Theatre, Midland Institute.

Presentation of Middlemore Prize jointly to Dr. W. A. Brailey and Mr. Priestley Smith.

Presentation of Plate to Mr. Ernest Hart as Chairman of the Parliamentary Bills Committee by Brigade-Surgeon Hamilton on behalf of 400 medical officers serving in India.

4 P.M. to 6 P.M.—Garden Party at Wyddrington, Edgbaston, the residence of Mr. and Mrs. J. E. Wilson.

9 P.M.—Reception by the Worshipful the Mayor of Birmingham in the Council House.

THURSDAY, JULY 31ST, 1890

9.30 A.M.—Meeting of the Council, Small Lecture Theatre, Midland Institute.

10 A.M. to 2 P.M.—Sectional Meetings.

3 P.M.—Third General Meeting. Address in Surgery by LAWSON TAIT, F.R.C.S. Presentation of the Gold Medal for Distinguished Merit to Surgeon T. H. Parke, A.M.S., Large Lecture Theatre, Midland Institute.

4.30 P.M. to 6 P.M.—Reception by the Midland Association of Volunteer Medical Officers to Officers of Her Majesty's Medical Services. Muilt.

4.30 P.M. to 7 P.M.—Garden Party: Mrs. Willoughby Wade.

7 P.M.—Public Dinner of the Association.

8 P.M.—Concert in the large Theatre of the Midland Institute.

Excursion to Burton to visit the breweries, if party can be made up.

FRIDAY, AUGUST 1ST, 1890.

10.10 A.M.—Excursion to Droitwich to view the Baths and Salt Works.

10.30 A.M. to 1.30 P.M.—Sectional Meetings.

3 P.M.—Concluding General Meeting. Address in Therapeutics by W. H. BROADBENT, M.D., Large Lecture Theatre, Midland Institute.

4 P.M. to 6 P.M.—Garden Party at Ashfield, Edgbaston, the residence of Sir Walter and Lady Foster.

9 P.M.—Reception by the President of Mason College and Mrs. Lawson Tait.

4.10 P.M.—Excursion to Dudley Castle.

SATURDAY, AUGUST 2ND, 1890.

9.10 A.M.—Excursion to Coventry.

9.40 A.M.—Excursion to Kenilworth, Leamington, and Warwick

9.40 A.M.—Excursion to Stratford-on-Avon.

9.40 A.M.—Excursion to Worcester and Tewkesbury.

### RECEPTION ROOM.

It is particularly requested that members, on their arrival, will at once proceed to the reception room, which is at the Town Hall, 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.

The building formerly used as a Liberal Club in Congreve Street will be converted into a club house for the use of members, where luncheons can be procured on reasonable terms. Luncheons will also be provided at the Birmingham School of Cookery, at the Midland Institute, opposite the Town Hall, and is open to all members of the Association on production of their tickets of membership.

### DINNER TICKETS.

DINNER tickets, price 21s. with wine, and 15s. without wine, can now be obtained on application, with remittance, to Mr. Augustus Clay, Grendon Villa, Moseley, Birmingham.

### ACCOMMODATION FOR LADIES.

Members attending the Annual Meeting and bringing their wives or other ladies with them are particularly requested to observe that every convenience is offered by the Birmingham and Midland Institute to ladies, and contains reading rooms and lavatories reserved for them.

The scientific business of the meeting will be conducted in twelve Sections, as follows, namely:

### Mason College—Biological Theatre.

A. MEDICINE AND THERAPEUTICS.—*President:* Sir DYCE DUCKWORTH, M.D., LL.D. *Vice-Presidents:* EDWIN RICKARDS, M.B.; DAVID DRUMMOND, M.D. *Honorary Secretaries:* ISAMBARO OWEN, M.D., 40, Curzon Street, Mayfair, W.; CORNELIUS W. SUCKLING, M.D., 103, Newhall Street, Birmingham.

Two subjects have been set down for special discussion: 1. Functional Disorders of the Heart. 2. The Varieties of Hepatic Cirrhosis.

The discussion on (1) will be opened by the President on Wednesday, July 30th, at 10 A.M.; that on (2) by Dr. Saundby on Friday, August 1st, at 10.30 A.M. Professor Gairdner, Dr. Rickards, Dr. Broadbent, Sir Walter Foster, Dr. Sansom, Dr. Finlay, Professor Tirard, Dr. Eddison, Dr. W. R. Thomas, Dr. Markham Skeritt, Dr. Andrew Smart, Dr. Strange, and Dr. Boyd have already expressed their intention of taking part in the former; Dr. Drummond, Dr. Goodhart, Professor Tirard, Dr. W. R. Thomas, Dr. Herringham, and Dr. Drysdale, of joining in the latter discussion.

DOWNIE, J. Walker, M.B., C.M. Intralaryngeal Injections in the Treatment of certain Laryngeal and Pulmonary Affections.

DRUMMOND, D., M.A., M.D. A Bare Form of Hypertrophic Cirrhosis of the Liver.

EARDLEY-WILMOT, R., M.B. The Therapeutic Uses of the Natural Saline Waters of Leamington Spa.

FOX, R. Hingston, M.D. Estimation of Urea and Sugar in Urine by Ready Methods.

GREENE, G. E. J. A Note on the Efficacy of Lycopodium in Enuresis.

HATG, A., M.A., M.D. On some Vascular Effects of Uric Acid.

HAMILTON, Brigade-Surgeon J. B., M.D. Enteric Fever in India.

HASSALL, A. H., M.D. On the Climate of San Remo, based on the Observations of Ten Consecutive Winter Seasons.

HERRINGHAM, W. P., M.D., F.R.C.P. Intermittent Albuminuria.

JONES, C. W., M.D. An Improved Form of Smoking Pipe, available for Medical Inhalations.

HEWETSON, H. Bendelack, F.L.S. On the Localisation, as an Aid to Diagnosis and Treatment of some Forms of Headache.

LAMB, Marshall, A. M., M.D. Beri-beri in British North Borneo.

MCALDOWIE, Alex. M., M.D. F.R.S.E. Lead Poisoning and Gout.

MACDONALD, Archibald D., M.D. A Note on La Asociación contra la Tuberculosis in Spain.

McWILLIAM, Professor J. A., M.D. An Experimental Investigation of the Action of Chloroform and Ether.  
 RICKARDS, E., M.B. Demonstration of Cases.  
 SROEMAKER, John V., A.M., M.D. (Philadelphia, U.S.A.) The Physiological and Therapeutic Action of Coto Bark.  
 SMART, Andrew, M.D. Respiratory Dysphagia and Deglutition Dyspnoea.  
 SUCKLING, C. W., M.D. Demonstration of Cases.  
 TAYLOR, Seymour, M.D. Cardiac Derangement in Association with Visceral Disease.  
 THURSTAN, E. Paget, M.D. On the Climate of Orotava, Teneriffe.  
 TRARD, Professor N. I. C., M.D., F.R.C.P. Forms of Albuminuria.  
 TYSON, W. J., M.D. A Clinical Note on the Soporific Action of Mercury.  
 WILSON, T. Stacey, M.B., C.M., B.Sc. Varices as a Cause of Hæmatemesis in Cirrhosis of the Liver.

*Mason College—Chemistry Theatre.*

**B. SURGERY.—President:** T. H. BARTLETT, M.B., F.R.C.S.  
*Vice-Presidents:* BENNETT MAY, M.B., F.R.C.S.; J. GREIG SMITH, M.B., F.R.S.E. *Honorary Secretaries:* F. A. SOUTHAM, F.R.C.S., 13, John Street, Manchester; F. MARSH, F.R.C.S., 34, Paradise Street, Birmingham; H. G. BARLING, M.B., F.R.C.S., 85, Edmund Street, Birmingham.

It has been determined to bring forward for discussion the following subjects: 1. The Surgery of the large Arterial Trunks, to be introduced, on Wednesday morning, July 30th, by Mr. Timothy Holmes (London), Mr. William Thomson (Dublin), Mr. T. H. Bartlett, Mr. Bennett May, Mr. Alfred Willett, Mr. C. A. Ballance, Mr. Damer Harrison, Mr. Harrison Cripps, Mr. Jordan Lloyd, Mr. Herbert W. Page, and Mr. Vincent Jackson. 2. The Operative Treatment of Acute Intestinal Obstruction due to Internal Strangulation, to be introduced, on Thursday, July 31st, by Mr. J. Greig Smith, Sir William Stokes (Dublin), Mr. Mayo Robson (Leeds), Mr. Kendal Franks (Dublin), and Mr. Stanmore Bishop (Manchester). Mr. Lawson Tait, Mr. E. Atkinson, Mr. Bruce Clarke, Mr. Bennett May, Mr. Thornley Stoker, Mr. L. H. Ormsby, Mr. Jordan Lloyd, Mr. F. B. Jessett, Dr. Ward Cousins, Mr. Cleland Lammiman, Mr. W. D. Spanton, and Mr. F. Marsh will speak on this subject. It is hoped that Dr. Senn, of Milwaukee, will also take part in this discussion.

The following papers are announced:

ATKINSON, E., M.R.C.S. On Nerve Grafting.  
 CHEYNE, W. Watson, F.R.C.S. 1. Case of Internal Derangement of the Knee-joint. 2. On Operation in Cases of Fracture extending into Joints.  
 CLARKE, Bruce, M.B., F.R.C.S. Obscure Bladder Affections and their Exact Diagnosis by the Cystoscope.  
 DAVIES-COLLEY, J. N. C., M.C. On a Method of Closing the Hard Palate by a New Operation.  
 EASTES, Thos., M.D. Abdominal Section for Doubtful Tumour Hydatid of Liver found and treated by Drainage and Incision.  
 FENWICK, Hurry, F.R.C.S. The Influence of Electric Illumination of the Bladder upon our Knowledge and Treatment of Urinary Disease.  
 FRANKS, Kendal, M.D. On the Use of Massage in Recent Fractures, Dislocations, and Sprains.  
 HAGYARD, Robert, M.B. 1. On the Transplantation of Animal Nerve and Bone for Paralysis and Necrosis. 2. Remarks on the Manufacture of Surgical Appliances.  
 HEUSTON, F. T., M.D. On a Non-poisonous, Non-irritative, Antiseptic Dressing.  
 HIND, Wheelton, M.D. Fractured Foramen with Injury to Median Nerve, Paralysis, Operation, Recovery.  
 JESSETT, F. B., F.R.C.S. The Surgical Treatment of Carcinoma of the Pylorus and Intestines.  
 LAFFAN, Thos., M.K.Q.C.P. The Field of the Aspirateur.  
 LLOYD, Jordan, F.R.C.S. Note on the Impracticability of the so-called Digital Exploration of the Pelvis of the Normal Kidney for Calculi.  
 PAGE, Herbert W., F.R.C.S. Cases of Aneurysm of both Femoral and both Popliteal Arteries.  
 PARSONS, Inglis, M.D. On the Arrest of Growth in Cancer by the Interrupted Voltaic Current.  
 RAKE, Beaven, M.D. 1. The Treatment of Perforating Ulcer in Leprosy. 2. Reported Nerve-stretching for Leprosy in the same patient, with relief each time.  
 ROBSON, A. W. Mayo, F.R.C.S. Tapping and Draining the Ventricles in certain cases of Brain Disease.  
 SYMONDS, Charters J., M.D. The Extirpation of Parenchymatous Goitre.  
 TAIT, Lawson, F.R.C.S. The Operative Treatment of the so-called Tubercular Peritonitis.

*Mason College—Physics Laboratory.*

**C. OBSTETRIC MEDICINE AND GYNÆCOLOGY.—President:** THOMAS SAVAGE, M.D., F.R.C.S. *Vice-Presidents:* CHARLES J. WRIGHT, M.R.C.S.; JAMES MURPHY, M.D. *Honorary Secretaries:* J. K. KELLY, M.D., Park Villa, Crosshill, Glasgow; C. E. PURSLOW, M.D., 192, Broad Street, Birmingham.

Arrangements have been made for the following important subjects to come under discussion: 1. On Modern Methods of Managing Lingering Labour, to be opened by Dr. W. S. Playfair. 2. On the Importance of Gonorrhœa as a Cause of Inflammation of the Pelvic Organs, to be opened by Dr. George Granville Bantock. 3. On the Relief of Labour with Impaction by Abdominal

Section as a Substitute for the Performance of Craniotomy, to be opened by Dr. Murdoch Cameron.

The following gentlemen have already promised to take part in the above mentioned discussions: Dr. Auvard (Paris), Dr. Elder, Dr. Smyly (Dublin), Mr. Lawson Tait, Dr. J. R. Morison (Newcastle), Dr. Braithwaite (Leeds), Dr. A. V. Macan (Dublin), Dr. Cullingworth (London), Dr. Goodell (Philadelphia), Dr. R. N. Ingle (Cambridge), Dr. J. Inglis Parsons (London), Mr. R. O'Callaghan (Carlow), Dr. M. Handfield-Jones (London), Dr. More Madden (Dublin), Dr. A. Duke (Dublin), Mr. A. Freer (Stourbridge), Mr. H. M. Morgan (Lichfield), Dr. Fancourt Barnes (London), Mr. A. W. Mayo Robson (Leeds), Dr. Berry Hart (Edinburgh), Dr. A. J. Smith (Dublin), Dr. A. D. Leith Napier (London), Dr. Imlach (Liverpool), Mr. W. Donovan (Erdington), Mr. C. J. Wright (Leeds), and Mr. John W. Taylor.

It is proposed that a series of Clinical and Operative Demonstrations shall be given on the morning of each day before the work of the Section begins by Dr. Savage, Mr. Lawson Tait, and Mr. J. W. Taylor.

The following papers have been announced:

AVELING, J. H., M.D. Are Midwives to be Abolished or Bettered?  
 BALLANTYNE, J. W., M.D., F.R.C.P.E., and WILLIAMS, J. D., M.B. Some Points in the Histology and Pathology of the Fallopian Tubes.  
 BARBOUR, A. H. F., M.D. Recent Results from the Study of Labour, Especially of the Second Stage, by Means of Frozen Sections and Casts.  
 BELL, Robert, M.D. (Glasgow). On the Pathogenesis and Treatment of Oophoritis.  
 BEVERLEY, Michael, M.D. (Norwich). On a Case of Ligature, but not Removal, of the Appendages for the Treatment of Excessive Hæmorrhage from Uterine Myoma.  
 BYERS, John W., M.D. (Belfast). On the Treatment of Puerperal Eclampsia.  
 CAMERON, Murdoch, M.D. (Glasg.). On Caesarean Section with three successful cases. (Dr. Cameron will also show a Pair of Axis Traction Forceps.)  
 CARBONE, A. Postelli, M.D. (Malta). Acute Yellow Atrophy in Pregnancy, with specimens.  
 CROOM, J. Halliday, M.D., and WEBSTER, J. Clarence, M.B. Ectopic Gestation, Tubo-Abdominal Variety.  
 DUKE, Alex., F.K.Q.C.P.I. Delivery in Difficult Cases of Impaction by the Help of Tractors and Belt. Some Original Instruments will also be shown.  
 EDIS, A. W., M.D., F.R.C.P. On the Clinical Treatment of Sterility.  
 HANDFIELD-JONES, M., M.D. On Two Cases of Ovariectomy, Complicated by the Presence of Fibromyomata of the Uterus.  
 HARRIS, Robert P., M.D. (Philadelphia). A Communication in connection with the discussion on Caesarean Section.  
 HART, D. Berry, M.D. (Edin.). On the Displacement of the Placenta in Extra-uterine Gestation.  
 MADDEN, T. More, M.D. On the Pathology and Treatment of Displacement of the Ovaries.  
 MORGAN, Herbert M., M.R.C.S. (Lichfield), will Show a Pair of Axis Traction Forceps in connection with Dr. Reid's paper.  
 MYRTLE, James A., M.D. (Harrogate). On Two Cases of Hyperemesis of Pregnancy necessitating the Induction of Premature Labour followed by Death.  
 NAIRNE, J. S., F.R.C.S. (Ed. exam.). Some additional points in the Surgical Treatment of Cancer of the Uterus, with a retrospect of the twenty-three cases reported at the meeting of 1889.  
 NAPIER, A. D. Leith, M.D. On a New Modification of Hysterorrhaphy for Chronic Senile Proctiditis.  
 PEARSE, T. Frederick, M.D., F.R.C.S. (Eng. (Southsea)). On Traction in the Use of Midwifery Forceps, and on a New and Simple Form of Axis Traction Forceps.  
 PHILLIPS, John, M.D. On Rapid Dilatation of the Cervix and Uterine Cavity by Hegar's Graduated Bougies.  
 REID, W. L., M.D. (Glasg.). On a Simple Form of Axis Traction Forceps.  
 RENFOUL, R. R., M.D. (Liverpool). On the Registration of Midwives and their Power to Practise Independently of the Profession.  
 RINGWOOD, John, L.K.Q.C.P.I. The Effects of the so-called Influenza Poison on the Genito-urinary Organs.  
 SMITH, Alfred J. (M.B. Dublin). The Treatment of Retroflexed or Retroverted Uteri by Recto-abdominal Manipulation, with notes of a successful case. (Dr. Smith will also show the instrument he uses in elevating the uterus during massage for prolapse.)  
 TAIT, Lawson, F.R.C.S. A Record of 219 Cases of Operation for Removal of the Appendages for the Treatment of Uterine Myoma, performed between March 18th, 1883, and December 18th, 1888, giving the subsequent history of the cases, from twenty months up to seven years subsequent to the operation.  
 TAYLOR, John W., F.R.C.S. (Eng.), and BERNAYS, A. V., M.B. A Contribution to the Study of Exanthematic Inflammatory Disease of the Uterine Appendages.

*Mason College—Examination Hall.*

**D. PUBLIC MEDICINE.—President:** ALFRED HILL, M.D. *Vice-Presidents:* JOHN BURGESS WELCH, M.B.; A. S. UNDERHILL, M.D. *Honorary Secretaries:* LOUIS C. PARKES, M.D., 61, Cadogan Square, S.W.; SIDNEY BARWISE, M.B., Clough View, Blackburn.

The following topics for papers have been suggested as likely to lead to useful and interesting discussion: 1. Prevention of Pollution of Rivers (a) by Paper Works; (b) by Dye Works. 2. Smoke Abatement. 3. Lead Poisoning from Water. 4. Methods of Disinfecting Air from Small-pox Hospitals. 5. Treatment of Sewage. 6. The Compulsory Notification Act.

The following papers have been announced:

BARWISE, Sidney, M.B., D.P.H. Smoke-preventing Appliances.

DRYSDALE, C. R., M.D. 1. Disposal of Sewage in London, Paris, and Berlin. 2. On the Vital Statistics of France and Germany.  
 FLETCHER, Wilfred W. E., M.B., B.A. Cantab. Medical Officers of Health and Infectious Diseases in Board Schools.  
 GORDON, Surgeon-General C. A., M.D., C.B., Q.H.P. The More Recent Phases of the Hydrophobia Controversy.  
 McLINTOCK, James, M.D., B.Sc. The Electrical Treatment of Sewage.  
 MUMBY, B. H., M.D., D.P.H. The Compulsory Notification Act.  
 SEATON, Edward, M.D., F.R.C.P. Clinical Instruction at Fever Hospitals in connection with the operation of the Compulsory Notification Act.  
 SERGEANT, Edward, L.R.C.P., D.P.H. The Prevention of Pollution of Rivers.  
 THOMSON, Theodore, M.A., M.B., D.P.H. (Sheffield). Lead Poisoning from Drinking Water.  
 THRESH, John C., M.B., D.Sc. Pollution of Streams from Paper Refuse.  
 THURSFIELD, W. N., M.D., D.P.H. The Etiology of Outbreaks of Typhoid Fever in Rural England.  
 WALLY, Thomas, Principal Royal Veterinary College, Edinburgh. Meat Inspection.

*Mason College—Chemistry Collection Room.*

**E. PSYCHOLOGY.**—*President:* FREDERICK NEEDHAM, M.D. (Gloucester). *Vice-Presidents:* S. H. AGAR, L.K.Q.C.P. (Henley-in-Arden); E. B. WHITCOMBE, M.R.C.S. (Birmingham). *Honorary Secretaries:* JOSEPH WIGLESWORTH, M.D., Rainhill, Lancashire; EDMUND LEWIS ROWE, L.R.C.P., Borough Asylum, Ipswich.

The Section will be opened with an address by the President. Dr. Yellowlees will introduce a discussion upon the proposal made to the London County Council to establish a small hospital for the insane in London. Drs. Urquhart and White will take part in the discussion.

The following papers have been announced:

HYSLOP, T. B., M.D. Sunstroke and Insanity.  
 KERR, Norman, M.D. Should Hypnotism have a Recognised Place in Therapeutics? Dr. LLOYD TUCKER will make a few remarks on this paper.  
 KINGSBURY, G. C., M.D. Notes on a Few Cases treated by Hypnotic Suggestion.  
 NOLAN, M. J., L.R.C.S.I. Stuporose Insanity consequent to Induced Hypnotism.  
 NORMAN, Conolly, M.K.Q.C.P.I. Mania a Potu.  
 TUKE, Hack, M.D. Imperative Ideas outside Insane Delusion.  
 WARNER, Francis, M.D. Development in Relation to Brain and Nutrition.

*Queen's College—Anatomical Theatre.*

**F. ANATOMY AND PHYSIOLOGY.**—*President:* D. J. CUNNINGHAM, M.D. *Vice-Presidents:* W. H. GASKELL, M.D., F.R.S.; B. C. A. WINDLE, M.D. *Honorary Secretary for Anatomy:* W. P. HERRINGHAM, M.D., 13, Upper Wimpole Street, W.; *Honorary Secretary for Physiology:* F. J. ALLEN, M.B., Mason College, Birmingham.

Wednesday, 10 A.M.—An introductory address upon the Cerebral Convulsions will be delivered by Professor Cunningham. Dr. Gaskell will follow with a paper on the Evolution of the Vertebrate Nervous System, with lantern demonstration of microscopic preparations. Professor J. A. Scott, M.B., will then give a lantern demonstration of Photomicrographs intended for Histological Teaching and Research.

Thursday, 10 A.M.—A discussion on the Relation which Examinations in Anatomy and Physiology bear to the teaching of these subjects; to be opened by Professor Windle. Dr. St. John Brooks, Mr. Bruce Clarke, Professor Scott, Mr. William Thornley Stoker, Mr. Wm. Thomson, and others, will join in the debate. Papers will follow.

Friday, 10 A.M.—A discussion on the Value of Nerve Supply in the Determination of Muscular Homologies and Anomalies; to be opened by Professor Cunningham. Professor Birmingham, Dr. St. John Brooks, Dr. W. H. Thompson, and others, will join in the debate. Papers will follow.

The following papers have been announced:

BALLANTYNE, J. W., M.D. The Anatomy of the Anencephalic Fetus studied by Frozen Sections.  
 BENINGTON, R. C. Notes on a Symelic Fetus, with drawings.  
 BIRMINGHAM, Professor A. E. I., M.B. 1. Topographical Anatomy of the Bladder in the Child, illustrated by plaster models. 2. The Mastoid Region of the Skull, with special reference to operations on this part. 3. The Anatomy of Four Specimens of Absent Radius.  
 BROOKS, H. St. John, M.D. The Valvule Conniventes in the Human Intestine.  
 BRUCE, Alexander, M.B. On the Nuclei of the Third Nerve.  
 CUNNINGHAM, Professor D. J., M.D. A Stage in the Growth of the Primate Brain.  
 GASKELL, W. H., M.D., F.R.S. On the Evolution of the Vertebrate Nervous System, with lantern demonstration of microscopic preparations.  
 LOYD, Jordan, F.R.C.S. Casts of the Kidney Pelvis.  
 MAHOOD, Allan E., M.B. 1. On the Acromial Epiphysis. 2. On the Eighth True Rib. 3. On an Abnormal Thoracic Duct. 4. Concerning the Great Intestine. 5. On an Abnormal Muscle in the Hand.  
 SCOTT, Professor J. A., M.B. A Lantern Demonstration of Photomicrographs intended for Histological Teaching and Research.  
 SYMINGTON, Johnson, M.D. On the Pelvic Viscera of a Girl Sixteen Years Old.  
 WINDLE, Professor. 1. Similar Malformation in Twins. 2. On Imperfect Development of the Diaphragm.

*Mason College—Physics Theatre.*

**G. PATHOLOGY.**—*President:* D. J. HAMILTON, M.B. *Vice-Presidents:* C. A. McMUNN, M.D.; G. SIMS WOODHEAD, M.D. *Honorary Secretaries:* SHERIDAN DELÉPINE, M.B., 6, Chapel Place, Cavendish Square, W.; GEORGE F. CROOKE, M.D., 2, Edmund Street, Birmingham.

The President will deliver an Introductory Address on the Pathology of Dyspepsia, and the following gentlemen have already promised to give papers and demonstrations on the result of their recent investigations in various branches of Pathology: BALLANCE, C. A., F.R.C.S., and SHERRINGTON, C. S. On Leucocytes. BRUCE, A., M.B. On the Segmentation of the Nucleus of the Oculo-Motor Nerve. CHEYNE, W. Watson, M.B., Tubercular Diseases of Bone. COPEMAN, S. A. M., M.B. Improved Methods for the Examination of the Blood in Disease.

CROOKSHANK, E., M.B. Horsepox.  
 DICKINSON, W. H., M.D. The Tongue in Disease.  
 FROST, W. Adams, F.R.C.S. Morbid Conditions of the Fundus Oculi.  
 HAIG, A., M.D. The Estimation of Uric Acid in Disease.  
 HAGYARD, Robert, M.B. On Displacement of the Semilunar Fibro-Cartilages of the Knee Joint.  
 MACFADYEAN, Professor J., M.B. Comparative Pathology of Tuberculosis.  
 MACMUNN, C. A., M.D. The Spectroscope in Medicine.  
 MARTIN, Sidney, M.D. The Pathology of the Proteids of the Body.  
 MOTT, F. W., M.D. Pathological Relations between the Cells and the Fibres of the Spinal Cord.  
 PAYNE, J. F., M.D. The Bacillus of Rhinoscleroma and its Demonstration.  
 RAKE, Beaven, M.D. Experiments in Protective and Antagonistic Inoculation in Leprosy.  
 RIDGE, J. J., M.D. The Influence of Alcohol on Micro-organisms and Cell Protoplasm.  
 RUFFER, M. A., M.D. Destruction of Micro-organisms by Leucocytes.  
 SIBLEY, W. K. Tuberculosis in the Saurapsida.  
 SNOW, H., M.D. 1. Bone Lesions in Mammary Carcinoma. 2. The Local Origin of Cancer.  
 WOODHEAD, G. S., M.D. Diseases of the Lungs (chiefly Tuberculosis).

These communications will be illustrated by practical demonstrations, such as projection of spectra, microscopical specimens, photographs, diagrams, etc., on the screen, chemical experiments, exhibition of microscopical and other specimens, models, casts, etc.

In order to insure the bringing forward of each demonstration at the hour appointed, a certain amount of time will be set apart at the end of each meeting for the discussions of the facts brought forward. (See page 165).

*Mason College—Physics Workshop.*

**H. OPHTHALMOLOGY.**—*President:* D. C. LLOYD OWEN, F.R.C.S.I. *Vice-Presidents:* HENRY EALES, M.R.C.S.; JOHN B. STORY, M.B. *Honorary Secretaries:* HENRY E. JULER, F.R.C.S., 77, Wimpole Street, W.; E. WOOD WHITE, M.B., 72, Newhall Street, Birmingham.

Mr. Priestley Smith will open a discussion on Myopia: its Causes, Prevention, and Treatment. Messrs. Edgar Browne, Henry Eales, G. Glascock, and G. Hartridge have promised to take part in the discussion.

The following papers have been announced:

BENSON, Arthur H., M.B. Blepharoplasty Operations.  
 BICKERTON, T. H., M.R.C.S. Cases showing the Possibility of a Connection between Refractive Errors and Epilepsy.  
 CANT, W. J., M.R.C.S., L.R.C.P. A New Syringe for Extracting Soft Matter in Cataract Operation.  
 EALES, Henry, M.R.C.S. Choice of Anaesthetics for Ophthalmic Operations, with Special Reference to the Use of Nitrous Oxide Gas.  
 EDRIDGE-GREEN, F. W., M.D. The Quantitative Estimation of Defects of Colour Perception.  
 FROST, W. Adams, F.R.C.S. Lantern Slides, Illustrating Some Physiological and Pathological Conditions of the Fundus.  
 GROSSMANN, K., M.D. 1. Colour Blindness. 2. Blepharorrhoea Neonatorum.  
 HEWETSON, H. Bendelack, M.R.C.S. A Case of Epilepsy Entirely cured by the Constant Use of Lenses which corrected the Compound Hypermetropic Astigmatism.  
 HILL-GRIFFITH, A., M.D. 1. Diagnosis of Intraocular Growths, with specimens. 2. Case of Monocular Vertical Hemianopsia.  
 JAYAL, Dr. (Paris). 1. A Short Communication on Ophthalmometry. 2. The Hygienic Regulation of the Human Eye.  
 MCHARDY, Malcolm, F.R.C.S. Edin. The Treatment of Immature Senile Cataract.  
 PANAS, M. (Paris). On the Value of Extraction in Secondary Cataract.  
 WRAY, Charles, F.R.C.S. The Treatment of Squint Amblyopia by Galvanism.

*Mason College—Professors' Common Room.*

**I. DISEASES OF CHILDREN.**—*President:* ALFRED HENRY CARTER, M.D. (Birmingham). *Vice-Presidents:* WILLIAM THOMAS, F.R.C.S. (Birmingham); WALTER PYE, F.R.C.S. (London). *Honorary Secretaries:* HENRY HANDFORD, M.D., 14, Regent Street, Nottingham; ARTHUR FOXWELL, M.B., 47, Temple Row, Birmingham.

It is proposed to discuss the following subjects:—I. The Affections of the Lymphatic Glands in Childhood. (a) The Treatment of Simple and Suppurative Adenitis. (b) The Diagnosis of Glandular

Enlargements due to causes other than simple Inflammation. (c) The relation of Strumous Adenitis to Tubercle. (d) *Tabes Mesenterica*. Dr. H. R. Hutton (Manchester), Dr. W. C. Chaffey (Brighton), Dr. L. W. Marshall (Nottingham), Dr. E. H. Greves (Bournemouth), Dr. R. H. Day (London), Dr. King (Chester), Mr. E. L. Freer, and Dr. J. W. Byers (Belfast) will speak on these subjects. II. (a) The Operations for the Radical Cure of Hernia in Children and their value. (b) The Surgical Questions involved in the Practice of Excising Joints the seat of Disease in Childhood. Messrs. W. Watson Cheyne (London), Noble Smith (London), H. O'Neill (Belfast), Jordan Lloyd, Frank Marsh, R. N. Pughe (Liverpool), and Dr. L. H. Ormsby (Dublin), will join in these discussions. III. The Claims and Limitations of Physical Education in Schools. It is hoped that Sir Andrew Clark will open this discussion. The President, Dr. Clement Dukes, Mrs. Garrett-Anderson, and Mr. E. L. Freer, will take part in it.

The following papers have been announced:

FREER, E. L., M.R.C.S. 1. Kinesi-Therapeutics in Orthopædic Practice. 2. After-Treatment of Osteotomies for Deformities.  
 GAY, Wm., M.D. Peripheral Birth Palsy.  
 HAGYARD, Robert, M.B. A New Method of Performing Excision of the Knee Joint with a View to Preventing Shortening of the Limb.  
 MADDEN, Thomas More (Dublin), M.D. 1. On the Strumous Glandular Diseases of Childhood and their Relation to Tubercle. 2. On the Use and Abuse of Physical Education in Schools.  
 PARKER, R. W., M.R.C.S. 1. The Treatment of Simple and Suppurative Adenitis. 2. The Indications for the Radical Cure of Hernia in Children. 3. On Excising Joints in Childhood.  
 PUGHE, Rhinallt N., M.B., F.R.C.S. The Operations for the Radical Cure of Hernia.  
 WARNER, FRANCIS, M.D. Physical Education in Brain Training.  
 WRIGHT, G. A., M.B., F.R.C.S. The Causes and Treatment of Adenitis.

**Demonstrations.**—Mr. E. Luke Freer will give a demonstration of Kinesi-Therapeutics in connection with his paper. Mrs. Strahan Mathews (London) will demonstrate the system of Swedish exercises as used by the girls in the London Board schools. Miss Nyström and Miss Chapman will give a demonstration of the Sloyd methods for physical development.

#### Mason College—Language Room No. 2.

**J. LARYNGOLOGY AND RHINOLOGY.**—President: JOHN ST. SWITHIN WILDERS, M.R.C.S. (Birmingham). Vice-Presidents: CHARTERS JAMES SYMONDS, M.D., F.R.C.S. (London); ARCHIBALD EDWARD GARROD, M.D. (London). Honorary Secretaries: ERNEST HENRY JACOB, M.D., 12, Park Street, Leeds; SCANES SPICER, M.D., 28, Welbeck Street, Cavendish Square, W.

The following subjects have been chosen for special discussion  
 1. The Treatment of Laryngeal Disease in Tuberculosis, opened by Mr. Charters J. Symonds (London) and Dr. Hunter Mackenzie (Edinburgh). Mr. Cresswell Baber (Brighton) and Dr. W. Charnley (Shrewsbury) will join in the discussions. 2. The Etiology, Significance, and Treatment of Spurs and Deflections of the Nasal Septum, opened by Dr. Woakes (London) and Mr. W. J. Walsham, F.R.C.S. (London).

Dr. Clifford Beale (London), Mr. Lennox Browne (London), Dr. Walker Downie (Glasgow), Dr. R. Ellis (Newcastle), Dr. William Hill (London), Dr. Greville Macdonald (London), Dr. David Newman (Glasgow), Dr. Scanes Spicer (London), Dr. F. H. Bosworth (New York), Dr. John Bark (Liverpool), and Dr. W. McNeill Whistler (London), have promised to take part in one or both of these discussions.

At the completion of these discussions, the time of the Section will be devoted to the reading and discussion of independent papers having reference to the special subjects embraced by the Section.

The following papers have been announced:

BALL, J. B., M.D. On Cough as a Symptom of Nasal and Pharyngeal Affection.  
 BRONNER, A., M.D. Some Common Affections of the Pharyngeal Tonsil and their Relation to Diseases of the Ear, Throat, and Nose, with Special Reference to the so-called "Relaxed Throat."  
 BROWNE, Lennox, F.R.C.S.E. On Facial and Pharyngeal Tenesmus.  
 DOWNIE, Walker, M.D. Some Unusually Large Nasal Polypi.  
 HARNETT, J. F., M.D. The Advantages of Insufflation of Medicated Air over Inhalation, and on the Action of the Bronchopulmonary Insufflator.  
 HILL, William, M.D. On the Value of Hewetson's Method of Forcible Nasal Dilatation, especially in the Treatment of Anterior Nasal Stenosis.  
 HUNT, J. Middlemass, M.D. The Galvano-Cautery in Diseases of the Tonsils.  
 JACOB, E. H., M.D. On Functional Aphemia.  
 KANTHACK, A., M.D. On the Structure of the Vocal Cords.  
 MACDONALD, Greville, M.D. The Question of Excising the Tonsils.  
 MORTON, Charles A., F.R.C.S. A Case of Acute Inflammatory Swelling in connection with the Larynx resembling Primary Perichondritis.  
 NEWMAN, David, M.D. Malignant Diseases of the Nasal Fossæ.  
 SAVILL, T. D., M.D. A case of Abductor Paralysis.  
 SPICER, Scanes, M.D. Medicated Nasal Cylinders in the Treatment of Hay Fever, Ozena, Catarrh, etc.  
 SYMONDS, C. J., F.R.C.S. The Treatment of Ozena.

TREVELYAN, E. F., M.D. On Two Cases of Double Abductor Paralysis of the Larynx of Uncertain Origin.

#### Mason College—Language Room No. 1.

**K. OTOLOGY.**—President: CHARLES WARDEN, M.D., F.R.C.S. Ed. Vice-Presidents: J. Dundas Grant, M.D., and WILLIAM HILL, M.D., B.Sc. Honorary Secretary: ROBERT KERR JOHNSTON, M.D., 22, Lower Baggot Street, Dublin.

The following subjects are proposed for special discussion: 1. Intranasal Disease in relation to Aural Affections, excluding Postnasal Catarrh and Adenoid Growths, to be opened by Mr. Lennox Browne, F.R.C.S. Edin. (London). 2. The Etiology of Tinnitus Aurium, to be opened by Dr. H. Macnaughton Jones (London).

The following gentlemen hope to take part in the discussions: Dr. Prosser James (London), Mr. T. Mark Hovell (London), Mr. Cresswell Baber (Brighton), Dr. Richard Ellis (Newcastle-on-Tyne), Mr. H. Bendelack Hewetson (Leeds), Dr. J. Ward Cousins (Portsmouth), Dr. J. M. Hunt (Liverpool), Dr. W. Charnley (Shrewsbury), Dr. T. Barr (Glasgow), Mr. W. Arbutnot Lane, Mr. W. R. H. Stewart, Dr. Wm. Hill, Dr. E. Woakes (London), George Jackson, F.R.C.S. (Plymouth), Dr. John Bark (Liverpool), Dr. Walker Downie (Glasgow), Dr. J. Dundas Grant and Dr. Farquhar Matheson (London), and Dr. Francke H. Bosworth (New York).

It is proposed to reserve the third meeting of the Section for the reading and discussing of Miscellaneous Papers.

The following papers have been announced:

BARR, Thomas, M.D. The Railway Whistle as a Cause of the Disturbance of the Hearing.  
 BRONNER, Adolf, M.D. On the Importance of Detecting and Treating Diseases of the Ear and Post-nasal Growths in the Children of our Board Schools.  
 COUSINS, J. Ward, M.D. 1. New Method of Removing Foreign Bodies from the Meatus. 2. The Value of Artificial Tympanic Membranes.  
 ERSKINE, James M.B. Notes of a Case of Entire Tympanic Membrane co-existent with extensive Disease of the Temporal Bone and Cerebral Thrombosis.  
 JACKSON, George, F.R.C.S. Notes on a Case in which Extensive Abscesses of the Scalp followed Trephining of the Mastoid for Chronic Suppuration of the Middle Ear.  
 LANE, Wm. Arbutnot, M.B. The Treatment of Chronic Middle Ear Disease.  
 STEWART, Donald, M.D. On the Comparative Advantages of the Eustachian Catheter and Politzer's Bag for Inflation of the Middle Ear.  
 STEWART, W. R. H., F.R.C.S. Ed. Some Points in the Treatment of Chronic Suppuration of the Middle Ear, with Special Reference to the Abuse of Syringing.  
 TURNBULL, L., M.D. (Aural Surgeon to the Jefferson Medical College Hospital, Philadelphia). 1. The Etiology (or Causes) of Tinnitus Aurium. 2. Intranasal Disease causing Deafness; Enlargement (Hypertrophy) of the Pharyngeal Tonsil as a Cause of Deafness. 3. Fracture and Concussion (*Contrecoup*) of the Temporal Bone as a Cause of Deafness.  
 STONE, George, L.R.C.P. (Liverpool). A Case of Intense Paroxysmal Bilateral Otaglia depending on a General Neurotic Condition.

Dr. J. Ward Cousins has promised to demonstrate on some patients the Use of his Antiseptic Artificial Drumhead.

#### Mason College—Mathematics Theatre.

**L. DERMATOLOGY.**—President: JONATHAN HUTCHINSON, F.R.S. (London). Vice-Presidents: MALCOLM A. MORRIS, F.R.C.S. Ed. (London); H. RADCLIFFE CROCKER, M.D. (London). Honorary Secretaries: GILBERT SMITH, F.R.C.S. Edin., 41, Newhall Street, Birmingham; THOMAS COLCOTT FOX, M.B., 14, Harley Street, Cavendish Square, W.

It is hoped that there will be a demonstration of living cases, of drawings, and of microscopical specimens each morning. The greater part of the time daily will be devoted to the discussions of the following subjects: Wednesday morning, July 30th, Alopecia Areata, introduced by Dr. Radcliffe Crocker. Thursday morning, July 31st, Vaccination Rashes, introduced by Mr. Malcolm Morris. Friday morning, August 1st, Treatment of Eczema, introduced by Dr. Unna (Hamburg).

The following papers have been announced:

BROOKE, H. G., M.D. (Manchester). On Keratosis Follicularis.  
 BULKLEY, L. D., M.D. (New York). Notes on Feigned Eruptions.  
 CHARLES, T. Cranstoun (London). Ichthyol, a Contribution to its Therapeutics.  
 MAPOTHER, E. D., M.D. Treatment of Psoriasis by Mercury.  
 MILTON, J. Laws, M.R.C.S. The Principles on which the Treatment of Eczema should be based.  
 MYRTLE, A. S., M.D. (Harrogate). Diathesis in Connection with Eczema and Psoriasis.  
 NEALE, J. H., M.B. (Leicester). Eczema, a Criticism upon its Present Position in Medicine.  
 SROEMAKER, J. V., M.D. (Philadelphia). Explanation of the Sudden Blanching of the Hair.  
 STARTIN, James, M.R.C.S. (London). Diet in Skin Diseases.  
 STOWERS, J. H., M.D. Brux. On Dermatitis Repens.  
 WALSH, D., M.D. (Birmingham). Dermatitis as an Excretory Symptom.

#### Honorary Local Secretaries:

R. SAUNDBY, M.D., 83A, Edmund Street, Birmingham.  
 JORDAN LLOYD, F.R.C.S., 22, Broad Street, Birmingham.  
 A. HARVEY, M.B., 161, Lozells Road, Birmingham.

**THE ANNUAL MUSEUM.—Queen's College Museum.**

In connection with the fifty-eighth annual meeting of the British Medical Association, the Museum and Exhibition will be held in the Queen's College, Paradise Street, Birmingham, close to the building in which the sectional meetings will be held. The Museum will be arranged in the following Sections:—

**SECTION A.**—Food and Drugs, including Antiseptic Dressings and other Chemical and Pharmaceutical Preparations. (Honorary Secretary, Dr. Stacey Wilson, 65, Temple Row, Birmingham.)

**SECTION B.**—Pathology, comprising Casts, Models, Diagrams, Apparatus, Microscopical and Spirit Preparations, etc. (Honorary Secretary, Dr. G. F. Crooke, 2, Edmund Street, Birmingham.)

**SECTION C.**—Anatomy and Physiology, comprising Special Dissections, Methods of Preparation, Drawings, Models, and Microscopic Preparations. (Honorary Secretary, Dr. A. E. Mahood, Queen's College, Birmingham.)

**SECTION D.**—Instruments and Books, including Appliances, Ambulance, Medical, Surgical and Electrical; Microscopes and Microtomes. (Honorary Secretary, Mr. Gilbert Barling, M.B., F.R.C.S., 85, Edmund Street, Birmingham.)

**SECTION E.**—Sanitary Appliances. (Honorary Secretary, Dr. A. Bostock Hill, 14, Temple Street, Birmingham.)

*To Non-Professional Exhibitors.*

In consequence of the 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 June 29th.

2. All exhibits should be addressed to the "Secretary of the Museum, British Medical Association, Queen's College, Birmingham," with the name of the Section for which they are intended. Packages should not be addressed to a firm's representatives at the Museum.

3. Communications on general matters connected with the Museum to be addressed to the Museum Secretary, Mr. Gilbert Barling, M.B., F.R.C.S., 85, Edmund Street, Birmingham.

All communications respecting advertisements in the Museum Catalogue must be made to Mr. Edward B. Lawley, Queen's College, Birmingham.

GILBERT BARLING, M.B., F.R.C.S. Hon. Sec.

BERTRAM C. A. WINDLE, M.A., M.D., Chairman.

**EXCURSIONS.**

THE railway companies will issue return tickets at single fares from Birmingham to all places within a radius of 50 miles.

1. *Burton-on-Trent.*—Any members visiting Burton-on-Trent will be permitted to go over the breweries, on production of their tickets of membership. If a party can be made up to visit Burton on any afternoon, except Saturday, Dr. W. G. Lowe will be pleased to meet the members and provide for their entertainment. Notice of this will have to be given on the previous day. Return ticket at single fare, 2s. 4d. each.

2. *Lichfield* (Wednesday, July 30th).—There is a train leaving New Street Station at 2.5, arriving at 2.35. The Dean and Chapter kindly offer special facilities for the inspection of the cathedral and its contents. The afternoon service is held at 4 o'clock. The party will be entertained at tea at the George Hotel at 4.45. One hundred and fifty tickets will be issued for this excursion; application must be made for these at the reception-room not later than 12 o'clock on the same day. Tickets 1s. 9d. each.

3. *Droitwich* (Friday, August 1st).—A special train will leave New Street Station at 10.10, A.M. arriving at 11.15. The excursion will be met by Dr. Roden, and a visit will be paid to the baths and salt works, after which the party, through the kindness of Mr. John Corbett, M.P., will be taken over Impney House and grounds, and entertained at luncheon at 2 o'clock, returning by the 3.30 train. Tickets 2s. 2d. each. The Midland Railway Company will probably provide a special train.

4. *Dudley Castle and Caverns* (Friday, August 1st).—A special train will leave Snow Hill Station at 4.10, returning at 7.5. After visiting the ruins of the Castle and the famous limestone caverns, the party will be entertained at tea about 6 o'clock. Three hundred tickets to be issued at 9d. each. Application must be made not later than 4 o'clock on the previous day.

5. *Kenilworth, Leamington, and Warwick* (Saturday, August 2nd).—A special train will leave Snow Hill Station at 9.40 A.M., reaching Warwick at 10.20. The party will drive by Guy's Cliff to Kenilworth, and from there by way of Stoneleigh Abbey to Leamington, where luncheon will be provided in the Town Hall at 1.30. After viewing the Pump Rooms and Jephson Gardens, they will drive to Warwick, and visit the Castle, St. Mary's Church, and the Leicester Hospital. Tea will be provided at the Court House, after which they will return to Leamington in time for an illuminated concert to be held in the Jephson Gardens. A special train will leave for Birmingham at 9.45 P.M. Two hundred and fifty tickets will be issued at 5s. each. Those wishing to stop until Monday can obtain all information as to accommodation from Dr. Rice, 51, Parade, Leamington.

6. *Worcester and Tewkesbury* (Saturday, August 2nd).—A special train will leave New Street at 9.40, reaching Worcester at 10.20. The Royal Porcelain Works will be visited, and at 12 o'clock there will be an organ recital in the Cathedral. Luncheon will be served in the Guildhall at 1 o'clock. At 2.30 the party will proceed by steamer to Tewkesbury, and visit the Abbey. The steamer will reach Worcester again about 8 P.M.; tea and light refreshments on board. A special train will leave Shrub Hill Station for Birmingham at 9 P.M. One hundred tickets will be issued at 2s. 9d. each. Those who are unable to obtain excursion tickets can obtain tickets for the luncheon alone for 5s., or a ticket to include everything but the boat to Tewkesbury (on which accommodation is limited) for 7s. 9d.

7. *Stratford-on-Avon* (Saturday, August 2nd).—Two hundred tickets will be issued at 7s. 6d. each. A special train will leave Snow Hill Station at 9.40, stopping at Hatton Junction, where members holding tickets numbered from 121 to 200 must change and proceed by train to Stratford. The others will go on to Warwick, and drive through Charlote to Stratford, visiting Ann Hathaway's Cottage at Shotton on the way. The two parties will meet at the Town Hall for luncheon about 1 P.M., and will afterwards be shown the birthplace of Shakespeare, New Place, the Church of the Holy Trinity, and the Memorial Theatre. The special train will leave Stratford at 7.30. A train for London leaves at 6.30. This excursion will be under the personal guidance of Mr. R. Latimer Greene and Mr. Lawson Tait.

8. *Coventry* (Saturday, August 2nd).—Leave New Street Station at 9.10, arrive Coventry 9.52. On arriving at Coventry the party will be met by representatives of the medical profession, and divided into three sections; one will be taken to Messrs. Rotherham and Sons' Watch Manufactory, another to Messrs. Singer's Cycle Works, and the third to Messrs. Stevens' Ribbon and Fancy Weaving Factory. After visiting these factories, they will all meet at St. Mary's Hall, and luncheon will be served at 1 o'clock. After luncheon the visitors will be shown St. Michael's Church, the Church of the Holy Trinity, and St. John's Church; also the remains of the old Cathedral, Bablake and Ford's Hospital, and the old city gateways. Trains leave Coventry for Birmingham at 4.10, relief train, 4.30, 5.8, and 6.30, relief train. One hundred and fifty tickets will be issued at 2s. In order to facilitate the arrangements, members are requested when applying for tickets to state which of the factories they wish to visit, so that they may be given distinctive tickets.

9. *The Lye Cross Pits.*—The Lye Cross Pits, near Dudley, which visitors to the annual meeting at Birmingham will have an opportunity of descending, are by far the most interesting in the district. The celebrated Staffordshire ten-yard seam which is worked is here covered by an eruption of Rowley trap rock, and the dykes where the trap has burnt its way through the thick coal may be seen in the pit. The pit belongs to Lord Dudley, and his manager, Mr. Cloughton, has kindly promised to take down a party not exceeding 100 on Thursday morning, and will provide light refreshment. Train will leave New Street for Dudley at 10.5 A.M.; thence carriages will be provided. Return fare, rail and carriage, 2s. 6d. It will facilitate arrangements if intending visitors will send post-card as early as possible to Mr. Garner, Medical Institute.

**NOTICES OF MOTION.**

Dr. HUGH WOODS hereby gives notice that he will move the following proposed addition to by-laws:

Each Branch shall elect all its representatives on the Council of the Association at the annual general meeting of the Branch, and any member duly proposed and seconded at such meeting by members of the Branch shall be considered duly nominated. The names of those thus proposed and seconded shall be submitted in alphabetical order to the meeting, and those who obtain most votes shall be considered elected.

**Dr. HUGH WOODS** also gives notice that he will move:

That the resolution passed at Leeds authorising the payment of Branch representatives be inserted in the by-laws of the Association.

**Dr. RENTOUL** hereby gives notice that he will make the following motion on the proposed increase in the number of direct representatives on the General Medical Council:

That having regard to the fact that of a total number of thirty members comprising the General Council of Medical Education and Registration, the registered medical practitioners of the three divisions of the United Kingdom (numbering over 24,000), are now empowered to elect only five direct representatives, it is expedient to confer on the said registered medical practitioners of the three divisions of the United Kingdom the power of returning one additional direct representative for each of the three divisions of the United Kingdom to the General Medical Council.

That a copy of the resolution be forwarded by the General Secretary of the Association to the General Council of Medical Education, and that they be requested to represent to the Privy Council that it is expedient to confer upon the registered medical practitioners the power of returning such additional direct representatives, as provided by Section 10 (c), of the Medical Act, 1886.

That a copy of this resolution be also forwarded by the General Secretary of the Association to the Privy Council.

**The Registration of Midwives.**—**Dr. RENTOUL** also gives notice that he will move:

That it is the opinion of this meeting that no new order or class of midwifery practitioners is required, and that any Act passed by Parliament which provided that any man or woman may practise midwifery, either as a registered midwife or registered medical practitioner, unless such have undergone a period of four years' study at a recognised school of medicine, and possess a degree or diploma recognised at present by the General Medical Council, would be injurious to the lives of lying-in women and infants, and prejudicial to the best interests of the medical profession. Also, that the Local Government Board be requested to put into force in each Union the General Order of the Poor-law Commissioners of 1847, Acts 182 and 183, empowering guardians to pay certain fees to their medical officers, in cases of childbirth and puerperal maladies.

That a copy of this resolution be forwarded by the General Secretary of the Association to the General Medical Council, both Houses of Parliament, the President of the Local Government Board, to the daily press, and to the medical journals.

**Reform of the In-patient Departments of Medical Charities.**—**Dr. RENTOUL** also gives notice that he will move:

**Wage Limits for In-patients.**—When a single wage earner is, or has been, in receipt of an income not exceeding 20s. per week from all sources, for three months immediately preceding the application for in-patient relief; and when the combined income of a family does not exceed 35s. per week from all sources for three months previous to the application, that such only shall be eligible for in-patient treatment, provided that when an illness exceeds three weeks, the above wage limits may be subject to a little modification. That the system of inquiry used by the Manchester Royal Infirmary, and by the Royal Salford Hospital, when making inquiries regarding the pecuniary circumstances of such applicants, be recommended, and that all the medical charities in a city or town adopt an uniform wage limit.

**Accident and Urgency Cases.**—When accident and urgency cases are admitted for temporary in-patient treatment, and when their weekly incomes are found on investigation to exceed the above wage limits, that payments be made by such patients of an amount similar to the fees charged by the visiting medical staff to private patients having a like income; and that the proceeds of such charges be applied towards the maintenance of the charity only. That this rule apply equally to out and home hospital patients.

**Pay Beds and Pay Wards.**—That the adoption of the system of pay beds and pay wards is derogatory to the true aims of our medical charities, as by deflecting them from their chief purpose it is likely to exclude the genuine sick poor; to compete unjustly with medical practitioners; while as a financial help the selling of charity to a class of the community able to provide for themselves has generally proved futile.

That the above resolutions be added to the report of the Medical Charities Committee appointed by the Council, and that a copy of the report be forwarded by the General Secretary of the Association to the General Medical Council, the universities and colleges of the United Kingdom, the Committees of the different medical charities, the Committees of provident dispensaries, the Poor-law boards of guardians, and the daily press, and that the replies received be printed in the JOURNAL. That such printed report be supplied at cost price to those practitioners interested in the reform of our medical charities.

**Dr. RENTOUL** also gives notice that he will move:

That a reform of the provident dispensary system of insurance for medical treatment during sickness is urgently called for. It is recommended that only wage earners in receipt of the following weekly income, from all sources, be eligible for admission as benefit members—namely, single man or woman, 20s.; man and wife, 25s.; and an allowance of 1s. 6d. opposite each member of the family under 14 years of age; thus giving a man and wife with a family of eight children the power to insure, although the conjoint weekly income is 39s.

That the reform of friendly societies, tontines, and medical aid associations is urgently called for (in as far as relates to the remuneration of medical practitioners acting to such societies). It is suggested (in as far as relates to insuring for medical benefits) that wage earners making up to 30s. per week, from all sources, be eligible; that a sum of not less than 5s. per annum for members be paid to the medical officer; also a fee of 2s. 6d. for the entrance examination and certificate to be paid to him, either by the club or by the applicant; and a sum of 6d. for each prescription, to be paid to him by the sick member.

**Dr. RENTOUL** gives notice that he will move:

**Clinical Instruction in Poor-law Infirmarys and Corporation Fever Hospitals.**—This meeting, recognising that there is a large number of "beds" in Poor-law infirmarys and fever hospitals unused for clinical instruction, regret that all these are not utilised for teaching of students. Attention is called to the statements made (a) in the Metropolitan Asylums Board Report, 1889: "Your Committee cannot fail to observe the large proportion of mistakes which are made in the diagnosis of cases of small-pox and fever;" and (b) to the report of

Dr. Russell, medical officer of health of Glasgow, "that 7.6 per cent. of those sent into hospitals as suffering from infectious disease did not suffer from the disease specified; that 5.7 did not suffer from any infectious disease whatsoever; that 17 per cent. were not suffering from enteric fever; and that 24 per cent. had not diphtheria, although certified and sent in as so suffering. That a copy of this resolution be forwarded to the Metropolitan Asylums Board, to the President of the Local Government Board, and to corporations possessing fever hospitals.

**Surgeon-Major INCE** hereby gives notice that he will move:

1. That the Council of the Association be enlarged by the co-optation of members by the Council itself, analogously to the system adopted in the constitution of county councils; and that the number of such co-optated members be in the same proportion as in the said county councils.

2. That in future no motion affecting the by-laws shall be passed at any general meeting of the Association unless there be a full quorum present; and that such quorum shall consist of not less than one-third of the members attending the then current congress.

**Mr. BRINDLEY JAMES** hereby gives notice that he will move:

A. That in future the whole of the transactions of the annual meeting be published in book form, and distributed to the members as soon as possible after the annual meeting of the British Medical Association.

B. That the library of the British Medical Association be kept open from 10 A.M. till 8 P.M. in the winter, and from 10 A.M. till 10 P.M. in the summer, months.

**Dr. BEDFORD FENWICK** hereby gives notice that he will move:

That in the opinion of this meeting it is essential, for the safety of the public, for the satisfaction of the medical profession, and as a matter of simple justice to trained nurses, that a system of registration of trained nurses should be legalised as speedily as possible, either by Act of Parliament or by Royal Charter. In the opinion of this meeting it is furthermore imperative that this registration should be carried out by a purely professional body—that is to say, by one composed of medical men and hospital matrons. This meeting therefore requests the Council of the Association to consider the question, and report thereon at the earliest possible date.

FRANCIS FOWKE, *General Secretary.*

## SPECIAL CORRESPONDENCE.

### SHEFFIELD.

*The Insurance of Children.—A Samaritan Fund for the Sheffield Infirmary.—Fatal Somnambulism.*

A CASE was heard recently before the magistrates at Rotherham under the Act for the Prevention of Cruelty to Children, which illustrated the evils of the insurance system. The parents were both summoned, and sent to prison for neglecting to provide food and clothing for their six children. It was stated that these children were insured for the sum of £28 12s., in return for a weekly payment of sixpence. The youngest, aged 15 months, was doubly insured—in two offices. She was in a very emaciated condition, and only weighed 11 lbs. 10oz. The Act against those guilty of cruelty to children is being enforced with great vigour in this district, and, if similar action is taken generally, it must lead to most important benefits.

It was mentioned in a letter some time back that the Sheffield General Infirmary had lost the Chairman of the Weekly Board through the sudden death of Mr. Brooksbank. He had been a member of the board for 37 years, and its chairman for 17 years. It has now been decided to found some memorial to him. For long the need has been felt for some fund which could be utilized for supplying appliances and instruments after operations and other medical and surgical cases. The establishment of such a fund, it is believed, will prove an invaluable boon to a very deserving class of patients. It is proposed that the Brookbank Memorial shall merely serve as the commencement to such a fund, and it is hoped that subsequently further contributions will be made to it, and thus extend its usefulness. It is not proposed, therefore, to attach the name of any individual to the fund.

The death of a soldier at the barrack is announced as the result of sleep walking. He was, it appears, known to be a somnambulist, and in the night had got out of a window, and was found lying insensible underneath, with a fractured skull. He only lingered until the next morning.

**THE PANCREAS IN DIABETES.**—**Dr. Jurgens** exhibited, before a medical society in Berlin last spring, the pancreas of a patient who had died suddenly after suffering for seven years from diabetes. The glandular tissue had completely disappeared, and the pancreatic duct contained concretions of carbonate of lime. The same observer had discovered atrophy of the pancreas in two other subjects who had become rapidly emaciated, and had also died suddenly.

The resignation of Surgeon A. R. EDWARDS, Bengal Establishment, already announced in the JOURNAL, has received the approval of the Queen.

The second Christian name of Surgeon SHAW, whose appointment to the Bombay Establishment was notified in the *London Gazette* of April 29th last, is WARTON and not MARTIN, as stated in that *Gazette*.

Surgeon H. W. FILGRIM, Bengal Establishment, is appointed to act as Civil Surgeon of Nuddea during the absence on deputation of Surgeon J. French Miller.

Surgeon-Major W. R. BROWNE, M.D., Madras Establishment, District Surgeon of Cuddapah, is appointed to be Surgeon to the General Hospital at Madras, in succession to Brigade-Surgeon C. Sibthorpe, promoted.

Surgeon-Major G. F. BEVAN, Madras Establishment, is appointed to be Secretary and Statistical Officer to the Surgeon-General, Her Majesty's forces, Madras, vice Surgeon-Major W. E. Johnson, M.D.

Brigade-Surgeon C. SIBTHORPE, Madras Establishment, is promoted to be Deputy Surgeon-General, vice Deputy Surgeon-General Donnelly, who has vacated. Deputy Surgeon-General Sibthorpe entered the army as Assistant-Surgeon, April 1st, 1870, and rose to be Brigade-Surgeon, May 17th, 1880. He served in the Afghan war in 1879-80 with the Peshawar Valley Field Force (medal) and with the Burmese expedition in 1885-86 in medical charge of the Headquarters Staff (mentioned in despatches, promoted to be Brigade-Surgeon, and granted the medal with clasps).

Surgeon I. P. DOYLE, Madras Establishment, is appointed to officiating medical charge of the 25th Native Infantry.

Surgeon-Major A. S. LETBRIDGE, Bengal Establishment, and Surgeon-Major J. A. LAING, M.D., Madras Establishment, have privilege leave for three months.

Surgeon-Major H. JOHNSTONE, M.B., Bengal Establishment, junior civil surgeon, Rangoon, to be senior civil surgeon, Rangoon.

Surgeon J. T. W. LESLIE, Bengal Establishment, secretary to the Inspector-General of Jails, with civil medical administration, Burmah, to be junior civil surgeon, Rangoon, as a temporary measure.

Surgeon J. H. PELLICK, Bengal Establishment, civil surgeon, Katha, to be secretary to the Inspector-General of Jails, with civil medical administration, Burmah, as a temporary measure.

Surgeon R. H. CASTOR, Madras Establishment, whose services have been placed at the disposal of the Chief Commissioner for employment in the Civil Medical Department, to be civil surgeon, Katha.

Surgeon T. W. STEWART, Madras Establishment, whose services have been placed at the disposal of the Chief Commissioner for employment in the Civil Medical Department, is appointed to the civil medical charge of the Seagaing district, vice Surgeon-Major P. N. Mukerji.

#### THE VOLUNTEERS.

THE undermentioned gentlemen are appointed Acting Surgeons to the regiments named:—RICHARD BANGAY, M.D., 1st Dorsetshire Artillery (Southern Division Royal Artillery), July 19th; THOMAS GEORGE McLAUCHLAN, M.B., 1st Volunteer Battalion Royal Warwickshire Regiment (late the 1st Warwickshire), July 19th; CHARLES THOMAS GRIFFITHS, 1st Volunteer Battalion South Staffordshire Regiment (late the 1st Stafford), July 19th; ANDREW PAGE ARNOID M.B., and ROBERT CROSBY, M.B., 5th Volunteer Battalion Durham Light Infantry (late the 5th Durham), both June 12th.

Acting Surgeon J. EDWARDS, 2nd West Riding of Yorkshire (Leeds), has resigned his appointment, which was dated August 17th, 1881.

Acting Surgeon W. R. TYTHERIDGE, 12th Middlesex (Civil Service), has also resigned his appointment, dated February 14th, 1885.

Surgeon H. HUXLEY, London Division Volunteer Medical Staff Corps, has resigned his commission, dated November 17th, 1883.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

#### MEDICAL RELATIVES.

AN unbiased consideration of A.'s inculcating statement, and of B.'s reply thereto, together with Mrs. W.'s letters to A.—admittedly written at B.'s (her brother) dictation—leaves no doubt upon our mind that the procedure of the latter in the case in question not only evinced unwonted discourtesy towards a professional brother his senior by several years, but constituted a grave breach of the moral law, also, of doing unto others as he would wish to be done by; in relation to this, moreover, we note with regret the intimation that B.'s sister's letter to A. was practically intended as a note of dismissal. Further, with reference to B.'s impugning representation that, on sending for A., he "took considerable time in determining to come," need we remind him that the delay of twenty-five minutes arose from detention by a patient to whom he was attending at the moment?—a good and, we opine, a valid excuse. We also glean from the subsequent correspondence (the other two points in which we hold alike unreasonable) between A. and B. that the latter admits that if he had been a resident practitioner in the immediate locality his conduct would have been "unardonably unprofessional;" truly so; to which we regretfully add that, in our opinion, the contingent definition is alike applicable to the "exceptional" incident in question.

#### THE APOTHECARIES' HALL, DUBLIN.

MEMBER B. M. A.—Since June 30th, 1887 (the appointed day), the Society of Apothecaries, Dublin, cannot alone (but the Society of Apothecaries, London, can) grant a registrable qualification—namely, to practise medicine, surgery, and midwifery.

A licentiate of the former, therefore, is not entitled to style himself "Dipl. in Med. Chir. et Obstet." without he holds as well the diploma of the Royal College of Surgeons, Ireland. If he did, a question might arise as to whether he was not infringing the provisions of Sect. 40 of the Medical Act, 1858.

#### MIDWIVES REGISTRATION BILL.

Dr. ALFRED ASHBY (Reading) writes: This Bill provides a penalty of a fine not exceeding £50, or imprisonment (with or without hard labour) not exceeding twelve months, on any woman obtaining registration by false representation, and allows her an appeal from the conviction of any court of summary jurisdiction to the proper court of county sessions. It provides the same penalty

for wilful falsification of any register of midwives by a registrar, but allows him no appeal from the conviction of a court of summary jurisdiction. Is this just? A registrar is the medical officer of health of any of the seventeen towns mentioned in Schedule B of the Bill.

\*.\* The Bill has been a good deal modified by the Select Committee. Any offence by the registrar is extremely unlikely to be committed, but must be guarded against. Fraudulent falsification of the register by the official is so serious an offence that it ought to be promptly punished. The appeal in the case of the woman is given in consequence of the many provisions of the Bill by which she may be affected, and not simply on account of falsification of the register.

#### REGULATIONS AS TO LICENCES AND CERTIFICATES.

DOUBTFUL writes: An uncle of mine has lived for many years in my house, paying a certain sum per annum for board, &c.; he has now become insane, but is not certified. Is it necessary to get certificates and a licence, or can he remain on the old conditions? If he is not certified, do I require a licence?

\*.\* A licence is not necessary, but all the legal formalities required under the new Lunacy Act are necessary, namely: Petition to justice, statement of particulars, two medical certificates, order of reception signed by justice. Copies must be sent to the Commissioners in Lunacy; and statutory, periodical, and other reports and statements by the medical practitioner, who, being quite unconnected with "Doubtful," must visit the lunatic at least once in two weeks. Also the names and occupations of the occupier of the house and of the person who has charge of the patient, must be sent to the Commissioners.

#### PATIENTS AT HOTELS.

M.D. writes: A. attends the family of a hotel proprietor, who sends for him to see strangers taken ill on the premises. A. is out of town, and has asked his friends, and especially B., to visit his patients. A tourist is taken ill at the hotel, and a message is sent to A. and forwarded to B., who attends the case, sees the patient three times, and gets the fee. When A. comes home he calls on B., who hands him the fee, which A. pockets without a word of thanks. Is that according to the professional code?

\*.\* Happily, from a professional point of view at least, the above case does not constitute a breach of medical ethics, but of the ordinary courtesy of everyday life, and which a member of a cultured profession should have been especially careful to avoid. The medico-ethical rule applicable thereto is as follows, to which we may add that if it had been an obstetric case B. would have been entitled to one-half the fee, but not otherwise: "When, during sickness, affliction, or absence from home, a practitioner entrusts the care of his practice to a professional friend, the latter should not make any charge to the former, or to the patients for his services, but should in all things be the *locum tenens* of the absentee. If, however, the attendance be protracted, and the labour proportionate, acknowledgment should, if circumstances admit, be made."

## UNIVERSITIES AND COLLEGES.

#### CAMBRIDGE.

At Cavendish College the following elections have been made to a scholarship of £50, Barraclough (Sheffield); to scholarships of £20, Burgess (Oundle) Dove (Merchant Taylors'), Longland (S. Albans), Senior (Sheffield). To exhibitions: Fowleraker (Exeter), Swann and Barrett (King's Lynn).

#### QUEEN'S COLLEGE, BIRMINGHAM.

At a meeting of the Council of Queen's College, held on July 17th, Dr. Bostock Hill was elected the first occupant of the new post of Lecturer on Public Health in the College. At the same meeting an illuminated address was presented by the Council to Mr. Jordan Lloyd, F.R.C.S., on his resignation of the post of Demonstrator of Anatomy in the College, which he has held for the past six years.

#### THE MEDICAL COLLEGE FOR WOMEN, EDINBURGH.

THE medals and honours certificates awarded in the Medical College for Women for the past summer were distributed to the successful students by Sir William Muir, Principal of the University of Edinburgh. The lecturers spoke in the highest terms of the character of the work done. Sir Alexander Christison, who presided, drew further attention to the serious deadlock which existed in the matter of clinical teaching, and indicated that Edinburgh must do something more definite towards the solution of this practical difficulty. The College was in a most prosperous condition otherwise, and, if clinical facilities were attained, it would progress rapidly towards still greater success. Sir William Muir said he felt sure that the prize winners would be an honour and an adornment to the profession. With regard to their cause of difficulty, it appeared to him little short of a scandal that in such a place as Edinburgh this difficulty should exist. He believed that the matter had only to be brought under the notice of

the managers of suitable institutions. The Rev. Dr. Cameron Lees, in thanking Sir William Muir, hoped that soon students of that College would appear before Principal Sir William Muir, and receive at his hands that medical degree to which they were as well entitled as many of the other sex.

**ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.**—The quarterly examinations in Edinburgh took place in July, with the following results:

*First Examination.*—Of 63 candidates, the following 38 passed: J. H. C. Davidson, Southsea; G. B. Thompson, Edinburgh; W. J. Hayes, Moate; C. C. Piper, Chelmsford; W. P. O'Connor, Cork; S. F. Smith, Swindon, Wiltz; G. B. Cullin, Dublin; W. Lawson, Hull; F. J. Nolan, Dublin; P. McElwaine, Cavan; A. J. McNickle, Tyrone; M. A. B. McCarthy, Sydney, N. S. Wales; K. McElpatrick, Co. Derry; A. E. Hodges, Ballycotton; J. English, Co. Armagh; W. L. Lovett, King's County; J. Kirkpatrick, Co. Antrim; L. C. Murphy, Melbourne; D. C. L. Williams, Brecon; R. L. Park, Bury; S. H. Noble, Durham; J. H. Saunders, Clonakilty, Co. Cork; A. A. Sakir, Mauritius; T. J. Kennedy, Ballybicken; J. Noonan, Coolbane; J. Martin, Lanarkshire; M. Hogan, Co. Limerick; W. J. M. Barry, Cork; S. M. Giffen, Belfast; A. Crerar, Edinb. W. J. S. Lucas, Isle of Man; W. P. Warburton, Leeds; T. G. Davies, North Wales; A. H. Brown, London; W. J. Greenham, Shropshire; M. Gepp, Essex; C. Robson, Lincolnshire; and W. H. Thrower, Tasmania.

*Second Examination.*—Of 54 candidates, the following 31 passed: J. C. Smith, New Zealand; W. Jameson, Carlow; W. Ramsay, Dublin; D. Donald, Aberdeen; H. D. Lauchlan, Bombay; J. S. Martin, Co. Down; G. D. Robertson, Greenock; J. A. Milne, Kent; Emily Charlotte Thomson, Lahore, India; H. Bennett, York; W. H. Stephenson, Whitby; G. G. Rae, Glasgow; D. Donnelly, Co. Kerry; J. T. Helm, Cape Colony; Elizabeth Christie, Glasgow; T. Bennett, Clonakilty; E. F. E. Barnes, Hampshire; A. Dryden, Edinburgh; Alice Margaret Moorhead, Maidstone; P. Terry, Cork; P. G. J. Kennedy, Tipperary; R. B. Hughes, Carnvon; A. J. Richards, Bangor; H. E. Connor, Derry; A. W. S. Smythe, Drogheda; T. H. Peet, Co. Kerry; E. McC. Campbell, Co. Antrim; Blisie Maund Ingils, India; H. A. Cruttwell, Bath; E. J. Gilleran, Roscommon; and L. Roberts, Conway.

*In J. Examination.*—Of 76 candidates, the following 31 passed and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. & S.G.: A. C. Harkness, India; F. M. Graham, Monmouth; B. F. Powell, Madras; C. R. Adams, Croydon, Surrey; S. Greenwood, Dublin; Margaret Elizabeth Pearce, Madagascar; G. J. Naphthine, Melbourne; W. Rae, Glasgow; J. W. Wilkinson, Queen's County; R. A. Baill, Cork; Annie Catherine Wells, India; H. E. Ross, Quebec; K. R. M. Wilson, Airdrie; T. E. Jones, Llanelly, S. Wales; A. E. Shepherd, Adelaide; E. G. Taylor, Middleton, Lancashire; W. W. Robinson, Chesterfield; C. B. Graham, Omagh; H. R. G. Haynes, Douglas, Co. Cork; A. B. W. Burns, Chatham; A. V. Bowen, Bresterton, Lancs.; D. W. Wright, Mallow; P. A. Capps, Portmahon; L. F. Bucknell, Sydney; R. E. Hodder, Cork; R. J. A. Berry, Upholland, Lancs.; O. W. Morgan, Ceylon; J. J. Foley, Co. Cork; M. C. Hopkins, Meath; T. P. Blades, Westmoreland; and F. W. Weber, South Africa.

**FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.**—At the July sittings of the Board of Examiners in Public Health, out of six candidates the four following passed the necessary examinations and were admitted Diplomates in Public Health:—M. S. Anderson, M.A., M.D., Glengarnock; James Harrison, M.D., North Shields; James Milroy, L.R.C.P.Ed., etc., Kilbirmie; and J. Maxtone Thom, M.B., Crieff.

**SOCIETY OF APOTHECARIES OF LONDON.**—Pass-list. July 11th, 1890. The following candidates passed the examination in Surgery:

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|---|--|
| A. A. Bartholomew, L.S.A., 1887, Edinburgh University     | W. C. Ellis, St. Thomas's Hospital                   |
| G. Wilkinson, Cambridge University and Middlesex Hospital | L. Trewey, London School of Medicine for Women       |
| R. R. Hatherell, St. Thomas's Hospital                    | D. R. P. Evans, Liverpool and Charing Cross Hospital |
| H. Mason, Queen's College, Birmingham                     | W. H. Goodson, London Hospital                       |
| A. Griffith, University College                           | A. G. Keeling, St. Thomas's Hospital                 |
| F. S. Colton, University College                          | H. Knevit, London Hospital                           |
| J. Lupton, Owens College, Victoria University             | C. A. Laphorn, Middlesex Hospital                    |
|   | H. A. Vernon, London Hospital                        |
|   | H. Watts, London Hospital                            |

The following having previously passed the examination in Medicine, Forensic Medicine, and Midwifery, were granted the diploma of the Society:

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|--------------|-------------|
| H. Mason     | W. C. Ellis |
| F. S. Colton |             |

July 16th. The following gentlemen have passed the examination in Medicine, Forensic Medicine, and Midwifery:

- |   |                                     |
|---|-------------------------------------|
| A. A. Bartholomew, L.S.A., 1887, Edinburgh University | A. K. A. Cæsar, London Hospital     |
| J. G. Wilson, London Hospital                         | A. H. Creswell, London Hospital     |
| A. Griffith, University College                       | R. W. Cooper, St. Thomas's Hospital |
|   | A. A. Grosvenor, Guy's Hospital     |

The following passed in Medicine and Forensic Medicine:

A. M. Van Ingen, L.M.S., Madras University	F. M. Welstead, Guy's Hospital
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The following passed in Medicine and Midwifery:

G. A. Hickey, St. Vincent's Hospital, Dublin	N. A. A. Trenow, St. George's Hospital
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The following passed in Midwifery:

- |                                      |                              |
|--------------------------------------|------------------------------|
| G. W. Chapman, St. Thomas's Hospital | L. J. Minter, King's College |
| A. A. Bartholomew                    | A. Griffith                  |
| J. G. Wilson                         | A. H. Creswell               |

## HOSPITAL AND DISPENSARY MANAGEMENT.

### HOSPITAL REFORM: THE BIRMINGHAM INQUIRY.

[FROM OUR BIRMINGHAM CORRESPONDENT.]

THE Mayor's Committee has now held two sittings to take evidence on the matters under their consideration. At the first of these Mr. Marsh, surgeon to the Queen's Hospital, and one of the chief promoters of the movement for reform, gave evidence. He estimated that, in round numbers, a little over a third of the population annually sought relief from hospitals in Birmingham and its immediate neighbourhood. Many of these were trivial cases, such as could be treated successfully outside hospitals; and in this, he thought, lay the principal abuse—the waste of time being of more importance than the monetary abuse, the latter being inconsiderable. A provident dispensary at present existed, but, in the absence of a wage limit, he believed it was more abused than the hospitals, and he regarded the existing clubs and dispensaries as failures. The remedy was to be found in the formation of a provident system to which the trivial cases could be referred, so as to place medical treatment without the intervention of charity within the reach of more people. The failure of private enterprise might be traced to the competition from the medical charities. The selection of suitable cases for hospital treatment and the exclusion of trivial cases should be in the hands of an experienced officer. He felt satisfied that the teaching of students in hospitals was to the advantage of the public, and that the demands on the hospitals were greater than they were able to meet.

At the next meeting, evidence was given by Dr. Simon, assistant physician to the General Hospital. He stated that he had held this post for eleven years, during which time there had been a great increase in the number of out-patients treated. He attended at the hospital three days a-week, from three to four hours, and saw a very large number of cases, of whom about 50 per cent. might be described as trivial cases. He thought that the out-patient department should be used for consultant purposes, and that patients should come there after they had endeavoured to obtain relief from their family doctor, or through some provident institution. There was little abuse by those who could afford to pay consultants' fees, but many who attended hospitals could afford to pay the ordinary practitioner's fees. He thought it undesirable that out-patient departments should be closed entirely, as it would lead probably to an increase in the applications for parochial relief, and he doubted if private practitioners would fill the gap created. Under existing circumstances, he thought it would not be fair to the profession that patients should pay for admission to public hospitals when the fee went entirely to the hospitals. His theory was that there should be a vast provident institution in connection with the hospitals—that was, if there could be an ideal dispensary.

## OBITUARY.

### THOMAS SPRY BYASS, M.D., F.R.C.S.ENG.

WITH the death of Dr. Byass, of Cuckfield, which took place on July 12th, in the 83rd year of his age, another connecting link with a former generation is severed. Educated at Guy's, Dr. Byass was a contemporary of the two Coopers, Aston Key, Addison, and other notable men of that day, and he could tell some entertaining stories of the manners and customs of medical life sixty years ago. Having qualified, Dr. Byass settled at Cuckfield, Sussex, where he continued to reside until his death.

On the occasion of his having completed fifty years of practice, his patients presented him with a handsome silver salver, a purse of five hundred guineas contained in an antique silver casket, and a beautifully illuminated album. For many years Dr. Byass was a most active member of the Court of Assistants of the Apothe-

## HEALTH OF SCOTCH TOWNS.

In eight of the principal Scotch towns 771 births and 474 deaths were registered during the week ending Saturday, July 19th. The annual rate of mortality in these towns, which had declined from 22.1 to 19.7 per 1,000 in the four preceding weeks, further fell to 18.3 during the week under notice, but slightly exceeded the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest death-rates were recorded in Leith and Edinburgh, and the highest in Dundee and Perth. The 474 deaths registered in these towns during the week included 79 which were referred to the principal zymotic diseases, equal to an annual rate of 3.1 per 1,000, which exceeded by 0.3 the mean zymotic death-rate during the same period in the English towns. The highest zymotic death-rates were recorded in Dundee, Aberdeen, and Perth. The 192 deaths registered in Glasgow included 15 which were referred to measles, and 13 to whooping-cough. Two fatal cases of diphtheria occurred in Edinburgh, 7 of measles in Dundee, and 6 of whooping-cough in Aberdeen. The death-rate from diseases of the respiratory organs in these towns was equal to 3.0 per 1,000, against 2.5 in London.

## HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, July 12th, the deaths registered in the sixteen principal town districts of Ireland were equal to an annual rate of 19.4 per 1,000. The lowest rates were recorded in Lisburn and Lurgan, and the highest in Londonderry and Dundaik. The death-rate from the principal zymotic diseases averaged 1.5 per 1,000. The 144 deaths registered in Dublin during the week under notice were equal to an annual rate of 21.5 per 1,000 (against 22.5 and 23.1 in the two preceding weeks), the rate for the same period being 17.4 in London and 16.7 in Edinburgh. The 144 deaths registered in Dublin included 13 which resulted from the principal zymotic diseases (equal to an annual rate of 1.9 per 1,000), of which 5 were referred to measles, 4 to different forms of "fever," and 3 to whooping-cough.

## ISOLATION OF SMALL-POX CASES.

DR. C. R. ABBOTT (Braintree Union Rural Sanitary District) writes: A female companion to an elderly lady living in the rural sanitary district contracts modified small-pox. A wish is expressed by her employer to have the case removed from the house during the illness; there is no isolation hospital. Is there, under these circumstances, any legal or other objection to the erection of a temporary building of corrugated iron with wooden frame and floor (to be ready for occupation at thirty-six hours' notice at the owner's expense) in the garden of the house, and removing the patient and a trained nurse thereto, arrangements being made for complete isolation and disinfection. The proposed building being further from the high road and adjoining houses than any room in the house that the patient might occupy. The garden adjoins a large meadow.

\*.\* We do not think that the isolation of the patient in the manner proposed could be objected to on tenable grounds if, as our correspondent says, the proposed temporary structure would be further from the road and adjoining houses than the room from which the patient would be moved.

## INFECTIOUS DISEASES NOTIFICATION ACT.

DR. LEONARD CANE (Peterboro) writes: I sent in my account to the town clerk here for certificates given under the Act, so many at 2s. 6d. and so many at 1s. A few days afterwards a young clerk brought me up a list of another medical man's patients, and asked me to send in particulars of the patients included in my account, giving name in full, date, residence, and disease. I consider this objectionable (1) because these particulars have already been supplied to the medical officer of health, and thus additional trouble is given to medical men; (2) because a list of one's patients who have suffered from infectious diseases is put into the hands of clerks and others at the town clerk's office.

Would you kindly let me know whether this return is usually expected in other towns, and whether it is compulsory? The working of the Act causes enough annoyance and trouble to medical men without any needless addition.

\*.\* It is not at all necessary to trouble medical practitioners in the way that our correspondent has been troubled. In the towns where compulsory notification has worked most smoothly it has been customary to save medical practitioners trouble when possible, it being recognised that the fee is paid for the certificate only, and that it does not include more. The idea of giving a list of cases to a clerk in the town clerk's office is highly objectionable.

## MEDICAL NEWS.

DR. RICHARD MOLLENHAUER showed, at the recent meeting of the American Neurological Association, microscopical specimens of a chain bacillus found in the tissues of a dog which had succumbed to rabies artificially produced.

It has now been ascertained that nearly 100 persons perished in the conflagration at the Longue Pointe Asylum, near Montreal. A large number also succumbed to the consequences of the exposure and hardships which they endured.

OFFICIAL analyses made by Dr. Warden, the Government analyst, show that the statement that alcoholic beverages sold in the bazaars are adulterated with opium, datura, nux vomica, or other drugs, are unfounded.

Two medical officers died in India of influenza during the recent epidemic—Surgeon C. Quarry, medical officer in charge of the Station Hospital at Cannanore, and Surgeon James Kernan, civil surgeon, of Cannanore. Dr. Quarry was only ill for twenty-four hours.

THE wooden building which at present does duty as the city and county hospital of San Francisco, California, is, according to a report published by the *Occidental Medical Times*, in a condition which is dangerous to the welfare of the patients, and a disgrace to the city.

OBAN COTTAGE HOSPITAL.—A site has been secured, and plans approved, for a Cottage Hospital at Oban, for the building of which funds have been generously promised by an anonymous donor. The plans have been prepared to the instructions of Mr. Edwin Baily, M.B., who has been foremost in promoting it, and to whose care the management of the hospital will be entrusted.

A JAPANESE WATERING PLACE.—The watering place of Kusatsu has a great reputation among the Japanese in the treatment of leprosy. M. Louis Bastide, who recently visited it, found 300 lepers in residence there; they live in certain special hotels, in which every one, from the proprietor to the waiters, is a leper. Some of those who resided in Kusatsu were mere beggars, but others were persons of a better class, who took the waters diligently, hoping for a cure.

HYPODERMIC INJECTIONS OF PILOCARPINE.—Dr. Holtenhoff, of Geneva, recommends that the utmost caution should be used in regard to subcutaneous injections of pilocarpine. He has to observe cases where even  $\frac{1}{100}$  gr., or  $\frac{1}{20}$  gr. of the drug gave rise to such disagreeable accessory effects as collapse with cold sweats and an agonising sensation of impending dissolution. Not more than  $\frac{1}{100}$  gr. should be the dose to commence with. According to the author's estimation, even  $\frac{1}{100}$  grain may prove sufficient to kill an adult man.

"CHANGING DOCTORS."—Some excellent and true observations were recently published in the *Boston Medical and Surgical Journal* on "changing doctors." It is inevitable that a certain proportion of every man's patients should desire to change. "It is a common experience, and unavoidable. In a large city it is a matter of little consequence: in a country town it is more serious, and often causes very bitter feelings. But no man ever gains anything by being angry over it. It is much better to recognise the fact that it must occasionally happen, and to accept it gracefully. If a family is determined to change, it has the right to do so. If the doctor is angry and shows it, he makes it impossible for them to return to him later if they should, at some future time, realise that the change was a mistake. The fact will remain that no one physician can render satisfactory service to everybody. Human nature is too diverse in its various forms for any one practitioner to give universal satisfaction; and it is well that it is so, or all practice would gravitate towards that one."

THE SKELETON IN ACROMEGALY.—Dr. Henry Alexis Thomson, of Edinburgh, describes, in the *Journal of Anatomy and Physiology*, a skeleton of a case of acromegaly. The patient was a man who died of diabetes at the age of 36. The essential changes in the skeleton appear to be peculiar to acromegaly. The pituitary fossa becomes greatly enlarged through atrophic pressure of the hypertrophied pituitary body. The second change is in the bones of the face, which become greatly elongated, owing mainly to an increase in the vertical diameter of the jaw-bones, the superior enlarging as well as the inferior. Together with these changes, which apparently do not occur in any other disease, Dr. Thomson would include, as constant and fairly characteristic accompaniments of acromegaly, dilatation of the air-sinuses of the skull, and hypertrophy of certain portions of the skeleton other than the face—namely, the cranium, clavicles, metacarpus, and phalanges. Changes are also found in the temporo-maxillary articulation, permitting of a forward subluxation of the lower jaw. Again, there is a tendency to the formation of new bone in normal and abnormal situations in the ridges of the attachment of muscles and ligaments, in the costal and other cartilages, and in certain ligaments and tendons, as well as on articulating surfaces. In these respects the skeleton in acromegaly shows an approach to the changes met with in osteo-arthritis, and in a minor degree to those occurring in osteitis deformans.

WE are asked to announce that Dr. Dowse and Dr. Herschell have resigned their posts as physicians to the West End Hospital for Paralysis, etc.

WE are requested to state that a sermon on behalf of the National Health Society will be preached next Sunday morning at St. James's, Westmoreland Street, by the Rev. H. R. Haweis, who will explain the various branches of the Society's work.

THE Consistory Court of London has granted an application made for a faculty to confirm a provisional lease, and to lay out the churchyard of St. Giles-in-the-Fields as an open space under the provisions of the Metropolitan Open Spaces Act, 1881.

REFUSE SIFTING IN TOWNS.—Mr. W. W. Young in a letter to the Battersea Vestry, suggests the insertion of a clause in the Infectious Disease Prevention Bill, now before Parliament, prohibiting the sifting and sorting of house refuse near to thickly populated districts—a nuisance which at present there is great difficulty in effectually dealing with.

NAPHTHA-INTOXICATION.—It is said that the habit of naphtha-intoxication has found its way from Germany to New England. The victims are chiefly women employed in india-rubber factories. The naphtha is kept in large boilers and the women open the valves of these receptacles and breathe the fumes. The inhalation produces a peculiar, but, it is said, agreeable form of intoxication.

PASTEURISM IN AMERICA.—It appears that the work of the Pasteur Institute in New York is steadily increasing. Dr. Paul Gibier now, it is stated, inoculates as many as twenty persons daily. The building in which the institute started last March is already found too small, and a large house in spacious grounds, not far from the Central Park, has been offered as the future home of the institute.

PROFESSOR ERNEST VON BRUECKE, who has for many years occupied the Chair of Physiology in the University of Vienna, has retired, in consequence of the law which superannuates all professors on attaining the age of 70. The retiring professor delivered a farewell address to a crowded audience, which included Professor Billroth and most of the professors of the medical faculty, and a large number of von Bruecke's former pupils who had assembled to do him honour.

THE FRENCH AT THE BERLIN CONGRESS.—The wise decision to which it had been hoped that the medical profession in France had come to not to make a demonstration against Germany by abstaining from attending the International Medical Congress in Berlin appears to be endangered. The four delegates nominated by the Minister of Public Instruction will attend, and the Association of Medical Editors determined some months ago to send reporters to the Congress, but an opposition, led by Dr. Huchard, of L'Hôpital Bichat, has arisen at the last moment, and will, it is thought, deter many French physicians from travelling to Berlin next month.

BRIGHTON AND SUSSEX MEDICO-CHIRURGICAL SOCIETY.—At the general annual meeting the following officers were unanimously elected for the ensuing year: *President*: Dr. Mackey. *Vice-Presidents*: Mr. Charles Oldham; Mr. E. Cresswell Baber. *Treasurer*: Mr. Hodgson. *Honorary Secretaries—Literary*: Mr. E. Sanderson; *Financial*: Dr. Paley. *Honorary Librarian*: Dr. Gasquet. *Council*: Dr. Black, Dr. J. F. Gordon Dill, Mr. E. Noble Edwards, Mr. Willoughby Furner, Mr. W. H. Nicholls, Mr. A. Scott, Mr. U. J. Hepburn, Mr. T. Jenner Verrall. The annual report showed a good attendance at the meetings during the year, and proved the Society to be in a very flourishing condition both financially and otherwise.

KRAUROSIS VULVÆ.—This term was first applied by Breisky to general atrophy of the external genitals in the female, especially when the atrophy occurs prematurely. It is now known to be more common than was at first supposed. Pruritus is usually present, and the patient is apt to get anxious through acquiring the belief, always repugnant to the female mind, that she is "not formed like other women." Dr. Ohmann-Dumesnil has written on kraurosis vulvæ in the *Monatshft. f. prakt. Dermatologie*. He has collected 35 cases, recorded by Breisky, Janovsky, Heitzmann, and himself. Heitzmann appears to have had the best results in treatment. The hard patches of epidermis were frequently scraped, and the parts were stimulated by caustic or astringent solutions. Tannin, or a one per cent. solution of salicylic acid ap-

peared to be safe and efficacious. Constitutional treatment was always important, especially in nervous subjects, or where neuralgia in the anterior crural or in other nerves was present.

"THE CAISSON DISEASE."—Mr. Moir, the engineer for Messrs. Pearson and Sons, of London, who is now in charge of the Hudson Tunnel works, has, according to a report in *Engineering*, constructed a compressed air hospital for the men employed on the tunnel, amongst whom there have been several severe cases, although the air pressure is not particularly high, never, indeed, exceeding 30 lbs. per square inch. The hospital is a cylinder 18 feet long by 6 feet in diameter, constructed of steel plates three-eighths of an inch and half an inch thick, and divided into two chambers by a transverse bulkhead. One of these chambers acts as an air lock for the other, and both are fitted up with beds and everything necessary for the comfort of the patients. The air pressure is maintained by a pump, a constant supply of fresh air being secured by keeping a pet-cock in the shell of the hospital open, through which the air continually leaks out. A safety valve is also supplied to prevent over pressure should the pumps run away.

ATRESIA AND HÆMATOMETRA.—Dr. Vedeler, of Christiania, recently read notes of two cases of this condition, which differed in essential particulars. A young girl had hæmatometra with atresia of the hymen. A piece was cut out of the hymen. Five pints of blood gushed out at once, in a free stream. Then the genital canal was washed out with a one per cent. solution of carbolic acid. Recovery was rapid. This patient never felt any pain at the menstrual period, either before or after the operation. In a second case, otherwise similar, the patient suffered severe pain; an operation was performed, and recovery was complete. The pains, however, recurred with all the usual phenomena of dysmenorrhœa. Dr. Vedeler considered that the above experiences tended to confute the mechanical theory of dysmenorrhœa. The pains were absent in the first case, where obstruction was evidently mechanical, and where a great bulk of fluid collected behind that obstruction, and they continued in the second case after all obstruction had been removed.

It would really seem that they have more effectual means of dealing with quackery even in America than in this country. One Frank Smith, of Denver, according to the *Boston Medical and Surgical Journal*, is the president of the Gun Wa Company, with branches in Kansas City, Detroit, Indianapolis, and Milwaukee. "Gun Wa," it would seem is a generic term for a heathen Chinese willing, for a consideration, to represent himself to be a Chinese physician, graduate of several Chinese colleges, and skilled to cure all the diseases known to man. The great pundit is approached through an interpreter, and when very successful is also served by a manager. The trio add to their gains by the sale of obscene literature. Recent judicial inquiry has shown that the "Gun Wa," of Milwaukee, was a washerman, rejoicing in the not altogether inappropriate name of Jim Lee, and that neither his interpreter nor manager understood a word of Chinese. Before they were pounced upon by the law for unlawful assumption of the title of doctor, violation of the pharmacy law, and the circulation of obscene literature, these worthies are said to have done an enormous business. It is not for the English to cast a stone, though our "Gun Was" are not Chinese.

THE MEDICAL HISTORY OF THE CONFEDERATE ARMY.—The magnificent volumes in which the medical and surgical annals of the civil war in America have been published by the Surgeon-General's office in Washington are well known. A movement is on foot to gather together and publish some record of the work done by the medical officers of the Confederate army. Dr. Joseph Jones, of New Orleans, Surgeon-General of the United Confederate Veterans, has issued a circular inviting contributions towards a complete collection of all documents, cases, and facts relating to the medical history of the Confederate army. It is believed that invaluable documents are scattered in the hands of survivors of the civil war of 1861-65, which would, if brought together, form the material for the delineation of the medical history of the corps which took part in that sanguinary struggle on the Southern side. "Death," Dr. Jones writes with pathetic vehemence, "is daily thinning our ranks, while time is laying its heavy hand upon the heads of those whose hair is already whitening with the advance of years and the burden of care." It is to be hoped, in the interests of science, that this appeal may meet with a general and ready response.

## MEDICAL VACANCIES.

## The following Vacancies are announced:

- BALROTHERY UNION** (Balbriggan Dispensary). Medical Officer. Salary, £145 16s. 8d. per annum and fees. Applications to Mr. Jas. Seaver, Honorary Secretary, Hamilton Arms Hotel. Election August 5th.
- BAWNBY UNION**.—Medical Officer for the Newtonsgore Dispensary District. Salary, £105 and fees. Election July 28th.
- CARLOW UNION**.—Medical Officer for the Bagenalstown Dispensary District. Salary, £140 per annum and fees. Election August 7th.
- COOTHILL UNION** (Tullyvine Dispensary). Medical Officer. Salary, £115 per annum and fees. Applications to Mr. Jno. V. Smith, Honorary Secretary, Artina, Cootehill. Election July 30th.
- COUNTIES OF CAITHNESS AND SUTHERLAND**.—Medical Officer of Health for the above counties. Must possess a degree or certificate in Sanitary Science, Public Health, or State Medicine. A knowledge of Gaelic a recommendation. Salary, £400 per annum, with £100 for travelling and other expenses. Applications to the County Clerk, James Brims, Thurso, by August 12th.
- DUNGANNON UNION** (Coalisland Dispensary). Medical Officer. Salary, £140 per annum and fees. Applications to Mr. Henry Wilson, J.P., Roan House, Coalisland. Election August 5th.
- GENERAL HOSPITAL, Birmingham**.—Two Assistant-Surgeons. No salaries, but residence, board, and washing provided. Applications to the House-Governor, J. D. M. Coghill, by August 2nd. Election on August 8th.
- HEBBURN LOCAL BOARD**.—Medical Officer of Health. Salary, £75 per annum. Applications addressed to the Chairman of the Building, Sanitary, and Nuisance Committee, Board Room, Hebburn, by August 9th.
- LEWES DISPENSARY AND INFIRMARY AND VICTORIA HOSPITAL**.—Resident Medical Officer; double qualifications; required to visit, dispense, and act as house-surgeon. Salary, £100 per annum, furnished apartments, coal, gas, and attendance. Applications to the Honorary Secretary, Mr. Reginald Blaker, Lewes, Sussex, by July 26th.
- LIVERPOOL NORTHERN HOSPITAL**.—Assistant House-Surgeon; double qualifications. Salary, £70 per annum, with residence and maintenance in the house. Applications to the Chairman of the Committee by July 24th. Election on August 1st.
- LIVERPOOL NORTHERN HOSPITAL**.—Ambulance Surgeon; must have passed preliminary professional examination. No salary, but hospital practice and certificate of attendance, together with board and lodging, will be given in exchange for services. Applications to the Chairman of the Committee by July 24th. Election on August 1st.
- MANCHESTER ROYAL EYE HOSPITAL**.—House-Surgeon, qualified. Salary, £70 per annum, with residence, board, and washing. Applications, endorsed "House-Surgeon," to the Chairman of the Board of Management by August 15th.
- MANCHESTER ROYAL INFIRMARY**.—Resident Medical Officer of the Convalescent Hospital at Cheadle, not less than 25 years of age, unmarried, double qualifications. Salary, £150 per annum, board and residence. Applications to the Chairman of the Board by August 9th.
- METROPOLITAN ASYLUMS BOARD**.—A Clinical Assistant at the Darenth Schools and Pavilions for Imbeciles, Dartford, Kent. Board, lodging, and washing. Must be doubly qualified. Forms of application to be obtained at Norfolk House, Norfolk Street, W.C., of the Clerk, W. F. Jebb, to whom applications are to be sent by July 28th.
- NEATH UNION**.—Medical Officer and Public Vaccinator to the First Central District Workhouse and Cottage Homes. Salaries: as District Medical Officer, £80; for the Workhouse, £30; Cottage Homes, £15; with usual extra midwifery and surgical fees. Knowledge of the Welsh language indispensable. Applications, endorsed "Application for Medical Officer," to Howel Cuthbertson, Clerk, Water Street, Neath, by July 28th.
- NEWCASTLE-ON-TYNE DISPENSARY**.—Visiting Medical Assistant; double qualifications. Salary £120 per annum. Applications to the Honorary Secretary by July 26th.
- NEW HOSPITAL FOR WOMEN**, 144, Euston Road, N.W.—Non-resident Clinical Assistant. A woman who must be on the general *Medical Register*; also a woman as Anesthetist. Applications to Margaret M. Bayster, Secretary.
- NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL**, Hartshill, Stoke-upon-Trent. Assistant House-Surgeon. Board, apartments, and washing. Applications to the Secretary, R. Hordley.
- PARISH OF FULHAM**.—Analyst, under the Sale of Food and Drugs Acts. Salary, £75 per annum. Applications (endorsed "Application for Appointment of Analyst") to the Clerk, W. J. H. Denslow, Vestry Offices, Waltham Green, S.W., by August 1st.
- SHEFFIELD UNION**.—Dispenser of Medicines at the Workhouse, Fir Vale. Salary, £25 per annum, with board, lodging, and usual allowances. A senior medical student who has passed his intermediate examination. Applications to Joseph Spencer, Clerk, Union Offices, Westbar, Sheffield, by July 29th.
- MEDICAL APPOINTMENTS.**
- ARMITAGE**, William Henry, L.R.C.P. Edin. and Lond., L.F.P.S. Glas., reappointed Medical Officer of Health to the Darwen Urban Sanitary Authority.
- AVELINE**, H. T. S., M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant Medical Officer to the Bristol City Lunatic Asylum, *vice* F. L. F. Brown, M.B. Edin., resigned.
- BLACK**, R. S., M.A., M.B., C.M., appointed a Resident Clinical Assistant to the West Riding Asylum, Wakefield, *vice* Dr. P. T. Webster.
- BOUSTEAD**, R., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health by the Hexham Union Rural Sanitary Authority, *vice* Dr. J. M. MacLagan.
- BRACKENBURY**, Henry B., M.R.C.S., L.R.C.P., appointed House-Physician to the Hospital for Women, Soho Square, *vice* Dr. May.

- BRAND**, G. H., L.M.S., L.S.A., appointed Assistant Medical Officer to the Loughborough Medical Aid Society.
- BRITTON**, Thomas, M.D. St. And., M.R.C.S., L.S.A., reappointed Medical Officer of Health for the Shelf Urban Sanitary Authority.
- BYRNES**, Jno. J., M.D., appointed Medical Officer to the Bruree Dispensary District, Kilmallock Union.
- EAMES**, E. Martyn, L.R.C.P. and S. Edin., appointed Assistant Medical Officer to the Wilts County Asylum, *vice* E. S. Blaker, B.A. Cantab., M.R.C.S., L.S.A.
- FULLER**, Courtenay J., M.R.C.S., L.R.C.P., appointed Senior Medical Officer to the Miller Hospital and Royal Kent Dispensary, *vice* E. Williams Marshall.
- GARDEN**, Robert John, M.D. Aberd. and C.M., appointed Second Visiting Surgeon to the Royal Infirmary, Aberdeen, *vice* — Will, resigned.
- HALL**, John George, M.D. Aberd. and C.M., appointed Third Visiting Surgeon to the Royal Infirmary, Aberdeen, *vice* R. J. Garden, M.D.
- HILL**, Bostock, M.D., D.P.H., appointed Lecturer on Public Health at Queen's College, Birmingham (new appointment).
- HORROCKS**, Openshaw Thomas, M.B., M.S., F.R.C.S., appointed Senior Demonstrator of Anatomy, London Hospital Medical College.
- JACKSON**, Daniel, M.D., L.F.P.S. Glas., reappointed Medical Officer of Health to the Hexham Urban Sanitary Authority.
- JEPHCOTT**, Robert William, L.R.C.P., L.R.C.S., etc., appointed Medical Officer to the Alcester Union, Warwickshire Parishes, *vice* G. H. Fosbroke.
- JOHNSTON**, Alexr., M.D. Glas., appointed Resident Medical Officer to the Fever Hospital at Mousal, Manchester Royal Infirmary, *vice* Dr. H. F. Oldham.
- JONES**, John, L.R.C.P., L.R.C.S. Edin., and L.M., appointed Medical Officer for the Aberffraw District of the Holyhead Union, *vice* Dr. H. Parry Jones.
- KEIFFENHEIM**, L. W., M.B., B.S. Durh., M.R.C.S., L.R.C.P., appointed Resident Clinical Assistant to the south-Western Fever Hospital, Stockwell.
- KENRICK**, Jas. Howard, L.F.P.S. Glas. and Lond., appointed Medical Officer to the Coleford District of the Frome Union.
- KINNEIR**, Francis Wm., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Horsham Urban Sanitary Authority.
- LEEFER**, Richard R., F.R.C.S.I., etc., appointed Medical Officer for the Workhouse, Rathdrum Union, *vice* Dr. J. E. S. Barnes.
- MACINDOE**, Alexr., M.D. Glas. and C.M., appointed Medical Officer for the Whitmore District of the Newcastle-under-Lyne Union.
- MOORE**, John William, B.A., M.D. Univ. Dub., F.K.Q.C.P., appointed Consulting Physician to the Fever Hospital and House of Recovery, Cork Street, Dublin.
- RODEN**, Percy Austin, M.B. and C.M., appointed Medical Officer and Public Vaccinator to the Droitwich Union.
- RUTTER**, Joseph, M.B., C.M. Edin., appointed Honorary Surgeon to the Prudhoe Convalescent Home, Whitley.
- SAUNDERS**, W., F.R.C.S. Eng., L.S.A. Lond., appointed Medical Officer to the Wellingborough and District Medical Institute, *vice* F. E. Acams, M.D., etc.
- STANFORTH**, W. J., M.R.C.S., L.R.C.P., appointed Senior House-Surgeon to the Shemeld Public Hospital and Dispensary, *vice* F. E. Barber, M.R.C.S., L.R.C.P.
- SIBLEY**, Walter K., M.B., B.C., B.A. Cantab., appointed Assistant Physician to the North-West London Hospital, *vice* Dr. A. P. Luff, resigned.
- TATE**, George Temple, M.B., C.M., appointed Junior Resident Medical Officer to the Miller Hospital and Royal Kent Dispensary, Greenwich, *vice* Courtenay J. Fuller.
- WALLER**, Alfred W., M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Surgeon to the Stroud General Hospital, *vice* R. B. H. Mills-Roberts, M.R.C.S., L.R.C.P. Lond., resigned.
- WILSON**, James, M.A., M.B. and C.M. Aberd., appointed Assistant Medical Officer to the Wilts County Asylum, *vice* A. H. Syreé, M.R.C.S., L.S.A.

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in Post Office Order or Stamps with the notice not later than Wednesday Morning, in order to insure insertion in current issue.

## BIRTH.

- BASSETT**.—On June 20th, at Steytlerville, Cape Colony, the wife of Henry Thurstan Bassett, M.B. Lond., of a daughter.

## MARRIAGES.

- EDWARDS-WAYMAN**.—On July 22nd, at Park Congregational Church, Halifax, by the Rev. J. R. Bailey, Henry James Edwards, L.R.C.P. and S. Edin., of Banbury, Oxon., to Alice Mary, youngest daughter of Thomas Wayman, M.P., of Savile Close, Halifax.
- ENSON-HARRIES**.—At the Parish Church, Tenby, on July 15th, Henry Collen Enson, M.R.C.S., L.S.A., 34, Charles Street, Cardiff, to May, youngest daughter of the late W. M. Harries, of Castle Square, Tenby. No cards.
- HENDLEY-STOWARD**.—On June 4th, at Cooch Behar, by the Rev. A. H. Bowman, John Lupton Hendley, Civil Surgeon of Cooch Behar, eldest son of Surgeon-General Hendley, C.B., to Clara Louisa, eldest daughter of Thomas Stoward, Esq., of Duwrich.
- KEATINGE-POUCHER**.—On July 14th, at Venice, Henry Pottinger Keatinge, M.B., fourth son of Lieutenant-General R. H. Keatinge, V.C., C.S.I., to Janie Denslow, only daughter of the Honourable W. A. Poucher, of Oswego, New York, U.S.A.

## DEATH.

- KENDAL**.—At St. Mary Bourne, near Andover, Hants, Francis Edward Kendal, M.B., Ch.M., on July 17th, aged 27.

## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** Hours of Attendance.—Daily, 2. Operation Days.—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC.** Operation Days.—Daily, 2.
- CHARING CROSS.** Hours of Attendance.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. 1.30; Dental, M. W. F., 9. Throat and Ear, F., 9.30. Operation Days.—M., 3; Th. 2.
- CHELSEA HOSPITAL FOR WOMEN.** Hours of Attendance.—Daily, 1.30. Operation Days.—M. Th., 2.30.
- EAST LONDON HOSPITAL FOR CHILDREN.** Operation Day.—F., 2.
- GREAT NORTHERN CENTRAL.** Hours of Attendance.—Medical and Surgical, M. Tu. Wed. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. Operation Day.—W., 2.
- GUY'S.** Hours of Attendance.—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, daily, 9; Throat, F., 1. Operation Days.—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, Chelsea.** Hours of Attendance.—Daily, 10. Operation Days.—M. Th., 2.
- KING'S COLLEGE.** Hours of Attendance.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. Operation Days.—Tu. F. S., 2.
- LONDON.** Hours of Attendance.—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. Operation Days.—M. Tu. W. Th. S., 2.
- METROPOLITAN.** Hours of Attendance.—Medical and Surgical, daily, 9; Obstetric, W., 2. Operation Day.—F., 9.
- MIDDLESEX.** Hours of Attendance.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W. 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th. 9.30; Dental, M. W. F., 9.30. Operation Days.—W., 1, S., 2; (Obstetric), W. 2.
- NATIONAL ORTHOPÆDIC.** Hours of Attendance.—M. Tu. Th. F., 2. Operation Day.—W., 10.
- NORTH-WEST LONDON.** Hours of Attendance.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9. Operation Day.—Th., 2.30.
- ROYAL FREE.** Hours of Attendance.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th. 9. Operation Days.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** Hours of Attendance.—Daily, 9. Operation Days.—Daily, 10.
- ROYAL ORTHOPÆDIC.** Hours of Attendance.—Daily, 1. Operation Day.—M. 2.
- ROYAL WESTMINSTER OPHTHALMIC.** Hours of Attendance.—Daily, 1. Operation Days.—Daily.
- ST. BARTHOLOMEW'S.** Hours of Attendance.—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. Operation Days.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** Hours of Attendance.—Medical and Surgical, M. Tu. 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. Operation Days.—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** Hours of Attendance.—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45. Operation Days.—M., 2, Tu. 2.30.
- ST. MARY'S.** Hours of Attendance.—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; Electrotherapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. Operation Days.—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** Hours of Attendance.—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. Operation Day.—W. 2.30.
- ST. THOMAS'S.** Hours of Attendance.—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. Operation Days.—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** Hours of Attendance.—Daily, 1.30. Operation Day.—W., 2.30.
- THROAT, Golden Square.** Hours of Attendance.—Daily, 1.30; Tu. and F., 6.30. Operation Day.—Th., 2.
- UNIVERSITY COLLEGE.** Hours of Attendance.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. Operation Days.—W. Th., 1.30; S., 2.
- WEST LONDON.** Hours of Attendance.—Medical and Surgical, daily, 2; Dental, Tu., F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. Operation Days.—Tu. F., 2.30.
- WESTMINSTER.** Hours of Attendance.—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.—Tu. W., 2.

## 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.

Queries, answers, and communications relating to subjects, to which special departments of the JOURNAL are devoted, will be found under their respective headings.

### QUERIES.

A. B. asks how he can hear of a nurse suitable for a case of chronic hip disease, the parents of which are not in a position to pay an ordinary trained nurse. The child is living within ten miles of London in a healthy countrified suburb.

A. B. C. asks for a receipt for staining the skin a good brown colour to match surrounding parts. He has ordered walnut juice, but does not find it answer; it is too temporary and uneven. He believes gipsies use something, and will be glad to know what it is. The stain should be fairly permanent and should act evenly.

A. G. M. COLLIS asks whether there is any place where instruments for a special operation can be hired, and, if so, what is the address?

### CHALK SOILS AND RHEUMATISM.

DR. W. P. HERRINGHAM asks whether there is any scientific publication which shows or tends to show that a chalk soil develops or favours the rheumatic diathesis.

### ANSWERS.

#### UNUSUAL EFFECT OF MORPHINE INJECTIONS.

MR. ROBERT HAGYARD (3, Wright Street, Hull) writes: In reply to the query of "A Member B.M.A." as to certain unusual effects following the hypodermic injection of morphine, I beg to state that I have frequently noticed the symptoms he names, and I find that it is due to the solution being directly injected into a vein, and if the querist will try injecting into one of the superficial veins he can readily produce the symptoms, which quickly pass off, but which at the time cause great alarm to the patient. In order to test the accuracy of this I injected one-eighth of a grain of morphine into a vein in my own forearm, and within ten seconds I had all the symptoms of which "A Member B.M.A." mentions. This method of injecting will no doubt also explain the rapid magical effect that morphine sometimes produces on pain.

OBSERVER writes to make the same suggestion.

THE EFFECT OF ALKALIES AND ACIDS ON ACID AND ALKALINE SECRETIONS. K.—It is known that alkalies increase the secretion of gastric juice. Blondot gave to a dog with gastric fistula meat sprinkled with soda. Almost immediately there was secreted nearly two ounces of a neutral or slightly alkaline fluid, followed by an unusually abundant secretion of normally acid gastric juice. Frerichs, Claude Bernard, and others have also found that moderate doses of alkalies increase the secretion of gastric juice. They probably act simply as gentle irritants (stimulants) to the glands. It is not known whether alkalies increase sweat, the other acid secretion of the body; they, however, increase one alkaline secretion at least—namely, the saliva. The evidence that acids increase the flow of bile is clinical. The acid must be neutralised as soon as it reaches the duodenum; it may have an irritant action on the duodenum and bile duct, and thereby increase the expulsion of bile, but exact experiment is wanting. Acids probably act as sialogogues, just as other irritating or sweet substances do.

#### SALE OF POISONS.

CALCULUS.—"Preparations of morphine" are included in the second part of the poison schedule, and may therefore be legally supplied to a person unknown to the seller without an introduction, provided that the regulations as to labelling are complied with. But in the case of so potent a preparation as morphine, the seller would be justified in exercising a discretion, and declining to supply it to an unintroductory stranger. The practice of many pharmacists, we believe, is not to supply this preparation except upon a medical prescription; and considering the improper use that may be made of it, we are of opinion it would be an advantage to the public if this practice were made the rule.

LADY ELIZABETH BIDDULPH (19, Ennismore Gardens, S.W.) writes that "J. A. M." would find just what she requires in the British Women's Temper-

him minutely on the coverings, boundaries, contents, etc., of the part dissected. At the Maternité Hospital each candidate is practically examined on the *mannequin*, and required to show the different positions of the head, and treatment that would be judicious in complicated cases. The various operations, such as turning, forceps, etc., are gone through.

The examination, on the whole, is of a very severe and exhaustive character. Of the fourteen candidates who presented themselves for examination, six were rejected, which is a high percentage when we consider that all were qualified men possessing English diplomas.

#### PUERPERAL ECLAMPSIA.

Mr. C. H. WATTS PARKINSON, M.B.O.S. (Wimborne) writes: There have been many reports of cases of puerperal convulsions in the JOURNAL lately, and various suggestions as to the best treatment of these distressing cases, but I have not seen any mention of nitro-glycerine, which, in my experience, is the most valuable drug for uræmic poisoning of any kind.

The treatment of pregnant women is too much neglected, and it is possible to avoid convulsions by treating the first symptoms of albuminuria, and thereby averting the threatened danger to the life of mother and child. I ask my patients to report any œdema of the legs with scanty and thick dark urine and shortness of breath, and if I find albumen present I give nitro-glycerine, with a tonic, and the symptoms disappear, and there is soon a copious flow of urine.

A woman engaged me to attend her in her confinement. She stated that she had never had a live child, but had three times been delivered of a dead child between the seventh and eighth months, and had once at least had convulsions. I found her legs very much swollen and œdematous. She was anæmic, and her face was puffy, and her urine scanty, thick, and nearly solid on boiling. I gave her nitro-glycerine and iron, and the swelling of the legs gradually disappeared; the urine became free from albumen and copious, and her health improved. She went on to full time, and was delivered instrumentally of a very large child.

Mrs. M. sent for me in a great hurry some six years ago. I found her in convulsions and unconscious. She was between six and seven months gone. I gave chloroform and delivered her, but the convulsions continued. The urine drawn off was solid with albumen. I then gave nitro-glycerine and bromide of ammonium, and subsequently nitro-glycerine and iron, and she recovered. About three months afterwards she again became pregnant. Soon after she quickened she consulted me for a sickness and headache. I found the urine contained albumen, and the headache and sickness was plainly due to uræmia. I gave her nitro-glycerine and bromide, and then iron, and she went on well to nearly eight months, when she was confined before I could get to her of a fine boy. She again became pregnant, and the uræmic symptoms again appeared, but treatment was resorted to as before, and with the same good results. She is now in good health, and the urine is quite free from albumen.

These two cases are only selected from many of a similar character. Again, in the uræmic convulsions of alcoholic poisoning nitro-glycerine is most efficacious. I had three of these cases under my care this spring. The first case I attended in consultation, when my suggestion of nitro-glycerine was not acted on, and delirium and death resulted. The other two cases were treated with nitro-glycerine, and recovered; one of these was a very severe case. The patient had twice suffered from delirium tremens, and had for many years drunk to excess. He was continually taking bromides, and had been under treatment at short intervals. When I saw him he had been drinking heavily, and had become so shaky that he could not write his name or hold a glass to his mouth. He had been lying in bed for a day, and was getting out of bed when he was taken with a convulsion, and fell on the fender. He was found insensible and placed in bed. He continued slightly delirious till evening. His urine was very scanty, smoky-looking, and full of albumen. I gave him nitro-glycerine and ammonium bromide, and he improved rapidly without any return of convulsion or excitement. In three days the urine became normal. He then took iron with nitro-glycerine, and in a week was about his work again. He is so impressed with the benefit from the medicine that he has always kept some by him, and when his urine gets scanty and his back aches takes to his medicine. I am sorry to add he does not give up drink, but feel sure the medicine has averted a convulsion at least twice since the former attacks.

I have found nitro-glycerine equally beneficial in other cases of uræmia, as the convulsions of scarlatina and the uræmia of chronic heart and kidney dropsy, and have never found any evil result from its use, however long continued.

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

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- Etude sur la Croissance et son Rôle en Pathologie. Par le Dr. Maurice Springer Paris: Felix Alcan. 1890.
- Army Medical Department Report for the year 1888, with Appendix. Vol. XXX. Price 1s. 6d. London: Eyre and Spottiswoode. 1890.
- The Causes and Prevention of Phthisis (the Milroy Lectures for 1890). By Arthur Ransome, M.D., M.A., F.R.S. Price 5s. London: Smith, Elder, and Co. 1890.
- The Natural History and Relations of Pneumonia. By Octavius Sturges M.D., and Sidney Coupland, M.D. Second Edition. Price 12s. 6d. London: Smith, Elder, and Co. 1890.
- Leprosy in Hong Kong. By James Cantlie, M.A., M.B. Hong Kong: Ke'ly and Walsh. 1890.
- Lymph-stasis. By Wayland C. Chaffey, M.D. London: H. K. Lewis. 1890.
- The Birmingham School of Medicine. By B. C. A. Windle, M.A., M.D., and W. Hillhouse, M.A., F.L.S. Birmingham: Hall and English. 1890.
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