

cination, their lymph cannot properly be used for other vaccinations or revaccinations. Thus, no wholesale revaccination is possible which does not have for its basis a large system of primary vaccination, such as, in England, exists only in the hands of the public vaccinators.

"At the public vaccination stations a large majority of all the infantine vaccinations of the country are performed in successive weekly groups; the cases of each vaccinating-day returning a week afterwards to furnish lymph for the arm-to-arm vaccination of a new group. Each well-frequented station is thus a continuous source of primary lymph-supply, and is able, not only to maintain its own weekly performances of vaccination and revaccination, but also to contribute more or less towards the requirements of places where the public stations are too ill-frequented for the maintenance of a continuous supply, and towards the similar requirements of private practitioners. It is from certain of these stations, carefully selected and superintended, that the National Vaccine Establishment receives regular contributions of lymph, preserved dry on ivory points, or liquid in capillary tubes; and it is out of the stock thus contributed that the establishment answers, day by day, the demands which are made on it for lymph; and demands emanating not only from among the many thousand vaccinators, public and private, of the civil population of the United Kingdom, but also from Her Majesty's army and navy in all parts of the world, from the diplomatic and other foreign services, and from the colonies.

"The principle on which the National Vaccine Establishment proceeds (and has always proceeded) in its distribution of lymph, whether to public or private vaccinators, is as follows. It furnishes each applicant with a sufficiency for the performance of a few first vaccinations, and it expects that the recipient, so far as the circumstances of his practice render necessary, will exert himself to vaccinate in series from the beginning which he is thus enabled to make. This principle is acted on in relation to public vaccinators (as especially in country districts) whenever, from local circumstances, the weekly succession of groups of cases has been interrupted; and no other principle can be worked on a large scale in relation to private vaccinators. If revaccinations are in question, they, to any considerable extent, cannot be immediately dealt with at the expense of the central dépôt. And if the vaccinator, on receiving his packet of preserved lymph, does not use it for starting primary vaccinations, from which afterwards his revaccinations could be performed, but, instead of so doing, expends the preserved lymph on some of his claimants for revaccination, he must not rely on being able to satisfy other claimants with new supplies from the central dépôt.

"Where medical practitioners, not being public vaccinators, and not having otherwise in their practice cases for primary vaccination, are called upon to revaccinate on a considerable scale (as in hospitals, commercial establishments, schools, and even large households), they would generally find it best to make direct application for assistance to the public vaccinator of the district in which they have to act; with whose assistance they may commonly find it in their power to arrange with the parents of children recently vaccinated at the public station, that some of such children shall at the proper time be taken to places where private revaccinations have to be performed, so as to furnish from arm-to-arm any required quantity of lymph. Generally, too, any private medical practitioner who, from any cause, desires to obtain extraordinary supplies of lymph, will most easily attain his object by applying to the public vaccinator of the district in which he resides. And as public vaccinators, appointed under the Vaccination Act, 1867, are of course free to accept payment for any extra-official work which they may be willing to undertake, private practitioners would probably have no difficulty in obtaining, by voluntary agreement, the assistance of some of these officers as collectors of lymph for private revaccination."

BETHNAL GREEN.—Dr. Bate estimates the population at 128,000, the number of persons to a house as 7.1, and as many as 169.5 to an acre. The total births are estimated at 5,255, and the deaths as 3,020, in 1875, showing an excess of 2,235 births over deaths. There were 598 deaths from the seven chief zymotic diseases, which is above the average, chiefly in consequence of the great excess from whooping-cough. The deaths from all causes were at the rate of 23.4 per 1,000, and from zymotics of 4.6 per 1,000; whilst the birth-rate was 41.0 per 1,000, and 16.7 per 100 children born, which was higher than for all London. Dr. Bate says that much time had been devoted to the milk-supply and the cowsheds of the district; and he consequently objected to the condition of some of the sheds. He regrets that there is no mortuary in the district. The amount of sanitary work done during the year appears small for such a parish as Bethnal Green.

## ASSOCIATION INTELLIGENCE.

### MIDLAND BRANCH.

THE third monthly meeting of this Branch will be held at the house of the President, Joseph White, Esq., Oxford Street, Nottingham, on Friday, January 19th, 1877.

Coffee at 7.30 P.M.

Paper on Practical Disinfection by Dr. Seaton, Medical Officer of Health for Nottingham, at 8.30 P.M.

L. W. MARSHALL, M.D., *Hon. Local Secretary.*

Nottingham, December 17th, 1876.

### SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETING.

A MEETING of the East Surrey District Branch was held at the Greyhound Hotel, Croydon, on December 14th, 1876; Dr. STRONG in the Chair. Twenty-three members and four visitors were present.

*Next Meeting.*—It was agreed that the next meeting should be held at the Crystal Palace Hotel on March 8th, 1877; Dr. Jeaffreson in the Chair.

*Papers.*—The following papers were read.

1. Dr. Ilott: On a Case of Infantile Convulsions.
2. Mr. Timothy Holmes: On Pyæmia as seen in Hospitals.
3. Dr. Frederick Taylor: The Diagnostic Value of Apex-Murmurs.
4. Mr. Stilwell: Four Cases of Paralysis.
5. Dr. Lanchester: A Case of Foreign Body in the Trachea.
6. Dr. Strong: A Case of Fatal Hæmophilia.

*Dinner.*—Eighteen members and two visitors sat down to dinner.

### SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.

A CONJOINT meeting of the above districts was held at the Marine Mansion Hotel, Brighton, on Thursday, November 30th; Dr. E. F. FUSSELL in the chair. Thirty-seven members and visitors were present.

*Communications.*—I. Mr. BLAKE of Brighton read notes of a Case of Successful Ovariectomy.—In the discussion which ensued, Dr. HOLMAN of Reigate mentioned the difficulties of diagnosis in cases of ovarian disease.—Dr. A. HALL of Brighton mentioned a case of unilateral ovarian dropsy in a young woman, who was tapped four times. Rupture and hemorrhage subsequently took place into the peritoneal cavity. Three gallons of bloody fluid were then evacuated by tapping. A perfect recovery ensued, and every trace of the tumour disappeared.—Dr. ROBERTS of Eastbourne especially insisted on the value of small nutrient injections, from two to four ounces, in similar cases.

2. Mr. BANNER of Brighton explained his system of Sanitation as applied to the Drainage of Guy's Hospital, and illustrated it by models.

3. Dr. FUSSELL read notes of Outbreaks of Diphtheria occurring in his district during the last three years.—The discussion of this paper will be resumed at the next meeting.

4. Dr. FUSSELL exhibited a specimen of Fracture of the Os Suffraginis in a horse, in which plaster of Paris splints were used, but without success. The horse was eventually killed before enough time had been given for a fair trial of the treatment.

5. Mr. HAWKEN of Hurstpierpoint showed a patient, in whom he had removed the Condyles of the Humerus after a compound and comminuted Fracture of the Elbow-joint, resulting from a fall from a height of twenty feet. The heads of the radius and ulna were uninjured. The cartilage was left alone. Very little suppuration ensued, though no particular antiseptic treatment was employed. A capital recovery, with but slight deformity, resulted. The power of pronation and supination not being, however, yet recovered.

*Dinner* took place at the Hotel; forty-two members and visitors being present; and Dr. Fussell filling the chair.

*The Next Meeting* is to be held in March 1877, at Lewes; Dr. H. Martin Holman of Hurstpierpoint to be Chairman.

### BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the Session was held at the York House, Bath, on Thursday evening, December 7th; Dr. H. F. A. GOODRIDGE, President, in the chair. There were also present twenty-four members.

*Special Discussion.*—In accordance with a resolution passed at the annual meeting, that certain meetings should be devoted to the discussion of special subjects, Mr. MICHELL CLAKE proposed, and Mr. LANSDOWN seconded: "That the January meeting, to be held in Bristol, be devoted to a discussion on the Treatment of Acute Rheumatism; and that Dr. Skerritt be requested to open the debate."

*Papers.*—1. Dr. E. M. SKERRITT reported a Case of Spontaneous Rupture of the Spleen, which led to some observations by Dr. Swayne. 2. Dr. J. K. SPENDER read a paper on Boracic Acid. Mr. Fowler made some remarks.

3. Mr. BARTRUM narrated the history of a Case of Sclerosis of the Spinal Cord extending over fifteen years. Drs. Fox, Skerritt, Spender, and the President made remarks.

4. Mr. MOIR read a paper on the Position of Alcohol from the Richardsonian point of view.

## CORRESPONDENCE.

### DISSOLUTION OF THE MEDICAL TEACHERS' ASSOCIATION.

SIR,—After long deliberation, the Medical Teachers' Association has at last resolved to terminate its own existence. It was never a lively institution. Early in its career, it decided to do nothing, and only wanted the energy to take itself off. For the last four years, however, it has been in a condition of suspended animation, which all but its most intimate friends mistook for death. That event is now publicly announced.

It must be admitted that the task it undertook was beyond its strength. The shortcomings of hospital teaching are easily seen but readily tolerated. Only last year, for instance, by the exertions of Dr. Farquharson (the Association being already moribund), the lecturers on Materia Medica were induced to protest with one voice against the practice of discussing the treatment of disease first and disease itself afterwards. That protest was endorsed by the Medical Council, and there the matter ended. I doubt not that the same eminent body would be prepared to go further. They would concur in the inexperience of overloading the student in his first winter, and leaving him almost idle in the succeeding summer; they would feel it to be unreasonable to expect a very close attention to lectures on medicine and surgery while the mind was occupied with the subjects for the first College examination. Nevertheless, things go on unchanged, to the common suffering, as by a law of Nature. The much lectured pupil petrifies or reads a book; the teacher learns to be blind; the Medical Council is ready with sympathy; nothing is done.

And, while the method of teaching is thus unreal and ill-contrived, knowledge itself keeps moving, and, with its progress, new difficulties and new defects begin to appear. As a single illustration from the teacher's point of view, take the cardinal topic of all hospital instruction—medicine. The subject is now so vast, that the lecturer is in a real dilemma. Should he seek to be brief, pointed, and dogmatic, he will find himself in unsuccessful rivalry with professional grinders and the writers of *cade mecum*; should he desire to discuss his subject at length in all its aspects, the limit of time and (to be perfectly honest) the limit of his own knowledge and experience interfere. He is again beaten by the books. In a word, so soon as the learner recognises the fact that he has always within easy reach and awaiting his leisure, not only concise text-books, but the very highest authorities upon every point that his teacher can bring before him, systematic lectures unaccompanied by demonstration sink inevitably into mere routine. In such circumstances, the perfunctory manner of the lecturer is no more to be wondered at than is that remarkable condition of stoniness (a species of hibernation almost peculiar to the lecture-hour) which overtakes the audience.

In these days of cheap and profuse literature, no oral teaching can be profitable unless it can supply something more than book-learning. The pupil must be attracted by the hope of obtaining what is not to be had through the medium of a printing press, not formal teaching, but practical guidance. In other words, the use of the modern teacher restricted in one direction is widened in another. He has to accompany the student in his early attempts to apply the doctrines of books to the actual service of men and women; to watch him at his practical work; to place his knowledge before him in its proper perspective; to check in him sometimes conceit and sometimes despair. This is not a showy service; it is very laborious; it is sometimes little valued and ill-requited. That it is a service of urgent need, anyone shall judge for himself who will take the average student from his books and high

learning and place before him the end and object of it all—let us say a sick child.

The Teachers' Association, however, has elected to terminate such life as it had, because, to quote its own words, dictated surely by some wag, "there are not many points connected with medical education requiring its special attention". No such guarantee was needed for the maintenance of the *status quo*, for no institution was ever less threatened than the system of formal lectures. I for one, as formerly a member of its council, shall make short mourning over the Association thus dying in public with its legacy of £18 odd collected for a specific object which it had never the resolution to undertake. I would fain hope that, in its last amazing assertion that, for the present, its work is done, no hint is conveyed that, under any circumstances whatever, it will consent to be restored to life: *Non tali auxilio nec pugnatoribus istis*.—Your obedient servant, OCTAVIUS STURGES.

Wimpole Street, December 1876.

### INVALID LIFT.

SIR,—In the JOURNAL of December 9th, 1876, is a short account of an ingenious mechanism for raising an invalid to a sitting posture without inconvenience. I can personally endorse your high opinion of it.

Mr. Hillyard, of 90, Horseferry Road, S.W., has shewn me a model (also simple and ingenious) for elevating an invalid bodily. Two cog-wheels, connected at the head and foot-piece of the bed, act upon a frame-work that rises and falls: on elevating this, ample space is given for attention to cleanliness, dressings, or bed-making beneath. The machinery is inexpensive, and may be fitted to any ordinary bedstead.

I am, etc.,  
December 1876.

RICHARD DAVY,  
Surgeon to the Westminster Hospital.

### CÆSAREAN SECTION.

SIR,—I hope that you will allow me to add a few words to your observations on Dr. Edmunds's case of Caesarean section. Having been present at the operation, and having seen the patient at subsequent stages, I am able to corroborate the very accurate description given by Dr. Edmunds. At the time of the operation, he very correctly describes the condition of the patient as that of a person with much vigours exhausted and worn out by strong and fruitless labour and by want of sleep. If the operation had not been performed without delay, the condition of the patient would have become such as would have materially altered the prospect of recovery.

As regards the use of stimulants, without entering into the general question as to the employment of alcohol, I may state that, in this case, there were no sufficient indications for their administration. Relieved by the operation, there was no further call for exertion on the part of the patient; sleep and repose were required for restoration. I think that the favourable progress of the case and the rapid recovery were partly due to the simple and bland regimen upon which the patient was placed.—I am, sir, yours obediently,

Savile Row, December 19th, 1876. SEPTIMUS W. SIBLEY.

### EXAMINATION OF RECRUITS.

SIR,—As you have directed attention to regulations recently issued on the above subject, I claim your indulgence to be permitted to make some remarks. The regulation is one of a series from time to time issued, and intended ultimately entirely to supersede the Army Medical Code of 1858. A month before these regulations were circulated, those regarding the invaliding of soldiers were issued in their new form. It is but a natural sequence that carefully selected recruits cause a small amount of invaliding. The disqualifications are very carefully and clearly laid down, but practically many of them are set aside. In proof of this, I need only refer to the returns rendered yearly by the authorities at 6, Whitehall Yard, when it will be found that, among other causes rendering men unfit for the toil, hardships, and exposure incidental to military life, there are—*a*. Want of sufficient intelligence; *b*. Want of sight; *c*. Impediment of speech; *d*. Ill-formed feet and toes.

The probability is that these conditions existed at the time when the recruit was examined. The inference may be drawn that both judgment and experience were wanting on the part of the examining medical officer. This is exactly the point to which I desire to draw attention. The recruiting medical officer is in a dilemma. If his percentage of rejections be considered high, he is told that "he is not to reject men on account of minor defects or trivial ailments". If

interesting information on the subjects with which they dealt, and were both published. One of his last contributions, printed a few years ago in the *Edinburgh Medical Journal*, embodied the results of much historical reading, its object being to show the ravages of small-pox in the royal families of Europe in the century before the introduction of vaccination. The writer's view was that the terrible character of the disease in question could scarcely be realised by this generation, except by disclosing what took place even in the highest rank of society in former days; and a long course of research, carried out, like all he undertook, with the most painstaking accuracy, enabled him to present a very complete view of the subject. He also prepared a "Calendar" for calculating dates backwards and forwards indefinitely. This work, which cost him much time and thought, has been highly approved by persons engaged in historical inquiries.

Among the offices held by Dr. Gairdner, besides those already referred to, was that of President of the Medico-Chirurgical Society of Edinburgh. When engaged in the active duties of his profession, he had a large practice, from which he retired a considerable time ago. During the last four or five years, his health has been failing, and he has died at the ripe old age of eighty-six.

His accomplishments were enhanced by kindness of disposition. Although decided in argument, his bearing was always courteous. Students found in him a strict, but by no means unpleasant examiner. He had a happy knack of drawing out what was in those who passed through his hands, and his memory will ever be regarded with respect by numerous medical practitioners resident not only in Britain, but all over the world.

Dr. Gairdner is survived by three sons and two daughters. Of the former, the eldest is Professor Gairdner, who occupies the Chair of the Practice of Medicine in Glasgow University. The others are Mr. John Gairdner, late Controller of Stamps, Dublin; and Mr. James Gairdner, of the Public Record Office, London.

#### JOHN MCCREA, A.M., M.D., OF BELFAST.

WE record with regret the death of this member of our profession, which took place at his residence, Howard Street, Belfast, on December 18th. The deceased was a graduate of the Queen's University in Ireland; and died, it appears, from blood-poisoning, at the comparatively early age of thirty-seven. Dr. McCrea was medical officer to the Belfast Union Workhouse, and contributed several important and interesting papers to various medical publications, one of his last literary productions being a paper on Legislation for Habitual Drunkards, which was recently read before the members of the Belfast Literary Society. A local newspaper thus refers to his decease: "Society mourns his loss. There is no height of his profession to which, if spared, he could not have attained, as he was devoted hourly to its advancement (for he loved it). Medical science has lost an earnest student, the poor a considerable friend, the profession an ornament, society a distinguished member, a bereaved family their pride and joy."

## MEDICAL NEWS.

UNIVERSITY OF LONDON.—The following candidates have passed the recent B.S. Examination for Honours.

#### First Class.

Pepper, Augustus Joseph (Scholarship and Gold Medal), University College  
Duncan, Andrew, M.D. (Gold Medal), King's College

#### Second Class.

Ottley, Walter, University College

The following candidate has passed the examination in subjects relating to Public Health.

Parsons, Henry Franklin, M.D. (Gold Medal), St. Mary's Hospital

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 14th, 1876.

Blamy, James, Penryn  
Grimby, Richard Henry, Banbury  
Nickoll, John Sayer, Milton, Gravesend

The following gentlemen also on the same day passed their primary professional examination.

Giles, Bernard Farady, Guy's Hospital  
Harvey, George Henry, London Hospital  
Pain, Alfred, Guy's Hospital  
Pearce, Henry, St. Mary's Hospital  
Warrillow, Edward Sadler, General Hospital, Birmingham  
Wheler, John Mordaunt, General Hospital, Birmingham  
Young, Alexander Stewart Ward, Bristol Hospital

UNIVERSITY OF DUBLIN: SCHOOL OF PHYSIC IN IRELAND.—At the Michaelmas Term Examinations for the degree of Bachelor of Medicine, held on Monday and Tuesday, November 27th and 28th, 1876, the following candidates were successful.

Story, John B.	Connolly, William R.
Pim, William J.	Thompson, James E.
Nelis, J. Alexander	Houghton, John F.
Blyth, Howard	Flood, John W.
McCartie, Frederick F.	McDermott, Ralph
Browne, John St. George A. G.	Lynch, Gilbert
Malone, Jonathan H.	Duckworth, Richard H. D'Olier
Fraser, William J.	

At the examinations for the degree of Bachelor in Surgery, held on Monday and Tuesday, December 4th and 5th, 1876, the following were the successful candidates.

Story, John B.	Marshall, Joseph
Pim, William J.	Nelis, James A.
Fitzgerald, Dudley L.	Power, Edward R.

At the examination for the Diploma in State Medicine, held on Thursday, December 7th, and following days, this candidate was successful.

Fenton, Mark Antony, M.D.

N.B.—In the above lists, the names of the candidates are arranged in the order of merit.

## MEDICAL APPOINTMENTS.

*Names marked with an asterisk are those of Members of the Association.*

BINGHAM, Samuel, Esq., appointed Medical Superintendent to the Hampstead Hospital, *vice* H. Case, M.R.C.S.Eng.

\*CASE, Henry, M.R.C.S.Eng., appointed Medical Superintendent of the Metropolitan Asylum at Leavesden, *vice* T. Clave Shaw, M.D.

\*THOMAS, W. R., M.D., late Lecturer on Practical Physiology, appointed Joint Lecturer on the Principles and Practice of Medicine in the Sheffield Medical School.

VENN, Albert, M.D., appointed Obstetric Physician to the Metropolitan Free Hospital.

## MEDICAL VACANCIES.

The following vacancies are announced:—

BOURNEMOUTH GENERAL DISPENSARY—Resident Surgeon. Salary, £140 per annum, with furnished apartments, coals, gas, and attendance. Testimonials, diplomas, etc., to be sent in on or before December 31st.

CANCER HOSPITAL, Brompton—Resident House-Surgeon and Registrar. Salary, 100 guineas per annum, with board and residence. Applications to be made on or before January 18th, 1877.

DULWICH AND LOWER NORWOD DISPENSARY—Resident Medical Officer. Salary, £100 per annum and rooms.

FISHERTON HOUSE ASYLUM—Assistant Medical Officer. Salary, £100 per annum, with board and lodging.

GLAMORGAN COUNTY ASYLUM, Bridgend—Assistant Medical Officer. Salary, £125 per annum, with board, lodging, attendance, and washing. Applications on or before January 1st.

GREAT NORTHERN HOSPITAL, Caledonian Road—House-Surgeon. Salary, 60 guineas per annum, with board and lodging. Applications on or before the 30th instant.

MANCHESTER PROVIDENT DISPENSARIES' ASSOCIATION—Resident Medical Officer. Salary, £120 per annum, and private practice allowed.

NATIONAL DENTAL HOSPITAL—Assistant Dental Surgeon. Applications to the Treasurer, 149, Great Portland Street.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC—Resident Medical Officer and Registrar. Salary, £100 per annum, with board and lodging.

NORTHAMPTON GENERAL INFIRMARY—House-Surgeon. Salary, £125 per annum, with furnished apartments, board, attendance, and washing. Applications on or before the 23rd instant.

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY—Junior House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications on or before the 23rd instant.

SUSSEX COUNTY HOSPITAL—Surgeon and Assistant-Surgeon. Applications, with testimonials, to be made on or before January 3rd, 1877.

QUEEN'S HOSPITAL, Birmingham—Honorary Physician—Resident Physician. Salary, £50 per annum, with board, rooms, and washing. Applications on or before the 30th instant.

## BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcement.*

### BIRTHS.

FOX.—On December 20th, at Hyde Road, Ardwick, Manchester, the wife of Dacre Fox, F.R.C.S.E., of a son.  
KILIAN.—On December 17th, at 49, Harscampstrasse, Aix-la-Chapelle, the wife of \*Paul Kilian, M.D., of a son.

### MARRIAGE.

STEWART—HEBDEN.—At St. Peter's, Sutton Place, Edinburgh, on November 30th, by the Rev. Canon Maccoll, assisted by the Rev. J. A. Sellar, Incumbent William Stewart, M.B., of Redland, Orkney, to Edith Eleanor, second dau of R. J. Heden, of Eday.

### DEATH.

SMITH, William, M.R.C.S.E., at his residence, 70, Pembroke Road, Clif Bristol, on November 24th, in his 56th year.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.
TUESDAY.....	Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.
WEDNESDAY..	St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.
THURSDAY...	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—St. Thomas's (Ophthalmic Department), 3 P.M.
FRIDAY.....	Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.
SATURDAY....	St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M. and 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.

LETTERS, NOTES, AND ANSWERS  
TO CORRESPONDENTS.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL*, are requested to communicate beforehand with the printer, Mr. Thomas Richards, 37, Great Queen Street, W.C.

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*.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

COMMUNICATIONS respecting editorial matters, should be addressed to the Editor, 37, Great Queen Street, W.C.; those concerning business matters, non delivery of the *JOURNAL*, etc., should be addressed to the General Manager, at the Office, 36, Great Queen Street, W.C., London.

## THE ARCTIC EXPEDITION.

SIR,—I am not going to enter into a discussion whether lime-juice was or was not given in sufficient quantity to the men of the Polar Expedition. Captain Markham states that the blood of the men was saturated with lime-juice before the sledging parties started: if so, whether this was prejudicial or beneficial, has to be determined. I think a question also arises whether lime-juice, as ice, loses any of its chemical properties. Lime juice is a bulky thing, and apt to decompose, and, when frozen, in this state is of doubtful benefit. My object in addressing you is to suggest a method of preserving it and making it more portable—viz., as lozenges or in gum-capsules. These could be carried in the pocket of the dress, and not necessarily frozen.—I am, sir, your obedient servant,  
December 20th, 1876. WILLIAM STORY.

OBSTETRICUS.—Instruction in the duties of a midwife is given at Queen Charlotte's Lying-in Hospital, Marylebone Road.

## HOME FOR DIPSMANIACS.

SIR,—Can any of your readers inform me of a "retreat" for dipsomaniac gentlemen, giving me briefly an idea of the general line of treatment and the expenses thereof—such an one, for instance, as that described in the recent pamphlet *Who's to Blame?*—I am, etc., M.B.

A COUNTRY MEMBER.—The Museum of the Royal College of Surgeons will be open to members and visitors introduced by them on "boxing-day", but not the other departments of the College.

## SUPPLY OF VACCINE LYMPH.

SIR,—There seems to be an unfortunate custom among medical men in sending periodically to the public vaccinators for a supply of lymph, without ever making the slightest acknowledgment in the shape of a present. It is obvious that this sort of thing may become a nuisance. In order to protect oneself, would it be considered unprofessional to make a charge of, say, 2s. 6d. for three tubes—this merely as a protection against those who have not the delicacy to perceive that favours should not be altogether one-sided?—I am, sir, yours faithfully,  
December 20th, 1876. A PUBLIC VACCINATOR.

## COUNTY COURT SUMMONSES.

SIR,—In business, under section 1 of the County Courts Act (1875), you can put any one in Court without appearance, by making an affidavit, either before the registrar of the County Court, for which the fee is *nil*, or before an attorney, for which the fee is eightpence, and obtain judgment in sixteen days (unless notice of defence be given within that time), which must be done within two months from date of summons, or a fresh one would have to be taken out.

Would it not be a benefit to the profession to be placed in a similar position, as surely our time is as valuable as that of business-men? Under the present system, we often have to wait two or three hours before our cases come on. Can anything be done to alter the present state of affairs?—Yours truly,  
Hull, December 18th, 1876. W. H. HENSON.

NOTICES of Births, Deaths, Marriages, and Appointments, intended for insertion in the *BRITISH MEDICAL JOURNAL*, should arrive at the Office not later than 10 A.M. on Thursday.

COMPOSITION AND QUALITY OF THE METROPOLITAN WATERS IN NOVEMBER 1876. The following are the returns of the Society of Medical Officers of Health.

Names of Water Companies.	Total Solid Matter per Gallon.	Oxygen required by Organic Matter, etc.	Nitrogen As Nitrates, &c.	Ammonia.		Hardness. (Clarke's Scale.)	
				Saline.	Organic	Before Boiling.	After Boiling.
<i>Thames Water Companies.</i>	Grains.	Grains.	Grains.	Grains.	Grains.	Degs.	Degs.
Grand Junction ..	20.31	00.48	0.120	0.000	0.007	14.3	4.2
West Middlesex ..	19.84	00.48	0.165	0.001	0.006	14.3	3.3
Southwark and Vauxhall .....	20.42	0.058	0.120	0.001	0.008	14.8	3.7
Chelsea .....	20.80	0.039	0.168	0.000	0.006	14.3	2.8
Lambeth .....	21.60	0.038	0.180	0.001	0.005	14.8	4.2
<i>Other Companies.</i>							
Kent .....	26.12	0.014	0.300	0.000	0.002	18.8	5.1
New River .....	19.31	0.014	0.165	0.001	0.004	14.8	2.0
East London ....	22.01	0.034	0.120	0.000	0.004	15.9	3.3

*Note.*—The amount of oxygen required to oxidise the organic matter, nitrates, etc., is determined by a standard solution of permanganate of potash acting for three hours; and in the case of the metropolitan waters the quantity of organic matter is about eight times the amount of oxygen required by it. The water was found to be clear and nearly colourless in all cases but the following, when it was slightly turbid—namely, in that of the Southwark and Vauxhall, the Chelsea, and the Lambeth Companies. C. MEYMOTT TIDY, M.B.

A FORMER COMPETITOR.—Essays for the Triennial Prize of the Royal College of Surgeons must be sent to the College not later than 4 o'clock on Saturday, the 30th instant. Essays for the Jacksonian Prize must be sent at the same time. This prize is awarded annually, if the essays are of sufficient merit. The subject for this prize for the year 1877, is "The Disease of the Lymphatic System known as Hodgkin's Disease or Lymphadenoma". The money value of the prize is between £11 and £12.

## PROFESSIONAL FEES AT PETTY SESSIONS.

SIR,—I recently obeyed a summons to attend the Petty Sessions at a place seventeen miles distant from my residence, to give evidence in a criminal case. A few days afterwards, our police-sergeant brought me a guinea as remuneration, at which I was somewhat surprised, being under the impression that I was entitled to a guinea for the evidence, and sixpence a mile for travelling expenses. I wrote to the magistrate's clerk, and he informed me that he could not legally allow more than a fee of 10s. 6d., and 8s. 6d. for expenses; but he remarked that when professional men have to travel any distance a guinea is sanctioned by the magistrates. In Glenn's *Abstract of the Principal Laws affecting the Medical Profession*, it says: "On an examination before a magistrate, a sum not exceeding 10s. 6d. may be allowed to a medical witness residing in the city, borough or parish where the examination takes place, or within two miles thereof; and to such a witness residing beyond that distance, a sum not to exceed £1 1s. for mileage, a sum not to exceed 3d. a mile each way." It appears to me that the magistrates have the power to allow less than the sums mentioned, therefore I shall be glad to know if there is any way of going about the matter when I am next summoned, by which I can ensure the obtaining of the maximum fee, as I consider that even £1 10s. 6d. is a nominal sum to receive for going a journey of seventeen miles by road, there being no railway; and then, after waiting several hours, to be severely cross-examined by counsel, to say nothing about what is happening to one's patients in the meantime.—I am, yours truly,  
December 12th, 1876. J. T.

RHUN.—Licentiates of the Royal College of Physicians of London have no legal right, as such, to use the title of Doctor.

## ABUSE OF TEA.

SIR,—A correspondent requests, through the *JOURNAL*, information on the above-named subject. Two other correspondents have replied through the same medium, but both seem to be unaware that Dr. G. G. Sigmond delivered an address before the Royal Medico-Botanical Society in 1839, on "Tea, its Effects, Medicinal and Moral"—a subject which had hitherto escaped the notice of scientific men of England, while Auguste de Candolle and other Continental botanists had considered it of the highest importance. Dr. Sigmond's address will be found in the *Transactions* of the Society, where its character is described, couched in all the scientific technicalities in which it was delivered. This address, with the exception of the technicalities being transcribed into popular language, is also printed in a small volume.

Your correspondents do not refer to Dr. Lettsom's *Natural History of the Tea-Tree, with Observations on the Medical Qualities of Tea, and Effect of Tea-drinking*, published in 4to, 1772.—I am, etc.,  
London, December 16th, 1876. E. N.

FROM pressure on space, we are obliged to delay the letters on Charity Organisation and Mr. Crossman's letter on Medical Defence.

## SALICYLIC ACID.

SIR,—The case referred to by Mr. Lilley in the *Journal* of December 9th is a very interesting one, and it should at some time be fully reported. It is difficult to offer an opinion with only the few facts before one that is contained in Mr. Lilley's brief letter, but I should be much more inclined to the belief that the necrosis of the tibia and disorganisation of the ankle-joint which developed in his case were the results of surgical disease rather than the effects of salicylic acid administered for acute rheumatism. The *Clinical Society's Transactions* for this year contain a paper by me on a case of acute necrosis of the tibia and disease of the knee-joint, which at first simulated acute rheumatism. If Mr. Lilley were to refer to this case, he would be able to state whether the two cases present any points of resemblance.—I am, sir, yours faithfully,  
12, Colebrooke Row, N., December 12th, 1876. GEO. BROWN, M.R.C.S.