

NEW SYDENHAM SOCIETY'S PUBLICATIONS. Vols. 8, 9, 14, 17, 24, 27, 29, 34, 39, 40, 44, 48, 56, 60, 64, 69, 70, 77, 81, 83, 85, 87, 89, 90, 91, 93, 94, 96, 99, 101-104, 106, 107, 108, 110, 118, 120-125, 127, 128.
 OPHTHALMOLOGICAL TRANSACTIONS. Vols. 3 and 6.
 PATHOLOGICAL TRANSACTIONS. Vols. 1-20.
 PENNSYLVANIA MEDICAL SOCIETY. Transactions. Before vol. 14 and vols. 16-21.
 PROVINCIAL MEDICAL AND SURGICAL JOURNAL. 1840.
 RANKING (Dr.). Half-Yearly Abstract of the Medical Sciences. Vol. 12 and since 1872.
 ROYAL LONDON OPHTHALMIC HOSPITAL REPORTS. Any vols.
 ST. BARTHOLOMEW'S HOSPITAL REPORTS. Vol. 8.
 ST. GEORGE'S HOSPITAL REPORTS. Vol. 10 and upwards.
 SOCIETY OF MEDICAL OFFICERS OF HEALTH. Transactions. Any vols.
 UNIVERSITY COLLEGE HOSPITAL REPORTS. All before 1885.
 YEARBOOK OF PHARMACY. 1888.

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.

NOTICE OF QUARTERLY MEETINGS FOR 1891. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on April 15th, July 8th, and October 21st, 1891. Candidates for election by the Council of the Association must sent in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, March 26th, June 18th, and September 30th, 1891.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary.*

BRANCH MEETINGS TO BE HELD.

DUBLIN BRANCH.—The fourteenth annual meeting of this Branch will be held (by permission of the President and Fellows) in the Royal College of Physicians, Kildare Street, Dublin, on Thursday, January 22nd, 1891, at 4.30 P.M. The annual dinner will also take place on that evening, at the College.

NORTH OF IRELAND BRANCH.—The winter meeting of this Branch will be held in the Royal Hospital, Belfast, on Thursday, January 29th, at 4 P.M. Gentlemen who wish to bring any subject before the meeting will kindly communicate as early as possible with JOHN W. BYERS, M.D., Honorary Secretary, Tower Crescent, Belfast.

HALIFAX, NOVA SCOTIA BRANCH.

THE officers of this Branch elected for the ensuing year are:—*President*: William Tobin, F.R.C.S.Irel.; *Vice-President*: Dr. Fowler, A.M.S. *Treasurer*: Dr. Thomas Trenaman; *Secretary*: Arthur Morrow, M.B. *Council*: Drs. Weston, A.M.S., Wickwire, Black, Cunningham, Campbell, Goodwin, and Fleet-Surgeon Bolster, H.M.S. *Bellerophon*.

SYDNEY AND NEW SOUTH WALES BRANCH.

THE ninety-fifth meeting of the Branch was held in the Royal Society's Room, on November 7th, 1890, G. T. HANKINS, M.R.C.S., President, in the chair. There were present:—Drs. Fiaschi, Quaife, Pockley, Scot-Skirving, Cohen, Hodgson, A. E. Wright, E. F. Ross, G. A. Marshall, Ellis, Megginson, Shand, Newmarch, McDonagh, Brady, Todd, Kendall, J. Parker, Breneman, Thomas, Arthur, Parker, and Worrall. Dr. Goode was present as a visitor.

Minutes.—The minutes of the previous meeting were read and confirmed.

New Member.—Dr. J. Goodlet Murray, of Parkes, was elected a member of the Branch and Association.

Cases.—Dr. ODILLO MAHER exhibited a patient upon whom he had performed Corneal Transplantation, and explained the mode of procedure.—Dr. E. FAIRFAX ROSS exhibited a patient suffering from Congenital Malformation of the Heart, and explained the case.

Papers.—Dr. SHAND read some notes on a case of Tibial Implantation.—Drs. FIASCHI, SCOT-SKIRVING and HANKINS discussed the case.—Dr. SCOT-SKIRVING read some notes on a case of Facial Anæsthesia. The patient was exhibited. Diagrams illustrative of the paper were also shown.—A discussion ensued, in which Drs BRADY, THOMAS, POCKLEY, HANKINS, and MEGGINSON took part.

Instruments.—Dr. SHAND showed an improved Resection Saw.—Dr. BRADY exhibited a pair of Post-Nasal Forceps; also a large Rhinolith.

List of Members: Correction.—On the Title Page read for the Representative of the East York and North Lincoln Branch, on Council of Association, John Dix, Esq., 25, Albion Street, Hull.

SPECIAL CORRESPONDENCE.

PARIS.

The Death-rate in Paris.—*Dangers of Movable American Stoves.*—

Infectious Diseases.—*Medical Students and Revaccination.*—

Cholera in Japan.—*Poisoned Wound.*—*Prizes.*

THE intense cold has raised the death-rate from many causes, notably from cerebral congestion and from respiratory affections. During the last four weeks of 1890 there were 832 deaths from pulmonary affections, and 850 from phthisis.

During the same period the use of movable American stoves has caused several fatalities. This stove is one of slow combustion; in order that its use be free from danger, many conditions must be realised—the chimney must draw well, and all apertures connected with the stove must be completely closed. Frequently atmospheric conditions prevent a good draught, or ignorant people turn the key at night instead of leaving it open, and thus render the combustion slower. In some cases care is not taken to tightly fit in the lid of the stove; in others the smoke containing the carbonic acid gas, proceeding from the American stove, travels along the chimney of an adjacent flat and asphyxiates the sleepers in the room. Dr. Rochard estimates that there are in France from ninety to ninety-five deaths yearly due to the use of the American stove, and sixty thousand of these stoves are in use.

The Conseil d'Hygiène has issued instructions to be observed in cases of small-pox, typhoid, and diphtheria. The precautions recommended are well-known, though not sufficiently practised—isolation, disinfection, and in small-pox cases vaccination of members of the family not attacked. All cases should be notified, in Paris, to the Commissary of Police, and in country villages and towns to the Mayor.

According to a recent decree, medical students cannot be registered without presenting a certificate of revaccination. The students already registered can begin a new term only by producing such a certificate. The medical schools and faculties are considering the measures to be taken to ensure revaccination of the students.

At the Comité Consultatif d'Hygiène Publique, Dr. Proust read a report on the cholera epidemic in Japan which broke out last June. Nagasaki was the first town attacked; the epidemic slowly invaded most of the provinces of the empire, but has now almost died out. Cholera appears annually in Japan, but it principally attacks the Japanese; foreigners suffer from it but slightly; in the last epidemic there was but one fatal case among them. Dr. Proust added that the Japanese Sanitary Service is perfectly organised, and its practical working is excellent.

The following incident is reported from Angers. A patient had an abscess opened; the linen, poultices, etc., were thrown

into a farmyard where rabbits and poultry ran about. A few days after, one of the rabbits was killed, and slightly scratched the hand of the owner of the farm, who killed it. A few hours after his hand became very painful, the arm and hand became rapidly swollen, and death ensued three days after the scratch was inflicted.

The Lacaze prize of £400, given every ten years for the best essay on typhoid fever, has been awarded to Dr. Chantemesse and Dr. Vidal; the Jeunesse prize to MM. Wurtz and Bourges; the Barbier prize, £24, to M. Janat for surgical instruments, and Dr. Loewenberg, for an apparatus for measuring the tension of the tympanum.

MELBOURNE.

Sanitation of Melbourne.—Hospital Reform in Melbourne.—Actinomycosis, Tuberculosis and Cancer.—Bacilluria.

DR. GRESSWELL, our newly imported sanitary medical officer, has set himself to the task of cleaning the Augean stables of insanitary Melbourne. He has shown the greatest deference and consideration to his own profession, a fact which has assisted in securing for him a good deal of popularity and hearty co-operation. His recently published report on the sanitary condition of Melbourne reflects the greatest credit upon his ability and perceptive powers. In each instance his recommendations have been based on personal observation. With regard to sanitary inspections and the supervision of dairies, he insists on urgent reforms which are extremely practical and sensible. His report deals also with buildings, inadequate drainage, defective ventilation, and the want of proper receptacles for house refuse. For dealing with the disposal of excreta he advises the erection of desiccators and the institution of the double pan system. Dwelling on the importance of pure potable water as a condition of health, he observes that pollution largely takes place through leakage into the pipes where they are laid down in polluted soils. Mr. Mansergh, who came from London at the request of our Government, has devised a system of sewerage which will interweave with the suggestions made by Dr. Gresswell, and which, in combination, should make malodorous and insanitary Melbourne a city of health and sweetness. The importance of these reforms is apparent when we remember the fact that we have every year a total of 2,000 preventable deaths. At present our death-rate is 21.25 per 1,000 of the population, but we hope to see this number reduced to 10.0 per 1,000 before another ten years have passed. The cost of Mr. Mansergh's metropolitan sewerage system is estimated at £5,500,000. He declares for the sewage farm. Dr. Gresswell is now urging on the public the advisability of establishing an infectious diseases hospital. He remarks that during the first five months of the year 263 fever cases, most of them typhoid, had to be refused admission to the Melbourne Hospital, and 58 at the "Alfred," besides a considerable number at the other institutions.

A Royal Commission on Charities is at present sitting, and taking voluminous evidence on the administration of medical relief. It is composed of representatives of the leading charities, and it is somewhat feared that this very composition will rob it of the independence of opinion which it is naturally expected such a Commission should possess. For each member representing an institution under observation naturally resents criticism as if it were directed against himself personally. The hospital accommodation still remains for the accommodation of a city of 421,000 what it had been with half that number. A new hospital is now asked for, and the public will be called upon to subscribe largely, as it is regarded as unfair to appeal to the Government to bear the brunt of the expenditure. It is calculated that there is 1 in every 14.6 of the population seeking hospital relief. That is assuming, in round figures, the population to be about 500,000, there are 34,143 enjoying relief. The accommodation of beds is only 0.10 of the population.

Mr. Archibald Park, in speaking of human and cattle diseases in Australia, draws attention to the mistakes made in confounding tuberculosis in rabbits and cattle with actinomycosis. In Queensland, a peculiar form of cancer is found in the human subject, attacking the parotid region and ending fatally. It is more prevalent in the district where cattle are affected with actinomycosis, and medical opinion

tends to show that the disease is a similar affection to the so-called cancer in cattle. Actinomycosis is, next to pleuropneumonia, the most prevalent of chronic affections in Australia, and is constantly being mistaken for tuberculosis, an error which ought not to occur where careful microscopic examination is made.

In a paper read by Dr. Ross, of Warrnambool, he describes four cases of bacilluria, which had in common the discharge of bacilli by the urine, but in other respects showed great differences both as far as the bacilli themselves, and the clinical symptoms of the disease, were concerned. As he believes himself to be the first who has examined the matter bacteriologically, he claims the privilege of calling the bacilli in honour of the discoverer of the disease, "Bacillus Ureæ Roberts."

CORRESPONDENCE.

SENN'S DECALCIFIED BONE PLATES.

SIR,—At page 89 of the BRITISH MEDICAL JOURNAL of January 10th, Mr. Jessett criticises some expressions of mine in the Bradshaw Lecture, published on page 1468 of your last volume. He objects to the phrase "union of the two openings"—a phrase I did not employ. I said "approximation and union of the two openings," and I referred to Dr. Senn's pamphlet for details.

Secondly, Mr. Jessett says I am in error in stating that the plates are preserved in an antiseptic solution. Those I showed at the lecture were sent to me by Dr. Senn, and were so preserved. Mr. Jessett says they are "preserved in rectified spirit." Dr. Senn says he keeps the plates after decalcification "in a solution of equal parts of alcohol, glycerine, and water, which keeps them in a pliable, soft condition," and adds, "When the plates are to be used, they are washed in a 2 per cent. carbolic acid solution" (page 31 of his pamphlet).

Thirdly, Mr. Jessett says I was wrong in the statement that "the plates come away with the feces about a week after the operation." I did not say, or infer, that they pass whole. He says they are "absorbed and digested." Dr. Senn says, "The plates will come away with the fecal discharges about a week after the operation" (page 44). Let me ask Mr. Jessett, when he next criticises my sayings, to quote me correctly, and to study Dr. Senn's pamphlet before he ventures to interpret his meaning.—I am, etc.,

Upper Grosvenor Street. T. SPENCER WELLS.

MIDWIVES REGISTRATION BILL.

SIR,—I had hoped that any discussion on so important a subject as the above would have been conducted seriously, and I have read Dr. Aveling's letter with both regret and surprise.

He seems to consider it sufficient to meet my criticisms of the Bill by, in the first place, making two assumptions, both of which are absolutely erroneous; secondly, by a statement which is obviously equally incorrect, and concludes with a "hope," which he will find, by reason of the frailty of human nature, never can be realised.

Dr. Aveling says I have "not seen the Bill, and have contented myself with collecting the opinions of others." I beg to inform him I have the Bill before me, and that it was sent to me by a member of Parliament immediately on its introduction; that I have read very little of what has been written on the subject, and, therefore, if I reiterate the opinions of others, it only shows that if those who judge for themselves, as I have done, arrive at the same opinion as to the demerits of the Bill, there must be some good grounds for our objections. That I state mine in an "uninviting" form is a matter of regret to me; it is my misfortune that it should be so, but not my fault.

Next, Dr. Aveling says I would "enforce their examination (namely, of midwives), but say nothing about granting certificates, or registering them." Had he read my letter with any care, he would have observed that I state that "In Ireland each woman, on passing her examination at the end of her term of training, is given a certificate," and recommended that this system be introduced into England; and as to