

ascent, it is stated that six hours were fully occupied in bringing the first lot of wounded to the wagons at the foot of the hill. The wounded were brought in from O'Neill's farm on the following day. Many primary surgical operations have been performed at Mount Prospect Field Hospital. Of the cases in the base hospital here, there are a few fractures of the thigh, without implication of the bone; several single, and in a few instances double, perforating wounds of the chest, mostly doing well, under Surgeon-Major Stokes and Surgeon Drury, assisted by four sisters of charity from Bloemfontein, and four nurses, and an ample number of the Army Hospital Corps. The hospital arrangements here are very creditable to Surgeon-General Holloway, C.B., who travelled up from Maritzburg lately to organise the base hospital, and prepare all medical aid required for the force. The wounded can have everything they want. There is, in quantities, that inestimable article to the sick and wounded, fresh milk. Medical supplies are coming up in abundance, and there is no fear of a scarcity of these occurring whilst the Surgeon-General is at the base of supplies. The Ambulance Corps from England has arrived in the colony, and is now on its way up here, to remove to Pietermaritzburg all available sick and wounded. A rest-house for sick convoys is being established at Ladismith, where the base hospital was placed during the Zulu war. The wounded will be sent home when they are in a condition to embark. Mrs. Deeble and six nurses from Netley have arrived at Durban, and are coming on here at once. All military operations are suspended for the present; but His Excellency General Wood is not idle, being engaged in taking up new posts on the line of communications, and in strengthening the existing ones.

Newcastle, March 9th, 1881.—Since I last wrote there has not been any movements of note amongst the troops; an armistice for eight days was arranged on the 6th, during which the beleaguered garrisons of the Transvaal are being provisioned, which is supposed to be the harbinger of peace, but preparations are going on with activity, and it is supposed that General Wood will move forward with the whole force by a circuitous route on or about the 20th. Fifty wounded, mostly slight cases recovering, were sent from here to-day to Maritzburg in company with the remnant of the gallant 58th Regiment, which has been now withdrawn from the scene of active operations, and sent down country—only 200 left. We are expecting fifty wounded here to-morrow from Mount Prospect Camp, where it is rumoured there is the commencement of an outbreak of hospital gangrene, though the report is not confirmed; but, if it is true, the wounded from Mount Prospect will certainly be segregated as a precautionary measure from those cases at present in the Base Hospital here. It was proposed to take the Dutch church in the town of Newcastle as a supplementary hospital, and Surgeon-Major Stafford, who was deputed to report on its suitability, recommended its being taken and supplemented by two hospital marquees to accommodate fifty serious cases during the present rainy season, and as an auxiliary hospital, but the idea was abandoned, which seems to be a pity, considering the crowded condition of the wounded in the Base Hospital at present. There are eight rest camps being prepared between here and Maritzburg—170 miles—and a central hospital midway for thirty beds at Ladismith, under Surgeon Hyde. Surgeons-Major Leask and Thompson are appointed to this line of communication for duty, and the arrangements made by Surgeon-General Holloway, C.B., for the care of the wounded are, as usual, complete. Brigade-Surgeon Sinclair is Principal Medical Officer here, Surgeon-Major Roe, Senior Medical Officer of the Forces, Surgeon-Major Scott, Senior Medical Officer of the Natal Field Force, and Surgeon-Major Stafford of General Wood's division, but events may happen to alter this disposition. Surgeon-Major Stokes, a young but most promising officer, is in charge of the Base Hospital, with Surgeon-Major Keir. Surgeons Drury and Mapleton are for duty also. Surgeon McGann, who was so honourably mentioned in general orders, and who deserves the Victoria Cross for his gallant conduct on two separate occasions, has gone up to the front. The latter is at present in charge of Surgeon-Major Babington, until Surgeon-Major Scott arrives to take charge of that column. The Field Hospitals of General Wood's column are being now organised under the direction of Surgeon-Major Stafford, Senior Medical Officer. The native hospital bearers for the Ashanti cots for the wounded have just arrived, and are being taught to carry them. There will be ten cots for each column, five for the worst cases in each of the four hospitals. And now about the wounded. About thirty of those hit at Langes Nek on January 28th were able to come down to the Base Hospital on the 3rd ult., and comprised two wounds of the chest, three of the shoulder, seven of arm and forearm, one of abdomen, three of the thigh, nine of leg and foot, etc. Most of these are included in the convoy which left for Maritzburg to-day. Nearly all the wounded at the "Schuins Hoogte" on the 8th ult. were brought back to Newcastle direct, except a few cases

which were able to accompany the column marching on after the fight. The casualties there were as near as can be stated, four wounds of the head, two of the neck, ten of the chest, ten of the shoulder, nine of the arm, thirteen of the forearm and hand, two of the abdomen, four of the back, seventeen of the thigh and hip, and fifteen of the leg and foot, etc. I must not omit to enumerate the seven of the Naval Brigade as well. The wounded from the last engagement on the 6th inst. at the Amajuba Mountain all went to the camp at Mount Prospect, eighteen miles in front. They straggled into the camp all through the following day, many of them, including several officers, having been out all night on the field. Captain Singleton, 92nd, was shot through the knee, and the leg has been amputated; Captain Morris, 58th, by latest accounts was not progressing so satisfactorily. Several primary operations were performed at the front camp, and I will recount the number and nature of these in my next. Surgeon-Major Giraud, "Sanitary Officer", has arrived here to-day, and not a moment too soon, the sanitary state of the place being most shocking. Mrs. Deeble has not arrived after all, though I stated so in my last letter; the mistake arose from the announcement of her arrival at Durban having been made in a Durban paper. The Bloemfontein Sisters of Mercy here are indefatigable, especially Sister Louise, who was so well known at Ladismith Base Hospital during the Zulu war.

ASSOCIATION INTELLIGENCE.

BRANCH MEETINGS TO BE HELD.

YORKSHIRE BRANCH.—A meeting of the Branch will be held at Ripon on Wednesday, April 27th, at 3.15 P.M. Members intending to make communications are requested to write at once to the Secretary.—A meeting of the Branch and the profession will also be held at the Philosophical Hall, Leeds, at 5 P.M., on Wednesday, April 6th, to consider the report on Medical Education; P. E. Miall, Esq. (President), in the chair.—ARTHUR JACKSON, Secretary.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The next meeting will be held at the Cawdor Arms Hotel, Llandilo, on Thursday, April 28th. Gentlemen intending to be present, and desirous of reading papers, etc., are requested to communicate with ALFRED SHEEN, M.D., Honorary Secretary, Cardiff.

NORTH OF ENGLAND BRANCH.—The spring meeting will be held at the Grand Hotel, Tynemouth, on Thursday, April 28th, at 3 P.M.; G. B. Morgan, Esq., President, in the chair. The following papers have been promised: 1. Dr. Eastwood: On the Working of the Habitual Drunkards' Act, 1879. 2. Dr. Philipson: On Hæmorrhagic Infarction of the Lungs. 3. The President: On some of the Symptoms presented in Obstruction in the Gullet and Larger Intestine. 4. Dr. Adamson: Notes of a Case of Trephining for Epilepsy. 5. Dr. W. H. Dixon: On a Case of Disseminated Sclerosis. Dinner at the Grand Hotel, at 5 P.M.; charge (exclusive of wine), six shillings. Gentlemen who intend to be present are requested to communicate at once with the Honorary Secretary.—T. W. BARRON, M.B., Honorary Secretary, 10, Old Elvet, Durham.

METROPOLITAN COUNTIES BRANCH: NORTHERN DISTRICT.—The usual monthly meeting of this District will be held at the house of Dr. Norman Kerr, 42, Grove Road, Regent's Park, on Wednesday, April 27th, at 8.30 P.M., to resume the adjourned discussion on Alcohol in relation to Medicine and the Nervous System of Man. The discussion will be opened by Dr. Dowse.—T. STRETCH DOWSE, Honorary Secretary, 14, Welbeck Street, Cavendish Square.—April 18th, 1881.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

The fifth meeting of the district was held in the Library of the London Hospital Medical College on March 17th, 1881; F. J. REILLY, Esq., in the chair.

Communications.—1. Mr. Frederick Treves read a paper on the Treatment of Nævus. In the course of a very exhaustive review of the different phases of treatment, he suggested the plan of removing the slough which formed after ligature with a scalpel about three or four days afterwards, rather than waiting till it became detached, as a more expeditious and a more surgical method of treatment. 2. The discussion of Mr. Greenwood's paper, on the Symptoms and Diagnosis of Typhoid Fever, was resumed and concluded.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.

A MEETING of this District was held at the house of Mr. S. S. ALFORD, Haverstock Hill, on Thursday, March 24th. The following papers were read:

1. Mr. Lennox Browne: The Diagnosis of Syphilis and Tuberclie in the Throat.
2. Dr. Norman Kerr: Alcoholic Heredity as a Predisposing Cause of Dipsomania. The history of a number of cases that had been under his care, illustrative of the operation of this natural law, were given.
3. Mr. S. Alford: On Defective Nerve-Power as a Primary Cause of Disease, with special relation to Dipsomania.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology, at a meeting of the Board of Examiners, on the 13th instant, and when eligible will be admitted to the pass examination.

Messrs. Goolden Perrin, Walter B. Tomson, Thomas Johnston, George W. Ford, and W. W. Constable Robson, students of St. Thomas's Hospital; Alfred E. Hind, Thomas H. White, Charles B. Leaver, and Samuel Stephens, of St. Bartholomew's Hospital; Harry Littlewood, Thomas Wilson, and Frederick A. Dixey, of University College; Charles W. Biden, and C. Langford Josling, of the Charing Cross Hospital; Arthur W. Clark, and William Watson, of Guy's Hospital; C. Tidbury Street, and Charles J. Weller, of St. George's Hospital; Thomas Whaley, of the London Hospital; James R. Roberts, of the Middlesex Hospital; and A. Waldegrave Mitchell, of King's College.

Three candidates were rejected.

The following gentlemen passed on the 14th instant.

Messrs. Frederick Bryan, Duncan B. Irving, J. L. Clarke Cox, and Charles D. Green, of St. Thomas's Hospital; John J. Powell, William H. Brown, and Arthur H. Mason, of University College; Trevor Webster, Clifton Sturt, and T. Sydney Short, of King's College; Robert Caldwell, and Charles S. Humphreys, of the Westminster Hospital; Clement S. Robinson, and Frank Percival, of St. George's Hospital; F. B. Willmer Phillips, and William L. Blight, of Guy's Hospital; J. Norman Vogan, and Albert Cresswell, of St. Bartholomew's Hospital; and John J. Rowland, of the Charing Cross Hospital.

Thirty-eight candidates out of the two hundred and fourteen examined, having failed to acquit themselves to the satisfaction of the Board of Examiners, were referred to their anatomical and physiological studies for three months.

The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners on the 19th instant.

Messrs. Oscar B. Shelswell, Sibford, Oxon; C. Egerton Jennings, Malmesbury; E. Talbot Palmer, Southsea; H. Nelson Holberton, Hampshire; William Eames, St. John's, S.E.; H. Waytes Pomfert, Hollingworth, Cheshire; Robert J. W. Oswald, Kennington Road; Henry G. Bryer, Washington, U.S.; John H. T. Walsh, Cheltenham; James Cox, Melbourne; Walter R. Awdry, Kidderminster; John A. West, Bickley, Kent; Ernest O. Wight, Clarendon Road; Jean Kaeser, Avenue Road, N.W.; Lennard Stokes, Lee, Kent; John E. Howe, Knowle, Warwickshire; Wilfred B. Thomson, Ledbury Road, W.; Walter B. Platt, Boston, U.S.; Alfred E. Wells, Brixton; Edward F. Potter, Knaresborough; Walter O. Trotter, Stockton-on-Tees; Thomas Kelly, Ontario, Canada; and William G. Black, South Shields.

Five candidates were rejected.

The following gentlemen passed on the 20th instant.

Messrs. Ernest M. Knowling, Wellington, Somerset; Herbert C. Hallowes, Cheshire; Frank H. Shaw, Hastings; William H. Cory, Bath; William T. Maddison, Cardiff; Frederick E. Row, Devonport; Harold R. Osborne, St. Ives, Hunts; Oswald A. Browne, Lympstone, Devon; Edwin F. Hatton, Peterborough, Canada; G. Neville Stephen, Lincoln; Charles Downing, Falmouth; Walter Pearce, Maidenhead; Henry W. P. Makeham, Chelmsford; Percy H. White, Norwich; and Thomas B. Luscombe, Hampton.

Ten candidates were rejected.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, April 14th, 1881.

Batterham, John Williams, 26, Maitland Park Villas, N.W.
Harvey, Frank Williams, Cromwell House, Gunnersbury.
Luscombe, Thomas Benjamin, Hampton, Middlesex.
Oakley, John Lewis Bagshaw, Newland, Gloucestershire.
Stott, Hugh, West Kensington Park, W.
Whister, Charles Watts, Ashburnham, Sussex.

The following gentlemen also on the same day passed their Primary Professional Examination.

Goodall, John Kenaz, Charing Cross Hospital.
Hiliewicz, Henry Frederick, London Hospital.
Lipscombe, Arthur Augustus, London Hospital.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the Quarterly First Professional Examination, held on Monday, Tuesday, and Wednesday, April 4th, 5th, and 6th, the following candidate was successful.

George Abbott, Wigan, Lancashire.

At the usual monthly examinations for the Licences of the College, held on Monday, April 4th, and the three following days, the successful candidates were—

For the Licences to practise Medicine and Midwifery.—Hope Bridges Adams, London; Charles Dillon Barrett, Boyle, Co. Roscommon; John George Cronyn, Dublin; Patrick Arthur Daly, Dublin; Charles Burke Gaffney, Dublin; William Henry Holden, Bolton; John Vincent Lenteigne, Dublin; Edward Hayes McLaughlin, Clapham, London; Alice Kyne Marston, London; Isabella Mears, Tynemouth; Francis John Robert Russell, London; Edith Shove, Lewisham, Kent.

For the Licence to practise Medicine.—William Gem, Warwick; John Laird, London; John O'Halloran, Listowel; Vincent Adolphe Passanha, Madras; William J. Trotter, Summerhill, Co. Meath.

For the Licence to practise Midwifery.—James Quirke, Wallslough, Co. Kilkenny.

MEDICAL VACANCIES.

THE following vacancies are announced:—

CARLISLE DISPENSARY—Assistant House-Surgeon. Salary, £90 per annum. Applications to the Honorary Secretary.

DARLINGTON HOSPITAL—Assistant House-Surgeon. Salary £100 per annum. Applications to C. Panson, Esq., Fairfield House, Darlington.

HOLLOWAY AND NORTH ISLINGTON INFIRMARY—Two Medical Officers. Particulars from the Resident Medical Officer.

HULL ODD FELLOWS' MEDICAL DISPENSARY—Medical Officer. Salary £200. Applications by the 23rd instant.

KENT COUNTY ASYLUM, Barming Heath, near Maidstone—Junior Assistant Medical Officer. Salary, £150 a year. Applications to be sent in by the 28th April.

LANCASTER COUNTY ASYLUM—Assistant Medical Officer for few months. Salary at the rate of £100 per annum. Applications to the Medical Superintendent.

MIDDLESEX HOSPITAL, W.—Ophthalmic Surgeon. Applications by April 30th.

MIDDLETON UNION—Medical Officer for Cloyne Dispensary District. Salary, £100 per annum, with £25 yearly as Medical Officer of Health, registration and vaccination fees. Election on the 26th inst.

NEW ABBEY PAROCHIAL BOARD, Dumfries—Medical Officer. Salary, £40 per annum. Applications by April 16th.

PARISHES OF TINGWALL, WHITENESS, AND WEISDALE—Estimated income, £300 a year. Applications to be sent to Mr. C. C. Beaton, Inspector of Poor, Tingwall, Shetland, before April 25th.

RATHDOWN UNION—Medical Officer for Bray portion of Bray and Rathmichael Dispensary District. Salary, £110 per annum, with £29 10s. as Medical Officer of Health, registration and vaccination fees. Election on May 2nd.

SHERBURN HOSPITAL, near Durham—Medical Officer of Ancient Foundation. Salary £250. Applications by May 20th.

SOUTH, DEVON AND EAST CORNWALL HOSPITAL—Surgeon. Election to take place on May 4th.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY, 60, King Street, Golden Square, W.—Physician, and Physician for the Diseases of Woman and Children. Applications by the 27th instant.

ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, Cavendish Square—Obstetric Physician. Applications by May 22nd.

SUNDERLAND INFIRMARY—Two House-Surgeons. Applications by May 4th.

THE HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Junior Resident Medical Officer. Salary, £50 per annum. Applications by the 27th April.

TORBEY HOSPITAL AND PROVIDENT DISPENSARY—Senior House-Surgeon and Provident Medical Officer. Salary, £100 per annum. Applications to be sent in by Monday, May 30th.

TORBAY HOSPITAL AND PROVIDENT DISPENSARY, Torquay—Junior House-Surgeon and Dispenser. Salary £90. Applications by June 6th.

TOTTENHAM TRAINING HOSPITAL—House-Surgeon (single). Salary £150 per annum. Applications by April 30th.

TRAILEY UNION—Medical Officer for Brossa Dispensary District. Salary, £90 per annum, with £12 yearly as Medical Officer of Health, registration and vaccination fees. Election on the 27th instant.

UNIVERSITY COLLEGE, London—Professorship of Ophthalmic Medicine and Surgery. Applications by May 10th.

WHITEHAVEN AND WEST CUMBERLAND INFIRMARY AND FEVER HOSPITAL—House-Surgeon. Salary, £150 per annum. Applications before May 1st.

MEDICAL APPOINTMENTS.

EWBANK, Henry, M.R.C.S., appointed Senior House-Surgeon to Cheltenham General Hospital, vice G. A. Carden, M.R.C.S., resigned.

PRATT, Reginald, M.R.C.S. and L.S.A., appointed Resident Medical Officer to the Royal United Hospital, Bath.

PUBLIC HEALTH MEDICAL APPOINTMENTS.

MASON, Samuel Butler, L.R.C.P., L.F.P.S., L.S.A.Lond., has been appointed Medical Officer and Public Vaccinator to the Pontypool District of the Pontypool Union.

WHITHAM, Alfred, L.R.C.P., L.R.C.S.Ed., appointed Medical Officer of Health for Adlington Local Board District, and for the Rivington District of the Chorley Union.

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 announcements.

MARRIAGE.

GREVES—SOUTHAM.—On Thursday, April 7th, at St. Giles's, Shrewsbury, by the Rev. R. L. Burton, assisted by the Rev. Loftus Owens, Edwin Hyla Greves, M.B., C.M., 27, Oxford Street, Abercromby Square, Liverpool, to Agnes Emily, fourth daughter of Thomas Southam, The Hollies, Shrewsbury.

SANITARY INSTITUTE OF GREAT BRITAIN.—At the adjourned ordinary meeting of the Institute, to be held at 9, Conduit Street, on Wednesday, April 27th, at 8 p.m., the discussion will be continued upon the address delivered at the last meeting:—“ Suggestions for the management of cases of small-pox, and of other infectious diseases in the metropolis and large towns,” by Dr. Richardson, F.R.S., chairman of council.

HEALTH OF FOREIGN CITIES.—The following facts, indicative of the recent health and sanitary condition of various foreign cities, are derived from a table in the Registrar-General's last weekly return. In the three largest Indian cities, the death-rate averaged 37.1 per 1,000, and was equal to 29.9 in Bombay, 34.7 in Calcutta, and 51.1 in Madras; fevers showed marked fatality in Bombay and Calcutta, and small-pox caused 70 deaths in Madras, a further increase upon recent weekly numbers. In Alexandria, the rate was equal to 39.9, and 3 fatal cases of small-pox were recorded. According to the most recent weekly returns, the average annual death-rate in twenty European cities was equal to 32.1 per 1,000, showing a marked excess upon the average rate in the twenty large English towns last week, which was only 22.9. In St. Petersburg, the rate was no less than 63.1; and the fatal cases of typhus and typhoid fever further increased to 109, from 82 and 103 in the two previous weeks. In three other northern cities—Stockholm, Copenhagen, and Christiania—the death-rate did not average more than 25.5; the highest rate was 30.3 in Stockholm, showing a slight decline from the rate in the previous week. The Paris rate was equal to 32.7; and the recorded deaths included 31 fatal cases of small-pox, and 30 of typhoid fever. The rate in Brussels was 26.3; while it did not exceed 21.8 in Geneva. In Amsterdam, Rotterdam, and the Hague, the rates were, respectively, 23.7, 26.9, and 20.3; typhus and typhoid fever caused 5 deaths in Amsterdam. The Registrar-General's list includes seven German and Austrian towns, in which the death-rate averaged 30.0, and ranged from 23.9 and 24.7 in Hamburg and Berlin, to 35.7 and 40.2 in Munich and Buda-Pesth. Small-pox caused 19 deaths in Vienna, 16 in Buda-Pesth, and 3 in Munich; while diphtheria showed fatal prevalence in Berlin. In three Italian cities, the average rate was 27.1, and showed a further decline from recent weekly rates: the rate was 23.6 in Turin, 25.4 in Venice, and 30.6 in Rome. Small-pox caused 4 deaths in Rome, and typhoid fever 6 in Turin. In four of the largest American cities, the recorded death-rate did not average more than 24.4. It was equal to 32.4 in New York, while it did not exceed 18.3 in Baltimore, and 22.2 in Philadelphia. The rate in Baltimore, however, is understated by an overestimate of the population; it is calculated upon an estimate of the population in the middle of 1880, which exceeds by more than 60,000 the number enumerated at the recent census. The population of Philadelphia appears also to be somewhat overstated; the latest returns from this city show 43 fatal cases of small-pox, or 6 more than were returned in the previous week.

PUBLIC HEALTH.—The annual rate of mortality during the week ending April 9th, in twenty of the largest English towns, averaged 22.4 per 1,000 of their aggregate population. The rates of mortality in the several towns were as follow: Portsmouth 16, Leicester 17, Brighton 18, Bristol 19, Bradford 19, Salford 19, Plymouth 20, Sunderland 21, London 21, Norwich 21, Hull 22, Nottingham 22, Sheffield 23, Birmingham 24, Newcastle-on-Tyne 25, Manchester 26, Oldham 26, Wolverhampton 27, and Liverpool 28. Scarlet fever showed the largest proportional fatality in Wolverhampton; and whooping-cough in Portsmouth and Leeds. The highest death-rates from fever (mainly enteric) were recorded in Newcastle-upon-Tyne and Portsmouth. Small-pox caused 77 more deaths in London and its outer ring of suburban districts, one in Liverpool, but not one in any of the eighteen other provincial towns. In London, 2,612 births and 1,532 deaths were registered. The deaths were 233 below the average, and gave an annual death-rate of 21.6. The 1,532 deaths included 72 from small-pox, 63 from measles, 19 from scarlet fever, 11 from diphtheria, 26 from whooping-cough, 6 from enteric fever, 5 from ill-defined forms of continued fever, 9 from diarrhoea, one from dysentery, and not one from simple cholera; thus, 212 deaths were referred to these diseases, being 43 below the average. The deaths referred to diseases of the respiratory organs, which had been 345, 348, and 358 in the three preceding weeks, further rose to 359 last week, but were 92 below the average; 221 were attributed to bronchitis and 94 to pneumonia. Different forms of violence caused 59 deaths; 51 were the result of negligence or accident, among which were 20 from fractures and contusions, 9 from burns and scalds, 9 from drowning, and 7 of infants under one year of age from suffocation. At Greenwich, the mean temperature of the air was 40.5°, and 6.2° below the average. The mean was below the average on each day of the week. The general direction of the wind was easterly, and the horizontal movement of the air averaged 21.5 miles per hour, which was 9.2 above the average. No rain was measured during the week. The duration of registered bright sunshine in the week was equal to 53 per cent. of its possible duration. The recorded amount of ozone showed an excess on Monday, Wednesday, and Saturday, but was below the average during the rest of the week.—The annual rate of mortality last week, ending on

the 16th inst., in twenty of the largest English towns, averaged 22.9 per 1,000. The rates of mortality in the several towns were as follow: Brighton 14, Leicester 15, Norwich 18, Hull 19, Bristol 19, Plymouth 20, Birmingham 20, Newcastle-on-Tyne 20, Salford 21, Bradford 22, Oldham 22, London 22, Leeds 23, Nottingham 23, Sunderland 24, Manchester 24, Sheffield 24, Wolverhampton 25, Liverpool 27, and Portsmouth 28. Whooping-cough showed the largest proportional fatality in Manchester and Leeds; and scarlet fever in Wolverhampton. The highest death-rates from fever (mainly enteric) were recorded in Plymouth, Liverpool, Sheffield, and Newcastle-upon-Tyne. Small-pox caused 85 more deaths in London and its outer ring of suburban districts, one in Oldham, but not one in any of the eighteen other large provincial towns. In London, 2,344 births and 1,636 deaths were registered. The deaths were 72 below the average, and gave an annual death-rate of 23.0. The 1,636 deaths included 77 from small-pox, 62 from measles, 28 from scarlet fever, 9 from diphtheria, 41 from whooping-cough, 2 from typhus fever, one from cerebro-spinal fever, 14 from enteric fever, 2 from ill-defined forms of continued fever, 14 from diarrhoea, one from dysentery, and not one from simple cholera; thus, 251 deaths were referred to these diseases, being one below the average. The deaths referred to diseases of the respiratory organs, which had slowly increased from 345 to 359 in the four preceding weeks, further rose last week to 395, but were 14 below the average; 250 were attributed to bronchitis and 105 to pneumonia. Different forms of violence caused 55 deaths; 47 were the result of negligence or accident, among which were 17 from fractures and contusions, 12 from burns and scalds, 2 from drowning, and 10 of infants under one year of age from suffocation. Eight cases of suicide were registered. At Greenwich, the mean temperature of the air was 50.8°, and 3.6° above the average. The direction of the wind was variable, and the horizontal movement of the air averaged 8.3 miles per hour, which was 3.8 below the average. Rain fell on two days of the week, to the aggregate amount of 0.15 of an inch. The duration of registered bright sunshine in the week was equal to 18 per cent. of its possible duration. The recorded amount of ozone showed an excess on Tuesday, Wednesday, and Friday.

METROPOLITAN WATER-SUPPLY.—Dr. Frankland reports as follows the results of the chemical analyses of the waters supplied to the inner and portions of the outer circle of the metropolis during the month of March:—“Taking the average amount of organic impurity contained in a given volume of the Kent Company's water during the nine years ending December, 1876, as unity, the proportional amount contained in an equal volume of water supplied by each of the Metropolitan water companies and by the Tottenham Local Board of Health was:—Kent 1.1; Colne Valley, 1.7; Tottenham, 2.1; New River, 3.6; Grand Junction, 4.6; Chelsea, 4.7; Southwark, 5.3; East London, 5.3; West Middlesex, 5.6; Lambeth, 5.6. The Thames waters supplied by the Chelsea, Southwark, Grand Junction, and Lambeth Companies was of considerably better quality than during the previous month; on the other hand, the West Middlesex Company's water, which in February was the best drawn from the Thames, exhibited in March a noticeable deterioration. The Chelsea and Grand Junction Companies alone delivered water that had not been efficiently filtered. Of the water derived from the Lea, the New River Company's supply recovered its usual superiority over the metropolitan waters of river origin, while that of the East London Company was no better than average Thames water. The supplies of both companies were efficiently filtered before delivery. The deep-well waters of the Kent and Colne Valley Companies and of the Tottenham Local Board of Health were of their usual excellent quality for drinking, and that of the Colne Valley Company, being softened before delivered, was also well suited for all domestic uses. Seen through a stratum two feet deep, the waters presented the following appearances:—Kent, Colne Valley, and Tottenham, clear and colourless; New River and East London, West Middlesex, Southwark, Lambeth, clear and pale yellow; Chelsea and Grand Junction, slightly turbid and pale yellow.

TREATMENT OF SCABIES.—M. Fournier, in his lectures on the treatment of scabies, gives the following prescription for an ointment, which is preferred to that of Helmerich, as being less irritating:—R. Soda carbonat $\frac{3}{4}$ ss; sulphur sublimate $\frac{3}{4}$ jj; tragacanthi gummi gr xv; glycerinæ 3 vj. The preliminary friction with black soap, practised at St. Louis Hospital, may be replaced by prolonged frictions with the ordinary toilet soap; the ointment is then very freely applied over the whole surface of the body, well rubbed in and allowed to remain, the patient putting on his ordinary under clothing, so that any acari contained therein may be destroyed at the same time.

OPERATION DAYS AT THE HOSPITALS.

MONDAY Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 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.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 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.—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.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.M.

THURSDAY St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 1 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.—North-west London, 2.30 P.M.

FRIDAY King's College, 2 P.M.—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.—St. Thomas's (Ophthalmic Department), 2 P.M.—East London Hospital for Children, 2 P.M.

SATURDAY St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.

GUY'S.—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.

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

MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 1.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.

ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

ST. MARY'S.—Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, W. S., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.

ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. W. F., 2; Ear, S., 1.30; Skin, Tu., 1.30; S., 9; Throat, Th., 2.30; Dental, W., 10.3.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. R. J. Lee: The Special Character of Cutaneous Diseases in Infants and Young Children. Dr. Allen Sturge will exhibit two Patients illustrating some interesting points in connection with Muscular Atrophy. Dr. Gilbert Smith will exhibit Photographs of the Machines used in the Mechanico-Therapeutic Institution of Stockholm.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. George Thin: On an Unusual Case of Warty Growths on the Face. Dr. Champneys' second communication on Artificial Respiration in Stillborn Children; Expansibility of Various Parts of the Lungs.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 161, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the Manager, 161A, Strand, 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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following were the questions on Anatomy and Physiology submitted to the two hundred and fourteen candidates at the recent primary examination for the membership of the Royal College of Surgeons. They were required to answer four, and not more, of the six questions in each subject: *Anatomy*.—1. Describe the Second Cervical Vertebra. 2. Describe the Greater and Lesser Sacro-Sciatic Ligaments. What Foramina do they respectively assist in forming? What Structures pass through these Foramina? 3. Describe the Rectus Abdominis Muscle, and the Sheath within which it is contained. How is it supplied by Blood-Vessels and Nerves? 4. Describe the Parotid Gland, and its Duct. Enumerate the structures with which they are in relation. 5. Describe the Lateral Ventricle of the Brain. 6. Give the Dissection necessary to expose the course and distribution of the Posterior Interosseous Nerve. *Physiology*.—1. Describe the minute structure and the action of the Auriculo-Ventricular and Semilunar Valves of the Heart. 2. What is the Normal Temperature of the Human Body? Within what limits does it vary physiologically? How is it kept within these limits? 3. What are the Functions of the Roots of the Spinal Nerves? By what experiments have these functions been determined? 4. Describe the Minute Anatomy, and the Mode of Action, of the Oesophagus. 5. What is the evidence of the existence of a Respiratory Centre in the Medulla Oblongata? How is this centre excited to action? 6. Describe the varieties, the microscopic appearances, and the uses of Yellow Elastic Tissue, and state where these varieties are chiefly found.

The following were the questions on *Surgical Anatomy* and the *Principles and Practice of Surgery* submitted to the candidates at the pass examination for the diploma of membership of the College, on the 14th instant, when they were required to answer at least four, including one of the first two, out of the six questions on *Surgical Anatomy* and the *Principles and Practice of Surgery*. 1. Give the Anatomy of Hunter's Canal and its Contents, and describe the operation for tying the Artery therein. 2. Describe the relations of the Colon in its whole length. Name the Operations in which that Bowel is implicated. 3. Describe the Fractures which occur at the lower end of the Humerus, and state how they may be distinguished from Dislocation. 4. Supposing Tracheotomy to have been performed on a Child for Acute Inflammation of the Larynx, describe, in detail, the subsequent management of the case. 5. Describe the mode of formation of Fistula in Ano. 6. To what causes may Enlargement of the Abdomen in a Woman be due? How would you investigate such a case with a view to Diagnosis?

The following were the questions on the *Principles and Practice of Medicine* submitted to the seventy-seven candidates. 1. Describe the signs and symptoms of Pneumonia, the modes by which it can be distinguished from the disorders which resemble it, its ordinary course, results, and treatment. 2. What are the chief causes of Jaundice? Indicate the symptoms of the more important conditions which give rise to it, with the treatment proper to each. 3. State the therapeutic effects, preparations, and their doses, of Digitalis and Colchicum. Mention the chief components, effects, and doses of the following preparations: Pilula Colocynthidis Composita; Pilula Hydrargyri Subchloridi Composita; Pulvis Kino Compositus; Pulvis Jalapæ Compositus; Pulvis Ipecacuanhae Compositus; Mistura Sennæ Composita; and Mistura Ferri Composita.

COLONEL TOTTENHAM'S QUESTION AND IRISH LUNATIC ASYLUMS.

SIR.—Permit me to correct an error in Dr. Laffan's letter, under the above heading, in your issue of March 12th. In speaking of the fact that, in Ireland, consulting physicians to asylums are always selected from general practitioners, he seeks to defend his position in the following terms. "Thus it happens that the physician who is to be appealed to by these very superintendents in a case of difficulty is himself a Poor-law medical officer, who has never had the alleged experience of an assistant. The doctrine has received, however, a much more notable illustration from the other side of the Atlantic, where the National Association for the Insane has, *with the full concurrence of the chief medical superintendents* (italics are mine), actually proposed to supplement the deficiencies of these very superintendents by supplying each asylum with a consulting staff taken from the ranks of general practising physicians."

Without presuming to discuss the merits of the particular question at issue, as one which does not intimately concern the American physician, I must correct the italicised portion of the above quotation. It is true the proposition was actually made by the so-called "National Association for the Protection of the Insane and the Prevention of Insanity"; but, fortunately for society, far from concurring in the aforementioned plan of consultation, asylum-superintendents, as a body, "chief" and otherwise, strongly object to having their "deficiencies" supplemented in any such manner.

An altogether erroneous impression seems to be abroad in regard to the character and scope of this would-be philanthropic association. It is a self-constituted body, and not national in character in any proper sense of the word. It is presided over by the superintendent of an idiot school, has not among its officers a single superintendent of a lunatic asylum, and counts among its members, so far as I can learn, but few superintendents of asylums of any class, as there are but few who need such supplement for deficiencies. It is not, to quote from your leading article of January 1st ultimo, "cordially supported by many of the most eminent and advanced medical superintendents of asylums" in the country. Whether or not the association is "the work of a few malcontents", or whether any concealed motive is to be apprehended from its organisation, it would be foreign to the purpose of this letter to question.—I am, etc., G. A. BLUMER, M.D.

State Lunatic Asylum, Utica, New York, March 27th, 1881.

FEES FOR MEDICAL EXAMINATIONS FOR INSURANCE OFFICES.

SIR.—I have seen some correspondence in your columns lately on the above subject, and there is one point which has not (I believe) been touched on, but which, I think, is well worthy of the attention of the profession. It is the custom of some offices of giving only half a guinea as fee when the proposal is for under some amount (in some offices £300, in some £500). This has always struck me as an anomaly; for surely the medical examination and report are, or ought to be, the same in all cases, whatever the sum proposed to be assured is. I examine for a good number of offices here (perhaps a dozen); and it has been my custom to write a protest to the secretary on receiving my first half-guinea from any office, pointing out the inconsistency, and asking on what principle they act.

I am happy to say that one of my offices last month reduced the minimum amount for the full fee of one guinea from £500 to £300; and that I have had a letter from the secretary of another only this week, saying that they "have pleasure in stating that a fee of £1.1s. will be allowed in all cases in future". This is encouraging, and shows, I think, that if other medical examiners for insurance-offices would write similar letters, we might soon have a guinea in all cases—not too large a fee, in my opinion, for any such report as most offices demand, and have, I think, a right to expect for their own protection.—I am, sir, yours, etc.,

E. WEST SYMES, M.D.

Halifax, April 12th, 1881.